

EMPOWER – Support of patient empowerment by an intelligent self-management pathway for patients

Best Practise Beispiele eHealth und Telemedizin – Herausforderungen und Potenziale

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Background – Health Themes

- Salzburg Research
 - | IOT Internet of Things and eHealth
 - Software development, eHealth and IOT R&D
- Tufts New England Medical Center (Boston, MA)
 - | Endocrinology and Molecular genetics Department (Researcher Diabetes)
 - Diabetes Basic research using alternative animal model: Zebrafish model
 - | Gene therapy
 - Clinical Research Department (System manager)
- Center for Cancer Researcher at MIT (Cambridge,MA)

EMPOWER – Support of patient empowerment by a self-management pathway (SMP)



- Call & Work Programm: FP7-ICT-2011-7,
 Objective ICT-2011.5.3a Patient Guidance Services (PGS),
 Safety and Healthcare record information reuse (STREP)
- **Duration**: 36 months, February 2012 January 2015

Partners:

- Salzburg Research Forschungsgesellschaft m.b.H. (Austria) Coordinator
- Helmholtz Zentrum München (Germany)
- GO IN Integrationsmanagement- und Beteiligungs-GmbH (Germany)
- Università della Svizzera italiana (Switzerland)
- Software Research and Development and Consultancy Ltd. (Turkey)
- Intracom Telecom (Greece)
- | Ministry of Health (Turkey)

2 Pilot Applications

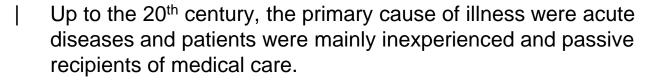
- 1 pilot in Ingolstadt, Germany with a network of GPs and diabetes specialists
- 1 pilot in Ankara, Turkey with family doctors and clinicians



Keep in this mind for the discussion panel

- | Telemedicine and Patient Empowerment benefits, to whom?
- Managing chronic diseases supported by appropriate software tools
 - | Telemonitoring and patient self-management
 - Patient shares data securely with particular healthcare providers
 - Periodic consultations between patient and healthcare provider(s)
- Cross border health care

The need for Patient Empowerment





- Chronic diseases are now the biggest cause of death and disability worldwide and account for an estimated 86% of deaths and 77% of the disease burden in the European Region [ENOPE, 2012]
 - For example: diabetes [IDF]
 - **382 million** people have diabetes in 2013; by 2035 this will have risen to **592 million**
 - Diabetes caused **5.1 million deaths** in 2013
 - The number of people with diabetes is increasing in every country and it is estimated that **the worldwide** diabetes prevalence will rise from 8.3% in 2013 to 10.1 in 2035
 - Diabetes caused at least **USD 548 billion dollars** in healthcare expenditures in 2013; **11% of total healthcare** expenditures in adults (20-79 years)
- ⇒ We must realise that each of us is responsible for our health and can manage it.
- ⇒ Healthcare can be delivered more efficiently and with lower costs if patients are full partners in the process towards a patient-centric care active rather than passive.

What is Patient Empowerment?

- "a philosophy of health care that proceeds from the perspective that optimal outcomes of health care interventions are achieved when **patients** become active participants in the health care process." [Monteagudo & Moreno, 2007]
- An empowered activated patient can be described by several characteristics [ENOPE, 2012]:
 - She understands her health problems(s) and the effects on her body.
 - She is able to participate in decision-making with her healthcare professionals.
 - She actively seeks out, evaluates and makes use of health related information.
 - She is able to make informed choices about treatment.
 - She is able to challenge and ask questions of her healthcare providers.
 - She takes responsibility for her health and actively seeks care when necessary.
 - She understands the need to make necessary changes to her lifestyle for managing health conditions.
 - Focus of the patient

=> information & decision making, self-control & self-management, behaviour changes

What does Self-Management mean?

