Provider Implementation of Consumer eHealth Technology Panel

September 25, 2011
Panelists

Kari Olson - *Front Porch Center for Technology Innovation and Wellbeing*

Jason Broad – *Sharp HealthCare*

Korey Capozza – *HealthInsight - Utah Beacon Community*

Drew McNichol – *HEALTHeLINK - Western New York Beacon Community*
Front Porch Center for Technology Innovation and Wellbeing

Kari Olson - *Front Porch Center for Technology Innovation and Wellbeing*
Minding our Meds

**Demonstrating Senior Medication Adherence with Cell Phone Texting Reminders**

- Address medication adherence among active, independent older adults in need of mobile solution using a medication mHealth solution.

- Supported by a grant from THE SCAN Foundation, the Public Health Institute and the Center for Technology and Aging.
Mission: Exploring innovative uses of technology to empower individuals to live well, especially in their later years.

Front Porch is a not-for-profit family of companies and partnerships which serves over 6000 lives through independent, assisted living, skilled nursing, memory support, affordable housing and active adult communities.

www.frontporch.net
Consumer eHealth Projects

• CTA mHealth award recipient – Minding our Meds
• CTN/UC Davis award recipient – Model eHealth Community for Aging
  – Building sustainable ecosystem of care and coordination of services leveraging existing resources aided by technology
    • Digital literacy
    • Increased access to resources
    • Seniors proactively managing health/wellbeing
    • Increased comfort level with technology enabled care

• Sensor Technology
• Brain Fitness Technology
• Social Networking Technology
A few lessons along the way....

• It’s about meeting needs
• Consumer champions are key
• Embrace feedback & engage in dialogue
• No silver bullets – so look for partners that will truly collaborate with you!
• Have a plan b
• Plan for success - make sure it will scale
• Push for integration and interoperability
Thank You!

Kari Olson

kolson@frontporch.net
Sharp HealthCare
Reducing CHF Readmissions – Remote Patient Monitoring Program

Not-for-profit Integrated Delivery System
Largest health care system in San Diego
- 4 Acute Care Hospitals
- 3 Specialty Hospitals
- 2 Affiliated Medical Groups
- Health Plan & 3 Philanthropic Foundations
- Full range of programs and services

Largest private employer in San Diego
- 14,000 Employees
- 2,600 Affiliated Physicians
- 2,000 Volunteers
Sharp HealthCare
Reducing CHF Readmissions – Remote Patient Monitoring Program

Cardiocom - Patient Management Products

Telescale:
Transmits data using patient’s land line

Commander Cellular with Medical Scale:
Uses integrated cellular modem and uses GPRS technology to transmit data

San Diego’s Health Care Leader
Adoption Barriers:

- Balancing high demand for program resources with targeted patient selection
  
  *Remain focused on patients that this program can serve particularly when clinicians refer patients with that need more resources*

- Our target patient population (under funded/served) does not always have a primary care or specialty physician
  
  *Established relationships with community clinic and ED on call panel physicians*

- Patients without a telephone land line were initially excluded
  
  *Sought funding to support more expensive cellular technology to enroll these patients*
Sharp HealthCare
Reducing CHF Readmissions –
Remote Patient Monitoring Program

Adoption Facilitators:

• Health Coach as program coordinator/facilitator
  *Patient establishes a relationship with someone whom they trust is helping them stay well managed at home*

• Referral process from hospital staff
  *Physicians, nurses and case managers are knowledgeable about program and empowered to make referrals*

• Home visit as key piece of the ‘transitions intervention’
  *Opportunity to address psychosocial issues as well as management of chronic disease and usage of the device*
Lessons Learned:

• Time invested in recruitment of staff resources is time well spent. *Our model requires coordinator to do marketing, patient recruitment and patient care – not every RN wants to wear all of these hats*

• Program can’t help every patient. *Patient selection criteria has to be very specific (inclusion and exclusion criteria) and strictly adhered to for effectiveness*

• Cellular/mobile health products are required to meet needs to patients. *Many patients do not have telephone land lines for wired devices and some patients need a device that they can take with them as they move from one caregiver to another*
DIABETES MOBILE HEALTH PILOT

Korey Capozza
HealthInsight

HealthInsight
a partnership for the future of health care

Voxiva

The Office of the National Coordinator for Health Information Technology
Utah Beacon

