



Telecare: Progress since the introduction of financial incentives in the UK

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Agenda

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Background: Telecare

- Potential of telecare to help meet society's changing needs is gaining in recognition
 - opportunity to reduce unnecessary hospital admissions and improve people's quality of life.
 - In the UK over 1.6 million emergency admissions for patients aged 65 years and over were made in 2003/04.
 - Half of people who die do so in hospital, a fifth die at home, with others dying in care homes or hospices. Yet surveys suggest that the majority of people would prefer to be supported to die in their own homes.
- Telecare offers choice and flexibility of service provision, from familiar community alarm services that provide an emergency response and sensors that monitor and support daily living, through to more sophisticated solutions capable of monitoring vital signs and enabling individuals with long-term health conditions to remain at home.
- The much anticipated introduction of telecare has huge potential to support a diverse range of individuals to live at home. It can also give carers more personal freedom, meet potential shortfalls in the workforce and complement the work of clinicians and social care and housing providers to achieve outcomes that improve the health and well-being of people using services.
- Telecare requires new ways of working and a more mobile workforce

Background: England, Wales & Scotland

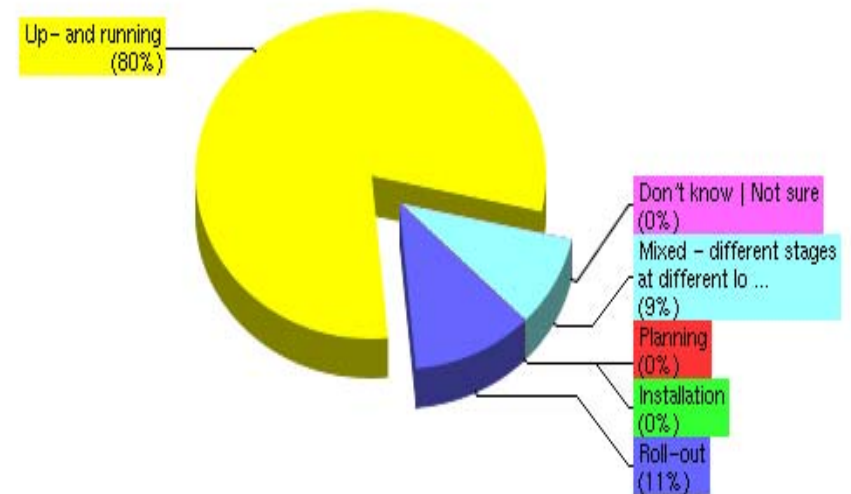
- July 2004 English Government announced plans to invest £80 million, over 2 years from April 2006, through the Preventative Technology Grant
- The purpose of the grant was to initiate a change in the design and delivery of health, social care and housing services and prevention strategies to enhance and maintain the well-being and independence of individuals.
- From April 2006 under Payment by Results (PbR) a national tariff to cover pricing for A & E visits, emergency admissions and ambulance call outs, as well as elective surgery, provided further incentive for Primary Care Trusts to work with their partners to develop telecare.
- 2006 Wales also announced funding (2) but no tariff to support telecare
- Scotland a number of separately funded pilots had commenced
- Northern Ireland had no plans and this Home Country was not part of the analysis

Aim & Methodology

- This paper examines if recent financial incentives have helped to bring about these changes within the UK and any differences between 3 of the home countries.
- To obtain an understanding of the penetration, usage and plans regarding mobile working/remote access in healthcare in NHS Trusts, Mental Health Trusts, Acute Trusts and Ambulance Trusts in England, Scotland and Wales
- 50 scripted telephone surveys were carried out by Kable between the 14th of July 2008 and the 15th of August 2008
 - 27 PCTs, 3 Acute Foundations, 8 MHTs, 2 Ambulance Trusts in England
 - 4 Welsh Trusts
 - 6 Scotland Health Boards
- Quota ensured extensive input from executives with responsibility for business or clinical functions rather than just IT functions
 - 15 IT Directors or IT Heads
 - 9 Clinical Directors
 - 26 Business Directors

