

ASSIST - assessment and evaluation tools for telemedicine

5 April 2011 ARTES Workshop, Noordwijk







ISTITUTO REGIONALE DI RICERCA DELLA LOMBARDIA

ASSIST - What for?

- Project funded by the ESA GSP programme for
- Results assessment of telemedicine pilots
 - Not project evaluation
- Support the business case
 - Optimise relation of cost and benefits over time
- Aim turning pilots into viable and sustainable services



Hypothetical scenario - GP telemedicine

- Telemonitoring undertaking that supports GPs in caring for their patients with heart conditions
- Start as pilot project in Jan 2012 with 5 GPs
- Today we have Jan 2013 and got results from our pilot phase
- We are preparing market entry for July 2013 and are in discussion with the regional health authority. They want a prove that it is viable to reimburse telemedicine
- We projected Jan-2013 to Dec-2018 based on our business plan

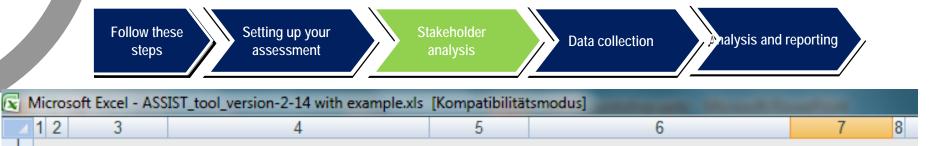


Getting started with ASSIST





| | etting up your Stakeholder analysis | Data collection | Anal |
|------------------------|--|-----------------|---------------|
| etting up the | assessment | | |
| 0 | | | |
| Experience | Select your experience level for this assessment. The beginner level is the default configuration. The higher levels expand the number of stakeholders and indicators that require a wider range of patient | Advanced | |
| | groups and rare or second order stakeholders. | | |
| Duration | The assessment should cover a time span from the start of planning the undertaking well into full | | |
| | operation. | | _ |
| Start of assessment | Enter the year in which you started planning your undertaking | 2012 | year as yyyy |
| | Enter start month in that year | 1 | month as mm |
| Duration of assessment | We recommend to look at least at 36 months but you cannot look more than 84 months ahead | 84 | no. of months |
| Currency | The currency applicable for your business case | € | |
| Discounting | Discounting is needed to reflect the changes in the value of money over time | | |
| Discount rate | for socio-economic return | 3.50% | |
| Discount rate | for return on investment | 5.00% | |
| Working time | Most employers have specific values for the following questions | | |
| Hours in working-day | Probably around 8 hours | 7.7 | Hours per day |
| Working days in week | In most cases 5 days | 5 | Days per wee |
| Holidays | Add bank holidays and private holidays; In most European countries between 20 and 40 | 30 | Days per year |
| Employer contribution | Employer contributions for social security in percent added to gross annual wage | 20% | percent |



Stakeholder analysis

Please specify all stakeholders that participate in your telemedicine service. To include a stakeholder in your assessment tick the box on the right side. You can rename stakeholders, but you cannot extend the number of stakeholders. In case you have ticked a box a new sheet should appear in Excel, which is named according to the acronym of the stakeholder. If you have finalised the stakeholder analysis go on with entering data for each stakeholder.

| Groups | Subgroups | Worksheet | Description | Applicable |
|------------|------------------------|-----------|-----------------------------------|------------|
| Individual | 9 | IND | | |
| | Heart Disease Patients | IND_pat_1 | e.g. a group of Diabetes patients | v |
| | Patients 2 | IND_pat_2 | | |
| | Patients 3 | IND_pat_3 | | |
| | Patients 4 | IND_pat_4 | | |
| | Informal carers 1 | IND_ica_1 | carer of Heart Disease Patients | |
| | Informal carers 2 | IND_ica_2 | carer of Patients 2 | |
| | Informal carers 3 | IND_ica_3 | carer of Patients 3 | |
| | Informal carers 4 | IND_ica_4 | carer of Patients 4 | |

