



Momentum's critical success factors: An introduction

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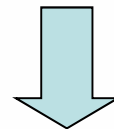
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- **Background**
- **The project itself**
- **Why critical success factors?**
- **Critical Success Factors in Momentum's four fields**
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eHealth actions in the Digital Agenda for Europe

Key Action 13 Undertake pilot actions to equip Europeans with secure online access to their medical health data by 2015 and to achieve by 2020 widespread deployment of telemedicine services.



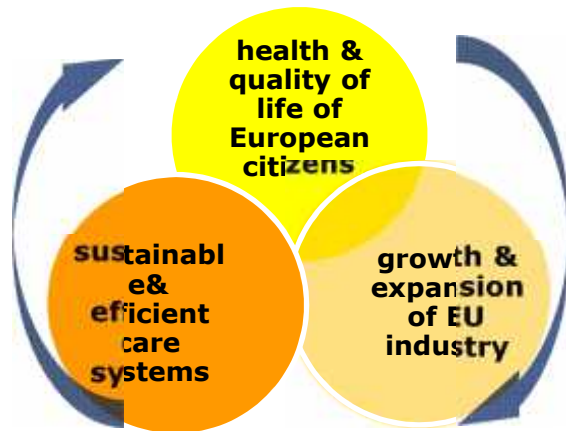


European Innovation Partnership on Active & Healthy Ageing

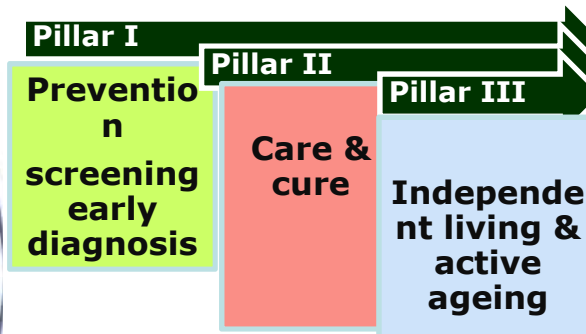


crosscutting, connecting & engaging stakeholders across sectors, from private & public sector
Specific Actions

+2 HLY by 2020
Triple win for Europe



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-  **Improving prescriptions and adherence to treatment**
-  **Better management of health: preventing falls**
-  **Preventing functional decline & frailty**
-  **Integrated care for chronic conditions, including telecare**
-  **ICT solutions for independent living & active ageing**
-  **Age-friendly cities and environments**



Outline of the project

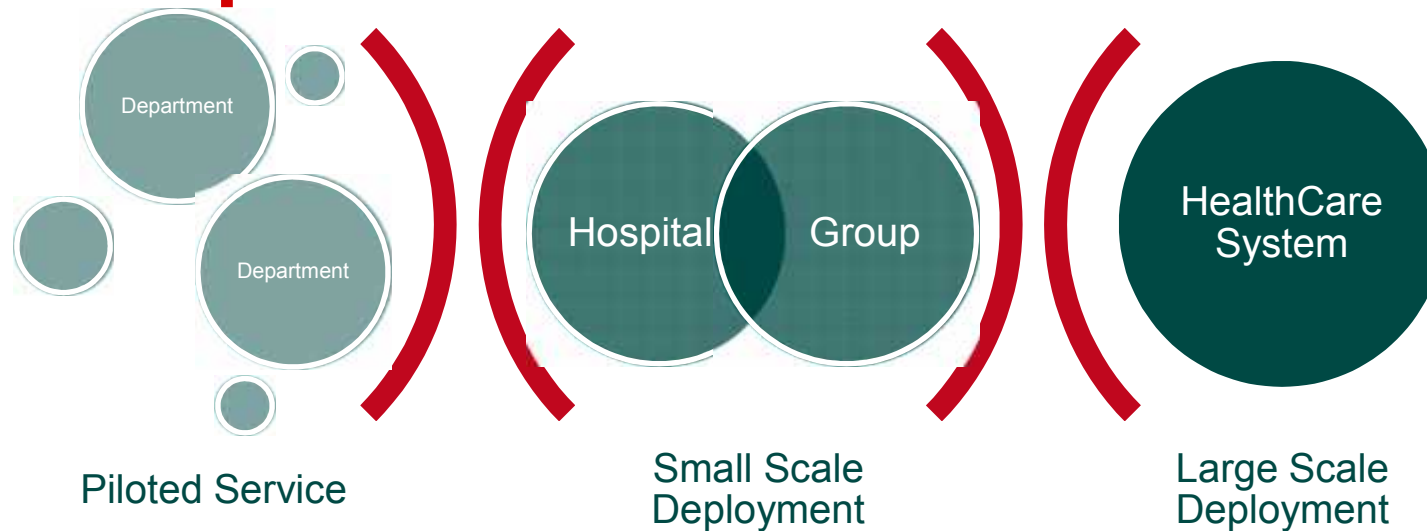
- **A CIP ICT PSP thematic network**
 - Running from February 2012 until January 2015
- **Consortium: 19 partners**
 - Telemedicine associations / competence centres from
 - Denmark, United Kingdom, Estonia, Norway, Spain, France, Sweden, Germany, Greece and Poland
 - European stakeholder associations representing
 - Health professionals and health care organisations, health insurers, technology vendors
- **A growing network of partners**

