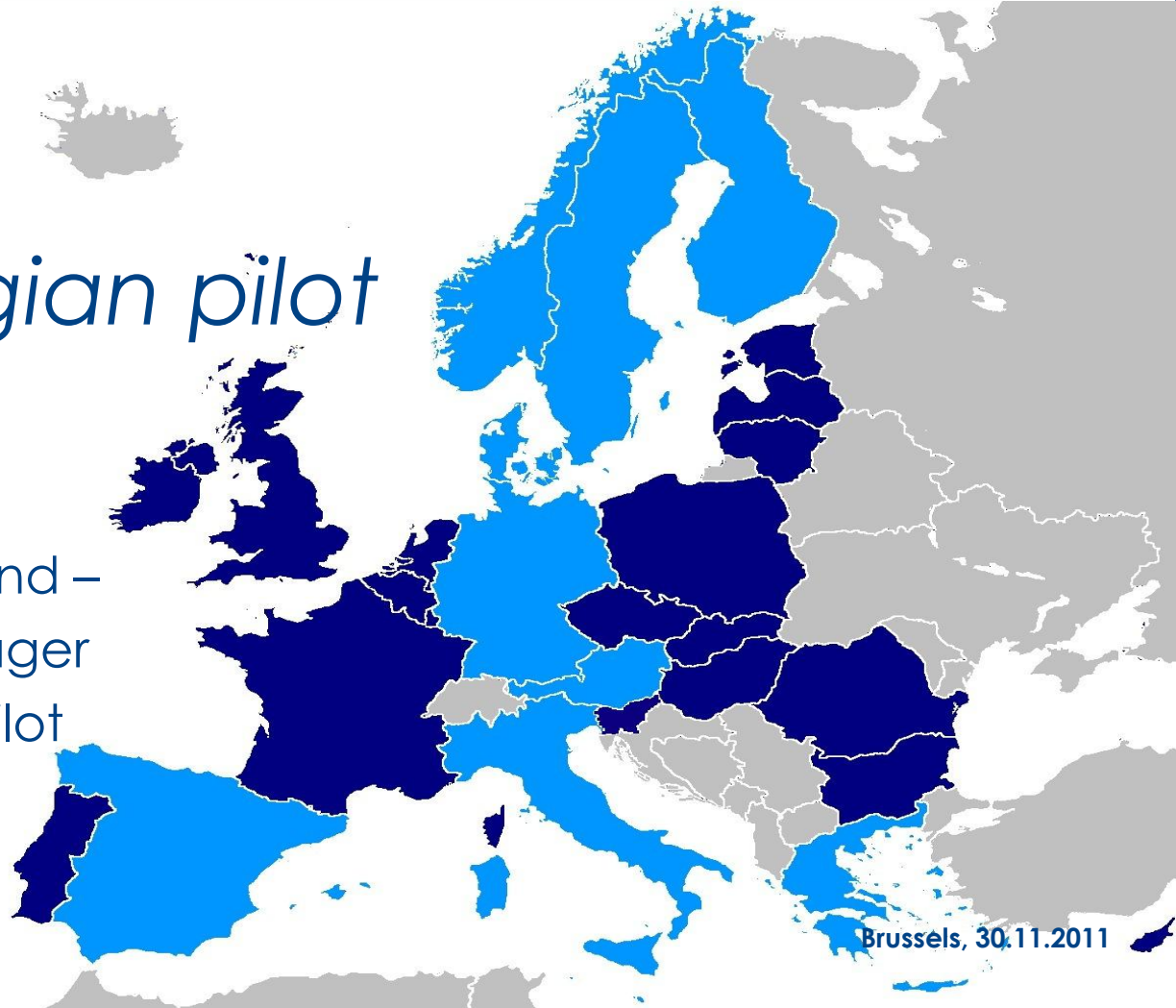


RENEWING HeALTH

REgions of Europe Working
toGether for HEALTH

Norwegian pilot

Astrid Grøttland –
Project Manager
Norwegian pilot



Brussels, 30.11.2011

RENEWING



The Norwegian Pilot - providers