- Self-management is what people do to manage their diabetes or other chronic condition and the effects on their physical health, daily activities, social relationships and emotions. [Diabetes Initiative, 2009]
- Patient must:
 - Deal with illness, such as medication, physical activity, doctor visits, changing diet
 - Continue normal daily activities, such as housework, employment, social life, etc.
 - Manage their emotional changes about managing their chronic condition, such as stress, uncertainty about the future, worry, anxiety, resentment, changed goals and expectations, depression, etc.
- Self-management is seen as a **key competence** for Patient Empowerment and emphasises that persons with chronic diseases has the central role in managing their health.
- All people with chronic conditions self-manage to some degree,
 - although the ability and resources vary across their lifespan
 - and at **different stages** of the condition.
 - Patients provide 98% of their own diabetes care. [Anderson & Funnell, 2010]



Patient Empowerment as the driving vision for EMPOWER

- Patient empowerment is seen as an essential aspect of patient-centric care and is identified as a main element of change for improved quality and safety in healthcare.
- Patient Empowerment engages patients to a greater extent in their healthcare process so that disease management becomes an integrated part of their daily life
- There are different ways to strengthen Patient Empowerment
 - Support patient's decision-making processes,
 - | Strengthen health literacy,
 - Support self-management,
 - Foster patient-physician relationship and communication
- What do patients need to cope better with their chronic diseases as part of their daily life?

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Objectives in EMPOWER



(1) Foster self-management with adaptive and secure patient pathways

- Utilize the Stanford model for self-managmentof chronic diseases (Patients follow the Self-management pathway)
- Enable Physicians to generate treatment goals based on diabetes guidelines and EHR data
- Enable Physician to share itemized recommendations with the patient electronically.
- Provide Disease-relevant information material and hints (EMPOWER Tips)
- Support Patient consent management– the patient should be enabled to share PHR data with particular healthcare providers

(2) Support behaviour changes with personalised action plans

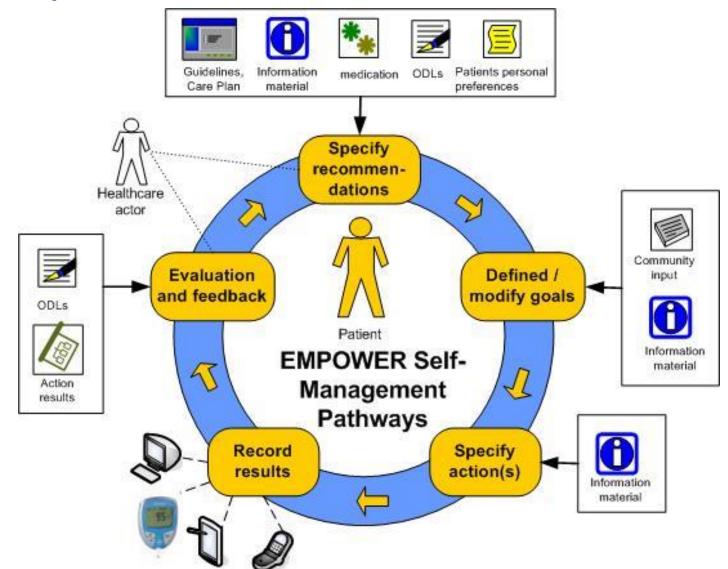
- Enable the patient to use the physician's recommendations to create smaller achievable goals
- Self-management goals are realised by short-term activities planned by the patient in a calendar
- Provide feedback to the patient to motivate and help the patient towards their goals. Patient use tools to visualize their performance (charts, tables) and to perform WEEKLY reviews of their progress.

(3) Facilitate self-control by collecting patterns of daily living

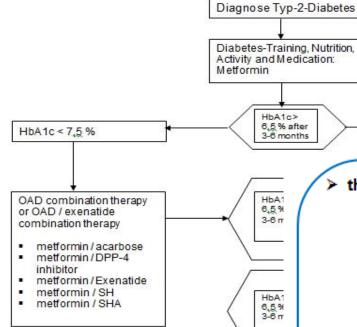
- Provide services to collect Observations of Daily Living (ODLs) about vital, physical and mental parameters and about physical and lifestyle activities.
- Enable ODL collection via web or mobile apps and collect EHR data from the doctor.