Watch out for pitfalls!

The gap in moving from pilots to routine care ...



From pilot to routine care ...



Testing of Service

Routine Care Service

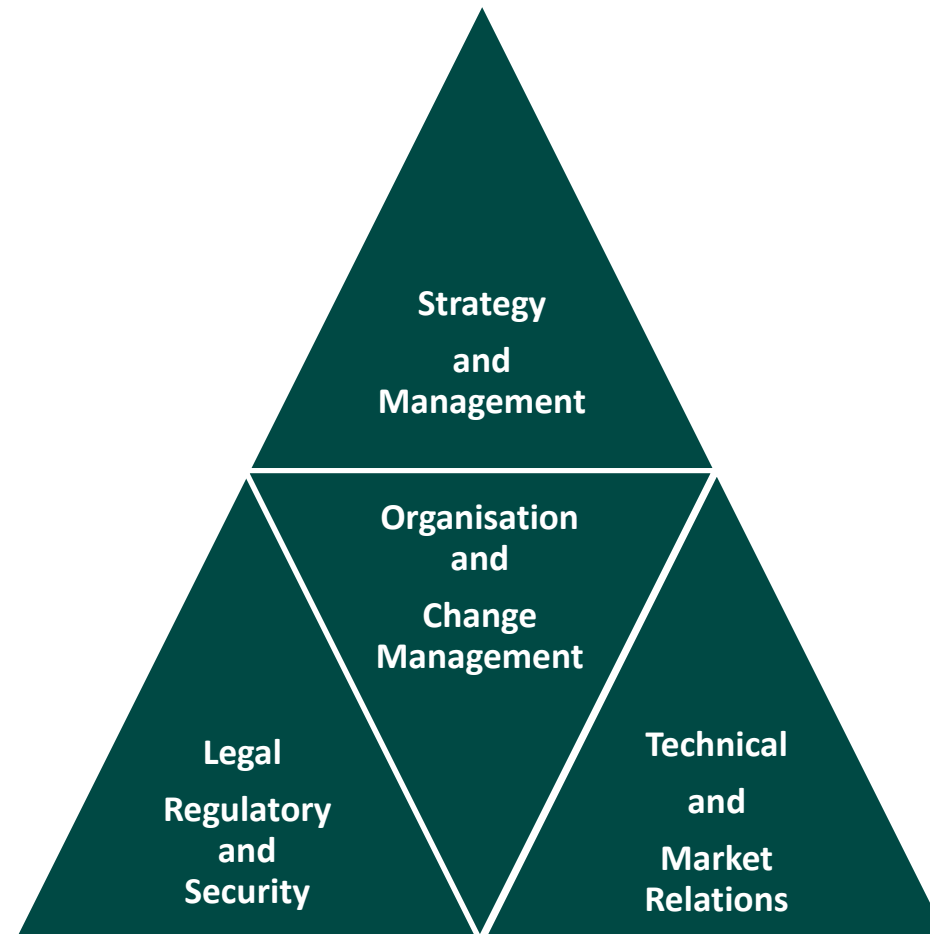
Lessons learned from deployment inside an organisation

- Local champions
- Limited constraints (e.g. at legal level)
- Cost and benefit analysis
- ...

