

# Beyond Telemedicine: Infrastructures for Intelligent Home Care Technology

The Pre-ICADI Workshop on Technology for  
Aging, Disability, and Independence

The Royal Academy of Engineering, London, England

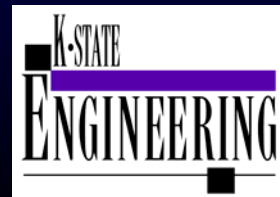
Steve Warren, Ph.D.

Kansas State University

June 26-27, 2003



This material is based upon work supported by the National Science Foundation under grants BES-0093916, CCR/ITR-0205487, and EPS-9874732 (with matching support from the State of Kansas). Opinions, findings, conclusions, or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the NSF.



# Presentation Objectives

---

- ❑ Assess **telemedicine system** design
- ❑ Describe where home care is **headed**
  - Characteristics
  - Getting there
    - Research areas
    - Infrastructure development
- ❑ **Early work**
  - Component architectures
  - Standards-based devices

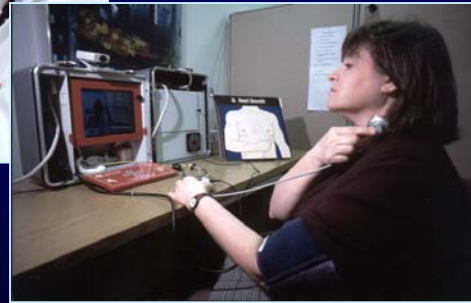
# Where Home Health Care is Headed



- In-person visits ⇒ telemedicine ⇒ smart sensors

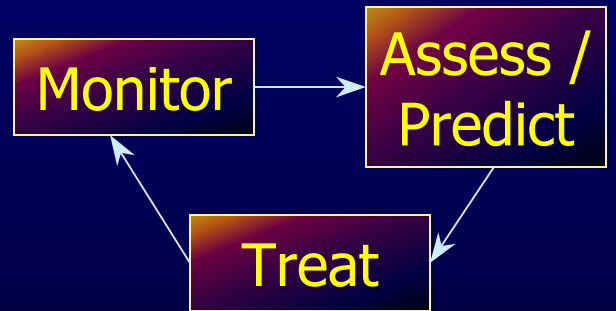


Physician Station



Patient Station

Courtesy Dr. Richard Re, Ochsner Clinic



- "Virtual" medical systems: distributed, networked devices

# Telemedicine Technology Assessment

---

# What is Telemedicine?

- **Telemedicine** is a technology-rich alternative to a traditional, face-to-face, patient/physician consultation.



Provider Station

American Telecare (<http://www.americantelecare.com>)



HomMed (<http://www.hommed.com>)

- **Audio/video** interaction
- **Data exchange:** real-time / store-and-forward
- Multimedia electronic patient records (EPRs)
- **Medical devices:** blood pressure cuff, pulse oximeter, stethoscope, glucose meter, weight scale, temperature probe, electrocardiogram, ...

*Beyond Telemedicine*

# Typical Telemedicine Systems

## *The Tower of Babel*

Pieter Bruegel the Elder (about 1525 - 1569)



- ❑ Point-to-point design
- ❑ Stovepipe systems (one vendor creates all) ⇒ expensive and inflexible
- ❑ Lack of standards for information exchange & plug-and-play operation
- ❑ Minimal surety mechanisms
- ❑ Limited read/write access to electronic patient records

# Response

## ❑ Desirable **point-of-care** systems

- Plug-and-play interoperability
  - vendor competition
  - flexible design
- Surety (security++)
- Commodity, commercial-off-the-shelf (COTS) components

Reduce  
Cost

## ❑ **Misconception:**

“Telemedicine”  $\Leftrightarrow$  real-time communication with a care provider

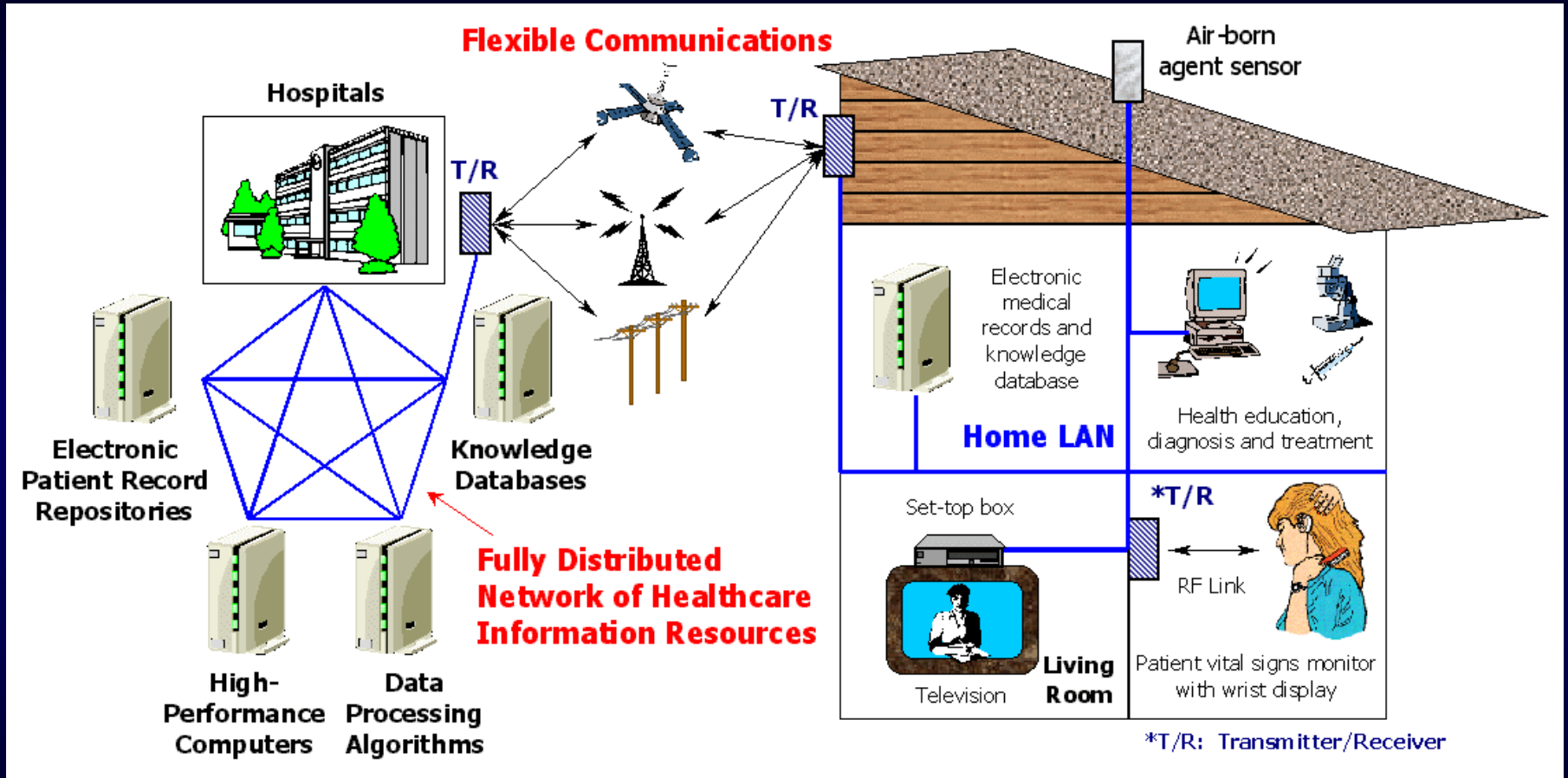


# Future Home Care Systems

---



# Future Home Layout



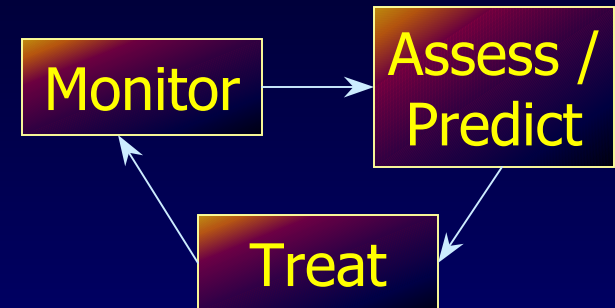
# Characteristics of Future Home Care Delivery

## □ New Care Delivery Model

- High risk patients: continuous monitoring, trend analysis
- Health prediction
- Patients: greater care roles

