



# **Empowered patients are an asset to society**

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## **Patient Empowerment – the policy challenge**

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## Healthcare and patient empowerment boosted by ICT

Written by **Vytenis Andriukaitis** on 5 May 2015 in **Opinion**

**eHealth would not only greatly benefit quality and access of healthcare in the EU, it would also help bring down costs, writes Vytenis Andriukaitis.**



When I worked as a doctor before entering politics, patients' records were written by hand and consultations and tests were always carried out face to face – there was no other way.

Now consultations can take place over the internet. Patients can monitor their own blood pressure and blood sugar levels and transmit this information to their doctor electronically. These and more innovative healthcare practices are now underway and I welcome them as part of the solution to the challenges facing Europe's health systems....

*'I am convinced that the right eHealth tools are empowering for patients and that they can improve access to and quality of care. By freeing up healthcare resources – not least doctors' time – eHealth tools can help alleviate the burden on our health systems.'*

# The opportunity is here

For quite a number of years there has been **a recognition that a more active, equal relationship between citizen/patient and healthcare professionals is beneficial**, as far as outcomes (including costs) are concerned

. The difficulty has been that patient involvement/empowerment/partnership, whatever the term used, it has been demonstrated, in practice **is most frequently acknowledged, but only paid lip service to**. As the article above suggests, **at this moment in time, putting this right has an increased profile in the political arena**, if not in practice.

So it seems that the opportunity to change things for the better has arrived –

**hasn't it?**

## Why it should matter

At EHFF we believe that there are **four principal levers that will help bring about the transformation of the delivery of health and healthcare** that is so desperately needed in order to create a 21<sup>st</sup> Century service for our citizens (that we can actually afford!)

# The four levers for change

- **patient empowerment**
- **eHealth**
- **innovation in healthcare delivery systems**
- **re-engineering education for healthcare professionals.**

## Resistance to change: the problem of culture

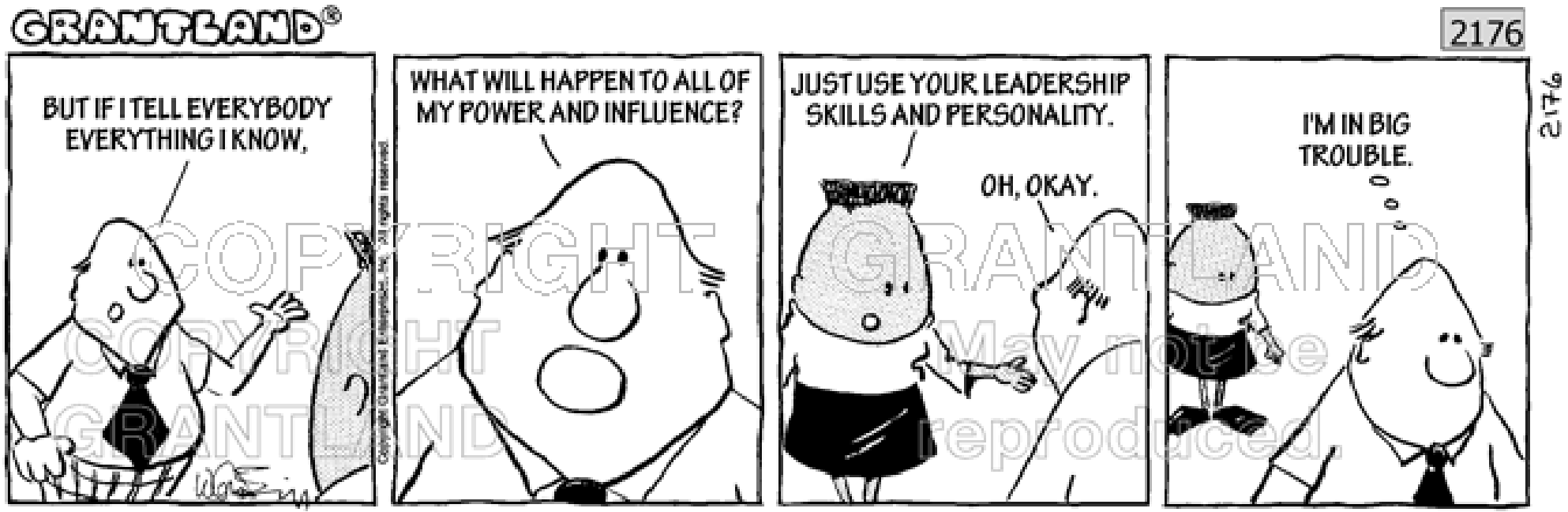
It is an endemic problem for those involved in **change management in healthcare systems** that they are **large, complex and very resistant to change**. To those of us familiar with the health quality environment over many years; **innovative improvements** regularly appear in a scattered way across systems, but although valuable and potentially exciting, they are very likely to **fail to be sustained over time**, for complicated reasons.

