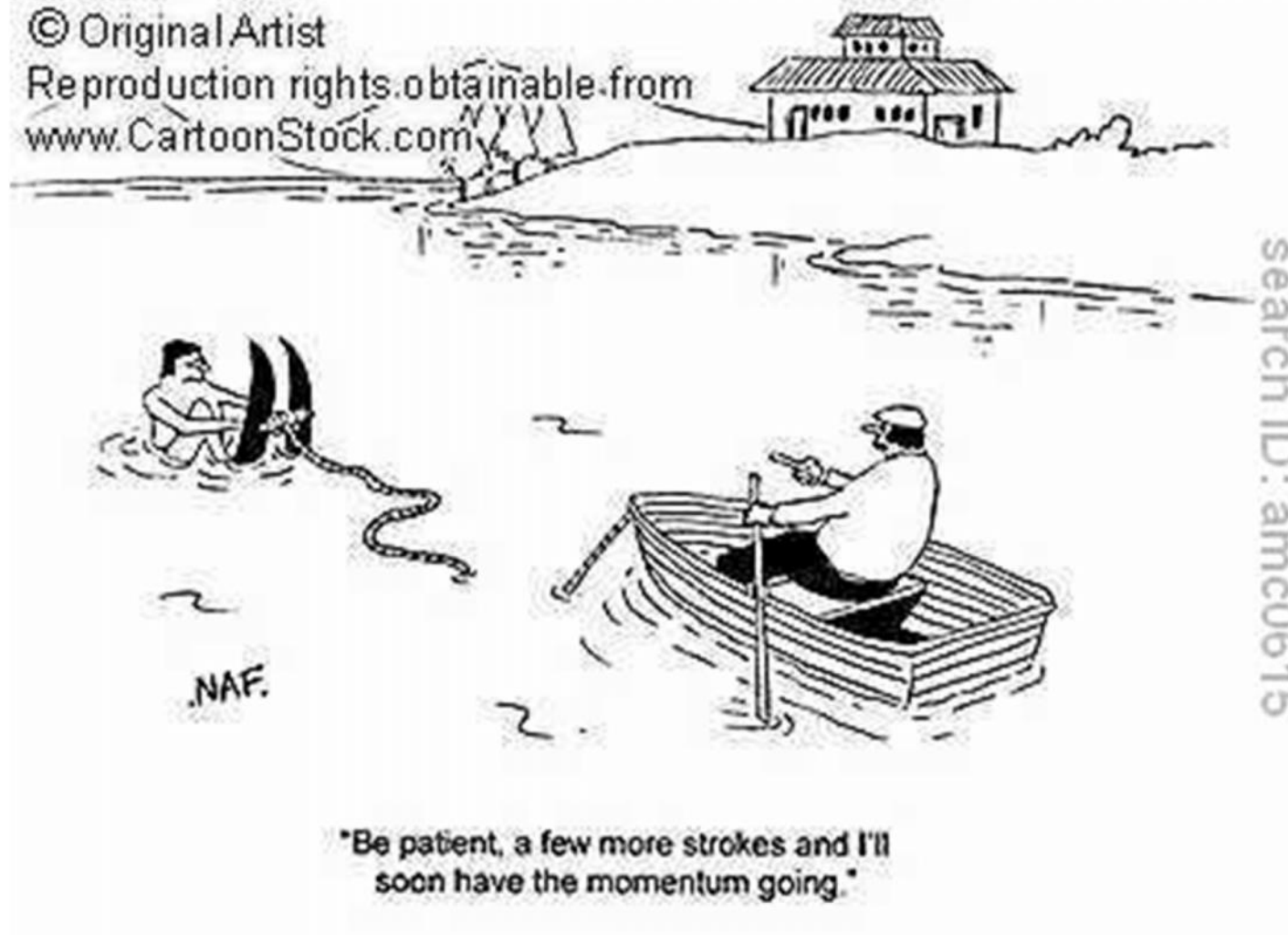


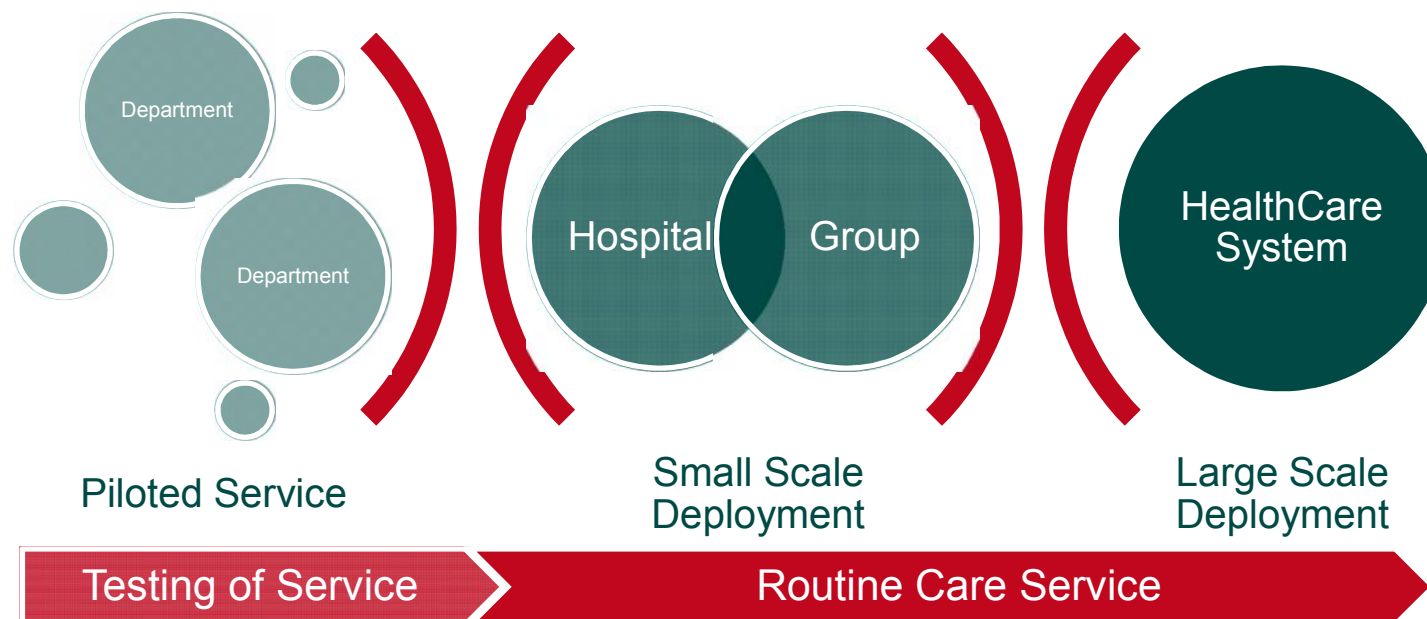
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**“There is more pilot in