

eNewsletter

Issue 4 | October 2013



WELCOME MESSAGE FROM DAVID HEANEY, PROJECT DIRECTOR

ITTS is moving out of the implementation phase and into evaluation and dissemination. As with projects of this nature, there are one or two services that have faced challenges or been delayed, but mostly we are up and going – no-one promised this would be easy! ITTS have been presenting at a range of events over the last few months, to disseminate information about the project and our progress.

Next, I am really looking forward to a meeting in Northern Ireland in November, where we are bringing together diabetes experts from across northern Europe to exchange knowledge on self-monitoring for diabetes. We will have consultants, nurses, GPs, researchers, service providers, industry and patients at the meeting, and we plan to produce a position paper from the proceedings.

We will have the demonstrator projects implemented and evaluated by March 2014. If you haven't already heard, our final conference will be held at the Drumossie Hotel, Inverness, on the 11th and 12th March 2014. Save the date, and get in touch with us if you are interested in attending. The first day will focus on the results and outcomes of ITTS; the second day on the future for telemedicine. We are inviting attendees from across northern Europe, and we will ask other projects and services to also display information about their work. We will of course be throwing in a hearty Highland welcome...hope to see you there!

David Heaney

ITTS Project Director

Associate Director of the Centre for Rural Health, University of Aberdeen

In this issue...

[News Highlights](#)

[Research](#)

[Focus On...
Home-based Health Services](#)

[Spotlight On...
Remote Exercise Classes
for Rehabilitation](#)

[Partner Focus: Northern Ireland
Centre for Connected
Health & Social Care](#)

[Recent & Upcoming Events](#)

News Highlights

5TH PROJECT PARTNER MEETING: UMEÅ, SWEDEN



 COUNTY COUNCIL
OF VÄSTERBOTTEN



In September the ITTS project team travelled to Umeå in northern Sweden to attend our 5th project partner meeting. The meeting was hosted by our Swedish partners at [Västerbotten County Council](#). It had been agreed at the previous partner meeting in Oulu (March 2013) that the demonstrator projects would be implemented by September 2013, and so the main aims of this partner meeting in Umeå were to review the status of the projects, finalise the implementation phase and focus on the evaluation of the implemented projects. In addition, as this was the penultimate meeting it was important that all partners were prepared for the work required in the final six months of the project with regards not only to the implementation and evaluation of the demonstrator projects, but also the dissemination of the project and informing of policy.

A full meeting report can be found on the ITTS website.

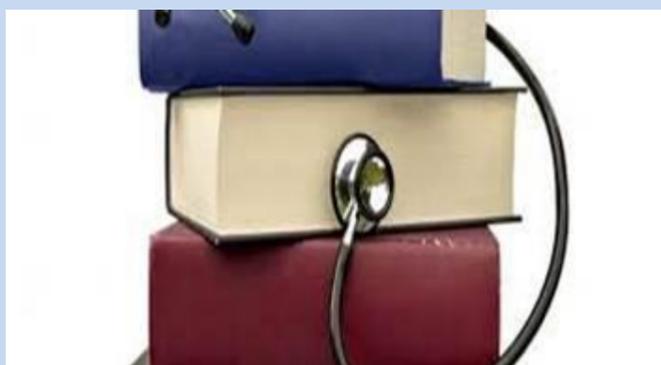
[Read more >>](#)

TRANSNATIONAL KNOWLEDGE EXCHANGE

The partner meeting also hosted a workshop for our [exercise classes for rehabilitation](#) video-consultation (VC) demonstrator project. The aim of the workshop was to bring together clinicians working on the project to exchange knowledge and also engage in a practical session on how best to deliver care using VC. The session was led by Senior Lecturer Anita Melander-Vikman, PhD, and Lisbeth Eriksson, PhD, both specialised physiotherapists from Luleå University of Technology, Department of eHealth. There was a short lecture followed by a seminar and hands-on workshop. The workshop was attended by Tiina Vuononvirta (Finland), Ide Ni Chonghaile (Ireland), Liz Morrison and Doreen Berry (both Scotland), and hosted by Sweden. The feedback we have received from everyone involved has been very positive, with the attendees now feeling more confident in delivery of these new services.

