

Health and inclusion in the Digital Single Market



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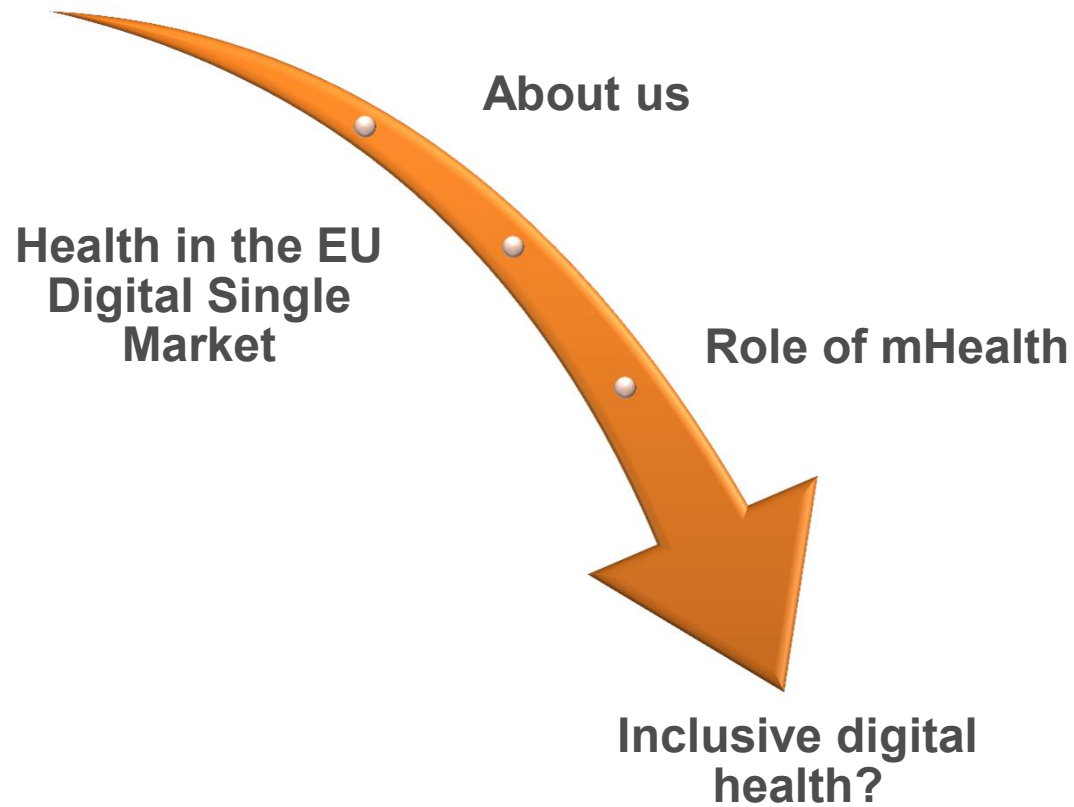
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european public health alliance



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EUROPEAN



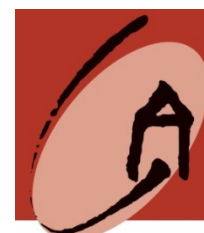
NATIONAL



fighting heart disease
and stroke
european heart network



ASSOCIATIONS



FEANTSA

REGIONAL

FEDERATIONS



International
Diabetes Federation
Europe

NGOs / CHARITIES



+/- 90 MEMBER ORGANISATIONS



WHO ARE WE ?



- › Bring together the public health community
- › Provide leadership and facilitate change
- › Build capacity to deliver equitable solutions
- › **Improve health and reduce inequalities**

- › A Europe with universal good health & wellbeing, where **all have access to a sustainable, high quality health system**
- › A Europe whose policies & practices contribute to health, **within and beyond its borders**

Common health challenges



- Ageing European society (20% 65+, 7% 80+)
- Growing burden of NCDs (80% of costs)
- Little spending on prevention (3% of health budgets)
- More (health) inequalities within/between countries: economic crisis, youth unemployment, globalisation, migration, etc.
- Access to healthcare
- Cross-border threats to health, e.g. AMR, infectious diseases
- Squeeze on public sector resources
- Health worker shortages
- Climate change
- (...)





