Patient, Heal Thyself

How the future of health service delivery is through patient self-care technology















NEW SPACES



REMOTE COMMUNITIES

SCHOOL & WORK

HEART FAILURE affects 500,000 CANADIANS

DIABETES affects 3,000,000 CANADIANS

HYPERTENSION affects 5,000,000 CANADIANS

DIABETES HIGHBLOOD PRESSURE LUNG DISEASE CANCER KIDNEY DISEASE HEART FAILURE MENTAL HEALTH



29.5%

of health spending



0.9% frowth



15.7%

of health spending



0.7% frowth



15.5%

of health spending



2.2% Togrowth

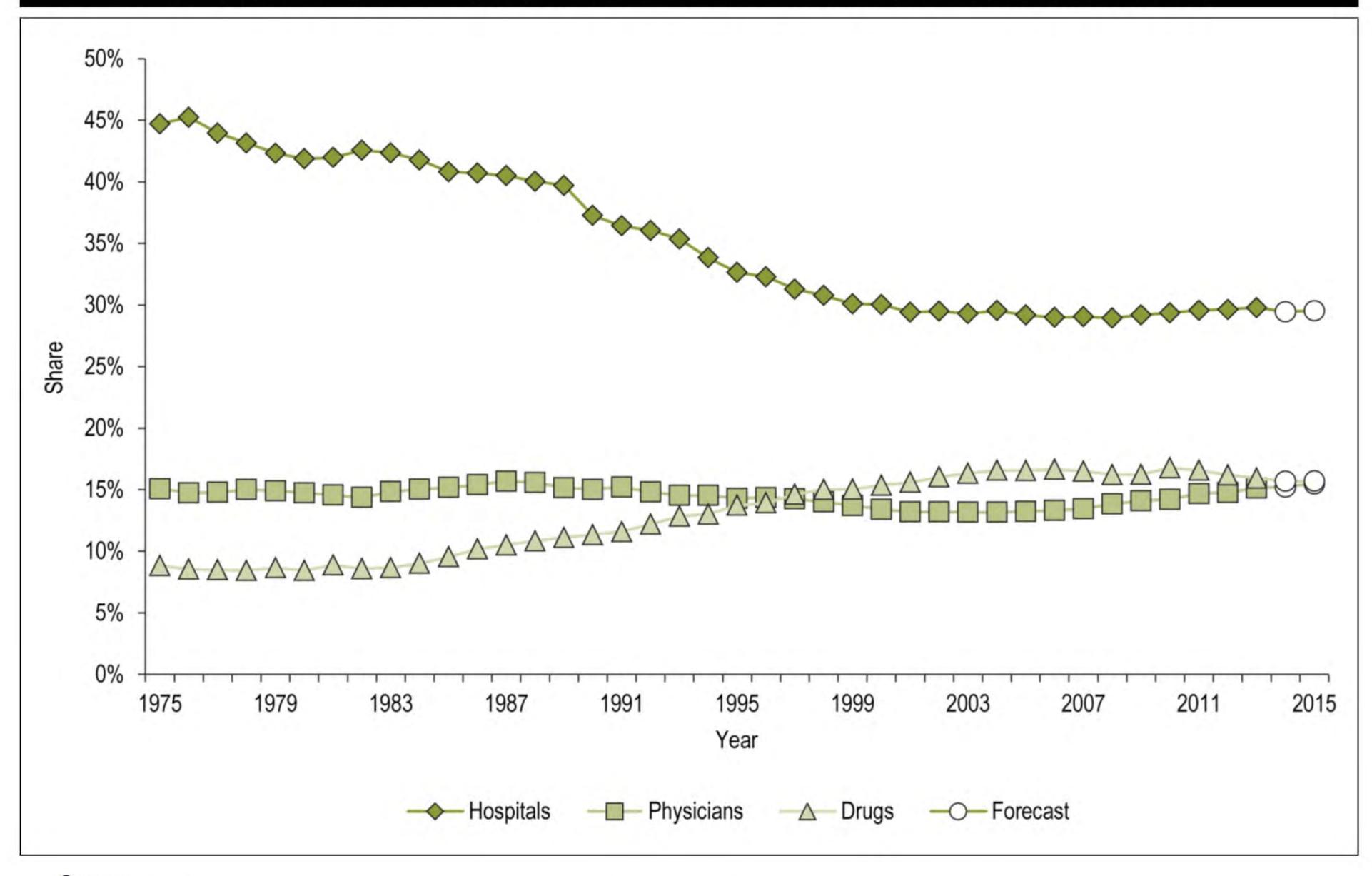
Growth per capita has outpaced

that for hospitals or drugs since 2007.

Source

National Health Expenditure Database, Canadian Institute for Health Information.

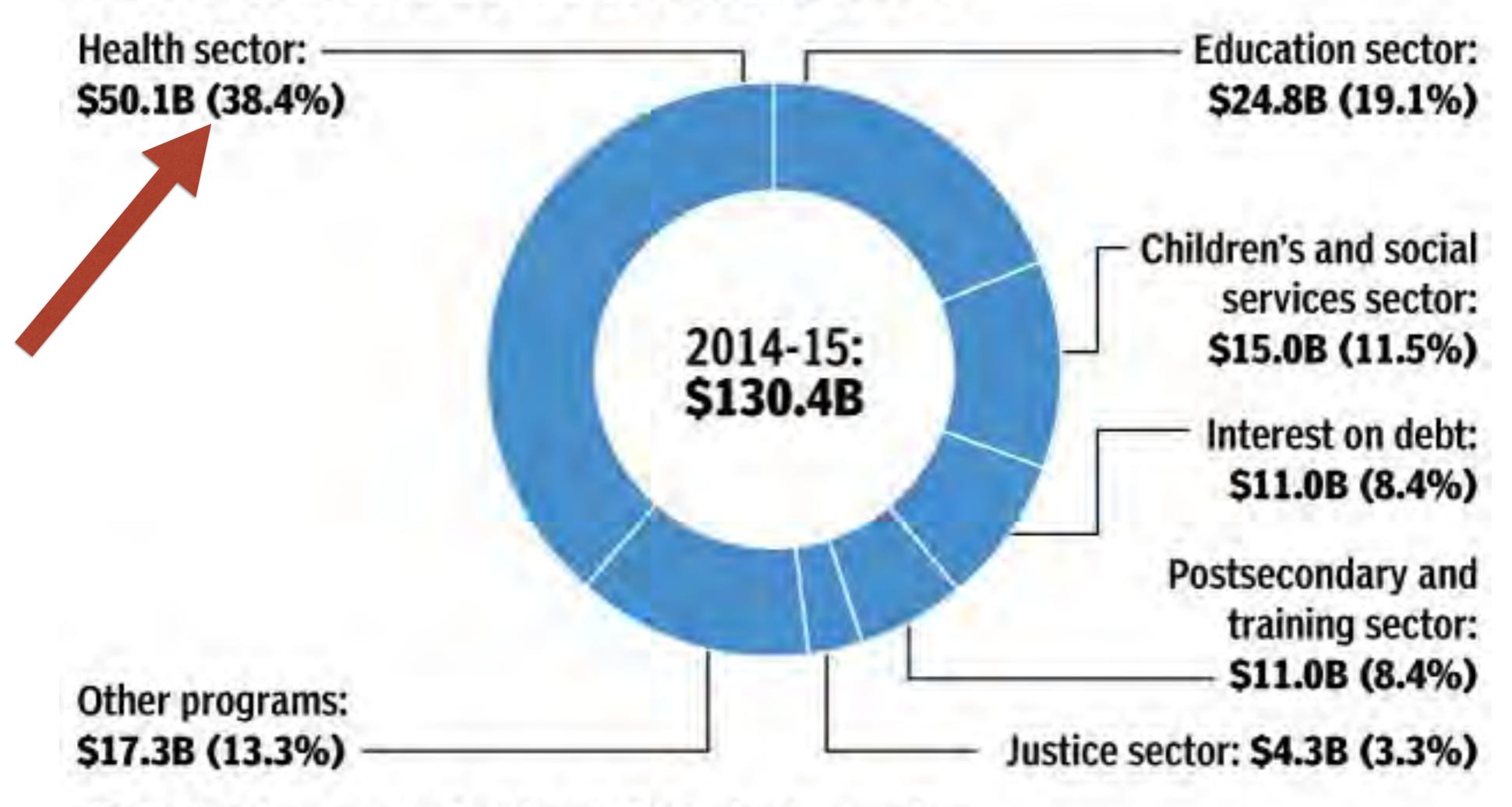
Total health expenditure, share of selected use of funds, Canada, 1975 to 2015



Source

National Health Expenditure Database, Canadian Institute for Health Information.

COMPOSITION OF TOTAL EXPENSES



NOTE: Numbers may not add up to 100% due to rounding.

SOURCE: ONTARIO BUDGET 2014

JONATHON RIVAIT / NATIONAL POST

THE GLOBE AND MAIL

Why the future of health care may depend on tearing down the hospital

The Hospital

by Carly Weeks • Feb. 21, 2014 • 2 min read • original

PATIENT SELF-CARE

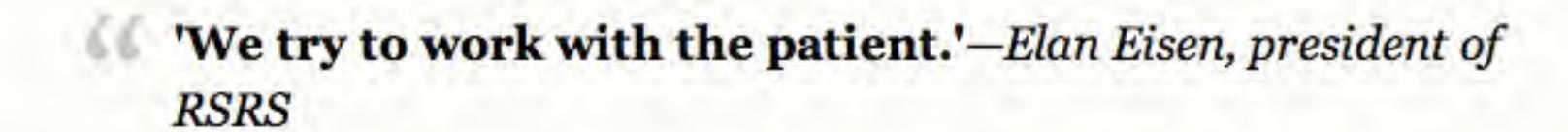
\$600 for personal medical records shocks patient

MARCH 12, 2013



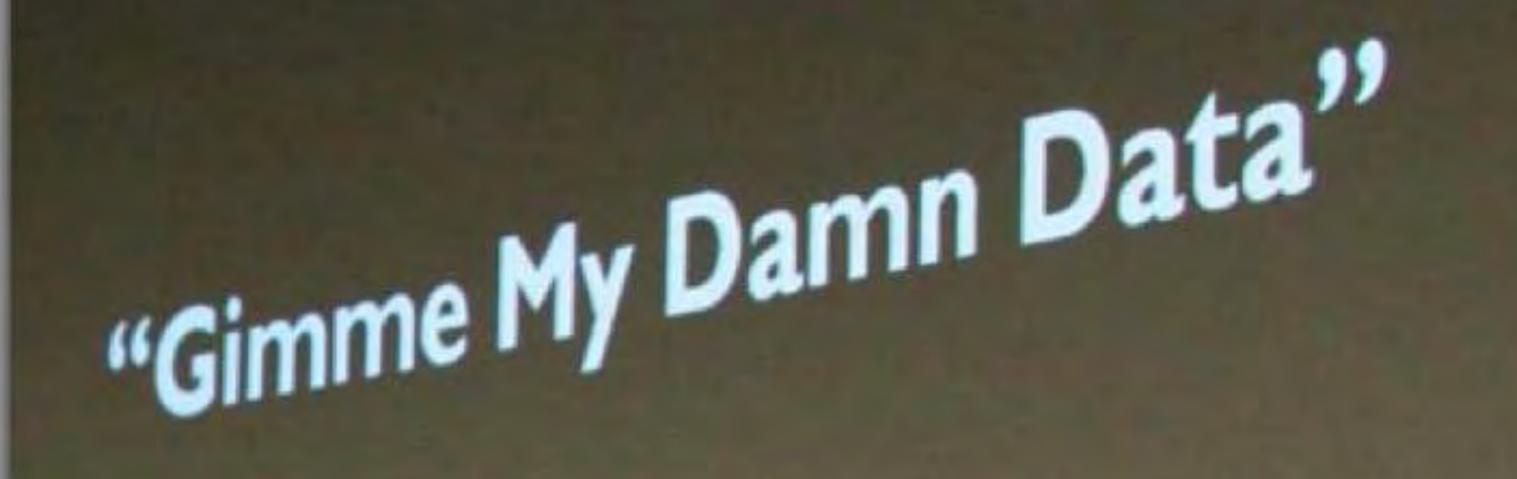
A Thunder Bay woman says she's shocked by the high cost of accessing her own medical file after her family doctor closed his practice late last year.

To get her health records, Wendy Doran had to call a private medical registry that now holds her file. When she says she was told there would be a fee of more than \$600 to access them, she couldn't believe it.

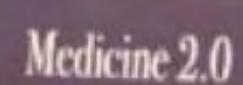


"I was just dumbfounded," she said.

"I couldn't believe I would have to pay for my own medical records. [I] can't afford



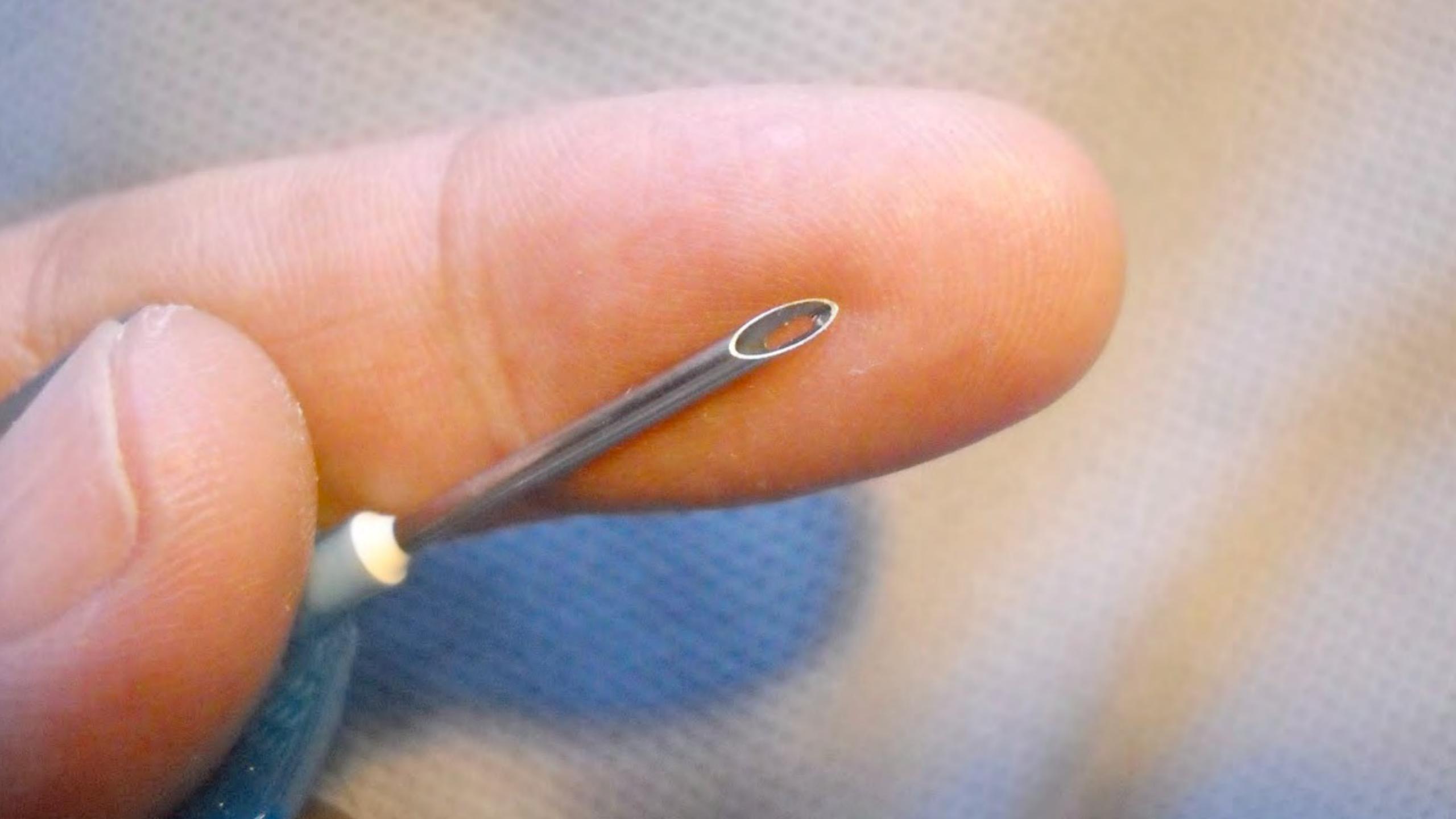
Medicine 2.0 September 18, 2009











NURSING

NURSING





Improved Health Outcomes: Home Hemodialysis

- Normalization of blood pressure without the need for anti-hypertensive medications
- Normalization of abnormal wall thickness of the heart
- Restoration of impaired heart function
- Improvement in peripheral circulation
- Improvement in sleep quality
- Improvement in nutritional determinants
- Elimination of dietary restriction
- Patient autonomy
- Cost effective modality

Chan et al : KI, 2002, Chan et al: NDT, 2003 Chan et al: AJKD, 2003,

Hanly et al: NEJM, 2001

Pierratos et al: JASN, 1998

Patient-Perceived Barriers to Home Hemodialysis

(Cafazzo and Chan, 2007)

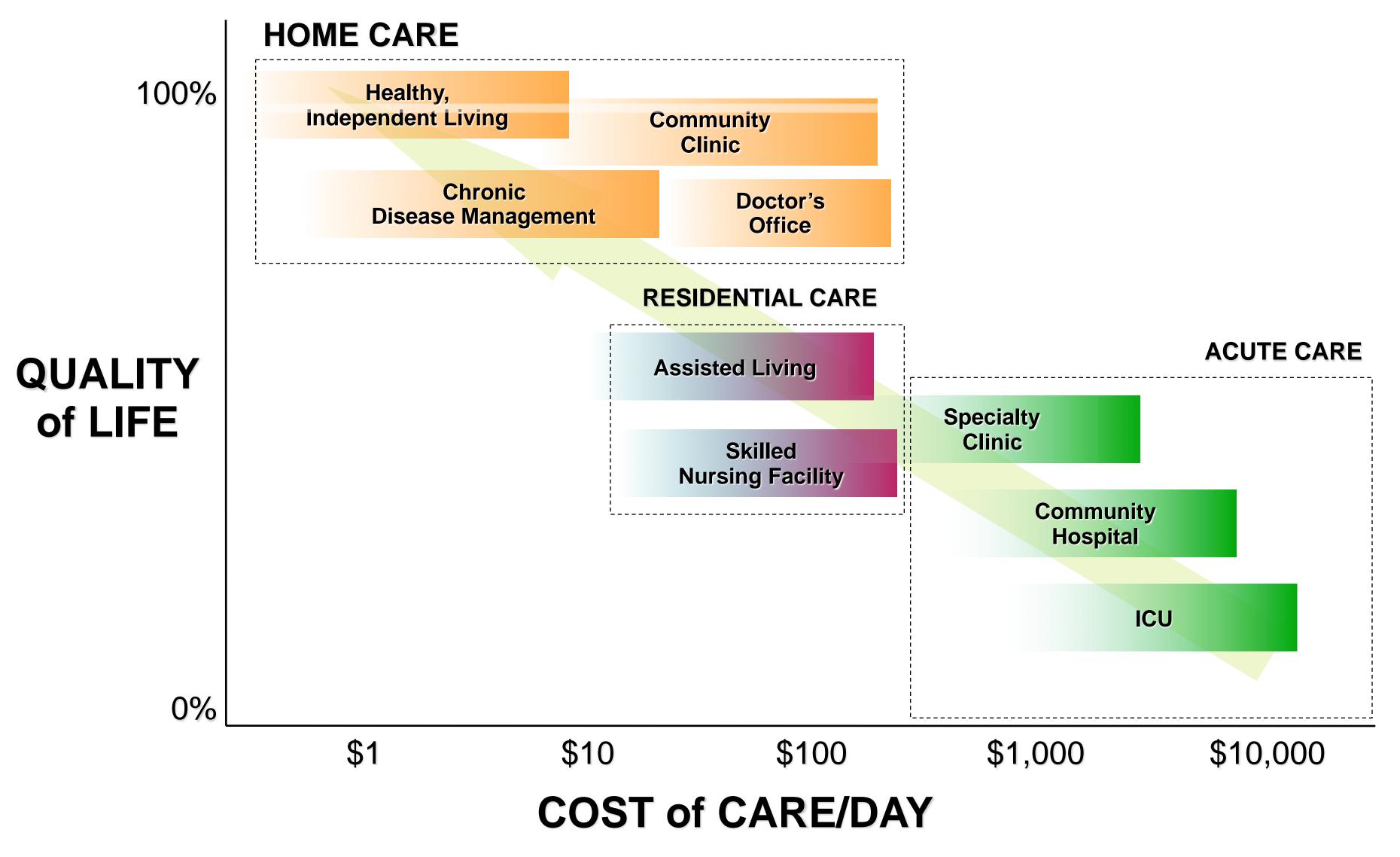
- Perceived burden on family members
- Fear of self-cannulation
- Fear of a catastrophic event in the absence of nursing support
- Low self-efficacy





Hu Songwen

'Shift Left' of Healthcare through Technology¹







Wan Support Program

- - - Flootronic

The Office of the National Coordinator for

Health Information Technology

Search

Go

> www.nunsides.





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HITECH Programs

Federal Advisory Committees

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> Incentive Programs for EHRS

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Federal Advisory Committee Blog



Home > Regulations & Guidance > Meaningful Use > Incentive Programs for EHRs

Incentive Programs for EHRs



Now's the Time to Register!

Now's the Time to Register for EHR Incentive Programs

Registration is open for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs, administered by the Centers for Medicare & Medicaid Services (CMS). Eligible health care providers and hospitals have the opportunity to receive significant incentive payments for adoption and meaningful use of certified EHRs.

Why Register Now?

Providers can get started on EHR adoption now with the help of financial incentives from the federal government.

- Adopting and achieving meaningful use of EHRs takes time.
- Begin participating in 2011 and 2012 to earn the maximum incentive.
- These incentive programs will not always be available and financial penalties are scheduled to take effect in 2015.

About the Medicare and Medicaid EHR Incentive Programs

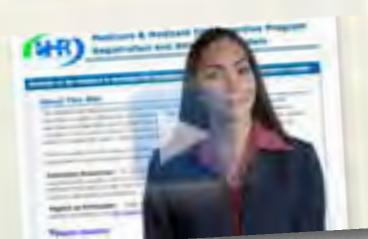
The HITECH Act of 2009 authorizes substantial support to help support provider adoption of EHRs. With the Medicare and Medicaid EHR Incentive Programs:

 Doctors and other eligible professionals can qualify for incentive payments 1 544 000 through Medicare or \$63,750 through Medicaid.

Recent Videos

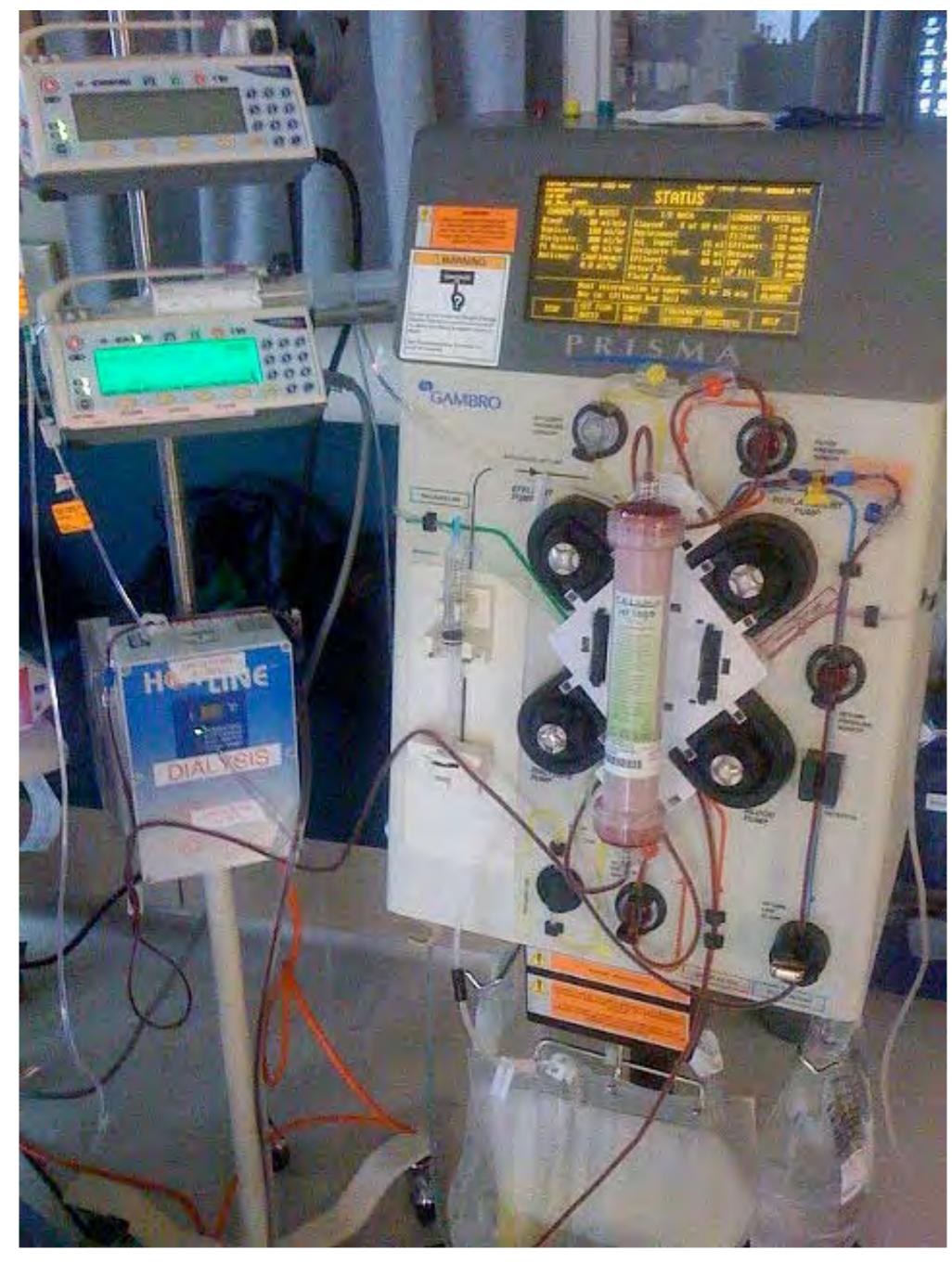


Now's the Time to Register for **EHR Incentive Programs** Watch David Blumenthal Video > 19



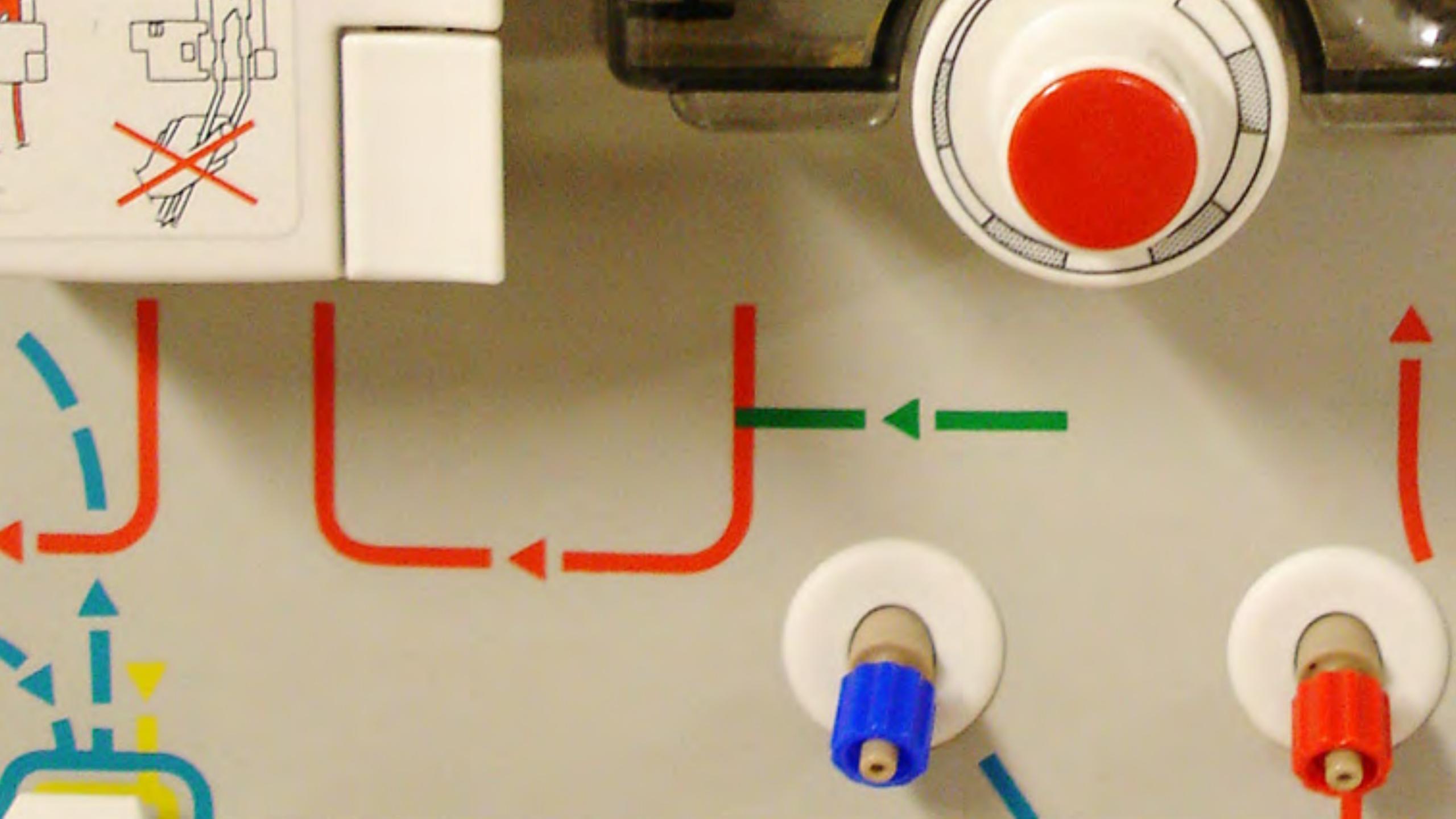
Resources

- CMS Press Release: EHR Incentives Registration
- · Overview: EHR Incentive Programs
- Path to Payment
- Determine Eligibility [PDF -617 KB1
- Registration Website: CMS **EHR Incentive** Programs
- How to Register
- Specification Sheets: Meaningful Use
- Milestone Timeline: Incentive Programs [PDF -422 KB1
- · Health IT Buzz Blog: ONC/CMS Meaningful Use Resources
- · Update from Dr. Blumenthal: EHR Adoption
- · Update from Dr. Blumenthal: Registration Opens
- Grids for Meaningful Use: or Standards and Certification Criteria Final Rules





<u>NomadicEntrepreneur</u>



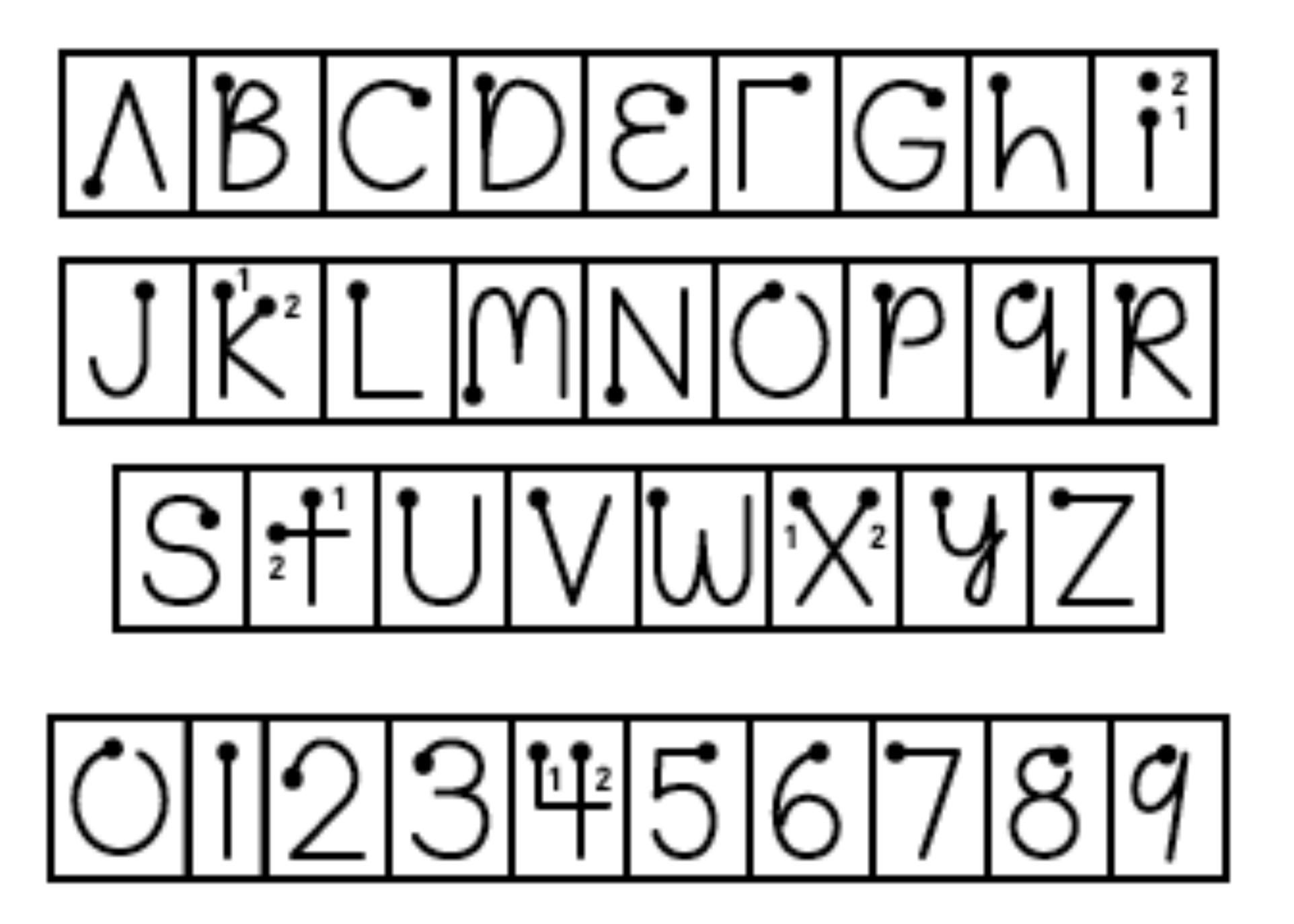
po-ten-ti-om-e-ter

"an instrument that measures a voltage by opposing it with a precise fraction of a known voltage, and without drawing current from the unknown source."

EMPATHY in design











OFFICIAL BALLOT, GENERAL ELECTION PALM BEACH COUNTY, FLORIDA NOVEMBER 7, 2000

T ates will ir electors.)	(REPUBLICAN) GEORGE W. BUSH - PRESIDENT DICK CHENEY - VICE PRESIDENT	3->
	(DEMOCRATIC) AL GORE - PRESIDENT JOE LIEBERMAN - VICE PRESIDENT	5->
	(LIBERTARIAN) HARRY BROWNE - PRESIDENT ART OLIVIER - VICE PRESIDENT	7->
	RALPH NADER - PRESIDENT WINONA LADUKE - VICE PRESIDENT	9->
	JAMES HARRIS PRESIDENT MARGARET TROWE - VICE PRESIDENT	11->
	JOHN HAGELIN PRESIDENT NAT GOLDHABER - VICE PRESIDENT	13->

	(REFORM)	
44	PAT BUCHANAN PRESIDENT	
	EZOLA FOSTER - VICE PRESIDENT	
	(SOCIALIST)	
€ 6	DAVID MCREYNOLDS PRESIDENT	
	MARY CAL HOLLIS - VICE PRESIDENT	
8	(CONSTITUTION)	
	HOWARD PHILLIPS - PRESIDENT	
	J. CURTIS FRAZIER - VICE PRESIDENT	
	(WORKERS WORLD)	
€10	MONICA MOOREHEAD PRESIDENT	
	GLORIA La RIVA - VICE PRESIDENT	
	WRITE-IN CANDIDATE	
	To vote for a write-in candidate, follow the	
	directions on the long stub of your ballot card	

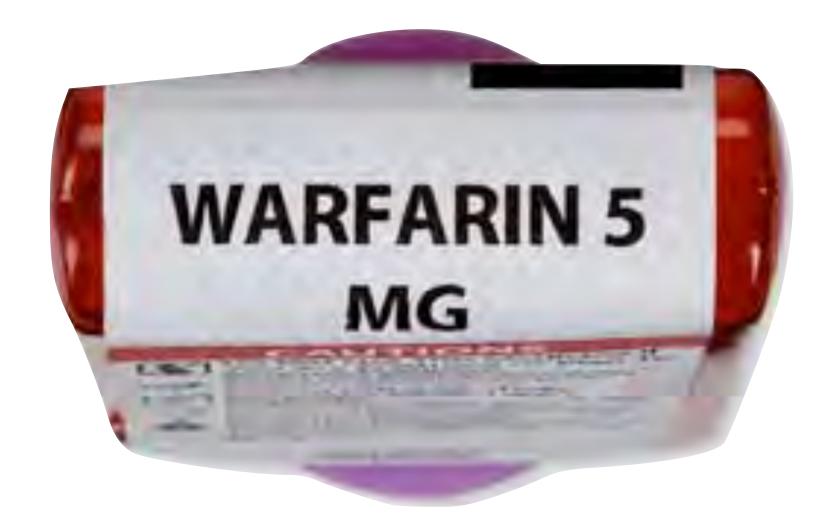
























"Science Finds, Industry Applies, Man Conforms"

Slogan from the 1933 Chicago World's Fair

"People Propose, Science Studies, Technology Conforms"

Don Norman's person-centered motto

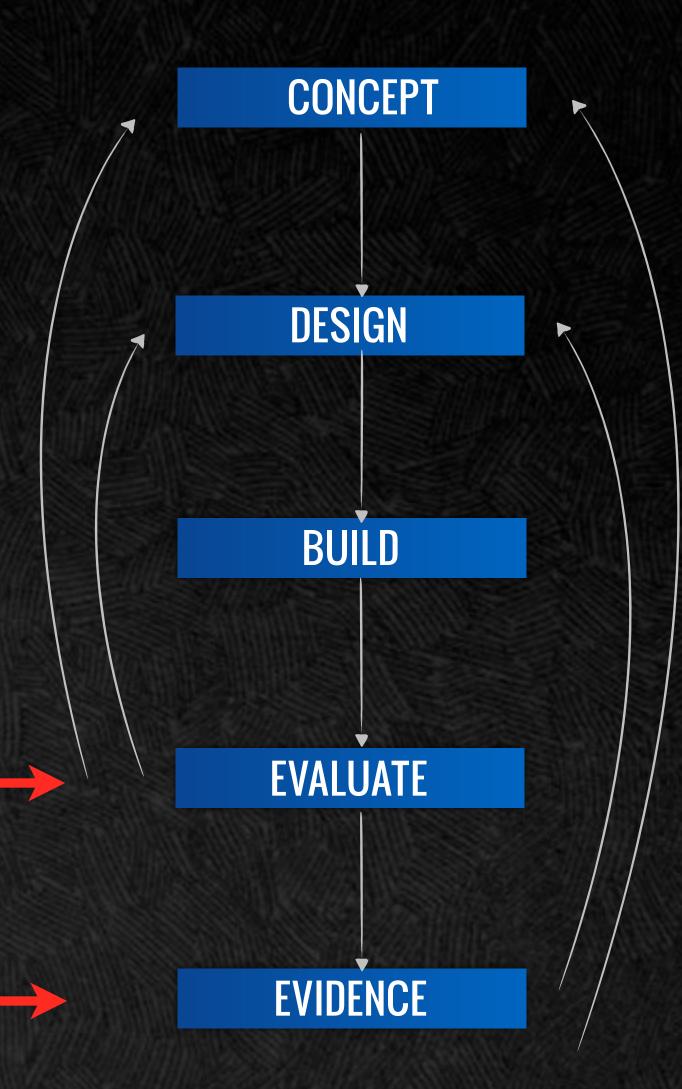
"Thforatheu2nstheeu2nstheu2nstheeu

technology changes, humans don't.

