

Healthy Together Health Buddy Telehealth Project

EqualityCare



The Health Buddy in the Home

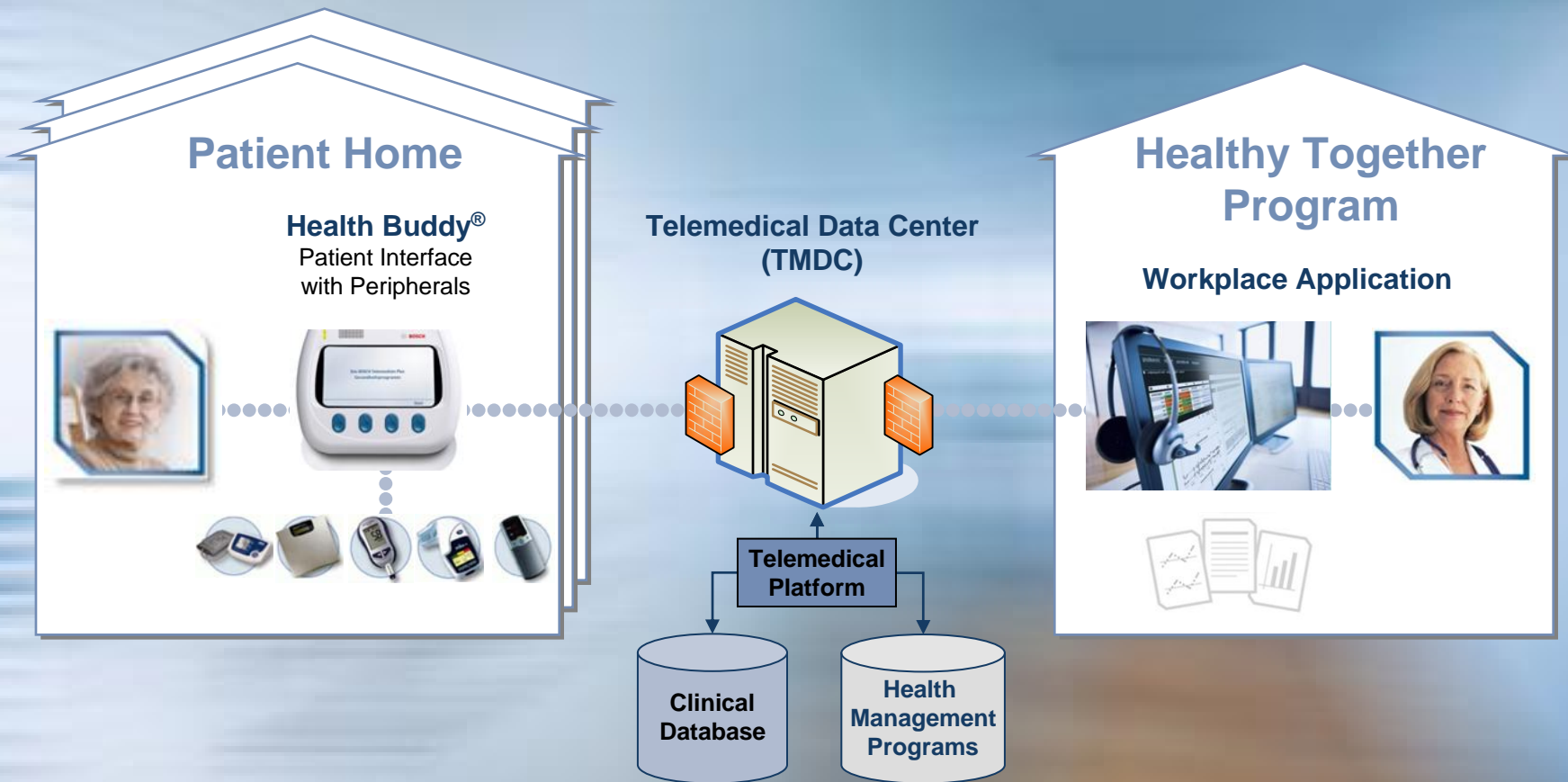
- The Health Buddy **connects easily** through the patients phone line or internet connection
- Patients are **assessed daily** for signs/symptoms of exacerbation, compliance with treatment
- Patients receive education about their condition from **evidence based guidelines**
- Information delivered **teaches** and coaches the patients **self-management** skills
- Patients experience **Improved quality of life and functional ability**
- Use of Telehealth in conjunction with our Healthy Together Program can **Decrease Emergency Room visits and Hospitalizations**



