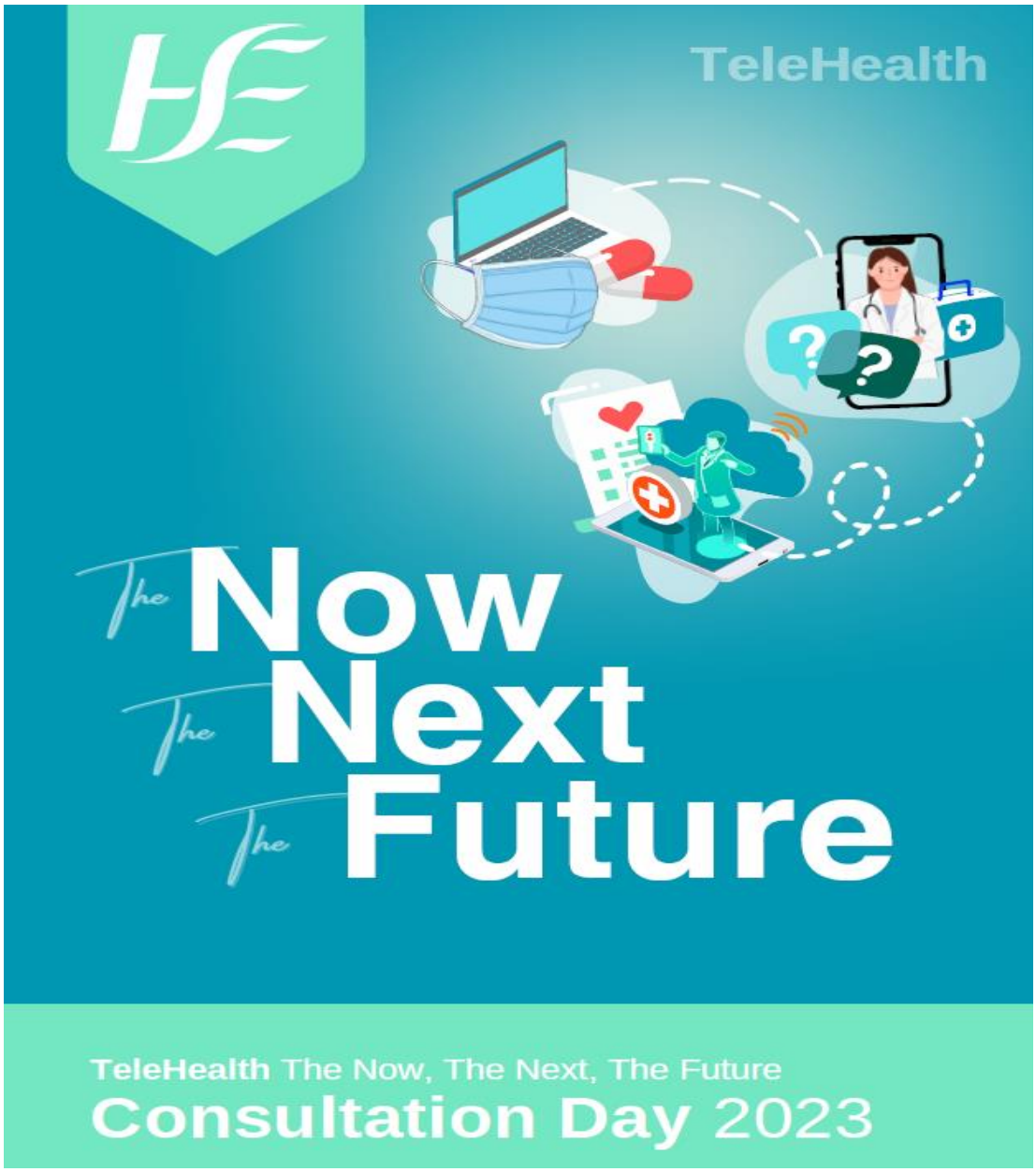
# *HSE Telehealth Consultation Day 2023:*

# *The Now, The Next, The Future*




**Report on the Findings of Facilitated Roundtable Discussions.**

Authors:

Dr. Orna Fennelly, Digital Health Consultant Researcher

Dr. Conor Kennedy, Snr. Project Manager, Telehealth Programme, HSE eHealth

# Contents

# Background

According to the World Health Organisation, telehealth is the "delivery of health care services, where patients and providers are separated by distance. Telehealth uses ICT for the exchange of information for the diagnosis and treatment of diseases and injuries, research and evaluation, and for the continuing education of health professionals" (WHO 2020). Recent years have seen significant pressure placed upon the health service manifesting in challenges in relation to overcrowding of hospital facilities and associated risks to the compromising of patients experience and extra demands on staff. Systemic challenges were amplified over the course of the pandemic. In response, the past 3 years has witnessed significant change with regard to the application of digital solutions to support service delivery including telephone and video enabled care/consultations, the remote monitoring of health conditions, and online support and therapy technologies facilitating access to validated health-related information, self-help tools, and peer/person-to-person supports.

