

Telehealth Agder

one part of the solution?

The most important word in digital
transformation
is not digital, but ***transformation***



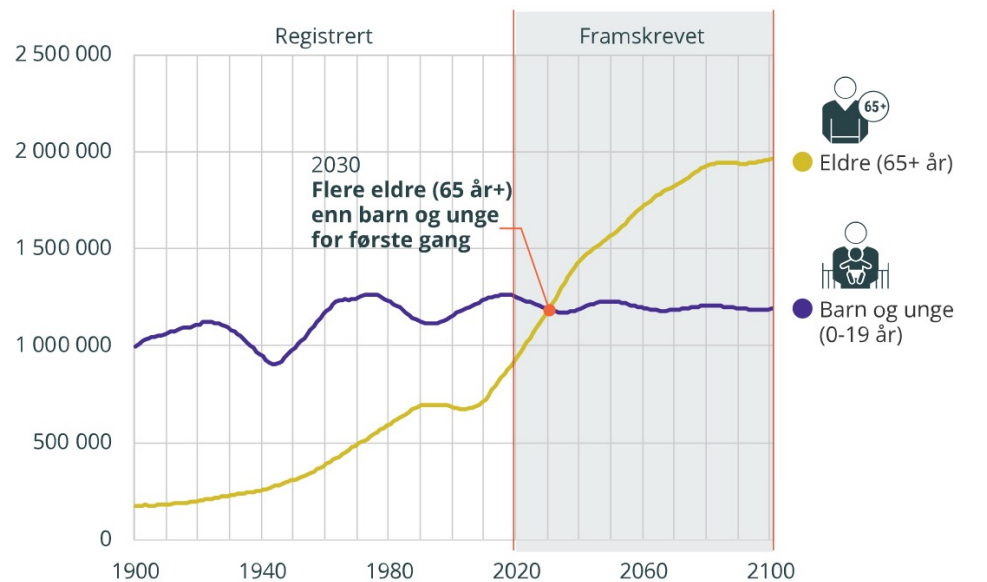
First

- Thank you VOPD and PA consulting for valuable insights and contribution to our Project!



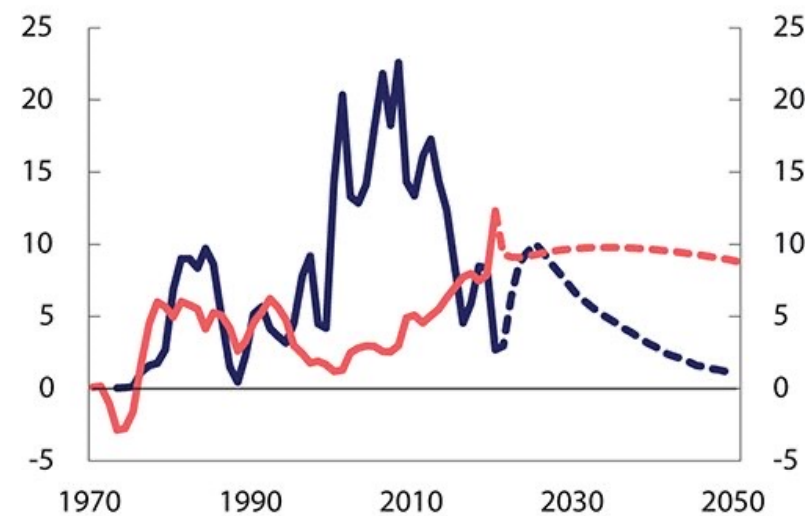
The reality

(in the big (norwegian) picture...)



www.ssb.no/tabell/12881

Oljeinntekter og bruken av oljeinntekter



- Statens oljeinntekter
- Strukturelt underskudd
- - - 3 %-banen



Long-term Perspectives on the Norwegian Economy 2021

Den demografiske utviklingen vil gi betydelig økt personellbehov i helse- og omsorgssektoren de neste tiårene. Forskere fra SSB har fremskrevet dette arbeidskraftbehovet i ulike scenarier.²⁷ Forutsatt en viss fortsatt bedring i tjenestetilbudet (såkalt standardvekst) på 1 pst. per år vil det i disse fremskrivingene være behov for i overkant av 110 000 flere årsverk i helse og omsorgssektoren i 2035 sammenlignet med 2018, og i underkant av 260 000 flere årsverk i 2060, se figur 11.5 i kapittel 11.

