

Envisioning Value-Based Virtual Care: Lessons Learned from International Virtual Care Implementations During the COVID-19 Pandemic



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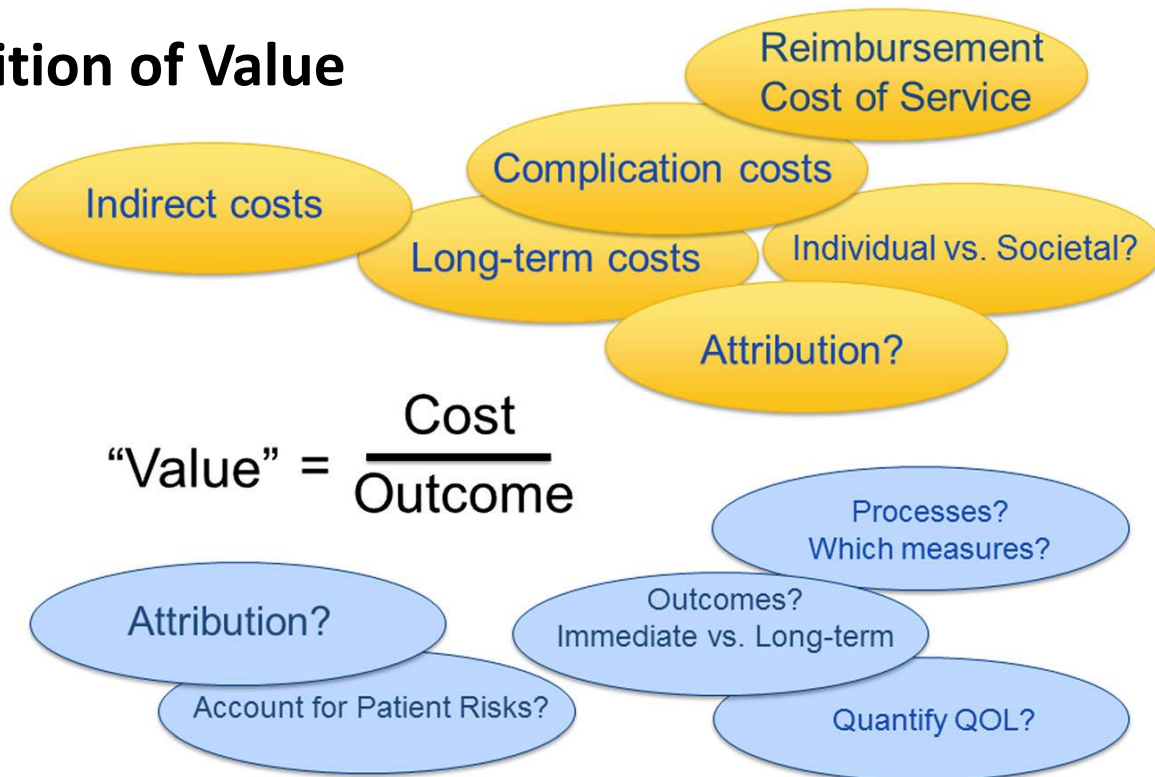
US
Carolyn Petersen

