CONFERÊNCIAS DE VALOR APAH 2017

Ílhavo • Porto • Évora

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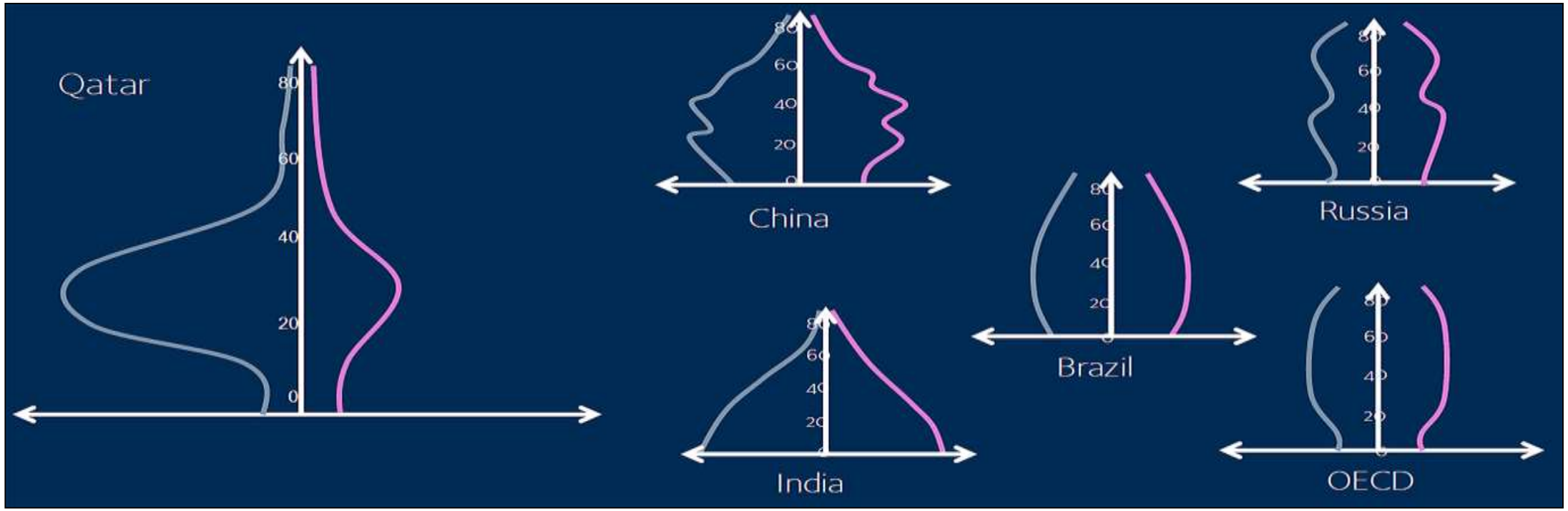
Discussion today

- Application of technology and care models to two very different populations
- We will focus on the transition of care
- We will explore the collaboration between hospital/primary care/community and the patient/family

Qatar Example

- 350,000 local population
- Young
- Large expat community (2 Million)
- Wealth allows for the development of systems and technology

Qatar and GCC population structures are unlike others in the developing or developed world



Bio Bank/ Genetic testing

- Available to all Qatari National
- Creates rich data bank
- Young population linked to medical care
- Relationships between genetic makeup
- Disease risk
- Physical characteristics and behaviour


Biobank screening
Prevention/primary care
Hospital care

Characteristics of Initiatves

- High patient involvement in care
- Self care
- Prevention initiatives on a national scale
  - Smoking cessation
  - Exercise
  - Diet
  - Safe driving

Enablers in the health system

- Biobank screening
- Single electronic medical record
- High use of smart phones and app technology

Challenges

- Communication from primary to hospital care
- Largely a referral based system with poor coordination
- Self management of young patients

USA Example

- Growing elderly population
- Living longer
- High cost
- Chronic disease management accounting for 78% of health care spend
- Hospital care dominates the health system spending

