STOA Workshop

eHealth in Europe: Reality and challenges ahead

Participants' booklet

WORKSHOP
STOA | SCIENCE AND TECHNOLOGY OPTIONS ASSESSMENT
Tuesday 01.12.2015 — 14:30-17:30
ASTERO SPINELLI BUILDING, BRUSSELS — Room ASE-2
REGISTRATION BY 24TH NOVEMBER ON https://www.stoa.europa.eu/stoa/

eHEALTH IN EUROPE: REALITY AND CHALLENGES AHEAD
Chair: Eva KAILI, MEP and First STOA Vice-Chair
Moderator: John BOWIS, former UK health Minister

SPEAKERS
George CROOKS, Scttish Centre for Tele-health and Telecare
Wendy L. CURRIE, Audencia School of Management, France
Frode GALLIFROSS, Stavanger Hospital, Norway
Alexander HORBST, University for Health Sciences, Austria
Lambis PLATISS, 2nd Regional Health Authority, Thessalonia, Greece
Stanimir PUSNIK, Healthcare Centre Rove na Karsulski, Slovenia
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Scientific Foresight Unit (STOA)
PE 563.492
STOA Workshop

E-HEALTH IN EUROPE:
REALITY AND CHALLENGES AHEAD

Participants' booklet

1 December 2015, 14:30 - 17:30
European Parliament, Brussels
Altiero Spinelli Building, room A5E-2
Prepared by Gianluca Quaglio and Liliana Cunha, STOA Secretariat

Available at:
http://www.europarl.europa.eu/stoa/cms/home/events/workshops/ehealth

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1 PROGRAMME

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16.20 Patient and clinician perspectives on eHealth in Europe
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Marco D’Angelantonio, Health Information Management S.A., Belgium
Alexander Hörbst, University for Health Sciences, UMIT, Austria
Madis Tiik, Tallinn University of Technology, Tallin, Estonia
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2 E-HEALTH IN EUROPE: AN INTRODUCTION

EU Member States and Regions are facing the growing demands for healthcare services. Health care solutions provided by information and communication technologies (ICTs) also known as e-health, can provide an effective support to these problems.

There are many different definitions of e-health and of its sub-categories. The WHO simply defines e-health as ‘the use of information and communication technologies for health’. However, a systematic review of literature of used definitions of e-health identified more than fifty different definitions created out of a different balance of the concepts of health, technology and commerce. Interestingly, all definitions have a positive attitude towards e-health, describing it with efficiency, enabling and enhancing functions (Oh, 2005).

In order to adequately respond to the growing demand for healthcare, the European health policy must ensure that full use is made of all resource-saving approaches, including e-health. This implies not only adopting ICT-based tools and solutions, but also – and more importantly – innovative health and care service models. This means to increase the engagement of patients in healthcare, delivering services in a cost-efficient and care effective manner.

The European Commission states that e-health will play a key role in structural reforms that are needed to ensure the sustainability of health systems while securing access to services for all citizens (European Commission, 2012).

There are several reports providing interesting examples for e-health evolution across Europe (Moen, 2012; Stroetmann, 2011; Andreassen, 2007). Implementations of potentially transformative e-health technologies are currently undergoing in many EU MSs; England has, for example, has invested at least £12.8 billion in a National Programme for Information Technology for the National Health Service (Black, 2011; Catwell, 2009).

Despite the potential benefits of e-health, implementation of these systems is often reported as problematic. Barriers to implementation of innovations within the healthcare setting may arise at the individual, organisational and wider levels of the healthcare systems (Ross, 2015). Recent reviews on the implementation of e-health interventions in healthcare, found problems related to how innovations affect organisational structures. The reviews highlighted the need for adequate financial resources, as well as administrative and policy support, ensuring that the potential benefits of new technologies are made clear through ongoing evaluation (Black 2011; Mair, 2012).

The objective of the STOA workshop would be to report on lessons healthcare delivery organisations have learned from different ICT deployment experiences and care delivery transformation in Europe, identifying areas where policy support, at regional, national and European level, would be welcome.
The meeting is also an opportunity to recognise barriers and facilitators for devising strategies and interventions to improve the use of e-health as an enabler for the necessary transformation of health care systems in Europe and, addressing blockages to implementation.

