Abstract

An overview of the recent publication "Making Connections”. A partnership between the US Veterans Health Administration & British NHS to support leadership and engagement of digital health.

As two of the largest publicly funded whole healthcare systems globally, the US Veterans Health Administration (VHA) and the English National Health Service (NHS) face a number of parallel challenges to deliver improved outcomes within cash-limited budgets. The populations that they serve are ageing, with a growing proportion of patients with long-term conditions. As integral commitments in their long-term plans, both are increasingly using digital technologies to transform the way they maintain health and deliver care.

The organisations have a history of working together to share learning and experiences to drive continuous improvement. As part of the NHS commitment placing telehealth at the heart of service transformation through the 3MillionLives campaign, and more widely to adopt digital health for mainstream services, the two organisations have agreed to an Exchange Programme for three years starting from 2013. The aim of the Programme is to improve clinical engagement, developing confidence that new technologies work, and so increase clinical leadership to drive digital health into everyday use for the majority of patients. As a result it is envisaged that there will be a measurable increase in adoption of technologies to support management of long-term conditions, towards the 3MillionLives aspiration.

Integral to the Programme's foundation is this report which aims to strengthen and build the partnership by outlining best practice in the planning and use of digital health technology in both organisations, and to capture key lessons for transferable learning. Core to its strategy of keeping patients healthy, the VHA aims to support patients with long term conditions through care ‘at a distance’ and the promotion of self-management skills. This has led to the significant reduction in the demand on acute care facilities and the commensurate expansion of outpatient clinics. Extensive studies show that the VHA consistently provides a better quality of care than other health systems in the US, and at a lower cost.

Central to this has been a major digital health programme to improve the health of designated individuals and populations, with the specific intent of providing ‘the right care in the right place at the right time’ and addressing the ‘mismatch between where expertise is and where it needs to be’. The VHA is on track to meet its aim that 50% of patients benefit from one or more elements of
digital healthcare by 2014. While successful use of technology has been a key enabler to success in making digital health a primary route for delivering service, it is the underlying culture, leadership, processes and training that have been paramount, with strategy set nationally while implementation is driven locally.

Turning to the NHS, its reform agenda has had a core intent of being a ‘patient-centred’ healthcare system. Recent reforms have also led to increasing separation of commissioning functions from provision, and commissioning will shortly be in the hands of local clinicians working under mandate from the new NHS Commissioning Board. In keeping with a goal of devolving operational responsibilities within a nationally agreed outcomes framework, innovation adoption is being incentivised around key impact areas. If the NHS is to meet public expectations for quality, access and efficiency, then it must recognise it needs new ubiquitous capabilities to collaborate, transact, access information, knowledge and expertise on demand, and deliver advice and care in non-traditional settings including the home and workplace. The government now regards digital health as a core element in the plans to transform the NHS. Digital Health must move from being a series of interesting pilots and experiments, to become a first-response option to deliver health and care. The NHS has learnt that information and technology strategies, at all levels from national to local, cannot be isolated from management, clinical, process and organisational change, since all evidence points to failure when this is the case.

**Keywords:**

engagement, leadership, digital health