





e2Care 康程式 make your self-healing e-way

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The Hong Kong Society for Rehabilitation
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The Hong Kong Society for Rehabilitation since 1959



Mission: Through rehabilitation services for person with disabilities and older persons, we advocate an inclusion society

Core Services: Accessible Transportation & Travel; Self-management Support and Self-help programs; Day care & Rehabilitation services; Long-term care services; Community-based rehabilitation and Professional training programs; Vocational training and employment support, social enterprises, Research and Advocacy work.

HKSR has been designated as one of the WHO Collaborating Centres for Rehabilitation since 1986 under the leadership of Prof. Harry Fang (Father of

Rehabilitation)

Our Objectives



To train Rehabilitation Professionals and promote Community-based Rehabilitation in Mainland China and the Western Pacific Region



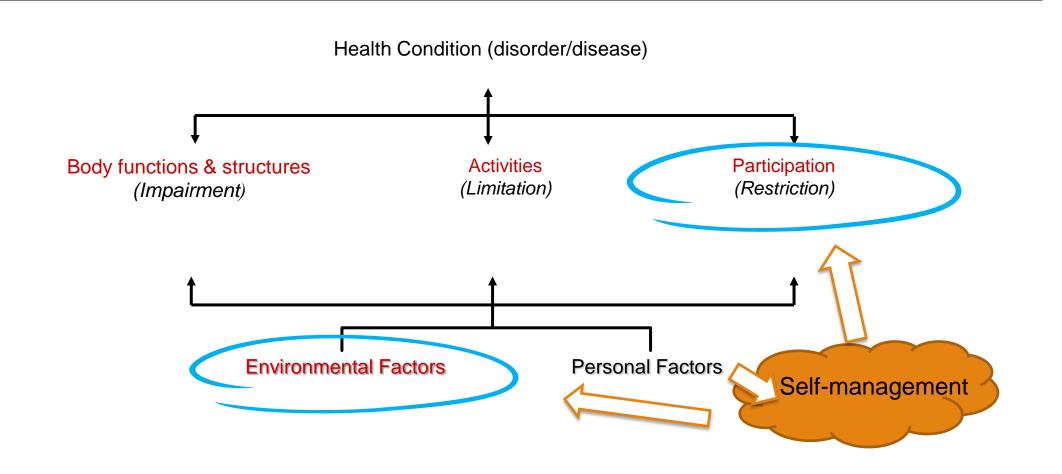
Have trained over 30,000 Rehabilitation Personnel's in the past 30 years in Mainland

Rehabilitation of people with disabilities is a process aimed at enabling them to reach and maintain their optimal physical, sensory, intellectual, psychological and social functional levels. It provides disabled people with the tools they need to attain independence and self-determination. (WHO)

Self-Management Involves the person with the chronic disease engaging in activities that protect and promote health, monitoring and managing of symptoms and signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships and adhering to treatment regimes

Gruman and Von Korff (1996)

The International Classification of Functioning, Disability and Health (ICF, WHO)





Changing needs and environment

HKSR has been facing a great challenge on its service provision with:

- 1.Emerging number of people with chronic disease, the age of first diagnosis is younger
- 2.Resources constraints and limitations for service development
- 3. Need to transform existing service delivery model to meet the emerging needs
- 4. Change in learning mode and behaviours





1. Active internet users in Hong Kong Population

- 79% of total population were users internet users in 2014
- 176% of total population have smart phone
- 58% of total population were active social media users



China, Hong Kong SAR Internet Users

5,442,101 Internet Users in Hong Kong (2016*)

Share of Hong Kong Population: 74.1 % (penetration)

Total Population: 7,346,248

Share of World Internet Users: 0.2 %

Internet Users in the World: 3,424,971,237



96% Kong's

Smartphone users browse the internet daily on their smartphones; this is the highest rate in asia.





- 1. Internet and Social Media Age
- 2. People used to e-information
- 3. Busy life style in HK, looking for fast and quick solutions including health information and management
- Professional and trustworthiness info affect people decision on medical and health decision
- 5. Transformation of service provision in the information age



e2Care - Who do we serve?

People with diabetes, hypertension, obesity, stroke and other chronic health conditions. The health risk of these people will be significantly controlled if they change their living style in healthy way as soon as possible.

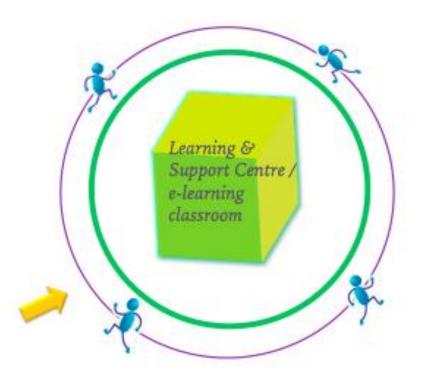
Middle age, working population, and have constraints to attend class physically.

