

Redesigning health for Europe in 2020

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What do we mean by eHealth?

eHealth means ICT tools and services for health.

eHealth covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals.

Examples include health information networks, electronic health records, telemedicine services, wearable and portable systems which communicate, health portals, and many other ICT-based tools assisting disease prevention, diagnosis, treatment, health monitoring and lifestyle management.

(Source: European Commission)

Ehealth, Telemedicine, Telehealth

Telehealth refers to the delivery of healthcare at a distance, using information and telecommunications technology and specially-adapted equipment. It allows health professionals to diagnose, treat, care, assess and monitor patients without requiring both individuals to be physically in the same location.

Telehealth is an expansion of **telemedicine**, and unlike telemedicine (which more narrowly focuses on the curative aspect) it encompasses preventative, promotive, and curative aspects.

Imagine a world where...

- Your household gadgets are all connected and provide information to your online wellbeing journal.
- You and your healthcare providers can review your full medical records online, discussing different options for care that are personalised and work for you.
- Your vital signs and parameters can be monitored remotely, have a tele-consultation with a health professional all without having to make a journey.
- Your laptop encourages you to stand up, take a break and walk around after sitting for 90 minutes
- You can check that an elderly relative has had a hot drink (used the kettle) and a meal (opened the fridge) via an online webtool.
- You can map your emotional state through the day/week and get suggestions for ways to enhance your mood and wellbeing.