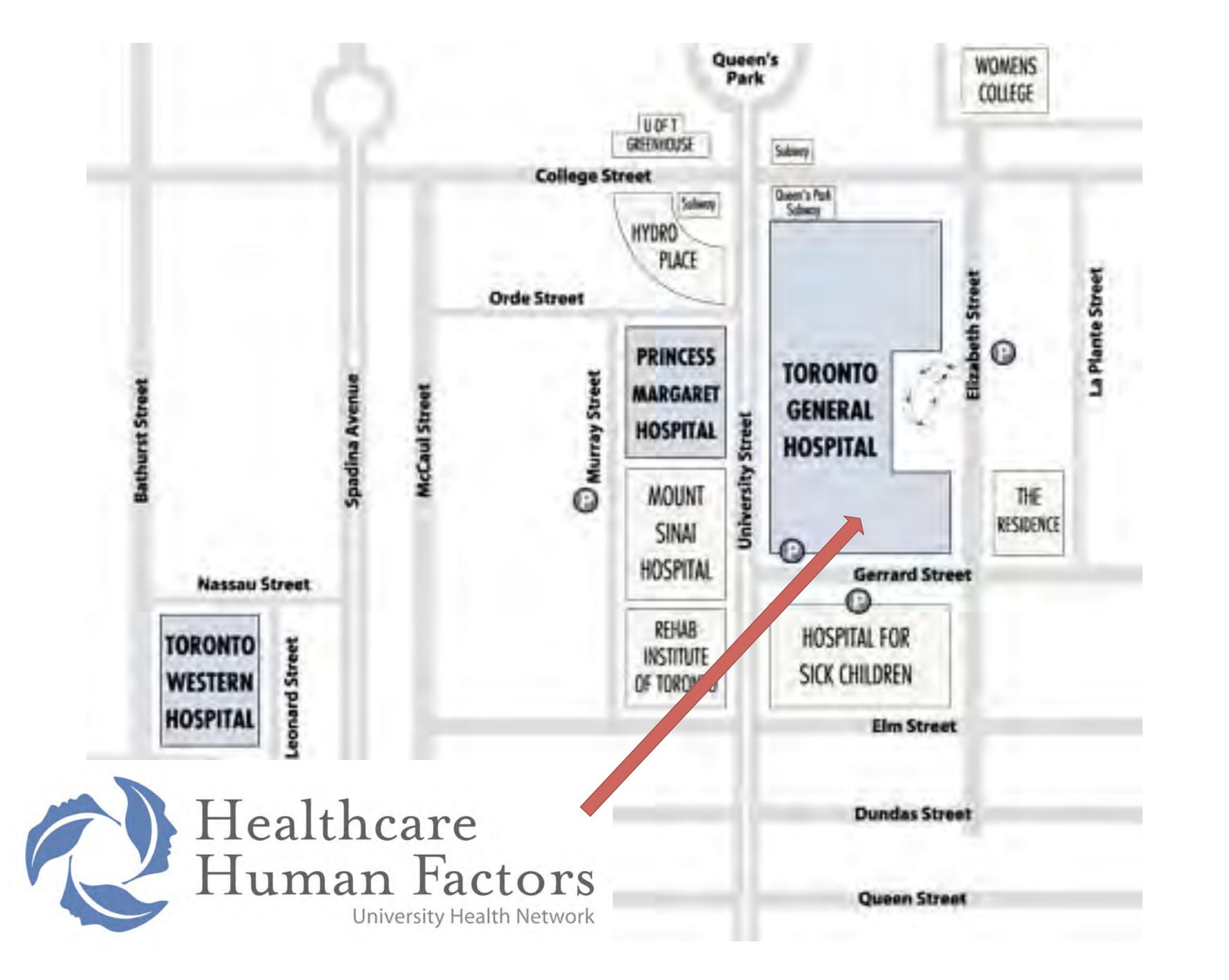
EMPATHY indesign

USABILITY

PILOTS and RCTs





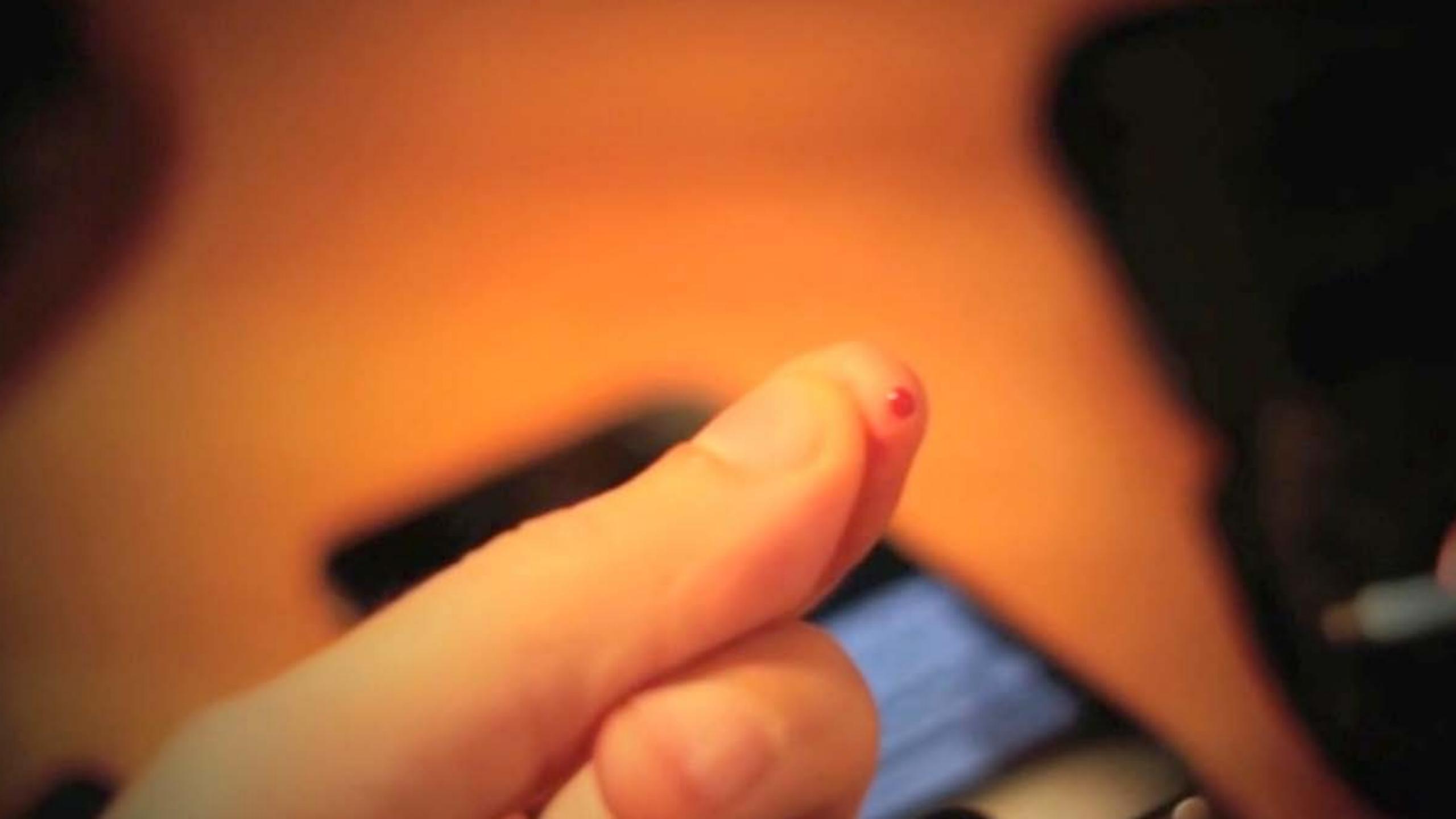






WHAT IF WE CLOSED THESE GAPS?









BANT

Diabetes management app for adolescents.







twitter



LeighannMMM DD was 76 before her 45 min hip hop class. Gave 2 snacks - hope it's enough to get her through. #diabetes #bgnow

about 7 hours ago from TweetDeck



diabetesalic #bgnow 86 about 7 hours ago from web



cdalexander had a BG reading of 89 mg/dL at 02:36PM (Afternoon) #bgnow #diabetes

about 7 hours ago from Twitter4R



rainbow_goddess #bgnow 3.2 mmol/l No wonder I feel like going to sleep here at my desk.

about 8 hours ago from web



about 8 hours ago from TweetDeck



KellyRawlings @MrMikeLawson No major diabetes & Twitter coverage, but I direct Diabetic Living readers to #bgnow in the Winter issue (publishes Nov. 2)!





Available in ten languages

Nî hâo

Zdravstvuite

Néih hóu

Buenos días

Hello

Annyong ashimnikka

Bonjour

Guten Tag



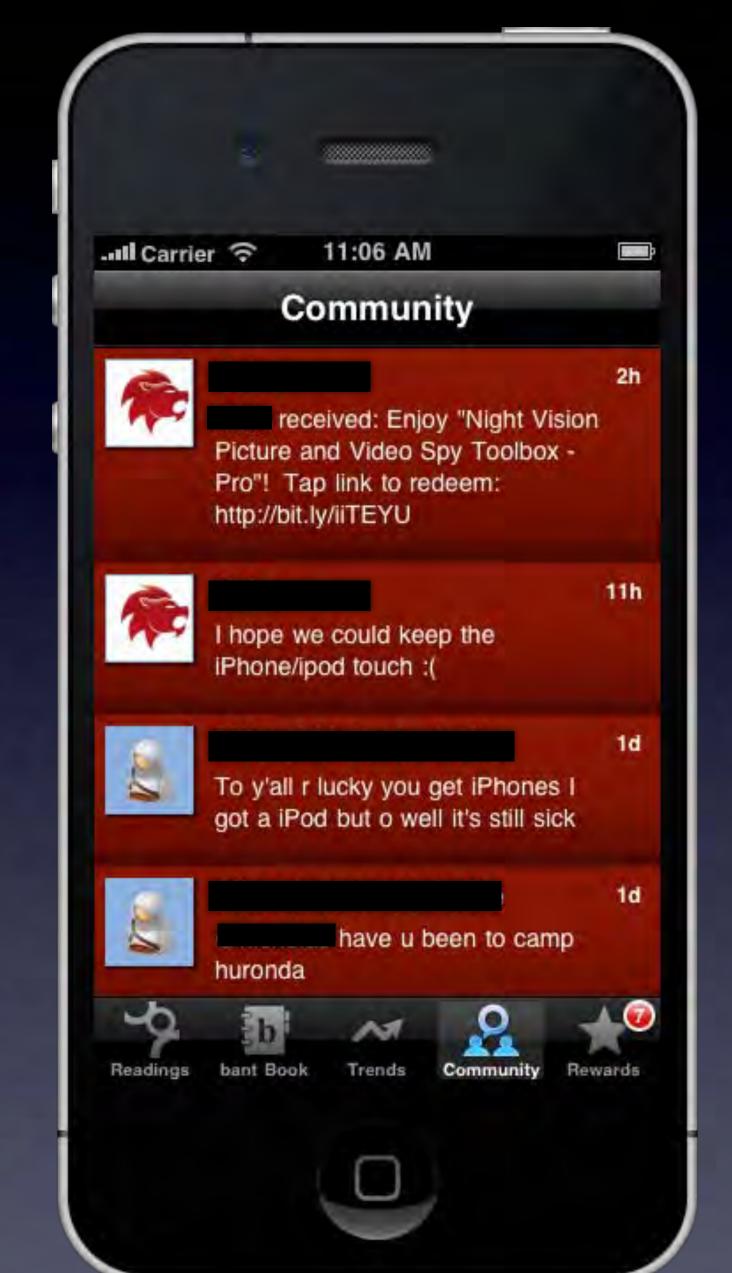


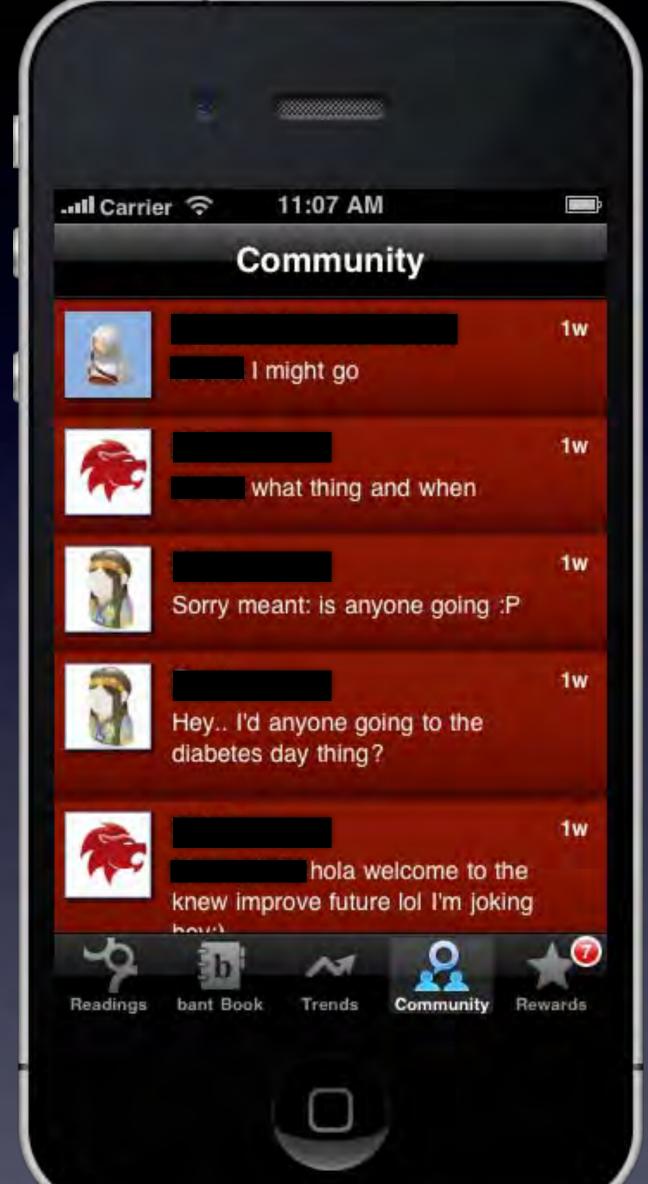
Downloads: >100,000

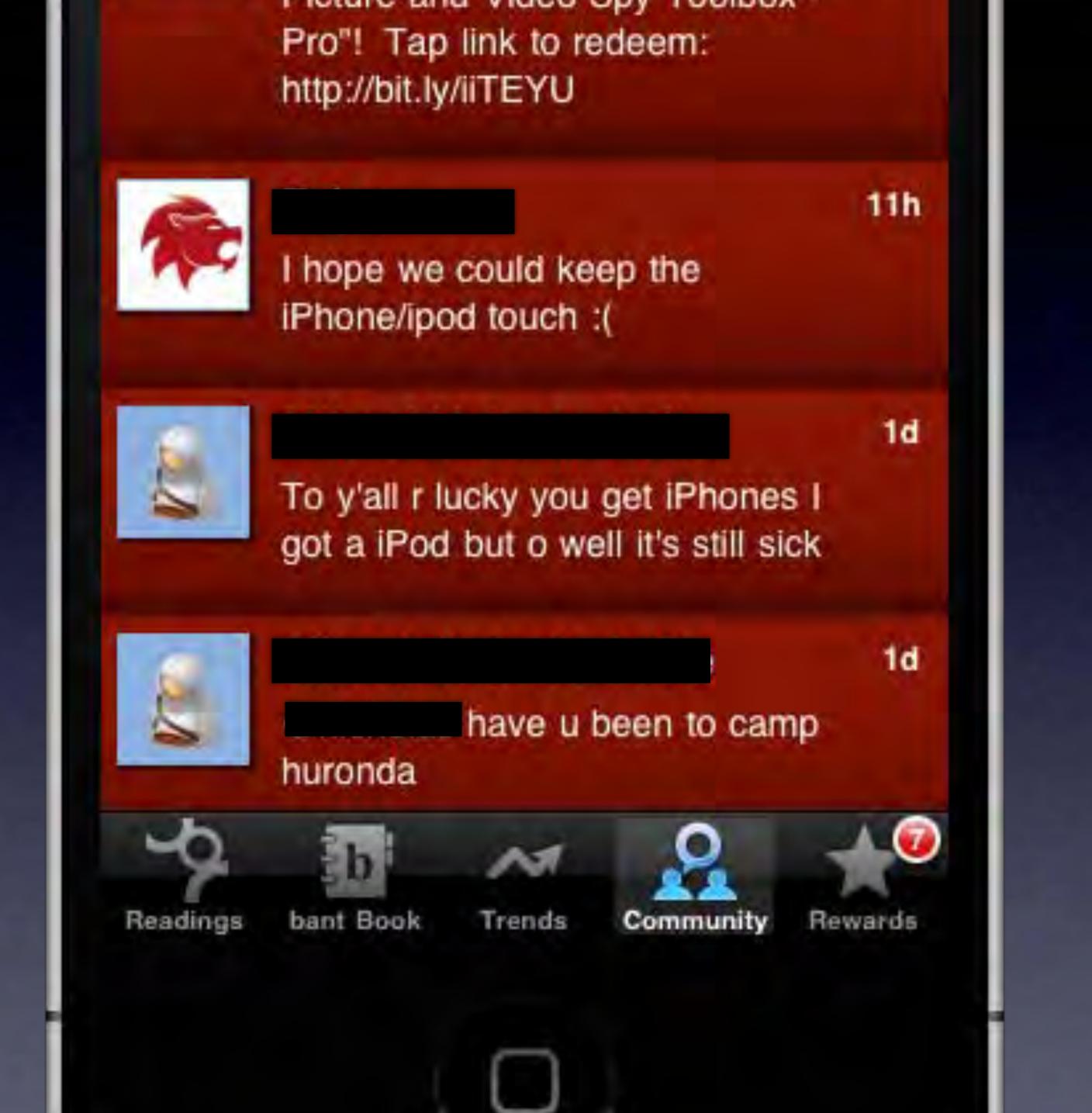
more than 10,000 active daily users

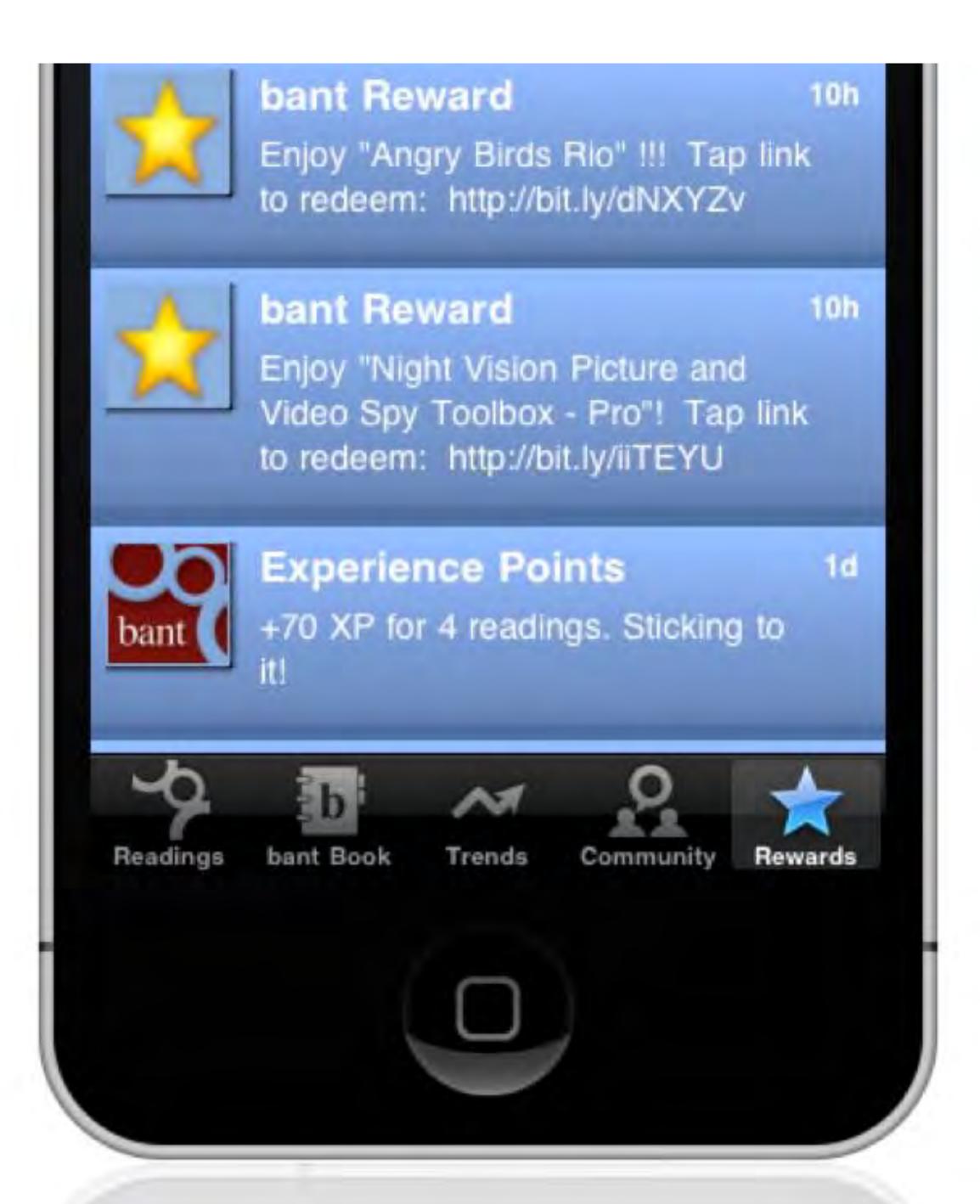




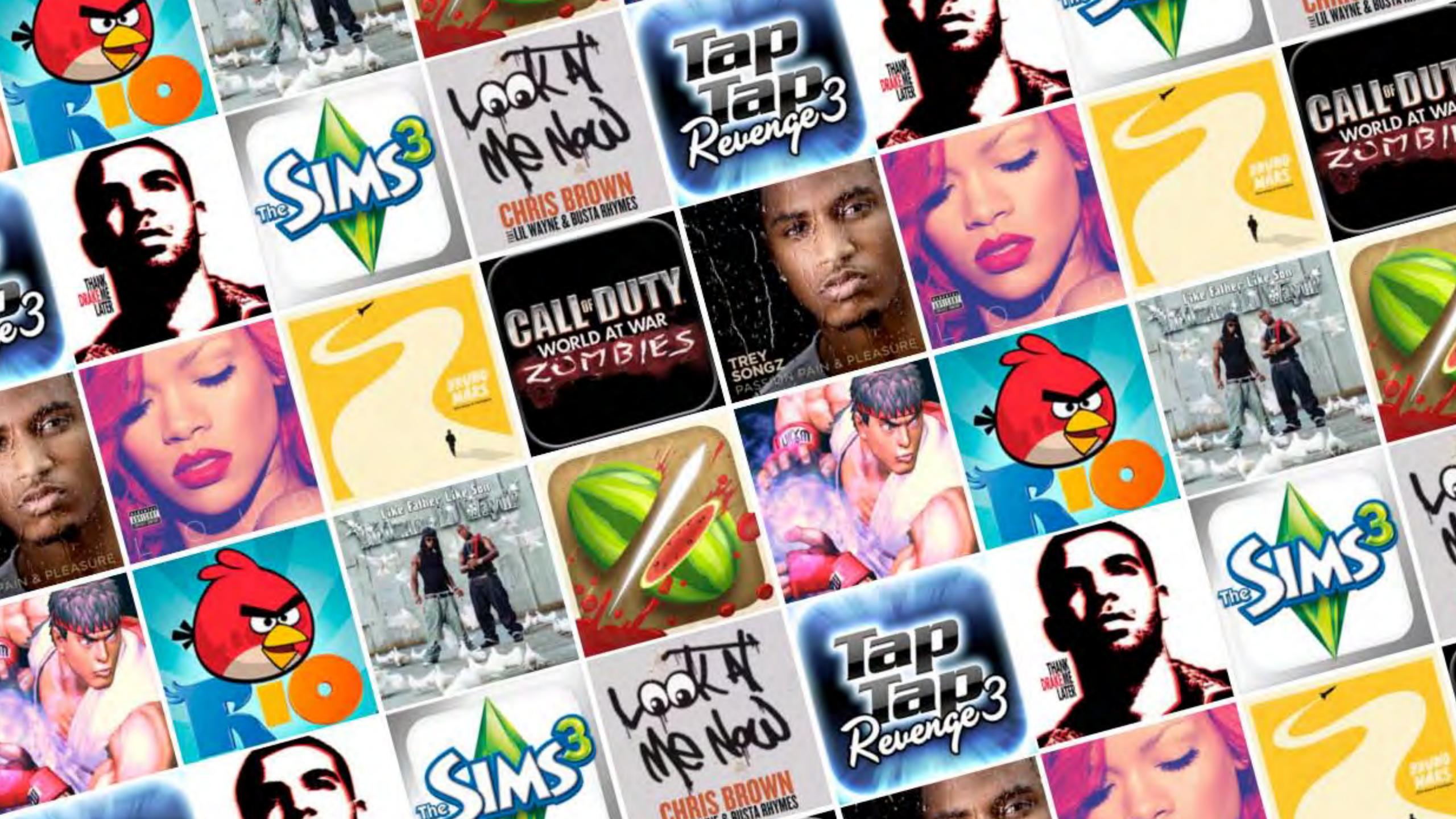


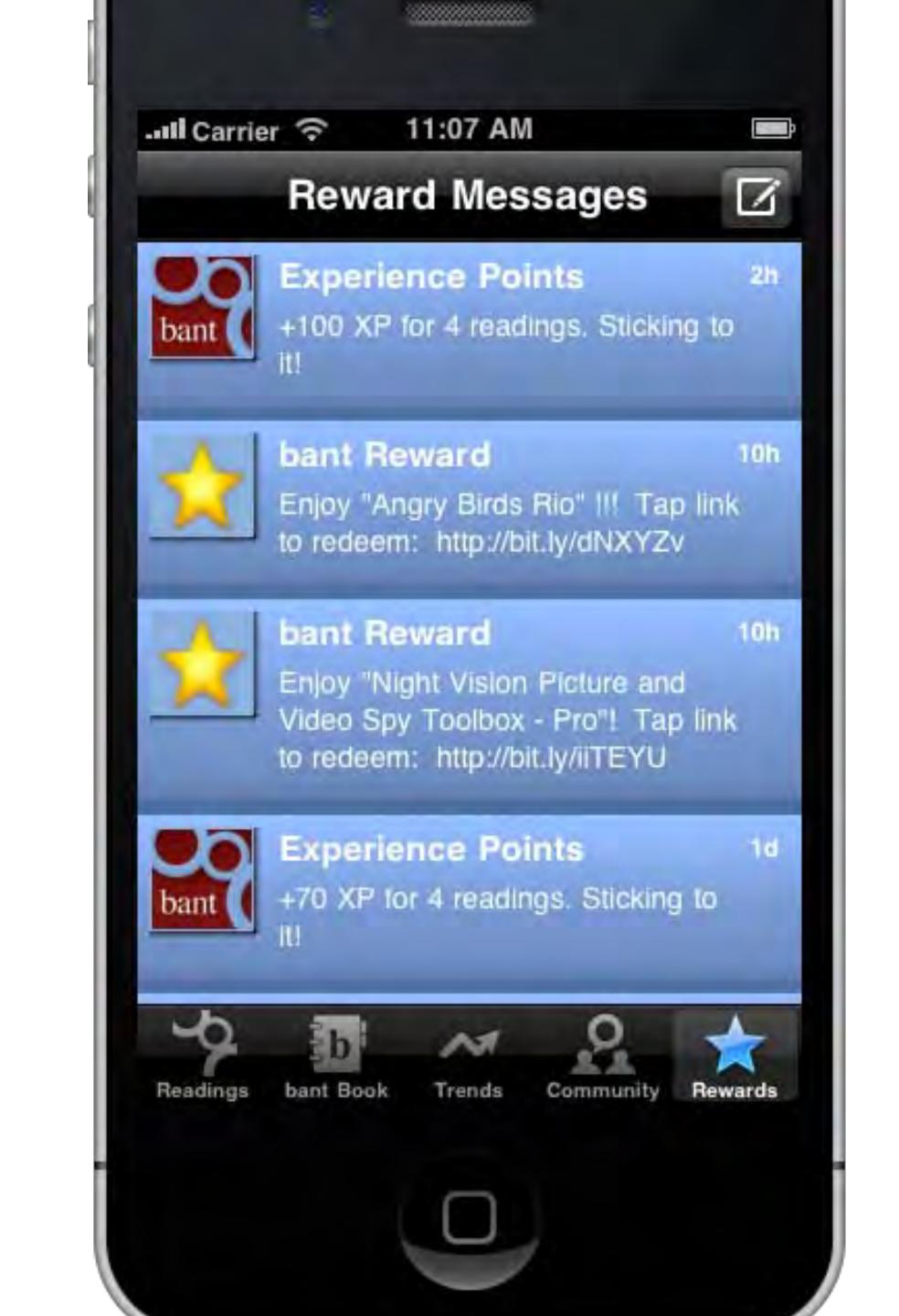






REWARDS





49.6% DAILY TESTING FREQUENCY

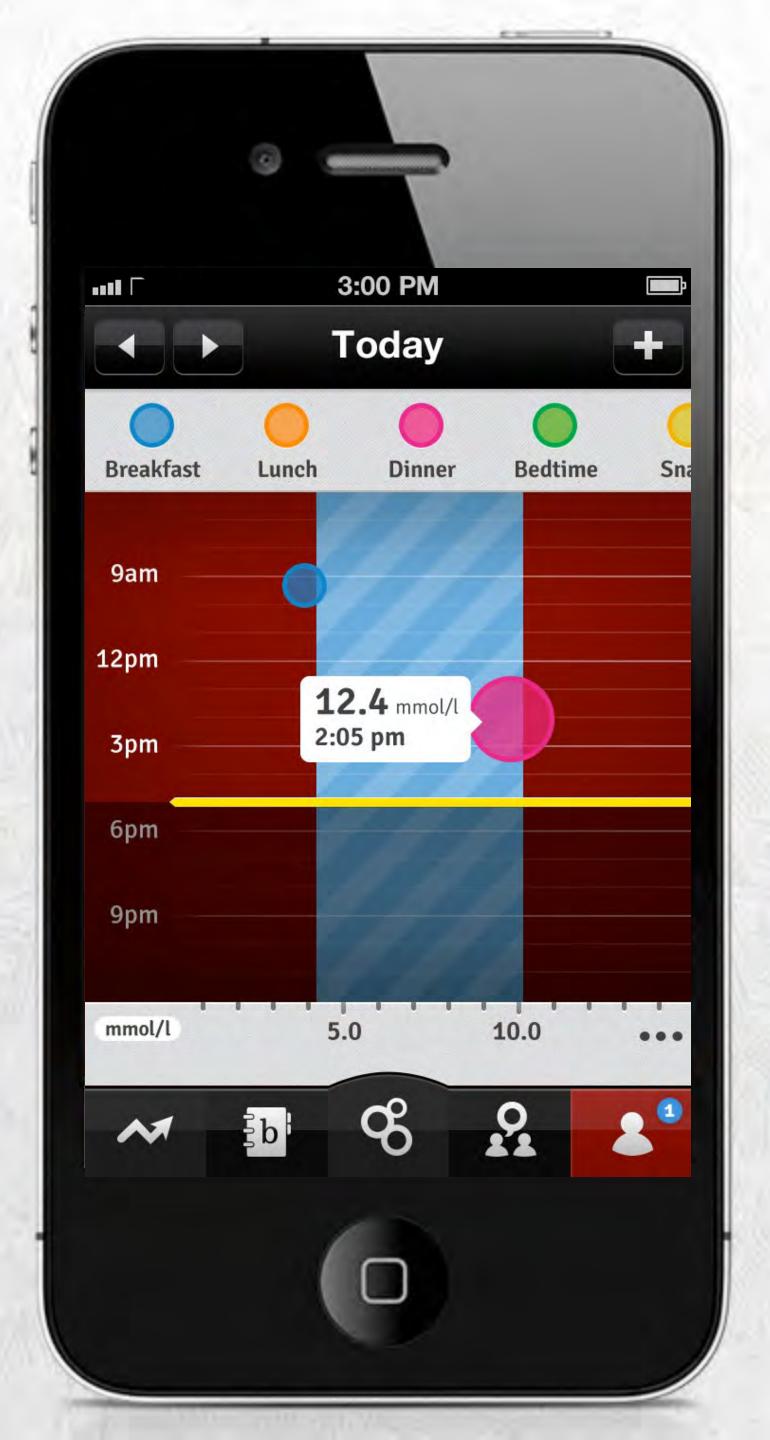
"... thought about trends and what to do when the alert popped up"

"... I tested more often at lunch"

"... rewards motivated me to test more"

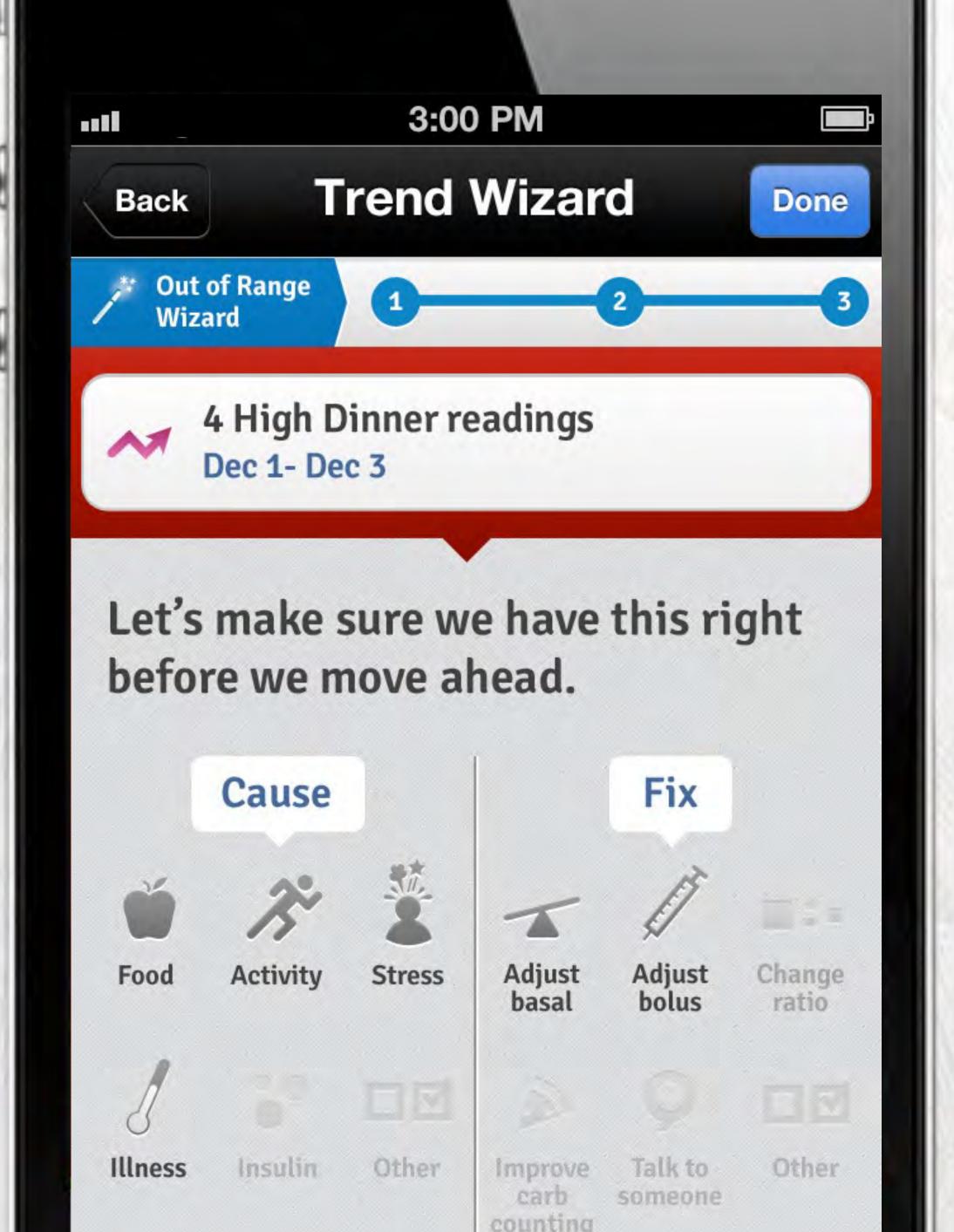
"... she initiated more conversations about her blood sugars"



