Transforming Care in Northern Ireland – the Role of eHealth

Healthcare Informatics Society of Ireland
15 November 2012

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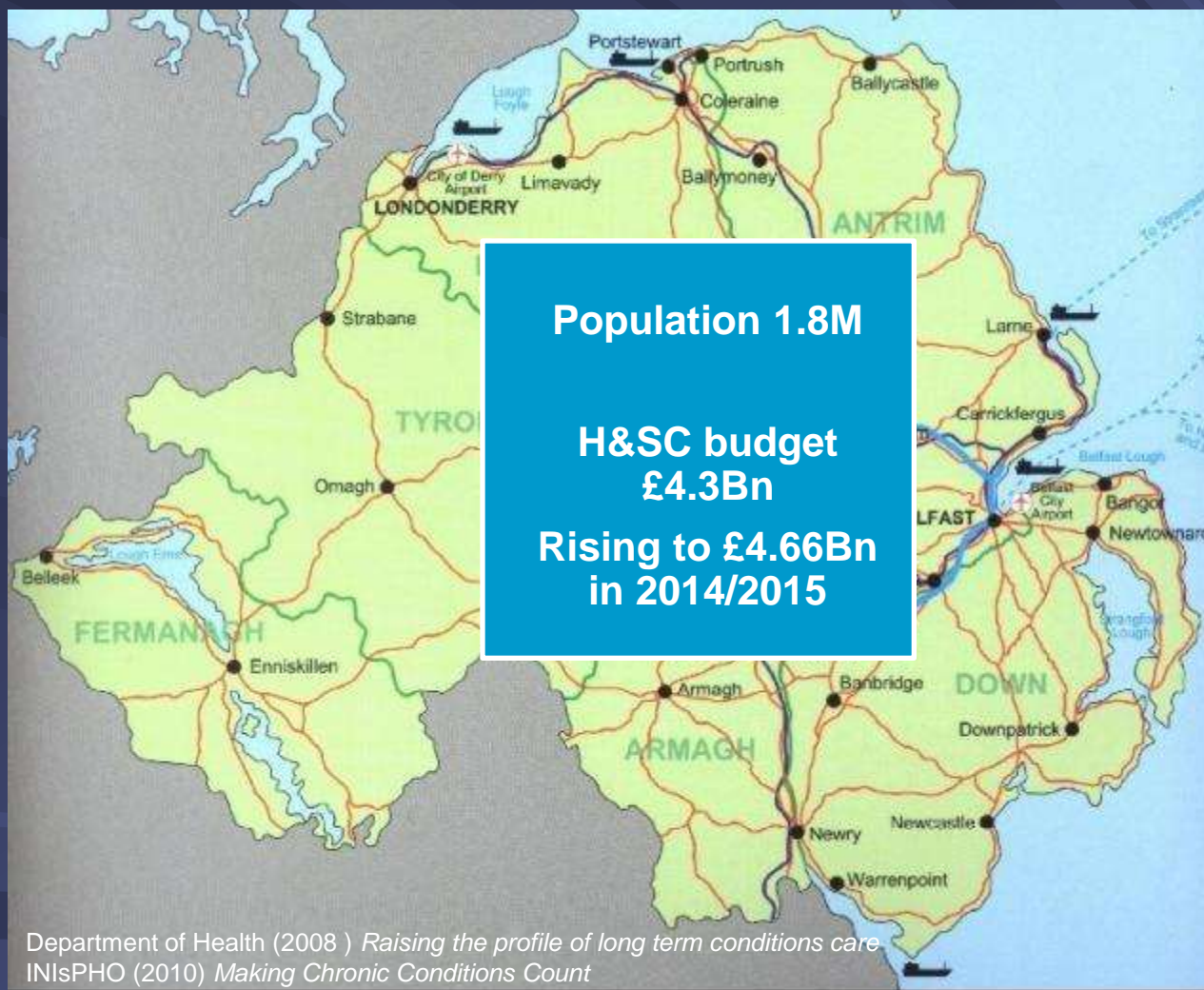Chief Executive of

Health and Social Care Northern Ireland

"Do me a favor and call Bob. It looks like Jerry is on to something."

