

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

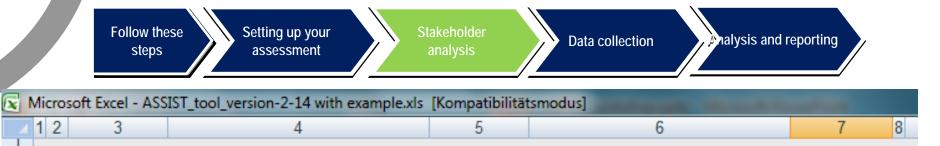


Getting started with ASSIST





	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

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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
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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	

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Hospitals	HPO_hos
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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	
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32		Hospital nurses	IND_hpr_8	work in Hospitals	
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34		Ambulance service	HPO_amb		
35		Paramedics	IND_hpr_4	work in Ambulance service	
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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



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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

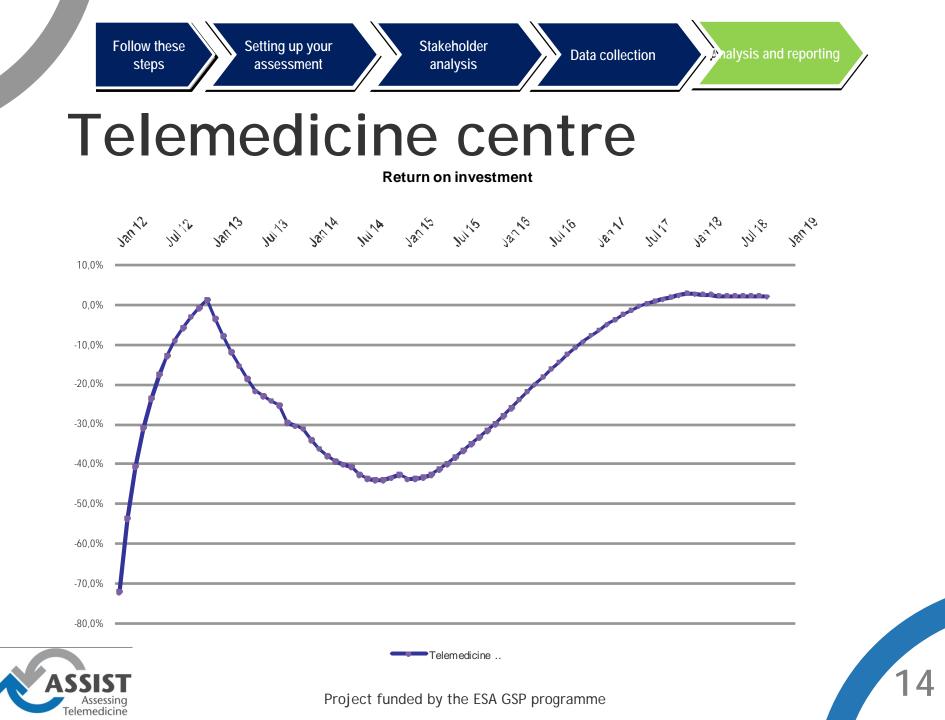
Follow these

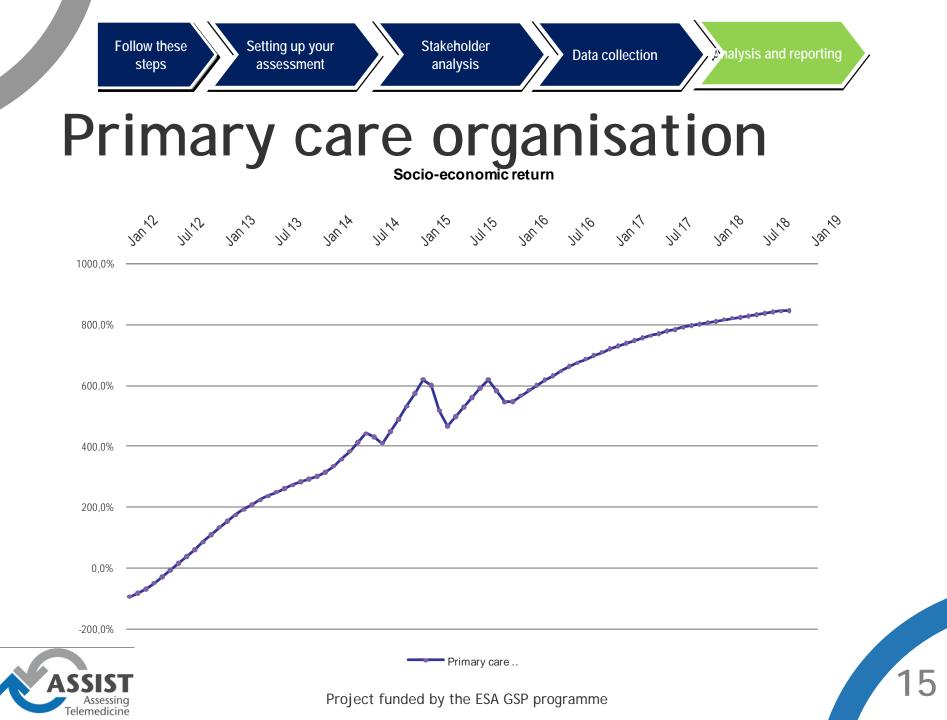
steps

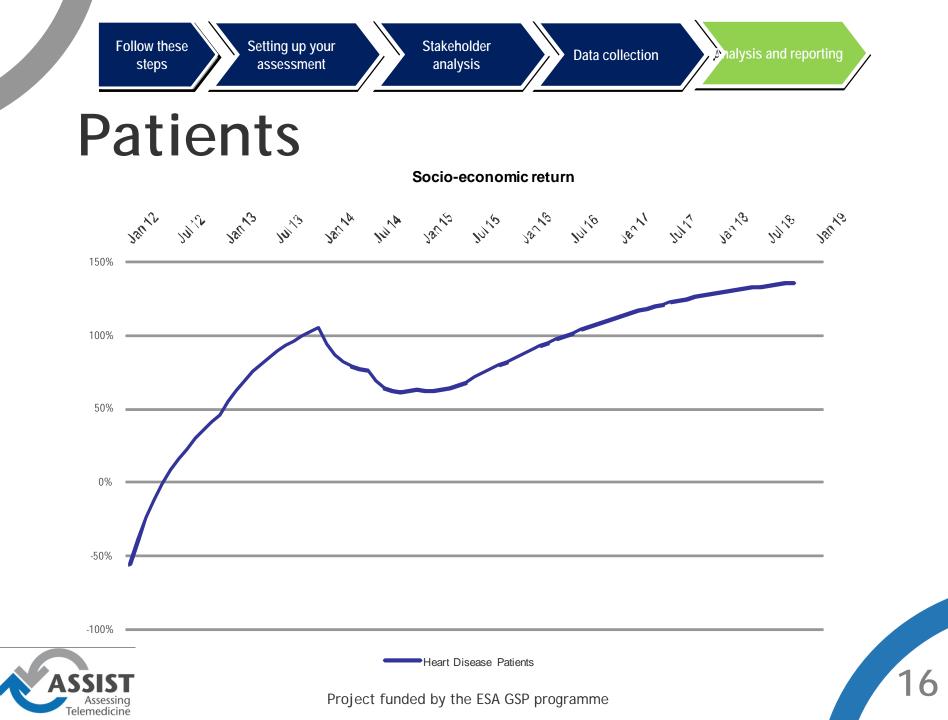
Core performance measures for your assessment are socio-economic return and return on investment. For a first rough analysis look at coloured arrows. If they are green the stakeholder is likely to profit; yellow needs a closer look and red means that the stakeholder is negatively affected by the newly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

