MOMENTUM
Critical Success Factors
Strategy and management

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Critical Success Factors for Strategy and Management
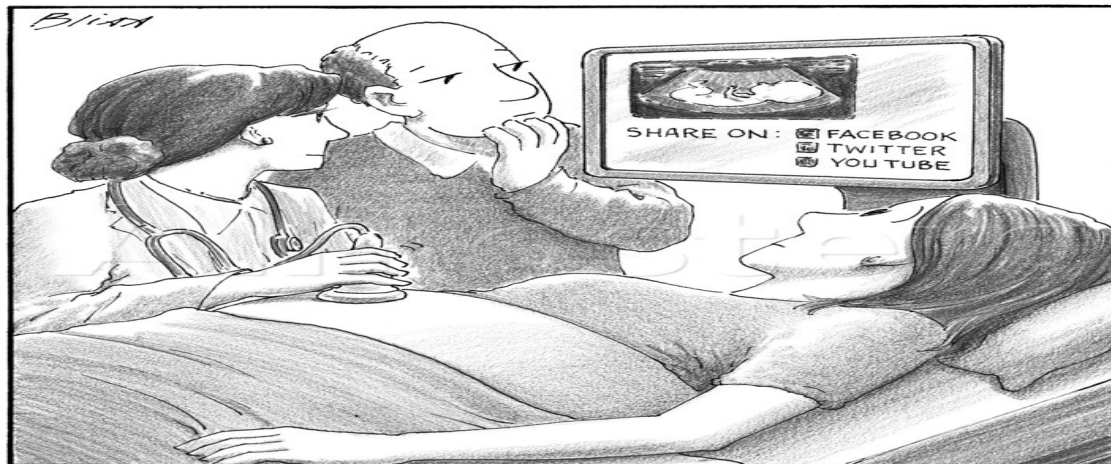
◉ **Assure that there is cultural readiness for initiation and deployment of the telemedicine service**

◉ **Make Sure You Have a champion who can move the development and deployment of the service forward**

◉ **Determine whether there is a set of compelling needs, define it and make sure the proposed service addresses it**

◉ **Recruit and aggregate the necessary resources – both financial and human.**

Assure that there is cultural readiness for initiation and deployment of the telemedicine service

Cultural readiness – a set of beliefs; perceptions that influence priorities, determine the nature of the response to Challenges and to the environment, that determine how telemedicine will be viewed. Characteristics of cultural readiness for telemedicine include:
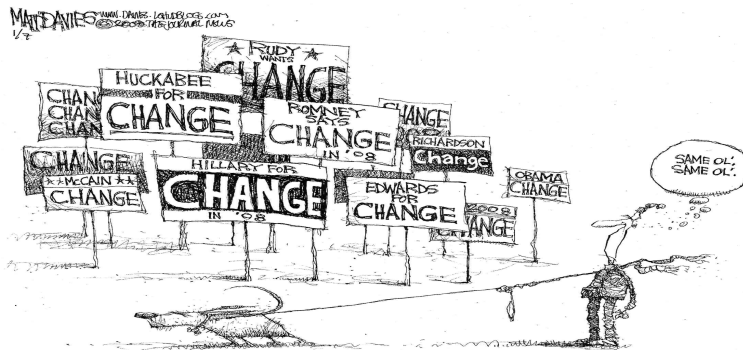
- Doctors and health care professionals willing to share clinical information with each other, and with the patient

Cultural Readiness

- **Patients and health care professionals ready to use ICT (computers, tablets, mobile phones etc.)**
- **Financial and other incentives aligned**
- **Underpinning culture that embraces technology**
- **Culture that welcomes/promotes change; openness to new ideas.**

Cultural readiness in the four cases

Maccabi Chronic Disease Telemedicine Center –

Israel/Maccabi mature in use of ICT

in healthcare,, digital orientation,

telemedicine consistent with

strategic vision,

clinician and patient comfort with

technology,

use of electronic medical record

transparent both for

clinicians and patients

Cultural readiness in the four cases

RxEye Sweden –

Cultural readiness in Sweden of the parties in the healthcare system to open the interpretation service to the marketplace and to accept new business processes in medical imaging, particularly in Image/interpretation and reporting.

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Cultural readiness in the four cases

Teledialysis, Norway

Both patients and local health personnel want this service for their confidence (they feel safer). They were comfortable with the idea of using teleconferencing particularly as it saved travel.

ITHACA

Telemedicine services for chronic hypertensive patients

BSA is an innovative organization

 with management autonomy

(a hybrid public model).