EMPOWER approach - supporting (self-)management of diabetes patients



EMPOWER - Physician specifies treatment goals self-management recommendations



Intensification of insulin therapy
• MDI (basal/bolus)

Premixed insulin bid, if MDI not;
 Combination with metformin, if n

contraindication/intolerance

the recommendations for self-management goals

- | Checking blood sugar and blood pressure daily
- Checking weight once a week (preferably always at the same time, e.g. in the mornings)
- Reducing 5 kg within the next three months
- | Doing some moderate exercises on a regular basis
- | To stop smoking

HbA1c > 7.5 %

- Checking the eating behaviour and changing it to a diabetes-compliant nutrition.
- A date for the next consultation in 3 months

the medication list

Medications: 08.02.2012

Ramipril 2.5 mg 1 x 1, at morning Eplerenon 25 mg 1 x 1, at morning Simvastatin 40 mg 1 x 1, at evening ASS 100 1 x 1, at lunchtime Carvedilol 12.5 mg 1 x 1, at morning

Metformin 500: 1 x 500 mg at night, 1 week 2 x 500 mg at

Specify recommendations

Patient

Defined /

modify goals

Specify

action(s)

Evaluation

and feedback

Record

results

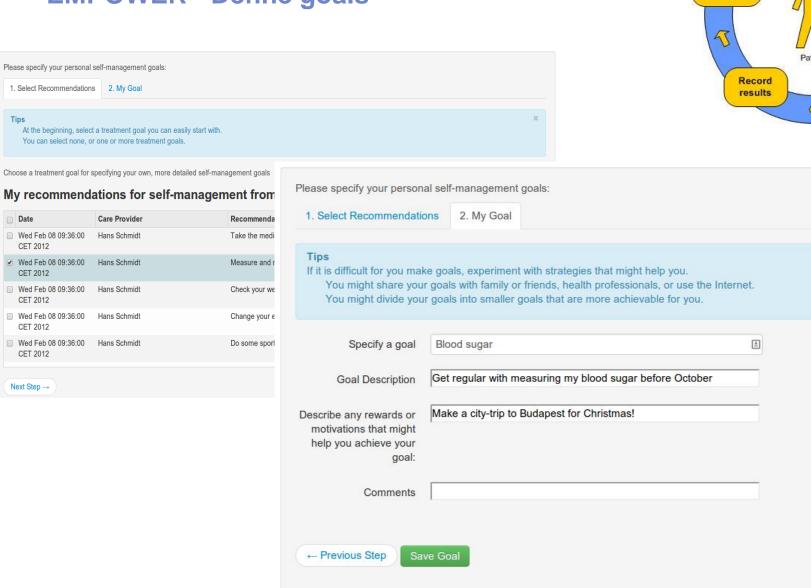
night, after 7 days 2 x 1000 mg

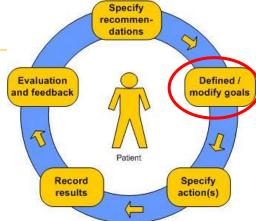


Aspects supporting goal creation by patients and self motivation (Milios, 2011)

