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Telehealth Governance Environmental Scan

Summary of Findings

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Information Management / Information Technology Services

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Lower Mainland Consolidated IMITS

- IMITS is a consolidated Information Management/Technology department under the leadership of the ***Provincial Health Services Authority (PHSA)***
- Serves all agencies and services of ***PHSA***, ***Vancouver Coastal Health***, ***Providence Health Care***, ***Emergency Health Services***, ***Ministry of Health eHealth Operations***, and ***Workplace Health & Safety*** across BC
- Responsible for infrastructure solutions including unified communications, desktops, networks, and telecommunications (incl. telehealth) and data storage/centre

Agenda:
Telehealth Governance Environmental Scan

1. Objectives, Scope and Method
2. Telehealth Governance - Definition
3. Key Findings
4. Telehealth Governance Requirements
5. Telehealth Governance Functions
6. Recommended Next Steps
7. Discussion

Project Objectives and Scope

Objective:

To understand how other jurisdictions and countries govern and manage telehealth where telehealth is integrated as a part of health service delivery.

Scope:

- Organizational Context, Established Programs and Key Strategic Initiatives
- Governance Structure
- Strategy, Planning, and Decision Making
- Funding, Performance, and Accountability
- Leadership and Alignment
- Clinical Governance and Quality Management
- Information/Data Governance
- Operational Governance

Method

1. **12 – 16 x 1hr interviews with program leaders*** (Aug–Sept 2013)

Organization Type	Organization
Telehealth Service Providers	NHS 24 / Scottish Centre for Telehealth and Telecare (Scotland) Alberta Health Services Manitoba eHealth Ontario Telemedicine Network (OTN) Alaska Federal Health Care Access Network State Wide Telehealth Services, Queensland Australia
Telehealth Service Clients	KO Telehealth University Health Network Telehealth Program
Government	NHS England
Regional Health Services Coordination	Toronto Central LHIN
First Nations Governance	Assembly of Manitoba Chiefs First Nations and Inuit Health Branch (Federal) First Nations and Inuit Health Branch (Manitoba)
Provincial Shared Service	BC Patient Transfer Network
Service Optimization and Standardization	Trauma Services BC

