my mhealth

Changing Healthcare Forever

Transforming long term condition care in the NHS

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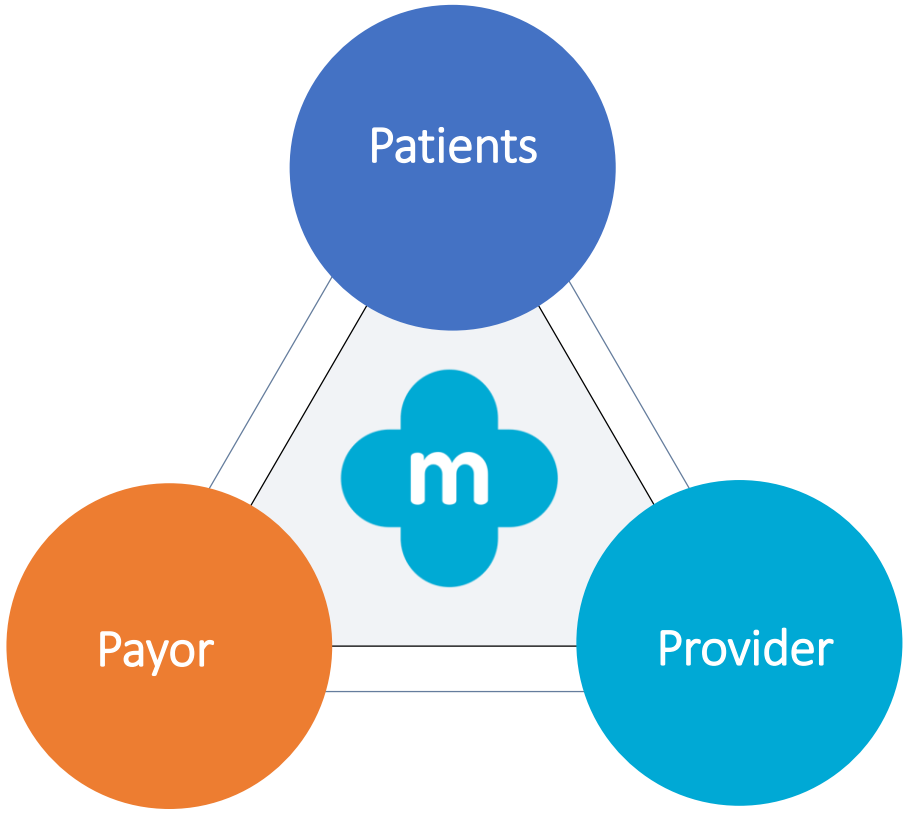
Who are my mhealth?

We are a clinically led software company that develops and deploys Apps which help patients and clinicians to manage long term conditions.

We are working in partnership with over 100 CCGs in NHS England and several health boards in Scotland and Wales to digitally transform LTC care.

Our platform improves outcomes and reduces healthcare costs by engaging, educating and empowering patients and enabling clinical teams to deliver new models of care, at a population scale.

Value for Customers



Patients

- Improved access / empowerment
- Better outcomes / reduced complications
- Right care, first time, every time

Providers

- Increased productivity / efficiency
- Delivery of new models of care / hit targets
- New revenue streams / enhanced reimbursement
- Contingency

