

ADLIFE Patient Empowerment and Shared Decision Making

Dr. Rachelle Kaye, Assuta Ashdod University Hospital

Gokce B. Laleci Erturkmen, · SRDC Software Research & Development and Consultancy Corp.

EHTEL Symposium 2023 November 29, 2023

The ADLIFE Project has received funding from the European Union under the Horizon 2020 Programme, grant reference number 875209.



ADLIFE

1

ADLIFE

What is ADLIFE?

Integrated personalized care for patients with **AD**vanced chronic diseases to improve health and quality of **life**

Call: HORIZON 2020 -SC1-

DTH-11-2019:

Large Scale pilots of

personalized & outcome based

integrated care

10 partners in 8 countries

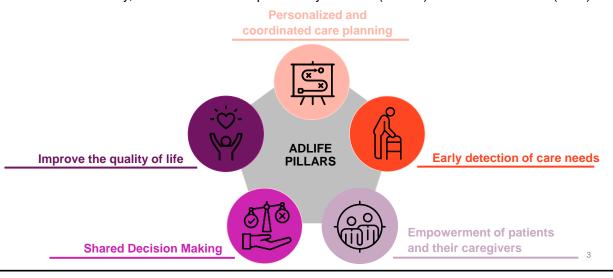
Duration: 4.5 years -2020-2024





OBJECTIVE

To provide a **digitally supported integrated solution** for patients with advanced chronic diseases namely, chronic obstructive pulmonary disease (COPD) and/or heart failure (CHF).



3



ADLIFE aims

- Provide personalized integrated care deploying the ADLIFE toolbox to improve patient's health condition.
- Change the traditional care models for advanced chronic patients (CHF and COPD) by integrating unconnected care tasks at different levels and settings.
- Facilitate a more active role of patients and caregivers in managing their health encouraging shared decision making, deliver individualized adaptive interventions.
- Deploy the new tools in 5 pilot sites in Europe and Associated Countries
- Assess the effectiveness and efficiency of the intervention with a large-scale pilot evaluating health gain, quality of life, use of resources and economic costs



ADLIFE Digital toolbox

Person-centered care



Personalized adaptive care plans

Digital Patient Care
Planning Management
Platform (PCPMP)

Intelligent tools



Clinical decision support services

Computerized interfaced with PCPMP

Active role

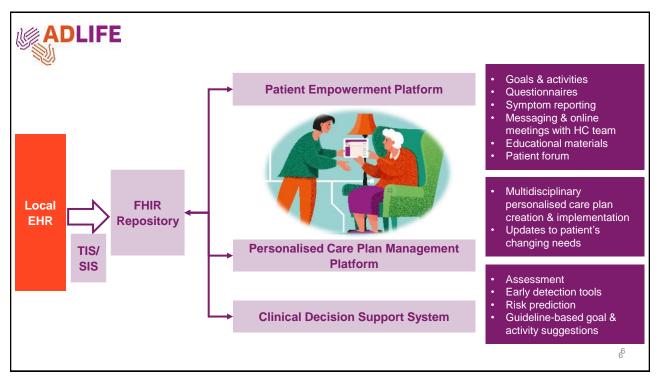


Patient and care givers empowerment

Digital Patient
Empowerment Platform

5

5





Patient Empowerment

The ADLIFE project adopted the Adams definition of empowerment:

"the capacity of individuals, groups and/or communities to take control of their circumstances, exercise power and achieve their own goals, and the process by which, individually and collectively, they are able to help themselves and others to maximize the quality of their lives".

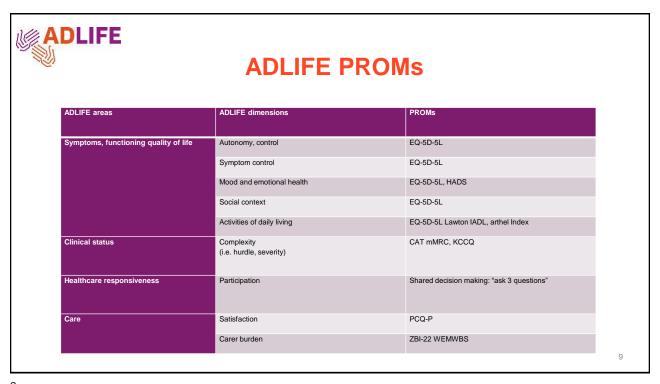
In ADLIFE, key aspects of empowering patients include using **PROMs** in combination with Just-in-Time Adaptive Interventions (JITAIs) to motivate, educate, and support patients based on their individual behavior and contextual state.

