

MobiGuide: an Ubiquitous
Knowledge-driven and Context-aware
Clinical Guidance System



MobiGuide
Guiding patients anytime everywhere

Arturo González-Ferrer, University of Haifa

Clustering Event:
*Ambient Intelligence Advanced Technologies in Support
of Healthcare and Assisted Living*

September 27th, 2013 (Heraklion, Crete)

Outline

- ▶ About MobiGuide
- ▶ 5 Objectives
- ▶ What we did for the 12-month demo (Sep 2012)
- ▶ What we are focusing now

MobiGuide Project (2011-2015)



- UNIVERSITY OF HAIFA (HU), Israel
- BEN-GURION UNIVERSITY OF THE NEGEV (BGU), Israel
- UNIVERSITA DEGLI STUDI DI PAVIA (UNIPV), Italy
- UNIVERSITEIT TWENTE (UT), Netherlands
- TECHNISCHE UNIVERSITAET WIEN (TUV), Austria
- MOBIHEALTH BV (MHBV), Netherlands
- FONDAZIONE SALVATORE MAUGERI CLINICA DEL LAVORO E DELLA RIABILITAZIONE (FSM), Italy
- UNIVERSIDAD POLITECNICA DE MADRID (UPM), Spain
- CORPORACIO SANITARIA PARC TAULI DE SABADELL (CSPT), Spain
- ATOS SPAIN SA (ATOS), Spain
- BEACON TECH LTD (BTL), Israel
- ZorgGemak BV (ZORG), Netherlands
- ASSOCIACIO DE DIABETICS DE CATALUNYA (ADC), Spain

www.mobiguide-project.eu

6 universities, 4 companies, 2 hospitals, 1 patients association
clinical domains: GDM (Spanish hospital) and AF (Italian hospital)



Motivation (1)



What do patients and their care providers (CP) want?

- ▶ Patients go on with their daily life while being safe
 - ▶ Mobile monitoring devices  (BAN) and decision-support (DSS) can identify states that require attention
 - ▶ DSS is proactive and interactive
- ▶ DSS based on current evidence-based clinical GLs
 - ▶ System check compliance and outcomes and can suggest modifications for evolving clinical guidelines
- ▶ System is secure & available any time, everywhere
 - ▶ DSS distributed: main DSS Server + light mobile DSS



Motivation (2)



- ▶ Automatic decision support is specific to patient data
- ▶ Integrated PHR, accessible by CPs & patients
- ▶ Decision-support suited to patient's current personal context and changes in technological context
 - ▶ What are these contexts? Which are relevant to GLs?
Activate predefined guideline plans per relevant context
- ▶ Shared decision-making – patients more involved

Mobi-Guide

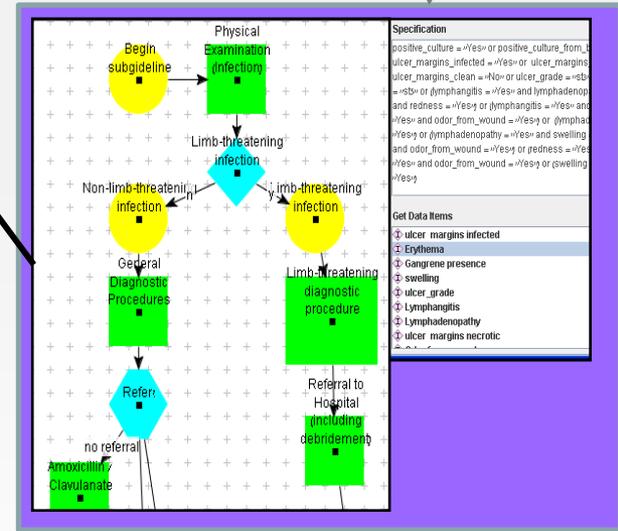
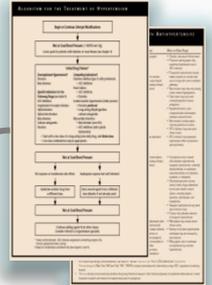
Continuous guidance for
mobile patients