Payors

- Reduced costs / risk
- Medical intelligence

Key Differentiators

Multiple conditions

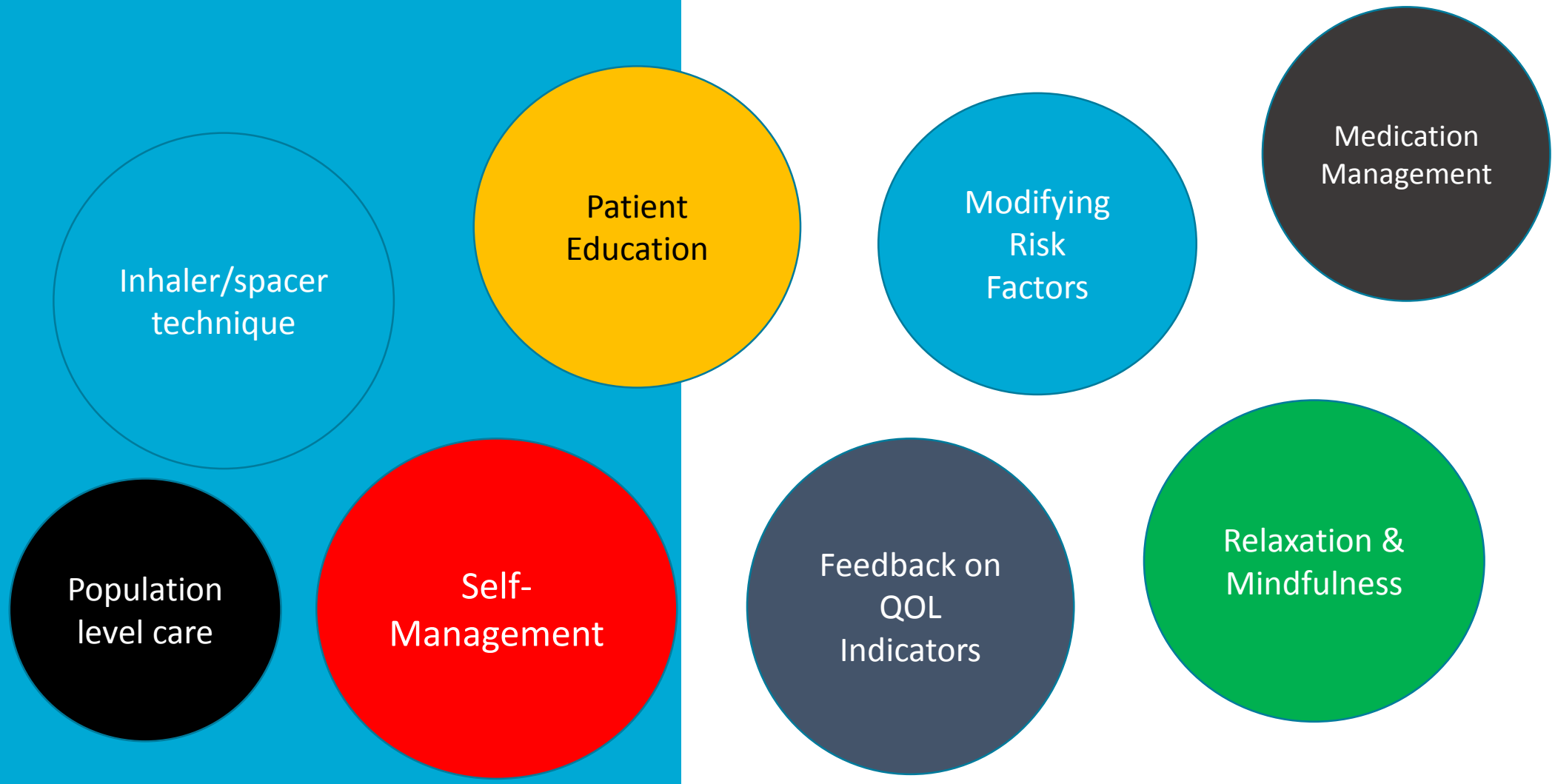
Clinically led transformation

Platform for disruption

Published evidence

National deployment

It’s about doing the simple things well

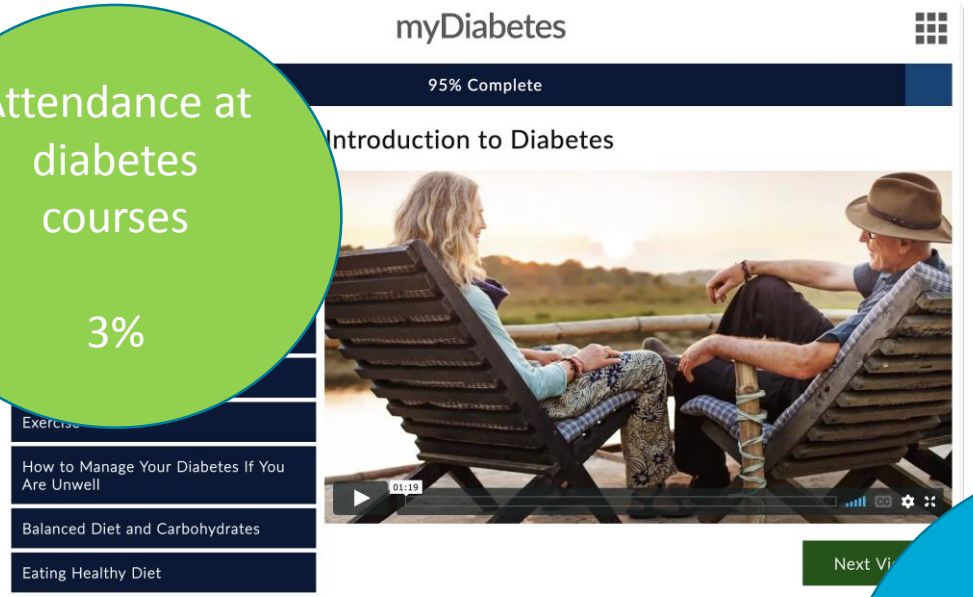


Simple checklist

- For all 4 main long-term conditions
- Simple messages – turn those circles green
- Align to key checks required at annual review
- Can be monitored remotely by HCPs
- Patients receive nudges via notifications

