EHMA 2024

Shaping and managing
innovative health ecosystems

How to implement multichannel interactions in healthcare?

Lessons learned from the experience of the rheumatology unit of Niguarda Hospital in Italy

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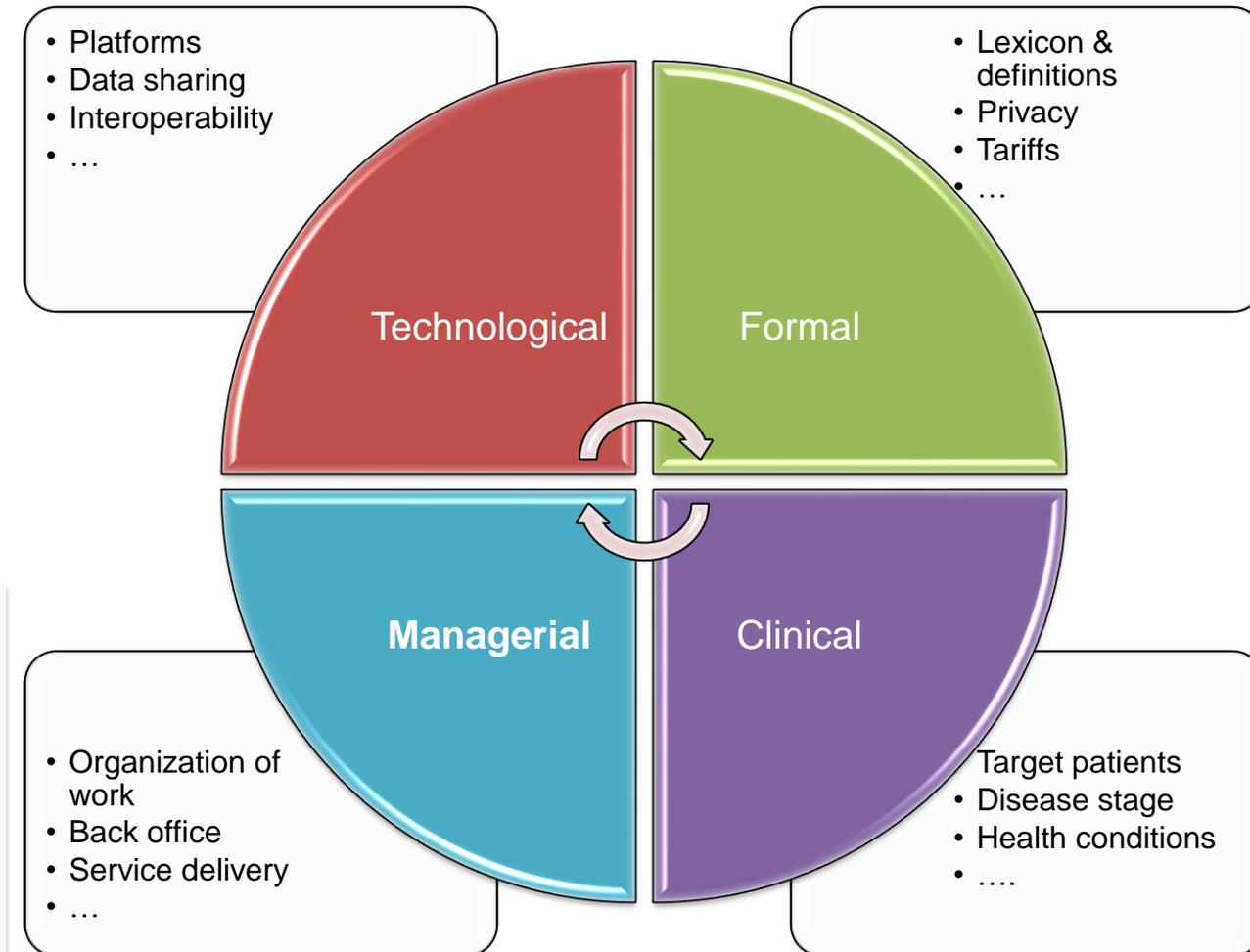Politehnica University of Bucharest, Bucharest, Romania

