

IV Forum

Faculdade de Medicina da Universidade do Porto (FMUP), Porto.

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SITT

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Telehealth Strategies and Quality in telehealth

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WHO Athens Quality of Care Office

Porto, 30 September, 2022



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Portuguese Telehealth “history”...

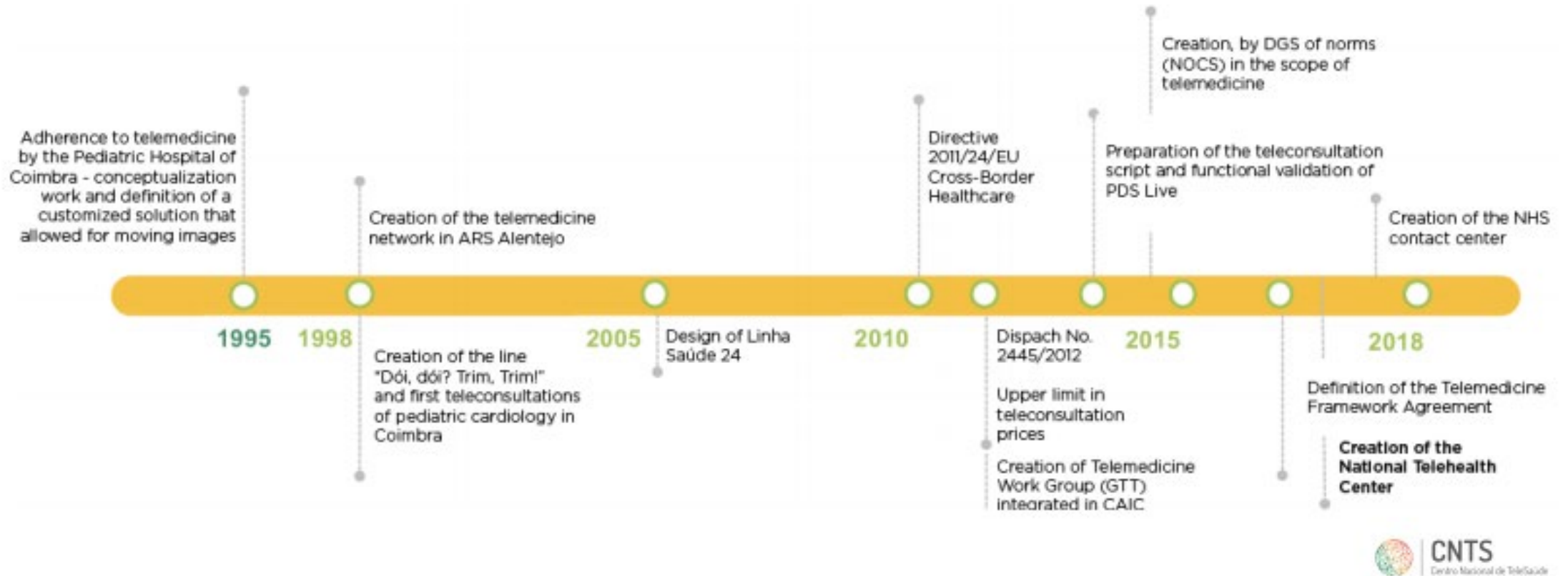
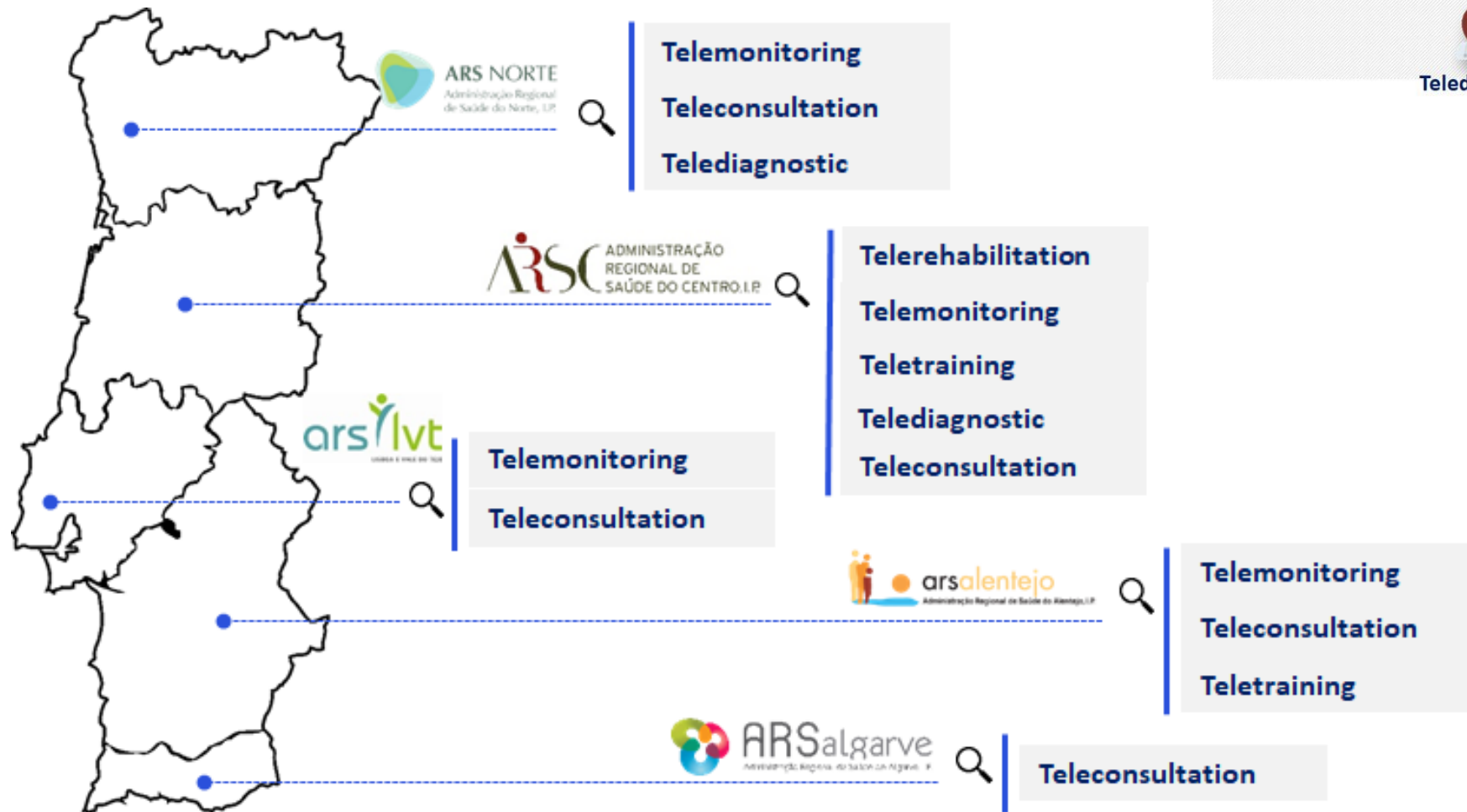


Figure 7: Telehealth timeline in Portugal

Telehealth ad-hoc initiatives

Promote Services in NHS



Telehealth “institutionalization” – MoH orders, guidelines, procurement rules, reimbursement rules

The “basis for a quality perspective on telehealth”

- A [Diretiva 2011/24/UE](#) do Parlamento Europeu e do Conselho de 9 de Março de 2011 é relativa ao exercício dos direitos dos doentes em matéria de cuidados de saúde transfronteiriços. Esta diretiva estabelece regras para facilitar o acesso a cuidados de saúde transfronteiriços seguros e de elevada qualidade e promove a cooperação em matéria de cuidados de saúde entre os Estados-Membros, no pleno respeito das competências nacionais em matéria de organização e prestação de cuidados de saúde.
- [Despacho 3571/2013](#) reforça utilidade desta forma de tecnologias de Saúde em linha (e -Saúde), como uma ferramenta inovadora que permite a política de proximidade entre profissionais de saúde que prestam cuidados de saúde e utentes que os recebem.
- [Despacho n.º8445/2014](#) reforça a implementação da estratégia para uma Rede de Telemedicina no Serviço Nacional de Saúde.
- [Resolução do Conselho de Ministros n.º 67/2016 de 26 de Outubro de 2016](#) -Criação do Centro Nacional de TeleSaúde através do qual pretende reforçar a estratégia nacional para a promoção da Telemedicina e promover a utilização das Tecnologias de Informação e Comunicação, como parte integrante de processos de reforma dos cuidados de saúde, com vista a alcançar um nível mais elevado de articulação, integração e melhoria da qualidade dos cuidados, em articulação com o Centro de Contacto do SNS.
- [Resolução Conselho Ministros 62/2016](#), de 17 de outubro, aprova a Estratégia Nacional para o Ecossistema de Informação de Saúde 2020 – ENESIS 2020.

[Despacho n.º 3156/2017](#) modelo de funcionamento e coordenação operacional com vista à realização dos objetivos da ENESIS 2020.

[Despacho 6280/2018](#)

Determina que a referenciação para a primeira consulta de especialidade hospitalar de dermato-venereologia, realizada pelos cuidados de saúde primários do SNS, é efetuada obrigatoriamente através da utilização de telerrastreio dermatológico

[Despacho 5314/2020](#)

Determina que os órgãos dirigentes das entidades prestadoras de cuidados de saúde primários e hospitalares do Serviço Nacional de Saúde devem assegurar a identificação e reagendamento de toda a atividade assistencial programada não realizada por força da pandemia COVID-19.