Outline

1. Why does eHealth matter?
2. Northern Ireland's approach –
   – overall strategy and key actions
   – Telemonitoring
   – Electronic Care Record
3. Key lessons
4. Conclusions

NI Chronic Disease Challenge

Population 1.8M

H&SC budget £4.3Bn

Rising to £4.66Bn in 2014/2015

2/3s of over 75s

60% of all GP visits

72% acute bed days

69% of health & social care spend

Department of Health (2008) *Raising the profile of long term conditions care*
INIsPHO (2010) *Making Chronic Conditions Count*
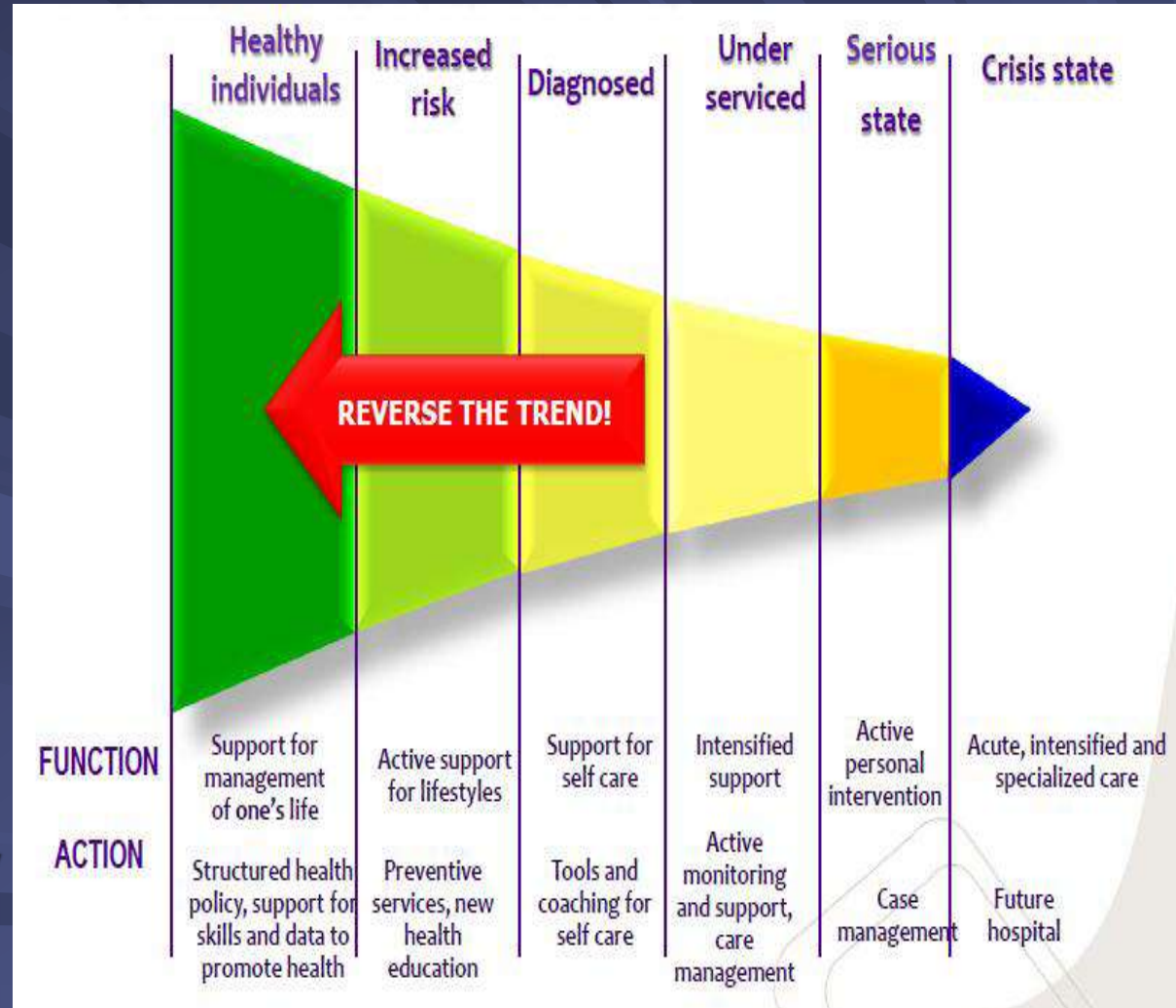
Grand challenges
(in OECD countries)

Concerns
- Health expenditure
- Value; what is produced with €'s
- Equality
- People's expectations & awareness

Main drivers
- Ageing
- Life styles
- Science, Technology
- and Innovation

	Healthy individuals	Increased risk	Diagnosed	Under serviced	Serious state	Crisis state
FUNCTION	Support for management of one's life	Active support for lifestyles	Support for self care	Intensified support	Active personal intervention	Acute, intensified and specialized care
ACTION	Structured health policy, support for skills and data to promote health	Preventive services, new health education	Tools and coaching for self care	Active monitoring and support, care management	Case management	Future hospital

REVERSE THE TREND!