Observing the evolution of patient empowerment over the last fifteen years and **the very slow progress in changing behaviours on the part of either patients or healthcare professionals,**

**the most obvious barrier relates to vested interest,** coupled with the more familiar **anxiety related to any kind of change of the status quo.**



**Sharing our professional knowledge (or allowing the patient full access to their medical record): of course we're highly motivated to do so...**



## **Other stakeholders may present different barriers**

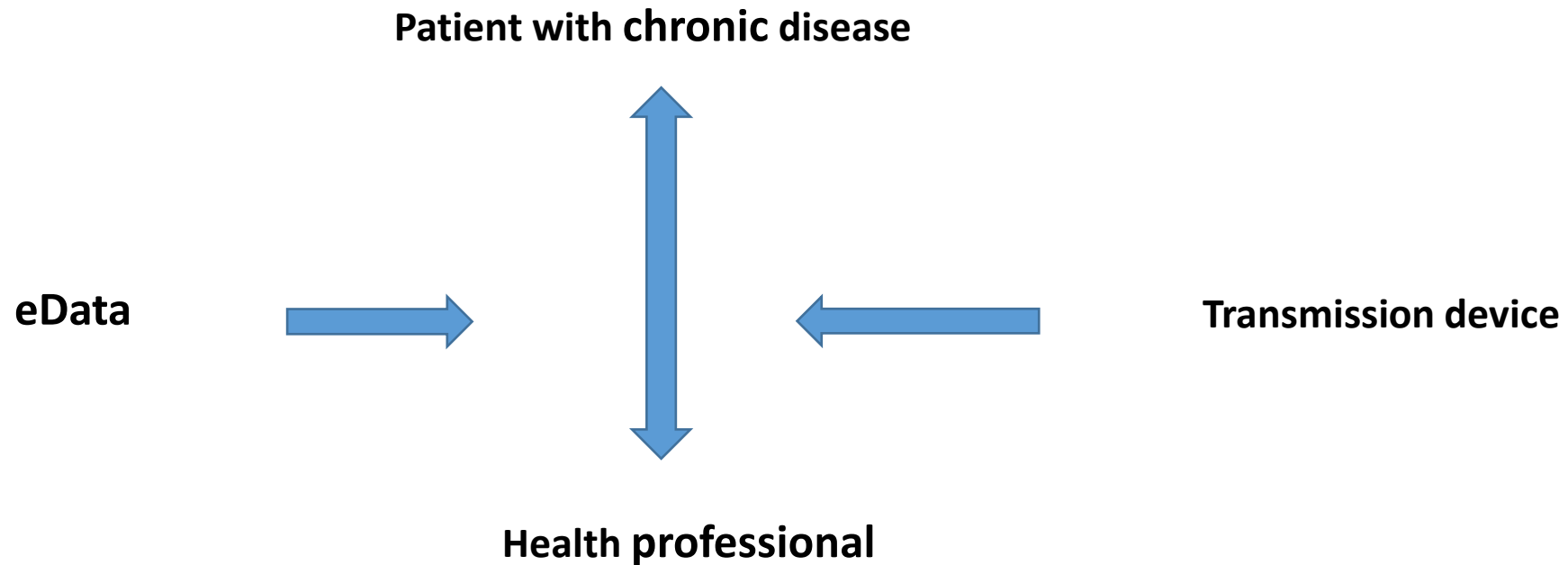
**Citizen/patient:** if I give up my passive position then there won't be someone to do my thinking for me. If I challenge the health professional, they'll punish me in some way

