



Challenges

Challenge #1: Patient Engagement - Connect patients and care providers

Problem: In today's connected world, patients and clinical care providers continue to have problems getting the right information at the right time to make proactive decisions, remain engaged, and follow up to care instructions. There are many factors that cause the problem including, but not limited to, availability, information action, distractions, language, context, logistics, or insufficient follow through. The range of opportunities exist including two-way communications, scheduling, transportation arrangement, and integration with personal social media, email, alarm clocks and calendar tools.

Challenge: Develop a solution to improve patient and clinical care provider communications. Solutions may include integration with social media, the ability for patients and care providers to connect with a more personal feel, without reducing the security of patient health information (PHI).

Hint: Develop a solution that integrates with smart phone alarms, calendar, or email platforms. Possibilities include interacting with Snapchat, Instagram or Facebook Messaging. Consider integrating with Uber or Lyft.

Need Data? Visit the Texas Children's Hospital table!

Prize:

Timbuk2 Parkside Laptop Backpack

Need Help: Slack us at #TCHEngage

Bonus:

Smart Alert:

Problem: Recent concerns for neurotoxicity following anesthetic exposure at a young age.

Challenge: Create a smart alert or notice if a child less than three is scheduled for anesthesia

Hint: Most EMR (i.e. Epic) systems have the data available to identify these scenarios (i.e. Medical Record Number, patient name, patient demographics, orders, ordering provider contact, and birth date), but do not have a good way to interact outside the system. Think about demonstrating the output of a data file into an app or communication method such as interaction with social media.

Secure Patient and MD Communications:

Problem: a better interface for discharged families to reach our docs besides a phone call / email.

Challenge: A creative option where communication is initiated by the family but can only be confirmed by the MD would do wonders from a patient satisfaction standpoint.

Discharge Follow Up:

Problem: 60% of patients do not follow up with recommended discharge instructions (i.e. pick up a prescription, see a specialist, etc...)

Challenge: A solution that would encourage patient follow-up.





Challenges

Challenge #2: Disease Management - Smart tools to promote self-care

Problem: Disease management is "a system of coordinated healthcare interventions and communications for populations with conditions in which patient self-care efforts are significant". Patients do not always follow self-care efforts due to many reasons, including forgetfulness, lack of understanding, loss of instructions, misinformation, distractions, and many other reasons. Care Providers lack the right tools at the right time to help them quickly make complex decisions, for example the right antibiotic or the right care plan.

Challenge: In a world of connectedness and augmented reality, tools should be able to help patients calculate, understand, access, and remember self-care plans. Care providers should have access to tools that allow them to enter conditions or access data, such as asthma actions to quickly recommend a plan.

Need Data? Visit the Texas Children's Hospital table!

Prize:

Losei Dual Wireless Earbuds V4.1

Need Help: Slack us at #TCHEngage

Bonus:

Sickle Cell:

Problem: Managing sickle cell means managing a child's pain and recognizing the signs of a "crisis" (severe pain) and intervening early

Challenge: Create a way for families to track signs/pain and alert them to possible interventions.

Antibiotics:

Problem: Infection diseases can be treated with antibiotics focused on a wide range of bacterium or can be narrowly focused on a specific bacterium. The logic used by Doctors usually include triage of the various conditions including: source, causation, urgency, etc.

More information can be found at http://www.microbiologynutsandbolts.co.uk/how-to-choose-an-antibiotic.html.

Challenge: A tool or Al solution to augment doctors' ability to recommend an antibiotic prescription.

Asthma:

Problem: Families struggle to recognize when a child's asthma is getting worse. They also forget to give prevention medicines regularly (should be taken daily)

Challenge: Develop a solution to help families: Manage their medications, understand the role of the different asthma medications, recognize as symptoms worsen and recommend how to intervene. See stoplight tool.

Hint: Metered-dose electronic inhalers that record the date/time of inhaler actuations exist, but are expensive. Medication dispense data from the EMR, Health Plan, and/or electronic prescription tracking systems (like SureScripts) can be used to track/trend medication compliance using research-backed calculations like MPR (Medication Possession Ratio) over multiple prescribed medications.

Build a framework to regularly evaluate adherence for asthma medications, with the goal of identifying patients who could benefit from electronic monitoring of dosing. Furthermore, this platform should be able to incorporate data from metered-dose electronic inhalers into easy-to-evaluate reports for primary care physicians.

See attached "stoplight" tool for care coordination for asthma patients.

