

The Spanish telecare model, the mirror in which Europe is reflected



In the 90s, Spain adopted models of the telecare service, which were innovative at that moment, from different European countries like Holland or UK. Today, almost 30 years later, Spain is in full evolution towards an advanced telecare model, which implies a digital transformation to offer a personalized service with a proactive approach and a highly predictive nature. A model that, paradoxically, has now become the mirror in which those same European countries want to reflect themselves, seeking to incorporate the Spanish telecare model into their care system. In this report, we discover from the hand of experts, public and private, Spanish and European, why the telecare service in our country arouses international interest.

The year 2020 will be remembered as one of the worst in recent decades, due to the emergence of the COVID-19 pandemic. In this scenario, social health services have become the lifeline for the most vulnerable people. Especially telecare, which has established itself as an essential benefit for all elderly and dependent people, since it has been, on many occasions, the only connection with their environment in an uninterrupted way.

In this sense, the general director of Imsero, Luis Alberto Barriga, recalls that in Spain there are millions of homes in which some vulnerable person resides. "And more than two

million people over 65 live alone," he points out. As a general and consensual strategy for the future, Barriga highlights the promotion of proximity services. "The pandemic has corroborated the importance of having services that are directly connected to homes to offer the services that are necessary and it is possible that it will accelerate their further implementation," he stresses.

According to the latest data, published by the Imsero in December 2019, in Spain 937,990 people receive the public teleassistance service.

Towards a predictive and intelligent model

Spain has one of the most advanced telecare public service models on the international scene. Currently, in a large part of the territory the telecare service has a preventive nature, the so-called proactive telecare model, which is complemented by technologies and programs for detecting risks and specialized care to form an advanced telecare model.

But, in addition, in recent years, the service has evolved towards a personalization of care taking the person as the centre. It is the so-called advanced model of personalized attention, which is implemented in some

regions and which is immersed in a digital transformation towards a predictive and intelligent or cognitive model.

Therefore, in territories where telecare still have a traditional model, it is essential to evolve to the so-called advanced telecare, the leap towards digital and predictive telecare is already unstoppable and no territory should stay behind.

As detailed by the general director of the Imsero, it is about jump into the next step after reactive approach, that is, a service approach that addresses emergency and crisis situations at the push of a button, to a much more proactive approach, where needs can also be monitored, risks managed and a better plan support, to act before problems appear. "In addition, in homes where there is family care, appropriate support can also be provided for those who provide it. The user is no longer just the individual person, but the entire home environment", adds Barriga.

Along with telecare, telemedicine is beginning to become visible as a complementary service. "They are not separate issues at all," says the director general of Imsero. In fact, in his opinion, the possibility of providing remote and proactive home support, be it health, social, educational or otherwise, should be approached in an integrated way. "The emphasis that is being placed on telecare has to do with a decided medium-term strategy for connecting the protection systems (social and health, especially) to address solutions focused on people in their environment," he details.

In all this process, technology is essential. "But, really, the biggest challenge is not technological, but organisational. Technology makes it possible to monitor situations, collect and process a large amount of information, even predict behaviours and risks associated with different personal situations. But what is really complex is coordinating the intervening agents to articulate the detection of situations that require intervention and the necessary support," says Barriga.

For this reason, he underlines that, although technology is necessary, "nothing will be possible or make sense without specialised and

trained human teams for care. The most sophisticated equipment for data detection and communication or the most complex risk predictor algorithms in the world will be of no use if behind there are no people capable of understanding, knowing, accompanying or empathising with the people they serve in an individualised way ". And he adds: "If someone is tempted to put a 'boot' on the other side of the line, they may forget to be successful, at least for the next few decades. Without humanisation of care and total personalisation, no progress will be made".

Regarding whether older people are prepared to live at home with devices that, although not invasive, control

their routines, the head of the Imsero understands that this issue implies a social debate that is pending. "And not just for the elderly. Many people use the Internet of Things at home, perhaps with little thought. Apart from understanding the logical cultural barriers for feeling the invasion of our privacy, we must work on the legal and ethical barriers to which all invasive technology must submit ", explains Barrera. And he points out that, precisely, this is another of the fundamental reasons why behind everything there must always be people, guarantees of good use of the information and always start from something crucial: the informed consent of the user of these services.

Shock Plan and promotion of telecare



The Dependency Shock Plan is, as stated by the general director of the Imsero, Luis Alberto Barriga, a very important agreement between General Stat Administration and autonomous communities in Spain within the Territorial Council. In addition, it has also been addressed in the Social Dialogue Table in which the main employers' associations and union centrals are represented. It is a set of scheduled measures that intend to reactivate and improve the System for Personal Autonomy and care for Dependency.