**Health policy advisor:** I put this one in the 'too difficult' basket – on analysis it doesn't just involve the people I interact with, but other sectors, like education, that I can't influence

**Politician:** its just not sexy. No vulnerable kids as an emotive lever and the money argument isn't strong (in comparison to patient safety for example)

**ITC company:** our shareholder interest must come first, and that means selling products that our engineers have already designed. Needs-based products developed via user consultation are a luxury we can't afford  
– its too risky

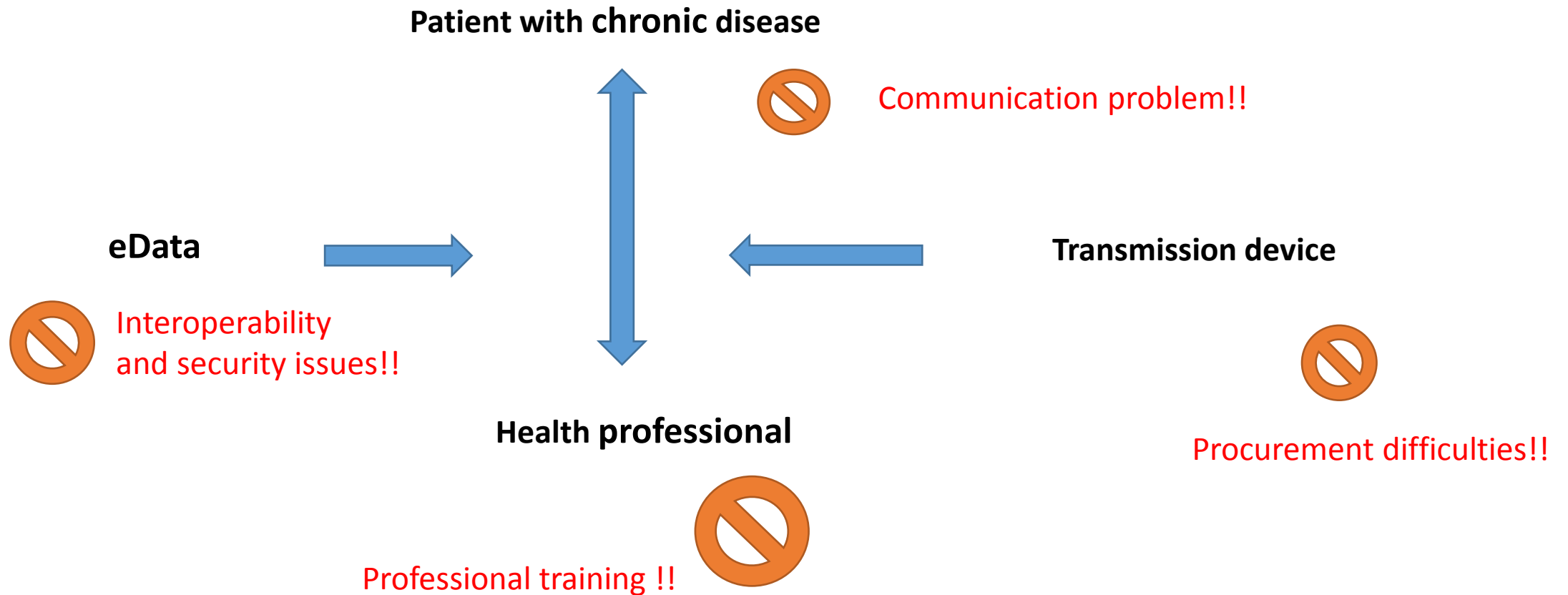
**Let's analyse the example the Commissioner gives, to illustrate the potential difficulties even in what seems to be a straightforward transaction**



