Digital health – needs a multidisciplinary approach

- The Norwegian Centre for E-health Research, in Tromsø, Norway, is proud to be a collaborating centre for WHO Europe, since 2002.

- Do studies in a range of digital health fields, share advice and insight, take part in competence-building activities.

- Remote care and monitoring is seen as an important focus area. In the past years remote care have been tried out in primary health care/municipalities, backed by the Norwegian health authorities.


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Examples of telehealth

- Making it possible for a patient with diabetes, COPD, or someone who had cancer treatment, or mental health problems, to sit in their homes, receiving support, advise and monitoring, on their smartphone or computer.
- The digital care can be instead of, or as a supplement to, traditional face-to-face consultations and check-ups with a GP or a specialist.
- It can save travel, time and money, make better use of medical specialists, who are a scarce resource.
- If it is done right, it can build **trust** and a closer relationship between patients and their care-givers. (and also, the informal care-givers and family members)
- Some studies show that users can feel safe and empowered, when they get to be in the "driver's seat" when it comes to their own health and well-being.

Kristiansen et al (2023)   Zanaboni et al (2023)

Remote care and monitoring in Norway
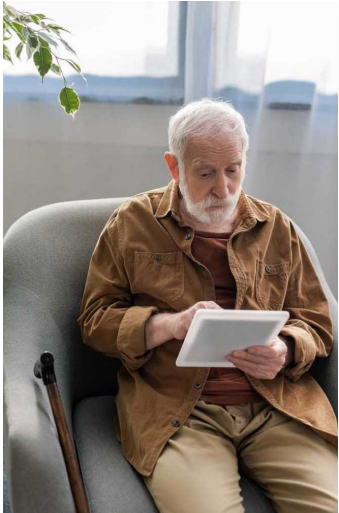
- ✓ More people live longer. Elderly with multiple chronic diseases add to the increase in healthcare costs. The top 10 % healthcare spenders account for two-thirds of all care spending.
- ✓ Patients with complex long-term needs are often readmitted to hospital.
- ✓ The need for better follow-up and coordination, is why this patient group was selected for *a trial in Norway from 2018-21*.
- ✓ Goal: Gain knowledge about the effects of home monitoring, if the users were satisfied and if health outcomes improved.
- ✓ The digital health team can be located in primary care or at an emergency care centre. They check patients' reported measurements and answer their messages. Health staff call patients if there are red flags on measurements/missing feedback.
- ✓ The patient at home has medical sensors and use an app to register their health information.

Report about a trial of digital home monitoring in Norway, 2018-21. Norwegian Directorate of Health: https://www.helsedirektoratet.no/rapporter/digital-hjemmeoppfolging-sluttrapport-fra-nasjonal-utproving-2018-2021/pdf-av-rapporten
Use of e-health tools in primary health care in Norway during the pandemic (2021): https://ehealthresearch.no/files/documents/Rapporter/Andre/2021-09-WHO-eHealth-tools-in-primary-health-care-during-COVID.pdf

Digital home monitoring – organizational barriers

- Lack of governance: Since this is a new way of delivering healthcare, there is little alignment of the digital measures between the primary and specialist health services. The actors work in different health silos and their roles and authority is unclear. Leads to uncertainty and inaction.

- Fear of increased workload for, for example, GPs/family doctors.

- Many new tasks like responsibility for safety, quality assurance of care and technologies, IT operations, equipment, support, agreements and contracts. Who will do this? Existing laws and regulations most likely do not describe these interactions across silos.

- The organizational anchoring can be lost if managers are replaced and key roles are changed. And making sure managers have the right skillset and capacity in the first place, is necessary.

Digital home monitoring – cultural barriers

- In general, health personnel in hospitals are specialized in the treatment of *specific diagnoses*. Health personnel in municipalities focus more on the patient's functions and ability to cope. This makes it challenging to collaborate on common treatment plans, and how to follow up.
- It can be a challenge to collaborate with new professionals – and even more difficult to create new services together. **Trust** and **shared understanding** is key to even get a telehealth project started.
- For health workers it is challenging to trust that reported values from the patient at home are correct, and that information sharing is secure.
- Lack of a culture to use preventive care approaches to reduce future costs. Health services are mainly reactive.
- Lack of skills among leaders and others to change the culture /work processes in their organisation.

Advice from the pilot projects

- Ensure anchoring at all levels – anchoring is a continuous process
- Ensure good planning of the service
- Involve the users – don't underestimate them
- Spend plenty of time on training
- Do regular risk assessments
- Work agile – move quickly on a small scale
- Test – adjust – test again. Don't wait until you think you have all the answers
- User cases and success stories create understanding

Illustration: Freepik