

"Telemedicine and innovative technologies for chronic disease management"

Summary records of selected sessions of eHealth 2008

Portoroz, 6-7 May 2008

This document includes the summary records for the following sessions:

P2.1 plenary - Chronic disease management

S2.1 Telemedicine: a new era of patient-oriented services

S2.4 Panel on Commission initiative on "Telemedicine and innovative ICT tools for Chronic Disease Management

The sessions have been organised as part of the public consultation on the forthcoming Commission Communication on "Telemedicine"

Further details on:

http://ec.europa.eu/information_society/activities/health/policy/telemedicine/index_en.htm

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Session P2.1 - Chronic disease management - telemedicine

Background: Health systems in Europe are under immense pressures. Europeans are living longer and experiencing larger numbers and intensities of chronic diseases: citizens place more demands on health services, and they share an increasingly higher awareness, and expectations, of access, quality, and appropriate financing of health. Policy-makers need to find innovative approaches to cope with these pressures, and to manage them in accessible, high-quality, safe, and cost-effective ways. Telemedicine solutions, deployed appropriately, can provide a partial solution to these challenges.

Session and its participants: This well-attended panel session – dedicated to the memory of Professor Jean-Claude Healy – launched the second day of the eHealth 2008 conference. It explored current and possible future initiatives in relation to telemedicine to support the management of chronic diseases. The session was chaired by Mr Ilias Iakovidis of the European Commission, and comprised contributions from representatives of the Dutch Ministry of Health, Welfare and Sport; the Northern Ireland Department of Health, Social Services and Public Safety; the Golnik (Slovenia) University Clinic of Respiratory and Allergic Diseases; and Continua Health Alliance.

National perspectives on telemedicine for chronic disease management: Member States' eHealth initiatives in chronic disease management have proved to be important – three were cited as examples. ZonMw, started in 2005 in the Netherlands, has ensured that patients participate dynamically in their own care teams: the information systems' support has encouraged patients to manage pro-actively their own chronic diseases like diabetes. Northern Ireland too “feels the need to make a difference for all the patients and clients that we see”, “to build a healthier future”, and to do in the framework of “a small, regional economy”. Huge energy and commitment has emerged from the nation's leadership in terms of its recently-launched European Centre for Connected Health; the ambition for implementation of a chronic disease-related telemedicine pilot is equally large. Some Member States are not nearly as well supplied in terms of infrastructures and technologies: in Slovenia 50 per cent of the population under the age of 50 use the Internet; three times as many people have a mobile phone as use landline telephony, and even fewer of the population have a television. Hence, some patients/citizens might require fairly simple technologies to support them in their homes; it is considered important to listen to “what the patient tells us about what kind of support s/he wants”.

On the international scene: Global initiatives, like Continua Health Alliance, are exploring how a constellation of devices and equipment, connected together, “can hang off the home” – the location where the citizen or patient might best seek to manage their own chronic diseases. These new devices are to be designed to well-established standards, and certified – a new, general industry, brand can be expected by autumn 2008. Continua urges momentum in building larger pilots – like Northern Ireland’s – with trials involving thousands, rather than hundreds, of patients which can potentially be unlimited to single countries’ health authorities and organisations. Links with other industry-related associations, like the Integrating the Healthcare Enterprise, can be expected.

Observations and questions: Debate was dynamic. In this session, the issues that emerged related largely to organisational, stakeholder, and patient-related issues. The needs to do the following were phrased by audience members: focus on stakeholder involvement; break down the ‘silos’ of territoriality among health specialisms; involve health professionals in a way that is persuasive to them, and which sees information and communication technologies as a tool or support; recognise the growing importance of co-morbidity among diseases; develop ‘use cases’ as illustrations of the specific contexts experienced by health professionals and patients; engage patients in their own care so as to have an effect on both wellbeing and costs; acknowledge the implicit vulnerability of many patients; and include patients and their organisations as far as possible in focus groups, consultation groups, and panels on chronic disease management/telemedicine.

To end: In the words of the session Chair: “We can conclude that the future of healthcare is here now – although maybe somewhat unequally distributed throughout the European Member States.” Working together throughout the whole of Europe on the ways in which telemedicine applications can support citizens or patients to face the challenges of managing their chronic diseases is surely a shared benefit for the whole of the Union.

Session details:

Wednesday, May 7, 2008

P2.1 Plenary session - Chronic Disease Management (CDM) – Telemedicine

Rapporteur name:

Diane Whitehouse, The Castlegate Consultancy/The Strateqo Consortium

Session S2.1 - Telemedicine: a new era of patient-oriented services

The session, chaired by **Stephan Schug** of **EHTEL** and introduced by **Ms. Flora Giorgio** of the **European Commission**, included contributions from speaker addressing different telemedicine applications at different stages of development in the concerned countries, from chronic disease management - such as COPD and diabetes - to teleradiology.

Ms. Rolien de Jong, innovations manager at **Meavita Healthcare**, presented the findings of the telehealth experiences made in the Netherlands by her Company, related to diabetes and COPD patients. Results have been positive, showing significant reduction in hospitalization rates of the involved patients and an overall improvement of the patient's quality of life. However, technology still remains a barrier to acceptance especially for older patients, and the concern of "de-humanizing" the patient-caregiver relationship is perceived as a risk. As a consequence, the take up of telehealth applications is not fast as providers would expect. Ms. De Jong reported that despite these difficulties, these experiences go towards a successful deployment of telehealth solutions, and providers need to intensify their efforts in taking in the right consideration the needs and cultural aspects of their customers while planning the implementation phase.