Lessons learned from deployment across organisations (for servicing the healthcare system)

- Institutional endorsement
- Legal constraints (if it is a D2P relationship)
- Need for robust methods
- Socio-economic analysis
- ...

Four themes for Momentum's investigations



A European Telemedicine Deployment Blueprint

Why critical success factors?

When a doer is

- Seeking to scale-up telemedicine deployment
- Moving an initiative into routine, daily care

What he or she needs to take care of that is absolutely critical or vital to “make things happen”

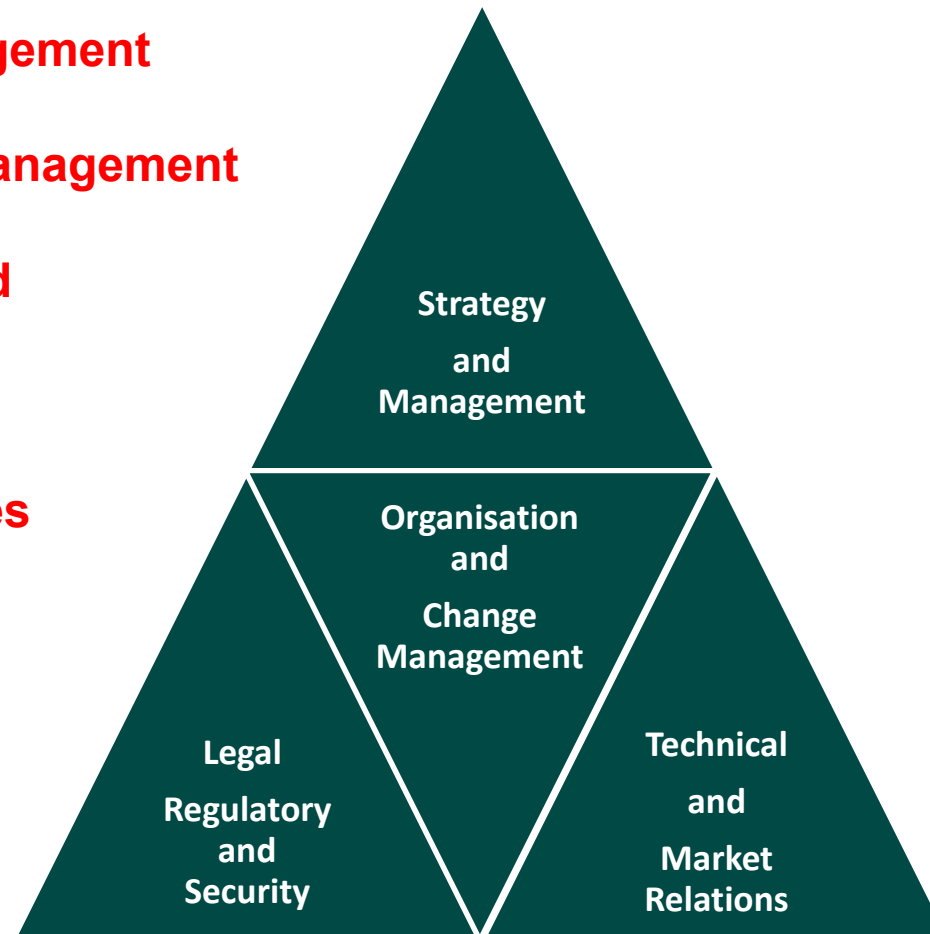
Critical success factors: a living list

strategy and management

organisation and management

legal, regulatory and security issues

technical and infrastructural issues



26 cases: four studied in-depth

Maccabi, Israel –
Chronic Disease Medicine Centre

RXEyes remote monitoring, Sweden

Telediagnosis, Norway

ITHACA, Badalona, Spain

Added one more: Gesellschaft für Patientenhilfe
DGP mbH, Munich, Germany

And others ... including from the EIP on AHA

Teledermatology, KSYOS TeleMedisch Centrum,
Netherlands

Telecardiology for Public Health Care of
Cardiovascular Diseases, Puglia, Italy

Norwegian COPD, Centre of eHealth and Health
Care Technology, University of Agder, Norway

A variety of telemedicine deployments in Scotland

Strategy and management

1. Check that there is **cultural readiness** towards telemedicine.
2. Ensure **leadership** through a **champion**.
3. Identify **a compelling need**.
4. Put together the **resources needed** for deployment and sustainability.

