A Digital Pathway to patient empowerment, an active and healthy lifestyle through telemedicine and integrated care

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Abstract

Introduction: The aim of the Digital Pathway is to develop and test an ecosystem for providing integrated care services through the advanced use of telemedicine in the Region of Southern Denmark. The ambition of the projects’ partners is to be able to put the patient first and always in the centre of treatment. Thus empowering the patient and thereby enabling him/her to carry out a healthy and active lifestyle supported by an individually tailored and flexible offer of treatment suited to the patients’ individual needs. An ecosystem for telemedicine – a Digital Pathway – is a prerequisite for providing integrated care services through the advanced use of telemedicine and thus also for successful patient empowerment and supporting an active and healthy lifestyle for patients.

Implementation of practise change: The expected change in practise will involve the caregivers not having to concern themselves with how the equipment is delivered to the patients or to provide technical support. It will also reduce the cost of telemedicine due to an increased use of the patients’ own equipment and ensure access to data collected from devices in the patients’ home, when needed.

Targeted population and stakeholders:
The targeted population are in principle any citizen admitted into hospital in the Region of Southern Denmark who is eligible for telemedicine – either for health or social care. The stakeholders are the health and social care providers in the hospitals in the Region and in the 6 municipalities who take part in the project.
Regionally in the Region of Southern Denmark (Denmark) the project will be followed closely by local and regional policy makers.

Timeline:
- Phase 1: Concept development: October 2014 – March 2015
- Phase 3: February 2016 – March 2016
**Highlights:** Many telemedicine projects are successful and both the patients and the healthcare personnel consider them an improvement of treatment as seen in the Whole System Demonstrator project (Steventon, 2012). Despite the benefits however, few of these projects are turned into successful and fully implemented solutions that are fully integrated into the system (Zanaboni and Wootton, 2012).

The project will address the predominant obstacles when rolling out telemedicine services in a full scale;

- Poor network quality makes it difficult to use video as much and as often as would be desired from a treatment perspective
- There is a need for a set of requirements and standards to utilize the patients’ own tablet, smart TV etc. for telemedicine
- Distribution of the telemedicine solutions on a big scale is a challenge
- Data collection from the monitoring equipment at home is a challenge
- Every sector (health care, social care) is working with its own equipment and reuse is not a possible solution today.

**Conclusions:** Since the project is not yet finalized it may be a bit premature to mention conclusions at this stage. However we expect the Digital Pathway to provide an easier and more affordable access to telemedicine. And will elaborate on this based on project findings based on the outcomes of phase one if invited to speak at the conference.

**Discussions:** The project will form the basis for a possible EU tender for services included in the Digital Pathway as well as a business case and business model to support the final decision of how to proceed with the Digital Pathway. It has not been decided beforehand which services to include in the tender. This decision will be based on the outcome of the business case.

**Lessons learned:** We will present lessons learned from phase one and initial testing if invited to speak at the conference.

**Keywords**

telemedicine; ecosystem; integrated care

**References**


2. Zanaboni and Wotton. BMC Medical Informatics and Decision Making 2012. 12:1


**PowerPoint presentation**

http://integratedcarefoundation.org/resource/icic15-presentations