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Northern Ireland Strategy

- Developing a patient centred vision for the transformation of our system : *Transforming Your Care*

- Focus on Integrated Care supported by an innovative ECR and application of telemonitoring

Political Leadership of Change

- Political mandate for Reform to all aspects of health and social care services in *Transforming Your Care*

- NI Executive's Programme for Government commits to advances in long term condition management, to secure better care and reduce need for hospitalisation

- Regional Economic Strategy includes key focus on healthcare innovation

Whole System Plan

- NI Executive's Programme for Government and Economic Strategy
- Quality 2020
- "Fit and Well: Changing Lives"
- Investment Strategy for Northern Ireland
- Transforming Your Care
- Quality Improvement and Cost Reduction (QICR)

Transforming Your Care

- Review Launched July 2011

- TYC Report December 2011

- 11 October 2012 – launch of consultation "From Vision to Action" – seeking views on some key policy and service developments – to close 15 January 2013

Northern Ireland
Model of Integrated Health & Social Care

Telemonitoring

County Antrim pensioner Michael Howard who suffers from shortness of breath, says:

"Taking my pulse, blood pressure, temperature and blood glucose readings at home every day by remote telemonitoring is so simple. Without this service I'd be running back and forward to the GP's surgery to have things checked out."

More services provided locally
Dr Keith McCollum, a GP from County Armagh,says:

"Transforming Your Care heralds a whole new way of working for GPs and other community professionals. They will contribute more to how services will be delivered, to manage more patients closer to home using new technologies to enable better co-ordination of their care."

Investing in technology
William Pullins from Ballymartin who has been using remote access via a robot to monitor his condition, says:

"The robot is just brilliant and was very easy to talk to. It's wonderful that we are here at Daisy Hill Hospital and are able to talk to a specialist in Craigavon Hospital!"

Remote Telemonitoring Northern Ireland

- Contract for a Managed Remote Telemonitoring Service

- Negotiated between OJEU Notice on August 2008 and contract signing March 2011

- A 6 year, £18m Connected Health initiative, to monitor in excess of c.20,000 patients -awarded to TF3 (Tunstall, Fold and S3)

Managed Service – A Shift in Concept and Language

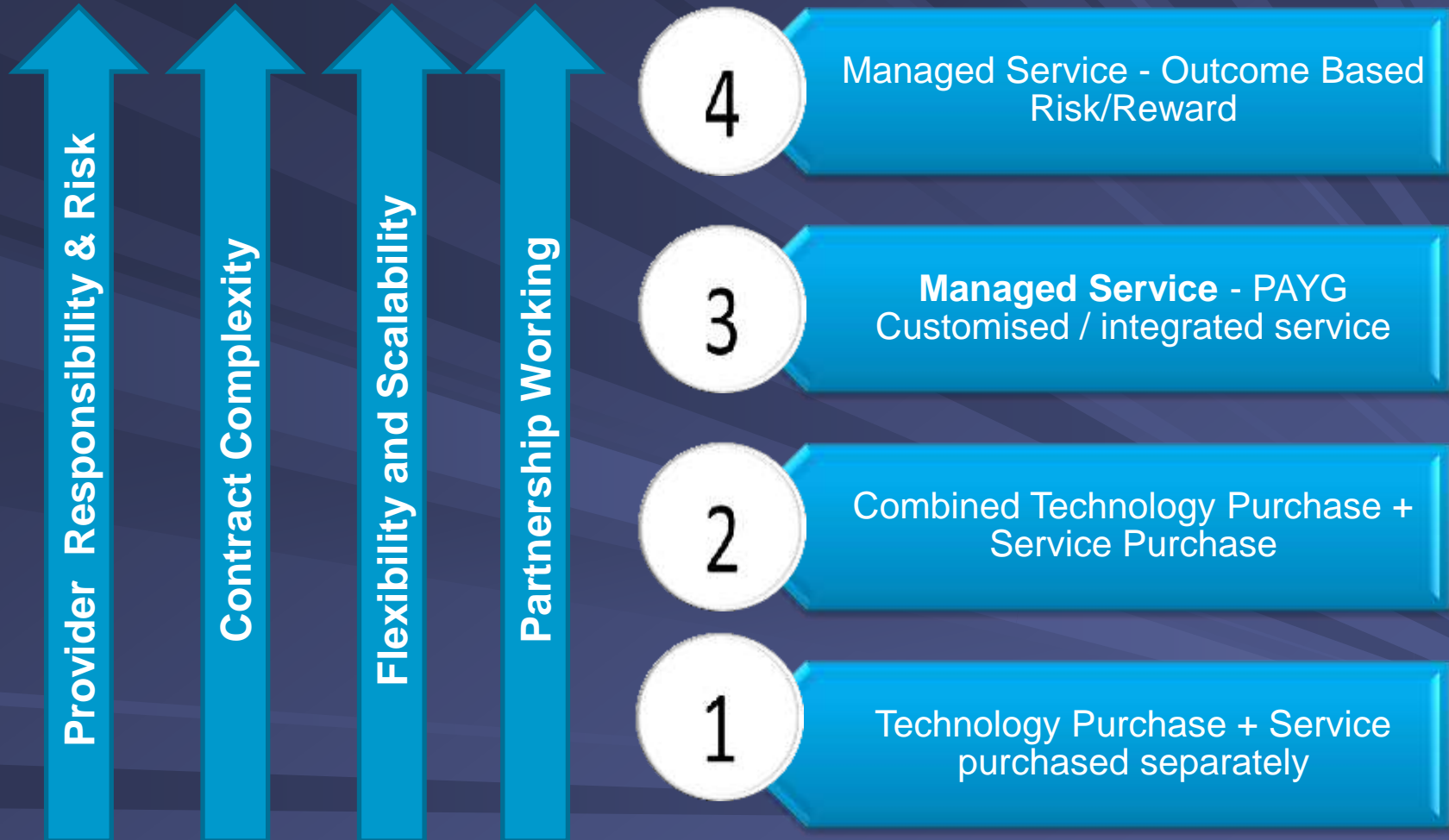|		
Buying Technology	**Becomes** →	**Buying a service**
Selecting Technology	**Becomes** →	**Defining service requirements**
Buying Kit/Units	**Becomes** →	**Buying Monitoring days**
Building service delivery capability	**Becomes** →	**Building capability to use the service**