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- The use of telemedicine has increased significantly during and after Covid -19 pandemic

- There is a consolidated debate in the literature (e.g. Delgoshaei et al. 2017, Combi et al. 2016, Khanal et al. 2015, Ekeland et al. 2010, Wade et al. 2010)

- Healthcare has undergone transformative shifts with the adoption of digital innovations:
  - from paper-based records to electronic health records (EMRs and EHRs),
  - widespread telemedicine adoption,
  - the recent incorporation of AI-based tools and decision support systems
  - **Shift from physical to multichannel interactions**

A recent scoping review suggested that **slow rate of adoption of telemedicine may be due to a piecemeal approach to the change process, and a lack of understanding of how to plan, manage and reinforce change when implementing telemedicine service**

(Kho et. Al, 2020)

A framework for multichannel interactions

- Platforms
- Data sharing
- Interoperability
- …

Technological

- Lexicon & definitions
- Privacy
- Tariffs
- …

Formal

Managerial

- Organization of work
- Back office
- Service delivery
- …

Clinical

- Target patients
- Disease stage
- Health conditions
- ….

Source: Preti, Tozzi et al (2021)

OUR FOCUS: A CASE STUDY OF SUCCESSFUL IMPLEMENTATION OF TELEHEALTH SERVICES

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Three major steps of the project developed by the Rheumatology Unit at Niguarda Hospital, Italy

Home delivery
Patients completed the PROMs through the iAR Plus app at home and got the medicine at home
(patients with Rheumatoid arthritis, Spondylarthritis, Psoriatic arthritis)

Multichannel interactions during Covid-19
Extension of the project to all patients. 3 elements: Telemonitoring, televisit, home delivery
(1 march - 31 may)

App iARPlus
Introduction of iARPlus for the collection of PROs
(patients with Rheumatoid arthritis, Spondylarthritis, Psoriatic arthritis)

2011

2019

2020

AN EXAMPLE OF MULTICHANNEL PATIENT INTERACTIONS

Patients experience with «telemedicine» - multi channel interactions
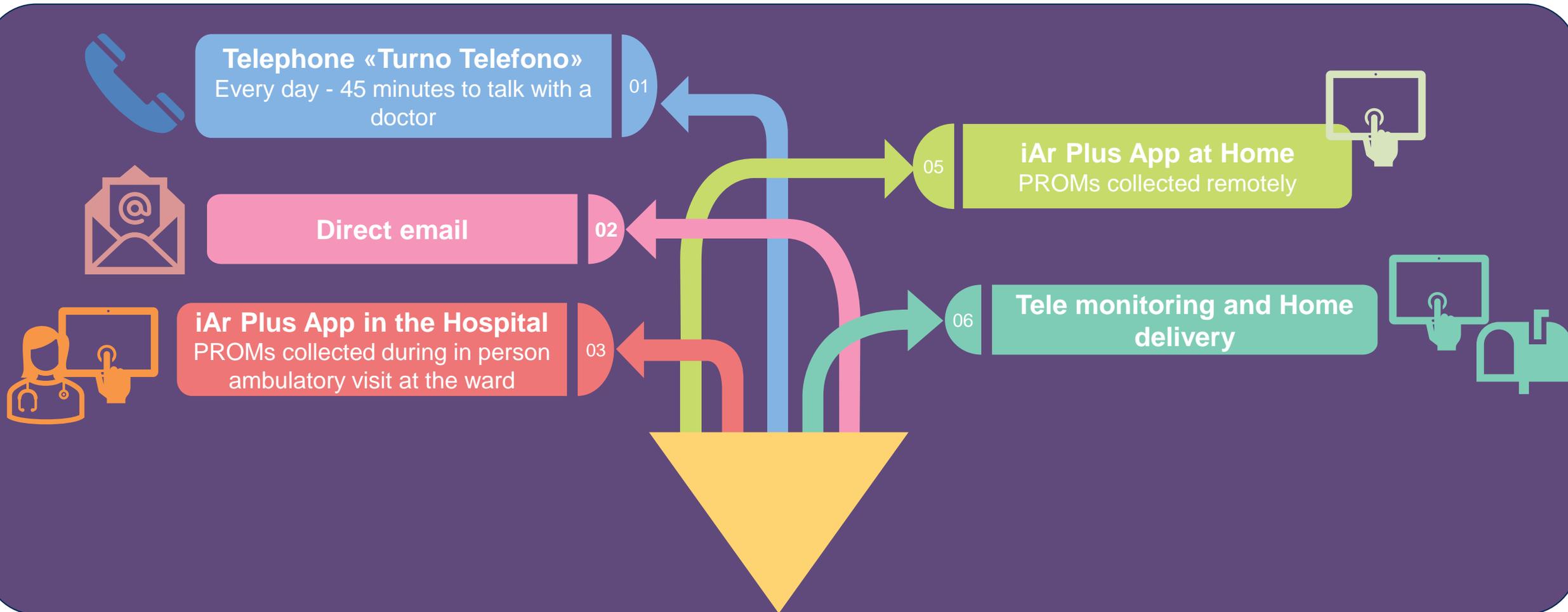
- The telemedicine approach reshaped the care pathway of patients with rheumatoid arthritis, spondylarthritis and psoriatic arthritis with respect to:
  - **time**: the follow-up processes are adapted to the health status of the patient and not to the organizational needs
    - → improvement of the appropriateness of check-ups, reduction of the number of visits for stable patients, and reduction of waiting times

