Background & Pilot work – City Hospitals Sunderland & Northern Senate

- Using telehealth in clinical care can redress the balance between increased disease prevalence, patient safety & self-care, with potential health economic benefit.
- We implemented clinical pathways for mild pregnancy-induced hypertension (PIH), gestational diabetes mellitus (GDM) & breastfeeding support using the ‘Simple Telehealth’ Florence teletext mobile phone-based system as an adjunct to clinical care.

PIH - affects up to 10% of 1st pregnancies

- THEN: Multiple visits to hospital (or home by midwife)
- NOW: Safe evidence-based (NICE) BP parameters set
- Simple cheap equipment provided & pathway established
- Monitoring at home x3 weekly then reviewed after 1 week

GDM - affects up to 3.5% of pregnancies (20,400 UK/yr)

- Simple cheap equipment provided & pathway established
- Treatment altered by SYSTEM and/or by CLINICIAN by text
- ‘Flo’ system used for 10 weeks (mean); reduced clinic visits

OUTCOMES – (1) – Patient satisfaction & control; Clinical

- PIH (n=68) – Level of control [‘enough/completely’] = ↑ 48 to 82% after telehealth with no adverse clinical outcomes
- GDM (n=104) – Level of control [‘enough/completely’] = ↑ 57 to 85% after telehealth
- GDM – validated DTSQ = ↑ scores: satisfaction, convenience, flexibility & understanding
- Breastfeeding (n=97) – Level of control [‘enough/completely’] = ↑ 37 to 92%

OUTCOMES – (2) - Health economics data will be presented

- PIH – ↑ savings dependent on ↓ midwifery/hospital visits (community & hospital)
- GDM – ↓ savings dependent on ↓ hospital visits & use of specialist nurse for follow-up

NENC AHSN funded project

- PIH & GDM set up across 5 regional centres
- QEH/CHS/STyne/JCUH/Northallerton
- Univ of Sunderland – statistical support
- PIH clinical pathways aligned
- Health economics advisor & evaluation
- Evaluation: patient satisfaction/control, clinical outcomes

KEY BENEFITS & OUTCOMES

- System is ‘simple’
- Short term benefits to patients – control, satisfaction, clinical outcomes
- Benefits to system – staff re-deployed
- Potential cost-savings
- [?Longer-term health benefits?]