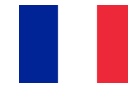# READi for Health Workshop "Readi for Health, Ready for the future?

eHealth week Amsterdam 2016

Welcome & Introductions: Readi for Health, ready for the future?

Myriam Martín,
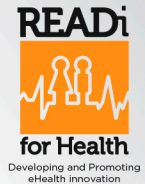Readi for Health Co-ordinator,
TICBiomed

Julien Venne,
Strategic Advisor,
European Connected Health Alliance

Partnership
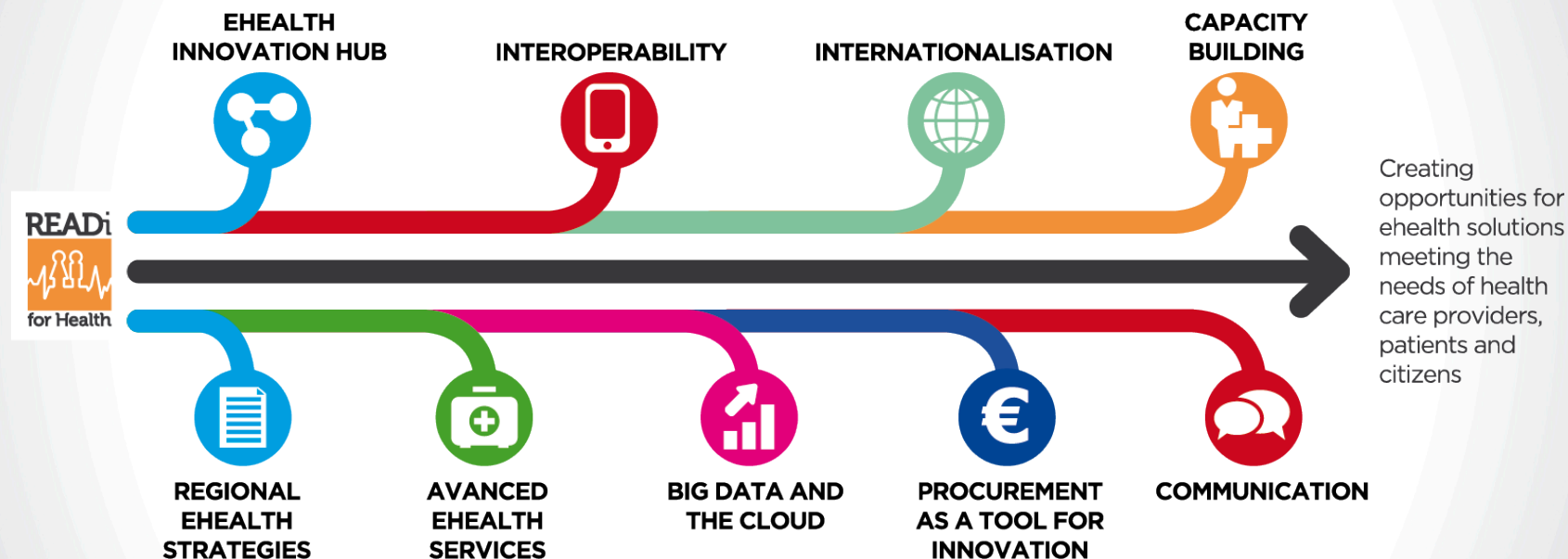
Policies & Strategies for Digitalisation of Healthcare

Clayton Hamilton
Unit Leader,
eHealth & Innovation,
World Health Organisation,
Regional Office for Europe

Tomas Lithner
Director
Swedish eHealth Agency

Kirsti Ylitalo-Katajisto
Director
Healthcare & Social Welfare,
City of Oulu

Ain Aaviksoo
Deputy Secretary General for e-Services &
Innovation,
Ministry of Social Affairs, Estonia