ITTS Evaluation Reporting – What and Why?

Aims of the evaluation – what we are hoping to achieve



The ITTS evaluation has been designed to answer several major questions about the project:

- Have the demonstrator projects worked in each country? What are the reasons why they have/have not worked?
- What are the cost implications associated with the demonstrator projects?

We believe these questions are key in the project's aim to determine transnational best practice and make recommendations for future telemedicine implementation.

How we're evaluating

The evaluation is being performed using "mixed methods". This means we are using both quantitative (statistics-based) and qualitative (opinions and experience-based) assessment tools. This gives us the ability to look at different aspects of telemedicine implementation: the 'hard evidence' provided by numeric data, and the social factors that are extremely important when introducing a new service.

We are assessing:

- effects on patients' access to services
- changes in hospital visits and travel for patients and staff
- patient and staff views on their experiences of the services
- the likely sustainability of each project at each site
- cost savings and return on investment
- socio-economic models of the impact of further roll out of telemedicine

All research has outcome measures that are assessed when considering the questions asked. Our key qualitative outcome measures are:

- the views of staff and patients about the service
- social and cultural factors affecting implementation
- social and cultural factors affecting sustainability

Our key quantitative outcome measures are:

- change in health service availability
- change in health service usage by patients
- likelihood of the service continuing beyond the project timescale
- cost factors likely to affect sustainability
- cost analysis of the service, including return on investment
- travel and carbon emissions generated by staff and patients

We aim to use these measures, assessed using questionnaires and interviews with staff and patients, plus details about the economics of the telemedicine interventions to produce various documents and products that we hope will help others who wish to implement telemedicine projects.

Project output

The results of the ITTS evaluation will be of interest to many people and groups and we will publicize them in various ways, producing:

- academic publications in peer-reviewed journals
- articles in professional interest magazines
- socio-economic impact scenarios and models
- presentations at international and European conferences
- Telemedicine in everyday practice (a guide with an interactive checklist)

Details of all of these will be available on the ITTS website in 2014.

Focus on... Support for Home-based Health Services

ITTS is developing home-based health services to address the growing challenge of an elderly population with complex health and social care needs. Home-based technology can reduce hospital visits and help keep patients in their own communities.

These technologies can address wider health and wellbeing issues. The benefits include:

- Patient empowerment, generating greater knowledge about and responsibility for their health
- Accessibility to services
- Expanding the reach of specialists to remote and rural locations
- Reduction in travel, for both patients and health staff
- Social inclusion for patients living in isolation



ITTS are implementing home-based support services across a number of specialty areas, such as:

- [Remote Support in Medical & Social Care Emergencies](#)
- [Remote Exercise Classes for Rehabilitation](#)
- [Home-based Support for Patients with Multimorbidity](#)

[Read more >>](#)

Spotlight on...Remote Exercise Classes for Rehabilitation

ITTS Demonstrator Project 9:
Remote Exercise Classes for Rehabilitation



Latest Project Activity:

IRELAND

Videoconference equipment and software has been installed at the Physiotherapy Unit, Ballyvaughan Primary Care Centre, the base for therapy delivery. A clinical team has been recruited and remote sites identified with the focus on connecting remote and island community care centres. Testing of the pilot service is now complete with early trials generating positive feedback from all involved.

Following the success of the first pilot sessions in January – March 2013, an 8-week block of remote rehabilitation clinics will be delivered to assist patients with chronic obstructive pulmonary disease (COPD) across the North County Clare area. Recruitment of patients is underway with classes planned for October/November 2013.

SCOTLAND

In Scotland, NHS Highland is implementing a 'hub and spoke' model of remote rehabilitation classes; the 'hub' being a central location where the physiotherapist is based, delivering a standard rehabilitation class to a group of patients; the 'spokes' being one or more remote centres where further groups of patients can also take part in the class. This model offers a service not currently available in many remote locations where the sparsity of patients makes the formation of a class unfeasible.

