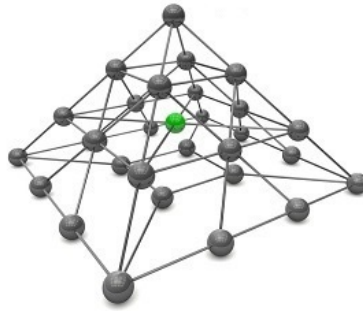




## Data Access: Empowering Chronic Heart Failure Patients



Researchers at Indiana University are creating new information technology so patients with chronic heart failure can have easy access to their own health data. The new technology, called Power to the Patient, is intended to enable quick and preventative action to protect these patients, the researchers say.

**See Also:** [New Tools to Design Personalised Workouts](#)

To prevent hospitalisation and death, many patients with chronic heart failure receive an implantable electronic device that delivers cardiac resynchronisation therapy along with other interventions. The device also collects data on cardiac function and device activity. Power to the Patient will use that data to improve patient self-care by delivering to patients their own personalised health information right away.

Currently, data from the electronic devices are transmitted to a collection point on a secure server and then made available to clinical staff for review. Patients eventually either receive a form letter saying all is well or are asked to visit the clinic for follow-up, explained Richard J. Holden, an assistant professor of health informatics in the School of Informatics and Computing at Indiana University-Purdue University Indianapolis. Holden is leader of the team Working to design and test prototypes of the Power to the Patient system.

The system will process data from the implantable devices alongside patient-reported information entered via a simple user interface, Holden said. It will then transmit reports and recommendations directly to the patient through a variety of user interface channels, such as an online patient portal or a wrist-worn smartwatch.

This research project has two objectives, according to Holden. One is to understand how people make decisions when they have a device that's producing data. The other is to develop Power to the Patient prototype devices that will be tested in a laboratory setting with patients.

Holden received a \$293,786 grant from the Agency for Healthcare Research and Quality for this project.

Source: [Indiana University](#)

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