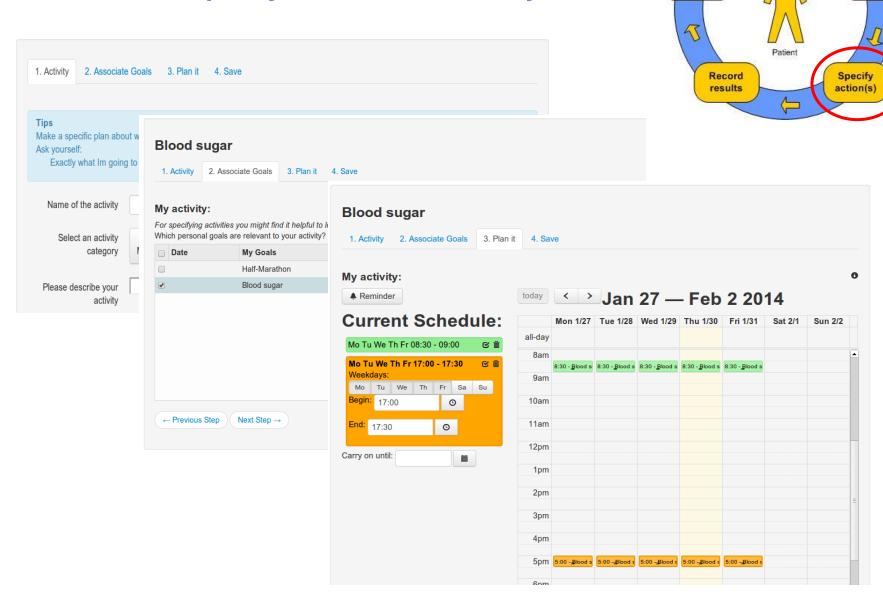
- Start with the right attitude be mindful, pay attention what you are doing when your are doing it
 - ⇒ Become aware of your unhealthy habits, e.g. with the help of a diary
- ➤ Set realistic goals and break your goals into smaller steps it is more motivating to set smaller goals/actions and achieve them than to set unrealistic goals and fall short
 - ⇒ Hints and supported messages for guiding through the goal setting process
- ➤ Use small successes to get to larger ones success breeds more success
 - ⇒ Report, graphs and trends can give continuous positive feedback
- Focus on what you want instead of focusing on what you don't want
- Reinforce the habit of discipline discipline are the key to habits, because they lead to results
 - ⇒ Becoming an active self-manager by Weekly Planning of actions (Lorig et al, 2006)
 - ⇒ Reminders for ODLs or weekly planning
- Remain flexible if you can't reach a goal focus on which part of the goal you can achieve
 - ⇒ Have a look at goal and recommendations (the purpose behind)
- Reward and reinforce reward your hard work and discipline and be pride in your positive results

EMPOWER - Define goals





EMPOWER – specify actions on a weekly basis



Specify recommendations

Defined /

modify goals

Evaluation

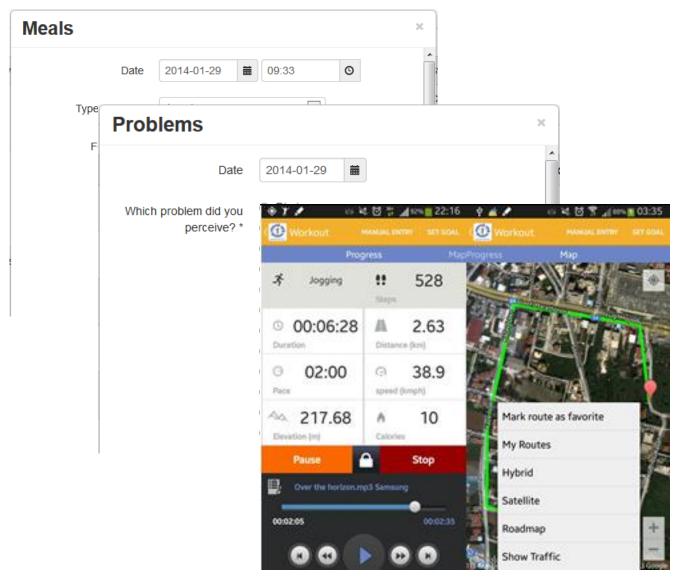
and feedback

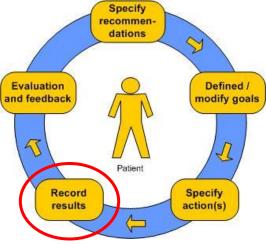


Plan activity multi-time slots per day (unlike calendar apps)



