From e/mHealth to Digital Healthcare: A brief overview of EPHA's work

AEMH Conference 2017

Thursday, 4 May 2017, Luxembourg
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EUROPEAN

NATIONAL

ASSOCIATIONS

REGIONAL

FEDERATIONS

NGOs / CHARITIES

+/- 90 MEMBER ORGANISATIONS

WHO ARE WE ?

MISSION → PUBLIC HEALTH ← **VISION**
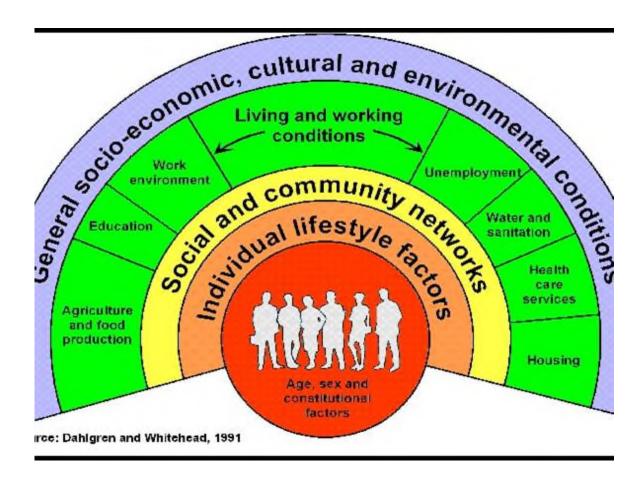
➢ Bring together the public health community

➢ 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**

Source: Dahlgren and Whitehead, 1991

HEALTH
IN ALL POLICIES

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eHEALTH & HEALTH INEQUALITIES

- **European Commission**

  - **2012-2020 eHealth Action Plan -** mid-term review ?

  - **Digital Single Market Strategy** review

  - [Digital Agenda for Europe inclusion actions]

  - European Innovation Partnership on Healthy and 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 DIR

  - **Legislation re: medical devices, data protection, clinical trials, ePrivacy, etc.**

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POLICY FRAMEWORK

- **Member States**
  - **eHealth Network** GL on ePrescription, electronic patient summary data
  - Supported by Joint Action "JAseHN"
  - National & regional Action Plans / legislation / collaboration / projects
- **Council of the EU**
  - Council Conclusions on Safe and Efficient Healthcare through eHealth (2009)
- **European Parliament**
  - INI Report on eHealth Action Plan (MEP Ayuso, ES)
  - Safer healthcare in Europe: improving patient safety & fighting AMR (MEP Pedicini, IT)
- **WHO**
  - Report on eHealth in WHO European Region (2016)

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POLICY FRAMEWORK

- ➤ +/- 30 organisations appointed by DG CONNECT (2012-2014; 2016-2019)

- ➤ EU umbrella organisations active in eHealth, incl. industry and civil society

- ➤ Supporting implementation of 2012-2020 eHealth Action Plan , Digital Agenda, DSM

- ➤ Sub-group reports: interoperability, EHRs, eSkills, health inequalities

- ➤ EPHA = Issue leader on **eHealth & health inequalities (2014)**

- ➤ 2016-17: sub-groups on **New/Shifting balances & Interoperability and Standards**

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eHealth Task Force Report
"Redesigning Europe for Health 2020" (2011)

Lever for Change # 5, 'Include Everyone'

"The main preconditions (…) are ***political & regulatory commitment to reduction of health inequalities***; with professionals, providers, and payers ensuring no discrimination in provision of care, equity of access and in using eHealth tools; and citizens and patients having an understanding of health and basic IT literacy.'

➢ Geographically excluded (e.g. rural, peripheral areas)
➢ Poor, homeless, unemployed, including victims of austerity
➢ People with little or no formal education
➢ Patients suffering from specific diseases, physical / mental / learning disabilities
➢ Migrants (especially undocumented), ethnic minorities (e.g. Roma)
➢ (Older people), (children)
➢ People with no interest in new technology

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eHealth & Health Inequalities Report: Objectives

Provide stakeholder input on why policymakers must pay attention to health inequalities and ensure this is explicit in policy: eHealth must not exacerbate existing health inequalities

Explore potential & drawbacks of e/mHealth solutions for patients, health professionals, vulnerable groups, ordinary people

Present a snapshot of how these issues are being addressed & tackled across Europe at policy & industry level

Provide key references, stimulate dialogue & future research at EU level

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PATIENTS: eINCLUSION

- mHealth – health & wellness 'on the go'
- Creative adaptation, e.g. texting, video, photos, avatars, GPS, etc.
- Tailored screens / buttons
- Transcending language barriers (multilingual, translation tools, etc.)
- Voice-generated or text-to-speech services for disabled, visually impaired; 'lip reading' software for hearing impaired
- Integration of multiple functions enables mobility

- ICT creates novel competences that become mainstream later
- Successful use of SMS in PH campaigns
- Serious gaming / exergaming promote health in fun way
- Encouraging goal-setting, discipline
- Access provided in non-traditional settings, overcoming prejudices associated with formal learning

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)

How meaningful is online health information to non-traditional ICT users?

