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White paper

What do people want from health apps?

A survey of 250 patient and consumer groups





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Testimonials

"I am certain that this Directory will prove useful, not only to users of healthcare systems throughout Europe, but to the many European citizens who live or strive to live healthy lives as well as for everybody who needs such information"

Robert Madelin - Director General,
DG CONNECT,
European Commission

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Welcome to My Health Apps

The My Health Apps hub provides quick and convenient access to a comprehensive store of the world's most trusted quality healthcare apps approved by people just like you.

Ever app featured on the site has been approved and reviewed by healthcare communities, including individual patients, patient groups and not-for-profit organisations at both local and international level. The My Health Apps rating identifies the best apps based on the desired app features identified by you.

How Hearts Are Won



All the apps on this site have won recommendations from patients. Our heart rating gives you an easy way to compare between apps chosen for this site. The ratings are based on what patients tell us are most important about the app.

[Click here to find out more >](#)

App of the Day

Nike+ Running



Version
4.1.1
Size
46.2mB
Cost
£Free

Category
Staying Healthy

Sub category
Exercise

Available on

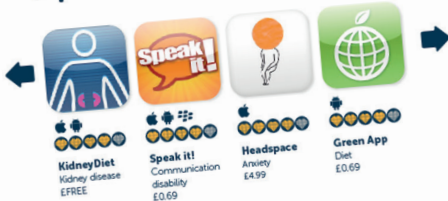
Function

"The app makes it much easier to keep track of all workouts and physical activity, inspiring people to stay active."

- C3 Collaborating for Health, UK
Source: PatientView survey,
July-August 2012

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Top Chart



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Introduction

A recent survey by Research2Guidance of patients in North America, Europe, Australia, Japan, South Korea, and New Zealand found that 52% expect to be using mhealth technology by 2017¹. Health apps are projected to multiply in response to the demands of patients, and as healthcare systems turn to mobile technologies to support patient empowerment and to reduce demand on mainstream medical care. In July 2013, MobiHealthNews previewed a study by Digitas Health (due to be published later in 2013)². Digitas Health surveyed 2,000 patients with 20 different cardiac, gastrointestinal and respiratory diseases, and those with neurological conditions and diabetes. The study concluded that many people preferred downloading a health app to taking a pill.

Something in the region of 40,000 fitness and health apps exist today. The drawback is not just the bewildering number of these apps, but also their varying quality.

Academic papers have described the limited medical value of many health apps. A 2011 study, for instance, discovered that few smoking-cessation apps adhered to evidence-based guidelines³. Similarly, 111 pain-related smartphone apps (covering all of the existing platforms of Apple, Android, Blackberry, Nokia/Symbian and Windows Mobile) were found by University of Bath researchers to rarely have had medical-professional input at the development stage. The researchers concluded: *"Pain apps appear to be able to promise pain relief without any concern for the effectiveness of the product, or for possible adverse effects of product use. In a population often desperate for a solution to distressing and debilitating pain conditions, there is considerable risk of individuals being misled."*⁴

Another important, but often overlooked, factor constrains the effectiveness of health apps: hardly any take into consideration the wants and needs of the public and patients for whom they are trying to cater. Surprisingly, not many studies have looked at the subject of public and patients' needs in the content and design of health apps. In 2011, the US-based Consumer Health Information Corporation (CHIC) conducted a survey of 395 smartphone users at universities and businesses, to gauge consumer interest in health apps and to evaluate the likelihood of patient adherence to them.⁵ Little other information seems available. Hence this pilot study.

¹ research2guidance, *3rd mHealth Expert Survey*, November 2012

² <http://mobihealthnews.com/23418/most-patients-want-their-doctors-to-prescribe-apps>

³ L. Abroms, N. Padmanabhan, L. Thaweethai, T. Phillips, 'iPhone Apps for Smoking Cessation: a Content Analysis', *American Journal of Preventive Medicine*, 2011, 40, pages 279-285.

