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CONFERENCE ABSTRACT

Evidence for Supported Self-Care at Scale

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Context: Liverpool Clinical Commissioning Group (LCCG) is committed to provide health and social care for Liverpool that is person-centred, supports people to stay well and provides the very best care. The work described here is part of a UK government sponsored programme in Liverpool to deliver assisted living technologies at scale. It recognises that the only way in which increasing demand can be managed with decreasing resources is by solutions that focus face-to-face care where and when it is needed, and support people to manage their long term conditions (LTCs) through technology.

Methods: Over 3 years 2234 patients with COPD, HF or diabetes were recruited through case finding from GP practice lists. They received a programme of tele-monitoring through TV or tablet with the support of a clinical hub and a structured programme of case management, monitoring (vital signs and questionnaires), education (hints, tips and videos) and telephone coaching.

Using a dataset of more than 480,000 people, a study cohort of 1808 patients is matched to a pseudonymised control cohort. Matching is done in terms of disease, age, previous emergency admissions, future emergency admissions risk, deprivation and polypharmacy. There was no change in the usual care for the individuals in the control group. Analysis is performed to control for the duration of the intervention, season and risk of one or more emergency admissions in the following 12 months.

Results: The intervention cohort showed a broad distribution in emergency admission risk. The average risk is 25% and the 10-20% was the single largest risk-band. On average people remained on service 4.5 months. People with high risk were 4 times more likely to be on service than people with low risk and they remained on service longer. Patient satisfaction was high with 90% of patients reporting that they felt more in control, had gained confidence and/or felt better able to cope with their condition. The high risk group showed reductions in emergency admissions and secondary care costs in comparison with the control group ranging from 22% to 32% ($p<0.05$)

Keywords: implementation studies, assessment of the effectiveness of telemedicine, economic evaluation of telemedicine, clinical telemedicine practice, enabling technologies, integrated care, monitoring, clinical decision support systems, data analytics, assistive technology