

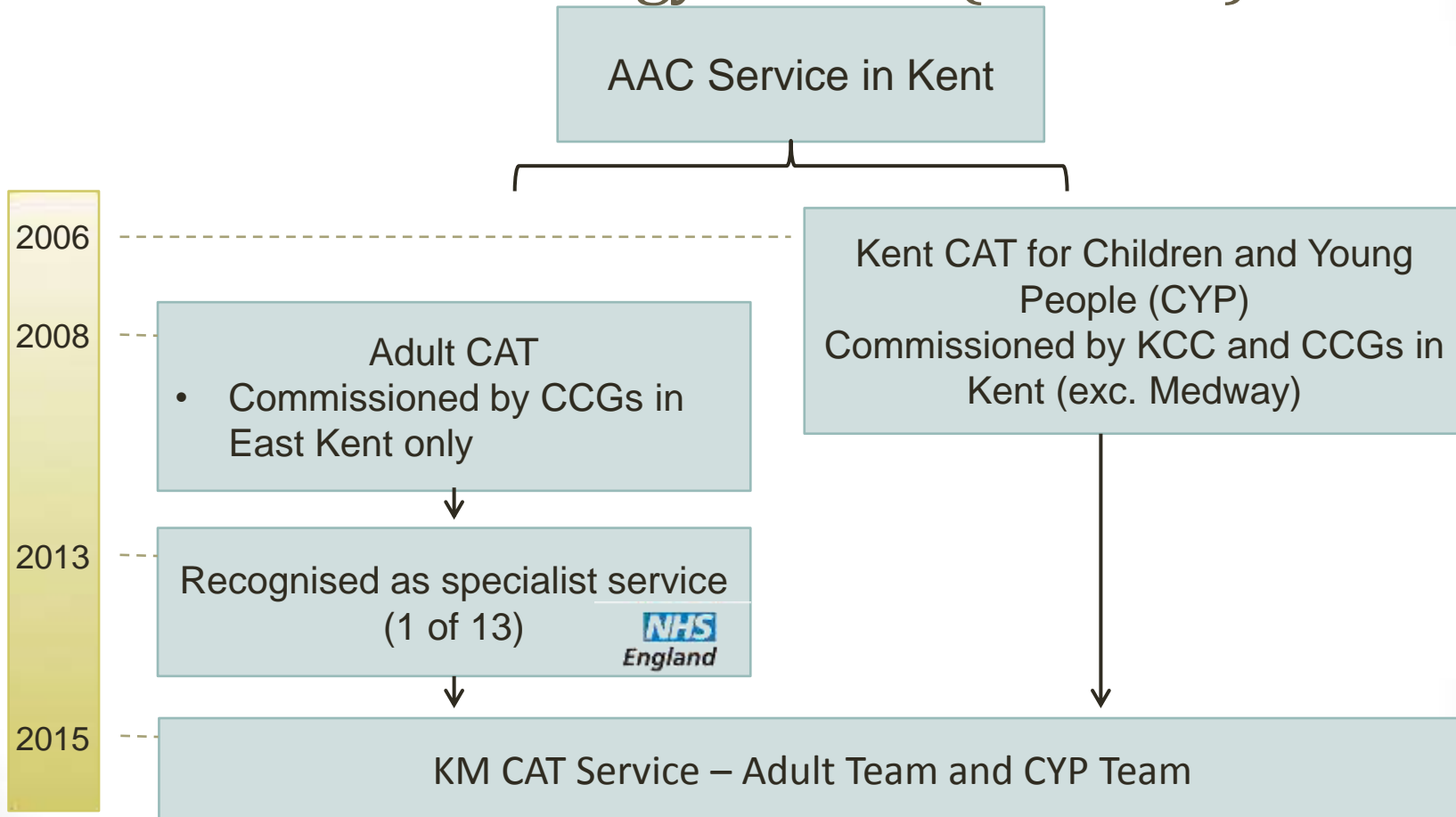


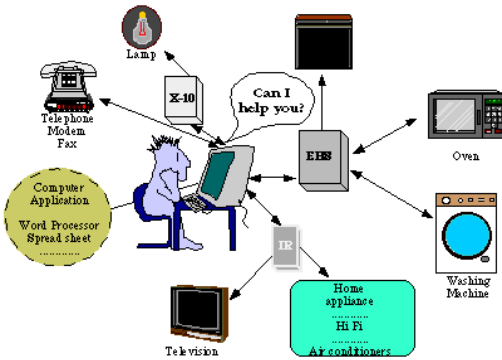
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Ethical Aspects of E-health

