



BRITISH THORACIC SOCIETY POSITION STATEMENT TECHNOLOGY AND THE PROVISION OF RESPIRATORY CARE

BACKGROUND

The Trustees of the Executive Committee of the British Thoracic Society (BTS) commissioned an overview and summary Report on technology and respiratory care from a Working Party chaired by Dr Chris Stenton, in November 2010. Membership of the Working Party is recorded in Appendix A of the full report. The Working Party met once, in March 2011, with several further meetings by teleconference and electronic media, and individual members took responsibility for investigating specific areas according to their professional expertise.

The Report was approved by the Executive Committee of the Society in November 2011. It is a useful summary and unbiased assessment of the evidence that has been produced to date, and contains discussion points about pros and cons. It can be read on the Society's website via:

<http://www.brit-thoracic.org.uk/delivery-of-respiratory-care/technology-and-the-provision-of-respiratory-care.aspx>

The Society's Trustees felt that a brief statement summarising the BTS position in relation to investment in respiratory healthcare technologies would be of value to providers and commissioners of health care who are striving to provide improved standards of care for respiratory patients and their carers.

GENERIC ISSUES RELATING TO TELEMEDICINE

The BTS review identified a substantial body of published evidence relating to telemedicine. Most described schemes are moderately expensive to implement. With a few specific exceptions, there remains uncertainty about the effectiveness and cost-effectiveness of telemedicine. The Society fears that expensive and inappropriate implementations may be being initiated because of a number of factors:-

- the current climate of a strong desire to control healthcare costs, to introduce fundamental reform of NHS commissioning and to support technological solutions;
- powerful commercial interests from equipment suppliers;
- *and* uncertainties about efficacy.

To mitigate the risks and ensure the optimum use of telemedicine, a number of steps are necessary:

- **NHS commissioners need to ensure that home-based telemedicine implementations are fully integrated with existing services and are not seen as stand-alone solutions.** Consideration needs to be given to knock-on effects in both primary and secondary care.
- **Monitoring equipment should be tailored** to take into account the patient's medical condition and the **likelihood of multiple morbidities.**

- **Clear criteria along the lines of the EU MAST (Model for the Assessment of Telemedicine) should be developed and applied to all future telemedicine implementations** www.telemad.no/methotelemad.
- A set of **common indicators** to be adhered to and applied in all studies evaluating the efficacy, cost-effectiveness and technical worthiness of telehealth technology.
- The **NHS needs to urgently establish codes of practice** and medico-legal/ regulatory/ governance guidelines to ensure best practice across the healthcare sector.
- Implementation of telehealth across the NHS requires a **properly planned diffusion strategy** and a **policy on the use of remote devices** clarifying issues of **charging and reimbursement** for equipment, telecommunications and monitoring.
- **Clinical adoption** of telehealth will **require investment in the education and training of patients/carers and healthcare professionals**. Proper protocols should be in place; all patients should be given simple user guides.
- **Industry needs to engage with patients and healthcare professionals** to ensure that future telehealth systems are fit for purpose. **Technical support needs to be guaranteed**.

RESPIRATORY HEALTHCARE, BTS AND FUTURE STRATEGY

The Trustees of the BTS are clear that, given the political interest in and enthusiasm for telemedicine it is likely that there will be continued desire to implement services and that respiratory medicine will be one of the key focuses of attention. Trustees are also of the view that it would be extremely unfortunate if investment in telemedicine is made and schemes developed at the expense of more “low-tech” interventions that are proven to be effective (in particular, Pulmonary Rehabilitation programmes). The British Thoracic Society will therefore:-

- provide **guidance and information** notes on telemedicine for **members, patients, and commissioners**, in the main via its website – www.brit-thoracic.org.uk.
- develop a strategy to allow **its knowledge base** in relation to telemedicine to **remain up to date**.
- **encourage the implementation of telemedicine applications that have been shown to be effective**, for example the use of support text messages for smoking cessation.
- **encourage good quality research** into areas of uncertainty.
- **encourage the development of a national tool for the evaluation** of telemedicine implementations along the lines of the **European Commission’s MAST tool**.
- **discourage large scale telemedicine implementations without proper evaluation** of the likely effectiveness and cost-effectiveness.
- **encourage the development of tariffs** for telemedicine services to allow proper planning across primary and secondary care.
- **monitor trends in social networking sites** and similar media that can be used for **inter-professional and inter-patient communication**.

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