## Policy Context

The development of telehealth solutions supports both government (Sláintecare Report) and organisational strategy (HSE Corporate Plan 2021-24) that respectively note the potential to expand the use of telehealth services as a key mechanism to enable care delivery closer to home, earlier discharge from secondary care services, and to enhance access to services for patients and families.

Emanating from this, the HSE National Service Plan (2023) notes the requirement of eHealth to 'continue to enable the ambitions of Sláintecare through transformational technologies including… the increased adoption of our telehealth platforms' alongside the ambition to facilitate integrated care delivery and access to services with transformational eHealth initiatives delivered under the eHealth and ICT Capital plan. The plan also emphasises the need to deliver innovation within Health Services, and to support Clinical Quality & Patient Safety.

The role of telehealth in future service development is also noted in the newly published HSE Climate Action Strategy 2023-2050 as contributing to each of the six identified Priority Areas of Focus, in particular:

- Transport and Mobility through reduced travel-related emissions of patients and staff;
- Greener Models of Healthcare through facilitating reductions in consumables and energy consumption associated with longer stays in hospital settings; and
- Adaptation and Resilience through providing alternative care models and infrastructure to allow healthcare delivery in a future of increasingly challenging weather events that will impact on patient and staff mobility.

Cognisant of this broad policy context, it is the stated ambition of the National Telehealth Steering Committee to advance the development and implementation of digital health solutions nationally.

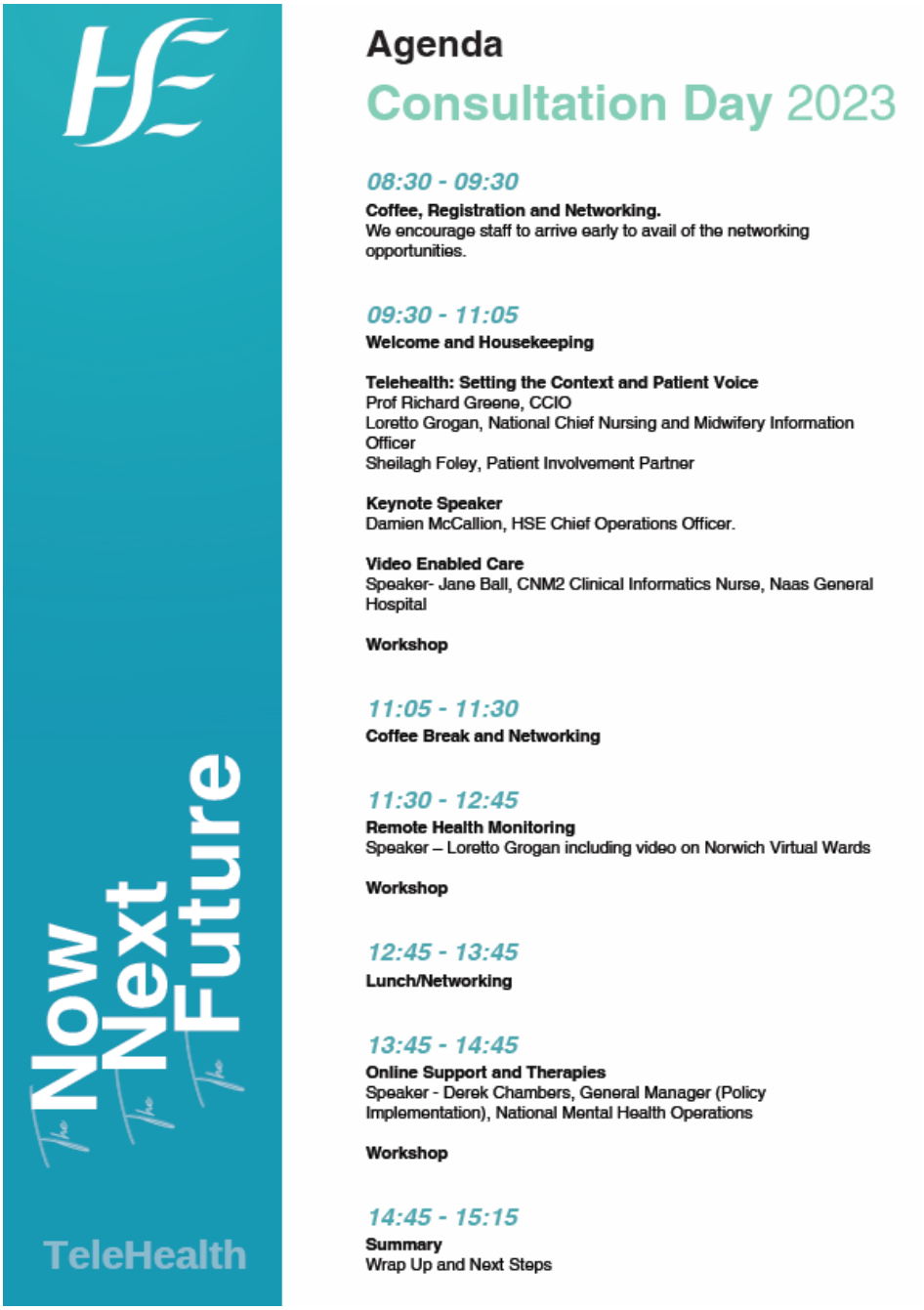
To ensure a cohesive and structured approach to service development, the Committee established a Working Group with the aim of developing a Roadmap for Telehealth to cover the period 2023-26. This work contains a number of core elements including a review of international literature and policy approaches, a review of current telehealth development status, and consultation with key stakeholders. As part of the latter module, an event entitled *'HSE Telehealth Consultation Day: The Now, The Next, The Future'* was developed with the aim of gathering the insights of key stakeholders on the development of telehealth across the HSE.

