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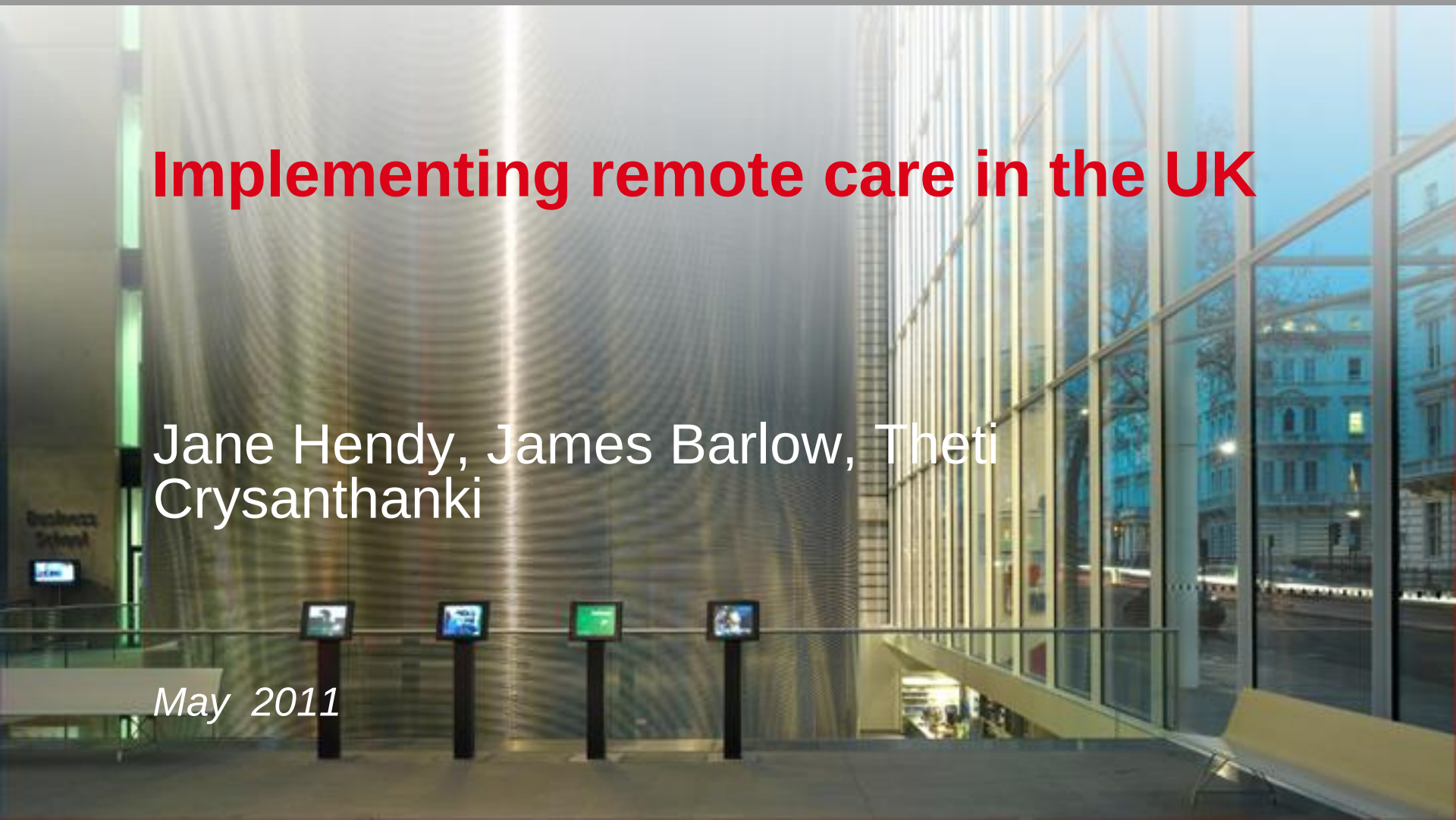

Implementing remote care in the UK

Jane Hendy, James Barlow, Theti Crysanthanki

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Currently there is a strong UK policy push for telemonitoring (remote care)

- Over 25 UK government reports since 1998 have called for remote care
- Finance (£170m+ since 2006) via Preventative Technology Grant, POP, Whole System Demonstrators and other regional initiatives

Why?

