

## Technology enabled Person-Centered Care Collaboration: The digital evolution of proven best practices

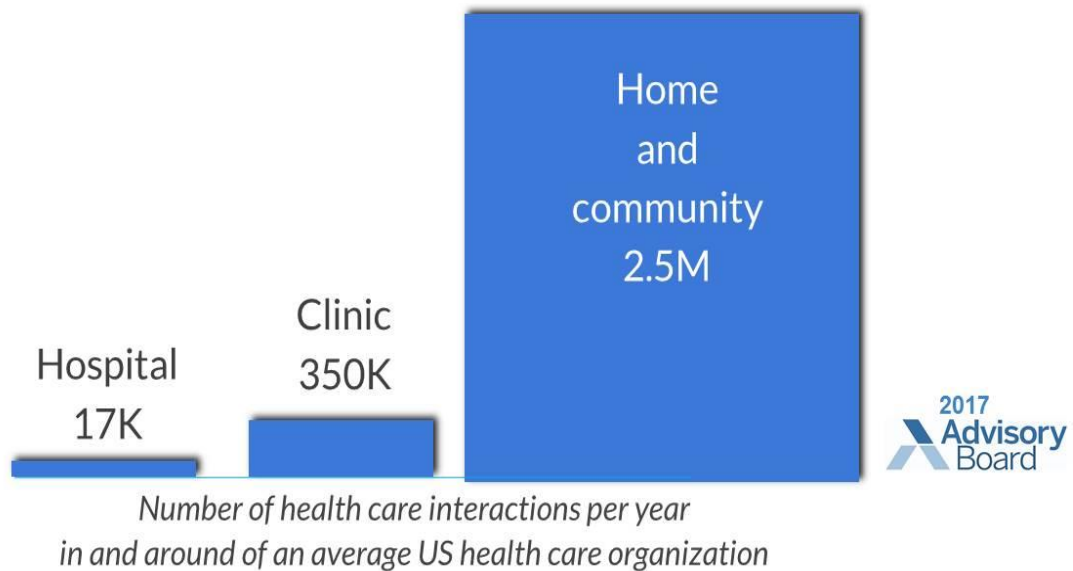
Dr. Alexandra T. Greenhill  
CEO | Chief Medical Officer  
Careteam Technologies  
[www.careteam.tech](http://www.careteam.tech)

### The big idea... People, Plan, Progress



Patients, family, and health professionals –  
together as a coordinated care team,  
all on the same page,  
knowing what is planned, and  
working together to make it happen.

**Finding #1** 99% of healthcare happens at home and community



**Finding #2** Care coordination has been proven to make difference

Care coordination is the **deliberate organization** of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the **appropriate delivery** of health care services.

Organizing care involves the **marshalling resources** needed to carry out all required patient care activities and is often managed by the **exchange of information** among participants responsible for different aspects of care.

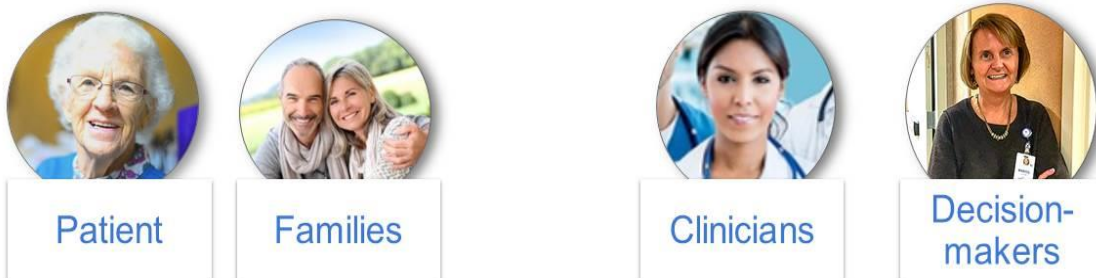


### Finding #3 Care coordination can't scale without technology

Instructions given are **verbal** or rarely paper. → **80%** is misunderstood or forgotten. → **Only 8%** of patients with dementia get the recommended annual hearing and vision test.