telemedicine than ... !”**



# From pilot to routine care



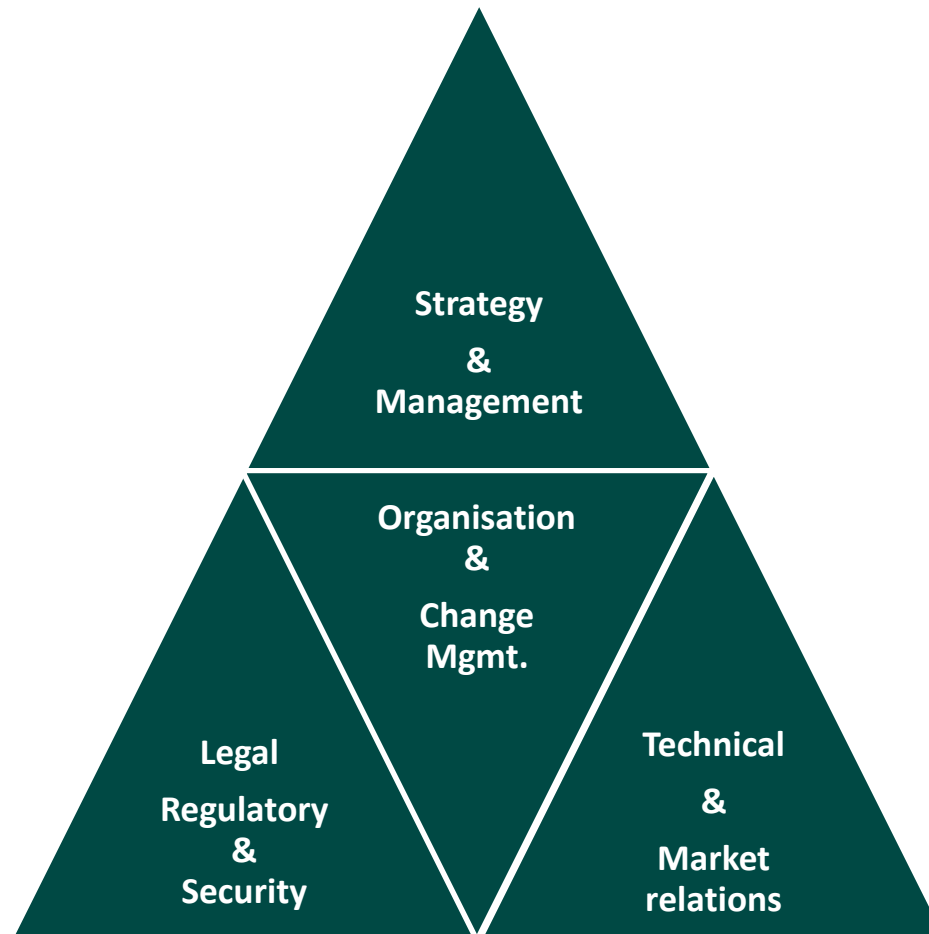
## Lessons learned from deployment inside an organisation