- Remote care (telecare / telehealth) can potentially
  - shift healthcare out of expensive settings – hospital to home
  - introduce more preventative models of care
- Our research focuses on the organisational challenges in achieving large scale transformational change

Two projects (plus a sub-project)

- Initial EPSRC funded research focused on the £170m spend – remote care adoption involving 5 cases across England
- Ministerial led DH funded £30m RCT study - the WSD - involving 3 cases in England
- Additional money received for a third project on 3 non-WSD sites and 3 sites in the Kings Fund LAN (also DH funded)

Our research aims

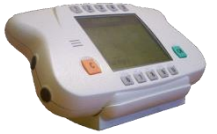
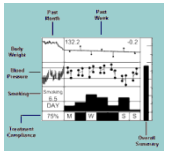
1) To explore organisational factors that facilitate or inhibit the successful adoption, implementation and potential mainstreaming of remote care services at a local level

2) Assess current and future possible impacts of implementation at both local and national levels

3) Identify and disseminate the lessons learnt, for improving the future implementation of remote care nationwide





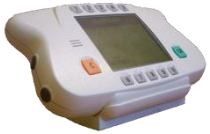

Methodology

- Dense ethnographic shadowing and mapping of the adoption and implementation of remote care

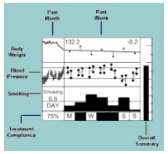
- Case based approach

- Purposive sampling / interviewing

  - c290 semi-structured interviews with key stakeholders in health and social care organisations across 9 sites

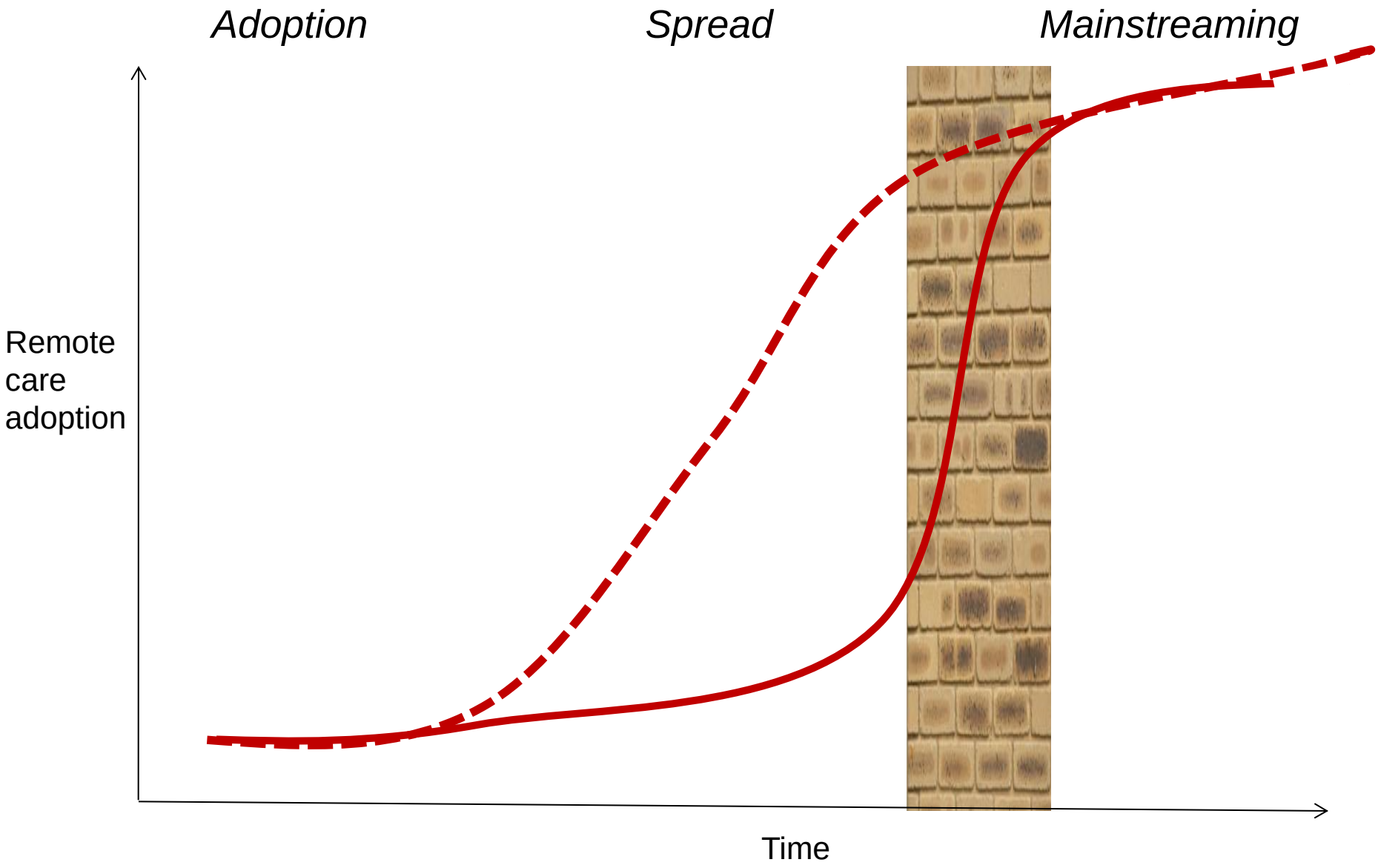


  - 380 hours of observations



  - Longitudinal (2006 – 2011 with possibility of continued monitoring)

