

# Future of health & care

# in the context of the Digital Single Market

Horst Krämer, DG Communications Networks, Content and Technology E-Health, Well-Being and Ageing

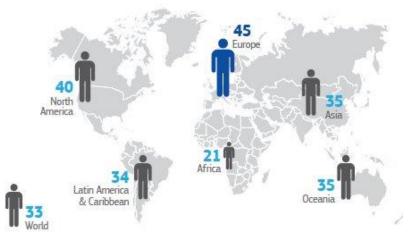
19/09/2017



# White Paper on the Future of the EU

#### With a median age of 45 years, Europe will be "oldest" region in the world by 2030.

Digitisation of society is already blurring the lines between workers and self-employed, goods and services, consumers and producers **Europeans will be the oldest in the world by 2030** (median age by regions of the world)



Source: Rand Europe

https://ec.europa.eu/commission/white-paper-future-europe-drivers-europesfuture\_en



## Digital Single Market /// Mid-Term Review



One of the fields identified to deliver: "Digital transformation of health and care"



Commission

# Digital Transformation of health and care (3 pillars)

- Citizen's secure access to and use of health data
- Advancing research, disease prevention and personalised medicine
- Citizen empowerement and patient-centred care

The Commission will adopt a Communication in 2017 addressing the need and scope for further measures in the area of digital health and care, in line with legislation on the protection of personal data, patient rights and electronic identification, in particular as regards:

- *citizens' secure access to electronic health records* and the possibility to share it across borders and the use of e-prescriptions.
- supporting data infrastructure, to advance research, disease prevention and personalised health and care in key areas including rare, infectious and complex diseases,
- facilitating feedback and interaction between patients and healthcare providers, to support prevention and citizen empowerment as well as quality and patient-centred care, focussing on chronic diseases and on a better understanding of the outcomes of healthcare systems.

COM(2017) 228 final





Mid Term Review (May 2017)

# **Staff Working Document**

Challenge of sustainability and quality of health care provision as a consequence of demographic change, increased longevity and rising prevalence of chronic conditions

*Extra life years not necessarily spent in good health: HLY have not been increasing. Even a decline in average HLY in EU28 between 2010 and 2015.* 

Independent living or integrated health and social care

<u>http://eur-lex.europa.eu/legal-</u> <u>content/EN/TXT/PDF/?uri=CELEX:52017SC0155&from=EN</u>



# **Prevention: Status**

"Health at a Glance: Europe 2016" (OECD/EU)

*Deaths from major non-communicable diseases:* 

- 3.4 million potentially productive life years lost
- EUR 115 billion in potential economic loss

Large health inequalities between people with higher levels of education and income and the more disadvantaged



# **Prevention: To do**

*Essential for reducing health burden related to both communicable and non-communicable diseases.* 

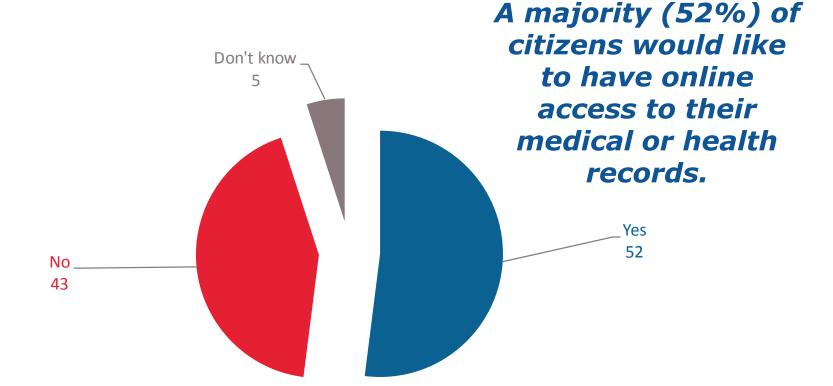
Only a small fraction of attention, resources and budgets (3% of health budgets) are currently spent on prevention measures dedicated to health promotion, well-being and preventive interventions.

#### To do:

- Promotion of healthy lifestyles (individual lifestyle choices such as not smoking, eating healthy, avoiding alcohol and exercising more)
- Policy choices that help create environments conducive to leading healthy lifestyles.



QD14 Would you like to have online access to your medical or health records (health data, prescriptions and medical records about you) allowing you to consult them at any time wherever you are?
(% - EU)



Source: Special Eurobarometer 460 on "*Attitudes towards the impact of digitisation and automation on daily life*" (2017).



Commission

	Yes, to everything	Yes, but only to certain data (e.g. results and protocols)	No
Malta	0%	100%	0%
Estonia	0%	75%	25%
Denmark	0%	62%	38%
Italy	4%	23%	73%
Spain	2%	19%	79%
Norway	17%	0%	83%
Belgium	2%	8%	90%
Hungary	2%	7%	91%
EU27+3	1%	8%	91%
Bulgaria	0%	8%	92%
Sweden	0%	8%	92%
France	2%	4%	93%
Romania	2%	4%	94%
Austria	0%	5%	95%
Ireland	0%	5%	95%
Latvia	0%	5%	95%
Portugal	0%	5%	95%
Finland	0%	4%	96%
Greece	0%	4%	96%
Netherlands	0%	4%	96%
Poland	0%	3%	97%
Lithuania	3%	0%	97%
United Kingdom	0%	1%	99%
Croatia	0%	0%	100%
Cyprus	0%	0%	100%
Czech republic	0%	0%	100%
Germany	0%	0%	100%
Iceland	0%	0%	100%
Luxembourg	0%	0%	100%
Slovakia	0%	0%	100%
Slovenia	0%	0%	100%