Clinical-guideline guidance

Guideline-based DSSs: any time everywhere



Personalized



Specification

positive_culture = "Yes" or positive_culture_from_ulcer_margins_infected = "Yes" or ulcer_margins_clean = "No" or ulcer_grade = "1b" or "1c" or lymphangitis = "Yes" and lymphadenop and redness = "Yes" or lymphangitis = "Yes" and "Yes" and odor_from_wound = "Yes" or lymphad and odor_from_wound = "Yes" and swelling "Yes" and odor_from_wound = "Yes" or swelling "Yes"

Get Data Items

- ⊕ ulcer margins infected
- ⊕ Erythema
- ⊕ Gangrene presence
- ⊕ swelling
- ⊕ ulcer_grade
- ⊕ Lymphangitis
- ⊕ Lymphadenopathy
- ⊕ ulcer margins necrotic

Computer-interpretable guideline (CIG)

Objective 1: involving patients; PGS promotes collaboration of patients and care providers



-Person-
Patients

-Person-
Caregivers

-Person-
Knowledge engineering team

-Person-
System Support team

-Person-
Researchers



User Interfacing

Objective 3: Interoperating with wearable monitoring devices

Patient Data Acquisition (BAN)

Objective 4: Distributed, context-specific DSS

Decision Support
mDSS Backend DSS

Objective 2b: security & privacy

Security & Administration

Overall Data Collection And Storage (PHR)

Knowledge Collection & Storage

Obj. 2a: PHR semantically integrates patient data from hospital EMRs, sensors & DSS

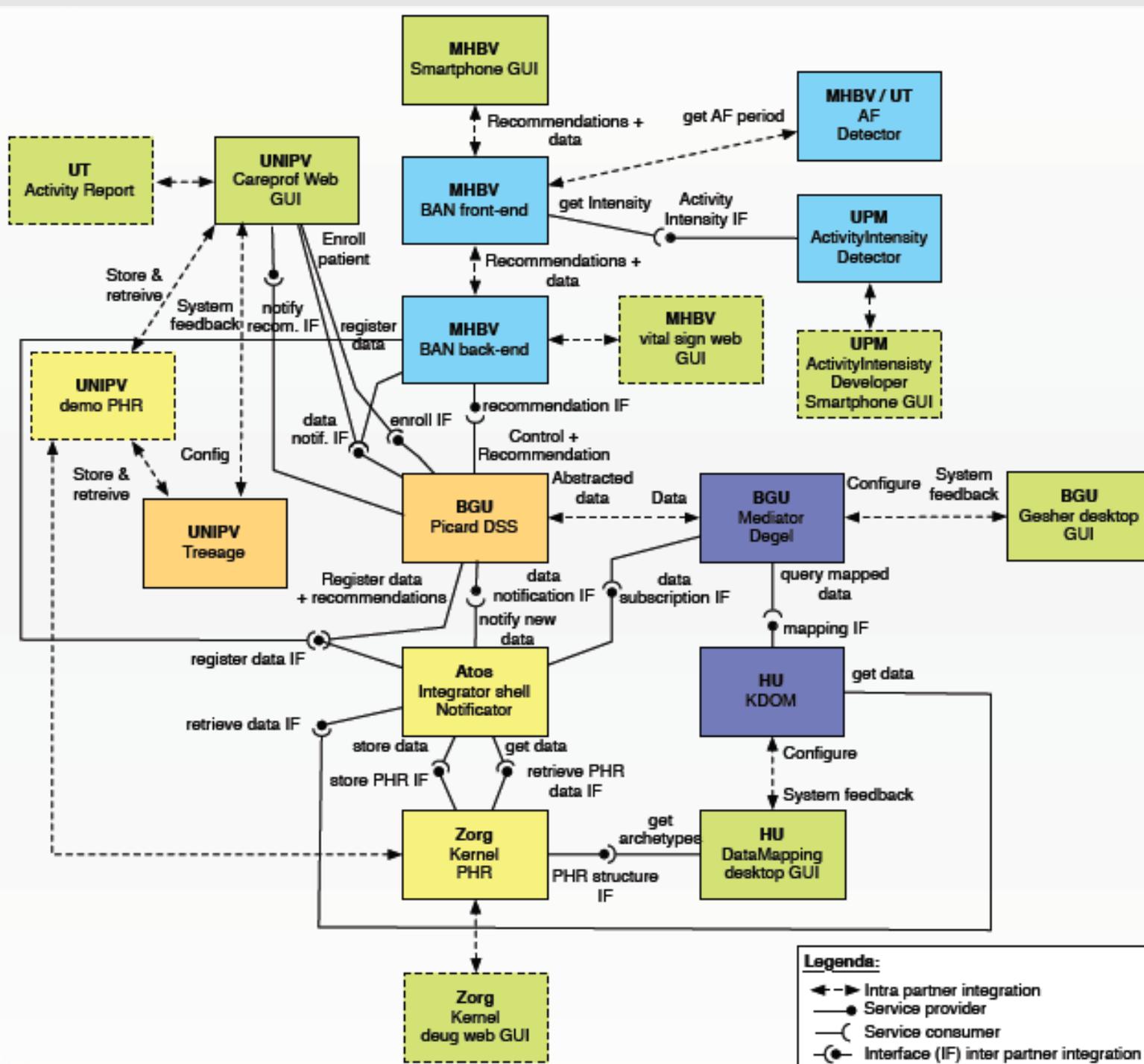
Objective 5: data analysis for knowledge generation

