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Conference Abstract

Presenting evaluation results from the usage of the inCASA Remote Healthcare Monitoring Platform

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Abstract

This paper describes the interim evaluation analysis undertaken by two of five inCASA project pilot sites. inCASA is an EU co-funded pilot project which aims at developing an integrated health and social service model supported by innovative technology solutions to enable an ageing and frail population to stay well in their own homes for longer. The aim of the UK pilot located in Chorleywood, West Hertfordshire has been to bring together primary and social care in order to improve referral, sharing of information and identification of those patients in need. Similarly, the main objective of the Konstantopouleio General Hospital of Nea Ionia Greek pilot in the inCASA project is to develop an integrated healthcare service for patients suffering from Heart Failure.

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80 participants in both sites have been enrolled onto the service for up to 6 months based on a number of inclusion criteria that were used to measure frailty. These included number of co-morbidities, hospital admissions, falls and completion of the Edmonton Frailty Scale. Data was shared with social services to determine of any current support packages. Telehealth and Telecare devices were installed into participants' homes and participants were asked to take a combination of physiological measures such as blood pressure, weight and oxygen saturation as determined by their chronic disease. Passive Telecare sensors including PIR, bed, chair and TV usage sensors sent data about habits and movement within the home. All data was transmitted to a server and algorithms to detect deviations from personalized thresholds were applied. Clinicians, psychologists and social workers were able to view data and alerts on a portal which manages and prioritizes incoming data based on pre-defined rules.

The MAST methodology was used to evaluate the introduction of the service across a number of domains. In this paper we will focus on patient and professional perception outcomes. Patients reported through the SF-36 Health Survey questionnaires being more actively involved in their own care and feeling more safe with the inCASA service knowing that Health and Social Professionals are monitoring them through the system. They also reported that remote monitoring cannot totally substitute the human and face-to-face interaction with the doctors. Professionals felt that the introduction of the service which is characterized by the cooperation of different units across the health and social organisations caused some initial difficulties in communication and some additional workload caused by the introduction of new pathways. However, it is felt that as the new pathways become embedded into normal practice these will support their vision of an integrated and patient-centred health and social care system based on prevention, ubiquitous monitoring and multi-level support.

In our presentation, we will report on the latest results concerning the evaluation of various aspects of the service such as collected data analysis, patient and professional perception, organisational impact, clinical effectiveness, economic outcomes and safety.

Keywords:

telehealth, telecare, multi-level support, frailty, integration

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