“3 – Enquanto a situação epidemiológica do país o justificar, e em especial durante o estado de calamidade, os estabelecimentos e serviços do SNS garantem que a realização da atividade assistencial ocorre: a) Com recurso a meios não presenciais, utilizando mecanismos de telessaúde, designadamente programas de telerrastreio, teleconsulta, telemonitorização e teleconsultadoria, exceto quando tal não for clinicamente adequado ou tecnicamente possível;”

Normas de orientação Clínica

- [Telerrastreio Dermatológico](#) (NOC 5/2014)
- [Telerradiologia](#) (NOC n.º 5/2015)
- [Telepatologia/patologia digital](#) (NOC 4/2015)
- [Modelo de Funcionamento da Teleconsulta](#) (NOC 10/2015)

Código Deontológico da Ordem dos Médicos (2009)

- Capítulo XII
- Artigo 94º (relação médico-doente)
- Artigo 95º (responsabilidade do médico) – segredo médico, consentimento informado
- Artigo 96º (segurança)
- Artigo 97º (história clínica) – registos

Clinical/Technical
guidelines for
telehealth
services



2020 Paradigm shift :

The NHS institutions guarantee health care (using telehealth) EXCEPT when that is not clinically adequate or technically possible

The “Internal Telehealth Promotor” (ITP) and a Nationwide network for telehealth promotion

MINISTÉRIO DA SAÚDE

Gabinete do Secretário de Estado Adjunto do Ministro da Saúde

Despacho n.º 8445/2014

A Telemedicina, consubstanciada em Teleconsultas e Telemonitorização, permite a observação, o diagnóstico, o tratamento e a monitorização do utente o mais próximo possível da sua área de residência, trabalho ou mesmo em sua casa.

Nestes termos, a Telemedicina aumenta a acessibilidade, melhora a equidade e permite que um maior número de pessoas tenha acesso a melhores cuidados de saúde.

Considerando que através do Despacho n.º 3571/2013, de 27 de fevereiro, do Secretário de Estado Adjunto do Ministro da Saúde, publicado no Diário da República, 2.ª Série, n.º 46, de 6 de março, foram dados passos importantes na generalização da Telemedicina a todo o país, e na integração desta ferramenta na estratégia global de promoção do acesso aos cuidados de saúde, importa, agora, reforçar a implementação da estratégia para uma Rede de Telemedicina no Serviço Nacional de Saúde.

Assim, determino:

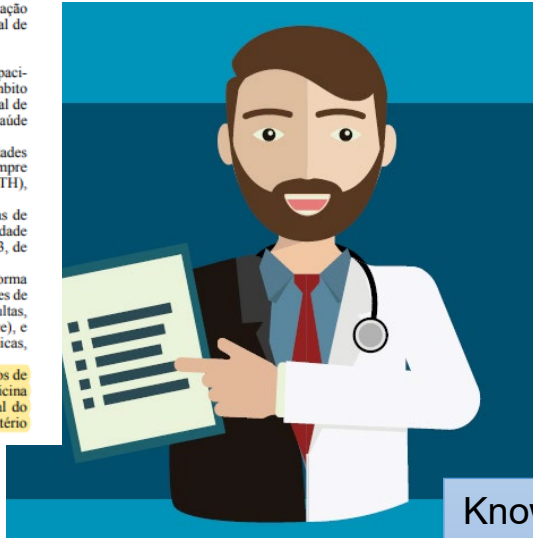
1. O acesso à Telemedicina deve ser generalizado, atendo as capacidades tecnológicas das instituições, sendo a sua referenciação de âmbito nacional, sem quaisquer limitações no âmbito do Serviço Nacional de Saúde (SNS), de forma a aumentar a acessibilidade aos cuidados de saúde e a rentabilizar a capacidade instalada nas instituições do SNS.

2. As consultas de triagem/rastreo teledermatológico nas unidades de saúde, onde já se encontram implementadas, devem ser sempre solicitadas no âmbito do Programa Consulta a Tempo e Horas (CTH), sendo inválido qualquer outro procedimento.

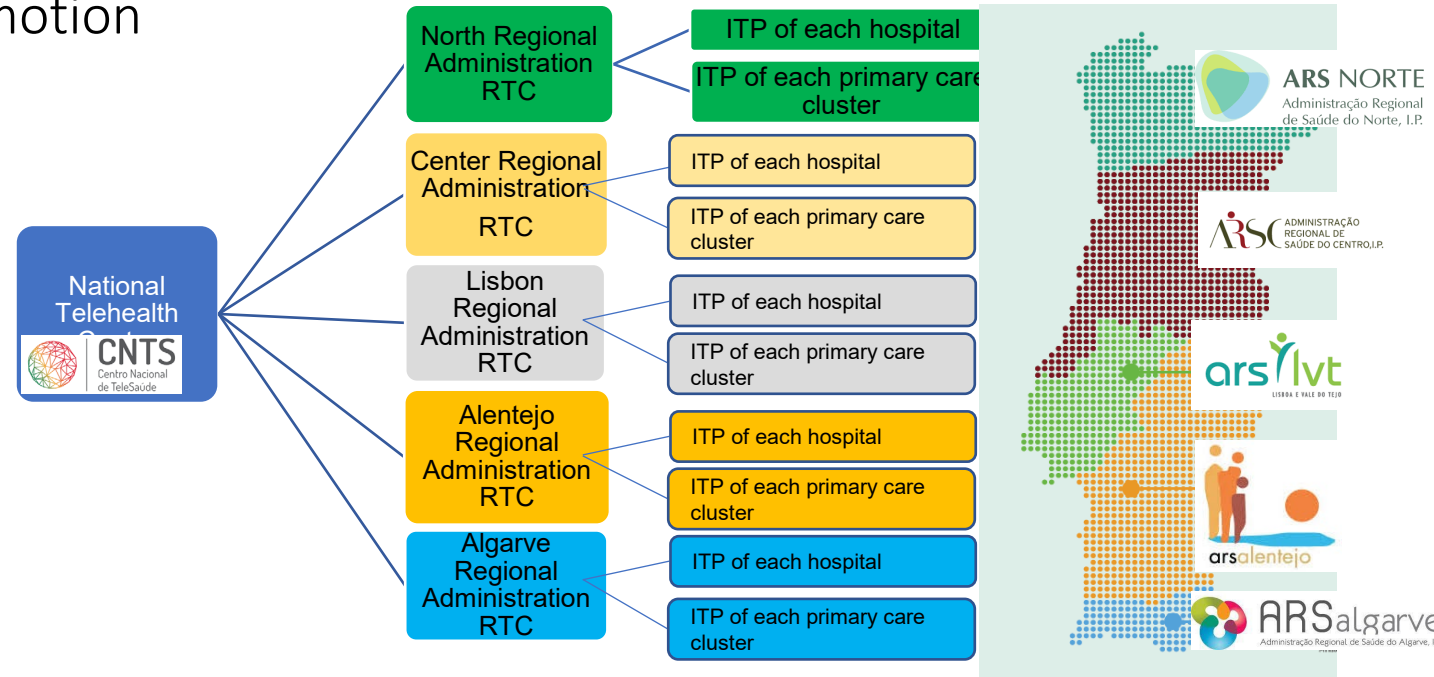
3. A Direção-Geral da Saúde emite, de forma gradual, normas de orientação para cada consulta de triagem/rastreo de cada especialidade médica, na prioridade decorrente do meu Despacho n.º 3571/2013, de 27 de fevereiro.

4. As Administrações Regionais de Saúde, IP devem dotar, de forma progressiva e na medida das suas capacidades, as diferentes unidades de saúde, de equipamentos necessários à implementação das teleconsultas, privilegiando o uso da Plataforma de Dados em Saúde (PDS-Live), e das consultas de triagem/rastreo de diferentes especialidades médicas, através da PDS-CTH.

5. Os estabelecimentos hospitalares do SNS e dos Agrupamentos de Centros de Saúde devem nomear um Promotor Interno da Telemedicina (PIT), dando conhecimento do mesmo à Administração Central do Sistema de Saúde, IP e à SPMS—Serviços Partilhados do Ministério da Saúde, EPE.



[Dispach 8445/2014](#), 30th June defined that all hospitals from NHS and all Primary Care clusters should appoint an ITP

