Developments in the European Code of Practice for Telehealth Services

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The Changing European Context for Telehealth (1)

- Changing technologies
- Lack of health and social care staff with telehealth expertise
- Urgent need (and moral imperative) to change service paradigms relating to health and well-being
- eHealth Action Plan 2012-20 with pointers to needs or concerns about
  - personal data
  - standards
  - interoperability
  - health literacy
  and much more!
The Changing European Context for Telehealth (2)

- European Directives, etc. increasingly focused on eHealth / telehealth
- Staff Working Paper on Framework for Lifestyle and Well-being Apps
- Green Paper on Mobile Health
  - service effectiveness
  - increased compliance
  - more participative patients
  - use of and processing of data
  - more equitable access to health and support services
The Changing European Context for Telehealth (3)

- EIP AHA (European Innovation Partnership on Active and Healthy Ageing) Action Group Activities
  - prescription and adherence to treatment
  - personalised health management: falls prevention
  - integrated care for chronic diseases
  - interoperable living solutions
  - age friendly buildings, cities and environments

- European Code of Practice for Telehealth Services
  - from the TeleSCoPE Project led by Coventry University
One Aspect of that Changing European Context: Recognising a Broader Definition of Telehealth

... this from the TeleSCoPE Project

Telehealth is

... the means by which technologies and related services that are concerned with health and wellbeing are accessed by people or provided for them at a distance.
Our Broader Understandings:
Let’s Recognise the Wide Range of Telehealth Domains

Telehealth Service Domains

Health and motivational coaching
Activity, behavioural and lifestyle monitoring
Gait, seizure and falls monitoring
Point of care testing, and support for diagnoses/decision making
Vital signs monitoring
mHealth
Prompting for medication or therapy adherence
Rehabilitation and (re)ablement
Responding to ‘events’
Tele-consultation
So, This Means Telehealth is for Everyone, Anywhere, Anytime – not only Older People with LTCs
So, Importantly, Telehealth is not just about...

- the ‘delivery’ or top-down management of care
- clinical and acute conditions
- vital-signs monitoring
- collecting, sharing and usage of health data
- saving money and avoiding hospital admissions

Telehealth is ...

- about empowering people to manage their own care
- about maintaining and changing lifestyles and behaviours
- about better mental health as well as physical health
- about public and preventative as well as clinical health
- as relevant to a 26 year old managing her diabetes as it is to an 86 year old being helped with his dementia
How does the Code work?

- The Code is not just about regulation and inspection - services need to be guided towards a clear patient (people) oriented vision of telehealth
- A new approach has been developed with DNV-GL - services must meet the requirements of all clauses that apply - declarations and key documents must be posted on the website - a four year cycle applies with less ‘on site’ activity - backed up by regular conformity checks and ‘spot checks’ if needed
- With the end of project funding (Nov 30th) a new organisation has been registered to promote and further develop the Code - the Telehealth Quality Group EEIG (a European Economic Interest Group)
Registration and Accreditation to the European Code

- Registration is required with the Telehealth Quality Group
  - Costs €400 pa
  - managed (at the moment) through DNV GL
  - 10 registrations to date from varied kinds of telehealth services ... in (so far) UK, Ireland, Malta and Norway

- First accredited service is the East London NHS Foundation Trust
East London NHS Foundation Trust

- Accredited in August following rigorous assessment with DNV GL
- Two types of telehealth service
  - Florence (‘Flo’) texting and prompting service based on smart phone
  - Motiva (TV set top box for vital signs readings with questions and educational videos
  - Both link to health professionals who check readings and contact the user where cause for concern
  ... per Teresa O’Shea (Diabetes Specialist Nurse)

http://vimeo.com/93349330 [7mins]
A Note on DNV GL

- One of the three top certification and assessment bodies in the world
- Offices in France, the UK and all but one EU countries
  - 16,000 staff
- Healthcare ‘arm’ based in Norway and the UK
  - Active healthcare programme focusing on
    - patient safety and pro-active risk management
    - high quality care service provision
    - service sustainability
    - patient involvement
    - smarter data analytics
    - sharing of good practice internationally
“... an important development to help health reforms in the EU. A quality benchmark for telehealth services that fits well with the objectives of the Commission’s eHealth Action Plan. I wish to see the Code being endorsed by key regulatory or government bodies in member states.”

