



# BUILDING EVIDENCE FROM THE FRONTLINE – LEARNING FROM EXPERIENCE AND CLINICAL PRACTICE TO ACHIEVE SUCCESSFUL TELEHEALTH IMPLEMENTATION

*Key Findings from the MALT Study*

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## MALT Case Studies

- ❖ Four sites using telehealth with COPD and CHF patients
- ❖ Case study objectives
  - To explore referral and care pathways for telehealth
  - To explore usage and acceptance among staff and patients
  - To identify current barriers and enablers to successful telehealth
- ❖ Case study methodology
  - In-depth interviews with 81 frontline staff, 24 managers, 40 patients (with 12 carers contributing)
  - Thematic analysis of data to draw out main themes, and key barriers and enablers for successful telehealth



# MAINSTREAMING ASSISTED LIVING TECHNOLOGIES



## SITE A

20 Frontline Staff, 7 Managers, 9 Patients, 1 Carer

### ***TELEHEALTH – COPD, CHF, Diabetes***

Purchased units (1 type, 1 provider)

External system for installation, in-house monitoring

Local Authority and NHS delivery

Used by community matrons, specialist respiratory and heart failure nurses, and some GPs

## SITE B

17 Frontline Staff, 6 Managers, 6 Patients, 1 Carer

### ***TELEHEALTH – COPD, CHF***

Purchased units (2 types, 2 providers)

External system for installation, in-house monitoring

Local Authority and Community Interest Group delivery

Used by community matrons and specialist heart failure nurses

## SITE C

21 Frontline Staff, 7 Managers, 12 Patients, 4 Carers

### ***TELEHEALTH – COPD, CHF***

Leased units (1 type, 1 provider)

External systems for installation and monitoring

Private Partnership and Local Authority delivery

Used by community matrons, and specialist respiratory and heart failure nurses

## SITE D

23 Frontline Staff, 4 Managers, 13 Patients, 6 Carers

### ***TELEHEALTH – COPD, CHF***

Purchased units (2 types, 1 provider)

External systems for installation and monitoring

NHS delivery

Used by community matrons and case managers





## Today...

- ❖ Take you through the telehealth journey within our sites
- ❖ Share the key barriers experienced at the frontline and the attempts to overcome them
- ❖ Provide you with an understanding of how services develop knowledge about how and why to use telehealth with patients
- ❖ Identify the key barriers to future success and integration of telehealth
- ❖ Present the headline findings from patient data





*“There’s a lot of change going on at the moment, and at the moment you just feel bombarded with all these new initiatives that are coming into place...your mind is just constantly thinking oh god not another change, not another new thing.”*

(Community Matron)

*“There are so many changes with the integrated team and the risk stratification and how things are working in commissioning and it’s difficult to know what we’re going to be doing.”*

(Community Matron)







# Change, Technology and the NHS

- ❖ Amount and pace of change in the NHS
- ❖ Telehealth is one among many changes
- ❖ Attitudes to change and new innovations
- ❖ Previous experience and confidence in new technologies
- ❖ Telehealth is a new innovation, a new clinical tool, and a new technology



*“If people feel they are working enormous caseloads at the moment they are going to be quite resistant to it because they can only see that implementing something like that at the beginning is going to actually cost a lot of time.”*

(Specialist Nurse)

*“I’m trying to teach patients to live their life and get out there and enjoy themselves. I don’t want them tied to a piece of machinery, frightening them to death every day, reminding them of their illness, and if these people are not having a lot of admissions why would I want to do that?”*

(Community Matron)





## Introduction of Telehealth to Staff

- ❖ Lack of knowledge and understanding about telehealth
- ❖ Limited evidence base and mixed successes in the UK
- ❖ Speculation about why it has been introduced
- ❖ Concerns about potential impact on workload, staff roles and in-person care







*“We had a very tainted experience of telehealth in the main. There was a feeling that because we were being pressurised to put people on that actually we were putting people on who potentially might not actually needed it.”*

Community Matron

*“You’re not going to make a clinical decision on inaccurate information ... I think the perception is you know is that it should reduce visits ... I don’t think it will ever do that, particularly if you get a quirky reading.”*

Specialist Nurse





## The Negative Experience of Telehealth

- ❖ Telehealth imposed on practice
- ❖ Poorly designed pilots and targets for use
- ❖ Unsuitable patients
- ❖ Limited consultation, support and training
- ❖ Technology and equipment limitations
- ❖ No resourced systems for telehealth work
- ❖ Little management or co-ordination of telehealth



## The Impact of Negative Experiences

- ❖ No trust or confidence in technology and service
- ❖ Concerns about workload are confirmed in practice
- ❖ Perceptions that telehealth will have limited value for patients and for staff
- ❖ Continued uncertainties about how and why to use telehealth
- ❖ Reluctance to engage with telehealth in practice