Health & care in the Digital Single Market





➤ European Commission

- **2012-2020 eHealth Action Plan – Innovative healthcare for the 21st century**
- **Digital Single Market Strategy**
- European Innovation Partnership on Healthy & Active Ageing
- **Green Paper on mHealth (2015)**
 - mHealth assessment guidelines re: data quality & reliability
 - Industry Code of Conduct re: privacy & security
- Study re: Big Data in public health, telemedicine & healthcare (2016)
- Transatlantic cooperation EU/US (Roadmap)
- **Cross-border Patients' Rights Directive**
- **Legislation re: medical devices, GDPR, clinical trials, ePrivacy, etc.**

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POLICY FRAMEWORK



➤ **Member States / Council of the EU**

- eHealth Network GL on ePrescription, electronic patient summary data
- National & regional Action Plans / legislation / collaboration / projects
- Estonian Presidency Council conclusions (Dec 2017)

➤ **European Parliament**

- INI Report on eHealth Action Plan (MEP Ayuso, ES)
- Safer healthcare in Europe: improving patient safety & fighting AMR (MEP Pedicini, IT)



➤ **WHO European Region**

- Report on eHealth in WHO European Region (2016)

**WHO European Region:
geographical areas**



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POLICY



POLICY FRAMEWORK

Digital Single Market

- Better access for consumers and business to online goods – helping to make the EU's digital world a seamless & level marketplace
- The right environment for digital networks & services – Designing rules which match the pace of technology & support infrastructure development
- Economy and society – ensuring that Europe's economy, industry & employment take full advantage of what digitisation offers



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2017 State of Health Report – Key findings

- Patient-centred data contributes to patient outcomes whilst reducing wasteful spending
- Health promotion & disease prevention pave the way for a more effective & efficient health system
- Integrated care ensures that a patient receives joined-up care. It avoids the situation (...) where care is fragmented & patients have to search their way through a maze of care facilities



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Digital Health and Care



TRANSFORMATION OF HEALTH AND CARE IN THE DIGITAL SINGLE MARKET - Harnessing the potential of data to empower citizens and build a healthier society

European health challenges

- ⊗ Ageing population and chronic diseases putting pressure on health budgets
- ⊗ Unequal quality and access to healthcare services
- ⊗ Shortage of health professionals

Potential of digital applications and data to improve health

- ⊗ Efficient and integrated healthcare systems
- ⊗ Personalised health research, diagnosis and treatment
- ⊗ Prevention and citizen-centred health services

What EU citizens expect...



Support European Commission:

1 Secure access and exchange of health data



Ambition:

Citizens securely access their health data and health providers (doctors, pharmacies...) can exchange them across the EU.

Actions:

- eHealth Digital Service Infrastructure will deliver initial cross-border services (patient summaries and ePrescriptions) and cooperation between participating countries will be strengthened.
- Proposals to extend scope of eHealth cross-border services to additional cases, e.g. full electronic health records.
- Recommended exchange format for interoperability of existing electronic health records in Europe.



Updated 24/04/2018

2 Health data pooled for research and personalised medicine



Ambition:

Shared health resources (data, infrastructure, expertise...) allowing targeted and faster research, diagnosis and treatment.

Actions:

- Voluntary collaboration mechanisms for health research and clinical practice (starting with "one million genomes by 2022" target).
- Specifications for secure access and exchange of health data.
- Pilot actions on rare diseases, infectious diseases and impact data.

3 Digital tools and data for citizen empowerment and person-centred healthcare



Ambition:

Citizens can monitor their health, adapt their lifestyle and interact with their doctors and carers (receiving and providing feedback).

Actions:

- Facilitate supply of innovative digital-based solutions for health, also by SMEs, with common principles and certification.
- Support demand uptake of innovative digital-based solutions for health, notably by healthcare authorities and providers, with exchange of practices and technical assistance.
- Mobilise more efficiently public funding for innovative digital-based solutions for health, including EU funding.