Disse anslagene innebærer at helse- og omsorgssektoren vil komme til å legge beslag på hhv. 18 og 31 pst. av årsverkene i 2035 og 2060, mot 13 pst. i dag. Selv om kvaliteten og omfanget av helse- og omsorgstilbudet holdes på samme nivå som i dag, vil over halvparten av nye sysselsatte ifølge fremskrivingene måtte komme i denne sektoren frem til 2035, gitt forutsetningene i basisforløpet i denne meldingen. I og med at befolkningen i arbeidsdyktig alder ikke ventes å vokse mellom 2035 og 2060, vil et økt arbeidskraftbehov i helse- og omsorgssektoren måtte dekkes med en betydelig overgang fra andre næringer. En del av det økte behovet vil også kunne dekkes dersom heltidsbruken i sektoren tar seg kraftig opp.²⁸ Dersom helsen blant eldre bedres eller vi klarer å iverksette tiltak som reduserer behovet for tjenester som for eksempel ved å ta i bruk ulike former for velferdsteknologi, vil det bremse veksten i sektoren relativt mye. Dersom standarden i helse- og omsorgssektoren holdes på dagens nivå, vil det bremse, men ikke stoppe, veksten i personellbehovet, se nærmere omtale i kapittel 11.

«These estimates imply that health and care sector will seize resp. 18 and 31 % of the labour-years in 2035 and 2060, against 13 % today»

Who`s left creating value?

2005



2013

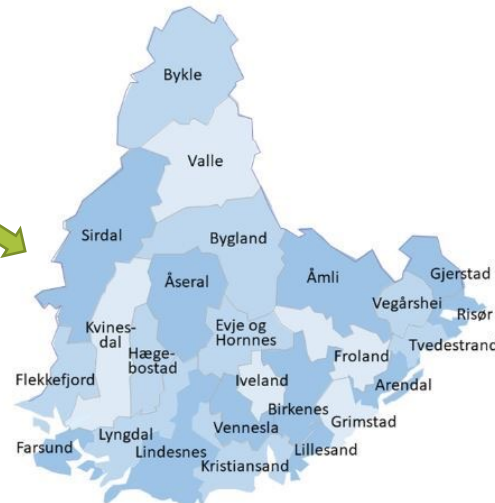


So what do you do?