Health Provider Organisations (HPOs) & staff HPO

| Telemedicine centres | HPO_tcr | | ~ |
|-----------------------------|------------|--|----------|
| Telemonitoring Cardiologist | IND_hpr_11 | to be defined; e.g. telemonitoring nurse | ~ |
| Telemonitoring Nurse | IND_hpr_12 | to be defined; e.g. telemonitoring physician | ~ |
| Technician | IND_hpr_13 | to be defined; e.g. technician | V |

h





| Groups | Subgroups | Worksheet | Description | Applicable |
|-------------|------------------------|-----------|-----------------------------------|------------|
| Individuals | | IND | | |
| | Heart Disease Patients | IND_pat_1 | e.g. a group of Diabetes patients | |
| | Patients 2 | IND_pat_2 | | |
| | Patients 3 | IND_pat_3 | | |
| | Patients 4 | IND_pat_4 | | |
| | Informal carers 1 | IND_ica_1 | carer of Heart Disease Patients | |
| | Informal carers 2 | IND_ica_2 | carer of Patients 2 | |
| | Informal carers 3 | IND_ica_3 | carer of Patients 3 | |
| | Informal carers 4 | IND_ica_4 | carer of Patients 4 | |

| Health | Drovider | Organiastions | (HDOo) & of | H UDO |
|---------|----------|---------------|--------------|--------|
| TIVELLI | TTOTIGOT | organioationo | 111 001 0 01 | an niv |

| Telemedicine centres | HPO_tcr | | ~ |
|-----------------------------|------------|--|---|
| Telemonitoring Cardiologist | | to be defined; e.g. telemenitering nurse | 2 |
| Telemonitoring Nurse | IND_hpr_12 | to be defined; e.g. telemonitoring physician | ~ |
| Technician | IND_hpr_13 | to be defined; e.g. technician | ~ |

| Primary care organisations | HPO_pco | | ~ |
|----------------------------|-----------|------------------------------------|---|
| General practitioner | IND_hpr_1 | work in Primary care organisations | ▼ |
| Primary care nurses | IND_hpr_2 | work in Primary care organisations | |

| Specialist care organisations | HPO_sco | | |
|-------------------------------|-----------|---------------------------------------|--|
| Specialist physicians | IND_hpr_3 | work in Specialist care organisations | |
| Specialist nurses | IND_hpr_7 | work in Specialist care organisations | |

~

| Hospitals | HPO_hos |
|---|---------|
| The second se | |

| Follow these steps Setting up your assessment | Stakeholder analysis | Data collection | ble |
|---|-------------------------|--|----------|
| Patients 2 | IND_pat_2 | | |
| Patients 3 | IND_pat_3 | | |
| Patients 4 | IND_pat_4 | | |
| Informal carers 1 | IND_ica_1 | carer of Heart Disease Patients | |
| Informal carers 2 | IND_ica_2 | carer of Patients 2 | |
| Informal carers 3 | IND_ica_3 | carer of Patients 3 | |
| Informal carers 4 | IND_ica_4 | carer of Patients 4 | |
| ealth Provider Organisations (HPOs) & staff | НРО | | |
| Telemedicine centres | HPO_tcr | | ~ |
| Telemonitoring Cardiologist | IND_hpr_11 | to be defined; e.g. telemonitoring nurse | ~ |
| Telemonitoring Nurse | IND_hpr_12 | to be defined; e.g. telemonitoring physician | ~ |
| Technician | IND_hpr_13 | to be defined; e.g. technician | V |
| Primary care organisations | HPO_pco | | 7 |
| General practitioner | IND hpr 1 | work in Primary care organisations | ~ |
| Primary care nurses | IND_hpr_2 | work in Primary care organisations | |
| Specialist care organisations | HPO_sco | | |
| Specialist physicians | IND_hpr_3 | work in Specialist care organisations | |
| Specialist nurses | IND_hpr_7 | work in Specialist care organisations | |
| Hospitals | HPO_hos | | 7 |
| Hospital physicians 1 | IND_hpr_5 | work in Hospitals | |
| Hospital physicians 2 | IND_hpr_6 | work in Hospitals | |
| Hospital nurses | IND_hpr_8 | work in Hospitals | |
| Ambulance service Project funded | by the ESA GS | P programme | |
| Paramodics | IND hor 4 | work in Ambulance service | _ |