Mayo Clinic





The Simplest Definition of Value





Virtual Care Services in Australia Since March 2020



Synchronous Tools



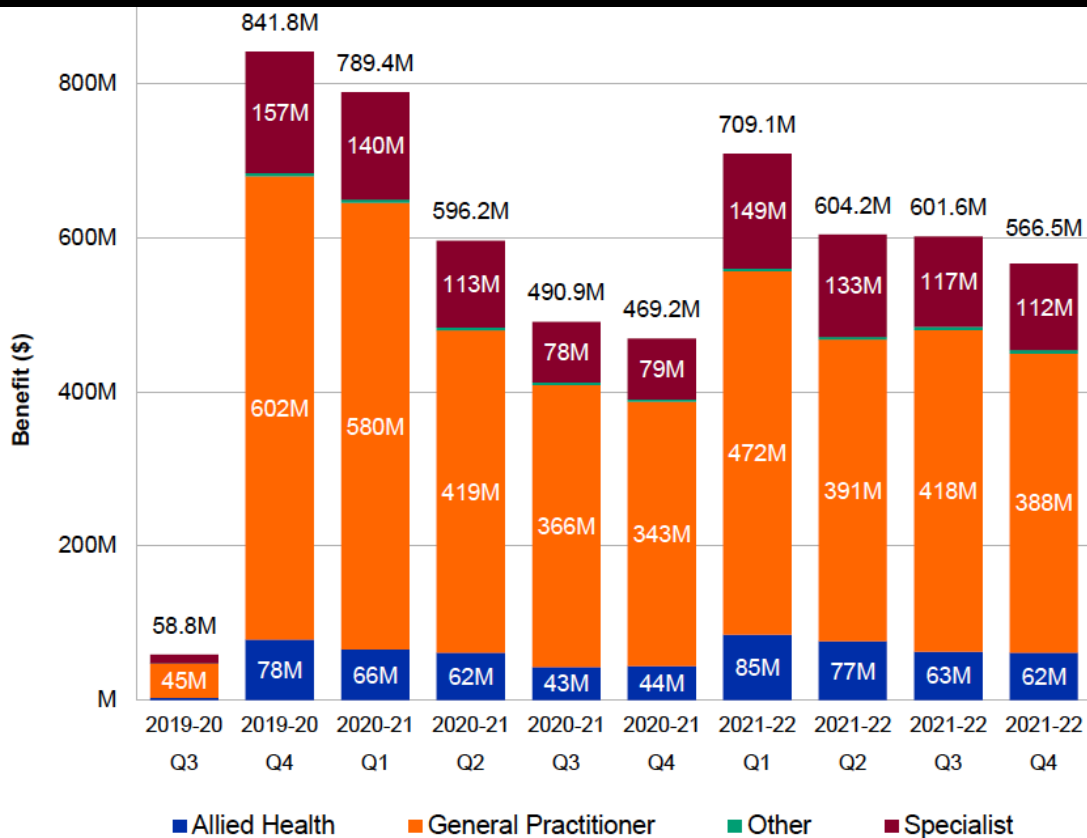
Asynchronous Applications



Audio Digital Tools



Digital Self-Care Tools



Value of benefits paid for virtual care in response to COVID-19 in Australia



How will virtual care demonstrate its value in a post-pandemic era?



Increased
User-Centred
Design



Reduced
Cost



Improved
patient
satisfaction



Improved
Data Quality



Enhanced
Literacy

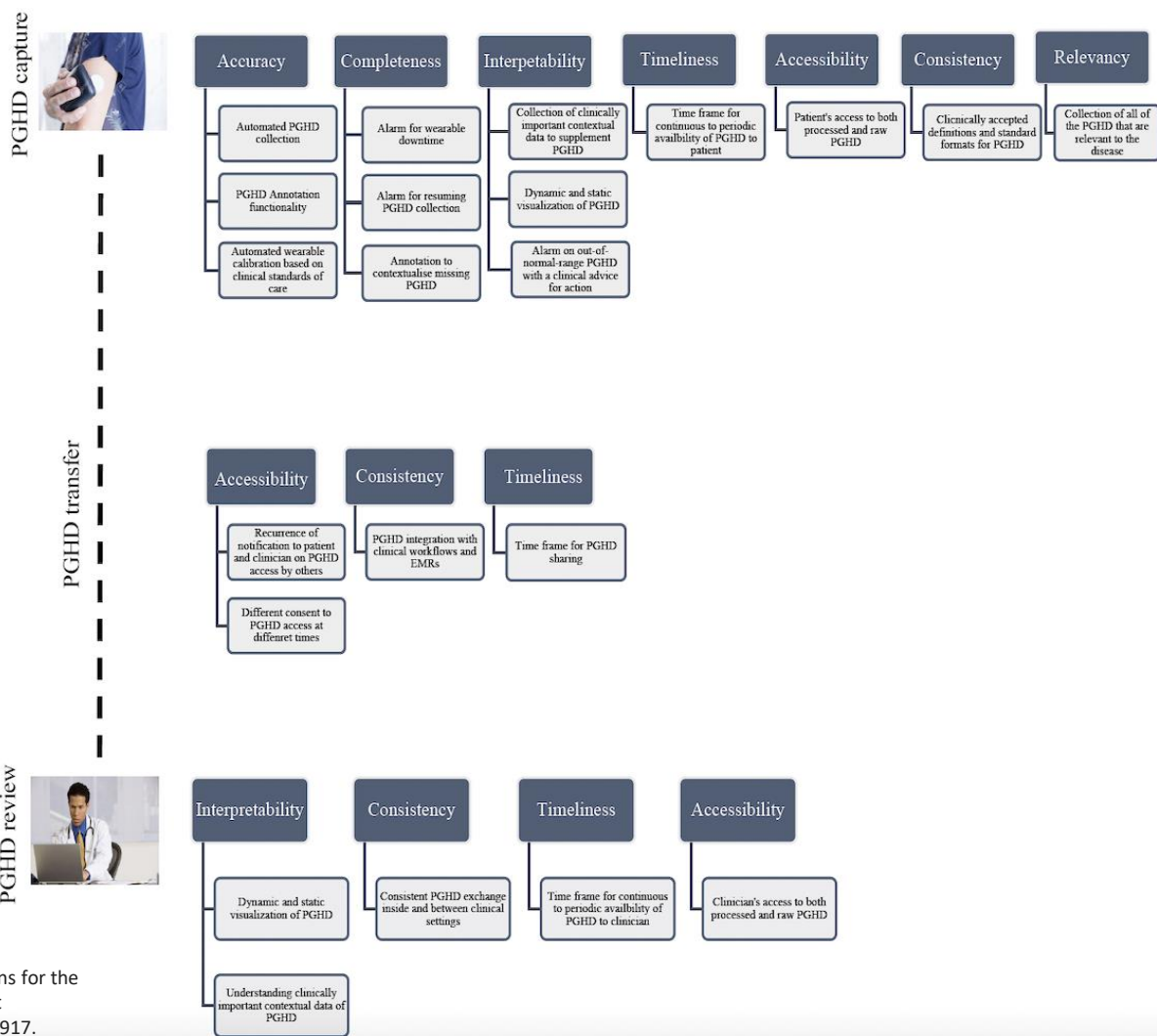


Increased
Privacy &
Security



Equitable
access

How to collect and manage high quality data from wearable devices?



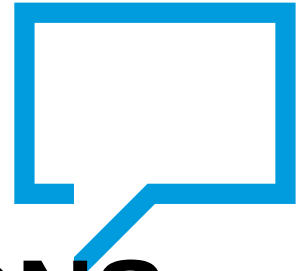


Thank You!

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HOSPITAL AT HOME: PATIENT CONSIDERATIONS



Carolyn Petersen, MS, MBI, FAMIA

MedInfo 2023
Sydney, Australia

OVERVIEW

- Why do Hospital at Home?
- Patients' View of the Benefits
- What Concerns Patients?
- Patient Selection Criteria

WHY HOSPITAL AT HOME?