  - **space**: as an alternative to the in-person visit patients were followed through tele monitoring, tele visit followed by the home delivery of biological drugs

- It represents a consolidated experience with more then 10 years of experience, allowing the analysis of the change incurred before, during and after Covid-19

Reserach questions

1) What are the distinctive and successful elements of the experience developed by Niguarda?

2) What can we learn from this experience, and which managerial implications we can derive from this experience?

Objectives

To highlight what we could learn from this implementation experience, what were the distinctive and successful elements, and which managerial implications we could derive for future implementations
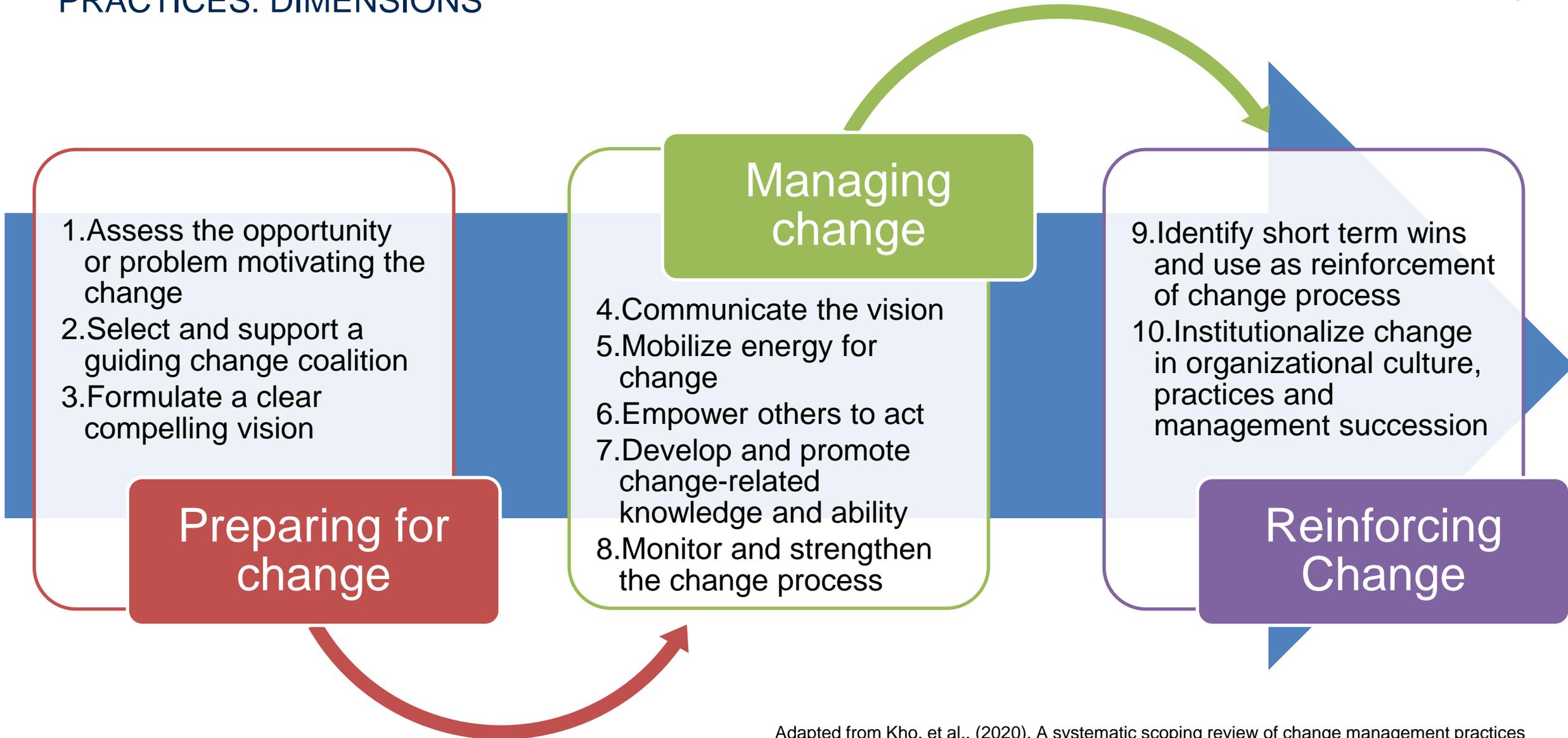
Methods