Kent and Medway Communication and Assistive Technology Service (KM CAT)





Work closely with other organisations such as the wheelchair service, and Environmental Control Service

Assess and provide Augmentative and Alternative Communication (AAC)



Train users, their network of support and local therapists





KM CAT Service- Multidisciplinary Teams

Prior to Assessment for AT

Postural Management



Matching Person to Technology

- The assessment for AT is a complex process requiring not only an understanding of the individual but also of the technology to be used and the context it is to be used in.
- If these issues are not considered then it can lead to abandonment of the technology – thus leaving the problems unresolved.
- Match the person with best available AT
- A process not an event

Consider Factors for Abandonment AT

- disregard for consumers' preferences in technology selection
- poor device performance
- change in consumers' functional abilities,
- unreliable devices
- difficulty using devices
- environmental barriers
- and fear of technology

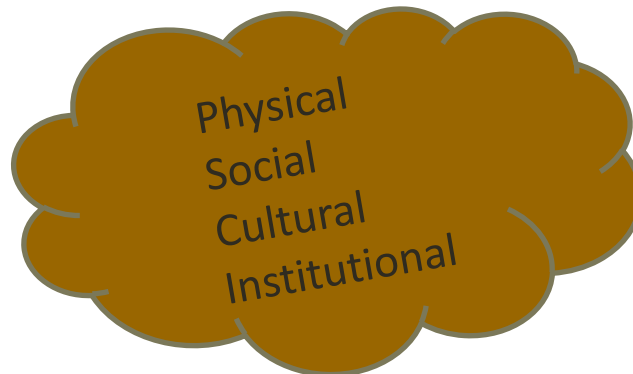
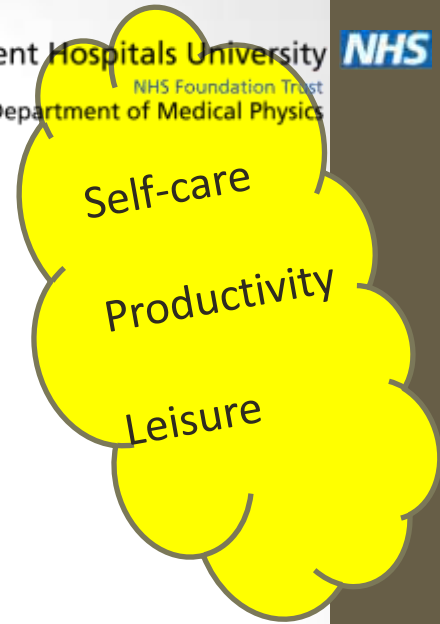
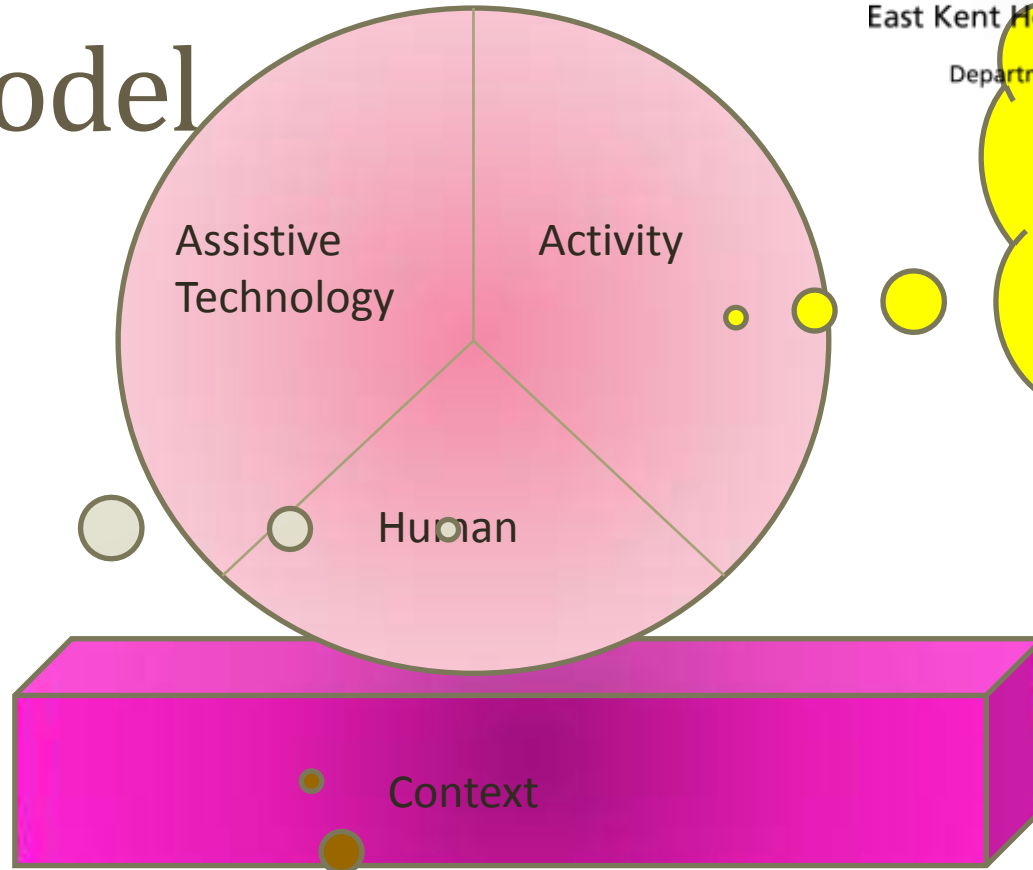
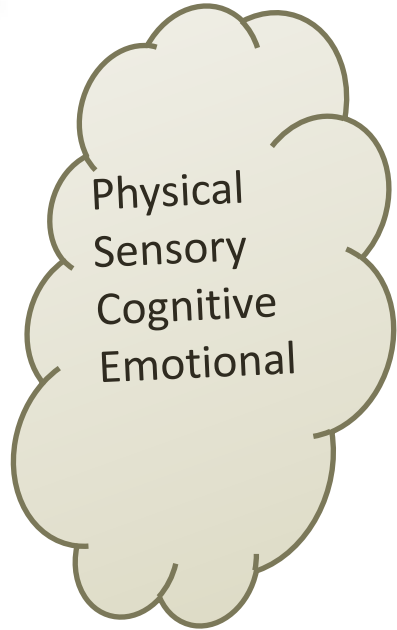
Ref: Giltin, 1995; Phillips & Zhao, 1993; Rogers & Holm, 1992

