Developments in and Uptake of the European Code of Practice for Telehealth Services

Fisk, M.

Published PDF deposited in March 2014

Original citation:
Fisk, M. (2014) 'Developments in and Uptake of the European Code of Practice for Telehealth Services' in Jordanova M and Lievens F (Eds) Global Telemedicine and eHealth Updates: Knowledge Resources (7); International Society for Telemedicine and eHealth (ISSN 1998-5509)

Publisher:
Med –e-Tel, an International Society for Telemedicine and eHealth (ISfTeH)

Permission to post the published version of this article has been kindly granted by Med –e-Tel, an International Society for Telemedicine and eHealth (ISfTeH)

Developments in and Uptake of the European Code of Practice for Telehealth Services

Malcolm J. Fisk[1]

[1]Health Design and Technology Institute, Coventry University

mfisk@cad.coventry.ac.uk

Puma Way, Coventry University Technology Park, Coventry CV1 2TT UK

Abstract:

The evolution of the European Code of Practice for Telehealth Services is evident from releases of drafts at successive Medetel Conferences (in 2012 and 2013). The final version of the Code was launched in October 2013 at the European Telemedicine Conference. The procedures by which telehealth services can become accredited to the Code are now in place. This paper outlines the contents of the European Code and points to the way in which it is helping to influence thinking about telehealth - moving it away from narrow understandings that have focused on vital-signs monitoring towards those that are equally concerned with lifestyles, prevention, behaviour change and self-management.

Introduction

The European Code of Practice for Telehealth Services (the European Code) is the primary outcome of the TeleSCoPE Project that was part-funded by the European Commission under their Health Programme 2008-2013. It provides quality benchmark standards for telehealth services and a framework to which detailed guidelines for specific telehealth services (relating e.g. to particular telehealth 'domains') can be linked.

Background

The European Code responded to the calls for standards in the arena of eHealth. These calls were being increasingly made and were noted as important and as a contributor to 'building trust in eHealth' within the European Commission's eHealth Action Plan [1]. Areas of particular concern in the Action Plan included to the need to achieve greater interoperability between eHealth technologies; having safeguards in place for people regarding their personal information; quality of life issues and patient empowerment.

The TeleSCoPE project was led by Coventry University and drew on the support and expertise of other academic partners, commercial organisations, user-representative and user-facing bodies (see

www.telehealthcode.eu). Background research undertaken in the initial phases of the project enabled the development of a broad understanding of telehealth; identification of the ways in which telehealth services were harnessing different technologies and seeking to meet the needs of different user groups; and the setting out of a number of telehealth service 'domains'. This research was used to help develop the draft of the European Code that was released at the Medetel Conference in 2012.

Wide consultation ensued with events taking place in the countries of project partners viz. Belgium, Bulgaria, Hungary, Italy, Slovenia and the United Kingdom; complemented by case study work and 'validation' in meetings with 14 telehealth service providers. Subsequent work of the project enabled further refinement of the European Code leading to its launch at the European Telemedicine Conference in Edinburgh in October 2013. In the ensuing period to April 2014 details of the framework for operationalisation of the European Code have been completed.

Defining Telehealth

Before outlining the features of the European Code and the way in which services can seek to become certified or accredited to it, it must be pointed out that the telehealth is a subset of eHealth. The definition of telehealth adopted by the TeleSCoPE project (and now embedded within the European Code) is such that 'telehealth is the means by which technologies and related services concerned with health and well-being are accessed by people or provided for them, at a distance'.

This means that telehealth is concerned as much with the way that people access and use services as it is with the way in which such services are provided. It positions telehealth in a way that can accommodate the changes in service paradigms that are reflected in moves away from top-down service provision (as determined, in the main, by professional assessments); towards more partnership approaches with users and carers; and, ultimately, towards people's self-management of their health and any specific conditions that they may have. In this way the European Code helps to influence changes in thinking and can embrace telehealth services that are concerned with lifestyles and behaviours as well as with supporting (often older) people with long-term conditions.

Features of the Code

The European Code has a total of 54 clauses. For a telehealth service to be certified or accredited to the European Code this requires compliance (determined through inspection / assessment) with 47 of these;

and 49 within 12 months of service commencement. Each clause guides the telehealth service in relation to particular requirements. These, in many cases, require information to be posted on the service website - meaning that services are more open than might otherwise be the case to users and carers as well as to service procurers or regulatory agencies.

There are nine sections to the European Code as follows:

A. General Considerations
B. Ethical Principles
C. Governance and Financial Issues
D. Personal Information Management
E. Staff and Staff Management
F. Contact with Users and Carers
G. Interpretation of and Responses to Information
H. Communications Networks
J. Hardware and Technological Considerations

Overall, it is important to note that the European Code is not over-prescriptive. It does not, for instance, put forward performance indicators – excepting in the sense that each applicable clause requirement must be satisfied. Rather it offers a high level framework that enables and encourages telehealth services to plan and manage their services in inclusive, sustainable and ethically appropriate ways.

Other codes, some of which reference the European Code, are available that may be able to guide or prescribe operational procedures in relation to certain types of telehealth services. Such other codes relate to social alarms, telecare and vital-signs monitoring [2].

Assessment and Inspection

During this first phase of the life of the European Code, assessments and inspections that determine the eligibility of telehealth services for certification or accreditation are being undertaken by DNV (Det Norske Veritas) Healthcare [3]. The team of staff, as well as having more generic skills, have been specifically trained in relation to telehealth issues. A four year cycle for assessments and inspections operates as follows:

Year Zero (now) and Year Four: Foundation Assessment
Year One: Interim Review
Year Two: On-Site Review
Year Three: Interim Review

These cyclical 'events' can be supplemented at any time with pre-assessment or service reviews. It is important to note, however, that what may appear to be a 'lighter touch' inspection regime is supplemented by 'spot-checks' that can take a variety of forms (both on-site and off-site) in order to ensure compliance or to respond to concerns that may have arisen. The building in of spot-checks within the four year cycle may, it is suggested, be a better guarantee of service quality than is the case for more routine approaches based on a shorter cycle. There are accompanying procedures by which any incidence of non-compliance can be dealt with in a timely manner. And tips and suggestions for service improvements are routinely provided as part of the assessment / inspection process.

Uptake and Forward View

There is expected to be a good uptake of the European Code throughout the European Union. This good uptake is signalled by the early interest expressed by a range of telehealth services and the simple fact that there is no similar benchmark standard by which telehealth services can be guided. Initially, the uptake will, it is anticipated, be highest in those countries where telehealth services are most developed – such as the United Kingdom and The Netherlands.

A consolidation of the position of the European Code will then take place as other codes are either adjusted or developed with a view to ensuring their compatibility. Such compatibility will allow for services to be certified or accredited to those other codes (which will testify to their meeting more detailed operational requirements in specific service areas) and to the European Code (which will testify to the quality of their governance frameworks, etc.).

The above approach, and the links between codes, necessitate some co-ordination. This will, it is envisaged, be achieved through a new organisation, possibly a European Foundation. This new body will have responsibility for the European Code - ensuring (a) its further development so that it will remain up to date; (b) its effective operation in relation to any linked codes; and (c) its potential evolution to becoming a European standard.

References

[1]   European Commission "eHealth Action Plan 2012-2020 – Innovative Healthcare for the 21st Century" Staff Working Document SWD 413 Final, Brussels 2012.
[2]   See www.telecare.org.uk; www.cecops.org.uk; www.wdtm.nl; and www.dke.de.
[3]   See www.dnv.com/industry/healthcare/.