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World of Health IT

Accelerating the development of the eHealth market

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

World of Health IT

Copenhagen, 4 November 2008

Ladies and Gentlemen,

It is a great pleasure for me to be with you here today at the opening of this year's World of Health IT conference.

Health IT is becoming increasingly important for citizens, industry and healthcare authorities. The potential of eHealth and the interest it generates are demonstrated by the high level of participation in today's conference. We are gathered here because we have a role to play in ensuring that the opportunities provided by Health IT can be maximised. We know that eHealth solutions respond to the evolving needs of patients, consumers, and health professionals, and have a direct impact on access, quality, cost, and safety of healthcare.

The recent financial crisis has not made the challenge of sustainable healthcare any less significant. On the contrary, the long-term economic benefits that eHealth can provide, will most probably, be acknowledged sooner.

I'd like to take this opportunity to outline my view of two key challenges to be addressed, and to mention some of the European Commission's initiatives to tackle these challenges.

- The first challenge is to ensure that **eHealth benefits all Europeans**. In doing so, we are contributing to the goals set by the renewed social agenda presented by the

European Commission in July this year. This comprehensive package of social initiatives was set up to create jobs and improve education and skills development, to fight discrimination and support mobility. It also aims to help Europeans live longer and healthier lives.

I am proud to announce the adoption today, of the European Commission's Communication on 'Telemedicine for the benefit of patients, healthcare systems and society'. The aim of this Communication is to provide an incentive to all actors involved, to facilitate patient access - even in remote areas - to safe and high quality healthcare via the use of telemedicine services. The focus is on telemonitoring for patients with chronic diseases, especially the elderly, and on distance diagnosis, in particular teleradiology, which offers solutions to patients confronted with long waiting lists and to problems of staff shortages in certain sectors.

The consultation with stakeholders had shown the urgency and the need to carry out three main tasks:

1. Firstly, to enhance the accessibility to, and the reliability of telemedicine services.

2. Secondly, to provide legal certainty at EU and national levels and to help and encourage Member States to coordinate, and

3. Thirdly, to encourage the demonstration of a win-win situation for all those involved by providing

- larger scale evidence to authorities,
- clear incentives to professionals,
- business models for industry, and
- awareness of benefits to patients.

We all need to work together in sharing evidence of best practice in this field.

Furthermore, The European Commission is working closely with Member States to deploy, right across the EU, local eHealth projects which already work well in certain countries. This is achieved in particular via the Competitiveness and Innovation Programme (the CIP) that offers new funding opportunities for stakeholders and Member States to support the deployment of innovative ICT services in this domain. We are proposing to continue with this type of support.

- The second major challenge I see, is the need for the eHealth market to reach its **full potential**.

The global market for eHealth is estimated to have a potential value of €60 billion, of which Europe represents one third, i.e. €20 billion. eHealth can be considered the third largest European health industry, after pharmaceuticals valued at €205 billion (based on retail prices) and medical devices for which annual sales are estimated to be €64 billion. The demand for clinical information systems and tools for telemedicine and homecare is increasing regularly. But, before reaching the level of the two other health markets, eHealth businesses must overcome many barriers preventing them from selling products developed for one healthcare institution, to another. This is mainly due to the lack of the famous interoperability – the ability of one system to work with or 'talk to' another.

There is a growing will among national health authorities and stakeholders to achieve this interoperability of systems. But we are still far from the ideal situation where patients can travel from one EU country to another knowing that, if needed, their medical records will be accessible by their treating physician wherever that may be; that they can receive the required medication; or that their doctor can be "tele-consulted" without them having to move from home.

We are now at a stage when Member States and regional health institutions have understood the need to share information within and across borders. What remains to be done is to ensure that technical, organisational, legal and market issues are tackled as fast as possible.

This is where the European Union can provide added value in particular for the cross-border issues.

Last July, I put forward a Recommendation on interoperability of Electronic Health Record systems which was adopted by the European Commission. This European Recommendation provides Member States with basic principles and guidelines on how to bring about interoperability in electronic health record systems, especially in a cross-border context. I would like to urge all Member States and industry to continue their efforts in order to achieve this objective.