EMPOWER – recording patient observations





Blood Glucose

Blood Pressure

Body Weight

Meals

Physical Activities

Medication

Mood

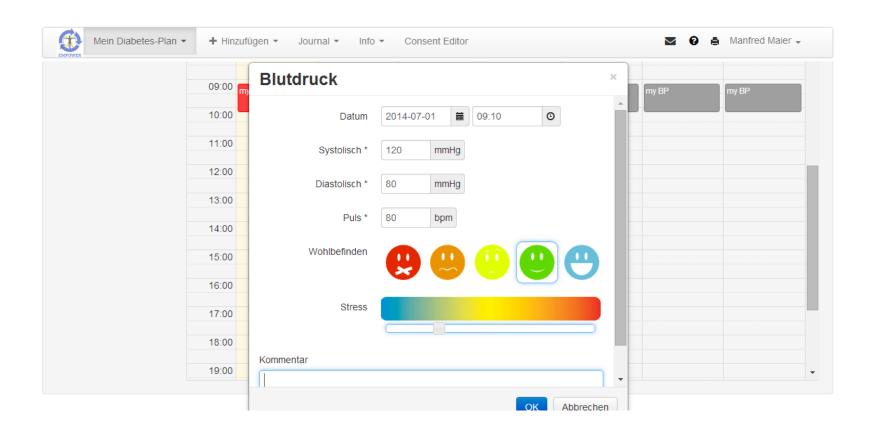
Problems

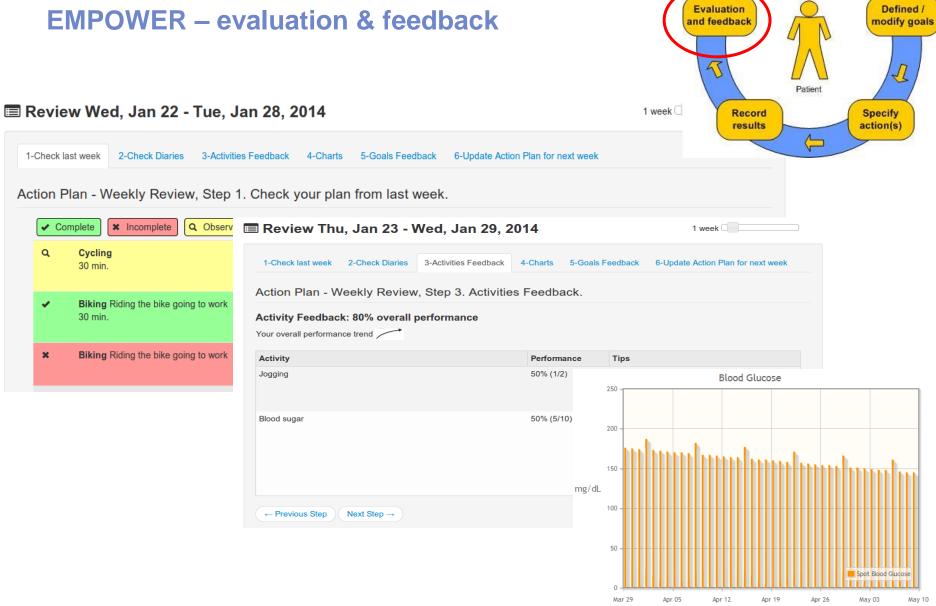
Sleep

Stress



Alternative ways to enter observations manually. Is manual data entry better than automated? Build awareness....





Specify recommendations

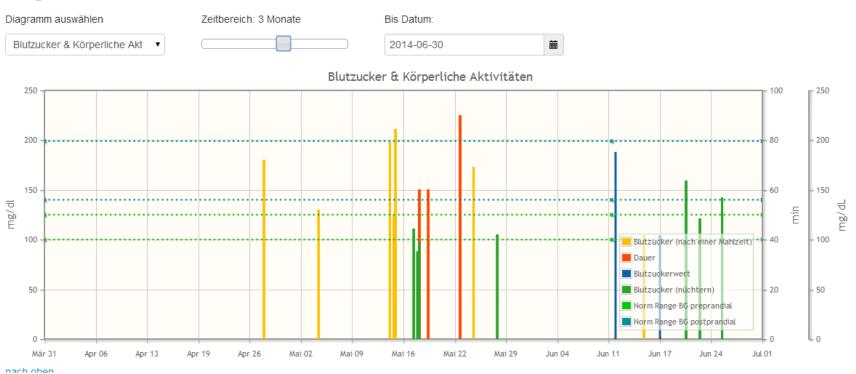


Evaluation: Weekly review - Update missing data, check performance Agenda view or Calender view



