

Sessió Tècnica de La Unió

**ELS SERVEIS DE EHEALTH, UN NOU ENFOC EN LA GESTIÓ DEL
SISTEMA DE SALUT, 360º AL VOLTANT DELS PACIENTS**

Dilluns, 20 d'abril 2015

Lloc: sala de formació de La Unió (Carrer Bruc 72-74 de Barcelona)

La gestió de les TIC aplicades a la salut, dels protocols als processos

Jordi Varela

L'univers de la gestió clínica



L'univers de la gestió clínica

L'univers
de la
clínica



L'univers
del
pacient

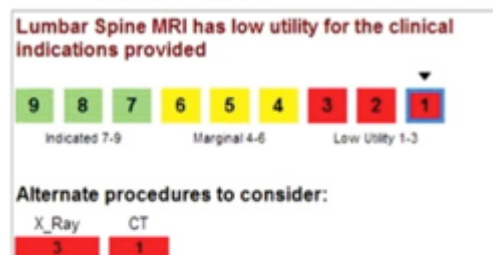
Suport per a
les millors
pràctiques

L'univers de la gestió clínica

DianaSalud

Divulgación de Iniciativas para **Analizar** la
Adecuación en Salud

Model de suport a la petició de proves radiològiques basat en l'evidència



Order patient decision aids
(only available to PCP's with OnCall accounts):

[Acute Low Back Pain: Managing Your Pain Through Self Care](#)
[Chronic Low Back Pain: Managing Your Pain and Your Life](#)
[Herniated Discs: Treating Low Back and Leg Pain](#)
[Spinal Stenosis: Treating Low Back and Leg Symptoms](#)

Options:

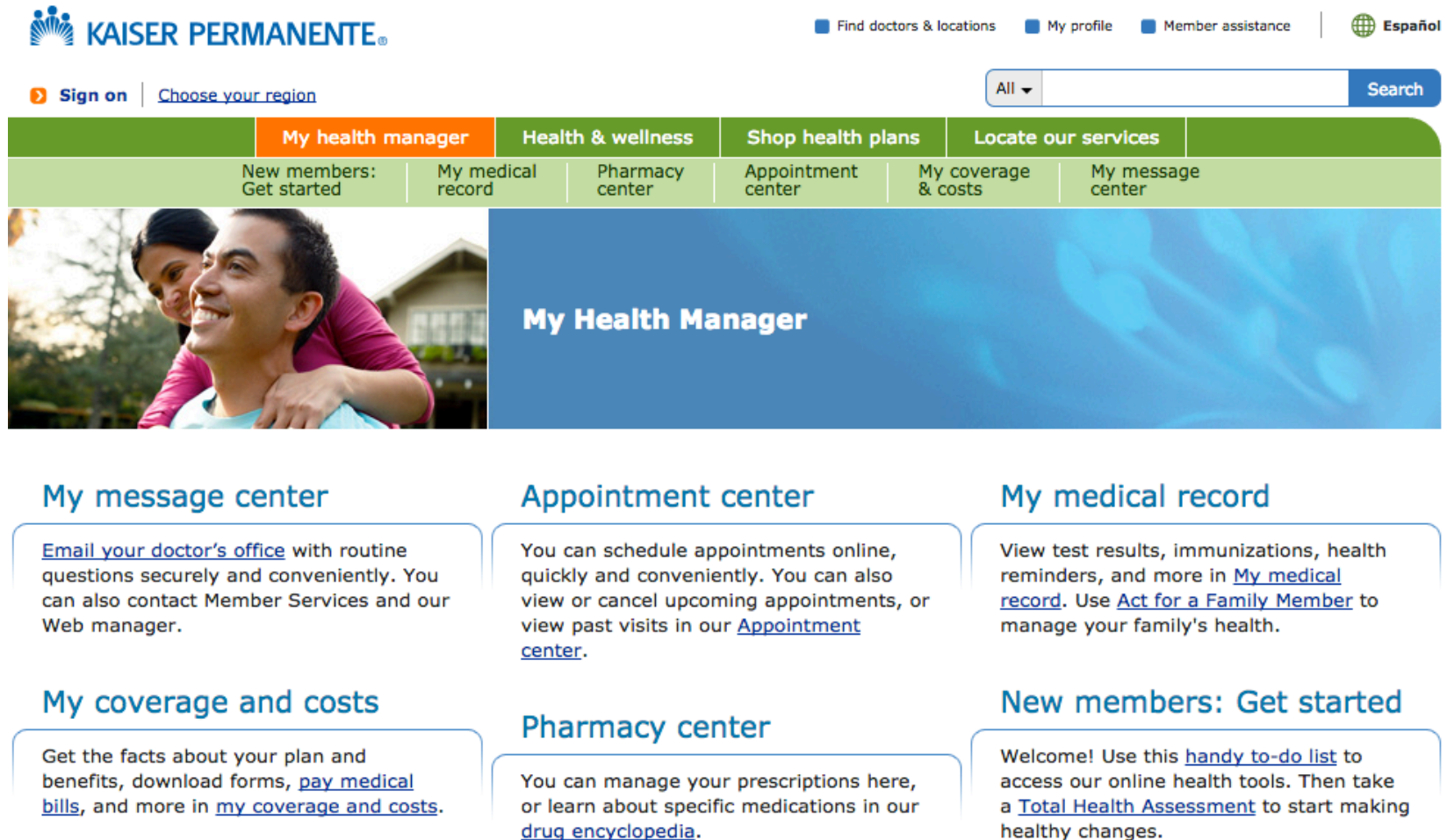
- [Proceed](#) with exam
- [Cancel](#) or select new exam
- [Change](#) indications and resubmit