⁴ B. Rosser, C. Eccleston, 'Smartphone Applications for Pain Management', *Journal of Telemedicine and Telecare*, 2011, 17 (6), pages 308-312.

⁵ <http://www.consumer-health.com/press/2008/NewsReleaseSmartPhoneApps.php>



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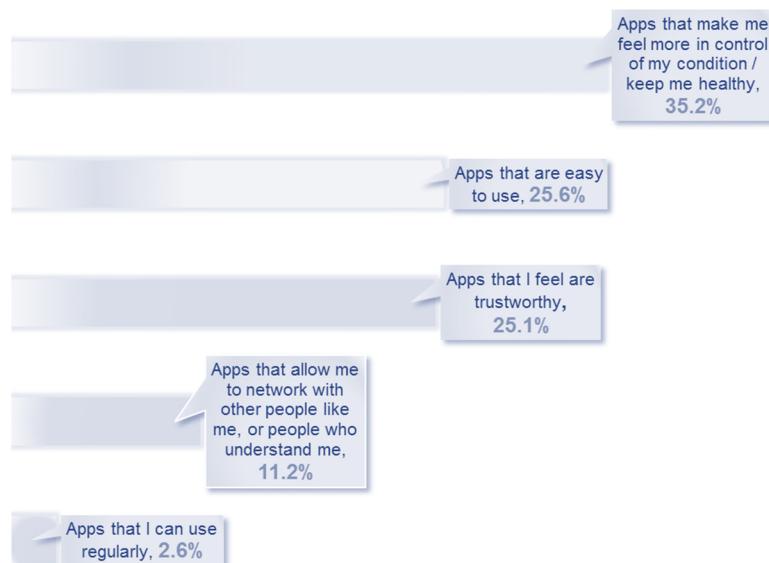
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Summary

During May to June 2013, PatientView undertook a pilot survey of 250 disparate patient and consumer groups worldwide. The aim was to determine the qualities people seek in their health apps, learn which of these qualities is the most important, and find out how needs vary among different patients and people. The study was a scoping exercise, with more substantive research by PatientView (in conjunction with myhealthapps.net) scheduled to follow in 2014. The results of this pilot study have been skewed by the fact that 81% of the participants came from one country (the UK). However, analysis of the data indicates that people who experience similar health challenges (lifestyle issues, for instance, or heart disease) share common needs from a health app irrespective of their location in the world.

The survey results confirm:

- People specify five main requirements of health apps.
Apps need to ...
 1. Give people more control over their condition, or keep them healthy
 2. Be easy to use
 3. Be able to be used regularly
 4. Allow networking with other people like them, or with people who understand them.
 5. Be trustworthy
- These needs carry different priorities. When the 250 respondents were asked to state the single most-important property that health apps should have to meet their needs, the following results were obtained:





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Summary, continued

Also clear is that people with different medical conditions and lifestyle challenges nevertheless share priorities in what they are seeking out of health apps. Thus:

- People with a long-term chronic condition (such as diabetes, gastrointestinal problems, HIV/AIDS, learning difficulties, a rare disease, or urinary complaints) all specify that their top priority for a health app is for it to give them more control of their disability. This finding is important, as it shows that people do not just want passive information—they wish to receive support in managing their condition.
- People with a disability that affects personal mobility (such as a skin disorder or a rheumatological condition) place ease of use as top priority for their apps. Conversely, other patients or members of the public are happy to compromise on ease of use provided that the app really helps them.
- People with a complex condition which might be difficult to diagnose or treat (such as a bone disorder or an endocrine condition) see trustworthiness as the top priority for their apps. A reduced emphasis on trustworthiness among other respondents may simply be because many people assume that apps are innately trustworthy.
- People with a sexual health problem, or an infectious disease, or ordinary members of the public, stipulate that the top priority for a health app is that it ought to allow them to network with other people like them, or with people who understand them.
- Surprisingly few people insist that the priority for a health app is that it should be capable of regular use (although 42% stated that this is one of the desirable properties of a health app). The main message here is that patients and the public might view apps as a ‘regular solution’, as one among a series of tools to support their health situation. Apps help build up different capabilities in dealing with a condition, acting like steps during a journey to improved health.



