Barriers and Facilitators to the Implementation of eHealth Services: A Systematic Literature Analysis

- Barriers
  - Individual barriers (Griebel2015)
    - Cognition (Griebel2015, Meij2018, Mileski2017, Ochoa2017, Band2017, Lennon2017, Tieu2015, Hunting2015, Varsi2015, Cranenburgh2016, Bush2015, Radhakrishnan2016, Jimbo2013, Koivunen2008)
      - Limited exposure/prior knowledge of [eHealth] (i.e., poor digital health literacy) (Kruse2018, Sarfo2017, Wildenbos2017, Lennon2017, OConnor2016, Tieu2015, Hunting2015, Gagnon2016, Radhakrishnan2016, Batterham2015, Makai2014, Mishuris2015, Lusignan2013, Luque2013, Miake-Lye2011, Koivunen2008)
      - Challenges with medical terminology (Tieu2015, Bush2015)
      - Information overload (Varsi2015, Levine2014)
      - Lack of training (Radhakrishnan2016, Batterham2015, Luque2013)
    - Motivation (Griebel2015, Meij2018, Mileski2017, Ochoa2017, Wildenbos2017, Band2017, Odnoletkova2016, OConnor2016, Hunting2015, Batterham2015, Makai2014, Levine2014, Luque2013)
      - Negative expectations of outcomes (Kruse2018, Gagnon2016, Batterham2015)
      - Bad experiences in the past (Lennon2017, Gagnon2016, Makai2014)
      - Fear of being replaced by technology (Lennon2017)
      - Benefit not clear to patient (Cranenburgh2016)
      - Satisfied with status quo (Mishuris2015)
      - Negative attitude (Koivunen2008)
      - Lack of commitment (Koivunen2008)
    - Accessibility (Griebel2015, Meij2018, Wildenbos2017, Band2017, Lennon2017, OConnor2016, Tieu2015, Hunting2015, Popeski2015, Radhakrishnan2016, Levine2014)
      - Increased anxiety (Band2017, Radhakrishnan2016)
      - Lack of necessary devices (Kruse2018, Meij2018, Mileski2017, Sarfo2017, Ochoa2017, Wildenbos2017, Lennon2017, OConnor2016, Tieu2015, Makai2014, Mishuris2015, Jimbo2013, Lusignan2013, Luque2013, Koivunen2008)
    - Lack of Trust (Griebel2015, Kruse2018, Wildenbos2017, Lennon2017, OConnor2016, Tieu2015, Radhakrishnan2016)
    - Uncomfortable with technology (Cranenburgh2016, Molfenter2015, Koivunen2008)
    - Time
      - Added workload (Mileski2017, Ariens2017, Ochoa2017, Bello2017, Band2017, Lennon2017, Varsi2015, Levine2014)
      - providers time barriers (Hunting2015, Gagnon2016, Radhakrishnan2016, Shaw2013, Koivunen2008)
      - Time constraints (Cranenburgh2016, Bush2015)
      - Time consuming (Popeski2015, Radhakrishnan2016)
    - Patient and healthcare professional interaction (Gagnon2016, Batterham2015)
      - Wish to preserve in-person aspects of existing patient-provider relationships (Wildenbos2017, Odnoletkova2016, Tieu2015, Radhakrishnan2016, Makai2014, Levine2014)
      - Missing information/data from healthcare provider (Lusignan2013)
    - Reliability of patient generated data (Band2017, OConnor2016, Gagnon2016, Radhakrishnan2016)
    - Affordability (costs) (Tieu2015, Levine2014, Luque2013)
    - Communication barriers (Hunting2015)
    - Afraid to disturb healthcare provider (Varsi2015)
    - Breaking with everyday routine (Cranenburgh2016, Hao2015)
    - Reliability (Gagnon2016)
    - Stigmata
      - Stigma of depression (Batterham2015)
      - Stigma of seeking help (Batterham2015)
  - Environmental barriers (Griebel2015)
    - Problems with financing eHealth solutions (Griebel2015, Mileski2017, Hadjistavropoulos2017, Ariens2017, Ochoa2017, Lennon2017, Odnoletkova2016, OConnor2016, Gagnon2016, Radhakrishnan2016, Molfenter2015, Batterham2015, Levine2014, Ancker2014, Miake-Lye2011, Koivunen2008)
    - Political barriers: Proof of effectiveness & efficiency of eHealth? (Griebel2015, Mileski2017, Ariens2017, Radhakrishnan2016, Batterham2015)
    - Missing fit into organizational structures, incentives? (Griebel2015, Mileski2017, Hadjistavropoulos2017, Ariens2017, Odnoletkova2016, Radhakrishnan2016, Molfenter2015, Ancker2014, Shaw2013)
      - Lack of senior management buy-in (Lennon2017)
    - inconsistencies in policy rules hinder improvements and innovations (Swinkels2018, Lennon2017, Odnoletkova2016, Molfenter2015, Ancker2014)
    - Limited oversight, regulation, and guidelines (Mileski2017, Gagnon2016)
    - Lack of FDA [or equivalent] approval (Mileski2017, Gagnon2016)