- Aging population and its need for more acute care
- Opportunity to integrate nonmedical services into care, address SDOH
- Many homes became better set up for digital services during COVID
- Greater comfort and ease for patients
- Reduce hospitalization days, readmissions, and potentially costs
- Opportunity to better focus care where it is needed
- Optimization of limited hospital resources

PATIENTS' PERCEPTION OF THE BENEFITS

- Streamlines challenges with transportation, scheduling, delays
- Facilitates and supports care given by family and informal caregivers
- Tailoring of care process to person and circumstances, and more personal care
- Greater trust when specific team provides care & follows patient
- Improved quality of life when remaining in home
- Opportunity to build and/or reinforce safety net of social services
- Opportunity to participate in the design & refinement of one's care model

BENEFITS CONT.

- Greater autonomy, dignity, and satisfaction
- May offer care that is unavailable via conventional pathways (i.e., greater health equity)
- Reduced confusion, challenges during discharge or facility transition
- Fewer risks, e.g., falls in unfamiliar environment, respiratory infections from hospitals
- Less worry

WHAT CONCERNS PATIENTS?

- Safety
- Sufficiency of care
- Availability of facility-based care if needed

PATIENT SELECTION CRITERIA

- Alignment w/criteria for lower-risk hospitalized patients
- Clinical stability – instability can put patient at greater risk
- Reliable network and connectivity support
- Ability to engage virtually and to display body language that reveals pain and emotions
- Adequate hearing, cognition, and caregiver support for health status

PATIENT SELECTION CRITERIA CONT.

- Comfortable with data privacy and security risks (cybersecurity at home)
- Open to loss of privacy at home
- Open to using patient-reported outcomes measures (PROMs) and able to use them consistently
- Comfortable with new technology and able to learn to use it

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Virtual care implementation



Christian Nøhr, Professor, PhD

Department of Planning

Director, Danish Centre for Health Informatics

Aalborg University

Denmark

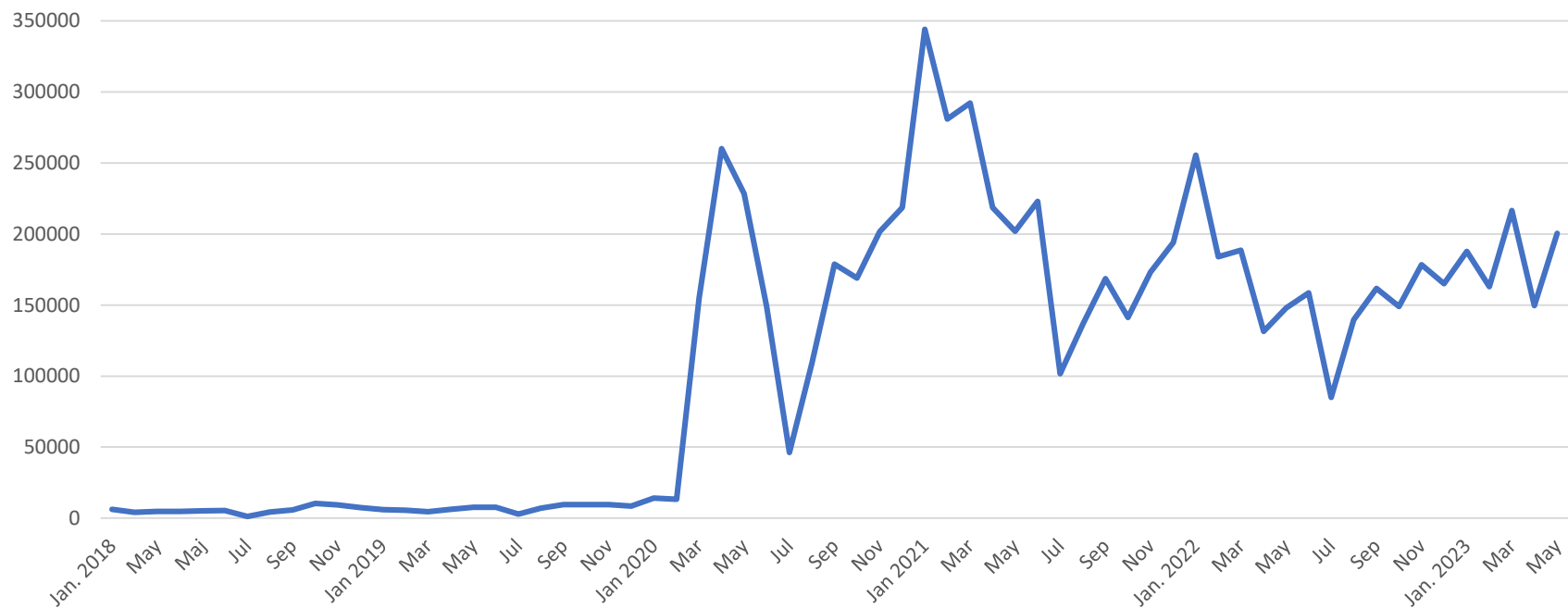
The Danish healthcare sector

- Population 5.9 million
- HC expenditures:
 - 9.8% of GNP
 - Funded by taxes
- Private GPs:
 - Gatekeepers
 - Fee for service (public)
- Hospitals:
 - 27 hospitals (72 locations)
 - 15,000 beds
 - Almost all public (97%)
 - Owned & run by 5 regions
- Long term & home care:
 - Run by 98 municipalities
- Political goals:
 - Free and equal access



Videocalls using VDX

VDX is a hub for secure connecting different videosystems and is part of the Danish health network infrastructure



Number of video calls per month 2018 to 2023. A video call is defined as a call to a VDX meeting room with ≥ 2 participants.