2. **Informal Literature Review -** Internet Search; MoH Library Search

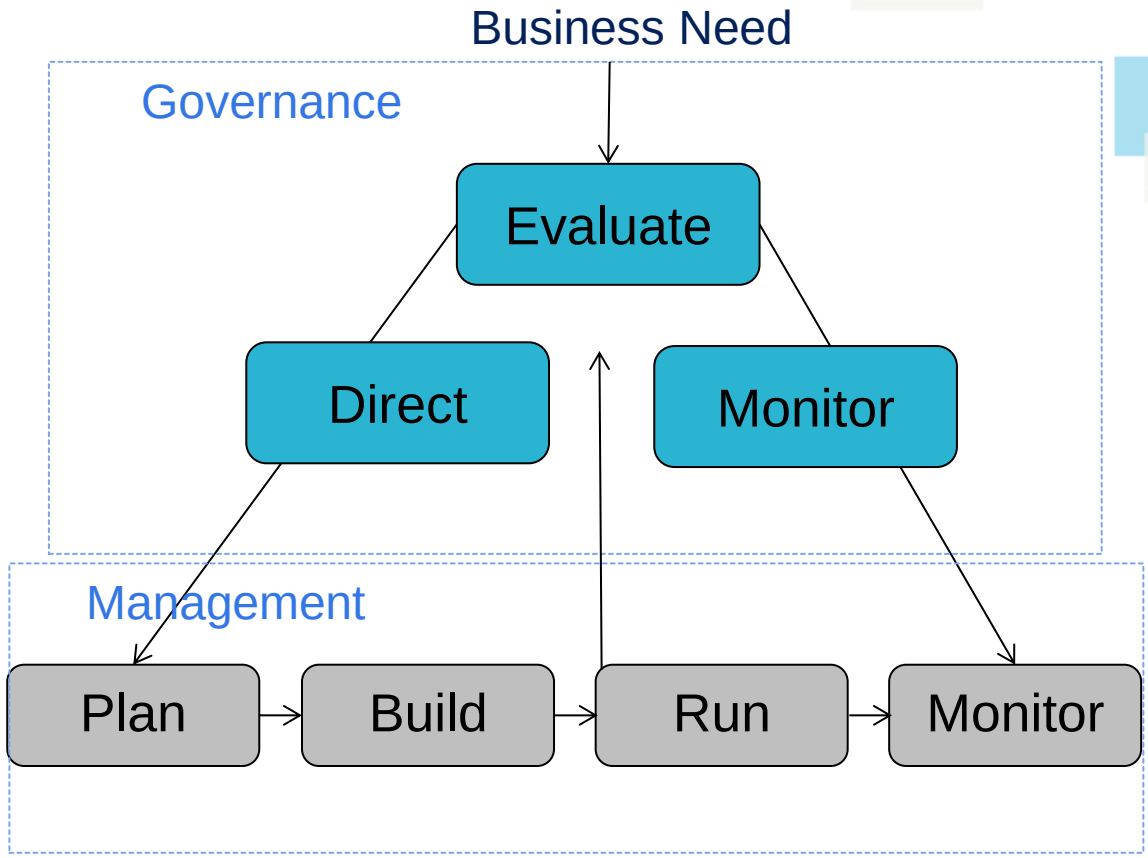
*See Appendix 1 for more information

Governance:

*The art of steering an organization, society or system**

The process whereby:

1. Strategic Goals and Priorities are set
2. Key relationships are maintained
3. Organizational or system health is safeguarded
4. Account is rendered for performance



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* Institute on Governance, Canada, http://www.cfhi-fcass.ca/migrated/pdf/event_reports/governance-Tim_Plumptre.pdf, accessed Aug 29, 2013

WHITE PAPER

GOVERNING THE ELECTRONIC HEALTH RECORD

Crossing Traditional Boundaries of Healthcare Governance

FIGURE 2:
COBIT 5 IT GOVERNANCE DOMAINS

Source: COBIT 5 © 2012 ISACA. All rights reserved. Used by permission.

APPLICATION OF A STANDARD GOVERNANCE FRAMEWORK TO EHR GOVERNANCE

Building on the assessment of COBIT 5 as an overall good fit model, the EHR COI determined that the use of COBIT 5, within the context of the EHR, is to provide management and business process owners with an IT governance model that can be applied to the EHR that helps in delivering value from EHR-related investments and supports the understanding and managing of the risks associated with the EHR and its underlying IT.

COBIT 5 brings value to any organization seeking guidance on assessing and potentially improving IT and EHR governance. COBIT 5 also helps bridge the gaps amongst business requirements, control needs and technical issues. In the view of the EHR COI, COBIT is a suitable control model to meet the needs of IT in the context of EHR Governance and ensure that information systems deliver value. As with any tool, COBIT 5 should be used to support a means to an end.

