Traditional care + ICT = > expensive traditional care: the need for service redesign

Evidence and decision making when going beyond pilots

Marco d'Angelantonio – HIM SA

Our credentials

Founded in 1997, over the years HIM S.A. has established:

- a deep understanding of health and social care processes and organisation with particular emphasis on information exchange among different levels of care and different organisations

- an extensive network of partners specialised in almost every segment of the health and social care ICT value chain but with a strong focus on buyers

- a coverage of key national markets in Europe

- a wide recognition as a centre of competence for eHealth, eInclusion and AAL

- a flawless track record in the management of European projects

- but over and above anything else … we manage all the largest eHealth, eInclusion and AAL deployment projects ever funded by the EU!

ICT PSP won by HIM SA

Project	Year	EU funding	Type of pilot	Description
BeyondSilos	2013	2,736,000 €	Pilot B	Integration of social and health services through ICT - AAL
CareWell	2013	2,926,000 €	Pilot B	Integration of health services through ICT
DREAMING	2007	2,770,000 €	Pilot B	AAL
HOME SWEET HOME	2009	2,439,000 €	Pilot B	AAL
MasterMind	2013	7,000,000 €	Pilot A	Mental Health - Treatment of depression through ICT
RENEWING HEALTH	2009	7,000,000 €	Pilot A	Telemedicine B2C
SmartCare	2012	8,000,000 €	Pilot A	Integration of social and health services through ICT - AAL
SUSTAINS	2011	3,500,000 €	Pilot B	On-line access to EHR by citizens
United4Health	2012	5,000,000 €	Pilot A	Telemedicine B2C
Total		**41,371,000 €**		

Average value of projects won : 4.596.778 €
Success rate > 80% (9 proposals funded out of 11 submitted)
> 28% of the global ICT PSP budget for eHealth, eInclusion and AAL won
Direct access to the largest base of evidence of AAL impact currently available

The rationale behind the projects

- Build and extend the evidence base on the impact of eHealth, eInclusion and AAL on elderly care and on to the independence of older people
- Share the lessons learnt through the successes and failures in deploying ICT-based care services
- Use pioneers to drag behind early followers

