Mobile Health Applications

As a researcher in this area, I appreciated Karandeep Singh and colleagues’ examination of mobile health applications for high-need, high-cost populations (Dec 2016). Nonetheless, I found it troubling that they sought permission to name the apps being assessed, despite their being publicly available online. Eighty developers either did not respond or declined to participate; just fifty-five consented. Then, when developers were provided with the assessments, another four withdrew consent. Those remaining are listed in the article’s Appendix.¹

These apps are medical devices with important health consequences. Seeking developer approval again postassessment implies that a later evaluation of individual apps is forthcoming. That methodology seems akin to evaluating the quality of over-the-counter medications or vitamins and then asking the makers for permission to publish the results. Given the nascent state of knowledge about apps, omitting from the literature the names of over 60 percent of the apps selected for study raises questions. Health Affairs should have required an explanation of an approach that seems counter to transparency and the public interest.

Moreover, the authors’ methodology is not typical. Negative reviews of named apps are common, with no apparent legal or other consequences. The only instance I’ve seen where a developer was asked to similarly consent was in an article with Singh and David Bates (a coauthor in this case) among its authors.²

There may be important context I’ve missed. I respectfully look forward to the authors’ explanation.

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NOTES
¹ Singh K, Drouin K, Newmark LP, Lee J, Faxvaag A, Rozenblum R, et al. Many mobile health apps target high-need, high-cost populations, but gaps remain. Health Aff (Millwood). 2016;35(12):2310–18. To access the Appendix, click on the Appendix link in the box to the right of the article online.