Realist evaluation approach to identify what worked, for whom, in which circumstances and what were the underlying generative mechanisms

Semi structured interviews with staff members

Preparing for change

1. Assess the opportunity or problem motivating the change
2. Select and support a guiding change coalition
3. Formulate a clear compelling vision

Managing change

4. Communicate the vision
5. Mobilize energy for change
6. Empower others to act
7. Develop and promote change-related knowledge and ability
8. Monitor and strengthen the change process

Reinforcing Change

9. Identify short term wins and use as reinforcement of change process
10. Institutionalize change in organizational culture, practices and management succession

Adapted from Kho, et al., (2020). A systematic scoping review of change management practices used for telemedicine service implementations. BMC health services research, 20(1), pp.1-16.

	Strategic practices	Present	Absent
Preparing for change	1. Establish plans	X	
	2. Gain leadership and management support		X
	3. Identify champions	X	
	4. Engage partners and stakeholders	X	
	5. Develop and articulate a clear, simple vision	X	
Managing change	6. Communicate changes and understanding of telehealth	X	
	7. Gain stakeholder trust, acceptance and buy-in	X	
	8. (Continue to) engage partners and stakeholders	X	
	9. Facilitate ownership of the service	X	
	10. Monitor change and maintain flexibility		X
Reinforcing change	11. Identify short term wins		X
	12. (Continue to) engage partners and stakeholders	X	
	13. Evaluate the changes and maintain flexibility		X

RESULTS: 2) OPERATIONAL PRACTICES

	Operational practices	Present	Absent
Preparing for change	1. Conduct a needs assessment	X	
	2. Assess compatibility of telehealth equipment and applications	X	
	3. Assign coordinating roles	X	
	4. Ensure adequate resources	X	
Managing change	5. Provide training and education	X	
	6. Develop new work processes, protocols and procedures	X	
Reinforcing change			

DISCUSSION:
CRUCIAL FACTORS FOR THE SUCCESSFUL IMPLEMENTATION OF TELEHEALTH

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1. Successful implementation requires a conducive context and a robust managerial structure

Leadership
- Strong role of the ward director (vision/good practices)
- Specialization of the team
- Clear coordinating role

Team building
- Regular meetings
- Involvement of all the team
- Constant development of people (training) and tools

Vision
- Shared vision
- Constant meetings
- Everyone plays a part within the project

2. Higher implementation success for telehealth projects is attainable when all stakeholders embrace ownership and active involvement across project

