

Choosing the smartphone that's right for you

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Much research has been conducted to show the many health care benefits associated with using mobile technology, especially the smartphone. But there's no clear-cut choice on which phone makes the most sense for physicians.

A decision on which phone would suit you best is as unique to each physician as practice style. Factors include location and the reliability of the local wireless network; usability of the device; and your reasons for getting the phone.

But as one expert says, if your current phone doesn't suit you, that's perfectly fine, because you're likely to replace it soon anyway. And even if you like your current phone, you'll still probably be replacing it soon.

"We need to get it out of our minds, 'I've only had it for a year or 18 months,' " said C. Peter Waegemann, vice president for development of the mHealth Initiative, a Boston-based organization that promotes the use of mobile technology in health care. "Technologies are improving, the security is improving, the interference is much less with each new phone, so the benefits are there [to change]."

A Manhattan Research survey, "Taking the Pulse," was conducted a year ago and found that among the 64% of U.S. physicians who owned a smartphone, 37% had a BlackBerry and 27% had an iPhone. Though that research is only a year old, "it's still relevant, but the world has changed so much since then," said Meredith Ressi, vice president of research at Manhattan Research, a health care market research firm.

Manhattan Research is in the process of finalizing an update to that report, which should be published in April, Ressi said. The iPhone is expected to take the lead this year, mainly because of the number of applications compared with other smartphones.

The mHealth Initiative compared the number of clinical applications on seven leading smartphones, and the iPhone led with 1,600 applications by the end of 2009. The next closest was the HTC Pro, which runs on a Windows platform and had 370 clinical applications.

Applications will be the ultimate deciding factor for most doctors shopping for a phone, said Doug Elwood, MD, vice president and medical adviser of health and wellness for

Widmeyer Communications, a New York-based public relations firm. Dr. Elwood also works part-time as a physical medicine and rehabilitation physician.

But applications shouldn't be the only deciding factor, according to Claudia Tessier, president of the mHealth Initiative.

"The landscape changes so quickly," Tessier said of the application development industry. What's not available on a particular phone one day could become available a week later.

Many physicians began using a BlackBerry because that's what their medical school or hospital required. There's nothing wrong with remaining loyal to a certain phone, Tessier said -- but only if you're happy with it.

Philip Bauman, MD, an orthopedic surgeon in New York, uses a Palm Pre, for example, mainly because he has been using a Palm platform for several years.

Because he doesn't use many applications and mostly uses the phone to e-mail, text and access Epocrates, a medication directory, he wanted a phone that felt better in his hands. He finds it impossible to text or type e-mails with one hand on an iPhone but said he can do it easily with the Pre.

Although he likes the touch screen for some functions, he prefers typing on a keypad. The Pre offered both. The size of the phone also was important, as he carries it in his pocket. These all factored into his decision, he said.

Because it's impossible to take a phone for a test drive without committing to a contract, Tessier recommends finding a colleague with a phone you're interested in and getting the touch and feel of it.

Depending what you use the phone for, you may want one with a landscape screen rather than a vertical one; the ability to zoom in on something on-screen; or the ability to have more than one window open at a time. Talking to friends about their favorite features will give you a better sense of what the phone will be like and how important each feature might be to you.

Waegemann said the question of which smartphone doctors should use is one of the most common questions mHealth Initiative receives. It developed a tip sheet with the following questions:

Will you be using functions other than the telephone feature? If your primary use is to make and receive phone calls or send texts, you may not need a smartphone but rather a simple cell phone.

Will the phone be integrated with systems at your hospital? Some in-house systems may be tailored to one specific smartphone device or service. Talk to your hospital IT staff if you want to access in-house systems via your phone.

Which carrier is best in your area? Not only should cell phone service be good, but data communication also should be reliable if you want to use the phone to surf the Web or use Web-based applications.

Do you have an existing contract? The cost of breaking your contract may be more than the price of your new smartphone. But in some cases, it may be worth it.

Which applications are you interested in? More application choices are nice, but only if you plan to use them.

How will the phone affect your lifestyle? While some find that smartphone options help keep their lives organized with several tools such as an MP3 player, calendar, camera, phone, GPS system and others all in one device, others find the options overwhelming.

Another thing to consider is whether the phone will be for both personal and professional use. Waegemann believes physicians should try to get everything on one device. But if you're required to use a phone distributed by your hospital, you probably don't want to use that phone for personal use, Tessier said.

Some hospitals assume that physicians will use the hospital-assigned phones for personal use and are OK with that. Make sure you read your hospital's policy on phone use, experts advise.

Most of all, the choice comes down to usability, Tessier said. If it's not user-friendly to you, it's not going to be a good fit. "It's kind of like what we've said about EMRs all these years," she said.