Technology (HAAT) Model

- The HAAT Model proposes a framework to assist an understanding of the complexities of the human-technology interface
- The HAAT model facilitates a comprehensive approach to the assessment of complex needs.
- Consideration of each element is needed for appropriate selection, provision and evaluation of AT

Ref: Cook and Polgar (2008).

HAAT Model



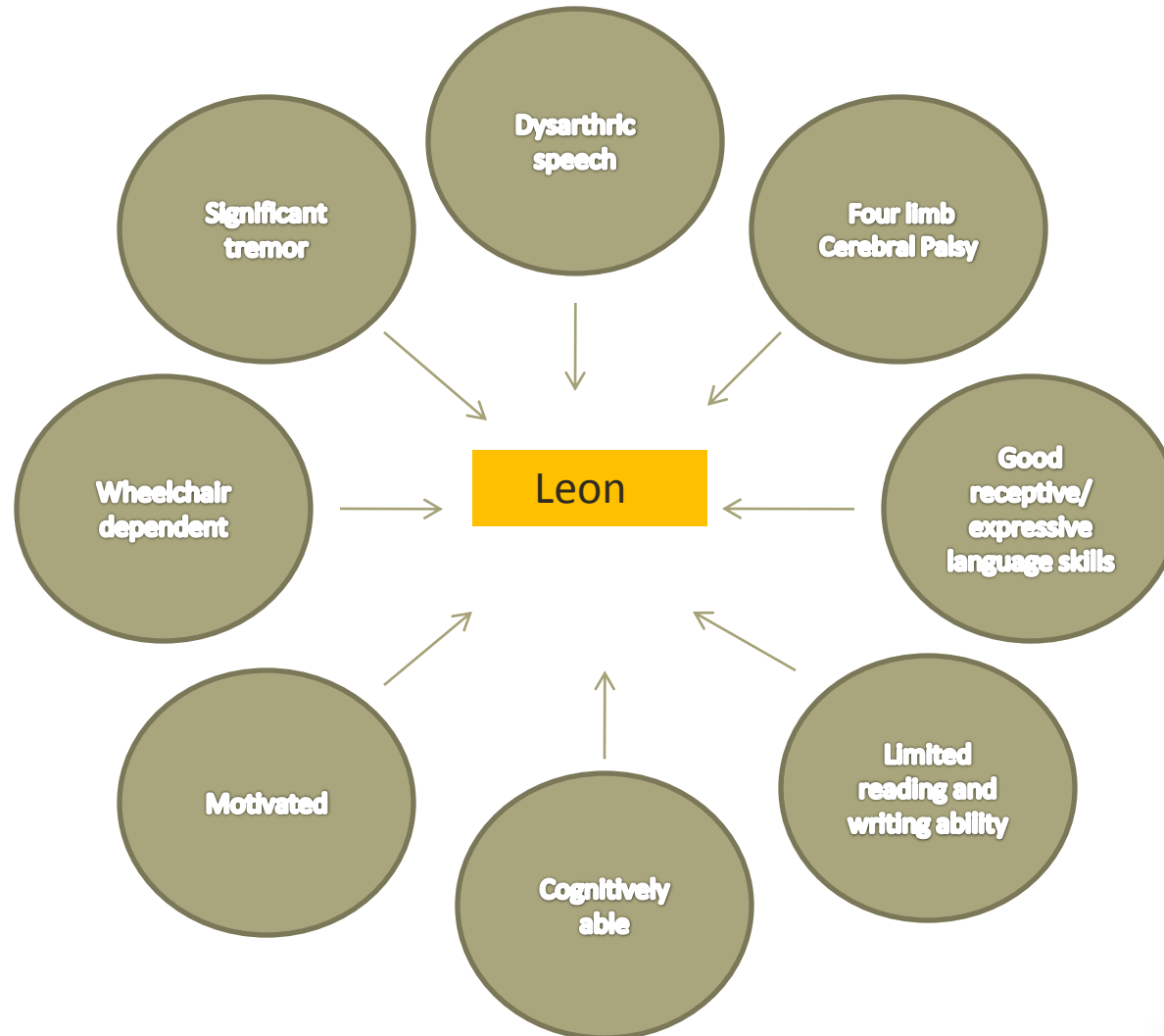
Principals of Assessment and intervention in AT

- Should consider all components of the HAAT model
- To enable an individual to perform functional activities
- The assessment is continuous and deliberate
- Assessment and intervention requires collaboration
- An understanding of how to gather and interpret data

Case Study: Leon

- 19 year old gentleman
- Lives with Family
- Communication difficulties
- Assumed Learning Disability – now considered Learning difficulty
- Previous use of AAC at School – not continued
- Loves animals and Arsenal!

Leon: Information at the point of referral



Activity

Goals for Communication

Leon set his own goals:

- To be understood more easily by family and friends
- Voice Output
- Access the internet
- Communicate with friends on Facebook

This represented the 'Activity' component within the HAAT framework

Person

Abilities and Constraints

- Physical:
 - Hypertonia affecting pelvis (pelvic rotation) + all four limbs
 - Curvature of the Spine
 - Athetoid movements
 - Background tremor (?CP related?)
 - Selective/Active movement of Upper Limbs
 - Stabilised self by holding onto tray
 - Controlled head movement
- Sensory:
 - No significant sensory deficits
- Cognitive:
 - No significant cognitive issues identified
 - Educational Level needed to be considered

