



INR self testing service

Managing clinic capacity and reducing strokes

Our INR self-testing service enables patients to self-test and receive their new warfarin dose remotely via 4s DAWN anticoagulation software. As part of the service, patients are supplied with a Roche CoaguChek device® to test their INR.

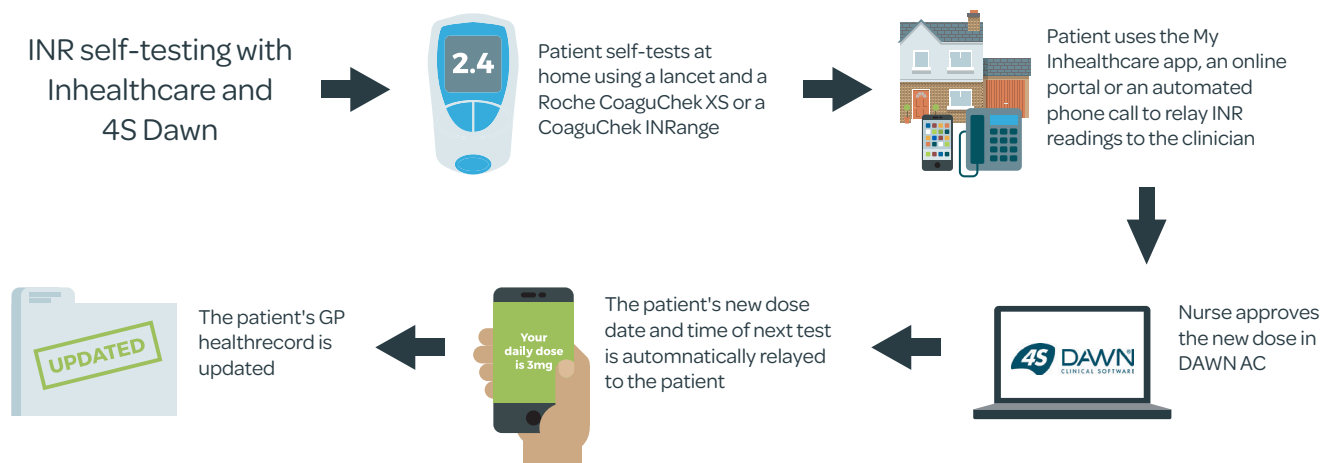
How does the service work?

The patient takes a finger prick blood sample and inserts it into the Roche INR self-testing device (CoaguChek®). The patient is also asked a series of safety questions about any changes in medication and their general health. The patient sends their new reading securely to their GP or nurse via a communication channel of their choice, including an automated phone call, the My Inhealthcare app, SMS or email which links to a secure web portal, and integrates this new data into 4S DAWN where the new warfarin dose is calculated and then automatically relayed back to the patient.

Once approved by a clinician, patients receive their new warfarin dose and the date and time of their next test via their preferred communication method. Readings flow into the patient record, meaning healthcare professionals always have access to the most up-to-date information.

Where readings fall outside of pre-determined clinical parameters, alerts are generated to the appropriate care team for timely intervention.

The service also works for patients who already own their own self-testing device.



The My Inhealthcare app

The MyInhealthcare app enables patients to keep all their health information, medication doses and scheduled appointments in one place.

The app is Bluetooth enabled and syncs to Roche's new CoaguChek® INRange, pulling through patient readings into the app, without the need for manual entry. The app can also be used with Roche's CoaguChek® XS.

My Inhealthcare allows patients to:

- Submit readings to a healthcare professional
- Review historic readings and results over time
- Receive new dosage instructions from their healthcare professional
- Receive appointment reminders
- Keep a diary of medication, appointments and tasks to complete

Benefits of the service

Improves clinical outcomes

NICE (DG14) guidance recommends INR self-testing for patients with atrial fibrillation who wish to do so, and highlights our service at County Durham and Darlington NHS Foundation Trust (CDDFT) as an example of digital self-testing in practice.

Here, in a 24 month follow up, 70 per cent of patients improved their time in therapeutic range by 20 per cent when compared to in-clinic monitoring, significantly reducing risk of stroke.

This finding was recently supported in a major Cochrane review of almost 9,000 patients, where INR self-testing/monitoring halved thromboembolic event incidence, including strokes.

Significantly reduces dosing time

INR self-testing helps NHS staff manage clinic capacity by reducing the time it takes to dose a patient, giving staff more time to spend with more complex patients.

Helps CCGs manage prescribing budgets

INR self-testing is a cost-effective alternative to DOACs.

Integrated into GP systems

Patient readings are able to flow into clinical systems and sit within the patient record.

Enables GPs to provide competitive offering

INR self-testing enables GPs to centralise fragmented anticoagulation services to generate income. Self-testing offers a service delivery model that scales easily, is attractive to patients and can be delivered at low unit cost.

Improves patient satisfaction

The service is quick and easy to use. Patients do not have to take time out of their day to attend appointments and are not bound to NHS opening hours. 100 per cent of those surveyed said they would recommend the service to others.