Videocalls in Denmark

Videocalls using VDX service

But also:

Not secure
No statistics



Facetime



Teams



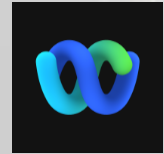
Zoom



WhatsApp



Skype

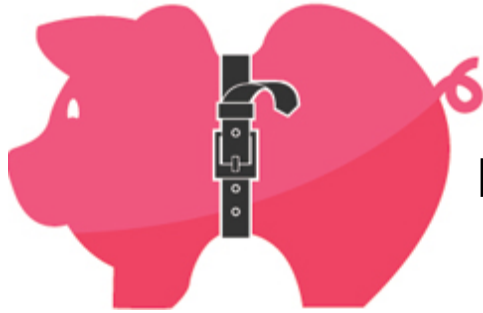


Webex



Google Hangouts

Significant challenges to modern healthcare :

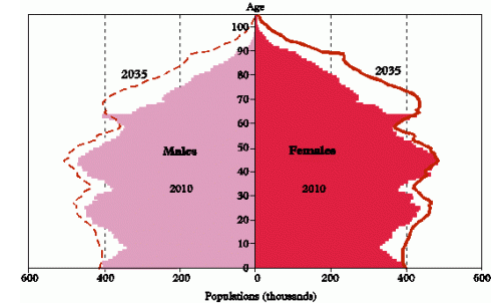


Lower budget



Co-/multimorbidity

Demographic changes

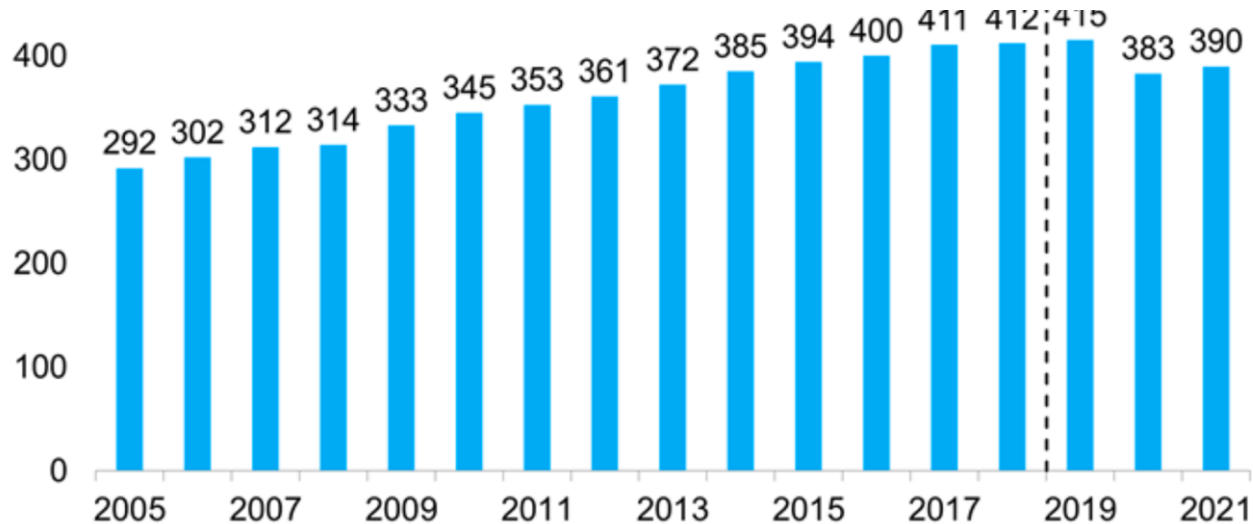


Increase in chronic conditions



