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
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
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
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.
## 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
Telehealth: Everywhere for Everyone, Anytime

at home

in school

at college

in work

on the move

Executive Agency for Health and Consumers
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
Code Framework
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)
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
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
C1 Governance Structure
C2 Business Continuity
C3 Risk Management Plan
C4 Maintaining Records
C5 Back Up Arrangements
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
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
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
SECTION G – INTERPRETATION OF AND RESPONSES TO INFORMATION

G1 Procedures and Protocols within Personal Plans
G2 Responding to Information Gathered through Remote Monitoring
SECTION H – COMMUNICATIONS NETWORKS

H1 Agreements Between Services and Telecommunications Providers
H2 Monitoring of the Communications Networks
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
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
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
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
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)
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
THANK YOU!
DIOLCH YN FAWR!

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