



Model of Human Occupation

Archived List Serv Discussion

e-MOHO

May 22, 2008

Dear all,

Our OT team are currently using MOHO tools on a regular basis and find them very beneficial in helping with our treatment planning. In particular, we use MOHOST regularly as our screening tool.

With this in mind, we are considering purchasing the e-MOHO system. We would appreciate any information on how useful people have found this and if it has improved practice in any way. Has it made administration/storage of information easier for example? Would any of you recommend it (and why?) etc.,

Thank you for your support in this matter,

Regards,

Moira Harrison

May 23, 2008

Hi Moira

At SWLStG Trust we were the first UK Trust to have a networked e-moho system. We liked it, particularly the report generation function, but unfortunately had to relinquish it as it was not compatible with our Electronic Care Record (ECR).

So instead we obtained permission from Gary Kielhofner for the main MOHO assessment tools to be integrated within our ECR - whilst this does not allow the same functionality as e-moho it does allow us to extract data from the MOHO tools

Hope this is of some help

regards
David

May 23, 2008

David thanks for your helpful reply. Despite our efforts to work with large software vendors, we have run into a proprietary "wall." Basically we developed e-MOHO at a very large expense and sought mainly to recoup our costs and provide some revenue stream for research based on the e-MOHO. Software proprietors make big dollars with their systems and they are loathe to let a little player like us in. Its too bad, but its reality. That's why we opted in the end for the "stand alone version" of the e-MOHO which is an individual workstation, and abandoned our system-wide version which as David notes, did work well until the big guns decided to push us out. This is no reflection on the trust or the local IT people. It is the specific strategy of large software proprietors to make money on every aspect of their work. We did make our materials available to the Electronic Care Record at no cost and will do same for other systems as long as users abide by our purchase a manual for each user rule. that is our only way to keep afloat. Each manual represented a tremendous amount of work (including all the research that goes into developing the assessment) and many thousands of dollars/Euros/pounds to get to the point of a well-developed tool.

Gary Kielhofner