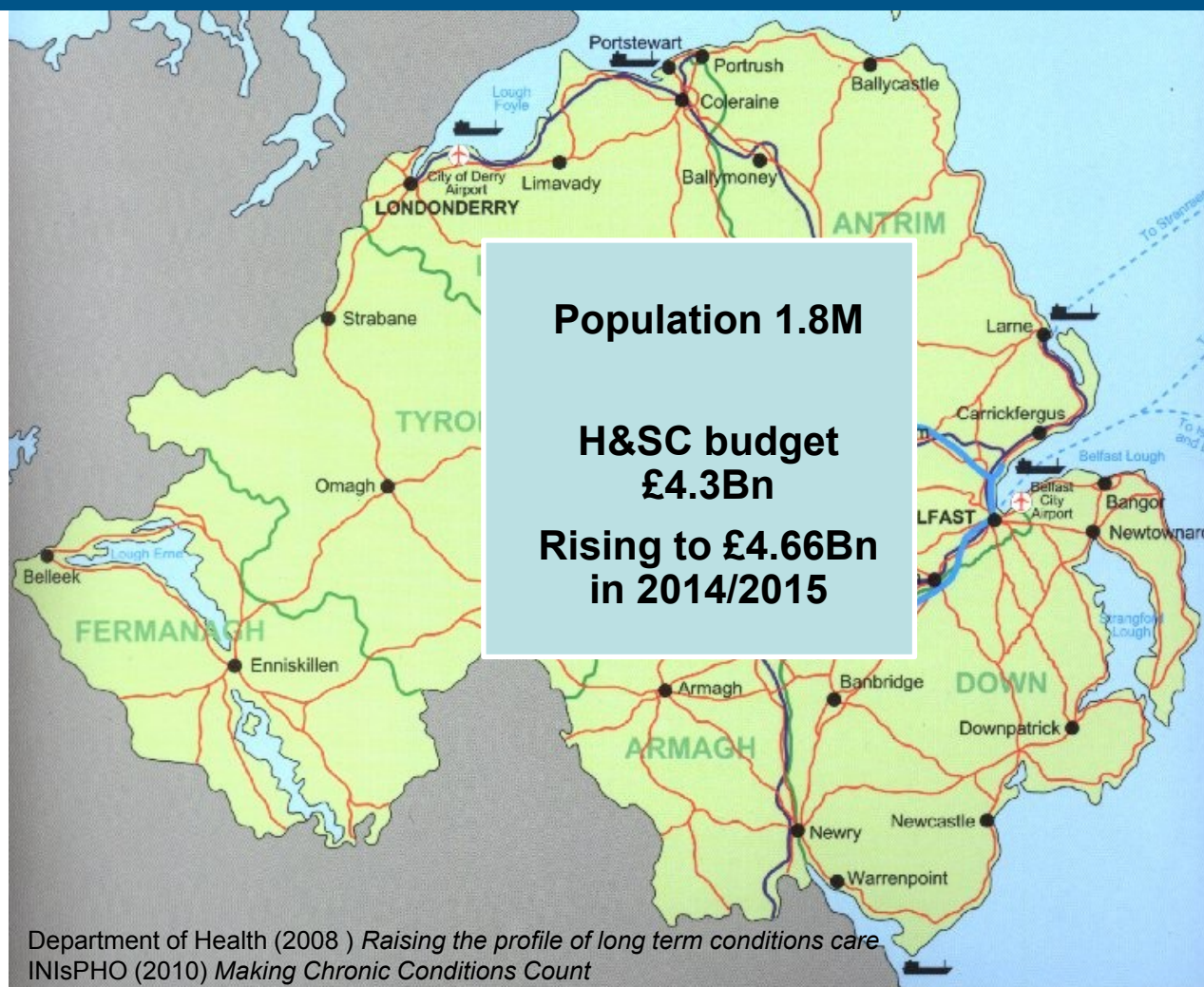


ProeHealth Enhancing Procurement Validation Workshop

Telemonitoring Northern Ireland Case Study

Eddie Ritson
Programme Director
NI Centre for Connected Health & Social Care

NI Chronic Disease Challenge



2/3s of over 75s

60% of all GP visits

72% acute bed days

69% of health & social care spend

Department of Health (2008) *Raising the profile of long term conditions care*
INIsPHO (2010) *Making Chronic Conditions Count*