- 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
- ...

# 4 themes for deployment guidelines



# Findings from SIG 1

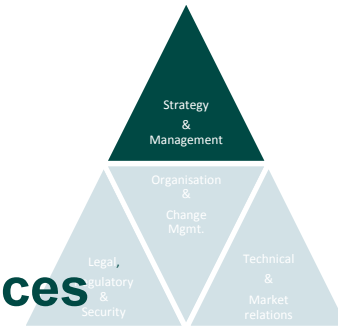


## Observed from services deployed at “Organisation” level

- 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



# Findings from SIG 2



## Observed from services deployed at “Organisation” level

- Doctors and nurses needs 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 needs to be involved and to support the adoption process
- Systematic training and education
- Need and capacity to change to be assessed and supportive measures adopted
- Managing/monitoring the transitional phase of change (organisational and process level)
- ...



# Findings from SIG 3

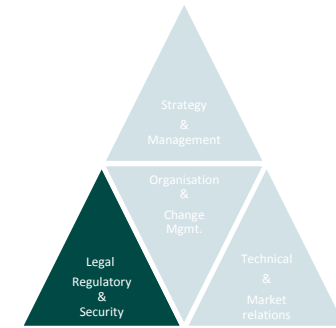


## Observed from services deployed at “Organisation” level

- 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 national guidelines on legal and security
  - Risk assessment
  - Education
- Need for telemedicine accreditation? (under discussion)
- Informed patient consent process including
  - Liability/responsibility in cross-jurisdiction settings ?
- ...



# Findings from SIG 4

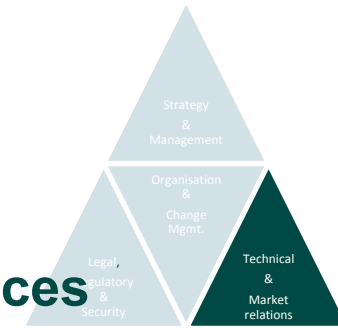


## Observed from services deployed at “Organisation” level

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

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

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



# A European Telemedicine Deployment Blueprint

ETC - Edinburgh

 **momentum**  
ADVANCING TELEMEDICINE ADOPTION IN EUROPE



# Treating the Patient

## Petra Wilson

- Director, Cisco Consulting Services (Healthcare & Life Sciences)
- Secretary General, Continua Health Alliance

## Cisco



- Leading global IT networking solutions manufacturer.
- Solutions driving efficiency, accessibility and governance in healthcare