Feedback: Charts (physician or patient) Blood sugar and Sport

Diagramme und Trends



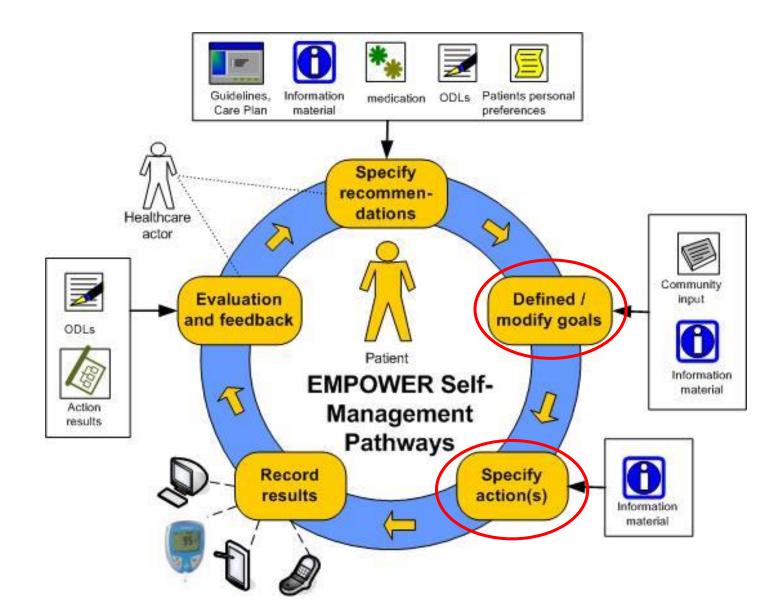


Feedback while inserting observations for planned events





EMPOWER approach – planning the next week





Self Management Pathway and Telemedicine

- The SMP Self management pathway is a collaboration between both the patient and medical experts to support both patient self-management and the doctor patient relationship; especially to support consulations.
- Hundreds of mobile health apps and monitoring devices are not integrated in patient treatment plan. However, some clinics do support ICT solutions for their patients.
- | Clinical PHR System Telemonitoring issues
 - With Personal Health Record systems (PHRS), patients do expect they are monitored 24 hours/day. There are legal and clinical policies to be clarified.
 - Patient consent policies the patient should be enabled to share PHR data with particular healthcare providers.



Final points – for discussion

- Telemedicine and Patient Empowerment benefits, to whom?
- | Managing chronic diseases supported by appropriate software tools
 - Telemonitoring and patient self-management
 - Patient shares data securely with particular healthcare providers
 - Periodic consultations between patient and healthcare provider(s)
- The process of self-management must be defined and understood by the health care providers and patients as means to help the patient manage their disease.
- Cross boarder care between TR and DE possible but not allowed by DE data ethics committee.
- Potentially, a Patient consent manager component could enable Turkish patients to share data with doctors in DE or TR. Consequenty, doctors could see results from both PHR and EHR sources of both countries.



Thank You!

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Literature

- [Anderson & Funnell, 2010] Anderson R. M., Funnell M. M.: Patient Empowerment: Myths and Misconceptions, Patient Educ Couns. 2010 June; 79(3): 277–282. doi:10.1016/j.pec.2009.07.025
- [Diabetes Initiative, 2009] http://www.diabetesinitiative.org/documents/SelfManagement-5.12.09_000.pdf
- [ENOPE, 2012] ENOPE European Network on Patient Empowerment: Patient Empowerment Living with Chronic Disease, 2012
- [IDF] http://www.idf.org
- [Monteagudo & Moreno, 2007] Monteagudo J. L., Moreno, O.: Report on Priority Topic Cluster two and recommendations Patient Empowerment. eHealth ERA, 2007