1. Darkins A, Ryan P, Kobb R, et al. Care coordination/home telehealth: The systematic implementation of health informatics, home telehealth, and disease management to support the care of veteran patients with chronic conditions. Telemed J E Health. 2008;14:1118-1126.



Health Buddy System



Health Buddy System

Connect...Educate...Motivate



Daily



Patient answer daily surveys, take vital signs using patient interface and peripherals and receives immediate feedback

Care Providers review the collected data, intervening on the patients based on Best Practices and Protocols



Workplace Application: Clinical Worklist

You are viewing sessions for Jul 23, 2003 in the "All Programs" program. Date:
 26 responses have been received and there are 3 non-responding patients.

Responses on Wednesday, July 23, 2003

Patient	Response Time	Symptoms	Behavior	Knowledge	General
Patel, Krishna	02:58 PM PDT	High	High	High	None
Chamura, Mark	09:38 AM PDT	High	High	Medium	None
Lake, John F.	03:07 PM PDT	High	Medium	Medium	None
McAllister, Troy	01:09 PM PDT	High	Medium	High	None
Romeo, Julie R.	10:43 AM PDT	High	Medium	Medium	None
Zimman, Mary M.	05:14 AM PDT	High	Medium	Medium	None
Schmidt, Anna	02:17 AM PDT	Low	High	Medium	None
Fish, John F.	11:46 PM PDT	Medium	Low	Low	None
Flock, Kimberly	06:19 PM PDT	Medium	Low	Medium	None
Garden, Herb E.	03:20 AM PDT	Medium	Low	Medium	None
Kawehara, Aolani					
Smith, Anna N.					
Soprano, Michael J.					

Automatic alert message for non responders

Non-Responders

Patient	Home Phone	Last HB Call	Last Response Date	Days Since Last Response
Newell, Derek	650-779-9187	07/25/2007	06/07/2007	265
Long, Jennifer		07/24/2007	07/13/2007	228
Cavestany, Trish		08/20/2007	08/04/2007	206
Honor, Leslie	702-649-0000	10/17/2007	10/09/2007	141
Yang, Diane		02/27/2008	02/05/2008	21
Guinsatao, Karen		02/27/2008	02/21/2008	6
Michelsen, Scott	650-690-9140	02/27/2008	02/25/2008	1

Patient overview: With focus on medium to high risk patients

Smith, Lile	06:36 PM PDT	Medium	Medium	Medium	None
Spencer, Sharleen A.	03:00 PM PDT	Medium	Medium	Medium	None
Smith, Lile	02:57 PM PDT	Medium	Medium	Medium	None
Spencer, Sharleen A.	03:00 PM PDT	Medium	Medium	Low	None
Smith, Lile	09:38 AM PDT	Medium	Low	Medium	None
Spencer, Sharleen A.	03:07 PM PDT	Low	Medium	Medium	None
Smith, Lile	01:09 PM PDT	Low	Medium	Medium	None
Spencer, Sharleen A.	10:43 AM PDT	Low	Medium	Medium	None
Smith, Lile	05:14 AM PDT	Low	Medium	Medium	None
Spencer, Sharleen A.	02:17 AM PDT	Low	Medium	Medium	None
Smith, Lile	11:46 PM PDT	Low	Medium	Medium	None