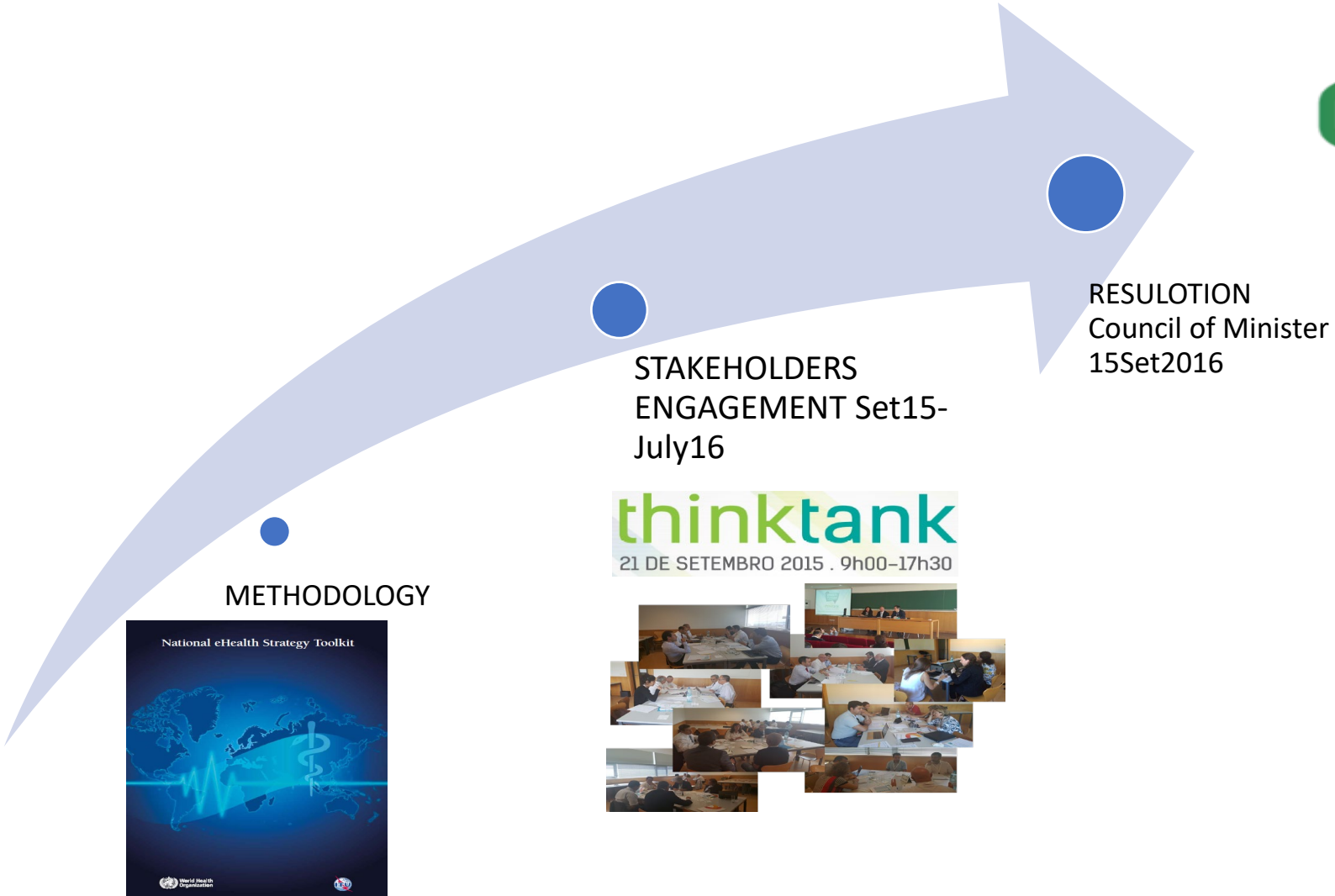


TeleHealth Promotion Network brings together Regional TeleHealth Coordinators (RTC) and Internal Telehealth Promotors (ITP)

- Knowledge/practice of Telehealth activities;
- Knowledge/skills in the management and organization of Health services;
- Knowledge and good relationship with professionals from all clinical areas of the organization;
- Interest and motivation to implement innovation and change processes.

Portuguese eHealth Strategy until 2020 (telehealth was “included” and National Telehealth Center envisioned)

enesis 2020



National Telehealth Center

National vision and strategy for Telehealth

Citizen's empowerment

Supporting design of IT systems that enable telehealth

Enable health professionals



CNTS

Centro Nacional de TeleSaúde

Promotion and Development Unit
Telehealth in NHS

Management and Development Unit
Contact Center of the NHS

Participate in regulation

Development of telehealth initiatives

Healthcare Providers



Innovation and I&D

CITIZENS

*Council of Ministers: Resolution nº. 67/2016
Law Decree nº 69/2017 of June 16*

Mobile Solutions_ integrated in the context of teleservices (myNHS Wallet --> SNS24 app)

Mobile E-Death Certification



Mobile E- Prescription



mHealth can make eHealth applications and medical information available anywhere at anytime, but it must also be portable, secure and easy to use

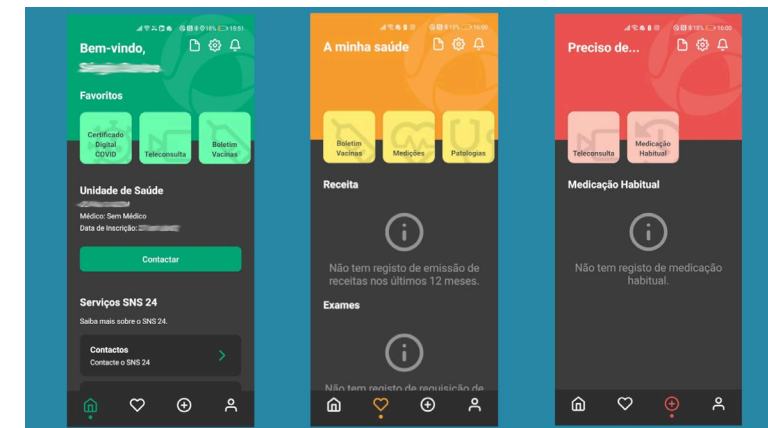
MyNHS



MyNHS Wallet --- > SNS24 App :



MyNHS Times



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A Century of Telemedicine: Curatio Sine Distantia et Tempora A World Wide Overview – Part V

TeleHealth Evolution in Portugal in the Last Century

Henrique Martins, Paula Amorim (Chapter Editors)

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Editors:

M. Jordanova, F. Lievens

2022

https://www.isfteh.org/files/media/A_Century_of_Telemedicine_-_Part_V_2022.pdf



PENTS – The Portuguese Telehealth Strategy

Executive Summary

PENTS is a proposal from the Shared Services of the Ministry of Health, E.P.E. (SPMS) under the coordinating scope of the Portuguese National Centre of Telehealth (CNTS) as defined in the Resolution of the Council of Ministers No. 67/2016 of October 26. Being the first strategic plan for telehealth carried out in Portugal and one of the first in the world, its vision is to create a broad strategy that reflects the role of telehealth in the National Health Service (SNS) in harmony not only with the National Health Plan Revision and Extension to 2020, but also with the *Programme of the 21st Constitutional Government* and the *Health 2020: the European policy framework and strategy for the 21st century* (WHO).

EHealth, telehealth and telemedicine are currently areas of growing importance in the context of a health sector highly pressured by external factors such as economic, financial, political-legal, demographic, technological, educational, socio-cultural and organisational.

The objective of PENTS is to define a strategy to leverage the telehealth, taking advantage of Information and Communication Technologies (ICT), as valid means in the management of health and its services. Consequently, the use of telehealth will have to boost the development of the health sector in Portugal in terms of health gains and quality of life, as well as operational efficiency. Telehealth offers new answers to major challenges, namely those of accessibility and proximity to health care, integration of care, training of citizens, patients and caregivers in the SNS, among others, remaining an important catalyst of digital transformation in healthcare.

PENTS should be seen as an instrument that integrates the strategy for the development of telehealth and whose main objectives are:

- Elaboration of a current vision of telehealth in Portugal, by listening to experts and key institutional stakeholders on the subject, as well as by analysing relevant documentation.

- Characterization of valuable proposals with distinctive and innovative characteristics for the sustainable growth of Telehealth in Portugal, by analysing and structuring the key components of the experience of stakeholders in the provision of Telehealth services.
- Definition of the Telehealth strategic axes for the period 2019/2022, and elaboration and characterization of a set of practical and concrete actions that leverage its development.
- Draw up a roadmap to operationalize the proposed plan, as well as recommendations for future implementation.

As a result, this document is organized in 4 chapters. The first chapter is a contextualisation of the health sector, in particular of the SNS, describing some of the challenges it faces. Telehealth presents in this context a summary of the state of the art at a national level and it explains the premises that justify the elaboration of PENTS.

The second chapter identifies and describes the major challenges of telehealth, which were later grouped into 7 blocks of challenge. Throughout the analysis, some of the main advantages and opportunities of telehealth are also identified.

In the third chapter, integrating innovation and new health technologies as a fundamental part, identifies the most promising trends in the area of telehealth, as well as the main steps for a successful implementation of the digital transformation.

Chapter four defines the 6 major Strategic Lines for the Development of Telehealth (LEDTS):

- I. Good governance and development of human capital;
- II. Ensuring interoperability and Security;
- III. Building infrastructure capacity and information systems improvement in a collaborative and citizen-centre SNS;
- IV. Integration, continuity and proximity of the health care;

V. Evaluation and sharing of the good practices that promote the innovation and ensure access, quality and efficiency of health care;

VI. Continuous commitment to innovation, research and development in order to generate, test and implement new ideas and solutions.

Consequently, 12 specific measures are materialised and are complemented by a set of activities.

The 12 measures identified are:

1. Ensure a sustainable model for telehealth;
2. Make telehealth a means to create synergies;
3. Create a “Living Lab”;

4. Simplify the Governance Model for the telehealth activity;

5. Ensure information security and the interoperability of the information systems;

6. Guarantee the operational conditions needed for the exercise of telehealth;

7. Evaluate and control the quality of the telehealth services in the SNS;

8. Map and plan the telehealth initiatives;

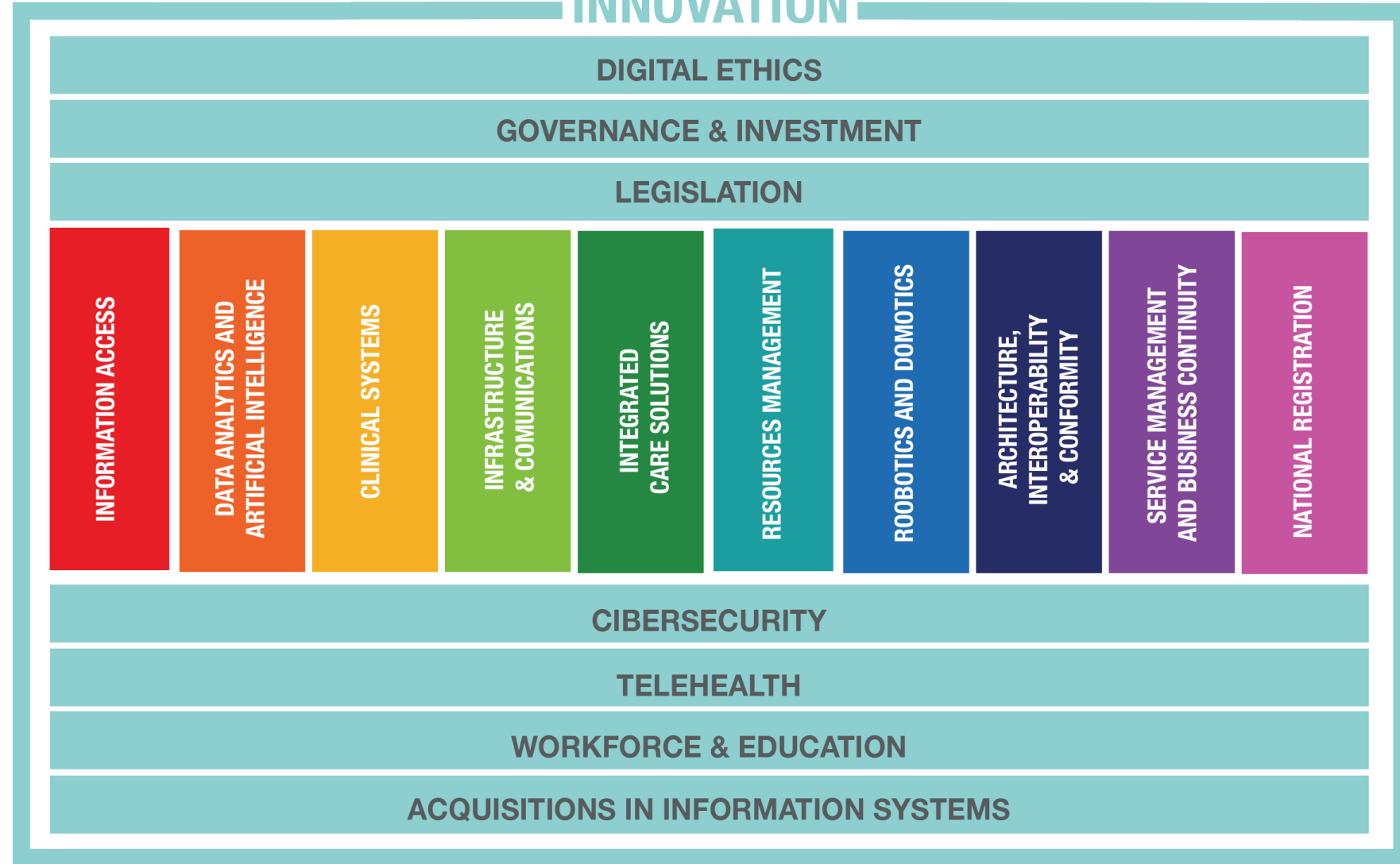
9. Develop new telehealth offers;