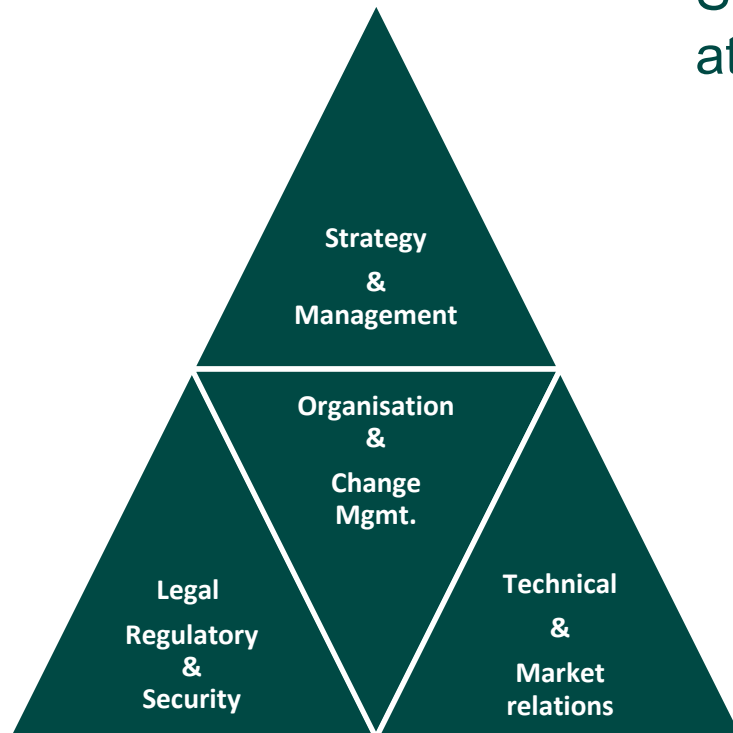
## Continua Health Alliance



- Membership Association with over 200 corporate and healthcare provider members, building guidelines for end-to-end interoperability for personal healthcare

**Once the diagnosis is made, the medication prescribed, a treatment regime needs to be agreed.**

# Applying TREAT to Momentum Results



SIGs noted significant differences of opinion at organisation and system level:

- SIG1 Legislation not critical success factor v Legislation plays enabling role
- SIG2 Doctors and nurses need to be involved v All stakeholders need to be involved
- SIG3 Accreditation not needed v Accreditation needed
- SIG4 Loose compliance to standards v Strong compliance to standards

Collaboration across organisational and system level stakeholder is key to telemedicine scale-up

# TREAT

## Telemedicine Readiness Evaluation Assessment Tool

### Background

- A standardised assessment tool to help leaders in **health and care organisations and all their partners** (local and national authorities, insurers etc) to assess their readiness to implement telemedicine solutions.
- Not a health technology assessment tool - does not evaluate the telemedicine solution, but the readiness to scale-up
- Focussed on **policies, infrastructures, processes, systems** for telemedicine services scale-up.
- Addresses **organisational context** to help organisations assess framework cross-sectoral collaboration.

# TREAT

## Telemedicine Readiness Evaluation Assessment Tool

### ● **Format :**

On-line self assessment followed by collaborative group assessment in facilitated cross-sectoral and inter-organisational discussion groups.

### Part 1:

simple on-line question set answered on a 1- 5 scale (*fully disagree to fully agree*)

