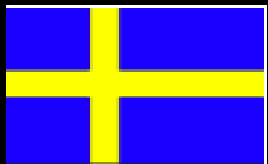


Digital Health Technology support for integrated care

WP10

Version date 14mar15

SEFQH



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Your views please...Vote

1 effective DHT is necessary for integrated care

- *yes, no, effective for whom?*

2 we need examples and valid knowledge about implementation and effectiveness

- *yes no depends*

3 longer timescale research less useful than timely “good enough” research

- *yes no depends*

The potential of DHT in healthcare

- The ideal of an effective team for each patient
 - (including patient and informal carers)
- with agreed tailored care plan and monitoring of implementation (alerts)
- and evaluation of needs met by patients and providers.

The potential of DHT in healthcare

Safer, higher quality, lower cost care

- **improve communication**

- - secure messaging/email for sending and receiving information between providers and to/from patients

- **improve collaboration**

- - shared EHR and care assessment/planning/tracking for agreed roles and contributions and co-care

- **decision support** – substitution & complementarity

- alerts for tasks or needs delayed or missed, treatment conflicts, guideline adherence

The potential

Management - data for performance improvement and new financing

- exception reporting, - for daily and longer term action (eg variations from guidelines)
- time series outcome data - shows effects of improvement changes or cuts
- comparative outcome data - to find best practice services
- reporting to purchasers cannot be done without digital auto capture and reporting
- link with cost data per patient for value based reimbursement

The vision - **digital learning health system** (IOM / Academy Health)

Objectives

- Achievable with funded 14 months with 20 researcher months (12 KI, 8 FCRB),

- + extra provided by KI MMC

- 1) Evidence from example cases about advanced DHT for IC

- 2) Understandable actionable recommendations

Methods

- Case studies of DHT supporting IC schemes
- 2 Sweden mental health IC cases
- 1 Spain Barcelona “hospital at home” care management scheme (outreach)
- Reports from FP7 teams Tilburg (diabetes) and Berlin (geriatrics) on HIT systems in their IC examples
- Interviews; document analysis; survey to Tilburg and Berlin
- Rapid review of DHT support for IC

Findings

- EMR not EHR (shared) and limited access/linking;
- PHR beginning but not used
- Staff resigned to IT provider-centered systems under-designed for users
- Patients bewildered why so far behind other services
 - eg why can't we send emails?
 - Why asking me all this again - worries me.
- No remote monitoring or telemedicine – fax and phone
- These are advanced examples,
 - public services/systems – Sweden investment in infrastructure

Findings 2 Positive

Swedish HIT practices:

card log-ins;

EMR access auto-audited monthly;

national/local flexibility for PHR development
(platform);

strategy;

quality registers

Barcelona and Catalonia HIT:

HIE network for EMRs;

local integration of HIT into hospital system and PHC
linking

Summary

- Current functioning limited;
- Plans to develop over next 5 years Local, National and EU
- IT departments under-resourced (security); under-skilled; under-designed; lack of agreed standards for EHR and comms; lack of investment using user design
- Technical challenges but privacy/security becoming the greater challenge

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Recommendations – 10

1. Raise awareness of benefits
2. Ensure patients are at the center, with a choice of role
3. Financing – pursue faster reform
4. Reach agreement about technical standards
5. Privacy – update laws and procedures to get the right balance
6. Develop political processes to prevent innovation being blocked (autonomy, work redesign)



Recommendations – 10

7. Involve all stakeholders in strategy
8. Implement through regular course correction
9. Fund and develop research for practical knowledge (action evaluation and implementation research)
10. Build communities of practice for implementing and generating relevant research

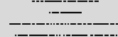


Surprises? Comments? Questions?

Project INTEGRATE

WP10 Report: **Digital Health Technology to enable service coordination, care integration and self-care**

Deliverable number	
Title of deliverable	Report for WP10
Work Package	WP 10
Version & Date	Version 8 – draft –2015; submitted 20Jan2015
Lead beneficiary	Karolinska Institutet
Distribution Status	Confidential/
Author(s)	<i>John Ovretveit (KI), Alberto Alonso, Nadine Kubesch (FCRB), Mats Brommels (KI)</i>
Partners contributing	KI, FCRB.
Project Web site	www.projectintegrate.eu



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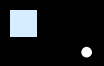
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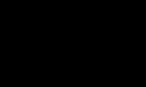
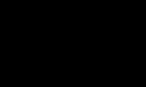
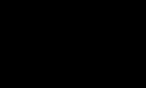
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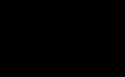
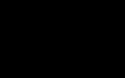


DETAILS



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