Organisation and management

5. Address the needs of the **primary client(s)**.
6. Involve **health care professionals and decision-makers**.
7. Prepare and implement a **business plan**.
8. Prepare and implement a **change management plan**.
9. Put the **patient at the centre of the service**.

Legal, regulatory and security issues

10. Establish that the **service is legal**.
11. Ask **advice** from legal, ethical, privacy and security experts.
12. Apply relevant **legal and security guidelines**.
13. Ensure that telemedicine doers and users have **“privacy awareness”**.

Technical and market relations

14. Ensure that the **IT and eHealth infrastructures** needed are in place.
15. Ensure that the **technology is user-friendly**.
16. **Monitor** the service.
17. Maintain **good practices in vendor relations**.
18. Guarantee that the technology has the **potential for scale-up** (i.e., “think big”).

18 critical success factors

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Strategy and management

1. Check that there is cultural readiness towards telemedicine.

Cultural readiness within a healthcare system/organisation is a **set of beliefs and perceptions** that influence **establishment of priorities**; **attitudes** that **determine behaviour** including **decisions, ideas and practices** that determine how a **person, organisation, society** will respond to the environment; and **challenges** that determine whether telemedicine will be viewed **positively or negatively**, and will be **embraced, rejected or just ignored**.

2. Ensure leadership through a champion.

(2) A champion is a **person** who is **committed to the telemedicine idea/initiative/service** and is willing to put himself/herself **on the line** to make it happen, has the ability to **enlist others** to the cause, can **secure the commitment of the leadership** (of the organisation or the system), and has the **ability to mobilise resources to make it happen** including other people who can be operational leaders.



Strategy and management

3. Identify a compelling need.

A compelling need is a **sufficiently high level “problem”** (i.e., shortage of healthcare professionals, excessive use of resources, wastage, or other) for which **a telemedicine service can supply a solution**. There may be a single compelling need or there may be a set or combination of compelling needs.



4. Put together the resources needed for deployment and sustainability.

- **Financing**
 - **People/human resource**
 - **Information**
 - **Time.**



Organisation and management

5. Address the needs of the primary client(s).

A primary client is a person, specialty group or organisation who has **clear incentive(s) to set up the service.**

6. Involve health care professionals and decision-makers.

Engaging healthcare professionals affected by the new telemedicine service. Actions that help healthcare professionals. Depending on the telemedicine service, the targeted healthcare professionals could vary i.e., they could be **physicians, nurses, or specific groups of professionals.**



Organisation and management

7. Prepare and implement a business plan.

A business plan is a **written document which results from careful analysis of available data**. It describes the planned telemedicine service, its sales and marketing strategy, and its financial background. It also contains a projected profit-and-loss statement. A business plan for the new service has to be in place even when the telemedicine service is provided by a non-profit or a governmental organisation.



Task	Start	End	Progress
Task 1	0	10	100%
Task 2	5	15	50%
Task 3	10	20	20%
Task 4	15	25	10%
Task 5	20	30	0%
Task 6	25	35	0%
Task 7	30	40	0%
Task 8	35	45	0%
Task 9	40	50	0%
Task 10	45	55	0%
Task 11	50	60	0%
Task 12	55	65	0%
Task 13	60	70	0%
Task 14	65	75	0%
Task 15	70	80	0%
Task 16	75	85	0%
Task 17	80	90	0%
Task 18	85	95	0%
Task 19	90	100	0%

8. Prepare and implement a change management plan.

A change management plan may need to **cover various phases of the implementation process** that supports the introduction of the telemedicine service.



Organisation and management

9. Put the patient at the centre of the service.

Patient-centredness means developing the service with the patients' perspective in mind. It takes into account the values of the culture, the personal and social needs of the users, and the users' comfort level, with the different forms of interaction – face-to-face and virtual. It strengthens the human relationship and does not depersonalise it.