Assessment

- Initially focussed on direct access
 - Less cognitively and motorically quicker, thus offers enhanced rate of communication (Glennen 1992)
 - Identified possible use of touch-screen AAC device
 - Initially successful however Leon's motor constraints were significantly variable session to session
- Indirect access considered
 - Trialled possible switch control sites: head and hand
 - Spec switch on tray enabled activation by finger whilst stabilising self
 - Reliable
 - Required minimal effort
 - Able to perform a timed response

Person + Activity = AT

- Following assessment, recommendations for AT were made:
 - Flexible means of access (touch and switch)
 - Flexible vocabulary software (symbol based to text)
 - Allow integration of controls for the future:
 - Computer Access
 - Environmental Controls
 - Wheelchair Controls?

The Context

- Concern re. limited cause for AAC use
 - No educational setting
 - Family and friends have coped/used strategies for long time – old habits are hard to break!
- Family and SLT support and motivation
- Family and SLT limited experience with AAC
- Environmental limitations
- Socioeconomic context
- Support issues: ongoing physical management, postural management, training for SLT and family

The Outcome

- Leon is now using his device for:
 - Daily communication with family and friends (including friend with same device)
 - PC access via integrated controls
 - Environmental controls
 - SMS texting via bluetooth

Thank You for Listening !





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Patient Engagement with e- Health

Benefits, Opportunities & Concerns from a Patient Perspective

Sue Southon
Lay Member for Patient & Public Engagement
West Kent CCG



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This presentation covers:

What does e-health mean to the 'Man on the Street'?

What does e-health mean to the health professional?

How do we ensure a common understanding?

What do patients see as the benefits/opportunities of e-health?

What are the patient concerns around the use of e-health?

Some examples of using e-health in West Kent CCG

How are patients involved?

What might the future hold for e-health?



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**The Man on the Street thinks e-health is:
VERY CONFUSING!**

PPG chairs were asked for their explanation of e-health:

Most common response was.....

Haven't a clue/not familiar with the term/no idea/don't know....

Other responses from those who didn't know included:

Concerns European Referendum

Is it the end of GPs/an excuse for my GP not to talk to me?

If asked to explain it would be a guess

Sounds like NHS jargon

If term e-health is used it should be assumed that this is an expression known only to those in the know

Adopting a lifestyle that promotes better health



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Some more informed responses:

Cross between using electronic equipment in conjunction with remote access to results etc.

Skype consultations

Internet web based triage process

Health information on line

Reputable websites for patients to access general medical queries

All aspects of NHS changing to incorporate the internet age

Computer prompts for your health

How health is managed or improved using guidance & support over the internet

To do with technology, processes & communication

Telemedicine



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Health professionals think e-health is:

Different things to different people! So varying views on the definition of e-health but generally agree it encompasses:

Electronic Patient Records

Electronic communications with patients/professionals

Telehealth/Telecare – sometimes referred to as Cybermedicine

Information Management

Information Governance

Personal Health Records



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So firstly, how do we engage with patients about e-health to ensure a common understanding?

Most respondents to my question requested a response to confirm what e-health actually means. No one person was confident in their response

Health professionals using the term are mindful that it may need explanation & should not assume a mutual understanding

Not everyone embraces technology so can cause anxiety to a patient which needs to be managed

Commissioners of services (including e-health systems) should involve patients at the earliest opportunity



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What do patients see as the benefits/opportunities of e-health?

Taking control

Helps to retain independence

Safer Care for them as individuals

More effective treatment

More efficient service

More patient centred

Timely & up to Date records



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What are the patient concerns around the use of e-health?

Confidentiality/Misuse of information

Language/Jargon

Understanding & interpreting the monitoring information

Privacy

Timely access to a health professional

Access to real time information

Treatment on the 'cheap'



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Some examples of using e-health in West Kent CCG

Care Plan Management System

Health App

Self Care strategy

IAPT online

Kinesis



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How do we involve patients in these projects?

Individual PPG chairs/vol sector representatives – including Healthwatch on project groups

Presentations before/during & on completion of projects

PPG chairs act as cascade to wider public through their GP practice based PPG groups

Governing Body held in public where decisions on developing & implementing systems are made



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What might the future hold for e-health & patients?