# Methods

## Consultation Day

'HSE Telehealth Consultation Day: The Now, The Next, The Future' took place in the Richmond Education and Event Centre, Dublin 7 on Tuesday May 30th 2023. This event focused on gathering the views of patients and service users, those using telehealth solutions within their clinical practice, and leaders in this space across the organisation to reflect upon the development of telehealth across both community and acute services over the course of recent years, and to share their views in relation to how such services could be developed across HSE services over the short, medium, and long terms. The agenda for the day is presented in Figure 1 below.

Fig.1: HSE Telehealth Consultation Day Agenda



## Data Collection

Attendees (n=80) were assigned to one of eight roundtables of ten people. The composition of each table was pre-set and constructed to ensure a mixture of patients/service users, clinical and non-clinical staff and, within those categories, a mixture of differing professionals e.g. nursing, medical, health & social care, IT, communications etc at each table where possible. Further, effort was made to ensure geographical spread encompassing urban and rurally based participants, and of junior and senior staff members.

In terms of data collection, the day was divided into three components focusing on the themes of Video Enabled Care, Remote Health Monitoring, and Online Supports and Therapies. For each component, a brief video vignette was presented followed a speaker who provided a focused 15 minute presentation outlining their work in that specific area with a view to informing and priming the sample collectively ahead of data collection. Following each presentation, questions were presented to the room which broadly sought to ascertain the views of those present about the development of each area presently, and over a three and ten year timeframe. A table facilitator and a scribe were assigned to each table and tasked with guiding the conversation along the defined questions, and with capturing the views expressed on same on a standard template form, respectively. Forms from each table were later returned to the organiser and collated for analysis.

A number of invitees who had registered to attend but were unable to do so on the day were contacted by email following the event and offered the opportunity to contribute their views. The text provided by those who replied (n=3) was included for analysis.

## Analysis

Data collected at each table of participants was aggregated by question and reviewed by a researcher. Answers to each question were iteratively coded and categorised under four identified themes or focus areas. A summary of the findings of the participants at the Consultation Day is provided below.

# Telehealth Consultation Day Findings

Four categories emerged during the analysis of the Consultation Day Findings:

(i) Education, Engagement, Awareness & Accessibility;
(ii) Infrastructure, Technology, Equipment & Resources;
(iii) Governance, Processes, Data & Evaluation; and
(iv) Vision for Telehealth in Ireland.