10. Promote and disseminate the concept of eHealth to citizens and professionals and raise their awareness of its added value;

11. Ensure that PENTS has synergies with other strategic initiatives;

12. Train, develop and qualify the Human Capital.

The ENESIS 20²² is a proposal from SPMS, E.P.E to the Ministry of Health, regarding the Information Systems of the Health System, with a particular emphasis on the NHS areas.



2030 AGENDA

SDG | Each Strategic Stream aim to achieve some Strategic Development Goals



STRATEGIC STREAMS

I



Access to Health Services and Care throughout the Citizen's Lifecycle

Promote and facilitate greater mobility and equity in access to health care, where and when needed, throughout the citizen's life cycle in a simple and integrated way.

10 REDUCED INEQUALITIES



II



Citizen Empowerment

Promote citizen involvement and active participation in the health information system through digital training and the provision of mechanisms and tools that support conscious and informed decision making and promote self-management of health care.

4 QUALITY EDUCATION



III



Efficiency and Sustainability of Health System

Promote the rationalization of resources and the sustainability of the health system, through savings of time and money, thus enhancing productivity. Ensure more rational and savings-generating public procurement, ICT services and products for the NHS.

11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



2030 AGENDA

SDG | Each Strategic Stream aim to achieve some Strategic Development Goals



STRATEGIC STREAMS

IV



Quality and Safety of Health Care

Promote mechanisms and tools to increase the quality and safety of health care, as well as auxiliary means of diagnostic and therapeutic.

3 GOOD HEALTH AND WELL-BEING



V



Health Prevention, Protection and Promotion

Preventing public health and disease phenomena, citizen awareness of behaviors that improve his/her well-being and increase his/her quality of life.

3 GOOD HEALTH AND WELL-BEING



11 SUSTAINABLE CITIES AND COMMUNITIES



VI



Organizations and Professionals Empowerment

To adequately train organizations and their professionals to maximize the optimal use of information systems, as well as their correct development and implementation.

4 QUALITY EDUCATION



8 DECENT WORK AND ECONOMIC GROWTH



A person in a dark suit stands with their back to the camera, arms slightly raised, looking towards a glowing cityscape at night. The scene is overlaid with numerous circular icons representing various digital and technological concepts: a smartphone, a Wi-Fi signal, a heart with a pulse line, a house, a building, a car, a laptop, and two people. The background is a mix of purple, blue, and orange hues, suggesting a futuristic or data-driven environment.

Challenges and Opportunities

EUROPEAN CONTEXT (2020-...)

EU Digital (Health) regulatory revolution

- Commission Communication “A European Strategy for data” (19.2.2020)*
- Data Governance Act (Nov 2021-16.may.2022)**
 - **Data altruism for the common good** - The DGA also makes it easier for individuals and companies to **make data voluntarily available for the common good**, such as medical research projects.
- Data Act (proposed regulation 23.02.2022)***
 - Regulation on harmonised rules on fair access to and use of data (IoT/etc)
- NEW proposal on the Regulation on a European Health Data Space (3.may.2022) ***
- Future NIS Directive (“CyberSecurity”) – NIS2 (16.12.2020) – Political agreement (13.05.2022) – (approval EP-C ?)

Soft-law and self-regulation examples:

- DigitalHealthEurope (www.digitalhealtheurope.eu) recommendations (incl. “Health Data Activism”) (Sept 2021)
- HL7 Europe Hospitals On FHIR (www.hospitalsonfhir.eu)

* <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0066> ** <https://www.consilium.europa.eu/pt/press/press-releases/2022/05/16/le-conseil-approuve-l-acte-sur-la-gouvernance-des-donnees/> *** - <https://digital-strategy.ec.europa.eu/en/library/data-act-proposal-regulation-harmonised-rules-fair-access-and-use-data> **** - <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022PC0197&from=EN>

FROM POLITICO PRO

5 things to know about the EU’s health data space

The bloc is sitting on a goldmine of information – the challenge is harnessing it with cross-border coordination among member countries



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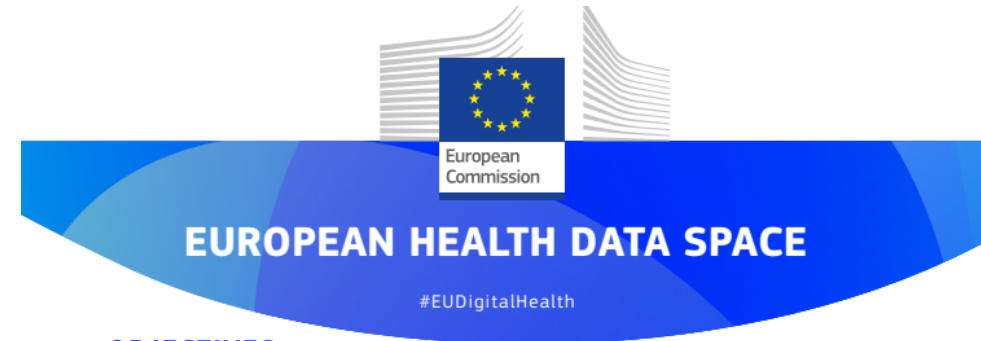
3. Northern Irish e
outperforming UK
protocol: Experts
MAY 11, 2022 | 12:20 PM

Interoperability, standards, and Personal and European Health Data Spaces

Tele-health platforms link with EMRs/EHRs is possible (open-source pieces)
Standards of interoperability are critical for:

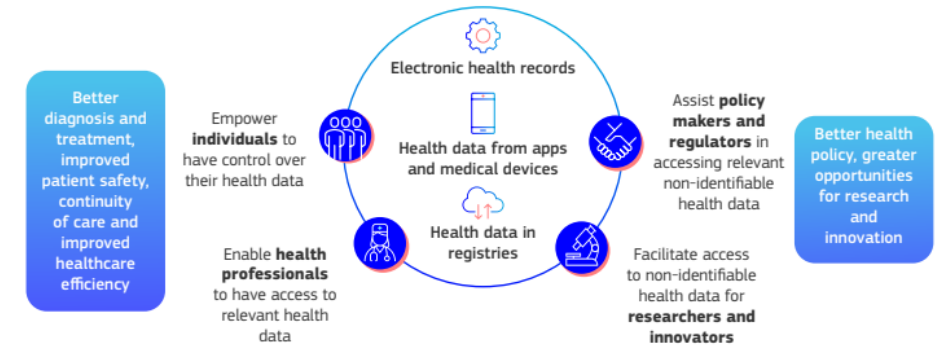
Tele-monitoring solutions to send “relevant and filtered data” to EHRs and DataBioBanks

The European Electronic Health Record Exchange Format (EHRxF) (Proposed EHDS Regulation Art 6. Art 7.) can be a way to **define standards/use case for teleconsultation** (or other telehealth services) data interoperability, and integration with local/national EHRs



