

# The clinical and economic impact of the combined interventions of telehealth, specialist respiratory nursing care and health coaching interventions for COPD admissions in an urban setting

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## AIMS

To demonstrate the scale of impact of telehealth using the Clinitouch system when combined in parallel with health coaching and specialist nurse interventions triggered by biometric data in a redesigned service for COPD patients with a history of over two prior admissions in the previous 12 months.

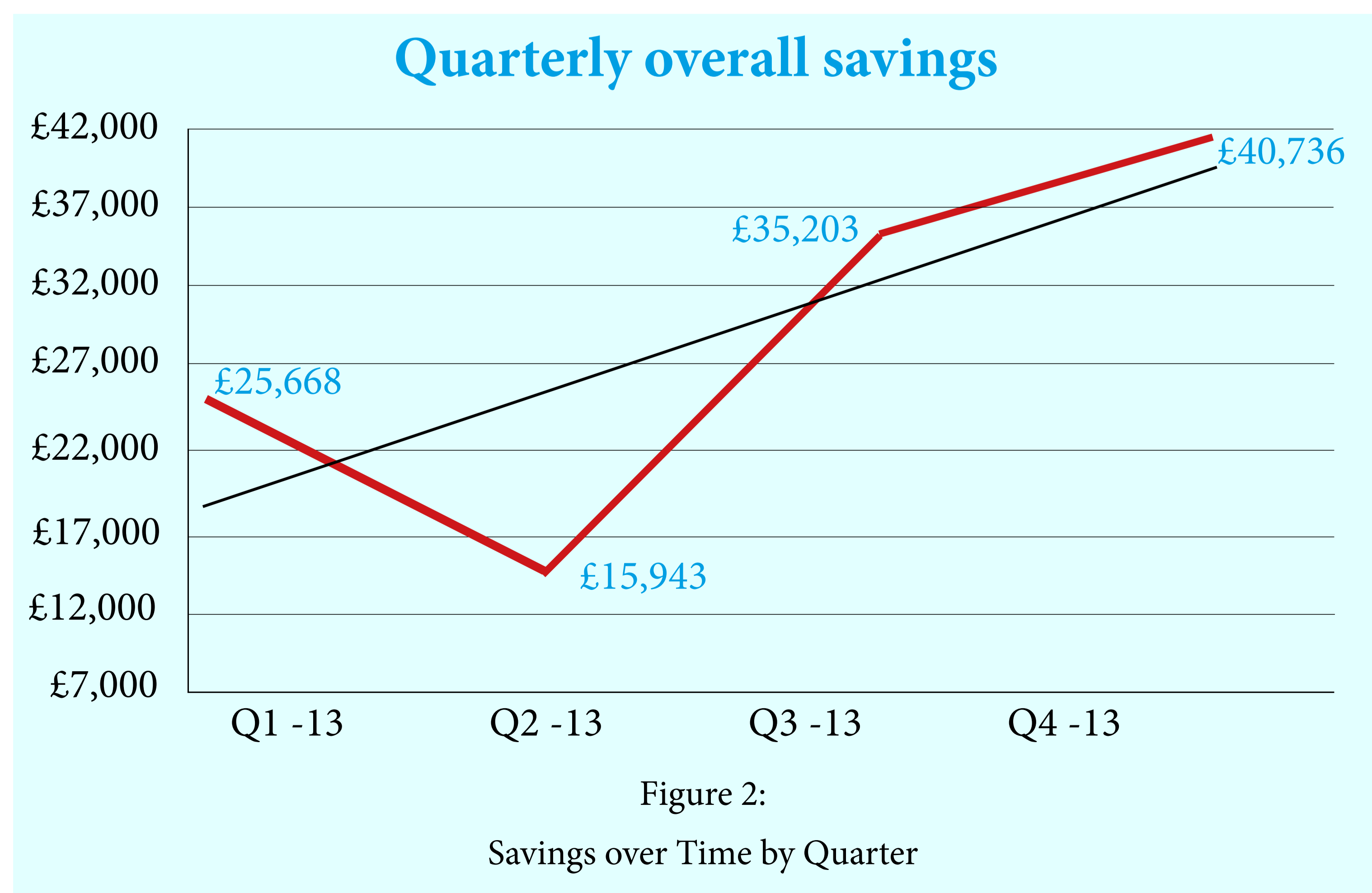
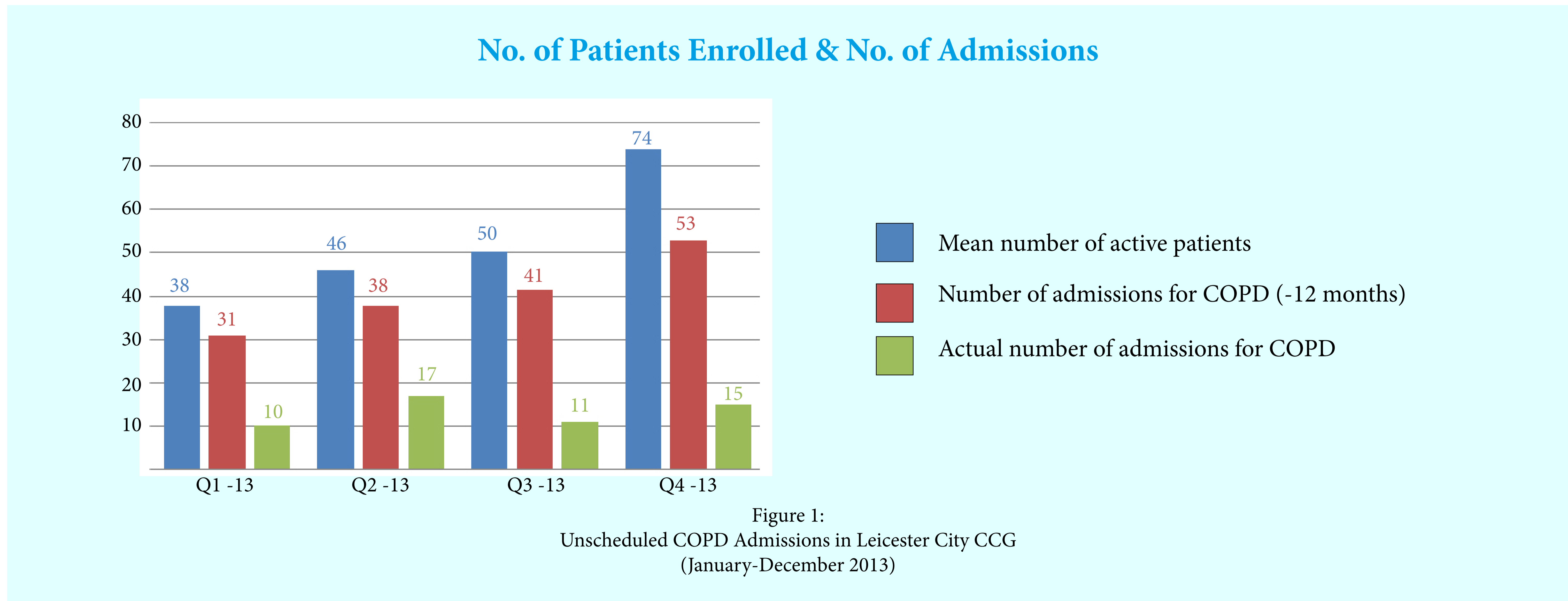
## METHOD

Data for admissions from the acute trusts and interventions from Leicester Partnership Trust, Spirit Healthcare and Totally Health were received from Leicester City CCG over a twelve month period in a cohort of patients with a mean admissions rate of 3.13 historic admissions in the previous 12 months. Data were analysed for the impact on admissions and overall resource use.

## RESULTS

The mean monthly admission rate in the historical control group was 13.9 and the mean monthly admission rate in the intervention group was 4.6. The mean number of patients enrolled in the intervention was 54. The admissions were reduced from 222 to 74. The relative reduction in unscheduled admissions was 67%. The number of admissions decreased at a statistically significant rate from 3.13 admissions per patient to 1.02 over the 12 month period (p=0.0000003).

The clinical and economic impact of the combined interventions of telehealth, specialist respiratory nursing care and health coaching interventions for COPD admissions within an urban setting:



## CONCLUSIONS

The Leicester City CCG pilot intervention was successful in reducing expenditure on people with COPD by reducing admissions to hospital, despite relatively small numbers of patients in the intervention. The savings delivered to the CCG were also sizeable, despite these small numbers. The intervention merits upscaling to numbers that would make cost savings a feasible concept.