MARYLAND HEALTH CARE COMMISSION

Telehealth Lunch & Learn Webinar Series

Enhancing Patient Involvement in Telehealth: Readiness, Engagement, and Adherence

October 9, 2018

gilchrist
INFORMED CHOICES. BETTER CARE.

Telehealth – Patient Involvement

Lessons learned regarding selection, adoption and use of Telehealth

Presented by:

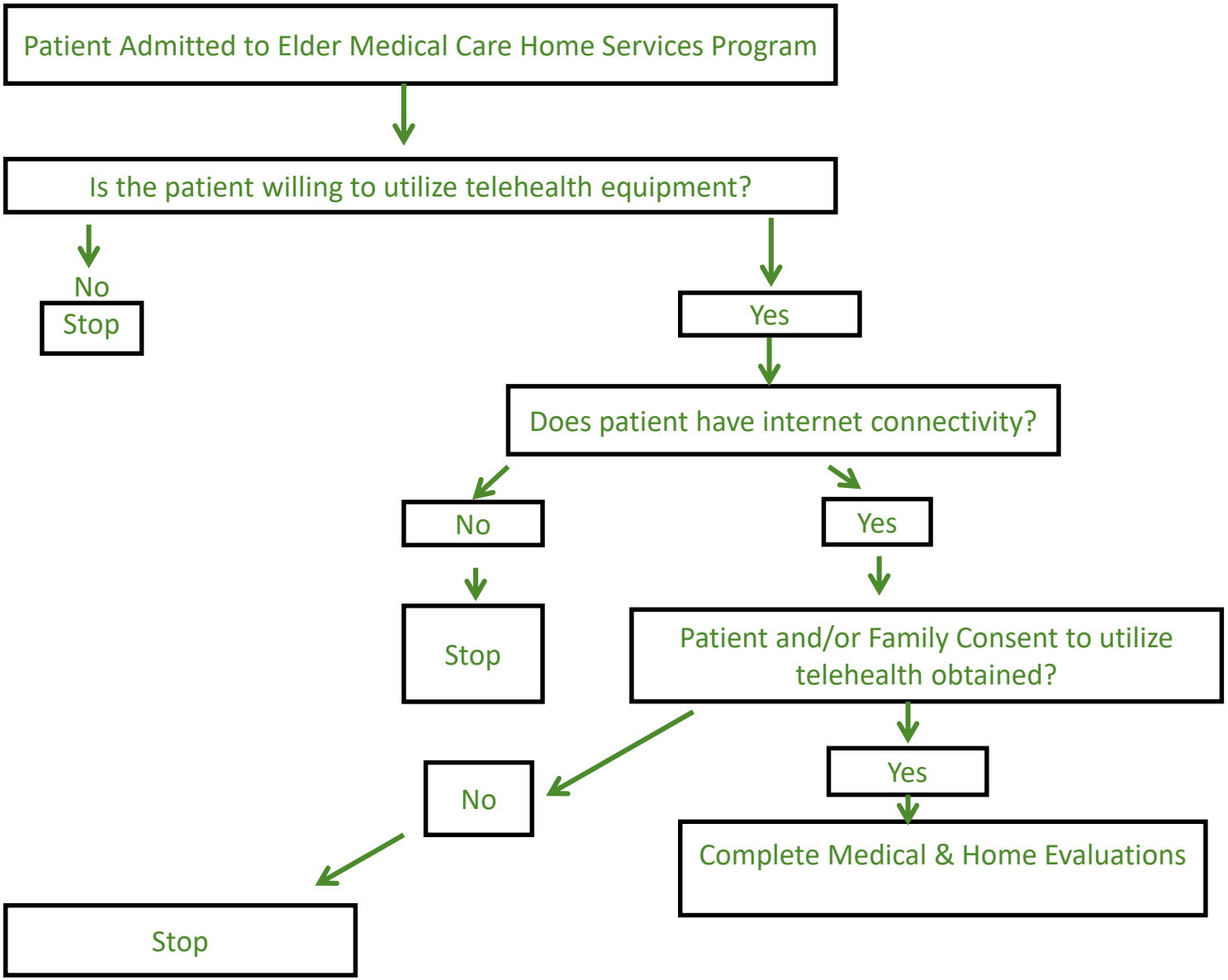
- Beverly Ruiz, NP, Gilchrist Elder Medical Care Home Services
- Leana Hoover, MSN, NHA, Director of Elder Medical Care

Purpose:

Demonstrate the impact of telehealth technology (“project”) in supporting value-based care delivery in primary care through expanding access to health services and addressing the needs of different patient population

Patients with multiple co-morbidities were selected for this intervention.