Attendance at diabetes courses

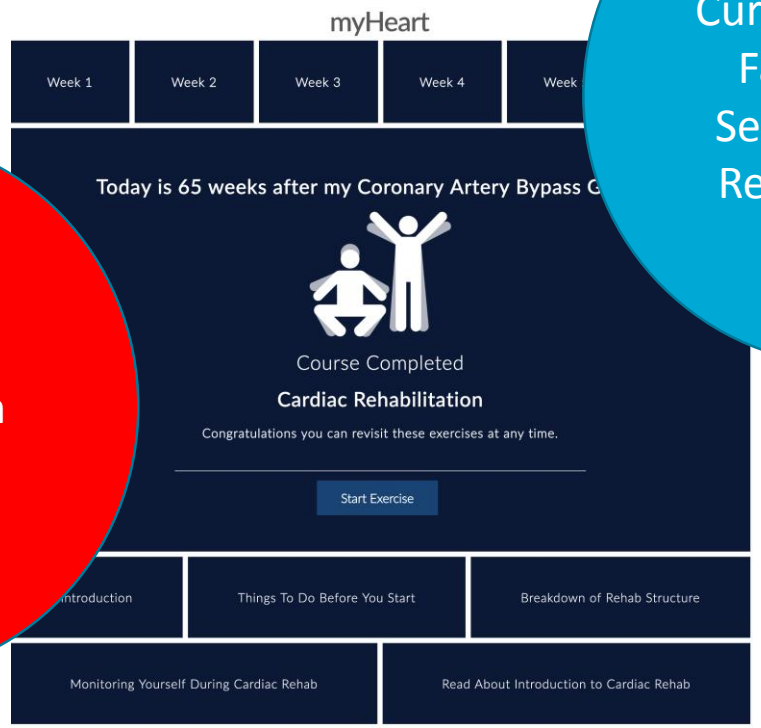
3%



Current Average Face to face Service Model Results for UK

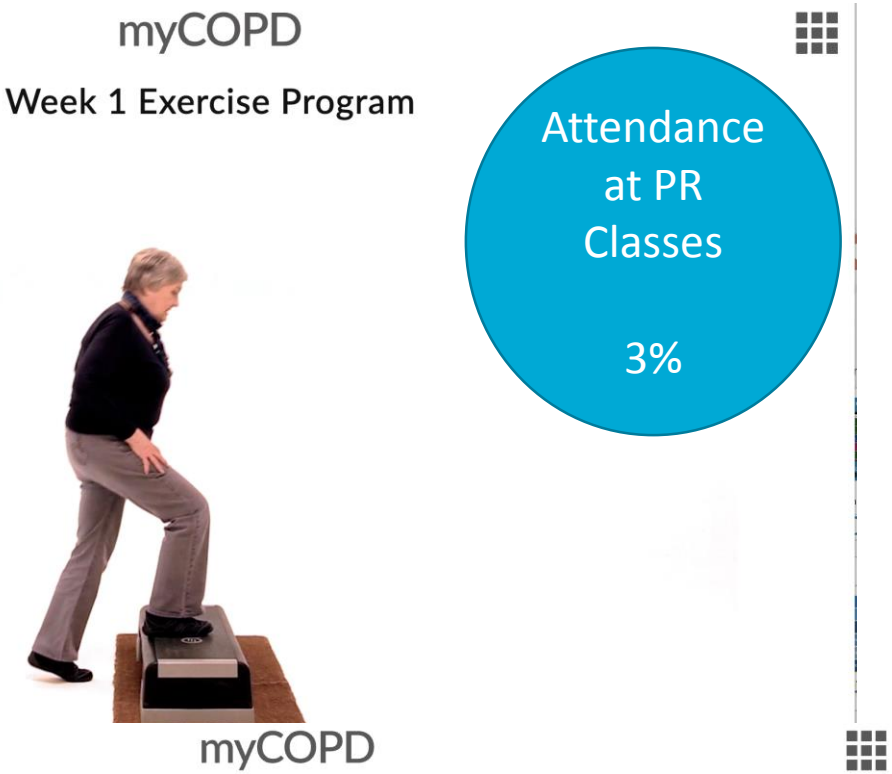
Capacity for cardiac rehabilitation

<50%



Attendance at PR Classes

3%



Inhaler technique

10%

Activation

87% of UK COPD population has access to device & internet (ONS 2018)

