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Cleveland Clinic program linking chronic-disease patients directly to doctors online shows success

By Evelyn Theiss, The Plain Dealer
March 16, 2010, 8:15AM

Patients with chronic diseases manage them better when they have a medical device that allows them to connect online directly with their doctors.

That's what preliminary results from a pilot project at the Cleveland Clinic show.

The Clinic, collaborating with Microsoft, kicked off the project in December 2008 for patients with chronic diseases, including diabetes, high blood pressure and heart failure.



Marvin Fong, The PD

This wireless blood pressure reading system allows patients to track their levels and forward them to a doctor, reducing the need to go to a medical office.

More than 250 people participated, said Dr. C. Martin Harris, chief information officer of the Cleveland Clinic, in what he called the first physician-driven pilot project in the United States to follow multiple chronic diseases in a clinical setting. The men and women in the pilot study ranged from their 20s to their 60s.

The project found a significant change in the average number of days between doctor's office visits for diabetic and hypertensive patients, who were able to increase the number of days between appointments by 71 percent and 26 percent, respectively.

Heart-failure patients visited their doctors more often -- decreasing the number of days between visits by 27 percent--which was a good thing. It meant they were receiving necessary treatment in a more timely manner.

The next step, says Harris, is to find funding for a larger scientific study with about 1,500 patients, using a control group. He doesn't know how long that will take.

"We were focused on the idea that we could transform the way we think about delivering care, from the provider's view as well as the patient's," said Harris. "We had all of the tools in place to change the delivery paradigm."

Among the equipment patients used at home were heart-rate monitors, glucometers, scales, pedometers and blood-pressure monitors, depending on the disease.

The devices, plugged into a computer, uploaded the patients' data to a secure



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Web-based data-storage platform, which connected to their personal health records (MyChart) at the Cleveland Clinic.

Doctors and nurses, using electronic medical records and the uploaded data, were able to monitor, for example, a heart-failure patient's daily weight, blood pressure and activity level.

"What we were really testing was the ability to care for a patient who has a chronic disease in a more continuous fashion, rather than the episodic model we have today, of seeing a patient once every 90 to 120 days," said Harris.

He added, "The promise of this new model of delivery is that we can manage patients in a more timely fashion to achieve better outcomes -- at an effective cost."

Harris said it wasn't just patients who were deemed highly organized or diligent who were chosen to participate.

"We didn't select patients in that way -- we didn't screen for that," he said.

"In the follow-up study, we'd like to move to a randomized control trial so we can assure ourselves we didn't just select patients who just happened to like this technology."

The at-home medical devices not only helped patients and doctors track their conditions and coordinate treatment schedules, they also helped patients manage their medication regimens and get timely interventions as needed, said Harris.

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Posted by **Seemygrandkids-J**

March 17, 2010, 8:06AM

As one of the patients mentioned above I can tell all other Diabetics and other with Chronic diseases the home/mobile monitoring really works!! Dropping my hemoglobin A1c test (HbA1c) from 7.2 in Jan 2009 to 6.0 in Dec 2009, plus 30lb weight lose, has made a WORLD of difference healthwise. Thank you Cleveland Clinic for allowing me this opportunity.

I hope funding can become available to extend this initiative outward to others wit Chronic diseases.

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