#DigitalSingleMarket #DigitalHealth @eHealth_EU @EU_Health

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Integrated care

- Involves many things, e.g. electronic patient summaries/EHRs, ePrescription, digital imaging, online patient portals, decision support systems, home care solutions, virtual consultations, electronic referrals.... (see e.g. Estonian National Health Information System)
- Allows primary & secondary prevention, early diagnosis & intervention, actively engages patients, enables collaboration / education – for the benefit of individuals, health professionals, health system managers and public health at large
- But: needs to be accompanied by appropriate legal & financial frameworks, a “culture”



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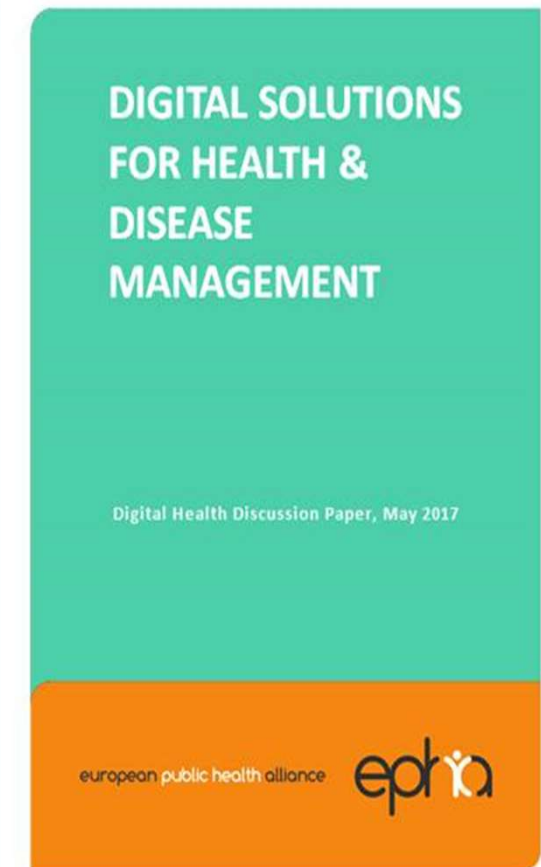
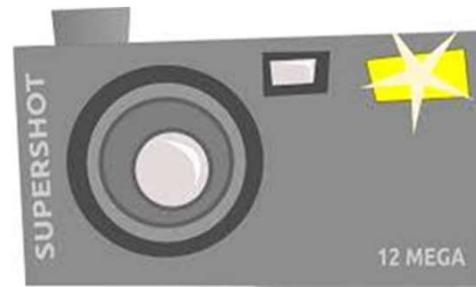


M-HEALTH SOLUTIONS



EPHA Digital Health paper, 2017

- Pros & cons for end users, mainly mHealth
- Snapshot of experience in members' areas:
 - Diabetes
 - Cardiovascular
 - Cancer
 - Mental health
 - Healthy Ageing
 - Disadvantaged groups
- Universal vs specific benefits
- How do they make people *feel*?



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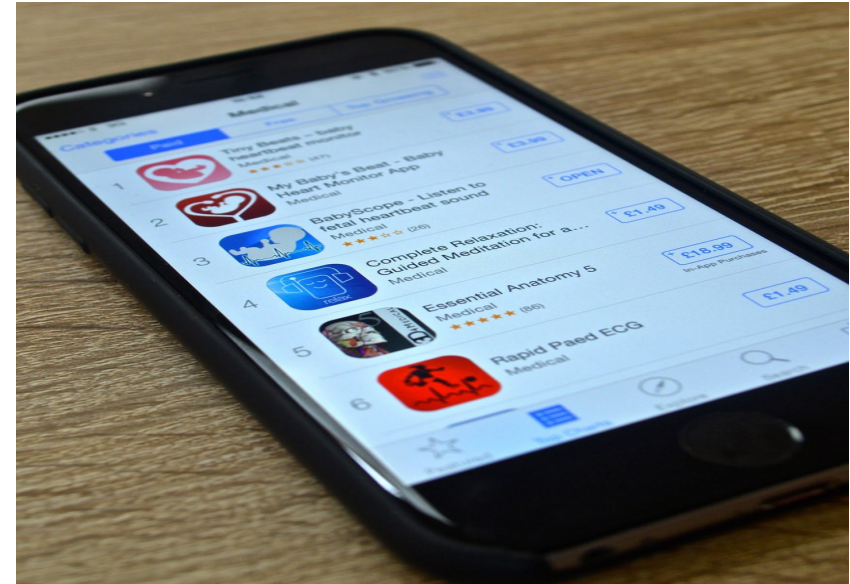
END USER PERCEPTIONS

