

Implementing telemedicine at scale in Denmark: Barriers and facilitators at the political-administrative level of the implementation process

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Background

Implementing technologies on a large scale is a continuous challenge in healthcare systems [1]. This challenge also applies to telemedicine, where implementation in practice and scale-up has proven difficult [2]. The political-administrative system plays a key role in the implementation process of technologies. However, this level of the implementation process remains understudied [3]. To address this gap, the present study explores the political-administrative level of the national implementation process of TeleCOPD – a home-monitoring telehealth intervention targeting patients with Chronic Obstructive Pulmonary Disease (COPD) in Denmark.

The national implementation process

In 2016 it was decided that a home-monitoring telehealth intervention should be implemented nationally in Denmark. The intervention builds on a previously tested telehealth model. The implementation process is partly decentralized and organised in five specially established regional programmes comprising regions and municipalities in joint project management. The five regional programmes are responsible for the local implementation and organisation of the intervention, including translation work such as creating local professional guidelines, patient pathways, collaboration agreements, and defining intervention elements.

On a national level, the implementation process is organised in four national preparation projects covering:

- ❖ A business case for the national introduction of telemedicine.
- ❖ Professional recommendations for the provision of telemedicine to patients with COPD.
- ❖ Maturing an it-infrastructure for telemedicine.
- ❖ Establishing a model for service-, support- and logistic functions.

The present study focuses on the translation and adaption of the intervention from a national level to the local context in the five regional programmes.

Aim of this study

- ❖ Understand how the TeleCOPD intervention is translated and implemented on a political-administrative level.
- ❖ Explore the barriers and facilitators to implementation at the political-administrative level.

Methods

An in-depth qualitative case study. Data consists of:

- ❖ Semi-structured interviews with key stakeholders in the implementation process at the national, regional, and municipality level.
- ❖ Project description and policy documents describing the intervention and implementation process.

Preliminary results and reflections

The study is ongoing.

- ❖ Key translation processes take place prior to implementation in practice. Investigating implementation on a political-administrative level provides valuable insights into the adaption and translation of telehealth to local contexts. Room for local adaption and translation can facilitate implementation.
- ❖ National scale-up is a time-consuming and complex process. Implementation on a national scale fosters knowledge sharing across settings but may also slow down the implementation process due to added complexity.
- ❖ Timeliness is crucial for successful implementation. Continuous delays in the implementation process impact the project's credibility and motivation among stakeholders.
- ❖ Collaborative project management across sectors on a political-administrative level may facilitate implementation.

References

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