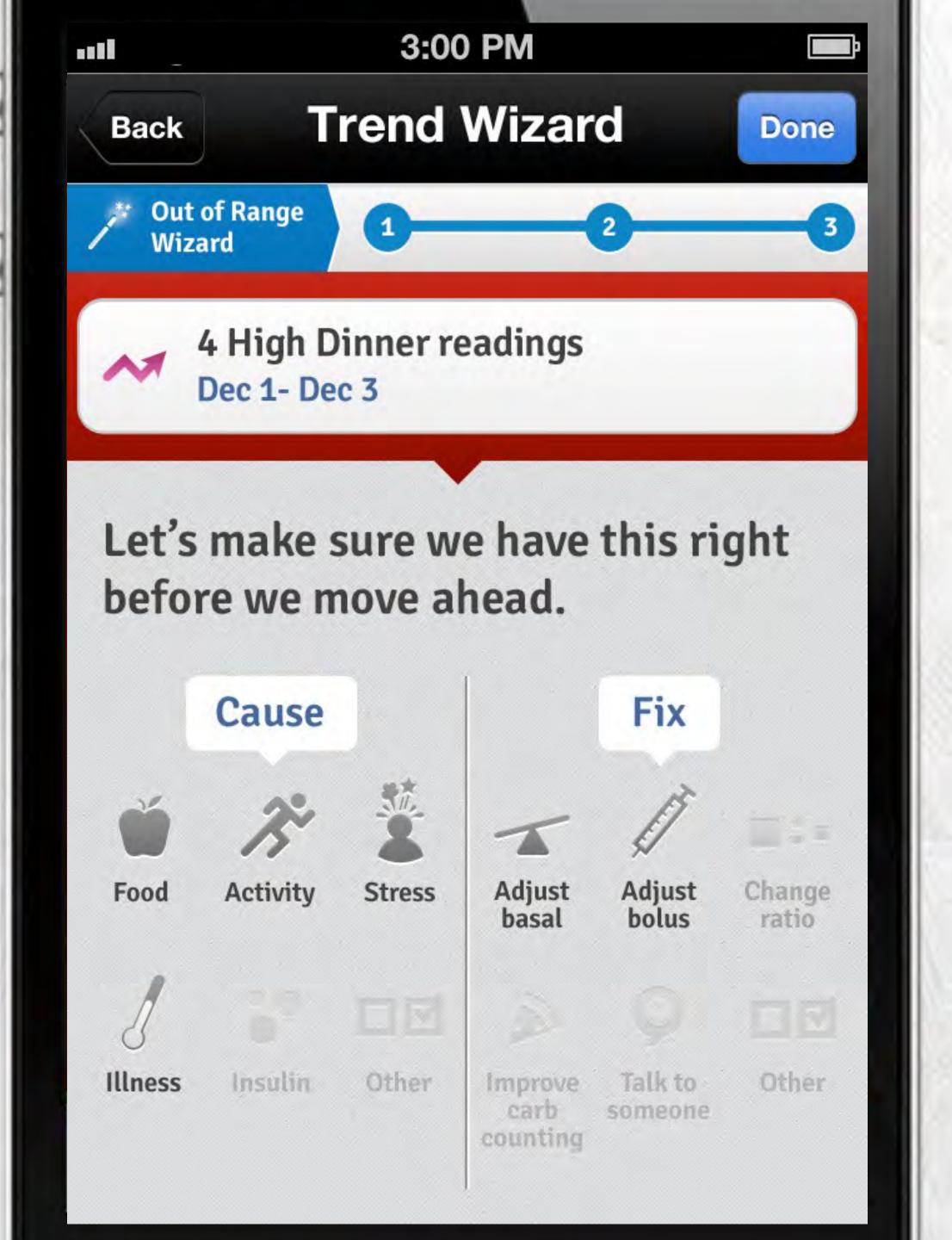


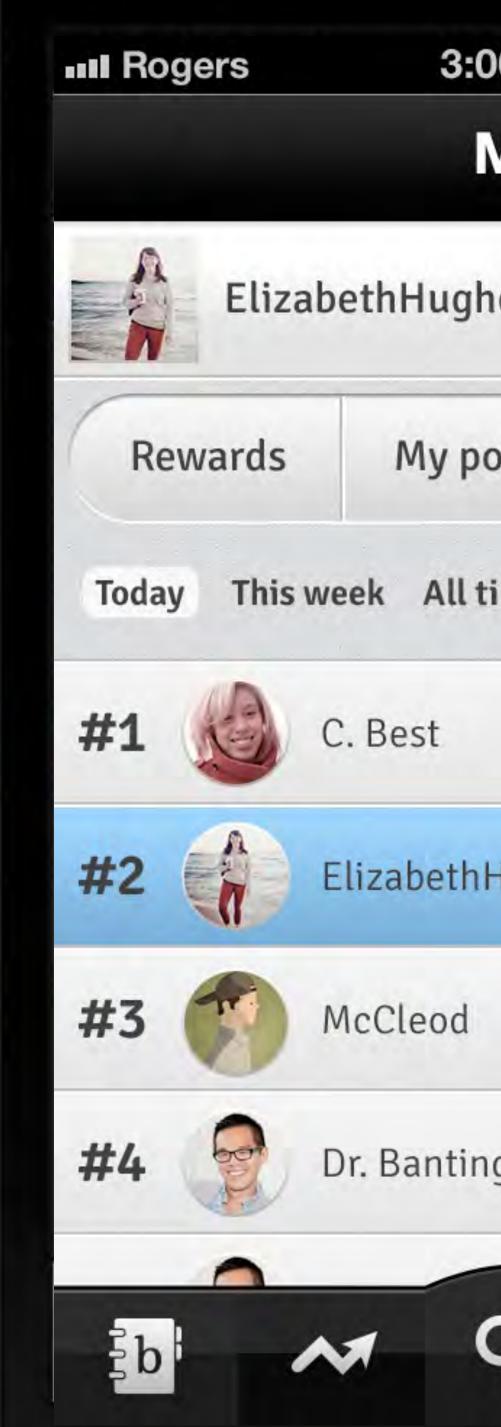


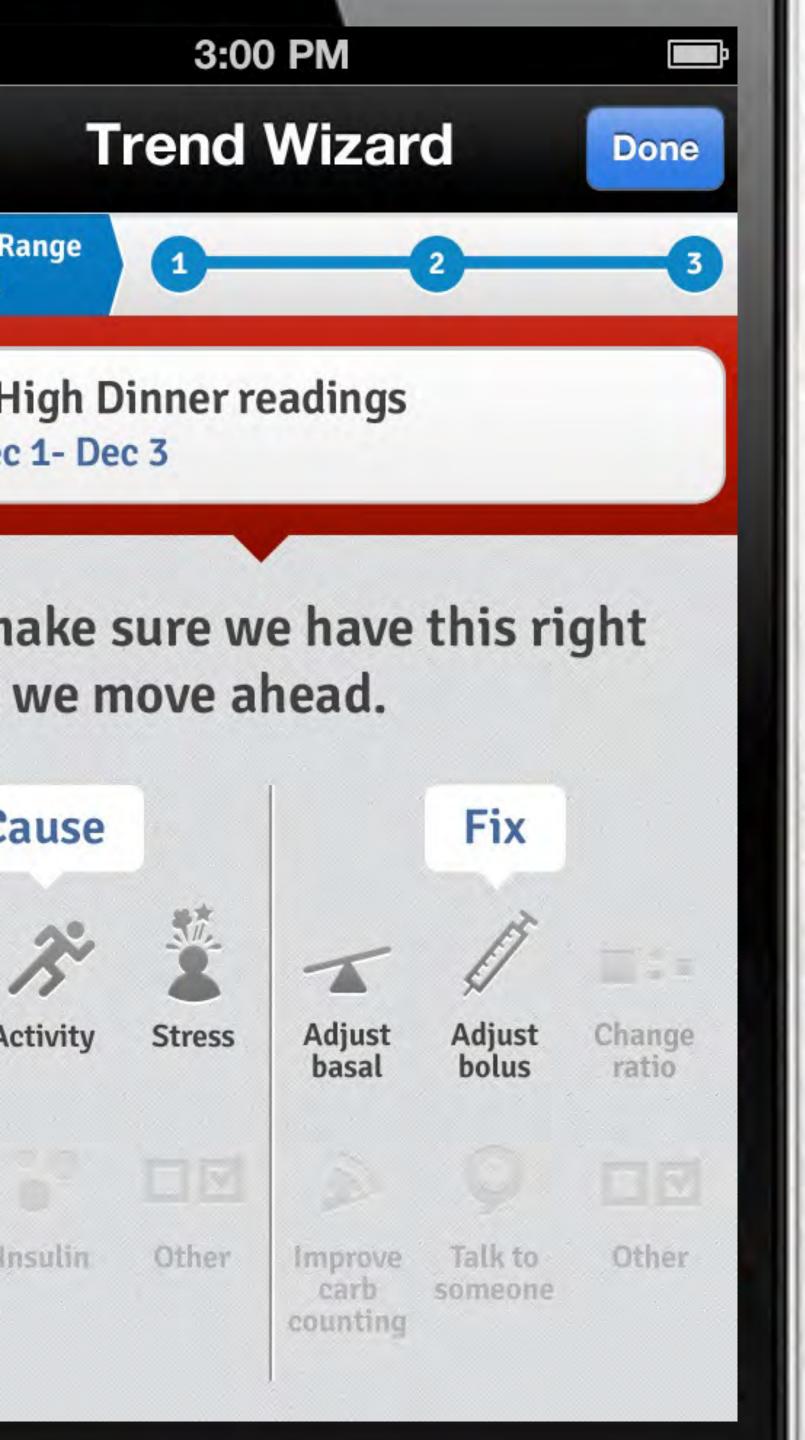


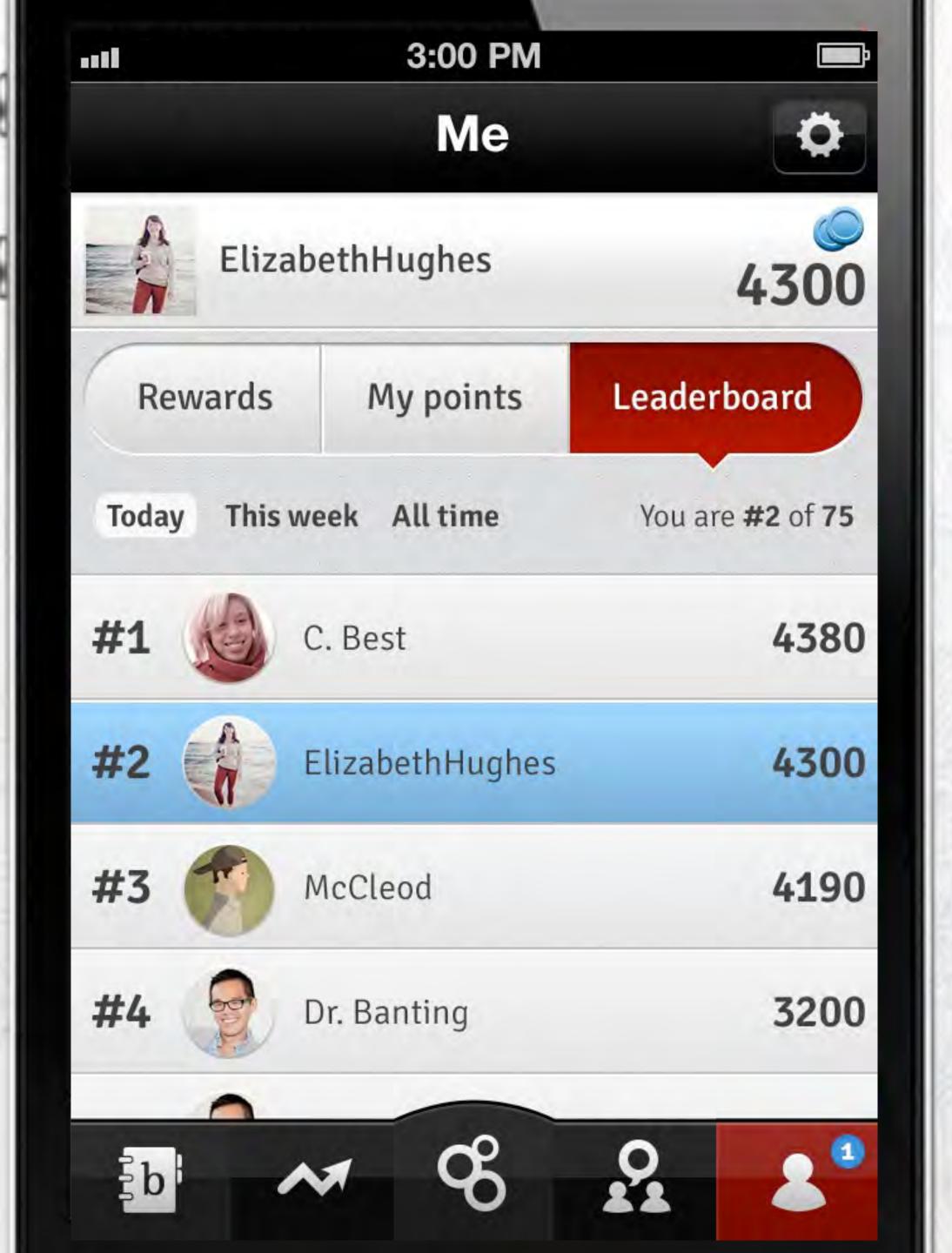


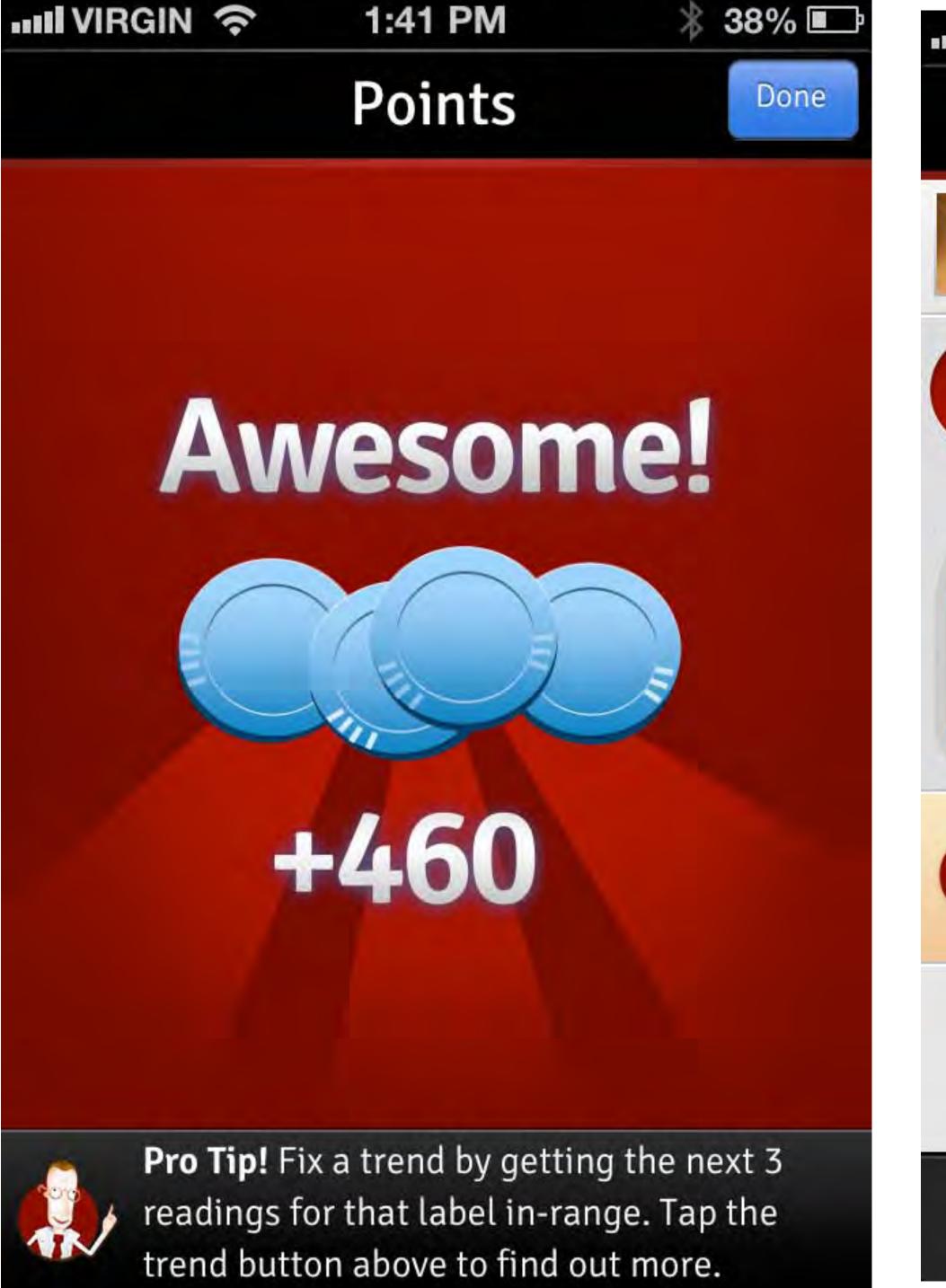


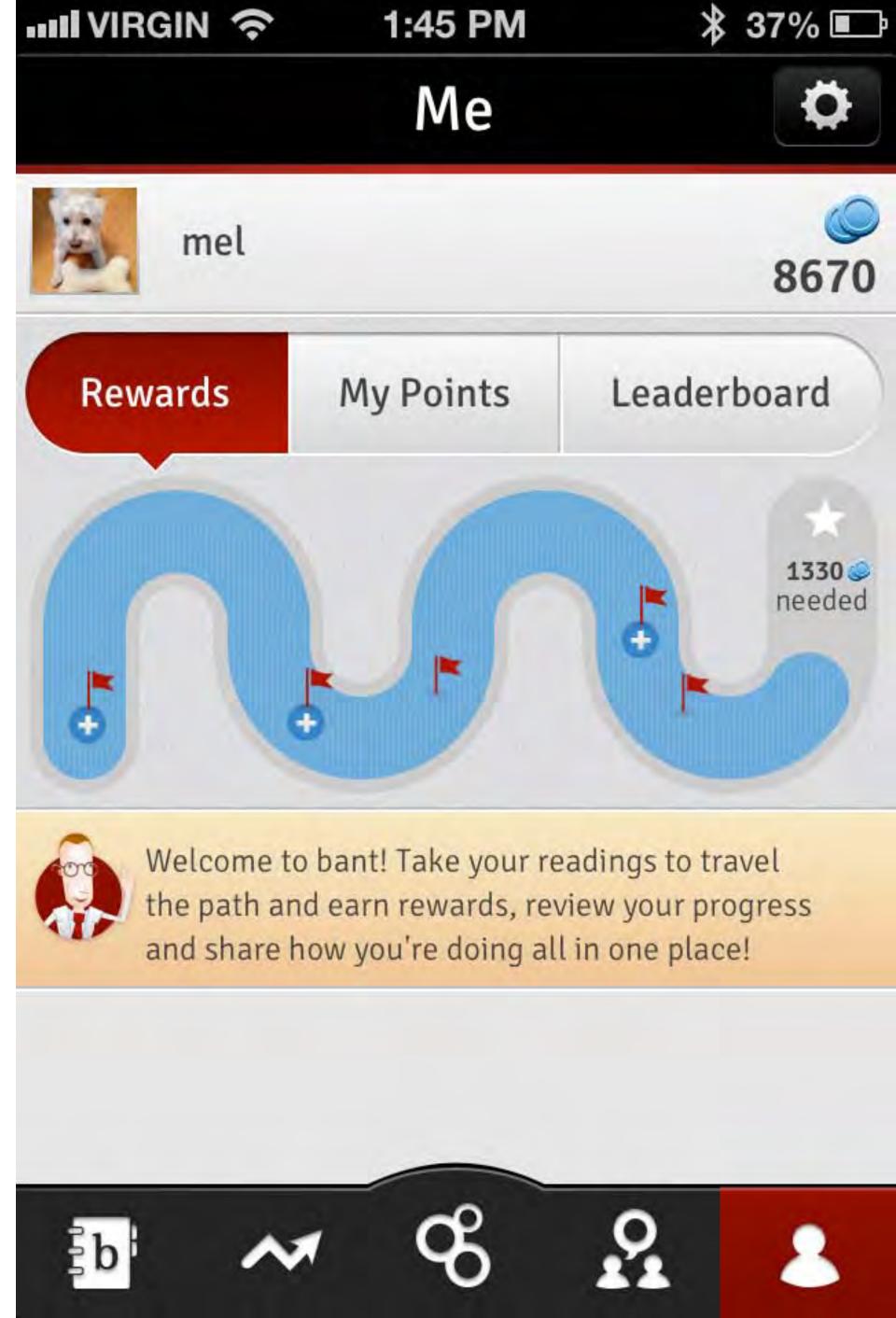










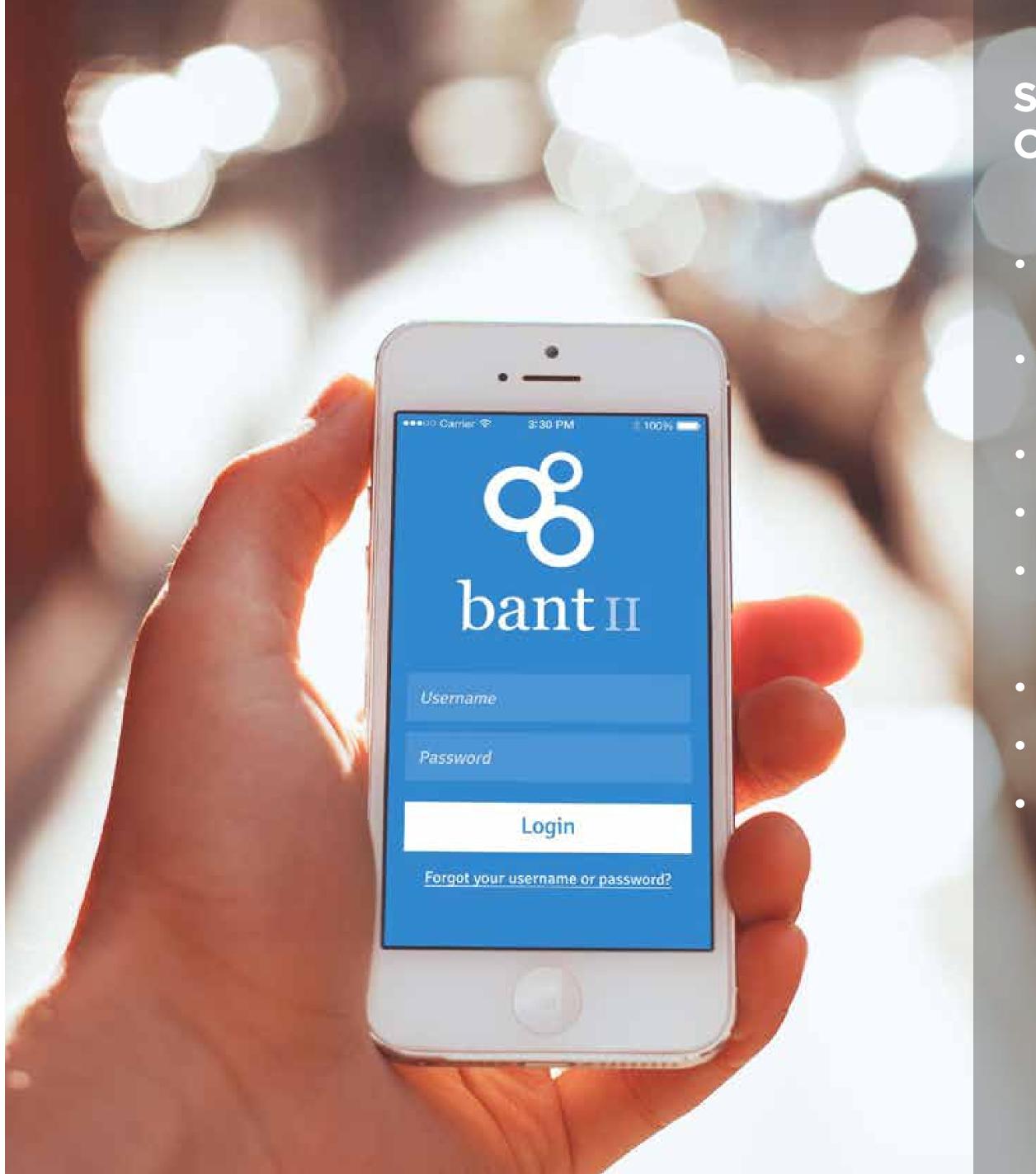




BANT 2

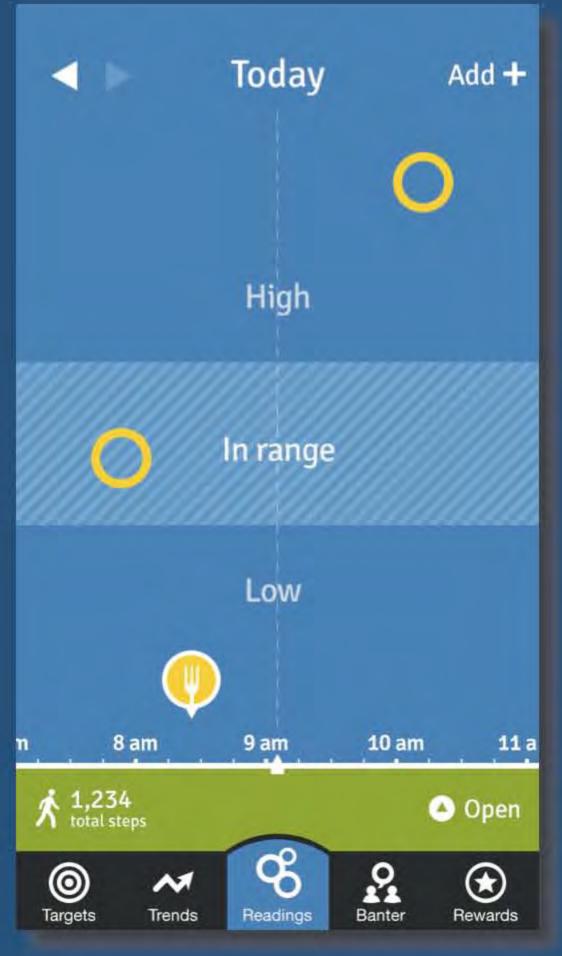
Diabetes management app for type 2 diabetes.

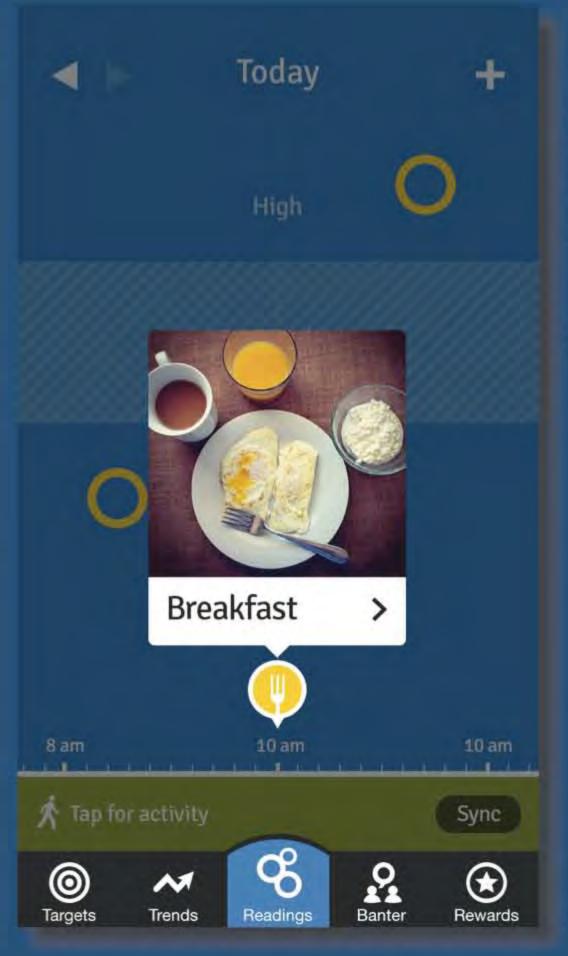


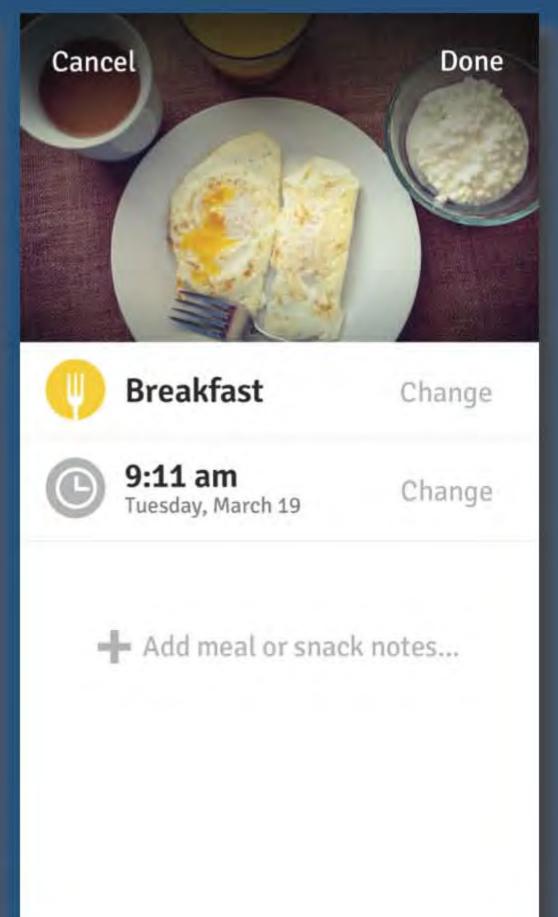


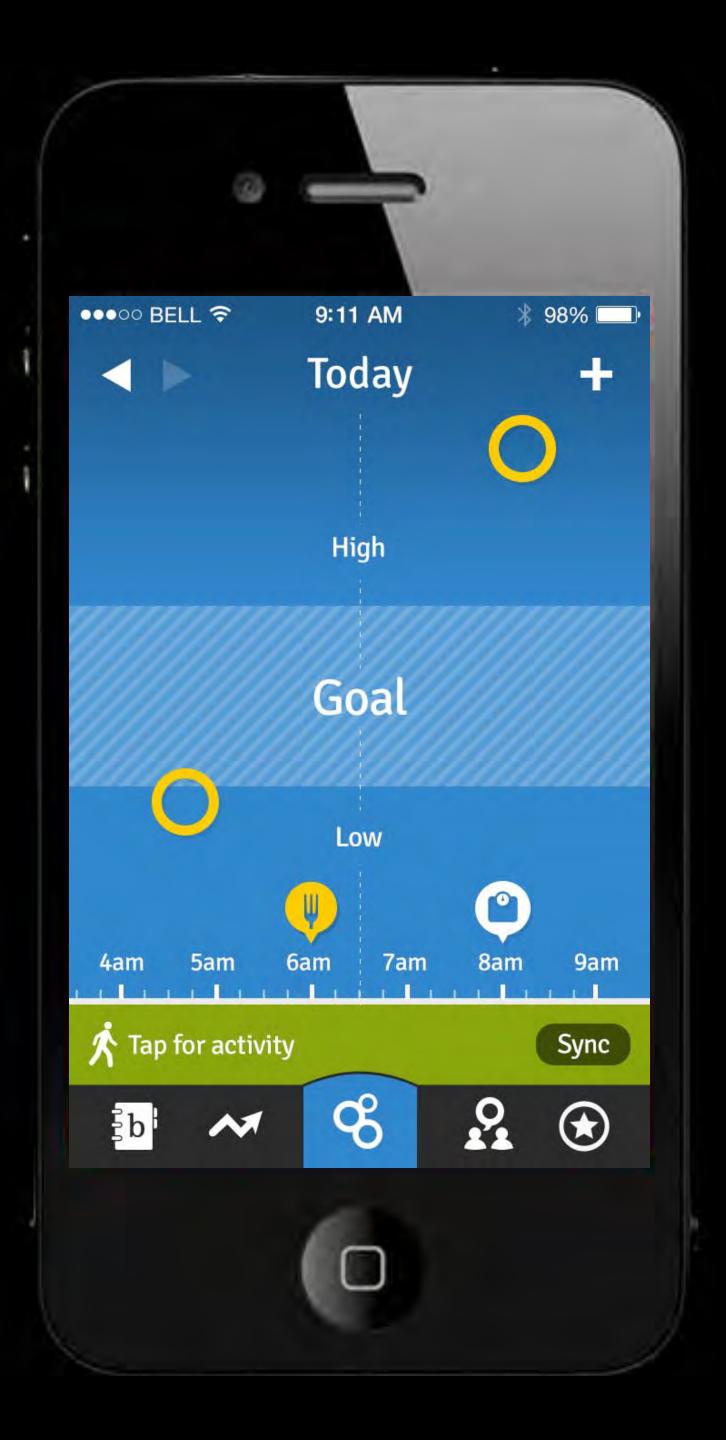
SELF-MANAGEMENT OF TYPE 2 DIABETES

- App customization through profile setup process
- Monitoring of blood glucose, steps, diet and weight
- Positive reinforcement
- Goal setting and planning
- Visualization of paired testing (pre and post prandial)
- Trends and analytics
- Information sharing
- Fast & discrete interactions