EXTRAS



Charts (physician or patient): Blood sugar

Zurück nach oben

amm auswählen	Zeitbereich: 1 Monat	Bis Datum:	
zucker	T	2014-06-30	
50		Blutzucker	
10			
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50	••••••••••••••••••••••••••••••••••••••		
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			Blutzucker (nach einer Mahlzeit)
			■ Blutzuckerwert

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ktuelle Agenda		Aktuelle Aktivitäten
• my BP	Mo., 09:10 - 10:10	✓ my BP 0/7
• my BP	Di., 09:10 - 10:10	
		Empfehlungen ohne ein Ziel in dieser Woche
		Sie haben noch keine Ziele für die folgenden Empfehlungen geplant:
		Take the medications every morning. Measure and record blood sugar and blood pressure daily. Check your weight on Sunday morning before breakfast. Change your eating behaviour within the next two months. Do some sports. Lose 5 kg. my_recommendation asdfasdf Personliches Ziel erstellen
iele ohne eine Aktivität in diese ie haben noch keine Aktivitäten für die		Zurück na
Jogging Eat less chocolate	torgenaen ziere geplant.	
+ Aktivität erstellen		



Motivation – self-care coping strategies (Collins et al. 2008)

- **Nonconformist** is a patient who does not follow most of his/her prescribed self-care regimen
 - They accepted minimal personal responsibility for their self-care
 - They often deny the seriousness of their conditions
 - They may believe that the burden of diabetes is overwhelming and that adopting positive lifestyle behaviours is too difficult.
- **Passive Follower** is a patient who follows his/her prescribed self-care regime, but does not react autonomously to changes in metabolic control.
 - They prefer structure with no variation in medication or meal times. Most of the passive followers had type 2 diabetes and used diet or oral medications to control their diabetes.
 - Passive followers tend to rely more on powerful others to help them make self-care decisions and appropriate lifestyle changes.
- **Proactive Manager** is a patient who independently monitors blood glucose and adjusts his/her self-care regime to maintain metabolic control
 - They accept a high degree of responsibility for their health and believes there self-care actions will positively influence their metabolic control

Survey

- this sample was minimal biased in perceiving diabetes self-management competence (46% patients followed a DMP program; thus 66% regard themselves as active followers)
- Patients with high e-skills regarded themselves more likely as active followers

26.09.2014



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Aspects supporting motivation (Milios, 2011)

Motivation is not like a mosquito. It's not going to land on you, no matter how long you wait. You must initiate it and create it by an act of will. (Milios, 2011)

- Start with the right attitude be mindful, pay attention what you are doing when your are doing it
 - ⇒ Become aware of your unhealthy habits, e.g. with the help of a diary
- Set realistic goals and break your goals into smaller steps it is more motivating to set smaller goals/actions and achieve them than to set unrealistic goals and fall short
 - ⇒ Hints and supported messages for guiding through the goal setting process
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- Remain flexible if you can't reach a goal focus on which part of the goal you can achieve
 - ⇒ Have a look at goal and recommendations (the purpose behind)
- > Reward and reinforce reward your hard work and discipline and be pride in your 26.09.20 positive results



Some remarks and lessons learned

- | EMPOWER support behaviour changes until new, diabetes-compliant habits become second nature, e.g.
 - for newly diagnosed Type 1+2 diabetes patients
 - for elderly diabetics who have to change their medication from pills to insulin
- Incoporating motivation in several ways is essential because behaviour changes are often a huge challenge for diabetes patients, e.g.
 - detailed feedback and hints as part of the Weekly Review
 - diaries for raising awarness
 - feedback and motivation from groups e.g. self-help groups or forums for exchanging experiences with other patients sharing similar situations
- It is crucial to involve the end users (diabetes patients, doctors, dieticians, etc.) from the beginning into the project.
 - For requirement specifications, early feedback for the prototype
- The EMPOWER approach is not restricted to diabetes because chronic diseases often needs self-control and behaviour changes.