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

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AIM OF THE STUDY

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

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. In 2018, the Norwegian Directorate of Health initiated pilot projects to guide national recommendations for digital remote care.

METHOD

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. Representatives of the municipal health services, general practitioners, hospital specialists and Siemens Healthineers participated in the model development.

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
- Cross-disciplinary meetings between healthcare providers

RESULTS

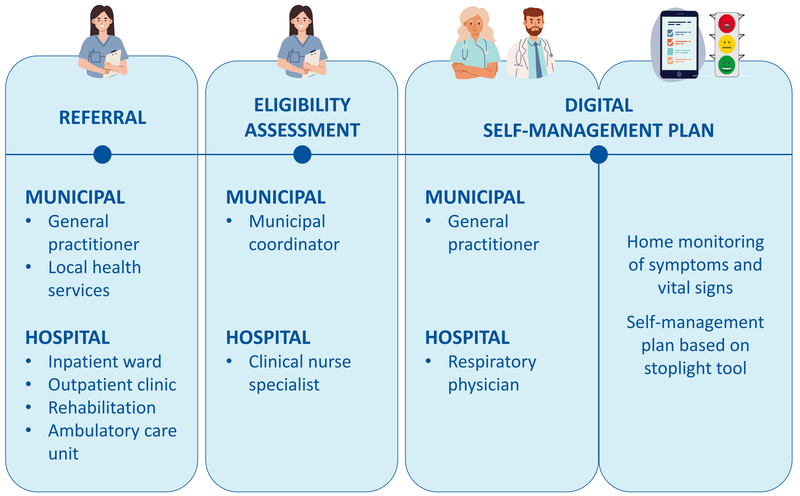

Figure 1. The care pathway in MILA, including clinical process, allocation of responsibilities and inclusion/exclusion criteria.

Figure 2. A collaborative service model in which the regional response centre functions as the central coordinator.

CONCLUSION

The MILA model is implemented as part of regular healthcare by January 2025. It utilises multicomponent interventions through a joint digital platform solution.

Further data analysis is necessary to evaluate the impact on patient safety, quality of life and self-management. See poster PA6261 .

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