

# The EU eHealth Task Force Report “Redesigning health in Europe for 2020”

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**“ A STRONG PATIENTS’ VOICE  
TO DRIVE BETTER HEALTH IN EUROPE ”**



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- Independent, non-governmental umbrella organisation set up in 2003
- **VISION:** High-quality, patient-centred, equitable healthcare for all patients in the EU
- **MISSION:** To provide a strong and united patients' voice → Putting patients at the centre of EU health policy
- 54 member organisations:
  - 13 National coalitions
  - 41 EU-level disease-specific umbrella patient organisations
- 150 million patients with chronic conditions across the EU

EPF is committed to supporting the deployment and wider uptake of eHealth by providing solid evidence of benefits for patients.

For this very reason we identified the following priority areas:

- Exploring what is behind **patient acceptance**
- Patient - professionals relationship with a focus on confidence and trust
- Investigating impact of eHealth on patient empowerment
- Establishing networks at EU-level with other key stakeholders to put patient at the centre of eHealth



# E-HEALTH TASK FORCE

- Created in 2010 chaired by the Estonia's President *Toomas Hendrik Ilves*
- To assess the potential of ICT in health innovation in the EU and make recommendations on what could be done now to ensure that Europe reaps the full benefits of e-health in 2020.
- Issued a report “Redesigning health in Europe in 2020” earlier this year



- Chairman **Toomas Hendrik Ilves**, Estonian President
- Dr. **Niel Bacon**
- Mrs. **Maria Leonor Beleza**
- Dr **Joan Guanyabens i Calvet**
- Mr. **Stefano Marzano**
- Mr. **Tero Ojanperä**
- Mr. **Anders Olauson**
- Dr. **Miklós Szócska**
- Mrs. **Wendy Tankard**
- Dr. **Ineta Ziemele**
- Faciliater; Mrs. **Tamsin Rose**



# KEY CHALLENGES AHEAD

- Healthcare costs in Europe are climbing to between 6% and 15% of government spending in most EU countries
- Chronic diseases continues to rise
- Fertility and mortality projections show that by 2060 the EU population will be both slightly bigger and considerably older than today
- Health systems have not evolved to respond to the modern environment and are no longer fit for purpose

## “Individuals are the owners and controllers of their data”

- **Main preconditions for this lever for change:**
  - Trusted, accepted and interoperable data collection/management,
  - Clarity on data safeguards
  - Understanding of the benefits by all stakeholders
- **Main benefits from this lever for change:**
  - Empowered patients can manage their own health
  - Policy makers and insurers can increase efficiency
  - Health professionals, and service providers can improve the quality of their decision making



**“Data sitting in different silos within health and social care systems should be used effectively”**

- **Main preconditions for this lever for change:**
  - Regulators and policymakers require institutions to publish their data
  - Professionals and service providers ensure robust data, gathered in a standardised way, integrated with care services, and made available to researchers with the informed consent of patients
- **Main benefits from this lever for change:**
  - Accelerated innovation
  - Citizens and patients can benefit from health being more ‘user’ focused and availability of new drugs and treatments

**“The plethora of available data can be used by individuals to monitor their physical and emotional wellbeing and share it with others”.**

- **Main preconditions for this lever for change:**
  - Policymakers and regulators provide for open access to public services and require minimum standardisation and safety
  - Clinicians, care professionals and service providers to appreciate and incorporate such information into health decision-making and treatment plans
- **Main benefits from this lever for change:**
  - Citizens will receive support for continuous health treatment and healthy living
  - All other actors in the health ‘chain’ can benefit from more accurate and personalised care and sharing best practices

**Through full transparency and data about the performance of health professionals and institutions, patients will be able to make informed choices.**

- **The main preconditions for this lever for change:**
  - Commitment of regulators and policy makers to radical reconfiguration of the health system
  - Clinicians and care professionals accepting their changing roles
  - Willingness of payers and insurers to provide financial incentives
  - Empowered and knowledgeable patients taking greater responsibility for their own health

**Through full transparency and data about the performance of health professionals and institutions, patients will be able to make informed choices.**

- **Main benefits from this lever for change**
  - Multidisciplinary care will be well recognised and delivered
  - Citizens and patients will be empowered to actively participate in managing their own health
  - Clinicians and care professionals will provide integrated care
  - Funding will be allocated to institutions that provide good care
  - Health outcomes will be better monitored
  - Decision-making and resource allocation in health will be based on stronger evidence

**“Rural communities should have access to services and products should be usable for patients with a diverse range of literacy and technical abilities”**

## **Main preconditions for this lever for change**

- Commitment to reduction of health inequalities
- Professionals, providers and payers ensuring no discrimination in provision of care, equity of access and in eHealth tools
- Citizens having understanding health and basic IT literacy
- **Main benefits from this lever for change**
  - Availability of greater range of treatment options for complex health problems
  - Better resource allocation
  - Better understanding of barriers to good health
  - Improved involvement of patients and citizens in self care

## RECOMMENDATION 1

- **A new legal basis for health data in Europe**
  - Create a legal framework and space to manage the explosion of health data
  - Create the conditions for the integration of user-generated data with official medical data so that care can be more integrated, personalised and useful for patients

## RECOMMENDATION 2

- **Create a 'beacon group' of Member States and regions committed to open data and eHealth**
  - EU facilitates this by creating the central space for national initiatives to flourish and be shared.
  - Successful models developed in different regions or countries can be disseminated
  - A leadership group from regions and countries that have invested in eHealth applications could be pioneers

## RECOMMENDATION 3

- **Support health literacy**
  - Health literacy efforts should begin in school
  - Indeed, citizens can only exercise control over their own data – and subsequently use the data – if it is both in an understandable language and format with user friendly interfaces



## RECOMMENDATION 4

- **Use the power of data**
  - Health institutions must publish the data on their performance and health outcomes. This information should be regularly collected, comparable and publicly available
  - This will support a drive to the top as high performing organisations and individuals can be identified and used as an example to inspire change
  - In health, performance is not just how efficiently the system operates but also the patient experience of the care

## RECOMMENDATION 5

### Re-orient EU funding and policies

- The majority of public funding at EU and national level allocated to eHealth has been invested in centralised, large-scale, top-down solutions
- These have failed to address and integrate the user experience sufficiently
- The next phase should see investment in tools that citizens can use to support their wellbeing and manage their lives

## Key recommendations from a patient perspective:

- Importance of user acceptance
- Putting patient needs at the centre of eHealth
- Promote user driven innovation
- Seeing the patients as part of the solution to current and future challenges of European health system

# THANK YOU FOR YOUR ATTENTION!

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