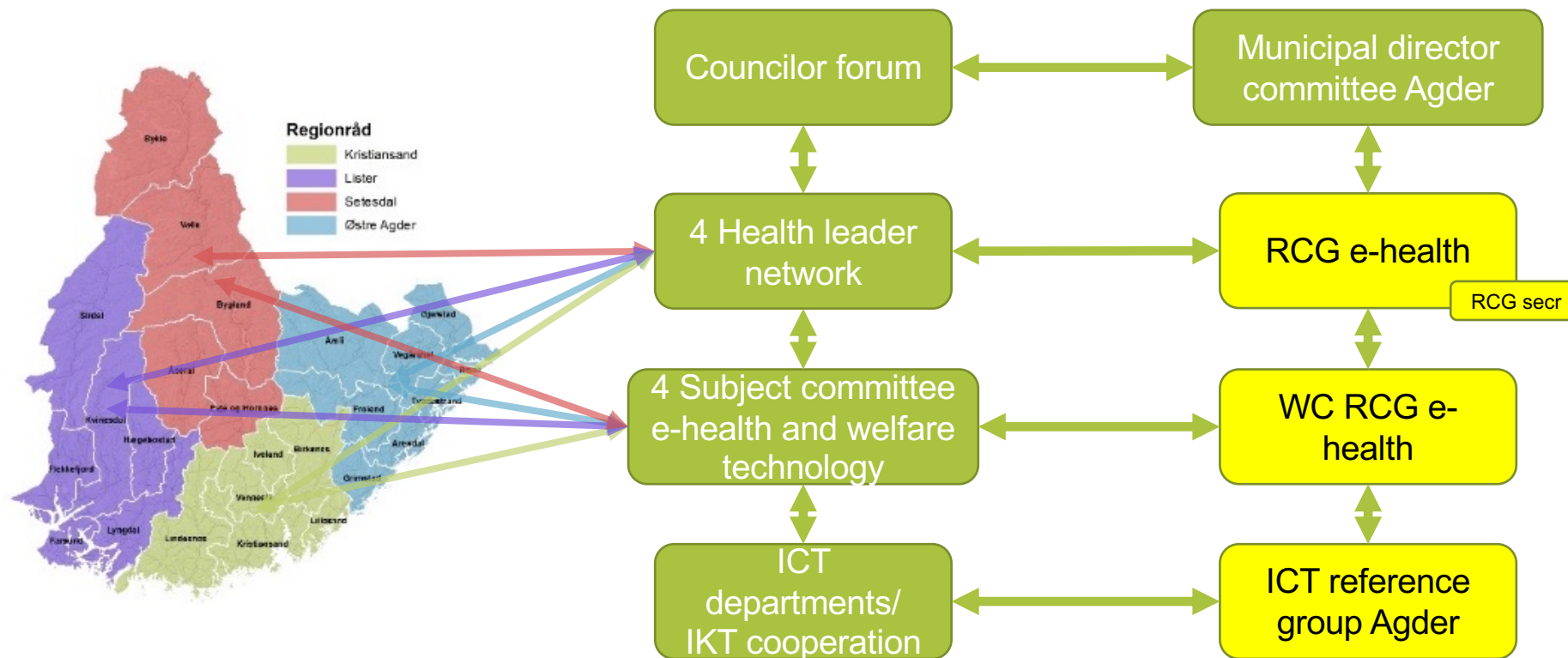


Agder

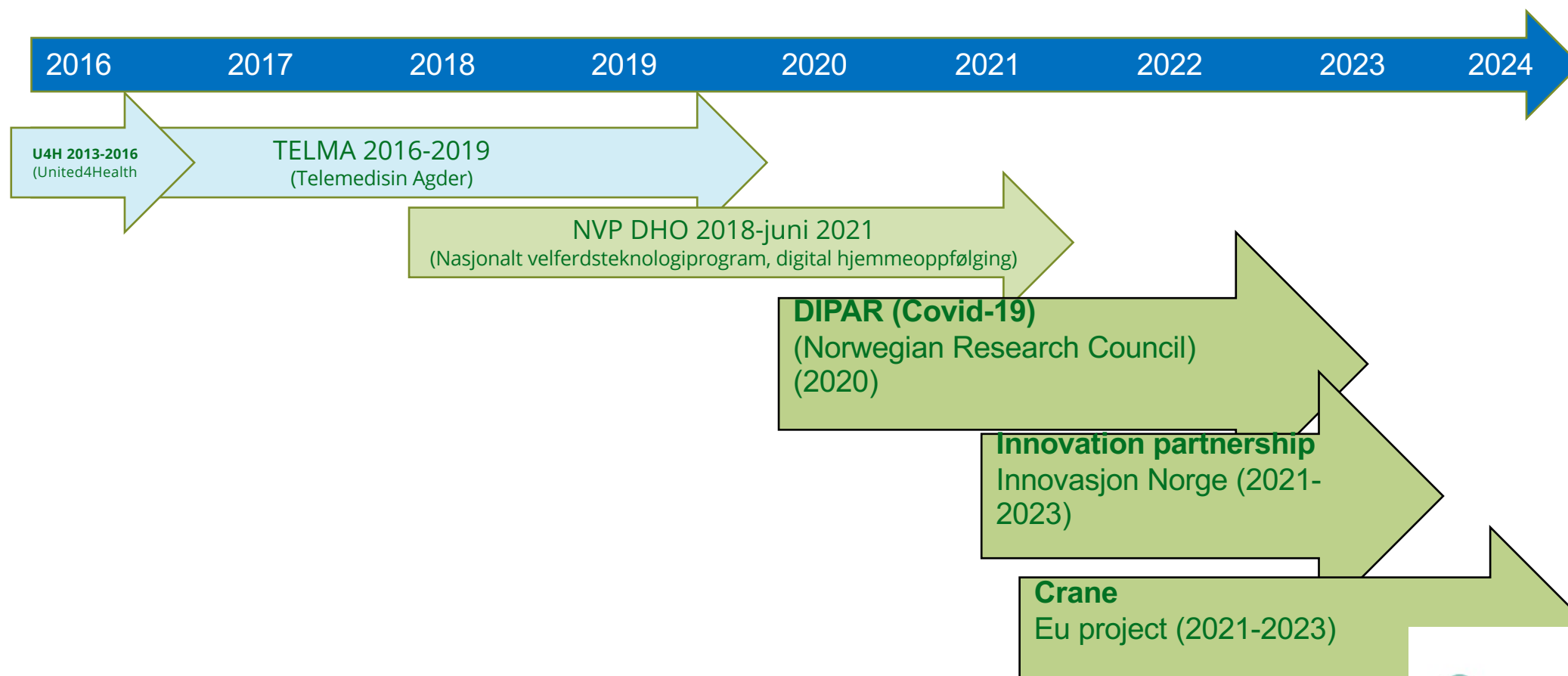


- 25 municipalities (300 000 citizens)
- 3 hospitals
- The regional coordination group for E-Health that involves administrative as well as political decisionmakers.
- South Norway European office
- European Innovation partnership - Active and Healthy Ageing
- Reference Site (2016 & 2019)

Regional coordination group e-health and welfare technology Agder - RKG e-Health Agder 2030



