







Telehomecare:

Remote Patient Monitoring and Health Coaching at Home for Patients With Chronic Disease

AFHTO Conference *October 16th 2014*



Agenda

- OTN Overview
- Telehomecare Overview
- Panel Discussion
- Audience Q&A



Presenter Disclosure

- Presenters:
 - · Dr. Ed Brown
 - Dr. Frank Martino
 - Dr. Izabella Kogan
 - Dr. Richard Almond
 - Dr. Nicole Nitti
- Relationships with commercial interests:
 - None to disclose
- Disclosure of Commercial Support
 - · None to disclose
- Potential for Conflict of Interest
 - None to disclose
- Mitigating Potential Bias
 - None to disclose



Objectives

- Learn how Telehomecare can empower patients with chronic disease to better manage their health
- Understand the details and benefits of OTN's
 Telehomecare program and how Telehomecare is a
 "good fit for a FHT"
- Review Telehomecare Program results to date
- Consider the future for Telehomecare and virtual health



About OTN

An independent not-forprofit corporation funded by the Government of Ontario

Members include:

1,289 health care organizations and more than 8000 healthcare providers at more than 1,700 sites

Partners include:

- eHealth Ontario
- OntarioMD
- Canada Health Infoway
- Keewaytinook Okamakanak Tribal Council





What is Telemedicine?

- Use of information technology by health care providers
 - To deliver care to their patients;
 - To engage their patients in their own health management and/or:
 - To collaborate with each other to improve care delivery





Current OTN Services







Clinical
Videoconferencing

2. Acute Care

3. Provider eConsult





4. Learning

5. Telehomecare



The virtual care transition – continuing the transformation

1992...

More people leave hospital after procedure than remain overnight

Outpatient Care Virtual Care

2020?

More virtual visits than physical visits

- Inpatient Care
- Each transition involved people, process, and technology changes.
- Major shifts in how we organize our care delivery services and assets





TELEHOMECARE

Telehomecare Program

Remote Monitoring and Coaching for People with Chronic Disease









Telehomecare Overview

Currently for COPD and CHF patients

Time-limited intervention (6 months on average) at no cost to the patient

Delivered by a registered health care provider (RN or RT) with specialized training in health coaching and self-management support

Telehomecare coach works with primary care provider as part of the Circle of Care

Based on guidelines that are evidence-based and approved by a provincial clinical expert committee



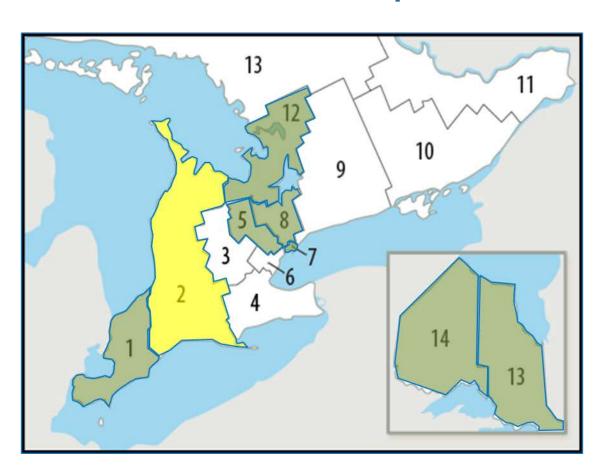
Health Coaching Using Best Practice Guidelines

- Just-in-time coaching when something goes awry "a Teaching Moment"
- Weekly coaching focusing on motivation and self-management education including:

Physical Activity
- 1 /- 1 - 1 - 1
Sodium/Fluid Intake
Managing Anxiety & Depression
Community Resources
Continuing Self-Management Post-
Telehomecare



7 (of 14) LHINs Active and 3300 patients enrolled as of September 5, 2014



7 LHINs Currently Live:

LHIN 1: Erie St. Clair (CCAC)

LHIN 5: Central West (William Osler

Health System)

LHIN 7: Toronto Central (CCAC)

LHIN 8: Central (HealthLinks via

Southlake & CCAC)

LHIN 12: North Simcoe Muskoka

(CCAC)

LHIN 13: North East (CCAC)

LHIN 14: North West (CCAC)

Planning Stage:

LHIN 2: South West (CCAC)