    - Lacking integration of technology with care processes (Mileski2017, Radhakrishnan2016, Batterham2015, Shaw2013)
    - Lack of culture welcoming eHealth initiatives (Ariens2017, Varsi2015, Gagnon2016, Ancker2014)
      - Lack of end user involvement (Radhakrishnan2016, Hao2015, Shaw2013)
    - unclear responsibility for use of digital care (Ariens2017, Lennon2017, Gagnon2016)
    - Time consuming accreditation and clinical endorsement (Lennon2017)
    - Digital health market difficult to navigate (Lennon2017)
    - Lack of a coherent market (Lennon2017)
    - Missing eHealth strategies (Lennon2017, Gagnon2016, Koivunen2008)
    - Too many alternatives (OConnor2016, Molfenter2015, Shaw2013)
    - Geographical and social location (Hunting2015)
    - External development (Varsi2015)
    - Patient cohort (wrong patient caracteristics) (Varsi2015, Gagnon2016)
    - Healthcare professionals not working as a team
      - Too many individualists (Varsi2015)
      - Strong personalities among the providers (Varsi2015)
    - Missing models to follow (Molfenter2015, Batterham2015)
    - Lack of dedicated research staff (Shaw2013)
    - Slow implementation (Shaw2013)
    - Missing culture of sharing data with patients (Lusignan2013)
  - Technical barriers (Griebel2015, Mileski2017)
    - Unsuited services, design does not fit users' needs (Griebel2015, Meij2018, Mileski2017, Lennon2017, OConnor2016, Cranenburgh2016, Popeski2015, Gagnon2016, Radhakrishnan2016, Hao2015)
      - Missing functionality (Bush2015, Lusignan2013)
    - Security (Griebel2015, Mileski2017, Ariens2017, Wildenbos2017, Lennon2017, OConnor2016, Garg2016, Tieu2015, Gagnon2016, Batterham2015, Hao2015, Levine2014, Lusignan2013, Luque2013)
    - Confidentiality (Band2017, Cook2016, Garg2016, Tieu2015, Bush2015, Gagnon2016, Batterham2015, Lusignan2013, Luque2013)
    - System language (Griebel2015)
    - Missing support: Who to call for help? (Griebel2015, Cranenburgh2016, Radhakrishnan2016)
      - Need for training (Ariens2017, Gagnon2016, Koivunen2008)
      - Missing availability of educators (Odnoletkova2016, Radhakrishnan2016)
    - Interoperability Issues: Missing standards (Griebel2015, Lennon2017, Shaw2013)
      - For patient data (Griebel2015, Mileski2017)
      - For data exchange (Griebel2015, Band2017, Lennon2017, Radhakrishnan2016)
    - Missing system feedback: unclear benefits (Griebel2015, Mileski2017, Lennon2017)
    - Complications with technology (Kruse2018, Meij2018, Wildenbos2017, Odnoletkova2016, OConnor2016, Ancker2014)
    - Providers with limited technical resources (Kruse2018, Lennon2017, Cranenburgh2016)
    - Lack of readiness for implementation (Hadjistavropoulos2017, Gagnon2016, Radhakrishnan2016, Shaw2013)
    - Missing ease of use (Ariens2017, Wildenbos2017, Varsi2015, Radhakrishnan2016)
    - Missing integration (e.g. with patients' EMRs) (Odnoletkova2016, Garg2016)
    - Difficult to display data meaningful (Bush2015)
    - Updates and maintenance (Radhakrishnan2016, Lusignan2013)
- Facilitators/Success factors
  - Individual facilitators
    - Clear benefit (eID, Ariens2017, Tieu2015)
      - Improved access to care for patients (Kruse2018, Shaw2013)
      - Effective treatment outcomes (Kruse2018)
      - Preserving patient independence/autonomy (Kruse2018)
      - Improved patient state compared with usual care (Mileski2017)
      - Improved patient outcome (Mileski2017)
        - useful in tracking progress and adjusting health behaviors (Tieu2015, Radhakrishnan2016)
      - Improvement of patient care (Ochoa2017)
      - Self-health monitoring for patients (Wildenbos2017, Radhakrishnan2016)
      - Patient participation (Wildenbos2017, Band2017)
      - Increased self-confidence (Band2017)
      - Time-savings (Odnoletkova2016)
        - possibility to initiate treatment sooner to the patients (Hao2015)
      - More flexibility (Odnoletkova2016)
      - Check future appointments online (Tieu2015)
      - program could help address their major health concerns (Hunting2015)
      - Insures timely access to health care (Hunting2015)
      - helps to manage and understand a child's condition (Bush2015)
      - reducing anxiety (Bush2015)