Patient Selection Flow Chart for Telehealth Pilot



Telehealth Patient Screening Tool

Gilchrist Elder Medical Care

Telehealth Monitoring Request

Patient name: _____ DOB: _____

Responsible party: _____ Contact: _____

Interest in telehealth program: YES NO

Internet Access: YES NO Internet provider: _____

Passwords Available: YES NO

Diagnosis/Reason for Tele-Health Monitoring/participation:

_____

_____

_____

Circle the type of monitoring needed for patient: and indicate alert range: frequency

Weight Loss Gain Pounds _____ Freq _____

Systolic BP < _____ > _____ QD BID TID other _____

Diastolic BP < _____ > _____

Glucose < _____ > _____ QD BID TID AC HS

Oxygen Saturation < _____ > _____ QD BID TID QID other _____

Thermometer _____ Route _____ Freq _____

Motion Detector Yes No Define: _____

Environmental Aids: Yes No Define: _____

Additional information needed before set-up or in home visit: **Face Sheet, MOLST, Visit Note, Med list**

Telehealth Patient Screening Tool:

- The tool was developed with the Gilchrist Elder Medical team (RN case manager and Nurse Practitioners) and the nurses monitoring the telehealth devices.

- Purpose of the tool was to allow for structure and parameters for notification of the clinician (NP or MD) when a reading was out of range.

- Any reading triggering an "alert" notified the monitoring nurse to call the patient and investigate further (i.e., how was the patient feeling, had meds been taken yet, etc.)

- Reporting parameters could be adjusted as needed by the ordering clinician.

Patient: J.W.

56 year old male with multiple chronic disease states and medications:

- Pertinent PMH: Depression, Chronic pain, Chrohn's disease
- Number of medications: 13 medications

Utilization of Telehealth	
Deescalating cardiovascular medications	• Trend vitals results • Titrate medications accordingly to discontinue
Reassessment of medical condition	• Past diabetes diagnosis and current glucose logs • Reconciliation with A1c to determine proper disease classification and/or diagnosis
Potential Use: Measurement Tools	• Potential ability to have patients conduct self assessment with use of validated monitoring tools • E.g. PHQ9 Score

Patient: P.S.

81 year old male with multiple chronic disease states and medications:

- Pertinent PMH: HTN, Atrial fibrillation, DVT, PVD, and Neuropathy
- Number of medications: 11 medications

Utilization of Telehealth	
Cardiovascular monitoring	• Trend vitals results • Assess if meeting goals of therapy • Titrate medications accordingly
Medication adherence	• Medication reminders
Patient Empowerment	• Allows patient to feel empowered to manage own health condition
Potential Use: Review Wellness reports within the Grand Care monitor with other home health providers	• Potential ability to communicate between various home health providers who may not be part of the same health-systems through documentation in Telehealth

Telehealth Impact – Gilchrist's Perspective

Care delivery

- Enabled Gilchrist providers to work with interdisciplinary team (Gilchrist, Nurses, Pharmacy, Service coordinators, Provider-NP) to make informed/objective decisions in daily medical care (BP med titration, diabetic regimens) within days-week vs. week- months, producing better outcomes
- Risk Assessment Scores – enabled medication de-prescribing, decreased hospital stays- better managed patients overall decreasing their risk of re-admission

Efficiency

- Allowed for alternate method of assessment by way of video chat, care logs to communicate patient needs, therefore using the Provider's time more efficiently

Patient Satisfaction Survey

Question	Average Score
Nurse Practitioner	
Timeliness of visit	4.9
Responsiveness to calls	4.9
Courtesy of Nurse Practitioner	5.0
Purpose for the visit explained	5.0
Clinical Knowledge	4.8
RN Case Manager	
Courtesy of Case Manager	5.0
Responsiveness to calls	4.9
Helpfulness of community resources provided for you	4.9
Telehealth	
Enhances ability to take care of myself	4.9
Enhances my ability to interact with others	4.4
Telehealth equipment is easy to learn	4.5
Telehealth equipment is easy to use	4.5
Quality of information I get is high	4.9
The benefits are apparent to me	5.0
Overall	
Overall satisfaction with program	**5.0**

- 30-day survey based on 19 patients within the telehealth program

- Survey scores based on a scale of 1-5

Patient Satisfaction Survey

Comments

"Glad I was selected to take part in the program"

"The telehealth is great"

"You are all like angels"

"I appreciate everything you guys have done for us. I love you all."

"We love Support Our Elders program and the telehealth access!