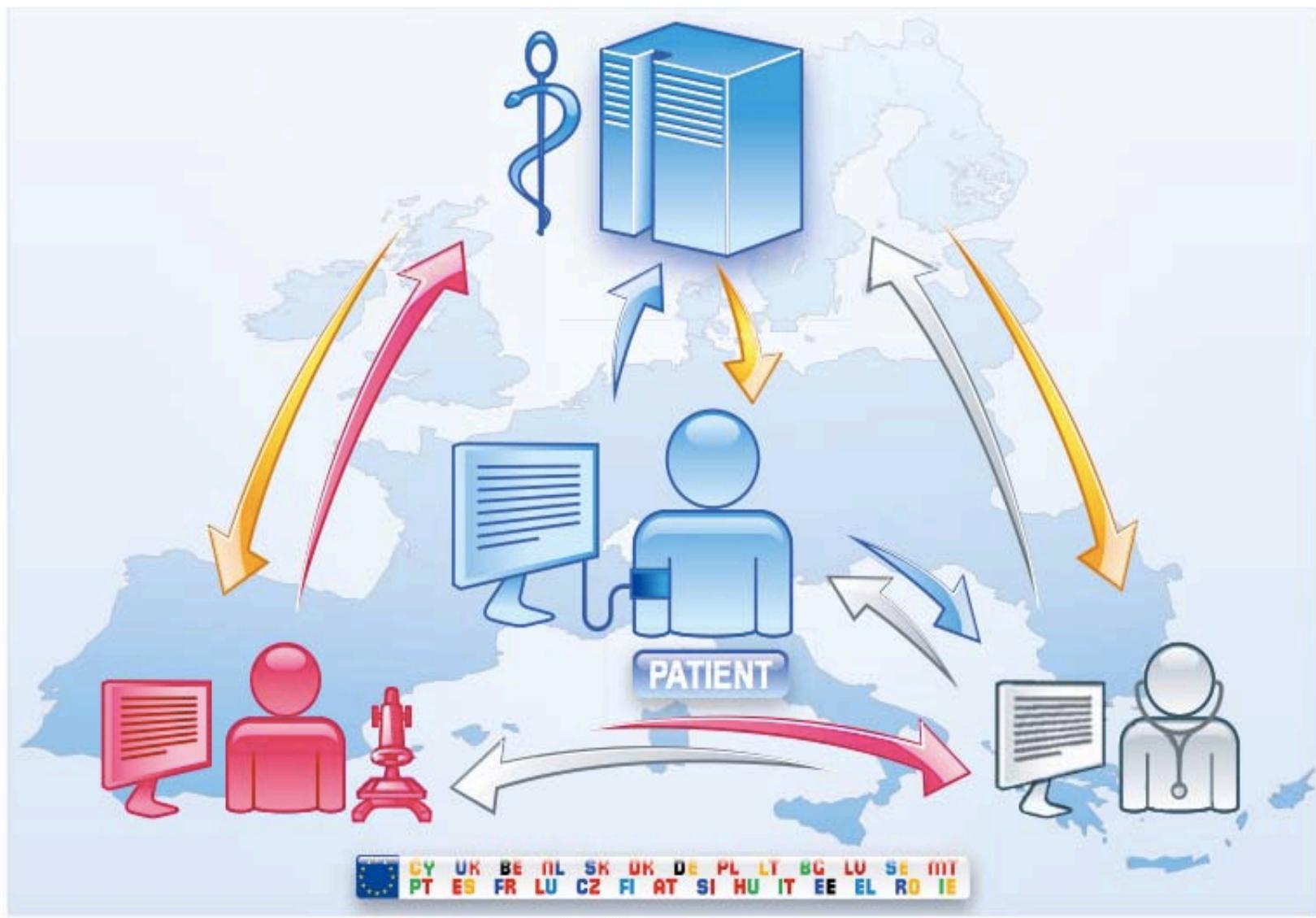
The challenges

- Healthcare budgets are being cut, for the first time in almost 40 years. Financial restrictions are the new 'normal'
- Demand for healthcare is growing, driven by the rise in chronic conditions and demographic change – more old and much older people, fewer active age population to support them
- Expectations of healthcare are evolving, everyone wants change: payers, providers, professionals, patients
- The healthcare sector is a decade behind in adoption of IT tools, it is fragmented and slow to adopt new tools/methods
- Ehealth projects have mostly been large scale and focussed on top-down institutions
- **The full potential of eHealth has not been realised yet. Where is innovation happening and how to support it?**

eHealth Task Force, 2011-2012

- Mr Toomas Hendrik Ilves (President of Estonia), Chairman
- Dr Neil Bacon (iWantGreatCare, UK)
- Mrs Maria Leonor Beleza (Champalimaud Foundation, PT)
- Dr Joan Guanyabens i Calvet (Catalan Agency for Health Information, Assessment and Quality, ES)
- Mr Stefano Marzano (Electrolux, SE)
- Mr Tero Ojanperä (Vision+, FI)
- Mr Anders Olauson (European Patients' Forum)
- Dr Miklós Szócska (Minister of State, HU)
- Mrs Wendy Tankard (Harmoni, UK)
- Dr Ineta Ziemele (Professor, Riga Graduate School of Law, Latvia)

◆ Lever for change #1:
My data, my decisions





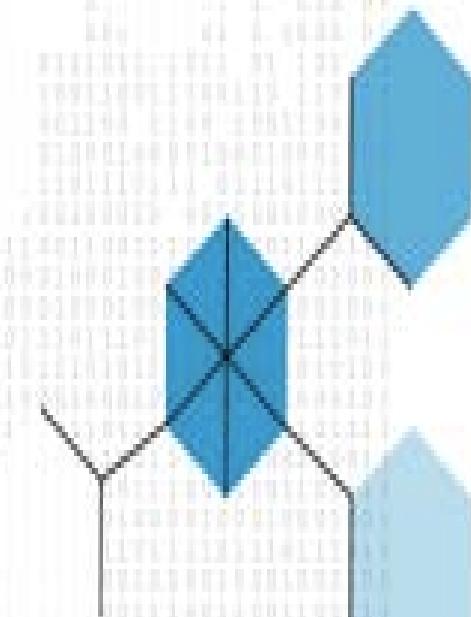
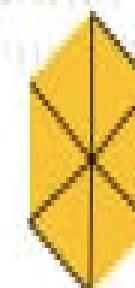
Prof Mark Jobling, University of Leicester

"When people sign up to genetic testing, you have to make it clear that there is an outside chance someone could identify you. It is the very basis of informed consent."



Frances Rawle, UK Medical Research Council,

"The potential benefits to be gained from sharing genetic data relating to individuals must be balanced with the potential harm of unintended disclosure of personal information."



