



Beacon Community Program™



Center for
Technology and Aging



Gary & Mary
West Wireless Health
Institute™

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*



CENTER FOR TECHNOLOGY
INNOVATION AND WELLBEING



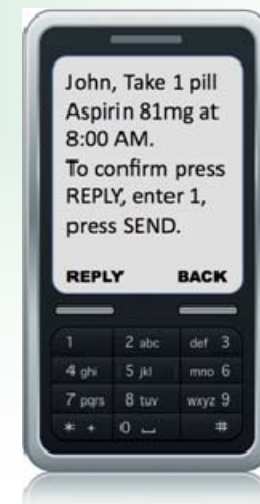
Center for
Technology and Aging



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.





CENTER FOR TECHNOLOGY
INNOVATION AND WELLBEING

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

Jason Broad – *Sharp Healthcare*



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



Cardiacom - Patient Management Products

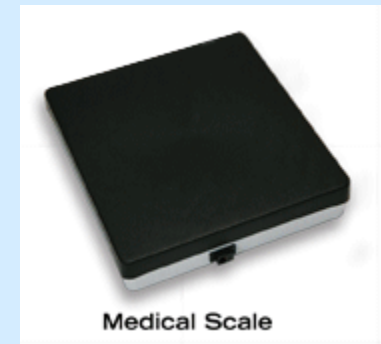
Telescale:

Transmits data
using patient's
land line



Commander Cellular with Medical Scale:

Uses integrated
cellular modem
and uses GPRS
technology to
transmit data



Sharp HealthCare

Reducing CHF Readmissions – Remote Patient Monitoring Program



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

Sharp HealthCare

Reducing CHF Readmissions – Remote Patient Monitoring Program



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

HealthInsight - Utah Beacon Community

Korey Capozza – *HealthInsight - Utah Beacon Community*



DIABETES MOBILE HEALTH PILOT

Korey Capozza
HealthInsight

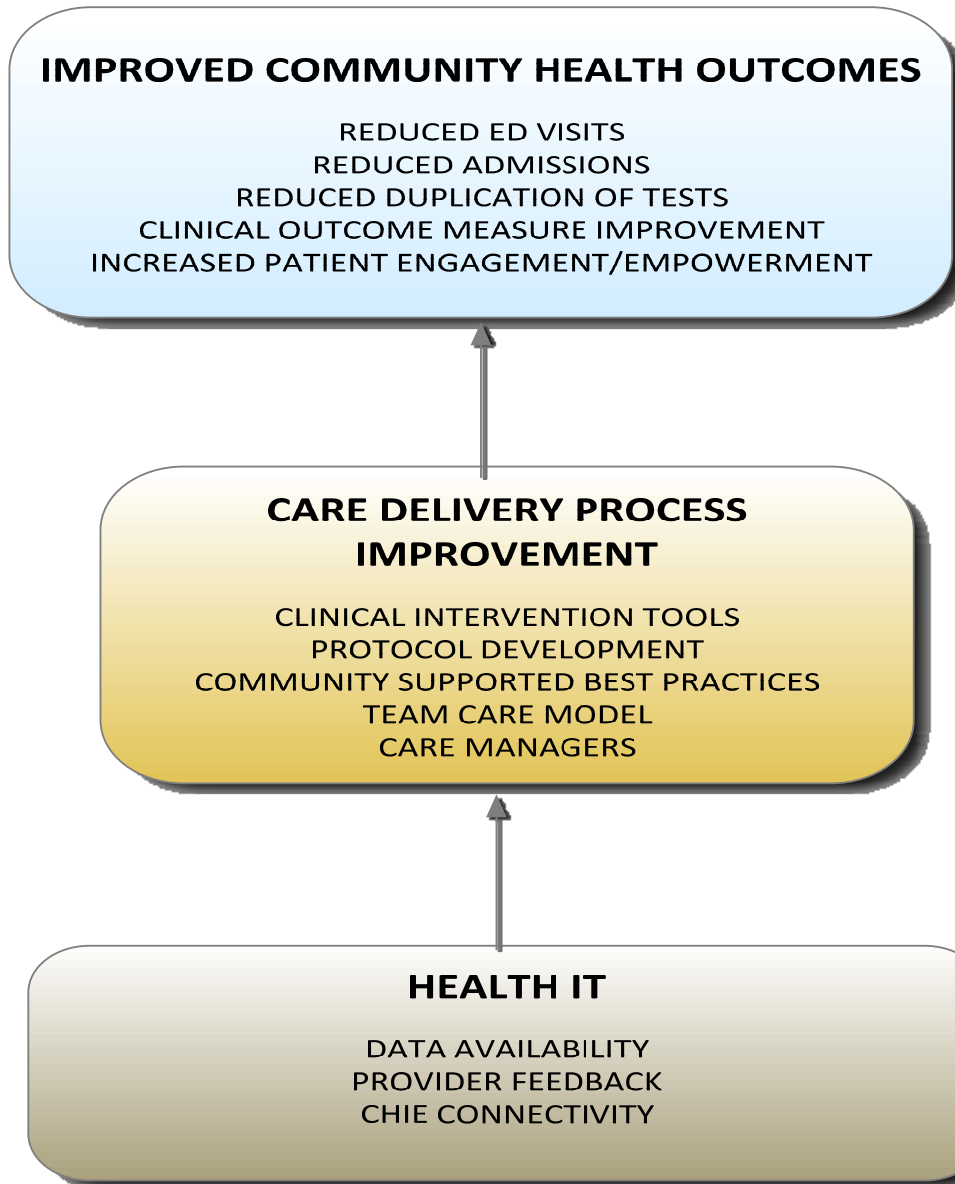
HealthInsight
a partnership for the future of health care