Considerations and important components highlighted and discussed by participants are discussed under each of these headings below. Graphical representations in relation to participant's views of the utility of the event are presented in Appendix 2.

## Education, Engagement, Awareness & Equitable Access

To support widespread engagement, culture change, buy-in, and valuable use of telehealth among citizens and healthcare staff, education, training and awareness building with consideration of equitable access were highlighted. To ensure the success of telehealth implementations, buy-in from clinical and administrative leaders in addition to citizens and other healthcare providers was advised

with a number of methods to promote this outlined below. According to participants, the focus of telehealth should also be on quality, to empower patients, enhancing as opposed to enabling healthcare, and telehealth should be a patient choice and clinical decision. Telehealth can also be used as an opportunity for staff to broaden their skills and work experience, and expand capabilities to work from home/remotely. Key actionable considerations for education, engagement, awareness and accessibility of telehealth included:

- Assessment of workforce skills and development of training using both in person & virtual methods on relevant aspects (e.g., procurement, implementation, consent, ethics, data analytics & management).
- Embedding of telehealth within all relevant job specifications, as well as undergraduate and postgraduate education programmes.
- To promote accessibility and equitable access; patient technology readiness checklists, accessible language and engaging content, promotion of digital literacy and provision of required equipment and suitable locations (e.g., Digital Hub) for patients were highlighted.
- Sharing of learnings, identification of telehealth opportunities and on-the-ground digital support could be promoted via avenues such as public awareness campaigns, team meetings, champions, clinical informatics roles, eHealth committees, national networks and innovation hubs.
- Management of the concerns and expectations of users through reassurance, trust building, sharing of the purpose of telehealth and the benefits (e.g., patient information leaflets).
- Ongoing input from all key stakeholders in the development and implementation of telehealth including patients, healthcare staff and IT stakeholders.

## Infrastructure, Technology, Equipment & Resources

Investment in the availability and improvement of equipment, space, resources and infrastructure was identified by participants as crucial to enable telehealth development in Ireland. The development of infrastructure should also consider ongoing developments (e.g., Electronic Health Records, Patient Portals) and advances in technology (e.g., Artificial Intelligence (AI)) to promote interoperability and integration in the future. A number of key considerations for infrastructure, technology, equipment and resources were identified:

- Funding and financial investment in equipment (e.g., monitors), space (quiet with good connectivity), infrastructure (e.g., Wi-Fi) and the workforce (for training, change management and new roles) will be needed with consideration of access to resources for both HSE & Voluntary Section 38 services.
- Development of innovation hubs or clinical informatics centres and ongoing funding of research and innovation with significant partnership with clinicians, universities and vendors (e.g., Spark innovation, Sláintecare Innovation Funds) would support ongoing telehealth development, innovation and implementation.
- Identification of current infrastructure to record, store and manage data from telehealth applications and the development of a central team to manage data and cybersecurity was advised.
- Development of standards for architecture, measurements, terms and coding across all devices and systems to support interoperability.
- Improvement in the availability of infrastructure to enable telehealth for the entire population (e.g., Community Digital Hubs, provision of devices, National Broadband).

- Building on what exists and scaling for other disciplines and nationally is recommended by tapping into services already in place.
- Development of a single location of telehealth apps, devices, therapies and supports (e.g., HSE websites) with standardised quality information (e.g., information leaflets).

## Governance, Processes, Data & Evaluation

To support efficient, effective and safe scaling of telehealth, it was identified that governance, processes, data collection and evaluations should be developed further. To support this development, the following findings were identified:

- Development of a national central inventory of telehealth implementations, uses, approved devices and evaluations/lessons learned/relevant documents which is available/disseminated to everyone.
- National and local governance and regulation over telehealth devices and implementations and ongoing use and sharing of these data (e.g., for population health) with consideration of future proofing for technical developments (e.g., AI).
- Development and use of standardised accreditation, approval and regulatory processes over apps, devices, wearables etc. used for telehealth.
- Identification of Key Performance Indicators (KPIs) as well as a national telehealth strategy.
- Research, outcomes, feedback and evaluations of telehealth as well as sharing of evidence (e.g., on clinical safety) should be undertaken for every telehealth implementation.
- Mapping and sharing of best practice processes, pathways, guidance for telehealth including standard operating procedures (e.g., escalation processes, procurement, cyberattack procedure), workflows, toolkits, documents (e.g., Data Protection Impact Assessment, business cases) etc. which allow adaptation as required.
- More standardised and meaningful data collection (e.g., adverse incidents).