## □ Closed-Loop System

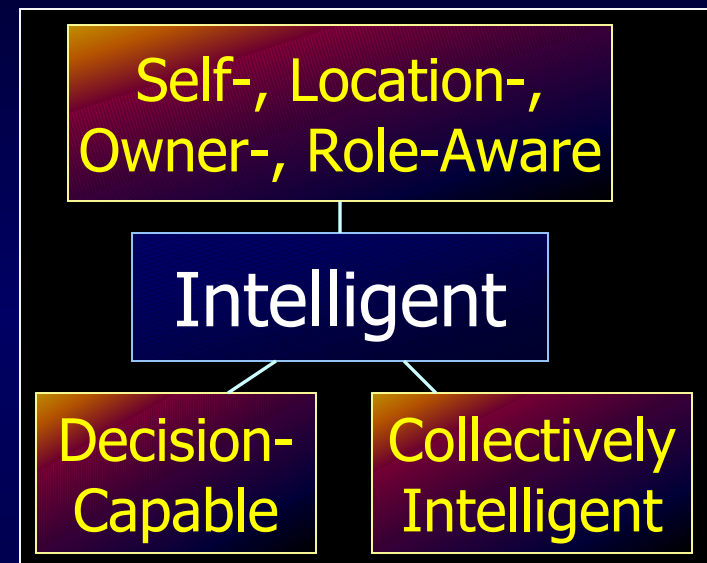
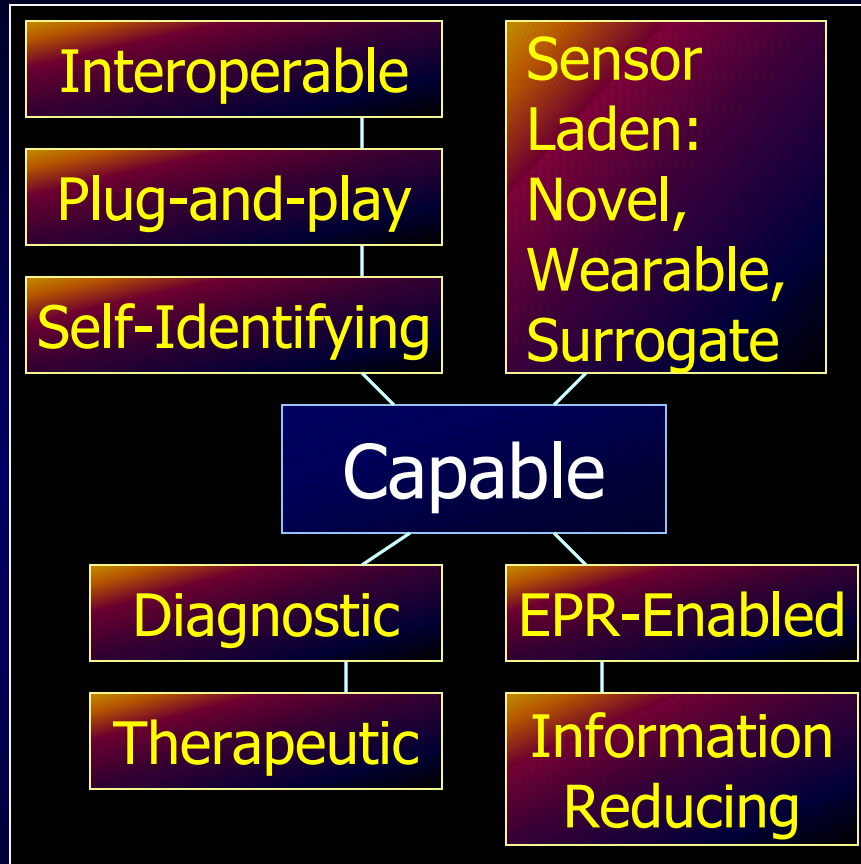
- Non-traditional consultations
- Care providers in exceptional circumstances
- Systems seek & assimilate **knowledge** to make care decisions



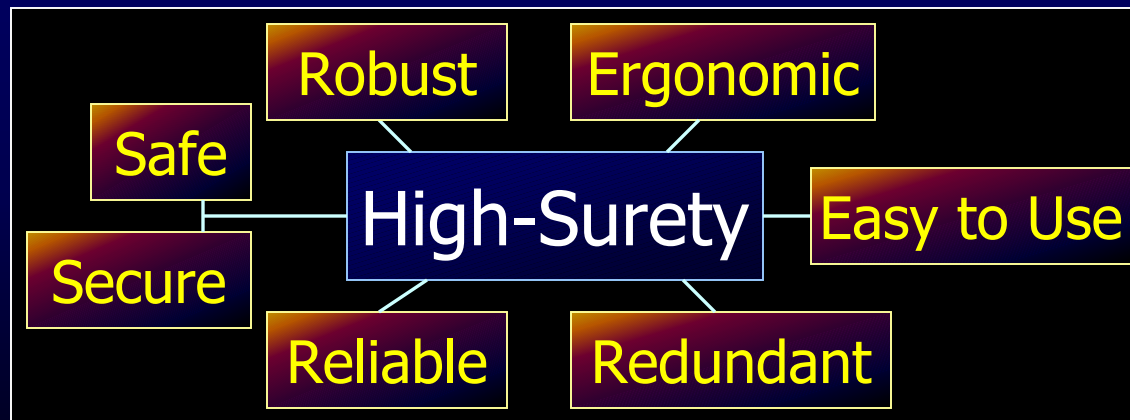
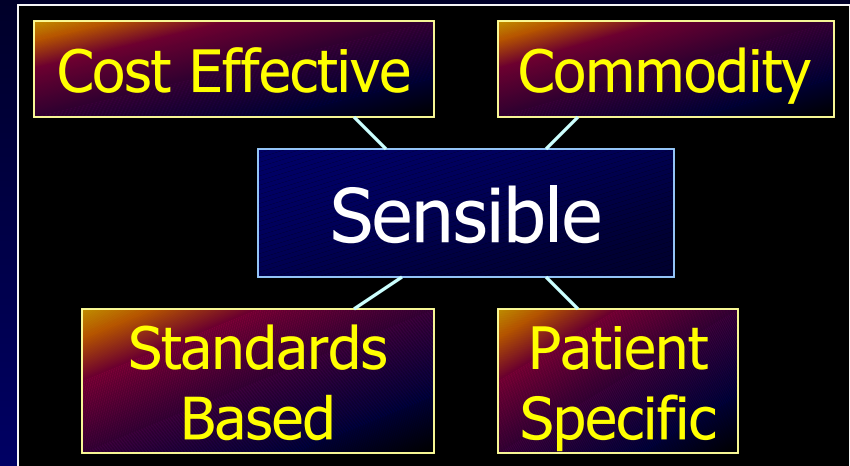
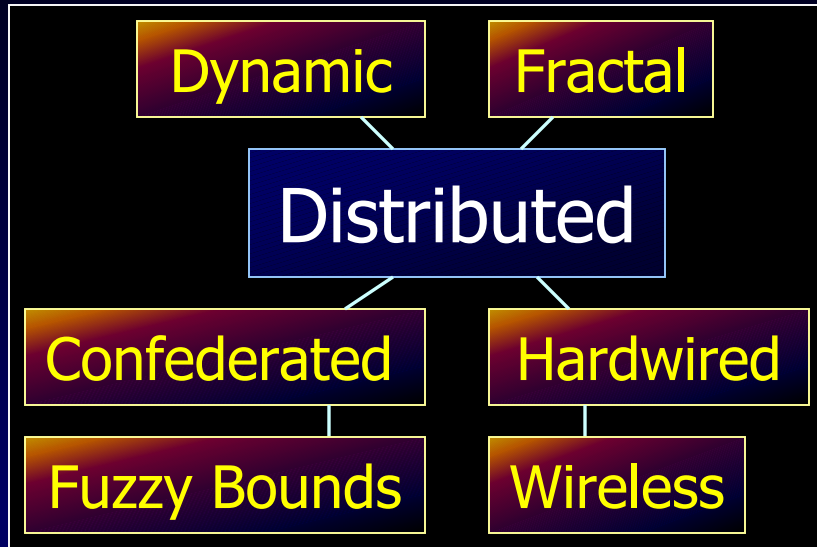
## □ Pervasive Monitoring

- Sensor webs within patient environments
- Surrogate health indicators
- Medical/environmental/behavioral/lifestyle data ⇒ EPRs

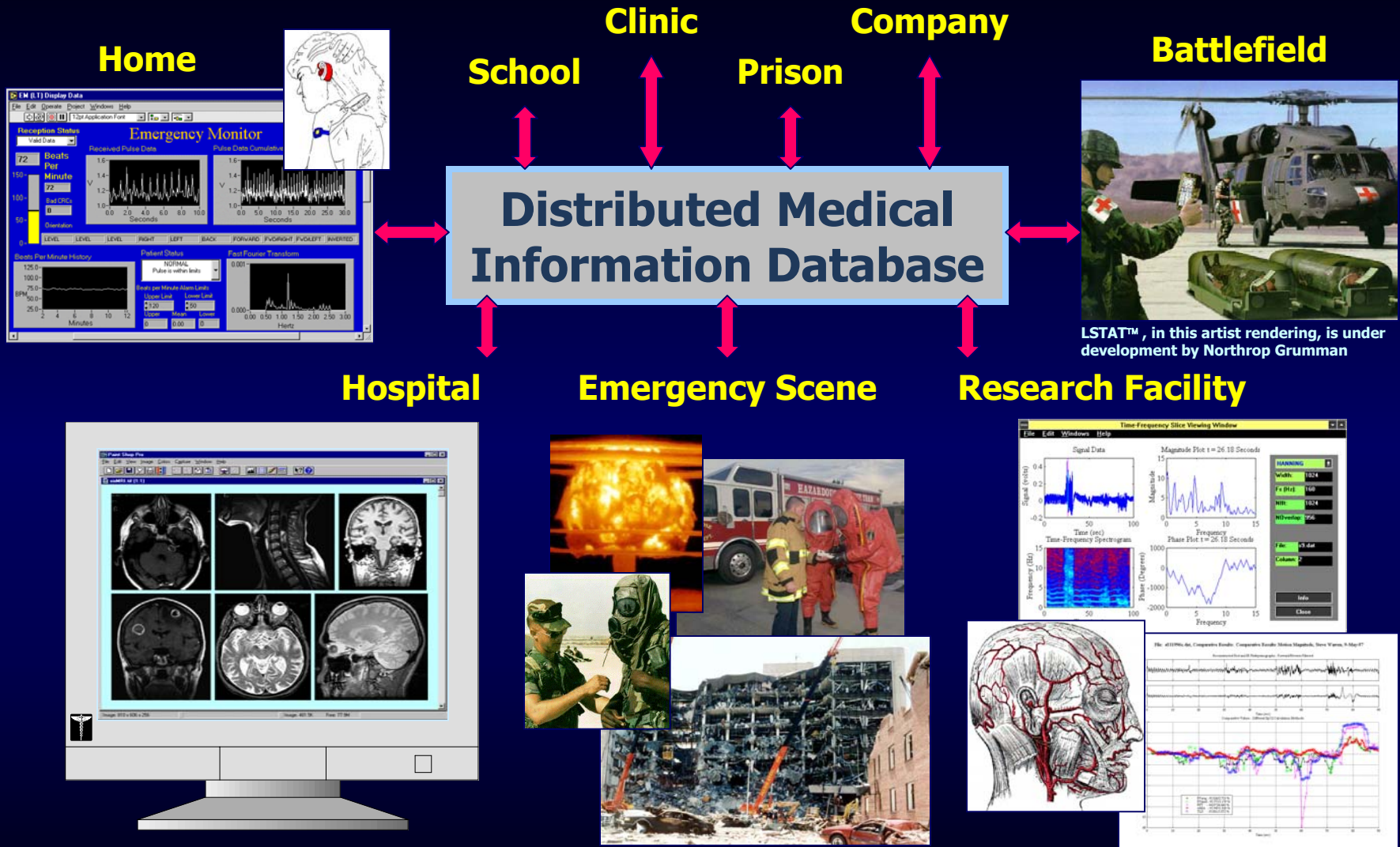
# Characteristics of Future Home Care Systems