References


3 UNITED4HEALTH PROJECT

United4Health is a European large-scale project, partially funded under the ICT Policy Support Programme (ICT PSP) as part of the EU Competitiveness and Innovation Framework Programme, which has implemented and assessed the impact of innovative healthcare services for the remote monitoring of patients with chronic conditions. The project has included 19 service models in 14 regions in 10 countries. The sites deployed tele-monitoring designed to support care management and improve self-management for patients living with diabetes, chronic obstructive pulmonary disease, congestive heart failure or hypertension. The sites have procured any necessary technology, integrated it in their existing healthcare services and redesigned care pathways. They also undertook comprehensive evaluation of their activities.

Learnings have been derived from these deployment processes. According to the project partners, prime among these are:
(i) Telehealth offers more accessible, equitable and sustainable services for the benefit of people in Europe. It does this in the face of considerable challenges to the sustainability of Europe's healthcare systems.
(ii) Telehealth is here to stay.
(iii) There is increasing convergence between telehealth, mHealth, health analytics and electronic record systems. This convergence will gather pace as healthcare systems are able to embrace personal health and wellness solutions, including “bring/use your own device” and harness the data to drive changes in medicine and public health.
(iv) There is an increasing awareness that telehealth is a critical component of the transformation of Europe’s healthcare.

The project has come to the conclusion that policy-makers at European, Member State, regional and local level are now in a position to act to enable, promote and support telehealth deployment, especially by:
(i) Ensuring a policy environment that promotes and supports telehealth deployment;
(ii) Seeking national consistency of service standards, but with local adaptation to meet the diverse needs of patients, their careers, service procurers and suppliers;
(iii) Empowering patients, carers and healthcare professionals to take full advantage of telehealth;
(iv) Ensuring that the regulatory environments become simpler and allow for more flexibility so that regulatory barriers to Member States markets are lowered, and that regulation keeps pace with telehealth innovation;
(v) Funding scalable deployment programmes, which focus on addressing the continued challenges associated with organisational and culture change, to catalyse the transformation of healthcare across Europe;
(vi) Creating capacity building through tools, methodologies and guidelines and support processes that enable cross-fertilisation at the European level;
(vii) Promoting the use of validated evaluation methodologies and tools that can be applied in an iterative, “action research” approach.

These project conclusions are put forward as food for thought and discussion during the workshop.
Eva Kaili, MEP and first STOA Vice-Chair


Eva Kaili was elected four times (2004-2012) with the Panhellenic Socialist Movement (PASOK). For the past ten years, she has worked as a newscaster for MEGA Channel, an advisor on International Relations of Group DemCo, Alpha Tv and a communication advisor of the PanHellenic Pharmaceutical Union. She has also been an advisor on International Relations and Greek products exports and held the position of Director of the Centre of Equality and Equal Opportunities. She holds a bachelor degree in Architecture and Civil Engineering, and postgraduate studies in European Politics. Currently, she is conducting her PhD in International Political Economy. In the European elections of 2014, Ms Kaili was elected, ranked-first, with the political scheme of 'Elia', and she is a Member of the European Socialists and Democrats (S&D).

Eva Kaili chairs the Delegation for relations with the NATO Parliamentary Assembly (DNAT), and is a member of the Committee Industry, Research and Energy (ITRE), as well as a member of the Committee on Petitions (PETI). She is also a substitute member of the Committee on Economic and Monetary Affairs (ECON) and a member of the Subcommittee on Security and Defence (SEDE).

Key message

EU Member States and Regions are facing the growing demands for healthcare services. For example as an effect of the ageing of the population in general, the number of citizens with chronic diseases is increasing: this is a great challenge for both the well-being of the citizens and the public health care systems. Health care solutions provided by ICT, can provide an effective support to these problems. In order to adequately respond to the growing demand for healthcare, the European health policy should ensure that full use is made of all resource-saving approaches, including e-health. This implies not only adopting ICT-based tools and solutions, but also – and more importantly – innovative health and care service models. This means to increase the engagement of patients in healthcare, delivering services in a cost-efficient and care effective manner.
5 MODERATOR

John Bowis, President of Health First Europe, former UK Health Minister and MEP

John Bowis is President of Health First Europe, a non-profit, non-commercial alliance of patients, healthcare workers, academics and healthcare experts and the medical technology industry.

He is Chairman of the Health Advisory Board of Glaxo Smith Kline; adviser to Finsbury International Policy & Regulatory Advisors, FIPRA (a global network of senior, strategic advisers specialising in public policy and regulatory issues), Policy Action and Instinctif (an international consultancy).