- App co-designed with the software developers
- At the beginning: training done by the developers
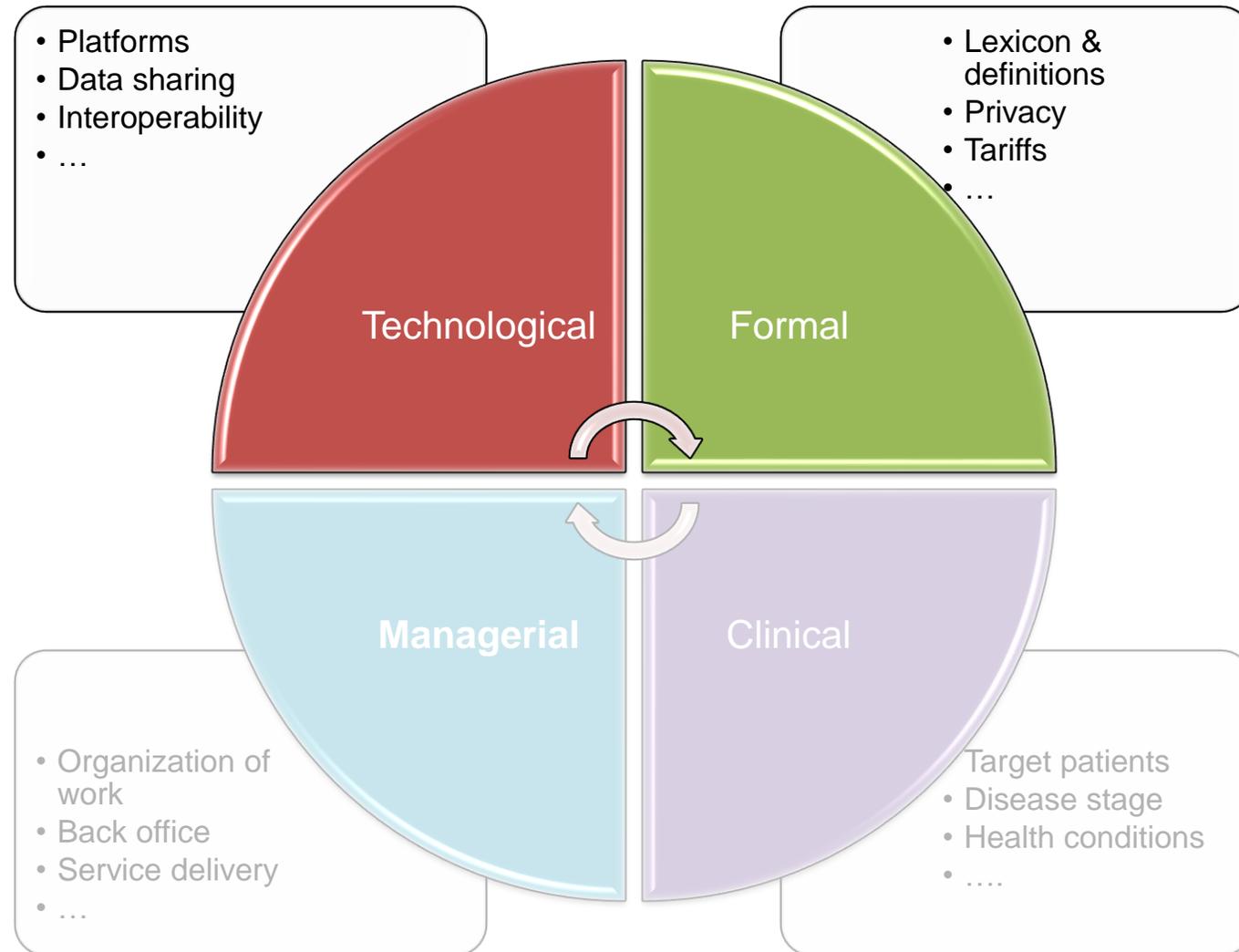- Now: peer to peer training

