

Evolution and Future of Telehealth Services

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Objectives

- Provide overview of the evolution and current status of Telehealth Services in Canada
- Consider an enhanced role for Telehealth Services in relation to ongoing Health Care System reforms and Societal Changes

In the Beginning...

There were telephones

- ▶ 1920's Doctors' Offices
- ▶ 1940's Public Health Offices
- ▶ 1950's Poison Control
- ▶ 1970's Crisis Lines
- ▶ 1980's EAP Programs & Pharma Lines
- ▶ 1980's Videoconferencing for Continuing Education & Clinical Consultations/Visits
- ▶ 1990's Telehealth Contact Centers
- ▶ 1990s Real Time Audio-Visual Telemonitoring
- ▶ 2000's Cell Phone Text Messaging

And, then came computers, with

- Decision Support Software and Evidence-based Clinical Guidelines
- Ability to house patient registries and electronic health records
- Store and abstract many different pieces of data which is then used to create valuable information for individual clinical care planning, quality monitoring, evaluation; and to profile the group and sub groups for strategic planning and measurement of outcomes, etc.
- Huge potential for caregivers and patients to access a comprehensive pool of health related information and to communicate with many different stakeholders

Current Inventory of Telehealth Services

- **Symptom Management (Triage)**
- **General Health Information**
- **Community Resources Information**
- **Poison Information Services**
- **Rabies Information**
- **West Nile Virus Information**
- **Scheduling of Appointments**
- **Physician Referral**
- **Organ & Tissue Donation**
- **Influenza Information**
- **Gambling & Addictions**
- **Public Health Crisis Support**
- **Smoking Cessation**
- **Weight Control**
- **Dietitian Support**
- **Drug Information**
- **CDM Support**
- **Ambulance Divergence**
- **Bed Registry Information**
- **Palliative Care Support**
- **Follow up for ED patients**
- **Patient Surveys**
- **Specialty Pharma Protocol Support**
- **Psychologist & Social Work Interventions**

There are also many Telehealth Centers that are not publicly funded

Insurance Companies

Pharma Companies

Ambulance Dispatch Services

Disease Specific Not for Profit Agencies

Employee Assistance Programs

Assumption

In Canada, at all times and in very ordinary places (offices, meeting rooms, restaurants, washrooms), someone is deciding to reform the healthcare system (again), whether it needs it or not...

Drivers of Current Health Care Reform in Canada

- **Funding Pressure (Concern re sustainability of the publicly-funded system)**
- **Increasing Costs related to Chronic Diseases**
- **Significant shortage of health care professionals with dismal predictions of what is yet to come**
- **Information Technologies and access to more and more reliable info**
- **Increased consumerism, which includes increased demand for:**
 - ▶ **Accessibility**
 - ▶ **accountability of professionals**
 - ▶ **involvement in decision making)**
- **Safety concerns**

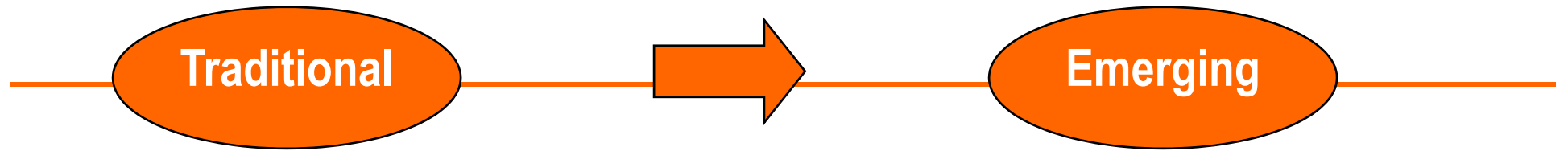
Nature of Health Care Reforms in Canada

- Restructuring of health care system (Regionalization and Consolidation)
- Reduced spending on goods and services, investment in infrastructure, lengthening of sales cycles and increasing focus on short-term gains and sharing of risks with vendors
- Shift from acute care and hospital-based ambulatory clinics to community and home-based care
- Shift from “fee for service” only primary care physicians to group multi-disciplinary practices with different modes of payment
- Increased spend and political momentum on healthcare IT, particularly EHR
- Increased focus on metrics and outcomes for health care delivery

Nature of Health Care Reforms in Canada

- Increased role of private sector in delivering publicly-funded services
- Considering possibilities re new types of health care workers or IT support to reduce the demand on traditional health care professionals; different work situations, such as work from home
- Increased accountability of professionals and patients, including +++ focus on self-care
- Increased scrutiny re safeguarding the privacy of patient information, safety and appropriateness of healthcare delivery

Paradigm Shift in Model of Care



Provider Focused

Illness

Institutional Based

Episodic Care

Incident Management

Patient Compliance

Supply Management

Single Provider Decisions

Patient & Family Focused

Wellness & Coping with Illness

Community Based

Continuum of Care with long term focus

Management of the person

Self management focus

Demand Management

**Multi-disciplinary, Evidence-based
Decisions with patient as part of the team**

What does this mean for Telehealth?

More applications:

- ▶ Primary Care Support after hours and to Remote Communities
- ▶ Chronic Disease Management
- ▶ Wellness & Health Promotion Programs
- ▶ Sophisticated Home Care Support via Telemonitoring
- ▶ Integration with School Health
- ▶ Health Interpreters
- ▶ Patient Advocates and Self Help Coaches

Broader Populations:

- ▶ Global Possibilities
- ▶ Cultural and Language Implications

And, there are those thinking of Telehealth Reform...

Easier Access:

- **Different entry points (web, text messaging, telephone, written document, group webinars, telemonitoring)**
- **Group Access versus single person access**
- **Self Referral versus physician referral to many different health care providers (pharmacists, physiotherapists, speech and language pathologists, nutritionists, psychologists, social workers)**
- **Real time (24/7) to reliable information and services from any site (home, work, recreational area); most teachable moments and when most in need of health services**
- **Personal Health Record (Patient owns web based record not Health Care System, they share with providers –it travels with you)**

Current Status & What's on the Horizon

- Increasing use of “work from home” for nursing staff
- +++ Self Care Support
- Support for Chronic Disease Management services is seen as natural extension of current role

Advanced Cell Phone Use in telehealth

Chat Lines

Email your question

Group Education via Webinars and Seminars

Current Status & What's on the Horizon

Diagnosis Assistance for those in Primary Care & Remote Areas
(Dermatology Application)

Patches and continuous monitoring of conditions

Drug Distribution to Point of Care

Benchmarking

E prescribing; E referral (broad applications)

Surveillance Programs

In Summary

- **Integrated single platform solution with other care management programs, example: for post acute care discharge support programs and chronic disease management programs**
- **Creative ways of marketing the service with the goal of increasing the public's use of the service and thereby reserving other health care professionals for other activities**
- **Use of shared technology and EHR; Personal Health Records; Surveillance Models**
- **Become partners in finding the best “care effective and cost efficient” service delivery model, including review of what non-professional staff could contribute (eg NHS Direct: 911 + Health Educators)**

Things on the National “To Do” List

- Develop and implement Accreditation Standards for both private and public agencies who provide Telehealth Contact Centre Services
- Develop educational programs for professionals to learn how to effectively deliver services that promote self-care and that requires professionals to interpret information, rather than recite it to patients
- Define competencies for staff groups and develop programs to develop and monitor them (common framework for self management, etc)
- Develop benchmarks regarding outcomes and other related metrics
- Address the issue that symptom management services are not “Go to ED” lines