Critical Success Factors for Organisation and Management

1. Address the need of the primary client(s)
2. Involve health care professionals and decision-makers
3. Prepare and implement a business plan
4. Prepare and implement a change management plan
5. Put the patient at the centre of the service
1. Address the needs of primary client(s)

AIM: To guarantee a closest alignment possible with the client which most benefits from the new service and has the willingness to change the process: better quality and reduced costs.

Primary client is:
- A person, specialty group or organisation who benefits most from the telemedicine service
- Primary client has clear incentive(s) to implement new service
- Primary client is willing to accept the changes or adjustments of the current process/tool with ease – it is open to change or adjustment
- Primary client is the main target and partner while introducing the service
Primary client. Characteristics

- The most important property of the primary client is that it is the main customer of the service and the service meets the needs.

- **Primary client uses the telemedicine service**
  - To provide better service – increase of professional or service quality
  - To get quicker, and cheaper, access to the healthcare services
  - To increase process efficiency and effectiveness

- A person, specialty group or organisation that uses the telemedicine service and is interested to maintain and improve it.

- Is a direct or indirect (through taxes or insurance, or business incentives) payer of the service.
Primary client in the four cases

- Maccabi Chronic Disease Telemedicine Center, Israel – there is more than one Primary client. Maccabi as it expects to see benefits in improved quality, effectiveness and efficiency of care which will result in clear economic benefits over time. Also the patient and his/her care giver and the primary care physician are primary clients.

- RxEye Sweden – For RxEye the primary client is healthcare administrator who is looking for additional medical imaging reporting capacities. The main concern of the healthcare administrator is the lack of radiologists, pathologist or other medical imaging specialists in his/her healthcare institution.

- Teledialysis, Norway – The primary initiator was nephrology department at the specialist health care hospital. The funds are coming from the hospital budget.

- ITHACA – The project was promoted by Public healthcare provider, BSA, s.a., and company Novartis to promote the adhesion to treatment of chronic hypertension patients.
2. Involve health care professionals and decision makers

AIM: To guarantee that telemedicine service is properly designed in line with the specific needs of health professionals and satisfying the requirements of decision-makers (chief medical officer, CEO, chief nurse, CIO – alignment with the service IT governance issues)
Online service to share competence and resources within Medical Imaging – particularly in Radiology and Pathology
2. Involve health care professionals and decision makers

AIM: To guarantee that telemedicine service is properly designed in line with the specific needs of health professionals and satisfying the requirements of decision-makers (chief medical officer, CEO, chief nurse, CIO – alignment with the service IT governance issues)

- A process of engaging healthcare professionals who are influenced by new telemedicine service
- Involvement includes certain actions that help healthcare professionals to define and accept new service and make them advocates of the innovation
- Depending on the the service the targeted healthcare professionals could vary – physicians, nurses, specific groups, etc.
  - Note: Often healthcare professionals are not the decision makers neither the target group of the telemedicine service implementation. However, they might easily jeopardize the whole process in case not involved properly because they are users and often informal opinion leaders
Involve health care professionals and decision makers. Characteristics

- **Involvement of healthcare professionals includes**
  - the analysis of the potential impact of new service to the daily routines,
  - informing of the planned intervention and potential changes, and
  - specification of professionals’ expectations to the innovation

- **Healthcare professionals should be assured that planned telemedicine service will not**
  - Increase their workload
  - Decrease their income

- **Different professionals groups often have different motivators to be involved**
Involve health care professionals and decision makers (1)

- **MACCABI** – Doctors (both general practitioners and specialists) were involved in the design of the service. They continue to be involved in its on-going development. Decision makers were very involved: in fact, in this case, the CEO of the organisation made the decision to implement the service and continues to monitor its development and on-going assessment personally.

- **RxEye** – Clearly differentiates two subgroups of radiologists that have different expectations and incentives:
  - Radiologists working for local healthcare provider which is going to outsource the reporting service
  - Teleradiologists who are providing reporting from distance and are not belonging to the local organisation
  - Only minor changes in imaging and reporting processes. It is beneficial to listen to suggestions from radiologists that could improve telemedicine services
Involve health care professionals and decision makers (2)

- **TELEDIALYSIS** – The service involves nurses in local hospitals / healthcare centers and doctors/nephrologists and nurses in specialist health care hospitals. A service considered as an improvement by healthcare personnel. Described as inspiring and exciting by the involved personnel. The Healthcare Professionals are more important than the Decision-makers.