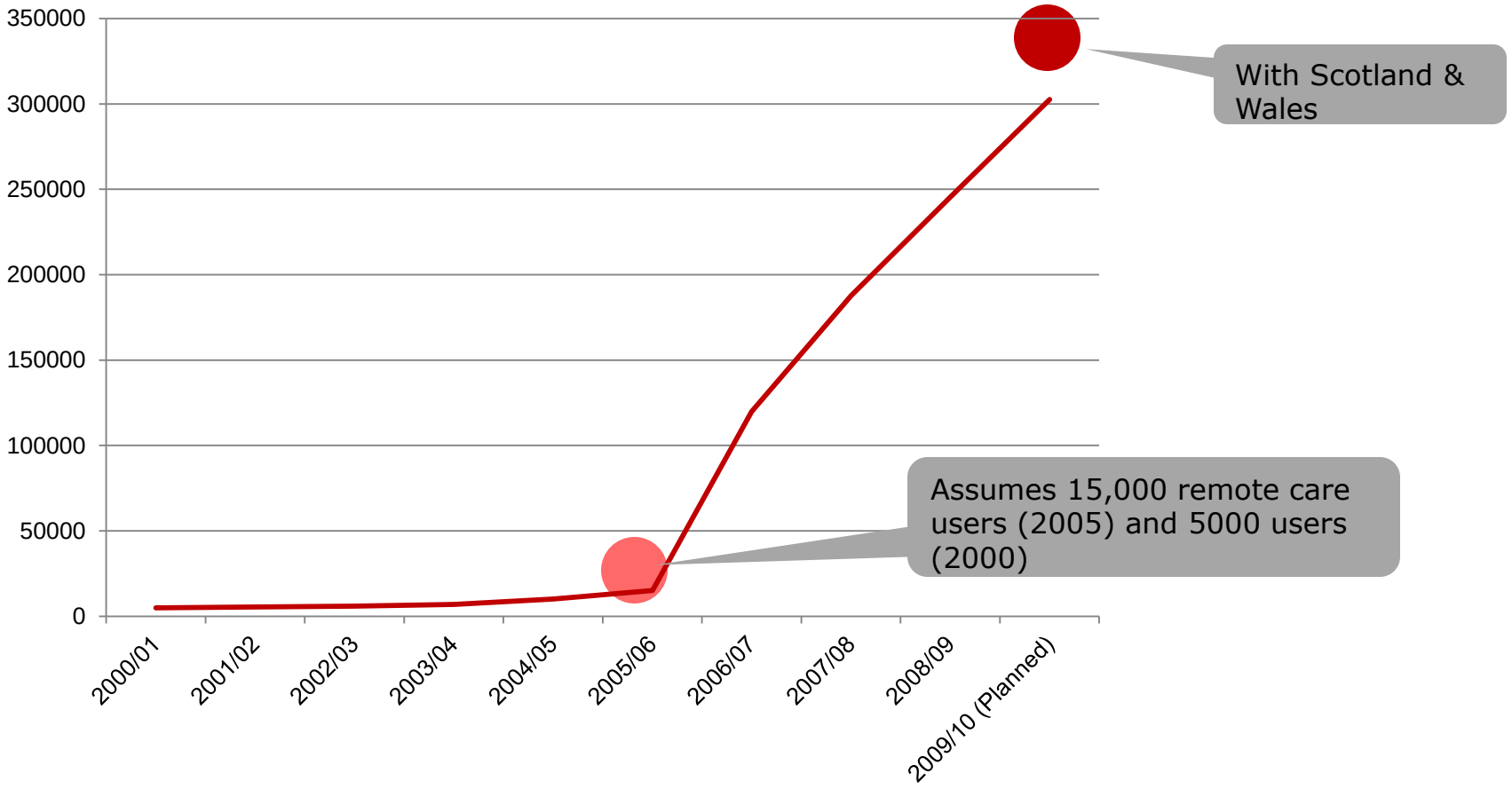
Remote care adoption curve in the UK ... and elsewhere?