# Characteristics of Future Home Care Systems (cont.)



# Secure, Reliable Exchange of Medical Information



LSTAT™, in this artist rendering, is under development by Northrop Grumman

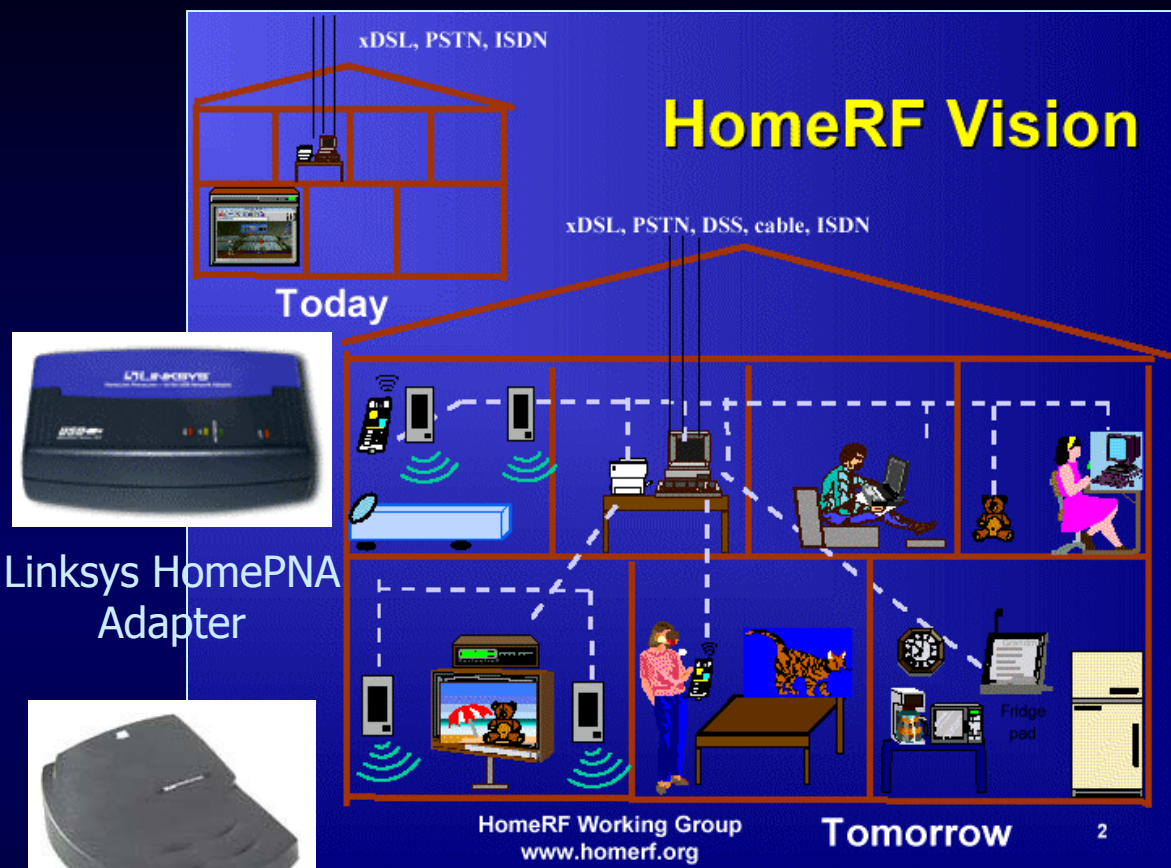
Beyond Telemedicine

# Getting There: Infrastructure Development Approaches

---

# Home Networking Standards & Initiatives

- HomeRF: Shared Wireless Access Protocol (disbanded January 2003)
- HomePNA (Home Phoneline Networking Association)
- Microsoft/3Com (and similar network adapters)
- Connected.Home (Intel)
- Home API (active thru 1999; status unknown)
- 802.11b
- Bluetooth
- X10
- IEEE 1394 (FireWire)



Linksys HomePNA Adapter



3Com HomeConnect Home Network Phoneline Adapter

<http://www.homerf.org>

# Interoperability Technology

- **Architecture**
    - CORBA [OMG]
    - Java (Java Beans, Jini, Enterprise Java) [Sun]
    - .NET [Microsoft]
    - Generic Web Services
    - uPnP [Microsoft]
    - Salutation
  - **Context**
    - .NET My Services
    - Liberty Alliance
    - CCOW
- **System/Device Bus**
    - IP-based home LAN
    - IEEE 1394 (FireWire)
    - HAVi
    - 802.11b
    - Bluetooth\*
    - IrDA
    - USB
    - PCMCIA
    - IEEE 1451 (Smart Sensors)
- **Patient Record Access**
    - Good European Health Record
    - HL7 CDA
    - OMG COAS, CIAS
    - CEN ENV
  - **Medical Interoperability**
    - DICOM
    - IEEE 1073 (MIB)\*
    - Point of Care Test
    - TWAIN
    - PTP

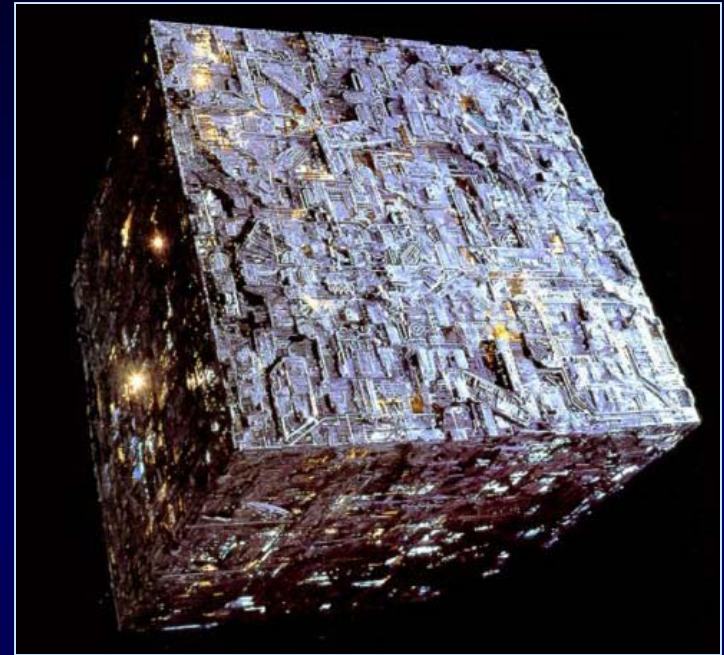
Telemedicine Interoperability Architecture <http://telemedicine.sandia.gov> (2/2003, Chapter 3)  
 Connecting for Health, Markle Foundation [http://www.connectingforhealth.org/resources/DSWG\\_Report.pdf](http://www.connectingforhealth.org/resources/DSWG_Report.pdf)  
 (6/5/2003)



# Component Confederacies

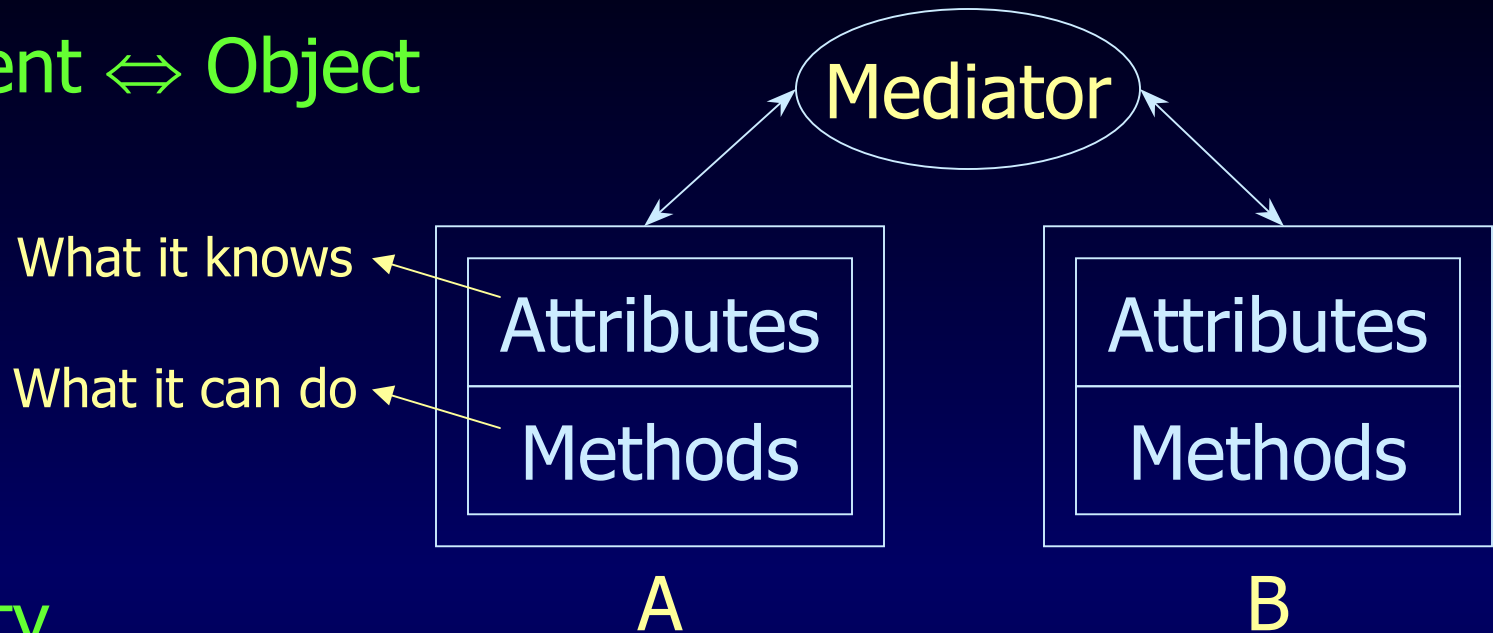
---

- ❑ Devices: smart, aware
- ❑ Collective Intelligence
- ❑ Distributed
- ❑ Dynamic
- ❑ Secure



# Basic Component Interaction

Component  $\Leftrightarrow$  Object



## □ Beauty

- Public interfaces; Private implementations
- Standards: interaction
- Object: client or server
- Component-level security
- Distributed (C++/Java  $\Rightarrow$  CORBA/Jini/DCOM)
- Fractal: component = device, collection, etc.