Policies & Strategies for the Digitization of Healthcare

Clayton Hamilton
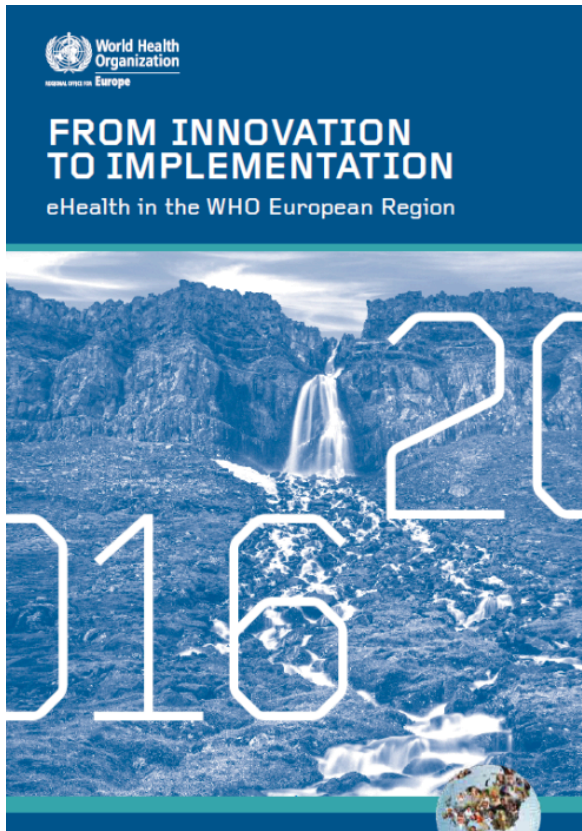Unit Leader,
eHealth & Innovation,
World Health Organisation,
Regional Office for Europe

The 2016 report on eHealth in the WHO European Region
From Innovation to Implementation

http://bit.ly/1TUkrvJ

or via

http://www.euro.who.int

Universal Health Coverage (UHC)

Direct costs: proportion of the costs covered

Reduce cost-sharing and fees

Include other services

Extend to non-covered

Current pooled funds

Services: which services are covered?

Population: who is covered?
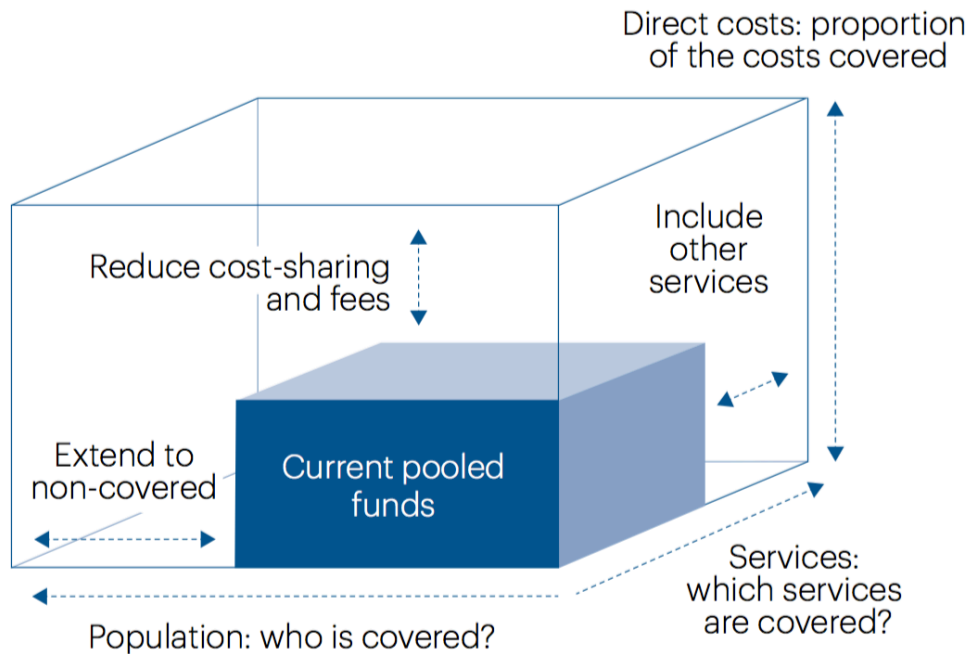
From a policy perspective, eHealth is a key contributor to UHC as it:

- Extends the scope, transparency and accessibility of health services & health information.

- Widens the population base capable of accessing the available health services.

- Offers innovation and efficiency gains in the provision of health care.

World Health Organization

REGIONAL OFFICE FOR Europe

Main policy-based findings from the report

- Countries are recognizing the importance of ***anchoring their eHealth strategies & policies in UHC*** goals and the reduction of social inequities.

- National policies are reflecting that ***successful investment in eHealth requires far more than technology acquisition*** – but political change needs to be better accommodated.

- Policies are increasingly focused on an ***intersectoral approach for delivery*** between health and welfare, health and ICT, health and education etc.

- Policies are becoming ***more nuanced (focused) to specific areas of application*** and are inherently ***patient-centric*** in their approach.

- Major ***policy gaps*** exist.

National eHealth policy in numbers (n=46)

- **84% (38 countries)** have a national universal health coverage policy or strategy, of which **74% (28 countries)** report a specific reference to eHealth or ICT in support of universal health coverage.

- **70% (30 countries)** report having a national eHealth policy or strategy, **90%** of which indicate their policy or strategy makes an explicit reference to objectives or key elements of UHC.

- **69% (31 countries)** report having financial support available for the implementation of their national eHealth strategy or policy.