L'univers de la gestió clínica



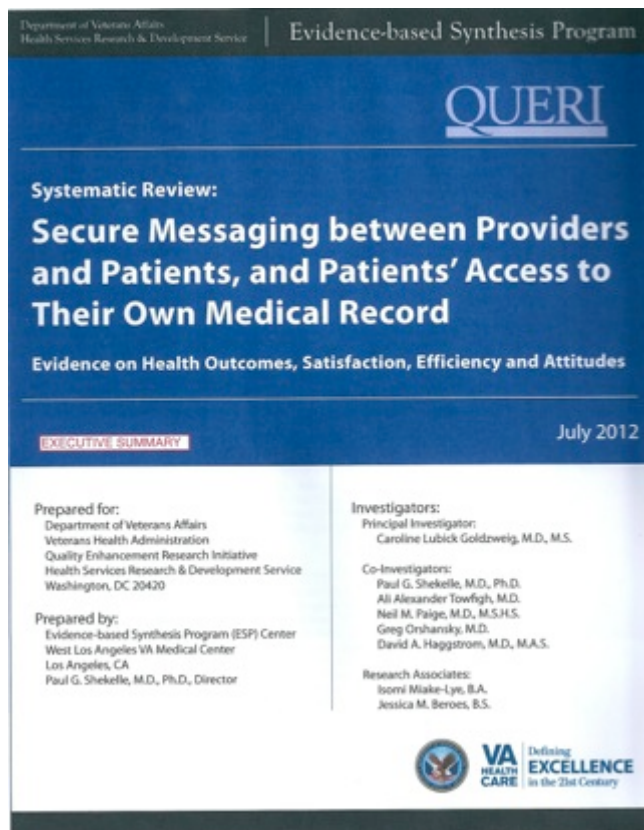
Personal Health Records o Carpetes Personals de Salut



The screenshot displays the Kaiser Permanente website interface. At the top, the logo is on the left, and navigation links for 'Find doctors & locations', 'My profile', and 'Member assistance' are on the right, followed by a language selector for 'Español'. Below this is a 'Sign on' button and a 'Choose your region' dropdown. A main navigation bar contains links for 'My health manager', 'Health & wellness', 'Shop health plans', and 'Locate our services'. Under 'My health manager', there are sub-links: 'New members: Get started', 'My medical record', 'Pharmacy center', 'Appointment center', 'My coverage & costs', and 'My message center'. The 'My Health Manager' section is highlighted with a large blue banner featuring a family photo and the title 'My Health Manager'. Below this, six service tiles are arranged in a 2x3 grid:

- My message center**: [Email your doctor's office](#) with routine questions securely and conveniently. You can also contact Member Services and our Web manager.
- Appointment center**: You can schedule appointments online, quickly and conveniently. You can also view or cancel upcoming appointments, or view past visits in our [Appointment center](#).
- My medical record**: View test results, immunizations, health reminders, and more in [My medical record](#). Use [Act for a Family Member](#) to manage your family's health.
- My coverage and costs**: Get the facts about your plan and benefits, download forms, [pay medical bills](#), and more in [my coverage and costs](#).
- Pharmacy center**: You can manage your prescriptions here, or learn about specific medications in our [drug encyclopedia](#).
- New members: Get started**: Welcome! Use this [handy to-do list](#) to access our online health tools. Then take a [Total Health Assessment](#) to start making healthy changes.

Impacte discret de l'ús del mail com instrument assistencial



Health Affairs

content.healthaffairs.org

Expand

doi: 10.1377/hlthaff.2010.0048

Health Aff July 2010 vol. 29 no. 7 1370-1375

Improved Quality At Kaiser Permanente Through E-Mail Between Physicians And Patients