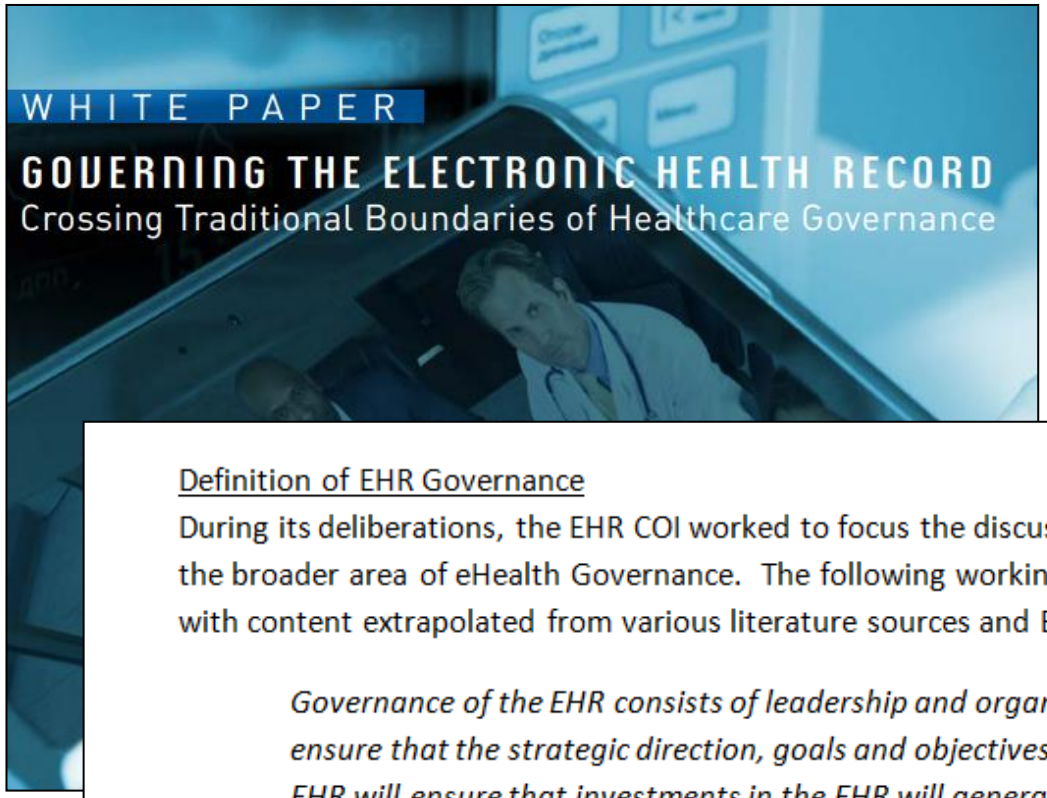
COBIT 5: IT Governance Domains

Governance Domain	Activities
1. Strategic Alignment	Set and meet strategic direction, goals and objectives
2. Value Delivery	Ensure investments generate business value
3. Performance Management	Monitor and provide guidance for development, implementation and delivery of services
4. Resource Management	Determine who makes decisions, who has input into a decision and accountabilities
5. Risk Management	Ensure that risks are recognized and mitigated

COBIT 5[1] is an appropriate governance model for both EHR Governance and Telehealth Governance due to similarities such as manifold stakeholder involvement, diversity of source data, and interdependence of data and workflows[2].

[1] http://www.isaca.org/COBIT/Pages/default.aspx)

[2] Governing the Electronic Health Record –Crossing Traditional Boundaries of Healthcare Governance – A White Paper; COACH, September 2013 (available here for member feedback)



Definition of EHR Governance

During its deliberations, the EHR COI worked to focus the discussion on EHR Governance, and exclude the broader area of eHealth Governance. The following working definition was identified and adopted with content extrapolated from various literature sources and EHR COI members' input:

> *Governance of the EHR consists of leadership and organizational structures and processes to ensure that the strategic direction, goals and objectives of the EHR are met. Governance of the EHR will ensure that investments in the EHR will generate the required business and clinical value and that any risks will be mitigated. Governance of the EHR is supported by organizational capacity to oversee, direct and guide the design, development, implementation and operation of the EHR. Governance of the EHR involves determination of who makes decisions, who has input into a decision and accountabilities for those decisions. Governance of the EHR includes membership with decision rights and accountabilities to enable effective use of the EHR.*

* Governing the Electronic Health Record –Crossing Traditional Boundaries of Healthcare Governance – A White Paper; COACH, September 2013

EHR Governance - Definition*

Working definition was identified and adopted by the COACH EHR Governance Community of Interest (Sept 2013)

- *Governance of the EHR consists of leadership and organizational structures and processes to ensure that the strategic direction, goals and objectives of the EHR are met. (Strategic Alignment)*
- *Governance of the EHR will ensure that investments in the EHR will generate the required business and clinical value and that any risks will be mitigated. (Value Delivery)*
- *Governance of the EHR is supported by organizational capacity to oversee, direct and guide the design, development, implementation and operation of the EHR. (Performance Management)*
- *Governance of the EHR involves determination of who makes decisions, who has input into a decision and accountabilities for those decisions. (Resource Management)*
- *Governance of the EHR includes membership with decision rights and accountabilities to enable effective use of the EHR. (Risk Management)*

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* Governing the Electronic Health Record –Crossing Traditional Boundaries of Healthcare Governance – A White Paper; COACH, September 2013

