Implementing telecare. Evidence from the UK

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Overview

- The need for remote care – and what it is
- UK policy agenda
- The future never arrives
- Progress so far towards mainstreaming remote care
- Potential benefits
- The need for an evidence base
- Conclusions
Terminology

- ‘Telecare’
- ‘Telehealth’
- ‘Telemonitoring’
- ‘Telemedicine’
- ‘Assistive technology’
- ‘Smart homes’

All are used interchangeably to describe the remote delivery of health and social care.
Remote care

- Information & advice
- Safety & security monitoring
- Vital signs monitoring
- Lifestyle monitoring
The need for remote care

One solution for managing escalating demand for health and social care is technologies that support care remotely.

“We have to (introduce remote care systems) over the next five years if we are not to see the NHS go over the falls – the equivalent of Niagara Falls – with or without a barrel” (Mike Bainbridge, NHS Connecting for Health, 23/06/08, eHealth Insider)
Policy drivers

- The UK has taken a strong lead. Over 20 government reports since 1998 have called for telecare

- New finance (£170m +) via Preventative Technology Grant, Whole System Demonstrators and other initiatives
but despite thousands of pilot or trial projects remote care has not yet become a mainstream part of care delivery

Pockets of excellence don’t spread

Pilot projects are not sustained
Lack of progress in UK (and elsewhere) is largely due to:

- organisational problems (esp. integration within and between care providers)
- a lack of obvious business models
- ... and limited benefits evidence is also playing a part
The existing evidence base

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<tr>
<th>Focus of study</th>
<th>Evidence on:</th>
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<td>Individual outcomes, i.e. clinical or QOL</td>
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<td>Systemic outcomes, i.e. economic impact or impact</td>
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<td>Specific application, e.g. aimed at</td>
<td>Relatively good, growing – numerous individual</td>
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<td>patients with diabetes</td>
<td>studies on which to build systematic reviews</td>
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<td>Limited, problematic – poor specification of</td>
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<td>assumptions, lack of robust data</td>
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<td>General application, e.g. aimed at</td>
<td>Largely anecdotal, growing – not yet peer</td>
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<td>a general population (e.g. ‘frail</td>
<td>reviewed</td>
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<td>older people’)</td>
<td>Virtually unresearched – based on simulation</td>
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Barlow et al: (JTT 2007)
What’s needed to stimulate remote care?

Adoption

- Awareness
- Project mgt
- Enthusiasts
- Grants

Spread

- Champions
- Leadership
- Evaluation

Mainstreaming

- ‘Business case’
- Evidence

Source: Barlow, Hendy, Chrysanthaki
We don’t even know how many remote care users there are

- Poor data due to inconsistent definitions
- Example from 5 leading LAs …

Source: Hendy & Barlow
Summary of current position

- Growing evidence of clinical effectiveness of some specific telecare applications
- Very little no cost-benefit evidence
- Little published on remote care that meets orthodox quality standards for healthcare evaluation
Whole System Demonstrator programme


• ‘Whole system demonstrators that test the benefit of wholesale redesign of services for those with long term conditions’

• ‘The key challenge … is to provide credible evidence that comprehensive integrated care approaches combined with the use of advanced assistive technologies … benefit individuals and deliver gains in cost effectiveness of care.’
Exploring the potential impact on healthcare

- WSD can provide snapshot evidence for benefits but we need to also consider potential longitudinal impact across the whole system

- **Simulation modelling** experiments can help achieve this

- ... the figures aren’t important in these examples
Frail elderly care

Source: Bayer & Barlow
Effect of telecare on care costs in year 20

3 - 5% reduction in costs

Change in costs

Cost of telecare package compared to a conventional care package

Effect of telecare on entry into institutional care
Chronic heart failure

Stabilisation in the demand for hospital admissions?

Source: Bayer & Barlow
Conclusions

Remote care has great potential in managing LTCs and coping with aging population.

There is support for remote care at the individual level – the hurdles are at a system level.

‘Evidence’ for costs / benefits becoming more important as pilots move towards mainstream investment decisions.

WSD may help, but more use of modelling is needed.

We also need more realistic expectations about cost-benefits.
Thank you

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