Yi Yvonne Zhou^{1,*}, Michael H. Kanter², Jian J. Wang³ and Terhilda Garrido⁴

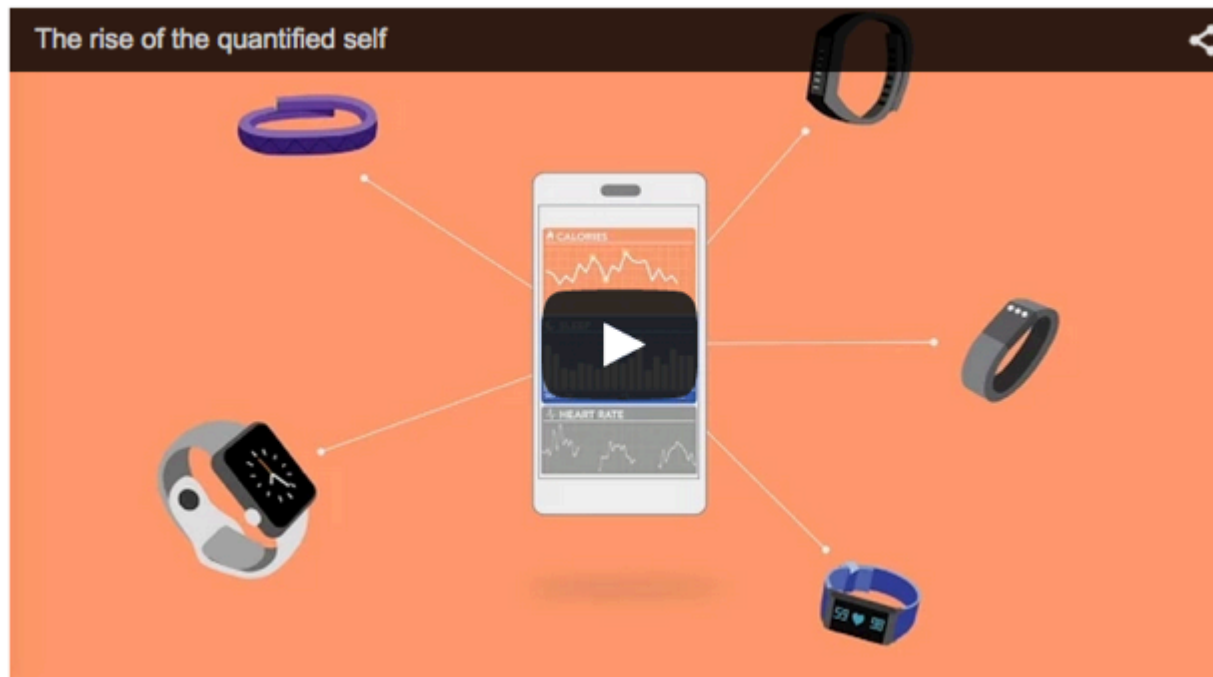
[+](#) Author Affiliations

*Corresponding author

Abstract

The American Recovery and Reinvestment Act identified secure patient-physician e-mail messaging as an objective of the meaningful use of electronic health records. In our study of 35,423 people with diabetes, hypertension, or both, the use of secure patient-physician e-mail within a two-month period was associated with a statistically significant improvement in effectiveness of care as measured by the Healthcare Effectiveness Data and Information Set (HEDIS). In addition, the use of e-mail was associated with an improvement of 2.0-6.5 percentage points in performance on other HEDIS measures such as glycemic (HbA1c), cholesterol, and blood pressure screening and control.

Quantified Self: wearables



Xarxes socials de pacients

REVISIÓ

Impacto de las redes sociales de pacientes en la práctica asistencial

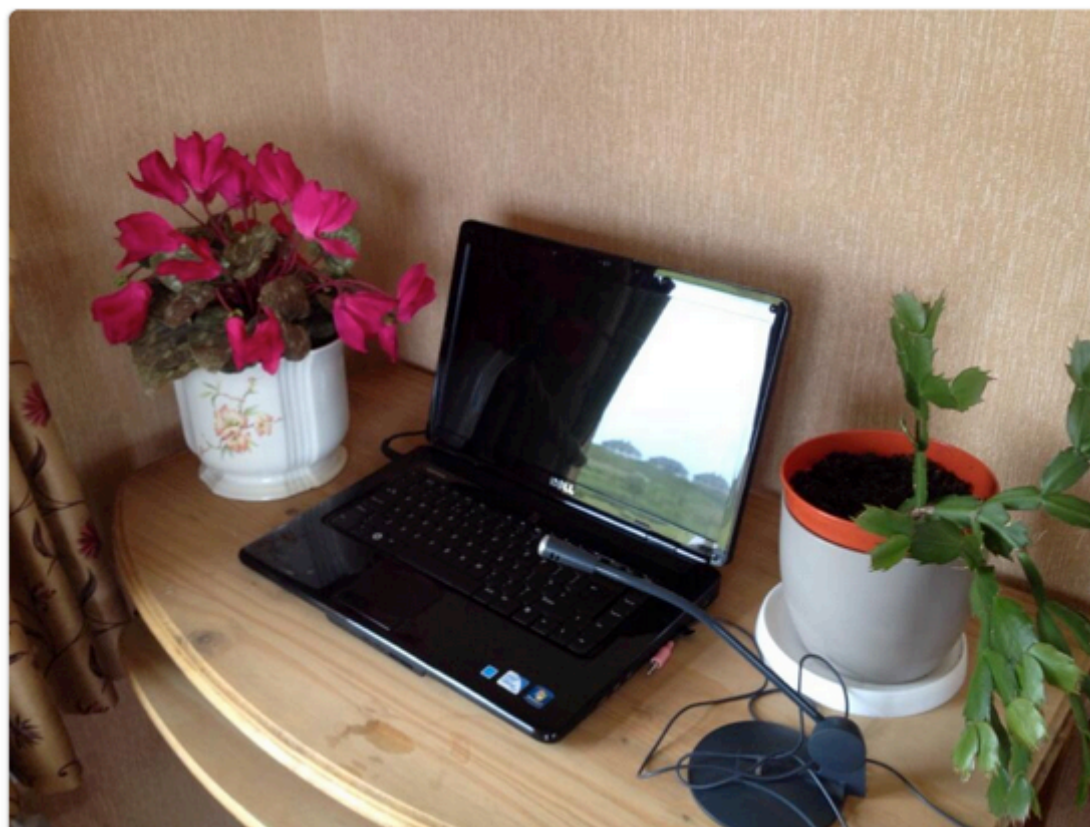
Elena Torrente ¹, Tino Martí ¹, Joan Escarrabill ²

RESUMEN: Las redes sociales de pacientes son espacios virtuales donde pacientes con condiciones similares se ponen en contacto y comparten tratamientos y problemas de salud. Estas redes ofrecen a las personas con problemas específicos de salud la oportunidad de compartir experiencias, buscar, recibir y proveer información, consejos e incluso apoyo emocional online.