Digital home follow up Agder



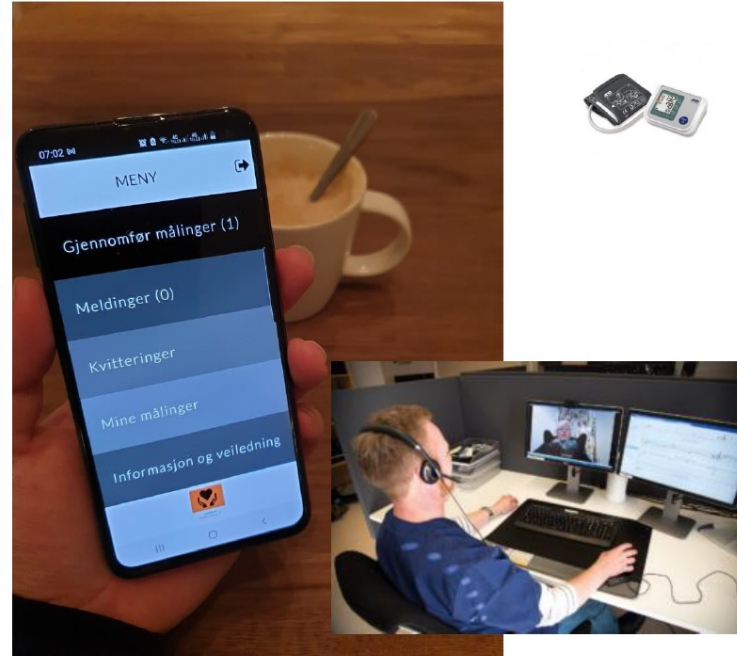
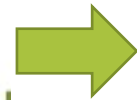
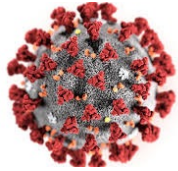
Digital home follow up (telehealth)

is the use of technological solutions that enable the patient to be followed up by the health and care service at home. The patient take measurements from home and answers simple questions about his state of health via a tablet /smartphone