It has a history/tradition of

initiating innovation,

including technological innovation.

Make sure you have a champion

◉ **A person who is committed to the idea/initiative/ service and is willing to put himself on the line to make it happen**

◉ **A person who has the motivation and the will to make it happen**

◉ **A person who has the ability to enlist others to the cause**

◉ **A person who has the ability to mobilize resources to make it happen**

Note: a champion is not necessarily a visionary.
Someone else may have had the vision –
but s/he understands and is committed to the vision.

Champions in the four cases (1/2)

- **Maccabi Chronic Disease Telemedicine Center – The champion, external to the organization, influential (previously the Director-General of the Ministry of Health), persuasive, history of previous collaboration, came as a partner with resources. If he had not "pushed" there would have been no project. He continues to be actively involved in the ongoing development of the service.**

- **RxEye Sweden – The RxEye service was planned and deployed by two individuals who clearly believed in the medical imaging brokering service. They established the company and started the service. Finding customers still relies to a quite large extent on the activity and relations of the founders of the company.**

Champions in the four cases (3/4)

- **Teledialysis, Norway – The initiator was the nephrology department at the specialist health care hospital. The champions were the chief physician and the charge nurse in the renal ward.**

- **ITHACA –Catalonia, Spain – the clinical lead in BSA (Badolonia Surveis Assistencials) pushed for the implementation of this service and led it. The pharmaceutical firm, Novartis, was a strong partner and not only championed the initiation of the service but also brought resources to the initiative.**

Determine whether there is a set of compelling needs, define it and make sure the proposed service addresses it

Compelling need – a situation or problem that demands a solution that telemedicine can supply:

- **Essential to the accomplishment of the system/ organization's mission**
- **Essential to the management of the system/organization**
- **Necessary to insure basic principles and values**
- **Mandated under law or other authority**
  - Examples:
    - Demographic and epidemiological characteristics of population (aging, chronic disease) that increase demand
    - Limited resources, financial and human, to meet demand
    - Need for better access to care
    - Need for improved appropriateness and quality
    - Need for economic viability and sustainability.

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Compelling needs in four cases (1/2)

- **Maccabi Chronic Disease Telemedicine Center – The compelling needs are: aging of the population, increased chronic disease, inadequate human resources to meet growing need and increasing budgetary constraints**

- **RxEye Sweden – The demand for imaging and image reporting in medicine is increasing. The compelling need in the RxEye case is the increasing number of radiology and pathology examinations and the lack of radiologists and pathologists who are able to interpret these examinations.**

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Compelling needs in four cases (3/4)

◉ **Teledialysis, Norway – The compelling need for a solution to provide a high quality dialysis service in small local hospitals was the need for safety and a need to reduce travel time and costs for patients and doctors.**

◉ **ITHACA – Catalonia, Spain – The increasing number of patients with chronic hypertension and the need to improve quality, reduce cost and increase satisfaction were the main compelling needs. However, this was reinforced by the fact that this programme is part of the national strategic plan.**

Recruit and aggregate the necessary resources – both financial and human

Resources: the means required to actually physically develop and deploy the service:

- ◉ **Sufficient financing – grants, investments, subsidies, income from sale of services**

- ◉ **Human resources – people with expertise (or potential to develop competencies), in appropriate positions, with the requisite availability**

- ◉ **Knowledge – political, social, organizational, technological relevant to the service to be developed and deployed**

- ◉ **Time – making time available for the critical people involved by establishing priorities, setting deadlines, appropriate phasing and staging.**

Aggregation of resources in the four cases (1/2)

- **Maccabi Chronic Disease Telemedicine Center –** **Maccabi and the Gertner Institute invested matching funds, key personnel available from a previous pilot on cardiac heart failure who were assigned to the initiative, experience/ knowledge from the pilot. Both organizations gave the service high priority.**

- **RxEye Sweden – received investments from two venture capital funds. After the establishment of the service, it is being sustained by income from brokerage fees paid by clients.**

Aggregation of resources in the four cases (3/4)

- **Teledialysis, Norway –** In the initial phase the renal ward allocated the professional personnel. However, equipment, devices and the project leader were financed through project funds. Teledialysis is now a routine service publicly financed through the specialist health care hospital's ordinary budget. The personnel working on it are nurses in local hospitals /healthcare centres and nephrologists and nurses in the specialist health care hospital that provides the videoconferencing service.

- **ITHACA, Catalonia, Spain –** External funding procured by Novartis; professionals made available by BSA.

Thank You

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