FINLAND

Finland continues to implement a remote rehabilitation service via VC to patients in the remote areas of Utajärvi, Vaala and Ii (northern Finland). A physiotherapist runs the class from her office to a group of 6 patients who connect via VC units installed in their homes. These patients suffer from multimorbidity with chronic diseases such as stroke or heart disease and have difficulty accessing rehabilitation, either through distance or frailty, or because of health staff resource limitations. Group-based rehabilitation will improve physical and social wellbeing of patients and in many cases enables them to stay at home for longer.

SWEDEN

The Swedish team is working with the Long-term Pain Rehabilitation department at Umeå University Hospital and delivering care direct to patient homes via VC. This service offers patients in remote areas the opportunity to participate, providing more equal access to the programme regardless of distance from the hospital and saving on patient travel and accommodation costs.

NORTHERN IRELAND

In Northern Ireland distance of travel and mobility problems means that some patients in the Southern Health and Social Care trust area are unable to attend rehabilitation classes. A centrally based physiotherapist will deliver group-based rehabilitation classes to COPD patients who will be based in their homes.

[Keep an eye on our progress here>>](#)

Partner Focus: Northern Ireland

Centre for Connected Health and Social Care

The Centre for Connected Health and Social Care (CCHSC) is part of the [Public Health Agency](#) and has been established to promote improvements in patient care through the use of technology and innovation in the Health and Social Care (HSC) system in Northern Ireland (NI). The primary purpose of the CCHSC is to improve the patient and client experience, and to provide better quality and more effective care. By supporting the more efficient delivery of services, it will also enable the healthcare system to respond better to the future needs of the population.



CCHSC is pleased to be a partner in the ITTS project – we envisage that the project will help improve the patient and client experience, and provide better quality and more effective care in rural areas. In addition, shared knowledge from the ITTS project will contribute towards the implementation of [Transforming Your Care](#) (a strategic review of Health & Social Care in NI) as well as the development of NI eHealth & Care Strategy. NI is very keen to collaborate with other regions and countries within the EC in order to innovate and speed up the spread of eHealth application/adoption.

CCHSC have successful experience in delivering large scale deployment of telehealth and telecare under its Telemonitoring NI service. To date there have been more than 2,000 patients who have benefitted from the use of remote monitoring to manage their long term conditions at home.

[For more information on Telemonitoring NI please see www.telemonitoringni.info]

Through the ITTS project we have also been deploying pilots using telemedicine between clinicians and patients; in areas such as speech therapy, patients who have diabetes and renal patients who are on dialysis. We have also been involved in exploring various ways technology can help patients with diabetes to self-manage and will be hosting a [Knowledge Exchange conference](#) for diabetes clinicians across all the partner countries in Northern Ireland on 21-22 November 2013.

[Read more >>](#)



Left to right: Judith Moore, Penny Hobson, Christine Breen, Eddie Ritson, Soo Hun, Kevin McMahon, Orla McGivern, Roisin Toner, Catherine Sheeran, Mary Emerson

Recent & Upcoming Events

ITTS was/will be represented at the following events:

- [28-29 May 2013: PrimCareIT Conference, Flensburg](#)
- [11-12 June 2013: NHSScotland Event 2013](#)
- [3-7 July 2013: 35th Annual Conference of the IEEE Engineering in Medicine and Biology Society, Japan](#)
- [4-6 September 2013: 5th ITTS Project Partner Meeting, Sweden](#)
- [18-19 September 2013: Heading North Towards the Future \(NPP Annual Conference 2013\)](#)
- [18 October 2013: Bringing it All Together \(Living It Up/NHS Scotland\)](#)
- [12 October 2013: e-Ucare Health Cluster Europe Kick-off Meeting, Eindhoven](#)
- [29-30 October 2013: European Telemedicine Conference, Edinburgh](#)
- [21-22 November 2013: ITTS Knowledge Exchange Workshop – Smartphones & Internet Support for Diabetes, Northern Ireland](#)

If you have any comments or suggestions for features in future issues, or to unsubscribe, please [contact us](#).

All issues of the eNewsletter are available to download on our [website](#).

Issue 4, October 2013

www.transnational-telemedicine.eu



Innovatively investing
in Europe's Northern
Periphery for a sustainable
and prosperous future



Follow us on [Twitter](#)



Like us on [Facebook](#)