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Health is different

A word cloud of positive adjectives arranged in a circular shape on a black background. The words are written in various colors (orange, yellow, blue, green) and orientations. The words include:

- appreciated
- comforted
- focused
- independent
- responsible
- coordinated
- playful
- liberated
- accompanied
- relieved
- courageous
- curious
- secure
- tailored
- alert
- involved
- ambitious
- competitive
- holistic
- facilitated
- empathetic
- empowered
- progressive
- calm
- valued
- committed
- assisted
- creative
- knowledgeable
- confident
- collaborative
- honest
- explorative
- engaged
- allied
- respected
- mindful
- recognised
- motivated
- organised
- encouraged
- enabled
- supported
- reassured
- connected
- interested
- informed
- hopeful
- relaxed



- Patients more involved in monitoring & improving their health and conditions
- Apps stimulating increased physical activity , goal-setting & competition
- Must be simple & uncomplicated, otherwise quickly abandoned
- Need to incorporate health “on the go”
- More patient knowledge = greater or lesser need for professional advice?

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SELF-MANAGEMENT

Disease-specific (diabetes, cancer, cardiovascular...)

- Many difficult decisions taken every day, without support
- Daily monitoring & up-to-date data (blood glucose levels, blood pressure, etc.)
- Reminders (e.g., inject insulin, take pills) & automation to avoid drop-out
- Discipline: accurate documentation, timely & routine action
- Prevention & managing risk factors: encouraging & checking healthy nutrition, physical activity; smoking cessation (apps, wearables, sensors)
- Coaching & education: motivation, teleconsultations, product information...
- Continuous, real-time checks to reduce emergency admissions (e.g. Internet monitoring of implanted defibrillators)
- Follow-up, e.g. apps to improve patient adherence to rehabilitation programmes
- Survivorship care



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- Overcoming stigma through eMental health = anonymous, available 24/7, no wait
- Support dealing with depression, suicidal tendencies, stress, addiction, etc.
- Real-time contact with qualified mental health professionals @ home
- Communication features adapted to mental/ learning disabilities
- VR offering possibilities to overcome (social) phobias

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MENTAL HEALTH



Healthy & Active Ageing

- Co-morbidities & disability, complex histories
- In & out of healthcare, dependent on family / carers
- Not “digital natives”
- Potentially isolated / resigned
- Technology can enable more active role in disease management
- Easier to see, speak, hear, move, identify objects, request help
- Independence at home (domotics, remote monitoring, AAL...)



Opportunities: Patients

- Increased feeling of safety, security, community (e.g. online fora)
- Stimulate interest, enthusiasm
- Help / advice at a click
- Integration of multiple functions (video, photo, avatars, GPS..)
- Tailored features, e.g. voice-generated, text-to-speech, 'lip reading', translation...
- Willingness to share data is high
- Demand is there / progress inevitable
- ICT creates novel competences
- PH campaigns, e.g. via SMA
- Serious gaming
- Universal access to healthcare?





Opportunities: Healthcare providers

Work-related tools and apps:

- Facilitating timely & efficient administration & workflow
- Shared records / avoiding duplication
- Reducing medication errors
- Supporting HCPs at bedside & at home
- Enabling real-time remote monitoring
- Reducing consultations / hospital stays, etc.
- Inter-professional collaboration
- Direct communication with patients / education
- Fostering integrated care
- Supporting crucial public health functions
- Cost effective, growing evidence that it works