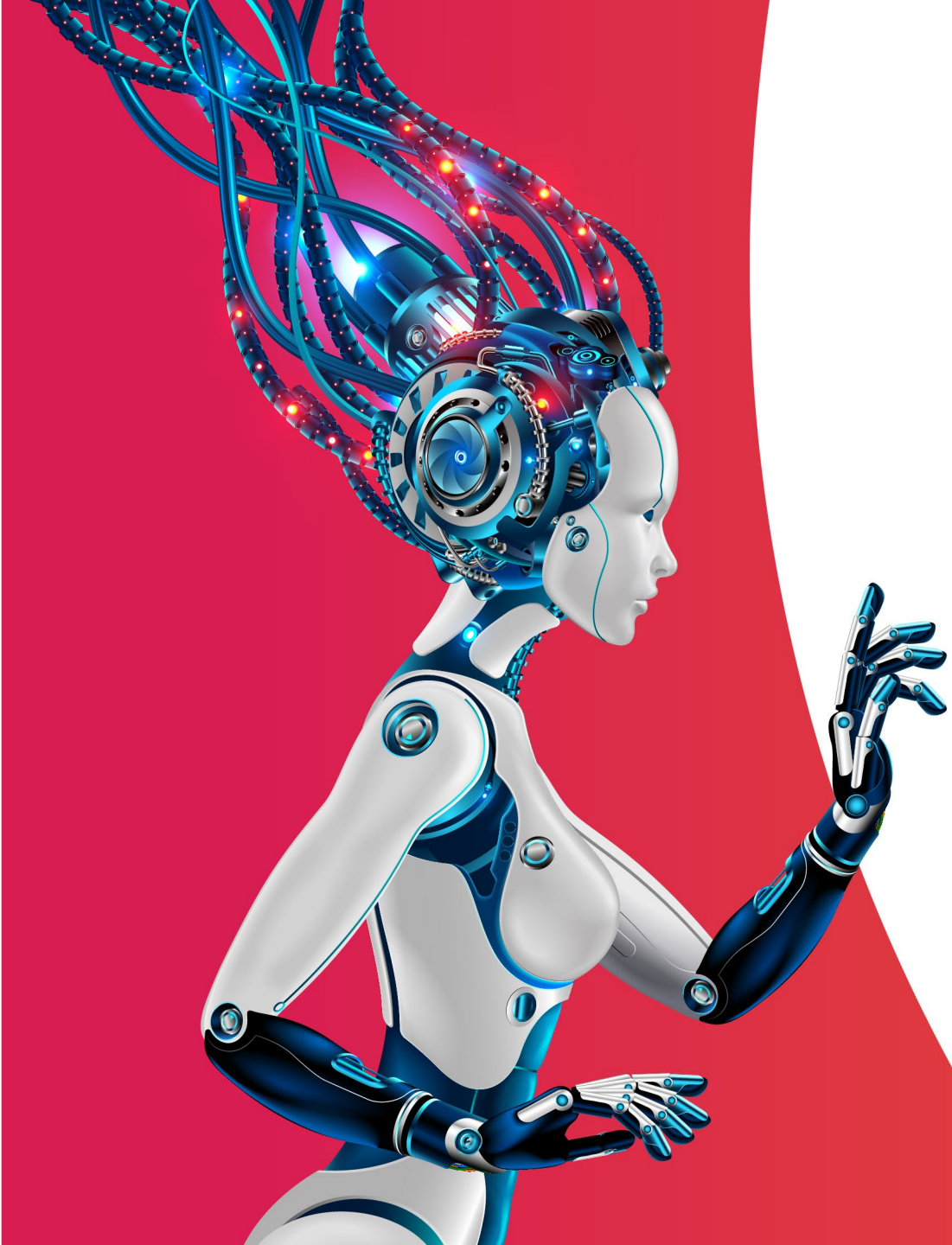
OBJECTIVES

- ✓ Empower individuals through better digital access to their personal health data; support free movement by ensuring that health data follow people;
- ✓ Unleash the data economy by fostering a genuine single market for digital health services and products;
- ✓ Set up strict rules for the use of individual's non-identifiable health data for research, innovation, policy-making and regulatory activities.



GROWTH POTENTIAL OF THE HEALTH DATA ECONOMY

<https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022PC0197&from=EN>



Opportunities:

Digital inclusion

Telehealth as quality strategy

Quality assurance in telehealth

Tele-health and COVID-19:

Quantity VS Quality

Tele-health, opportunities in the COVID-19 pandemic early days:
What happened, did not happen, should have happened, and
must happen in the near future?

Telemedicine
and e-Health

Telemedicine and e-Health Manuscript Central: <http://mc.manuscriptcentral.com/liebert/telemedicine>

5. Recommendations

1. Launch urgently **organized strategies** and implementation plans for tele-assistance;
2. Involve patient association in literacy efforts and invest strongly in making citizens patients and families aware of what is “proper” tele-health.
3. Finish infrastructural upgrade of the NHS urgently in next 6 weeks, all PCs need to have webcam, microphone and speakers – to become tele-health/tele-consultation touch points
4. **Using low tech solutions, needs to be always a second alternative and not to become the “main” way to offer telehealth**
5. Total replacement of physical appointments for tele-appointments is not advisable, hybrid models are safer and even in Covid-19 times they are strongly recommended.
6. Home-care it solutions and commercial offers are too expensive, governmental and non-governmental consortiums could be created to offer low-cost high-tech home-care solutions to selected groups of risk patients/families.
7. Tele-health needs to be deployed by all levels of care in an integrated way, in crisis and after, focus on hospitals should be extended to primary care. This is happening in some regions in Iberia but needs to be generalized.
8. **When revising guidelines for conventional diseases or approaches to care plans, tele-health should be an integral component. Technical guidelines, like for tele-dermatology or tele-radiology, may make sense.**

Telehealth opportunities in the COVID-19 pandemic early days: What happened, did not happen, should have happened, and must happen in the near future?

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Quality of Care -- Telehealth



Quality strategies can

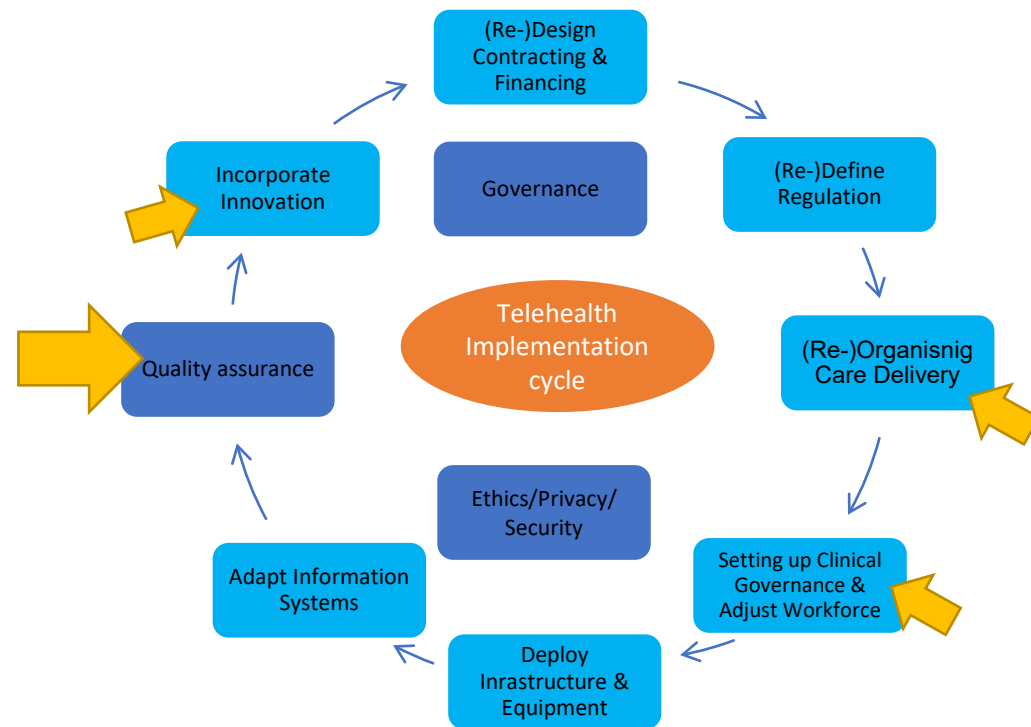
1. assess (measure)
2. assure (avoid risk/error)
3. improve (strive for change)

Quality of Care



So tele-health (in its different modalities) can help to increase healthcare:

- effectiveness
- safety
- person-centeredness



Quality [of Care] approaches should be incorporated in strategic telehealth use by MoH/Organizations

Telehealth for Quality of Care, and Quality in Telecare

First Step for a REGIONAL STRATEGY FOR EUROPE:

Concept note for a quality guide for telehealth, including the conceptualization of a WHO European network for telehealth quality assurance.

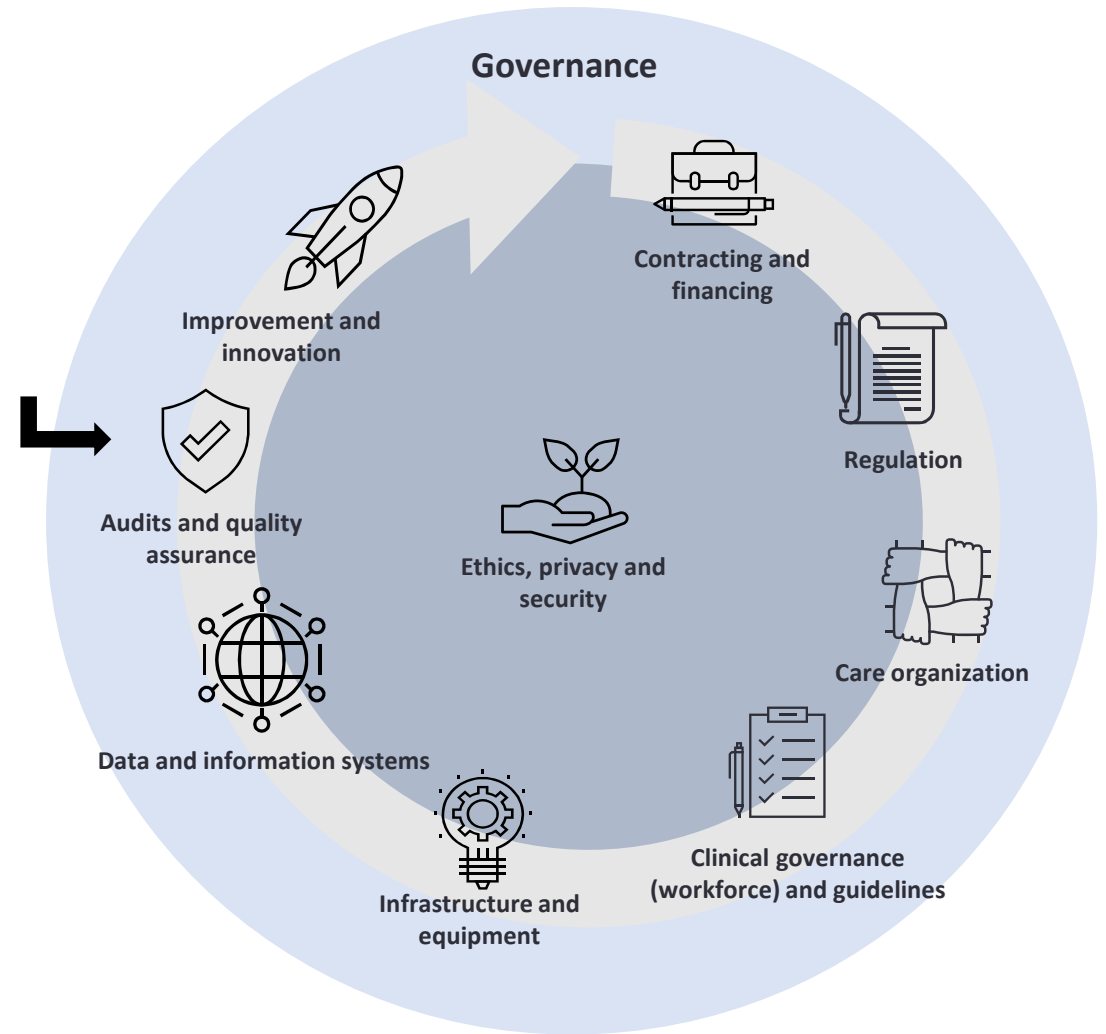
Quality guide for telehealth concept note

