Citizen Today

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Conversations in health care

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Next time you hear of an elderly patient having many unscheduled hospital admissions, you might be somewhat reassured to hear of a revolution currently brewing in patient care to allow such patients to receive better care through remote monitoring at home.

Telehealth technology, which involves the digital exchange of health data between a patient at home and medical staff at their workplace, has been quietly advancing across health and care sectors for some years and is now poised for a far wider deployment to provide more cost-effective ways to treat patients with severe long-term conditions. The technology in use ranges from mobile phone applications that measure and monitor blood pressure and other vital signs, to the deployment of home equipment that can be used to monitor blood glucose or oxygen saturation. Not only does the technology vastly reduce the need for travel by both the patient and care provider, but it can also make treatment more efficient, safer and cheaper — and enable the patient to become much more involved in their care.
For John Cruickshank, UK-based health IT strategist and consultant director at Westminster-based think tank 2020health, telehealth technologies represent an important opportunity to address multiple challenges facing policy-makers and health professionals alike. "The sheer explosion of cost facing health services in addressing the ‘silver tsunami’ – for example, the publicly funded UK National Health Service spends 70% of its budget on patients with long-term conditions – helps explain why governments around the world are increasingly looking at telehealth as a core component of their health agendas," he says.

The necessity for governments to do more with less, as well as rapid progress with the technology, is also propelling telehealth forward, he adds. "The problem of scarce and costly clinical resource means leaders have to look at new ways of delivering care," he explains.

"Telehealth technologies help span time and distance, and make best use of clinicians’ time and expertise, while being more convenient for the patient. Furthermore, with consumers now routinely using online services for banking, retail and travel booking, patients have a real expectation of more ways of receiving care than just face-to-face consultations with doctors. They are starting to understand that it can also involve the use of online resources and of care at a distance.”

But what about the patients? How are they reacting to the possibility of being treated remotely, rather than in person? Cruickshank is quick to cite a recent UK study of more than 6,000 patients, each with one of three of the most common long-term conditions – congestive heart failure, chronic obstructive pulmonary disease and diabetes. "One of the results was that 94% of patients who were offered telehealth positively welcomed it," he says.

"The findings also showed that – if designed well and delivered effectively – telehealth technologies can achieve a 20% reduction in emergency hospital admissions; a 14% reduction in elective admissions; a 14% reduction in bed days; an 8% reduction in tariff costs; and a 45% reduction in mortality rates. Governments around the world are increasingly talking about the importance of self care as part of attempts to improve the health of a nation. Patients can manage their conditions better by seeing how a healthy lifestyle impacts on their telehealth readings."

Cruickshank, who has authored *Healthcare without walls*, an influential published report on how the NHS in the UK must make better use of this technology, believes that the UK’s large-scale study will do much to address one of the principal obstacles to more extensive use of telehealth – that of a lack of rigorous clinical evidence supporting its deployment. "While there have been many studies on a worldwide basis with good results, there is nothing more convincing to local decision-makers than robust evidence that is specific to the country in which you are based," he says. "Both doctors and patients would inevitably want to know that there is real, solid, clinical data to support it working within their system."

Another hurdle has been the alignment of incentives. The benefits that come from this technology, according to Cruickshank, often accrue somewhere other than in the sector in which it is implemented. "Typically, this is because it has an impact on primary care, community
care, social care and acute care – the type of benefits that come up are different to each organization,” he says. “So finding the correct alignment of incentives that release short-term savings related to reform programs that are quite long term in nature is definitely important. We need to encourage incentives to keep people well, not incentives to treat them only when they fall ill.”

When asked about which countries are most advanced on this agenda, Cruickshank highlights the distinction between the developed and developing world. “In the developed world, the general aim has been to develop telehealth as a substitute to established care delivery models. Several of the largest health systems in the United States use it quite extensively,” he says. “The Veterans Health Administration is probably the most well-known example and is still the largest user at scale. Medicare, the federal health care program for elderly patients, has also embraced it in places. But it's not been used on a uniform basis in the US. Both Canada and Australia – with their vast distances and remote communities – have also shown themselves to be enthusiastic adopters.

“In Europe, countries such as France have made a major investment to telemedicine for video-based consultations. Scotland is the most advanced nation within the UK, probably because it has pulled the different interest groups together to form the Scottish Centre for Telehealth. It is clear that Scotland is looking at this agenda on a fully integrated basis. In other countries there has been less progress because the incentives to invest do not align.

“If you turn to the developing world, with access and availability of care services so often a constraint, telehealth may be the only readily accessible form of care. The mobile phone may be the only reliable method of communication, and increasingly they are being used in an innovative way to support health care. In Africa and India, we are seeing a surge of telehealth technologies, leapfrogging progress in some developed countries. The recently launched Global eHealth Ambassador’s Program, led by Archbishop Desmond Tutu, is spearheading the uptake of these technologies. So it really is something that all countries are thinking about.”

With telehealth starting to spread across borders, it is perhaps not surprising that Cruickshank is confident about its future prospects. “In 10 years, I think it will be accepted as a routine part of the health care process,” he says. “In the same way we get prescriptions for medications I can foresee we will get prescriptions for telehealth, or we can just buy it as a consumer. I think it will be part and parcel of the way services are delivered, with millions of patients around the world routinely using the technologies and gaining the benefits.”

A confident prediction, then, but one robustly underpinned by the knowledge that policy-makers need to make savings and simultaneously address demographic changes with increasingly older populations. Harnessing advances in technology to deliver a more cost-effective system of patient care is surely an attractive proposition for policy-makers, wherever they are in the world.
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