

European Code of Practice for Telehealth Services: Developments and Uptake

Developed through the TeleSCoPE Project

www.telehealthcode.eu

Medetel 2014

Dr Malcolm J Fisk, CoDirector
Ageing Society Grand Challenge Initiative
Health Design & Technology Institute - Coventry University
mfisk@cad.coventry.ac.uk



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An Alternative Definition of Telehealth



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



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The Context (1)



- Changing technologies
- Changing service frameworks
 - Changing service paradigms
- Increasing focus on telehealth / eHealth
- Shortage of nursing staff (and other allied health staff?)
 - Attention needed to staff skills and competences
- Broader issue of health and digital literacy



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The Context (2)



- eHealth Task Force report
- European eHealth / telehealth developments – including the eHealth Action Plan
- European Innovation Partnership for Active and Healthy Ageing – including B3 Group: Integrated Care
 - Concerns about lack of service standards; personal data; interoperability, etc.



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Telehealth Domains

Some Conditions & Circumstances

Sight or hearing loss
Mobility and dexterity problems
Mental health problems
Chronic kidney, heart or lung conditions
Neurological conditions
Diabetes
Frailty
Dementia
Pregnancy
Learning disabilities
Palliative care

Telehealth Service Domains

Provision of health information
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



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Telehealth: Everywhere for Everyone, Anytime



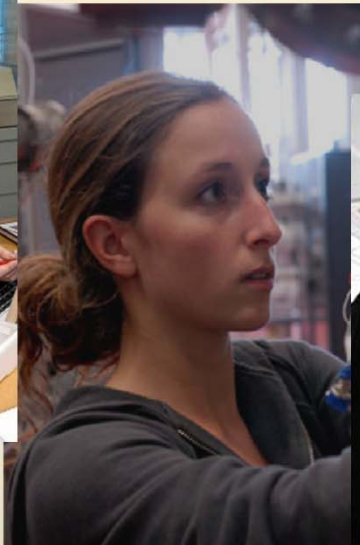
at home



in school



at college



in work



on the move



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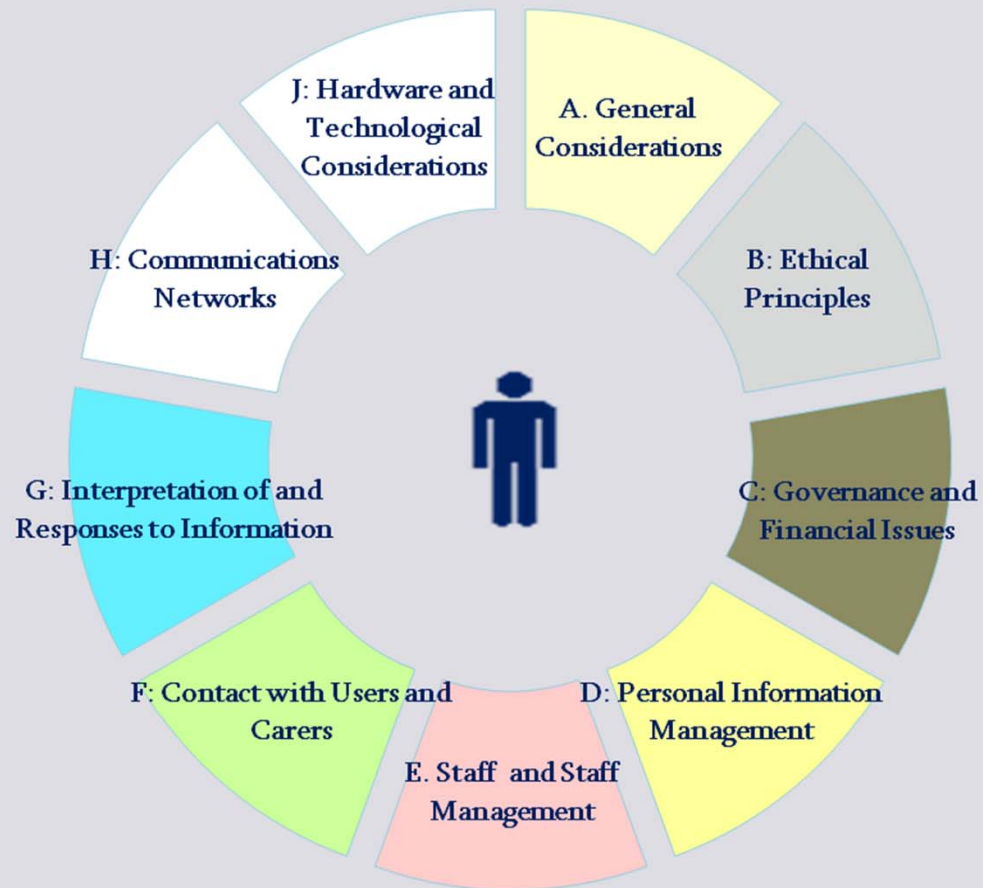
Supporting People in New Ways

- *Public and preventative health agendas*
 - *Self-management*
 - *Better lifestyles*
 - *Development of 'health capital'*
[Per EC eHealth Action Plan]
 - *Personalisation*
 - *whole person approaches*
 - *Support for health*
 - *motivation, medication*