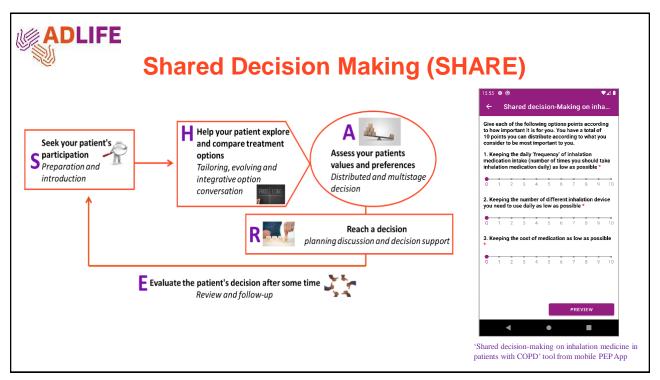
7

ADLIFE

PROMs and Shared Decision Making

- In ADLIFE, PROMs consist of questionnaires completed by patients to ascertain perceptions of their health status, level of impairment, disability and health-related quality of life and their perspective on the outcomes of their own treatment and care
- In ADLIFE, patients are encouraged to make their preferences known. The Clinical Decision Support System for Health Care Professionals identifies and alerts clinicians to opportunities for Shared Decision Making







The Major Functionalities of the ADLIFE Patient Empowerment Platform (PEP)

- Care plan (View active care plan, Provide feedback on care plan activities and goals
- Record patient observations (via medical devices), Review as charts
- Patient reported outcome measurement (Complete PROMs according to the frequency defined in care plan, Review)
- Symptom reporting
- Safe messaging with Healthcare Professionals

1

11

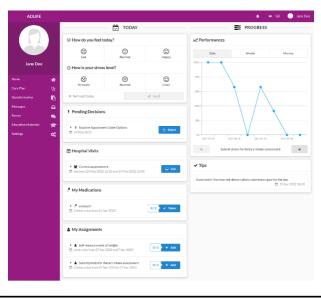
ADLIFE

The Major Functionalities of the ADLIFE Patient Empowerment Platform (PEP)

- U Communication with other patients through the forum
- Access to education materials
- Shared Decision Making via Decision Aids
- Delivering just-in-time adaptive interventions to patients
- Present care plan related treatment intervention reminder
- Digitally sign consent forms