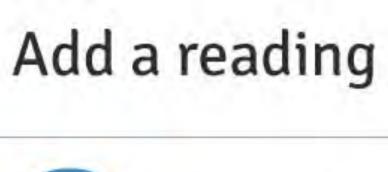








bant for type II diabetes







Blood Glucose



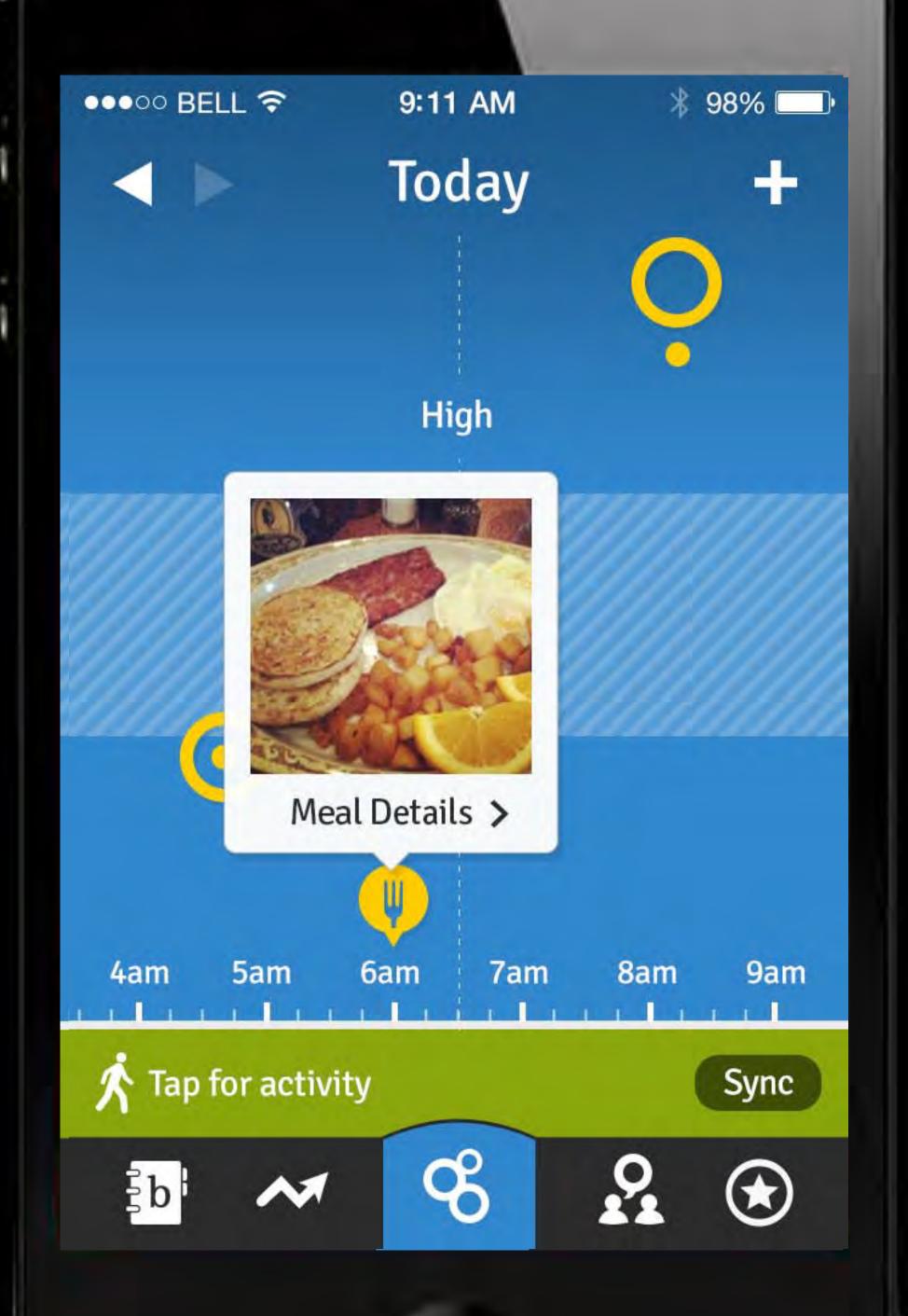
Meal or Snack



Sync Activity Monitor

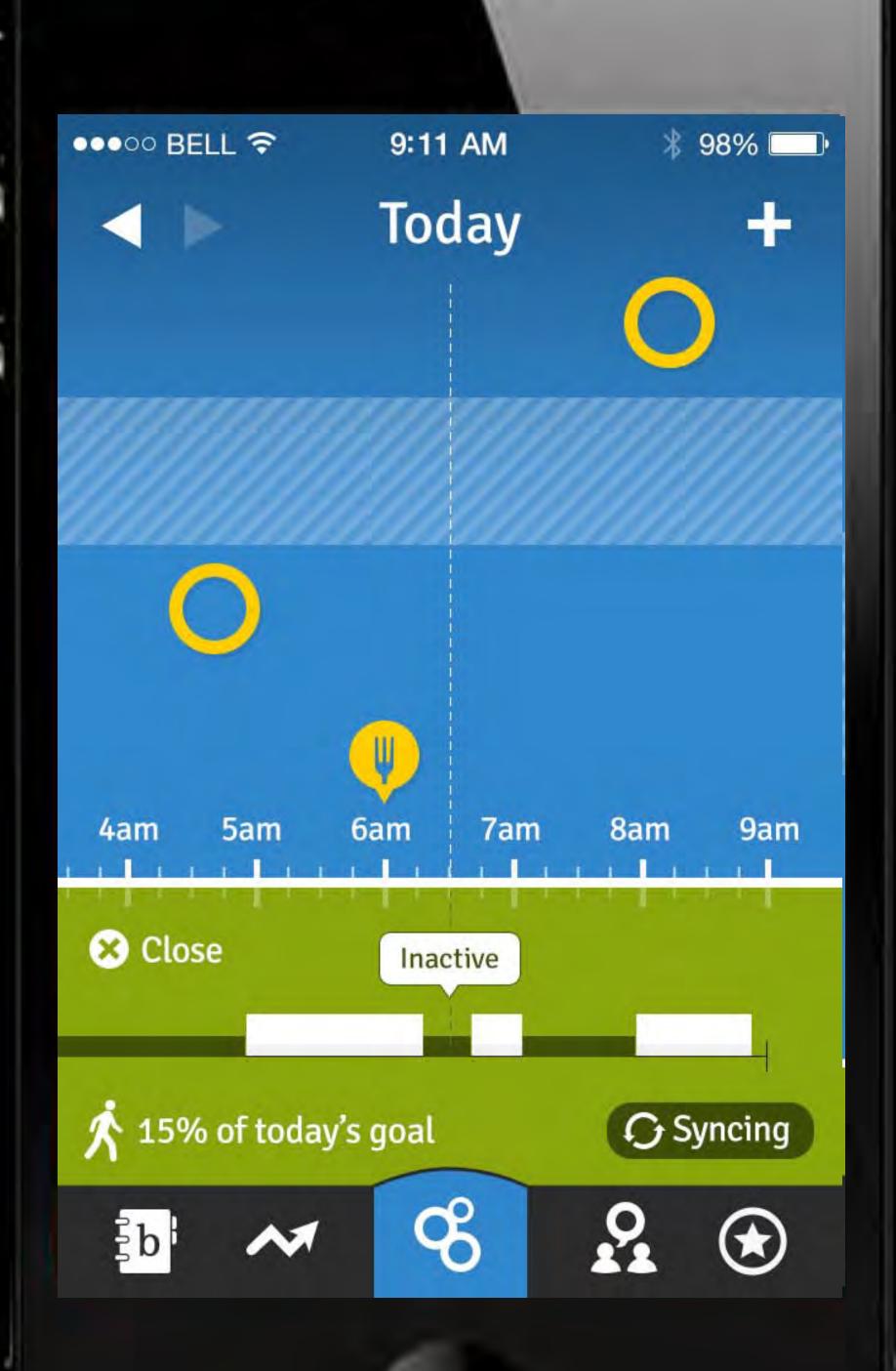


Weight

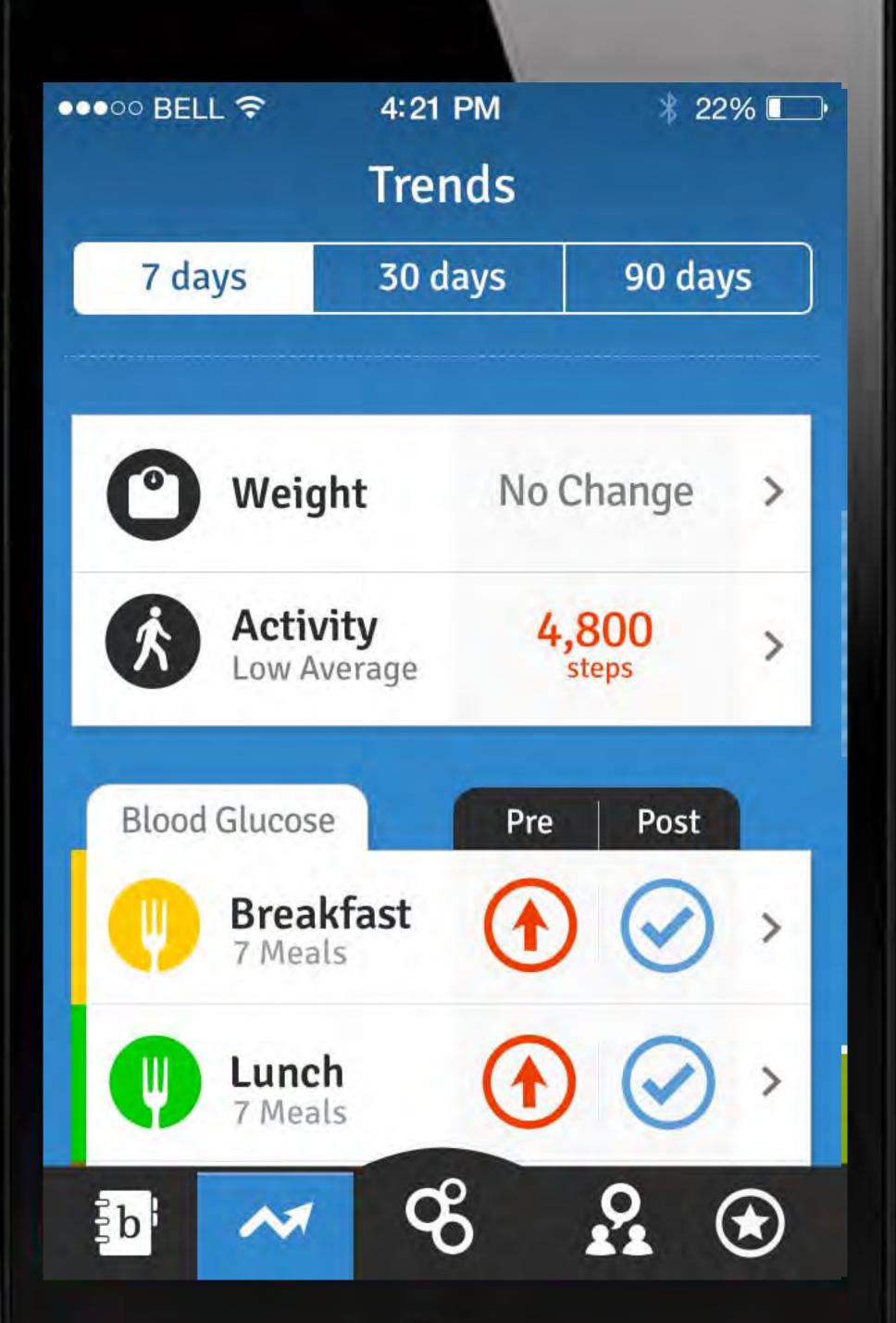


trackmeals VS BG





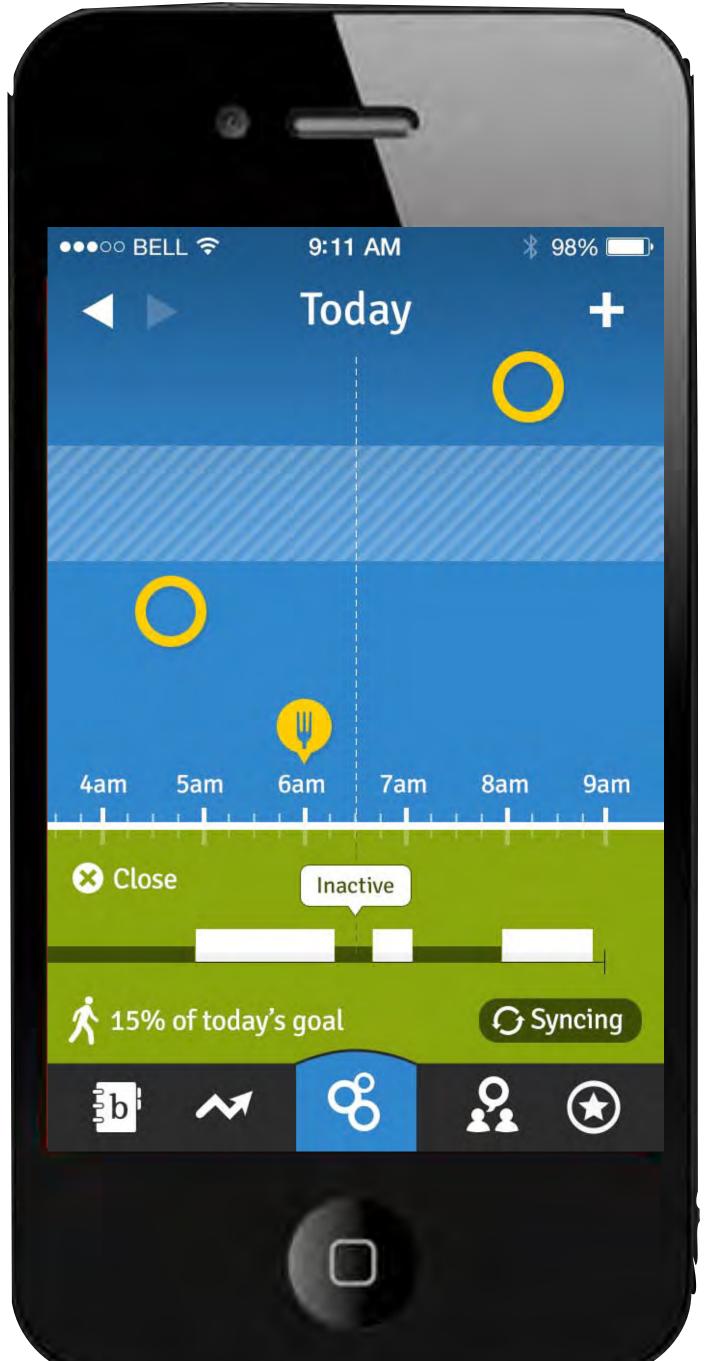
trackactivity vs BG

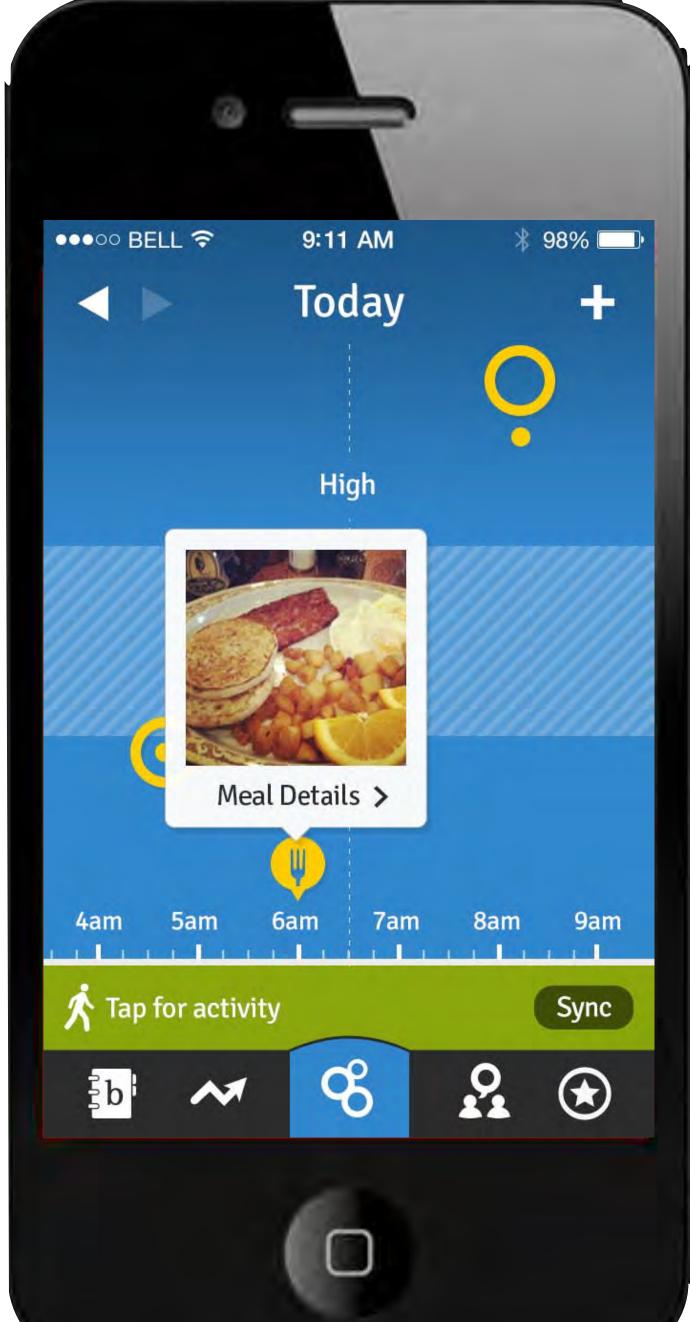


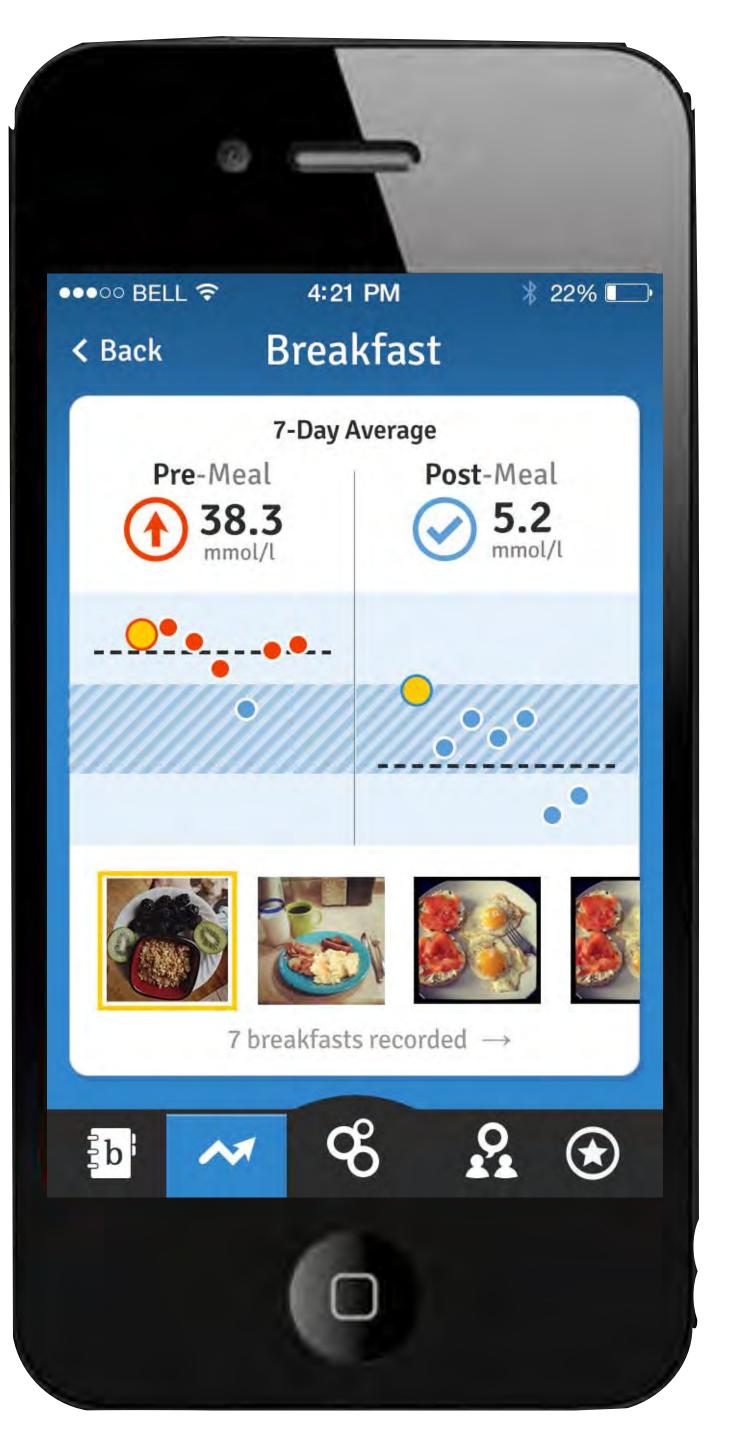
trends

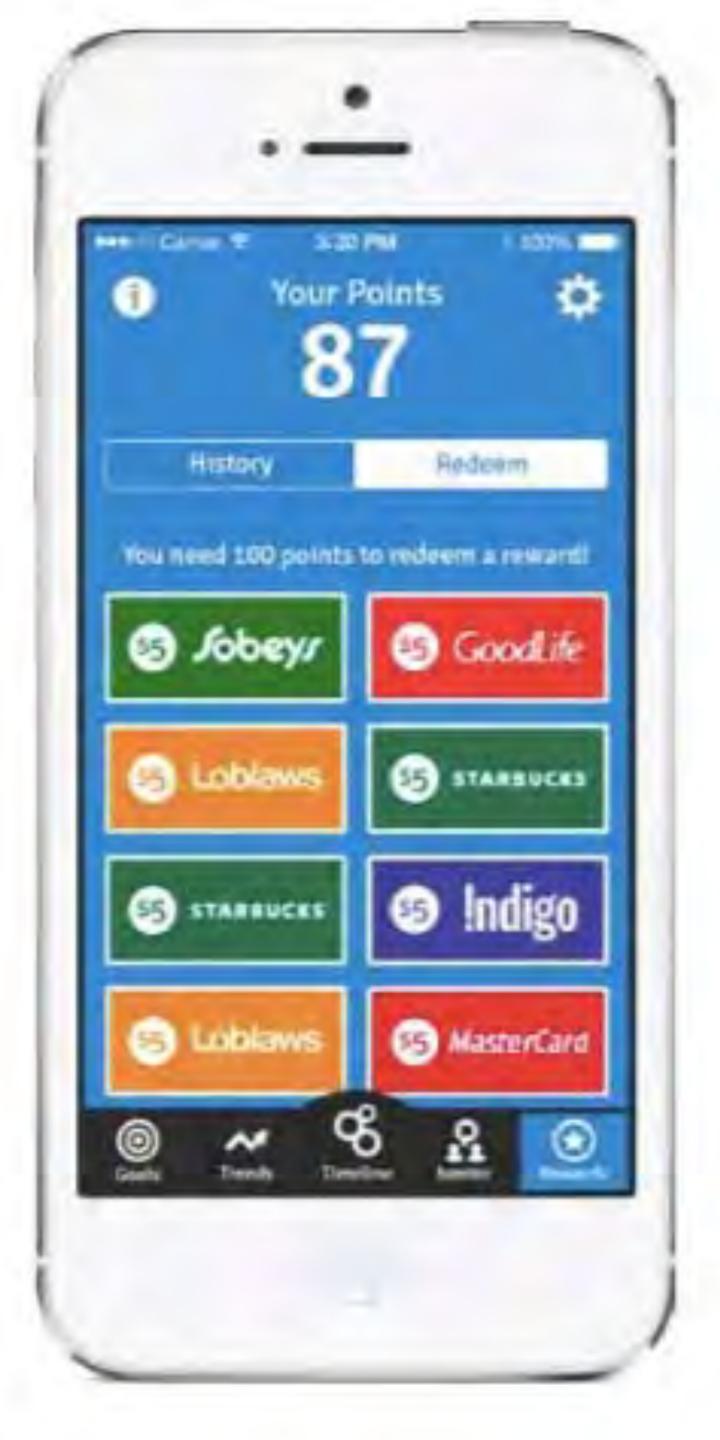


detailed analysis





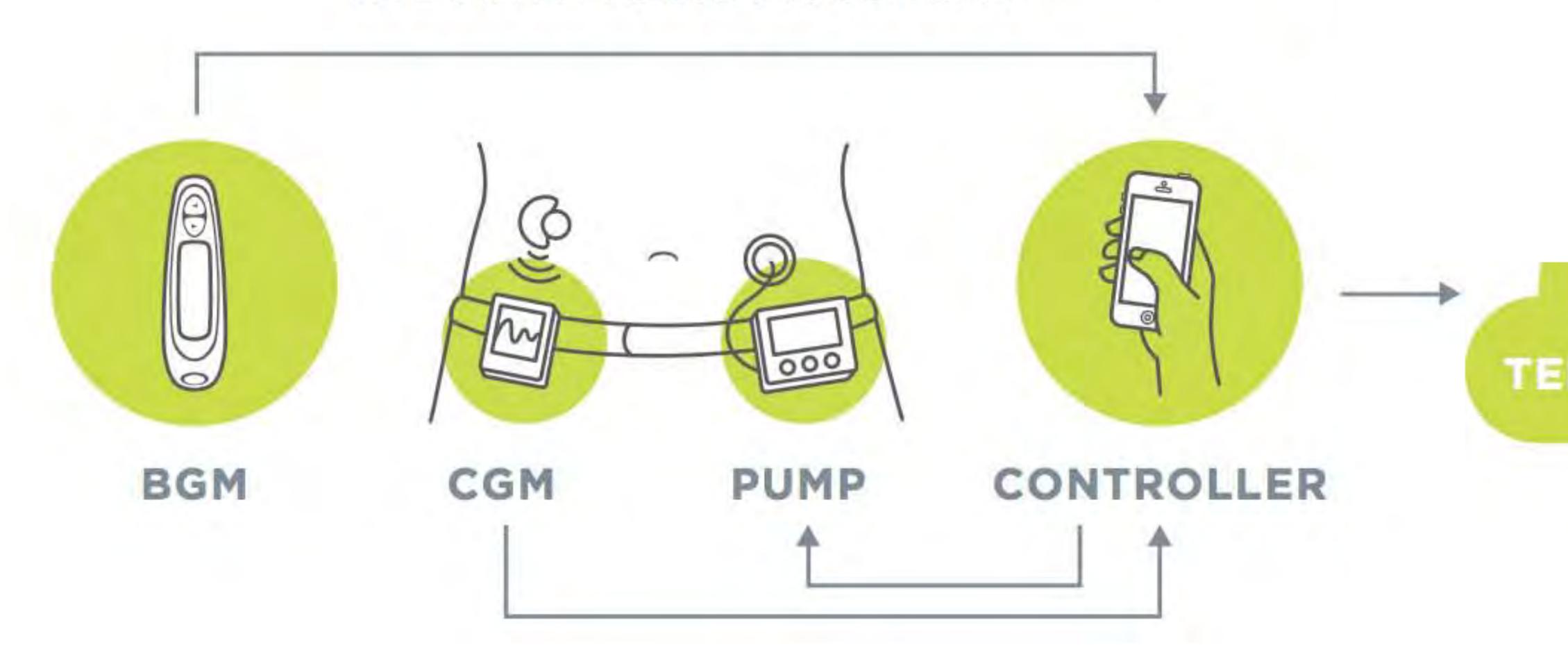




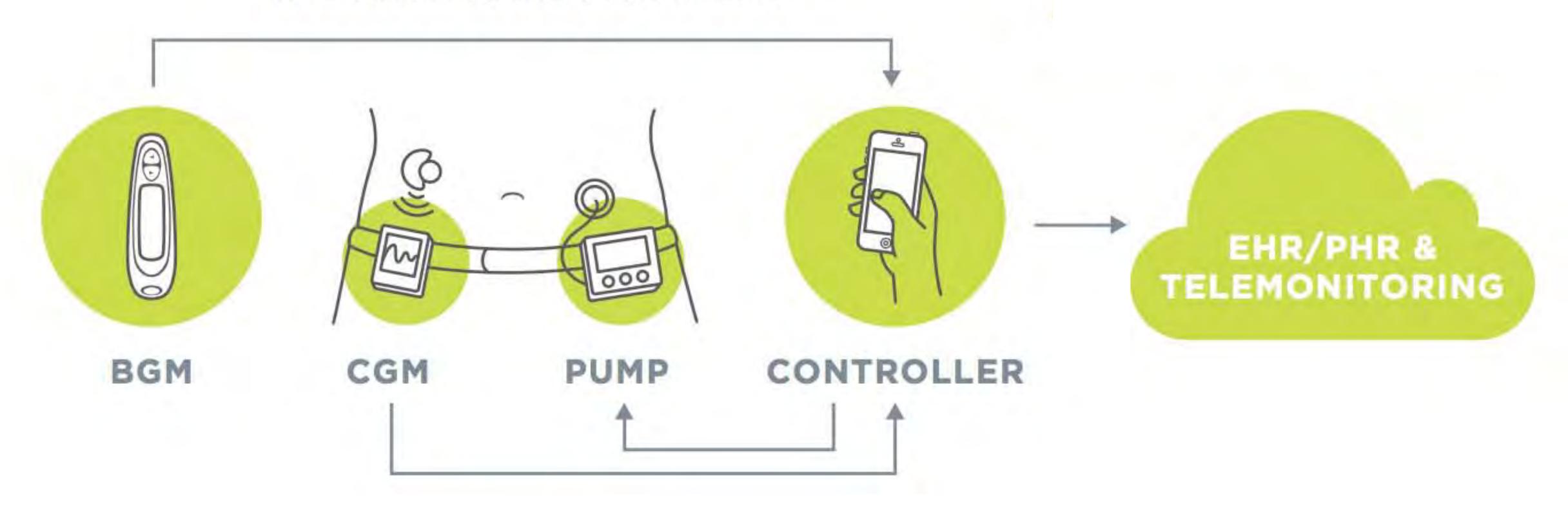
REWARDS

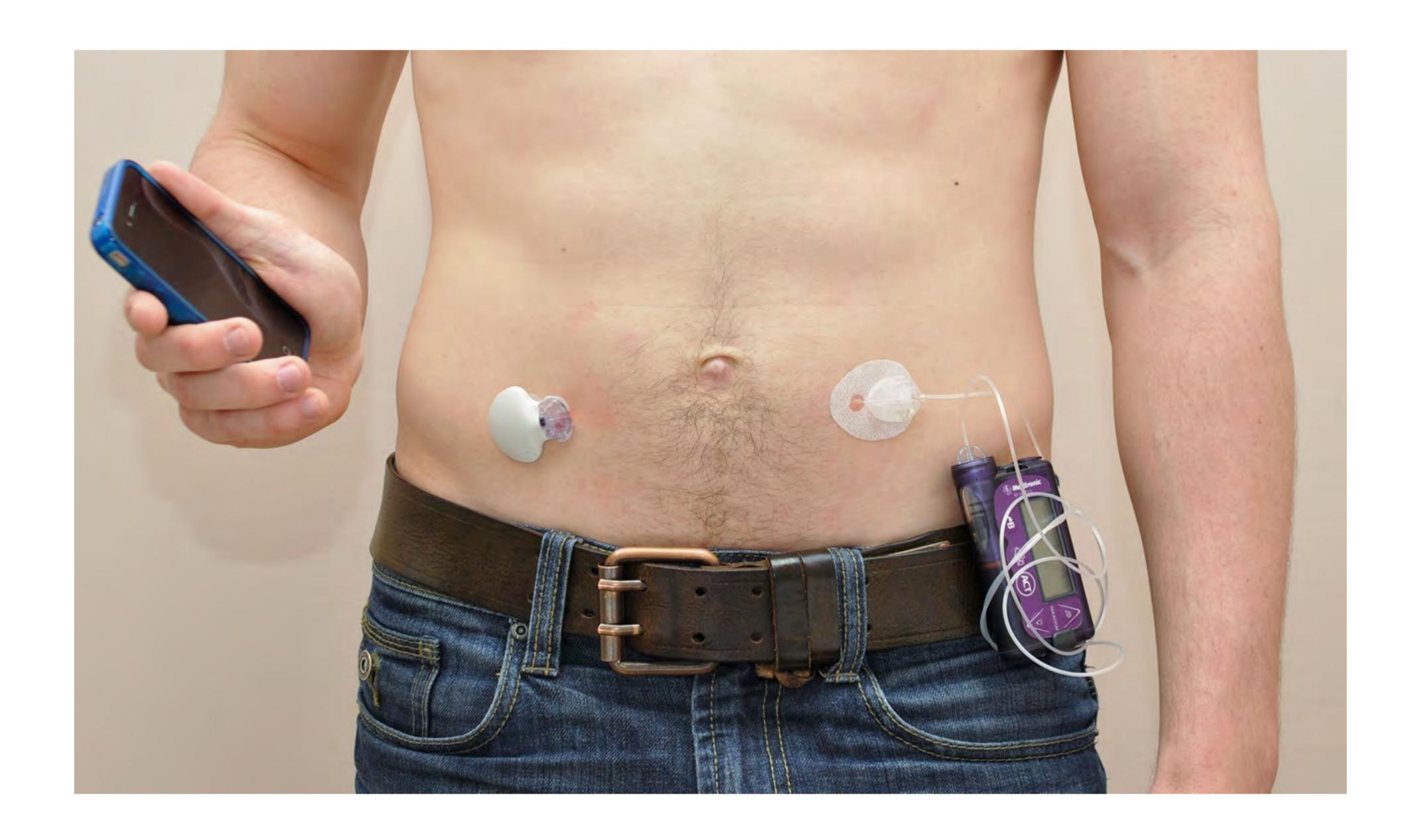
Collect points by engaging in positive behaviours, like taking your readings and achieving your goals, then redeem them for gift cards!

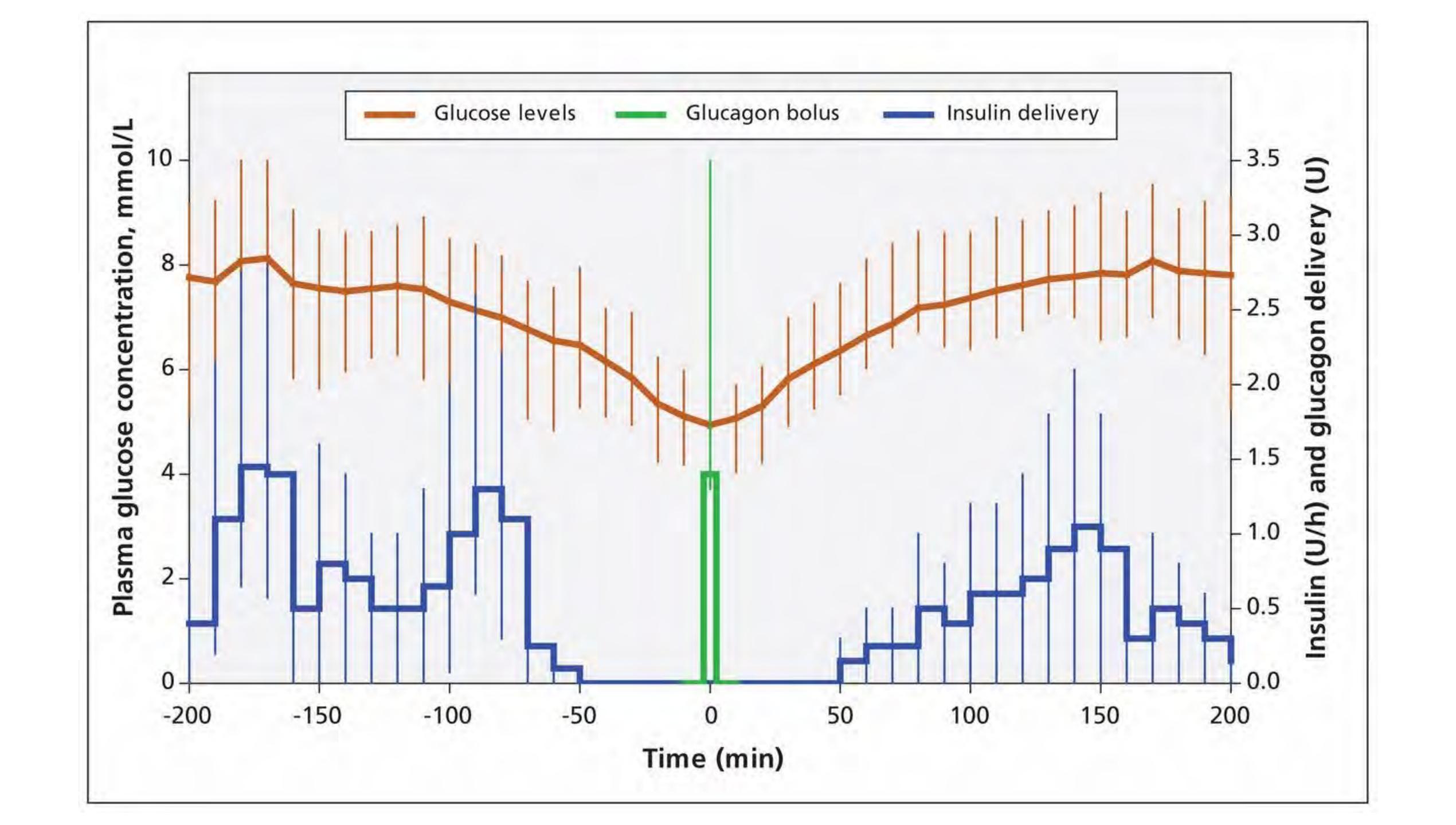
THE ARTIFICIAL PANCREAS



THE ARTIFICIAL PANCREAS









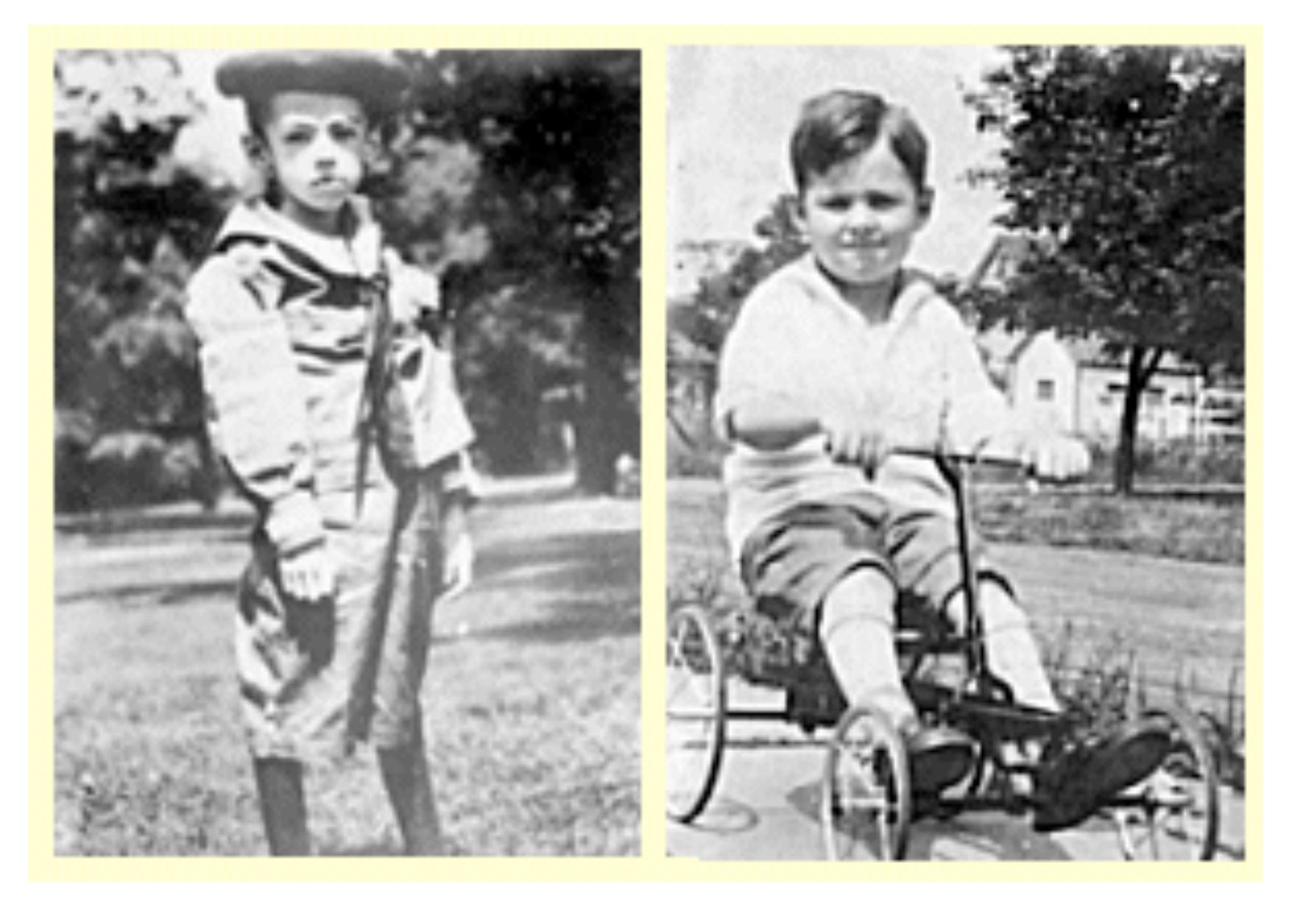
to the Dr who cures



BANTING



Teddy Ryder 1922



July 1922

July 1923

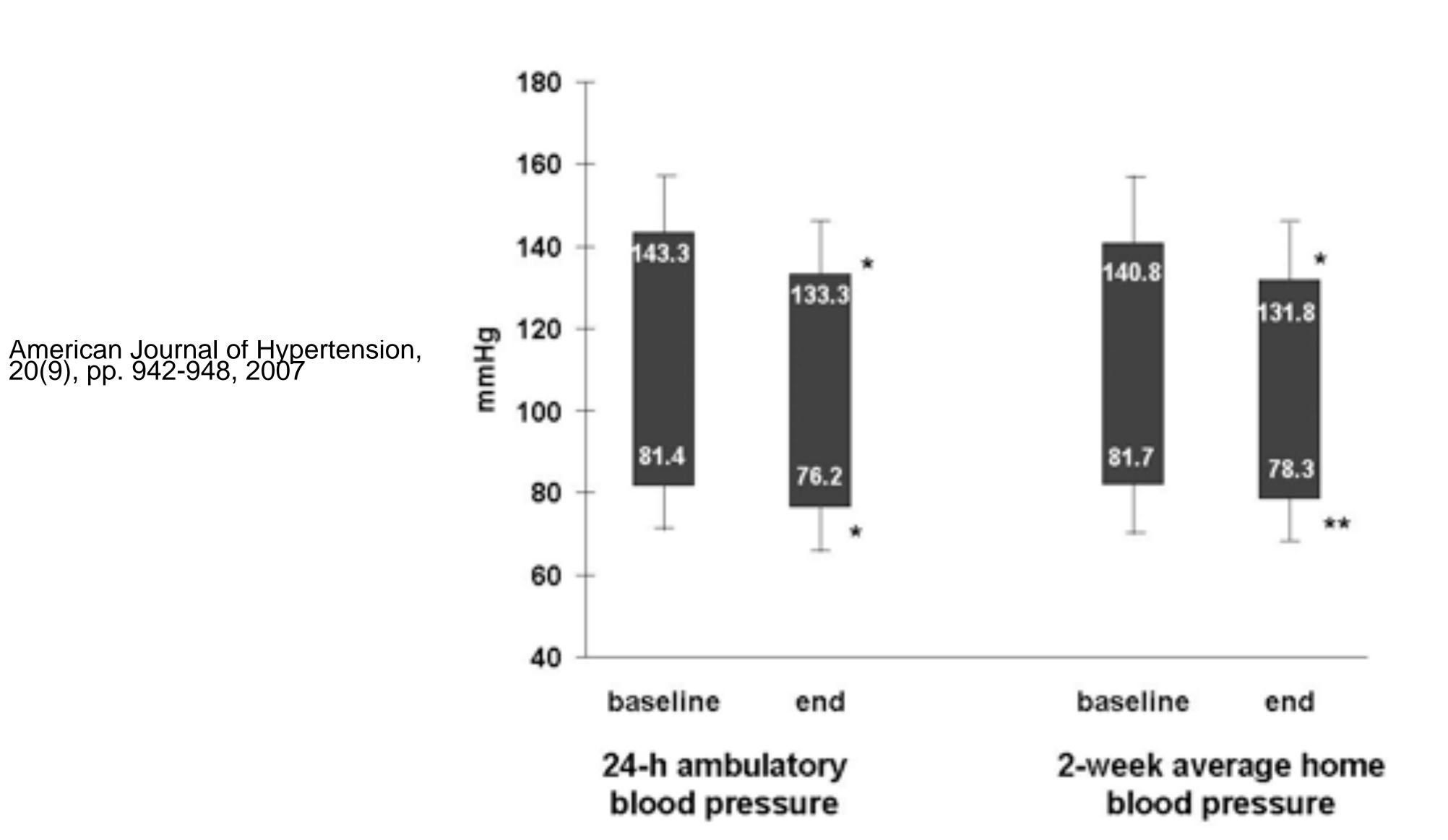




BLOODPRESSURE TRANSMITTED AUTOMATICALLY TO BLACKBERRY

Pilot Results

Diabetic Hypertension



Effect of Home Blood Pressure Telemonitoring With Self-Care Support on Uncontrolled Systolic Hypertension in Diabetics