39% more patient with chronic conditions are admitted to hospital 2005-2021

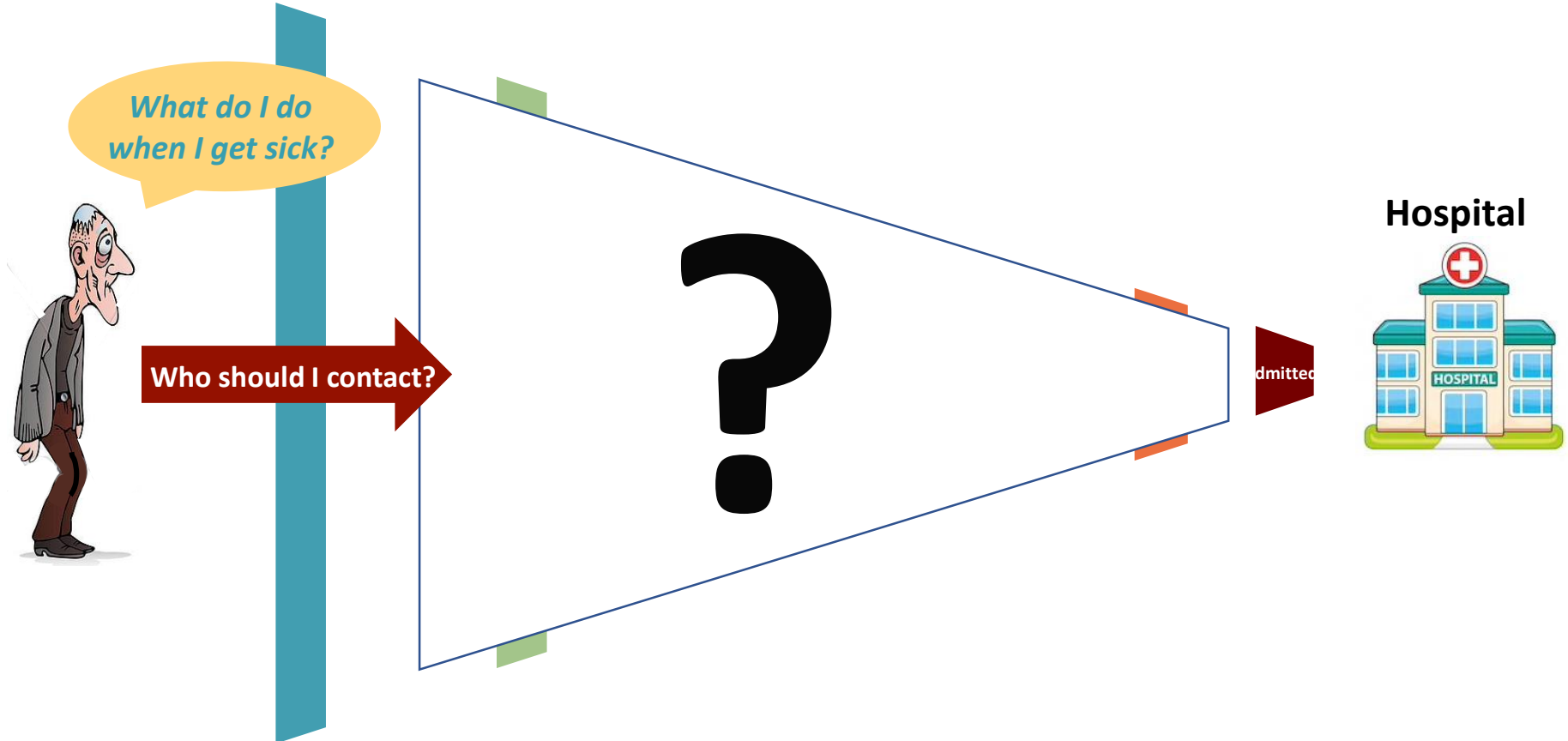
Number of danish citizens admitted to hospital with one out of 12 chronic diseases, 2005-2021 (1.000)



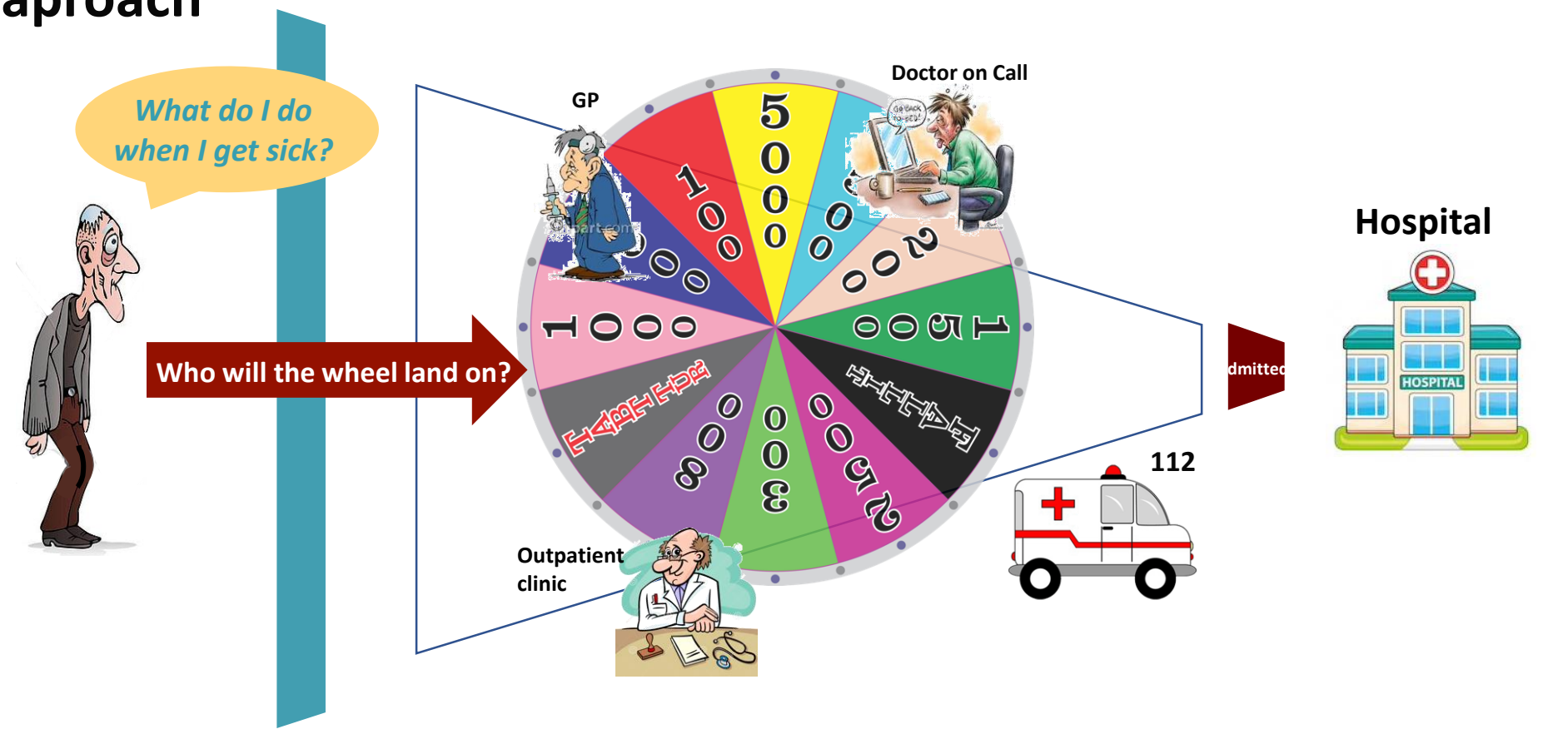
Note: Covid-19 resulted in the number of patients in 2020 and 2021 being below the normal level. There is also a data breach from 2018 to 2019 due to restructuring of the national patient register, but this did not affect the total number of patients.