- The Norwegian Directorate of Health



Covid 19 telehealth



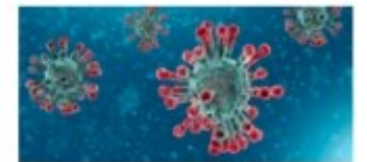
Pen tested

Security level 4



Erfaringsrapport digital hjemmeoppfølging Covid-19 Agder

30.12.2020



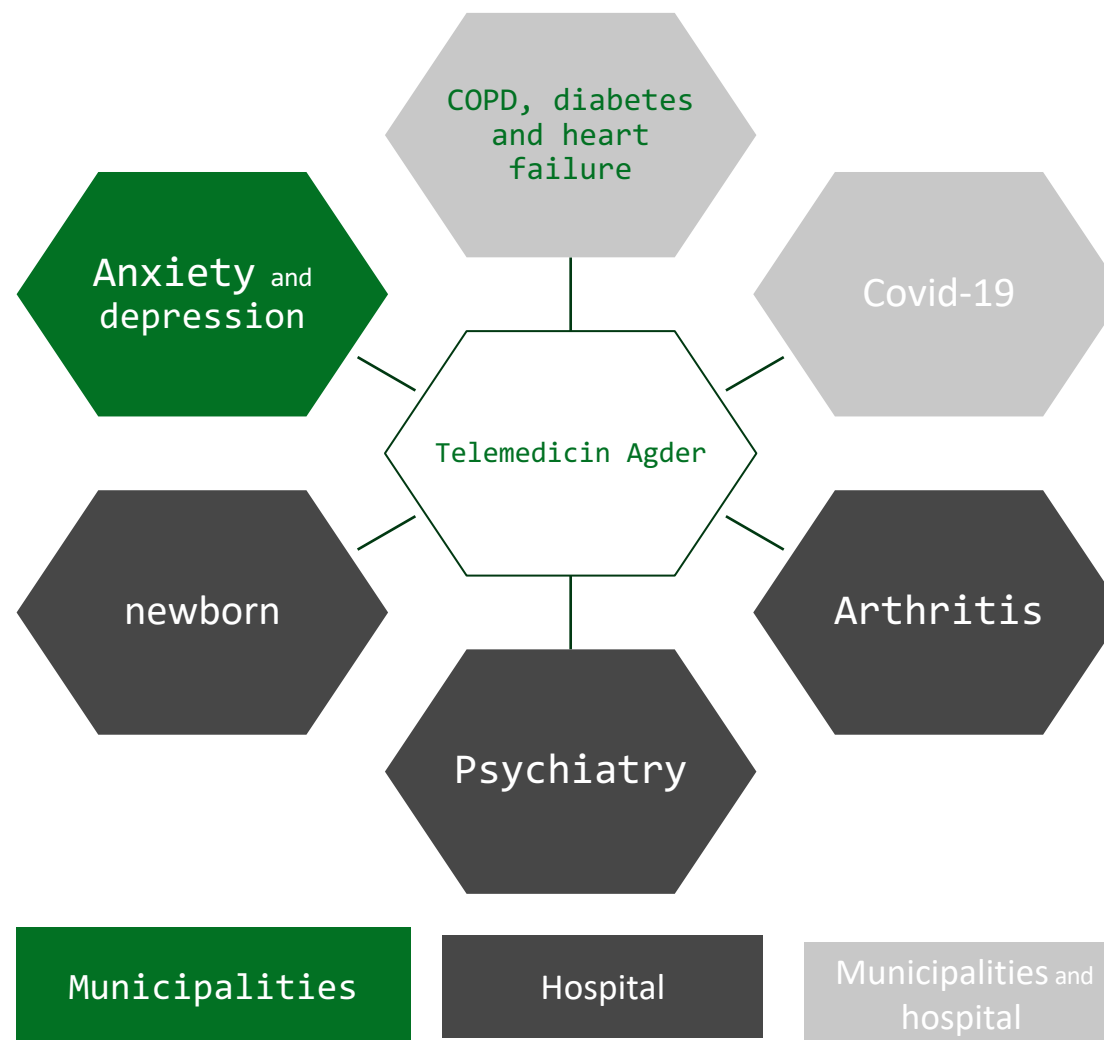
SAMMENDRAG
Agder har over 1000 tilfeller av COVID-19. Dette er en utfordring for helsevesenet og for de berørte individene. Denne rapporten gir en oversikt over erfaringene med digital hjemmeoppfølging av COVID-19 pasienter i Agder. Rapporten er utarbeidet av prosjektgruppen Digital Hjemmeoppfølging Agder, med ledelse fra Kristine Vindstad Møller, Christian Kjøpstad, Espen Sævi, Trude Nilsen, Linn, Torbjørn Nilsen, Morten Lunde og Morten Lunde.