Alexander G. Logan, M. Jane Irvine, Warren J. McIsaac, Andras Tisler, Peter G. Rossos, Anthony Easty, Denice S. Feig, Joseph A. Cafazzo

Abstract—Lowering blood pressure reduces cardiovascular risk, yet hypertension is poorly controlled in diabetic patients. In a pilot study we demonstrated that a home blood pressure telemonitoring system, which provided self-care messages on the smartphone of hypertensive diabetic patients immediately after each reading, improved blood pressure control. Messages were based on care paths defined by running averages of transmitted readings. The present study tests the system's effectiveness in a randomized, controlled trial in diabetic patients with uncontrolled systolic hypertension. Of 244 subjects screened for eligibility, 110 (45%) were randomly allocated to the intervention (n=55) or control (n=55) group, and 105 (95.5%) completed the 1-year outcome visit. In the intention-to-treat analysis, mean daytime ambulatory systolic blood pressure, the primary end point, decreased significantly only in the intervention group by 9.1±15.6 mmHg (SD; P<0.0001), and the mean between-group difference was 7.1±2.3 mmHg (SE; P<0.005). Furthermore, 51% of intervention subjects achieved the guideline recommended target of <130/80 mmHg compared with 31% of control subjects (P<0.05). These improvements were obtained without the use of more or different antihypertensive medications or additional clinic visits to physicians. Providing self-care support did not affect anxiety but worsened depression on the Hospital Anxiety and Depression Scale (baseline, 4.1 ± 3.76 ; exit, 5.2 ± 4.30 ; P=0.014). This study demonstrated that home blood pressure telemonitoring combined with automated self-care support reduced the blood pressure of diabetic patients with uncontrolled systolic hypertension and improved hypertension control. Home blood pressure monitoring alone had no effect on blood pressure. Promoting patient self-care may have negative psychological effects. (Hypertension. 2012;60:00.)

bland procesure ■ bypertension ■ diabetes mellitus ■ blood pressure ■ self-care ■ depression











NO CHANGE







- 9.1 mmHg systolic - 4.6 mmHg diastolic

NO ADDITIONAL MEDS NO ADDITIONAL VISITS

SELF AWARENESS MED ADHERENCE

Mobile Phone-Based Telemonitoring for Heart Failure Management: A Randomized Controlled Trial

Emily Seto^{1,2}, PhD, PEng; Kevin J Leonard^{1,2}, PhD, MBA; Joseph A Cafazzo^{1,2,3}, PhD, PEng; Jan Barnsley², PhD; Caterina Masino¹, MA; Heather J Ross^{4,5}, MD, MHSc, FRCPC

¹Centre for Global eHealth Innovation, University Health Network, Toronto, ON, Canada ²Department of Health Policy, Management and Evaluation, University of Toronto, Toronto, ON, Canada ³Institute of Biomaterials and Biomedical Engineering, University of Toronto, Toronto, ON, Canada

⁴Department of Medicine, University of Toronto, Toronto, ON, Canada ⁵Divisions of Cardiology and Transplant, University Health Network, Toronto, ON, Canada

Corresponding Author:

Emily Seto, PhD, PEng

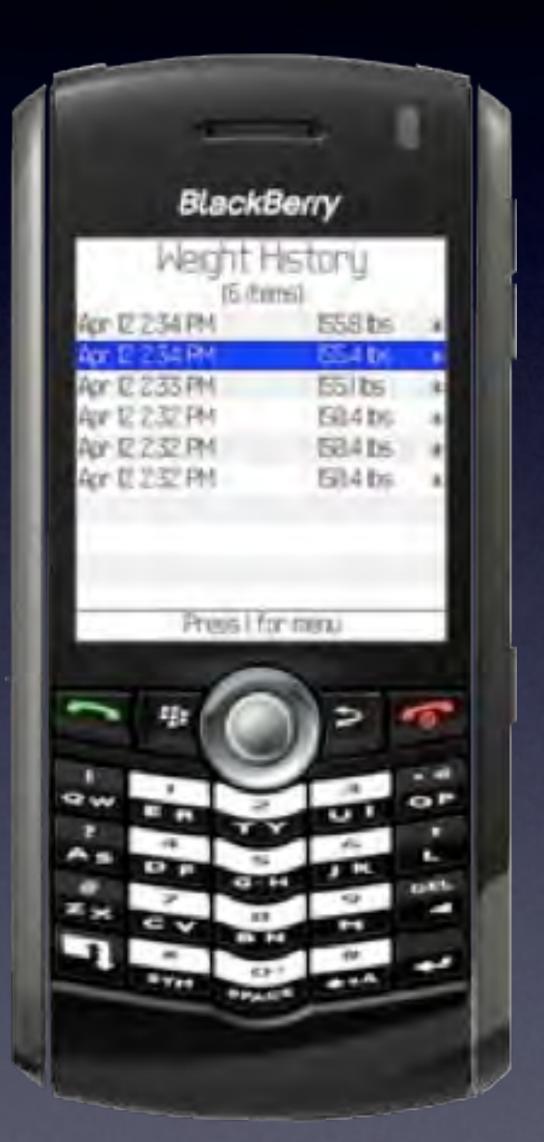
Centre for Global eHealth Innovation University Health Network TGH/RFE Bldg, 4th Fl. 190 Elizabeth St. Toronto, ON, M5G 2C4 Phone: 1 416 340 4800 ext 6409 Canada

416 340 3595

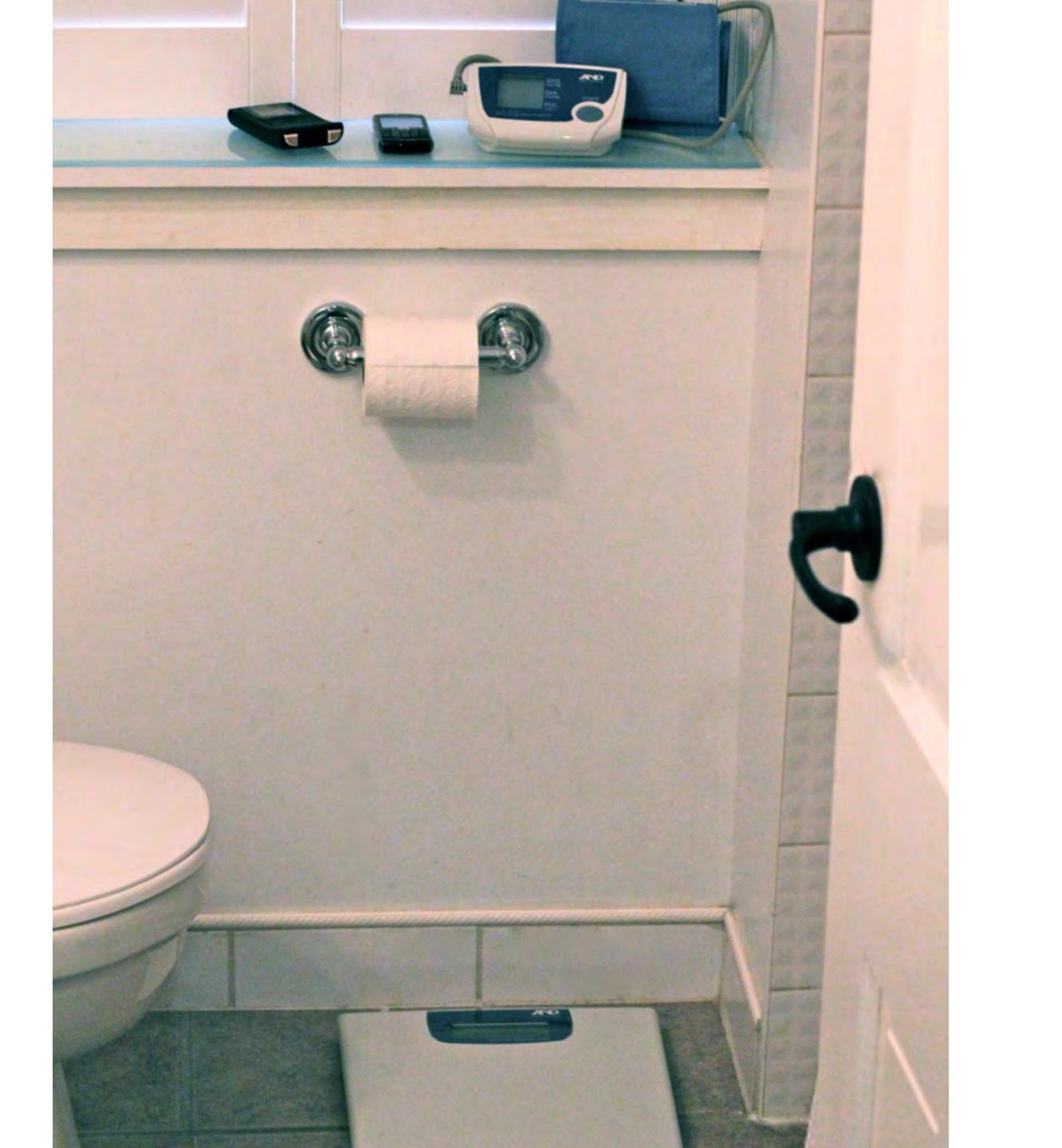


Congestive Heart Failure Client





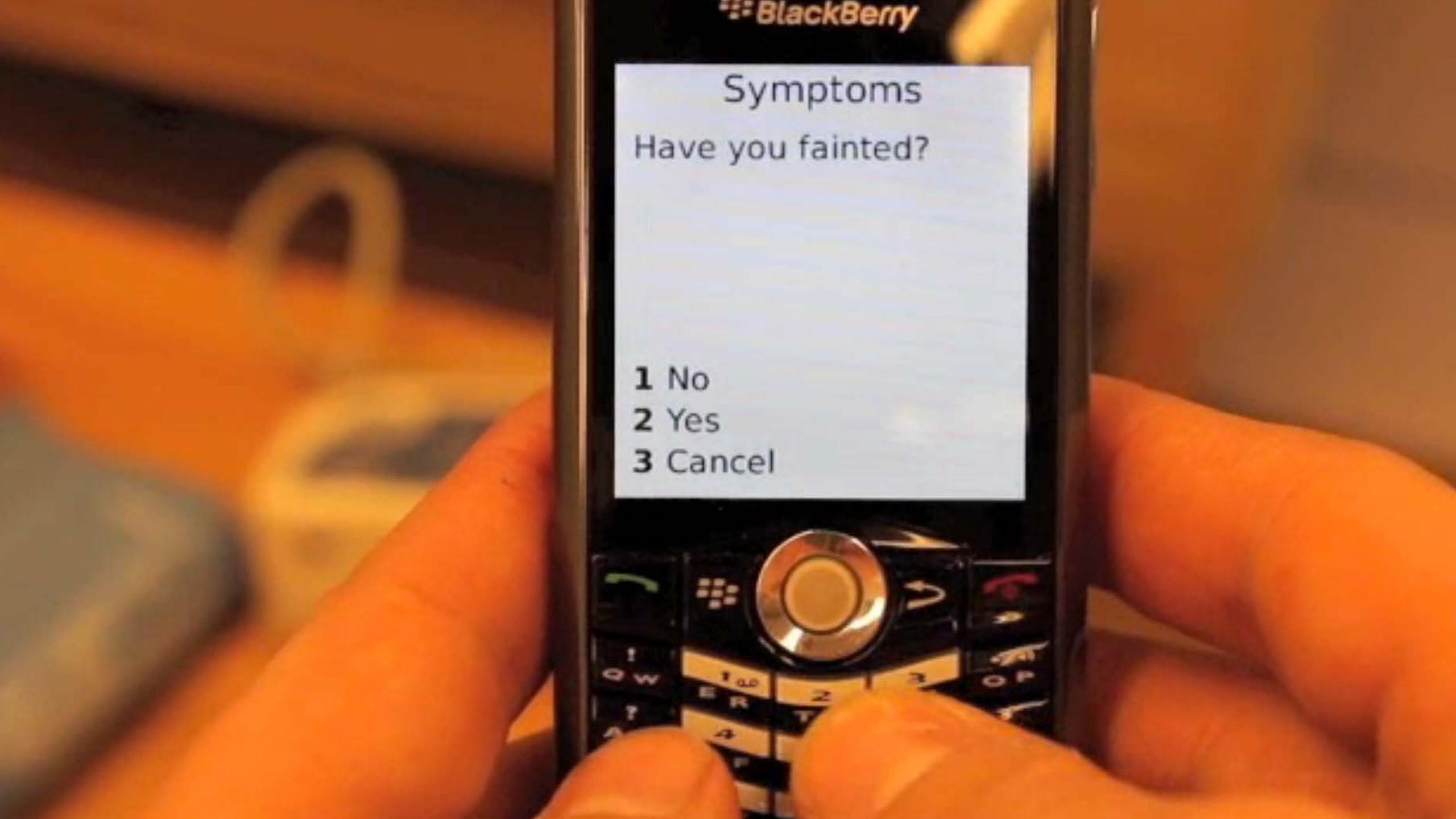


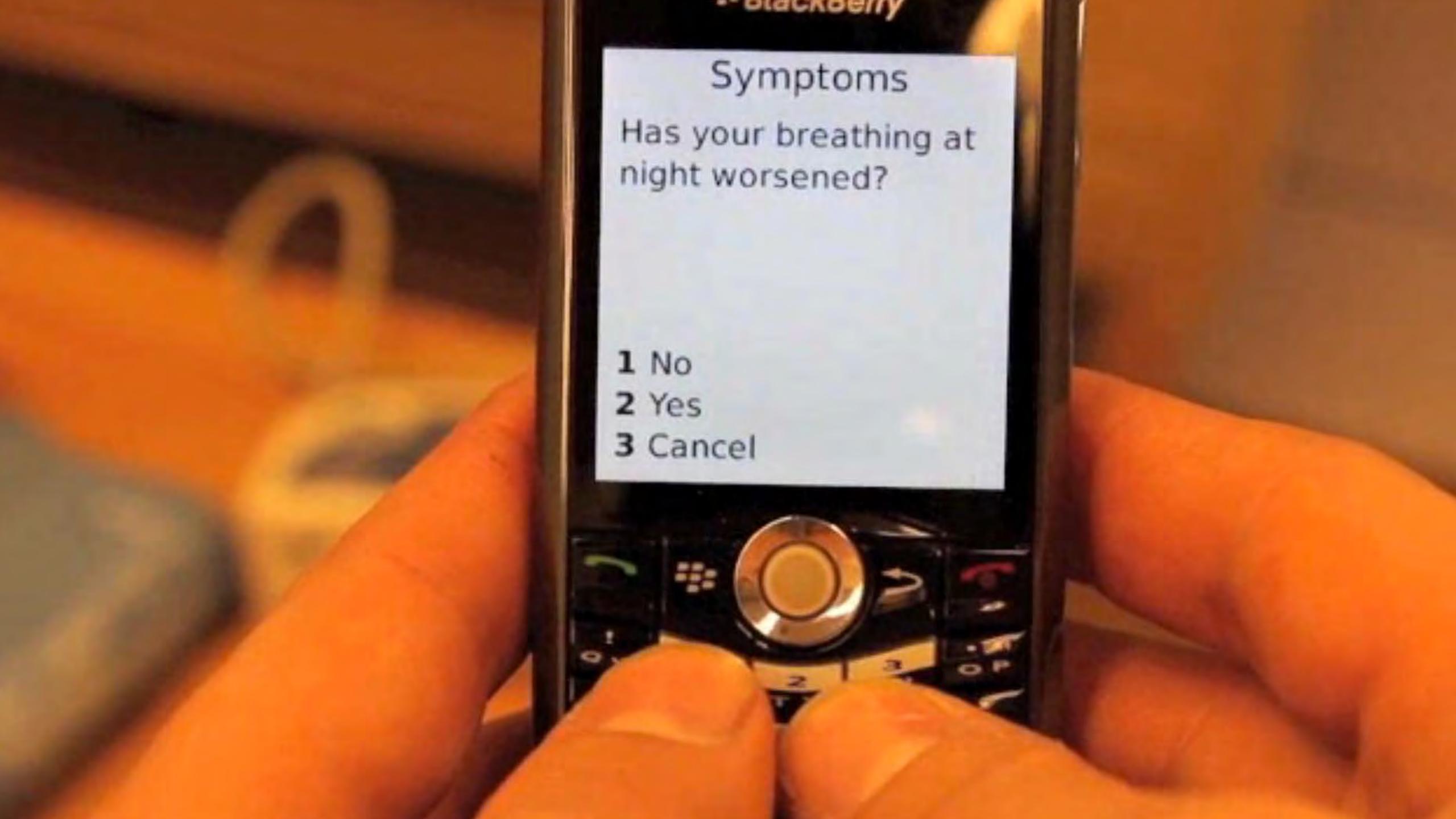


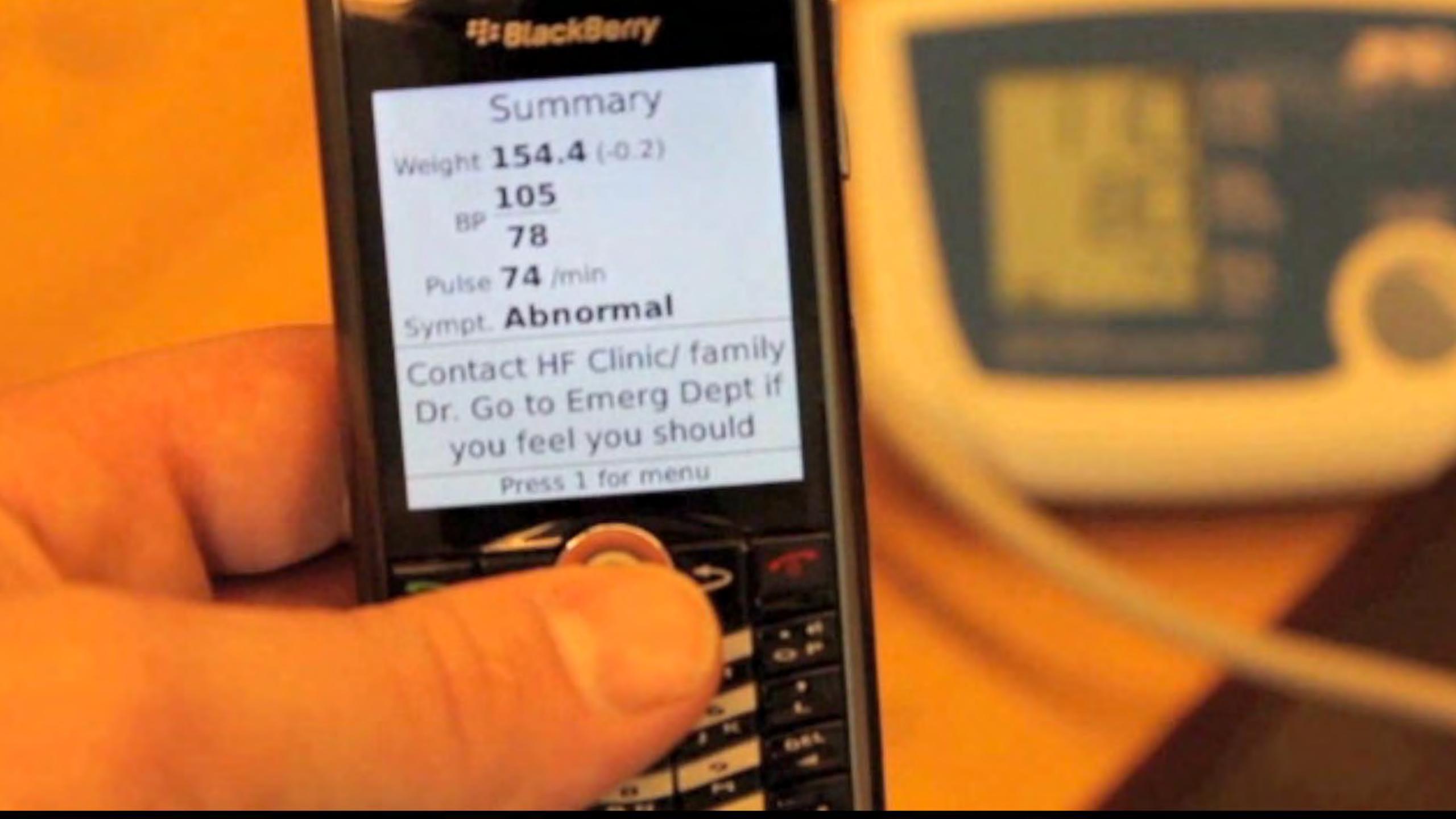


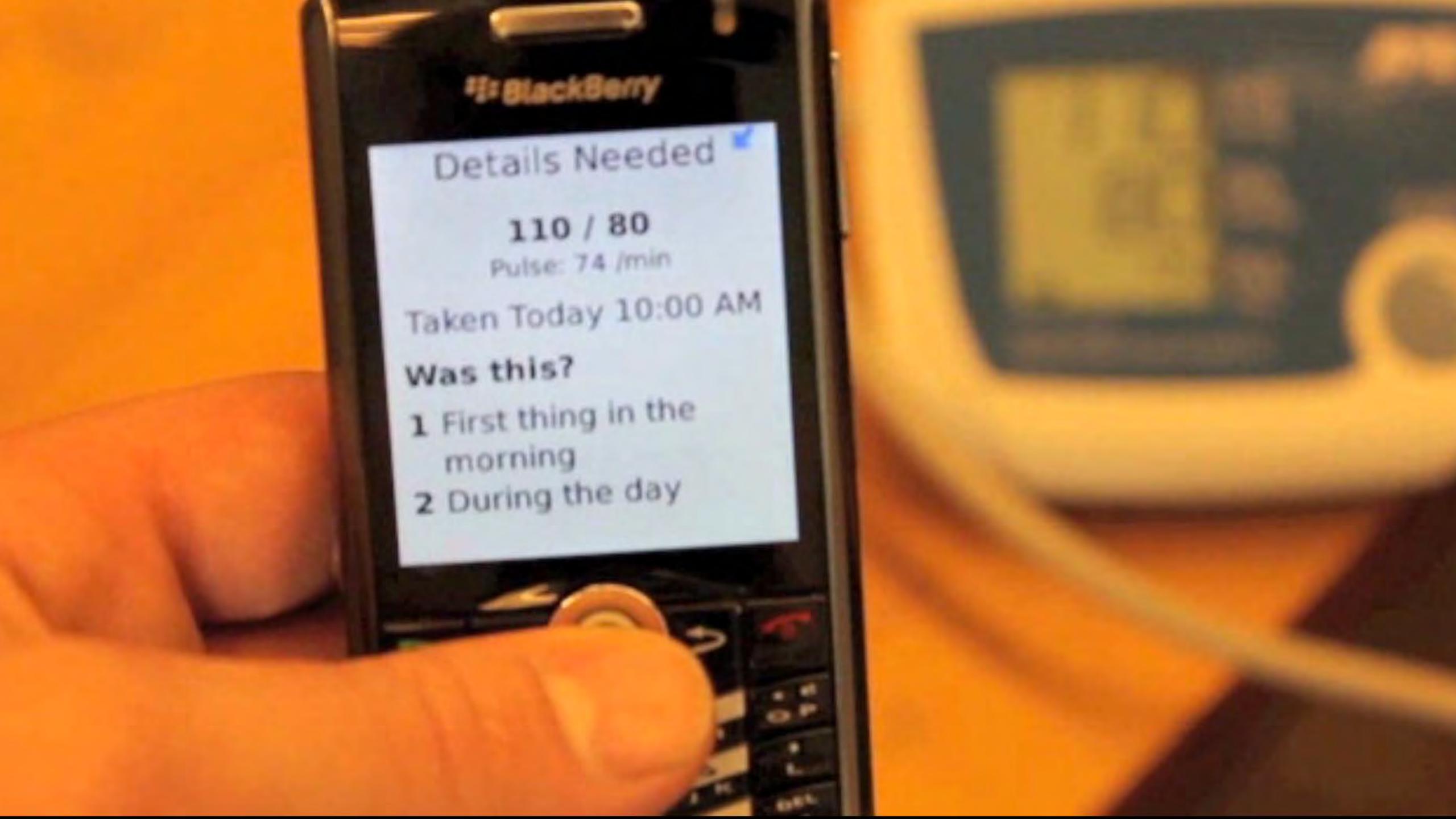
















Heart Failure Patient

Study Participant

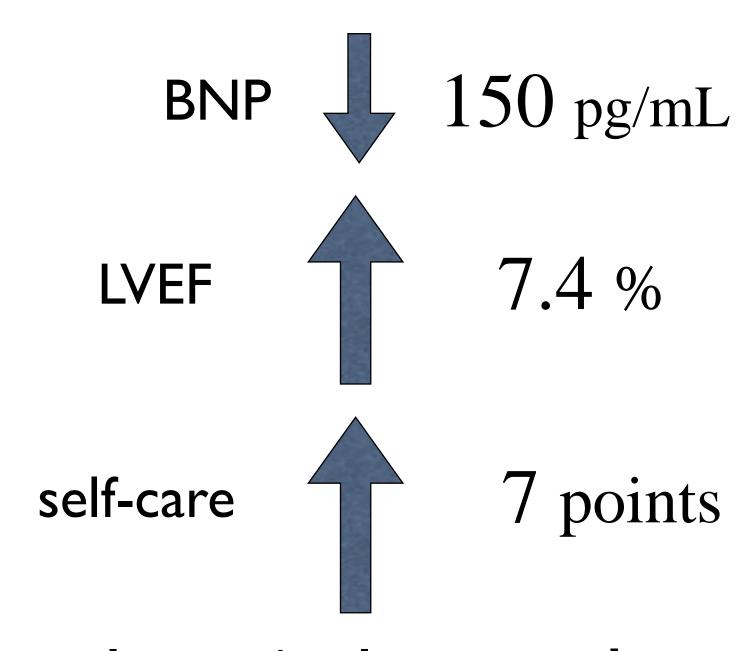


RCT Study design

- N = 100
- duration 6 months
- daily measurements before 10 am reminder call
- alert algorithm messages direct to cardiologist
- control group usual care

RCT Results

Congestive Heart Failure



no change in the control group





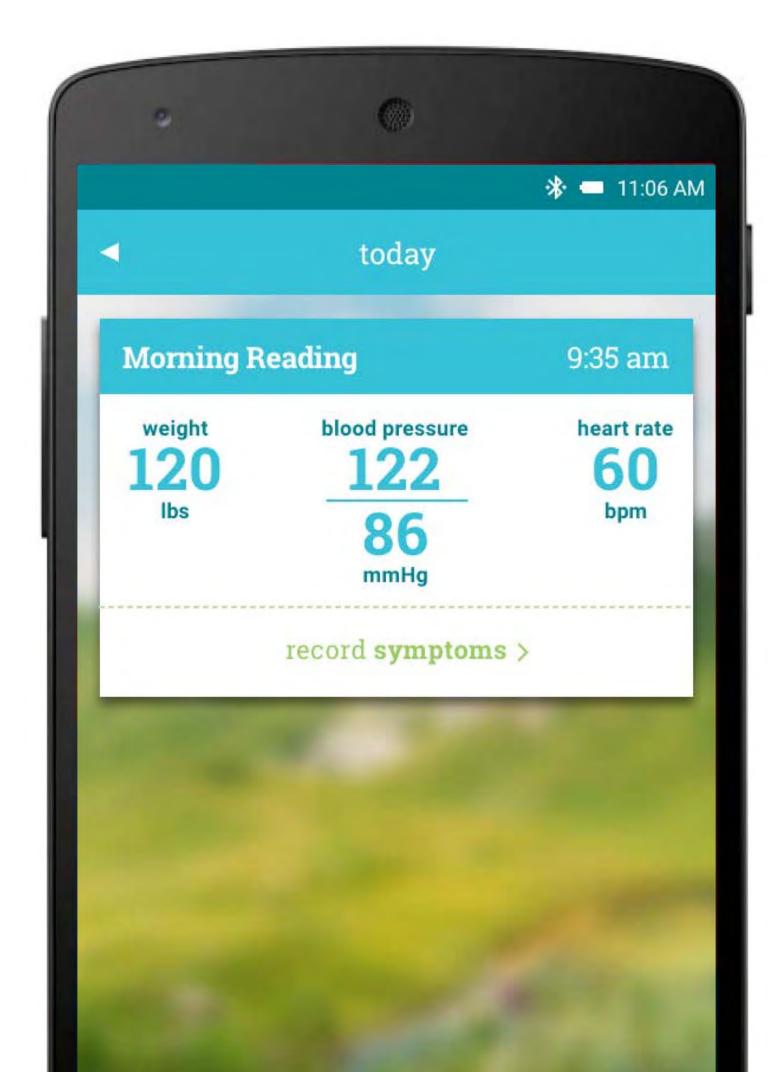


The Medly Kit

- Patients record their symptoms and vital signs with a Bluetooth-enabled blood pressure cuff and weight scale
- Data transfers wirelessly with no manual input
- Medly transfers patient readings to the clinic and generates alerts

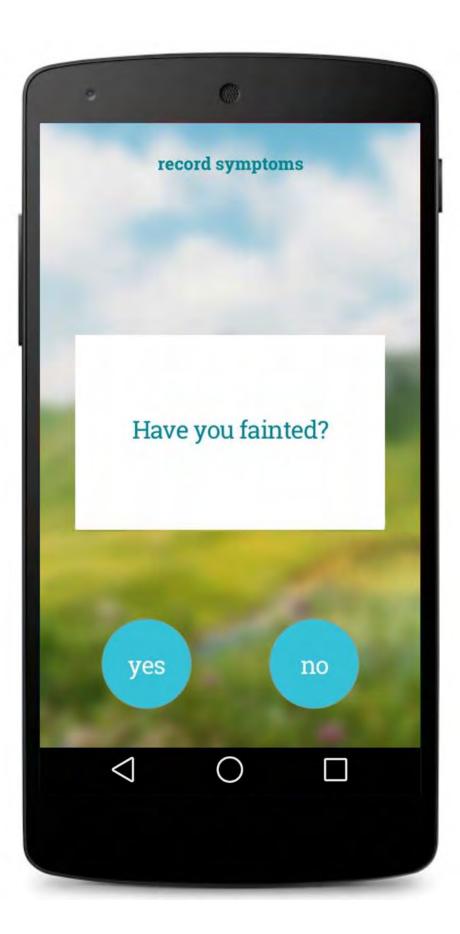
HOME PAGE

Shows your vital signs and symptoms. At a glance, you can see how you are doing.



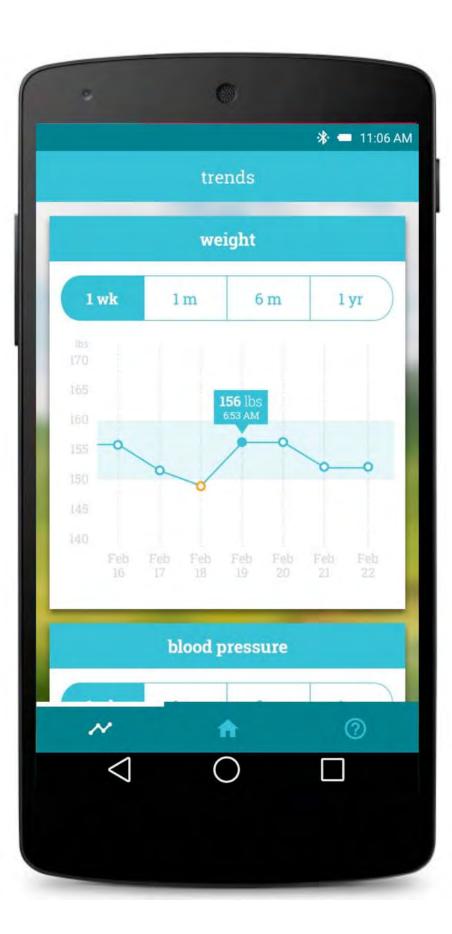
SYMPTOMS

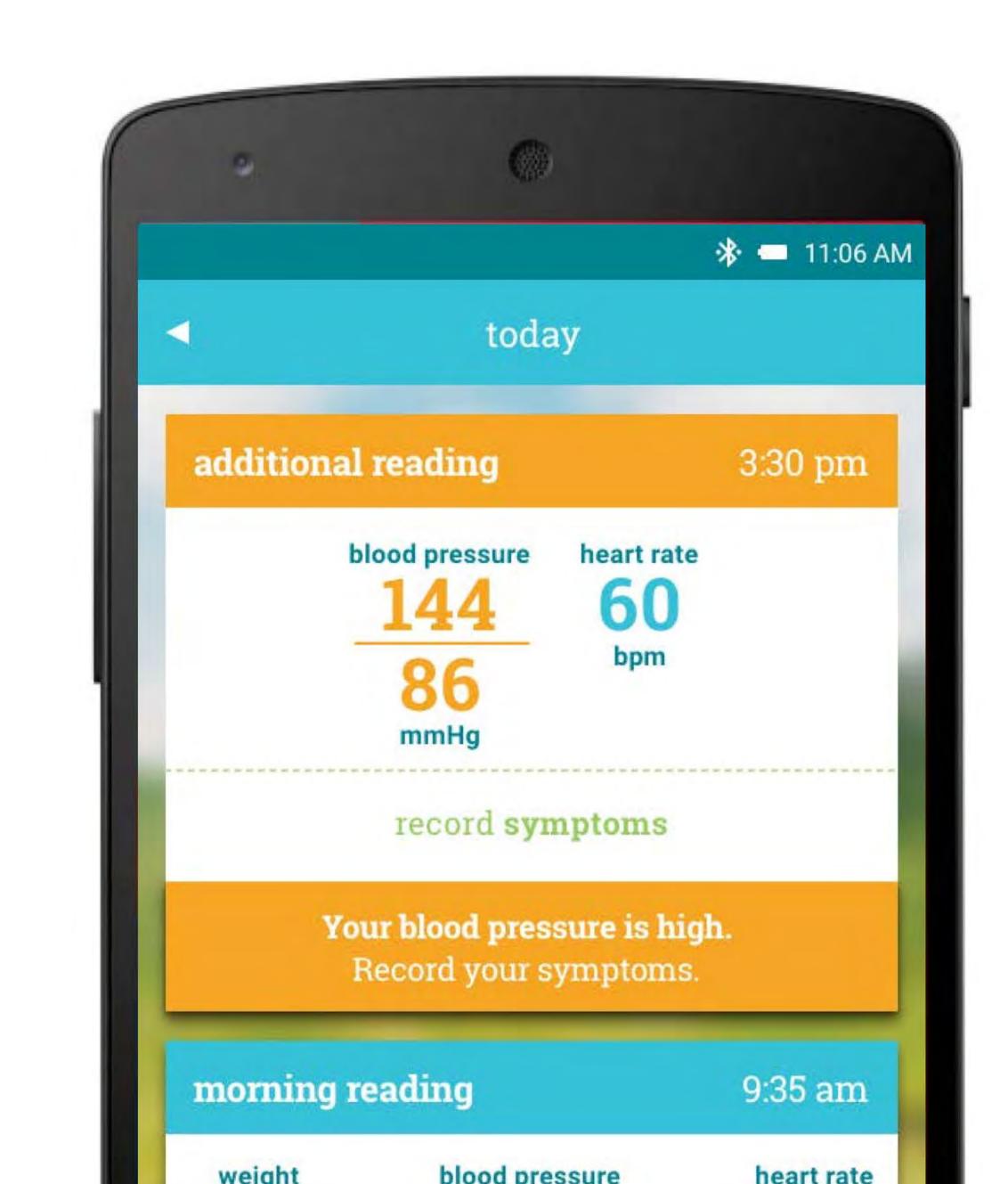
Symptoms survey for self-monitoring.



TRENDS

Graphs readings to highlight trends and patterns.







RCT Results - Summary

Diabetes During Pregnancy

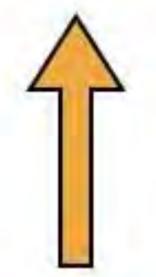
Change in TM group versus controls

blood glucose



in T2DM only

more readings



in GDM & T2DM

30 DAYS

Risk assessment app for cardiovascular disease.













70,000 downloads 15,000 > 2 weeks 6,000 all 30 days



#1 downloader:

young women



most frequent user: older woman



used the longest: older men

30 Days

To a Healthier Heart





To a Healthier Heart

Sours

Vers un cœur en santé

1/15

Do you feel any of these issues are affecting your personal health?

Tap all that apply to you

Weight

Stress



PICK A CHALLENGE



PHYSICAL ACTIVITY -

1 x 1

Get up at least once an hour, every hour.

To a Healthier Heart

Vers un cœur en santé

1/15

Do you feel any of these issues are affecting your personal health?

Tap all that apply to you

Weight

Stress

Alcohol

Smoking

Unhealthy Diet

Physical Activity

None of the above



BADGE ACHIEVED!

HEALTHY LIVING PROMOTER

You are a Healthy Living
Promoter! You have completed 5
challenges since the beginning
of your <30 Days journey.