The Health Buddy System: Healthy Together Care Team

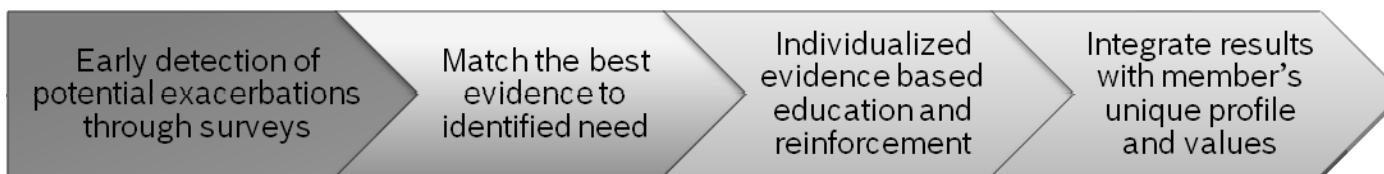
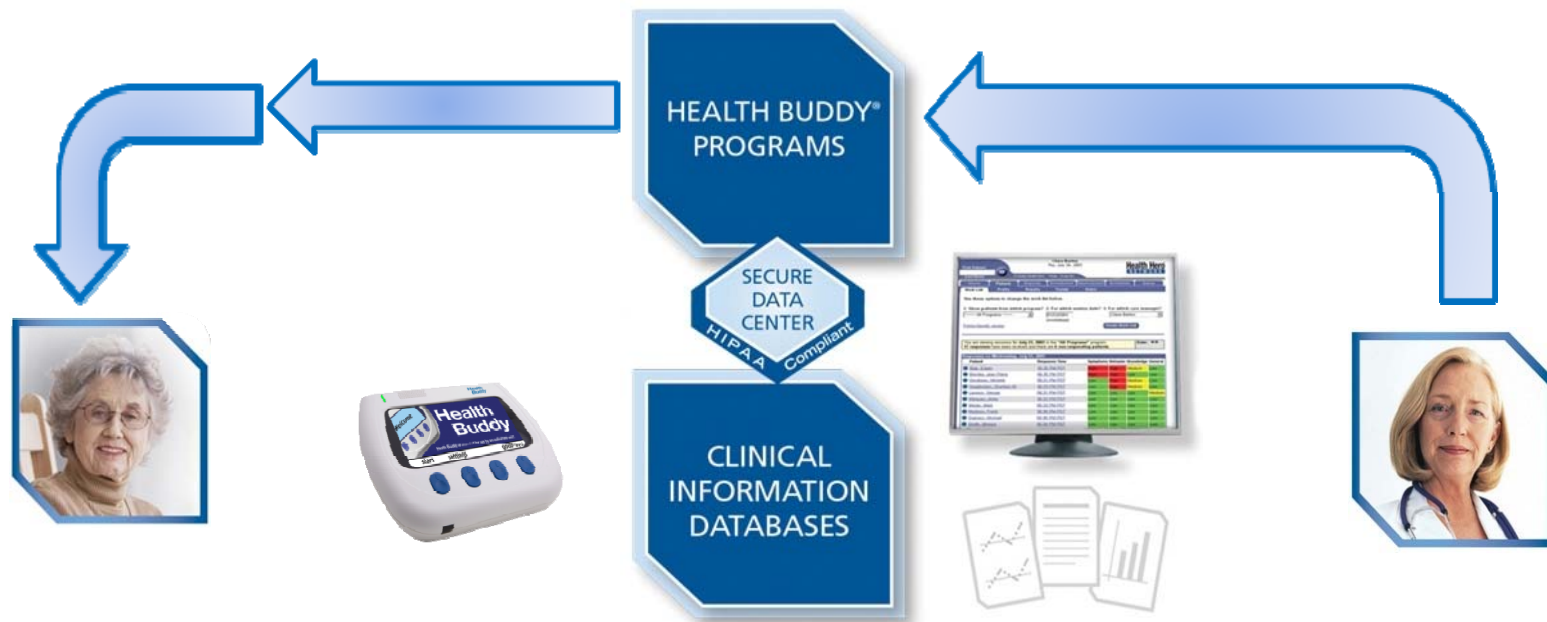