Vision for TelemonitoringNI

- Bring information to professionals, enabling more proactive, effective and co-ordinated community based care
- Provide greater support for self-care and for carers
- Part of a new way to manage increasing burden of chronic disease which is both more efficient and better quality

“...investing to build the capacity to cope”

About TelemonitoringNI

- End-End. Managed service contract
- Track & trend and triage service
- Core Services (COPD, CHF, Diabetes, post Stroke, patient portal)
- Additional Services (Telecare, intelligent patient reported data)
- Future Services (ECG, high risk pregnancies)

Managed Service - Provider Responsibilities

- Providing all aspects of a joined-up service involving people, process and technology
- Responsible from Referral to discharge
- Meeting defined service requirements & SLAs
- Technology selection, maintenance and equivalence
- Incentivised to generate service delivery efficiencies

Managed Service - Outcome Based Risk/Reward

RTNI Managed Service - PAYG
Customised /Integrated Service

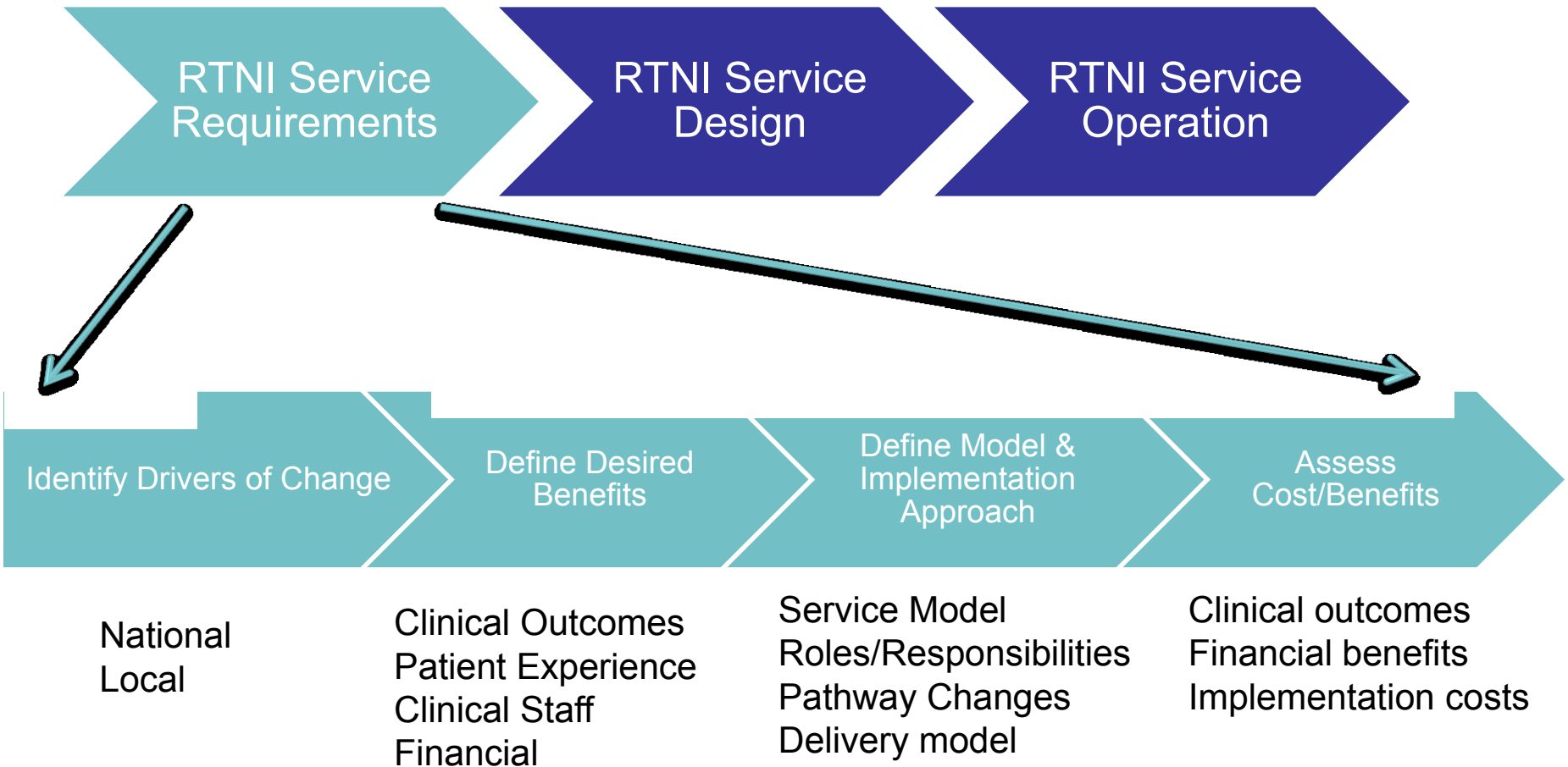
Combined Technology + Service Purchase

Technology Purchase + Service purchased separately

Basic Procurement Concept

- Commissioner specifies requirements
- Providers compete over who can best deliver
- Difficult to specify because
 - We hadn't done it before
 - Different stakeholders had different ideas about what they thought they wanted
 - How much detail?
 - Too much – we over specify
 - Too little – we don't get what we want & can't make fair comparisons

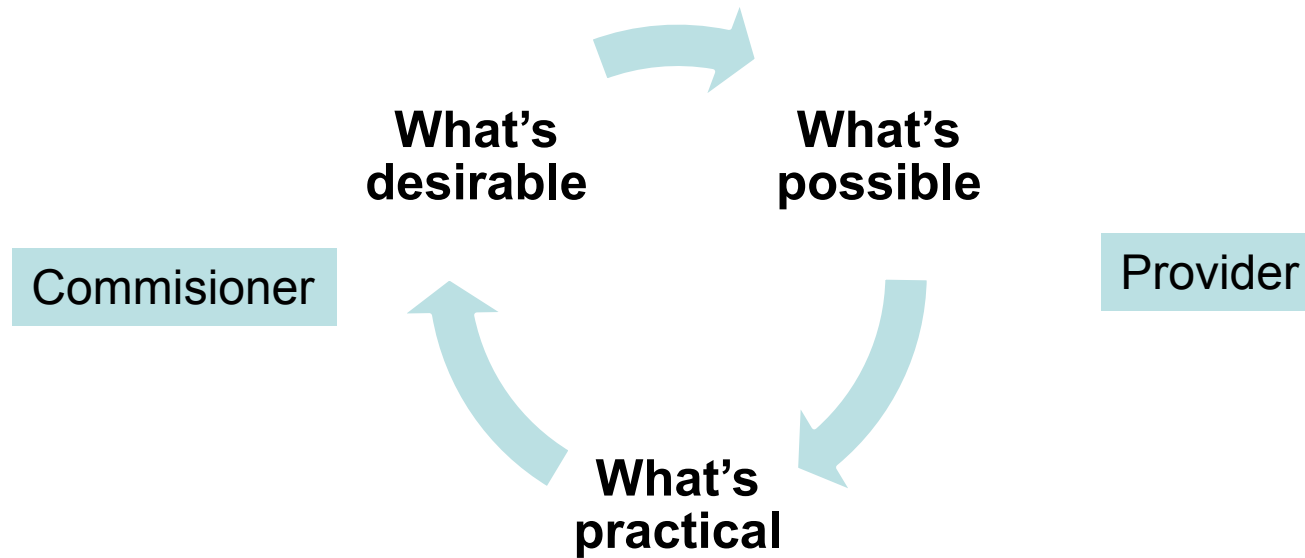
RTNI Service Requirements - Considerations



Things we didn't know

- From where in the pyramid of needs were patients to be identified?
- How long would patients stay on remote monitoring?
- How often would patients alert?
- How to specify triage – which required the application of professional judgement?
- How to manage and share risks?
- How should the charging regime work?
- How to evaluate competitors offerings?

