Empowering Service Users: What it Means for European and International Standards

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The International Code of Practice for Telehealth Services 2017

a flexible code that supports service innovation

Structure of the International Code of Practice for Telehealth Services 2017:
The International Code of Practice for Telehealth Services 2017
a flexible code that supports service innovation

Telehealth Service Domains covered by the International Code:

- Vital signs monitoring.
- Telecare and social alarms (PERS)
- Activity and lifestyle monitoring.
- Gait, seizure and falls prediction / management.
- Medication or therapy adherence.
- Tele- and video-consultations.
- Tele-psychiatry.
- Health / motivational coaching and advice.
- Rehabilitation and (re)ablement.
- Mobile health technology systems (e.g. apps).
- Point of care testing and diagnoses.
- Safeguarding and monitoring in care settings.
The International Code of Practice for Telehealth Services 2017

*a flexible code that supports service innovation*

**What it is:**
- The international quality benchmark for telehealth services.
- Compatible with
  - telehealth-related standards developed in Australia, Canada, France, Germany, the Netherlands, New Zealand, Spain, the United Kingdom and the United States.
- Fits in with World Health Organisation and European Commission aspirations for telehealth.
- Relevant to people of all ages, in all places, including while travelling.
- Meets the needs of people who access services via mobile or fixed devices.
- Compatible with operational codes and protocols for different aspects of service provision
  - including vital signs monitoring, telecare, PERS, tele- and video-consultations, activity monitoring and mHealth.
- Operates at local and international levels.
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Benefits for Users and Service Providers:
- Helps improve service quality.
- Supports self-management and the development of knowledge among users, clients and patients.
- Provides a strategic context that promotes service innovation in responsible ways.
- Reassures users, insurers, and service procurers / commissioners.
- Can be a requirement for government bodies and regulatory agencies.

Certification:
- Services can be certified following self-assessment or external assessment. A rigorous process applies.
- External assessments against requirements of the Code are undertaken by approved bodies such as DNV GL.

http://dnvglhealthcare.com
Broad Perspective on Standards

- Standards as ‘voluntary tools’ ... to define a ‘repeatable way for doing something’
  [EY 2015 ‘Independent Review of the European Standardisation System]

- Products and services
- Increasing interoperability
- Reducing costs / increasing competitiveness
- Fostering innovation
- Supporting health and safety; accessibility; environmental protection
- Means towards quality marks
European Standards (EN = European Norm)

- Once approved must be ‘transposed as national standards in EU and EFTA member states’ (with withdrawal of any conflicting national standard)
- A ‘hEN’ is a harmonised standard that responds to specific mandates or requests from the Commission.
- CEN, CENELEC and ETSI are the recognised European standardisation organisations
  [CENELEC – standards in electro-technical field; ETSI – standards in ICT and telecommunications field]
- Internationalisation and increasing co-ordination
Standards for Telehealth
What do we mean by telehealth?

Telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them irrespective of their location.


• Relevant standards, therefore, relate to products and services
• Changing service paradigms ...
Domains of Telehealth (including Telecare)
Absolutely not just vital-signs monitoring!

- Health and motivational coaching and advice
- Activity and lifestyle monitoring
- Safeguarding and monitoring in care settings
- Gait, seizure and falls prediction / management
- Point of care testing and diagnoses
- Vital signs monitoring
- Mobile Health technology systems (e.g. apps)
- Medication or therapy adherence
- Rehabilitation and (re)ablement
- Responses to adverse ‘events’ and incidents
- Tele-consultation and virtual presence


• ...and more!
Standards for Telehealth (including Telecare) - in context of changing service paradigms

- For technologies:
  - key issues around accessibility, usability and user empowerment / control

- For services:
  - key issues around prescriptiveness versus consumer / user choice

- European Commission committed to ‘Design for All’ approaches

- Process of ‘standardisation’ includes ANEC (Consumers), ETUI (Trade Unions) and ECOS (Environment) but (and because) ‘participation by civil society remains weak’

[Hauert et al (2015) from INTERNORM project]
### Standards for Telehealth (including Telecare) - what’s out there? 1

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<tr>
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Standards for Telehealth (including Telecare) - what’s out there? 2

- Increasing number of standards
- Some through ‘recognised’ national / international standards bodies
- Focus (in this presentation) on telehealth in community (public and preventative) health context
- Embracing ‘home telehealth’ (e.g. the ATA), telecare and social alarms
Standards for Telehealth - what’s out there?

