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Conference Abstract

Application of learning from a local Telehealth proof of concept to support dallas delivery

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Abstract

Introduction: The potential benefits associated with Telehealth have been publicised widely amongst interested parties. A challenge remains to take the lessons learnt from pilots and trials forward to delivery at scale. The dallas (delivering assisted living lifestyles at scale) programme from the Technology Strategy Board (TSB) is designed to address this. This paper describes how the results and experience of a proof of concept are integrated into the dallas programme in Liverpool.

Objective: To introduce Telehealth as a small scale telehealth Proof of Concept project (POC) in the Liverpool area to locally:

- Demonstrate the benefits in the use of telehealth technology in terms of cost savings/ patient experience
- Identify key lessons learnt from the POC that can support and facilitate future roll out.
- Identify opportunities to change the way that health care is delivered to patients with long term conditions

Methods: The Motiva system was rolled out to patients over two phases in 2011/2012.

Phase 1: Patients diagnosed with Heart Failure with 2 or more hospital admissions were approached by their Heart Failure Nurse/General Practitioner for sign up, with recruitment by a general nurse. Monitoring of results was performed by clinical support staff with a protocol to follow for medium/high risk alerts – with follow up by the Heart Failure Nurse/General Practitioner

Phase 2: Patients enrolled on the pro-active care programme (facilitated by Liverpool Community Health) diagnosed with COPD, Diabetes or Heart Failure were approached and recruited by their named Community Matron. Monitoring of results was provided by a neighbourhood Community Matrons team.

Patients on both phases undertook a 12 week educational programme to educate and promote self-care in their diagnosed chronic disease.

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Results:

- Community Matrons were more successful during Phase 2 at recruitment and the triaging of patients.
- Patients felt more in control of their health (96%), felt greater confidence in managing their own health (88%) and reported an improvement in knowledge and understanding (96%).
- Most clinicians recommend use of telehealth (90%) and were either satisfied /very satisfied in use of telehealth to understand patient's health (50%), however 70% of clinicians felt that improvements would be needed for a large scale implementation. In and identified key areas to address as information sharing and interoperability.

Significant lessons learnt included:

- Risk Stratification of patients , is essential to identify the correct cohort of patients that will benefit from Telehealth
- Technology should wrap around the clinical model with a clear step up/step down approach
- Better decision making and self –care through educational modules
- Interoperability between community/GP systems/ Telehealth software with access to diagnostic results to build wider understanding of patient's conditions.

Conclusion: The outputs from the POC have been taken forward in the Liverpool dallas programme entitled 'More Independent (Mi). Mi's philosophy is to promote ownership of health for all people, encompassing healthy living, social care and long term condition management. Mi is a consortium of commissioners. Health and social care providers, charities and industrial partners who work together to create a seamless patient experience

The programme provides 3 year staged roll out and will build upon the positive evidence and experiences to date , to support the comprehensive service redesign required to deliver at scale.

Keywords:

telehealth, liverpool, mi more independence, dallas, delivery at scale,

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