Source: <https://www.kl.dk/nyheder/momentum/2023/2023-6/voldsom-vaekst-i-kronisk-syge-paa-hospitalerne-nytaenkning-noedvendig/>

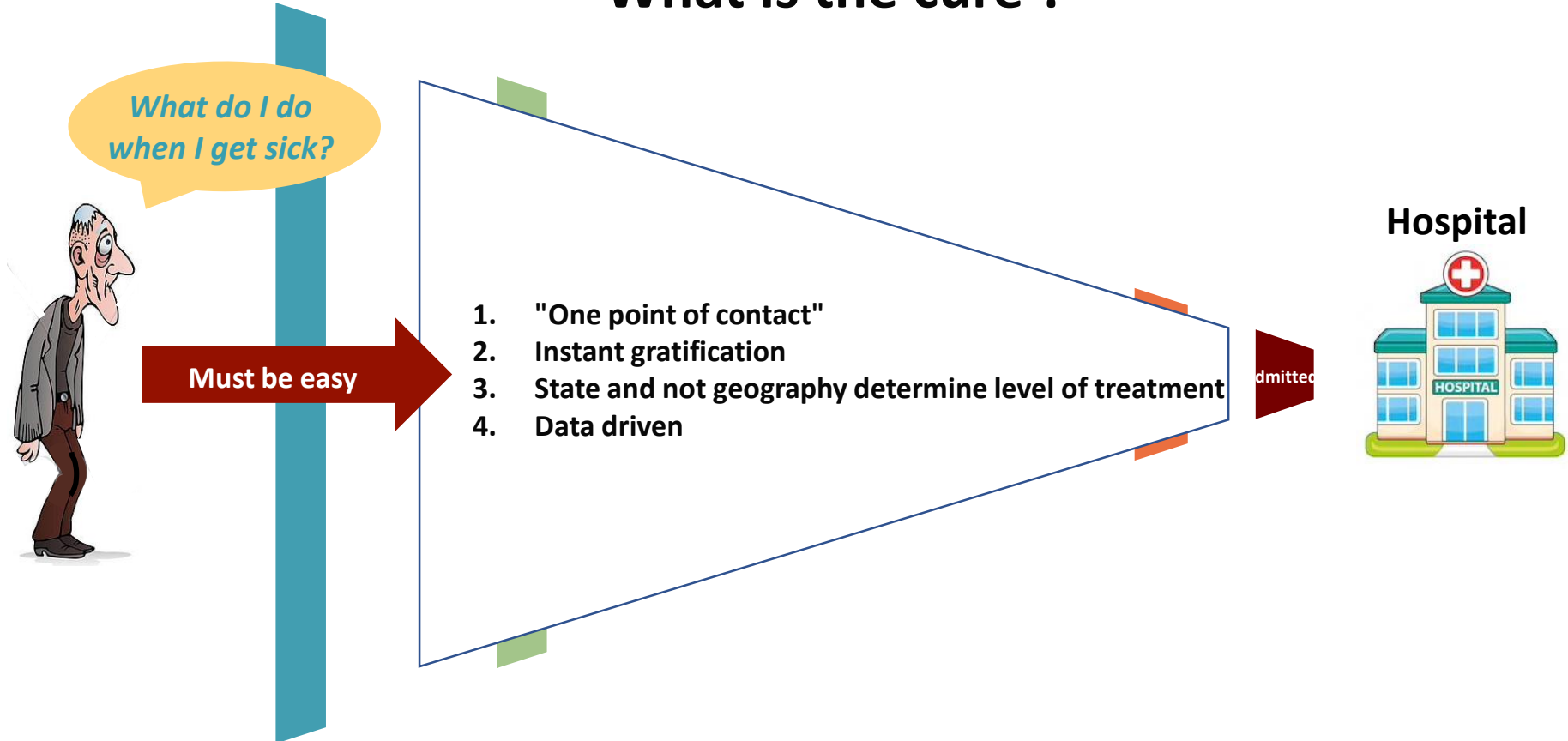
Exacerbation in the close to home policy



