

Norrbotten, Sweden: Distance spanning healthcare

Part 1: General Information

Publication on EIP on AHA Portal	Yes
Copyright	Yes
Verification of the Good Practice	No
Evaluation of the Good Practice	Yes
Type of the Good Practice	Notable practice

Part 2: Description of the Good Practice

Name of the Good Practice	Distance spanning healthcare
Short name (Acronym)	Not available
URL of the Good Practice	https://www.nll.se/publika/lg/verk/Kansli/Lst/2014/Bilagor/140527/L%C3%A4nsstrategi%20distansv%C3%A5rd.pdf
Geographical scope	Regional level
Country	Sweden
Region(s) involved	Norrbotten
Status of the Good Practice	On-going
Stakeholders involved	<ul style="list-style-type: none"> • Hospitals • Specialised physicians • Primary care centres
Size of population covered	1,000-9,999
Targeted audience	Irrelevant

Summary of the Good Practice

Distance spanning healthcare is a practice stemming from the strategy for distance spanning healthcare where three prioritized areas for carrying out healthcare at distance are pointed out:

1. Acute assessment between rural healthcare centres and hospitals as well as between hospitals
2. Planned and routine visits/assessments between rural healthcare centres and hospitals as well as between hospitals
3. Planned and routine visits/assessments between rural healthcare centres and healthcare centres along the coast (larger towns)

For area 1 and 2 pilot projects have been carried out and routines have been established and implementation is on- going. Not however for number 3.

For the work there has been an assigned project manager, project group and steering group. Work has been focused and carried out in areas in most need of the solutions but also with a readiness/maturity to do the piloting. The specific objectives have been to create:

1. New ways of working and new opportunities
2. Method for continued development and implementation
3. User and patient-participation
4. Technical solutions and services
5. Organisation and regulations

The key aspects which can be transferred to the rest of the county and also to a national level and beyond would be the knowledge of infrastructure needed in place, which competences need to be present, the maturity and readiness to adopt technical solutions, digital literacy in both personnel and patient.

Key words: eHealth, integrated care, primary care, rural medicine

Good practice being part of the larger programme

Yes.

The practice is the embodiment of the regional strategy called “strategy for distance spanning healthcare”.

Challenges / problems addressed by the good practice

- Long travel time and distance for patients - Health inequalities
- Cost
- Patient and staff safety in rural areas
- Lack of access to specialist care

Importance of the challenges / problems before starting to implement good practice

They are very big in a county like Norrbotten with a small and increasingly ageing population on a largely spread out geographical area. We have evidence that both staff and patient safety is compromised when frequent travel is required, and we need to reduce this as well as the cost for travel which, in a county like ours, can skyrocket. The access to equal healthcare is also an issue and we need to make sure that each person is close to the care needed on a more regular basis. For the area where one pilot was carried out this became quite evident when the nearest on call physician is in a hospital 70 km away.

Environment before the good practice was implemented

Before distance spanning healthcare personnel was required to travel to patients in homes or from hospitals to healthcare centres for routine visits or on-call visits or vice versa - the patient had to travel for quite simple diagnostics and assessment. Travel would be done either by ambulance or if not life-threatening by bus or taxi. All appointments with specialist care had to be made via hospital.

Key innovative elements of the good practice and how the good practice improved situation compared to previous practice

New ways of working and routines have been established for both planned visits and acute assessments. Patients do not have to travel long distances for planned visits and an on-call doctor can easily be reached for acute assessments (when not directly life threatening). The technology is stable and reliable and everything is conducted through the county council's internal video solution ensuring all patient data kept confidential. The solution makes it possible for doctors and patients to meet via video (assisted by nurse) and this offers much better assessments than solely by phone.

Part 3: Transferability of the Good Practice

Cost-effectiveness of the good practice (including all kind of costs and outcomes such as better health, quality of life or other resources)	Lower costs, improved outcomes
Resources required for the deployment of the good practice (personnel, equipment, facilities, ICT and other resources required).	
<ul style="list-style-type: none"> • Education - medical and technical. • Technical equipment in particular video equipment, a functional and customized space, information and marketing (internal and external). 	
Total budget of the Good Practice	€1M - €5M
Source of funding	Regional funding
The main actions that have to be done to deploy the Good Practice	
Make sure all equipment is in place and that suitable environments, in both hospital and health care centre, are in place for the practice. Time and funding for education and information campaigns. For increased use amore long-term education plan needs to be in place and development resources are needed (personnel).	
Issues during the implementation of the Good Practice	
Motivating staff to use the equipment, convince all units to collaborate (arouse interest). Not all saw immediately the patients' benefits with the practice.	
Additional resources required to scale up Good Practice	
Yes.	
Long-term training and education is needed. In order to have distance spanning healthcare at scale an organisation is needed which can manage, administer and provide support on a daily basis to hospitals and healthcare centres.	
Basis to support sustainability of the Good Practice	

The organisation is working on a plan for full deployment and implementation of distance spanning healthcare. The plan is to be further developed and set into action during the fall of 2016. On a local level the basis is patient benefits. This is a way to offer an equal and accessible health care in rural areas.

Evidence to observe the Good Practice

Reports

Statistics available on a local level

Visit to an implementation site

Videos

https://www.youtube.com/watch?v=C37_-pkYy14&list=PLtyEoZJon32cTGcmgY1qlmDU-38ARLEBZ&index=3

Part 4: Viability assessment of the Good Practice

Time needed to deploy the Good Practice

Between one year and three years.

There is a plan on management level for the county council of Norrbotten to deploy the practice in all of the regions. Work is undergoing to form the project organisation for this.

Investment per citizens / patient / client in terms of financial resources

No available calculation.

Evidence behind the Good Practice

Apparent evidence. Evidence is based on qualitative success stories.

Maturity of the Good Practice

There is evidence that the practice is economically viable and brings benefits to the target group. Further research and development is needed in order to achieve market impact and for the practice to become routine use.

On a local level we can see decreased costs for staff and transportation.

Estimated time of impact of the Good Practice

Medium impact - e.g. shortly beyond the pilot project period.

Impact observed

Better health (societal).

Also less hospital re-admissions as well as better quality of life.

Transferability of the Good Practice

The innovative practice has been transferred within the same region.

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Part 5: Your organisation

Name of the organisation	The County Council of Norrbotten
Address of the organisation	Norrbotten County Council Administrative service Box 511 961 28 Boden
Type of organisation	Hospitals; Primary care centres; Specialised physicians; General practitioners; Nurses; Regional authorities
Name of the contact person	Mari Huhtanen or Lisa Lundgren
Email address of the contact person	mari.huhtanen@nll.se, lisa.lundgren@nll.se