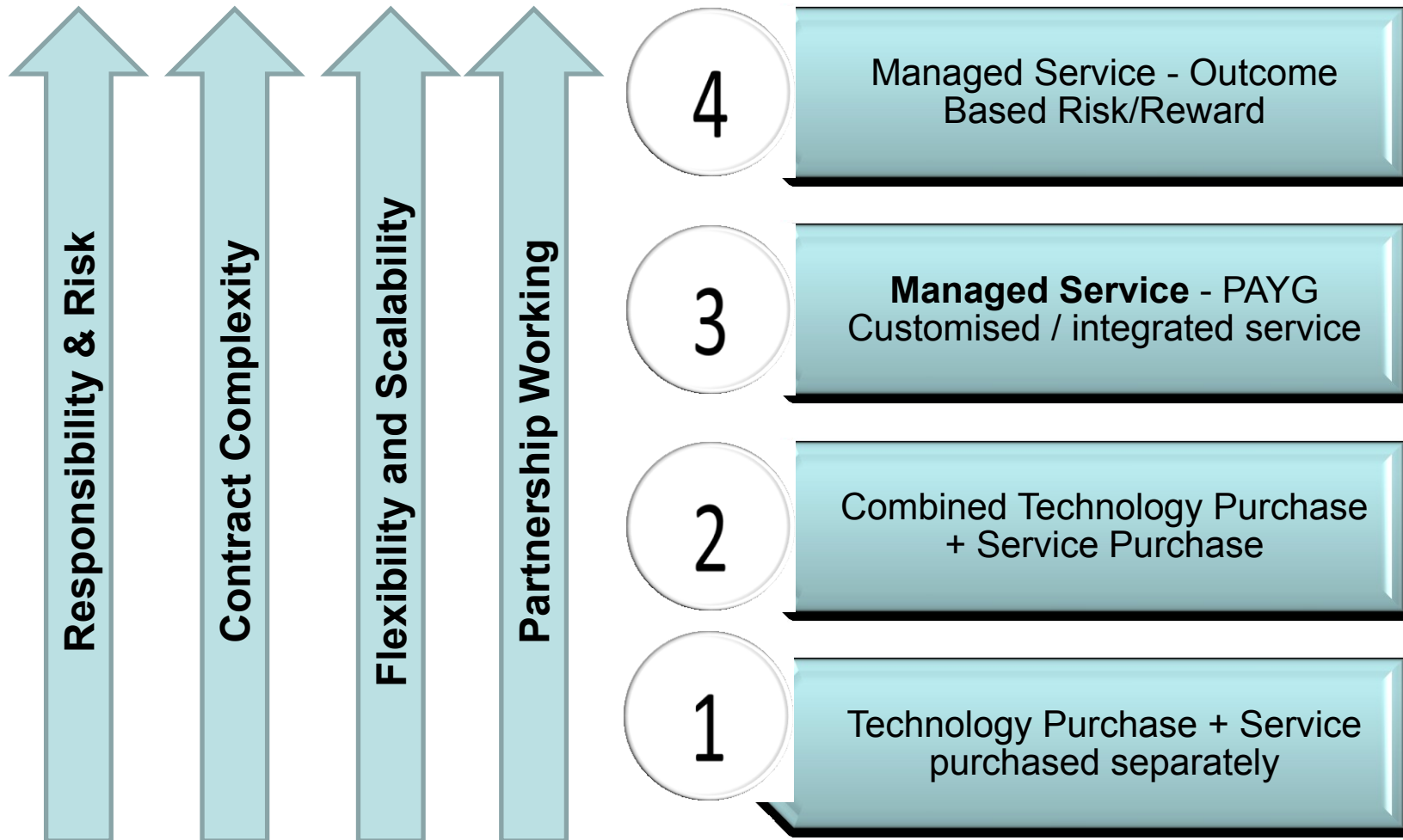
RTNI Service Requirements – Competitive Dialogue enabled an iterative approach