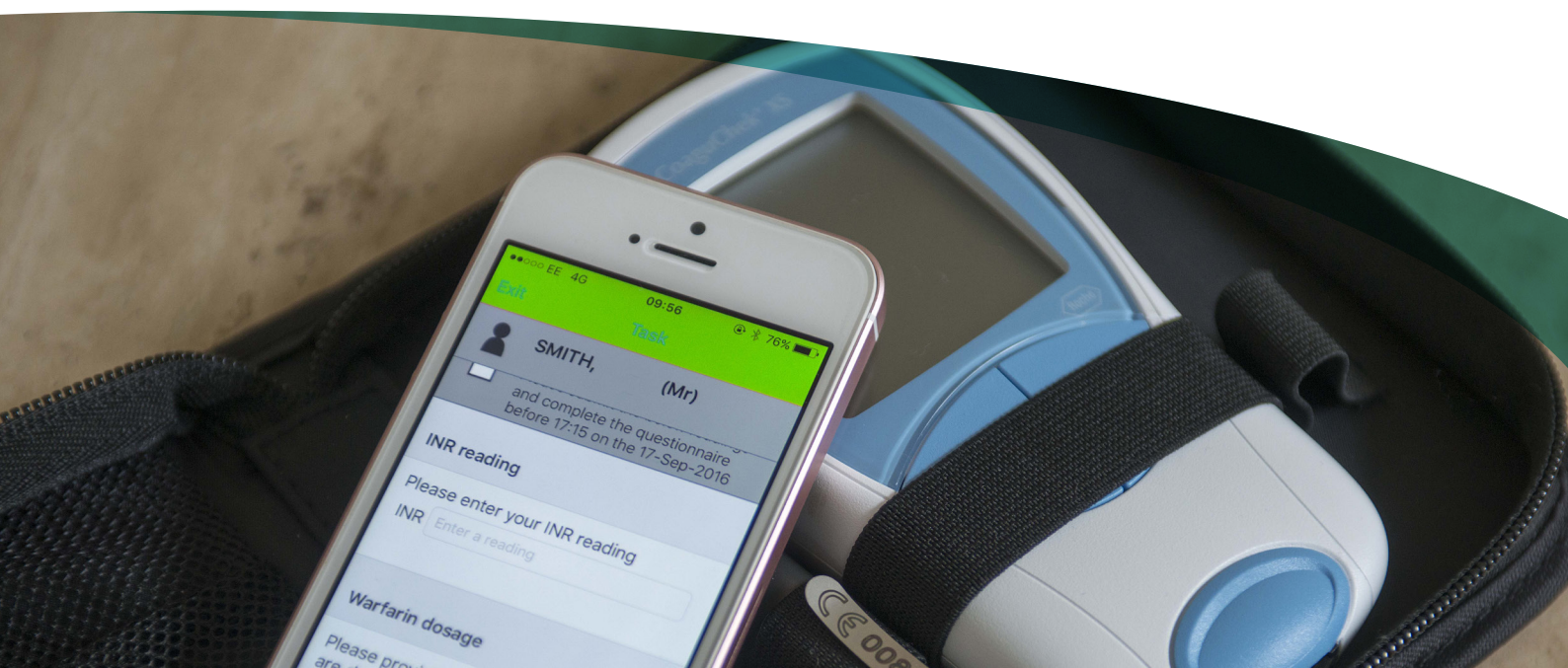
Improved quality of life for patients

The service enables patients the freedom to live a normal life, enabling them to go on holiday, and still send in their readings remotely. Patients will no longer have to take regular time off work, pay for travel or clinic car parks

Patient data is securely safeguarded

Our INR self-testing service runs from the secure Inhealthcare national digital health platform which is hosted within the N3 NHS network, meaning patient data is safeguarded.

Inhealthcare is also ISO 27001 and 9001 accredited and conforms to the highest levels of information governance, maintaining a score of 100 per cent on the NHS' IG Toolkit since 2011.



Outcomes

Case study:

County Durham and Darlington NHS Foundation Trust (CDDFT)

30
seconds

On average, dosing time is reduced from five minutes to 30 seconds

70%

In a 24 month follow up, 70 per cent of patients improved their time in therapeutic

100%

100 per cent of those surveyed said they would recommend the service to others.

14 to 2
appointments

INR self-testing typically reduces annual appointments per patient from an average of 14 to two



“ Sustainability has been strong with 90 per cent of patients who joined the programme three years ago still part of it. The reduction in appointments has lessened the impact on patients’ lives, while alleviating pressures on clinics. Our self-testing cohort is now over 500 patients. Patients report enjoying the day to day flexibility, and also being able to self-test on holiday. The time it takes to dose a patient has reduced from five minutes to just 30 seconds which means we have more time to spend with the patients that need us most. What’s more, those that self-test have significantly improved the time spent in therapeutic range, and are continuing to do so. ”

Ian Dove, business development manager at CDDFT





“ Self-testing and being connected to the surgery has provided me a lifeline in achieving positive and productive outcomes in my personal health. The service is as easy as making a cup of tea and I encourage all to give it a go. ”

John Binks, INR self-testing patient in Wigan

John, 84 years old, was enrolled onto the self-testing service in Wigan by his local GP. John uses the email function to submit and receive his results from the clinic and believes this has increased the convenience in his life immensely. Not only has the service given him a sense of normality back, but it has also helped him to understand his condition.

John has become an ‘expert’ patient and the increase in self-confidence has meant his time in therapeutic range has continued to be stable. He feels liberated from the busy waiting rooms and the nurses are proud of his independence and stable health.

Digital inclusion

We work hard to make our remote monitoring services as accessible as possible, meaning that people in the greatest need of healthcare can use our services.

We can reach citizens without the internet as well as those without smartphones and those in rural locations.

We offer NHS commissioners the full choice of communication channels for patients.

These include smartphones, an app and Amazon Alexa for the digitally savvy but also SMS text messages, telephone landlines and automated phone calls for those without the digital skills or means.

We can also support citizens whose first language is not English.



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