3. In a multichannel healthcare interaction, the final decision regarding service usage should rest with the patient

- Centrality: final decision on the kind of service to be used
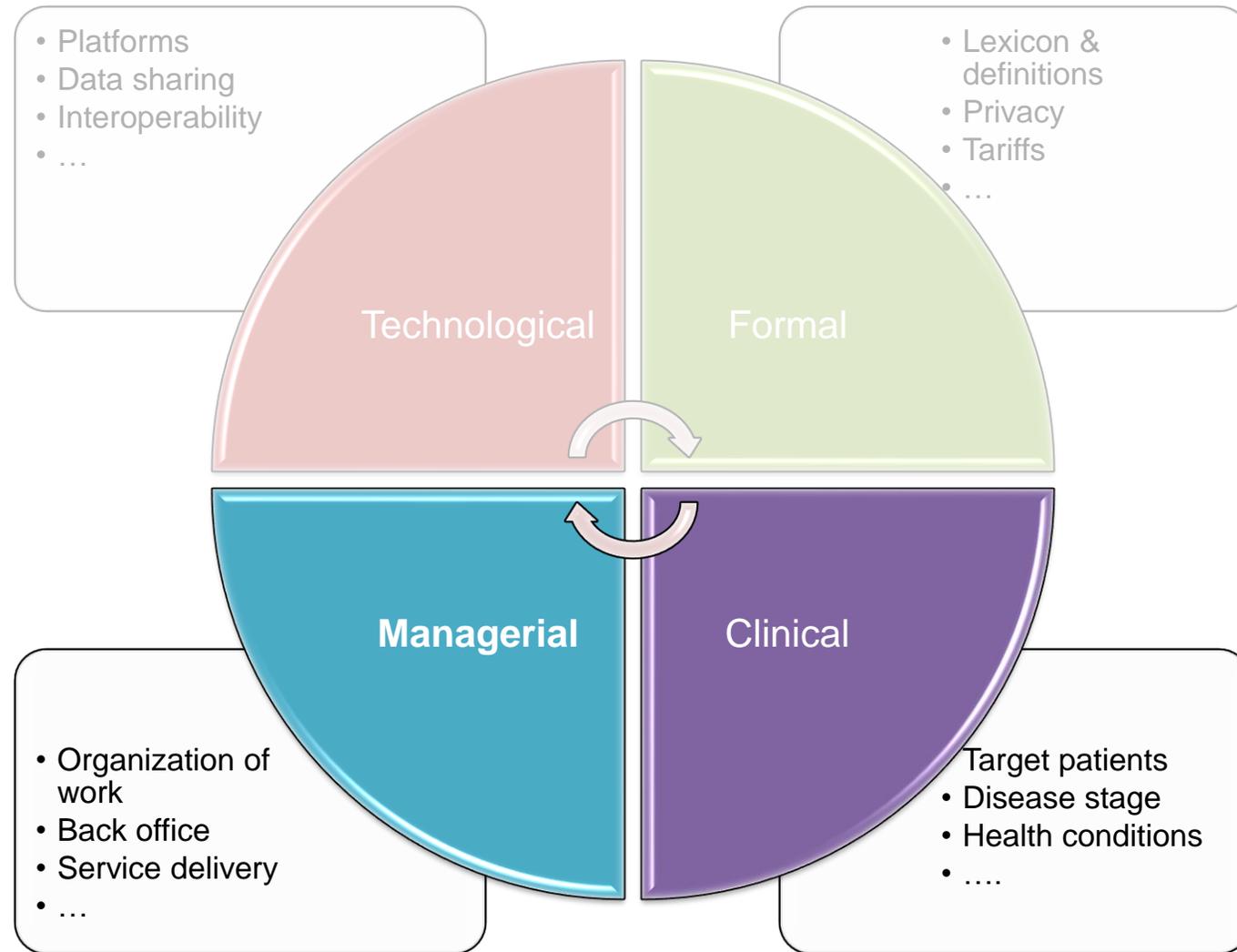- Trained on the use of telemedicine services

4. Incremental change propels telehealth projects toward heightened success

- Constant improvement
- One change at a time

THE NEED FOR A SHIFT FROM A TECHNOLOGICAL & FORMAL DEBATE…

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Thank you

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