# Requirements for Smart Home Care Systems

---

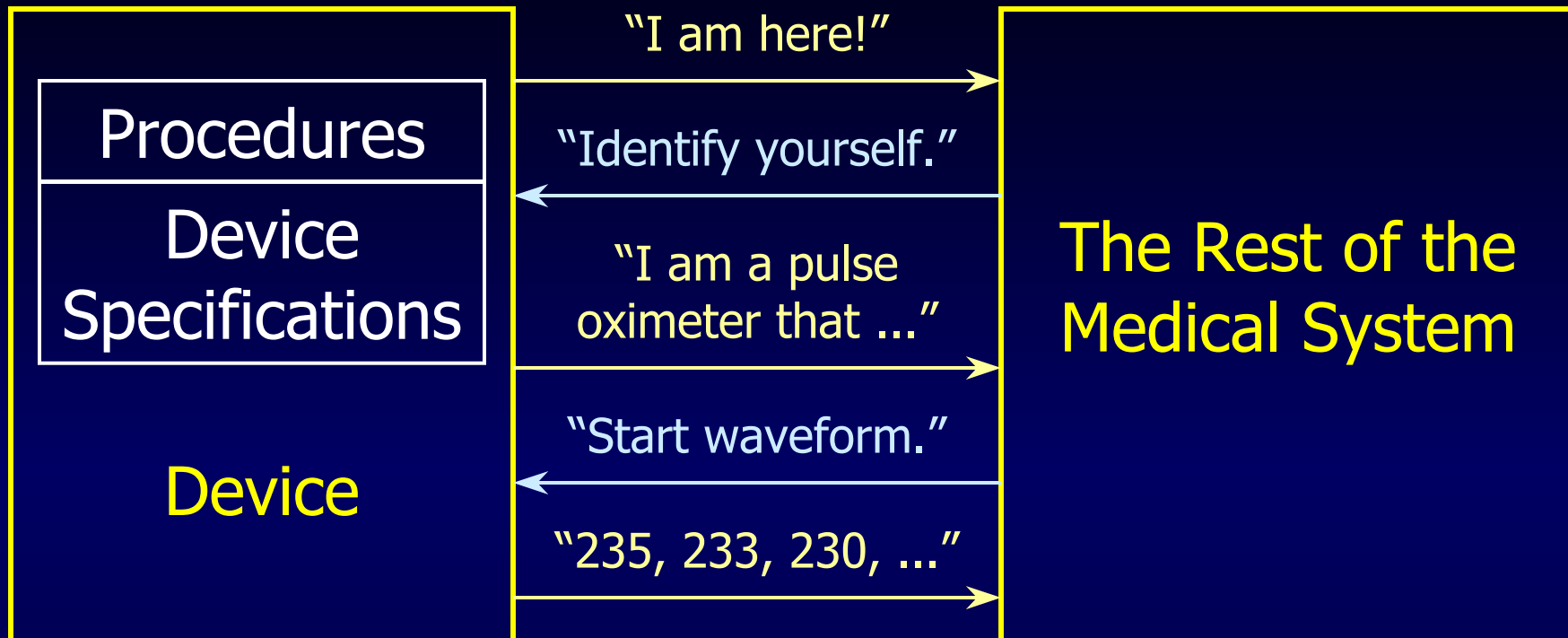
- ❑ Component Self-Awareness
- ❑ Component Interoperability
- ❑ Component-Level Security

# Requirement: Component Self-Awareness

---

- ❑ Each component should know
  - ... about itself ...
    - What it can do
    - Its limitations
    - How to interpret its data
    - How to assess its condition
  - ... about its context ...
    - Who may use it and how it may be used
    - Roles/scenarios for valid data

# Requirement: Component Interoperability



- ❑ **Standard**, vendor-independent **interfaces**
- ❑ **Lego-like** construction of diverse systems "on the fly"

# Requirement: Component-Level Security

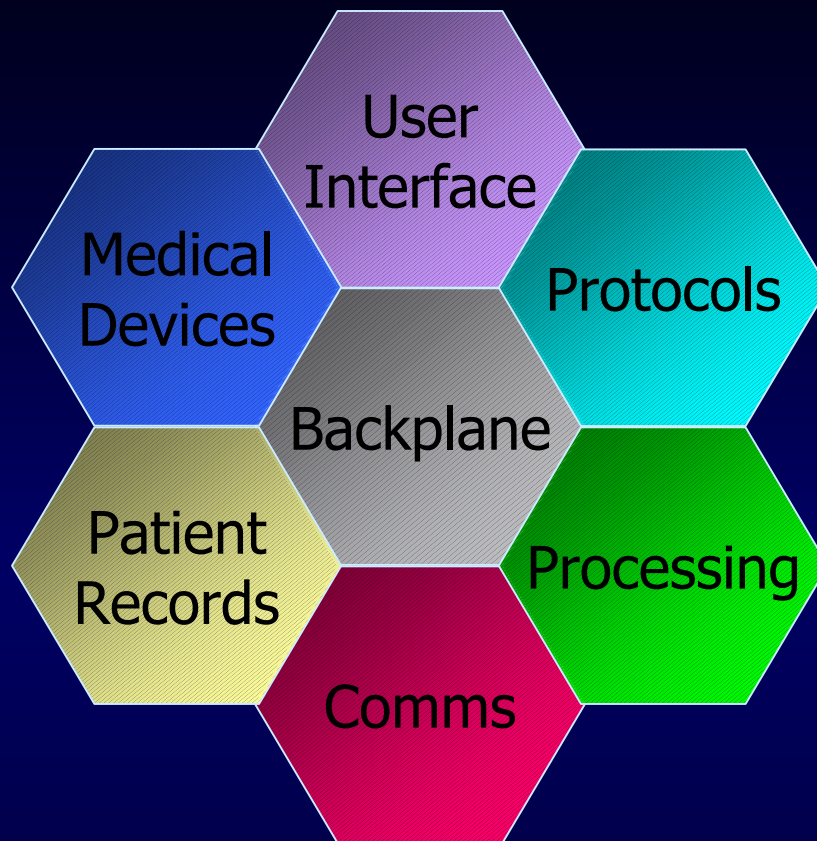
---

- ❑ Components will **negotiate secure** transactions
  
- ❑ **Point-to-point systems:** straightforward to secure
  - **Small** user population
  - **Static** network topologies
  - **Limited** range of technologies
  
- ❑ **Distributed systems:** security is more important/  
problematic
  - **Mass-market** communications
  - **Less emphasis** on private networks
  - **Legacy and leading-edge** technologies

# Early Work

---

# Telemedicine Interoperability Architecture



**Goal:** Create application-specific, distributed medical systems **"on-the-fly"**

**Benefits:**

- Flexible
- Cost-effective
- Secure

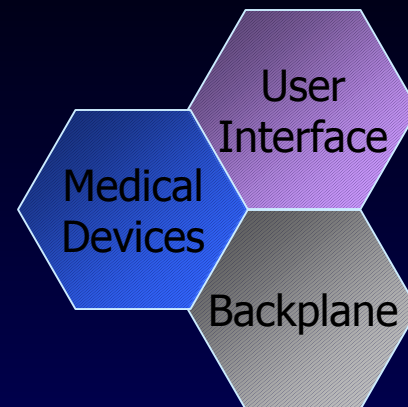
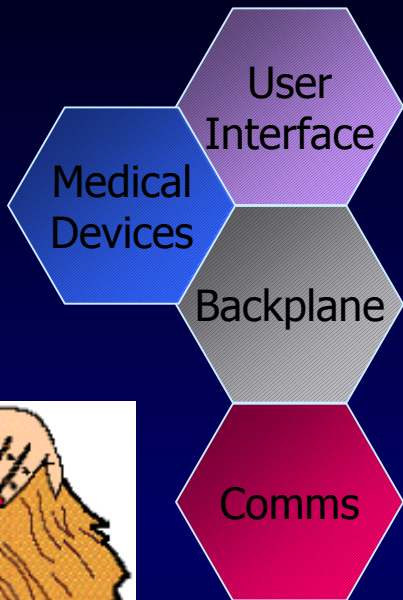
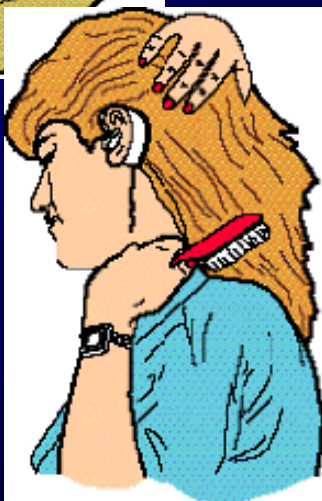
**"Lego-like" Component Interactions**

Telemedicine Interoperability Architecture: <http://telemedicine.sandia.gov>

The Role of Technology in Reducing Health Care Costs: <http://www.sandia.gov/CIS/6200/Telemedicine/>