Lever for change #2:
Liberate the data



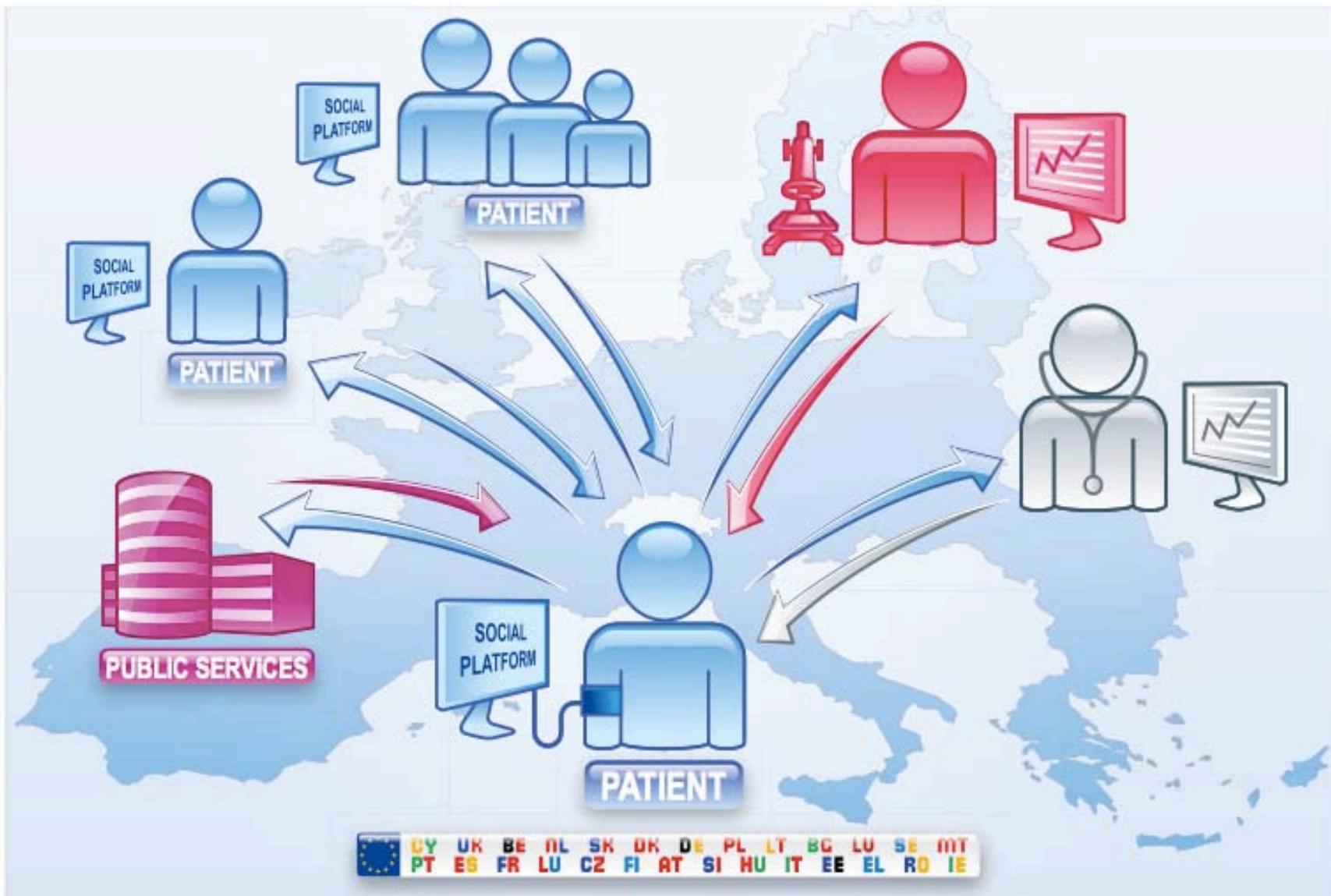
Regulators and policymakers should require

- institutions to publish their data;
- for professionals and service providers to ensure robust data, gathered in a standardised way, integrated with care services, and made available to researchers with the informed consent of citizens and patients – the owners of the data.

The main benefits are:

- accelerated innovation and increased scale (from standardisation) and spread across all actors in the form of lower costs, integrated services, rich data flows for research and policy making, new services, more choice through more competition, better and more evidence.
- Citizens and patients will benefit from health being more ‘user’ focused and availability of new drugs and treatments.