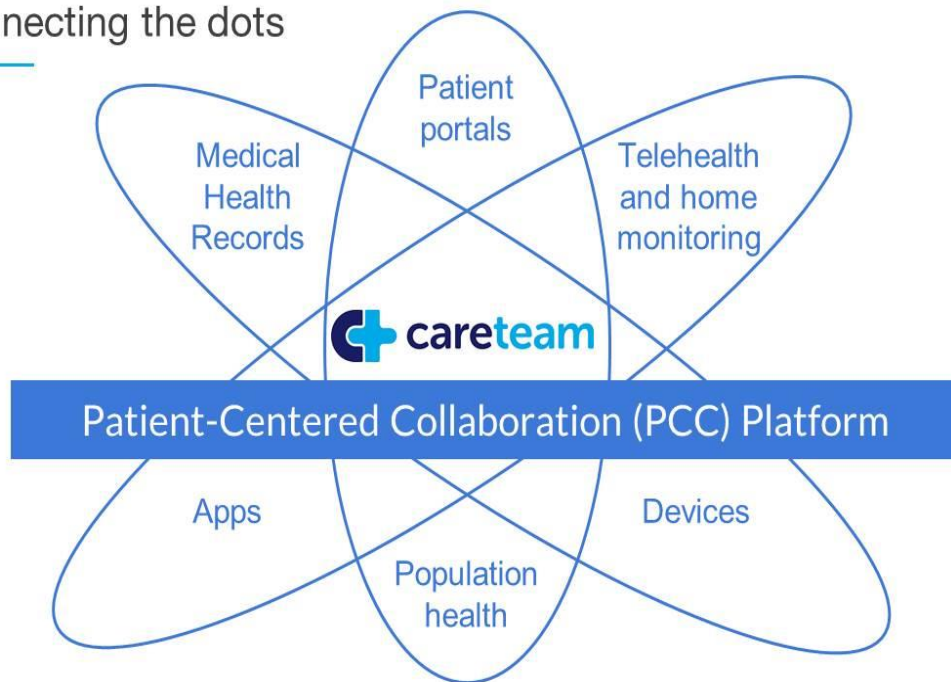
### Key insight Patient cases are all unique, but all need the same



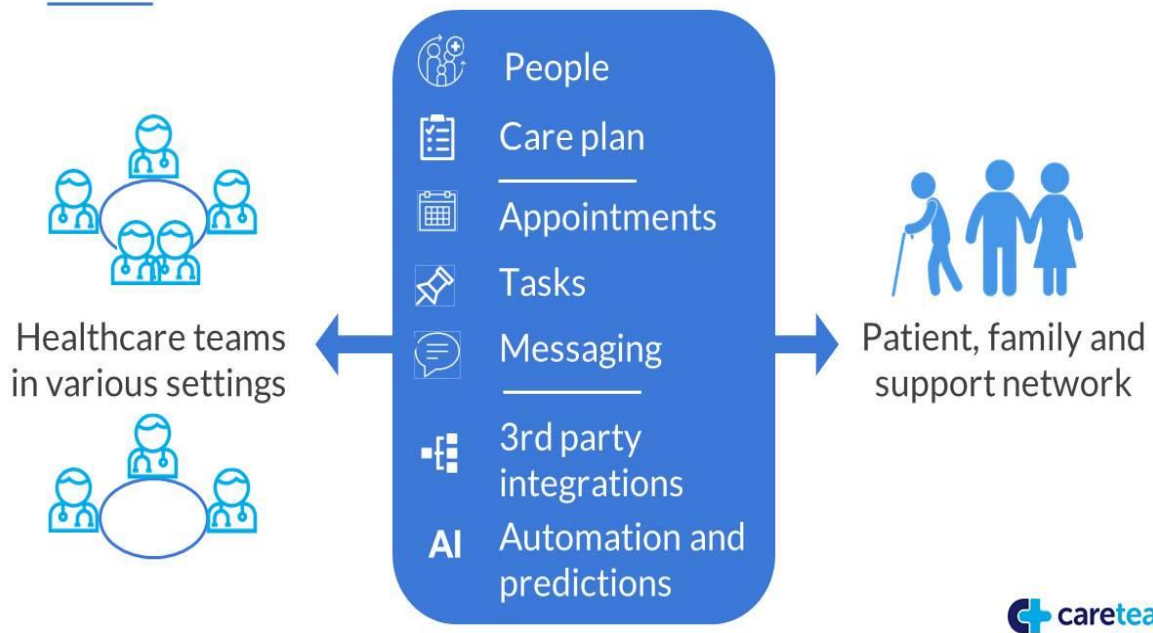
People  
Plan  
Progress



## Connecting the dots



## Careteam's structure: Built for humans and for health care



## Careteam - a great example of an implementation



CENTRE FOR AGING  
+ BRAIN HEALTH  
INNOVATION  
Powered by Baycrest

- Dementia team at the Ottawa General Hospital and 22 community organisations
- Dementia PLUS model of care



## Careteam connects all four user types into **one team**



Patient



Families



Clinicians



Decision-makers

can access an  
**integrated care plan**,  
share it as they need  
to and action it

can monitor  
**progress**,  
intervene, add  
information

can connect  
population health  
to individual care  
and **better plan**



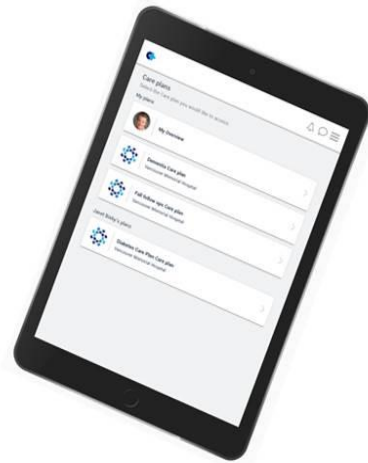
## Accessible on any device



Smart phone



Desktop or laptop



Tablet



### Welcome to Careteam!

Dealing with a medical condition can be stressful and tiring. Quality of outcomes and quality of life depend on patients, families and health care providers being on the same page.

