Category: Nursing issues

Study type: Systematic Literature Review

Author's declarative title: Enriching outcomes for persons with intellectual disabilities – Choice, individuality and collaboration are key to effective eHealth.

Commentary on: Oudshoorn et al (2019) eHealth in the support of people with mild intellectual disability in daily life: A systematic review.

Commentary

Implications for practice and research

- This review highlights a need for more individualised, planned and collaborative approaches when using eHealth to assist persons with mild intellectual disabilities.
- Further research is required to tackle the significant lack of rigorous evidence on eHealth interventions for mild intellectual disabilities.

Context

eHealth can be used to support daily functioning and independence for people with intellectual disabilities[1]. Yet there is a distinct lack of evidence to support how we can use services most effectively. This is most important in today's post Covid-19 environment, as healthcare increasingly needs to embrace technology to support our most vulnerable citizens, as we reduce onsite care provision. This study[2] collates all empirical evaluations of eHealth interventions to reveal service user's characteristics, environmental factors and functions / features of eHealth applications to offer an overview of their efficacy.

Methods

This PRISMA guided literature review[2] collates evidence from 46 studies and presents findings under the 'matching person to technology model' (MPT)[3]. The purpose was to reveal how eHealth can support people with mild intellectual disabilities. There is no stated research question and inclusion / exclusion criteria are directed through a two-phase search strategy, guided by Liberati's 'PICO' model. Results are presented in tabular format to contextualise eHealth applications and types of support. However, they illustrate the stark lack of rigorous and systematic evidence on use and applicability of eHealth for mild intellectual disabilities.

Findings

Most eHealth applications are used either temporarily (supporting new skills development), permanently (reminders for task completion) or as agent for remote

healthcare support. Most studies did not determine client's individual needs, expectations, preferences and perceptions before and after eHealth interventions. There was distinct lack of clarity on personal context and individual circumstances. Although 'device training was 'offered' it was unclear on who was administrating the eHealth training and interventions across much of the evidence. Smartphones, tablets, videos, laptops were the main vehicle of support.

Commentary

This study focused on eHealth applications for persons with intellectual disabilities with an aim to describe key areas of their use. The study is ambitious, because there are a variety of compounding problems in the empirical demonstration of eHealth efficacy. The variety of barriers on adoption of technology, in determining cost effectiveness, risk, patient acceptability and applicability to populations brings an array of confounding factors to studies attempting to evaluate the constellation of models falling under the nomenclature of 'eHealth'.

As healthcare is transformed to a more 'online' delivery because of recent pandemic measures, we must be able to substantiate any new interventions' performance in that they lead to improvements in clinical/ social outcomes or support independence.

There are a number of models to evaluate use, uptake, adoption and acceptability of information technology and eHealth activities[4]. These draw on behavioral, attitudinal, social, motivational factors amongst professionals, clients and community groups, but this review applies the lens of 'MPT' to present findings. Oodshoorn et al used three themes to describe their client characteristics, their client's environments and offer an overview of functionality and features of all 'eHealth' activities presented to assist clients with learning disabilities.

Perhaps the most significant finding is that there are no rigorous, or large-scale research outputs which determine eHealth interventions as effective and transferrable to a wider community. The majority of studies sought to evaluate eHealth interventions which were, at best discussed with clients, at worst prescriptively applied without discussion with either the client or members from support networks.

Thus, this study supports a more individualised approach to use and application of eHealth. To support evidence-based practice, we must be able to identify most effective use of information technology in assisting our vulnerable citizens

References

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Commentator details

Name: Heidi Fewings
Affiliation: University of Hull
Correspondence address: Aire 212 Faculty of Sciences, University of Hull, HU7 6RX
Email: h.fewings@hull.ac.uk

Amanda Lee
University of Hull
Dearne 018 Faculty of Health Sciences University of Hull HU6 7RX
Email a.j.lee@hull.ac.uk

Competing
none