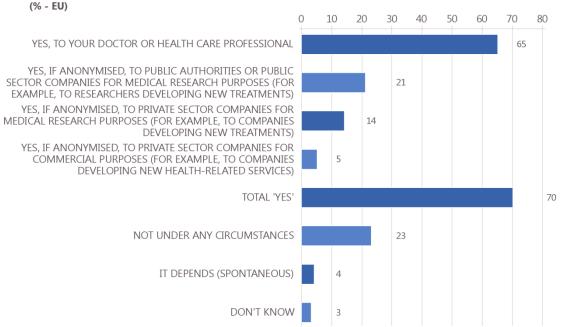
#### Table 5: Patients' online access to their electronic patient records

Only 9% of hospitals in Europe allow citizens some access online to their own patient records, and most of those only give partial access.

Source: European Hospital Survey – Benchmarking Deployment of eHealth Services (PwC)



**QD15** Would you be ready to give access to your personal health and wellbeing data (medical and care data, lifestyle, physical activity, nutrition, etc.)? (MULTIPLE ANSWERS POSSIBLE)

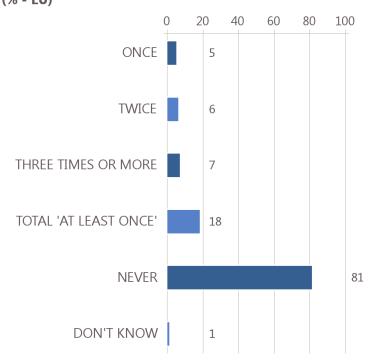


Overall, seven in ten respondents (70%) would be willing to share their health and personal wellbeing data.

Source: Special Eurobarometer 460 on "Attitudes towards the impact of digitisation and automation on daily life" (2017).



QD16 In the last 12 months, how often have you used, if ever, health and care services provided online without having to go to the hospital or doctor's surgery (for example, by getting a prescription or a consultation online)?
(% - EU)



Source: Special Eurobarometer 460 on "*Attitudes towards the impact of digitisation and automation on daily life*" (2017).

Only 18% of citizens have used health and care services provided online in the last 12 months.



# **Danger: Valley of Death**

EU project FICHe (2013-2016)

*SMEs to develop applications for the Health market 80 selected to propose a Business Plan 40 were asked to prepare a Concept, 20 pilots in collaboration with customers in regional field labs in Spain, Finland and The Netherlands.* 

5/7 tested solutions in hospital departments in Murcia (Spain) delivered positive results for companies and the healthcare organisation

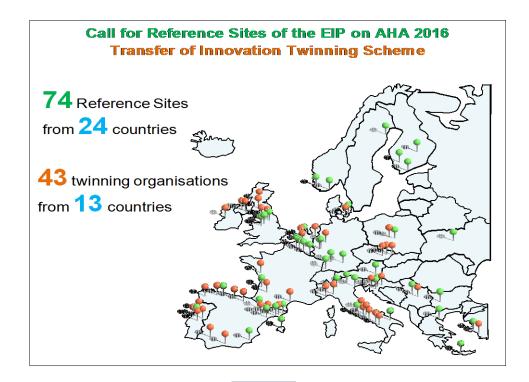
But no scaling into wide adoption

**EU added-value: knowledge sharing, experience** specifically for less advanced regions



# **Cooperation and exchange**

#### Twinning in the EIP-AHA





# **First reported successful twinning**

#### Baseline Assessment of Frailty (BAF) app

Porto adopted a Baseline Assessment of Frailty (BAF) app from Lazio, a community-based program to prevent or manage frailty in community dwellings.







# **Barriers to scaling up**

**Barriers to scaling up innovation in AHA** 

Organisational structures related barriers

Lack of interdisciplinary communication and cooperation

Low digital literacy / Addressing the target group

Lack of interoperability and system integration

Time and effort related barriers

Financial and reimbursement problems

Resistance to change / Scepticism about effectiveness

Lack of awareness among professionals and patients

Technical barriers (infrastructure, connectivity)



## **Success factors**

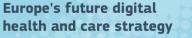
Success factors to scaling up innovation in AHA





# Policy approach to making this a success

Common vision & Commitment Networking & Collaboration New business models & innovations Acceptance Acceleration of innovation Funding incentives and investments



- Better access to your health data, everywhere in the EU
- Connecting health data
- Digitised patient-centred care





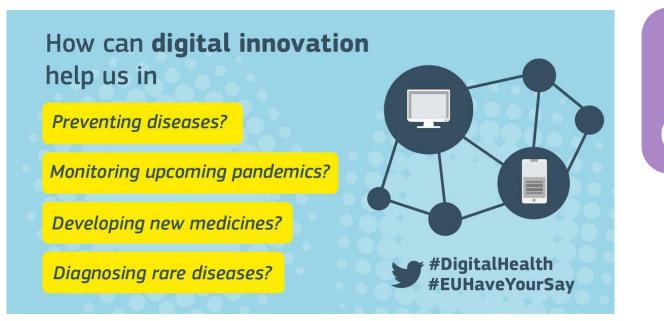
How?

What first?

#### **Digital Single Market**

CONSULTATION | 20 JULY 2017 TO 12 OCTOBER 2017

# Public Consultation on Health and Care in the Digital Single Market



RESPOND BEFORE 12 OCTOBER 2017

<u>https://ec.europa.eu/info/consultations/public-</u> <u>consultation-transformation-health-and-care-digital-</u> <u>single-market\_en</u>