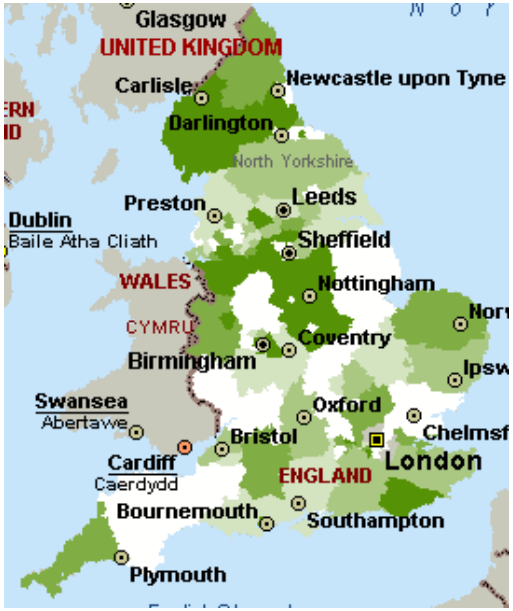
Growth in remote care users in England ... with many assumptions

Source: Based on CQC returns, JIT (Scotland) data, and authors' research for WAG.

Includes LA and other agency services. Assumes 30% drop-out rate each year



Geographical spread

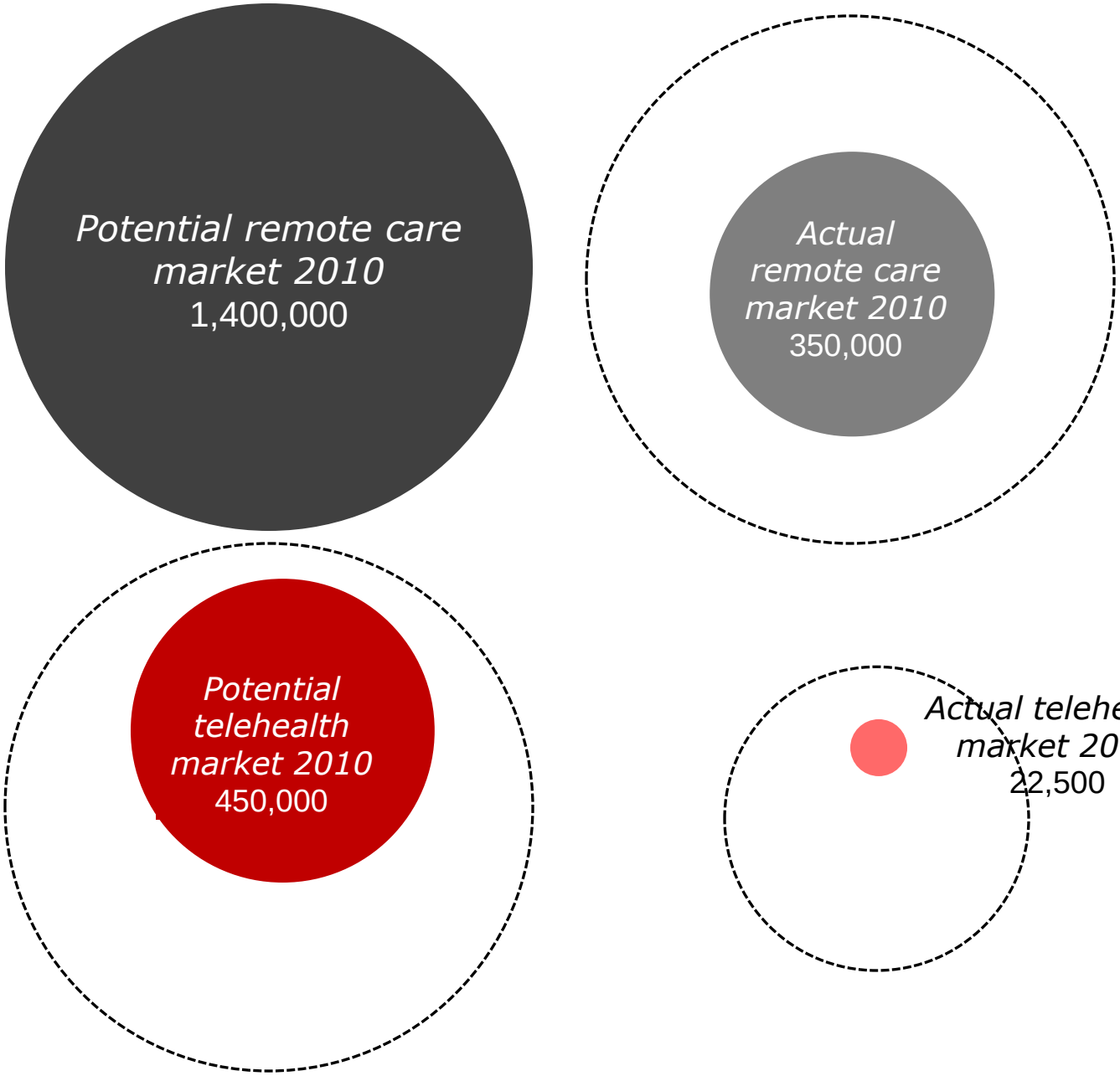


2006-07

2009-10

Source: Based on CQC returns.
Per 10,000 population.
Includes LA and other agency services.