      - Identify early indication of health crisis (Radhakrishnan2016)
      - Telehealth data being a conduit to communicate health crises to physicians (Radhakrishnan2016)
      - Help educate patients (Jimbo2013)
      - Improve clinical efficiency (Jimbo2013)
      - Proof of utility (Levine2014)
    - Trust & control
      - Quality
        - Service/application (eID, Cook2016)
        - Data (eID)
          - Control of the quality and completeness of data recorded in their medical records (Lusignan2013)
      - Qualification (eID)
      - Transparency
        - Provider (eID)
        - Data (eID, Band2017)
      - increased feeling of comfort, safety and privacy (Kruse2018, Band2017)
      - Reliability and accuracy (Band2017)
      - Perceived value of support from healthcare team (Band2017)
      - Values the privacy and anonymity of digital health intervention information or interaction (OConnor2016)
      - Perceived utility of text messages to accomplish health system goals (Garg2016)
      - Trust in technology (Tieu2015)
      - Feeling of security (Hunting2015, Radhakrishnan2016)
      - offering reassurance (Bush2015)
      - Observability (Gagnon2016)
      - Autonomy (Gagnon2016)
      - Self-efficacy (Belief in one's competence to use mHealth) (Gagnon2016)
      - Involve patients along with physicians in decision making on disease process (Radhakrishnan2016)
    - Collaboration
      - multi-channel access (eID)
      - Unaffected patient-provider relationship (Kruse2018, Ariens2017)
      - improves communication (eID, Ariens2017, Ochoa2017, Wildenbos2017, Band2017, Hao2015)
      - Greater control and more involvement (Mileski2017, Band2017)
      - Facilitates individualized personal interaction (Mileski2017, Ariens2017)
      - Remidies face-to-face intervention problems (Mileski2017)
      - Usefulness of sharing experiences with fellow patients (Ariens2017)
      - Dissatisfaction concerning current care communication (Wildenbos2017)
      - Opportunity to provide quicker feedback on BP readings (Band2017)
      - Open, honest digital interaction with healthcare provider (OConnor2016)
      - Promote patient-driven communication (Tieu2015)
      - Communication and collaboration effort (Gagnon2016)
      - Convenient communication of patient data and health status by nurse to physicians (Radhakrishnan2016)
      - Patient empowerment and actor of their health (Lusignan2013)
    - User experience (eID, Gagnon2016)
      - Popularity (eID)
      - Status (objects) (eID)
      - Fun of using it (eID)
        - very nice to track activities (Meij2018)
      - Comfortable using the internet (Wildenbos2017)
      - Positive experiences healthcare clinic (careful listening, easy information explanation) (Wildenbos2017)
      - Previous negative experience of health services without a digital health intervention (OConnor2016)
      - Impact on clinical uncertainty (Gagnon2016)
      - Convenient one-touch access to nurses (Radhakrishnan2016)
      - Increasing computer experience (Koivunen2008)
    - facilitating research (eID)
      - finding patterns in data
      - visualization of data
      - "Broader picture"
      - Data linkage
      - finding partners
    - general interest (Kruse2018)
      - regularly searching health information on internet more likely to use patient portal (Wildenbos2017)
      - Increased concern (Band2017)
    - Access & accessibilty (Mileski2017)
      - Access to necessary devices (Kruse2018, Mileski2017, OConnor2016, Koivunen2008)
      - Increased access to care (Mileski2017, Band2017)
      - High access to telecommunication (Mileski2017)
      - Increased access to health information between visits (Mileski2017, Wildenbos2017)
      - Use via mobile device (smartphone, tablet) (Wildenbos2017)
      - Patient has experience in working with computers (Cranenburgh2016)
      - Decreases commuting barriers for patients (Shaw2013)
      - Instant access to patient data produced by other health care institution (Lusignan2013)
      - Experience with electronic communication (Schickedanz2013)
      - Easy to access (Koivunen2008)
    - Involvement of patients social environment (Kruse2018)