UK app Activation rates 44% across all CCGs- ie logged on and fully registered and using

- However range from 30-98%- differentiator is the introduction
- Nudges helpful – text alert raised rate from 40-90% in one region
- New AP UI with nudges should increase this significantly
- In study in Scotland, up to 2 nudges increase activation form 50-77%!

App usage-

- Pulmonary Rehab study – 12 week programme - 77% Completion rate (BMJ Open 2017)
- Hospital discharge population (no previous internet use) 85% activation rate- 50% continued use at 3 months- 4.9 times per week- RESCUE
- RWE- embedded in NHS services – Essex 72% completed 12 week programme (compared to 40% without myCOPD)
- West Lothian 86% activation rate and 70% using at least once per week

myAsthma

Helping you achieve a healthy and independent lifestyle.

- ✔ Expert education on all aspects of your Asthma care
- ✔ Functions that enable you to monitor your Asthma
- ✔ Videos on how to get the best from your inhaler
- ✔ Localised pollution, pollen and weather forecasting

Now available on the Apple, Google Play App Store and NHS Apps Library

Download on the App Store | GET IT ON Google Play | Available on the NHS Apps Library

myDiabetes

Helping you achieve a healthy and independent lifestyle.

- ✔ Expert education on all aspects of your diabetes care
- ✔ Functions that enable you to monitor your diabetes
- ✔ Help to reduce your risk of serious long-term complications
- ✔ Exercise program

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myHeart

Helping you achieve a healthy and independent lifestyle.

- ✔ Expert education on all aspects of your heart care
- ✔ Functions that enable you to monitor your heart
- ✔ Functions that enable you to monitor and manage your risk factors
- ✔ Online exercise program

Now available on the Apple, Google Play App Store and NHS Apps Library

Download on the App Store | GET IT ON Google Play | Available on the NHS Apps Library

myCOPD

Helping you achieve a healthy and independent lifestyle through self-management.

- ✔ Expert education on all aspects of your COPD care
- ✔ Functions that enable you to monitor your COPD
- ✔ Videos on how to get the best from your inhaler
- ✔ Online pulmonary rehabilitation class

Now available on the Apple, Google Play App Store and NHS Apps Library

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We are the only multiple morbidity/rehabilitation platform
MHRA Registered CE Marked and approved by the NHS