NOT FOR OFFICIAL USE HACKRICE MOCK UP

Date Patient's Name Next Visit Provider Name/Number

MY EVERY DAY ASTHMA ACTION PLAN

GREEN	ZONE PLAN	I take this medicine EVERY DA	AY to keep my ASTHM	MA in CONTROL:	
I FEEL	When I am in my		(name of medicine)	(dose),	times a day
GREAT	GREEN ZONE:		(name of medicine)	(dose),	times a day
. O M	 No cough 	Before exercise I take		(name of medicin	ne)(dose)
1000	No wheeze	Other EVERY DAY medicines I	take are:		
	 No chest tightness 				
	void asthma triggers in	yellow zones: Use a spacer with me cluding: smoke, strong chemicals, co	lds and flu, and things I a		
YELLUW.	/ ZONE PLAN	For QUICK RELIEF of asthma	-	(do as) serse	to lecum
	When I am in the YELLOW ZONE:	For ASTHMA CONTROL I take:	(name of medicine)	(dose), every	to nours
	• Early asthma		(name of modicine)	(doso)	times a day
Low D.	symptoms	l also take these medicines:	(name of medicine)	(dose),	tilles a day
	 A slight cough or wheeze 				
54' /					
AT I	 The start of a cold 				
	The start of a cold	I CALL MY DOCTOR if sympton	ns don't get better afte	er days	
	The start of a cold	I CALL MY DOCTOR if symptor I go back to my GREEN ZON			
	The start of a cold	I go back to my GREEN ZON	IE plan when my symp		
RED 7		I go back to my GREEN ZON	Symptoms I take:	toms go away	
RED Z	• The start of a cold ONE PLAN	For QUICK RELIEF of asthma	IE plan when my symp	toms go away	_ to hours
	ONE PLAN When I am in the	For QUICK RELIEF of asthma For ASTHMA CONTROL I take:	symptoms I take: (name of medicine)	toms go away (dose), every	
RED Z	ONE PLAN When I am in the RED ZONE:	For QUICK RELIEF of asthma For ASTHMA CONTROL I take:	Symptoms I take:	toms go away (dose), every	
IAM	When I am in the RED ZONE: • A persistent cough	For QUICK RELIEF of asthma For ASTHMA CONTROL I take:	symptoms I take: (name of medicine) (name of medicine)	(dose), every (dose),	
I AM FEELING	ONE PLAN When I am in the RED ZONE:	For QUICK RELIEF of asthma For ASTHMA CONTROL I take: See doctor promptly, addition	symptoms I take: (name of medicine) (name of medicine) al medicine may be no	(dose), every (dose), eeded	times a day
I AM FEELING	When I am in the RED ZONE: • A persistent cough • A persistent	For QUICK RELIEF of asthma For ASTHMA CONTROL I take: See doctor promptly, addition	symptoms I take: (name of medicine) (name of medicine)	(dose), every (dose), eeded	times a day
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I AM FEELING	When I am in the RED ZONE: • A persistent cough • A persistent wheeze	For QUICK RELIEF of asthma For ASTHMA CONTROL I take: See doctor promptly, addition	symptoms I take: (name of medicine) (name of medicine) al medicine may be no	(dose), every (dose), eeded	times a day
I AM FEELING BAD	When I am in the RED ZONE: • A persistent cough • A persistent wheeze • Breathing fast	For QUICK RELIEF of asthma For ASTHMA CONTROL I take: See doctor promptly, addition	symptoms I take: (name of medicine) (name of medicine) al medicine may be not all medicine may be not all medicine)	(dose), every (dose), eeded	times a day
I AM FEELING BAD	When I am in the RED ZONE: • A persistent cough • A persistent wheeze • Breathing fast	For QUICK RELIEF of asthma For ASTHMA CONTROL I take: See doctor promptly, addition I also take these medicines: I also take these medicines:	symptoms I take: (name of medicine) (name of medicine) al medicine may be not (name of medicine)	(dose), every (dose), eeded (dose),	times a day _ times a day
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DANGER ZONE: CALL 911 or go to nearest emergency room if:

• Breathing very hard or fast

- Breathing so hard I can't walk or talk
- Sucking in the stomach or ribs to breathe
- Lips or fingertips look blue

I NEED IMMEDIATE HELP - CALL 911 or go to the emergency room!



Questions? Call the 24 hour, 7 days a week TCHP Nurse Help Line: 1-800-686-3831

Overcoming Barriers (check family's most common barriers to care)			
Barrier:	Action point:		
Difficulty refilling medication	Request refill 7 days before empty; sign up for automatic refills		
Difficulty remembering to take daily	Discuss finding a good routine with school nurse and/or healthcare		
medications	provider		
Do not think medication is working	Discuss concerns with your healthcare provider		
No transportation to medical appointments	Call TCHP Member Services [insert numbers]		
Have other questions about diagnosis or	Discuss with healthcare provider and/or call TCHP Member Services		
medications	to request a case manager		
Difficulty making appointments	Call TCHP Member Services line [insert numbers]		
Worried about medication side effects	Discuss concerns with your healthcare provider. Call the TCHP		
	Nurse Help Line.		

^{**}Note for marketing- would like to add this barriers section below the danger zone—see the ADHD Stoplight Tool for reference—it has a similar barriers section.