As each of us progresses through our own individual health journey, we want to be able to get the care we need while continuing to live in our own homes among the people we love. For people living with significant chronic disease, Telehomecare can make that happen like never before.

Edward M. Brown, MD
CEO, Ontario Telemedicine Network
Chronic disease is widespread and consumes an astonishing percentage of healthcare dollars.

In Ontario, one in three people has a chronic disease and each year more people develop conditions that need care, support and management. The potential for multiple chronic conditions increases dramatically as we age – and the number of seniors in this province will double in the next 20 years. Chronic disease already accounts for 55 per cent of healthcare spending: managing this cost is essential to the maintenance of a sustainable healthcare system.

Telehomecare supports patients with chronic disease through remote monitoring and health coaching.

With Telehomecare, patients with chronic conditions – chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) – get the support they need to effectively manage their disease at home. Telehomecare provides easy-to-use equipment so that patients can measure their vital signs. Results are monitored by highly skilled Telehomecare clinicians who watch for trends requiring medical help and share data with the patient’s primary care provider. Combined with weekly coaching sessions, the self-monitoring helps the patients gain confidence, learn how to manage their health and live their best possible life.

Telehomecare improves care and outcomes. And it reduces acute care demand.

Telehomecare is at the vanguard of telemedicine, enabling better patient outcomes, reducing the burden on acute care services and lowering costs. Telemedicine uses healthcare resources more effectively than traditional medicine by extending the reach of providers and enabling collaboration. With Telehomecare providing care and support, patients can be discharged sooner from hospital. Patients are educated, motivated and empowered to manage their disease in their own home. Primary care teams are kept up to date while unnecessary appointments, ER visits and hospitalizations are reduced.

Telehomecare is good medicine.

Telehomecare was successfully piloted in 2007; there are currently 10 Telehomecare programs in eight LHINs. With support from Telehomecare, host organizations reach out to primary care providers, pharmacists, family health teams and community health centres to identify and enroll participants. Results are immediate, measurable and meaningful. Even better, COPD and CHF are just the beginning. This highly effective and low-cost health monitoring and self-management model can be scaled and applied to other conditions and chronic diseases.

Telehomecare works.

Hospital utilization data, William Osler Health System

Overall reduction from before Telehomecare enrollment to 6 months after discharge from Telehomecare:

- 64% reduction in hospital stays
- 58% reduction in ER visits

"Telehomecare outcomes have been remarkable and patient satisfaction has exceeded expectations."

Laurie Poole, VP, Telemedicine Solutions, OTN
Telehomecare is implemented by Ontario LHINs in partnership with these organizations.

Better health. At home.

About OTN

The Ontario Telemedicine Network provides telemedicine solutions for healthcare organizations and professionals.

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