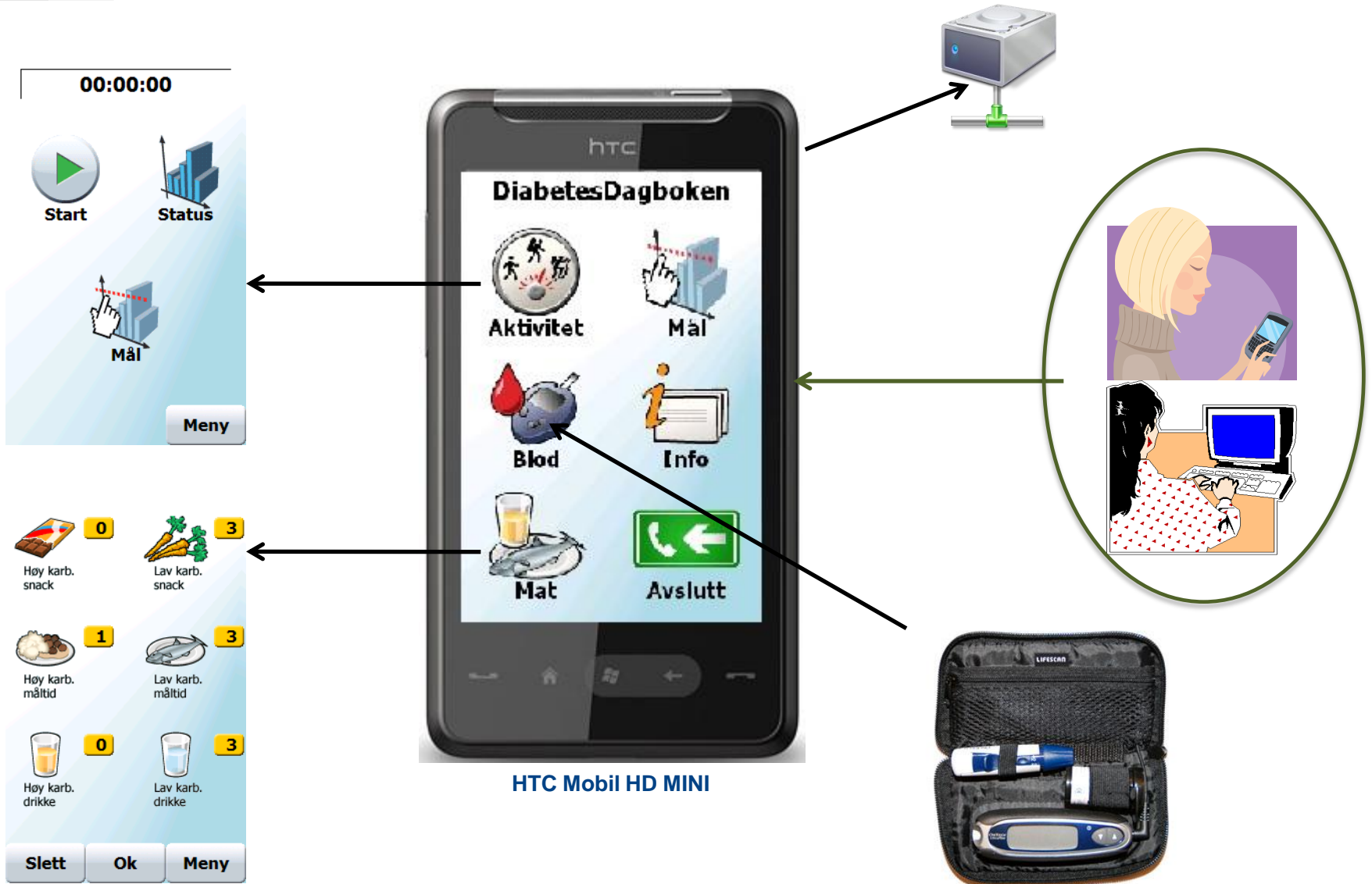
The Few Touch Application (FTA) service has been developed and provided by the Norwegian Centre for Integrated Care and Telemedicine at University Hospital of North Norway (NST).