The chronological sequence
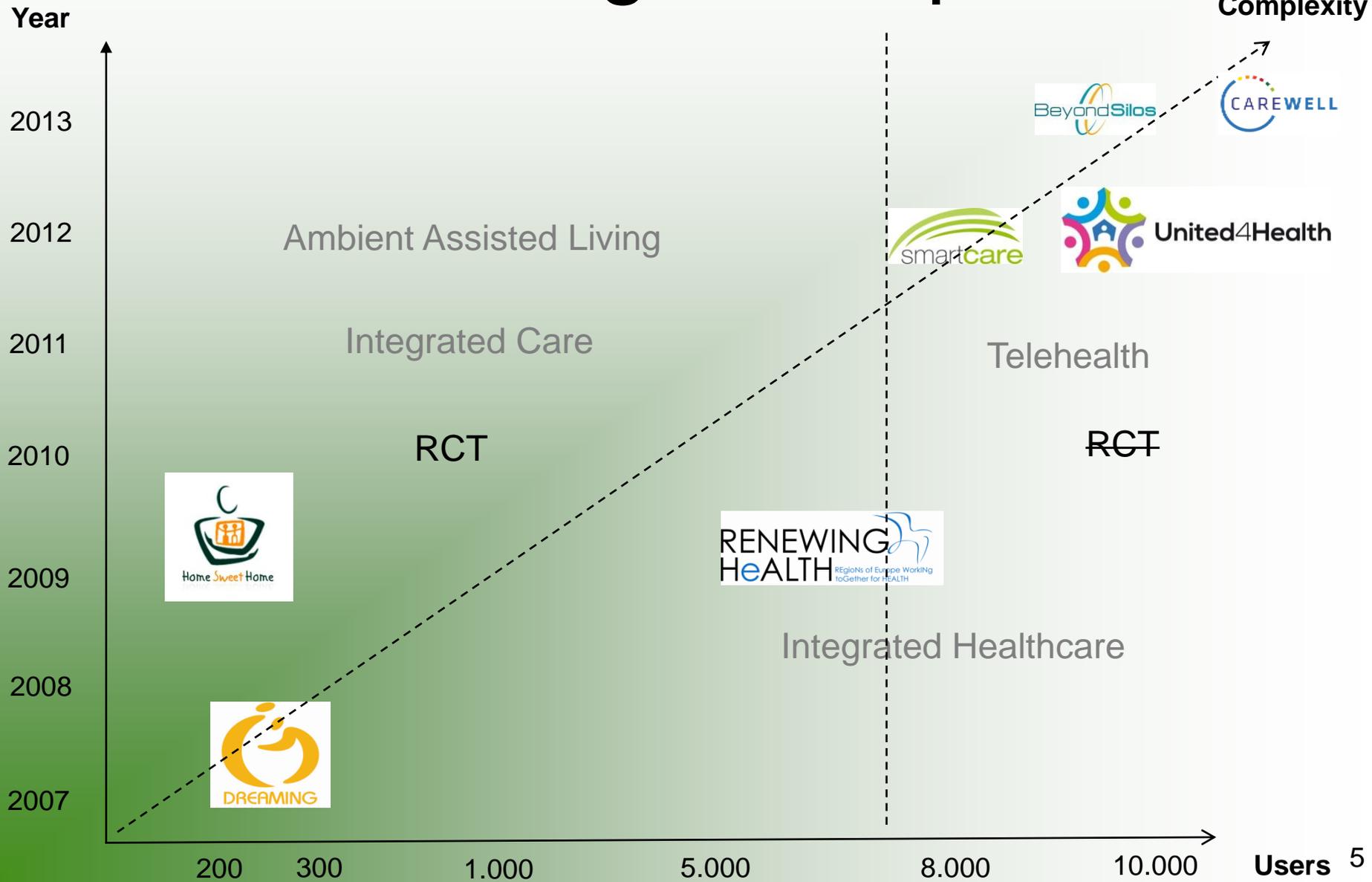
Two different but complementary axes

Chronicity management	**Support to independence**
• Renewing Health	• DREAMING
• United4Health	• HOME SWEET HOME
• CareWell	• SmartCare
	• BeyondSilos
± 30.000 chronic (mostly older) patients	± 20.000 older people

The big illusion

- When we started to work in this field, more than 10 years ago we believed as many others that technology could solve everything …

  – DREAMING vs Senior.comfort@home

  – The outcome of the CHF telemonitoring project: the Polish anomaly

  – The missed opportunity of HEALTH OPTIMUM

The limitations of RCTs

- At the beginning I was a huge supporter of RCTs

- Having run 4 of these over the time, I have grasped their need and their limitations

- They have provided the evidence we needed

- I do not believe that we need any more RCTs in eHealth, eInclusion and AAL

The Home Sweet Home case

- We have just completed an RCT about AAL for supporting the independence of older people
- The main inclusion criteria were age and frailty (measured with the Edmonton Frailty Scale)
- The sample size and the need to keep providing usual care to the control group prevented the possibility to change the organisation
- No fundamental differences were observed in the use of care resources between intervention and control group

The Home Sweet Home case

- Are we disappointed about the outcome of HSH?

- We are not because we have learnt that:
  - Frailty is not a good criterion to identify people who can benefit from the use of eHealth, eInclusion and AAL solutions
  - Rarely a same person needs eHealth, eInclusion and AAL solutions at once
  - When deployment of technology does not trigger a redesign of processes and a subsequent change in the care delivery organisation, it does not provide tangible benefits

Conclusions

- As my friend George Crooks uses to say telemedicine in Europe counts more pilots than British Airways

- Further small trials and RCTs in general are not going to provide any useful evidence

- We must focus our efforts in developing predictive models for health and social care systems

- We need strong managers and politicians ready to introduce far reaching and often unpopular changes

HIM
HEALTH INFORMATION MANAGEMENT

A clearing house for eHealth, eInclusion and AAL experiences