

Mobile Medical Apps Gold Rush Needs Scrutiny

The problem with this kind of booming market? It attracts not only the best and brightest but also IT developers looking for quick profits with minimal investment of resources.

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By most estimates, the mobile health apps market is a gold mine. It will see revenue grow from \$230 million in 2010 to \$392 million in 2015, according to [Frost & Sullivan](#).

When [Research2guideline](#), a research company specializing in the mobile market, also included revenue not just from the apps themselves but from marketing, transaction fees, services and device sales, they estimated that the mobile health app market increased sevenfold last year alone, from about \$100 million to \$718 million.

The problem with this kind of gold rush is that it attracts not only the best and brightest but also the fast and furious—IT developers looking for quick profits with minimal investment of resources.

Fortunately, groups like Johns Hopkins University's Global M-Health Initiative are studying mobile apps, trying to separate the glitz from the real gold. Alain B. Labrique, director of the Hopkins initiative, summed up its mission in a recent [Baltimore Sun](#) article: "It's a nascent field, and few health apps have been rigorously evaluated.... A lot of the apps you see out now have a disclaimer, or should have a disclaimer, that they have not been validated through rigorous research. It comes down to the individual's perceptions that the app works for them."

Labrique's group is currently studying a [wide variety of mobile tools](#), including ones related to obesity, EHRs, child health and immunization, HIV, and maternal health. Their results should eventually help consumers and clinicians make informed choices.

Several responsible mobile app vendors are likewise taking the high ground, conducting or sponsoring the kind of research needed to prove the clinical value of their products. [WellDoc's Diabetes Manager comes to mind](#).

Using LifeScan's One Touch Ultra 2 glucose meters and the WellDoc cell phone app in a yearlong study, researchers from the department of epidemiology and public health at the University of Maryland School of Medicine in Baltimore found that patients who had access to the mobile system for treatment and behavioral coaching lowered their glycated hemoglobin (A1c)--a measure of long-term blood glucose control--significantly more than those who only received care during occasional doctor visits and through self-management. This was true regardless of how high the patient's A1c level was at the study's start.

Similarly, Sensiotech is now putting its [Virtual Medical Assistant](#) to the test in clinical trials to determine if it improves patient outcomes. VMA is a wireless system that collects vital signs from hospital patients using an ultra-wide band technology. Unlike traditional monitoring systems that require patients be attached to sensors, this Star Trek-like system measures heart rate, respiration, and patient presence and movement without any direct patient contact. Instead it uses a large sensor panel beneath the hospital bed mattress.

Clearly, in the long run patients will benefit from all the entrepreneurs entering the medical apps market. But near term, IT managers, clinicians, and the public must do their homework to make sure these apps are really beneficial, and they have a *right* to expect vendors to do theirs as well.