IMPROVED COMMUNITY HEALTH OUTCOMES
- Reduced ED visits
- Reduced admissions
- Reduced duplication of tests
- Clinical outcome measure improvement
- Increased patient engagement/empowerment

CARE DELIVERY PROCESS IMPROVEMENT
- Clinical intervention tools
- Protocol development
- Community supported best practices
- Team care model
- Care managers

HEALTH IT
- Data availability
- Provider feedback
- CHIE connectivity
Outside the Clinic

• Patient Engagement Tools
  • Performance reporting Web site
  • Diabetes-specific Web tools
  • Mobile Health ➔
    • cost-effective
    • Address health disparities
Care4Life

- Funding from the Center for Technology and Aging to test a personalized interactive mobile health service for diabetes self-management
- Adapted from 2 systems deployed in Mexico
- Interaction is customized and two-way. “Pocket care manager”.
- Developed with content from the National Institutes of Health and the Centers for Disease Control and Prevention.
- Testing in 66 Beacon clinics.
- Currently awaiting IRB approval.
Care4Life | Increase Medication Adherence

Supporting activities:

a) System sends education tips on medication and adherence
b) User programmed medication reminders (with tips)
c) System asks weekly medication adherence survey & provides immediate feedback
d) User can track progress on web portal

---

**Education**

Care4Life. Even if you feel good, do not stop taking your diabetes medications. Talk to your doctor before changing your diet, exercise plan, or medications.

**Medication reminder**

Care4Life. 7am med reminder: Sometimes you might feel overwhelmed. Remember to take it one day at a time. Focus on what you can do today.

**Adherence survey**

Care4Life. Did you remember to take all your drugs last week? Reply 1 for took all, 2 for took most, 3 for took some, 4 for took none (e.g. Reply 2)

**Survey Feedback**

Care4Life. Fantastic! Taking all of your drugs on time will really help you stay healthy. Reply MYGOALS to set or update your weight or exercise goals.
a) User can set glucose reminders according to their doctor’s recommendations (i.e. before breakfast daily)
b) System sends glucose reminders & provides immediate feedback
c) User can track all glucose recordings on web portal
d) System sends education messages & tips
Personal Web Portal

- Glucose Readings
- Exercise Progress
- Weight Loss Progress
- Medication Adherence
- Manage Subscriptions
- Medication Reminders
- Appointment Reminders
Observations

- Clinics don’t have time; staff have competing priorities
- Many tools competing for patient attention
- Customization key
- Tension between research goals and quality improvement/patient engagement goals
Western New York Beacon Community

Drew McNichol – HEALTHeLINK - Western New York Beacon Community
Tele-Monitoring Project
Panel Discussion
HEALTHeLINK

September 25, 2011

Drew McNichol
Technology Director
HEALTHeLINK Current Status

• Over 1,200 providers and 4,000 total users connected to HEALTHeLINK
  o 230 practices
  o 67% of practices connected have EHRs
  o 8 EHR vendors connected for results delivery
  o EHR to EHR - primary care to specialist interoperability for referrals

• Over 44 million Lab / Radiology / Transcribed Reports available
  o 1.8 million reports added per month
  o Approximately 90% of the Lab data
  o Approximately 73% of the Radiology data

• Over 90% of patients in our geography in the Master Patient Index

• Over 220,000 patient consents received
  o 15,000 added per month – 94% affirmative
Tele-Monitoring - Overview

- Focus: improve primary care for diabetic patients
- Reduce ED visits and hospital re-admissions
- Provide trending data on diabetic patients
- Change course of treatment before larger medical issues develop
- Saving the patient time and money with less frequent doctor visits
- Pilot using phased approach
Tele-Monitoring – Observations

• Practice/Patient - Selection is Key
• Technology Selection – Support/Sustainability
• Physician/Patient – Workflow Burden
It’s about

Saving Lives

and

Saving Money
Questions?

Panelists

Kari Olson - *Front Porch Center for Technology Innovation and Wellbeing*

Jason Broad – *Sharp HealthCare*

Korey Capozza – *HealthInsight - Utah Beacon Community*

Drew McNichol – *HEALTHeLINK - Western New York Beacon Community*