The Managed Service Model

Provider Responsibility & Risk

Contract Complexity

Flexibility and Scalability

Partnership Working

4 Managed Service - Outcome Based Risk/Reward

3 **Managed Service** - PAYG Customised / integrated service

2 Combined Technology Purchase + Service Purchase

1 Technology Purchase + Service purchased separately

Unique Elements of Remote Telemonitoring Northern Ireland

- **Comprehensive and robust Office of Government Commerce contract detailing all aspects of Authority and Contractor responsibilities**

- **Detailed definition of every aspect of the service to be provided (221 Authority requirements), including required service levels and associated penalties**

- **Extensive reporting, automated performance monitoring**

- **Joint specification, governance and central infrastructure for 5 customers (the five HSC Trusts)**

- **5 local implementation plans**

- **Provision of 'Core' and 'Additional' services**

RTNI Managed Service – Financial Model

- **Contract Structure**
    - **6 year contract – Long term commitment**
    - **Flexibility : patient-days, monitoring periods, monitoring conditions**
    - **Bottom-up activity models per condition**
    - **3,500 patients per annum**

- **Agreed charging regime**
    - **Standing charge for service availability – risk sharing**
    - **Per patient day monitoring charge**
    - **Installation & de-installation charge**

- **Detailed and fully transparent financial model**

Managed Services Model – Conclusions and Lessons

- basis to incentivise the provider to deliver services that the commissioner wants

- Significant up-front investment on both sides to define service requirements and design how the service will integrate with other services

- Focus on defining **what service is required** and **not** how to arrange people, process and technology to deliver the service

- Demands a high level of working in partnership through service definition and design

- Shares the risk of delivery between the commissioner and provider

Electronic Care Record

- comprehensive "proof of concept" study over period from 2009 onwards

- clarity of requirements and hence a precise spec

- Strong support from the Minister, regional management and clinicians

- £9 million contract signed in May 2012

Electronic Care Record

- a 'Joined up network of patient information' **leaving** existing operational systems in place and adding portal technology (NIECR) **over the top** (less expensive and less disruptive to the service than large scale replacement of older systems)

- Portal technology for the provision of a single view of key patient/client data across an **entire** health economy

Electronic Care Record – Proof of Concept

- 94% of clinical users agreed that use of the ECR improved the quality of patient care

- 89.5% of users agreed that use of the ECR improved patient safety

- 83% of doctors reported a better clinical outcome as a result of use of the ECR

Connected Health and Prosperity

- Memorandum of Understanding signed December 2011 by Health and Economy Ministers

- Steering Group co-chaired at Chief Executive level, with NI Universities represented Vice Chancellor/ President Level, and Private Sector membership

- Action Plan with specific commitments to support innovation

Collaboration and Partnership

- Ambition beyond our own local capacity
- Aim to share our learning with partner regions in Europe and beyond
- Connected health ecosystem established to work across all sectors to promote better healthcare, innovation and economic growth
- Commitments and applications under EIP for Active and Healthy Ageing

2012 and beyond:
Stronger, Wider, Deeper

- Partnership within Northern Ireland – managers, clinicians, politicians, academics, entrepreneurs
- North South co-operation in Health is a key mandate
- Partnership in Europe – Finland, Catalonia, Basque Government, Scotland and more
- Partnership with the US (Partners, NIMAC) and EU Commission

Final Points

- We can lead transformational change
- Solutions must focus on patients needs and build support around them
- Relationships and Partnerships need support and structure – within and between sectors and within and between regions

Thank You

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