12.03.20

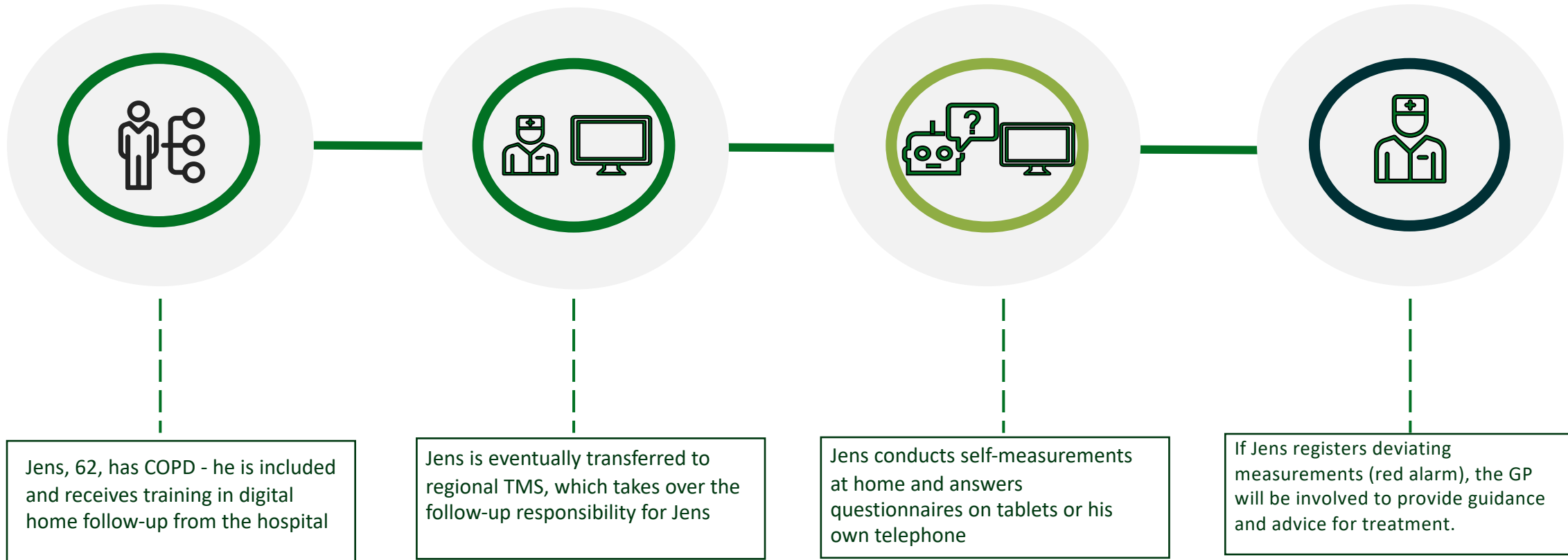
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Different pathways



Cross silo pilots

Both specialist health service, regional TMS and GPs are involved in the service



Hospital



Regional TMS



GP

user case with financial gain in the municipality

Patient history

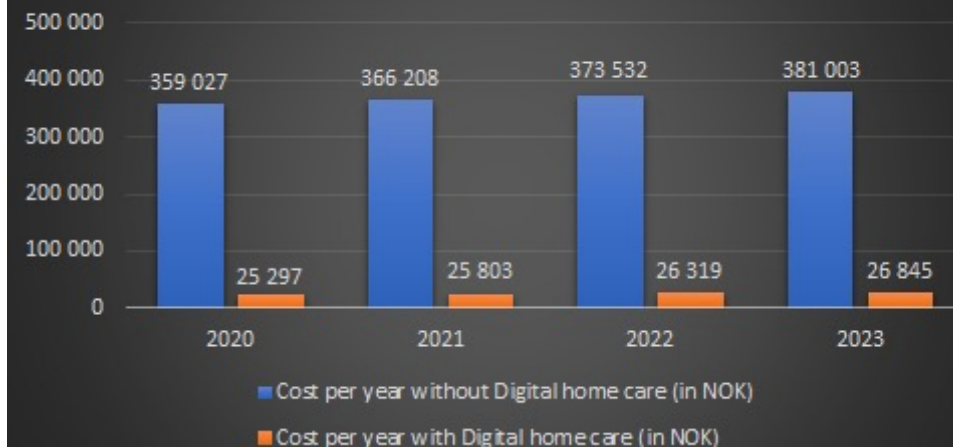


- "Rune" has COPD
- He gets 10 minutes of supervision every morning and evening.
- The municipal services use 1 hour driving to the patient for each supervision.
- He started with telehealth January 2020 and the patient terminated all other municipal services.