Telehealth Governance – Definition*

- *Telehealth governance consists of leadership, organizational structures and processes to ensure that the strategic direction, goals and objectives of telehealth-enabled health service delivery are met. (Strategic Alignment)*
- *Governance will ensure that investments in telehealth equipment, implementation and process integration will generate the required business and clinical value and that any risks will be mitigated. (Value Delivery)*
- *Telehealth governance is supported by organizational capacity to oversee, direct and guide the design, development, implementation and operation of telehealth-enabled services. (Performance Management)*
- *Telehealth governance involves determination of who makes decisions, who has input into decision-making, and accountabilities for those decisions. (Resource Management)*
- *Telehealth governance includes membership with decision rights and accountabilities to enable optimal telehealth utilization at both organizational and systemic levels. (Risk Management)*

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Concepts and Definitions
(*UK influence*)

Telemedicine: Video conferencing to bridge patients and care providers in real time

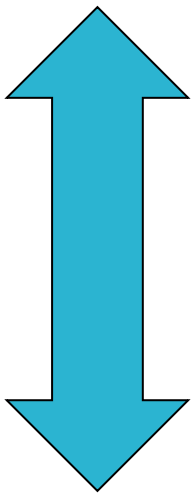
Telehealth: Real-time flow of information from patient to clinical team to identify risks and determine appropriate interventions.

- *Home Monitoring*

Telecare: Solutions used in the home/community to alert care providers to indicate that user is at risk / in need of assistance.

- *Sensors*

Care Coordination: Patient Education and Related Clinical / Non-Clinical Resources



Key Findings

1. Conditions for telehealth governance are similar to EHR governance
2. Single governance is a critical enabler for successful system-wide integration of telehealth services (integrated virtual care)
3. Mature telehealth organizations have expanded their mandate to include strategic alignment with health system goals and patient care requirements. Activities include business planning and change mgm't.
4. Four levels of telehealth development can be observed in public telehealth program evolution: Enable, Standardize, Scale, Transform. Most mature telehealth organizations are at Scale or Transform.
5. System Transformation Enablers (list below)
6. Mandate and funding for telehealth service expansion is dependent on a demonstrable value proposition. Value may differ by clinical program. Accountability to demonstrate the value resides between the clinical and telehealth service teams.

Telehealth Transformation Scale

Sample Requirements and Priority Activities

Transform

- Executive Vision for
  - Integrated Health and Social Care
  - Mainstreaming Telehealth
- Multi Sector Alignment and Service Integration

Scale

- Adoption and Service Simplification
- Communications and Awareness
- Program Resourcing

Standardize

- Regional Service Integration
- Interoperability
- Business Integration and Education
- Service Accreditation and Documentation

Enable

- Scheduling / Bridging
- Support
- Technology Standardization and Implementation

Drivers for Integrated Telehealth

Mainstreaming and scale deployment currently underway in Denmark, England, Scotland, and some regions in Spain and Italy* (*and Ontario*)

Aligned with progress towards Integrated Health and Social Care

Drivers of success:

- ✓ Re-organisation of services and towards integrated health and social care
- ✓ High eHealth deployment and progress towards interoperability

Service delivery

- ✓ Involvement of Health Technology Assessment agencies

Electronic Patient record

- ✓ Availability of evidence even if practice-based
- ✓ Funding for development

Best practice

- ✓ Reimbursement of services

Incentives

- ✓ Incentives and frameworks promoting cooperation
- ✓ Committed & Integrated governance (+ stakeholders)
- ✓ Legal framework

Good governance in place

- ✓ Demand (patient) side as a significant driver of change

Patient empowerment

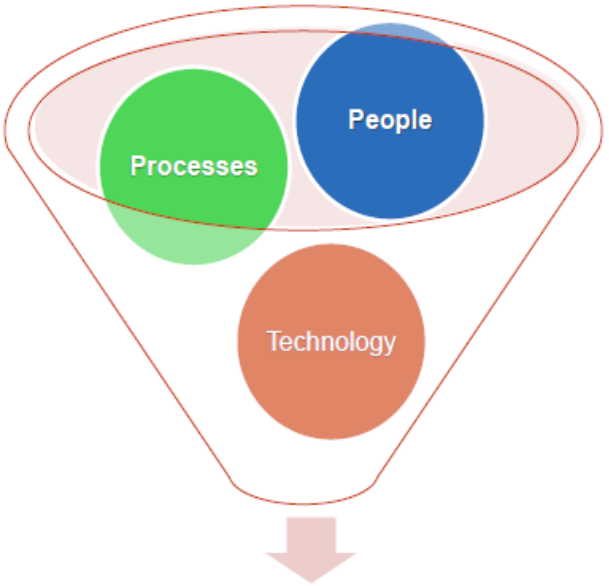
* Telehealthcare in EU, Experiences on Integrated Personal, Health and Care Services (IPHS): Evidence from eight European countries, Joint Research Centre, European Commission, http://www.slideshare.net/miguelme/telehealthcare-in-eu-regions-ipts, accessed Aug 29, 2013