- **ITHACA** – Intensive involvement from health care professionals and decision makers as it was development of the current working processes. Integrating platform for the following up and promoting the adhesion to treatment of chronic hypertension patients.
3. Prepare and implement a business plan

AIM: Will help to define clearly the service objectives and value for each stakeholder. All the costs are considered and a cost-benefit analysis is done to check for the validity of the investment required. Additionally a timetable is defined and validated by all stakeholders (including health care professionals)

- A written document (the result of careful analysis of data) describing the nature of the planned telemedicine service, the sales and marketing strategy, the financial background, and containing a projected profit and loss statement

- Business plan for the new service has to be in place also in case the service is provided by the non-profit or governmental organisations
Prepare and implement a business plan. Characteristics

- **Written business plan describes:**
  - new telemedicine service (access, information flow, human resources required, etc.),
  - business model (resources used, payments, incentives, service levels, etc.),
  - competition,
  - projections and milestones, and
  - analyzes the market

- **Business plan separates (and integrates) actual telemedicine service from other similar services provided in the same domain**
Prepare and implement business plan in four cases

- MACCABI – A business plan and budget for expenditures was prepared. It included anticipated outcomes in quality of care, patient satisfaction, and economic indicators such as reduced emergency room visits and reduced hospital days.

- RxEye – Clear business plan to provide service for a certain market segment. Well described market segment and customers, the pressure on the imaging service provider to be more effective with increasing budget deficits and little possibility of increasing financing.

- TELEDIALYSIS – Publicly financed service through the specialist health care hospital’s ordinary budget (tax based). Preparation of business plan was not important.

- ITHACA – The business plan was not in the scope during the implementation.
4. Prepare and implement a change management plan

AIM: The new service changes' requirements are assessed and compared with actual (not telemedicine) service processes. The service maturity will be also assessed. From this, the main changes in routine care should be addressed by a change management program involving all stakeholders (including healthcare professionals).

An action(s) during the implementation process that is needed to apply additional resources for the initial deployment phase.

An action(s) that should be taken to counteract factors against seamless implementation of telemedicine service or equipment into the existing workflow – to explain the reasons for the change to happen.

An action(s) that supports telemedicine service to be a part of existing care pathway.
Prepare and implement a change management plan. Characteristics

- Change management allows healthcare professionals to understand and overcome the impediments and accept the innovation in daily work.
- It makes new troublesome interactions and transactions between parties acceptable.
- It makes clients of telemedicine service to get used to the quality of the service different to conventional medical service.
**Prepare and implement a change management plan in four cases**

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5. Put the patient at the centre of the service

AIM: Patient-centredness means developing the service with the patients’ perspective in mind. It takes into account the values of the culture, the personal and social needs of the users, and the users’ comfort level, with the different forms of interaction – face-to-face and virtual. It strengthens the human relationship and does not depersonalize it.

- The service enhances and strengthens the relationship between health care or care provider and patient.
Put the patient at the centre of the service (1)

- **MACCABI** – The service promotes a strong personal relationship between the case-manager nurse in the telemedicine centre and the patient. Each nurse has her own group of assigned patients for whom she is responsible. The service enhances and strengthens the therapeutic relationship with the health care team and does not replace it.

- **RxEye** – The Human centredness is very important factor in service deployment. Successfully deployed service will speed up the medical imaging reporting process which enables the patient get quicker access to the service.
Put the patient at the centre of the service (2)

- **TELEDIALYSIS** – The aim of the service is to deliver good quality service to patients with kidney failure living in areas without nephrologists (medical doctors who are specialists in kidney care). Avoids unnecessary traveling of patients. Keeps dialysis patients in their domestic environment.

- **ITHACA** – Multimodal design (web, phone, paper). Telemedicine services for chronic hypertensive patients to improve patient satisfaction and treatment adherence. Both health care providers and IT personnel supports patients.
Thank You!

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