- Main focus on technologies and service operation ('this is how you do it’) ... therefore prescriptive, often clinical perspective
- Most require performance indicators to be met
- Low level of awareness of social care agenda
- Little or no attention to potential positioning in relation to service ‘integration’
- Little or no realisation of potential for standards to support ‘paradigm shift’ ... towards user self-management, behaviour and lifestyle change
Standards: Three Trends or Markers of Change?

Potential Measures

- Increasing flexibility (less prescription) ... service frameworks not blueprints?

**Number of quantifiable PIs**

- Away from top-down towards consumer oriented (user-driven) approaches

**Number of clauses concerned with working with clients, patients, etc. (numerator) in relation to total number of clauses**

- Towards wider perspective that relates to service integration

**Use of term ‘patient’ rather than person, consumer or user**

... overall, may consider other terms such as service ‘delivery’; or specific clause content around ethics?
## Standards for Telehealth - taking a selection 1

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<td></td>
<td>UNE Spain</td>
<td>TSA Code of Practice UK [*]</td>
<td>Accreditation Canada Standard</td>
<td>International (TQG) Code of Practice</td>
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<td>6 (12%)</td>
<td>~22 (~8%)</td>
<td>~15 (~19%)</td>
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<td>Consistent use of term ‘patient’</td>
<td>No (User)</td>
<td>No (User)</td>
<td>No (Client)</td>
<td>No (User)</td>
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[*] New Code to be launched in the summer
Observation 1

- Similarity in approach / perspective between the Canadian and International (TQG) Code e.g. no PIs

Accreditation Canada 2.2

‘The organization sets measurable goals and objectives ... to guide day to day telehealth activities’

13.3 The service ‘identifies measurable objectives for its quality improvement initiatives and specifies the timeframe in which they will be reached’ and 13.4 ‘identifies the indicators that will be used to monitor progress for each quality improvement objective’

International Code (Telehealth Quality Group, TQG) A7

‘Services shall determine the relevant measures of performance ... a set of relevant measures should be determined so that there is a framework against which future measurement of performance can be made’

... ‘It is highly desirable that services honestly and openly display a range of such measures on their website or in other publicly available material. A clear declaration regarding compliance, specific to the telehealth service, shall be placed on the website or in the Discovery Zone of the TQG website.'
Observation 2

- Difference in perspective of the TSA (Integrated) Code and International (TQG) Code e.g. number of clauses and prescriptiveness

**TSA Perspective**

‘Telehealth is the remote exchange of data between a patient at home and their clinician(s) to assist in diagnosis and monitoring typically used to support patients with LTCs’

**International Code (TQG Perspective) reminder**

‘Telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them irrespective of their location’

**TSA Code PI (example) for Call Handling**

97.5% of calls – answering time not to exceed 1 minute; 99% not to exceed 3 minutes

**International Code (Telehealth Quality Group, TQG)**

G1 ‘Services that provide remote monitoring shall ensure that timely action is taken where there is a known or indicated change in health, well-being and/or personal circumstances’

A7 points to usefulness of operational measure (amongst other things) for ‘time taken with regard to examining data and/or responding to needs indicated through enquiries or device activation’

F1 requires response protocols to be set out in agreements with users / carers.
In Conclusion

• Standards have a role to play – but there are choices
• Trends in telehealth standards mean that changes in service paradigms are beginning to be accommodated (and promoted)
• Trends (for telehealth service standards) appear to relate to
  - diminishing prescriptiveness, greater use of frameworks ...
  - from ‘how you do it’ to ‘these are your options’
  - less use of PIs;
  - move away from top-down (clinically or technology driven) telehealth towards the user / carer; and (maybe)
  - growing recognition of ‘integration’, public and preventative health agendas.
• Are these trends a good thing? ...
Trends in Standards: Are these Good?

Yes

... but at the same time we must guard against the adoption (or enforcement) of ‘inappropriate’ standards that are rooted in the old service paradigms

• Let’s, instead, look to flexibility and choice
• Let’s look to standards that offer a clear user perspective
• More than this ... let’s look to standards that help to drive the agenda within which services (that truly empower their users) develop
Thank You

... Diolch yn Fawr

Source: www.southgippsland.vic.gov.au

Source: Dignio AS