

Promoting personal health systems for a healthier Europe: Findings from SmartPersonalHealth

Karl and Veli Stroetmann

empirica, Bonn, Germany
for the SmartPersonalHealth consortium

Enabling smart integrated care:

Policies to foster interoperability of personal health systems

An interactive workshop to develop and review policy recommendations on
promoting interoperability of personal health systems

Tuesday, 18 January 2011, Brussels, Belgium

Awareness raising with different stakeholders

- Spread the knowledge of the benefits of PHS interoperability
- Awareness campaign with key stakeholders- sustainable mechanism
 - Professional medical & care associations, esp. related to chronic diseases, e.g., International Diabetes Federation, European Society of Cardiology
 - Patient associations and self-help groups
 - Policy makers, Third Party Payers/insurance, public and private procurers
 - eHealth industry / vendors & their EU and national associations
- **Multiplier** role for
 - EU ICT associations such as DIGITALEUROPE, EucoMed, COCIR
 - National trade associations e.g. *Intellect* (UK), *VDE* (Germany), etc.
 - National/regional level organisations such as *Diagnostic Alliance*, platforms like eVIA - the Spanish Technological Platform for eHealth, eWellness and Social Cohesion
- ***EC should set up a Support Action to create a sustainable link between all these actors & support their communication strategy development***

Building up a *body of knowledge* and collecting *evidence*

- Collect & spread the knowledge of what is available, where, who are the players in this domain, more *robust evidence* of benefits of PHS
- Repositories for each country & EU knowledge base –
“Who is Who in PHS in Europe”
- *EC to fund a Support Action to develop this data base; requirement & incentives for stakeholders to input relevant info in EU templates*
 - Take the EIP on Active and Healthy Ageing as a starting point
 - Make this information easily accessible
 - Regular update, maintenance & ownership needed – actors like *Intellect* (UK), *VDE* (Germany) could take responsibility (gathering information at national level, feeding in into EU DB, continuous maintenance)
 - Professional associations to do this for specific disease areas
- Encourage EU structural funds to collect relevant information from applicants and request their contribution to interoperability (IOP)

Creating a supportive environment – structures & organisations, measures & processes

- MSs to launch processes (consistent and coherent with EU and global dimensions) leading to the **selection** of standards and the **incentivisation of their use**
- **Funding from public sources in the early stages** of ecosystem development and early test specifications ensuring technical interoperability
- Create a **win-win** situation for all, business case for industry: introduce incentives for interoperability
- Leveraging EC Telemedicine Communication:
 - Telemedicine communication work should be leveraged to ensure **PHS is included in funding tools** which can in turn foster the grass roots involvement of providers/users in nurturing the PHS concept

Policy measures & facilitating exchange

- Put **PHS** on the agenda & Roadmap of the EU High Level eHealth Governance Initiative (eHGI)
- Member States should
 - have a specific policy/roadmap on IOP- *Interoperability in all policies*
 - ensure that collaboration through interoperable network mediated devices is a **key pillar of national eHealth roadmaps**
 - Governments to “impose” **Integrated Care (not IOP)**
- Build *a Coalition for Integrated Care*: use the EIP
 - could focus initially on a particular risk group where PHS can reduce risk (similar to child safety initiatives in UK, DE)
 - complementary initiative to ensure that the learning and experiences of PHS adoption outside the EU are analysed & made more visible
- Measurement of progress in achieving PHS interoperability through an *interoperability barometer, published by EC services*

Policy measures: regulatory framework - clear liability rules, clear reimbursement structures -

- Regulators must respond with new regulations which address the need for legal certainty for both providers and users
 - Vendors, HCPs must understand where their liability begins and ends
- Urgently address the need for clear reimbursement structures
- *Explore* the possibility for **financial incentive for standards use**
 - “**Extra monetary**” incentive to speed up innovations during diffusion
 - Mechanisms to **reward procurement of interoperable solution**
- Lessons should be learnt from early regulators – see
 - recent adoption of the Décret Télémedecine in France and
 - Telemedicine law adopted in the Canton of Geneva

Learning from experiences outside the EU

- **Observe closely the impact of the USA ‘meaningful use’ (MU) requirement for the disbursement of stimulus plan funding**
 - from the resources provided by the American Recovery and Reinvestment Act of 2009 (ARRA) on the faster adoption of HIT - expected to also impact on the adoption and diffusion of PHS
- **New initiatives should be adopted to ensure that the learning and experiences of PHS adoption outside the EU are made more visible and can be **integrated at early stages into EU policy and practice development****
 - **EC Regional and Structural Fund Programmes should be made accessible also to health sector actors in certain MSs**

Supporting guidelines & profiles development and uptake (1)

- **Standards/ profiles/ guidelines developed by Consortia and Fora**
 - should be given **equal formal standing** as those developed by formal standards organisations
 - so that procurers may demand effective compliance with them in public calls for tenders/RFPs
- **National and regional agencies should ensure that they are widely disseminated** in an understandable format
- **Public/private partnerships** should be established to create information channels and training courses which promote good understanding and implementation of PHS and related guidelines
 - particularly important for local level procurement undertaken by non-technical partners such as GPs who have neither the time nor inclination to learn ‘standards speak’

Supporting guidelines & profiles development and uptake (2)

- Consortia and Fora must demonstrate how compliance with their profiles/guidelines leads to effective interoperability
- National regulatory agencies should provide clear regulatory guidance to procurers
- **Procurers should be empowered** to include interoperability requirements in tenders such as:
 - Reference in the procurement documents “robust, complete and standards-based specifications” for interoperability
 - Ask for “proof” that proposed IT systems comply
 - Add a project specific “validation” for interoperability
- Potential implications related to **competition law** should be clarified in collaboration with *DG Competition*

Facilitating use and collaboration

- **Develop strategies and programmes for training and education of different stakeholder groups**
 - **Focus on** the value of being able to communicate with one another
 - Citizens and providers to better understand their role and power
 - Education for procurers in technical standards
- EC to continue to support the **close cooperation between Continua, IHE and ESOs** (European Standard Development Organisations)

Promoting personal health systems for a healthier Europe: topics for discussion

- **Promoting Integrated Care (instead of PHS interoperability)**
 - **Care provider coordination**
 - **Human resource challenges, co-operation with informal carers
Workflow support, integration of PHS into clinical workflows & daily practice**
 - **Shared, interoperable care pathways / care plan agreed with all actors in care**
- **Develop recommendations for**
 - **EC, MSs (policy makers)**
 - **HCPs, SDOs, vendors, other stakeholders**

Acknowledgement

The SmartPersonalHealth Project

- Promoting Interoperability of Personal Health Systems -

is funded partially by the European Commission, DG Information Society and Media, in the context of FP7 - support which is gratefully acknowledged.

Neither the European Commission nor any person acting on behalf of the Commission is responsible for the use which might be made of the information presented. The views expressed in this presentation are solely those of the study team and do not necessarily reflect those of the European Commission.

Thank you

<http://sph.continuaalliance.org>