Summary, continued

Other takeaway messages

- Older people and people with a disability are already wide beneficiaries of both device-based and Internet-based apps that offer solutions for cognitive behaviour, deafness, dexterity, mobility, speech, and vision.
- App stores are a key distribution point for the public, and may need to consider their role in determining user trust and confidence in apps.
- A need to link mobile to Internet seems to exist, and would be particularly helpful for people with a disability, who sometimes prefer the Internet to mobile.
- An app may or may not be written, recommended, or prescribed by a clinician—all are forms of clinician approval of the app. The majority of apps are not approved as such. However, clinician approval (in whatever form) ought to be made transparent, to help guide consumers. Clinician approval is not the sole route to public confidence in an app, and, for some apps, such as exercise apps, the approach might be inappropriate. But, for apps that seek to help in medical emergencies, or for those that focus on some long-term conditions, clinician approval may be advantageous.
- Clarity of how and when apps should be regulated is required. The regulation currently appearing is highly fragmented (for instance, approved by the FDA, the MHRA, the NHS Library of Health Apps, etc). Both mobile and Internet fall under different regulatory regimes, adding further potential confusion to the take-up of health apps.



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Methodology: How we found out what patient and consumer groups expect from health apps

PatientView published its *European Directory of Health Apps* in October 2012, listing 200 of the favourite apps of European patient groups and empowered consumers. The reviews of each app offered by these people were analysed and categorised. Most of the popular health apps listed in the 2012 *Directory* possess one or more of the five main requirements of health apps mentioned earlier:

- Helping patients and the public feel more in control of their condition, or helping keep them healthy
- Easy to use
- Can be used regularly
- Permit networking with peers, or families/friends/carers
- Are trustworthy

A PatientView pilot study of UK patient and consumer groups covering a wide range of specialties was launched in May 2013 to obtain feedback on whether the above attributes were important to them (and to the people they represent). Groups were asked to point out the app attribute most important to them.

Around 200 responses were obtained. The study was expanded for further verification to 15 other countries in June 2013, and another 50 responses were collected.

The results of this pilot study are outlined in this brief report.



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About the respondents

250 patient and consumer groups answered the PatientView May-June 2013 pilot survey.

The expertise of these groups is shown in the table below:

Speciality	% of total
Carers, family, friends	12%
Mental health problems	11%
Neurological conditions	10%
Cancer	7%
Circulatory diseases (including heart disease, stroke)	7%
Consumer, community, gender (including LGBT, older people, youth)	7%
General health, healthcare	6%
Rheumatological conditions	6%
HIV/AIDS	5%
Rare diseases	5%
Diabetes	4%
Chronic diseases in general	3%
Disability	2%
Learning disorders	2%
Sexual health	2%
Respiratory conditions	2%
Skin conditions	2%
Gastrointestinal conditions	1%
Urinary conditions	1%
Bone disease	1%
Endocrine conditions	1%
Infectious disease	1%
Palliative	1%

As mentioned before, the vast majority of responses were obtained from UK patient and consumer groups, with one fifth of responses coming from outside the UK [table below].