WHO European Network for telehealth quality assurance

Areas of action (in the telehealth cycle)

1. Contracting and financing
2. Regulation
3. Care organization
4. Workforce guidelines
5. Infrastructure and equipment
6. Data and information systems
7. Audit and quality assurance
8. Improvement and innovation
9. Ethics, privacy and security
10. Governance

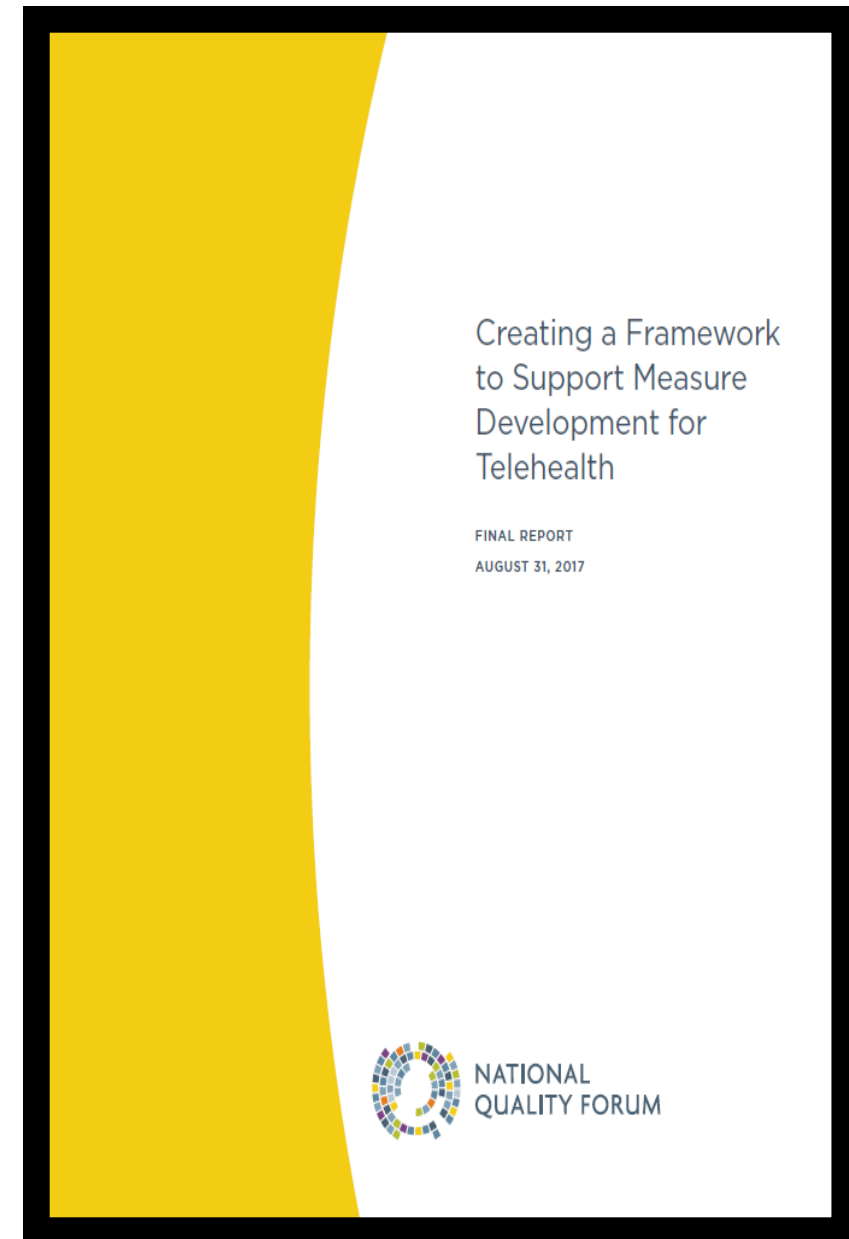
↳ 9. Patient Safety (and experience)



TeleHealth Measurement Framework (US)

TABLE 2. DOMAINS AND SUBDOMAINS OF THE TELEHEALTH MEASUREMENT FRAMEWORK

Domain	Subdomain(s)
Access to Care	<ul style="list-style-type: none">• Access for patient, family, and/or caregiver• Access for care team• Access to information
Financial Impact/Cost	<ul style="list-style-type: none">• Financial impact to patient, family, and/or caregiver• Financial impact to care team• Financial impact to health system or payer• Financial impact to society
Experience	<ul style="list-style-type: none">• Patient, family, and/or caregiver experience• Care team member experience• Community experience
Effectiveness	<ul style="list-style-type: none">• System effectiveness• Clinical effectiveness• Operational effectiveness• Technical effectiveness



TeleHealth Measurement Framework (US)

Domain 1: Access to Care

The Committee stated that the domain, as well as its proposed subdomains, should consider five components:

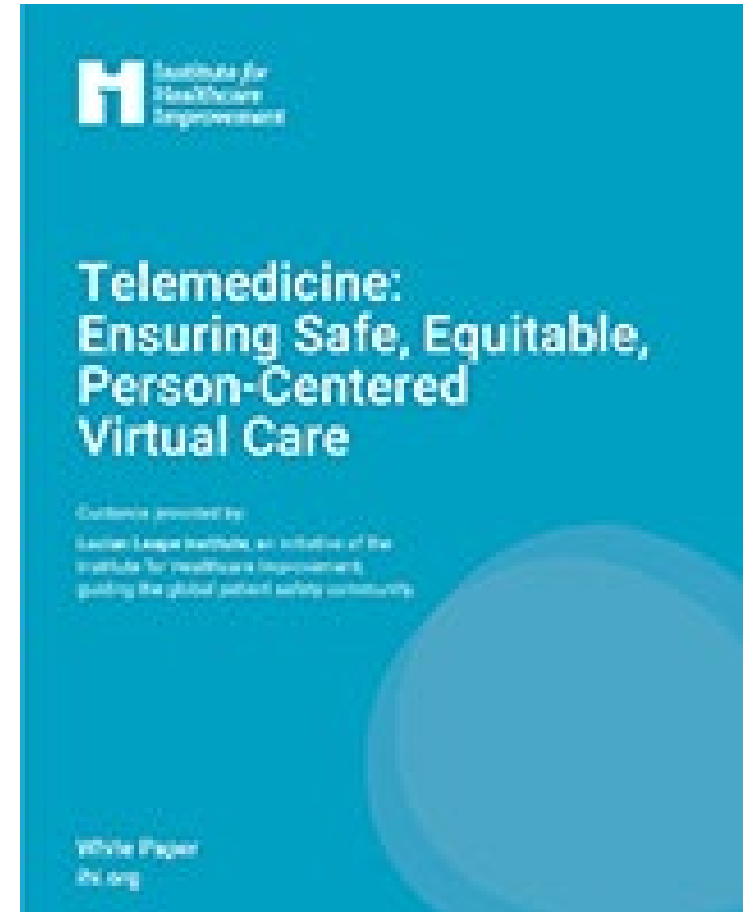
1. Affordability – Are both patients and members of the care team willing to accept the potential costs of telehealth as opposed to the alternative of not receiving or delivering traditional care at all, or receiving delayed care? For providers, what is the cost of providing telehealth services, and what is its effect on their practice?
2. Availability – Does a telehealth modality provide access to a provider that specializes in the type of care required by the patient, when it is required or desired by the patient?
3. Accessibility – Is the technology necessary for a telehealth consultation accessed and used by members of the care team?
4. Accommodation – Do the various modalities of telehealth accommodate the diverse needs of patients? Are patients able to access members of the care team through telehealth when requested?
5. Acceptability – Do both patients and members of the care team accept the use of telehealth as a means of care delivery?

With these overarching guidelines, the Committee developed three subdomains for ‘access to care,’ including

- access for patient, family, and/or caregiver,
- access for care team, and
- access to information

IHI Institute for Healthcare Improvement (US)

- This white paper describes a framework to guide health care organizations in their efforts to provide safe, equitable, person-centered telemedicine. The framework includes six elements to consider:
 - access,
 - privacy,
 - diagnostic accuracy,
 - communication,
 - psychological and emotional safety, and
 - human factors and system design.





National Committee for Quality Assurance (NCQA) (US)

- A Framework for Telehealth
- Our Patient-Centered Medical Home and related programs inform this two-part model for high quality telehealth:
- 4 foundational functions (in the black inner ring of the diagram) are “must haves”: Regulatory Compliance, Financial Considerations, Privacy & Security, Technology & Interoperability.
- 5 value-add functions (in the diagram’s blue outer ring) support patient-centered care and are not offered by all organizations: Patient Engagement, Financial Considerations, Evidence-Based Standards, Quality Metrics, Workforce Preparedness.
- You can help update our knowledge by telling us what you think works and what matters in telehealth. Participate in the public comment organized by our Taskforce on Telehealth Policy. If your organization uses telehealth services, take our telehealth care delivery questionnaire.



