Telehealth – From Pilot to Routine care – Critical Success Factors

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A cross-(any)border and multidisciplinary collaboration forum

Sustainable and large scale eHealth deployment requires engagement and synergies

Healthcare innovation in Galicia

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A holistic concept for eHealth

The eHealth infrastructure
- Technical building blocks, legal framework
- Issue: interoperability for system openness and agility
- Challenge: an infrastructure does not deliver much value, it is mainly an enabler

eHealth and Telemedicine services for caring
- Clinical evidence, organisation change management
- Issue: meeting the needs of health professionals and patients
- Challenge: clinical and economic evidence
The challenge

- Deploying innovative services is about moving from
  - Data to services
  - Data collection to data integration in processes
  - Tools to process redesign / new care pathways

- If not, then one get the equation:
  New Technology + Old System = New Old System
Tools and methods are required for deploying services

- **Impact assessment framework**
  - The results and lessons learned from Renewing Health
  - The approach of United4Health

- **Guidelines for large scale deployment**
  - The blueprint of Momentum

- **Business development tool kit**

- **Innovation Governance**

- ...
The MAST model

If the purposes of an assessment of telemedicine applications are:

– To describe effectiveness and contribution to quality of care

AND

– To produce a basis for decision making

The relevant assessment should be defined as:

The assessment of telemedicine should be a multidisciplinary process that summarizes and evaluates information about the medical, social, economic and ethical issues related to the use of telemedicine in a systematic, unbiased, robust manner.
Multidisciplinary assessment (domains):

1. Health problem and characteristics of the application
2. Safety
3. Clinical effectiveness
4. Patient perspectives
5. Economic aspects
6. Organisational aspects
7. Socio-cultural, ethical and legal aspects

Transferability assessment:
• Cross-border
• Scalability
• Generalizability
A European Telemedicine Deployment Blueprint
From pilot to routine care

**Testing of Service**

- Piloted Service
- Small Scale Deployment
- Large Scale Deployment

**Lessons learned from deployment inside an organisation**
- Local champions
- Limited constraints (e.g. at legal level)
- Cost and benefit analysis
- …

**Lessons learned from deployment across organisations (for servicing the healthcare system)**
- Institutional endorsement
- Legal constraints (if it is a D2P relationship)
- Need for robust methods
- Socio-economic analysis
- …

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4 themes for deployment guidelines

- Strategy & Management
- Organisation & Change Mgmt.
- Legal Regulatory & Security
- Technical & Market relations
Findings from SIG 1

Observed from services deployed at “Organisation” level

- The initiative is local
- The initiating body is responsible for the whole process
- Success is greater when healthcare value is perceived...
- Legislation – or lack of it – does not seem to be a critical success factor
- Presence – or absence – of national policy does not seem to be a critical success factor
- Ad hoc financing of the service
- ...

Prospects for services to be deployed at “Healthcare System” level

- Scaling-up at healthcare system requires the collaboration of several organisations
- A regional or national organisation can help coaching the local initiatives to be scaled-up
- Legislation plays an enabling/inhibiting role
- Policy support is a pre-condition to scale-up
- Telemedicine has to be economically recognized as an efficient way to deliver quality care

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Critical Success Factors from SIG 1

- Ensuring leadership with a champion
- Identifying a compelling set of needs
- Aggregating the necessary deployment resources

Prerequisite
- A cultural readiness towards new technologies
Critical Success Factors

- Criticality and practical application of the Momentum success factors to a particular deployment case will be influenced by the context
- Organisation or Healthcare System level
- D2D or D2P service
- Publicly or privately funded service
- …
Findings from SIG 2

Observed from services deployed at “Organisation” level
- Doctors and nurses need to be involved to secure adoption
- Ad hoc training and education
- Ad hoc change management techniques
  - At workflow level …
  - For task shifting …
- …

Prospects for services to be deployed at “Healthcare System” level
- All healthcare professionals organisations need to be involved and to support the adoption process
- Systematic training and education
- Need and capacity to change to be assessed and supported
- Managing/monitoring the transitional phase of change (organisational and process level)
- …
Critical Success Factors from SIG 2

- Addressing the needs of the primary clients
- Involving health care professionals and decision makers
- Preparing and executing
  - A change management plan
  - A training and capacity building plan
  - A communication strategy
- Preparing and implementing a business plan
Findings from SIG 3

Observed from services deployed at “Organisation” level

- Need for risk assessment at legal and security level
- Need for staff education on security and legal provisions
- Telemedicine accreditation not required
- Informed patient consent process, including
  - Informing about who is responsible/liable for what
- …

Prospects for services to be deployed at “Healthcare System” level

- Need for operational guidelines on legal and security
- Risk assessment
- Awareness raising
- Need for telemedicine accreditation? (under discussion)
- Informed patient consent process including
  - Liability/responsibility in cross-jurisdiction settings?
- …
Critical Success Factors from SIG 3

- Investigating under what circumstances telemedicine is legal
- Involving legal, ethical, privacy and security experts
- Creating "Privacy awareness" for “Doers” and users
- Identifying operational guidelines in the legal and security field
- Establishing a financing scheme for the routine service
Findings from SIG 4

Observed from services deployed at “Organisation” level

- Limited use of a common infrastructure
- Procurement strategy
  - Initial bespoke technical solution
  - Evolution for transfer to routine care by initial provider
- Lose compliance to standards

Prospects for services to be deployed at “Healthcare System” level

- Need for a robust and interoperable infrastructure for
  - EHR integration
  - ID management
- Procurement strategy
  - Pre-commercial procurement
- Off the shelf solutions
- Strong compliance to national/international standards

...
Critical Success Factors from SIG 4

- Relying on an existing IT infrastructure
- eHealth infrastructure
- Ensuring that the use of the technology is simple to understand
- Maintaining good practices in vendor relations
- Guaranteeing that the technology has a potential for scale-up.
What’s next: Refinement and Validation

- Less success factors

- More details on their applications
  - Objectives, characteristics, relevance to contexts …

- Validated by actual “Doers”

- Consolidated into the Momentum Blueprint and spread over Europe
Any questions?

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