Telehealth in Practice

Hywel Dda University Health Board, Wales - DIABETES

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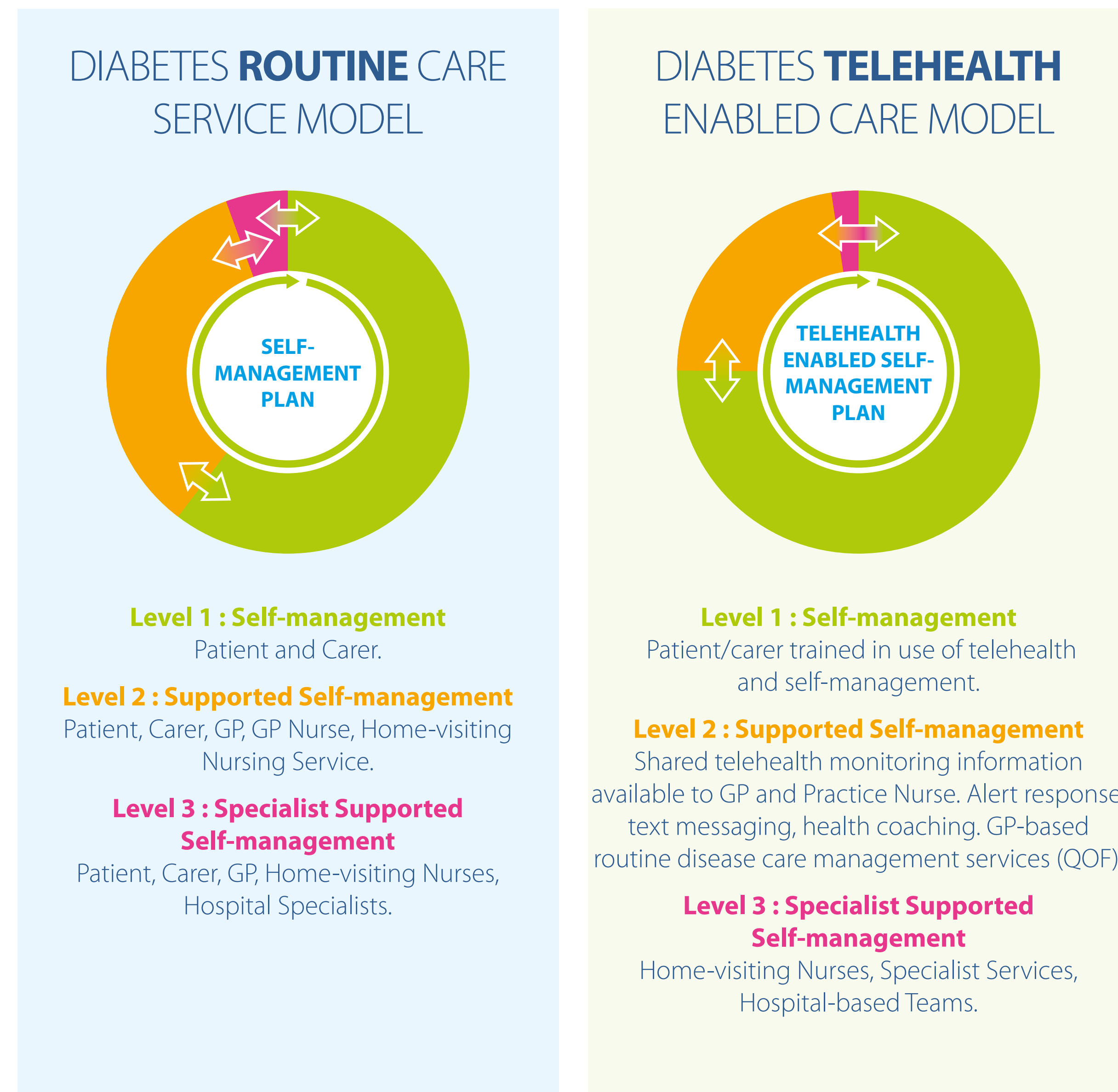
Ambition

The overall aim for implementing telehealth into the care management programme for patients living with Type 2 diabetes who monitor their blood glucose levels, was to support the individual patient's endeavours to self-manage and lead a lifestyle to reduce their risk of developing diabetes-related complications.



Diabetes Care Management - routine care

Usual care for patients with Type 2 diabetes is undertaken by the patient themselves (Green) supported predominantly by their GP and GP practice nurse who has a special interest in diabetes in primary care (Amber). Patients are invited to have, as a minimum, annual reviews as part of the Quality and Outcomes Framework (QOF) which includes testing their HbA1c and renal function, measuring their blood pressure and lipids, undertaking a microvascular/neuropathic assessment, and providing them with health and lifestyle advice. In addition, patients receive a retinopathy screening appointment annually. Patients are able to be referred to medical and nursing diabetes specialists in the hospital and/or community services if required (Pink).

U4H Telehealth Enabled Diabetes Care Management

The telehealth service has been designed to help patients self manage (Green) and enhance the routine diabetes care service model delivered by professionals working in primary and home care settings (Amber) by strengthening self-management with health coaching interventions and support.

Patients receive automated text message reminders from Florence© (Flo) to perform their blood glucose readings using their own glucometers according to the regime agreed between the patient and their GP practice. The Simple Telehealth program analyses the patient's readings according to their individualised parameters agreed between patient and clinical team, and 'Flo' provides instant feedback to the patient via their mobile phone along with locally agreed advice and health coaching messages if required. Should a parameter be critically breached, the patient will be advised on what immediate action to take and who to contact. An alert message is also sent to their nominated diabetes care professional (either Practice Nurse, GP or Home-Visiting Specialist Nurse), and this can be reviewed immediately via a secure internet connection, or the next working day if the anomalous parameter occurred out of working hours. The patient continues on low-level telemonitoring, receiving on their mobile phone and web links to be viewed via the Internet on a device of their choice, different text prompts via Florence©, Simple Telehealth web-based monitoring system (Stoke-on-Trent, NHS England) for up to 12 months following enrolment. Any worsening symptoms will be treated according to local standard protocols, eg GP appointments with the option of referral to the home-visiting diabetes specialist nurse, emergency room attendance or hospital admission (Pink).