-system-
EMRs



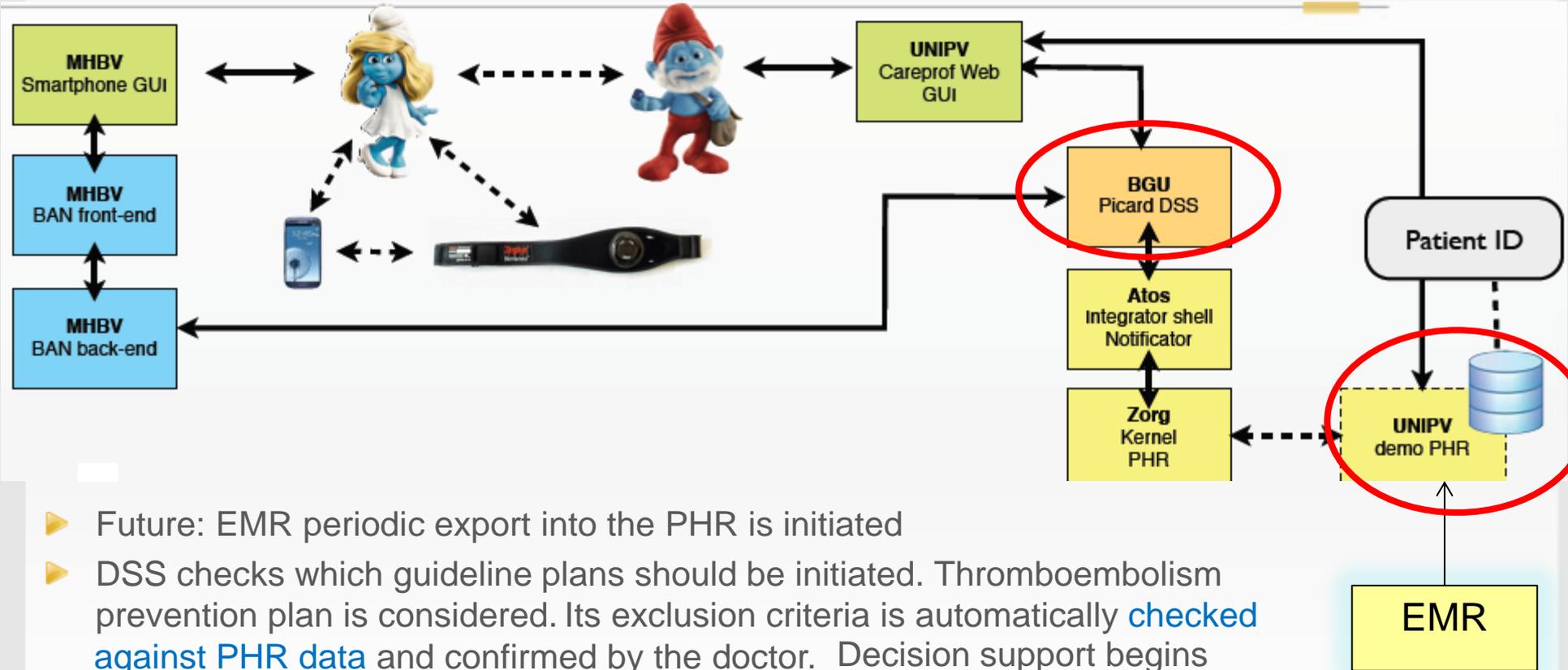
patient

users
 3 components
 partners
 UI
 shared DM
 SS-PHR-BAN-
 mediator
 data integration



HelloTallinn scenario – part II

- ▶ Maria is a paroxysmal AF diagnosed woman of 48 that regularly visits her cardiologist John. She is hemodynamically stable and her perception of symptoms is acceptable.
- ▶ John suggests to Maria to use MG. Maria is given a sensor belt, MG smartphone and pin code to start the MG app on the smartphone. John enrolls Maria to MG via DSS. PHR is initiated.



- ▶ Future: EMR periodic export into the PHR is initiated
- ▶ DSS checks which guideline plans should be initiated. Thromboembolism prevention plan is considered. Its exclusion criteria is automatically **checked against PHR data** and confirmed by the doctor. Decision support begins

Decision support begins (M12 demo)

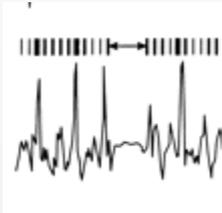