◆ Lever for change #3:
Connect up everything



Making the connections

Medical data in different silos (GP, hospital department, health insurance, pharmacy)

User generated health information and records

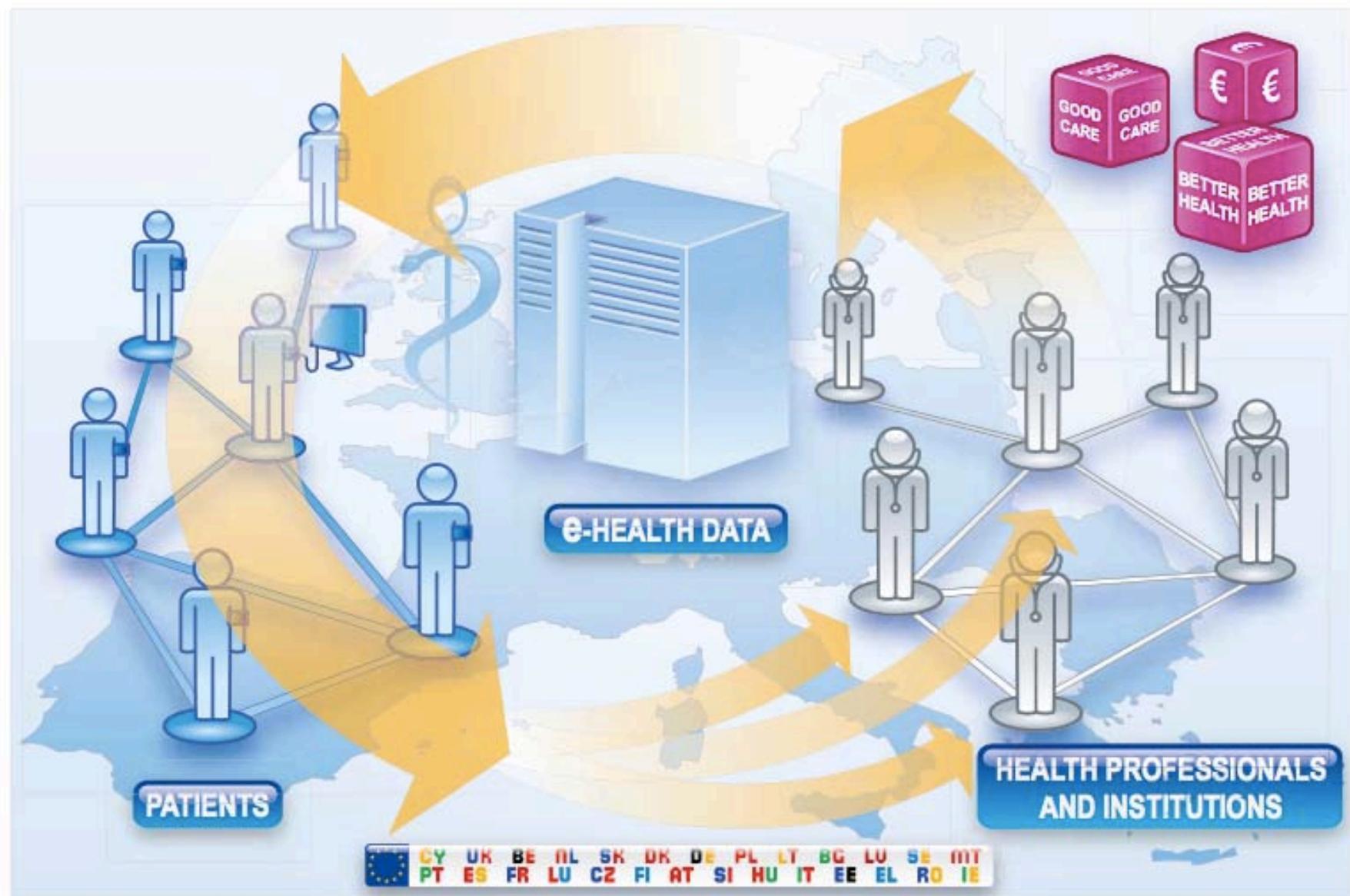
Environmental data

Databases from public services

User friendly applications across multiple platforms, powerful search options



Lever for change #4: Revolutionise health



Information is powerful and it can drive change. Policy-makers need it for decision-making, for example, safety data on medicines. Healthcare professionals rely on information in order to diagnose, treat and cure patients.

But how could information be used to revolutionise health ? In the hands of patients, citizens and IT specialists, information can create transparency and accountability. What if you could access....

- Data about health outcomes per intervention, per surgeon, per healthcare institution
- Details on infection rates, waiting times at A&E or waiting lists
- Feedback from other patients on their experiences

How would that affect your choices? How should that affect policy-making?



Lever for change #5: Include everyone



Recommendations for Action

- I. A new legal basis for health data in Europe
- II. Create a ‘beacon group’ of Member States and regions committed to open data and eHealth
- III. Support health literacy
- IV. Use the power of data
- V. Re-orient EU funding and policies