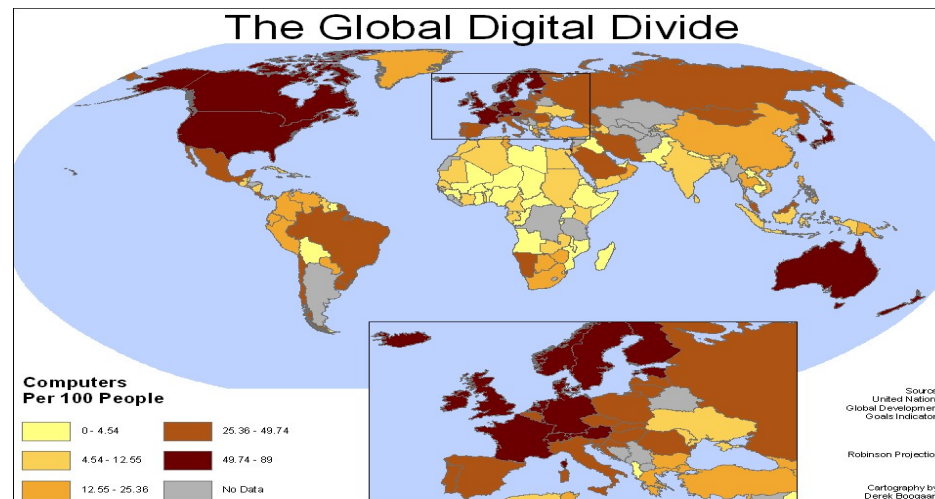


DIGITAL HEALTH & HEALTH INEQUALITIES



Digital divide?

- At least 10% of Europeans have never used the Internet
- 44% lack basic digital skills
- In 11 MS more than 20% are offline
- 37 % of Europe's workforce has only basic digital skills
- Only 57 % of people aged 55-74 use the Internet
- Highly educated individuals are regular users (96 %) vs. 60 % with a lower level of education
- Around 20% of Roma adults consider themselves as illiterate; 14% of Roma children don't attend school (FRA, 2012)



Who is excluded?



- (Working) poor & unemployed
- Homeless
- People with little or no formal education
- Persons suffering from physical / mental / learning disabilities
- Undocumented migrants
- [Older people, children]
- [People living in rural / isolated areas]
- Individuals / groups wishing to “opt out”
- (...)

Digital Health Literacy

Digital health literacy is complex and involves a number of different *literacies* that require cognitive and behavioural competences applied simultaneously:

- ❖ basic literacy (reading, writing, speaking, numeracy)
- ❖ digital literacy (use and navigate ICT tools and Internet)
- ❖ media literacy
- ❖ health literacy (***find, understand, appraise and act upon*** health info)



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Caution is the parent of safety....

- Cyberbullying
- Reputational damage / denunciation
- Profiling / data mining
- Health harmful marketing
- Fake news, dishonesty
- Fraud, identity theft
- Depression
- Online / smartphone addiction
- Extremism
- From liberation to control?

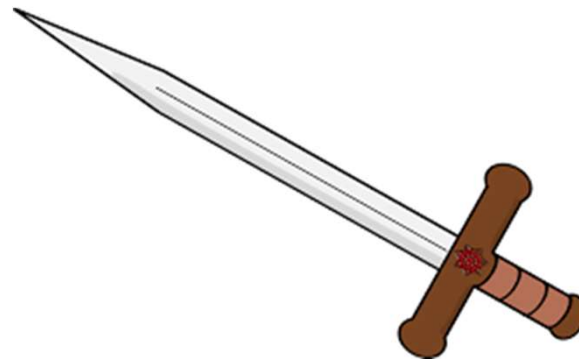


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ONGOING CONCERNS

- “By using **digital solutions**, such as wearables and **mHealth apps**, citizens can actively engage in **health promotion and self-management of chronic conditions**.

- EC COM(2018) 233 final, p.11



- “**Big data in health may come from a variety of sources including social media**, physical activity trackers, electronic health records, insurance claim databases, patient registries, health surveys and observational studies, provided that the requirements of the GDPR are complied with”.

- EC SWD(2018) 126 final, p.36



But...

- Cannot *replace* face-to-face contact: health is a result of individual histories
- Constant upgrades & upskilling required
- Data are never 100% safe
- Quality of information, devices & software
- Self-diagnosing & treatment can be dangerous
- Increasingly driven by non-health actors without public health objectives

Europeans need to decide what type of integrated health systems they want

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ONGOING CONCERNS



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