Australia	Canada	Croatia	Cyprus	Greece	Ireland	Italy	New Zealand	Norway	Poland	Portugal	Slovakia	Slovenia	Sweden	UK	USA
4%	1%	1%	1%	1%	1%	2%	3%	1%	1%	1%	1%	1%	2%	81%	1%



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General qualities that patient and consumer groups look for in health apps

Apps that make me feel more in control of my condition, or keep me healthy

176 respondents out of 250 (70%) agreed that health apps should make them feel more in control of their condition, or should help keep them healthy

Apps that are easy for me to use

201 respondents out of 250 (80%) agreed that health apps should be easy to use

Apps that I can use regularly

104 respondents out of 250 (42%) agreed that health apps should be able to be used regularly

Apps that allow me to network with other people like me, or people who understand me

116 respondents out of 250 (46%) agreed that health apps should allow them to network with other people like them, or with people who understand them

Apps that I feel are trustworthy

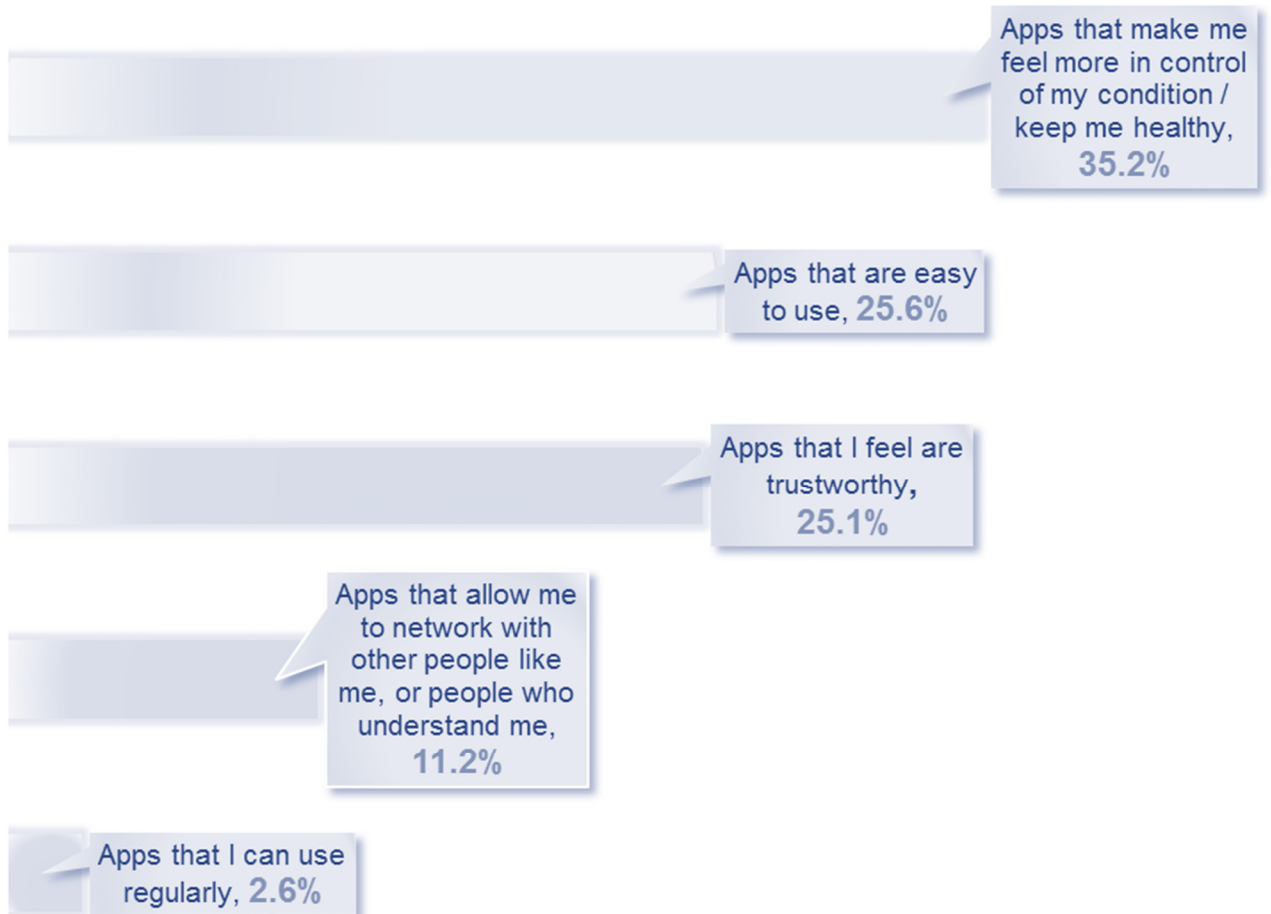
168 respondents out of 250 (67%) agreed that health apps should be trustworthy



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Qualities that patient and consumer groups look for as a priority in health apps





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How do people's needs differ regarding health apps?