"I still need help"

"Is difficult to use due to lack of feeling in hand and unavailability to get help"

THANK YOU

UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

U.S. Department of Veterans Affairs

ROBERT H. SMITH SCHOOL OF BUSINESS

CHIDS CENTER FOR HEALTH INFORMATION AND DECISION SYSTEMS

Individual Differences in Effectiveness of an mHealth Trial

NANETTE STEINLE, MD, RDN, FACP
ASSOCIATE PROFESSOR, UNIVERSITY OF MARYLAND, BALTIMORE
BALTIMORE VETERANS AFFAIRS MEDICAL CENTER

MICHELLE DUGAS, PHD
POST-DOCTORAL ASSOCIATE
CENTER FOR HEALTH INFORMATION & DECISION SYSTEMS
UNIVERSITY OF MARYLAND, COLLEGE PARK

Overview

- Introduce mHealth approaches to T2D
- Present DiaSocial trial
- Discuss implementation and feasibility from provider perspective

T2D

- Healthy behavior core of treatment
- Self-management education
  - Structured
  - Cost effective
  - Widely available
  - Evidence based
- Different approaches to treatment

mHealth

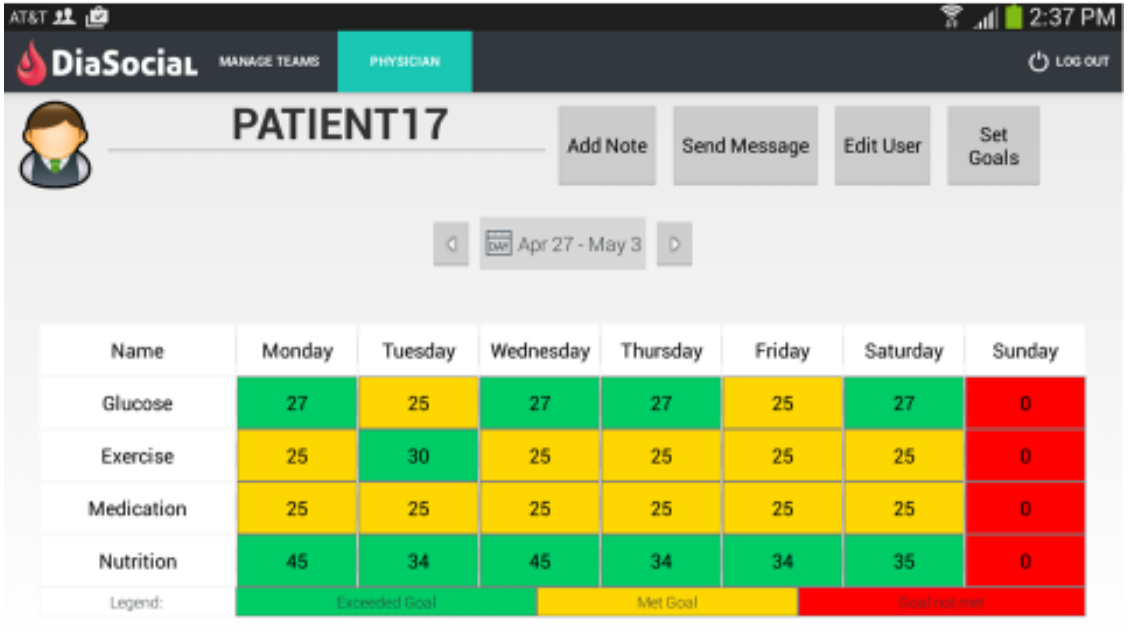
- Low cost
- Improves communication with care team
- Personalized ‘coaching’
- Improves glycemic control[1]
  - Effect size 0.5-1% reduction in HbA1c
  - Younger patients benefit more
    - 14 studies, ~1600 patients
- But still some inconsistency in findings[2]
  - Might work better for some than others

[1]Hou et al 2016 *Diabetes Care*; [2] Hamine et al 2015 *JMIR*

DiaSocial Pilot Study

- Implemented with older VHA patients
- 13-wk tablet-based intervention
- Included social and gamification features
  - In-person training and meeting
- Patients completed baseline survey
  - Regulatory mode orientations
- Targeted management of diet, exercise, and glucose self-monitoring
- HbA1c as primary outcome

DiaSocial App



Regulatory Mode

- Two distinct motivational orientations[3]
- Locomotion
  - "Just do it"
- Assessment
  - "Do it right"
- Measured with modified 6-item scales