John Bowis is board member of: Tuberculosis Vaccine Initiative (TBVI), Global Initiative on Psychiatry, Gamian Europe, European Men’s Health Forum, European Institute of Health, Mental Disability Advocacy Centre and Maastricht University European Health Faculty; Patron Fund for Epilepsy; Vice President, Diabetes UK; Ambassador, National Aids Trust and Alzheimer’s Society.

John Bowis is a former Member of the European Parliament (1999-2009) and European People’s Party/ED Group Coordinator/Spokesman on Environment, Health and Food Safety and a former Member of the Development Committee and Vice President of ACP-EU Joint Parliamentary Assembly.

He was Rapporteur for the Parliament on Food Safety; Health and Enlargement; Professional Qualifications; Health and Poverty in Development Policy; the European Centre for Disease Prevention & Control; Patient Mobility; Mental Health; Neglected Diseases; and Cross Border health.

John Bowis was a former International Policy Adviser to the World Health Organisation on global campaigns: ‘Nations for Mental Health’ and ‘Out of the Shadows’ (epilepsy) and former Member of UK Parliament for Battersea.

He served as UK Health Minister 1993-1996 and Transport Minister 1996-7. He was elected Hon. Fellow of the Royal College of Psychiatrists 2003 and Hon. Fellow of the Royal College of Physicians 2009. He was the first recipient of the European Public Health Alliance Award for Service to Public Health 2009. He is currently chairing round tables on Personalised Medicine and on Access to Medicines.
6 SPEAKERS

6.1 Pēteris Zilgalvis, DG Connect, European Commission

Pēteris Zilgalvis is the Head of Unit for eHealth and Well Being in DG CONNECT, European Commission. He was the Visiting EU Fellow at St. Antony's College, University of Oxford for 2013-14, where he is also an Associate of the Political Economy of Financial Markets Programme. Previously, he was Head of the Governance and Ethics Unit, Directorate Science, Economy and Society at DG Research, European Commission. From 1997 to 2005, he was Deputy Head of the Bioethics Department of the Council of Europe, in its Directorate General of Legal Affairs. In addition, he has held various positions in the Latvian civil service (Ministry of Foreign Affairs, Ministry of Environment).

He was Senior Environmental Law Advisor to the World Bank/Russian Federation Environmental Management Project and was Regional Environmental Specialist for the Baltic Countries at the World Bank. P. Zilgalvis studied political science (cum laude) at the University of California, Los Angeles. At the Law Centre of the University of Southern California he obtained his JD (Doctor of Jurisprudence) and received the Darling Foundation academic scholarship. He completed the High Potentials Leadership Program at Harvard Business School. He has published over 30 publications on bioethics, economics and finance, innovation law and policy, European and environmental law in English, Latvian, and French.

Key Message

We are commencing the midterm evaluation of the EC’s eHealth Action Plan 2012-2020. In light of this reflection the main stakeholders responses to the Green Paper on mHealth’s question, “what are the main barriers to the deployment of mHealth?” are worth noting. They were trust, security and evidence. In order to address trust and security, we are facilitating an industry Code of Conduct on mHealth app privacy and security, and Guidelines on the validity of mHealth apps data that could be incorporated into electronic health records. An important step to gather and disseminate evidence will be the WHO-ITU mHealth Innovation Hub, to be supported by Horizon 2020. Looking at eHealth more broadly, it is important to emphasise that any solutions proposed must be user-centric. The user, whether doctor, nurse, carer or empowered citizen or patient needs to find that the digital health tools meet his or her needs and make it easier to manage healthcare or his or her own health. Interoperability and standards are important in ensuring that systems and applications “talk to each other” to provide a seamless user experience.
6.2  Lambis Platsis, 2nd Regional Health Authority, Piraeus, Greece

Lambis I. Platsis is the Deputy Director of the 2nd National Health System Region of Greece since February 2011. He participated in the major National Health Service (NHS) reforms that established e-prescription, e-procurement and DRGs (Diagnosis-related group, a system to classify hospital cases into international standard groups) as standard practices of all public health system. As a member of the team that designed the tele-medicine project for the Aegean Sea health system, he managed the entire process through to its current implementation phase. He worked for the Greek Embassy in Washington DC as an advisor for high-technology-transfer matters. As a technology consultant to the mayor of the City of Rhodes, he designed and implemented the computerized integration of the municipality’s departments and services. He has been a scientific associate to the Greek Parliament and an advisor for the governor of the Dodecanese region. He has a Bachelor of Science degree as an Engineer Programmer Analyst from the University of Maryland at College Park and a master’s degree of Engineering Administration from George Washington University.