Hospital → Home → Primary care

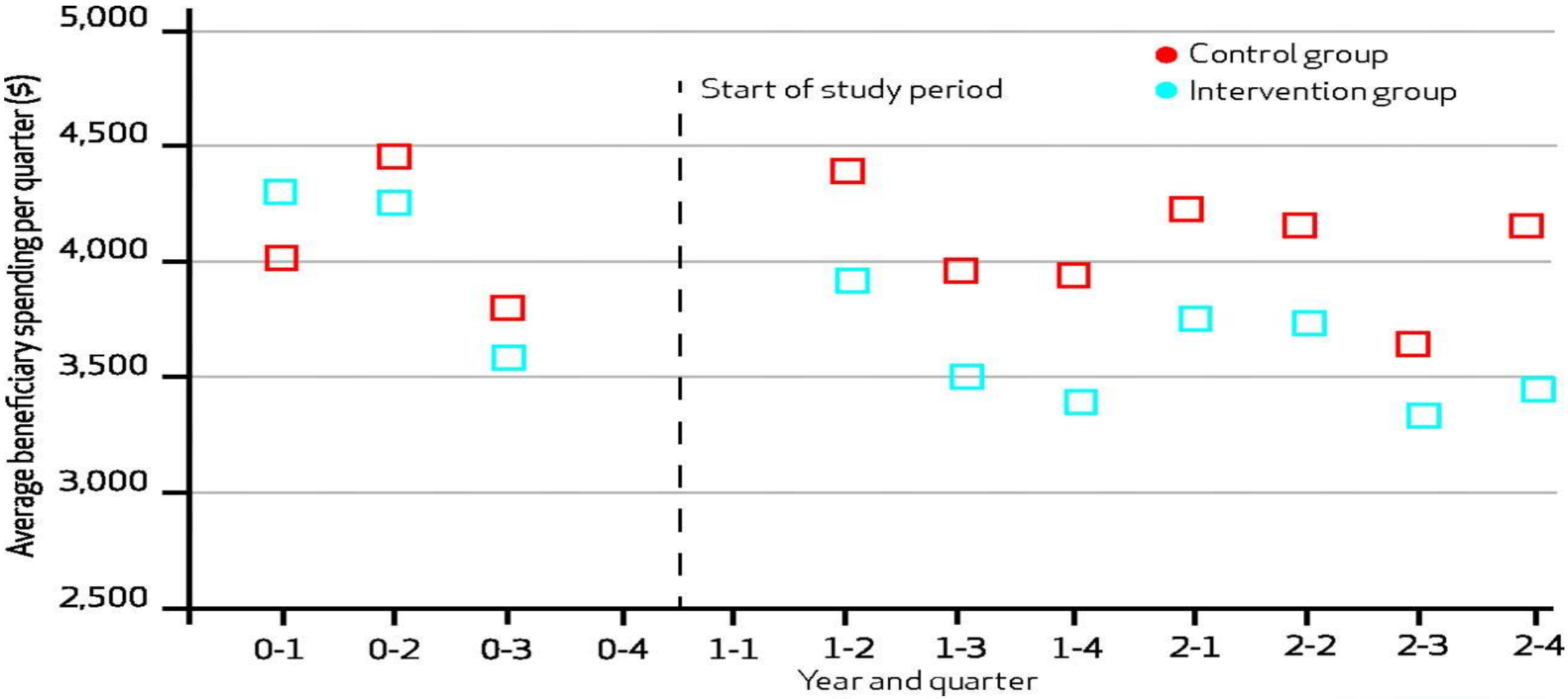
USA Example 1 Medicare Telemedine study

- One location in Western Washington State Wenatchee
- Health Buddy program
  - Programmed soft ware on a device for medicare patients with chronic disease
  - COPD, Diabetes, CHF
  - Linked to case manager
  - Daily intervention

Results

- Lower mortality rate (2.5 %)
- Lower readmission rate and use of Emergency Department
- Lower cost
- Patients able to self care….reducing primary care appointments
- Patients developed confidence in their ability to manage the disease

Quarterly Average Medicare Spending In The Intervention And Control Groups, By Study Year And Quarter.



Laurence C. Baker et al. Health Aff 2011;30:1689-1697

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What enabled this to work?

- Close relationship between hospital and primary care
- Human interaction with case manager
  - Overcame barriers of technology use with elderly patients
  - Provided social contact via phone replacing the social contact in the doctors clinic or emergency room

Challenges

- Hand off between hospital and home
  - Fragmented
  - Rushed
  - Confusing

Hospital is interested in reducing length of stay as a high priority. Less of a priority is the transition to home

What do we need to change?

- Partnership with informed and over informed patients
- Our role as navigator/coordinator vs healer
- Shared Decision making vs information giving
- See patients as the center of our care and find ways to work as if the institutional boundaries did not exist