# Smaller-Scale Systems



## Ophthalmoscope/Otoscope



## Thermometer

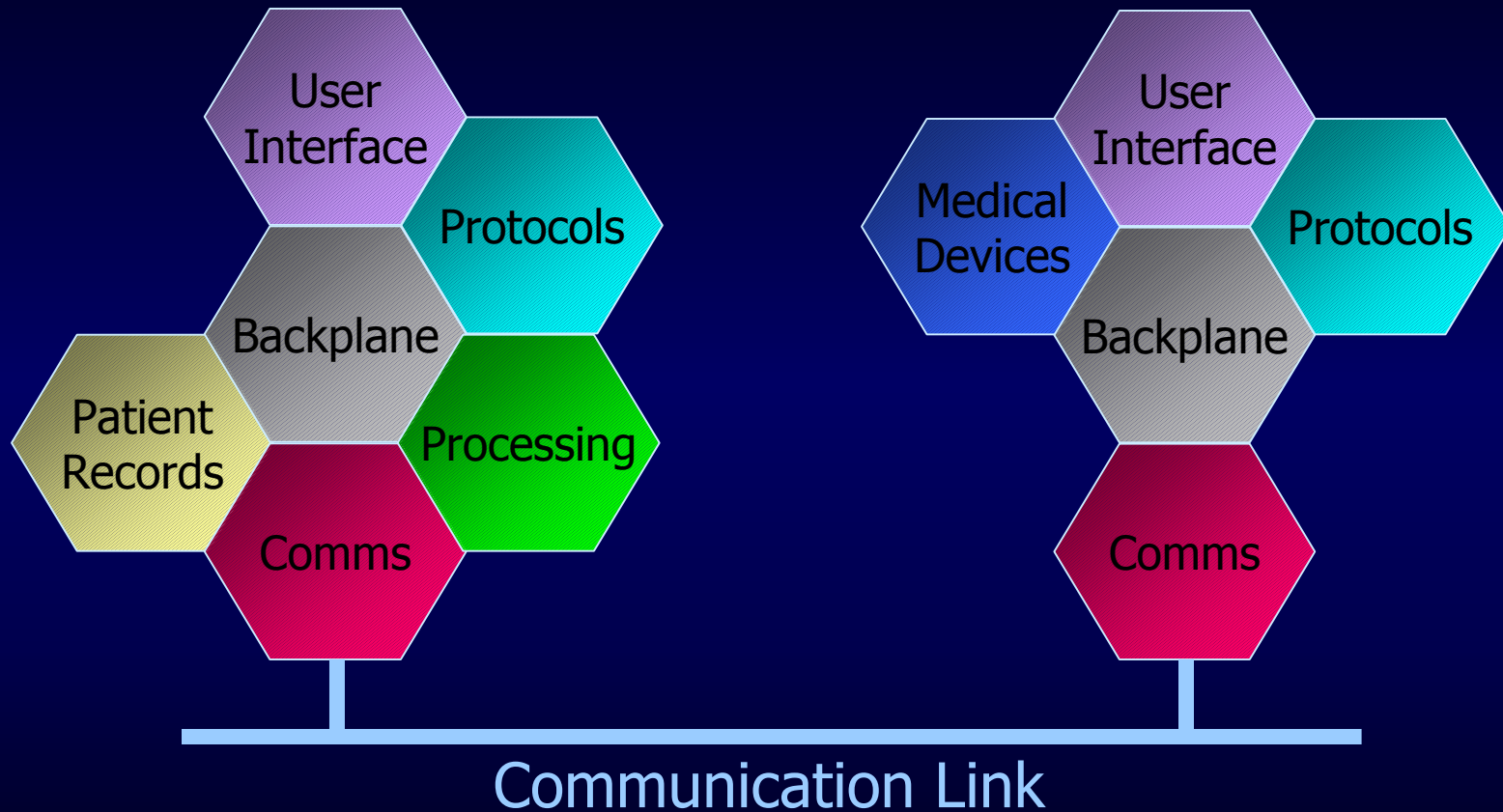


## Personal Status Monitor

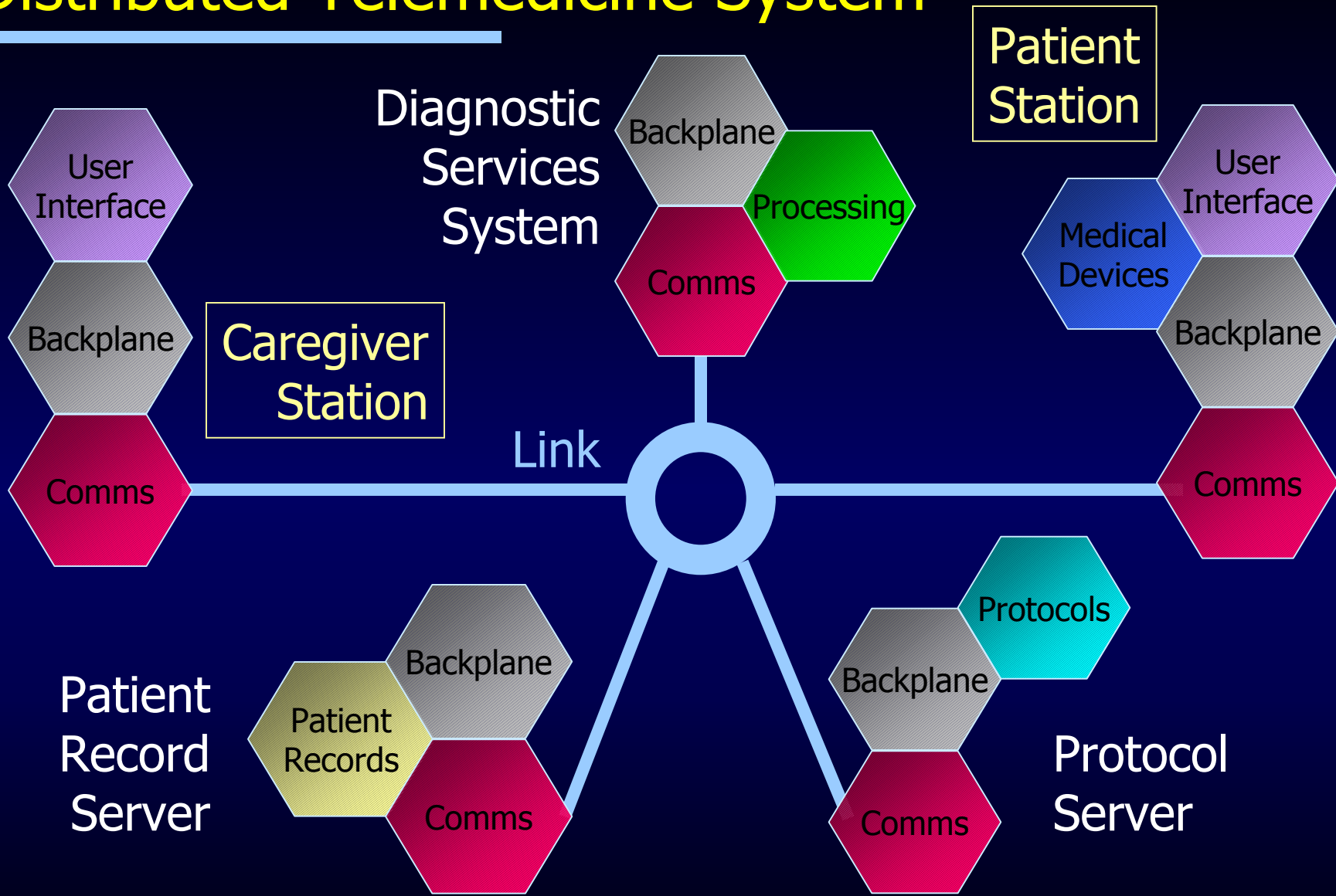
# Typical Point-to-Point Telemedicine System

