Medicinhåndtering og selvmonitorering i eget hjem - to LevVel projekter

Borgerrettede Add-Ons til Fælles Medicinkort
Rehabilitering og Selvmonitorering

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THANKS TO CO-WORKERS AND CO-AUTHORS OF THE PRESENTED WORK


Two systems for home use

**MediFrame**

**eMedLink**
USER CENTERED DESIGN PROCESS
DESIGN PROCESS - MediFrame

User studies

Medicine experts

Researchers

Workshops with older adults
DESIGN PROCESS - MediFrame

- **User studies**
- **Medicine experts**
- **Researchers**
- **Workshops with older adults**

> 7 older adults (2 males, 5 females)
> 57-87 years old
> 1-35 doses a day

> 7 Medicine experts
> 2 healthcare workers & 2 doctors
> 2 pharmacists & 1 developer from the Shared Medication Record
DESIGN PROCESS - MediFrame

- Initial list of requirements
- Exploring the design space
- Additional Requirements

Iterative Prototyping

- User studies
- Workshops with older adults
- Medicine experts
- Researchers
MEDIFRAME: INITIAL LIST OF REQUIREMENTS

- **Integration:** validated medication information from trustable sources (e.g. patient information leaflet)
- **Reminder:** customizable reminders + daily activities
- **Tracking:** document medication intake or lack of it over time
- **Mobility:** in and outside the home
- **Search:** active medication information search
- **Sharing:** caregiver support
- **Control:** reminding + sharing
- **Privacy:** user in control
- **User Interface:** complexity of the medication intake
MEDIFRAME: Exploring the design space
”Overview first and details on demand” (Shneiderman 1996)

Bate’s model for information seeking behavior (Bates 2003)

- Active: browsing (undirected active), searching (directed active)
- Passive: monitoring (directed passive), being aware (undirected passive)
• “According to need”—medication
• Documentation of why they did not take a medication
MediFrame: Medication management
Rehabilitation and self-monitoring
Rehabilitation and self-monitoring

Kalender
1) Aftale med hospital d. 20/6-2013 kl. 14-15
2) Mål blodsukker d. 20/6-2013 kl. 17
3) Mål blodtryk d. 20/7-2013 kl. 20

Vis historik

| B-GLUC glucose test
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<th>Værdi</th>
<th>Dato</th>
<th>Tid</th>
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<td>14-7-2012</td>
<td>7:45</td>
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<tr>
<td>6,4 mmol/L</td>
<td>15-7-2012</td>
<td>8:00</td>
</tr>
<tr>
<td>8,1 mmol/L</td>
<td>16-7-2012</td>
<td>12:01</td>
</tr>
<tr>
<td>6,9 mmol/L</td>
<td>17-7-2012</td>
<td>6:45</td>
</tr>
<tr>
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<td>14-7-2013</td>
<td>6:12</td>
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<td>8,0 mmol/L</td>
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<td>2:16</td>
</tr>
<tr>
<td>7,0 mmol/L</td>
<td>15-7-2013</td>
<td>11:30</td>
</tr>
</tbody>
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Bioducer målinger

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Tag målinger

- Spørgeskema
- Blodsukker
- Puls
- Lungekapacitet

Forsiden
When we design for home-based healthcare we need not only a medical understanding, but also a deep understanding of the home and everyday life.

Healthcare in everyday life has a particular set of characteristics and these should be put in the forefront when designing ICT support for home-based healthcare.

Technology can assist home-based care activities, but must be designed for the main user (e.g. the person at home and not a healthcare professional).