Share with Your Friends?





PICK A CHALLENGE



PHYSICAL ACTIVITY

1 x 1

Get up at least once an hour, every hour.

Why?

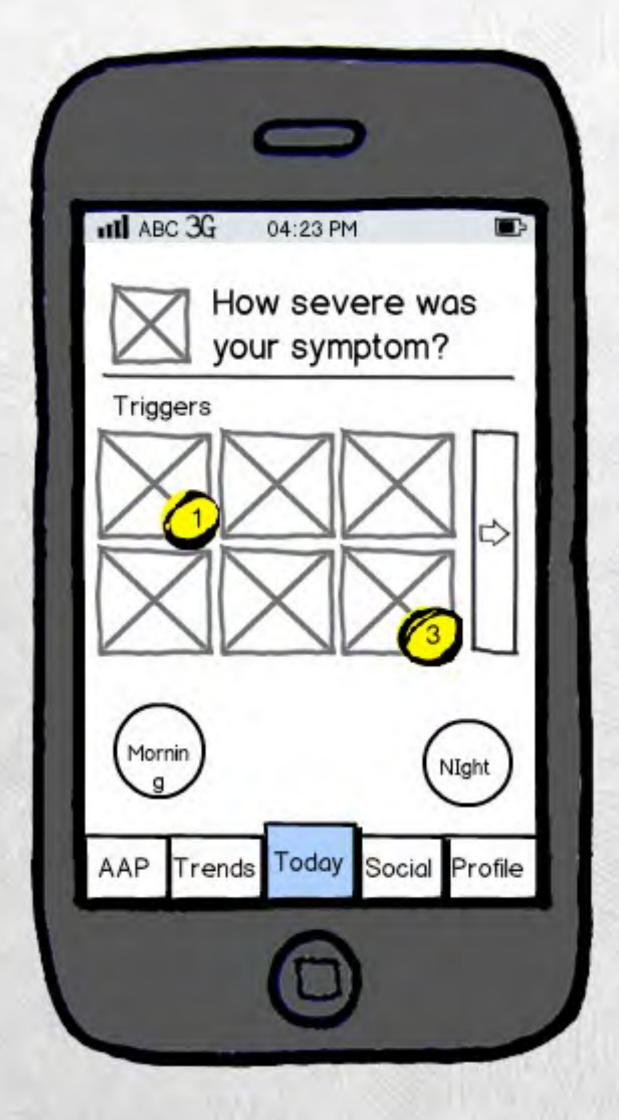
Moving a little can help with your circulation.

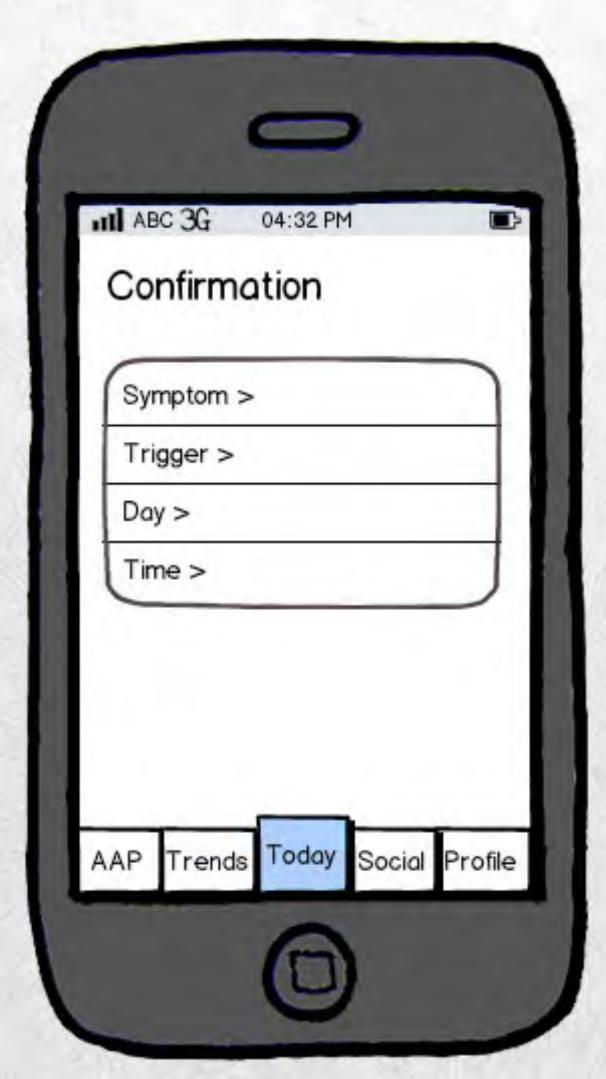
Continue

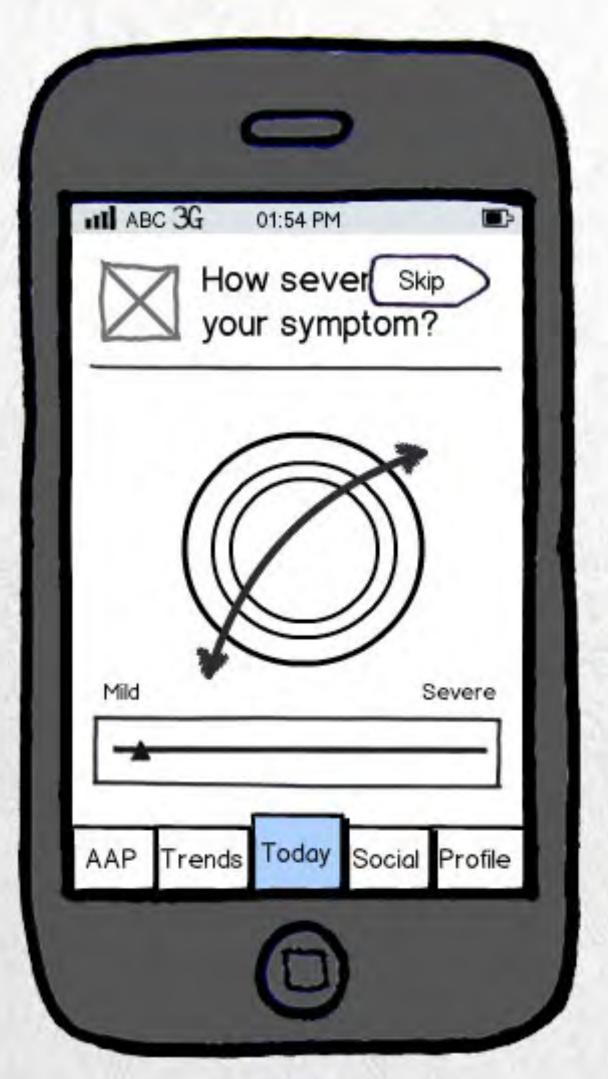
Accept This Challenge



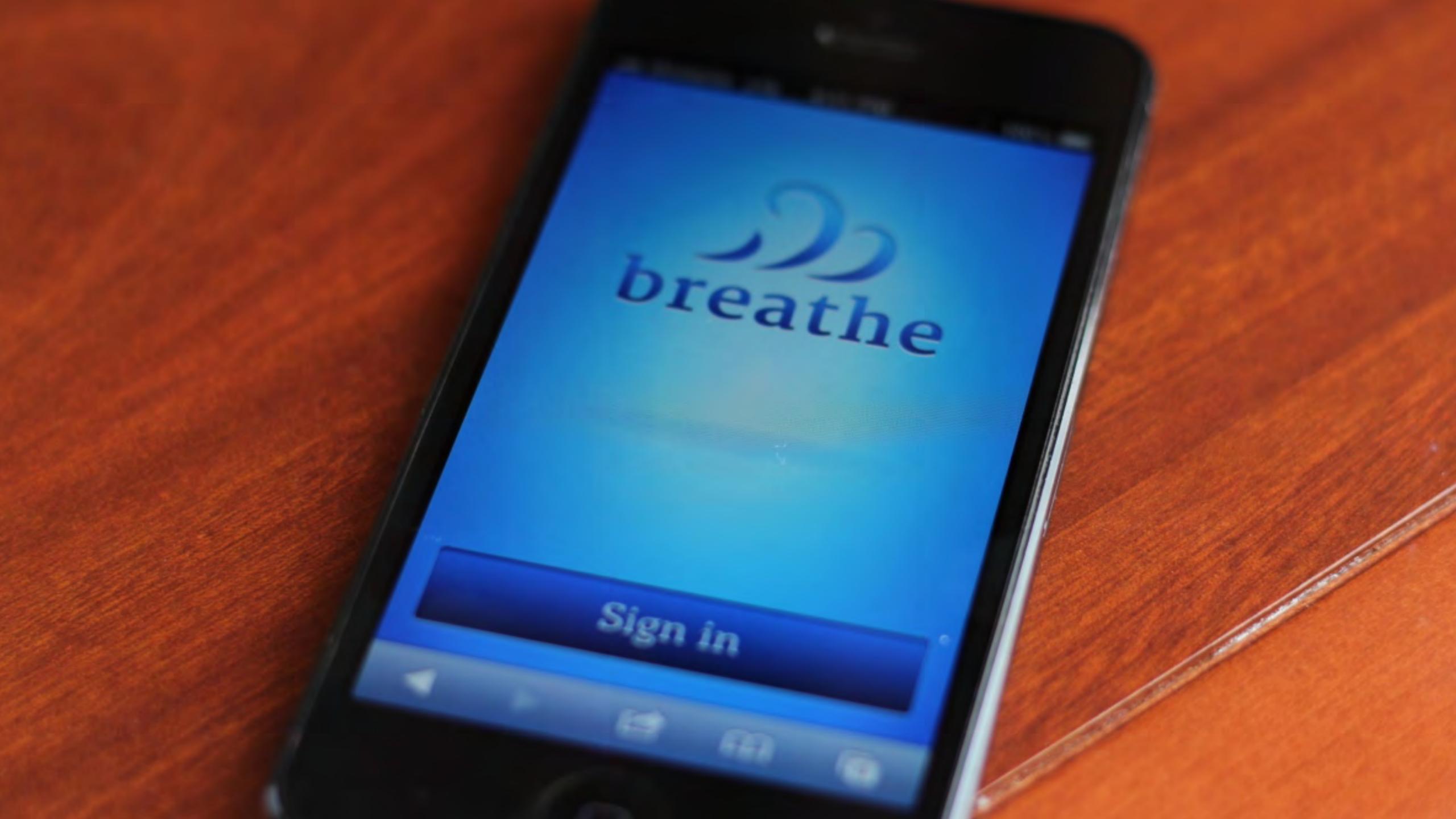
ORDERUHNOS BREATHE ESCAPE Breathe breathe breathe breathe REATHE breathe OPENERS breathe BREATHE PREATHE breathe spreathe











breathe



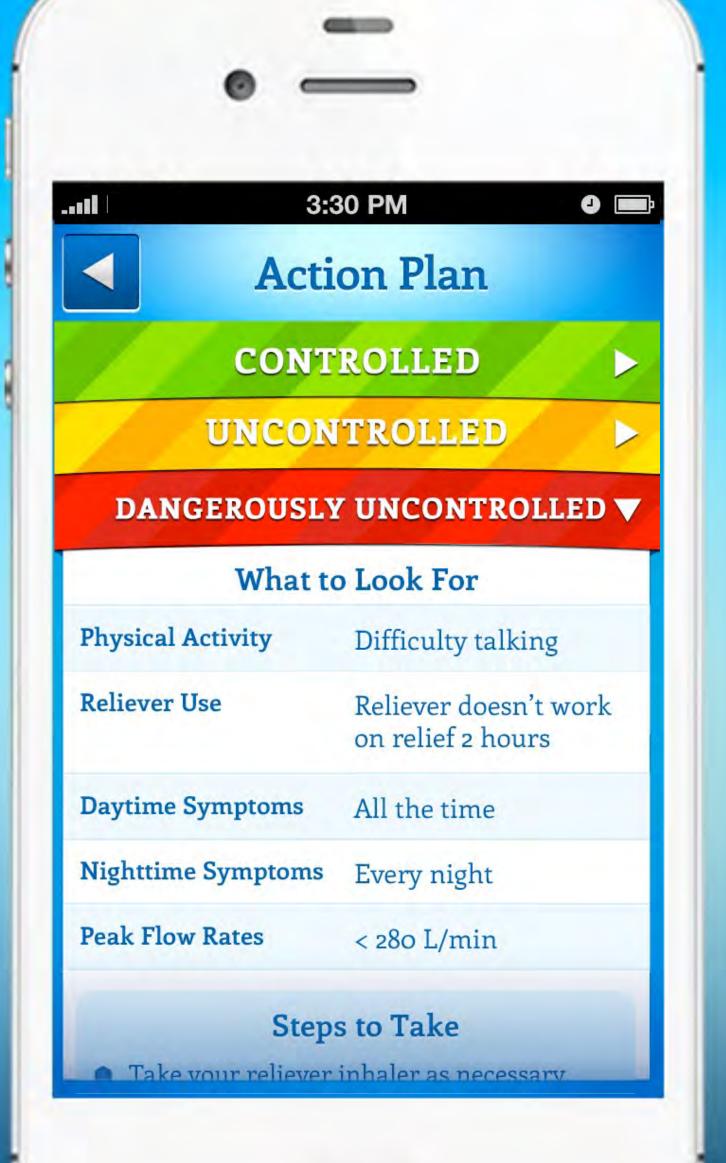


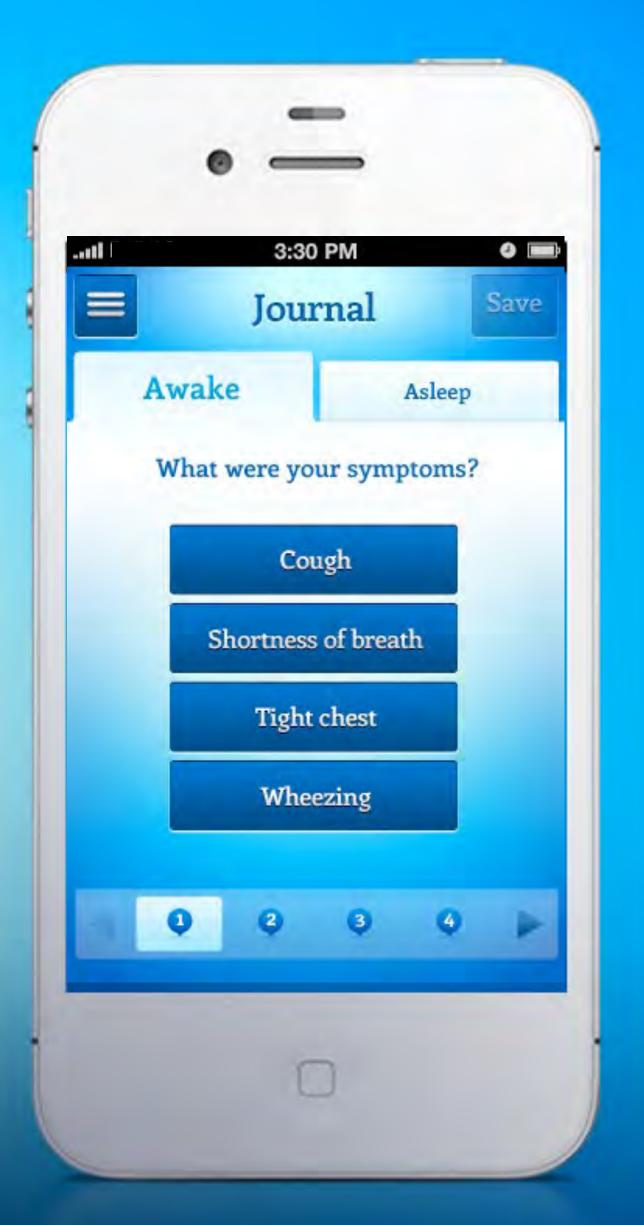
App Definition Statement

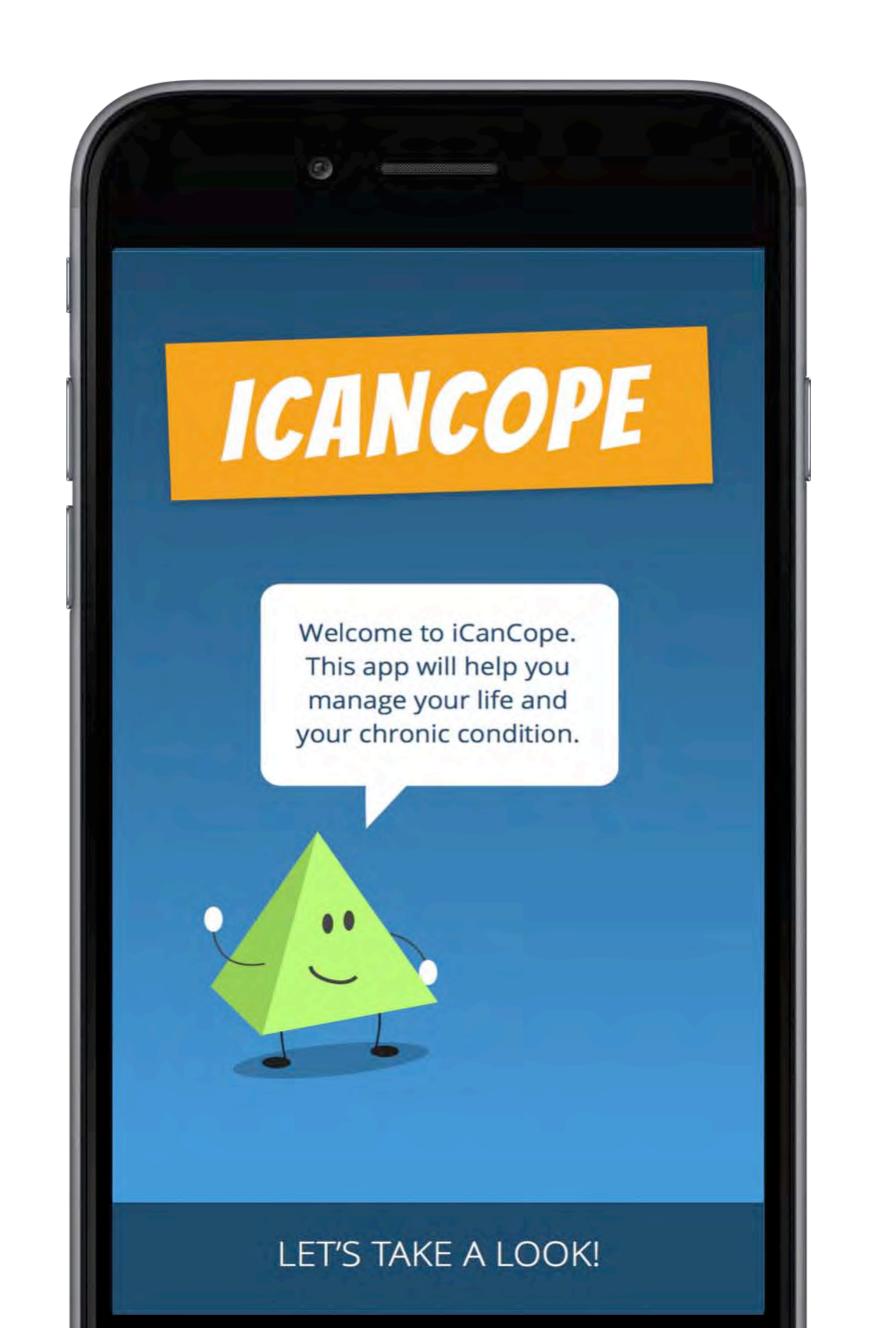
Help people **control** their Asthma through tracking, reminders, trend analysis, environmental health factors, and easy access to their Asthma Action Plan.

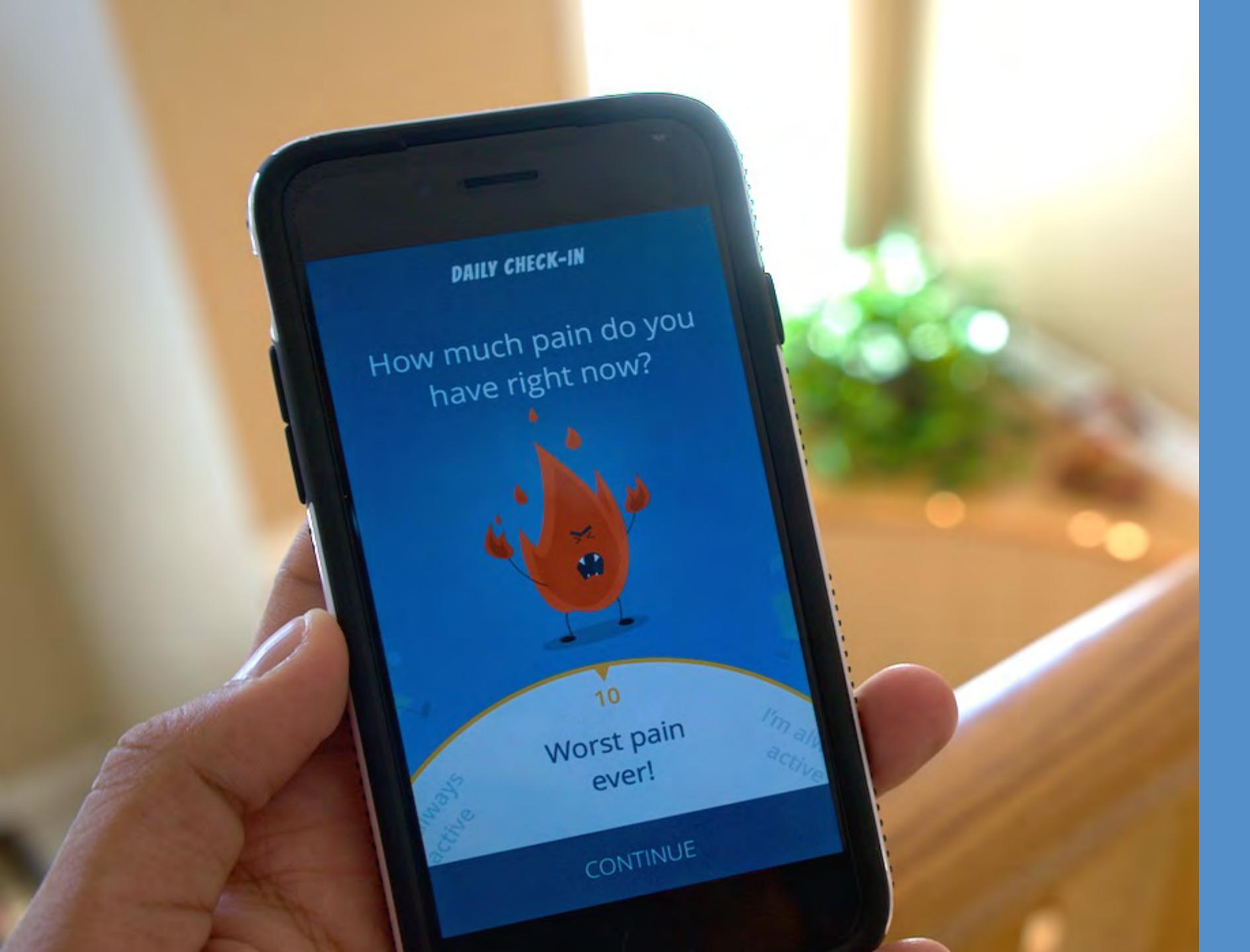








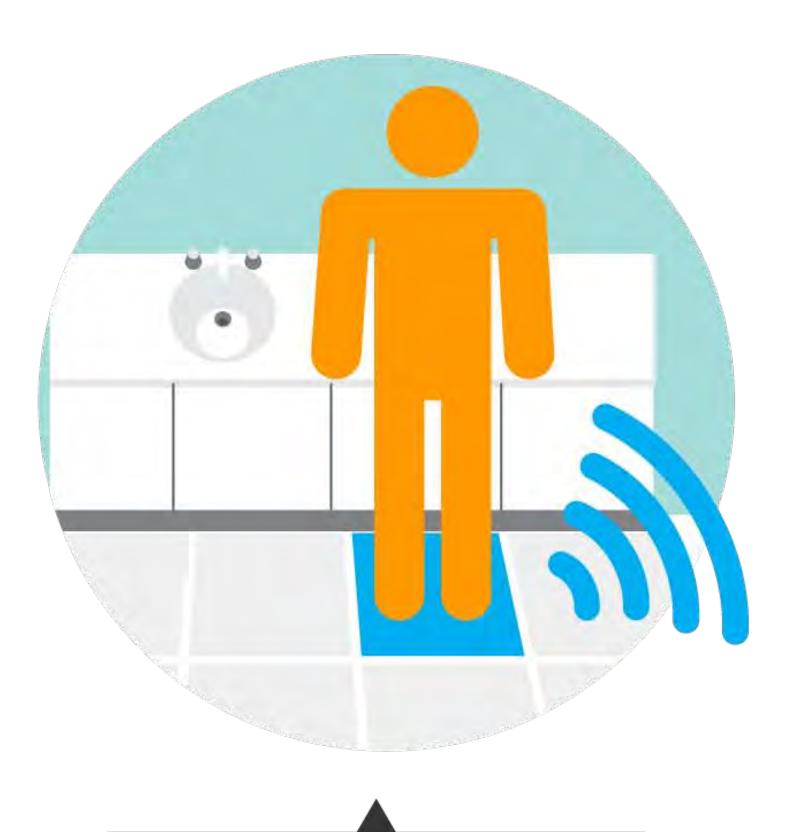




Symptoms Monitoring

- Check-in pain, sleep, mood, activity and energy levels
- Identify patterns and trends in pain and function

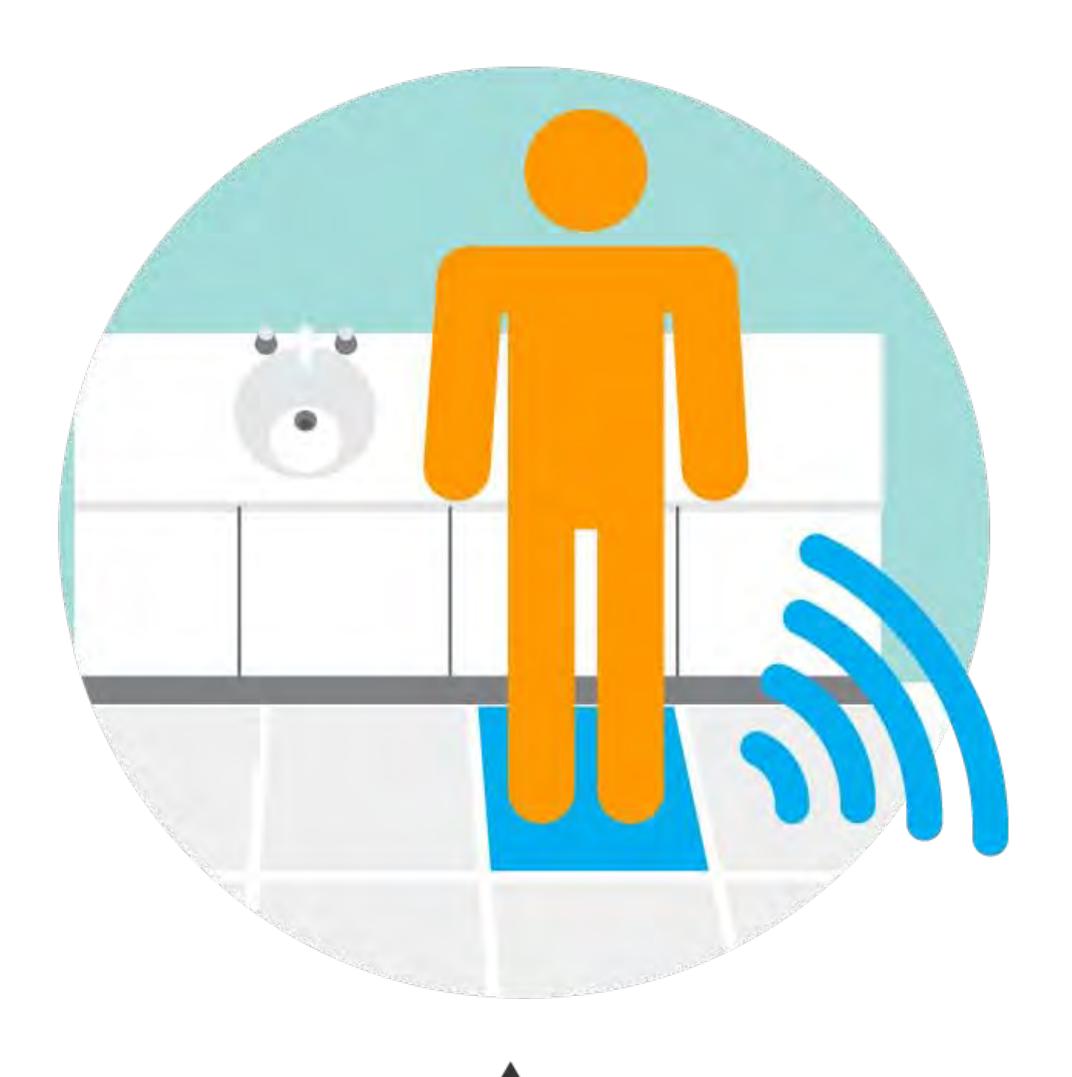
WHAT'S NEXT?







WEARABLES



PERVASIVE TECH



WEARABLES



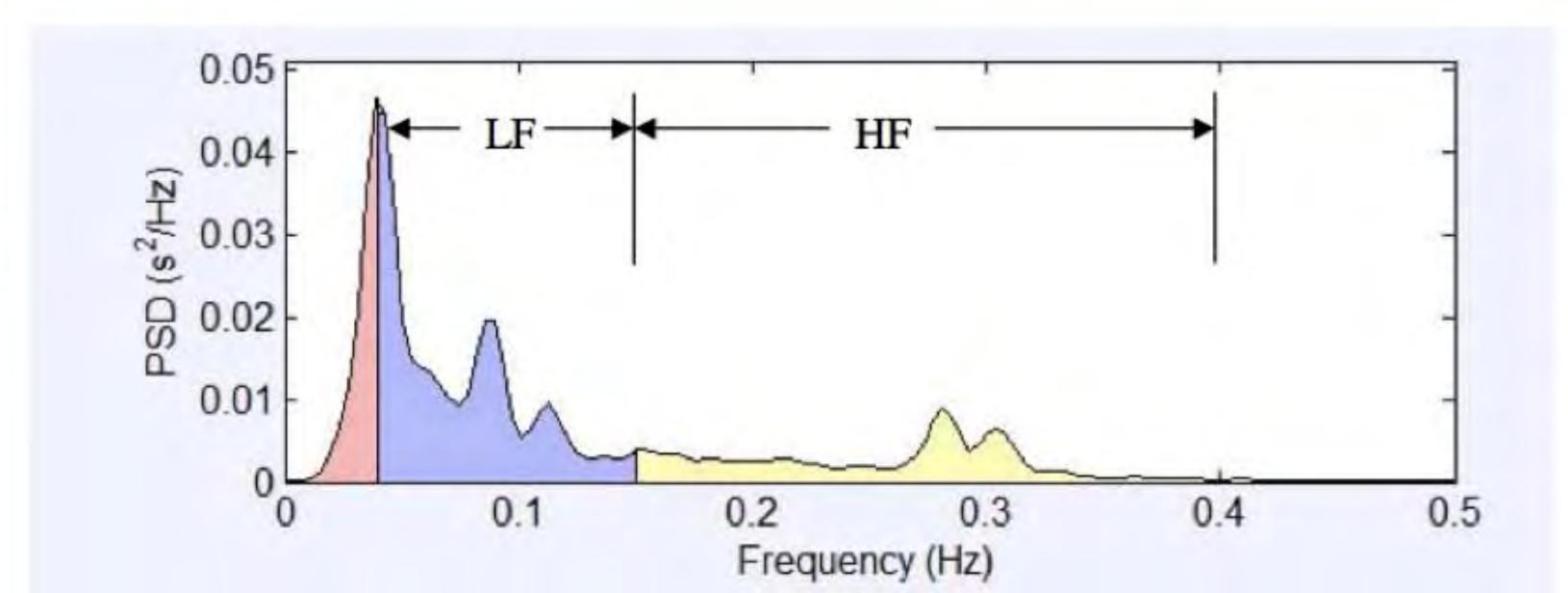




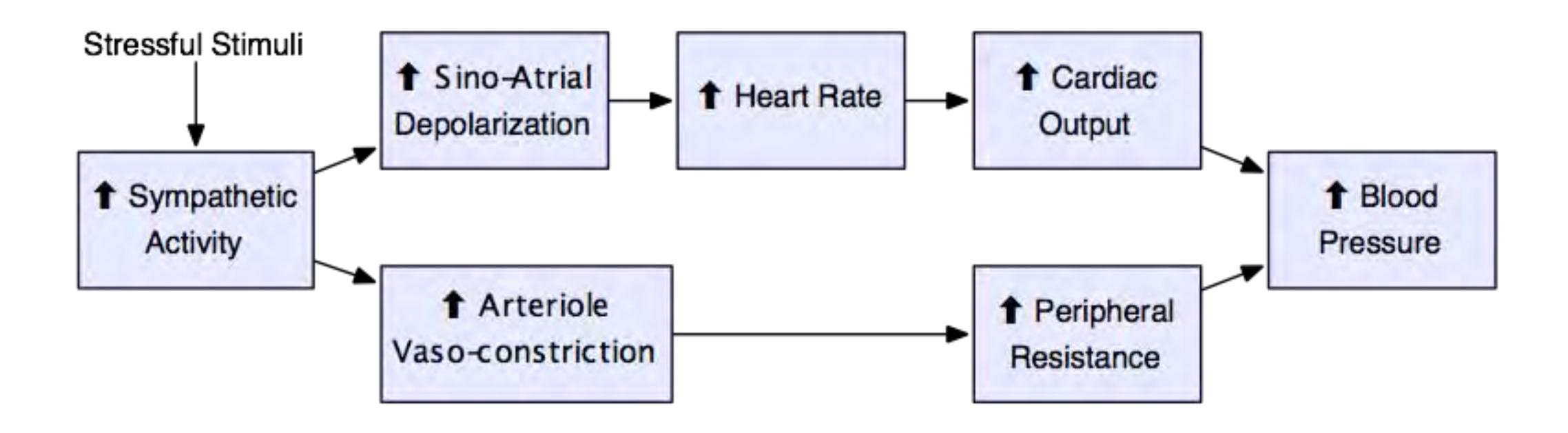




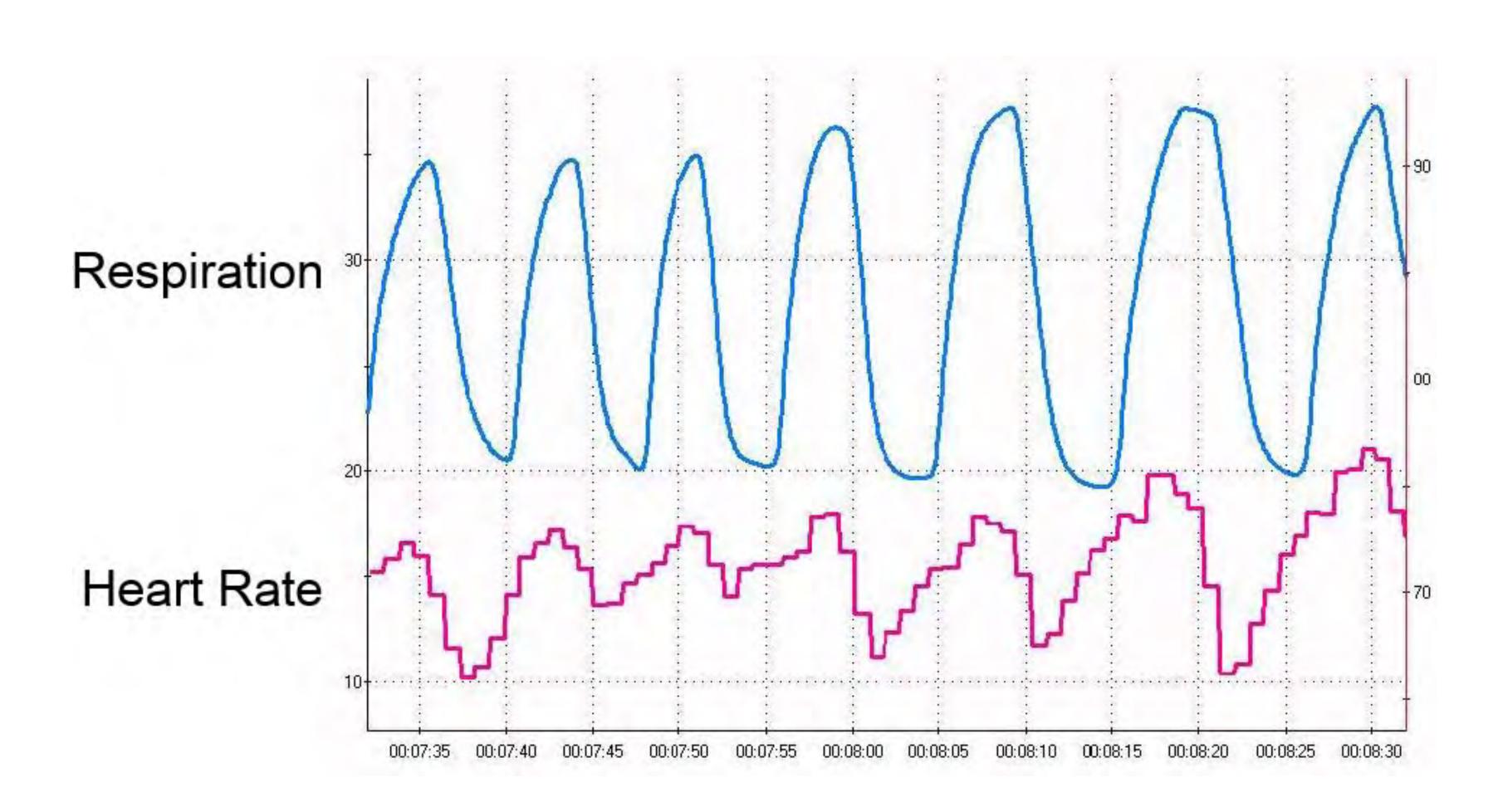




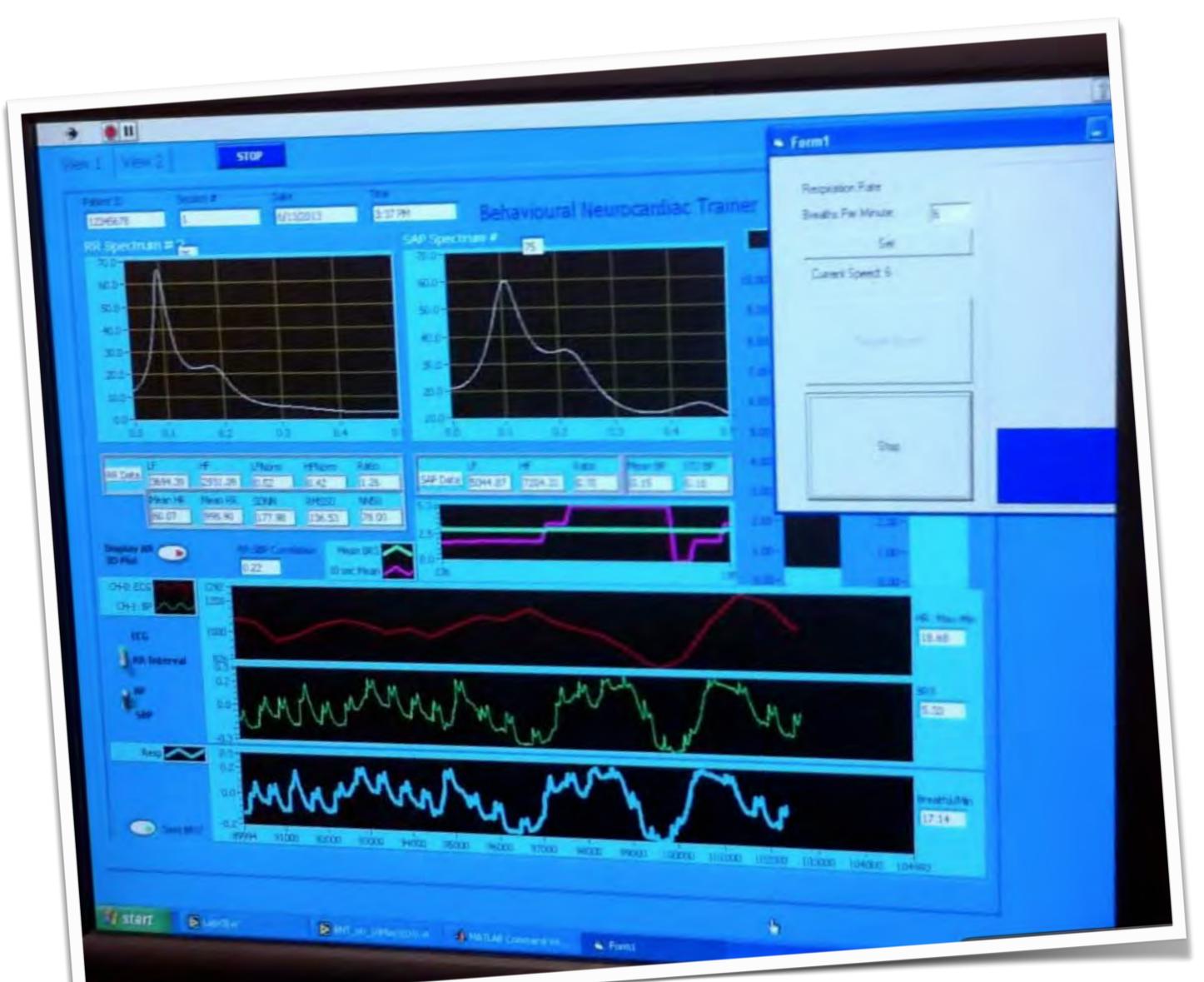
Mental Stress and the Autonomic Nervous System