*“With patients who were having frequent exacerbations or perceived they were having frequent exacerbations, it’s meant that I can have a more structured approach to reviewing them... So with a small number of patients it’s reduced the need for frequent visiting.”*

Community Matron

*“I hated Telehealth when it first came round, absolutely hated it. I couldn’t see the point of it and it increased anxiety I felt in a lot of the patients ... I have made some mistakes and I have had the wrong type of patient ... now I can see the benefits of it.”*

Specialist Nurse







## The Positive Experience of Telehealth

- ❖ Positive experiences and patient benefits
- ❖ The sharing of success and good practice
- ❖ Establishing resourced systems for telehealth work
- ❖ Addressing equipment and technology limitations
- ❖ On-going training and support for staff
- ❖ Important role of local frontline champions
- ❖ A flexible and responsive approach to service design







## The Impact of Positive Experiences

- ❖ Trust and confidence in remote monitoring
- ❖ Understanding of patient and carer benefits
- ❖ More efficient case management of patients
- ❖ Positivity about the potential of remote care technologies
- ❖ Increased up-take and a commitment to address barriers to success





## Understanding Telehealth

- ❖ Process of clinical learning and sharing of good practice
- ❖ Emerging knowledge about telehealth goals and benefits
- ❖ Understanding the telehealth pathway
- ❖ Working out what remote care can offer patients and service providers
- ❖ Building the evidence
- ❖ Working out the technology and service design





*“We all had negative views about it and actually it wasn’t saving us any work ... then it changed and we all had discussions about it and the bad things, and it changed and we got this new contract ... what we found is that now we are trusting it a bit more, trusting the machine a bit more, trusting the people doing their [patient] alerts ... and what I have done with my patients is I have reduced my visits to them and I have been able to cut back on how many times I have had to visit.”*

Community Matron





## Working out the Technology and Service Design

- ❖ Period of experimentation and trial and error
- ❖ Emerging knowledge about successful telehealth implementation and delivery
- ❖ Securing new technology and service re-design





## Integrating Telehealth – The Key Barriers

- ❖ Securing new technology and service re-design
- ❖ Variable clinical and commissioner buy-in
- ❖ Lack of shared vision and goals for investing in remote care technologies
- ❖ Limited evidence and evaluation
- ❖ Change, technology and the NHS
- ❖ Continued uncertainty about long-term impact of delivering care remotely





*“I just feel that sometimes eyeballing somebody can you know make a big difference...I have reservations about going too far with telehealth, because I don't think you can substitute the actual human interaction aspect of the work we do.”*

Community Matron

*“It's across the board though isn't it, it is streamlining services and how can we do more face to face meaningful contact with patients. And if telehealth helps us do that, then it's worth it from my point of view anyway.”*

Community Matron





## Patient Experience

- ❖ Telehealth was viewed positively by all patients
- ❖ Telehealth is easy to use although patients reported limitations with equipment and technology
- ❖ Monitoring activities quickly become part of daily life
- ❖ Support from nurse viewed as part of telehealth
- ❖ Telehealth was not a replacement for in-person care
- ❖ Patients expressed a desire for long-term use
- ❖ Carer role in telehealth could be significant





## Patient Benefits

- ❖ Reassurance and confidence from remote monitoring
- ❖ Increased awareness of condition and symptoms
- ❖ Better self-management including more informed decision-making
- ❖ Improved access to health professionals at point of need
- ❖ Reduced patient anxiety
- ❖ Reassurance for spouse and family





## Patient Acceptance Survey – Early Findings

91% agreed telehealth is easy to use

70% are not worried about technical problems with telehealth

85% agreed telehealth is convenient

83% agreed telehealth helps me to look after myself

75% agreed telehealth teaches me about my health condition

77% agreed telehealth improves my access to healthcare

82% agreed telehealth is reassuring about my health

49% agreed telehealth is better than an in-person visit from a health professional

79% agreed telehealth provides peace of mind for my family

84% would like to continue using telehealth forever







*“You are not out on a limb. There is someone looking after you ... and if anything does show up they get on the phone straightway ... Like another person in a sense, you know keeping an eye on you and that is what it is all about I think. You are not left to your own devices.”*

Mr Matthews, Patient

*“I’m in control and I can see what’s happening. One instance where my weight went up, so before they actually had chance to phone me I phoned them and said my weight’s gone up so I’m going to take an extra water tablet ... They just backed me up by saying yes that’s what you should do.”*

Mr Owen, Patient







# Thank You

## *Questions and Comments*

Contact the MALT team

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