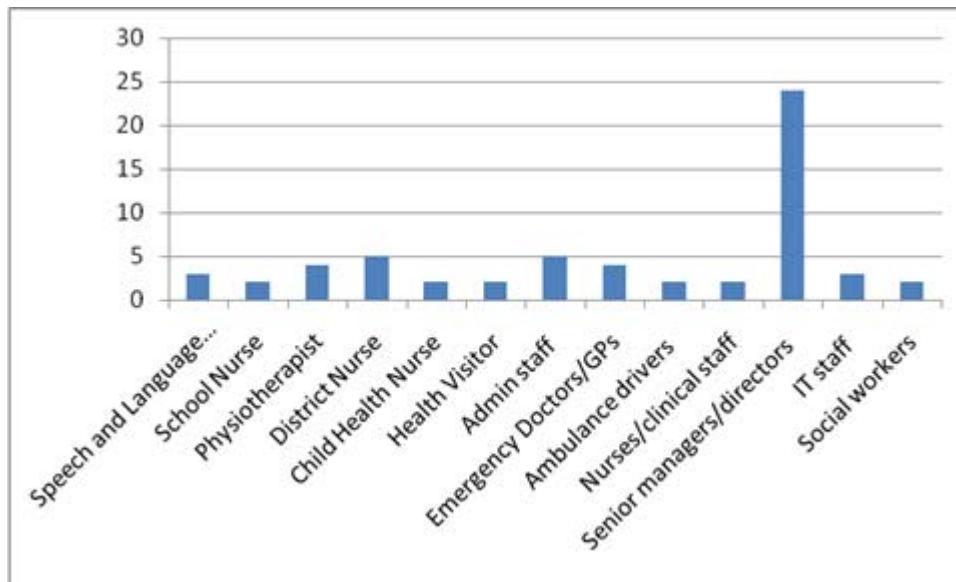
Current Status

- 90% (45 out of 50) of the respondents indicated that their organisation had implemented a mobile working/remote access solution
 - Of the 5 organisations that had not implemented any solutions for remote access; 3 were English PCTs (out of 27 total) 1 was an English MHT (out of 8) and 1 was in Scotland (out of 6)
- 80% of those with solutions reported that they had solutions up and running with a further 11% in roll-out and 9% at various stages in different parts of the organisations



User Roles and Location

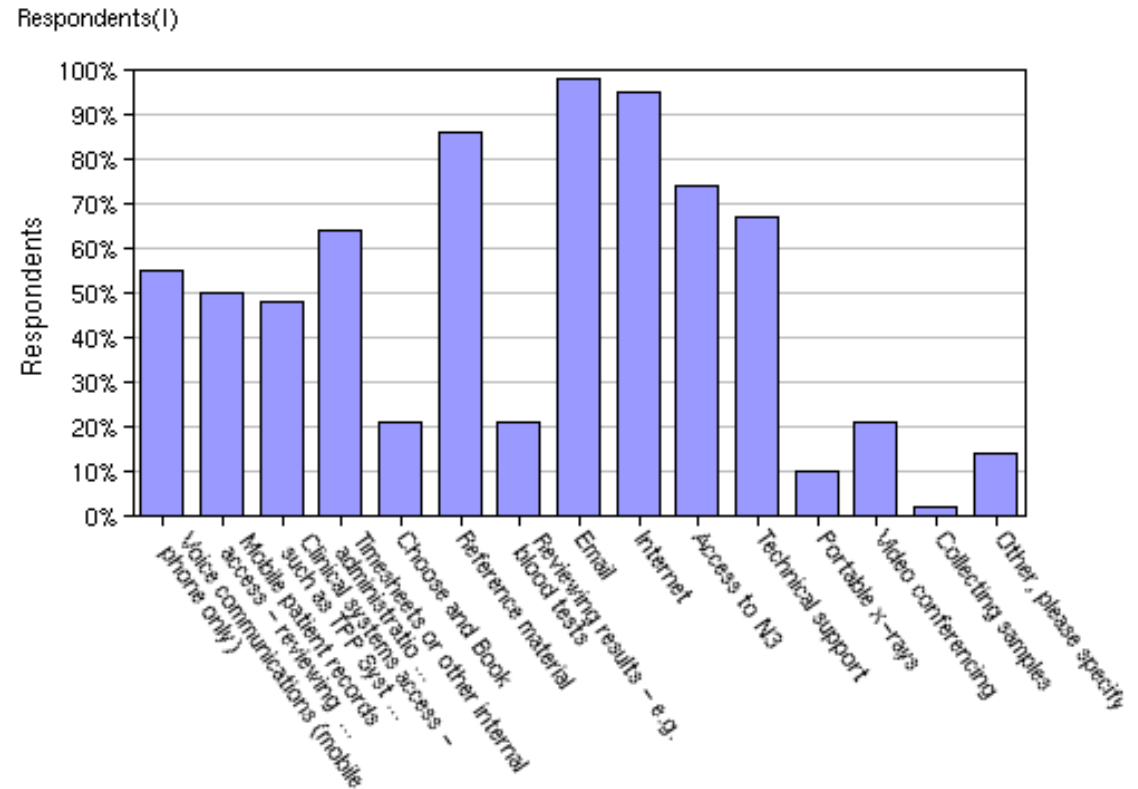
- Extent and type of currently deployed capabilities varies widely
 - No mention of wireless capabilities from any organisations in Wales (all use mobile working solutions recommended by Health Solutions Wales)
 - Scotland has limited remote access capabilities
- When asked what roles were enabled with remote access, many respondents mentioned multiple roles (see table below)
 - 18 respondents indicated that mobile working/remote access was available only to senior managers and/or directors



