“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
- ...

Piloted Service
Small Scale Deployment
Large Scale Deployment

Testing of Service
Routine Care Service

Department
Hospital
Group
HealthCare System

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29/10/2013
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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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?
- ...

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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
- ...

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A European Telemedicine Deployment Blueprint
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
**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

Organisational enablers

- Communication & Engagement
- Governance

Telemedicine Service

- Patient engagement – triage
- Access to care

Operational & technology enablers

- Skills and capacity Technical
- Process & Roll-out
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

Tested in Aberdeen in May 2013
Paediatric Unplanned Care Solution
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

- 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

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

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

Process & Roll-out

disagree somewhat disagree neutral somewhat agree agree
1 2 3 4 5

29/10/2013
More on TREAT via the SCTT Webcast

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
Conclusion

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