Pero, ¿cuál es el impacto de estas redes en la práctica asistencial? Se han revisado los estudios que han analizado sus efectos en la salud de los pacientes y, en términos generales, se observa que la participación en redes sociales aporta consecuencias positivas para los pacientes.

Si bien existe poca evidencia de los resultados en salud en términos objetivos, sí se destaca un impacto claro en términos subjetivos en la medida en que contribuyen al empoderamiento y facilitan la autonomía de los pacientes que participan en ellas.

Telecare: una línia oberta a la vida



Elaine Mead

@nhshem



This might look like a laptop but it is "a lifeline to relatives" using Skype in Pulteney House Residential Care Home

14:08 - 2 jul 2014

41 RETWEETS 28 FAVORITOS



L'univers de la gestió clínica





EHR: la
fragmentació
del sistema
frena l'avenç

L'univers de la gestió clínica



Incorporar l'opinió del pacient a les GPC



1 What is my risk of having a heart attack in the next 10 years?

NO STATIN

80 people **DO NOT** have a heart attack (green)

20 people **DO** have a heart attack (red)

The risk for 100 people like you who **DO NOT** take statins.



YES STATIN

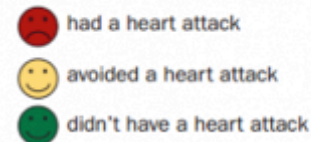
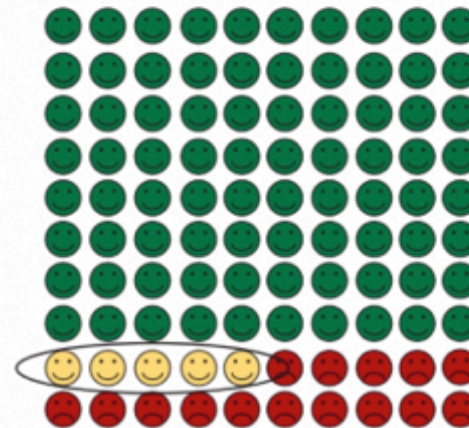
80 people still **DO NOT** have a heart attack (green)

5 people **AVOIDED** a heart attack (yellow)

15 people still **DO** have a heart attack (red)

95 people experienced **NO BENEFIT** from taking statins

The risk for 100 people like you who **DO** take statins.





Prof. Gerd Gigerenzer
Max Planck Institute
Berlin

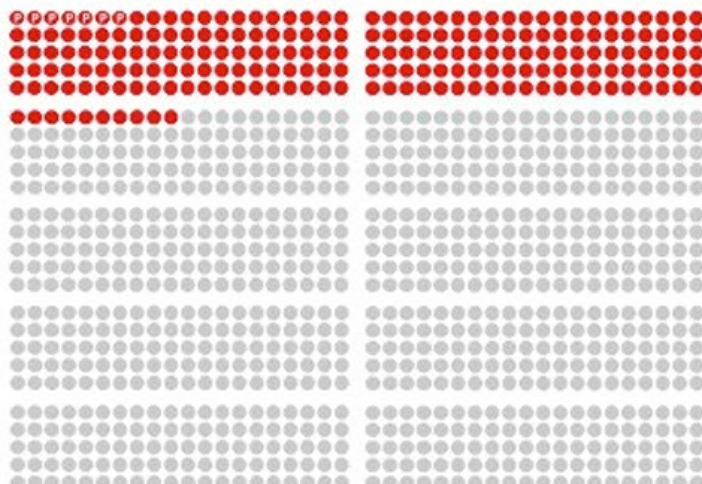
Prostate Cancer Early Detection

by PSA testing and palpation of the prostate gland

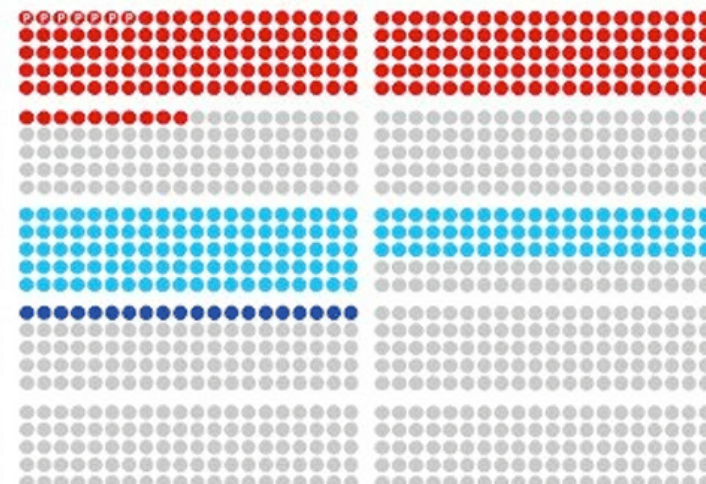
Numbers are for men aged 50 years and older, not participating vs. participating in early detection for 11 years

HARDING CENTER FOR
RISK LITERACY

1000 men without early detection:

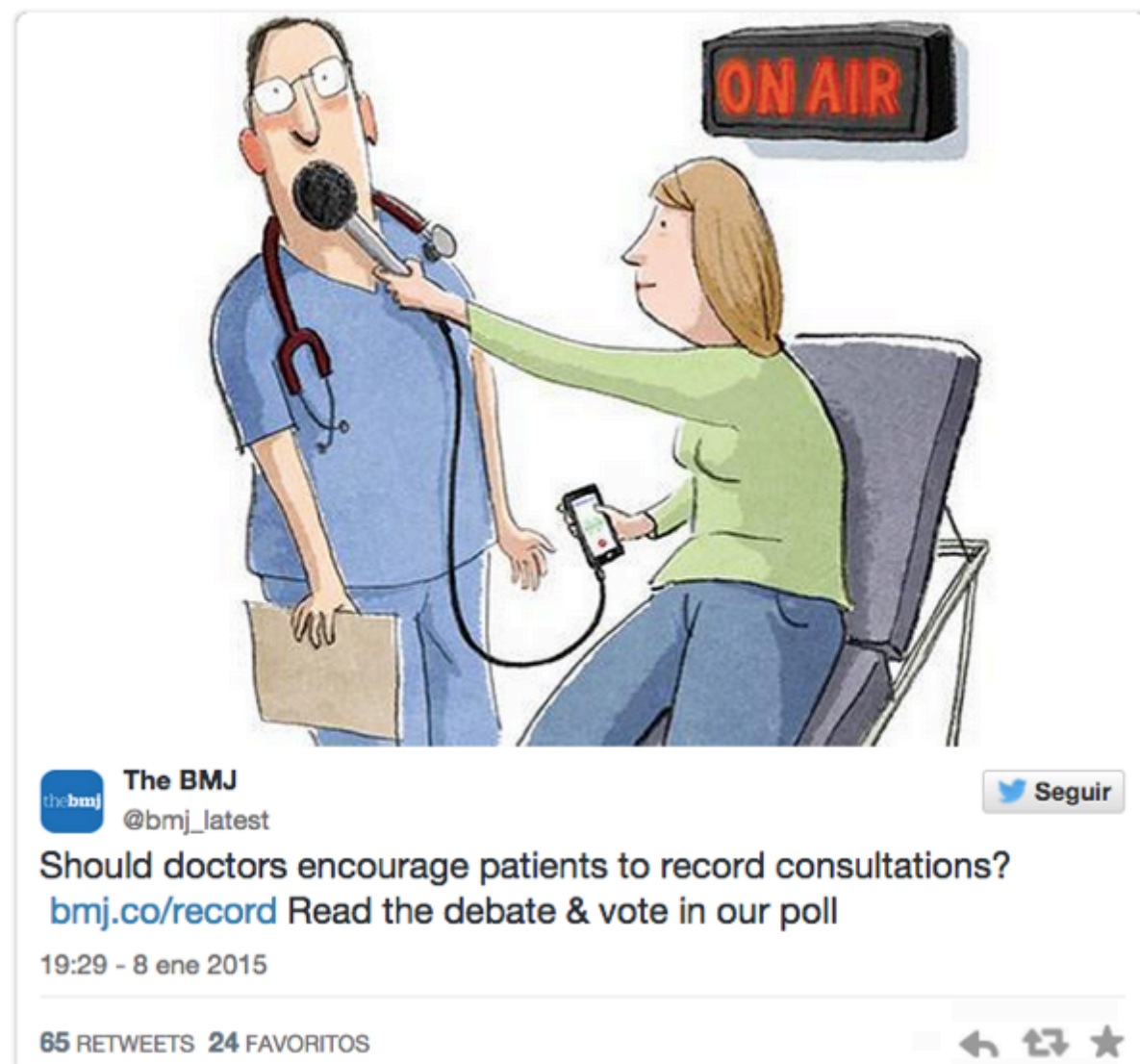


1000 men with early detection:



Men who died from prostate cancer:	7	7
Men who died from any cause:	210	210
Men who learned after a biopsy that their diagnosis was a false-positive:	—	160
Men who were diagnosed and treated for prostate cancer unnecessarily:	—	20
Remaining men:	783	603

Source:
Ilic et al. (2013) *Cochrane Database of Systematic Reviews*, Art. No.: CD004720.