<https://www.ncqa.org/programs/data-and-information-technology/telehealth/>



National Committee for Quality Assurance (NCQA) (US)

- Blog
- Questionnaire
- Taskforce on Telehealth Policy TTP
 - ...
 - is an effort between the [National Committee for Quality Assurance \(NCQA\)](#), the [Alliance for Connected Care](#), and the [American Telemedicine Association](#), uniting 22 industry experts representing clinicians, health systems, telehealth platforms, state and federal health agencies, insurers and consumer advocates – including leadership from CMS, HHS, Kaiser, Humana, AARP, among other leading stakeholders.



Care Management & Population Health	
Activities that help practices better manage and engage patients in a patient-centered manner.	
Patient Engagement	How does the practice or organization enable patient access to care, information and collaborative care management?
Evidence-Based/Standard of Care	Does the practice or organization use patient data, tools and resources to guide appropriate clinical decision-making?
Quality Metrics	Does the practice or organization strengthen clinical documentation and capture data to support quality measurement and quality improvement?
Workforce	How does the platform help manage oversight of clinicians/staff and team-based care?
Continuity of Care	Can a patient's care over time be effectively managed through care coordination and data sharing?
Operational & Infrastructure Integrity	
Activities that are an underpinning of the technology and support operational needs.	
Regulatory Compliance	Does the practice or organization comply with applicable Federal/State laws and regulations?
Financial Considerations	How does the practice or organization help support coding, billing and contracting needs?
Privacy & Security	Are there safeguards to ensure patient data is secure?
Technology & Interoperability	How does the practice or organization assess its technology to ensure it meets clinical care delivery needs?

TTP findings and Recommendations



Taskforce on Telehealth Policy (TTP)
Findings and Recommendations

Latest Evidence: September 2020

<https://www.ncqa.org/programs/data-and-information-technology/telehealth/taskforce-on-telehealth-policy/>

TeleSCoPE (EU)

- The Code is not prescriptive. Rather it offers a framework that enables and encourages telehealth service providers to plan and manage their services in inclusive and ethically appropriate ways.
- The Code
- ☐ addresses the way that telehealth services, related procedures and practices are organised;
- ☐ provides a framework for services within which there can be greater ease of access by users and carers;
- ☐ encourages the engagement of users and carers to assist in service planning and development;
- ☐ ensures consistency in service quality by providing a benchmark standard; and
- ☐ points to some of the skills, knowledge and competency requirements for service staff.



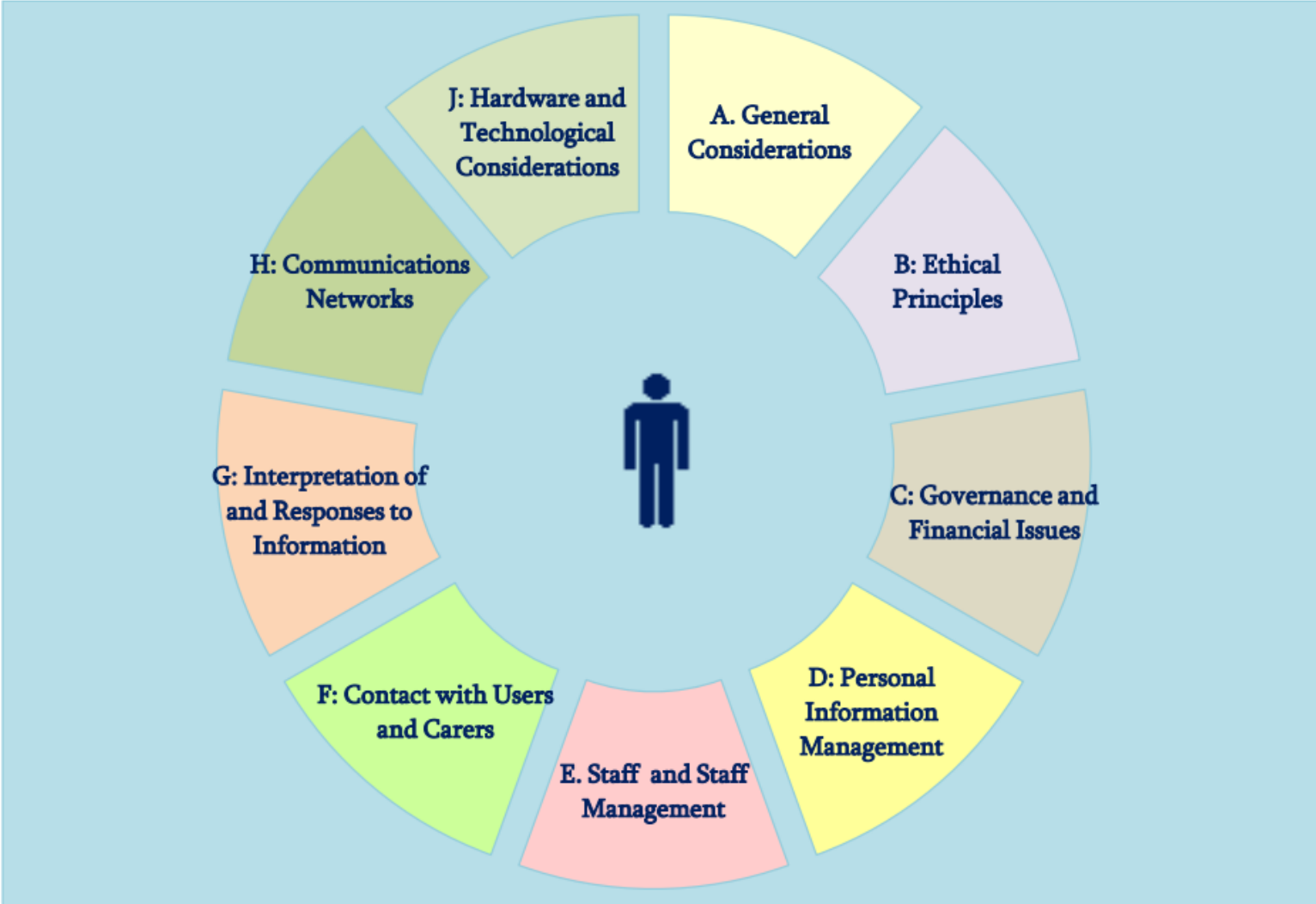
EUROPEAN CODE OF PRACTICE FOR TELEHEALTH SERVICES 2014

*A Quality Benchmark ...
Changing the Shape
of Telehealth*

http://www.telehealthcode.eu/images/stories/telehea/pdf/TELESCOPE_2014_CODE_FINAL_PDF_-_RELEASE_29_OCT_2013.pdf

TeleSCoPE (EU)

Fig 1: Framework of the European Code of Practice for Telehealth Services

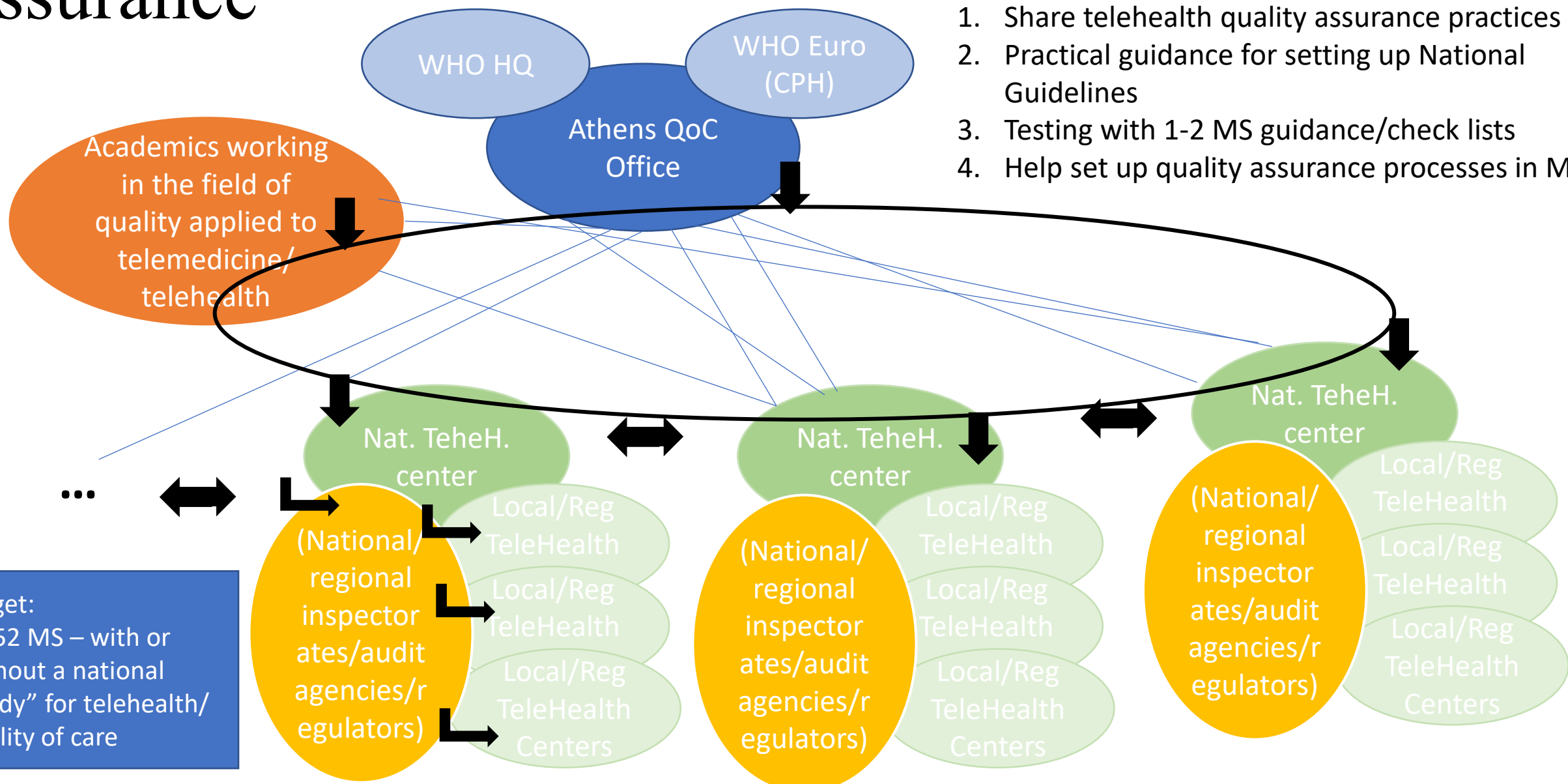


CONCEPT: Conceptualization of a WHO European network for telehealth quality assurance