| Informal carors 2 | IND ica 2 | carer of Patiente 0 | |
|---|-------------------------|---|----------|
| Follow these steps Setting up your assessment | Stakeholder analysis | Data collection | orting |
| lealth Provider Organisations (HPOs) & sta | aff HPO | | |
| Telemedicine centres | HPO_tcr | | 7 |
| Telemonitoring Cardiologist | IND_hpr_11 | to be defined; e.g. telemonitoring nurse | ~ |
| Telemonitoring Nurse | IND_hpr_12 | to be defined; e.g. telemonitoring physician | ~ |
| Technician | IND_hpr_13 | to be defined; e.g. technician | v |
| Primary care organisations | HPO_pco | | ~ |
| General practitioner | IND_hpr_1 | work in Primary care organisations | ~ |
| Primary care nurses | IND_hpr_2 | work in Primary care organisations | |
| Specialist care organisations | HPO_sco | | |
| Specialist physicians | IND_hpr_3 | work in Specialist care organisations | |
| Specialist nurses | IND_hpr_7 | work in Specialist care organisations | |
| Hospitals | HPO_hos | | ~ |
| Hospital physicians 1 | IND hor 5 | work in Hospitals | |
| Hospital physicians 2 | IND_hpr_6 | work in Hospitals | |
| Hospital nurses | IND_hpr_8 | work in Hospitals | |
| Ambulance service | HPO_amb | | |
| Paramedics | IND_hpr_4 | work in Ambulance service | |
| Nursing homes | HPO_nho | | |
| Care professionals | IND_hpr_10 | work in Nursing homes | |
| Community Nursing Services (CNS) |) HPO_cns | outpatient healthcare service operated by nurses seeing patients in their home | |
| Community nurses Project fund | ed by the ESA GS | P prodram Gammunity Nursing Services (CNS) | |

| 25 | | Specialist care organisations | HPU_SCO | | |
|-----------------|------------------|----------------------------------|-------------------------|---|-------------|
| 26 | | [04] | | | |
| 27 | Follow the steps | | Stakeholder analysis | Data collection | orting |
| 28 | Stept | | unarysis | | |
| 29 | | ποδβιταισ | 110_100 | | |
| 30 | | Hospital physicians 1 | IND_hpr_5 | work in Hospitals | |
| 31 | | Hospital physicians 2 | IND_hpr_6 | work in Hospitals | |
| 32 | | Hospital nurses | IND_hpr_8 | work in Hospitals | |
| 33 | | | | | |
| 34 | | Ambulance service | HPO_amb | | |
| 35 | | Paramedics | IND_hpr_4 | work in Ambulance service | |
| 36 | | | | | |
| 37 | | Nursing homes | HPO_nho | | |
| 38 | | Care professionals | IND_hpr_10 | work in Nursing homes | |
| 39 | | | | | |
| | | Community Nursing Services (CNS) | HPO_cns | outpatient healthcare service operated by | |
| 40 | | | | nurses seeing patients in their home | |
| 41 | | Community nurses | IND_hpr_9 | work in Community Nursing Services (CNS) | |
| 42 | | | | | |
| 43 | Payers | | PAY | | |
| 44 | - | Regional health authority | PAY_hpa | | v |
| 45 | | Social care payers | PAY_spa | | |
| 46 | | Social security offices | PAY_sso | | |
| <u>47</u> 4 | M Intro / S | Settings Stakeholders Reportin | g / Summary | Charts / Patient_Staff_no / HPO_ | tcr / HPO_t |



Project funded by the ESA GSP programme



r.

Entering data For each stakeholder you now fill in a specific questionnaire

| Hospitals in Health Provider Organisations (HPOs) & staff | Go back to View resu Settings Stakeholder list Overvi | | etails | Charts |
|--|--|--------|--------|--------------------|
| Inpatient department - Forgone income from avoided admissions | Telemedicine is expected to lead to savings in healthcare resources. One aspect of this is avoidance of unnecessary visits to healthcare facilities. In many healthcare systems, these lead to a direct reduction in the income of the organisations. This is a continuous economic and financial cost to HPOs, valued at average reimbursement rates per visit | Jan-12 | Dec-18 | Date as mm-yyyy |
| Reimbursement rate for consultations at the inpatient department of Hospitals | This should be an average rate for a standard consultation in the field of the addressed diseases without complications | | 3961 | € per consultation |
| Number of avoided admissions of Heart Disease Patients at Hospitals | Average admissions of one patient without telemedicine minus average admissions with telemedicine | | 0.2 | number per year |





Finalising a stakeholder sheet

In the top right corner you get a quick feedback how a single stakeholder is doing.

