

UW-Madison School of Medicine and Public Health: Use of mobile app reduced alcohol and drug use

Posted on Thursday, Feb 15, 2018

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MADISON- The use of a mobile health application reduced the number of risky-drinking days and illicit drug-use days, according to researchers in the family medicine department at the University of Wisconsin School of Medicine and Public Health.

Three federally-qualified health centers that serve mainly low-income residents were sites for the study. The sites include a UW Health clinic in Madison, a rural clinic in Missoula, Montana, and an urban clinic in the Bronx, New York, all primary care clinics with established electronic health records (EHRs).

Up to 100 patients were recruited at each of the three clinics to use a mobile health app called Seva. The application provides a discussion board, interactive modules to teach problem solving, tools for coping with cravings and high-risk situations, among other features. Clinicians were free to enroll any patients from substance-abuse populations who they thought might benefit from the app. Patients either used their own smartphones or were given phones by researchers.

At all three clinics combined, 268 patients were enrolled. Researchers checked results at the six-month mark of the 12-month study. All data was self-reported by study participants.

“We found that risky-drinking days dropped by 44 percent and illicit drug-use days declined by 34 percent,” said family medicine assistant professor Andrew Quanbeck, principal investigator of the study. “We also noticed that participants who regularly loaded the mobile app’s pages showed a significant increase in overall abstinence from both alcohol and drugs.”

There also was a 32 percent decrease in hospitalizations and 49 percent fewer emergency-department visits.

Quanbeck said clinicians were less likely to embrace the use of the mobile application for two reasons. The application did not interface with EHRs and physicians worried that they would miss patients who express suicidal thoughts. The second concern was addressed by appointment of one staff member at each clinic to monitor Seva and alert clinicians of significant changes in patient status.

While patient use of the mobile application was at a high of 94 percent to 99 percent at the beginning of the study, use gradually dropped to zero when the National Institutes of Health funding (1R34DA036720) ran out. In part, the funding was used to purchase smartphones and data plans.

Despite the prevalence of smartphones, little research has been done on the use of mobile health applications to treat patients in primary care. The study is the most comprehensive implementation research in the United States health care system to look at the use of a mobile health application in primary care.

The study was published in the Journal of Medical Internet Research.