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Code Framework



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Code Contents



54 clauses

6 appendices – 5 of which offer further guidance

Accreditation requires conformity with all applicable clauses

... minimum 47 (and 49 within 12 months)

... including declarations on their websites

Inspections undertaken by qualified inspectors and auditors

... detailed procedures currently under development

... with Det Norske Veritas (DNV Healthcare)



DNV

MANAGING RISK



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SECTION A – GENERAL CONSIDERATIONS



A1 Compliance with the Code

A2 Availability of the Code

A3 Service Website

A4 Compliance with Statutory Requirements

A5 Adjustments to Changes in Statutory Requirements

A6 Sustainability Policy

A7 Outcomes Focussed Appraisal

A8 Integrity of Service Locations

A9 Insurances



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SECTION B – ETHICAL PRINCIPLES



B1 Mission Statement

B2 Conflicts of Interest

B3 Promotion and Marketing

B4 Providing Information for Users and Carers

B5 Taking Account of User and Carer Views



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SECTION C – GOVERNANCE & FINANCIAL ISSUES

- C1 Governance Structure*
- C2 Business Continuity*
- C3 Risk Management Plan*
- C4 Maintaining Records*
- C5 Back Up Arrangements*



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SECTION D – PERSONAL INFORMATION MANAGEMENT

D1 Protecting Personal Information

D2 Staff Access to Personal Information

D3 User and Carer Access to Personal Information

D4 Dealing with Personal Information after Service Cessation to the Individual and/or Carer

D5 Anonymisation and Further Usage of Personal Information



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SECTION E – STAFF & STAFF MANAGEMENT

E1 Sufficiency of Staff for Service Provision

E2 Staff Recruitment Policies

E3 Providing for the Support and Well-being of Staff

E4 Safeguarding Staff when Travelling and Visiting

E5 Staff Training

E6 Whistle Blowing



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SECTION F – CONTACT WITH USERS AND CARERS

F1 Agreements with Users and Carers

F2 In-Person Visits

F3 Tele-consultation (via Video)

F4 Guidance and Training for Users and Carers

F5 Development of Personal Plans with Users and Carers

F6 Prompts to Users and Carers with regard to Service Needs

F7 Service Discontinuation to Individual Users and Carers by Provider

F8 Survey of User and Carer Views of and Satisfaction with Service

F9 Complaints, Compliments and Suggestions

F10 User and Carer Fault Reporting

F11 User and Carer Changes to Network Supplier

F12 Provider Changes to Network Supplier

F13 Abuse



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SECTION G – INTERPRETATION OF AND RESPONSES TO INFORMATION



G1 Procedures and Protocols within Personal Plans

*G2 Responding to Information Gathered through Remote
Monitoring*



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SECTION H – COMMUNICATIONS NETWORKS



*H1 Agreements Between Services and Telecommunications
Providers*
H2 Monitoring of the Communications Networks



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SECTION J - HARDWARE AND TECHNOLOGICAL CONSIDERATIONS

J1 Fitness of Technologies/Equipment and Related Software for the Purpose of the Service

J2 Database of Technologies/Equipment

J3 Equipment Recall, Removal and Disconnection Procedures

J4 Protection and Safe-keeping of Technologies/Equipment

J5 Installation, Programming and Demonstrating of Technologies/Equipment

J6 Maintenance, Servicing, Repair and Replacement of Technologies/Equipment

J7 Recovery, Recycling and Re-Use of Technologies/Equipment



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APPENDICES



AA: Acknowledgments, Code Authorship and the TeleSCoPE Partners

IS: Some Relevant ISO Standards

PS: Personal Safety of Telehealth Staff

SK: Skills, Knowledge and Training of Telehealth Staff

SM: Surveys - Some Methodological Issues

UD: Users and Carers with Disabilities



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What's Missing?

- *There is no clause on consent*
... *explicit consent is a requirement in several clauses*
- *There are no PIs or KPIs*
... *satisfaction of each clause is a PI – determined by judgement*
- *The Code doesn't specify the need for interoperability*
... *interoperability is pointed to as desirable –*
but if a user finds a service / technology that works for
them, it would be wrong to restrict their choice



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What Next?

- *Telehealth services are invited to be assessed / seek accreditation*
- *Government and regulatory bodies are being invited to endorse it*

• *Why?*

... because we need a broad vision of telehealth

... because we need telehealth to address public and preventative health as much as clinical health

... because we want people to take more control of and self-manage their health

... because we want to see radical reform in the way that we provide (not 'deliver') our services



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The Assessment Framework

European Code of Practice for Telehealth Services Standard Process on 4 Year Cycle

Year Zero and Year Four (after 48 months): Foundation Assessment

Year One (after 12 months): Interim Assessment

Year 2 (after 24 months): Interim Review

Year Three (after 36 months): Interim Assessment

Anytime On-going Conformity (and Spot) Checks
Anytime Service Review or Pre-Assessment Review

Working with DNV Healthcare (Det Norske Veritas)



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What Progress?

- *We have a queue of telehealth services who want to be accredited*
 - *Framework for assessments ready by 16th May*
 - *Arrangements are in place for the training of assessors*
 - *First accreditations in May/June*



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THANK YOU!

DIOLCH YN FAWR!

Dr Malcolm J Fisk, CoDirector
Ageing Society Grand Challenge Initiative
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University
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