



# e-health - a regional perspective

**Assembly of European Regions**

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## AER e-he@lth network

- Established in 2006
- A platform where regions can engage in **interregional cooperation projects** to develop e-health tools and where they can contribute to **EU's policies on e-health**
- **AER vision: drop the 'e' from 'e-health'**





## Why the regions?

- **Direct Competences:**

health and social policy, education, R&D, territorial development

- **Decentralisation = innovation**

Higher number of patents in decentralised countries

(AER 2009 study “From Subsidiarity to Success”)



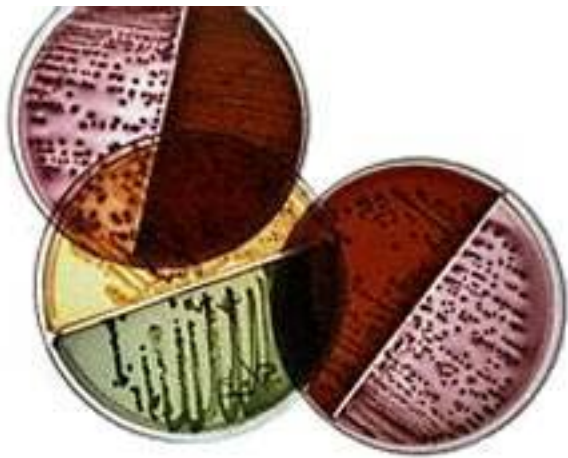


## Why the regions?

Citizens

- + Health professionals
- + Health infrastructures
- + Companies
- + Decision-makers

**Regions are incubators!**





## **BENEFITS**

- Efficiency: time-saving services
- Quality
- Accessibility
- Reduction of cost and pollution
- Reduction in exposure to risk
- Better allocation of resources

## **Benefits vs costs**

## **COSTS:**

- Economic cost: initial investment
- Adaptation period
- Need for changes in the organisation





## The example of Norrbotten (S): Anybody, anywhere, anytime

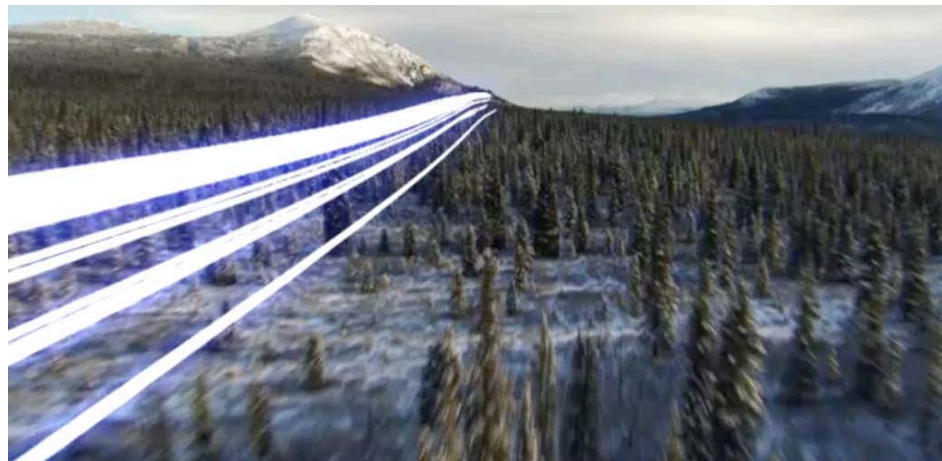
- Most sparsely populated area of the EU: 7,2 inh/km<sup>2</sup>
- **Initial investment:** 73 million euros have been invested in the IT infrastructure (7,5 million from EU Structural funds)
- **A global infrastructure for digital services: health, education...**
- 9000 km of fiberoptic highspeed communication network: **>93% of the people have a broadband connection**





## The example of Norrbotten (S): a variety of services

- **Integrated healthcare system** with one single EHR system throughout the whole county
- Neonatal nursing care at home: ICT-based support of parents of prematurely born infants when they go back home
- Remote consultations with specialists via video conferencing...







