

# Presenting a solution: ICT-supported pathways for integrated social and health care

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# SmartCare - Summary



- Improve the care experience, quality of life and clinical outcomes for care recipients and carers
- Support and empower care practitioners and other staff in undertaking their work
- Improve the efficiency of current service delivery
- Promote service innovation - custom, practice, process and location
- Facilitate co-operation and co-production
- Provide economic analysis

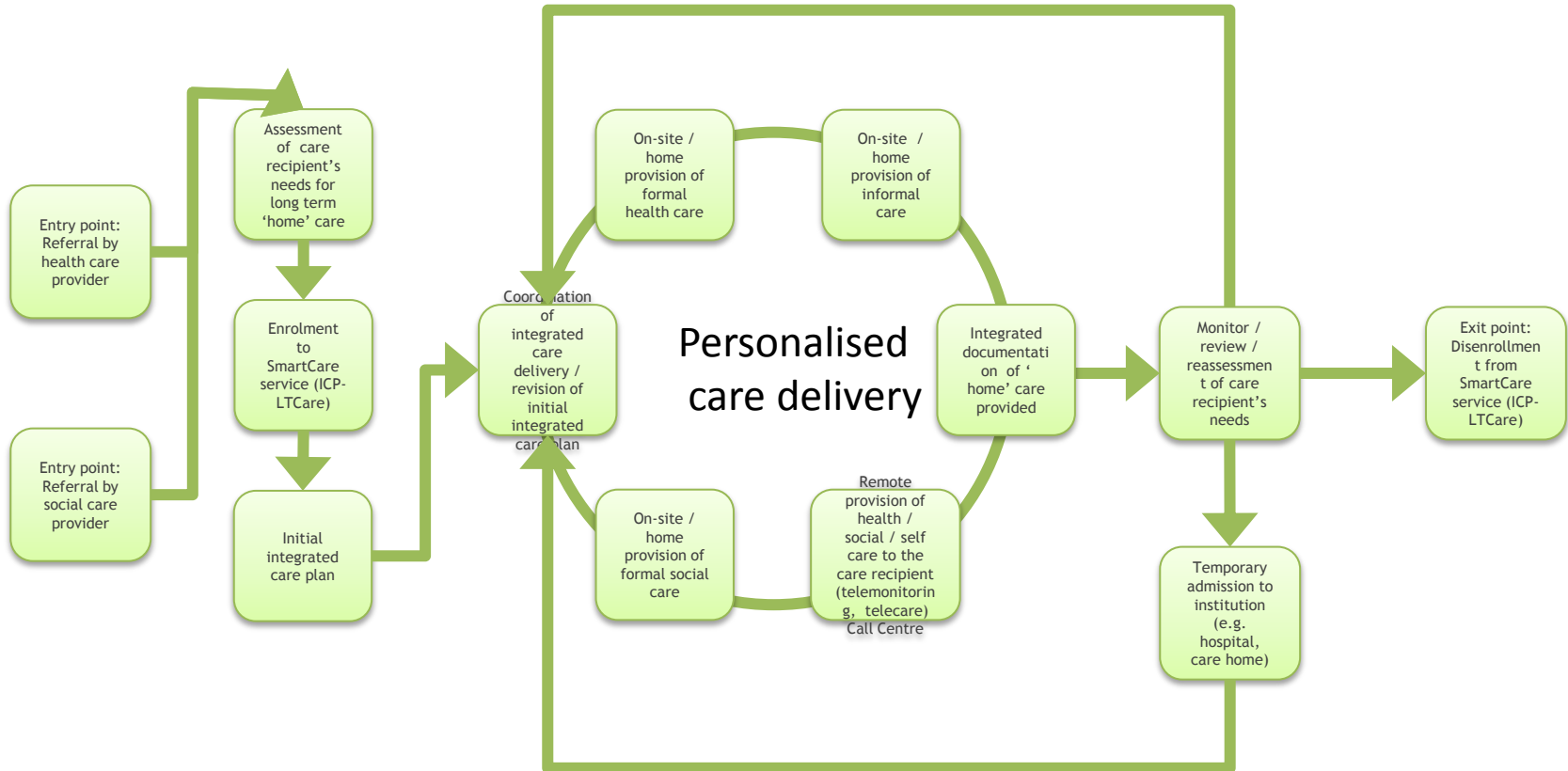
# SmartCare - Summary



- Enable the creation, access and exchange of high quality information between all stakeholders
- Develop pathways that can evolve to reflect service/organisational change, technology advances, social expectations and legal/ ethical requirements
- Exploit existing ICT investment where appropriate
- Deliver new care workflow processes and procedures