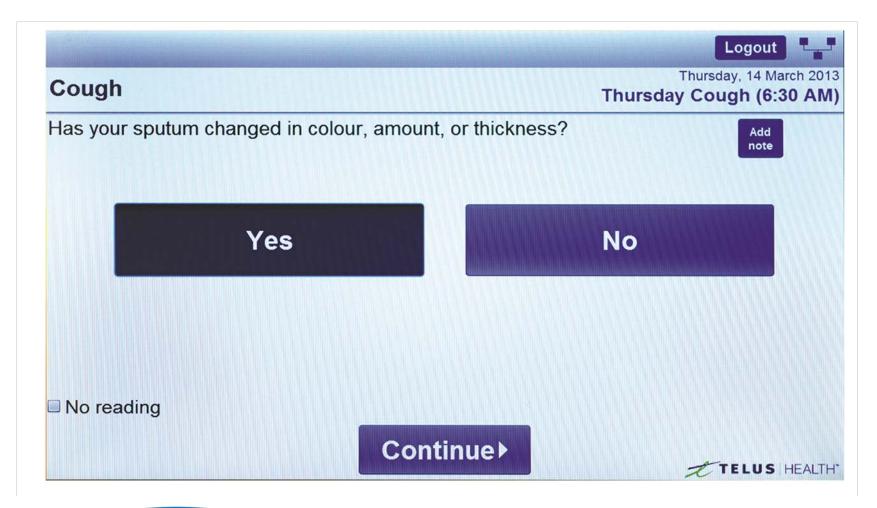
Eligibility

- Diagnosis of COPD/CHF (moderate)
- Live in a residential setting
- Be able to perform the functions of the Telehomecare program (stand on a weight-scale without support, complete blood pressure, measure oxygen saturation and use tablet)

* This population aligns well with Health Links



Tablet Screen Shot – Daily Questions







EVIDENCE & BENEFITS

Telehomecare Impact - Short Term

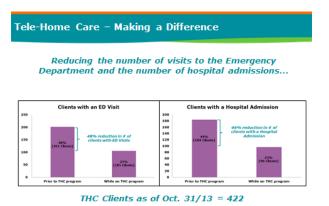
Early system usage results are consistently showing a dramatic impact on hospital usage:

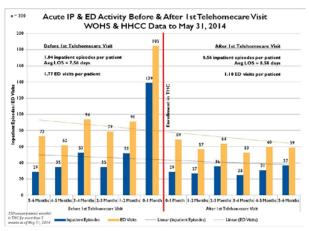
- ED Visits 37% 48% reduction
- Admissions 44%-57% reduction

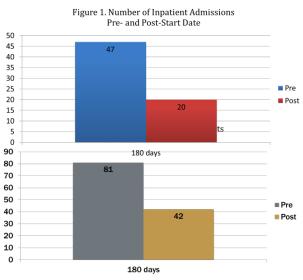
TC CCAC -reduced ED Visits by 48% and Hospital Admissions by 44%.

WOHS - reduced ED Visits by 37% and Hospital Admissions by 46%.

SRHC - reduced ED Visits by 48% and Hospital Admissions by 57%.



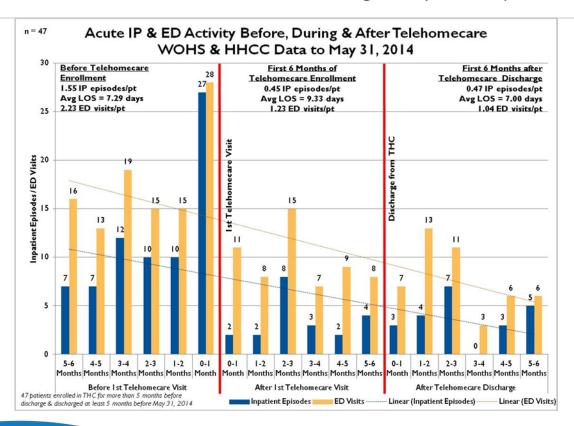




Telehomecare Impact – Longer Term

WOHS is reporting longer-term reduction in system usage:

- Inpatient 70% reduction 6 months after THC discharge compared to pre-THC usage
- ED Visits 53% reduction 6 months after THC discharge compared to pre-THC usage
- LOS 4% reduction 6 months after THC discharge compared to pre-THC usage





Telehomecare Impact – Patient Experience

- Patient Experience (Toronto Central results)
 - 87% of patients would definitely recommend the program to others
 - 98% agreed that the THC Nurses understood what was important to them
 - Managing medications were the most important patient learning





How to Refer

If you have a Telehomecare program in your area, you can refer your patients in one of two ways:

- 1. Referral form at: http://rxtelehomecare.ca/refer-a-patient
- If you use Practice Solutions, download the Telehomecare custom form and your EMR will identify candidates for Telehomecare (option will also be available in Nightingale in the near future)