## Future Potential for Telehealth in Ireland

It was envisioned by participants at the Consultation Day that telehealth will become the norm in healthcare within the next 10 years with all staff capable of caring digitally and providing blended care models using both in person and telehealth interactions. Overall, it is expected that telehealth will improve links between the community and acute healthcare sectors and that proactive development of needs are recommended. The vision for telehealth was discussed under the headings of Video-Enabled Care (VEC), Remote Health Monitoring (RHM) and Online Supports and Therapies (OST).

### Video-Enabled Care (VEC)

Over the coming years, participants expected that VEC will become an option for most appointments and will be routinely discussed as an option with patients. A combination of in-person and virtual appointments are expected within clinics with VEC providing as good if not better care as in person care. VEC will also be scaled and expanded to every clinical area such as digital triage, emergency care and other unscheduled care, and supporting specialists and MDTs to attend local clinics. It is expected that AI will also support VEC and medically suitable in-built translation services.

### Remote Health Monitoring (RHM)

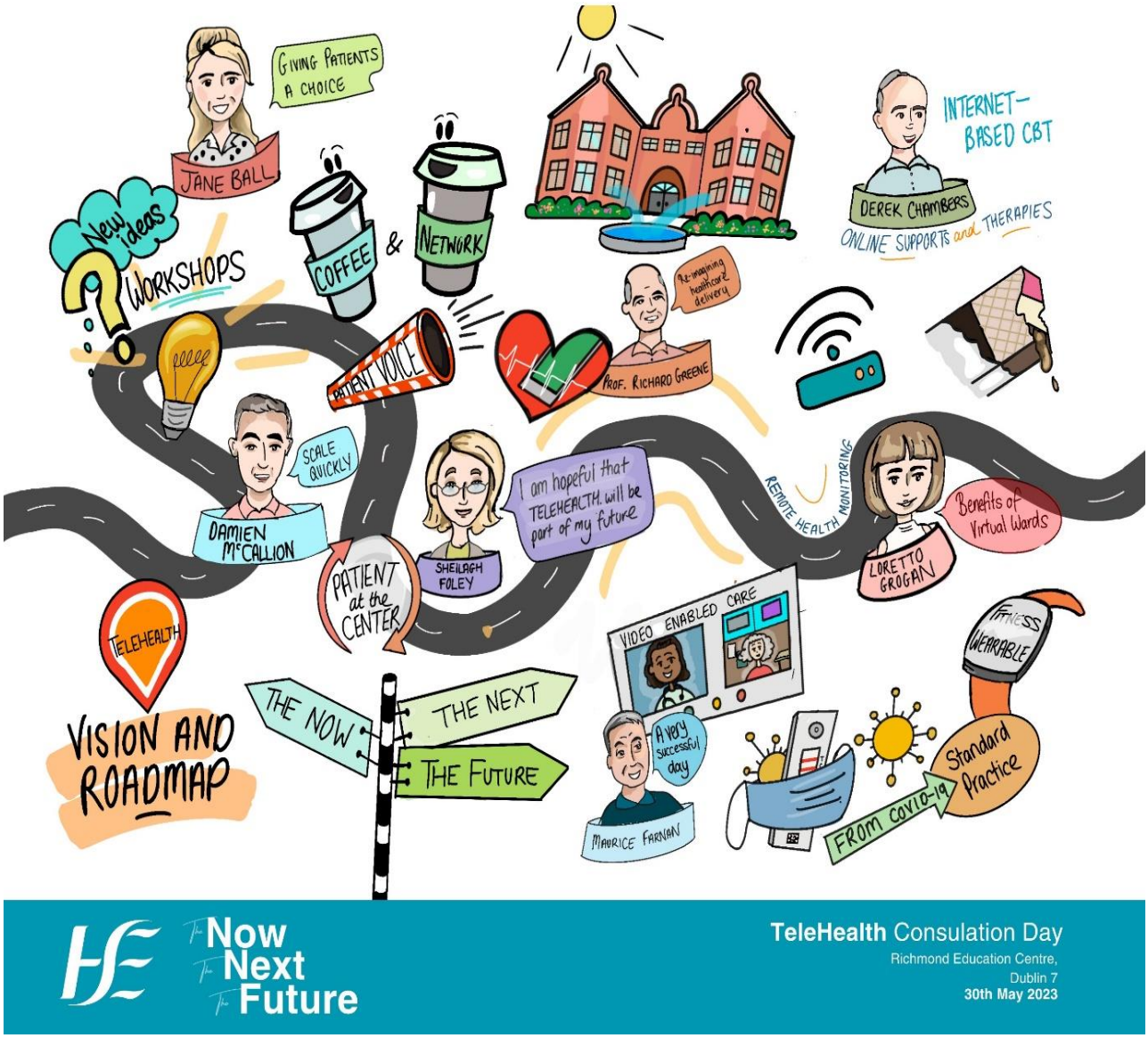
Participants expect that RHM will be further developed and enhanced over the next 10 years and be used in the blended care model in combination with VEC, OST and in-person appointments. This will help support more empowered patients, a reduction in clinical errors, improved diagnostics, an increase in the number of patients that can be seen, support some healthcare services to seek specialist advice, and reduce health service requirements and admissions with earlier interventions and monitoring. RHM could benefit many different clinical areas with use of wearables and other integrated devices as well as integration of information systems such as MedLis. AI is also envisioned to support RHM by processing and interrogating large data, and supporting clinical decisions. However, human oversight and assessment of safety is required with remote monitoring hubs expected to develop allowing multiple clinical leaders to access the live dashboards of data from RHM; assisting care across geographical regions.