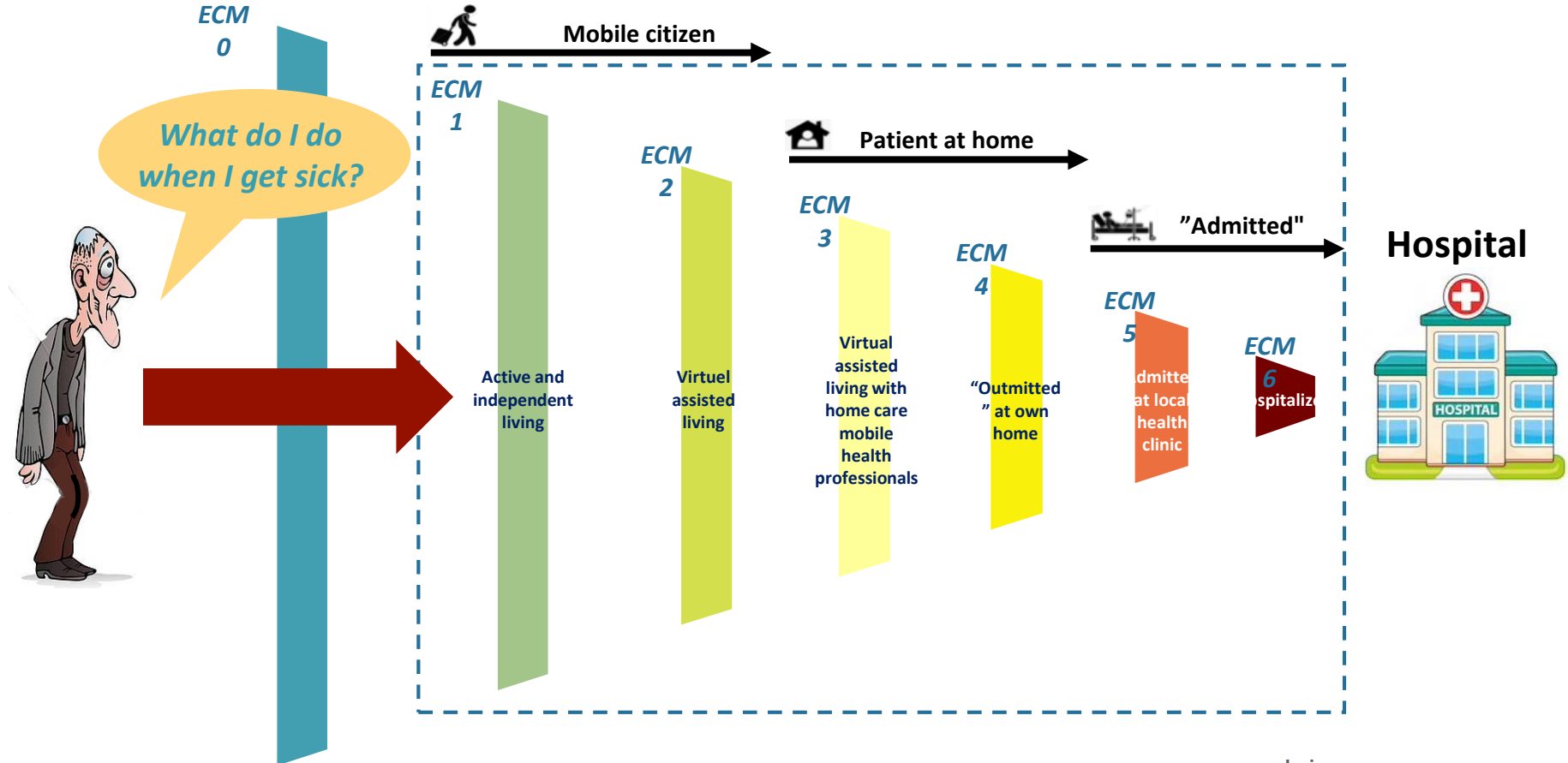
We are playing wheel of fortune in the citizen centred aproach



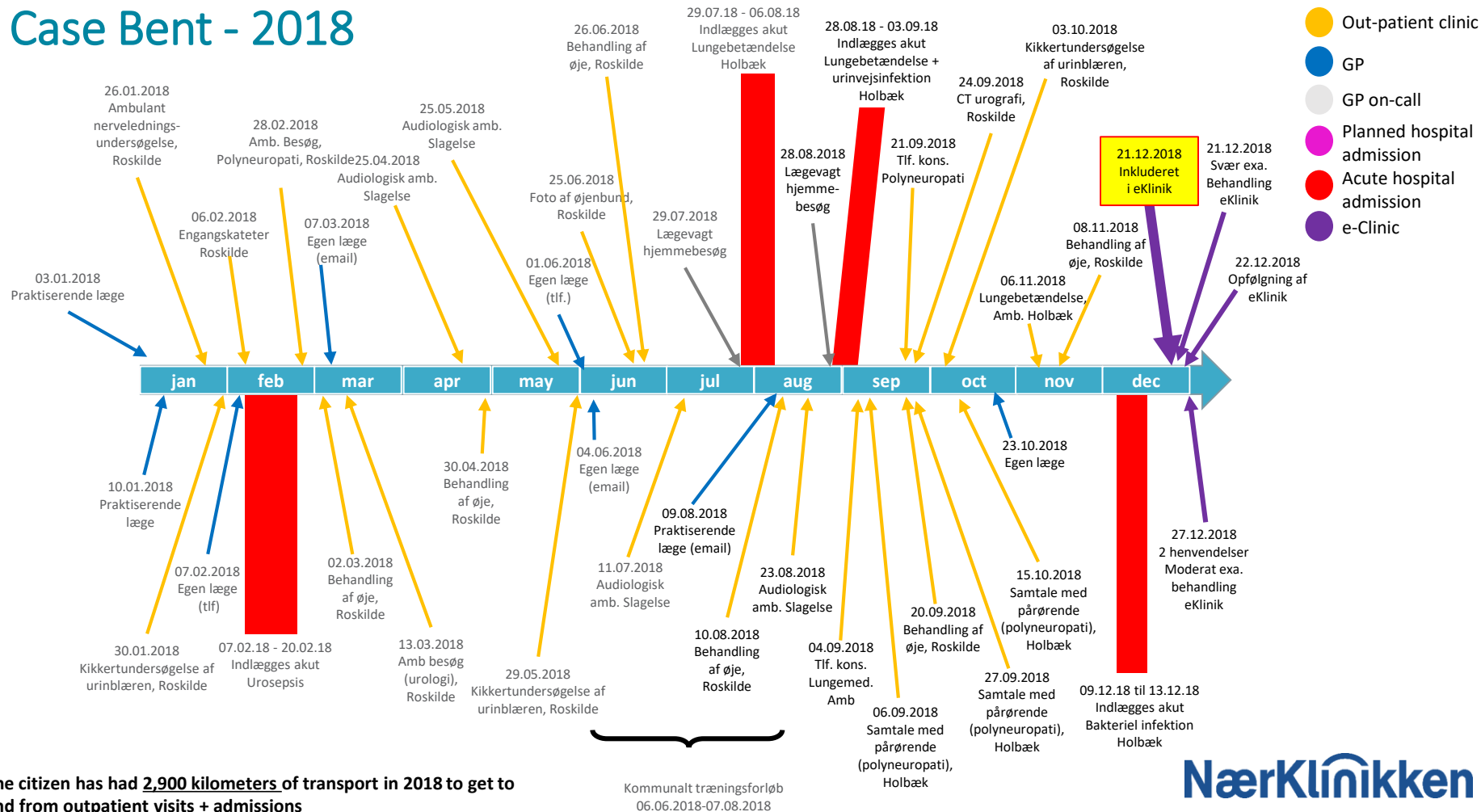
Exacerbation in the close to home policy – What is the cure ?