      - Home-based use (Mileski2017, Radhakrishnan2016)
      - Social support from peers online (OConnor2016)
      - Allow older adults remain longer at home (Radhakrishnan2016)
      - Family support (Radhakrishnan2016)
    - Motivation (Meij2018, Band2017, Hunting2015, Cranenburgh2016, Radhakrishnan2016)
      - Interactive behavior change technology (Mileski2017)
      - Ambition to learn (Wildenbos2017, Mishuris2015)
      - Speed up intensification (Band2017)
      - Developing a routine (Band2017)
      - Motivation to understand and improve health (OConnor2016)
      - digital health intervention fits with personal lifestyle (OConnor2016)
      - Perveived usefulness (Cook2016, Gagnon2016)
      - Accessing their personal health records would improve the effectiveness of their in-person visits (Tieu2015)
      - Feeling supported in their Telehomecare-related activities (Hunting2015, Miake-Lye2011)
      - Interested in communication about health and welfare status (Makai2014)
      - Improving motivation to use IT (Koivunen2008)
      - Improving commitment to new action (Koivunen2008)
      - Supporting independent use of IT (Koivunen2008)
      - Relevance of content (Koivunen2008)
    - More timely changes in patient state (Mileski2017, Radhakrishnan2016)
    - Cognition/Knowledge (Band2017)
      - Information for users (Mileski2017)
      - Improvement of knowledge for the patient (Mileski2017, Band2017)
      - Physician or someone else thought use of patient portal would be useful for patient (Wildenbos2017)
      - Higher level of education related to higher probability of using of patient portal (Wildenbos2017)
      - Knowing health status over time (Band2017)
      - Awareness of titriation schedule (Band2017)
      - Increased patient sense of responsibility for BP (Band2017)
      - Ability to understand a digital health intervention and personal health data (OConnor2016, Shaw2013)
      - Ability to choose time and location of interaction with a digital health intervention (OConnor2016)
      - Ability to control electronic personal health data (OConnor2016)
      - Good digital literacy (OConnor2016, Makai2014)
      - Previous knowledge & awareness of service & equipment (Cook2016)
      - Knowledge and believes about the intervention (Varsi2015)
      - Recognize the relevance (Cranenburgh2016)
      - Managing medical information (Popeski2015)
      - Education (Popeski2015)
      - Familiarity with technologies in general (Gagnon2016)
      - Exposure to telehealth (Radhakrishnan2016)
      - No cognitive problems (Makai2014)
      - Improving medical knowledge through e-education (Lusignan2013)
      - Making patients well informed (Miake-Lye2011)
      - Portal marketing to patients (Koivunen2008)
    - relative advantages (Hadjistavropoulos2017)
    - Patient portal is neutral medium for delivering difficult news or 'difficult to hear' advice (Wildenbos2017)
    - Patient characteristics (Band2017)
      - Regular use of internet (Wildenbos2017)
      - Better health condition related to higher use of patient portal (Wildenbos2017)
      - Acceptance of old age/health condition (Cook2016)
      - Positive attitudes and perceptions towards equipment (Cook2016)
      - Open to new ideas (Varsi2015)
      - Newly diagnosed with chronic disease (Radhakrishnan2016)
      - Young-old age group (Radhakrishnan2016)
      - Growing population of tech-savvy older adults (Levine2014)
      - Taking account of patient mental status (Koivunen2008)
    - pre-assessment of patient (Levine2014)
    - Emotional benefit (Miake-Lye2011)
  - Environmental facilitators
    - Flexible funding (eID)
      - securing external funding (Hadjistavropoulos2017)
      - Financial compensation of providers (Bello2017)
      - Cost-sharing arrangement with other healthcare providers/institutions (Radhakrishnan2016)
      - Initial funding (Molfenter2015)
      - Potential case rate funding model (Molfenter2015)
      - Smartphone/Mobile device start-up funding is available (Molfenter2015)
    - Health outcomes (eID)
    - Policies for using generated data for research (eID)
    - competition (eID)
    - supporting laws & regulations (eID)