- When asked for location of use of mobile working/remote access:
 - 90% responded home
 - Over 60% said it was available when visiting other NHS sites
 - Only 30% indicated true mobile working offering access from a patient's home or from non-NHS sites

Applications

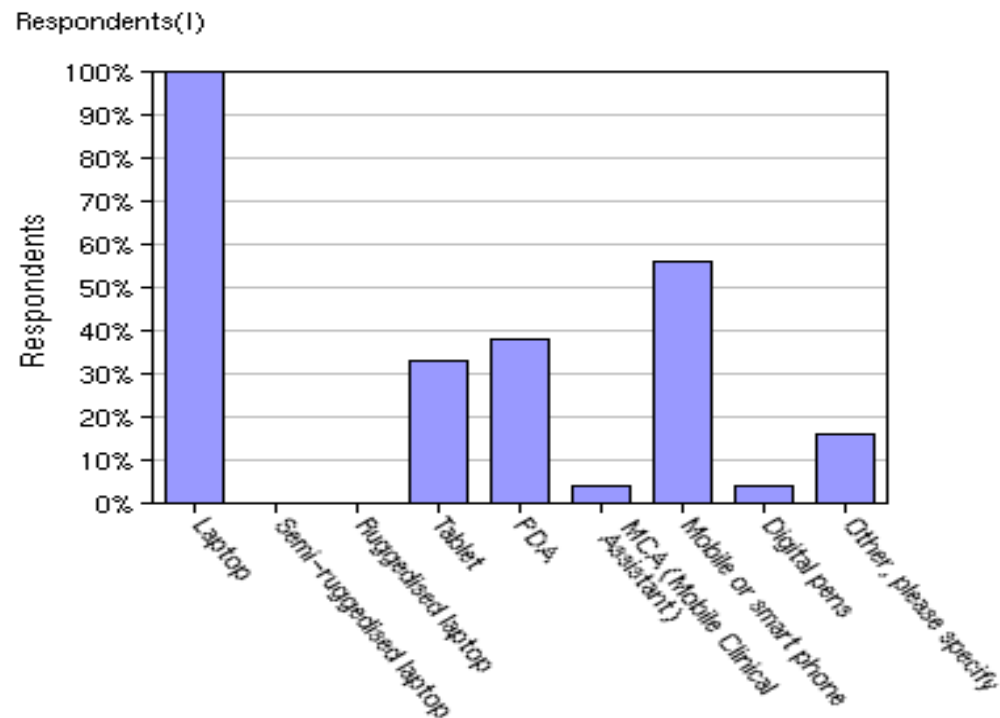
- When asked to respond to a list of specific applications, email and internet access emerge as clear leaders, followed by reference material.
- Around 50% of respondents provide access to patient records and clinical systems.



