U4H Lessons Learned: towards developing a sustainable model for Home & Mobile Health Monitoring in Scotland.

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Overview

• Brief Overview of Implementation Approach
• Key Lessons Learned from U4H
• Towards develop a framework for sustainable National Model of HMHM in Scotland
In the beginning..........

Collaboration

A journey
Fundamentally about modernising service delivery and change.........

The world hates change, yet it is the only thing that has brought progress.
Charles Kettering
Transformation First – come from new ways of working/ models of care

NOT

Technology alone
NHS 24/ SCTT led a collaboration with 3 Health Board Regions:

- Renfrewshire, Greater Glasgow & Clyde
- Ayrshire & Arran
- Lanarkshire
Key achievements

• Enabled **5900 citizens** to access digital remote health monitoring

• **Integrated HMHM** into COPD/CHF/Diabetes clinical pathways through local redesign

• **Nine** service Telehealth start ups – across community & secondary care

• Awareness and training to over **200+** HCP’s

• Technology -
  – Development and roll out of integrated **BGM solution for Diabetes**
  – Introduced **Simple**, SMS based solutions
United4Health

BARRIERS

• **Myths/perceptions** about HHM & Technology
• **Complexity** Stakeholder engagement – ehealth, primary care & clinicians
• Service redesign is complex, & **time consuming** – but vital
• **Readiness** - Significant shift from pilot to at scale deployment
• Workforce **ICT capacity** and capability for TEC
• Organisational change – infrastructure, **conflicting priorities**, leadership
• **Recruitment** – lower patient uptake; clinical engagement/reluctance; digital participation/access to equipment.
Lesson Learned - National Level

• **Strategic Planning**:
  - Deployment needs to be strategically aligned and adapted to local & operating environments.
  - Senior Strategic commitment is fundamental

• **Procurement** : significant barrier
  - National Procurement Framework needs to be simplified to enable centralised procurement
  - Simple, cost effective, accessible and familiar technology solutions are essential for successful adoption.
  - Stimulate market & push forward with interoperability
LESSONS LEARNED – National Level (2)

- **Early engagement** leads to great acceptance
- Aligning incentives different stakeholder—“what’s for me?” —
- Continuous co-production is crucial for adapting telehealth to meet individual needs

National consistency to standardise and optimise economies of scale:
- Systematise operational delivery
- Local adaption
- Citizen Centred & outcome focused
- Develop capacity and capability
Lessons Learned – National LEVEL( 3)

- viewed as inherent part of the service – needs to become "standard care" to achieve real, at-scale deployment **NOT** as an add on
- programme of organisational change management and skills development
- Invest in digital literacy and upskilling – Citizens and staff
The Future of Care in Scotland – Harnessing Technology to Support People in their Own Homes and Communities

- Designed to significantly extend the numbers of people directly benefiting from technology enabled care and support in Scotland:

- Benefits from an additional £9 million a year from 2015/16 with requirement to evidence positive, cost effective outcomes

- Objective - 100% increase in citizens benefiting from HMHM and development of “A scalable service model for home health monitoring that is efficient from both a clinical and financial perspective”.

- Y1 3000 patients benefit from HMHM
NATIONAL STRATEGY FOR HMHM

ESSENTIAL ACTIONS

National Service Model
For HMHM

- TEC Marketing Strategy to support culture shift
- National Community of Practice
- Model of care Principles: Citizen rather than condition
- National Procurement
- Digital Literacy & Workforce Development
- Technology "Market Stimulation and push for open Standards Build on mobile solutions"
- Implementation Guidance

Benefit Realisation across Whole System

Integrated into Strategic planning and Commissioning

Improvement Support programme

- Leadership
- Measurement
- Change Management
- Data and Informatics
- Business Case
- Continuous Evaluation
National Service Model - HMHM

1. Tier 1: Preventative wellbeing and health management
2. Tier 2: Primary Care
3. Tier 3: Specialist Care (Outpatient)
4. Tier 4: Complex Care (Community)
5. Tier 5: Acute Care

Home and Mobile Health Monitoring
(Self-monitoring: interactive education sessions, health vital monitoring etc.)

Enableing Information Systems
(websites, patient portals etc.)

Acute Care
-hospital based monitoring-

Home and Mobile Health Monitoring
-monitoring and intervention outside of healthcare settings-

Low - medium risk of hospitalisation

Medium - high risk of hospitalisation

Health Resource Intensity
Relative Patient Population
Per Capita Costs

£££
The Framework

A Flexible Service Model:
Supporting the changing needs of patients

Tier 2
Primary Care

Tier 3
Specialist Care (Outpatient)

Tier 4
Complex Care (Community)

Low – medium risk of hospitalisation

Medium – high risk of hospitalisation

Health Resource Intensity
Relative Patient Population
Per Capita Costs
Step-up and Step-down
Launch” of National Service Model for HMHM

• 1st Release
• Available on Scottish Centre for Telehealth & Care. www.sctt.org
What’s Next

• Implementing National Model
• Investment in evaluation & informatics – contribution analysis; cost benefit and patient outcome.
• Focus on Scaling up Nationally, for example, condition specific pathways.
• Integrate work with other National Programmes e.g. Outpatients, Primary Care
Conclusion - U4H EXPERIENCE

• Scaling up is significantly more complicated than piloting and takes time
• Securing local, clinical and strategic support and ownership is vital
• Platform for acceleration of at scale delivery
  – National readiness for TEC Programme
  – National Collaboration & priorities for development
• Strong foundation for development sustainable National Model for HMHM
"Difficult roads often lead to beautiful destinations."

--author unknown
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