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

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## EPHA

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WHO ARE WE?

MISSION

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

PUBLIC HEALTH

VISION

- 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
HEALTH IN ALL POLICIES
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.
• **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)
+/- 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
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
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.
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”? 

[epha]
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 CAMPAIGN ON DIGITAL HEALTH
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
• 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?
• 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
• 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
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”
ONGOING CONCERNS

- 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?