



Telehomecare assessment for COPD patients enrolled in a disease management program

A project powered by IDPM, the state of the art technology for telehomecare from new IT healthcare

The Regional Home Care Service for Chronic Pulmonary Diseases of Montreal was established 30 years ago to provide Disease Management services for the Montreal area where currently 2800 severely sick patients are receiving a full program of services including home visits on a regular basis. To evaluate the use of technology as an alternative to our human resources intensive program, we piloted a 6 month study to document the impact of advanced telehomecare technology on COPD patients. A Telehomecare group was compared with best practices of the specialized nurse visiting program.

The objectives were to establish feasibility of telehomecare for severe COPD patients, evaluate the impact on resources utilization and to measure patient's and health professionals' satisfaction. Economic feasibility and modification to traditional nursing roles were also questioned. Twenty newly referenced patients were recruited to participate in the study and offered New IT Healthcare Intelligent Distance Patient Monitoring System. Ten patients were also recruited to match the experimental group and received the regular nurse visiting program.

Telehomecare is providing new opportunities to enhance Disease Management programs. A systematic evaluation of technology applied to COPD patient has revealed a substantial reduction of hospital admission and number of required visits while increasing patient empowerment and aptitudes of self-observation.

Both patient and health professional reported high level of satisfaction of this new relationship mediated by technology. Furthermore, telehomecare yielded a 15% net savings over regular Disease Management program already more productive than traditional care delivery.

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Data reveals a substantial reduction of hospital services consumption both in terms of number of patients admitted (**87%**), total number of admissions (**83%**) and total number of days spent at hospital (**68%**). Needed home visits elicited by monitoring data showed a substantial reduction (**60%**) compared with the regular program although the visits were marginally longer. Number and duration of phone calls did augment in the maintenance of this “at a distance” relationship. These benefits were obtained although the regular program had already shown substantial benefits of Disease Management over traditional approaches. Patients and health professionals reported high level of satisfaction. Net savings of **15%** supports a larger scale deployment of the telehomecare program to maintain Disease Management services in the context of ever increasing demand and shrinking resources.

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