 Center for
Technology and Aging

V  **XIVA**


The Office of the National Coordinator for
Health Information Technology

Utah Beacon



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.
- Implementation and Evaluation Sept. 2011-Dec. 2012.
- Currently awaiting IRB approval.

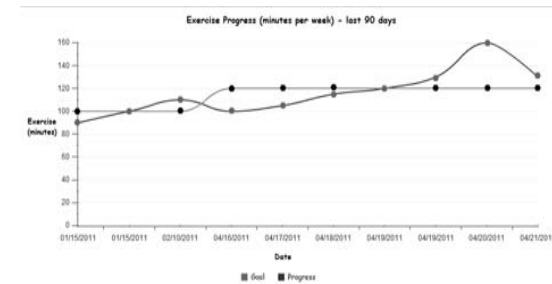


Care4Life | Increase Medication Adherence



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

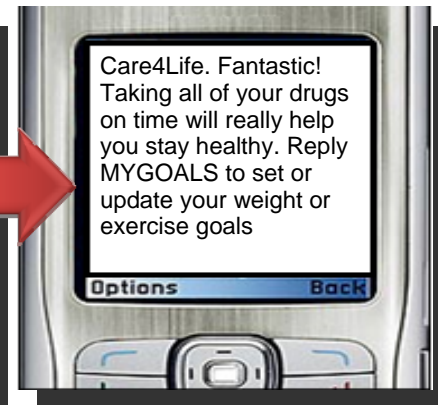
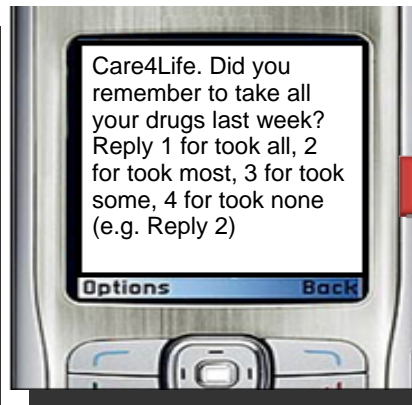
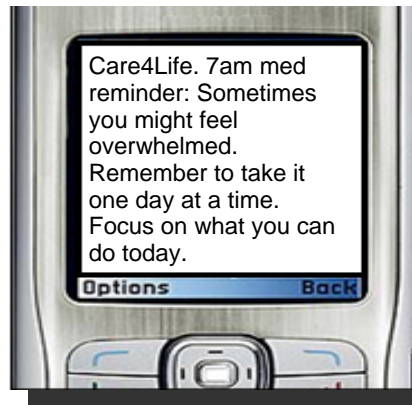
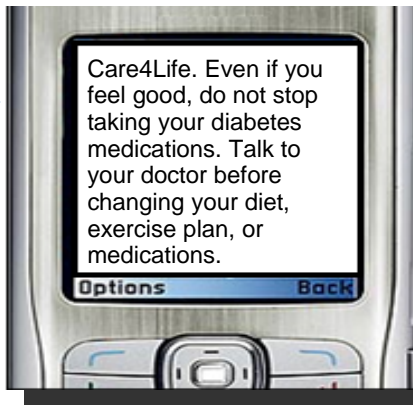