Among other far-reaching measures, it has been established that, before the end of 2021, the changes to be introduced in the conditions that the telecare service must comply with will be agreed. "The definition of advanced telecare will be addressed and the role it should play in the Dependency System will be analysed. The objective is that, by the end of 2022, all dependent people who live at home and so wish have access to the telecare service, which will be considered a "subjective right" linked to the condition of dependent person," Barriga reports.

The increases in public financing produced in 2021 and those foreseen until 2023 will allow to cover the service to make it a "subjective right". Then, any person who has a recognized degree of dependency, apart from the benefits or services that they receive as part of their Individual Care Project (PIA), will automatically have the right to the telecare service. "The autonomous communities must establish the systems, their own or agreed upon, with local entities, to ensure this coverage. To the necessary investment effort, the European Funds for Recovery, Transformation and Resilience can also be added ", concludes the general director of Imsero.

European experiences

To find out how telecare services are provided in Europe, we have the experience of two countries: the Netherlands and the United Kingdom.

THE NETHERLANDS IS COMMITTED TO PREVENTION

Hans Buijing is the director of Zorgthuisnl, an association of operators in the social health sector in the Netherlands. With 190 partners, it employs 440,000 people and acts as an interlocutor with the Government on issues of quality, working conditions of professionals, innovation, financing and design of future care.

From a deep knowledge of the Dutch social and health sector, Buijing highlights its shortcomings in prevention: "Operators and professionals only act when there is an obvious and important need for attention. Given the lack of clarity that sometimes arises about who should bear the cost of care, the user is, finally, the one who ends up financing preventive services". As a consequence, this expert ensures that the provision of telecare follows, in most cases, a reactive service model, understood as a personal alarm system.

In short, Buijing points out that the Dutch Government's lack of commitment to prevent dependency situations has been one of its weaknesses. Furthermore, as in Spain, the aging of society and the shortage of professionals pose an added problem.

"Fortunately, the Dutch care system is changing rapidly, especially after the pressure experienced during COVID-19. Projects are being launched to correct deficiencies in the labor market, in the



Hans Buijing, Director of Zorgthuisnl

care system itself and in the use of ICTs", says Buijing. In addition, the Government has invited social health operators to establish plans to make the system more sustainable, aware that the demand for care is growing rapidly and the availability of professionals is and will continue to be limited.

In this context, Zorgthuisnl responds to change with a flexible attitude and an innovation strategy. "It is now when the experiences of other European countries related to the provision of care of fabric assistance and telemonitoring of health become interesting", details Buijing. The challenge facing the Dutch health and social care system involves continuing to provide quality care, ensuring that people can live at home for as long as possible autonomously and independently, reducing unnecessary mobilisations or hospital admissions and, in definitively, delaying institutionalisation.

To achieve this, the members of Zorgthuisnl have decided to bet on the opportunities offered by the combination of telemonitoring and telecare "to promote healthier lifestyles and prevent risks such as falls or accidents within the home. But also to address common health problems in older people: diabetes, hypertension, adherence to treatments, etc.", says Buijing.

In November 2018, Buijing attended the international Technology Enabled Care conference, in Birmingham, UK. There he learned about the potential of telecare as the protagonist of a true transformation in social and health care. "At that conference there was a presentation of the advanced and personalised telecare model implemented in a large part of Spain, which allowed anticipating the appearance of risks or vulnerabilities," he recalls. And he adds: "For the professionals who worked in the telecare service, it was disturbing to see how evolved the service was in Spain, whose proactive and predictive approach contrasted with our reactive system based on alarms activated by the user in an emergency."

Despite issues yet to be resolved related to funding or data management, Buijing ensures that the Spanish model fits perfectly with Zorgthuisnl's commitment to be at the forefront of the care system. "Prevention delays the appearance of dependency situations and the institutionalization of people,

but it also avoids unnecessary hospital admissions. Telecare provides care adapted to the needs of each person and makes it possible for them to live longer at home with quality of life", he highlights.

For all the above, Zorgthuisnl defends that this care model is key to solving the macro problems related to the care of the elderly in the Netherlands.

UNITED KINGDOM MOVES TOWARDS A PROACTIVE CARE MODEL

Samantha Watkins is CEO of Delta Wellbeing, a company that provides support and care services to people, including telecare, to both Public Administrations and the private sector.

While the prevailing UK telecare model is reactive, "we are working to develop a person-centred, supportive approach to care. The aim is to implement a new proactive care model, called CONNECT, with the support of technology. Its aim is to improve people's quality of life and reduce hospital admissions for acute episodes and long-term care," explains Watkins.

