





How virtual health care is happening in ERN-ITHACA

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Connecting with previous experience

Dysmorphology at a distance: Results of a web-based Diagnostic Service

22.50% New, Clinical Diagnosis

17% Recurrence Risk

14% Diagnosis with available genetic test

5% Diagnosis of unknown genetic cause

26% Confirmation of Submitted Clinical Suspicion

17% Refuted Submitted Clinical Suspicion

1% New syndrome

70.50% Genetic Investigations suggested

35.50% Other laboratory Investigations suggested

26% Imaging suggested

23.50% Other specialist opinion suggested

181 Differential Diagnosis offered

1-9/100 000 - unknown Range of Prevalence of conditions diagnosed

5 Average number of expert reviews

36 days Average turn-around-time of diagnosis

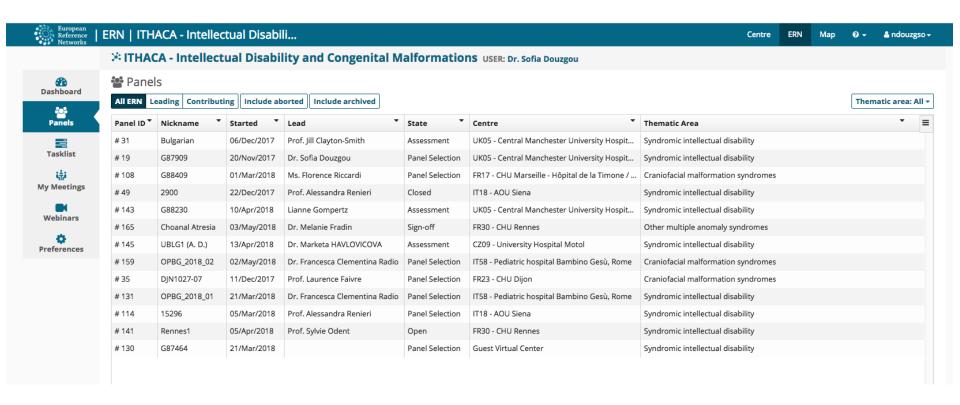
127 euros Estimated Cost per case

12 Medical specialties of registered users

39 Participating countries

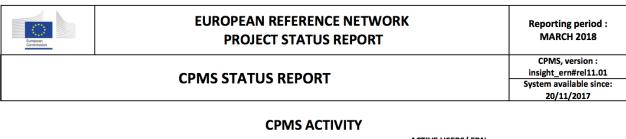


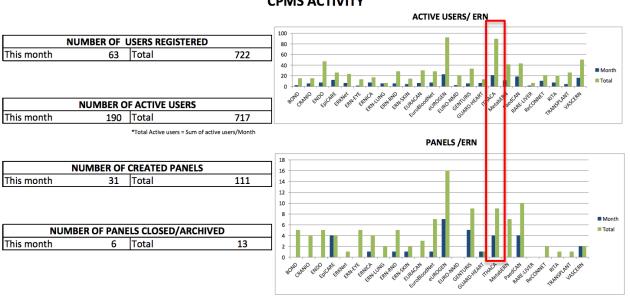
Harnessing multiple and variable participation



- 1st ERN to open a panel with participation from multiple countries
- 13 panels; 2 closed, 11 ongoing assessment
- Panels led by 5 different countries; 1 guest lead from a center that is not a member
- 3 panels led by a trainee; 1 panel led by a trainee who joined the HCP as an ERN bursary
- 4 months of activity: set targets exceeded

Increasing participation rate





Service usage report for Quarter 1 2018 in relation to CPMS from ERN ITHACA January 2018: Number of active users*: 16

February 2018: 19

March 2018: 21

*Active users is defined as a count of users that have logged on that month and effected any change to the database or written to the system.

Troubleshooting

- No panels submitted yet by 50% of countries involved in ITHACA (Belgium, Cyprus, Finland, Germany, The Netherlands, Portugal, Romania, Sweden)
- Clinical Lead from the Netherlands refuses to submit cases as they/their HCP do not think that CPMS respects new GDPR criteria
- Most clinical leads involved delegate the submission to trainees who, we have asked, should have their own login credentials
- The 2-factor authentication has been the most difficult aspect for clinical leads to engage with the system! They did not wish to use personal mobile numbers as part of the process.
- Most clinicians have NOT succeeded in completing a standard workflow: most stop/err at the choice of panel and/or request too frequent input from coordinator
- Not ALL activity counts, in fact, multiple forum comments by the same clinician do not count as separate activity.
- We are currently requesting a 'leaner' version of cases submission/discussion.

Handling variable queries

- What is the diagnosis?
- Is this the right diagnosis?
- The laboratory result does not confirm the clinical diagnosis: is the diagnosis correct?
- Should we use this type of medication in this patient?
- What is the recurrence risk of the patient's condition for family members?
- Have you seen other patients with this condition?
- The clinical diagnosis has been confirmed in the laboratory but the patient has a symptom that is not part of this condition: is this related?

7/13 active panels with a distinct clinical query: reflection of the groups of conditions covered and the rarity of the single disorders

Looking towards the future

- Include training cases
- Filter cases that will benefit from existing research projects
- Choose cases for rare disease registries
- Live tele/e-consultations
- Document relevant usage aspects to pilot health economics

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