## Caregiver Station

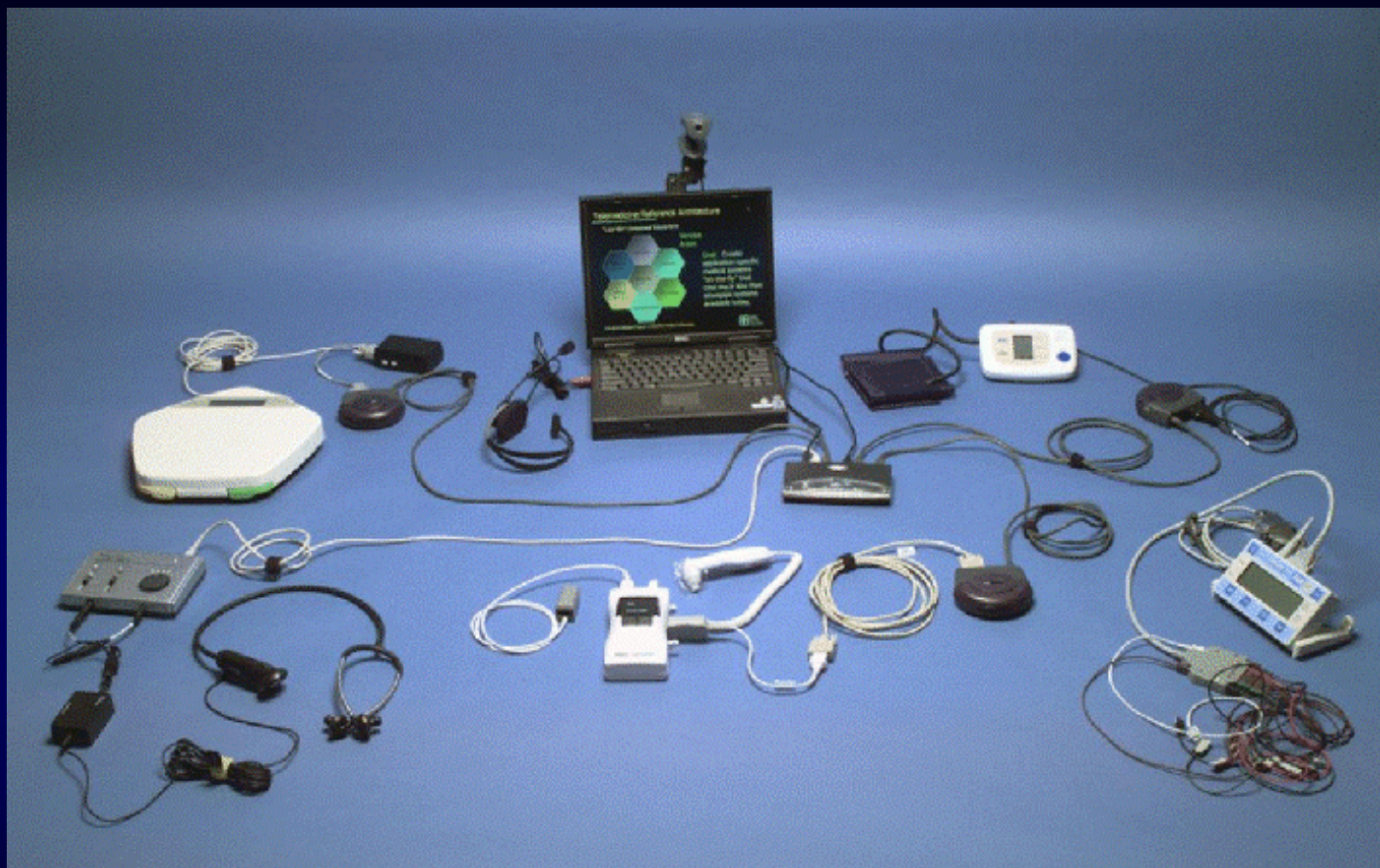
## Patient Station



# Distributed Telemedicine System



# Build 1 Patient Station



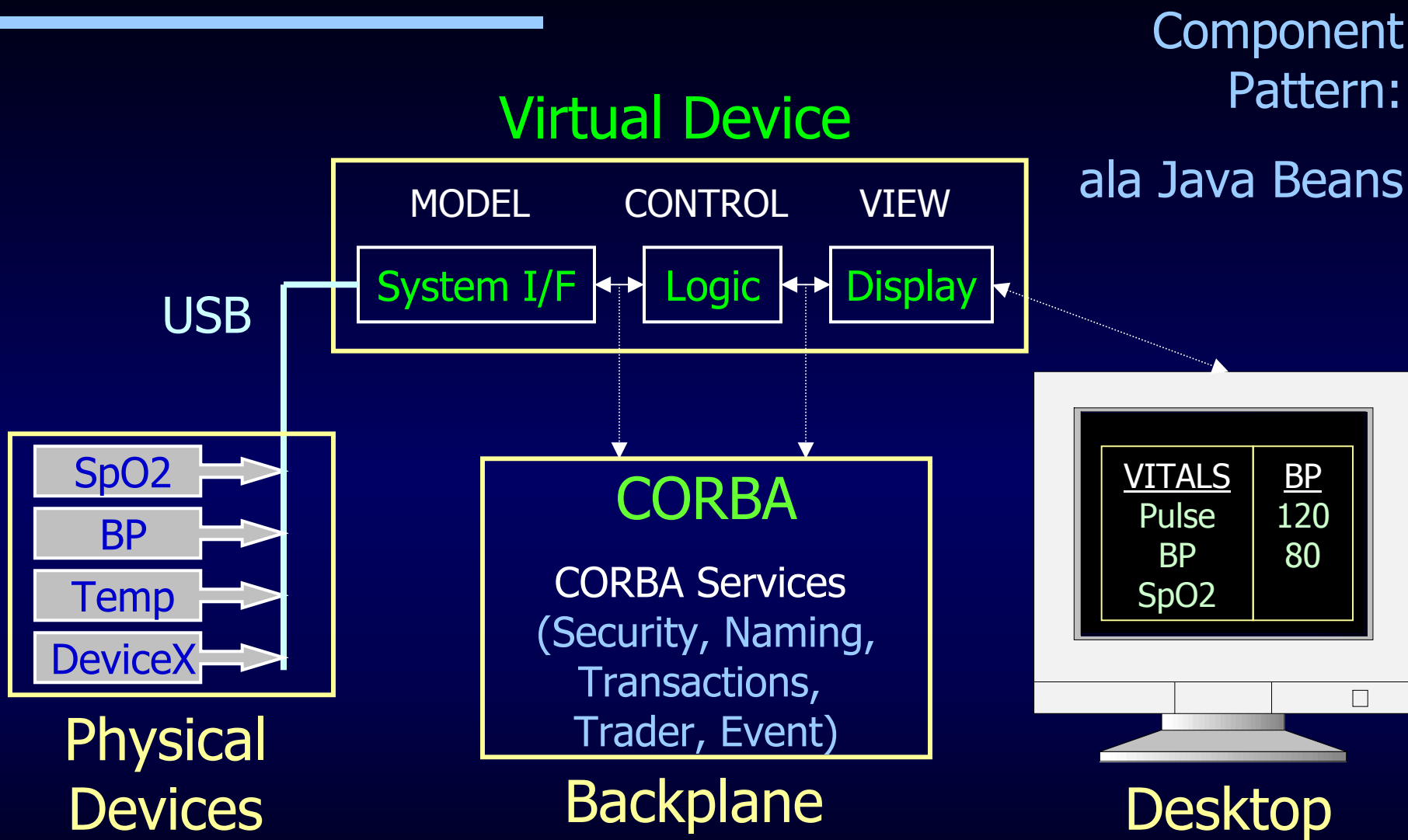
**USB Hub:**  
 Weight  
 Heart Rate  
 Blood O<sub>2</sub> Sat  
 Temperature  
 Blood  
 Pressure  
 ECG  
 Stethoscope

Telemedicine Interoperability Architecture: <http://telemedicine.sandia.gov>

The Role of Technology in Reducing Health Care Costs: <http://www.sandia.gov/CIS/6200/Telemedicine/>;

[http://www.sandia.gov/CIS/6200/Telemedicine/index\\_tra.htm](http://www.sandia.gov/CIS/6200/Telemedicine/index_tra.htm)

# Build 1 Architecture



# Medical Component Design Laboratory

## Research Goals

- Point-of-care system design
- Plug-and-play component infrastructure
- Medical devices  $\leftrightarrow$  EPR's
- Wearable light-based sensors
- State of health assessment/prediction

## Education Goals

- Project design space
- New curriculum and web resources
- Community outreach

## Support

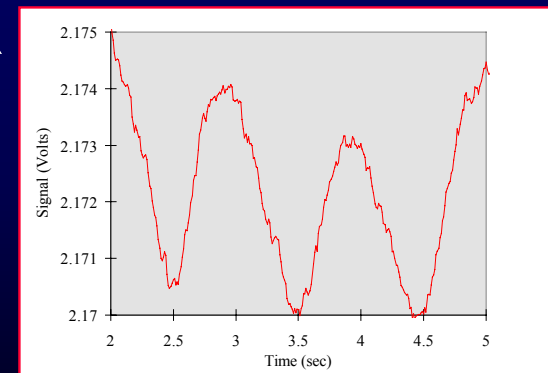
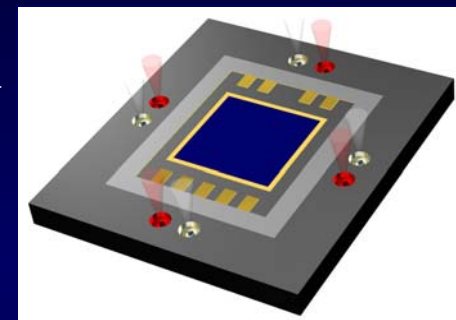
- National Science Foundation
- Kansas EPSCoR Program
- Sandia National Laboratories