      - Legal clarity (Lusignan2013)
    - Costs
      - Decreased overall costs (Kruse2018, Mileski2017)
      - Cost-effective in the long run (Mileski2017)
      - low cost (Hadjistavropoulos2017)
      - Reduced nursing visits for trivial reasons and saved transportation costs (Radhakrishnan2016)
      - Cost-effective service arrangement with a telehealth company for regular equipment maintenance (Radhakrishnan2016)
    - Incentives for providers (Swinkels2018, Varsi2015)
    - Business model concept needed early in eHealth projects (Swinkels2018)
    - Strategies needed
      - financial modes (Swinkels2018)
      - requirements needed for societal innovations (Swinkels2018)
      - Clear governance of national e-health strategy (Lusignan2013)
    - Involvement of all relevant stakeholders (Hadjistavropoulos2017, Varsi2015, Radhakrishnan2016, Shaw2013)
      - patients, primary health care professionals, entrepreneurs and government (Swinkels2018)
      - Support and managerial power for implementation and innovation processes (Swinkels2018)
      - Awarding credits to physicians for learning to use the service (Bello2017)
      - Availability of accreditation and clinical endorsement (Lennon2017)
      - Patient and staff engagement and support (Garg2016)
      - Early identification of barriers and solutions through peer collaboration (Garg2016)
      - Leadership engagement (Varsi2015)
      - Upper management buy-in for device upgrades and maintenance (Radhakrishnan2016)
      - Psychiatrist/physician available (Molfenter2015)
      - Support by supervisors (Hao2015)
      - Good communication (Miake-Lye2011)
    - Integrated into care (Mileski2017, Ariens2017, Gagnon2016, Hao2015, Shaw2013)
      - Supporting care and administrative processes (Mileski2017, Makai2014)
      - Supporting scheduling process of providers (Kruse2018)
      - Collaboration between health care professionals (Ariens2017)
      - Improving integration of telehomcare across health care providers and programs (Hunting2015)
      - Clinical importance of improving BP control (Shaw2013)
    - Sustainable intervention (Mileski2017)
    - Effectiveness (Popeski2015)
      - Effectiveness in the short term (Mileski2017)
      - Effective, efficient and affordable ways to reach and support minorities (Mileski2017)
      - Brevity and effectiveness of the program (Hadjistavropoulos2017)
    - Positive organizational culture towards eHealth (Mileski2017, Ariens2017, Gagnon2016, Shaw2013)
    - Utilization of existing equipment and space (Mileski2017)
    - chronic care model (Mileski2017)
    - Rapid growth of use in mobile phones (Mileski2017)
    - Delivering care across long distances (Mileski2017, Miake-Lye2011)
    - Intervention characteristics (Hadjistavropoulos2017)
    - Strength of evidence (Hadjistavropoulos2017)
      - Actual usefulness of equipment (Cook2016)
      - Existing example of successful application (Molfenter2015)
    - External development of the program (Hadjistavropoulos2017)
    - Training and support
      - Providing education (Hadjistavropoulos2017)
      - Technical and clinical assistence (Hadjistavropoulos2017)
      - Availability of other person to help with usage (Wildenbos2017)
      - Appropriate training (Band2017)
      - Intervention-specific education (Odnoletkova2016)
      - good learning climate (Varsi2015)
      - Access to information and knowledge (Varsi2015)
      - Helpful support (Cranenburgh2016)
      - Accessibility of support of Dutch Skin Foundation personnel (Cranenburgh2016)
      - Clear (written) information in advance (Cranenburgh2016)
      - Clear logistic instructions (Cranenburgh2016)
      - Administrative assistents are familiar with the application (Cranenburgh2016)
      - Demonstration (Bush2015)
      - Support and promotion of mHealth by colleagues (Gagnon2016)
      - Sufficiency of education (Koivunen2008)
      - Developing staffs' computer skills (Koivunen2008)
    - possible increase of efficiency in work patterns (Ariens2017)
    - Cultural patient background might influence use (Wildenbos2017)
    - Governmental and policy-related support of comprehensive program evaluations (Hunting2015)