Large scale test in the RENEWING HEALTH Norwegian pilot together with a health counselling module delivered by the University College of Oslo and Akershus (HiOA)

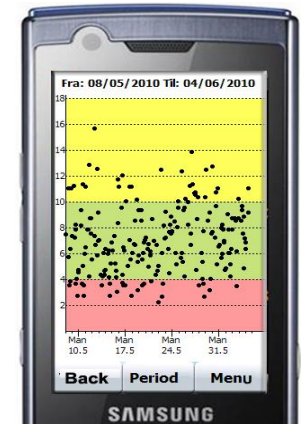
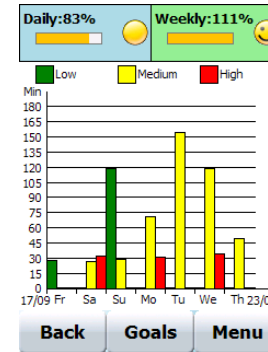
The Northern Norway Health Authorities, also a partner to RH, are with their strategic focus on diabetes representing the authorities commitment to find better solutions for diabetes treatment.

- Project Manager Norway: Astrid Grøttland (NST).*
- Responsible researchers: Lis Ribu (HiOA) and Eirik Årsand (NST).*

The FTA service: Few Touch Application / Electronic diabetes diary



- For the patient:
 - Better metabolic control, self monitoring and QoL by using mobile monitoring tools.
 - Empowerment
- For the health service:
 - See what effect these tools may have on patient treatment
 - Experience effects and consequences for the general health service.