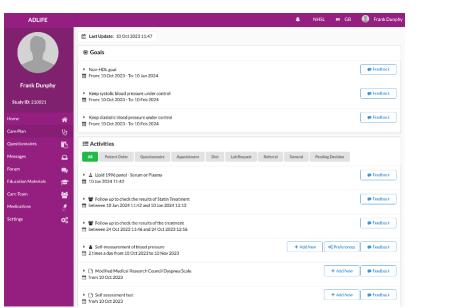
Patient Dashboard



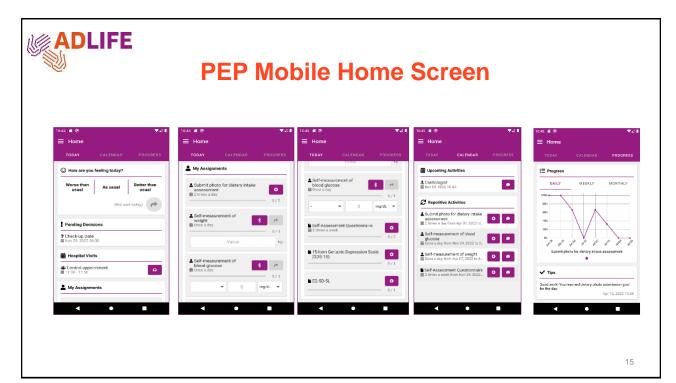
13

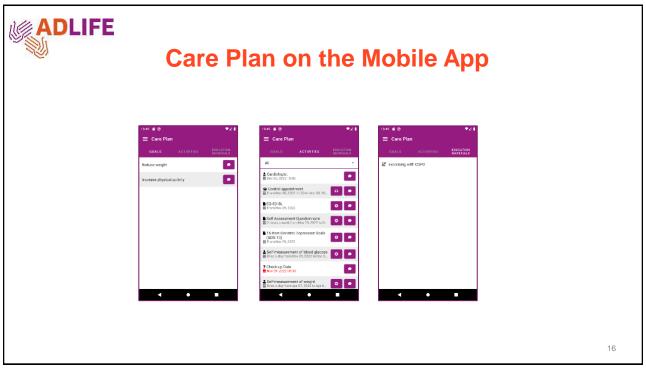
ADLIFE

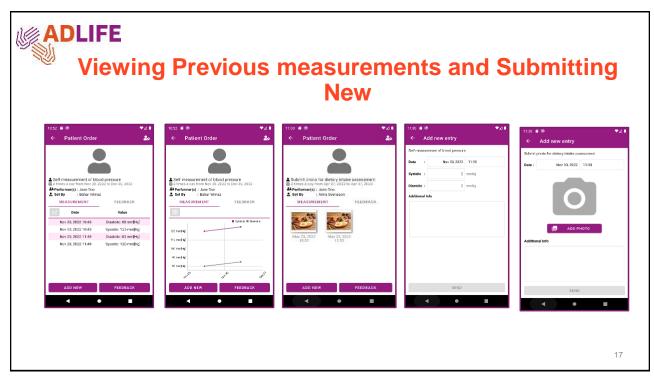
Patient Care Plan Screen

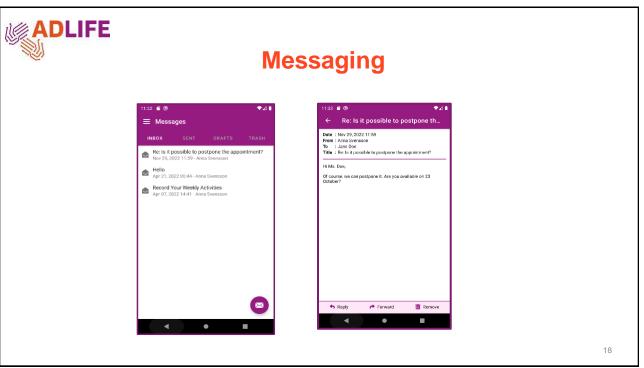


14











Technical Challenges



Main Obstacle - Interoperability:

- The ADLIFE solution used HL7 FHIR
- One way integration EMR to PCPMP

Challenges

- Different legacy systems in every pilot site
- Different codes for diagnosis, medication, laboratory and other diagnostic tests
- · The challenge of Mapping

19

19



People and Organizational Challenges



Organizational Support

- Upper management support for changes in care processes and digital tools
- Management Enforcement of use of changes and new digital tools

Healthcare Professionals

- Resistance to change
- Time pressures training, learning to use new tools,
- · Insufficient benefit, incentives
- Digital literacy

20



People and Organizational Challenges



Patient Empowerment

- Not all patients want to be empowered.
- Empowerment dependent more on the doctor-patient relationship than the nurse –patient relationship
- There are specific areas where patient empowerment is more successful such as medication adherence.
- Biometric reporting motivational responses crucial to sustainability
- Questionnaires need to be short and infrequent
- Digital literacy
- Prior experience e.g. use of patient portals

21

21



Some Conclusions

- The transition to value-based healthcare is more dependent on Organizational and People factors than digital tools
- Patient care should be a collaborative process driven by mutual respect..
- Doctors should strive to facilitate patient empowerment:
 - Offer patients treatment options
 - Refer patients to educational resources
 - Encourage the use of patient portals Access to electronic health records helps patients become more active in shared decision-making.
 - Inform patients about digital tools many apps are available to help track and manage chronic health conditions
- Digital Tools can enable Value based Healthcare, unlikely to drive it















research programme under grant agreement No 875209.