- Network of:
 - National/regional telehealth centers (competence centers, large providers)
 - National/regional inspectorates/audit agencies/healthcare regulators
 - Academics working in the field of quality applied to telemedicine/telehealth
 - (all of the above)
 - (some of the above, in this case what is the criteria)
- For:
 - Updating guidance (in the Quality guide)
 - Identifying quality promoting practices (guidance, audits, education) specifically targeted at telehealth in MS of the WHO Europe region
 - Help stimulating MS to create /develop a **telehealth quality assurance practice**, possibly within the scope of a boarder approach to QoC efforts
- ??
 - Exclude/include countries outside Europe? YES... include (MS and experts) - Work with US/Australia (PAHO and AsiaPac Offices).
 - Involve academia, why, how and how to measure it

WHO European network for telehealth quality assurance

1. Share telehealth quality assurance practices
2. Practical guidance for setting up National Guidelines
3. Testing with 1-2 MS guidance/check lists
4. Help set up quality assurance processes in MS



Target:
All 52 MS – with or without a national “body” for telehealth/quality of care

4. Aim of the Telehealth Quality Guide and Network

- The main aim of a telehealth quality guide is to help member states to assess, assure and improve the quality of care that is provided to their populations through the use of telehealth services.
- This aim can be broken down into objectives:
 1. Identify and characterize quality issues related to all health care services provided at the distance, that can be considered under telehealth;
 2. Promote the creation of a quality culture and practices in the context and in the institutions dealing more directly with telehealth, its study, deployment, and service provision, as well as in organizations that have inspectorate and audit functions in health.
 3. Identify sharing opportunities and common ground for exploring joint statements, quality criteria and cross-country service agreements.
 4. Capacitate member states to have a robust process for telehealth quality assurance and improvement
- How to promote the implementation of a Quality culture and practice targeting telehealth in Member States two elements are essential:
 1. A co-created, validated and implementable tool that serves to raise awareness and capacity in complementing national quality strategies extending them into the peculiarities of telehealth.
 2. Establish an interorganizational platform of telehealth specialised centres to foster the adoption of quality practices and to sustain nationwide quality of telehealth initiatives, while also allowing cross-country sharing of difficulties and lessons learnt.

6. WHO Euro Telehealth Quality Network

The **WHO Euro Network for telehealth quality assurance and improvement** is primarily a network of telehealth and quality focused member state organizations. It is proposed that it bears the short name of: ***WHO Euro Telehealth Quality Network***. The proposed aims of the network are:

1. Help define the Telehealth Quality Guide
 2. Provide inputs for SATH2, and act as its revising and updating body
 3. Stimulate discussions on aspects of Quality-of-Care that arise in the telehealth context
 4. Support the implementation of the telehealth quality guide in each member state
 5. Exchange of good practices and perspectives leading to High-Quality Telehealth.
- The network should invite all national and regional telehealth [research, provision, and competency] centres of all European Member States. These institutions may be public or non-public, more focused in academic work or in care provision work if it is related to telehealth. Quality experts from Member States may equally be invited to participate.

5. Telehealth Quality Guide

5.1 What is the Telehealth Quality Guide

- The guide is an informative and formative conceptual and questioning instrument to help countries in assessing their maturity regarding the existence and the characteristics of a quality strategy to ensure high-quality telehealth as well as the conditions for its implementation.
- As part of the guide, the Self-Assessment Tool for High-quality Tele-health – SATH2 – can contribute to advancing in Quality-of-Care promotion in the vast, heterogeneous and growing area of telehealth in three ways:
 1. The creation process of the SATH2 tool can serve as a vehicle to capture additional expert/field contributions for an emerging topic such as telehealth quality assurance and improvement
 2. The fact that the tool is a Self-assessment instrument can help its acceptance, and pilot implementation, liberating data and feedback to help direct which areas of WHO Guidance should be priority in the quest to develop high-quality telehealth.
 3. Because it is a Self-assessment exercise it can be useful for countries immediately and serves as preliminary guidance through the collective reflection that the questions, and the attempted answered, always stimulate.
- The guide will include recommendations mostly looking at the dimensions of Quality-of-Care focusing on the efficiency, safety, and patient-centeredness of the (tele)care provided to clients of a health system, irrespective of whether the service is provided in public, private or third sector organizations.
- The main contributions to the guidance function come from the results of the self-application of the SATH2 tool by each country, but also from the generic aspects the guide includes, and the dynamic nature of peer-to-peer guidance obtained from experience sharing through the network.

5. Telehealth Quality Guide

5.2 SATH 2 and how it is created, validated, and piloted

- The SATH2 tool, will be drafted by the Athens office base on existing evidence, some guidance from the US and EU as well as additional considerations. Please refer to ANNEX 1 for the preliminary version of SATH2.
- In summary the SATH2 tool consists of a set of questions, organized in topical areas, that should trigger a discussion and reflection at the national level about telehealth and the quality-of-(tele)care. It is to be applied using some form of collective intelligence (e.g. Delphi panel or workshop with experts) that is capable of representing different perspectives of a country's position regarding telehealth and in particular the aspects ask by the tool.
- The first version is then to be discussed with two types of experts:
 1. Telehealth experts/members of well-established regional/national telehealth centres,
 2. Quality experts from Member States.
- As a result, a draft SATH2 will be created that can be subject to public scrutiny and piloting. The draft SATH2 tool will be put for public discussion, presented in different quality and telehealth forums and simultaneously piloted in two or three countries that volunteer to use it in an orchestrated effort by the Athens Office for QoC.

SATH2_ Self-Assessment Tool for High-quality Tele-Health – SATH2 (early draft)

- Inspired in the sources discussed before a preliminary framework (see table XX) is proposed for assessing and improving the Quality-of-(tele)care.
- Three main domains of **quality of (tele-)care**
 - Effective
 - Safety
 - People-centred
- This framework applies to all cases of use of telehealth methodologies and technologies for the provision of care, be it promotional, preventive, curative, palliative and in all levels of care in a health system.

SATH2_ Self- Assessment Tool for High-quality Tele-Health – SATH2 (early draft)

Domain	Definition	Content
Effective		▶
Fitting between the health problem and the characteristics of the application	Description of the health problem of patients, potential users of the telehealth application, and description of the application under evaluation, including current use (if applicable).	<ul style="list-style-type: none"> ▶ Health problem ▶ Description of application ▶ Technical characteristics ▶ Current use of application ▶ Problem-solution fit
Clinical effectiveness	Effects on patients' health.	<ul style="list-style-type: none"> ▶ Effects on mortality ▶ Effects on morbidity ▶ Effects on health-related quality of life (HRQoL) ▶ Effects on habits and behaviour. ▶ Changes in pattern of use of health care service
Organizational aspects	<p>Evaluation of the types of resources that should be mobilized and organized for the application of a new technology and potential changes for the health organization as a result of its use.</p> <p>Following nationally established protocols or telehealth guidelines</p>	<ul style="list-style-type: none"> ▶ Process ▶ Structure ▶ Culture ▶ Guideline adherence

SATH2_Self- Assessment Tool for High-quality Tele-Health – SATH2 (early draft)

Domain	Definition	Content
Safety		▶
Clinical Safety	Identification and evaluation of adverse effects.	<ul style="list-style-type: none">▶ Clinical safety (patients and staff)▶ Technical security (technical reliability)
Information Security	Identification of threats and cybersecurity risks, as well as organizations approach to these issues.	<ul style="list-style-type: none">▶ Information security policies▶ Adherence to cybersecurity regulation and guidelines▶ Technical preparedness▶ Education for cybersecurity in the context of telehealth

SATH2_ Self-Assessment Tool for High-quality Tele-Health – SATH2 (early draft)

Domain	Definition	Content
People-centricity		▶
Patients' perspective	Issues related to the perception of patients, their families, and/or caretakers, regarding the telemedicine application.	<ul style="list-style-type: none"> ▶ Satisfaction and acceptance ▶ Understanding of information ▶ Trust ▶ Capacity to use the application ▶ Access and accessibility ▶ Empowerment and self-efficacy
Economic aspects	Economic evaluation from the social perspective, comparing the telehealth application with relevant alternatives in terms of costs and implications, and business case describing the economic impact for health care facilities.	<p>Economic evaluation:</p> <ul style="list-style-type: none"> ▶ Number of resources used for the application and for comparators ▶ Price of each resource ▶ Changes related to the use of health services ▶ Clinical effectiveness <p>Business case:</p> <ul style="list-style-type: none"> ▶ Annual expenses ▶ Annual income
Sociocultural, ethical, and legal aspects	Sociocultural aspects include the context where the patient lives and acts while using the telemedicine application. The ethical analysis assesses ethical aspects presented by the technological application itself, and by the consequences of using or not using it. Legal aspects focus on legal obligations that should be fulfilled and specific legal barriers that may exist for a widespread application deployment.	<ul style="list-style-type: none"> ▶ Ethical aspects ▶ Legal aspects ▶ Social aspects

Telehealth Quality Guide and Network future

- As a result, a draft SATH2 will be created that can be subject to public scrutiny and piloting. The draft SATH2 tool will be put for public discussion, presented in different quality and telehealth forums and simultaneously piloted in two or three countries that volunteer to use it in an orchestrated effort by the Athens Office for QoC.
- Launch of the Network is planned for 13th Dec – in Athens/Online Hybrid event
- 1st Country to pilot SATH2 will be Greece (others may follow: Israel, Slovenia?, ...Portugal?/Spain?)
-