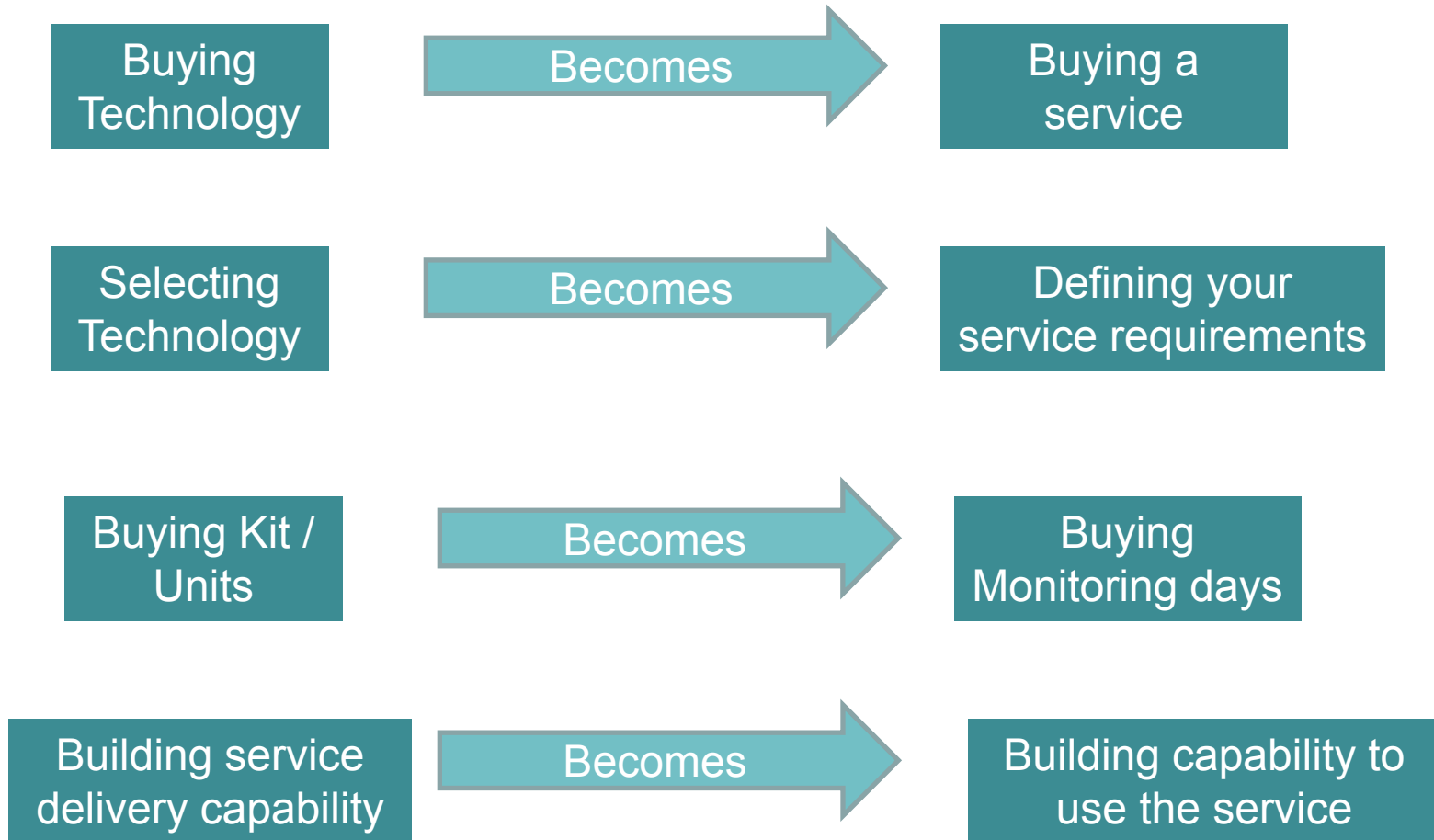
TelemonitoringNI

- Robust contract which is both highly specified and highly flexible
- Able to meet differing needs:
 - Enables growth for those at early stage of adoption
 - Allows innovation for those looking for more advanced options