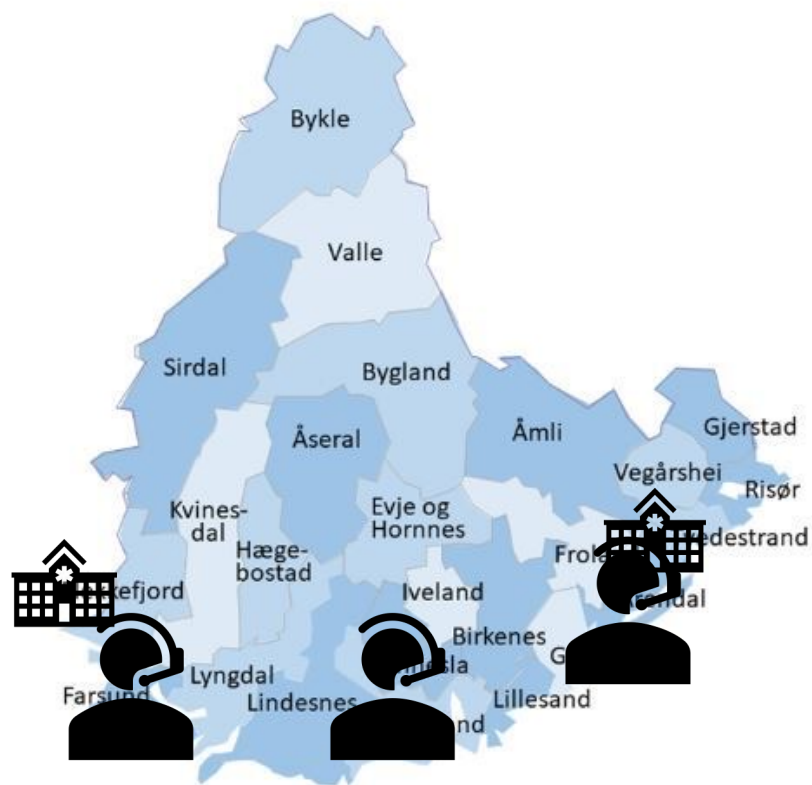
Financial and qualitative gain

- Financial gain per month: over 25 000 NOK by replacing municipal service with telehealth in a standard financed municipality
- "Rune" experiences great qualitative gain and benefit from the follow-up he receives from the telemedicine centre:
 - Improvement in his own health.
 - It has given him increased freedom and security in everyday life.
 - The follow-up has led to him being less anxious than before.