    - Perception of a need of change (Varsi2015)
    - Compatibility between health care providers and service (Varsi2015)
    - High relative priority (Varsi2015)
    - Availability of resources (Varsi2015, Shaw2013, Koivunen2008)
      - Sufficient facilities (Cranenburgh2016)
      - Time issues (Gagnon2016, Koivunen2008)
      - Materials resources (access to mHealth) (Gagnon2016)
      - reallocating resources (Ancker2014)
      - Adequate room for patient education (Koivunen2008)
    - Risk-benefit assessment (Gagnon2016)
    - Voluntary ownership (Gagnon2016)
    - Internal environment (Gagnon2016)
      - organizational/managerial strengths (Ancker2014)
    - Work flexibility (Gagnon2016)
    - Choice of the mHealth system (Gagnon2016)
    - External environment (Gagnon2016)
    - Informed interactions (Radhakrishnan2016)
    - Surrogates as intermediaries between veterans and their personal health records (Mishuris2015)
    - narrowing project scope (Ancker2014)
    - Research is part of the culture (Shaw2013)
    - Past experience with implementing research (Shaw2013)
    - Telemedicine is part of the US Dept. of Veterans Affairs culture and delivered by research nurses (Shaw2013)
    - Self-management behavioral interventions viewed positively (Shaw2013)
    - Other programs support implementation (e.g. telehealth) (Shaw2013)
    - Dovetails with current priorities (Shaw2013)
    - Mature ecosystem for e-services provided by the state (Lusignan2013)
    - Almost 100% penetration of EMRs among GPs (Lusignan2013)
    - Inclusion of medical informatics in Medical Schools Curricula (Lusignan2013)
    - Wide range of e-services provided by the state including e-ehealth applications (Lusignan2013)
    - Project based on a strong model (Miake-Lye2011)
    - Patient-based operations model (Koivunen2008)
  - Technical facilitators
    - Usability (eID, Cook2016)
      - Service easy to access (eID)
      - Ease of use (eID, Kruse2018, Meij2018, Ochoa2017, OConnor2016, Bush2015, Gagnon2016, Radhakrishnan2016)
        - Ease and immediacy of communication (Mileski2017)
        - Simple, clear BP reading feedback (Band2017)
    - Standards (eID)
      - Interoperability (Gagnon2016)
      - Use of internationally acknowledged document and data exchange standards (Lusignan2013)
    - Security (eID)
      - Trusted security and authentication meassures (Lusignan2013)
    - Reliability of application (eID)
    - Rapidly evolving technology (Mileski2017)
      - Cloud computing can make mobile health (mHealth) services more accessible (Mileski2017)
    - Mobile devices can be used (Mileski2017)
    - IT infrastructure and support available (Mileski2017)
    - Technologic tools lead to improved patient health (Mileski2017)
    - Portable service and/or device (Mileski2017)
    - Combination of different technologies possible (Mileski2017)
    - Implementation processes (Hadjistavropoulos2017)
    - Design quality (Hadjistavropoulos2017)
    - Functionality
      - Possibilty of sending photographs (Ariens2017)
      - e-prescription service (Ariens2017, Lusignan2013)
      - Options for digital archiving and analysis of one's own medical data (Wildenbos2017)
      - Free-text options important (Band2017)
      - Securly message their provider (Tieu2015)
      - Helping to communicate (Bush2015)
      - Content appropriate for the users (relevance) (Gagnon2016)
      - Medicaid expansion covered clinical services for videoconferencing (Molfenter2015)
      - Efficient source of information (Jimbo2013)
      - new Functionalty (Ancker2014)
      - Clear recognition that patients' access to medical data is not obligatory (Lusignan2013)
      - Technical functionality (Koivunen2008)
    - User-friendliness (Hunting2015, Levine2014, Ancker2014)
    - Technical demonstration and practice (Hunting2015)
    - technology be adapted to improve accessibility for people with disabilities and complex conditions (Hunting2015)
    - Not very complex to implement (Varsi2015)
    - Accurate and timely (Bush2015)
    - Good technical support (Hao2015)
    - Pre-analysis of data (Levine2014)
    - Specific and quantifiable data (Levine2014)