Key Message

Why Tele-medicine services? In many areas of any country but especially in countries with many islands and/ or mountainous terrains the access to quality medical services and on time medical response is difficult to provide. The 2nd Health Region of NHS of Greece, which includes all the Greek islands of the Aegean Sea, more than 90 inhabited with a standard population of over 320.000 people, designed and currently implements a consolidated telemedicine network aiming to address the capacity of existing Health Units of the National Health System such as: Regional Hospitals, Health Centers and other smaller regional health units. The first target is to provide equal access to primary health care for all citizens independently of the place they leave in the country. Secondary target is the provision of continues high quality training services to the doctors and medical staff serving in the above areas. Education and training of medical, nursing and administrative staff of health units, via synchronous and asynchronous e-learning training, aiming to embed in the everyday process the continuing education of doctors in remote places. This network has an innovative design and could be easily be used as the central infrastructure of a Single National Telemedicine Network for the entire country. It could, as well be integrated with any hospital in the EU, or the world, providing real time hi quality health care services, both to the local population and to the visitors of the country.
6.3 Claudio Saccavini, Arsenal IT, Italy

From 2009 Claudio Saccavini is Technical Manager of Arsenal IT, Veneto’s Center for Research and Innovation in e-Health. All his career has developed in the healthcare sector.

From 1997-2003 he worked for the University of Padova. From 2004 he has been employed by Health Minister and the Italian Minister for Foreign Affairs as consultant on implementation of telemedicine in the Italian health care system.

He worked as technical coordinator of the European project ‘Renewing Health’ from 2009-2012. The project was a large scale pilot study on tele-monitoring of patients with chronic diseases.

From 1998-2002 he was member of Digital Imaging and Communications in Medicine DICOM Committee (on behalf of Italian Radiologist Professional Association SIRM); from 2011 to 2013 he was co-chair of IHE Infrastructure Technical Framework - ITI Planning Committee.

Key Message

The Veneto Region carried out a new model of care characterized by an integration of health and social care, implementing a unique platform where the telecare and telehealth services are integrated. With this platform the clinical data and social needs of chronic patients are continuously monitored directly from their home. The patients are equipped at home with portable devices for real time detection of emergencies and measuring their clinical data in agreement with plans established by clinicians. Clinical data are transmitted from patient’s home to eHealth regional centre and managed by trained operators. The operators detect the alarm and inform the clinicians when it is necessary. The telecare service monitor the patients for 24/7 real time detection of emergency situations at the patient’s home and makes scheduled control calls to monitor the patient’s life conditions and quality of life. During the ‘Renewing Health’ project (a European project funded by DG Connect) a randomized controlled trial was performed in order to assess the clinical and economical outcome of a group of patients followed with telemedicine. More than three hundred patients were enrolled in eight Local Health Authorities in Veneto Region. The end-point of the study was a reduction of all causes of mortality and the number of hospitalizations for health failure. After 12-month follow up statistical significance was reached for the above mentioned end-point, in favour of the group of patients followed by telemedicine.
6.4 Stanislav Pušnik, Healthcare Centre Ravne na Koroškem, Slovenia

Stanislav Pušnik, MD, M.Sc., is specialist of occupational health. He is responsible for the coordination of the Slovenian part of the United4Health EU project, a project funded by DG Connect. Under his coordination the first two telemedicine services were established in Slovenia supporting patients with congestive heart failure and/or with diabetes mellitus. He is a director of the Primary Healthcare centre Ravne na Koroškem, Slovenia. He serves as a president of the Council of Association of the Health Organisations in Slovenia (over 100 health organisations at primary, secondary and tertiary level) where he advocates for the interests of health care providers, and integrate primary and secondary healthcare levels following the ‘patient centred’ model of healthcare.