QISMET CERTIFICATED

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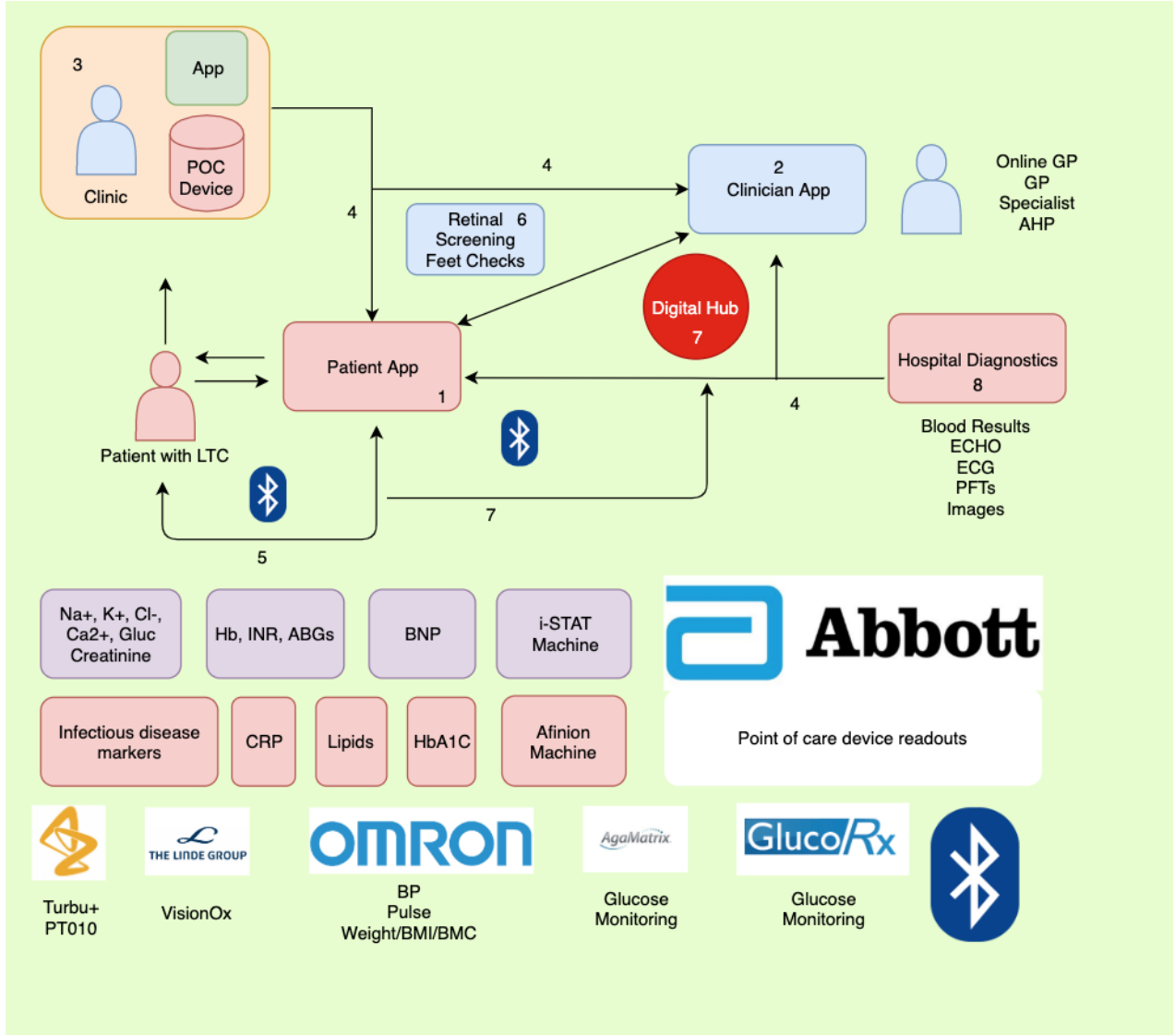
Integrated pathways



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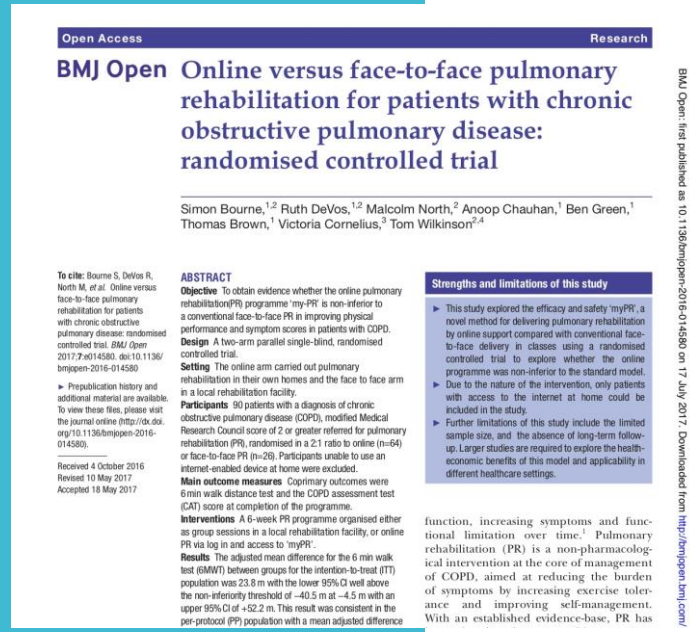

Open Access Research

BMJ Open

Online versus face-to-face pulmonary rehabilitation for patients with chronic obstructive pulmonary disease: randomised controlled trial

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ABSTRACT

Objective To obtain evidence whether the online pulmonary rehabilitation(PR) programme 'my-PR' is non-inferior to a conventional face-to-face PR in improving physical performance and symptom scores in patients with COPD.

Design A two-arm parallel single-blind, randomised controlled trial.

Setting The online arm carried out pulmonary rehabilitation in their own homes and the face to face arm in a local rehabilitation facility.

Participants 90 patients with a diagnosis of chronic obstructive pulmonary disease (COPD), modified Medical Research Council score of 2 or greater referred for pulmonary rehabilitation (PR), randomised in a 2:1 ratio to online (n=64) or face-to-face PR (n=26). Participants unable to use an internet-enabled device at home were excluded.