In this case the number is -99% which means that the stakeholder is not yet profiting from the telemedicine service.

| | | a socio-economic retarmis negative. Continue to optimize una statienoidei | | | | | |
|----------|-------------|---|--------------------|-----------|-------|--------|--|
| e period | Data source | i | Person in charge D | eliver by | Notes | Status | |
| | | | | | | | |
| | | | | | | | |
| уууу | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

The cummulative socio-economic return for Hospitals is

Your socio-economic return is negative. Continue to optimize this stakeholder





-99%

Socio Economic Return by Stakeholders

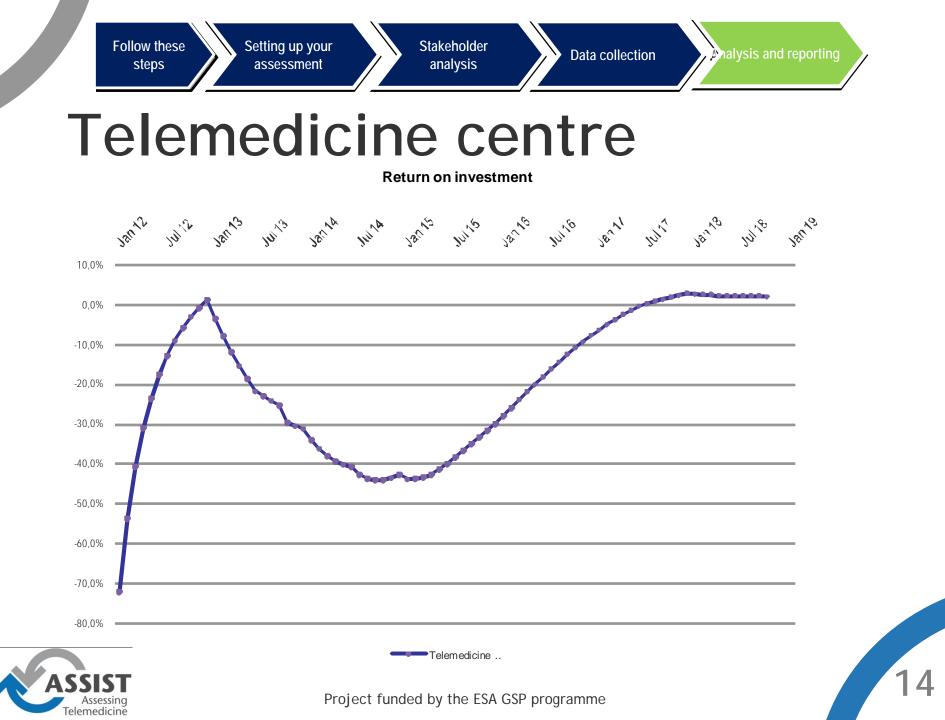
Follow these

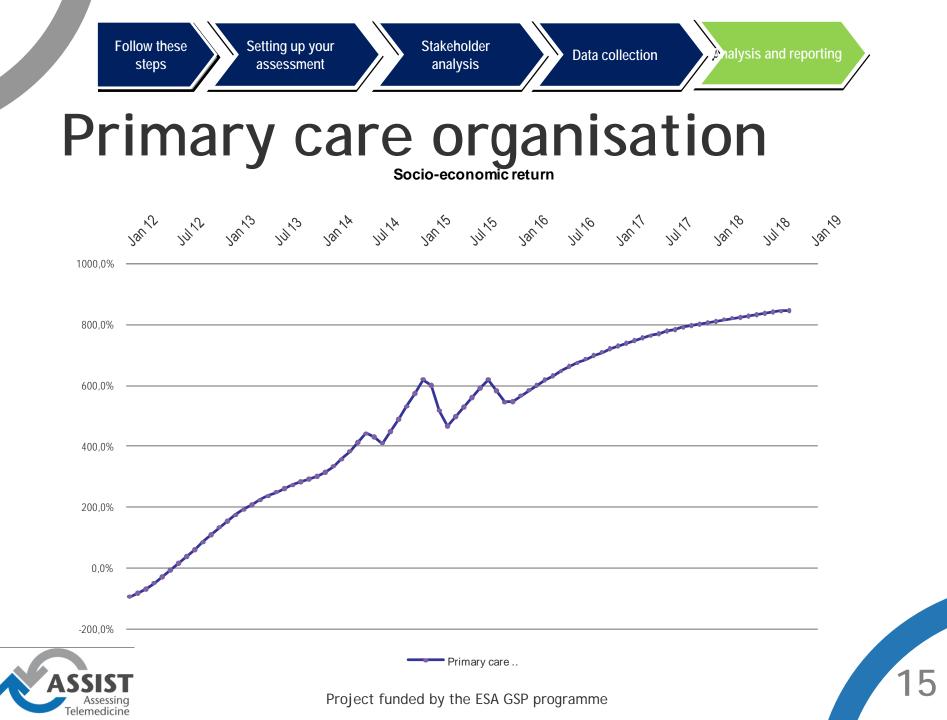
steps

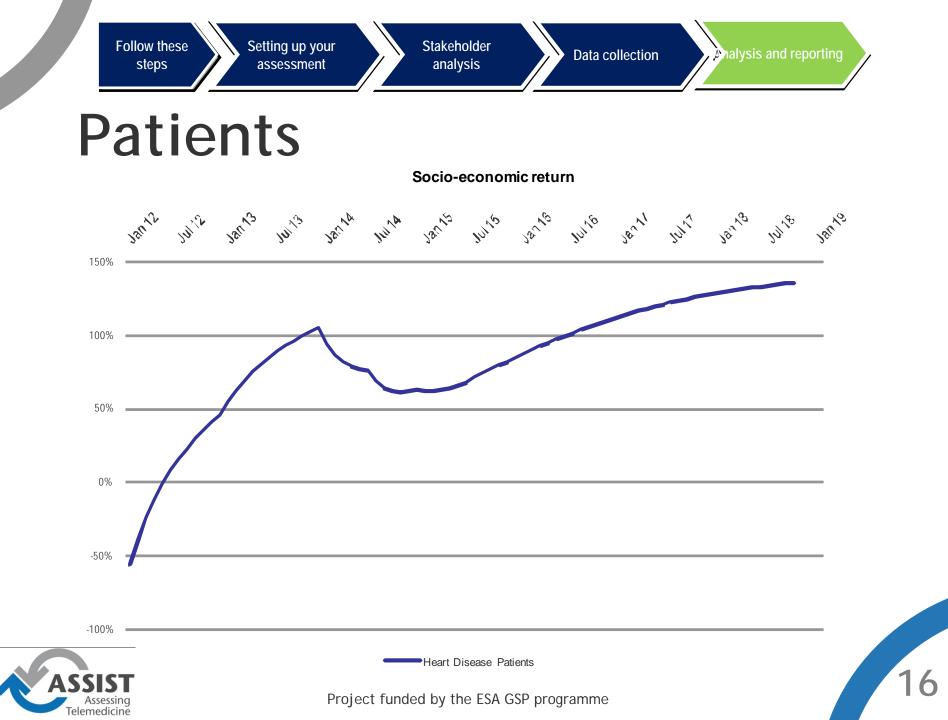
Core performance measures for your assessment are socio-economic return and return on investment. For a first rough analysis look at coloured arrows. If they are green the stakeholder is likely to profit; yellow needs a closer look and red means that the stakeholder is negatively affected by the newly introduced telemedicine service. If veto players are red they might hinder you in putting the service in place.