Telehealth Organization Characteristics Enable vs. Transform

Enable	Transform
• Bottom Up Drivers	• Top Down Drivers
• IT Focus	• Business Focus
• Clinical Program Service Partner	• Organizational Strategic Partner
• Independent of complementary services	• Co-located with complementary services *(e.g.:telephone triage, ED Services, Patient Self-Care)*
• Utilization Driven	• System-wide Outcomes Driven
• Accountable to IMIT & Clinical Programs	• Accountable to Sr. Management
• Focus on technology integration and technical support	• Focus on business process re-design, change management and service scaling
• Regional governance and service delivery models	• Single governance and service delivery models
• Integrated Business and Technical reporting structure	• Separate Business vs. Technical Services reporting structure
• Program Funding	• Project funding ++

System Transformation Enablers

1. System wide or organizational mandate
2. Clinical engagement strategy aligned with health system priorities
3. Telehealth service standardization across regions, health sectors and solutions
4. Integration with standard eHealth solutions (registries, medical records, lab, diagnostic imaging, pharmacy, e-referral, etc.)
5. Dedicated adoption support teams
6. System simplification and user independence

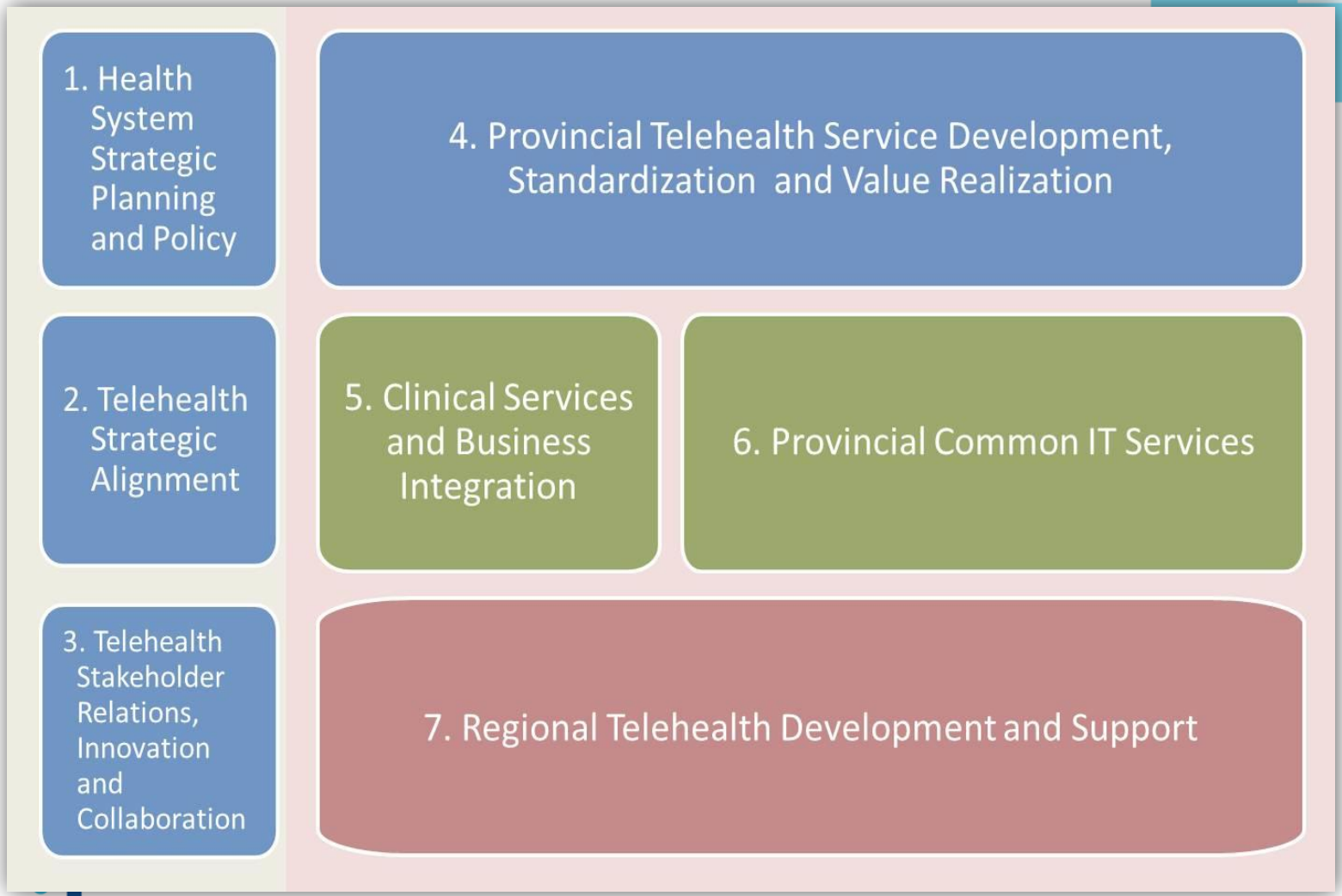


TELEHEALTH INTEGRATION

Governance Implications and Requirements

COBIT 5 Governance Domain *	Implications for Telehealth Leadership	Telehealth Governance Requirements
1. Strategic Alignment	Prioritize telehealth service development in alignment with stated clinical priorities for relevant PHSA health agencies	**Executive Leadership** across Agencies and Services
2. Value Delivery	Monitor and provide guidance to optimize impact of telehealth investments	**Clinical Program Engagement** (leadership and operational)
3. Performance Management	Set and monitor performance metrics Identify and stimulate improvements in telehealth service delivery	**Clinical value-based performance metrics and accountability framework**
