

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117115](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117115)

Copyright: 

Poster Abstract

Finding the value of health digital technology: focus on service coordination and therapy adequacy.

Begoña Señor, Linde Healthcare, Europe, Spain

Eva Sanchez, Healthcare InformationSystems, Linde Global, Spain

Sebastien Lecomte, Linde Healthcare, France

Olivier Carantelly, Linde Healthcare, France

Jose Antonio Garcia, Healthcare InformationSystems, Linde Global, Spain

Begoña Clemente, Healthcare InformationSystems, Linde Global, Spain

Correspondence to: **Begoña Señor**, Linde Healthcare, Spain, E-mail: bibi.senor@linde.com

Abstract

The demand: Following an emerging new paradigm in the provision of healthcare services, reimbursement calculations are moving away from the pay per healthcare intervention, and are based instead on patient outcomes: the benefit that the patient obtains from those healthcare interventions.

As a homecare provider, Linde Healthcare has to adapt its product and service offerings. What we want to bring here is the experience of developing a technology offering integrated in the service one, answering the demands of remotely monitoring adherence to therapy in chronic sleep apnoea patients

In September 2012, the French government passed a law that completely changed the way sleep apnea treatments are rendered in France requiring for to be calculated on patient adherence (real usage of the therapy by the patient day by day and accessible electronically) instead of number of days that the therapy equipment has been installed at the patient's home. The French government allowed one year to homecare suppliers and equipment manufacturers to adopt their product & service offerings to the new rules and the law came into effect on 1st October 2013.

What was done: It proved an enormous challenge to our Healthcare organization, as the inability to collect sleep apnea patient compliance information on a daily basis would have meant the loss of its sleep apnea business, 47% of total, and thousands of patients being left without therapy.

Traditionally, in order to retrieve the information from the respiratory therapy installed at the patient house (a CPAP) a Linde technician would visit the patient every three to six months, more

intensively for good adherence management at the initial period. With the new law, gathering this information must be done on a daily basis. It would be impossible to visit every patient every day for this (40,000 patients only in France) . An ICT solution was clearly required.

In this communication we will present how this was done and the key requirements needed for integrating care with social security and healthcare services. It would have been impossible to achieve it without:

- Having an already existing and adopted technology and culture, if your hospital or healthcare organization do not have an e health platform and strategy, better start now!
- Multidisciplinary approach, coordination is not enough, integration of medical and technology teams is a must; pair with business/financial and operational ones
- Acknowledge the Challenges of telehealth technology: information cannot overload clinical practice....consolidation in meaningful information at the relevant times is paramount.

Full integration of protocols of care are key to produce relevant outcomes in performance and in clinical ones. Adherence rate findings are presented with improved adherence and better management of detecting early adaptation problems; that can only be achieved if the core is a program of care - we would like to share advantages in real practice of adopting remote monitoring;

- escalation
- integration of care
- prompt intervention increases value of intervention or therapy

And how the disadvantages come from a wrong understanding of technology adoption as a full substitute of care

- Has to be understood as a facilitator of better assessment
- Provides good reporting and enables systematization
- Enables integration of the full pathway, including the human interventions

Results: From February 2013 to 1st October 2013 three different systems were integrated in our healthcare platform to enable “tele-cpap” and set up at the patient’s home. Pathways of care were modified and risk stratification too. 21,000 patients are remotely monitored now as part of their care program, their doctors have full access to this data to adjust treatment and homecare nurses from patient service and visiting at home act promptly on alerts to support patient adherence and treatment adoption. Adherence rates are kept at 91%, being the reported average for a long term therapy much lower, in the range of 50-70%.

Results on clinicians perception will also be presented and next steps to be taken to “activate “ the patient in his care using ICT.

Keywords

e health; integrated pathways; community care; chronic care

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>