Another approach – how big is the potential market?



Assumptions:

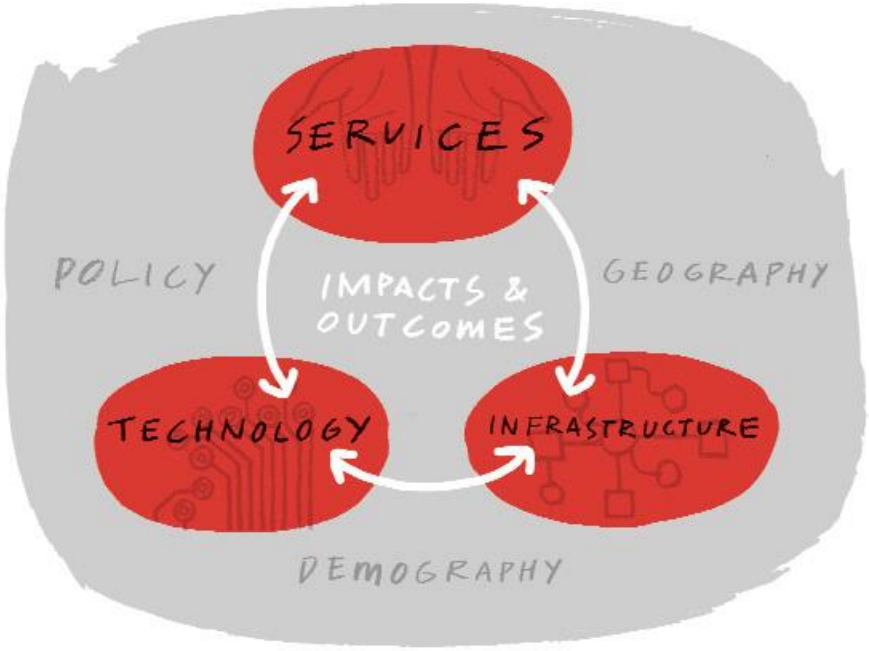
- UK population aged 75+ rises from 4.9m (2010) today to 11.4m by 2050
- c85% of older people wish to remain at home as long as possible
- 1/3 needs remote care at any given time

Source: based on CQC returns, JIT (Scotland) data, and authors' research for WAG. Telehealth figures from Minutes of the Strategic Intelligence Monitor on Personal Health Systems [SIMPHS] meeting, Brussels, 17-18 November 2009.

