

Headline: Groups Tap Funding for Mobile Health Efforts
Targeting Seniors With Chronic Conditions

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TEXT:

I'm Kelly Wilkinson with a report on a recent boost to the field of mobile health technology for seniors. Almost a half million dollars in new funding has gone to five organizations working on programs for older adults with chronic health conditions. This is a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation.

Seniors might not come to mind when you think about the adopters of mobile health technology -- but almost a half million dollars from the Center for Technology and Aging hopes to accelerate older adults' adoption of such tools.

The grants are funded in part by the SCAN Foundation, with support from the Office of the National Coordinator for Health IT. The five organizations receiving the one-year grants will need to demonstrate how older adults could benefit from mobile health technologies, which run the gamut from tablet and cell phone applications to telemedicine and mobile diagnostic services.

(Lindeman): "The older adult population is one of the most vulnerable populations in terms of chronic disease and independence."

David Lindeman directs the Center for Technology and Aging.

(Lindeman): "Mobile health has created many new avenues to reach them in very efficient ways both for distance as well as improving access to care and ultimately improving quality of care."

The SCAN Foundation works to develop a continuum of care for seniors. René Siedel is the organization's vice president of programs and operations. He says remote monitoring of health indicators like pulse and weight can make a big difference for patients with chronic conditions.

(Siedel): "If you monitor patients regularly -- and if you get this information to the medical provider on a regular basis -- you can, you know, intervene when things kind of go out of range and therefore,

you know, hopefully avoid expensive emergency room care or hospitalizations, which none of us want to have to deal with."

Sharp HealthCare Foundation in San Diego is one of the grant recipients. They're working on a program that will remotely monitor patients with chronic obstructive pulmonary disease.

Nancy Pratt is senior vice president of clinical effectiveness for Sharp. She says the new pilot is based on a project that targeted patients with congestive health failure. That program used remote monitoring tools to track patients after their discharge from the hospital.

(Pratt): "You can't go from having 24-hour care to going home and just being completely on your own, unless there's really clear handoff of information back to the patient so that they know exactly how to take care of themselves. And quite honestly, when you're getting discharged from the hospital, most people will only retain a percentage, a certain amount of what you're seeing or handing them because there's, you know, a lot of stress and activity around there. And then you get home and you're like, okay, now what do I do?"

Pratt says the program for congestive health failure patients followed them into their homes to monitor weight. That information was transmitted electronically to the hospital every day.

(Pratt): "Went to visit them in their homes, set their scale up, set them up with communication so that they could chat with us. And we would call and talk with them about their medications, their symptom picture, their weights. And in so doing, we're able to prevent readmissions."

Pratt says the program had a huge impact. The hospital went from about a 20% readmission rate for CHF patients to a 6.7% rate.

Steven Wallace is associate director at the University of California-Los Angeles Center for Health Policy Research. He says access to doctors and health care is a big problem for older residents, especially in rural areas. He says studies clearly show that electronic monitoring makes sense for people who have chronic conditions, such as diabetes.

(Wallace): "The overall costs of providing the care were less because people who were able to monitor diabetes carefully through the e-technology in their homes kept the diabetes under better control. So that prevented emergency room visits and hospitalizations and other very costly events that are also, you know, very bad for the person's health. They not only cost a lot of money, they're damaging to the person's health in the long run."

However, there are significant hurdles that impede the adoption of mobile health technology among seniors. Access to the Internet and cost are factors. As is basic equipment, says Wallace.

(Wallace): "In part, cell phones are designed for people with high-quality eyesight -- 'cause the screens are small -- and without arthritis, 'cause the buttons are small and hard to push. So maybe some entrepreneur will sit down and say, gee, here's an untapped market, we need to make a senior-friendly cell phone. And some of the cell phones now are getting larger and a little more user-friendly, but once again, that's a technology that could be better adapted to some of the limitations that seniors often face."

Wallace says older populations generally lag in adopting new technology, and they're the most likely demographic to want personal contact with health care providers.

But as technology evolves, so do people's attitudes toward using it. Again, David Lindeman from the Center for Technology and Aging.

(Lindeman): "Mobile tech and mobile health issues are advancing at such a rapid pace, we should be aware that these changes will be ubiquitous in the very near future."

He says these technologies should be looked at for *all* age groups...

(Lindeman): "But particularly older adults, where we are spending a very large percentage of our chronic disease dollar. And where many individuals can be supported and have greater independence."

This has been a special report for *iHealthBeat*, a daily news service from the California HealthCare Foundation. If you have feedback or other issues you'd like to have addressed, please email us at iHB@CHCF.org. I'm Kelly Wilkinson. Thanks for listening.