TELEHEALTH PROJECT SUMMARY TEMPLATE
Please provide information on all major projects in the last ten years (1998-2008) and any planned future projects

SUMMARY WRITER: **Daniel C Davis Jr MD FACP**

PROJECT NAME: **Telecare for Medically Fragile Patients**

ORGANIZATION/AGENCY (and primary contact): **Interactive Care Technology LLC**

FUNDING (source and amount): **private**

START UP FUNDS: **private**

REIMBURSEMENT (submitted/not submitted): **partial insurance, partial privat epay**

DURATION (start time and date): **2005-2008**

PURPOSE/INTENT (100 words maximum): **The purpose of iCare Tech's Telecare for Medically Fragile Patients is to test the Video Housecall™ and Virtual Care Team™, web-enabled telemedicine platform and tech enabled care model, for medically fragile patients to enable such patients to remain in their home, to improve the quality and safety of their care, and to avoid institutionalization.**

MAJOR CRITICAL ACCOMPLISHMENTS:
We have successfully field tested with over 20,000 patient care days iCare Tech's Video Housecall™ and Virtual Care Team™ telemedicine platform for use in private homes, care homes, nursing homes, and small rural care facilities. Video Housecall enables frequent and intantaneous video examination through the iCare ExamCam™, a unique high quality pan-tilt-zoom digital video camera that operates over the web with no computer at the remote site and with a single off-on switch. The Virtual Care Team™ is iCare's web-based care management ASP platform and care model for medically fragile patients that helps coordinate and coach in-home care givers.

With over 20,000 patient care days, patient, family, and care giver satisfaction has been high. We believe this tech-enabled care model reduces hospitals days for medically fragile patients to less than 80% of conventional care.

We have an ongoing IRB approved case control study to confirm quality and cost benefits of this tech-enabled care model for the medically fragile population.

CRITICAL SUCCESS FACTORS:
Developing new camera devices that are targeted at ease-of-use by families and care givers, requiring no training.
Avoiding the limitations of consumer grade web-cams.
Avoiding the rquirement for remote users to use a computer.
Using consumer grade, inexpensive broadband and IP connectiviity.
Integrating the video house call with a web enabled care management application.
Plug-andPlay installation and remote maintenance.

CRITICAL BARRIERS (overcome or not):
Lack of readily available reimbursement
Silo'd medical and nursing specialists
Consultants' concerns about professional liability
Lack of adequate wireless wide area broadband

MAJOR LESSON LEARNED:
People and organizational barriers are more prevalent and more difficullt to overcome than technical barriers.
Simple technology is better than multiple, complex features.

CURRENT STATUS (active, planned, dormant, completed, other?):

We have an ongoing care model with live medically fragile patients with complex problems such as home ventilators, severe CHF, neurodegenerative disease, ALS, post polio, Parkinosn's, and COPD.

We also currently support several care homes with Video Housecall and Virtual Care Team.

We have two hospitals using our wireless mesh Video Housecall to link a referral center and a rural hospital in the Hawaii Neuroscience Telehealth Network, a telestroke triage project.

PARTNERING ORGANIZATIONS:
Queen's Medical Center
Health Care Alternatives
Medical Associates, Ltd.

IS THERE A CLINICAL CHAMPIOR OR A COMMITTEE OVERSEEING THE TELEMEDICINE PROGRAM?
Clincal Champions are Dan Davis MD (iCare Tech) and Cory Lee RN (Health Care Alternatives) for the Telecare for Medically Fragile Patients and Cherylee Chang MD (Queen's) for the Hawaii Neuroscience Telehealth Network.

TECHNOLOGY USED:
Interactive Care Technologies' Video Housecall™, iCare ExamCam™, and Virtual Care Team™… wireless, web-based, ASP delivered, HIPAA compliant