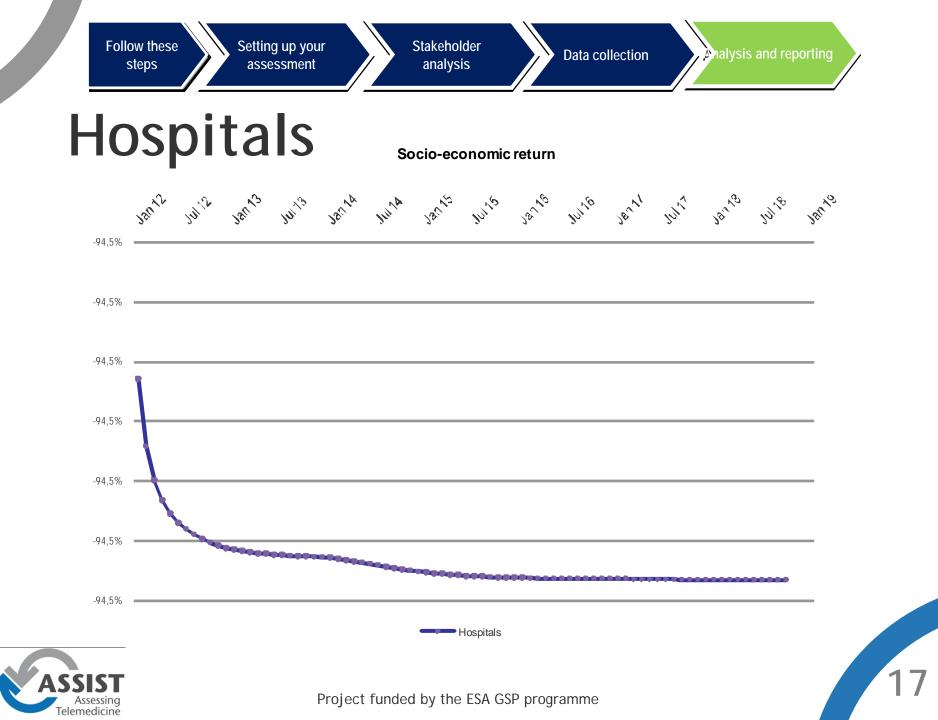
| Groups | Subgroups | | Cumulative socio- economic return | Cummulative net-benefit | | Link to summary |
|-----------|-------------------------------|-------|--------------------------------------|----------------------------|---|--------------------|
| Individua | ls | | | | | |
| | Heart Disease Patients | 1 | 137% | | | Details >> |
| Health Pr | ovider Organisations (HPOs) & | staff | | | | |
| | * Telemedicine centres | | 2% | 143,256 | € | Details >> |
| | Telemonitoring Cardiologist | | 0% | | | Details >> |
| | Telemonitoring Nurse | ⇒ | 0% | | | Details >> |
| | Technician | ⇒ | 0% | | | Details >> |
| | Primary care organisations | 1 | 854% | 549,603 | € | Details >> |
| | General practitioner | 1 | 33% | | | Details >> |
| | Hospitals | Ŷ | -94% | -4,769,444 | € | Details >> |
| Payers | | | | | | |
| | Regional health authority | ÷ | -40% | -3,228,345 | € | Details >> |
| ICT indus | stry | | | | | |
| | * Eurotelsat | ⇒ | 15% | 221,321 | € | Details >> |
| | * Philstals | 1 | 1883% | 1,305,684 | € | Details >> |