### Part 2:

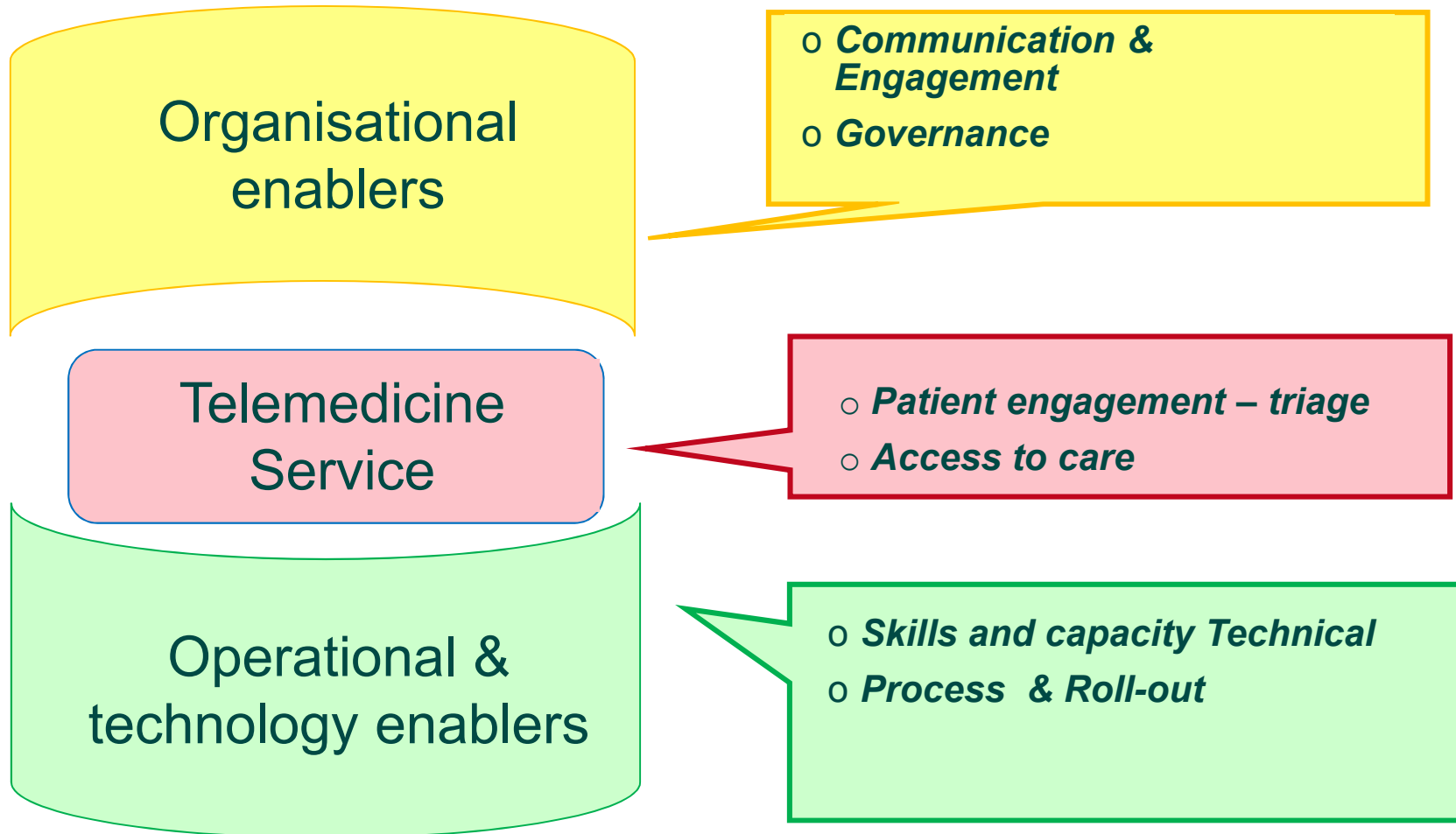
In-depth workshop across several organisations guided by results of on-line self-assessment

### ● **Target Outcomes:**

1. **Group assessment of current maturity against the core enablers and core patient experience targets.**
2. **Shared insights from open, cross-organisational discussion and best practice sharing.**
3. **Identification of key objectives, gaps and constraints.**
4. **Agreement of priority actions from the discussions.**

# Tested in Aberdeen in May 2013

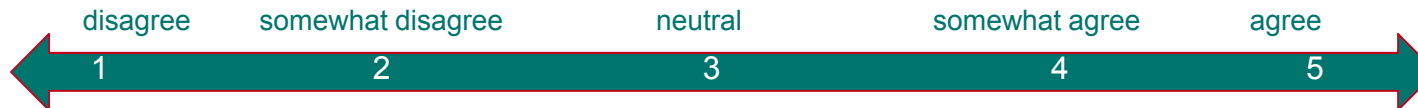
## *Paediatric Unplanned Care Solution*



## Tested in Aberdeen in May 2013 *Paediatric Unplanned Care Solution*

**Telemedicine  
services**

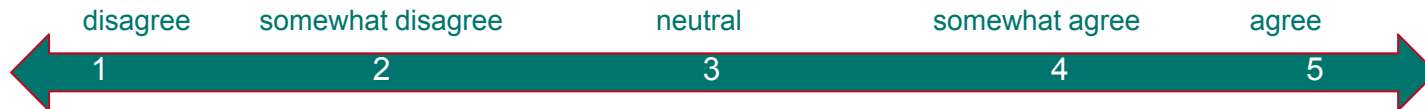
**Patient engagement – triage  
Access to care**