 - Enables patient selection from across the pyramid of needs
- Provides full transparency and value for money

The Managed Service Model



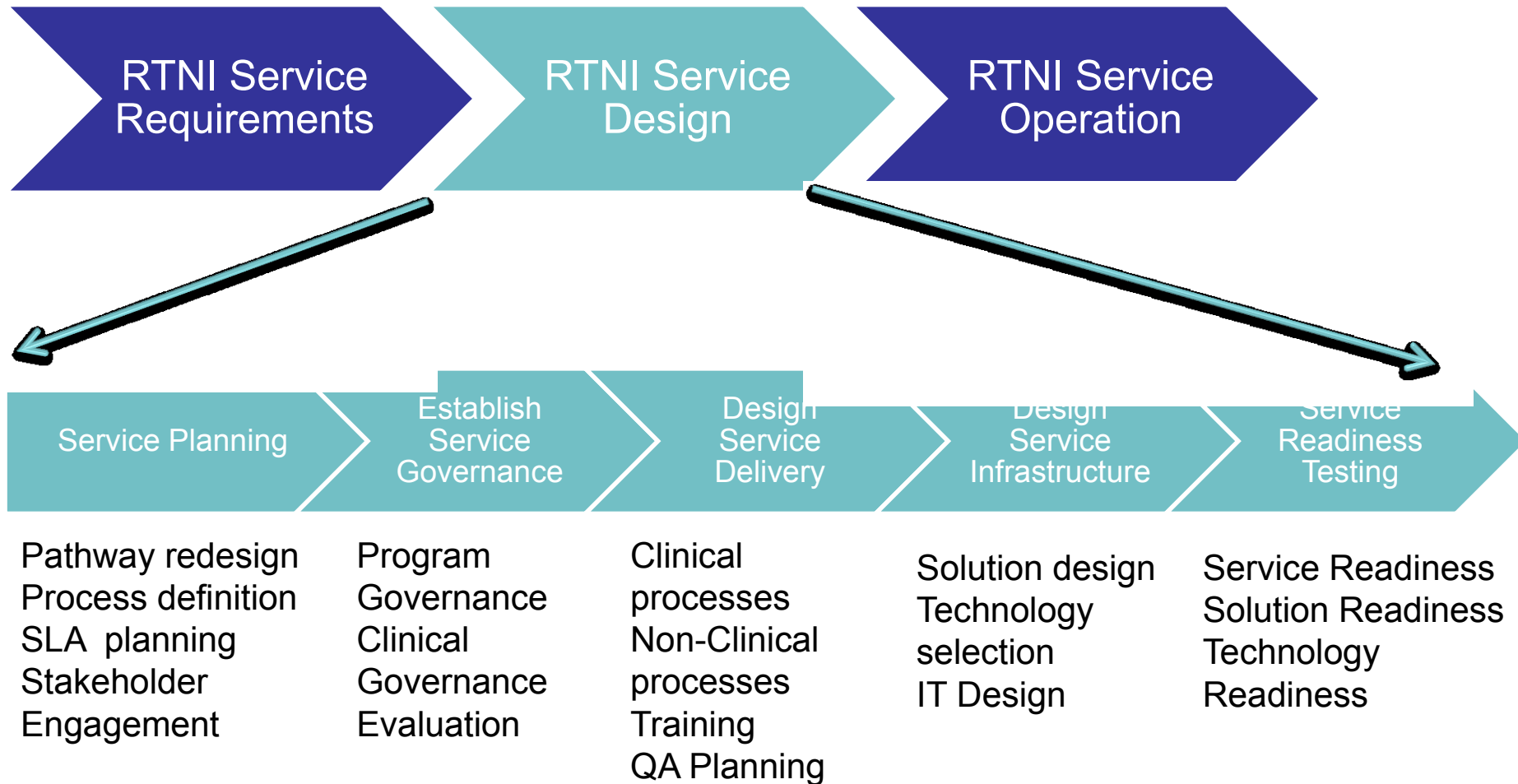
Managed Service – A Shift in Concept and Language