Main outcome measures Coprimary outcomes were 6 min walk distance test and the COPD assessment test (CAT) score at completion of the programme.

Interventions A 6-week PR programme organised either as group sessions in a local rehabilitation facility, or online PR via log in and access to 'myPR'.

Results The adjusted mean difference for the 6 min walk test (6MWT) between groups for the intention-to-treat (ITT) population was 23.8 m with the lower 95% CI well above the non-inferiority threshold of −40.5 m at −4.5 m with an upper 95% CI of +52.2 m. This result was consistent in the per-protocol (PP) population with a mean adjusted difference

Strengths and limitations of this study

- This study explored the efficacy and safety 'myPR', a novel method for delivering pulmonary rehabilitation by online support compared with conventional face-to-face delivery in classes using a randomised controlled trial to explore whether the online programme was non-inferior to the standard model.
- Due to the nature of the intervention, only patients with access to the internet at home could be included in the study.
- Further limitations of this study include the limited sample size, and the absence of long-term follow-up. Larger studies are required to explore the health-economic benefits of this model and applicability in different healthcare settings.

function, increasing symptoms and functional limitation over time.[1] Pulmonary rehabilitation (PR) is a non-pharmacological intervention at the core of management of COPD, aimed at reducing the burden of symptoms by increasing exercise tolerance and improving self-management. With an established evidence-base, PR has

BMJ Open: first published as 10.1136/bmjopen-2016-014580 on 17 July 2017. Downloaded from http://bmjopen.bmj.com/