What **eSkills are required of health professionals** to cope with new responsibilities and be competent "guides"?

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HEALTHCARE PROVIDERS

Work-related tools and apps: facilitating administration, avoiding duplication, reducing medication errors, supporting HCPs at bedside, enabling real-time remote monitoring, reducing consultation visits / hospital stays, etc.

BUT NEED TO CONSIDER

➢ Proper integration into routines, no 'eHealth bureaucracy'
➢ Resources for education & training
➢ Communication skills
➢ Generic vs. specific competences
➢ Gender & age dimension
➢ Clear responsibilities and boundaries (e.g. liability)
➢ Investments based on impact assessments / evidence
➢ Role of local authorities in identifying obstacles & opportunities

REPORT CONCLUSIONS

➢ Improve access to eHealth
➢ Involve all stakeholders & provide guidance
➢ Accommodate increasingly diverse needs
➢ Reduce technological pressure
➢ Improve digital health literacy
➢ Integrate eHealth into overall health & social care system policy
➢ Evaluate impact of solutions & build up evidence base
➢ Give particular consideration to empowering patients with disabilities / specific diseases
➢ Consider financial subsidies for the purchase of eHealth equipment / ICT access

A LEVER FOR CHANGE?

eHealth must (also) consider:

- Next of kin & informal carers
- Individuals wishing to 'opt out': Reasons? Consequences? Alternatives?
- Stress & technological pressure
- Shifting personal / professional boundaries
- Constant need to upgrade devices & software
- Multiple communication channels
- Practicability & risk
- How much engagement / time is required? (ex. banking, travel – straightforward, impersonal)
- What role for low tech & social innovation?

EPHA CAMPAIGNS 2016-2020
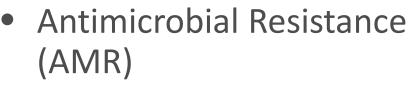
- Antimicrobial Resistance (AMR)
- **Digital Healthcare**
- European Semester
- Food Environments & Sustainable Diets
- Health and Trade
- Universal Access to Affordable Medicines

- **Digital Health as enabling tool to complement conventional healthcare**

- Cost-effective way to provide (basic) healthcare for all

- Vulnerable groups using ICT if access provided

- Patients' desire to share greater than fear of data misuse?

- Inevitability (?)– meeting patient / consumer demand

- Big Data, cloud computing: possibilities for personalised care

- Internet of Things – smart, connected objects expanding opportunities

[epha]   **UBIQUITOUS TECHNOLOGY**

- Patients more involved in monitoring & improving their health and conditions

- Apps stimulating increased physical activity , goal-setting & competition

- Must "work" otherwise quickly abandoned

- Need to incorporate health "on the go" in busy digital societies

- More patient knowledge = greater or lesser need for health professionals?

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SELF-MANAGEMENT

- 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

AGEING

- Not "digital natives", less used to Internet & social media

- (Some) not keen to join the digital world, perceived too complex

- Importance of face-to-face communication, dependency on carers

- Multiple morbidities, disabilities, complex histories

- Importance of integrating eHealth into conventional health system

- EIP projects re: robotics / domotics, AAL, remote monitoring, etc.

- Enabling active role in society, independence

MIGRANTS

- Evidence that costs of inclusion lower than of exclusion

- Status determines access to healthcare; often provided by NGOs

- Education / origin determines health literacy, technology exposure

- Smartphones = flight tools, contact with family & networks

- Need culturally relevant info in various languages

- Increasing no of tailored apps, video consultations, SMS, etc.

- Migrants creating own solutions for "navigating the system"

- Who is being "empowered"?

- Cons of quantified self / surveillance

- Apps vs. medical devices

- Cyberbullying, fraud: vulnerable most affected

- Increasingly driven by non-health actors

- Quality of information (e.g., patient fora) and of gadgets

- Incorrect data, wrong use

- Cannot replace face-to-face contact: patient safety

- Data sensitivity, identify theft, unhealthy marketing aimed at children, etc.

- Big Data vs. "The Big Unknown": how to harness all the data?

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ONGOING CONCERNS

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