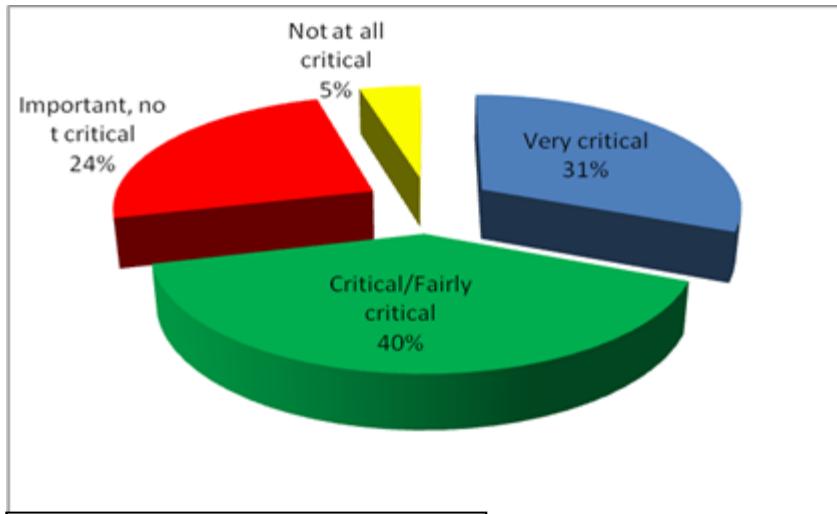
Implementation

- Of the 45 respondents who had implemented mobile working/remote access, 100% had deployed laptops, but most mentioned multiple devices.

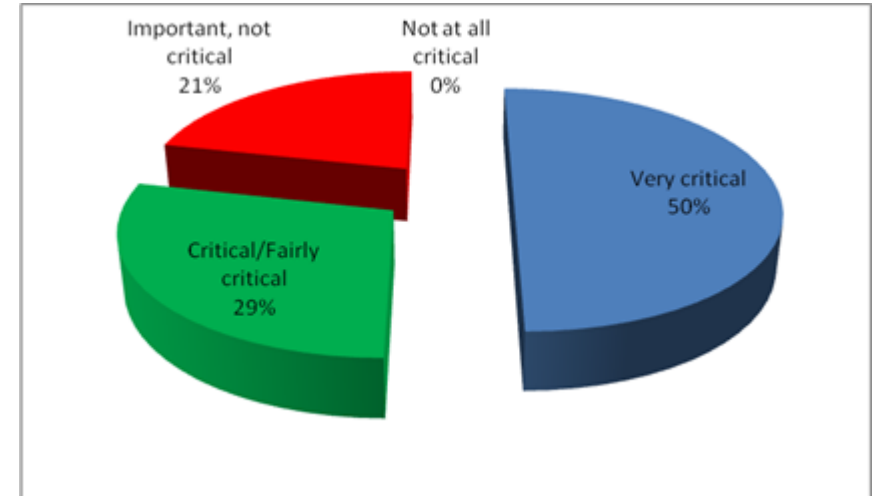
- Over 50% had deployed mobile or Smartphones, and between 30 and 40% had deployed PDAs or Tablet PCs.



Criticality of Mobile Working



Q14. How critical or necessary has the implementation of mobile working/remotes access been to your trust? (All responses n=45)

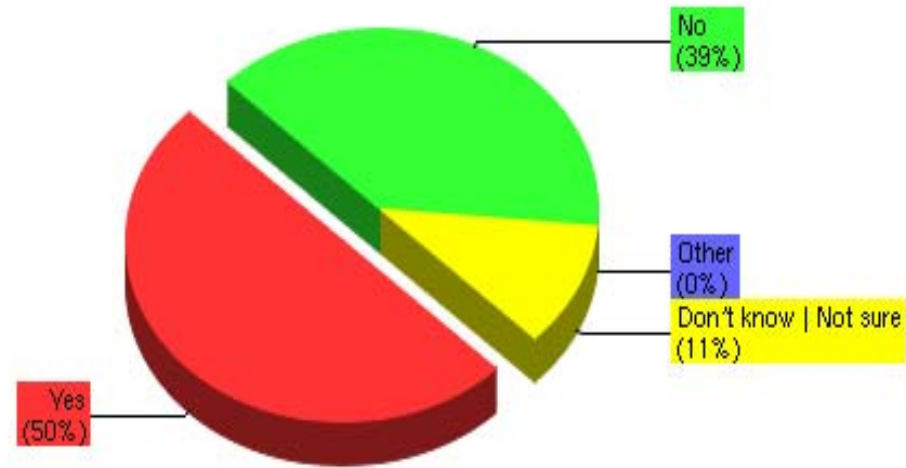


Q14. How critical or necessary has the implementation of mobile working/remotes access been to your trust? (IT responses n=15)

- Mobile working is critical. Over 70% of all respondents felt that the implementation of mobile working/remote access has been critical or very critical to their organisation
 - IT decision makers are more likely to consider it very critical

Expansion of mobile capability

Half of the respondents with solutions that are up and running are planning roll-outs across the entire trusts.



