

Tonio Borg

Member of the European Commission, responsible for Health

Commissioner Borg delivers speech on e-Health

Check Against Delivery
Seul le texte prononcé fait foi
Es gilt das gesprochene Wort

Tonio Borg, European Commissioner for Health, addresses the Opening Plenary of the eHealth Forum 2014

Athens, Greece, 12 May 2014

MONDAY, 12 MAY 2014: 14.00HRS

OPENING SPEECH

Minister Georgiadis,

Madame General Secretary Pananikolaou,

Madame Vice President Kroes

Ladies and Gentlemen,

It is a great pleasure for me to be here today – alongside Vice-President Kroes – to mark the opening of the eHealth Forum 2014.

Let me first of all congratulate our host, the Greek Presidency, on the choice of the motto of this Forum: "give Health an e-Chance".

Indeed this is why we are here today. Because we share the vision that eHealth tools give us the chance to provide better healthcare, to more people, in a more efficient manner.

I am pleased to say that when Minister Georgiadis and I met here in Athens, just two weeks ago, with the Health Ministers of the European Union, we got the message that many Ministers are indeed giving Health an e-Chance.

On this occasion, the Health Ministers strongly supported a greater deployment of eHealth applications; and the need for co-operation at European level in this regard.

This is the spirit we wish to see rolled out throughout the European Union; enshrined in national health strategies; and translated into daily practice.

eHealth has made great strides in recent years – moving steadily from promise to reality; from theory to practice.

eHealth solutions that may have looked like science fiction back in 2003 when the first eHealth Forum took place, are now used in many parts of Europe.

Allow me one example only.

eHealth tools that can monitor people's chronic conditions from home, can make a whole difference in people's lives: the difference between a life wasted away in constant trips to the hospital, and a much more comfortable life at home.

Such tools can also make a major difference in terms of boosting the cost-efficiency of healthcare by making the best use of limited resources.

How can the countries of the European Union give Health an e-Chance?

Neelie Kroes already stressed that we need the right skills, we need the right investment, and we need to work together. This is all crucial.

We also need the political drive and determination to fully enshrine "e" plans into national health strategies, and to translate such strategies into successful actions.

Exploiting the full potential of technology needs to be part and parcel of governments' strategies to improve their health systems.

I believe we are on the right track here.

European Governments are increasingly deploying eHealth as a means to increase the sustainability and efficiency of health systems; and the European Commission's eHealth Action Plan of 2012 can help in this regard.

We need to keep the momentum in placing eHealth at the centre of shaping our future health systems; as a key tool to enable our systems to provide for the needs of our citizens for generations to come.

Mobile Health is a particularly promising and growing sector.

At the latest Informal Council of Health Ministers, Ministers clearly agreed with the potential of mHealth to give citizens greater autonomy and control in managing their own health.

This is why we need to discuss together how to make the most out of mHealth tools and promote its use. The European Commission Green Paper on mHealth is a step in this direction.

Moving on, to give Health an e-Chance in Europe we need inter-operability.

And this is indeed the aim of our work with all Member States within the eHealth Network.

The Network will meet here tomorrow, during this eHealth forum, for the fifth time.

Excellent collaboration within the eHealth Network has already led to the adoption, last November, of guidelines on the data to include in Patient Summaries; so that when patients travel, data travels with them, to ensure continuity of care and patient safety across borders.

Tomorrow, the Network will discuss new guidelines for ePrescriptions, which are expected to be adopted later this year.

These guidelines seek to facilitate the interoperability of electronic prescriptions across borders, so that electronic prescriptions can be processed easily in any European Union country; so that patients can always get the medicines they need.

This is particularly important, for a country such as Greece which welcomes a high number of tourists.

In addition, ePrescriptions can contribute towards boosting the efficiency of healthcare systems by enabling an unbroken chain of information and by reducing the risk of falsification.

The new system of ePrescriptions in Greece is a good example to follow, of how ePrescriptions can improve quality of care within a short period of time.

It is also a good example of co-operation between countries – in this case between Greece and Sweden.

Finally, without repeating what Neelie Kroes already said, to give Health an e-Chance we do need to work together.

By together I mean across policies, across regions, across countries, across public and private sectors.

The European Innovation Partnership for Active and Healthy Ageing – that Neelie Kroes, myself and the Research Commissioner Ms Geoghegan Quinn share – has brought together a wide range of stakeholders; to generate concrete actions for active and healthy ageing, pooling resources and knowledge.

The Commission is keen to put the spotlight on innovative successful actions that improve the quality of life of older people; and to facilitate the replication and scaling-up of such actions across Europe.

In fact, before the summer break, I intend to put forward a Communication on progress made in this regard.

In the meantime, let me mention some examples of such successful action that could provide a source of inspiration:

- In the Emilia Romagna region of Northern Italy, a web app helps to improve medication uptake for older people with chronic diseases. It also links patients with caregivers and pharmacists.
- In Saxony, Germany, a tele-monitoring tool integrates data on sugar and insulin from diabetes patients into their electronic health records. This data is analysed by a health professional who provides feedback to the patient via a smartphone.

- A programme developed by University Hospital in Cork in Ireland provides a risk intervention strategy for frail older people within the community. Partners from Portugal, Spain, Italy and the Netherlands got involved and are now screening elder people in their own communities.
- Another example of good practice can be found in the Baltic region where Finland, Latvia, Sweden and Estonia developed new practices for tele-consultation on diabetes.

This project demonstrated that tele-consultation is highly beneficial for people with diabetic ulcers, especially those living in rural areas, with less access to care close by.

However this project could not be implemented cross-border because of the lack of legal inter-operability among Member States.

Which takes us back to the point that, to give eHealth a chance, we need not only technical inter-operability, but also legal and operational inter-operability.

Ladies and Gentlemen,

Let us continue working together towards maximising the uptake of eHealth across Europe, to the benefit of patients and health systems.

eHealth is here to stay.

I hope one day we will stop calling it “eHealth”, when all healthcare relies on e-applications; when "e" is the norm rather than the exception.

Then we can look back and say that “eHealth truly shaped the future”. Let us make that day come as early as possible.