Last year, we have analyzed and demonstrated:

- ▶ Shared decision-making for anti-thromboembolism
- ▶ “Pill in the pocket” advisory for patterns of AF events
- ▶ Advice for heart rate which is too high for current physical activity intensity



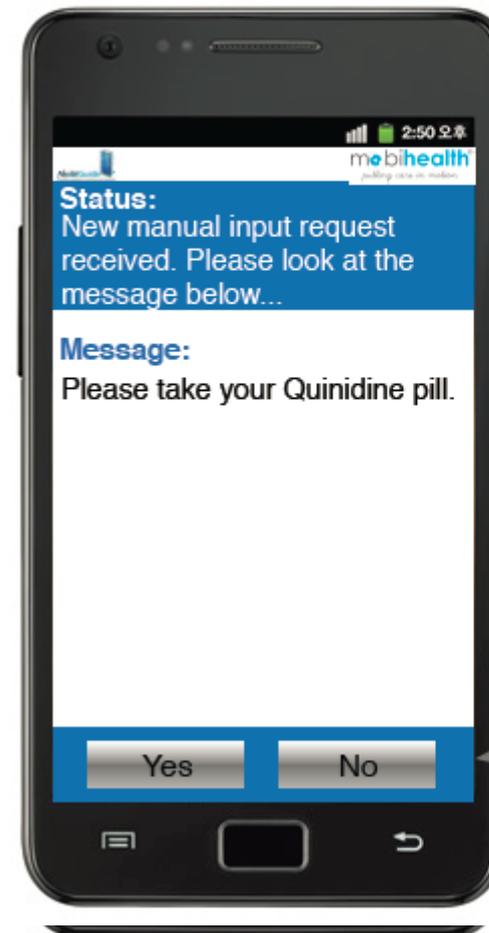
Demonstration scenario – part IV

BAN collects ECG data and abstracts it to 1' sessions. Detected AF sessions stored in PHR.
DSS instructs t-Mediator to monitor for patterns of 2 or more sessions with AF in a period of 10'



Main screen - pill

Audio
feedback /
Vibration



Manual input buttons

Partners collaboration: Review (Brussels)



Y2 demo: Hello Pavia (Oct 7-10)

- ▶ Gestational diabetes advice on:
 - ▶ Blood glucose and ketonuria monitoring
 - ▶ Diet compliance
 - ▶ Exercise compliance
- ▶ Standardized PHR
- ▶ CIG Customization & personalization
- ▶ DSS distribution & K projection
- ▶ Security



Questions?

Thanks!