- All the information you need: Instructions, appointments, and documents related to your care.
- Access it 24/7 in one secure place, on any device.
- Include all the people in your life that need to know.



Enter the registration code provided by your clinic:

Get started

My profile

### Care plans

Select the Care plan you would like to access:

My plans

My Overview

Dementia Care plan  
Vancouver Memorial Hospital

Fall follow ups Care plan  
Vancouver Memorial Hospital

Janet Bixby's plans

Diabetes Care Plan Care plan  
Vancouver Memorial Hospital

Overview

My profile

Filter

All

Assigned

Unassigned

Mine

My overview

#### Tasks

☐

Pick up crutches and walker  
Fall follow ups Care plan

☐

Follow-up appointment with family physician within 2 weeks after discharge  
Dementia Care plan

☐

Please review checklist (under documents) of how to assess home to prevent further falls.  
Dementia Care plan

Show completed

Weekly activity April 15 – 21, 2019

<
Current
>

Wednesday April 17th

Annual vision test  
Dr. Hancock

2:00 PM

Activity feed
Tasks
**Team**
Care plan
Health

My profile

**Hannah Bixby**  
Dementia Care plan

Support team
Contacts
Members
Extended
Health team
Health team contacts
Healthcare providers
Available resources
Services
People
Information
Other

Support team

? INFORMATION

Contacts
Add

<div> <b>Tobias Bixby</b>  Child </div>	Phone number <b>N/A</b>	E-mail <a href="mailto:noreply+tobiasbixby@careteam.me">noreply+tobiasbixby@careteam.me</a>
<div> <b>Andy Bixby</b>  Child </div>	Phone number <b>N/A</b>	E-mail <a href="mailto:atheriault+andybixby@careteam.me">atheriault+andybixby@careteam.me</a>
<div> <b>Janet Bixby</b>  Child </div>	Phone number <b>N/A</b>	E-mail <a href="mailto:support+janetbixby@careteam.me">support+janetbixby@careteam.me</a>

Members
Add

<div> <b>James Waner</b>  Neighbour </div>	Phone number <b>+1 (604) 787-8137</b>	E-mail <a href="mailto:jgreenhill.11@gmail.com">jgreenhill.11@gmail.com</a>
<div> <b>Tara Mathers</b>  </div>	Phone number 	E-mail 

Activity feed
Tasks
**Team**
Care plan
Health

My profile

**Hannah Bixby**  
Dementia Care plan

Support team
Contacts
Members
Extended
**Health team**
Health team contacts
Healthcare providers
Available resources
Services
People
Information
Other

Health team

Health team contacts

<div> <b>Jeremy Wilson</b>  Gerontologist </div>
<div> <b>Alex Robertson</b>  Family Physician </div>
<div> <b>Carrie Johnson</b>  Unit Clerk </div>
<div> <b>Rob Manning</b>  Endocrinologist </div>
<div> <b>Dr. Ray Jones</b>  Hospitalist </div>

Activity feed
Tasks
**Team**
Care plan
Health

My profile

**Hannah Bixby**  
Dementia Care plan

Support team

---

Contacts

---

Members

---

Extended

---

Health team

---

Health team contacts

---

Healthcare providers

---

Available resources

---

Services

---

People

---

Information

---

Other

Available resources

Services

HandyDART

Phone number  
+1 (800) 484-3858

Website  
N/A

Nurse Next Door

Phone number  
+1 (604) 585-3859

Website  
<http://www.nursenextdoor.com>

SN Transport

Phone number  
+1 (800) 768-0044

Website  
N/A

Meals on Wheels Vancouver

Phone number  
+1 (604) 399-4829

Website  
N/A

People

John Wilson - Massage therapist

Phone number  
+1 (604) 123-4567

Website  
N/A

# Deliver on Institute of Health Improvement (IHI) Quadruple Aim

**Patient experience**

- Improved experience of care
- Increased engagement
- Improved satisfaction

**Better outcomes**

- Improved health outcomes
- Improved quality of care
- Improved care safety

**Providers experience**

- Saved time and effort
- Monitor and predict
- Ability to meet patient needs

**Better costs**

- Reduced gaps and overlaps
- Reduced ER visits and readmissions
- Reduced length of stay

## The big idea... People, Plan, Progress



Patients, family, and health professionals –  
together as a coordinated care team,  
all on the same page,  
knowing what is planned, and  
working together to make it happen.