# Integrated Care

## Integrated Long-Term Home Care Support

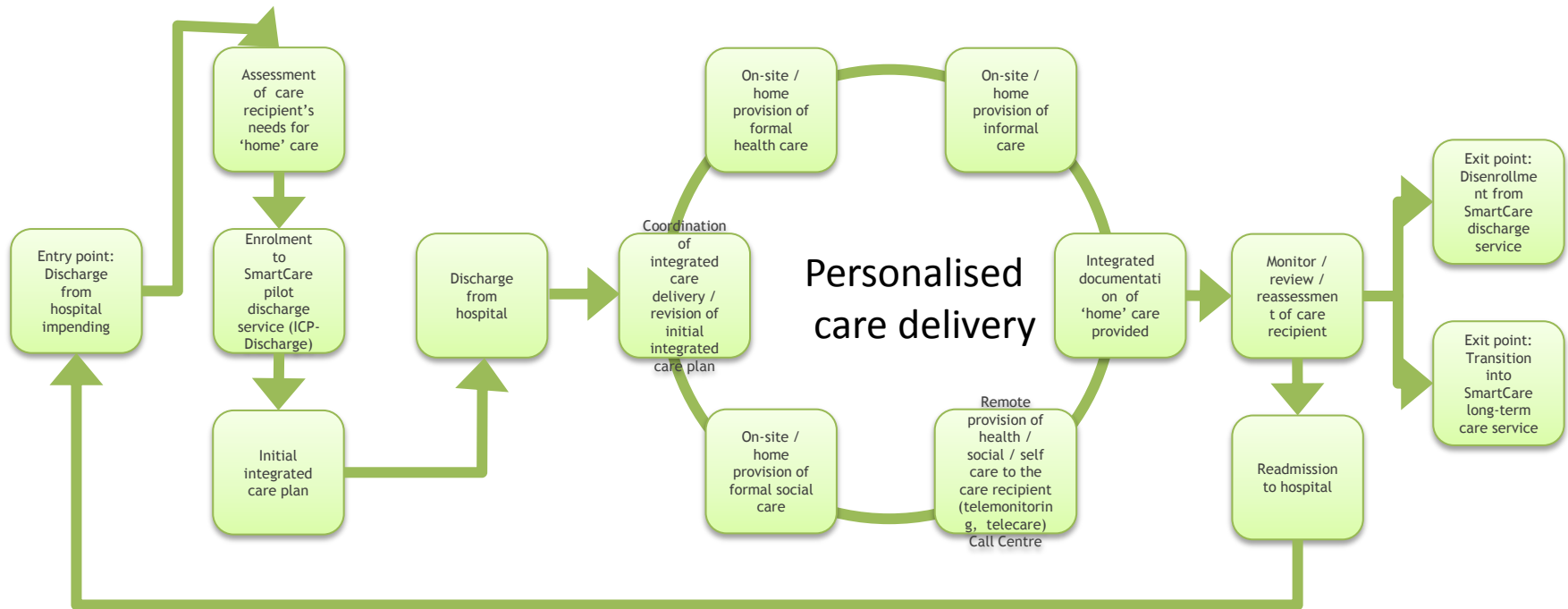


Personalised care delivery = interventions + co-ordination + integrated documentation

Onsite = care delivery setting including home

# Integrated Care

## Integrated Home Support after Hospital Discharge



Onsite = care delivery setting including home

Personalised care delivery = interventions + co-ordination + integrated documentation

# Pathway

# SmartCare - ICT development process



- Creation of three pathway layers:
  - Information recorded and shared
  - IT infrastructure
  - Communication mechanisms
- Three pathway templates completed to provide:
  - Current situation
  - SmartCare ICT model

# SmartCare - supporting key functions through ICT



- Information sharing
- Care co-ordination
- Joint, integrated assessment and care planning
- Support for self care and self management

# Information sharing



- Communication
- Electronic, paper, verbal, evidence-based, anecdotal
- Right information, right place, right time, right person

Example - Southern Denmark



# Information sharing - shared care record - Southern Denmark



FORSIDE **HJERTEPLAN** SVANGREJOURNAL VITALEVÆRDIER OVERBLIK

## Diagnoser

### Symptomer

### Mål og status

Værdi	Mål	Status	Historik
Systolisk blodtryk	under 130	165 mmHg	<a href="#">Vis</a>
Diastolisk blodtryk	under 80	100 mmHg	<a href="#">Vis</a>
HbA1c	under 6,5	mmol/l	<a href="#">Vis</a>
HbA1c	under 60,0	mmol/l	<a href="#">Vis</a>
Total kolesterol	under 4,0	10,0 mmol/l	<a href="#">Vis</a>
LDL	under 1,9	8,0 mmol/l	<a href="#">Vis</a>
LDL	under 1,5	8,0 mmol/l	<a href="#">Vis</a>
S-Triglycerid	under 1,7	1,7 mmol/l	<a href="#">Vis</a>
Antal genstande pr. uge ca.	under 33	30 Stk	<a href="#">Vis</a>
Antal genstande pr. uge ca.	under 9	30 Stk	<a href="#">Vis</a>