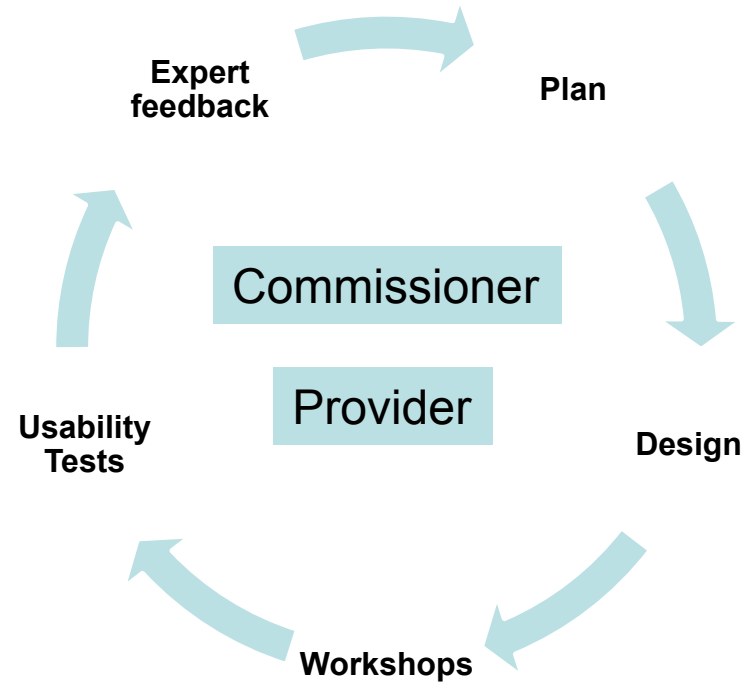
Managed Services Model – Conclusions and Lessons

- Pressure is on the provider to deliver services that the commissioner wants NOT on the commissioner to map the available technology to meet their requirements
- Significant up-front investment on both sides to define service requirements and design how the service will integrate with other services
- Keeps the commissioner “out of the weeds” – Defining **what service is required** and not how to arrange people, process and technology to deliver the service
- Demands a high level of working in partnership through service definition and design
- Shares the risk of delivery between the commissioner and provider