- Breakdown on expansion plans by type of organization.
- 2 out of 2 Ambulance Trusts and 2 out of 3 Acute Trusts have expansion plans
 - note sample numbers are small therefore it is difficult to extrapolate
- 3 out of 4 Welsh organizations plan to expand,
- Only 1 out of 6 organizations in Scotland indicated definite plans to expand in the next 18 months.
- The greatest area of planned expansion seems to be in the English PCTs (85%).

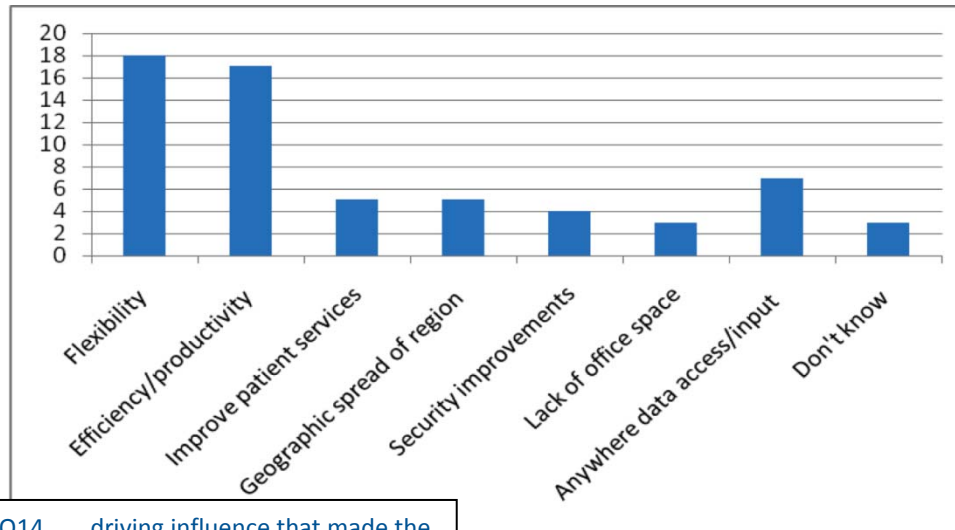
Expansion of Existing Deployments

- 80% of respondents said they had plans to extend the use of working/remote access capabilities over the next 18 months:
 - Extend the number of users (away from just senior managers)
 - Many extensions involve the use of hand-held devices rather than laptops
 - Some are extensions of functionality or driven by infrastructure needs
 - Some are already in pilot

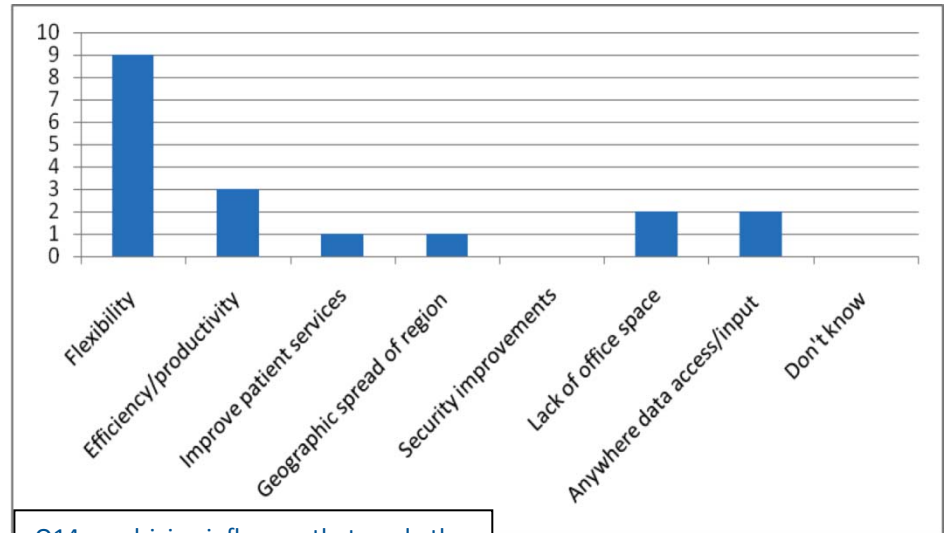
Expansion of Existing Deployments

- Those not planning roll-outs across entire trusts . Reasons included:
 - Not all roles require remote access (53%)
 - Uncertainty regarding benefits (13%)
 - Uncertainty regarding costs (7%)
 - Insufficient benefits to justify investment (3%)

Business Drivers for mobile adoption



Q14..... driving influence that made the trust procure the capability. All responses (n=45)



