



news

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Literature Review Examines the Role of Mobile Health in Combating Adult Obesity

CHICAGO – April 10, 2017 – The Spring 2017 issue of [Perspectives in Health Information Management](#), the online research journal of the [American Health Information Management Association \(AHIMA\)](#), delves into the latest research on topics such as a study seeking to determine users' motivators when playing an EHR simulation game as well as the results of involving employees during an EHR implementation.

Authors of the literature review "[Can mHealth Revolutionize the Way We Manage Adult Obesity?](#)" determined that mobile health technologies may modify the behavioral factors that lead to obesity to promote a healthy lifestyle. The purpose of this study was to identify mobile interventions currently directed toward adult obesity in the United States and to evaluate their efficacy and related costs. The authors reviewed 54 articles for the purpose of identifying mobile interventions currently directed toward adult obesity in the United States and to evaluate their efficacy and related costs. The writers assumed that "[mHealth](#) interventions would demonstrate greater efficacy with minimal expense in preventing and controlling obesity when compared with standard care."

The authors' research suggests that mobile-based technological interventions have been effective in leading to changes in weight, BMI, waist circumference, and lifestyle behavior. "mHealth interventions were found to be more effective than conventional approaches in facilitating behavior modifications to promote weight loss and lifestyle changes to prevent and control adult obesity," said AHIMA CEO Lynne Thomas Gordon, MBA, RHIA, CAE, FACHE, FAHIMA. "This study demonstrates that technology can potentially reduce the cost and the morbidity and mortality burden of obesity because of their inexpensive and portable nature."

The spring issue also features the following articles:

- "[Development of a Novel Tablet-based Approach to Reduce HIV Stigma among Healthcare Staff in India](#)" – Efforts to reduce the stigma of the AIDS epidemic in India have not been sufficiently examined. A partially computer-administered three-session stigma reduction intervention was developed and is currently being tested. This paper describes the technological design, development, implementation, and management of these in-person tablet-administered assessment and intervention sessions that are being used to evaluate the efficacy of this

innovative stigma reduction intervention among nursing students and ward attendants in India.

- [“Differences in Sociocognitive Beliefs between Involved and Noninvolved Employees during the Implementation of an Electronic Health Record System”](#) – EHRs can improve quality and efficiency in patient care. However, the intention to work with such a new system is often relatively low among employees because the work processes of the healthcare organization may change. This study aimed to assess the role of involvement and its effects on sociocognitive beliefs regarding the implementation of a new EHR system. It found that involving employees during an EHR implementation appears to enhance employees’ beliefs and perceived capabilities and increases their intention to work with the new system.
- [“Evaluating Motivation for the Use of an Electronic Health Record Simulation Game”](#) – Experiential learning via simulation offers a variety of benefits including reduced risks, repetitive exposure, and mastery of complex processes. This study sought to determine the motivators that increase users’ pleasurable experience when playing an electronic health record simulation game. The authors surveyed students of health professions at one university. Results indicate that while both forms of motivation are significant in increasing engagement and enjoyment, extrinsic motivation such as badges, points, and scoreboards were much more important than internal motivations for our participants.
- [“The Impact of Order Source Misattribution on Computerized Provider Order Entry \(CPOE\) Performance Metrics”](#) – One strategy to foster adoption of computerized provider order entry (CPOE) by physicians is the monthly distribution of a list identifying the number and use rate percentage of orders entered electronically versus on paper by each physician in the facility. This analysis sought to evaluate the magnitude and sources of misattribution among hospitalists with high CPOE use. The study found that order source misattribution can negatively affect reported provider CPOE use rates and should be investigated if providers perceive discrepancies between reported rates and their actual performance. The authors note that education and communication efforts across departments can help prevent and reduce misattribution.

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