Key Message

General Hospital Slovenj Gradec and the Primary Health Care Centre Ravne are partners in the United4Health European project. The team started developing telemedicine services (TM) from a green field in 2013 for patients with chronic heart failure (CHF) and/or patients diabetes (DM). There was no TM support available in Slovenia for chronically ill patients at that time. Since April 2014 they have been delivering the service for over 350 DM patients, most of them being telemedically coached for a year and a half. The clinical outcomes of the coaching result in reduction of HbA1c mostly in the group of patients with badly managed disease (HbA1c over 8.0). Patient’s satisfaction has been measured by interviews (250 responses). Also the involved clinicians are satisfied as they have been discovering new means of coaching the diabetic patients. New tools have been developed helping them to identify the most critical patients.

The team has established a regional centre for telehealth (CEZAR centre), to continue delivering the service and to transform the successful regional story into a national one. The CEZAR centre also works on designing new TM services for other groups of patients. One of the lessons learned in the United4Health project is that TM has extreme potentials in delivering healthcare to long-term patients especially among elderly population.
6.5 Alexander Hörbst, University for Health Sciences, Austria

Alexander Hörbst obtained university degrees in management, informatics, economics and health informatics and habilitated as the youngest scientist in the field of Medical Informatics in Europe at that time. He now works as a Professor for Medical Informatics at the University for Health Sciences, Medical Informatics and Technology in Hall in Tyrol, Austria. There he presides over the Research Unit for eHealth Research and Innovation. His scientific work is focused on trans-institutional information systems for integrated shared care, applied robotics in health- and social care, nursing informatics and complex data analysis.

In addition, he is a member of the Board of the European Federation for Medical Informatics and its press and information officer, member of the eHealth Stakeholder Group of the European Commission as well as president of ProRec Austria (part of EuroRec). He actively contributes to various standardization bodies and other scientific and non-scientific bodies such as Integrating the Healthcare Enterprise (IHE), HL7 or the Austrian Standards Institute.

Key Message

eHealth is more than ever committed to improve quality in health care, provide evidence at the point of need and especially unlock benefits across clinical settings and organizational boundaries. Many of the problems are already solved on a technical level, but the proliferation of eHealth services is still not at the level where it could technically be. This is due to a variety of reasons. Although technology is a prerequisite for eHealth, the unilateral technological focus of the past is a factor that still inhibits its practical deployment. An approach that is driven by the imperative of technological possibilities and not by the users’ needs will not gain sufficient acceptance for a wide deployment. Another issue relates to the trans-institutional nature of eHealth. In many cases, financial structures in healthcare-systems reward organizations for their own services and hardly support the establishment of complex trans-institutional service structures. Further prominent reasons for a stagnant deployment of eHealth are wrong expectations; unproven, non-apparent or non-traceable benefits; missing national strategies and legal frameworks; and finally yet importantly missing or insufficient managerial support (e.g. change management, capacity building) to facilitate necessary changes in healthcare processes, corporate culture and attitude of medical personnel.
Wendy L. Currie is Professor of Information Systems and Management at Audencia, Ecole de Management, France. She is Founding Editor-In-Chief of Health Policy and Technology, an academic journal owned by the Fellowship of Postgraduate Medicine (a Medical Charity) and published by Elsevier. She combines academic, business consulting and charity (not-for-profit) roles and specialises in policy, organisational and managerial issues relating to digital technologies. Her research, consultancy and publications focus on policy-making for large-scale ICT projects in health, financial services and government. She developed the Templations to Eat-Moderated by Personal and Environmental self-regulatory news - TEMPEST model for health technology assessment (HTA) which aggregates quantitative indicators for benchmarking health and eHealth across 28 EU Member States. The TEMPEST findings have been presented at international conferences, the European Union, OECD and French and Belgian Government Health Departments to advise policymakers. She is currently working on research projects in healthcare, extending the TEMPEST model, and in finance, looking at high frequency and algorithmic trading.

