e-HEALTH: ‘READY’ - ‘SET’ - ‘GO’
- ARE WE STILL STUCK ON ‘READY’? -

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• 1997: “Telemedicine has been talked about for more than 20 years, without it entering daily use with any success”.
• 2003: “‘Readiness' needs to be systematically assessed and is important for long-term success”.
• 2014: “e-Health has been a recurrent topic in health reform, yet its implementation, ultimate role, and feasibility are yet to be clearly defined”.

Progress? - Literature Statements -
Progress?

- Literature Statements -

• Has ‘telemedicine’ / ‘telehealth’ / ‘e-health’ stalled??

Abstract

Background
Today there is much debate about why telemedicine has stalled. Teleradiology is the only widespread telemedicine application. Other telemedicine applications

unintended consequences to determine what should happen now to safeguard against failure.

value’. [45]

It appears that significant e-health progress in Britain may therefore have stalled.

Legal hurdles may stall telehealth’s role in workforce crisis

February 12, 2014
By Ross E. Weber
e-Health (Telehealth) Implementation
- A Logical – Systematic – Progression?

Strategy – ‘Need’

Conceptualisation

Readiness

Implementation Plan

Evaluation

Integration

‘Abbreviated’ Listing
Readiness
- Literature Search -

• Strong **e-readiness** literature; modest **e-health readiness** literature.
  • Structured search of PubMed (only)
  • Keywords: (e-Health OR eHealth OR Telemedicine OR Telehealth) AND Readiness
• 135 references; 37 selected, and supplemented with hand searching.
• Fifty-seven (57) telehealth readiness related references identified (1996 to 2014).
• Reviewed and summarised in regard to definitions, theories, and tools.
e-Health Readiness
- Definitions -

• Jennett et al. (2003)
  • “The degree to which users, health care organizations, and the health system itself are prepared to participate and succeed in its application”
  • Individuals, organisations, and a system.
  • Four domains: patient, practitioner, public and organization

• Khoja et al. (2007)
  • “Preparedness of healthcare institutions to implement programmes that involve use of Information and Communication Technology (ICT) in provision and management of health services”.


e-Health Readiness

- Theories -

- Technology Acceptance Model, Normalization Process Theory
- Grounded Theory
- Diffusion of Innovations Theory
- Implementation Theory
- Program theory

- Weiss' Program's Theory of Change
- Unified Theory of Acceptance and Use of Technology
- Organizational Change Readiness
- Systems Theory
- Structure-Process-Outcome model
e-Health Readiness

- Tools -

• Technology Readiness Index (TRI)
• Technology Readiness Levels (TRLs)
• e-Health Readiness Assessment Framework (eHRAF)
• Telemonitoring Attitude and Readiness Questionnaire
• Technology Adoption Readiness Scale (TARS)
• Country Readiness e-Health Assessment Tool (CeRAT)
e-Health Readiness
- What Impacts Readiness? -

- Current information technology use
- Perceptions of the new technology
- Practice context (task demand, physical location (urban vs rural))
- Efficacy
- Learning curve
- Apprehension
- Resources
- Patient choice

- Confidentiality and security
- Political pressures
- Turf
- Ownership
- Culture
- Gender
- Trust
- Language
e-Health Readiness
- Spontaneous – Challenging the Principles -

• **Structured**: decide on and make arrangements for in advance.
• ‘Ad hoc’: created or done for a particular purpose as necessary.
• **Opportunistic**: exploiting immediate opportunities, especially regardless of planning or principle.
• ‘**Spontaneous**’: performed or occurring as a result of a sudden impulse or inclination and without premeditation or external stimulus.

• Mars M, Scott RE. Spontaneous Telemedicine Services – What Can We Learn? Thursday 23 April 2015.
• “No Man is an Island”

• An efficient organisation is comprised of *multiple smaller components* each of which *interact with one another* – therefore *changing one* (e.g., a department) *will impact all others* (i.e., the organisation as a whole).
e-Health Readiness
- So What – Next Steps? SPECIFIC -

We need to:

• Understand ‘State of the Science’ of e-Health Readiness:
  • Poor; Disparate. Lacks focus !!
  • Which is the best definition, theory, and tool(s)
We need to:

• Understand the Adoption Process:
  • ‘Needs’ based – but who’s need(s) – Country, Health System, Clinician, Patient
  • Logical – Systematic – Progression
  • Will ‘patient-centred’ / ‘social media-centric’ activities actually open space for ‘spontaneous’?
  • Differences for the Developed and Developing World?
e-Health Readiness
- So What – Next Steps?

Where exactly does ‘e-Health Readiness’ fit?? Is it passé??

Until we better understand these issues we may remain stuck on ‘Ready’, and not progress to ‘Set’ or ‘Go’!!
THANK YOU - COMMENTS OR QUESTIONS?