Telehomecare: Supporting the Circle of Care to Maintain Independence

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Welcome,

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Telehomecare Program

Weekly health coaching

Patient submits vitals/health responses

Weekday feeds and alerts

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BD cuff

Tablet

Scale

Pulse oximeter
Results: Patient/Caregiver Satisfaction*

- **Recommend Program**
  - 96.8% of patients indicated they would likely recommend the program to others

- **Improved Self-Management**
  - 94.5% responded positively that Telehomecare improved their ability to self-manage their condition

- **Progress towards Health Goals**
  - 91.5% indicated satisfaction with progress towards their health goals

- **Improved Quality of Life (QOL)**
  - 88.0% answered positively that QOL improved with program

*From System Use Survey by Infoway 2016, n = 183 patients from 8 LHINs
Evidence

(Canada Health Infoway, 2014)

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Strength of evidence</th>
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<tbody>
<tr>
<td><strong>Quality</strong></td>
<td></td>
</tr>
<tr>
<td>Patient satisfaction</td>
<td>●</td>
</tr>
<tr>
<td>Patient compliance</td>
<td>●</td>
</tr>
<tr>
<td>Quality of life</td>
<td>●</td>
</tr>
<tr>
<td>Promote integrated care</td>
<td>•</td>
</tr>
<tr>
<td><strong>Access</strong></td>
<td></td>
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<tr>
<td>Caregiver burden</td>
<td>●</td>
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<tr>
<td>Access to specialists</td>
<td></td>
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<tr>
<td>Dissemination of health data</td>
<td></td>
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<tr>
<td><strong>Productivity</strong></td>
<td></td>
</tr>
<tr>
<td>ED visits/hospitalizations</td>
<td>●</td>
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<tr>
<td>Per client health $</td>
<td>•</td>
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<tr>
<td>Per client care time</td>
<td></td>
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*● = High availability of evidence (≥ 10 published studies), ○ = Moderate availability of evidence supporting hypotheses, • = Low availability of evidence supporting hypotheses (≤ 2 published studies).*
North West Continuum of Care

Primary Care
Referral

Hospital Discharge Planners
Referral

Specialty Care, Pharmacists
Referral

Telehomecare: North West CCAC TBRHSC

Community Paramedics

Communication
Partnership
Partnership
Expanding Partnerships

- Community paramedicine
- COPD provider rounds
Engaging the Patient’s Circle of Care

- PT/OT
- Pharmacist
- Visiting nurse and community service providers
- Primary care/specialist
- Hospital clinics, community programs
- Family members and caregivers
- Case management

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Engaging the Patient’s Circle of Care

- Enrollment letter
- Patient progress reports (BP, weight, O2 sat, comments)
- Direct contact on urgent abnormal vital signs or concerns
- Patient care request forms for adjustments to care plan
- Reports in advance of specialist appointments
- Additional services or care needs
- Self-management support
- Action plan development
- Discharge planning
Caring for Remote Populations
PATIENTS FIRST: ACTION PLAN FOR HEALTH CARE
Year One Results | March 2016

INTRODUCTORY MESSAGE FROM THE MINISTER
# Health Care Shift

<table>
<thead>
<tr>
<th>moving from…</th>
<th>…towards</th>
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<tbody>
<tr>
<td>Provider oriented</td>
<td>Patient &amp; family caregiver centred</td>
</tr>
<tr>
<td>Silos</td>
<td>Team based</td>
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<tr>
<td>Fragmented data</td>
<td>Information rich</td>
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<tr>
<td>Multiple hand-offs</td>
<td>Care continuity</td>
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<tr>
<td>Bricks and mortar centric</td>
<td>Better access from anywhere</td>
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*HealthAchieve*
Pilot Projects

- William Osler Health System
- BlueStar
- St. Joseph's Care Group
- Samsung
- North York General
- WIHV
- Ontario
- Ontario Shores Centre for Mental Health Sciences
- Lakeridge Health
- London Health Sciences Centre
- Big White Wall
- Humber River Hospital

Topics:
- Diabetes
- Mental Health
- Chronic Kidney Disease
• OTN has received new funding from Canada Health Infoway for SSWP Project (Scale & Spread, Wound, Palliative)
  o SCALE & SPREAD: Investments aligned to build up the adoption and use of mature/existing telehomecare programs
  o WOUND CARE: Implement a telewound care solution in the community to support clinical best practices to improve patient outcomes, experience and reduce costs.
  o PALLIATIVE CARE: Implement a virtual care model to support palliative patients in the home, as well as their caregivers.
How to Refer

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TBRHSC Post-Acute Telehomecare
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