

CONFERENCE ABSTRACT

From the Pilot to the Project. Adding remote monitoring into an existing integrated clinical pathway (COMPARTE) to manage COPD and/or HCF patients.

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Introduction: Home remote monitoring of dependent and chronic patients is one of Telemedicine applications with great savings potential for health systems. However, the practice of telemedicine is not definitely settled in healthcare organizations. Telemedicine works well but mostly has been only tested in controlled scenarios as "pilots".

The Public Health Consortium of "Hospital San Juan de Dios" in Aljarafe-Seville (HSJDA) proffered to Linde Healthcare in 2014 implement a Telemonitoring Homecare Program (TMHP) for patients with advanced and complex chronic diseases from HSJDA health area and treated under the "COMPARTE" protocol of North-Aljarafe District.

The implementation project is exposed.

Implemented Practice: Tele-Monitoring Homecare Program.

Goals: Early detection of exacerbations to take action earlier and prevent negative effects on the health of the patients which bring them to take repeated visits to emergency room or hospital admissions.

To improve patient's health outcomes, in a satisfactory way for professionals, economically sustainable, maintained in time and transferable to other points of care.

PROJECT IMPLEMENTATION DESCRIPTION.

Ramos; From the Pilot to the Project. Adding remote monitoring into an existing integrated clinical pathway (COMPARTE) to manage COPD and/or HCF patients.

Project Planning: - All stakeholders contribution in the project design: hospital and primary care physicians who prescribe TMHP, "Salud Responde", "061", tele-monitoring center (TMC) and homecare service of Linde Healthcare.

- Identification of target population. Patients with COPD and / or advanced CHF who are being included under the "COMPARTE" protocol and meet the inclusion criteria (around 100 patients in simultaneous attention).

- Clinical protocol design. Define care procedures, physiological parameters to be monitored remotely and clinical protocols to manage clinical alerts.

- Information and communication flow definition.

- Information System (IS). Record and access definition. Physiological parameters and questionnaires are recorded into TMHP platform that is accessible from any level or point of care.

- Training Plan and Educational Manuals definition.

- Scheduling. Testing Period and proof of concept for applicability by the end of 2015 (2 months, 2 health basic units). Rest of the district kick off in March 2016. Duration of agreement is 1 year.

B. Safety and Legal Issues of TMHP service by contract. Compliance of Data Protection Act.

C. Impact assessment strategy. Define indicators of activity, management and quality of TM, clinical process (exacerbations, severity, medical consultations), health outcomes (emergency room calls/visits, hospital admissions, average stay, quality of life, deaths) and satisfaction for comparing between similar patients without TMHP.

Remote monitoring implementation. Organization and management.

- Project Manager designation.

- Technology and infrastructure selection. Device identification to fulfill monitoring parameters requirements. Suitable ICTs.

- Operational issues. Infrastructure and equipment availability depending on TMHP service requests determine human resources, functionality, timetable and sizing of the TM center and homecare service.

- Training plan execution.

Key findings: TMHP project complements an already established integrated clinical protocol (COMPARTE). No major organizational changes will be needed.

Design was mainly focused on clinical protocols and communication flows, without overstating the capabilities of the technology but without underestimating the technical complexity.

Highlights: Shifting remote monitoring from patients with only one illness to patients with multiple pathologies.

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A multidisciplinary and multilevel health care with dual management (public and private) which requires broadening the spectrum of partners and learning how to integrate in a consensual mode each partner demands.

Conclusions: We believe that the success factors (_Momentum_) for the implementation of remote monitoring services provided by a strategic partner are:

Underlying Factors:

- Sustainability. Friendly technology, scalable and economically bearable solutions.
- Information Technology and eHealth infrastructures that meets the needs demanded today: access from any location; integration of information "multi-device and multi-brand" and decision-making algorithms with proven efficacy.
- 365 days service maintenance system.
- Accomplishment of security and privacy issues.

Factors to be developed in each project :

- Service Legal aspects: authorizations and contracts.
- Focus on customer and patients needs.
- Binomial "Project Leader - Project Manager" concept.
- Involve decision makers and health professionals.
- Provide solutions to change the way the professionals work (Change Management).
- Settle the path to model replication (transferability).

Telemedicine will progress as a complement for other eHealth scenarios. This will modify established schemes of health services delivery and will give place to strategic and organizational implications with changes in resources management such as the _disinvestment_ of existing procedures to transfer its value toward more efficient health care processes.

Keywords: remotemonitoring; telehealth; integrated care; chronic; disease exacerbation