The Epital Care Model (ECM)



Case Bent - 2018



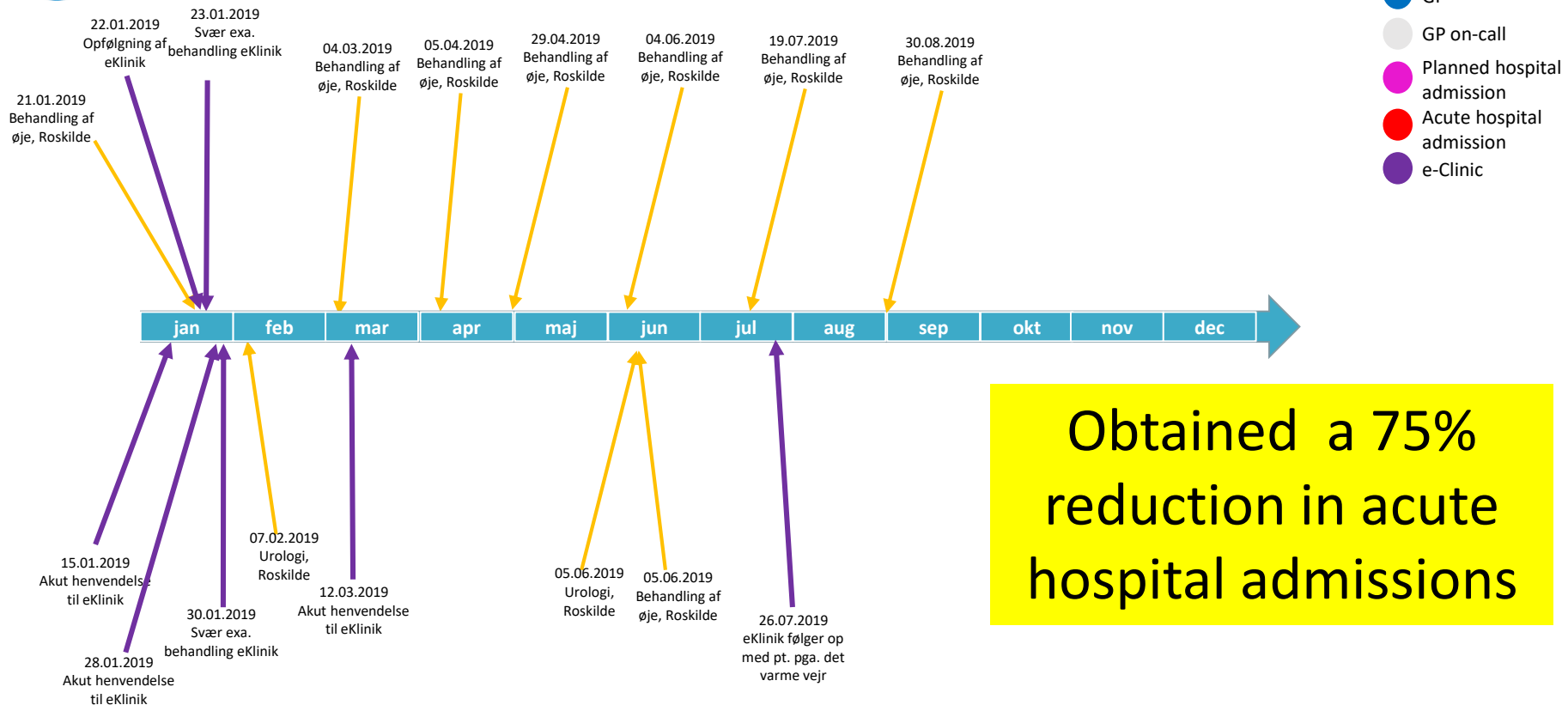
The citizen has had **2,900 kilometers** of transport in 2018 to get to and from outpatient visits + admissions

Kommunalt træningsforløb
06.06.2018-07.08.2018

NærKlinikken



Case Bent - 2019



Obtained a 75% reduction in acute hospital admissions

Panel Discussion

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