Download Two Apps and Text Me in the Morning: Physicians are Increasingly Prescribing mHealth Apps, but Privacy and Security Worries Remain

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While physicians are increasingly likely to pull out their prescription pad and say, in all earnestness, "There's a new app for that," recent research suggests the decision to do so is fraught. A survey of 1,500 physicians found that while 37 percent have prescribed an app, 42 percent refuse to do so due to a concern about the lack of regulatory oversight, according to a study by QuantiaMD, a social learning network for physicians. Another 21 percent of physicians surveyed feared that mobile health (mHealth) apps, if prescribed, would generate an overwhelming amount of patient data.

Tech savvy MDs often prescribe smartphone apps that track contractions for pregnant women, and there are limitless "over-the-counter" apps to track everything from sleep habits to blood glucose levels. As mHealth champion Dr. Eric Topol told *Wired* magazine, "We're getting data that we've never had before. It's quite extraordinary." Topol monitors his patients' heart health through portable electrocardiograms built into their smartphone cases.

But who, many wonder, is protecting that data and how does it make its way into an electronic health record (EHR)? Maybe it's time to pause and study the security risks, some HIM professionals say. After all, technology evolves faster than government oversight agencies can develop and issue regulations.

The federal government is starting to do this. In its 2014 work plan, the Department of Health and Human Services' Office of Inspector General indicated it will soon start auditing medical devices that hold protected health information (PHI). And in September 2013, the US Food and Drug Adminstration issued long-awaited final guidance on mobile medical apps.

Privacy advocate Deven McGraw, the director of the Center for Democracy and Technology's Health Privacy Project, tells Wired she is concerned services that collect or aggregate health data from multiple sources may not be covered by health privacy laws. "Consequently, how they collect and use health data is going to be governed by the companies' internal privacy policies, which they write," McGraw says.

Article citation:
AHIMA. "Download Two Apps and Text Me in the Morning: Physicians are Increasingly Prescribing mHealth Apps, but Privacy and Security Worries Remain" *Journal of AHIMA* 85, no.5 (May 2014): 84.