



Implementing eHealth – is it really that difficult?

**Midterm Workshop
WHINN – Week of Health and Innovation
Odense, 10 October 2018**

There's no doubt that implementation of clinical innovations can be difficult – and often with limited success, despite massive efforts and resources poured into the process. For years, care delivery organisations under pressure have looked to technology under the categories of eHealth and eMental health in the hope to find better, smarter, and more efficient ways to deliver the care that their citizens need. Many good ideas have emerged, but few of them have reached the status of normal, routine practice – the stage where they actually begin to make a difference to citizens, care delivery organisations, and society at large.

ImpleMentAll believes it is time for science to come up with a solution: an evidence-informed approach to implementation, based on comprehensive research into theory and practice of implementation processes. We combine the thinkers and the doers in a project that aims to change implementation practice for good.

Our workshop will give us and you the chance to help this work on the way, so that together we can put an end to failed implementation efforts - or at least give it a real good try. Join us and be part of a day full of discussion and hope for the future.



Time & Content	Presenter
Session 1: Implementation Science – changing the world one barrier at a time?	
10.00 - 10.30	<p>The Science and Practice of Implementation - Pathways to make your eHealth intervention stick</p> <p>An exciting field of science has emerged in the past decades, focused on finding ways to effectively embed evidence into the daily routines of health organisations. This presentation introduces some of the key concepts from this new scientific discipline and how they can support the integration of eHealth interventions in daily practice.</p>
10.30 - 10.45	<p>Why do we need ImpleMentAll?</p> <p>Introduction to the current knowledge-base on eHealth in general and CBT in particular. There is a great deal of general knowledge on implementation strategies, but context matters, and tailored implementation seems the logical thing to do. However, we lack understanding of how to tailor and tools to improve implementation practice based on evidence. This leads to developing and testing a specific concept of tailored implementation translated into the ItFits-toolkit – and the need for IMA.</p>
10.45 - 11.00	<p>When is something implemented?</p> <p>Knowing when an innovation is 'implemented' is more challenging than it might seem, for it involves collaborative effort in complex systems of practice. Drawing together practical problems of implementation of healthcare innovation practice and perspectives in Implementation Science, this presentation will explore the multiple ways in which we can understand – and potentially assess and improve – implementation related outcomes.</p>
11.00-11.30 Coffee	

Session 2: Did you know this about eHealth implementation?	
11.30 - 12.00	<p>Doing implementation: Good, bad, and ugly experiences with implementation of eHealth and eMental health</p> <p>The experience from BSA trying to scale up eHealth innovations. An introduction to the concept of the Technology Outpatient Consultation and IMA as answers towards improving the previous achievements.</p> <p>-</p> <p>The effectiveness of internet interventions under routine care has been suggested by a growing body of research. Meanwhile, the implementation of these services is lagging behind and we do not really know what happens with the evidence-based services once implemented. This talk will give some ideas on how to further investigate implementation success and the effective components of internet interventions under routine care.</p> <p>-</p> <p>In 2012, an online treatment platform was launched in GGZinGeest containing over 180 treatment modules for a variety of mental health disorders. Still, eMental Health (eMH) is not an integrated part of clinical practice. Experiences and lessons learned from ongoing efforts to implement eMH in routine care will be shared and discussed.</p>

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Anne Eztelmüller
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Psychologist & Senior Researcher GGZ Ingeest, The Netherlands

<p>12.00 - 12.15</p>	<p>Where implementation really matters: From zero iCBT to sixty in Albania and Kosovo A brief background of the current state of treatments for depression in Albania and Kosovo describing the existing services and needs will be provided first. This will be followed up by a description of the implementation work that introduces an eHealth platform for the treatment of depression, focusing on its challenges and potential impact.</p>	<p>Arlinda Cerga-Pashoja Co-Deputy Director of the Centre for Global Mental Health, London School of Hygiene & Tropical Med. - Naim Fanaj Director, Mental Health Center, Prizren - Gentiana Qirjako Head of Health Promotion Department, Institute of Public Health, Tirana</p>
<p>12.15 - 12.30</p>	<p>The ItFits-toolkit: from knowledge to practice One size never fits all when it comes to innovating change within local (practice) contexts. This presentation will introduce the ItFits-toolkit as an evidence-based package of tools and guidance from implementation science for tailoring innovation and implementation efforts to local goals, barriers and resources. As a self-guided process, It-Fits aims to make ideas from implementation science accessible for innovators and implementers within the healthcare setting to enable more efficient focusing of effort on problems of implementation that matter locally</p>	<p>Tracy Finch Professor of Healthcare and Implementation Science, Northumbria University</p>
<p>12.30-14.10 Lunch and WHINN talks</p>		

<p>Session 3: Panel discussion: Getting it right – what’s next for eHealth implementation?</p>		
<p>14.10 - 15.10</p>	<p>5 min. opening statements from each panellist: (1) Policy level <ul style="list-style-type: none"> An estimate of the challenges met when implementing IT solutions at a regional level as well as barriers for effective processes and the tools missing in this field will be provided from the viewpoint of the responsible level for implementations across various organisations within a region. (2) Evidence in implementation <ul style="list-style-type: none"> eHealth interventions are uniquely positioned for both a widespread implementation and individual tailoring to the needs of patients. But do we have a good enough understanding of the organisational, community, and societal contexts that surround their use? (3) Knowledge sharing for implementation <ul style="list-style-type: none"> A key challenge to the implementation of technology in mental health is the attitudes of service users, clinical staff, and policy makers. A strategic planned approach to communication and sustainability can overcome this and technology such as cCBT can be genuinely deployed at scale, on a national level. (4) Implementing across borders: iFightDepression <ul style="list-style-type: none"> The iFightDepression® tool is an online self-management programme for adolescents and adults with milder forms of depression, incorporating principles of cognitive-behavioural therapy (CBT). It is disseminated via the European Alliance </p>	<p>Moderator: Claus Duedal Pedersen Project Coordinator, Region of Southern Denmark Panellists: (1) Kurt Espersen Chief Operating Officer of the Region of Southern Denmark - (2) Bianca Albers Chair, European Implementation Collaborative - (3) Chris Wright Service Development Manager, Scottish Centre for Telehealth & Telecare - (4) Ulrich Hegerl</p>

	<p>Against Depression (EAAD) and up till now implemented in eight countries with over 1000 registered patients. As guidance of the tool is mandatory, dissemination activities and implementation strategies are primarily directed towards health professionals. International user data will be presented along with international experiences on barriers and facilitators in implementation across countries.</p> <p>(5) Management expectations</p> <ul style="list-style-type: none"> • Demands and expectations for implementation tools from the perspective of the CEO of a large healthcare organisation (Odense University Hospital). <p>Q&A</p>	<p>Director of the Department of Psychiatry and Psychotherapy, University of Leipzig</p> <p>-</p> <p>(5) Niels Nørgaard Pedersen CEO, Odense University Hospital</p>
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