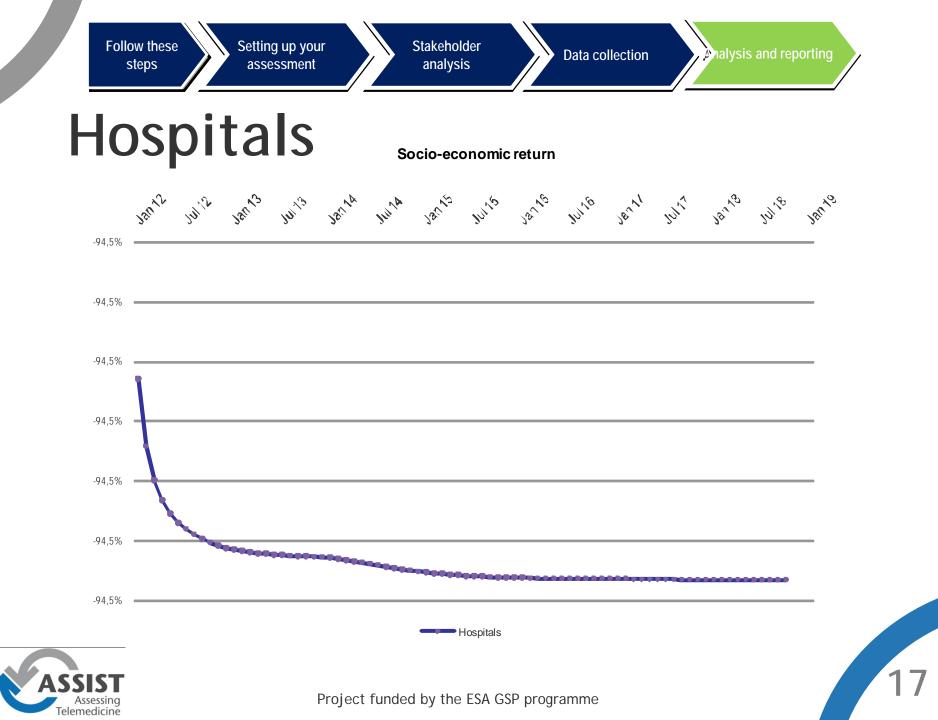
Groups	Subgroups		Cumulative socio- economic return	Cummulative net-benefit		Link to summary
Individua	ls					
	Heart Disease Patients	1	137%			Details >>
Health Pr	ovider Organisations (HPOs) &	staff				
	* Telemedicine centres		2%	143,256	€	Details >>
	Telemonitoring Cardiologist		0%			Details >>
	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 >>