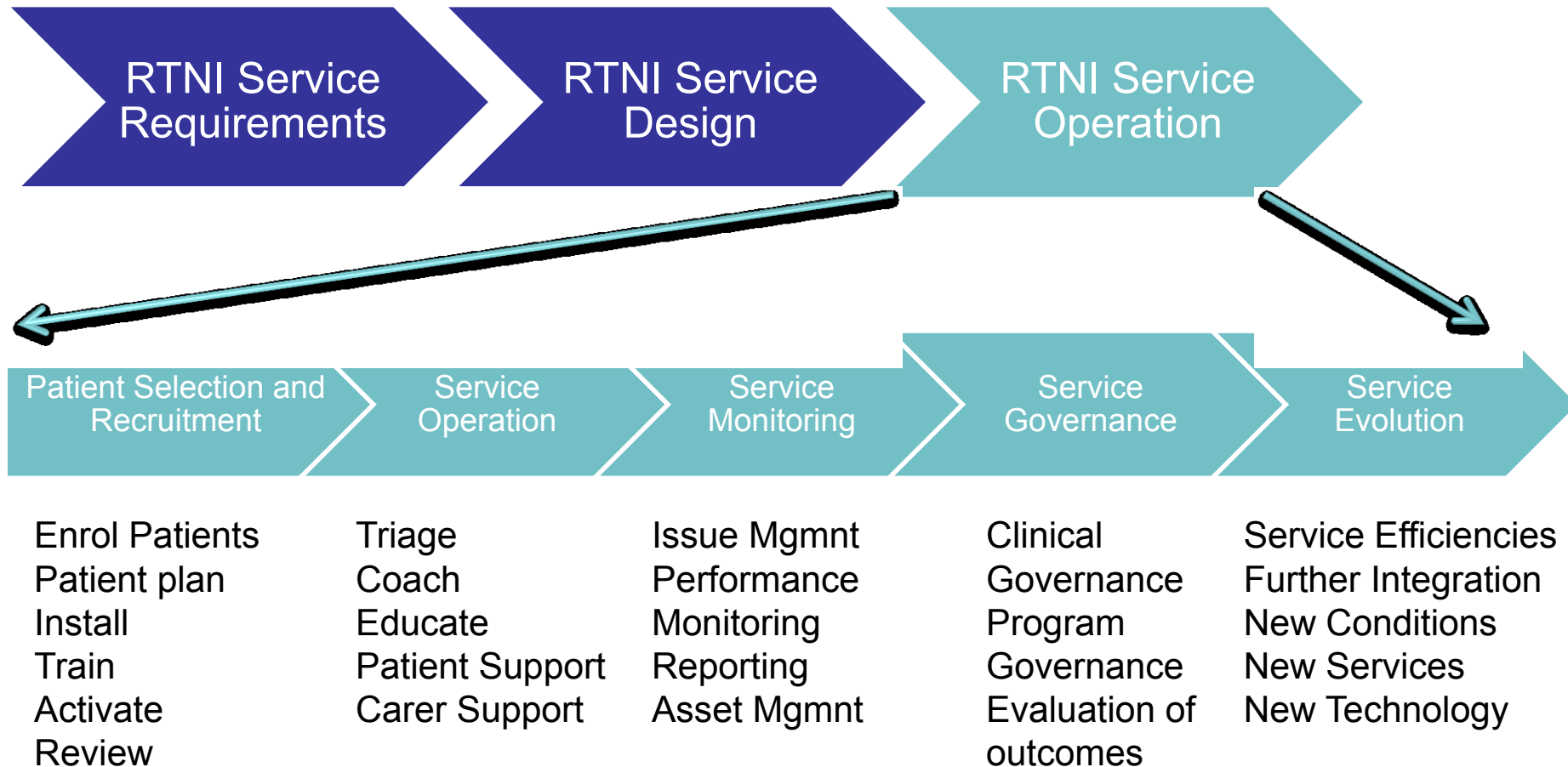
RTNI Service Design Processes



Service Design – Collaborative Process



RTNI Service Delivery Processes



Critical Success Factors - Learning to Date

- Promotion of 'logic' and evidence base
- Pilots are helpful but need to be strategically aligned, of sufficient scale and designed to be tested
- Scaling an application is significantly more complicated than piloting and takes time

Critical Success Factors - Learning to Date

- Alignment with strategic and operational health and social care agenda
- Securing local, clinical and corporate support and ownership is vital. Focus on quality, safety and patient experience – efficiency is a by-product
- Design, procurement and implementation are complex – requiring regional leadership, drive and resourcing

On-going challenges

- Building clinical ownership
- Modernising clinical workflow
- Contract management
- Benefits realisation
- Evaluation

Does Procurement = Problem?

- Complex, time consuming, bureaucratic, costly
- Forces commissioner to clarify requirements & make decisions
- Dialogue promotes understanding and relationship building
- Competitive tension promotes best value
- Fair, Open, & Transparent