

Good Behavior



Center for Advancing Health

Health Online and Hi-Tech Gizmos: Homework Required

Some days I am really grateful for the Internet and some days I think it is a part of a plot designed to shift more work onto me.

This morning I read about a networked wireless pillbox that prompts people with chronic kidney disease to take their medication. This box not only reminds the person to take her drugs; it also lets her caregivers and her doctors know when she doesn't. Sounds a little like Big Brother in a bottle. But no matter: if people are to benefit from the treatment, they have to choreograph the ingestion of many pills at prescribed intervals throughout the day. The programmed nudges apparently can help them do this. Then I read that MedlinePlus is now available on my cell phone so I can look up the generic equivalents of my prescription drugs while I'm standing in the drug store. Cool, huh?

Every day I hear about six or seven new ways that I can use the Internet through my computer or my phone - to learn about the drugs I *now* take or *might* take; the doctors I *now* consult and those I *might* consult; the symptoms I *now* have and the diseases they *might* signify.

Plus much, much more.

The Web is so tempting and responsive that it's easy to spend hours online trying to figure out what that ringing is in my ear, whether there is something I can do about it, and if not, which of my many doctors to call.

I feel compelled to make use of health tools online. After all, there are sites that allow me to self-diagnose the symptom that troubles me right now - and a few minutes searching the Web is far more convenient and far less expensive than a trip to the doctor.

But the availability of online health tools raises new

questions about changing expectations of our participation in our care.

If all this information and these tools are available online, to what extent am I responsible for using them? Our employers certainly expect us to do this when choosing providers and a health plan if we are so fortunate as to have a choice; the government expects us to use them: you can't responsibly choose a Part D Pharmacy Plan without going online. Some health plans expect it: the patient portion of their health records allows their members to schedule vaccinations and mammograms, refill prescriptions and make appointments. Arranging for us to do these chores online automatically eases the sponsors' administrative burden. And they work fine for me as long as I am relatively healthy.

But what are the limits of the expectations for my online participation? Will my employer, the government and my health plan also make arrangements so that I am not disadvantaged by my lack of participation - that is, that if I don't have the equipment, the time, the experience or the clear head to do these online chores, will I still receive decent, timely care?

Research on the digital divide tells a story about growing access to the Internet and increasing health-related searches. But that research doesn't do justice to describing what is at stake here: the growing requirement that we manage parts of our health care online and the risks that accrue to us when we are unable to do so.



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From the Health Behavior News Service

The Health Behavior News Service regularly distributes stories summarizing new research on health behavior issues. These stories can be found online at <http://www.cfah.org/hbns/news/>

January News Stories:

- **SEXUAL ORIENTATION AFFECTS RISK OF BULLYING IN TEENS** A new study finds that gay teens and young adults face a much higher risk of experiencing bullying than their counterparts do, with the rate more than tripled.
- **TREATING SWIMMER'S EAR JUST GOT SIMPLER** When treating the pain and inflammation of swimmer's ear, antibiotic drops alone are the most effective - and safest - therapy, finds a new review of studies.
- **REPORT: TOO FEW MINORITY DOCTORS AFTER DECADES OF DISCRIMINATION** Although the number of minorities in the medical profession has risen in recent years, decades of discrimination still leaves them drastically underrepresented in the field.
- **USED AS PRESCRIBED, OPIOIDS RELIEVE CHRONIC PAIN WITH LITTLE ADDICTION RISK** Coping with chronic pain is a way of life for millions of Americans. Although many hesitate to take opioids for fear of addiction, a new review finds that taking opioids long term is associated with clinically significant pain relief in some patients with a very small risk of addiction.
- **MOTIVATING, NOT JUDGING, MIGHT HELP SMOKERS QUIT** Addressing tobacco use without judging the user appears to help people quit, especially if a primary care physician uses a form of supportive counseling called "motivational interviewing," according to a new review of studies.
- **INSULIN PUMPS MIGHT HAVE SLIGHT ADVANTAGE OVER SHOTS IN TYPE 1 DIABETES** A new evidence review suggests that using a pump to deliver insulin continuously - instead of taking three or more daily injections - might result in better control of blood sugar for people with type 1 diabetes.