



## ACT Advancing Care Coordination and Telehealth Deployment Programme

### Executive Summary

Co-ordinated Care (CC) and TeleHealth (TH) services have the potential to deliver quality care to chronically ill patients. These systems can both reduce the economic burden of chronic care and maximise the delivery of clinical support, despite the shortage of skilled professionals within European healthcare systems. The value of TH services has been highlighted in the Cochrane Review 2010 by Inglis et al. on Telemonitoring in HF, and the COPD Cochrane Review 2011 by McLean et al., as well as the Whole System Demonstrator (WSD) findings, announced in December 2011.

Care Co-ordination and TeleHealth (CC&TH) services have not yet progressed substantially beyond pilots and test installations. Such services require new behaviours, routines and ways of working directed at improving health outcomes, administrative efficiency, cost effectiveness and user (patient and health professional) experience. Translating evidence into practice is complex and requires significant organisational change.

The **Advancing Care Co-ordination & TeleHealth Deployment programme (ACT)** is the first of its kind, specifically designed to help overcome these barriers. It is totally aligned with the EIP objectives and the vision successfully of deploying integrated care to help manage chronically ill patients.

The **ACT programme** identifies 'best in class' organisational and structural procedures supporting effective implementation of CC&TH services in the routine management of chronic patients. The consortium will investigate key organisational and structural drivers in five European healthcare regions. These drivers will be refined by the participating regions and a group of leading European CC&TH experts. The focus will be on managing entire groups of heart failure, COPD, diabetes, as well as co-morbid patients in the respective regions, with at least 3,000 patients per region.

In the context of the **ACT programme**, Care Co-ordination is a patient-centred approach that uses organisational structures and technology to co-ordinate care planning and delivery across health and social care agencies. It ensures all relevant medical professionals are integrated into the delivery and management process, and helps family and friends to support their loved ones. TH comprises 'remote management solutions' tailored to the specific needs and acuity levels of individual patients. TH provides a range of coaching, education or monitoring services, empowering patients to make an active contribution to their own management.

The potential of CC&TH services is significant, given the ever-increasing burden on healthcare systems due to the ageing population and shortage of skilled medical professionals. In England, the management of chronic conditions accounts for approximately 69% of all primary and acute care budgets; 5% of chronically ill patients who have one or more condition account for 49% of all inpatient bed days.

For medical professionals, CC&TH offers the chance to add value and access the necessary tools (e.g. more complex diagnostics in primary care, tools to support changing patient behaviour). Tax payers will benefit from a more efficient use of resources, with the type and cost of each intervention being tailored to meet the needs of the individual, thereby contributing to the sustainability of the system.

The consortium will focus on "how does it work?" and "how can we make it work better?" before producing a toolkit for use across Europe. The five reference sites (Scotland, Groningen, Lombardia, Catalonia and Basque Country) we have selected have experience in delivering TeleHealth and/or Co-ordinated Care. These sites will join forces with other European experts. Our plan is to see the results of the five reference sites spread to 15-20 other European regions within three years. The spread plan will comprise the 'Cook Book' and a range of key learning events where good practice will be shared.