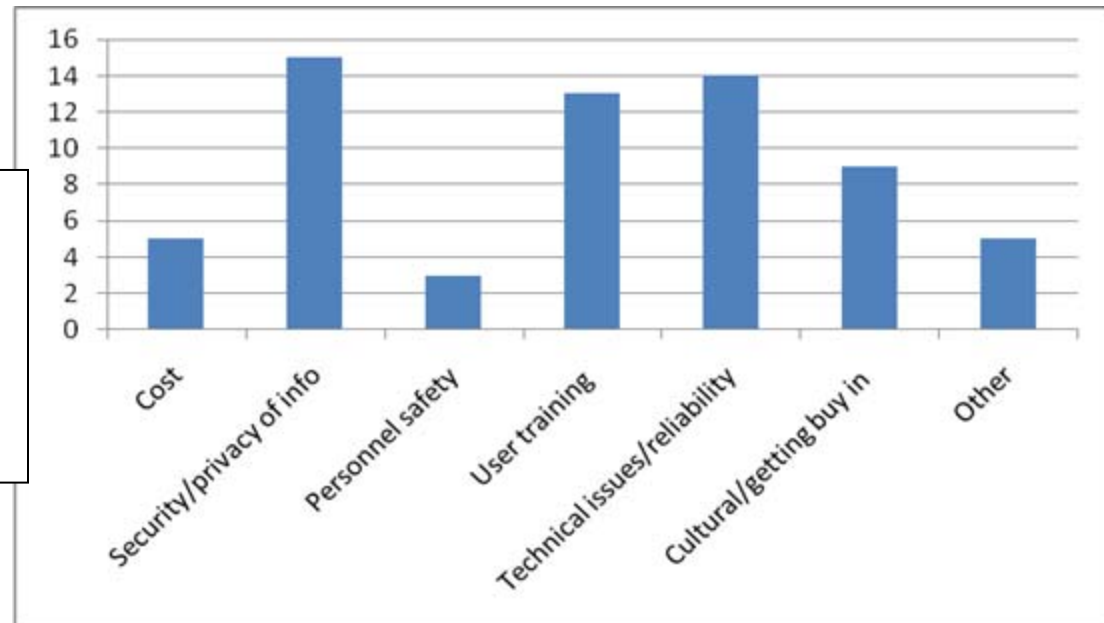
Q14..... driving influence that made the trust procure the capability. IT responses (n=16)

- Two most important drivers- flexibility and efficiency
- Improving patient care not a primary driver for the majority
- Notable difference between responses from IT decision makers and the sample as a whole (see right hand table above for IT decision maker responses)

Perceived Barriers to Adoption

- Analysis of responses to an open ended question on barriers and risk indicates:
 - Concerns about confidentiality
 - Solutions must be technically reliable
 - Solutions must be easy to learn by non-technical users
 - Impact on work-life balance resulting from the ability to work 24 hours a day,
 - Health and safety concerns about a home work environment.
- IT decision makers are relatively more concerned about technical issues and relatively less concerned about security/privacy issues

Q37... what would you describe as the main obstacles or barriers and risks of implementing mobile working/remote access?
(All responses n=45)



Summary

- This paper set out to examine if recent financial incentives have helped to bring about these changes within the UK and any differences between 3 of the home countries.
- Sample size was small but adhered to a quota to ensure extensive input from executives with responsibility for business or clinical functions rather than just IT functions.
- To what extent recent financial incentives have helped to bring about telecare and new ways of working with a more mobile workforce is unclear,
 - money at this juncture did not seem to be a constraint to change.
 - the very limited plans for expansion of services in Scotland indicates that a combination of technical infrastructure and strategic funding is needed to bring about telecare in a sustained manner.

Summary

- Mobile working/remote access was widely accepted as being critical to the success of the organisations surveyed
 - very evident that much is still focussed on the organisation and operational needs rather than the delivery of services to the patient. The planned expansion of services articulated by so many may alter this over time.
- Primary Care Trusts seem to be moving forward more rapidly with telecare despite Payment by Results tariffs currently focusing primarily on acute care provision.
- The UK government is looking to Australia to inform how to adapt incentives within PbR to encourage treatment in the community further and reduce the amount of time people with long term conditions spend in hospital.
- As a way to incentivise the most clinically cost-effective interventions, the Department of Health is also exploring applying tariff to the same service provided in different settings This will also involve adapting or changing coding classifications to better identify telecare intervention.

QUESTIONS?



Bringing it all together