

Project Title: A Longitudinal Telephone and Multiple Disease Management System to Improve Ambulatory Care

Principal Investigator: Friedman, Robert, M.D.

Organization: Boston Medical Center

Mechanism: RFA: HS08-002: Ambulatory Safety and Quality Program: Improving Management of Individuals with Complex Healthcare Needs through Health IT (MCP)

Grant Number: R18 HS 017855

Project Period: 09/08 – 09/11

AHRQ Funding Amount: \$1,199,934

Summary Status as of: December 2008

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use

Summary: Dr. Friedman and his team launched their project in late September 2008. This project proposes to use electronic methods to collect and monitor health status for patients who have multiple chronic conditions. Using real-time information provided by the patients, it identifies when additional follow-up care with clinicians is needed. This supplements the care they receive from their physicians and other clinicians. The objective of the virtual health care system is to identify clinically significant problems during transitions in care and between ambulatory care visits and to alert appropriate medical staff. The interactive voice response system (IVR), Telephone-Linked-Care for Complex Patients (TLC-C), monitors patients virtually between ambulatory care visits and notifies clinicians about clinical problems they need to address. The TLC-C system is a self-developed system that is connected to a Centricity electronic health record (EHR), although the system is designed to interface with any EHR system. The system gathers information from the patients' EHRs, the patients themselves, clinicians, and other medical staff. The TLC-C system is an expansion of other IVR systems that the Boston Medical Center uses—these other systems were hospital discharge interventions, while this intervention is testing whether this new component of the IVR system can streamline ambulatory care for patients with complex chronic conditions, reduce clinically significant medical complications, improve the control of chronic disease, and decrease preventable hospitalizations and urgent/emergent care visits.

Specific Aims

- Design, program, and lab test the system. **(Ongoing)**
- Pilot test the system. **(Upcoming)**
- Redesign and reprogram the system, based on the pilot. **(Upcoming)**
- Conduct evaluation study. **(Upcoming)**
- Recruit patients. **(Upcoming)**
- Evaluate project. **(Upcoming)**
- Analyze study data. **(Upcoming)**
- Sustain and disseminate system. **(Upcoming)**
- Write final report and other manuscripts. **(Upcoming)**

2008 Activities: The main activity that Dr. Friedman and his team have been working on, to date, is to design the system. Because of the complexity of the intervention, the challenges of the design phase are significant. In addition, they are refining the design of the research study component in order to ensure smooth progress. Dr. Friedman commented that the team he has assembled works extremely well together.

Preliminary Impact and Findings: There are no findings at this time because they are still developing the intervention.

Selected Outputs

None Available.

Grantee's Most Recent Self-Reported Quarterly Status: The project is on track with its progress in some respects but not others.

Milestones: Progress is on track in some respects but not others.

Budget: Significantly under spent, more than 20 percent.