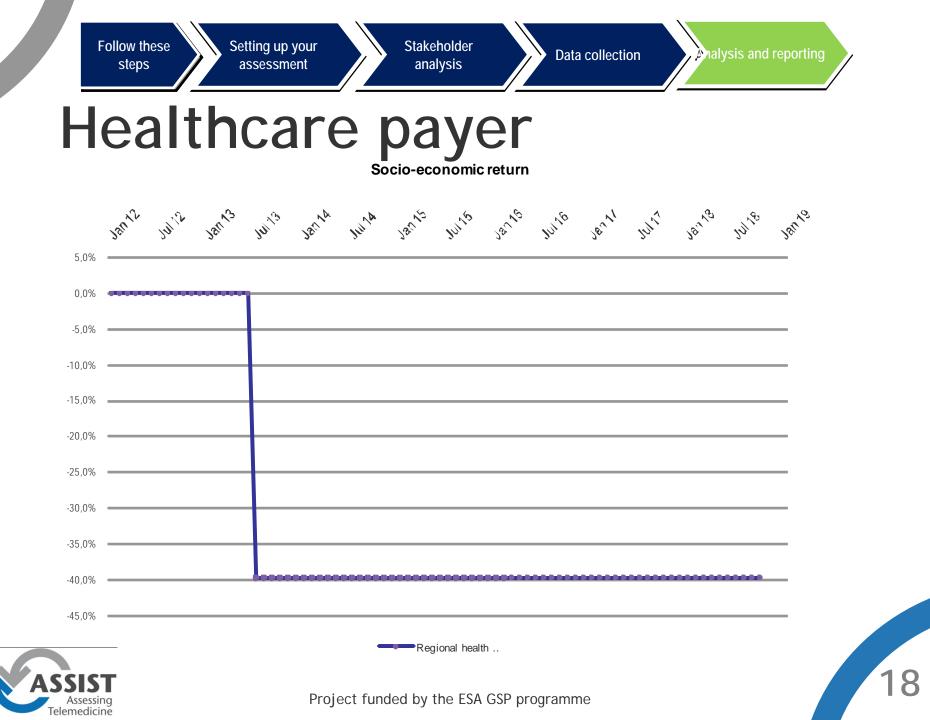
Assessing











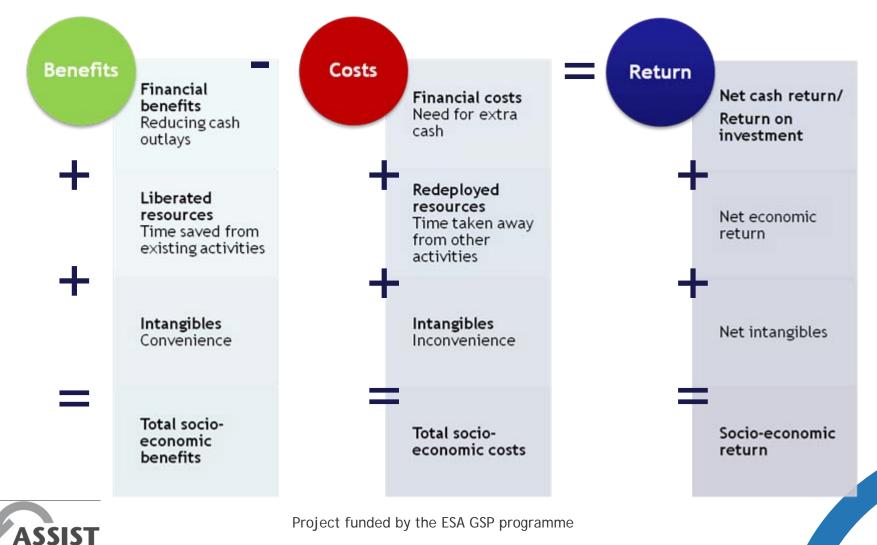
ASSIST - Methodological founding

- ASSIST relies on Cost-Benefit Analysis (CBA)
 - As recommended by
 - UK Green Book Appraisal and Evaluation in Central Government
 - German WiBe Konzept zur Wirtschaftlichkeitsberechnung
 - Hanover Health-economic consensus
 - White House Office of Management and Budget -G19uidelines and Discount Rates for Benefit-Cost Analysis of Federal Programs

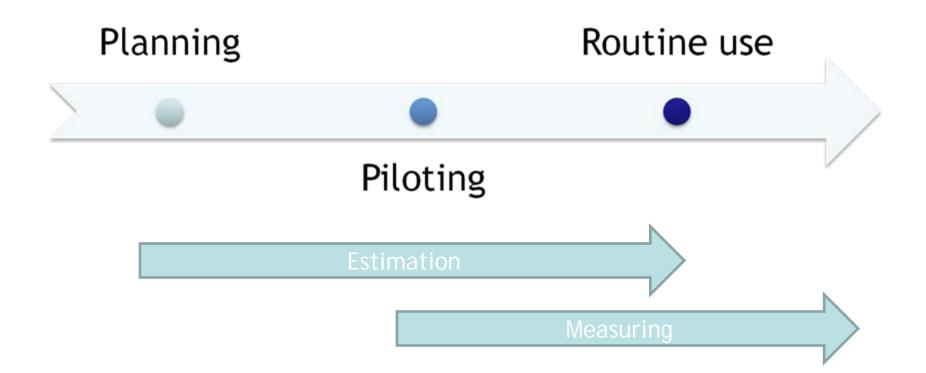


Costs and benefits

Assessing Telemedicine



Assessment along the development line





Next steps: validation with telemedicine projects

| Project Name | Country | Telemedicine Domain | Clinical Domain | Funding Agency |
|--------------|---------|------------------------|---|--------------------|
| I-DISCARE | F | Н2Н | Emergency | ESA |
| IGEA-SAT | I | P2H | Tele-home care for chronic | ESA |
| REACH | CDN | P2H | Tele-home care for psychiatric patients | ESA |
| AMAZON | UK | Н2Н | Second opinion/Teleconsultation | ESA |
| Telemaco | I | Н2Н | Second opinion/Teleconsultation | Lombardy Region |
| ROL | 1 | Н2Н | Second opinion/Teleconsultation | Lombardy Region |
| EUOL | I | Н2Н | Emergency | Lombardy Region |
| MEDFORGE | I | Н2Н | Second opinion/Teleconsultation | ENI |
| T4MOD | D-F-I-E | Н2Н | Second opinion/Teleconsultation (Military) | ESA |



Thank you

- For more information:
 - See us at the demo corner
 - Contact us: emplifica
 Reinhard.Hammerschmidt @ empirica.com +49 (0)228 98530-0