4. Resource Management	Ability to leverage appropriate resources from across the 'system' to enable effective, efficient and accountable decision making	**Clinical program-sourced telehealth resources** to provide clinical adoption support
5. Risk Management	Ability to draw on relevant expertise to recognize and mitigate risks.	**Governance level expertise** in clinical programs, telehealth operations, and risks

Sample Telehealth Governance Functions*



For Discussion Only

Appendix 1. Respondents

	Country / Province	Respondent	Organization	Title
	International			
1	England	Rachel Cashman	National Health System (NHS), England, Medical Directorate	Director, Innovation, Strategy and Programmes
2	Scotland	Dr. George Crooks	Scottish Centre for Telehealth and Telecare	Director
3	Australia	Andrew Bryett	State Wide Telehealth Services, Queensland Australia	Director
4	USA	Sarah Freeman	Alaska Federal Healthcare Access Network	Director Clinical Program Development
	Canada			
5	Alberta	Josephine Amelio	Alberta Health Services	Provincial Director of Clinical Telehealth
6	Ontario	Neil MacLean	Ontario Telemedicine Network (OTN)	VP Strategy and Corporate Development
7	Ontario	Orpah McKenzie	(KO) Telehealth	Director Health Services
8	Ontario	Camille Orridge	Toronto Central (LHIN)	CEO
9	Ontario	Peter Rossos	University Health Network	Chief Medical Information Office, UHN
10	BC	Kathy Steegstra	Executive Director	Patient Transfer Network
11	BC	Catherine Jones	Executive Director	Trauma Services BC
12	Manitoba	Liz Loewen	Manitoba eHealth	Director, Coordination of Care
13	Manitoba	Brenda Sanderson and Kathi Avery	Assembly of Manitoba Chiefs	eHealth Leadership
14	Manitoba	Mark Sagan	First Nations Inuit Health Branch	Regional Manager Health Information and eHealth (Manitoba)
15	Federal	Ernie Dal Grande	National Manager, eHealth Program, Primary Health Care and Public Health	First Nations and Inuit Health Branch, Health Canada