With CONNECT, users will receive calls with the periodicity determined that they will monitor their needs to prevent, from unwanted loneliness situations to possible social health risks. In addition, Welfare Response is a 24/7 mobile service that will respond to calls in 60 minutes to facilitate existing solutions in the community, avoiding unnecessary hospital admissions. This model also provides services to caregivers.

To develop CONNECT and put new technologies at the service of the so-



Samantha Watkins, CEO of Delta Wellbeing


cial and health needs of the most vulnerable people, the Delta Wellbeing team looked at the work being done in Spain. "But we could not limit ourselves to reproducing the Spanish model. Not only because its services and its legislation are different from ours, but also because its cultural, economic and social history is very different. Several local authorities have tried and failed," explains Watkins.

While Delta Wellbeing's service delivery model reflects the basic elements of the Spanish model, "we have significantly adapted it to fit the purpose of our clients, our health and social care services and Welsh law." As a result, CONNECT will allow the continued development of the proactive and preventive care model throughout the region and in a broader scope. "We are in a position to take the excellent work done in Spain to the next level in the UK," says Watkins.

Ultimately, prevention is an imperative of the entire future UK care system. To develop it, the CEO of Delta Wellbeing stresses that it is essential to have an innovative framework, which allows offering prevention outside of traditional structures, and a health and social care model, which facilitates the integration of these services with the help of the technology.

In his case, the COVID-19 pandemic has also caused operators in the health and social services sectors to accelerate the pace to adopt care services by drawing on the benefits that technology brings. "Hopefully when we emerge from the pandemic, agility and creativity will continue to develop solutions. A change in the market is likely to occur and those who are open to driving interoperability and innovation through collaboration will begin to reap benefits, while those who want to stay within their own traditional limits will fail", warns this expert.

Despite the difficulties that Delta Wellbeing has faced since the implementation of CONNECT, its CEO says with satisfaction: "We are achieving high levels of customer satisfaction. Given that a preventive approach can take several years to really show quantitative benefits, we have to be able to achieve a level of stability and take root of the current acceptance to get closer to the true integration of health and social care.

For all the above, Watkins concludes with a hopeful message: "We are in a privileged position to begin offering a comprehensive and personalized service that evolves based on the needs of customers." 

The role of technology in caring for the elderly



Antonio CIMORRA
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The welfare society entails high and growing levels of demand in terms of the breadth, trust and quality of the social health care that its citizens require.

In the most advanced countries, this characteristic is accompanied by a notable increase in life expectancy and the displacement of the population pyramid towards the oldest age groups, until presenting a society that is aging as a whole and that tends to do so more and more.

In this context, the care of the elderly is one of the priority and most important focuses of the National Health System. Both for the obvious and natural fact of being the group that for age reasons requires more attention, and for being the largest in individuals.

It is well known that technologies bring great benefits in countless professional and personal spheres, to the point of having become a tool that we could already consider essential in many of the activities around us.

The field of health, in general, and care for the elderly in a scenario of healthy aging, in particular, are a clear example of this "essential benefit" of technologies. Without it, the system would no longer be the one we have and, much less, would it ever be the one we want, as it would have enormous difficulties, both in terms of sufficient resources to serve the population and successes and results in treating patients citizens.

Spain is in the group of countries most advanced in the quality of its health system and, very particularly, with regard to the numerous advances, solutions and application capacities to care for the elderly, systems for autonomy and care to dependency, where services such as telecare are just one example of this potential that will only grow in the future.

But, even though there are many experiences already implemented, its extension in our healthcare model is still incipient for what we will need. Therefore, a significant increase in its use would be interesting to, in addition to being aware of this need, taking action with the determined participation of all agents of the health ecosystem, starting with initiatives that improve until transforming a social health model that is will develop more and more in a digital environment.

Along these lines, from Ametic we have been promoting the urgent execution of a tractor macro-project that mobilises a significant amount of resources to achieve a structural advance that takes advantage of the enormous potential of technologies, still underused. This macro-project is entitled The Spanish citizen, owner of his health and donor of knowledge and is made up of 12 major development axes of our health system, public and private, based on the greater and better use of technologies.

One of these main axes is oriented to the development of a digital ecosystem for active and healthy aging, prevention of dependency and long-term integrated social and health care. Its objectives include being able to guarantee the full digitization of the long-term care and dependency care sector with the deployment of basic technological infrastructures and digital healthcare systems, as well as the promotion of autonomy, active aging, prevention of dependency and the health approach.