## **Each element of what looks like a straightforward scenario of more efficient information transfer may be problematic...**

- The communication channel (patient empowerment) (data passes between the two protagonists): what's the quality of the interaction?
- The use of eData (EPR plus big data) and electronic transmission: what barriers to implementation?
- Potential for transformation of clinical process: if patient and health professional connect by eData, what systemic changes are enabled or indeed whose potential is recognised?
- The challenge to health professionals: acquired/taught skills, are they fit for purpose if greater empowerment is to take place?

# Let's re-examine the transaction and see where the most potential is for things to disrupt the benefit scenario



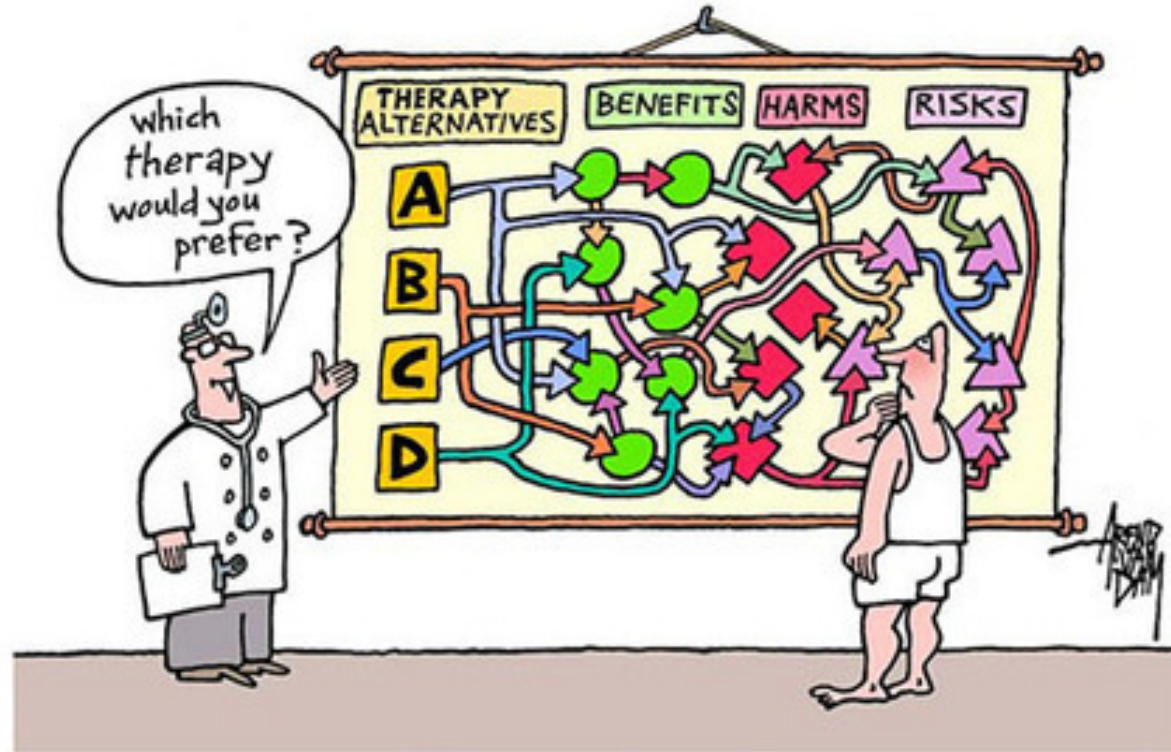
This is a presentation about patient empowerment, not ICT or eHealth, but as the Commissioner suggests, **there is a potentially powerful relationship between the two** – the fascinating thing is that it may evolve, not along the conventional lines implied by the concept of ICT as an aid to increasing the efficiency of current systems, but, if we look at developments **through the lens of citizen-led digital health**, a radical shift towards combining the benefits of big data with the networking power of social media.