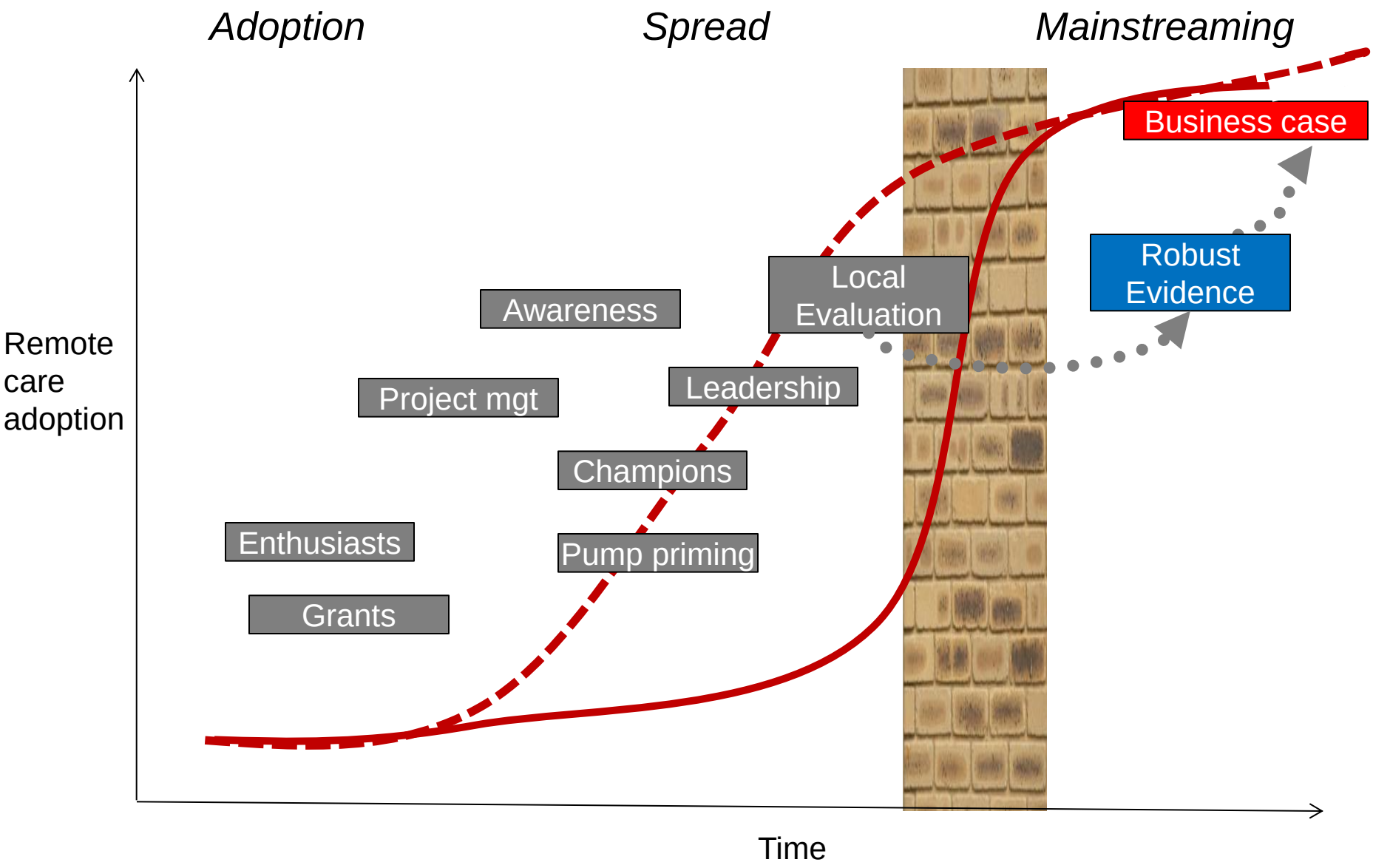
Telemedicine	Telecare / telehealth
Aimed at diagnosis or referral, usually focusing on specific conditions	Brings care directly to the end-user generally in a non-institutional setting like Hypertension monitoring in own home
Lots of 'tele-ologies' (e.g. teledermatology, teleradiology)	Focus on **monitoring** for prevention or safety and security, or advice and support
Essentially a B2B model (patient may or may not be present)	**Essentially a B2C model (patient always present)**
Few stakeholders so relatively easy to implement	**Many stakeholders so far more complex and inherently harder to implement**

Dealing with this ‘perfect storm’ will need innovative healthcare business models