Stroke survivors that would be benefited from a NEW form of speech intervention.



e2care Service Framework



















Patient Management System

- 1.Member management module
- 2. Program management module
- 3. Volunteer management module
- 4. Assessment module
- 5.E-receipt module







Learning Management System

- 9 Online Health Education Course Ware (Web base and Mobile version)
 - 1.Diabetes
 - 2. Hypertension
 - 3. Weight Management
 - 4. Stroke Rehabilitation
 - 5. Speech Rehabilitation







Learning Management System

- 10 Self Management Application (Web Base and Mobile Version)
 - 1. One stop health record application
 - 2. Monitoring glucose application
 - 3.DASH diet application
 - 4. Brainstorming everywhere application
 - 5. Self-help booster game





e2Care-What is available? (4)

Cantonese Application cum System of Speech Rehabilitation (Adult)

Speech Rehabilitation Member Management System

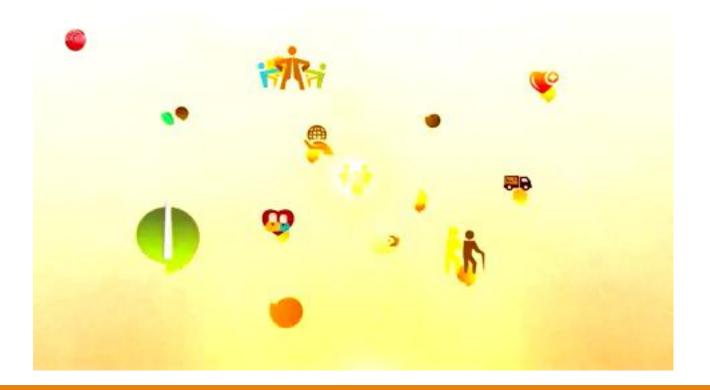
- 1. Clinical assessment
- 2. Exercise prescription
- 3. Performance record





e2Care-What is available? (5)

Blended mode of speech rehabilitation



Positive Feedback from Users



2016/07/21 星期四 15:40

三高飲食運動 上網睇App自學活得輕鬆







三高纏身, 部分過份擔心病人可能「乜都唔敢食/做」, 而另方面覺得有病食藥 就得的,又會繼續「乜都食/做」。事實上述兩個與高血糖(糖尿病)、高血壓 或高膽固醇共存方法,都不正確,真正有三高應該點做?建議你上網睇App自

飲食運動:一站式自學

當下跟非病人的我,能夠解說得如此頭頭是道,他完全歸功於可上網篤篤篤的香 港復康會「康程式e2Care」自學程式。

■ 有糖尿有高血壓,我的確有很多鍾意的食物要戒口,但原來 只要識得揀、食量控制好, 我仲有很多選擇, 像麵包可吃麥 包、餅乾吃無糖的、去茶記飲檸茶可用代糖,而煮粥用糙米 升糖指數亦已無咁高。

程式裡設定好晒初中高強度運動給我揀,可不停重播睇清睇 楚才跟著做,即使做坐著動手動腳的帶氧運動,原來持續做 得10多分鐘,一樣可以做到中等運動強度感覺(少少氣喘



新病友: 學完知有啖好食

「最初是睇病量血壓『擲界』,醫生建議買血壓機自家監測,結果我日日早晚量 血壓,量了近兩星期都是持續上壓150mmHg/下壓110mmHg(正常血壓 120/80mmHg), 高到自己都有點驚, 便開始食血壓藥。」



忽然成為慢性病患者,阿成曾經擔心到乜都戒口唔敢食。(攝影:黃建



Positive Feedback from Users



- ●中風病人李若堯(左)及李太梁潔瑜(右)。
- ●梁潔瑜認為復康程式讓文字、語言重新輸入到丈夫腦中。

病人家屬:有助輸入知識

港台前節目主持李若堯家族有中風記錄,血壓偏高的他一直以中藥控制血壓,沒有吃西藥,終於2013年中風。態度正面的他一直積極進行言語治療,亦是e2care復康程式首批使用者之一。其太太梁潔瑜解釋,言語治療並不是單單要患者形容字卡這麼簡單,「中風病人會忘記如何使用嘴部肌



肉,連發音也要重新學習,言語治療師曾利用 不同粗幼的飲管、雪條棍等工具幫李若堯學發 音。」

此外,中風後病人可能連理解力都會變差,例如會將「筆袋」理解成「筆」。復康程式的功能屬輔助性質,梁潔瑜認為有一定幫助,「有時我不在家,他就可自行用程式練習,讓文字、語言有更多機會重新輸入腦中,效果顯注。」



Service Beneficiaries (Sept 15 – March 17)

Offline Service Provision: 3,771 users











Service Beneficiaries (Sept 15 – March 17)

20,899 Users

























手機版

KO血壓怪



網頁版



減肥大學



網頁版







網頁版

手機版

糖尿病自我管理課程



網頁版

手機版



算算醣

網頁版









自我管理・身心力行









自健工具





る最新消息

News! Fitness 運動日 三月

News! 成人言語治療服務資訊日

News! 香港復康會賽馬會康程式研討會

News! Fitness 運動日 一/二月

54,979 Visit since Septiment

自主控糖ABC

• 心臟病自我管理課程(精華版)

廥 最新活動

自健食聊

e2C電台

康健自學





健康資訊







Lessons Learned



- 1. Use of smart phone or mobile device doesn't mean people have the skills to use them for health purposes
- 2. Environmental factors account for learning process
- 3. Marketing and promotion is "key" to success
- 4. Readiness of service providers
- 5. Offline training process "not equal" to online process
- 6. Prototyping, testing with end-users before programming
- 7. Cost for development and maintenance sustainability
- 8. Evidence and effectiveness







- 1. Enhance self-efficacy of people to use online platform for health management
- 2. Promotion, Promotion, Promotion
- 3. Exploration of technology advancement for existing imperfection
- 4. Sharing to facilitate "change" and discover best practice
- 5. Outcome evaluation
- 6. e2Care >>>>> e3Care