Pràctiques de decisió clínica compartida a Kaiser



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Identificació de malalts



Check list quirúrgic



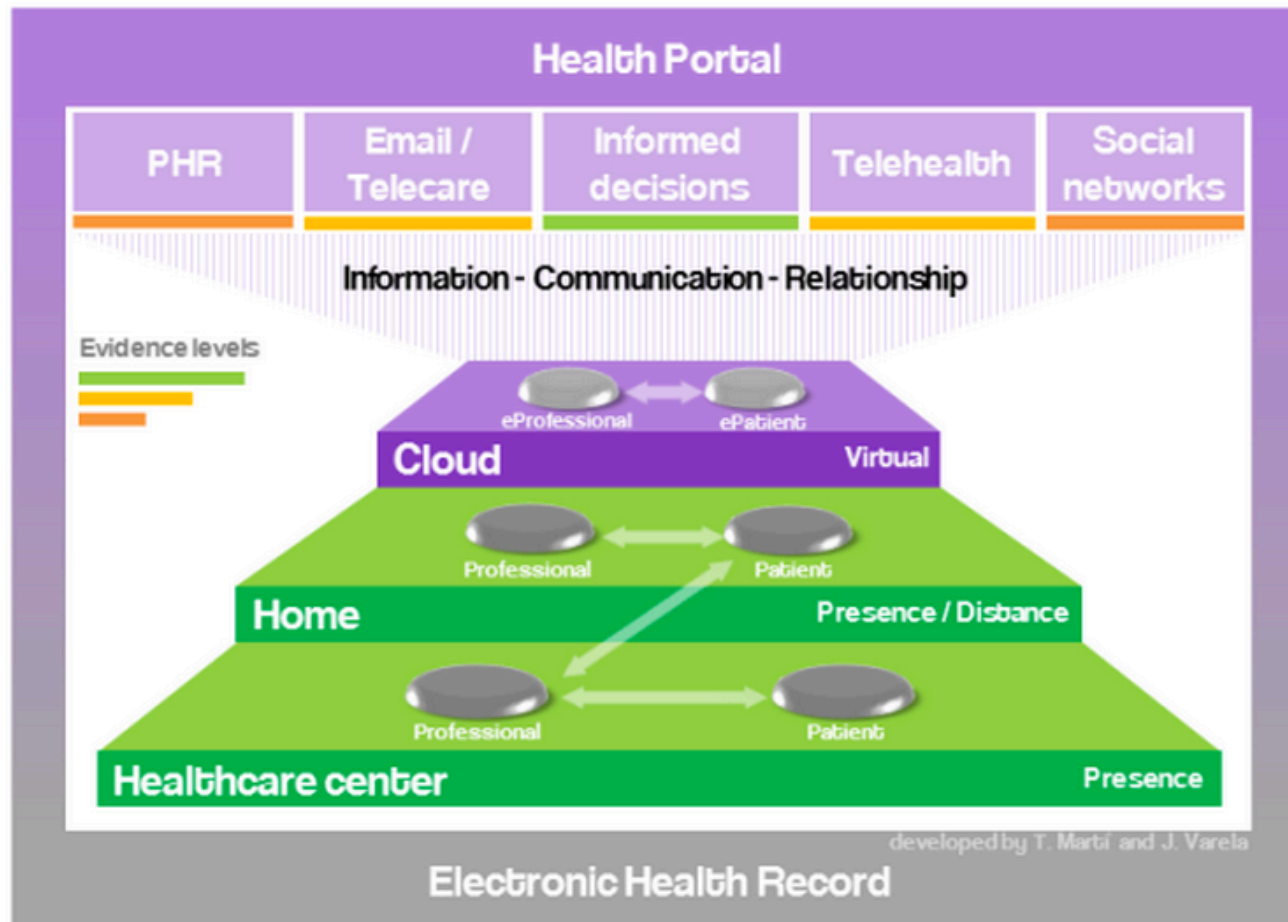
Registre d'incidències



L'univers de la gestió clínica

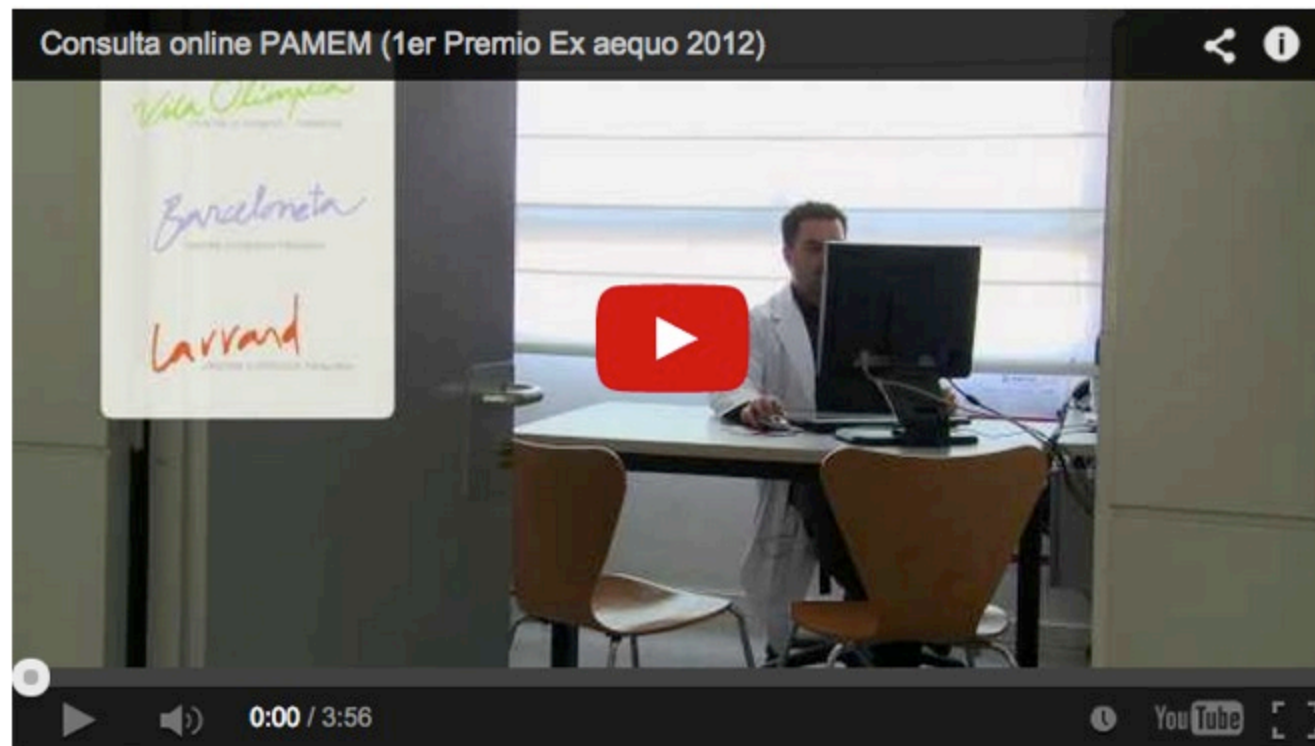


Virtual Clinical Practice Model

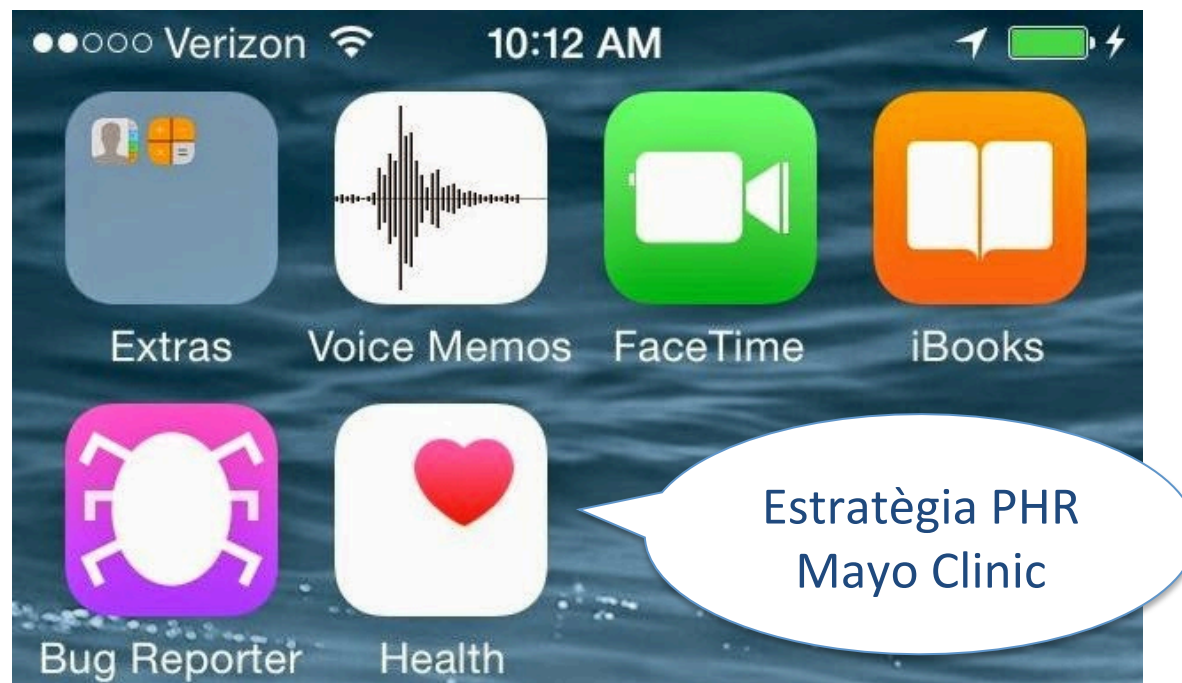


Infografia: Model de pràctica clínica virtual (T. Martí, J. Varela)

La virtualització de la consulta: un repte



APPS de salut: més de 100.000



Telehealth: resultats massa ambigu

BMJ

BMJ 2012;344:e0374 doi: 10.1136/bmj.e0374 (Published 21 June 2012)

Page 1 of 15

RESEARCH

Effect of telehealth on use of secondary care and mortality: findings from the Whole System Demonstrator cluster randomised trial

OPEN ACCESS

Adam Steventon senior research analyst¹, Martin Bardsley head of research¹, John Billings associate professor of health policy and public service², Jennifer Dixon director¹, Helen Doll senior research associate³, Shashi Hirani senior lecturer in health psychology⁴, Martin Cartwright research associate⁴, Lorna Rixon research associate⁴, Martin Knapp professor of social policy; director of personal social services research unit; professor of health economics^{5,7}, Catherine Henderson research officer⁸, Anne Rogers professor of the sociology of health care⁹, Ray Fitzpatrick professor of public health and primary care⁵, Jane Hendy senior lecturer in healthcare management and policy⁶, Stanton Newman professor in health psychology and dean of school of health sciences (principal investigator)⁴, for the Whole System Demonstrator Evaluation Team

¹The Nuffield Trust, London W1G 7LP, UK; ²New York University, New York, NY, USA; ³University of East Anglia, Norwich, UK; ⁴School of Health Sciences, City University London, London; ⁵University of Oxford, Oxford, UK; ⁶London School of Economics and Political Science, London; ⁷King's College London, London; ⁸University of Manchester, Manchester, UK; ⁹University of Surrey, Guildford, UK



Evaluación de la eficacia clínica de un programa de telemonitorización y teleintervención por videoconferencia para pacientes con insuficiencia cardíaca: estudio iCOR

Josep Comin Colet¹, Cristina Enjuanes Grau¹, José María Verdú Rotellar², Ainhoa Torrens Oses¹, Ana Linás Alonso¹, Pilar Ruiz Rodríguez¹, Gina Gonzalez Robledo¹ y Jordi Bruguera Cortada¹