Strong evidence base of efficacy

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Core components

Symptom and QOL reporting

Customisable self-management tools

Medicine management

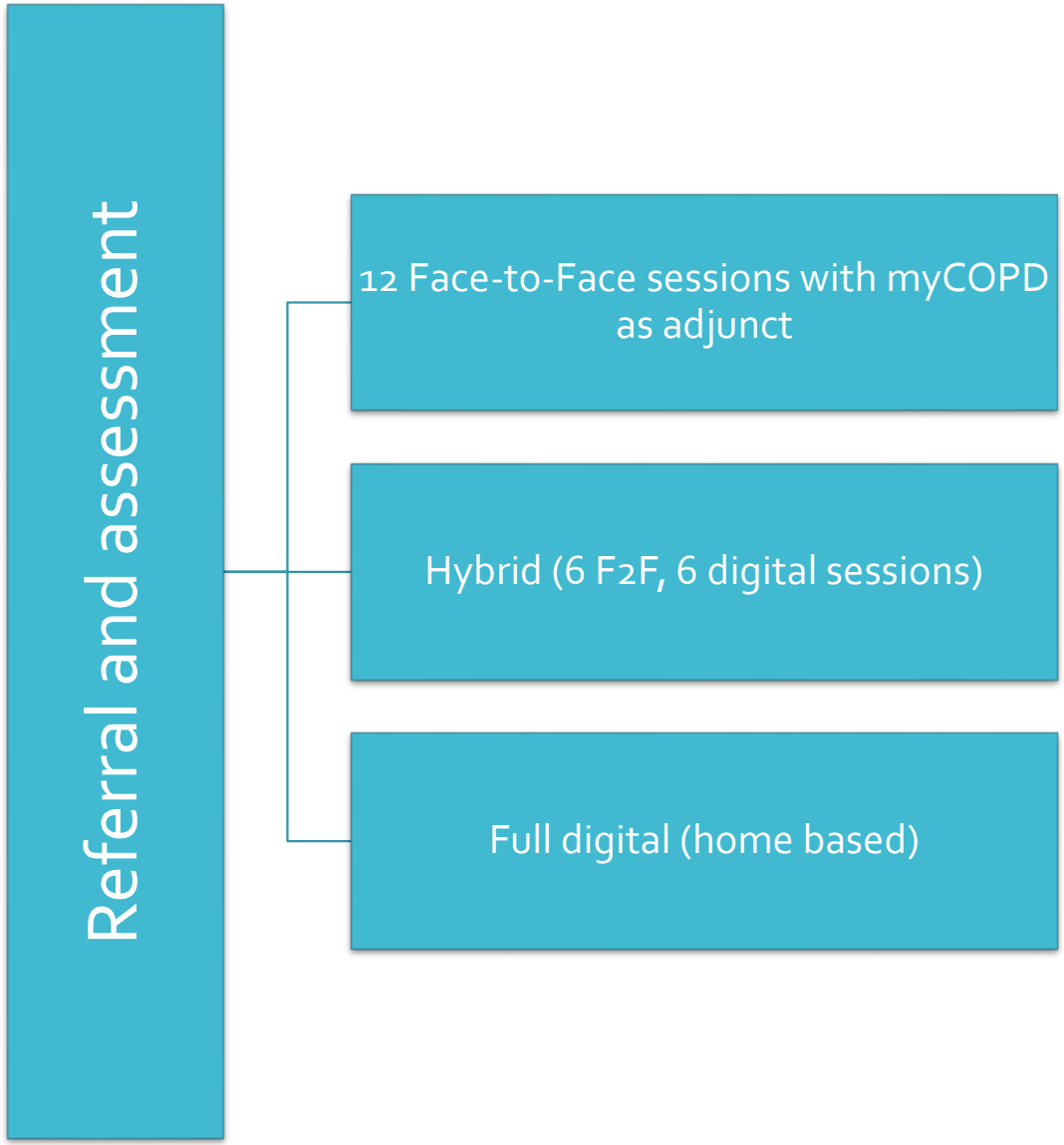
Weather and air pollution reports

Track and modify risk factors

Comprehensive education course

Evidence based online rehab

Sophisticated clinician interface



Hybrid PR - A real world example

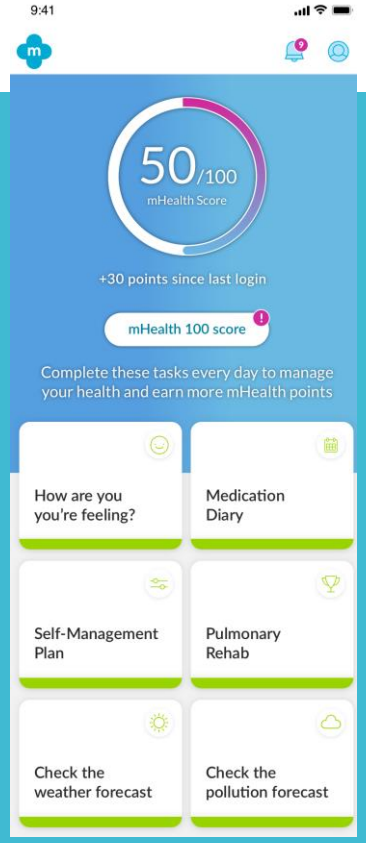
Results:

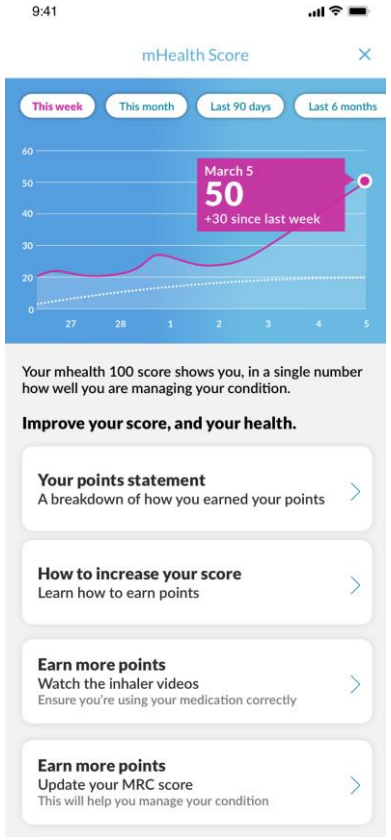
Completion rates:
40% → 72%

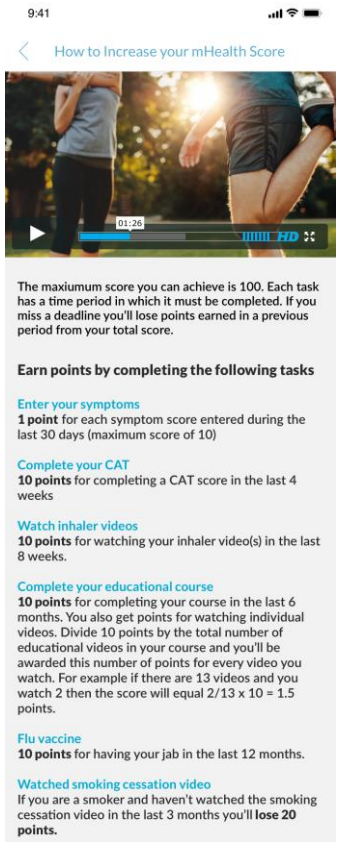
6MSWT:
↑ 105m

CAT score:
↓ 4.2

Capacity:
↑ 113%







Examples of UI in development and gamification

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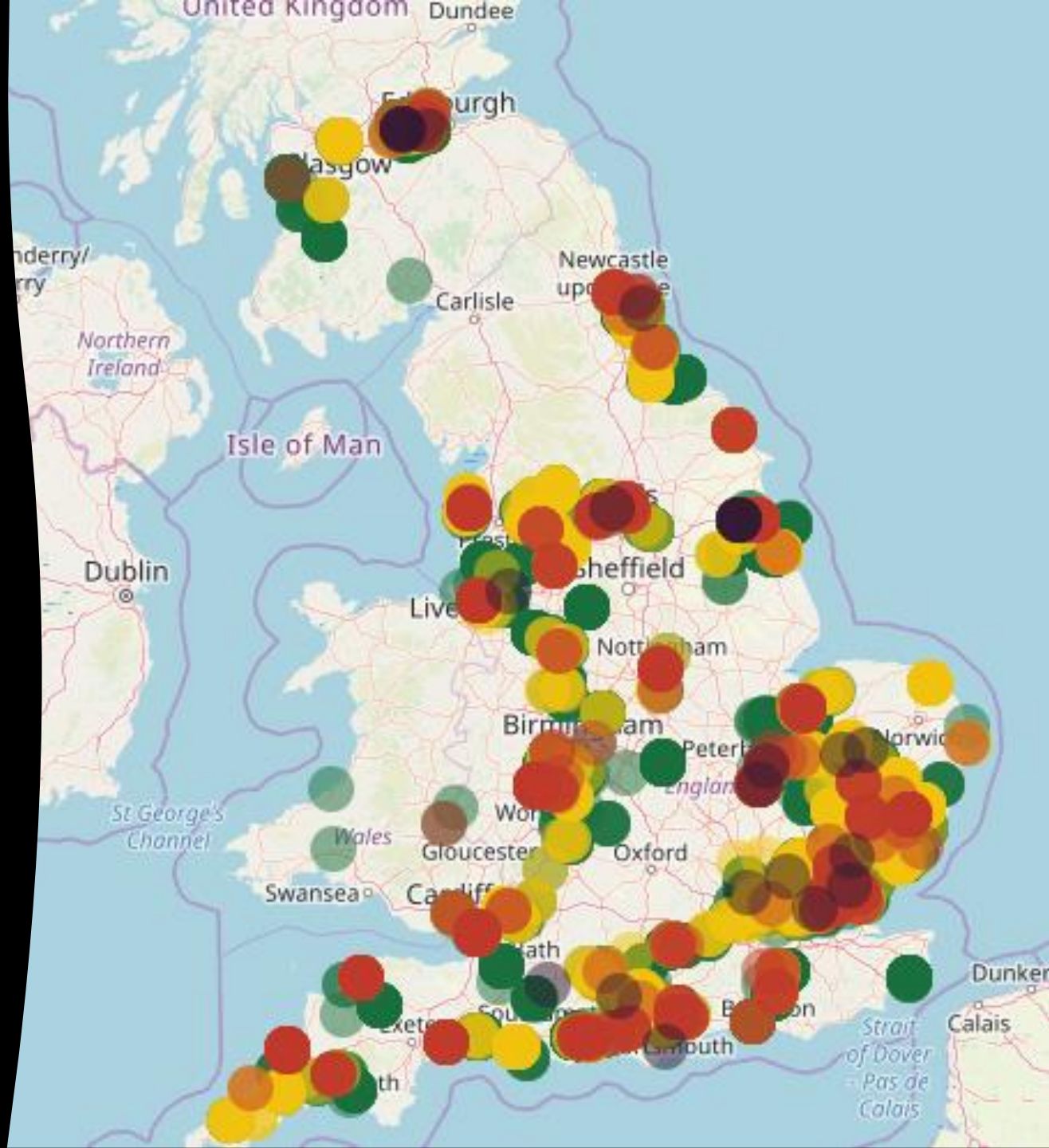
Exacerbations: Early Detection and Prediction

1. MyCOPD Improves exacerbation recognition
2. Can introduce patient stratification- eg eosinophils into personalised action plans
3. We can model individualised risk
   - Pattern of symptoms
   - Seasonality
   - Temperature and Pollution
   - Connected Inhaler use
4. Population level data- the symptonet
   - Create an exacerbation prediction model
   - Add value for patients, services and payers
   - USP to evidenced based mandated use



Let’s change healthcare forever

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