Mr. Odysseas Raptis, Managing Director of **e-Trikala**, illustrated the teleconsultation experience conducted in the town of Trikala under the auspices of the Municipality. The application is part of a broader program of e-government initiatives offered to the citizens to improve their quality of life. Mr. Raptis observed that the role of public authorities in promoting and running such initiatives is to ensure that the social aspects of service provision are taken in due consideration when addressing the needs of the weaker population groups (i.e. elderly, disabled and living in remote area people).

Mr. Jarmo Reponen, Chief Radiologist and President of the Society, **Raahe Hospital and Finnish Society of Telemedicine and eHealth**, provided a comprehensive picture of the status of deployment of telehealth applications in Finland. Besides the figures, that place Finland in the forefront of the European scenario, Mr. Reponen illustrated the plans to introduce in the next few years a centralised repository to store all patient information and ePrescription. He noted that the speed of transition from the experimental phase to the mass deployment can be dramatically accelerated by the direct involvement of the policy makers at national and regional level.

Session details:

Wednesday, May 7, 2008 - S2.1 Telemedicine: a new era of patient-oriented services

Rapporteur name: Salvatore Virtuoso, TXT e-solutions/The Strateqo Consortium

Session S2.4 - Panel on Commission initiative on "Telemedicine and innovative ICT tools for Chronic Disease Management"

Summary and conclusions: Introduced by Flora Giorgio of the European Commission, this panel reinforced the understanding of the "red line" that underpins the European Commission's proposal to publish a Communication on telemedicine by the fourth quarter of 2008. It showed how the challenge that "healthcare systems will not be able to deliver in ten years' time" could be taken up at least partially by a larger use of telemedicine applications. It gathered and shared opinions from the five panellists and members of the audience.

Panellists' views: A considerable number of important points were made – this summary condenses the views of the panellists: they indicate the challenges implicit in transforming rhetoric into reality. The messages were: "What Europe does has an impact on the rest of the world": in telemedicine, the European Union can be seen to have a leadership role. Right now, some forms of telemedicine, such as teleradiology, "really fly". A paradigm shift is occurring in the provision of (*tele*) services at-a-distance, it may be that there is no corresponding change in organisation and/or funding at least currently. So, "while there is money to be made, and money to be saved, when using telemedicine, we still lack a sustainable business model." Standards too are an important component of producing reliable telemedicine systems and services. It is vital to assess how to pay for, or to reimburse, use of telemedicine applications. Indeed, there may be various models and outcomes that can be offered (in some Member States, the *de-materialisation* of the provision of physical services and their transfer into virtual provision may challenge seriously the countries' reimbursement models). From the human perspective, "topdown strategies may particularly leave the people on the ground feeling disconnected." Rather, "we need to speak to the grassroots and to the peoples of Europe".

Discussion with the audience: The audience too needed to be persuaded of the financial added-value of telemedicine. Attendees were keen to see this debate on telemedicine taken out into the wider community, and to involve citizens/consumers/patients as well as health professionals. There was a desire to see a "step change in thinking" so that patients could become much more involved in choosing the kind of health system they need but, pondered the questioner, "Could that be a step too far too soon?" Trust-building around the use of telemedicine has many more technical aspects for some members of the audience: questions arose about the traceability and quality assurance of the services provided, for example in the field of teleradiology; appropriate identification of users and authentication of data; and whether the provider-recipient data transfer model described for telemedicine can handle a man-machine (automated) component.

Panellists' further thoughts: The legal and regulatory barriers to the use of telemedicine systems are by no means seen as insurmountable; indeed, there might exist reasonably easy ways to rectify any uncertainties at the European level. In particular in the cross-border context, it was thought important that patients should have a means of defending their rights¹. Indeed, from a patient perspective in relation to telemedicine, "Change is urgent, and people are dying all the time that we talk". The technologies are moving ahead, so that "everything is leaking out to the periphery, for example, to the home" and having a personal electronic health record carried around on our mobile phones might soon not be inconceivable. "We need to adapt to the ongoing changes that are taking place in reality". Education on eHealth was suggested, even for school-age children.

Actions to be taken: The European Commission is contemplating various ways to make use of the Competitiveness and Innovation Programme Policy Support Programme, so as to develop actions that could enhance methods of certification and accreditation, for example, of telemedicine appliances; to clarify the legal/regulatory instruments that can support telemedicine use; and to enhance the business model(s) underpinning telemedicine. Important parts of a proposed Communication are likely to involve various elements geared towards trust-building. Methods aimed at building trust in telemedicine applications on the part of stakeholders is likely to form a core part of such a Communication. Encouraging the spread of user-friendly telemedicine services, and knowledge-sharing about the positive success of such endeavours, will be key for the target groups of patients, health professionals, and payers. Developing a reliable and structured framework to assess the benefits (particularly the cost benefits) of telemedicine applications will be a principal issue for the providers, payers, and funding authorities. Ensuring greater legal and regulatory care in relation to the use of telemedicine applications will help to promote more cross-border care and to support greater European industrial competitiveness.

Session details:

Wednesday, May 7, 2008 - S2.4 Panel on Commission initiative on "Telemedicine and innovative ICT tools for Chronic Disease Management"

Moderated by Tamsin Rose, independent expert and introduced by Flora Giorgio, scientific officer, European Commission, this panel consisted of experts from a variety of stakeholder representative organisations: a Belgian insurance mutuality organisation, a health information technology association, the profession of radiologists, Continua Health Alliance, and the International Alliance of Patients' Organisations.

Rapporteur name:

Diane Whitehouse, The Castlegate Consultancy/The Strateqo Consortium

¹ On July 2, 2008, the European Commission adopted a Draft Directive on patients' rights in relation to cross-border care.