Paced Breathing to Modify Heart Rate

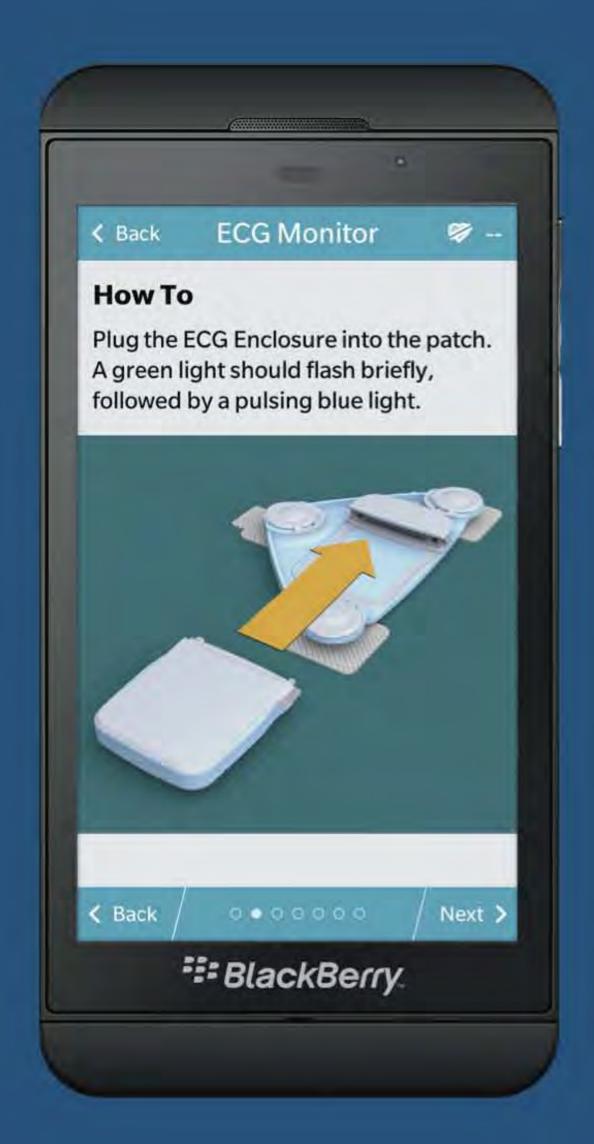


Heart Rate Variability Biofeedback

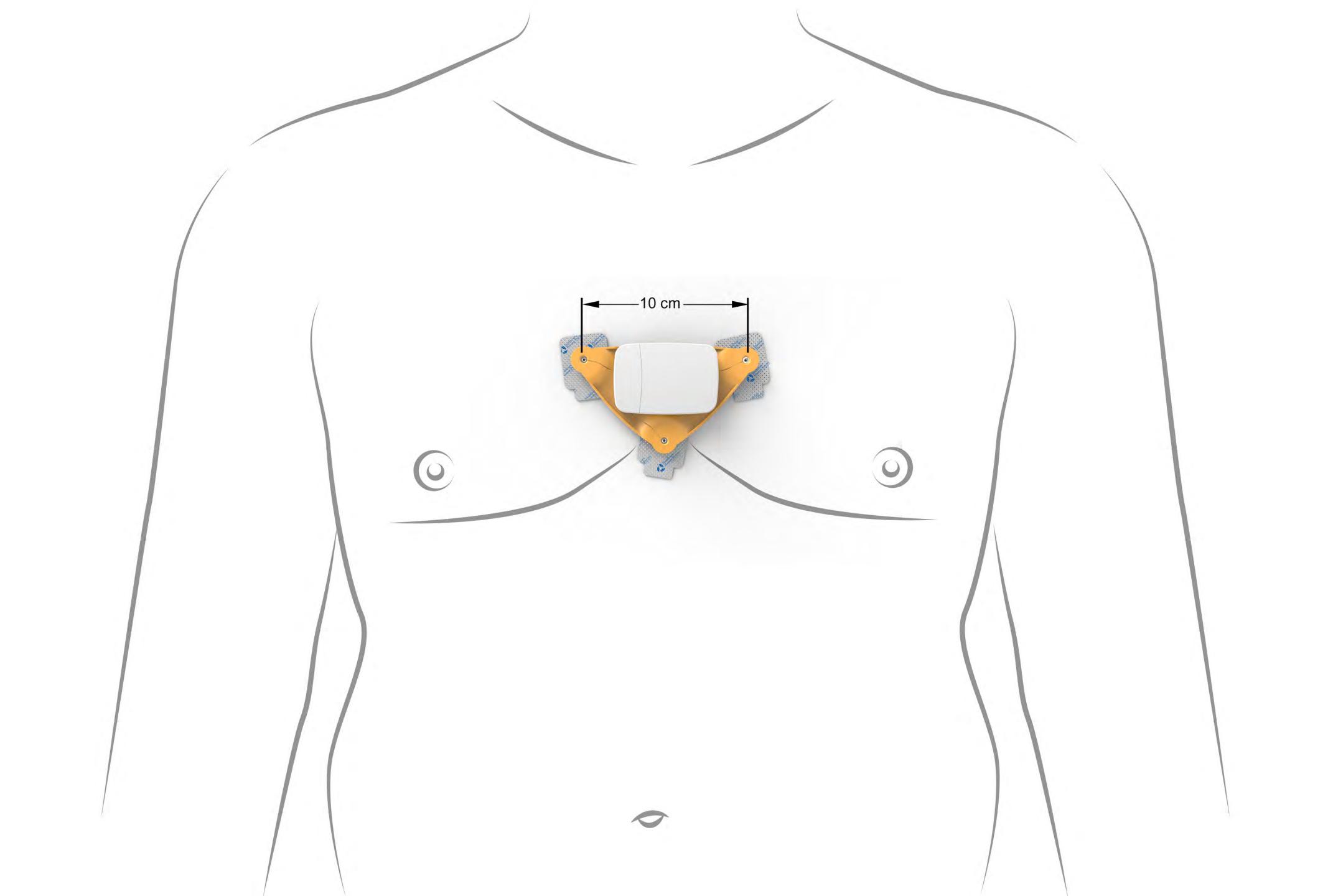


BEAT

An application for a wearable cardiac sensor.



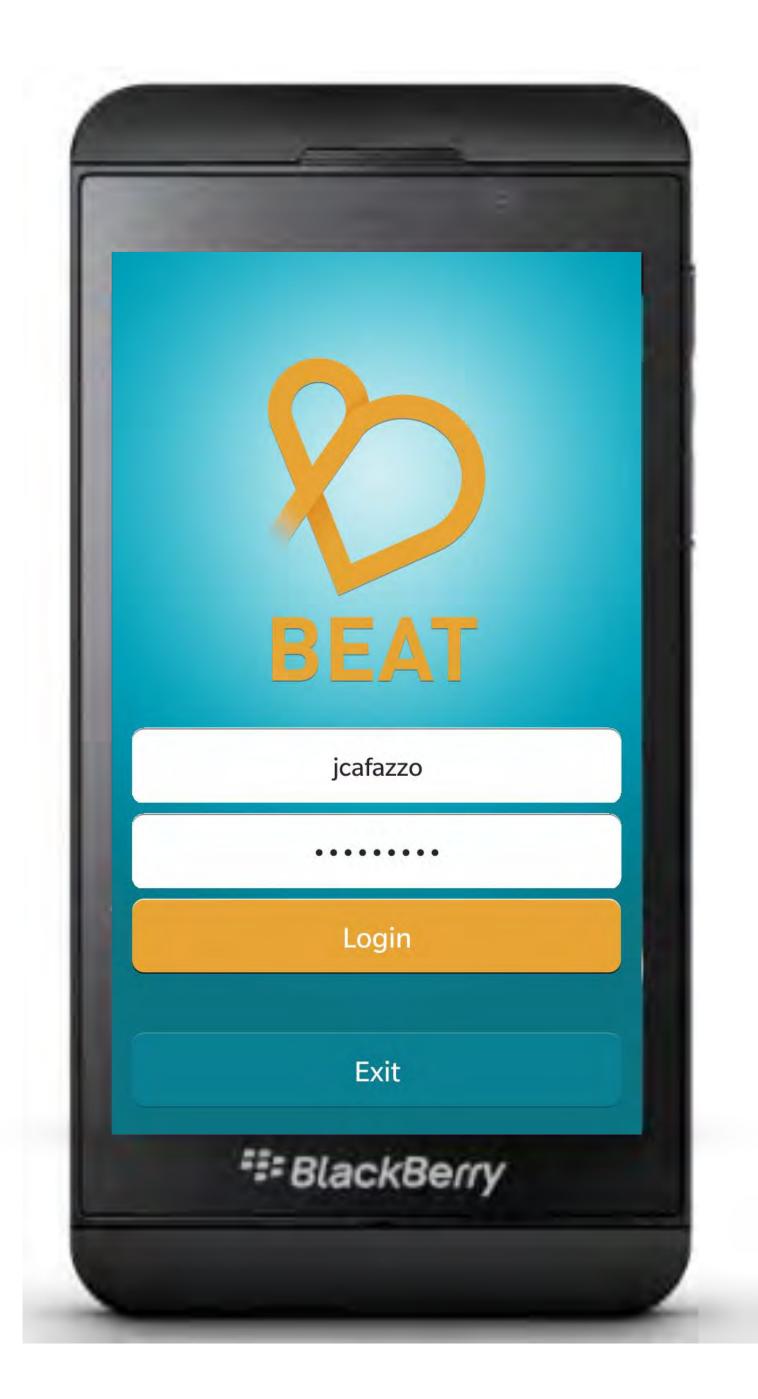


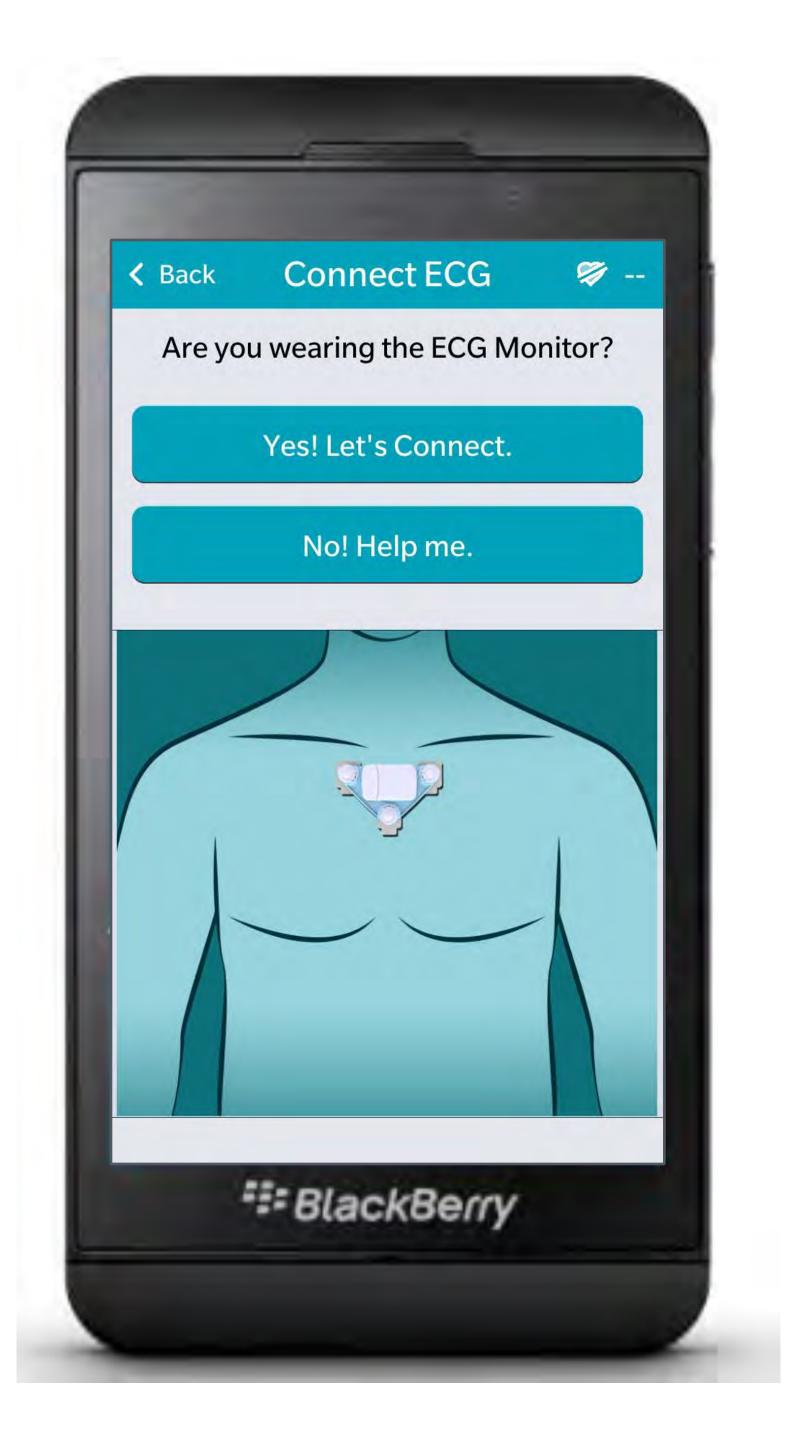


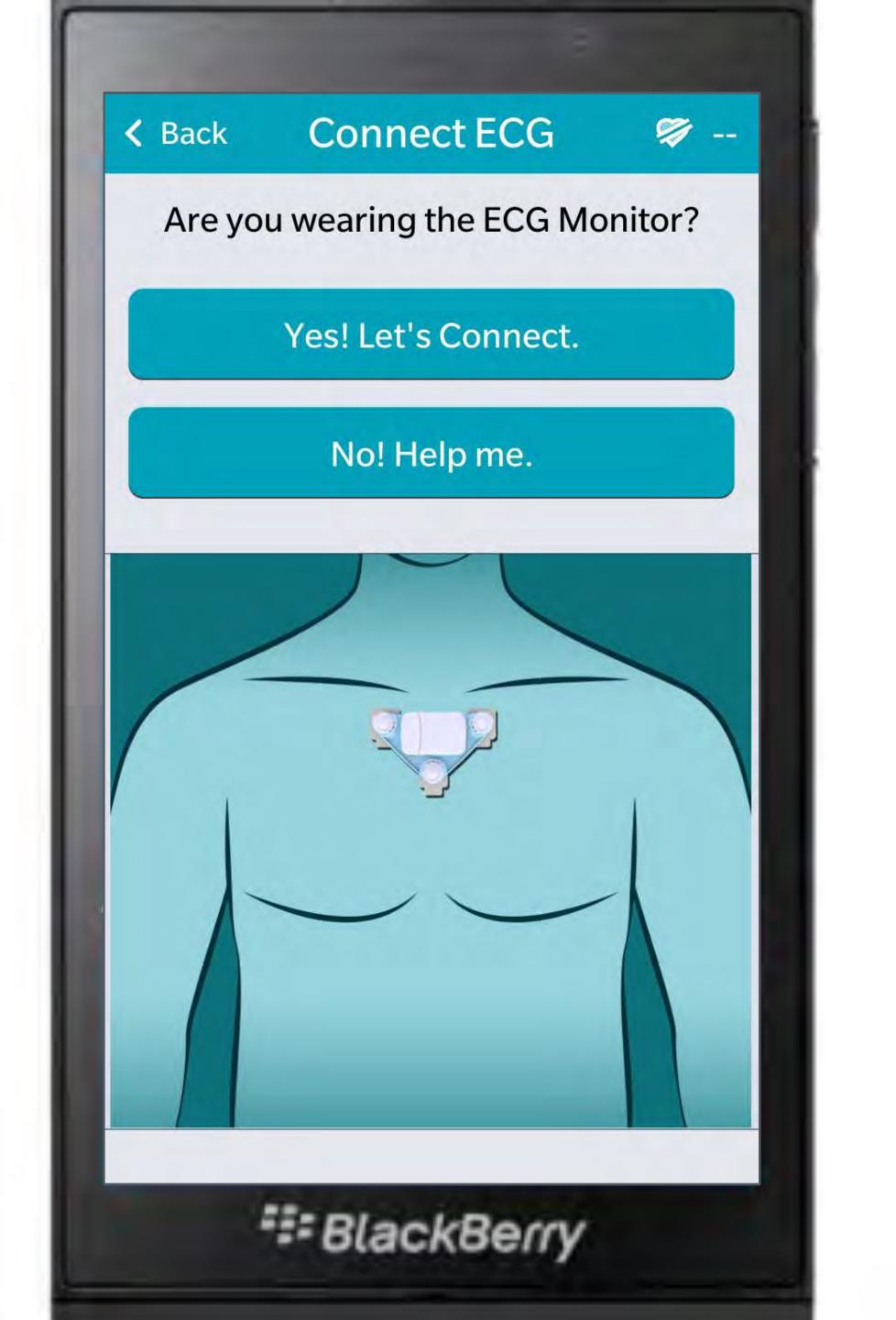


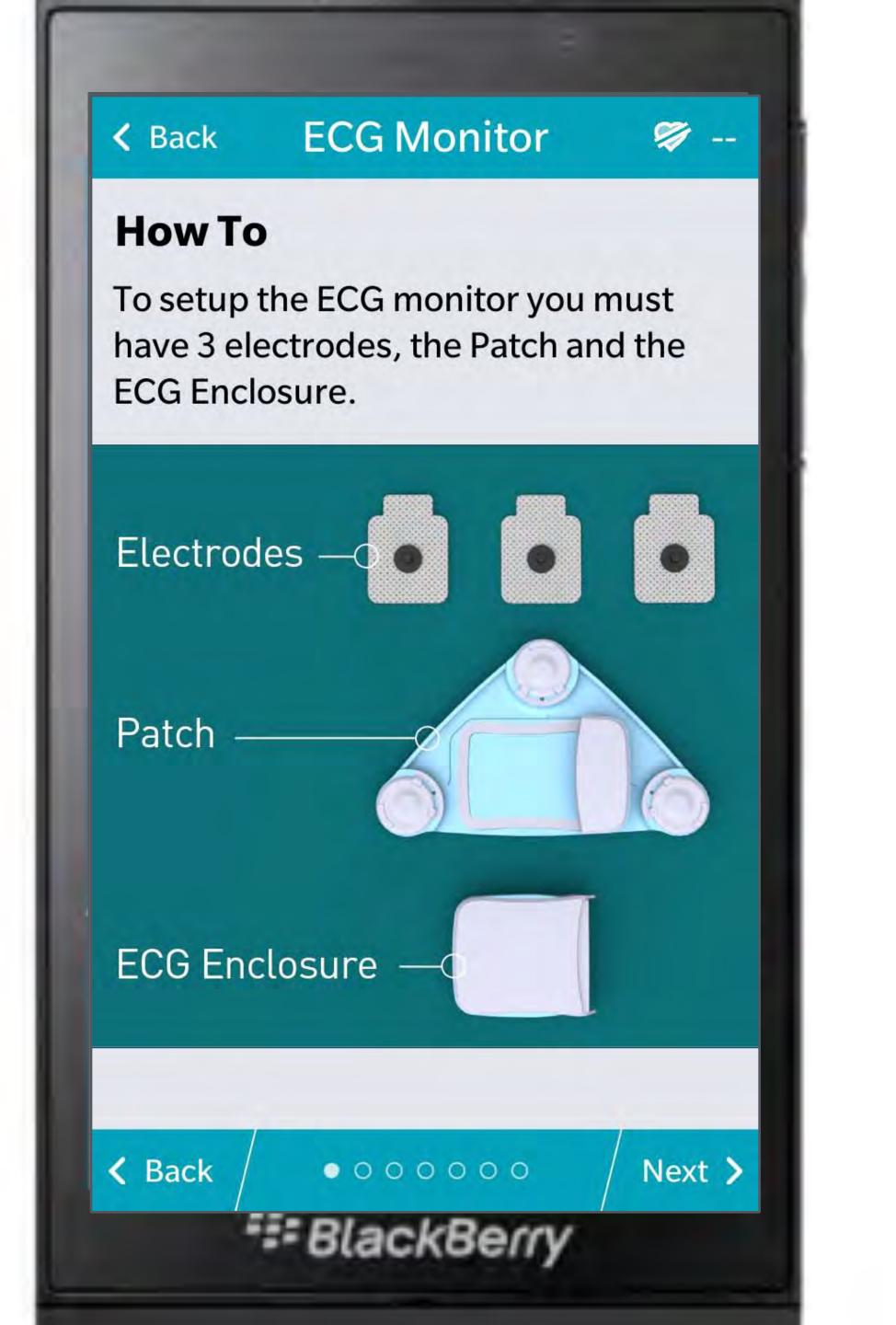


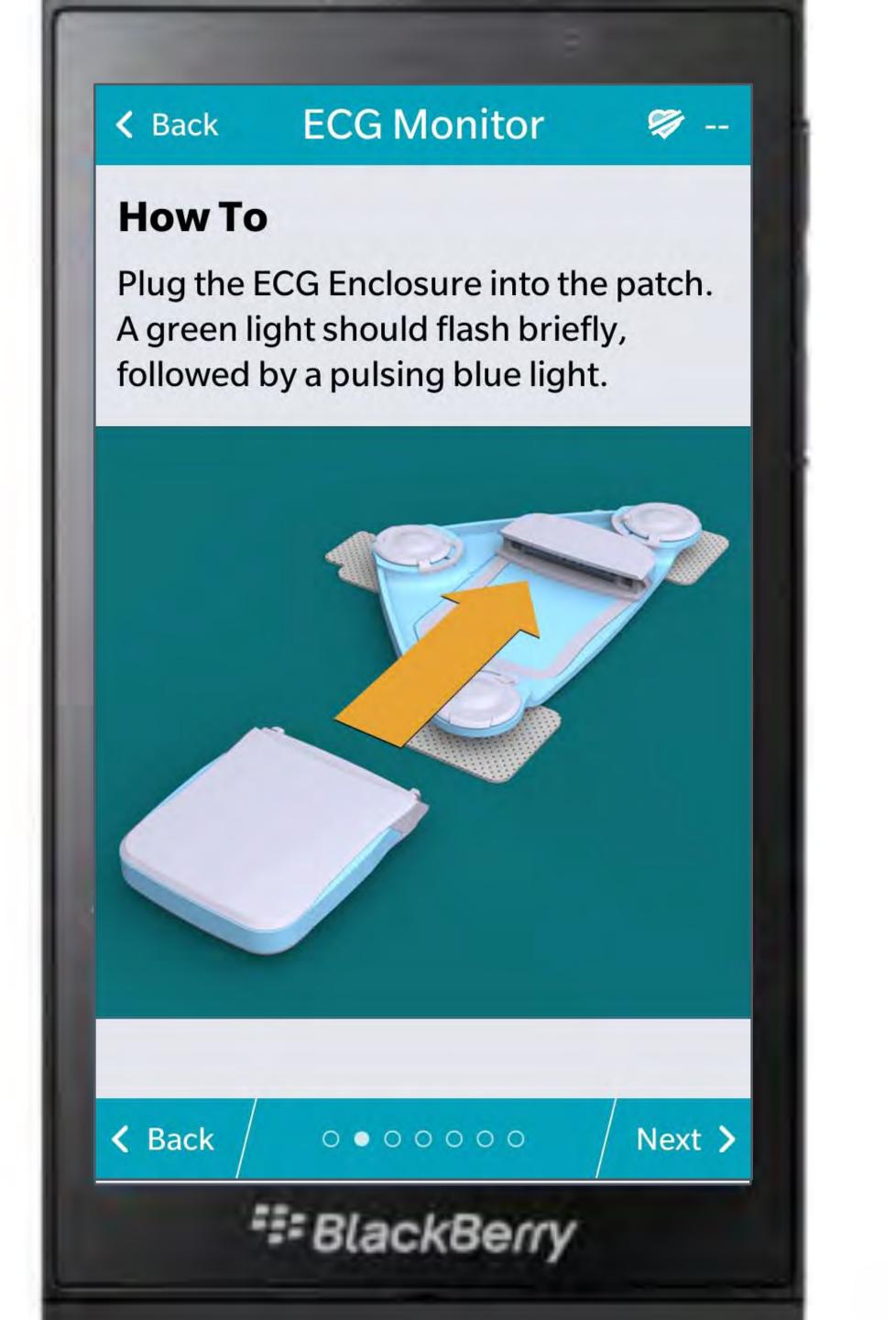


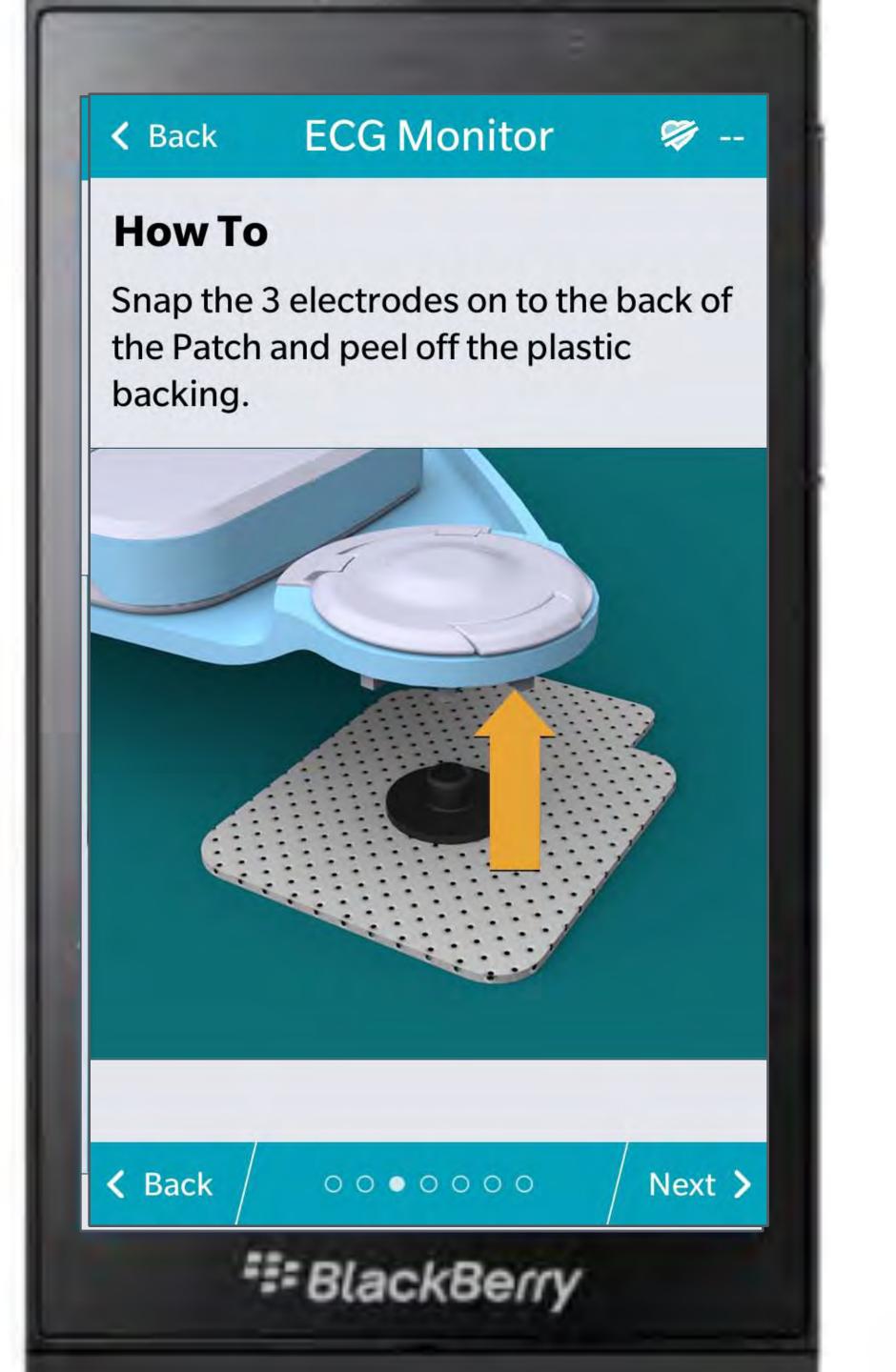


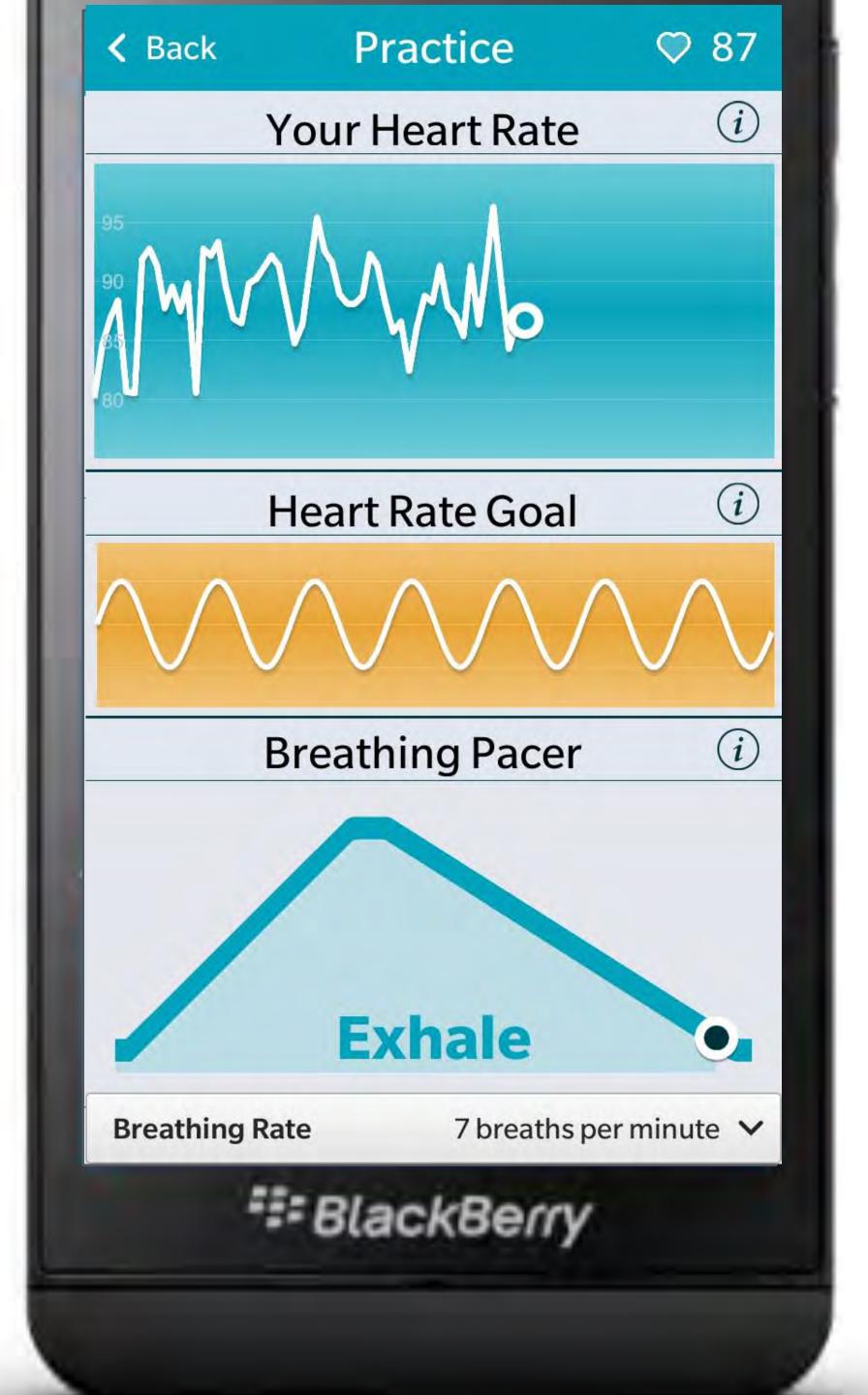












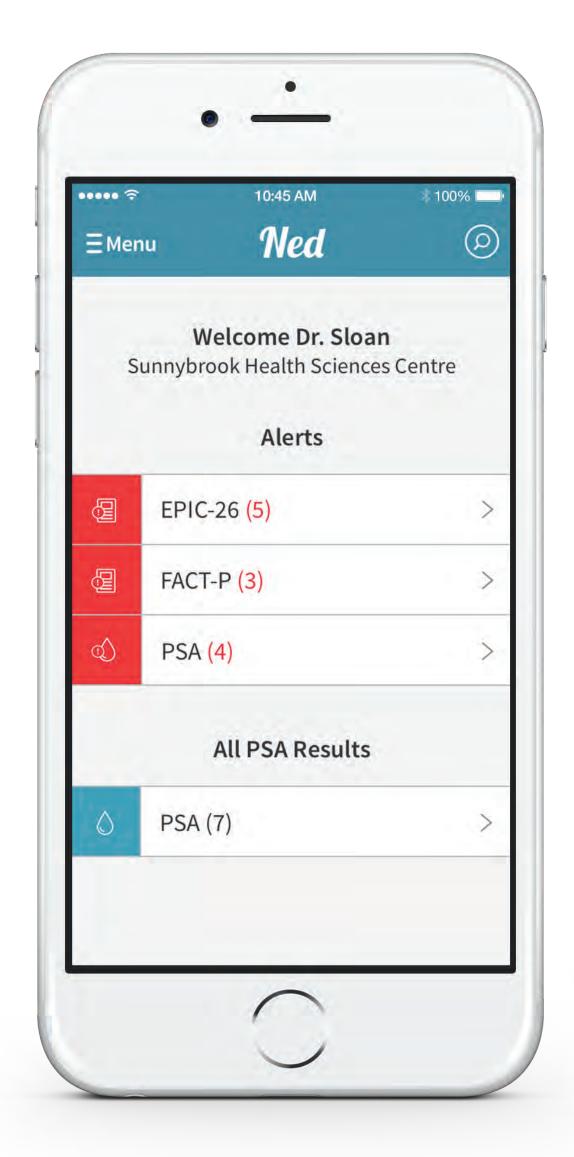
NedA Companion for Prostate Cancer Survivors

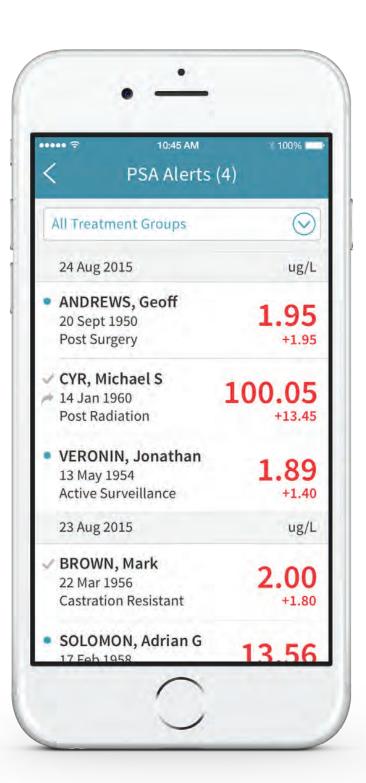
Prepared by: Dr. Andrew Feifer & Dr. Joseph Cafazzo