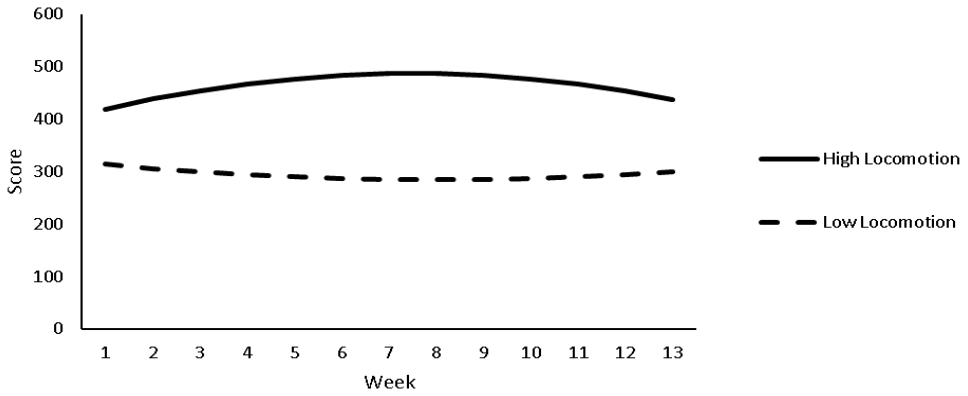
[3]Kruglanski et al 2000 *JPSP*

Regulatory Mode Scale Items

Locomotion Items	Assessment Items
1. I feel excited just before I am about to reach a goal.	1. I never evaluate my social interactions with others after they occur. (R)
2. I enjoy actively doing things, more than just watching and observing.	2. I spend a great deal of time taking inventory of my positive and negative characteristics.
3. I am a “doer”.	3. I like evaluating other people’s plans.
4. When I decide to do something, I can’t wait to get started.	4. I often compare myself with other people.
5. I am a “low energy” person. (R)	5. I often critique work done by myself or others.
6. Most of the time my thoughts are occupied with the task I wish to accomplish.	6. I am a critical person.

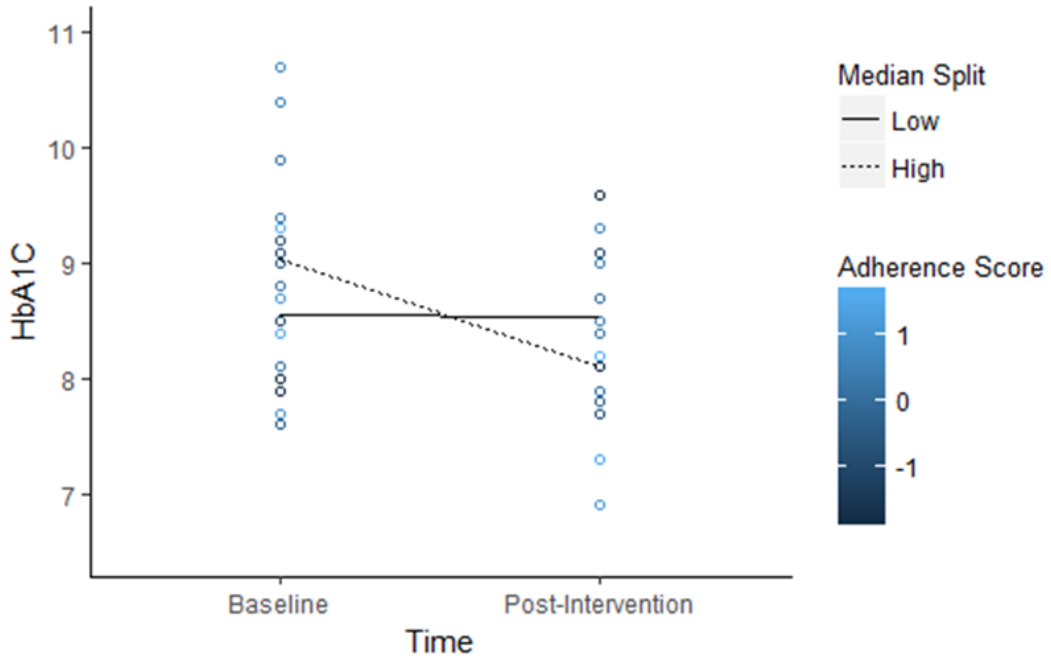
Regulatory Mode and Adherence

- High assessment – improved adherence
- Low assessment – decreased adherence
- Locomotion – higher adherence early, trend down latter half of study



Change in HbA1c

- Better outcomes for people who used the app more



Clinician Observations

- Older adults willing to learn new technology
- Finding ways to maintain interest critical
- Still untapped differences in preferences

Implementation Potential and Challenges

- Standardization
- Personalization
- Integration with health care system
- Payment/reimbursement
- Still need for large randomized trials

Acknowledgements

- CHIDS team: Ritu Agarwal, Kenyon Crowley, and Gordon Gao
- UMMS team: Timothy Xu and Lillian Pinault
- VA Patients

Diasocial funding: Dr. Theo and Friedl Scholler
Research Center for Business and Society

NIDDK P30DK078488