Education

Medication reminder

Adherence survey

Survey Feedback



Care4Life | Increase Blood Glucose Monitoring

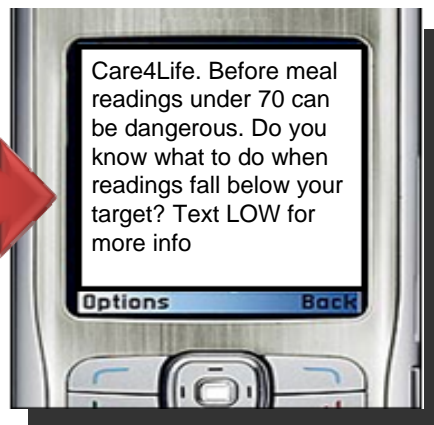


- a) User can set glucose reminders according to their doctor's recommendations (i.e. before breakfast daily)
- b) System sends glucose reminders & provides immediate feedback
- c) User can track all glucose recordings on web portal
- d) System sends education messages & tips

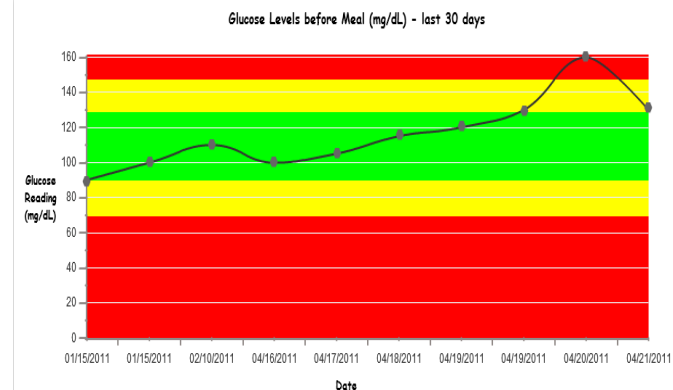
Glucose reminder



System feedback



Glucose recordings graph on web portal



Personal Web Portal



Take control
Better health is in your hands
Welcome: 7052380856
Logout

Home | Glucose | Exercise | Weight | Medicine | Resource Center | Change Password

Justin's Health at a Glance

Here is your health summary based on the information you have entered. It shows the last readings you submitted for glucose, weight, exercise and medicine adherence. From here you can also see what message services you are subscribed to, turn them off and on, set the time of medicine reminders and set up appointment reminders. Print out this report by clicking on the button above and discuss it with your doctor.

Blood Glucose Readings (Last 30 Days)

Understanding Your Scores

Last Before Meal Reading: 120 mg (on 7/25/11)

Last After Meal Reading: 277 mg (on 7/25/11)

My Recorded Low = 82; My Recorded High = 288

My Recorded Low = 97; My Recorded High = 293

Exercise, Weight, Medicine

Understanding Your Scores

MY EXERCISE: 5 days of exercise (recorded on 7/25/11)

MY WEIGHT: 225 lbs of exercise (recorded on 7/25/11)

MY MEDICINE: Took some (recorded on 7/25/11)

Message Settings, Reminders

Close

MESSAGE SETTINGS	MEDICINE REMINDERS	APPOINTMENT REMINDERS
Education Messages: OFF	First Reminder: 7:00 am	03/16/2011: Dr. Smith
Glucose Reminders: ON	Second Reminder: 12:00 pm	03/25/2011: Dr. Smith, 12:00 pm
Medication Reminders: OFF	Third Reminder: 5:00 pm	04/15/2011: Penn Av, 11 am
Personal Goals Reminders: OFF	Fourth Reminder: Not set	05/19/2011: Dr. Smith, Sam
	Fifth Reminder: Not set	08/29/2011: Dr. Smith, 12:00 pm

CHANGE UPDATE ADD UPDATE

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Glucose Readings

Exercise Progress

Manage Subscriptions

Medication Reminders

Weight Loss Progress

Medication Adherence

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**
 - **230 practices**
 - **67% of practices connected have EHRs**
 - **8 EHR vendors connected for results delivery**
 - **EHR to EHR - primary care to specialist interoperability for referrals**
- **Over 44 million Lab / Radiology / Transcribed Reports available**
 - **1.8 million reports added per month**
 - **Approximately 90% of the Lab data**
 - **Approximately 73% of the Radiology data**
- **Over 90% of patients in our geography in the Master Patient Index**
- **Over 220,000 patient consents received**
 - **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?

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