7 Day working requirement

Ageing population

Increase in Long Term Conditions being managed in the community

Increased accessibility of mobile devices

Increase in the effective use of data. Qualitative as well as Quantitative



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And Finally.....

You are all very welcome to come & hear how West Kent CCG works, including its approach to e-health. Our Governing Body meetings are held in public once a month. Details are on the West Kent CCG website.

Questions???



Helping the elderly to embrace technology

Sophie Gourlay – Docobo Ltd
Sophie.gourlay@docobo.co.uk

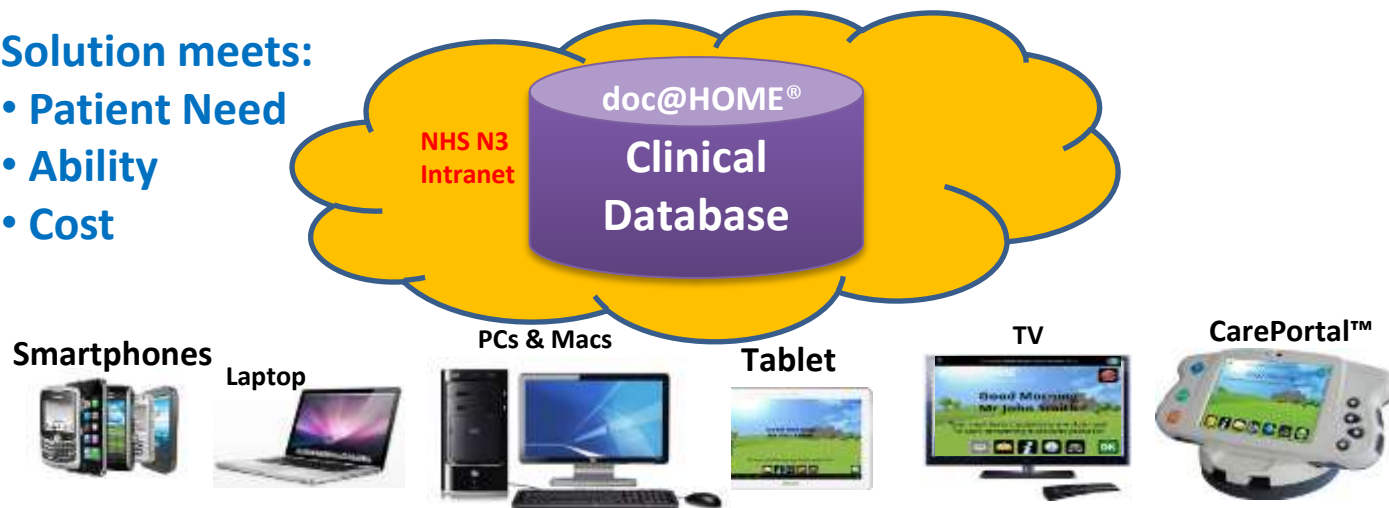
Docobo Company

- UK company formed 2001 – Digital Health Company
 - Targeted population analysis and cohort identification
 - Technology Enabled Care Services
- Telehealth System is a Class I Medical Device, CarePortal is Class IIa
 - NHS Approvals
 - N3 (NHS Intranet)
 - Information Governance ITK – 98%
 - NHS Procurement
 - GCloud6 Framework
 - UK Design and Manufacture –UK jobs, UK economy
- Current Status
 - 30+ NHS organisations using doc@HOME, recent tender wins in Barnsley, Bassetlaw, Nottingham, Doncaster , Essex, Hull, Gloucestershire
 - Managed service 350,000 population in Sussex for Integrated Care

doc@HOME – Telehealth Infrastructure

Solution meets:

- Patient Need
- Ability
- Cost



**IT Literate
Mild Long Term
Conditons**

The Continuum of Care

**Elderly
Poorly
Symptomatic**

Age UK Headquarters, Leeds



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User Design Input - CarePortal®

Shape

Weight

Size

Buttons

Training
videos and
self help

Cradle

Built in ECG

Always on

Controlled

Uncluttered

Simple GUI



Set up and Training

- Time

- Empathy



Getting Young People Involved



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Thank you

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Questions
and
Close