Tapani Piha (Head of eHealth and Health Technology Assessment Unit) European Commission DG SANCO

[The Code is]... providing both a much needed steer for services in the EU and ... a framework for service provision that will be welcomed both by service users and providers. Telehealth is much more than vital signs monitoring. The Code helps us in developing that wider perspective.

Brian O’Connor
(Chair) European Connected Health Alliance

... and many more (see flier)
A Taster of the Code’s 54 Clauses

• From A6 (Sustainability Policy) to J7 (Recovery, Recycling and Re-Use of Technologies/Equipment)
  • Nine Sections
    - A General Considerations
    - B Ethical Issues
    - C Governance and Financial Issues
    - D Personal Information Management
    - E Staff and Staff Management
    - F Contact with Users and Carers
    - G Interpretation of and Responses to Information
    - H Communications Networks
    - J Hardware and Technological Considerations
  • Seven Appendices including Glossary
**Section B – Ethical Principles**

**B1 Mission Statement**

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**Guidance:**

*Services shall have a mission statement that sets a clear direction for the service with regard to its objectives and modus operandi and which is in accordance with the ethical principles for service provision in the healthcare field that apply.*

*The mission statement shall be dated and renewed annually.*
## Section B – Ethical Principles
### B1 Mission Statement

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### Requirement:
Services shall make provision for users and carers to access their personal information.

### Guidance:
Full access to personal information shall be available to users and carers, but they shall not be able to alter or add to such information except in respect of updating their circumstances or service choices; and when uploading information e.g. regarding measures of their vital-signs. Their right to request corrections and, in certain circumstances, to object to the processing of their personal data must be recognised.

… (paragraph omitted)

This right of access extends to users and carers where their service access arises through a contracted arrangement with an intermediary organisation.

**Section E – Staff and Staff Management**

**E6 Whistle Blowing Policy**

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<td>Services shall have a whistle-blowing policy by which staff are able to report any concerns.</td>
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**Guidance:**

*This policy shall ensure that all staff are fully aware of their responsibility to, and the avenues by which, they (in confidence and without prejudice to themselves) can report if elements of the service may have fallen or be at risk of falling below the required standards.*

*It follows that contracts for staff shall contain a suitable ‘whistle-blower’ clause and that procedures for reporting their concerns shall be set out.*

*… (paragraph omitted)*

*… any concerns reported by staff shall be properly documented and held securely. Provision shall be made to protect, where appropriate, the anonymity of the informant.*
## Section F – Contact with Users and Carers
### F3 Tele-consultation (via Video)

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<td>Services shall have policies, where included as part of the contracted service, for tele-consultations (via video) to users and carers.</td>
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<td>Tele-consultations shall only be undertaken by authorised staff and must follow clear procedures. These shall include</td>
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<td>★ agreement with users and carers or other relevant persons for the visits and/or due advance notice being given;</td>
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<td>★ a record being made of the visit, its purpose and its outcome;</td>
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<td>★ how interaction with users and carers can, where necessary, be afforded the necessary level of privacy e.g. taking account of the potential presence of others; and</td>
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<td>★ any special considerations (e.g. the manner in which introductions are made).</td>
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Authorised staff undertaking such tele-consultations shall clearly identify themselves online at the beginning of the encounter.

… (several paragraphs omitted)
And there are 50 More Clauses ...

- that cover all aspects of telehealth services
- that apply to all kinds of telehealth services
  - from telecare and social alarms
  - to activity monitoring
  - to health coaching
  - to vital-signs monitoring

... and relating to needs from pregnancy to palliative care

- that focus of the needs and choices of service users (and carers)
  - that build trust in telehealth
  - Applicable for the UK, the wider EU and internationally
What Now?

- Procedures have been tested in first assessment
  - Wide adoption of the Code is anticipated
- The Code will give crucial steer and provide quality benchmark for European telehealth services
  - There is significant wider international interest
- A successful and outcome of high importance from a European Commission funded project
This Code can make a difference to the way we think about telehealth

…and we can provide the means by which real health gains in the UK and the wider EU can be achieved.

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Thank You! Diolch yn Fawr!

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