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Impact of a patient-centered, computer-based health information/support system

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Abstract

Background: Consumer health information systems potentially improve a patient's quality of life and activate patient self-care.

Objectives: Test a computerized system (CHESS: Comprehensive Health Enhancement Support System), which, in this application, provided HIV-positive patients with information, decision support, and connections to experts and other patients. Would patients given in-home access to computers use the system, improve their quality of life, reduce health-risk behaviors, and use medical services more efficiently?

Research Design: Randomized controlled trial: CHESS computers in experimental subjects' homes in Madison or Milwaukee, Wisconsin, for 3 or 6 months; controls received no intervention. Subjects were compensated for self-report surveys completed

before, during, and after CHESS installation.

Subjects: Of 204 HIV-positive patients recruited (90% male, 84% white, average education some college, and 65% experiencing HIV-related symptoms), 90% completed the study.

Measures: Self-reports of quality of life and frequency and duration of use of medical services.

Results: CHESS was used daily with little difference between demographic subgroups. While CHESS was in the home, its users reported quality-of-life improvements: active life, negative emotions, cognitive function, social support, and participation in health care. They also reported spending less time during ambulatory care visits, making more phone calls to providers, and experiencing fewer and shorter hospitalizations.

Conclusions: A computer-based personal health support system can improve a patient's quality of life and promote more efficient use of health care.



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Keywords

computer communication networks; consumer participation; delivery of health care; health care costs; HIV infections; medical informatics; quality of life

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