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TRANSFERABILITY OF RESULTS OF MULTIDISCIPLINARY EVALUATIONS OF TELEMEDICINE – COPD BRIEFCASE AS STUDY CASE

ICTPSP

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PH.D. PROJECT – BRIEF OVERVIEW

The challenges caused by the increasing rate of elderly compared to young population, lack of clinical staff and geographical distances between patients and health care professionals have been motivating factors for the development of telemedicine applications.

The emerging opportunities for the use of these new technologies leads to an increasing need for timely and qualified input for decision making in hospitals and the health care sector.

Health Technology Assessment (HTA) is a useful tool for decision makers to assess the effects of introducing a new technology. Full HTA evaluations are, however resource and time consuming due to the methodological demands of multiple scientific fields. Thus, it is often relevant and necessary to be able to transfer results between settings, with some kind of adjustment to local prerequisites, in order to limit the number of assessments needed and to accommodate the need for timely information on the effects of telemedicine applications.

Figure 1: Transferability

Transferring results of telemedicine studies from one setting to another is complex, since results are often affected by aspects of the setting. A checklist for transferability of HTAs on telemedicine will assist decision makers, who wish to use HTAs from other regions or countries in their decision making processes.

Objective

Aim 1: In order to facilitate knowledge transfer from HTA evaluations on telemedicine, the first important step is to identify current barriers related to the possibility of using data from one setting to guide decision makers of another setting. E.g. organisational aspects, incidence of disease, reimbursement system, genetic factors etc.

Aim 2: The second step is to investigate how a checklist or similar models for transfer of results from health economic evaluations from country to country can help overcome the barriers of transferability of HTA evaluations between countries.

Aim 3: Based on the knowledge of which elements has previously been considered in relation to transfer results of telemedicine evaluations between countries, the empirical data collected will be used to test if the conclusions from the literature can be confirmed.

Aim 4: Finally, the overall aim of this project will be to develop a checklist for the transferability of HTA evaluations of telemedicine based on a systematic literature review and comparisons of the empirical data from three randomised controlled trials on the effects of telemedicine for patients with COPD, performed in three different European countries.

Project plan

The ph.d. project started on the 1st of April 2011 and will continue until the 31st of March 2014. During these three years, three articles will be submitted – one for the first three project aims.

Methods

Quantitative and qualitative methods will supplement each other in the elaboration of the articles. The first will be based on a systematic review of the literature. The second will include primary data from three randomised controlled trials included in the RENEWING HEALTH project (including in total 700 patients). Important outcomes are: rate of readmission, length of stay, quality of life. The third article will be synthesising the results from the previous study phases.

Perspectives

The results of this PhD project enable transferability of results. Thus, there will be solid foundation for evidence based and timely decisions in hospitals, regions and countries on introduction of telemedicine as a solution to the challenges that the health care system is facing.

Figure 2: The COPD briefcase