- Clinical Care Team accesses the health data of patients using a secure web-based application to:
 - **monitor patient status daily**
 - **assess risks and trends**
 - **identify changes in health status**
 - **intervene before exacerbation occurs**
 - **escalates to EqualityCare Provider based on protocols**

- Increase effectiveness of the Care Team



Healthy Together Health Buddy Clinical Process



Healthy Together Health Buddy Project

→ **Project Design:**

- 100 high risk members identified through claims data and predictive modeling
- Duration of project per patient 12 months post enrollment

→ **Primary endpoints:**

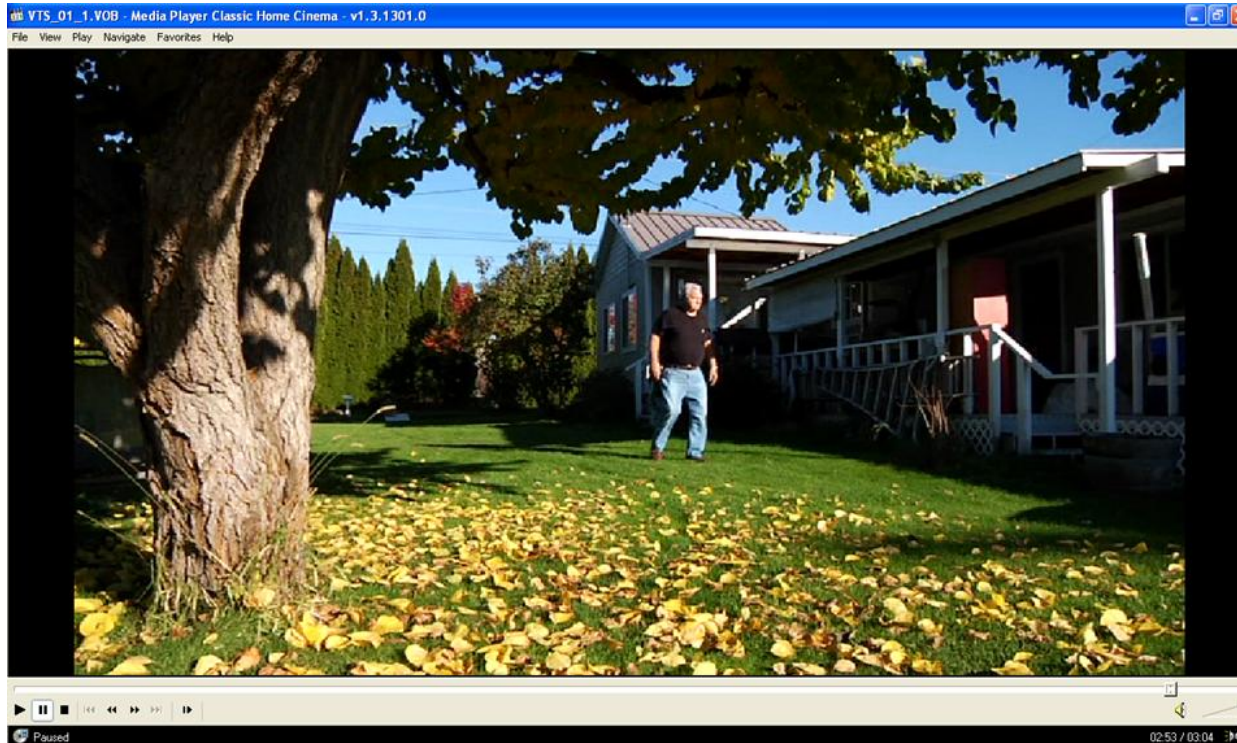
- Reduction in healthcare utilization costs
- Reduction in hospitalization
- Reduction in skilled nursing facilities; LOS
- Reduction in Readmissions

→ **Secondary endpoints:**

- Improvement in clinical indicators by disease state
- Improvement in Quality Indicators, HEDIS measures



The Patient Experience



Engaging Patients, Improving Lives



Health Buddy Project for Wyoming Equality Care

Help us enroll your identified high risk patients today!!!