## Noord-Brabant (NL): Health and social inclusion

### Noord Brabant (NL) - Smart Care programme on e-health - Ambient Assisted Living

- No primary regional competence - vision of *futureproof* care
- Independent living but also social inclusion
- 16 network projects subsidised by region to implement tested tools across region:  
social organisations + **end user** + commercial party





## Covasna (RO): Getting started...

**E-health is “a mandatory amendment to the healthcare system”**

- The infrastructure is here
- Modernisation is essential

### **Challenges:**

- Integrating the uninsured population and the medical service providers other than hospitals into the system
- Clarifying the access rights to the IT system
- Creating a secure network and a legal basis!





# Lessons learnt by the AER e-he@lth network

Adopt a clear vision

Include all  
stakeholders

Develop e-literacy,  
Build the trust!

Leadership

Change management

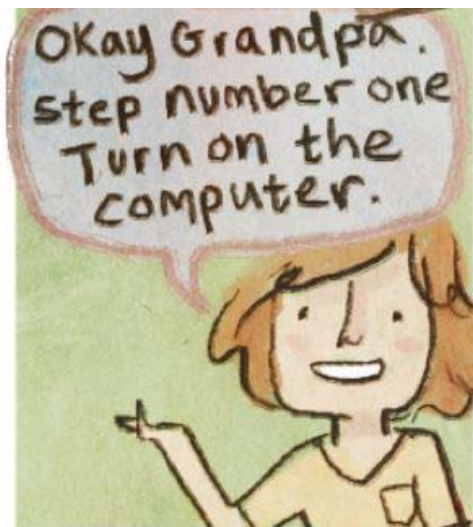
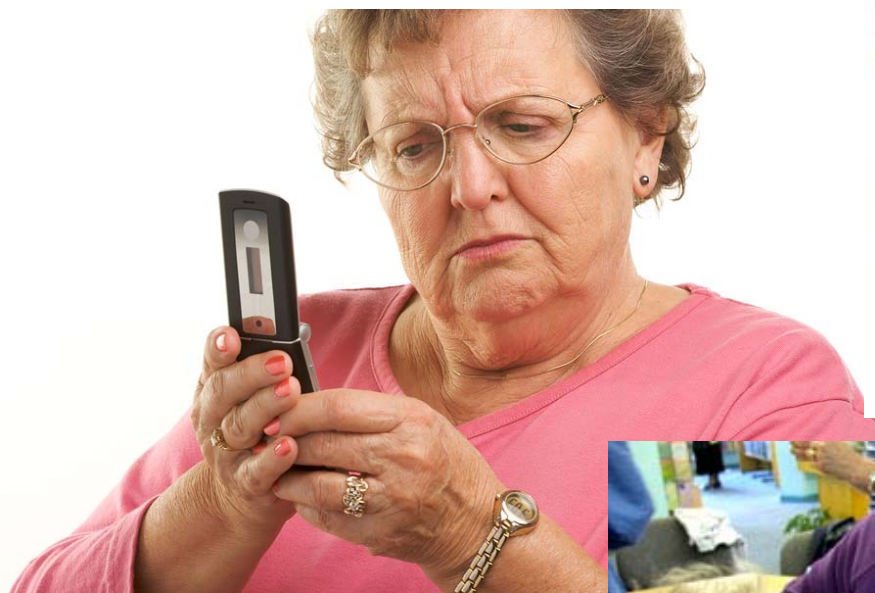
Stay away  
from IT fascination!