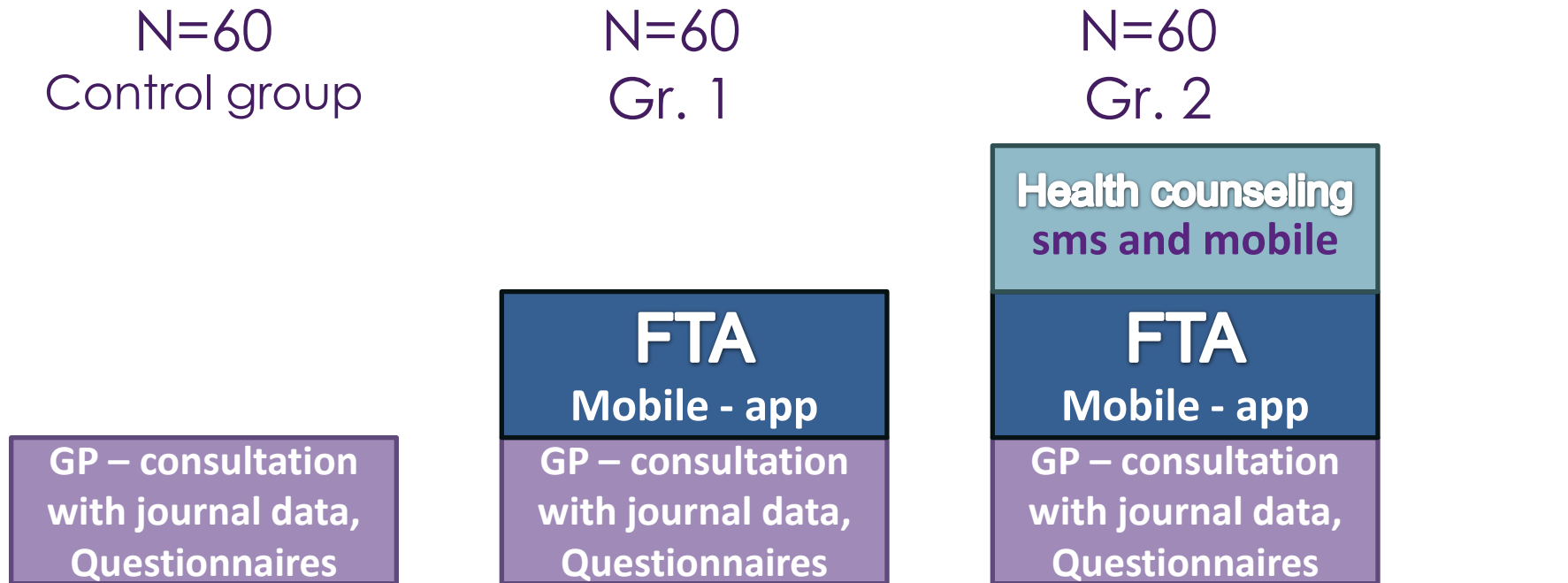


- *The Pilot Interventions*
- *Outcome / Measures*
- *Inclusion criteria*
- *Recruitment and lessons learned*
- *Data collection*
- *Experience and feedback*

The purpose of the project is to test the effect of a mobile-phone based self-management tool, as well as this tool in combination with health counseling from a diabetes nurse.

The pilot intervention

180 patients in a randomised, controlled study



FTA -> Few Touch Application

Health counseling with diabetic nurse

Primary outcome:

- *HbA1c in combination with changes in medication and hypo-/hyperglycaemic events*
- *Health-related quality of life (SF-36)*

Secondary Outcome Measures:

- *CES-D depression scale, patient-empowerment (heiQ and DES-SF), nutrition- and physical activity measures*
- *Economical effect measures (quantitative and qualitative data)*
- *Usability/patients satisfaction (SUS)*
- *Organisational data (interviews)*
- *Meta-analyses on Cluster level*

Inclusion- and Exclusion Criteria

Inclusion-

- Age >18 years
- HbA1c > 7.0
- T2DM diagnosed > 3 months prior to study-start
- Capability of filling questionnaires in Norwegian language
- To attend the full treatment schedule including to use mobile phones

Exclusion-

- Any mental or physical condition interfering with the study

Consultancies with GP during the study are based on official guidelines.

Recruitment and lessons learned

- *Invitation to join and information of the study through*
 - *hospital clinics*
 - *diabetic society*
 - *media, advertising*
- *Inclusion to the study only through the primary health care*
- *Recruitment challenges*
 - *Cooperation with GPs is challenging due to*
 - *busy schedules and several competing studies*
 - *GPs are spread over large areas and several offices*

Data collection

- Automatic logging (continual via mobile application)
- Questionnaire (3 times: baseline, 4 mths, 1 year)
- Study journal from GP/patient (baseline, 4 mths, 1 year)
- Qualitative interviews with participants (20) and health personnel / selected GPs.

- Cooperation with GPs: - challenging...
- Technical feedback:
 - Touch telephones not yet very user friendly to un-experienced mobile phone users.
- Health counselling – from diabetes nurse:
 - Works – but challenging to establish close contact
- From participants:
 - Overall very positive feedback
 - “The telephone is motivating”
 - “It is impressing how we can measure and store blood glucose results and nutrition”
 - “How to set goals in FTA: “It suits me perfect...”
 - “On blood glucose graph: “Green values are motivating”
 - “I am positively surprised – I do more right than I thought...”

Implementing the service

- *How to organise the service*
- *Financing*

Future organizational model – some aspects

How should the service be organised?

- *As an "app":*
 - *To be loaded on to the mobile phone*
 - *Supported by professional IT-vendor*
 - *Payment by the user when loading the application to the phone*
- *As a pre installation on a mobile unit*
 - *Given to the user by their GP*
 - *Delivered and paid for by the health care service /society*
 - *Supported by professional IT-vendor, regulated by contract*
- *As a mix of the two - Sold at the chemists?*

These questions are yet to be answered – but the results from RENEWING HEALTH will contribute to finding these answers

Future financing model – some aspects

Who will benefit from the service – and who should pay?

- *The patient / user:*
 - *Better self control and motivation*
 - *Better health*
- *The health service /society:*
 - *Less short- and long term complications*
 - *Lower cost level*
 - *Better patient service individually adapted*

*These questions are yet to be answered – but the results
from RENEWING HEALTH will contribute to finding these answers*

- *Astrid Grøttland,
Project manager,
Renewing Health Norway.*



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