- New configurations of services, technology and infrastructure

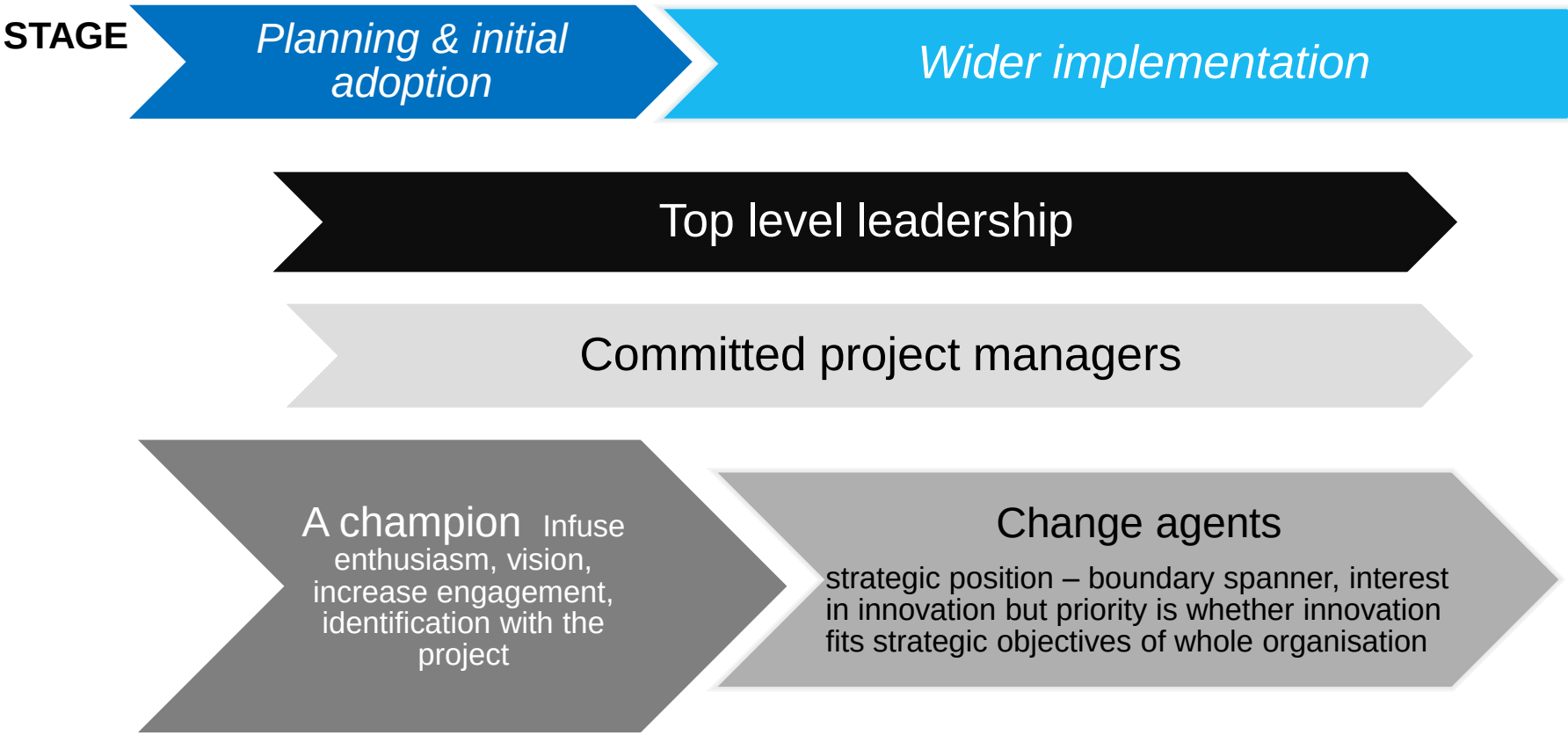


Key factors in moving towards a mainstream adoption



The adoption – implementation journey

organisational roles need to evolve to reflect the needs of each stage



The dangers of champions

- The champion's identity - in contrast to traditional thinking - can cause knowledge to stick within boundaries
- Very high identification with the work - any change to this role seen as a threat
- Can cause dysfunctional rigidities to settle within sub-groups
- Help to sustain a culture of remote care 'pilot necessity'
- Both too much and too little identification is detrimental to strategic change outcomes

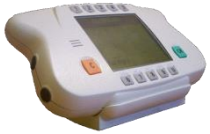
*"Sometime you have to be a lion, and **kill the little cuddle animals**. As I've said I won't be cowed down to their bureaucracy, it's my way or the high way. Top management, suddenly they want a hand in this, but I'm telling you I am here to decide. This is not a job; this is my life ."*

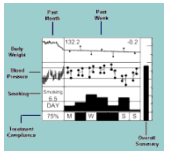
*"(they) have gone off and done their own little thing and no one else really knows about it. To be honest they like to hold on to their own **little kingdoms**."*

The dangers of pilots

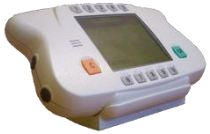
- Embedding new practice - within the remit of a small enthusiastic group
- Creates group distinctiveness and rivalries
- Lack of scalability
- Normalising practices, lessons not transferrable

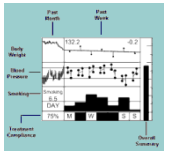
  25 to 5,000?
- The integration and redesign of existing models needs to be integral from inception
- ‘The fade away’ = loss of engagement





The dangers of RCTs for complex innovations





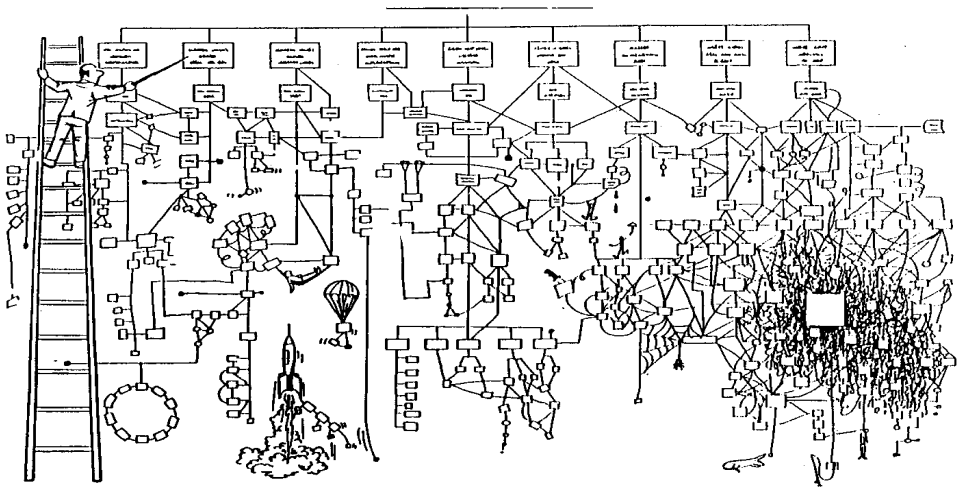
- WSD clue in the title
- 3 sites with contextual differences charged with demonstrating WS integration and service redesign
- Constraints of the trial required differences in local processes be flattened
- Robust evidence – at what cost?
- Unresolved issues of ownership and identity after the WSD trial ends