Key Message

This talk analyses the relationship between eHealth profiles across 28 European Union Member States. It builds on prior research which uses multivariate statistical methods to provide a cross-country analysis on two dimensions: ICT penetration and availability compared with eHealth access and usage among health professionals. Based on the quantitative indicators/metrics used in our study, our results reveal that four distinct country groupings emerge as frontrunners, followers, leapfroggers and laggards. Frontrunners combine a strong ICT infrastructure with relatively high adoption of eHealth technologies. These countries are not defined by high levels of GDP spend on healthcare, but by a commitment to develop health IT for their citizens. Other countries with less developed health infrastructures, however, can ‘leapfrog’ conventional stages of technology adoption by moving directly to eHealth technologies. One way is by utilising the growing mobile health or mHealth technologies emerging in recent years which divide into devices and applications for clinical/medical use or wellbeing. The conclusion of our study is that a one-size-fits-all approach to health IT is not recommended for EU Member States as policymakers need to develop an eHealth roadmap and plan that reflects national, regional and local conditions which extend beyond only the technological features of eHealth and mHealth.
Panos Stafylas is a cardiologist MD. He holds PhD in cardiovascular risk factors and MSc in Health Care Management. He has been actively involved in more than 25 research projects. From 2007 he has been a Clinical/HTA Consultant in telemedicine research projects and services, designing clinical protocols, managing telemonitoring services, undertaking HTA etc. Last 5 years, he works for HIM SA (Belgium) as the Medical and Scientific Coordinator of three European eHealth projects, namely Renewing Health, United4health and Carewell and as WP Leader of SmartCare. He has recently cofounded the Medical Research & Innovation LP (Thessaloniki, Greece), an enterprise focused in Research and Development in medical sciences, including clinical trials and epidemiological studies, pharmacoconomics/HTA and eHealth services. He holds a post as Affiliated Academic Staff in the Postgraduate Program of Health Management in the University of Macedonia (Greece) teaching Economic Evaluation of Healthcare Programs. He also works for Health Information Management Spain S.L., a SME founded in 2014 and focused in the development of expertise in the fields of mathematic models to predict the impact of eHealth interventions on care systems.

Key Message

The ageing population and the increasing number of patients with chronic diseases constitute a significant burden for the health care systems requiring fundamental changes in the management of these diseases. Better understanding of the pathophysiology of the diseases and rapid improvement in available technology plant the seed of a number of innovations which may offer significant opportunities for a more cost-effective management of the diseases. Although thousands of publications have been produced on the clinical impact of telemedicine, it is still debatable if we have the necessary evidence to support the large scale deployment and the transferability of these services. Telemedicine services should be tailored to both patients and organisations’ needs. The evaluation of these services has to be multidimensional, including clinical and economic outcomes in real life settings, but also patients’ perspectives, organisational, ethical and legal issues. The United4Health project aims to reach new frontiers in the evaluation and deployment of ICT services for the management of chronic diseases and to support decision-making. Although the evaluation of the project results is ongoing, there are already some positive indications of the patient subgroups who will benefit more and the patient perspectives.
Marco d’Angelantonio holds a degree in Physics but he dedicated most of his professional life to IT in fields as disparate as banking, public services, transports and social and health care. After 21 years of career in the Italian Group Olivetti in 1997 he founded HIM S.A. of which he is major shareholder Chairman and CEO. He has master-minded and managed several EU projects mostly in the fields of eHealth and eInclusion with a special focus on elderly care and management of chronic diseases in home setting. Among these there are the largest multidimensional studies of telehealth and telecare impact ever carried out in Europe: Renewing Health (randomised control trials with 7.000 chronic patients); United4Health (controlled trial with 10.000 chronic patients) and SmartCare (controlled trial with 8.500 elderly people).

Because of his involvement in so many flagship initiatives about the use of ICT in the areas of chronic disease management, he has become a recognised expert in these fields and is often invited as guest speaker in international conference on these subjects. He has been part of the experts group consulted by IPTS (Institute for Prospective Technological Studies) for the SIMPH3 (Strategic Intelligence Monitor on Personal Health Systems Phase 3) dedicated to ICT enabled integrated care.