Apps that make me feel more in control of my condition, or keep me healthy

Percentage within each specialty stating that this particular quality of the app was more important than any other

If the specialty does not appear, none of the respondents in that area of expertise thought this quality more important than any other

Gastrointestinal conditions	100%
Palliative	100%
Rare diseases	88%
HIV/AIDS	75%
Diabetes	50%
Learning disorders	50%
Urinary conditions	50%
Circulatory diseases (including heart disease, stroke)	42%
Carers, family, friends	37%
Cancer	33%
Respiratory conditions	33%
Neurological conditions	29%
Mental health problems	28%
Sexual health	25%
Rheumatological conditions	20%
General health, healthcare	10%
Consumer, community, gender (LGBT, older people, youth)	9%

Apps that are easy to use

Percentage within each specialty stating that this particular quality of the app was more important than any other

If the specialty does not appear, none of the respondents in that area of expertise thought this quality more important than any other

Disability	75%
Skin conditions	67%
Urinary conditions	50%
Chronic diseases in general	40%
Rheumatological conditions	40%
Neurological conditions	35%
Respiratory conditions	33%
General health, healthcare	30%
Consumer, community, gender (LGBT, older people, youth)	27%
Carers, family, friends	26%
Cancer	25%
Learning disorders	25%
Sexual health	25%
Mental health problems	22%
Circulatory diseases (including heart disease, stroke)	17%
Diabetes	17%



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How do people's needs differ regarding health apps?

Apps that I feel are trustworthy

Percentage within each specialty stating that this particular quality of the app was more important than any other

If the specialty does not appear, none of the respondents in that area of expertise thought this quality more important than any other

Bone disease	100%
Endocrine conditions	100%
Chronic diseases in general	40%
General health, healthcare	40%
Mental health problems	33%
Skin conditions	33%
Cancer	25%
Circulatory diseases (including heart disease/stroke)	25%
Learning disorders	25%
Carers, family, friends	21%
Rheumatological conditions	20%
Consumer, community, gender (LGBT, older people, youth)	18%
Diabetes	17%
Rare diseases	13%
Neurological	12%

Apps that allow me to network with other people like me, or with people who understand me

Percentage within each specialty stating that this particular quality of the app was more important than any other

If the specialty does not appear, none of the respondents in that area of expertise thought this quality more important than any other

Infectious disease	100%
Sexual health	50%
Consumer, community, gender (LGBT, older people, youth)	45%
Respiratory conditions	33%
Disability	25%
Chronic diseases in general	20%
General health, healthcare	20%
Neurological conditions	18%
Circulatory diseases (including heart disease, stroke)	17%
Diabetes	17%
Mental health problems	17%
Carers, family, friends	16%
HIV/AIDS	13%
Rheumatological conditions	10%
Cancer	8%



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How do people's needs differ regarding health apps?

Apps that I can use regularly

Percentage within each specialty stating that this particular quality of the app was more important than any other

If the specialty does not appear, none of the respondents in that area of expertise thought this quality more important than any other

HIV/AIDS	13%
Rheumatological conditions	10%
Cancer	8%
Neurological conditions	6%



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Important words and phrases among comments about what people and patients want from their health apps:

CLEAR

HIGH-QUALITY

USER-FRIENDLY

EVIDENCE

HEALTH

INTERACTIVE

New Zealand mental health group:

"Apps with a more clinical or therapeutic nature should be evidence-based."