### Online Supports and Therapies (OST)

A single location, app or website of accredited and approved OSTs which are easily navigated, signposted, engaging and accessible was envisioned by the participants over the next 10 years. This may be supported with further communications input on design of online supports. It is expected that OST will support persons during waiting times between services with early intervention and multimodalities available. However, this will also require assessment of safety and ensuring that escalation procedures are in place with links to clinicians and self-referral options where needed. Further national standardisation in the information available (e.g., patient information leaflets) will also be important as well as a single sign-on to telehealth applications where possible. Ongoing identification of user needs is also recommended using surveys. Similar to the two areas discussed above, AI is expected to support OSTs into the future with AI answering questions, translating information and providing interactive and tailored content to people.

## Conclusion

Overall, discussions at the Telehealth Consultation Day demonstrated the huge potential for telehealth to enhance the access to and the delivery of healthcare and the empowerment of citizens. It also highlighted the need for developments in areas such as training and engagement, infrastructure and technology, and governance and data collection, to support the safe, valuable and beneficial use of telehealth in Ireland. These findings from the Consultation Day will be used to inform the development of the National Roadmap for Telehealth 2023-2026.


Giving Patients a choice
Jane Ball
New ideas
Workshops
Coffee & Network
Internet-based CBT
Derek Chambers
Online supports and therapies
Re-imagining healthcare delivery
Prof. Richard Greene
Patient Voice
Scale quickly
Damien McCallion
I am hopeful that TELEHEALTH will be part of my future
Sheilagh Foley
Patient at the Center
Remote health monitoring
Benefits of Virtual Wards
Loretto Grogan
Telehealth
Vision and Roadmap
The Now
The Next
The Future
Video enabled care
A very successful day
Maurice Farnan
From covid-19
Standard Practice
Fitness wearable
The Now The Next The Future
TeleHealth Consulation Day
Richmond Education Centre,
Dublin 7
30th May 2023

# Appendix 1: Acknowledgements

The success of this event was made possible through the contributions of the following:

All the participants who attended on the day and offered their experiences and expertise.

**MC:** Thelma Pentony, Training Manager, eHealth

**Event Speakers:**

Damien McCallion, Chief Operations Officer, HSE

Prof. Richard Greene, Chief Clinical Information Officer & Chair, National Telehealth Steering Committee

Loretto Grogan, Chief Nursing & Midwifery Information Officer

Jane Ball, CNM2 Clinical Informatics Nurse, Naas General Hospital

Derek Chambers, General Manager, National Mental Health Operations

Maurice Farnan, Assistant National Director, Community Operations & Co-Chair, National Telehealth Steering Committee

Particular word of thanks to Sheilagh Foley for her presentation articulating the patient voice.

eHealth Telehealth Programme Team

eHealth Communications Team

National Digital Health Clinical Office

Management & Staff at Richmond Education & Event Centre, Dublin 7.

# Appendix 2: Participant Feedback on Event Utility