TELEMONITORING PATIENTS WITH CHRONIC DISEASES IN PRIMARY CARE. Conjunction of a randomized controlled trial (TELBIL study) with a realistic clinical application of Information and Communication Technology (ICT) in primary care.

**MAIN METHODOLOGICAL ASPECTS**

- Randomised controlled trial (RCT).
- Patients with heart failure (HF) and/or chronic lung disease (most of them COPD) and several hospital admissions.
- Primary care physicians and nurses are in charge of the telemonitoring and patients’ management.
- For the intervention group, telemonitoring consisted of daily transmission of self-measurements of respiratory/heart-rate, blood pressure, oxygen saturation, weight, temperature and a brief clinical questionnaire.

**COST-EFFECTIVENESS** analysis at 12 months follow up

**PATIENTS/caregivers/families SATISFACTION**

- Face to face questionnaire administration

**PROFESSIONAL SATISFACTION**

**TECHNIC ANALYSIS** (compliance, incidents, problems)

- 75.3% of total/days follow up, patients send data
- 3311 professional access, 1994 patient transmissions

**COMMENTS:** The RCT (TELBIL study) will have an important repercussion in clinical practice and for the design of future interventions.

**Specific and peculiar TARGET POPULATION:** Patients (very aged, advanced and severe diseases considered, high comorbidity, high proportion of dependency and bad quality of life perception) with Clinical instability and high use of healthcare resources (primary care and hospital admissions), and social and family needs, caregiver burden.

**BROAD ASSESSMENT OF RESULTS:** Clinical efficacy and Use of healthcare service. Furthermore Quality of life, Functionality, Caregiver burden, Cost-effectiveness, and Patient/Families & Health Professionals Satisfaction.

**PROFESSIONALS TRAINING**

All professionals attended a 4 hours workshop on the control and management of both diseases.

**HOSPITAL COORDINATION**

Online access to telemonitoring information, recruitment of patients, and participation in workshops.

In-home patients with HF or chronic lung disease, ≥ 2 hospital admissions (≥ 1 due to one of the diseases considered) previous year.