Mainstream implementation will need

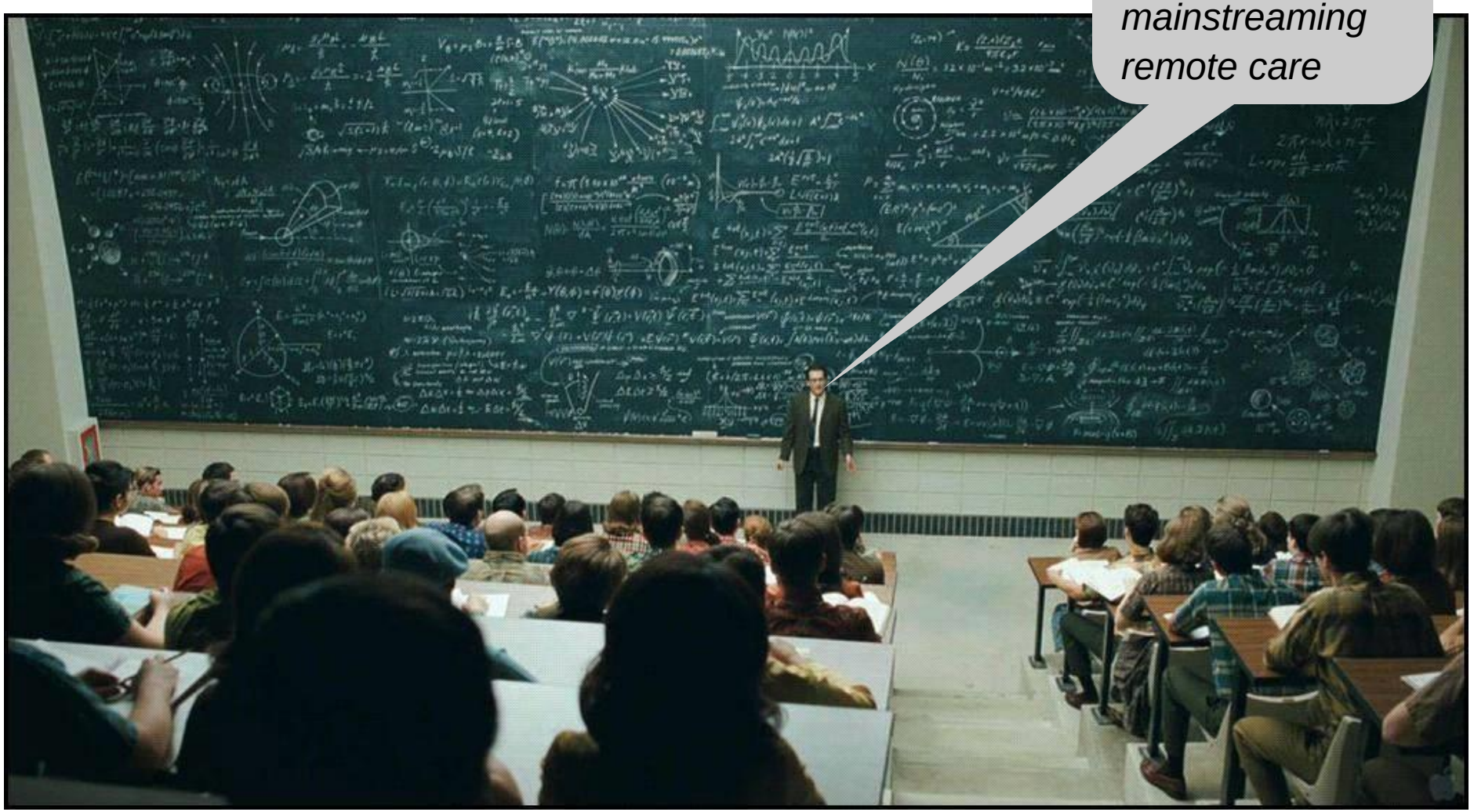
- New rules about governance
- New types of ownership
- New types of identity (patient & professional)
- Different cultural attitudes to self care

Blockers towards mainstreaming

- Current lack of integration within and between care providers from acute, primary and social care services
- Distribution of costs and benefits across the system



- For scaling-up you need more than enthusiasts or champions, or organisational or financial support:
- Benefits evidence and a business case are essential but these must also be scalable


So finally I can reveal the solution to mainstreaming remote care

WSD legacy…

Huge success - enabled remote care to be delivered to thousands of people and their carers and roll-out will continue…

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With additional thanks to:

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