01.04 - M-Health/e-health

51189
Development and implementation of digital remote care in COPD: A collaborative service model

Telemedicine, COPD - management, Monitoring

S. Bergersen[1], N. M. Weldingh[2], G. Einvik[1], B. W. Hegna[3], C. Kværner[1], A. Edvardsen[1]

[1]Department of Respiratory Medicine, Akershus University Hospital - Lørenskog (Norway), [2]Health and Social Service, Ullensaker Municipality - Ullensaker (Norway), [3]Department of Development, Akershus University Hospital - Lørenskog (Norway)

Background

Demographic projections predict an increasing number of elderly people living with chronic conditions. Making the future healthcare system sustainable necessitate adopting innovative pathways to healthcare delivery. The Norwegian Directorate of Health commissioned pilot projects testing digital remote care in 2018. The purpose was to acquire sufficient knowledge and experience on digital remote care to provide national recommendations for implementation.

We describe the development of a collaborative service model implementing digital remote care for patients with chronic obstructive pulmonary disease (COPD).

Methods

The “Mitt liv, mitt ansvar” (MILA) project was developed in an iterative process of workshops, network meetings, profit planning, active user participation assessing quantitative and qualitative evaluations, adjustments and revisions. A research and development agreement with Siemens Healthineers was undertaken to customize digital tools. Representatives of the municipal health services, general practitioners and hospital specialists participated in the model development.

Results

The MILA model recruits COPD-patients from primary and secondary healthcare. It utilizes multicomponent interventions through a joint digital platform solution. Key elements include digital home monitoring of symptoms and vital signs, digital self-management plans based on stoplight tool, remote follow-up by regional response centre and cross-disciplinary meetings between healthcare providers.

Conclusion

The MILA model is implemented in regular healthcare by January 2025. Further qualitative data analysis is necessary to evaluate the impact on patient safety, quality of life and self-management.