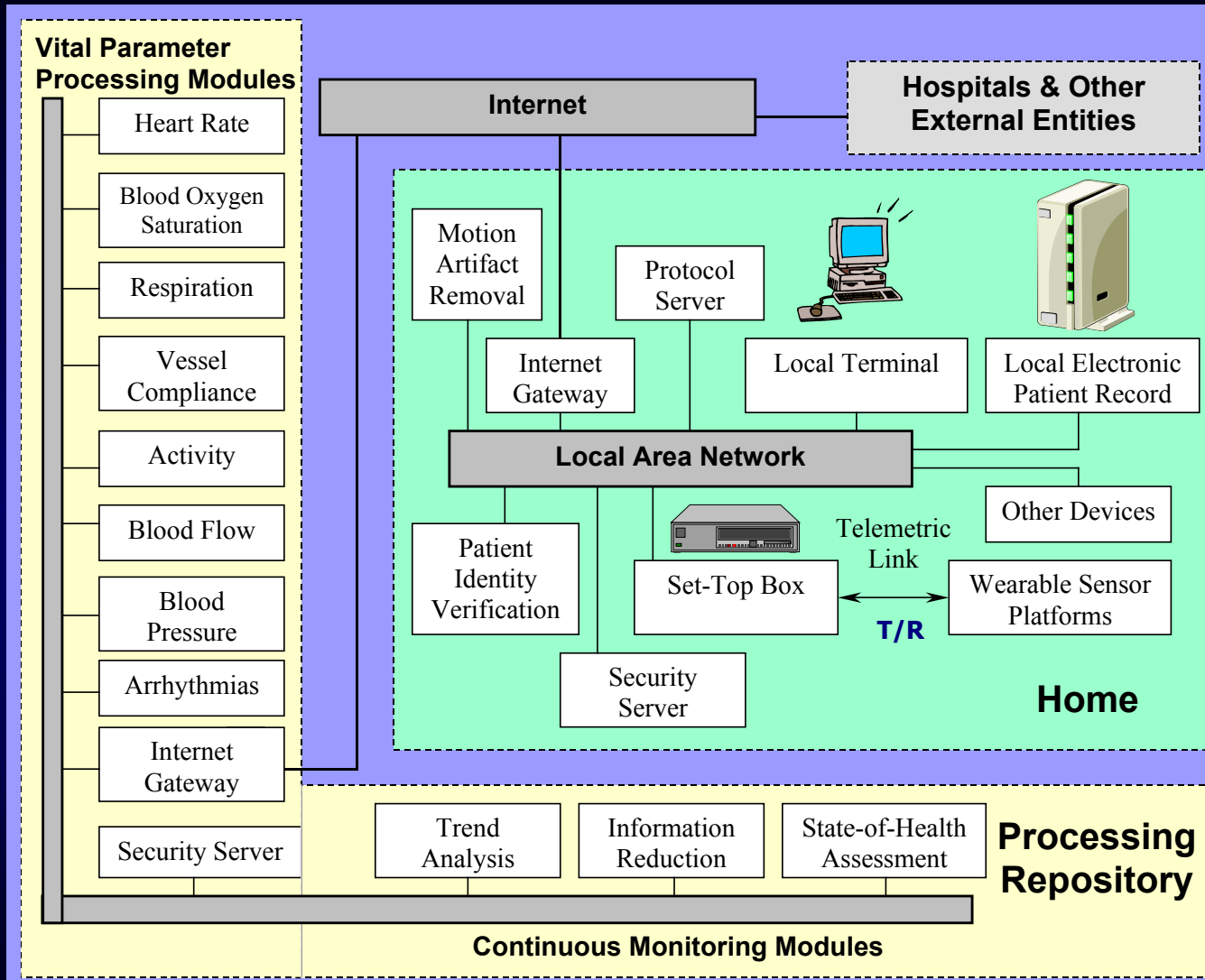
<http://www.bluetooth.com/>



<http://www.ieee1073.org/>



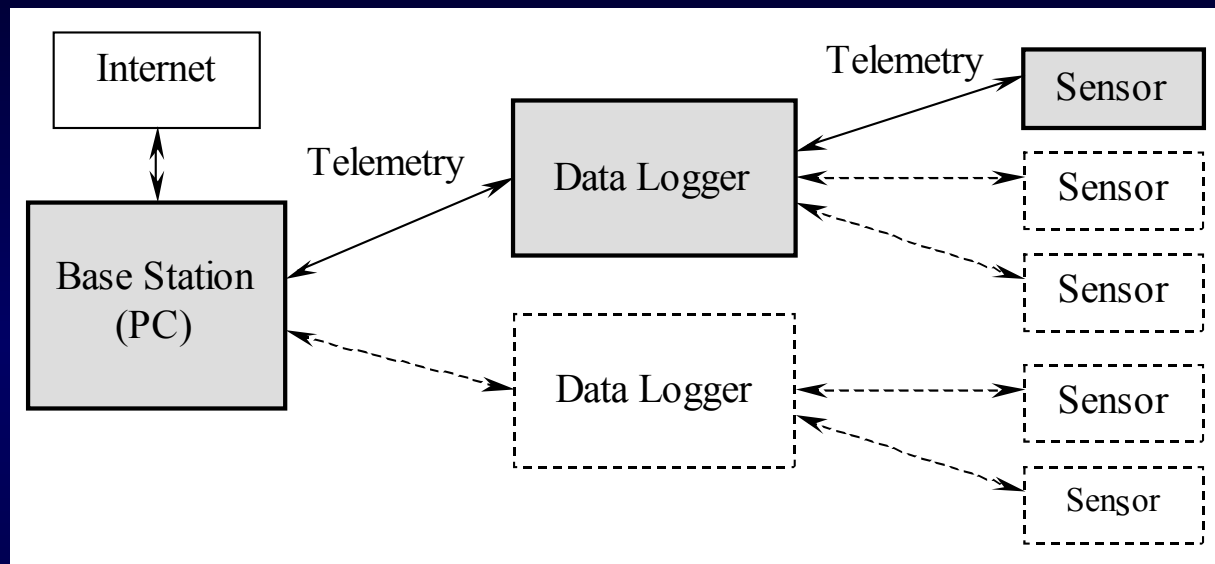
# Technology Layout



# Wearable Monitoring System



Ambulatory ECG & Pulse Oximeter;  
Data Logger in a 'Fanny Pack'



Nested Master/Slave Configurations

Bluetooth – Telemetry; Device discovery

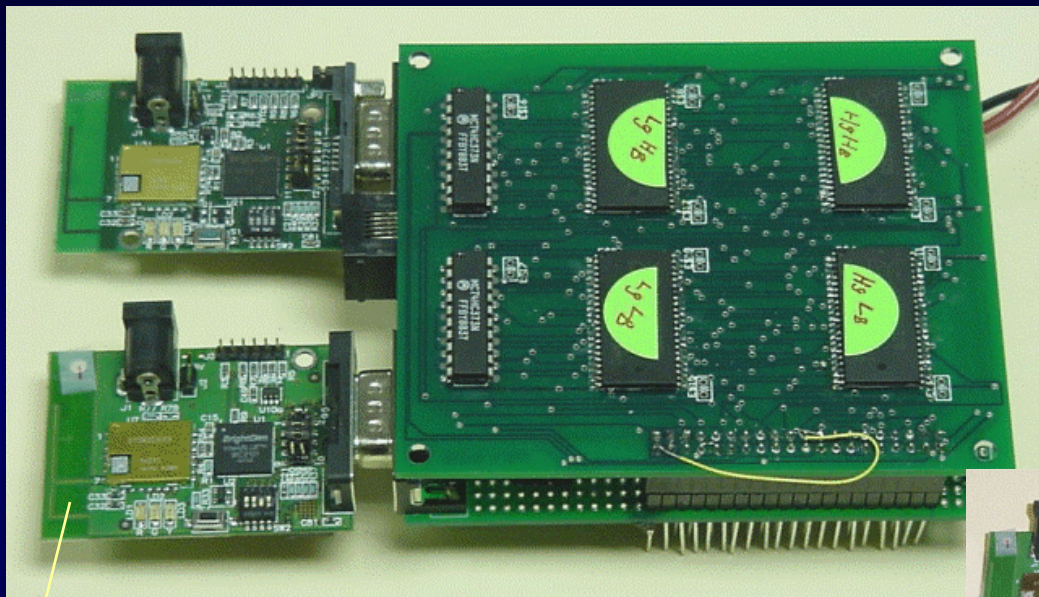
MIB – Device Association; Nomenclature;

Data exchange



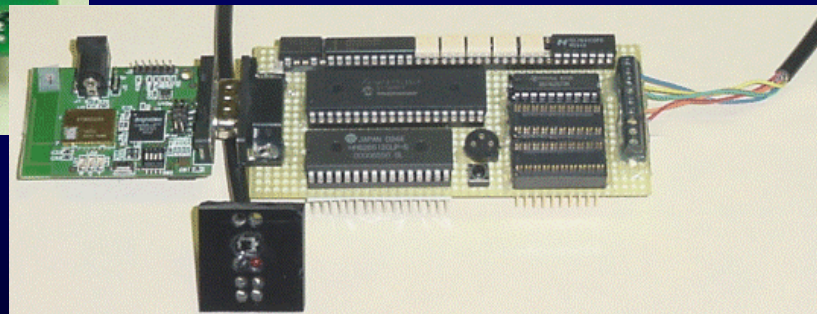
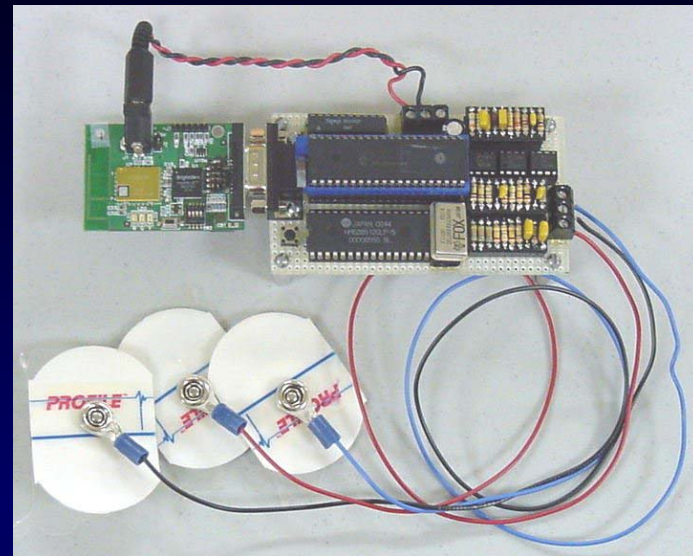
# Monitoring System Hardware