Greek blood disorder group:

"On condition that health apps will be used widely, and patients will be given smartphones."

New Zealand carer mental health group:

"Apps that are culturally relevant, especially for indigenous people."

UK atrial fibrillation group:

"Apps that update following new innovations, guidance, etc."

Australian sexual health group:

"It is now now OK to talk GYN health to patients, and not just have information for clinicians."

UK mental health group:

"Apps that link to useful information and resources."



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Important words and phrases among comments about what people and patients want from their health apps:

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INTERACTIVE

New Zealand mental health group and UK post-natal illness group:
"Apps that are accurate."

UK patient group (anonymous):
"Apps with no commercial advertising."

UK mental health group:
"Apps that help you to remember to use them."

Member of patient-engagement team in UK local NHS Trust:
"Some sort of national validation, so that Trusts like us can feel confident in recommending an app."

UK children's group:
"Apps that are bright, clear and youthful."

UK children's group:
"Apps that are confidential and discreet (for young people living with HIV)."



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Important words and phrases among comments about what people and patients want from their health apps:

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UK endometriosis group:

"Apps that have a nice clear design."

UK home care group:

"Apps that remind me of tasks (like not forgetting to take my medication, or whether I have taken my medication already)."

UK learning disability group:

"Apps that are accessible for people with learning impairments."

Canadian arthritis group:

"Apps that have been tested, to ensure they are effective."

UK multiple sclerosis group:

"Apps that allow me to find help (such as an MS nurse, or a doctor on call)."

UK mental health group:

"Apps that create data which is easy to share (either with peers, or with mental health professionals)."



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Important words and phrases among comments about what people and patients want from their health apps:

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**Patient group
(anonymous):**

"Apps that give accurate information about the condition, its treatment, and impact on the quality of life, clearly, and easy to understand."

UK fibromyalgia group:

"Apps that can update with on-going news and data about fibromyalgia."

UK dementia carer group:

"With dementia care, it is important to include the person with dementia at all times—so sharing becomes inclusive in an easy-to-use app."

UK multiple sclerosis group:

"Some people with MS find apps hard to use. Not all have the skills."

UK hepatitis group:

"Apps that link to expert sites and helplines."

UK older people's group:

"Must be user friendly for older people."



Important words and phrases among comments about what people and patients want from their health apps:

CLEAR

HIGH-QUALITY

USER-FRIENDLY

EVIDENCE

HEALTH

INTERACTIVE

**Patient group
(anonymous):**

*"Must be trustworthy.
Some of the information on
the Web can be
misleading, dubious, or
just plain wrong."*

Canadian arthritis group:

*"Health apps that foster
decision-making, facilitate
behaviour change, and
encourage communication.
They should be made
easier to manage."*

UK deafness group:

*"Apps that use British Sign
Language (BSL)."*

**Patient group
(anonymous):**

*"Apps that carry a lot of
information."*

UK carers' group:

*"Apps that are accessible
by screen readers
(otherwise, I wouldn't be
able to use them at all)."*

UK neurological group:

*"Apps that allow me to
network with other people
like me, or with people
who understand me."*



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Important words and phrases among comments about what people and patients want from their health apps:

CLEAR

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EVIDENCE

HEALTH

INTERACTIVE

UK disabilities group:

"Apps with information in plain language, not 'medicalese'. Options must be limited. The number of taps required to get information kept to the bare minimum."

Patient group (anonymous):

"Apps that are relevant."

Anonymous group:

"Accessibility and simplicity are key in an app."

UK disabilities group:

"The app must be legible for people with poor language skills, poor eyesight, impaired cognition, short concentration span, or who are in pain, etc."

UK cancer group:

"Apps to help us promote our own health and wellbeing, and decrease our dependence upon visits to GPs."

UK hepatitis group:

"Apps that link to free experts, to expert advice, and to expert sites."



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