Tilføj mål  Vis slettede

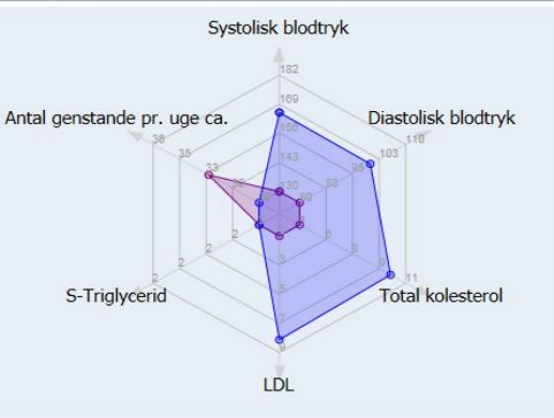
## Målinger

### Laboratorieværdier

Værdi	Måling	Dato	Ny måling	Vis graf
Carbamid	1,0 mmol/l	23-05-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>
Creatinin	120,0 mmol/l	05-09-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>
INR	20,0	12-06-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>
Total kolesterol	10,0 mmol/l	21-06-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>
LDL	8,0 mmol/l	12-06-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>
S-Triglycerid	1,7 mmol/l	09-04-13	<a href="#">Ny måling</a>	<a href="#">Vis</a>

Tilføj værdi  Vis slettede Svar fra 0 ud af 9 laboratorier hentet 30-09-13 13:42

## Statusgraf



Status Mål

## Aktivitetsliste

Deadline	Aktivitet	Ansvarlig	Organisation	Formular	Udført	Historik
21-08-13	Udfyld spørgeskema inden samtale	Borger		<a href="#">Åbn Formular</a>	<input type="checkbox"/>	<a href="#">Vis</a>
07-07-13	Udfyld spørgeskema inden samtale	Borger		<a href="#">Åbn Formular</a>	<input type="checkbox"/>	<a href="#">Vis</a>
22-06-13	Udfyld spørgeskema inden samtale	Jesper Rødtnes	Odense University Hospital	<a href="#">Åbn Formular</a>	<input type="checkbox"/>	<a href="#">Vis</a>

Tilføj aktivitet  Vis slettede  Vis udførte

## Kalender

### Sundhedsfaglige Kontakter

### Noter om patienten

### Noter til patienten

Dato	Notetype	Note	Ansvarlig	Historik
24-09-13	Noter til patienten	Husk at vi har aftalt at...	Jesper Rødtnes	<a href="#">Vis</a>

Tilføj  Vis slettede

### Vejledninger

Dato	Notetype	Note	Ansvarlig	Historik
24-09-13	Vejledning	<a href="#">Her kan du læse mere om sygdom og symptomer</a>	Jesper Rødtnes	<a href="#">Vis</a>

Tilføj  Vis slettede

### Patientens egne noter

Dato	Notetype	Note	Ansvarlig	Historik
12-04-13	Egne noter	ny note	Anne	<a href="#">Vis</a>
12-04-13	Egne noter	<a href="#">Sundhed-dk dette er et link</a>	Anne	<a href="#">Vis</a>
08-04-13	Egne noter	Patientens note	Anne	<a href="#">Vis</a>

Vis slettede

## Pårørende

## Rapporter

## Egenomsorg

## Formularer

# Care co-ordination



- Co-ordination of a care recipient's care undertaken by a care practitioner, the care recipient themselves, their informal carer
- Co-ordination through IT systems
- Role and function 'owner' can change

Example - Aragon

# Care co-ordination - IT system focus model - Aragon



Altitude uAgent Windows

## Proximidad Local

**Datos Generales. Ficha de Persona:** Codigo: P

Nombre:  Documento: NIF

Apellidos:   E.Civil:  Sexo: H

Pais:  Residente: S  Idioma: CASTELLANO

Dirección:  Número: 1 Localidad:

Provincia:  Centro:

**Datos Dependencia**

Grado de Dependencia

Discapacidad

Certificado Minusvalía

Datos de Convivencia

Relaciones con el Entorno

**DATOS DE SALUD**

CENTRO	PROGRAMA	PROYECTO	SUBPROYECTO
Oficina Central	Educación y Sensibilización A...	Difusión e Información sobre dif...	Moviéndose por el Aherro

## Solicitud del servicio

**Servicios**

Acompañamiento a gestiones

Acompañamiento en domicilio

Agenda de seguimiento

Día: 03/05/2010 Hora: 08:58

Observaciones:

## Recursos necesarios para realizar el servicio

Voluntarios para realizar el servicio: 1

Productos de apoyo para el servicio: Silla de ruedas, Muletas

Vehículos: V. Transporte Adaptado, Ambulancia

Observaciones:

**Cancelar** **Activación Servicio**

# Joint, integrated assessment and care planning



- Joint development and ownership of assessment and care plans
- Flexibility to support scheduled and unscheduled monitoring and event management

Example Friuli Venezia Giulia

# Self care and self management



- Telehealth and telecare
- Online patient and carer education programmes
- Person held record
- Appointments diary
- Care recipient networking
- Information resource
- Directory of services

Example - Scotland

# Living it Up - Scotland

