Telemonitoring met SpA-Net

Gepubliceerd: 23-07-2019 Laatst bijgewerkt: 15-05-2024

We hypothesize that telemonitoring through SpA-Net, in combination with patient-initiated care, will lead to less outpatient visits, without compromising quality of care and health outcomes. Furthermore, we expect that telemonitoring through SpA-Net...

Ethische beoordeling	Goedgekeurd WMO
Status	Werving gestopt
Type aandoening	Auto-immuunziekten
Onderzoekstype	Observationeel onderzoek, zonder invasieve metingen

Samenvatting

ID

NL-OMON25783

Bron
NTR

Verkorte titel
TeleSpA

Aandoening

- Auto-immuunziekten

Aandoening

Spondyloarthritis

Betreft onderzoek met
Mensen

Ondersteuning

Primaire sponsor: ReumaNederland
Overige ondersteuning: ReumaNederland (project no. 19-2-203)

Onderzoeksproduct en/of interventie

- Overige

Toelichting

Uitkomstmaten

Primaire uitkomstmaten

At least 25% reduction in the number of scheduled and unscheduled outpatient visits to the rheumatology department in the telemonitoring group compared to the standard care group within a 1-year follow-up period.

Toelichting onderzoek

Achtergrond van het onderzoek

Spondyloarthritis (SpA) is a chronic inflammatory rheumatic disease with a heterogeneous presentation. Regular and personalised monitoring of disease activity, physical functioning, medication use and side effects is essential to improve and maintain patients' health-related quality of life (HRQoL) in SpA. Furthermore, care provided should be patient-centred, involving patients in treatment decisions and incorporating personal preferences, needs and values. Increasingly, transparency on outcomes of care delivered and efficiency of care are demanded. In daily practice, capacity issues, time constraints, lack of optimal tools for monitoring and providing transparency may hinder these important aspects of quality of care. Traditionally outpatient visits are pre-booked every 3-6 months, but these are frequently unnecessary in stable patients with low disease activity. Remote monitoring through a web application (telemonitoring) could be a solution for these patients. Telemonitoring has been shown to be possible, effective and safe in several chronic diseases, and clearly reduced health care utilization. To date, this has never been tested in SpA. In 2016, a web-based eHealth system for patients with SpA in the Netherlands ('SpA-Net') was developed as a personal monitoring system. SpA-Net includes clinical information on medication use, laboratory tests, several patient reported outcomes and a personal treatment plan, providing a comprehensive view of the patient for the rheumatologists. An excerpt of this is available to patients. This serves as the basis for each outpatient consultation. Since 2016, SpA-Net has been increasingly used in daily practice. Focus interviews among patients and care providers showed high satisfaction and acceptance of SpA-Net. It is, however, unknown whether SpA-Net can also be used as a telemonitoring system, thereby replacing face-to-face consultations, and leading to a reduction in health care utilisation. In this study, remote care (telemonitoring) provided through SpA-Net, in combination with patient-initiated care, is compared with standard care, aiming at more efficient care. Concomitantly, a trial-based cost-utility analysis will be performed.

Doel van het onderzoek

We hypothesize that telemonitoring through SpA-Net, in combination with patient-initiated

care, will lead to less outpatient visits, without compromising quality of care and health outcomes. Furthermore, we expect that telemonitoring through SpA-Net could reduce healthcare expenditures and/or societal costs.

Onderzoeksopzet

Inclusion period December 2020 – July 2021 Follow up period December 2020 – July 2022 Data analysis, manuscript preparation July 2022 – January 2023 Cost-effectiveness analysis January 2023 – July 2023

Onderzoeksproduct en/of interventie

Asynchronous telemonitoring (met behulp van SpA-Net) in combinatie met patiënt-geïnitieerde zorg

Contactpersonen

Publiek

Maastricht UMC+, department of Internal Medicine, subdivision of Rheumatology
Kasper Hermans

0031433884292

Wetenschappelijk

Maastricht UMC+, department of Internal Medicine, subdivision of Rheumatology
Kasper Hermans

0031433884292

Deelname eisen

Leeftijd
Volwassenen (18-64 jaar)
Volwassenen (18-64 jaar)
65 jaar en ouder
65 jaar en ouder

Belangrijkste voorwaarden om deel te mogen nemen

(Inclusiecriteria)

In order to be eligible for participation in this study, subjects must meet all of the following criteria: • Adult patient (18+ years) • Diagnosis of SpA according to treating physician • At least 2 years of disease duration, to be familiar with signs, symptoms, and medication • Stable disease, defined as being in a patient acceptable symptom state according to patient AND treating physician (36) AND no treatment change expected in the next few months • Access to a computer, tablet and/or smartphone for the entire duration of the study

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

A potential subject who meets any of the following criteria will be excluded from participation in this study: • Insufficient mastery of Dutch language • Incompetent to act for oneself • Limited life expectancy • Ongoing (or planned) pregnancy during the study period • Patients participating in other research project(s)

Onderzoeksopzet

Opzet

Fase onderzoek:	N.V.T.
Type:	Observationeel onderzoek, zonder invasieve metingen
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blindering:	Open / niet geblindeerd
Controle:	Geneesmiddel
Doel:	Organisatorisch/zorgonderzoek

Deelname

Nederland

Status:	Werving gestopt
(Verwachte) startdatum:	02-12-2020
Aantal proefpersonen:	200
Type:	Werkelijke startdatum

Voornemen beschikbaar stellen Individuele Patiënten Data (IPD)

Wordt de data na het onderzoek gedeeld: Nog niet bepaald

Ethische beoordeling

Goedgekeurd WMO	
Datum:	11-03-2020
Soort:	Eerste indiening
Toetsingscommissie:	METC Academisch Ziekenhuis Maastricht / Universiteit Maastricht Postbus 5800 6202 AZ Maastricht 043 387 6009 secretariaat.metc@mumc.nl

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

ID: 54628
Bron: ToetsingOnline
Titel:

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL7883
CCMO	NL71041.068.19
ClinicalTrials.gov	NCT04673825
OMON	NL-OMON54628

Resultaten

Samenvatting resultaten
N/A