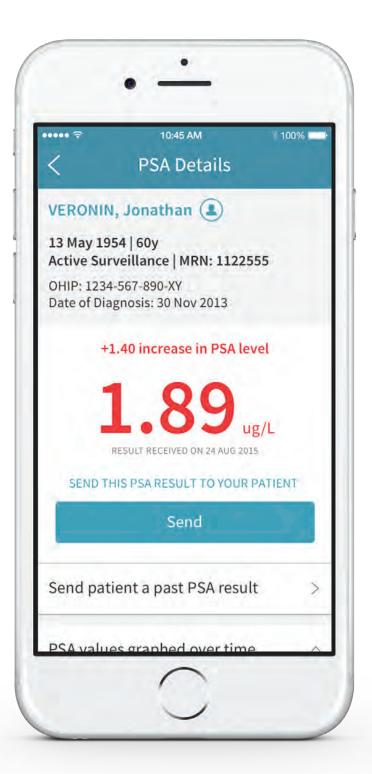


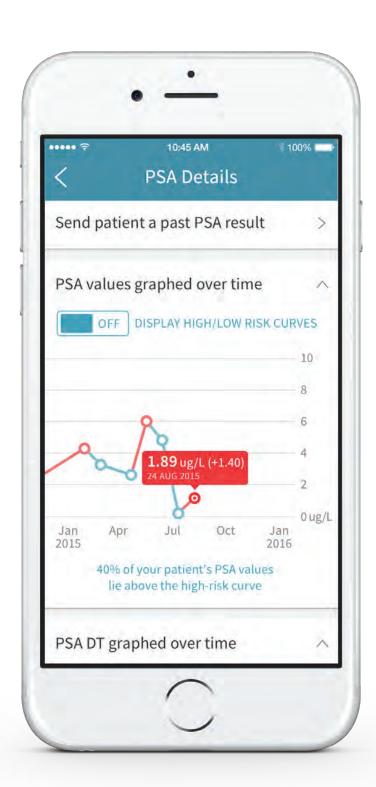


Clinician interface

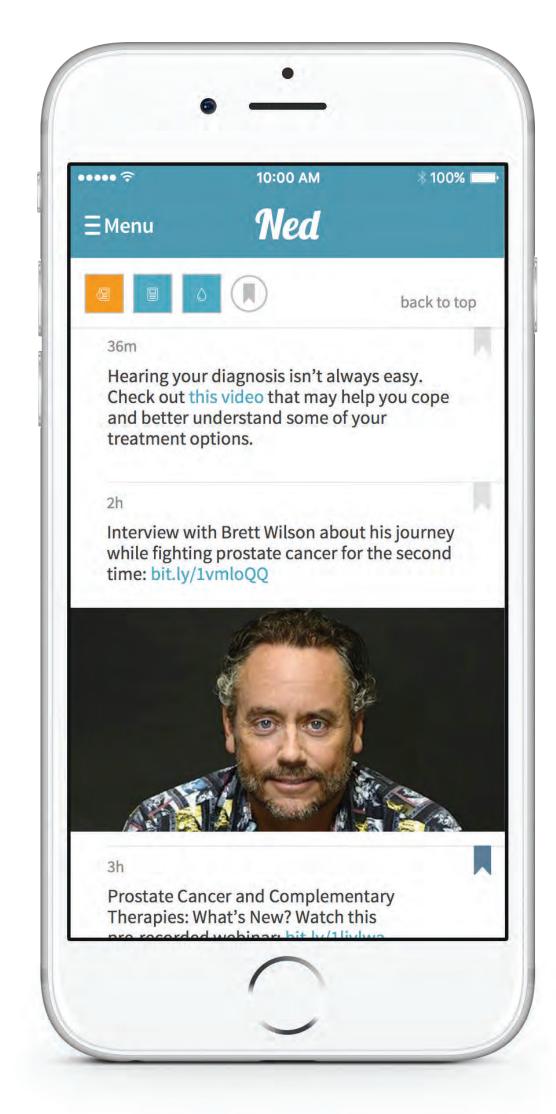


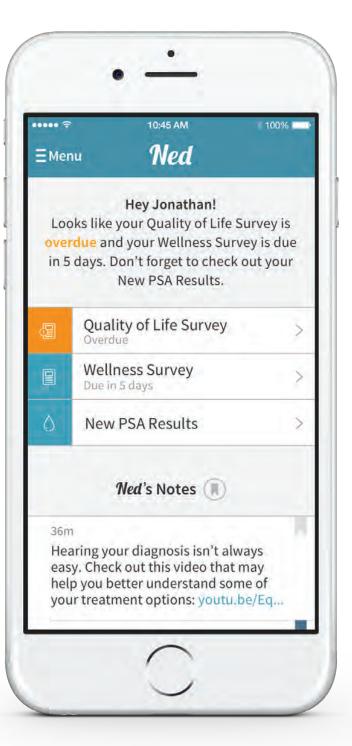




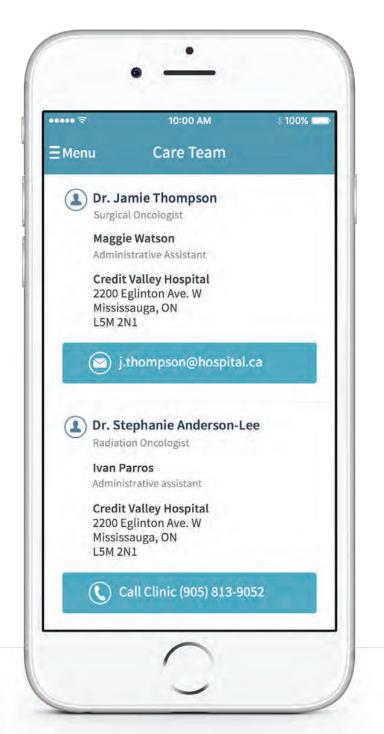


Patient interface

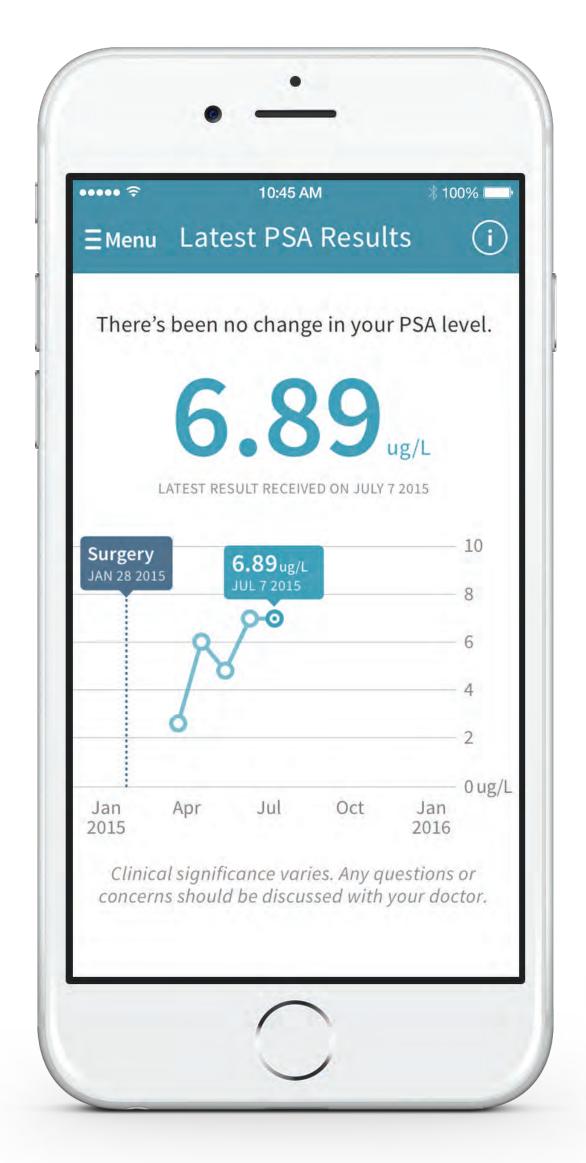


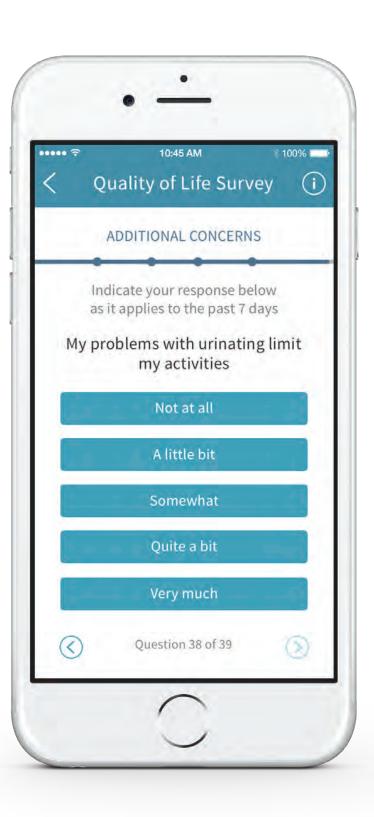


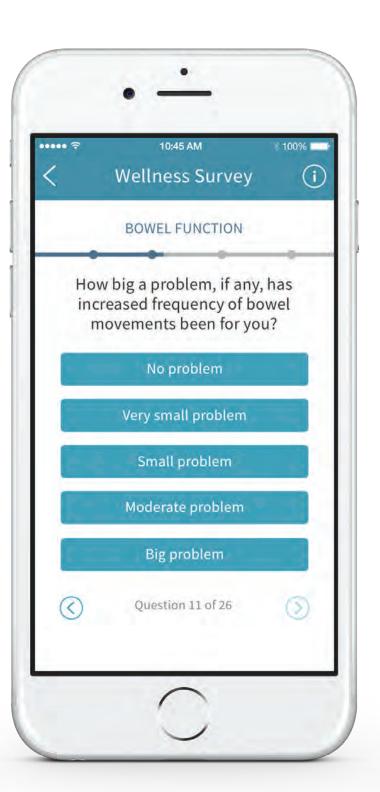


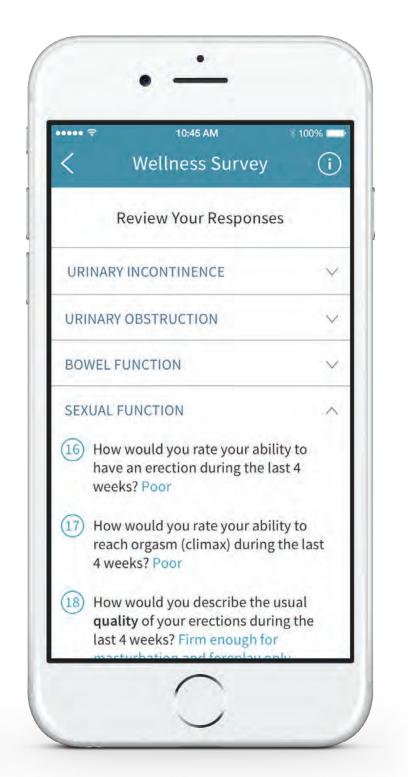


Patient interface

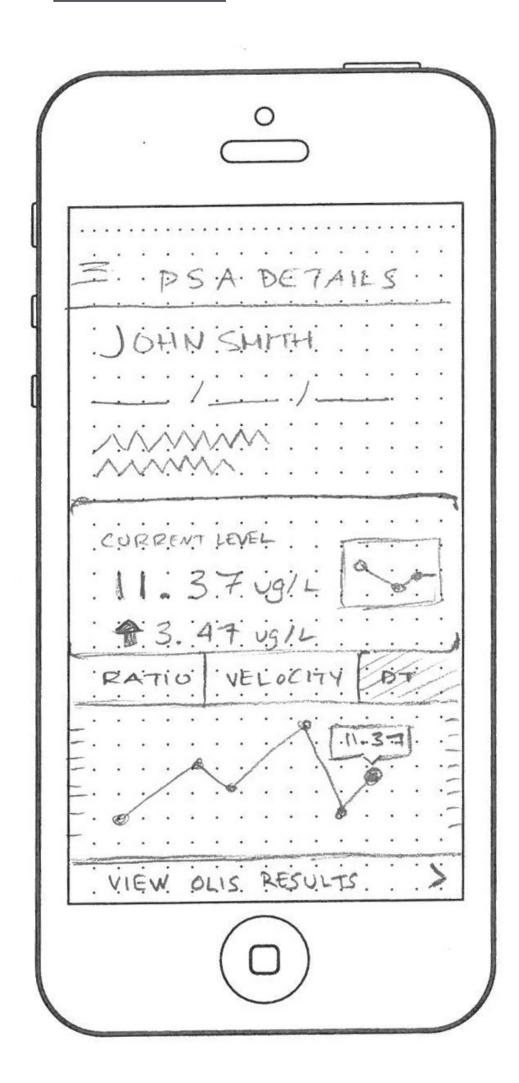


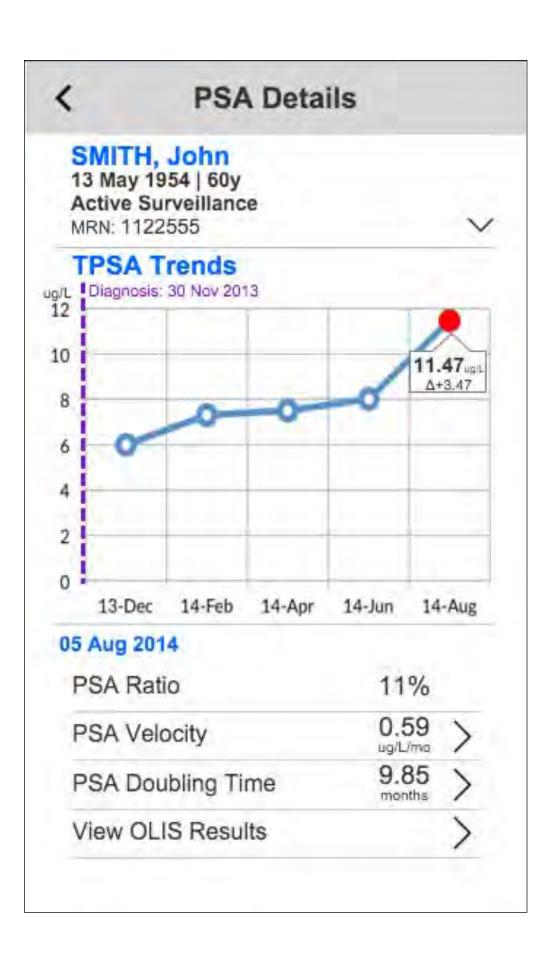


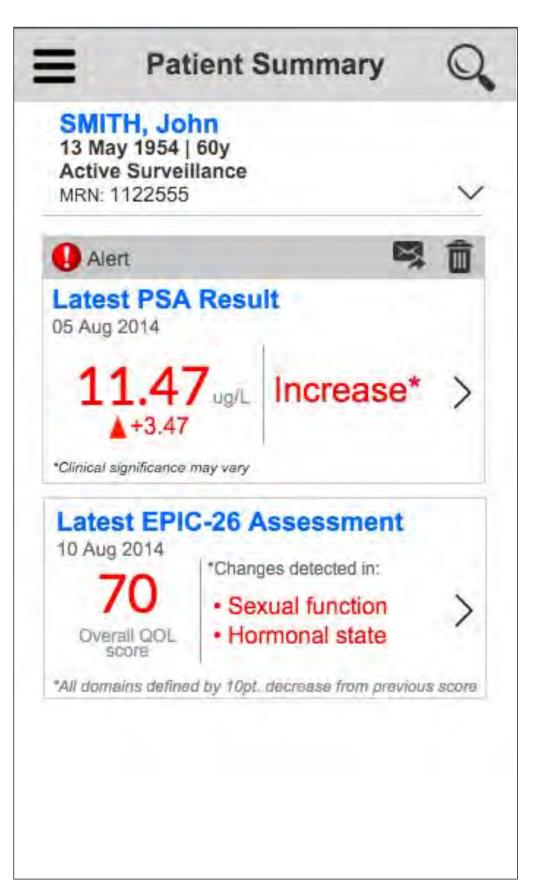


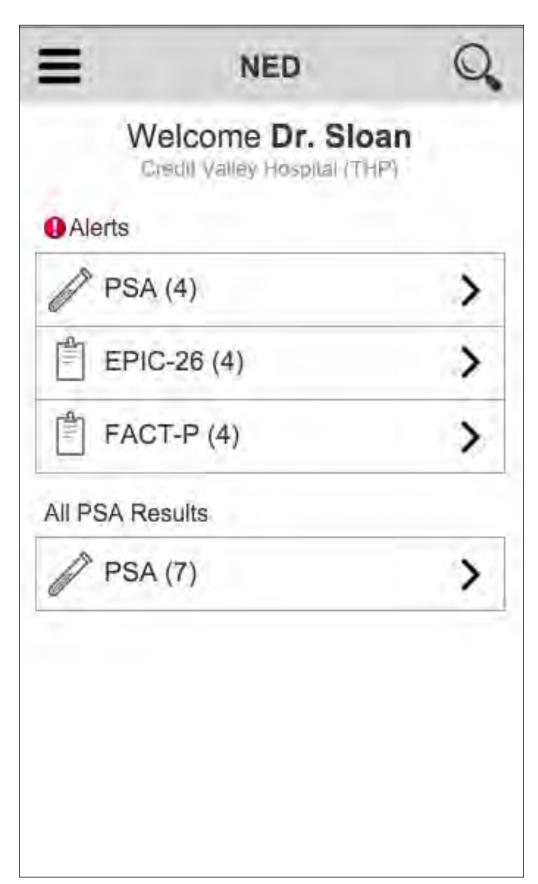


Low fidelity prototypes | Ned app

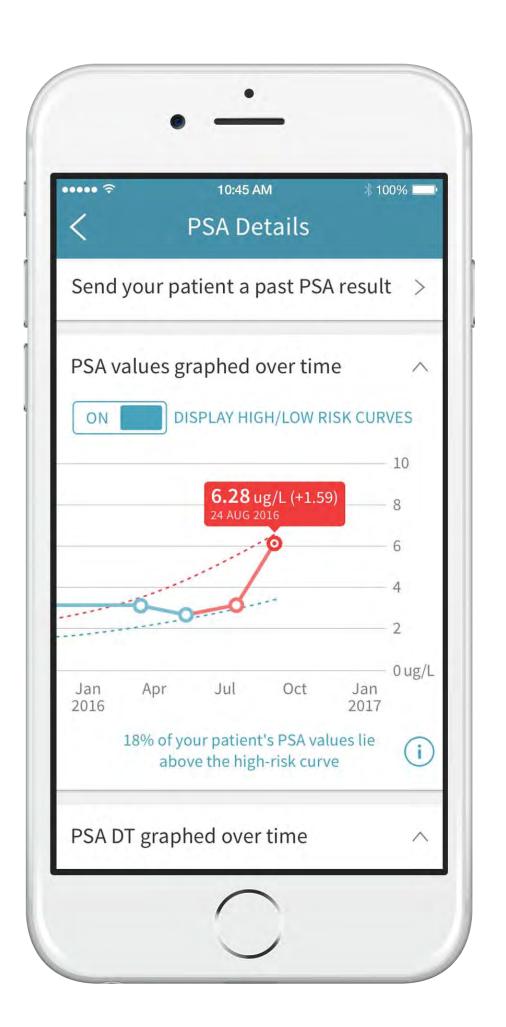


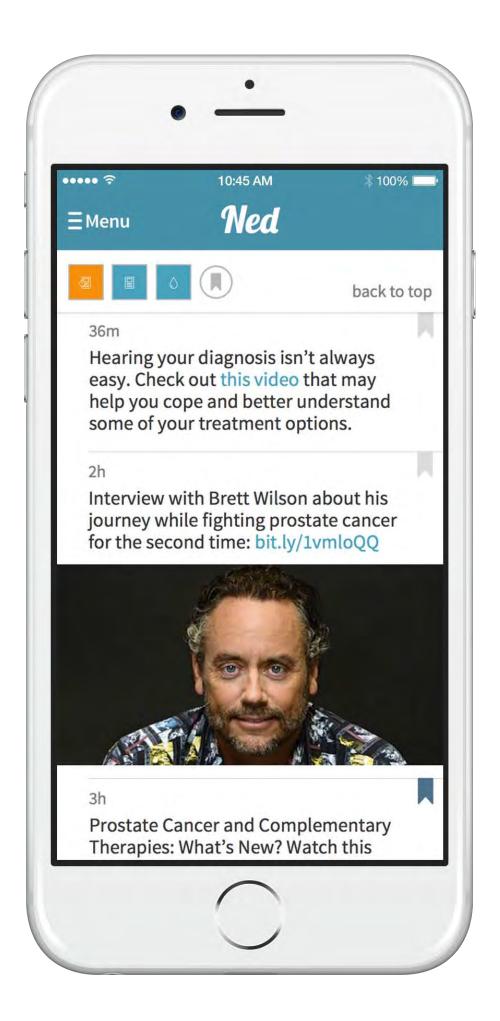


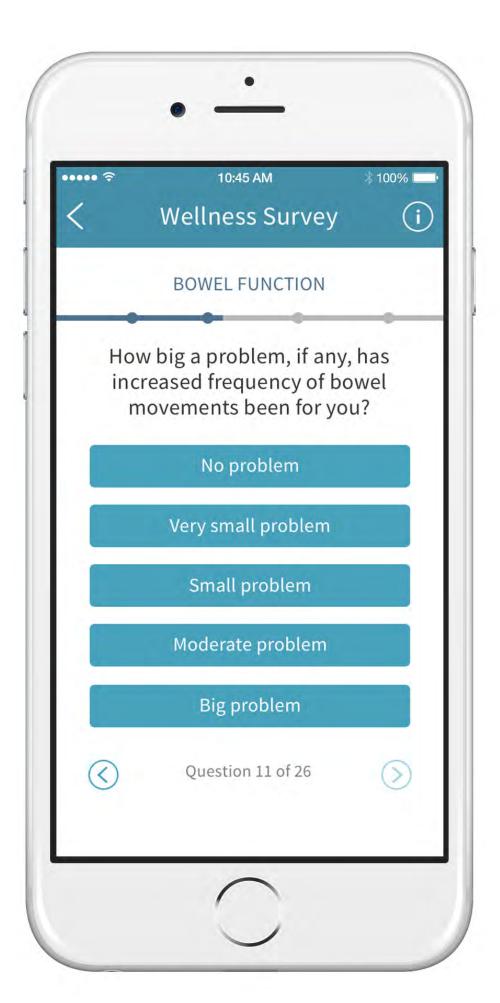


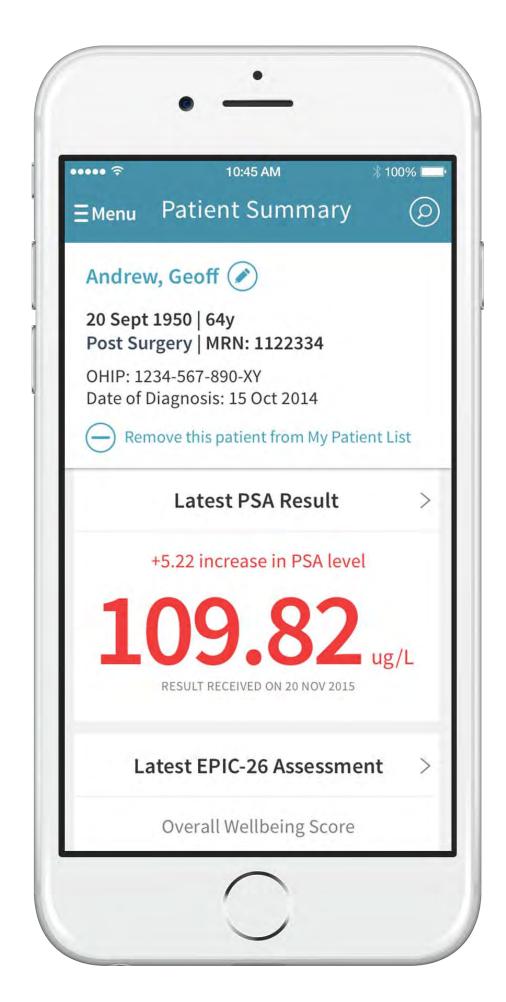


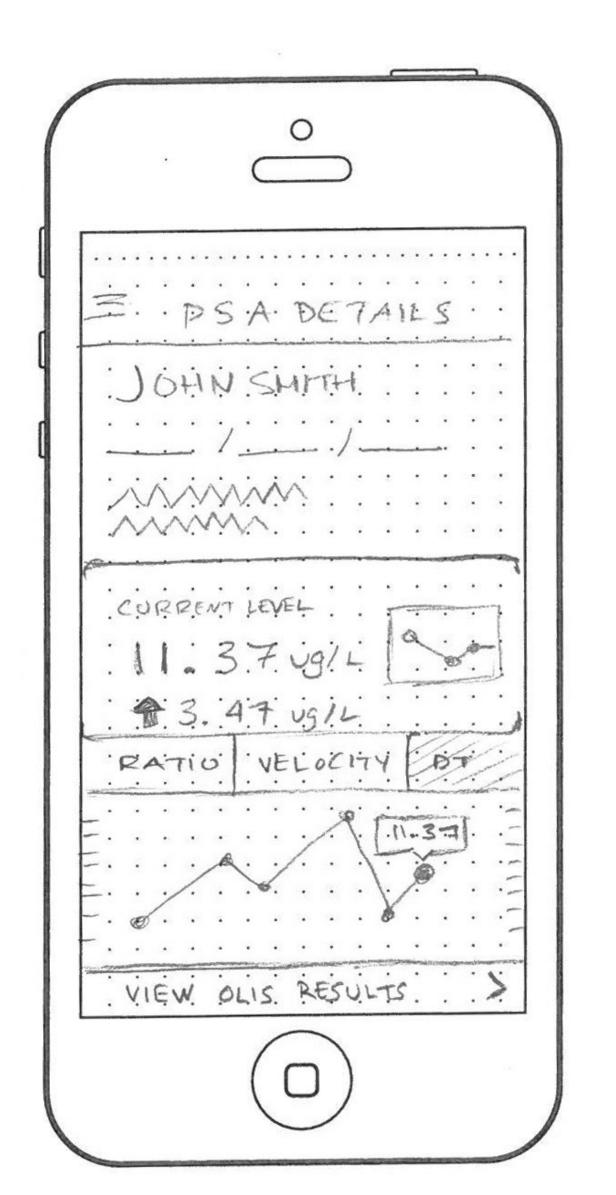
High fidelity prototype | Ned app



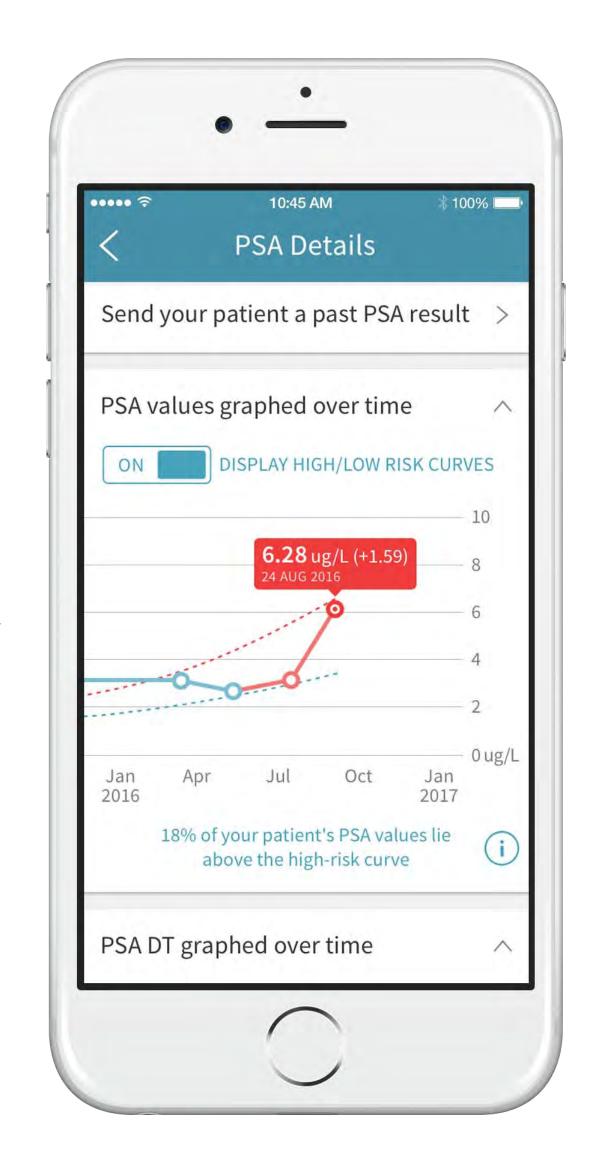






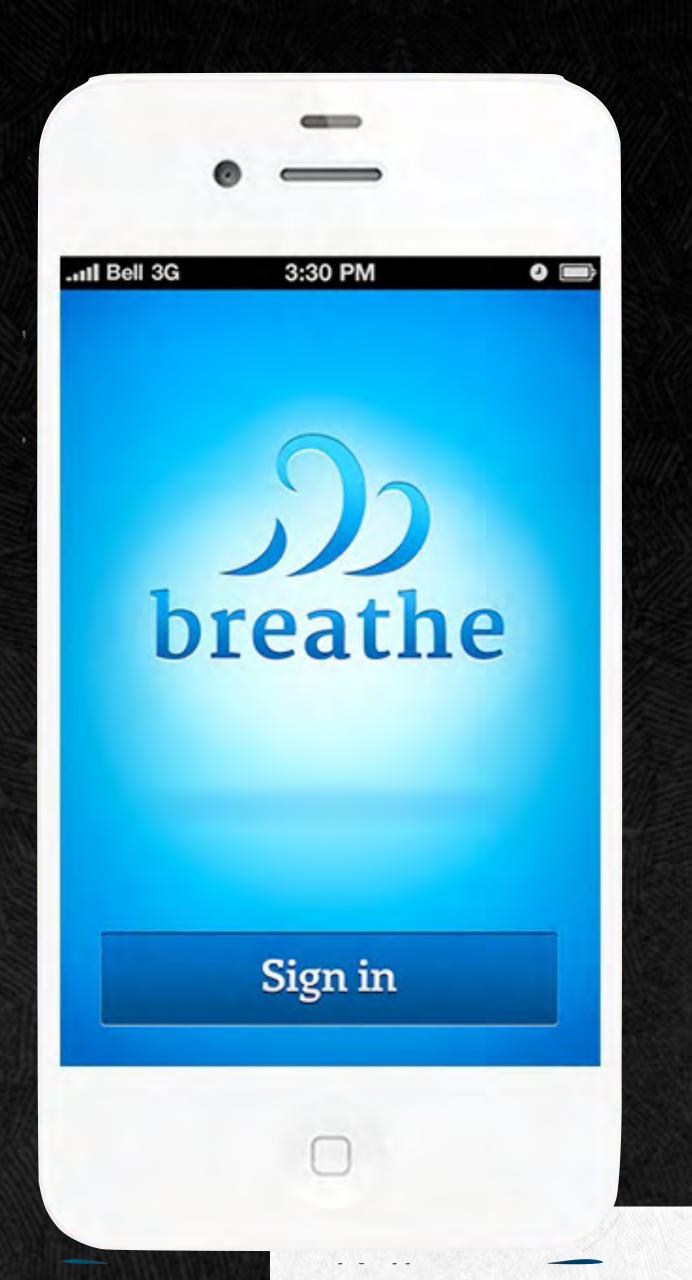


















NEW SPACES



REMOTE COMMUNITIES

SCHOOL & WORK





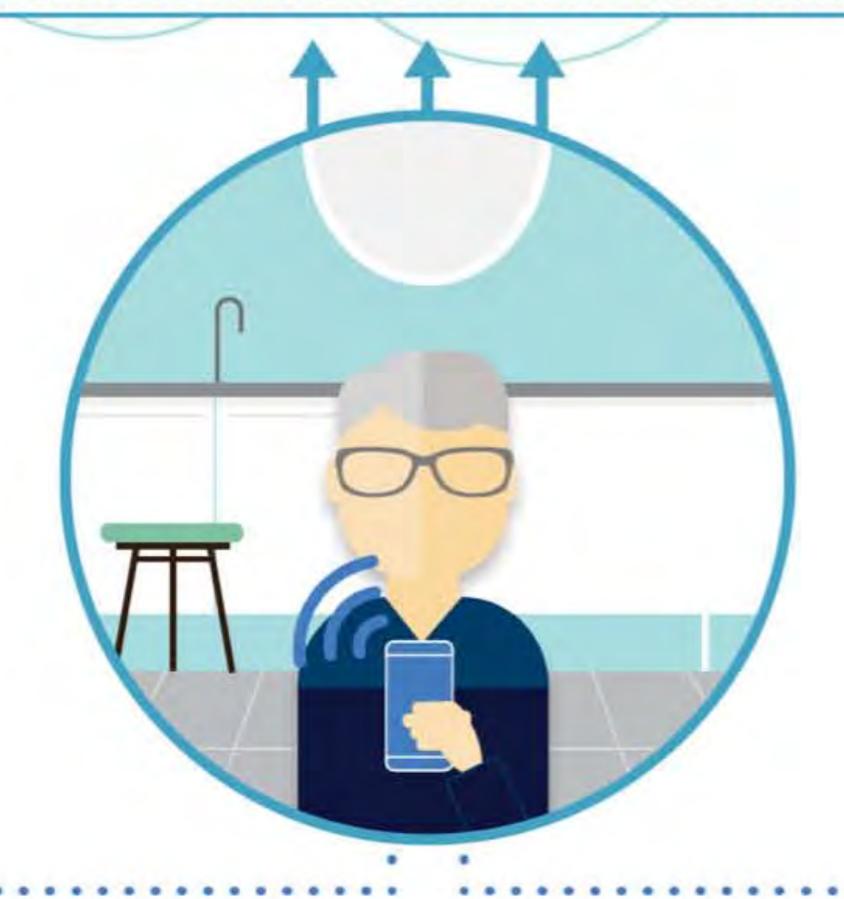


PERSONALIZED HEALTH & MEDICINE

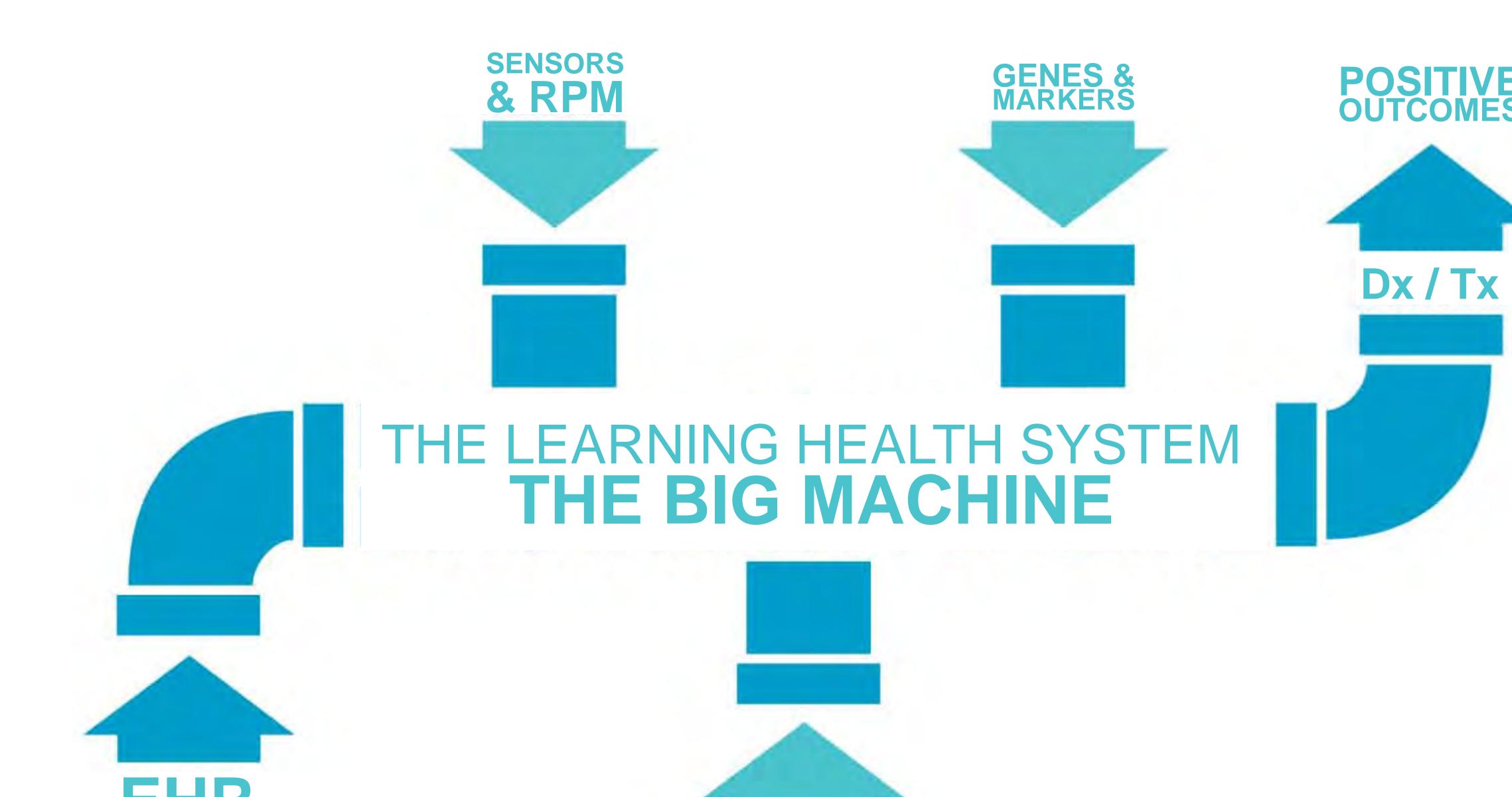
- * IMPROVED HEALTH MANAGEMENT BY TURNING DATA INTO PREDICTIVE TOOLS
- IMPROVED CLINICAL OPERATIONS & REDUCED COSTS
- · IMPROVED CLINICAL OUTCOMES & QUALITY OF LIFE

DATA WAREHOUSE / DATA ANALYTICS /CANCER KNOWLEDGE NETWORK









PUBLIC HEALTH

THE BIG MACHINE

MISSED OPPORTUNITIES Patients + TECH

Improved Patient Adherence of SMBG Improved Medication Adherence Lower Dependence on Physician Care Improved Self-Awareness

MISSED OPPORTUNITIES Patients + TECH

Improved Health Outcomes with less spending on the system

Patient, Heal Thyself

How the future of health service delivery is through patient self-care technology









