Chapter 7
Information Therapy (Ix) Service and Patients’ Preference

Vahideh Zarea Gavgani
Tabriz University of Medical Sciences, Iran

ABSTRACT
To establish, encourage and support a successful Information Therapy service in a developing country, it is essential to identify the preferences of patients, their information needs and attitudes toward CHI and Ix. In this paper, the author examines the attitudes of patients receiving health information and information prescription in Iran. An exploratory survey with an open interview and structured questionnaire was conducted to gather data from patients of educational hospitals and clinics in Tabriz, Iran. Tabriz’s diverse dialects and literacy levels mimic a developing nation, ensuring that the findings are transferable to other developing countries. The study reveals that patients’ information needs are generally related to basic issues of health. The level of literacy impacts neither the demand for health information nor the patients’ preferred channel to receive CHI and information prescription. A localized approach, considering the socioeconomic and cultural aspects of a developing country like Iran and its limitation in using applications of information and communication technology, would make the Information Therapy and Consumer Health Information Services successful.

1. INTRODUCTION
Consumer Health Information (CHI) and Information Therapy (Ix) services are increasingly becoming important priorities in healthcare policies. According to the World Health Organization, (World Health Organization, 2000) health care errors seriously harm 1 in every 10 patients around the world. Patient safety is a worldwide problem. It is now recognized and valued by every nation and country’s health care policies that, “By offering every patient the right information, health care system can achieve measurable improvements in medical outcomes, patient safety, and patient satisfaction, not to mention the overall cost effectiveness of care (Kemper & Mettler, 2002). On the other hand, the influences of information communication technology and health informatics in the last two decades have created considerable changes in the way the public and patients access information and communicate with health providers and other patients. These crucial changes
have given haste to patient centered health care and policies around the world. Consequently, the move toward embedding the Information Therapy approach and the more evidence based Consumer Health Information in the national health system of advanced countries can be observed fundamentally. For instance, in 1997, Medline Plus (http://www.medlineplus.org/) was launched by the National Library of Medicine within the U.S. National Institutes of Health to provide patients and physicians with reliable health information online. The Virginia Health Science Library, the National Library of Medicine, the National Network of Libraries of Medicine and other libraries in Iowa and Virginia collaboratively have designed Information Rx Tool Kit to assist libraries with any project-related outreach activities they may wish to initiate. In 2004, the National Library of Medicine (NLM) and the American College of Physicians Foundation collaborated to pilot Information Rx (http://nnlm.gov/hip/infoRx/), a program that provides tools to assist physicians in referring their patients to MedlinePlus.gov free of cost. In 2007, NLM launched “Health Information Rx Pilot Project” with Osteopathic Physicians. Under a new pilot program, more than 12,000 members of the American Osteopathic Association (AOA) from Pennsylvania, Michigan, Kentucky, and Florida were encouraged to refer their patients to MedlinePlus.gov, a free, trustworthy, patient-friendly Web site of the National Library of Medicine (NLM). In addition to governmental organizations, thousands of non-profit healthcare systems, such as Kaiser Permanente, Healthwise and its knowledge base, Center for Information Therapy (Ix), are providing information to support consumer healthcare decisions.

In 2000, the UK Department of Health (DoH) published National Health Systems’ plan for providing information service and support to individuals in relation to health promotion, self care, rehabilitation and after care through its core programs (Department of Health, 2000). The DoH also initiated the Information Prescription program as one of the outcomes of information initiatives promised in the 2006 White Paper, ‘Our health, our care, our say: a new direction for community services’ (Department of Health 2006). Building upon an Information Partners scheme developed by NHS Direct, primarily with cancer charities, “Better information, better choices, better health” announced the DoH’s intention to develop an Information Accreditation Scheme in 2004 (Entwistle et al., 1998).

In 2004, the Evidence Based Patient Information sub-committee was established within the German Federal Joint Committee to provide evidence based health information to patients and the public. In 2006, the website called Gesundheitsinformation.de was launched by the German Ministry of Health (Bastin, 2008).

Review of relevant literature in Medline, Scopus and Google Scholar did not show a study or program related to Information Therapy, Consumer Health Information service or investigation of patient information needs and preferences in developing countries. In 2002, Halstead and colleagues conducted a practical project, Consumer Health Information for Asians (Halsted et al., 2002). However, the project was conducted in an advanced country, the U.S., and was not addressed as a program in the setting of a developing country. Halsted and colleagues translated brochures on health topics of concern to the Asian community and offered them to Asian residents of Houston, Texas, through eight informational kiosks in Asian centers such as temples and an Asian grocery store.

There are also a few hospitals and clinical research centers in Iran and India that provide patients with CHI through in-person visits, consultation and email, but this is often informal rather than a scheduled national program as in advanced countries. [8] The initiation of Information Therapy is gradually emerging in developing countries’ policies as well. In Iran, the step toward clinical governance and evidence based medicine, as well
Related Content

Dis2PPI: A Workflow Designed to Integrate Proteomic and Genetic Disease Data
[www.igi-global.com/article/dis2ppi-workflow-designed-integrate-proteomic/77811?camid=4v1a](www.igi-global.com/article/dis2ppi-workflow-designed-integrate-proteomic/77811?camid=4v1a)

Local Optima Avoidance in GA Biclustering using Map Reduce
[www.igi-global.com/article/local-optima-avoidance-in-ga-biclustering-using-map-reduce/171418?camid=4v1a](www.igi-global.com/article/local-optima-avoidance-in-ga-biclustering-using-map-reduce/171418?camid=4v1a)

Normalizing Cross-Border Healthcare in Europe via New E-Prescription Paradigms
[www.igi-global.com/chapter/normalizing-cross-border-healthcare-in-europe-via-new-e-prescription-paradigms/78697?camid=4v1a](www.igi-global.com/chapter/normalizing-cross-border-healthcare-in-europe-via-new-e-prescription-paradigms/78697?camid=4v1a)

Indonesian Legal Perspectives on Biotechnology and Intellectual Property Rights
[www.igi-global.com/chapter/indonesian-legal-perspectives-biotechnology-intellectual/47300?camid=4v1a](www.igi-global.com/chapter/indonesian-legal-perspectives-biotechnology-intellectual/47300?camid=4v1a)