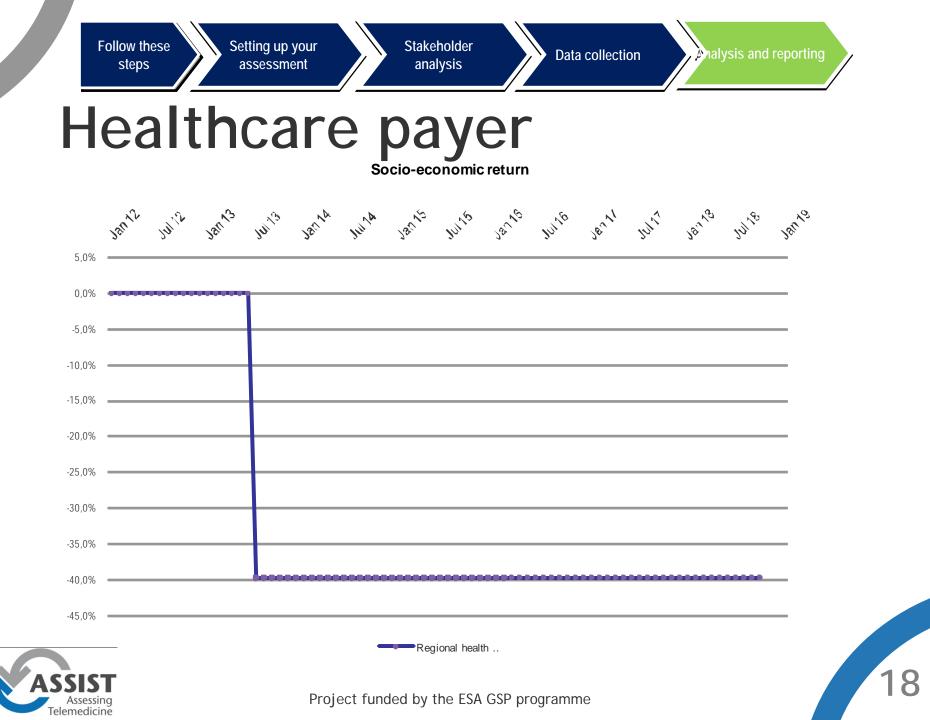
Assessing











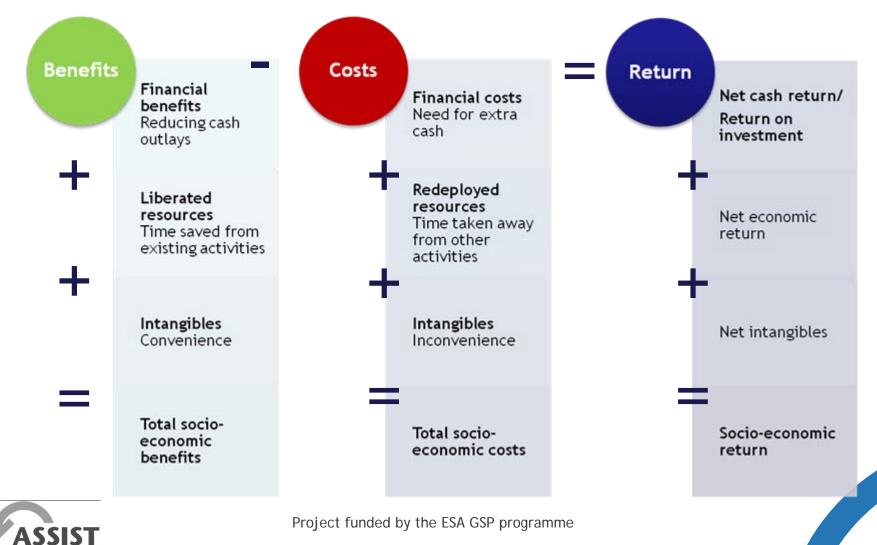
ASSIST - Methodological founding

- 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

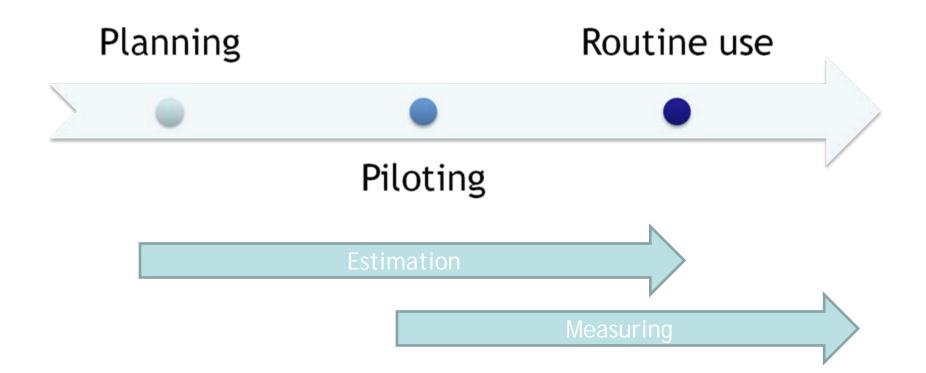


Costs and benefits

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
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