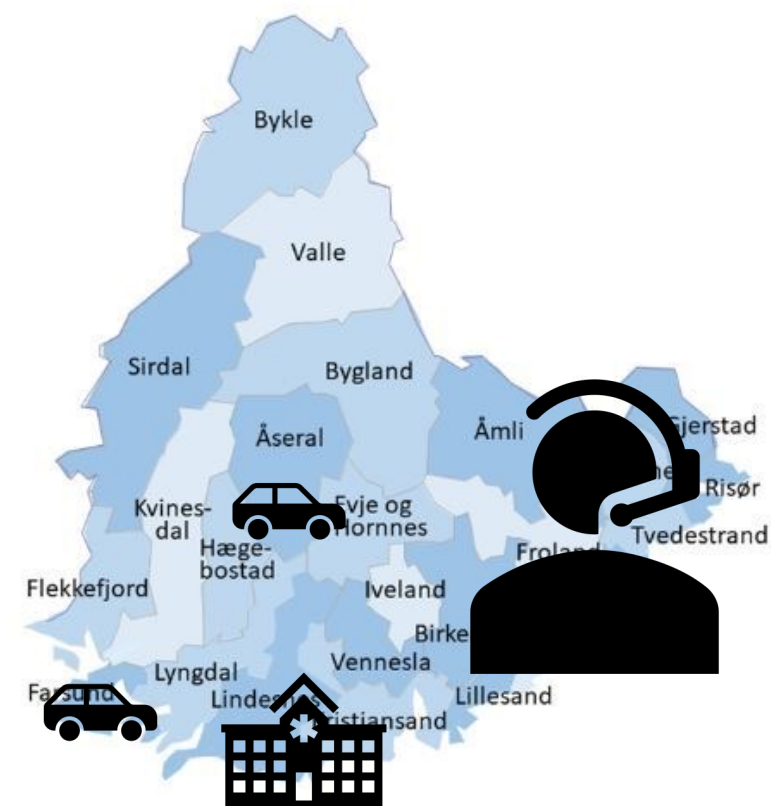
Cost comparison 2020 - 2023




Before VOPD



After VOPD

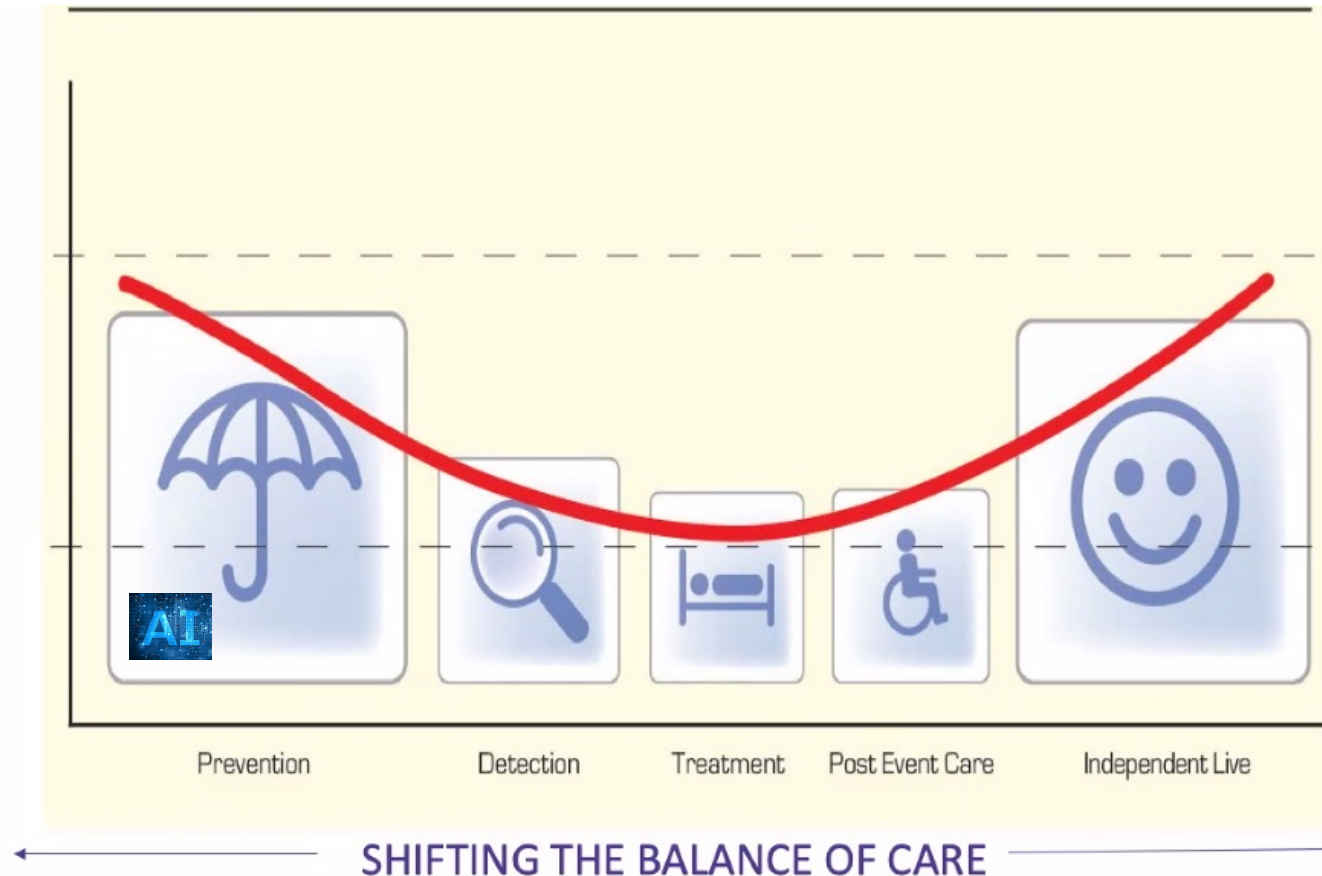




- You need a strategy!
- You need a common goal and strategy across silos!
- Buy in from C-Suite!
- Chase value and focus on value for all parts, not only your silo! 
- Map stakeholders, involve, engage and address!
- involve the GP`s
- We need national guidelines (and if you ask me, we need targeted financial help to make the shift)
- Putting our patients first should not only be a slogan but a true mandate.

- Take the first step!

Technology can help us shift the balance, but
The most important word in digital transformation
is not digital, but ***transformation***



Folks: Keep up the good work- and watch who are your «allies»!!

“There is nothing more difficult to execute, nor more dubious of success, nor more dangerous to administer than to introduce a new system of things, for he who introduces it has all those who profit from the old system as his enemies, and he has only lukewarm allies in those who might profit from the new system.”

- Machiavelli, *The Prince*, 1532



Thank you!

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