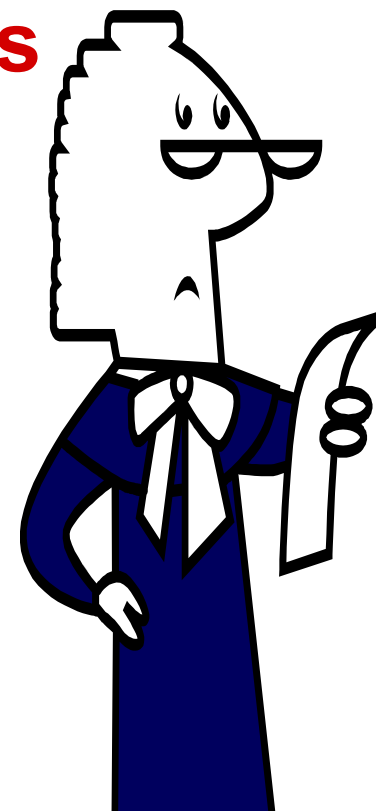
Legal, regulatory and safety issues

10. Establish that telemedicine is legal

Find out whether either (a) the telemedicine service at stake is authorised by public authorities or (b) the service is authorised by other bodies which have the competence to do this, ensuring that it enables a legitimate way to practise medicine. Make sure that telemedicine is **not inhibited by law** or is **not considered to be in conflict with the requirements for best practice** in medicine.

11. Ask advice from legal, ethical, privacy and security experts

Legal, ethical, privacy and security experts should have **knowledge of regulations relevant to telemedicine** at levels, internationally, nationally and locally.



Legal, regulatory and safety issues

12. Apply relevant legal and security guidelines

There are **guidelines for specific countries and for professional groups** – such as doctors – that codify legislative and security measures as well as ethical and policy considerations.



13. Ensure that telemedicine doers and users have “privacy awareness”

“Privacy awareness” is **knowledge about appropriate practice** when it comes to privacy and security behaviours. It is based on current ethical and legal principles.



Technical and infrastructural issues

14. Ensure that the IT and eHealth infrastructures needed are in place

IT infrastructure: An IT infrastructure is in place that ensures successful deployment and good functioning of the telemedicine communication system.

eHealth infrastructure: Health information systems – such as electronic health records and patient health records – are in place that capture, store and distribute clinical data across different levels of care, and among health providers and patients,



15. Ensure that the technology is user-friendly

Usability: means that the technology must be easy-to-use and have a user-friendly design.

Technology: means using technology standards and avoiding specific technology dependencies.



Technical and infrastructural issues

16. Monitor the service

Monitor the service operations to **ensure that they run smoothly**. Consider the **needs of the users**. Identify possible refinements to the service. Consider outlining specifications for each of these aspects of the service operation.



17. Maintain good practices in vendor relations

The deployment requires a **partnership between the doers and the industry** at all sorts of phases of the deployment. Good practices in vendor relations are based on a **transparent, straightforward service level agreement** signed by the contracting parties. Service level agreements and contracts need to be underwritten that clearly define what is expected from both parties, and what are the **rights and liabilities of engagement**.



Technical and infrastructural issues

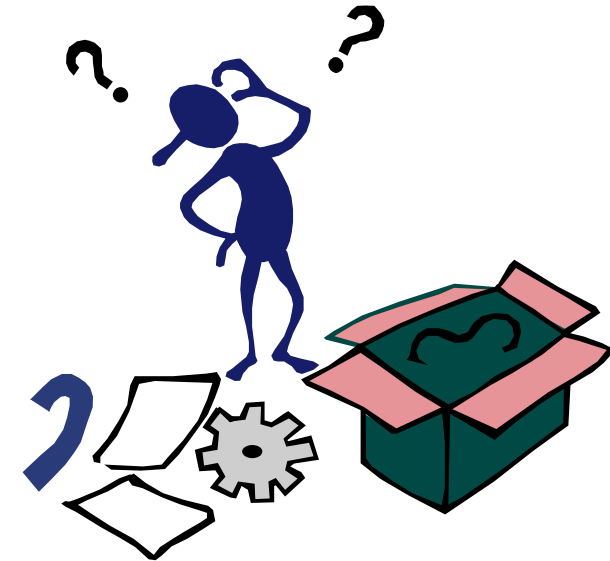
18. Guarantee that the technology has the potential for scale-up (i.e., "think big").

Consider that it may be important to grow and extend the telemedicine service to a larger scale. Therefore, choose the appropriate vendor and technology. The potential for scale-up can be achieved by using either standard technologies or technologies that are similar and yet are produced/offered by a range of suppliers



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Any questions?



● More at www.telemedicine-momentum.eu