A current barrier to the widespread use of innovation in healthcare systems is the lack of funding and reimbursement models for mHealth services by health systems. Consequently, health providers are strongly interested in seeking examples of funding models for the development of new healthcare software and the implementation of eHealth in research projects.

However, after a new eHealth system has been tested as a pilot study or even in a clinical trial, a major risk is an inability to implement it in usual clinical practice, thus disappointing participants and failing to take advantage of the experience gained by participating professionals. Therefore, a key issue is how to go beyond the research stage and achieve government or even institutional funding to ensure 1) the technological maintenance of the system, 2) the implementation of the model within the structure of a health institution, and 3) the scalability of the model to other populations.

Divulging the funding source of each project is strongly recommended to increase transparency and to provide context for readers, editorial boards, and new developers interested in similar examples.

The mHeart platform was first supported by the pharmaceutical industry (Astellas Pharma S.L.) through a contribution to our hospital to carry out the project. The collaboration was sealed with a signed contract in exchange for including the firm’s logotype in the mobile application and dissemination of the results of the research for the next 5 years. The hospital acquired no other responsibilities. Additionally, a scientific research grant by the General Pharmaceutical Council of Barcelona (COFB) was awarded in 2016. These contributions aimed to cover the technical development of the mHeart platform. A private Spanish firm specialized in healthcare system applications (Trilema Salud Group) was asked to carry out the project.

Additionally, these resources were partly used to fund the time devoted to the study by the hospital’s scientific advisory team (SAT) coordinator. The remaining cost of this professional’s time on the project was funded by the Pharmacy Department. The costs of the technological support included not only the development of the system, but also its maintenance and the users’ Help Center. This additional cost was covered by the Pharmacy and Heart Transplant Unit of Hospital de la Santa Creu i Sant Pau (HSCSP).

Another very important point is how the hospital reimbursed the clinical care through an eHealth system. There is a delay in the implementation of new telemedicine laws. This causes uncertainty about minimum quality standards and hinders scalability because of the lack of reimbursement models. In the mHeart model, an institutional telematics agenda was provided to impute all the non-face-to-face activity performed by the providers using the mHeart system. Thus, clinical activity was properly registered in patients’ electronic medical records and properly scheduled for reimbursement.

The above-mentioned funding bodies played no role in the study design, data collection and analysis, decision to publish, or preparation of the Dataset File or the co-submitted article. The responsibilities acquired with Astellas Pharma S.L. lasted for 5 years, and have therefore expired. Most of the providers...
acted as consultants. MG was the Project Coordinator. Neither the providers nor MG have any other conflicts of interest to disclose.

CONTACT INFORMATION

If there are any doubts or comments about the information provided, please do not hesitate to contact the scientific coordinator Mar Gomis-Pastor (mar@margomis.com).

REFERENCES