- **I understand how using VC will allow more confidence in triage**
- **I understand how the PUC will allow quicker access to a consultant**

## Organisational enablers

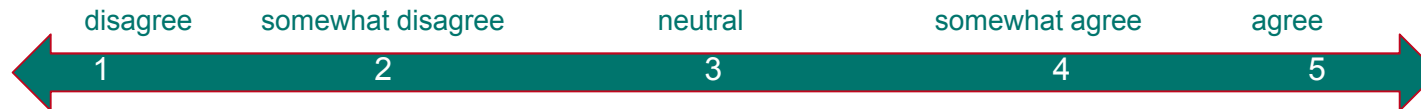
## Communication & Engagement



- I am fully informed about the PUC Project
- I fully understand why the project is happening
- The local task group/ project board members keep me fully informed
- I have contributed to the PUC's KPIs
- My health board had a robust ongoing communication process about this project
- I understand which healthboards / areas are included
- I understand the wider applicability of the PUC

## Organisational enablers

## Governance

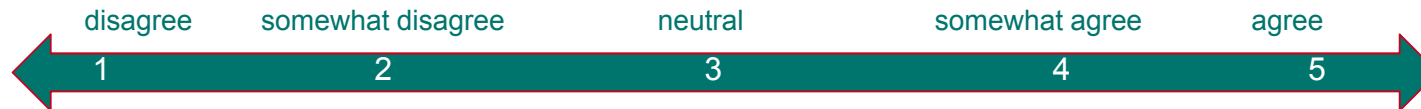


- **I am aware of how the clinical leads will scrutinize calls**
- **I understand how feedback to referrers will happen**
- I understand how the clinical lead role will contribute to the final evaluation
- **I understand the project had robust data governance**



## Operational enablers

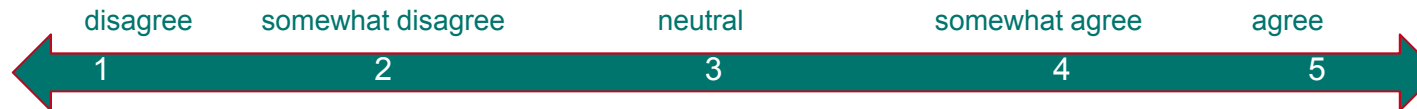
## Capacity



- I am sure each site has the VC capacity for this project
- I am sure each site has the skills necessary to use VC
- I am sure my board will engage fully in supporting training and engagement as required
- I am sure local colleagues not completing this survey are ready for the launch of the project

## Operational enablers

## Process & Roll-out



- I understand the project length
- I am fully informed how this project is funded
- I am fully informed a of the monitoring of this project
- I will engage fully with any future action plans

# Telemedicine Readiness Evaluation Assessment Tool Workshop

## Communication & Engagement

- Information sharing
- Scope and purpose
- Direct engagement



## Governance

- Professional scrutiny
- Data governance

## Organisational Enablers

### Access to Care

- Faster access



### Patient Experience

Location Independence

Patient Engagement

### Targets

### Patient Engagement

- Trust in triage



## Technological & Operational Enablers

### Capacity

- Technology
- Skills
- Training



### Process & Roll-out

- Funding
- Monitoring
- Future buy-in


# More on TREAT via the SCTT Webcast



Logged in as: SCTT Viewer

HOME EVENTCASTS VROOMS

## TREAT – Telehealth Readiness Evaluation and Assessment Tool



Scottish Centre for Telehealth & Telecare

### Conclusion

- Using TREAT for PuC's allowed us to target areas that demonstrated a lack of understanding, communication or readiness within the project to achieve go live date.
- Any questions – [Lynn.garrett@nhs.net](mailto:Lynn.garrett@nhs.net)

Slides

- SLIDE (00:01:37)
- SLIDE (00:02:55)
- SLIDE (00:04:04)
- SLIDE (00:05:29)
- SLIDE (00:06:51)
- SLIDE (00:07:55)
- SLIDE (00:09:15)

Ask a question

Date: 9/17/2013

Downloads

# Conclusion

- **The disease** – “Pilotitis”
- **The diagnosis** – **Momentum Survey Analysis**
- **The medication** – **Momentum Blueprint**
- **Treatment** – **TREAT** assessment and workshop
- **Prognosis** – scaled-up telemedicine solutions.