Data Logger



Bluetooth Telemetry – Brightcom Callisto II

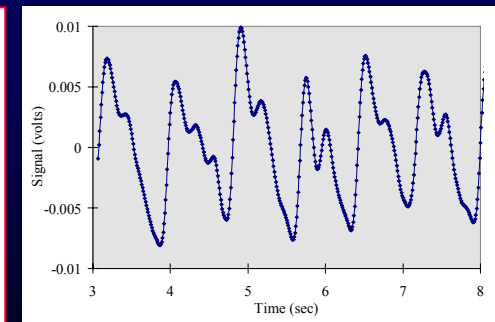
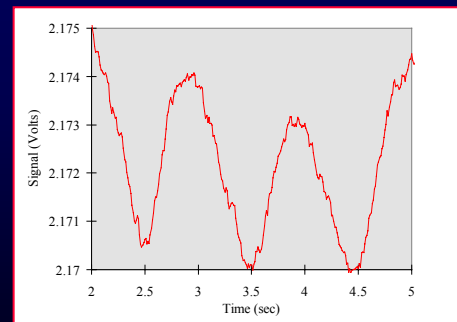
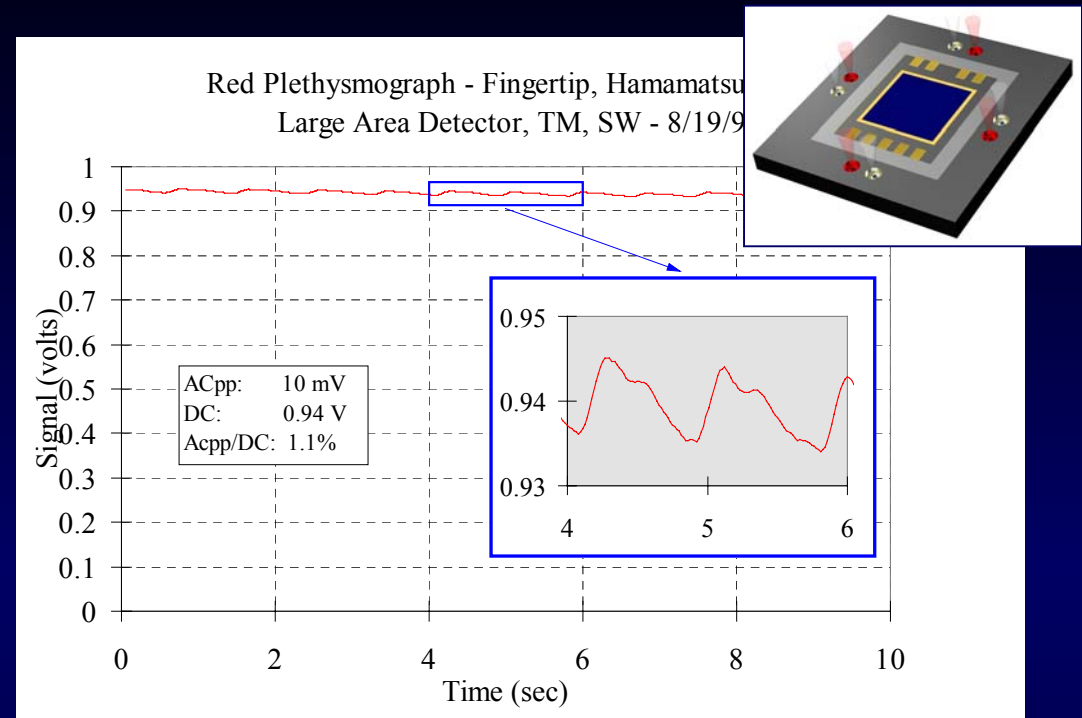
Electrocardiogram



Pulse Oximeter

# Light-Based Sensors

- ❑ Heart rate
- ❑ Oxygen saturation
- ❑ Respiration
- ❑ Motion (activity)
- ❑ Vessel hemodynamics
- ❑ Relative blood pressure
- ❑ Wearer identity
- ❑ Hemoglobin derivatives
- ❑ Hematocrit





# Community Outreach

## Girls Researching Our World

### GROW Workshop: Electric Signals from Our Bodies

June 19, 2002

Kansas State University

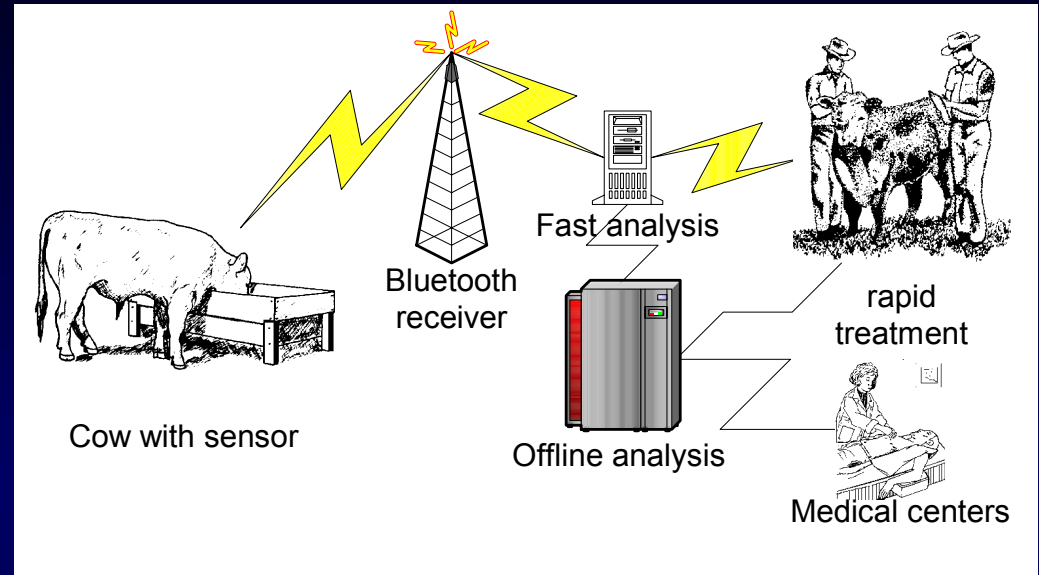


Light-Based Sensors to  
Indicate Hypertension



# Application: Animal Monitoring

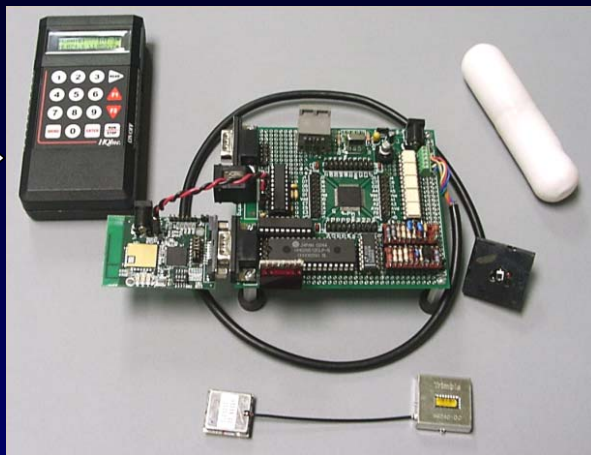
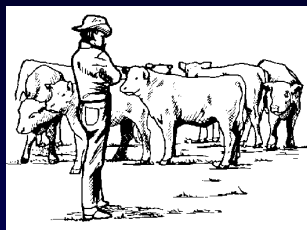
- ❑ **Goal:** Continuously assess and predict cattle state of health
- ❑ **Impact:** Improve the ability of the livestock industry to react to and predict disease onset and spread
- ❑ **Mechanisms:**
  - ❑ Wearable/remote biomedical sensors, environmental sensors, and global positioning devices
  - ❑ Bluetooth-enabled monitoring stations
  - ❑ Regional information infrastructure



# Prototype System

Ear Tags  $\Rightarrow$  Light-Based Sensors

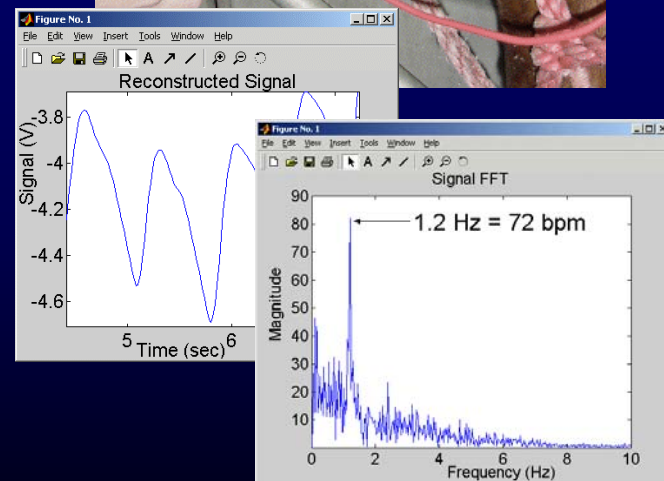
## Mobile Monitoring Components



Handheld computer

Bluetooth telemetry link

GPS	HR	SpO <sub>2</sub>	Core Temp
Microcontroller-based sensor module with serial communication to a Bluetooth telemetry module			
Activity	Ambient Temp	Humidity	



# Concluding Remarks

---

# Key Messages

---

- Home health care
  - Reactive/episodic ⇒ preventative/predictive
  - Closed-loop systems: beyond “telemedicine”
  - Novel sensing technology & pervasive infrastructures
- Medical systems: Component confederacies
  - Ability: Smart, decision-enabled, and capable
  - Layout: Distributed and dynamic
  - Practicality: Cost-effective & high-surety

Interoperable  
& Secure



Vendor Competition  
& Economy of Scale



Cost ↓



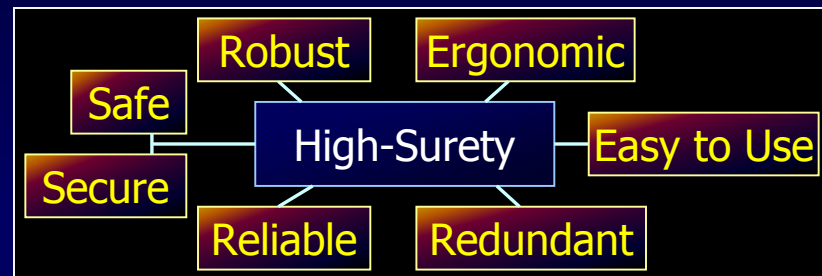
# Challenges

## □ Standards

- Require **consensus** from entities with competing goals
- Difficult to define given **quickly changing** technology

## □ Surety & Regulation

- Closed loop, high reliability systems constructed **on-the-fly**
- **Read/write access** to secure information
- **Rules of engagement** for role-based devices
- Control of systems with **nebulous boundaries**
- **Unintended** component interactions (“model checking”)
- Systems that incorporate **non-medical** devices
- **Inexperienced** users



# Contact Information

---

Steve Warren, Ph.D.

Associate Professor

Department of Electrical & Computer Engineering

Kansas State University

2061 Rathbone Hall

Manhattan, KS 66506 USA

Phone: (785) 532-4644

Fax: (785) 532-1188

Email: [swarren@ksu.edu](mailto:swarren@ksu.edu)

<http://www.eece.ksu.edu>