Sufficient IT infrastructure  
is a precondition

Move to integrated  
care models

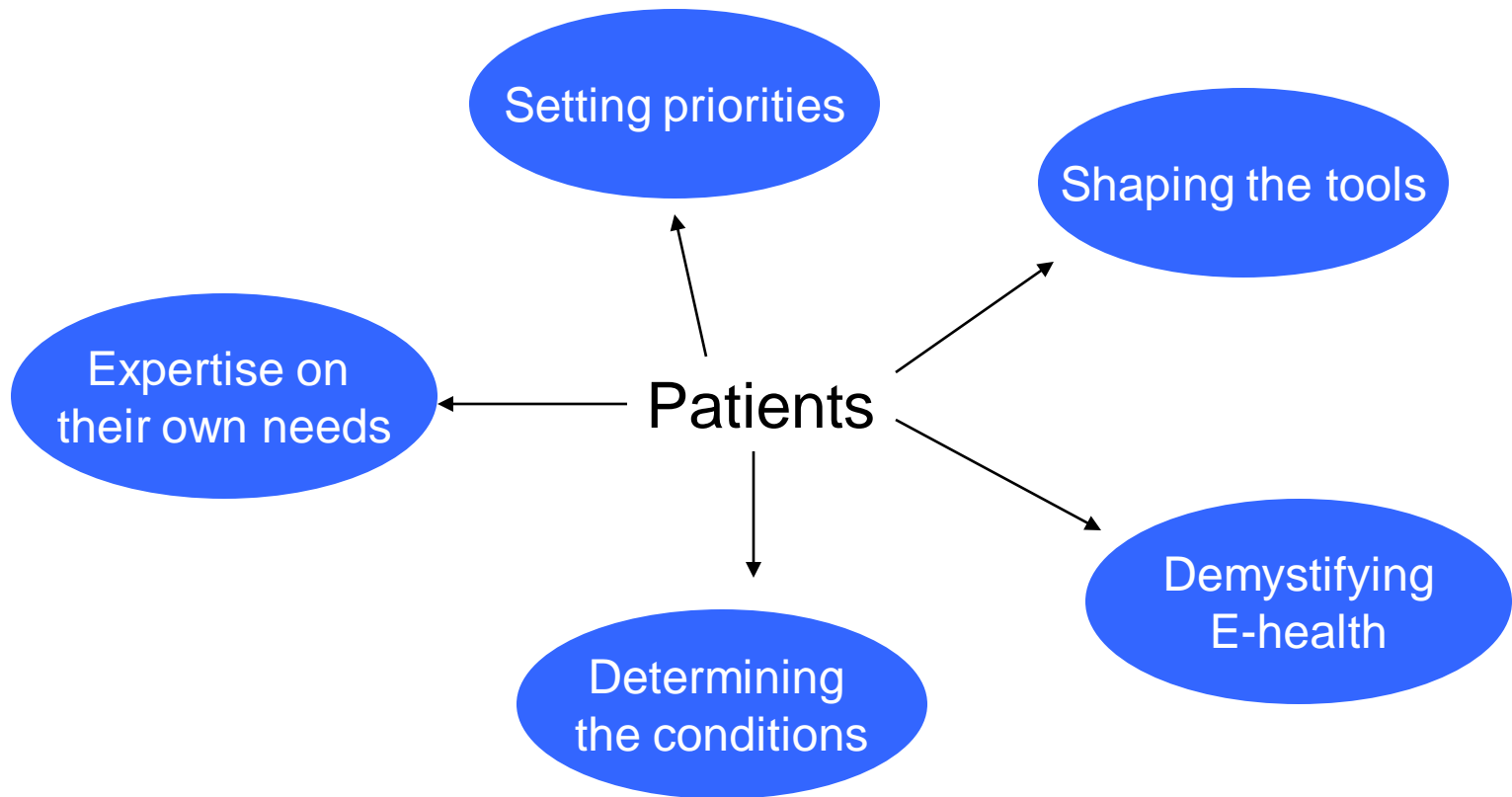


# Why should patient groups get involved?





## The role of patient groups?





## What should you do?



1



2



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**Thank you!**

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