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Rev Esp Cardiol. 2012;65 Supl 3 / pág.: 14

Telehealth: continuen els resultats ambigus

el tweet de la setmana



L'univers de la gestió clínica





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³Earls Court Health and Wellbeing Centre, London, UK

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Cite this as: *BMJ* 2015;350:h1139
doi: 10.1136/bmj.h1139

Anonymising and sharing individual patient data

Khaled El Emam,^{1,2} Sam Rodgers,³ Bradley Malin⁴

There is a strong movement to share individual patient data for secondary purposes, particularly for research. A major obstacle to broad data sharing has been the concern for patient privacy. One of the methods for protecting the privacy of patients in accordance with privacy laws and regulations is to anonymise the data before it is shared. This article describes the key concepts and principles for anonymising health data while ensuring it remains suitable for meaningful analysis.

used and disclosed for any secondary purpose. However, there is an expectation that the anonymised data will be used only for purposes that are legitimate, in a manner that would not surprise the patients, and not in a discriminatory or stigmatising manner. This expectation has been made explicit in the EU context,¹³ and falls under a privacy ethics framework outside the European Union.¹⁴

When sharing patient data for secondary purposes it is important to be mindful of patient trust. While patients are supportive of the use of their data for research,⁷ often there is an expectation that that data will be adequately anonymised. Trust is important because there is evidence that patients adopt privacy protective behaviors, such as lying and not seeking care, when they have concerns about how their health information may be shared.¹⁵

Definitions of anonymity in privacy laws and regula-

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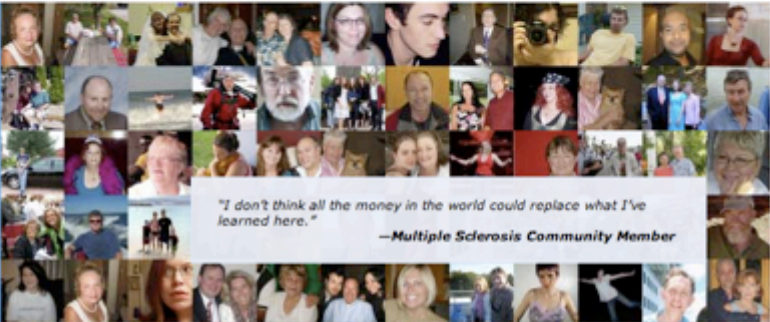
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- HIV/AIDS
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- OCD (Obsessive-Compulsive Disorder)



"I don't think all the money in the world could replace what I've learned here."
—Multiple Sclerosis Community Member

See how PatientsLikeMe can help you take control of your health:



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Answer simple questions to create a shared health profile to see how you're doing over time.



Find patients like you »

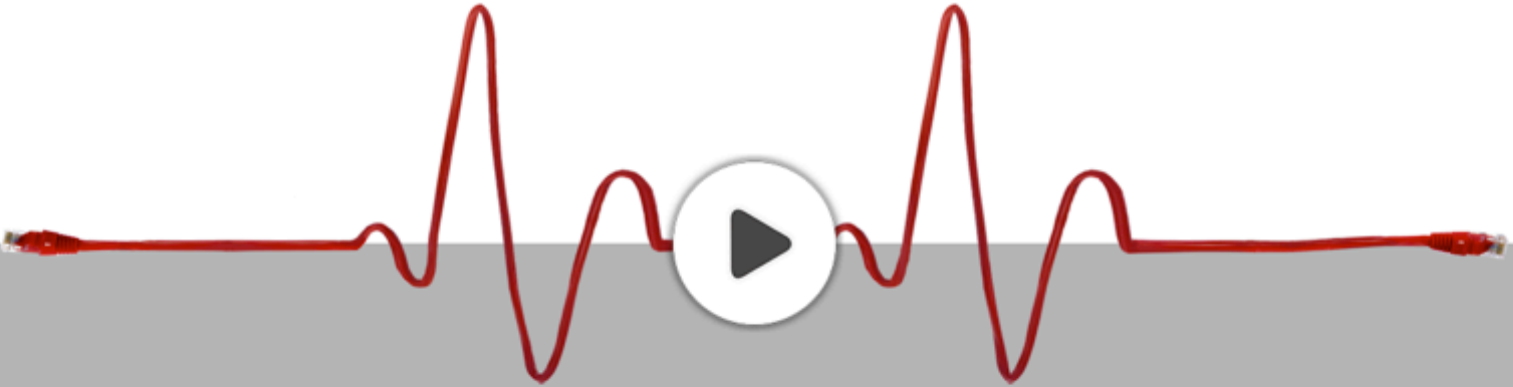
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 data for good
by patientslikeme®



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to advance medical research.

En resum



L'univers de la clínica

- Portar l'evidència al consultori (millors pràctiques)
- Sistemes expert de suport a la decisió clínica

L'univers del pacient

- Carpetes personals de salut (PHR) i ús de mail
- Apps regulades i wereables
- Xarxes socials de pacients
- Suport a la solitud i a la vellesa

L'univers de la gestió clínica

- Història clínica informatitzada (EHR)
- Decisió clínica compartida
- Seguretat del pacient
- Virtualització assistencial (substitutòria)
- Recerca i big data



+ llestos + connectats + efectius

- a) El producte és bo per ell mateix
- b) El producte és intel·ligent i s'adapta
- c) El producte és més bo quan més interconnectat està