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HEMOCARE SYSTEMS FOR MONITORING INFLAMMATORY BOWEL DISEASES ARE FEASIBLE AND APPRECIATED BY BOTH PATIENTS AND HEALTHCARE PROFESSIONALS

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INTRODUCTION: Inflammatory bowel diseases (IBD) are chronic relapsing disorders characterized by unpredictable episodes of gut inflammation. Patient management, aimed at preventing disease relapse and drug side-effects, is often ineffective and consumes considerable time, effort and resources. Our objective is to introduce homecare as management concept for non-urgent IBD care. We evaluated if this type of management would be accepted by both patients and healthcare givers.

AIMS & METHODS: We have used the CuraRata® (www.curarata.com) platform to evaluate 1) the motivation of IBD patients, 2) the feasibility of patient data-entry [modified Harvey Bradshaw (mHBI)/SSCAI and s(hort)IBDQ] and lab testing (CRP and calprotectin) on a secured website, 3) the acceptability of patients and healthcare professionals. For homecare CRP testing we have used the Buhlmann LFCRP-12 lateral flow-assay device, CRP and calprotectin were also centrally assessed using ELISA techniques. Patients were trained (data entry and bloodsampling) prior to participating in part 1 and/or part 2 of this study. In part 1, patients entered data weekly (8 week period), in part 2 every other week (12 week period).

RESULTS: All patients (part 1: N = 19; part 2: N = 39) were able to perform home laboratory testing and web-based monitoring questionnaires. Individual training was successfully completed within 30 minutes in all patients (67% Crohn's disease, 48% male). Four patients experienced a clinical relapse within the study period associated with an increase in CRP and a decreased quality of life. These patients were followed clinically. All but one of chronic active patients (26%) demonstrated increased CRP and calprotectin levels. The website was rated good by 98% of patients without any major IT-entry problems; >60% of patients were able to complete their consult in 10 minutes or less. Weekly homecare consultation was found to be too intensive, 83% of patients preferred every other week or once monthly. In addition 50% of patients strongly chose homecare as preferred care, 45% would like to combine homecare with periodically outpatient consultation and 5% prefers traditional hospital visits over homecare.

CONCLUSION: The concept of patients participating in their own care is receiving widespread support. Homecare is an essential instrument since it both empowers patients and de-burdens healthcare professionals. Our results encourage us to proceed with homecare for IBD patients since the majority of patients are well motivated and able to complete periodic e-consulting.