A dozen Member States, together with a group representing more than 30 IT companies, are leading the way in this respect. Earlier this year they committed themselves to deploy, test and validate, in a real life environment, the benefits of the interoperability of cross-border electronic health records and medication data. The European Patients Smart Open Services Large Scale Pilot project (so called

epSOS), funded with 11 Million Euro by the European Commission's Competitiveness and Innovation Programme (CIP), will run for three years. The goal is to reach a situation in which doctors in one country are able to access the electronic health record of a patient in their waiting room, even if this record was created in another EU member state.

We are aware that industry is also very committed to eHealth interoperability. I'm looking forward to the results of work in particular in the area of personal health monitoring systems, where an impressive group of companies has teamed up, in the Continua Health Alliance group, to agree on key principles to ensure interoperability between these types of solutions.

In this context, I must mention the data and privacy protection aspects of the issue that require our full attention and are being covered in the ongoing work. Indeed basic patient identification and authentication are necessary in this ICT enabled area that includes cross-border situations. Security of the circulating data must be ensured, privacy must be guaranteed.

On the standardisation front, important steps in the right direction are being made by the Mandate 403 working group,

overseen by the European standardisation bodies (CEN, CENELEC and ETSI)⁽¹⁾.

We are confident that the Recommendation, the epSOS project and the work being carried out by industry and standardisation organisations will greatly contribute to making interoperability of eHealth services a reality, for the benefit of all European citizens.

The European Commission is also playing its role on the international scene in close cooperation with countries outside Europe, in particular the US. We are committed to working together with our transatlantic counterparts on common approaches towards interoperability and standardisation. This close cooperation will continue with whatever administration comes out of today's election results. We have a very strong mutual interest in this constructive collaboration.

As I said earlier, eHealth is a key market for the EU's economy and beyond and it is viewed as such by many policy makers. The European Commission has launched an

¹ The European Commission issued in 2007 a mandate to the European Standardization Organizations (ESOs), CEN, CENELEC, and ETSI, to develop a coordinated work programme for standardization in health informatics (Mandate M/403). A Coordination Group of the three ESOs was established to collaborate on the preparation of the 10 work programmes.

eHealth Lead Market Initiative focused on dealing with clearly identified obstacles by:

- 1) Reducing market fragmentation and the lack of interoperability through pilot projects, benchmarking, standardisation and certification;
- 2) Improving legal certainty and consumer acceptance by disseminating information, best practice, guidelines, recommendations and implementing screening tools;
- 3) Facilitating access to funding through increased visibility and training workshops, improved cooperation, testing, pilot schemes and guidance on financing; and
- 4) Improving procurement of innovative solutions by facilitating the expression of public demand through more innovation-friendly procurement activities.

Last, but not least, let me mention the importance of continuing the research in the field of Health IT to come up with solutions leading to truly personalised medicine that place more emphasis on prevention and lifestyle management than on cure.

The Commission has been strongly committed to this research for almost 20 years. New projects that started this year were supported by the EC with 170 Million Euro and more projects will be called for within the next 12 months with similar support. I am pleased to announce that another 163 Million Euros are

committed for expenditure under the 7th European Research Framework Programme for the two coming years (2009-2010). An example of these future-looking projects includes a virtual model of a heart that can be personalised for each patient and give insight on how a specific treatment will work and which option would be the best for surgery. This virtual heart has already been used by pharmaceutical companies to test efficacy and safety of drugs for cardiac arrhythmias. But it is not only medicine that benefits from eHealth related ICT research and development. For example, in the case of this virtual heart developed in the EU, its specific computational needs are driving the development, in Japan, of a new petascale supercomputer capable of processing the information it provides. The power of this supercomputer will of course be useful for treating other categories of data in other fields of research.

I am confident that the implementation of these programmes and initiatives, as well as the concerted efforts of Member States, the Commission and the key stakeholders represented here, will contribute to making eHealth a reality for all Europeans and, thus, will improve their general wellbeing by helping them lead longer and healthier lives. This conference can play the role of an "agora" for the European eHealth market, where the views of the ICT industry, clinicians, health

authorities and professionals as well as of users will be of great importance in shaping synergies for the future. Finally, I hope that the conference will also encourage decision makers to support the development of eHealth beyond its present boundaries.

As you know, the European Commission is also co-organiser of the yearly eHealth Ministerial Conferences, together with the country holding the Presidency. We believe that there is a benefit in bringing the constituency of this world IT Health event together with that of the eHealth Ministerial. This idea has been welcomed by all those involved so I have the pleasure to invite you to the joint event that will take place in Barcelona in March 2010.

I thank you all very much for your attention and wish you a successful and productive conference.