Key Message

There is a widespread feeling that ICT can substantially contribute to keep the care systems on the Member States sustainable in spite of the expected increase in demand for care which is due to the fast ageing of the European population. The latter is the result of the combined effect of a fertility rate which is well below the replacement one and a extraordinary increase of the life expectancy at birth which, since the World War II has gone up in average by 1 year every 3 years. This demographic changes are not likely to change in the coming years. Nonetheless, with very few exceptions the use of ICT in the care systems remains well below the average in other information intensive industry and this is even truer when ICT should be applied to support people at home to avoid them to use the most expensive care facilities (emergency rooms, hospitals, elderly homes, etc.) when this is not appropriate. The participations in so many EU funded and commercial projects has allowed to identify a number of barriers to the full-scale deployment of ICT for taking care services to people where they live and work. Surely, technology is not among these obstacles and some of them such as the organisation and the funding of the care system are outside the reach of the people on the ground. For these obstacles to be removed, political decisions are needed. The problems are known by now and time for decision has come.
George Crooks is currently the Medical Director for NHS 24 and director of the Scottish Centre for Telehealth & Telecare. NHS 24 is the national provider of telehealth services for the whole of Scotland currently providing the majority of its services via telephony, the web and digital television. He is responsible for the quality, safety and effectiveness of all clinical services and the development of new services in partnership with other NHS organisations. George Crooks was a general practitioner for 23 years in Aberdeen latterly combining that role as Director of Primary Care for Grampian. George was elected President of the European Health Telematics Association in February 2012 and is a Board member of the European Connected Health Alliance. He leads the Integrated Care Action Group on behalf of the European Commission within the European Partnership for Active and Healthy Ageing. He is Chair of the Scottish Digital Health and Care Innovation Programme Board, leading on the at scale delivery of telehealth and telecare services and also the Chairman of the Digital Health Institute in Scotland, a partnership between academia, industry and health and care delivery organisations delivering innovation in technology and design that can provide safe, effective and sustainable health and care solutions and create economic growth in Scotland. He was awarded an OBE in the Queen's New Year Honours List 2011 for services to healthcare.

Key Message

Deploying telehealth solutions at scale within a health and care system is increasingly being regarded as a key enabler for the delivery of sustainable health and care services. Evidence has shown that transformational change to be successful on a large scale requires not only bottom up willingness to change but also top down policy support. This presentation will focus on the key policy messages that can make a difference. These have come from the real life experiences gained through the large-scale telehealth deployment project, United4Health. Involving 19 sites in 14 regions from 10 countries and more than 10,000 patients United4Health is one of the largest multi-centre large-scale deployments. The key findings include the need to secure a policy environment which promotes and supports telehealth use as a core component of routine service delivery. There is a need to set out a national consistency of approach with the ability for local adaptation. Empowering people and health care professionals to take full advantage of telehealth through promotion, training, skills development and education is equally important. There is no absolute guarantee of success, but developing a supportive unambiguous and consistent policy environment will empower individuals and organisations to take the difficult decisions to redesign their services.
Madis Tiik is a medical doctor. He completed his studies at Tartu University with specialization in family medicine in 1999. In 2003 he earned diploma in Public Health in the Nordic School of Public Health. From 2001 to 2003 he studied IT management in Estonian Business School. Since 1998 Madis Tiik was working as family doctor. He was the chairman of The Estonian Society of Family doctors from 2001-2008. From 2007 to 2011 he was the CEO of Estonian eHealth Foundation where he formed a strong team of professionals around him. As medical doctor with strong knowledge in IT he provided professional expertise to ensure the Estonian Electronic Health Record services served the best interests of medical staff and patients. He was personally responsible of development and implementation of Estonian Health Information Exchange platform, which was launched in January 2009. In 2011-2012 he was adviser for the Estonian President Toomas Henrik Ilves in the EU Task Force project, to give policy recommendation for the European Commission. The report “Redesigning health in Europe for 2020” was delivered to EC on May 2012 and introduced in WoHIt 2012 in Copenhagen. In September 2012 he started as a senior adviser in the Finnish Innovation Fund Sitra, advising ehealth integrations and self-care service development projects in Finland. In December 2012 he successfully defended his Phd thesis titled “Access rights and organizational management in implementation of Estonian Electronic Health Record system“ in the Tallinn University of Technology. From September 2014 to April 2015 he was a visiting intern in the team of Dr. Eric Topol at Scripps Translational Science Institute, San Diego, USA. Madis is also practicing a GP in Estonia, having his practice in the island of Vormsi. He is doing he’s work their mainly remotely by using modern telemedicine solutions.

Key Message

E-health is a journey. Moving from paper records to digital records, integrating different Electronical Medical Records (EMR-s) to health information exchange platforms and sharing records across the sector is only the beginning of the journey. Our real goal should be to move to personalised care where we empower the citizens by giving them the right to know and the tools that help them to become equal partners. Policy regulations and technology should help us to build the new healthcare. Secondary use of the health and wellbeing data must be liberated for the benefits of the citizens and society. Health is not just the absence of physical illness. Health is is also about social and mental wellbeing. These determinants together with genomic and environmental data will be more and more relevant to our decision making process in the near future. Artificial intelligence and digital decision support systems will become important parts of this new paradigm.
7 STOA ADMINISTRATION

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