That's a future scenario which we are only just beginning to appreciate – previously our thinking was constrained by notions of 'smart' ICT solutions, rather than ICT as a catalyst to transforming the way services were delivered or even what services needed to be delivered

For this presentation, let's keep it simple and look at the vertical part of the diagram, which involves an exchange of data between patient and health professional.....



We're offering choices.... (we think we're communicating)



*informed consent*

Are we communicating? Sending our data to the clinician may paradoxically hamper passing on what we really want to say



## **It's a two way street**

**Better health literacy** includes not only knowing that you should get your blood pressure checked even if you have a good BMI and exercise regularly, but also patients having some understanding of the problems healthcare staff may have in meeting the new roles they are expected to undertake

**A holistic approach to the patient**, seeing them as a person rather than a collection of symptoms to be 'managed' doesn't come easy for health professionals, **especially if it isn't taught**

**Just exercising the skills passed down to me.....**



**So things aren't straight forward. Policy at EU level does matter, however, but isn't in any sense the end of the story**

We can and must learn from history. **Patient Safety wasn't even on the SANCO agenda until somewhere around 2003.**

It took another 5 years before there was a Council recommendation on PS in 2009 but since then there has been **steady acceptance by Member States that strategies should be implemented on a national level, and there has been monitoring of implementation progress from the EU**

## And then...

Nevertheless, the battle isn't won. Although Ministries in the MS can report progress (depending on their starting point), **at a regional level, there is very patchy performance** –

**the underlying barriers to long-term improvement are very substantial** and relate to the complex cultural changes that are required.



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**“What the . . . There’s the gold earring I lost when we did his triple bypass four years ago.”**

**And are we down-hearted? Of course not – but pressure of time doesn't reduce: even though we are making some progress**

Everyone agrees that **time-wise, both in relation to costs and manpower, our health systems are under threat.** We're victims of our own success (greater expectations, better, but not cheaper technology) and there are some external variables we have no control over (e.g. global markets).

**So if patient empowerment is an important lever for change – what needs to happen once the principle is fully accepted politically at different levels?**



## Two key elements; but neither ‘quick fixes!’

- Health literacy programmes that **start early in people’s lives** so that the recognition that lifestyle (caring for ourselves as much as climate) is as important as having effective illness services.
- **Education of healthcare professionals from their earliest student days to have a holistic view of health**; their role as health coaches as well as experts in ‘body servicing (healthcare as F1 technology)’.

**How long will all this take to embed? We’re talking about incompatible timescales: it’s a problem, but it shouldn’t stop us from getting on with it!**

## So what positive action can be taken right now?

- **Seize the moment:** there is a genuine window of opportunity to get patient empowerment onto the policy agenda in a more meaningful way
- **Build on the recent research initiatives:** in the area of health literacy and self management in chronic conditions
- **Be innovative:** e.g. start a Europe wide community of practice of clinicians who are early adopters of good communication behaviours (members nominated by expert patients)

## Furthermore....

- **Look to the mechanism for bringing about a Council recommendation on quality:** in general or patient empowerment specifically, including support from the Parliament
- **Some practical exploration of the policy scenarios:** for European cooperation identified in the EMPATHiE project
- **And why not have a year long campaign, led by EPF?!**



**"This really is an innovative approach, but I'm afraid we can't consider it. It's never been done before."**

Thank you for your attention!



Those who say it can not be  
done should not interrupt  
those who are doing it

Old Chinese Proverb



[www.eu-patients.org](http://www.eu-patients.org)



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