- In **59% (13 countries)**, mHealth programmes are guided by eHealth policy or strategies, whereas **18% (four countries)** report that mHealth is guided by the national telehealth strategy and **27% (six countries)** report that no specific policy or strategy guides mHealth.

Telehealth

National policies or strategies address telehealth in 62% of Member States – an increase of over 30% since 2009. In countries where telehealth is more mature, current programmes are being expanded and new services added, such as health education and self-monitoring for patients (see Fig. 1 for more information).

Fig. 1. Trends in Member States with telehealth services, 2009 and 2015
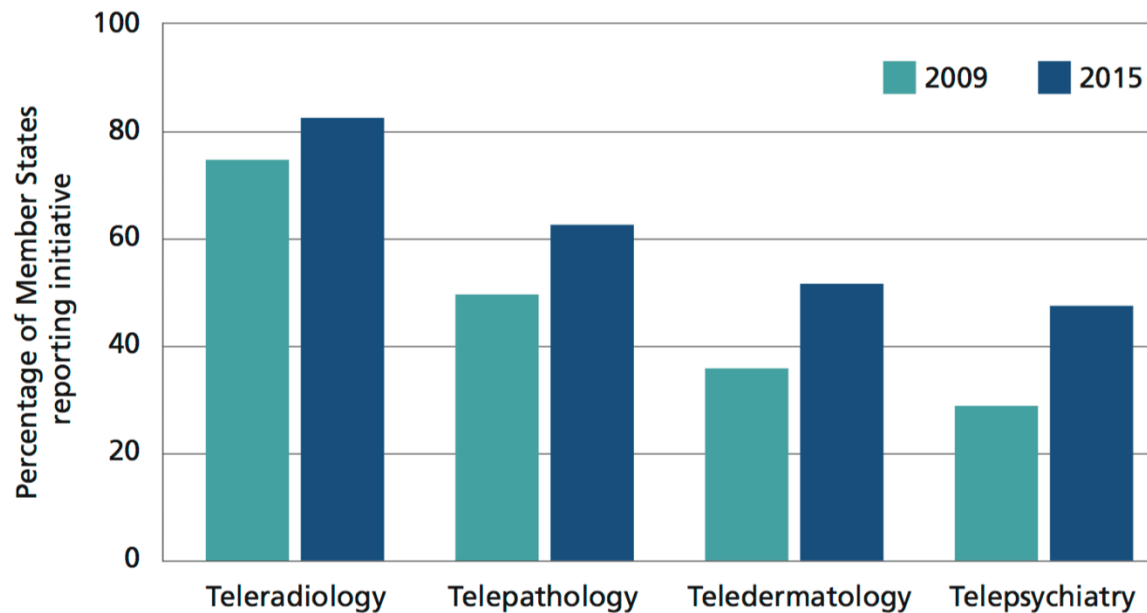
Policy gaps

- Only **27%** of respondents have a *dedicated policy for Telehealth* with **36%** referring to Telehealth through an overarching national eHealth or other digital policy or strategy.

- Only **13%** of countries have a *policy regulating the use of big data in the health sector* and only **9%** have a national policy or strategy *regulating the use of big data by the private sector*.

- Only **14%** have a national policy governing the *use of social media in the health profession* (**81%** reporting having none) but **91%** acknowledge that individuals and communities are *using social media to learn about health issues*.

- There is an absence of targeted policies and strategies for **Digital literacy** (for health professionals and the public) – risking a growth in digital inequality.

- Policies on **multilingualism** within the health sector are not as prevalent as could be expected.

THANK YOU!

Clayton Hamilton
hamiltonc@who.int
Twitter: @ClaytonHamilton

http://www.euro.who.int/en/health-topics/Health-systems/e-health
http://www.euro.who.int

Swedish Vision for eHealth

Tomas Lithner
Director
Swedish eHealth Agency

The eHealth vision for 2025

"In 2025, Sweden will be world leading at using the opportunities offered by digitalization and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in society."

Action plan

Next step: one or more action plans

Many good efforts are made but overall there is a need for better coordination

Three areas are highlighted in the vision

1. Laws and regulation

2. Terms and concepts (semantic interoperability)

3. Technical standards

Implementing a Regional eHealth Strategy

Kirsti Ylitalo-Katajisto
Director,
Healthcare & Social Welfare,
City of Oulu

Social Welfare and Health Care Reform will be carried out in Finland



Challenges

- Ageing population

- Increased need of services due multi-morbidity

- Accumulation of social and health problems; poverty, unemployment, poor health, poor mental health

- 10 % of population is using 80 % of public social and health care resources

- Increasing inequalities

- Increased demand of services due to access to information on new technologies

- Access to information

eAppointment
personal health record

ODA
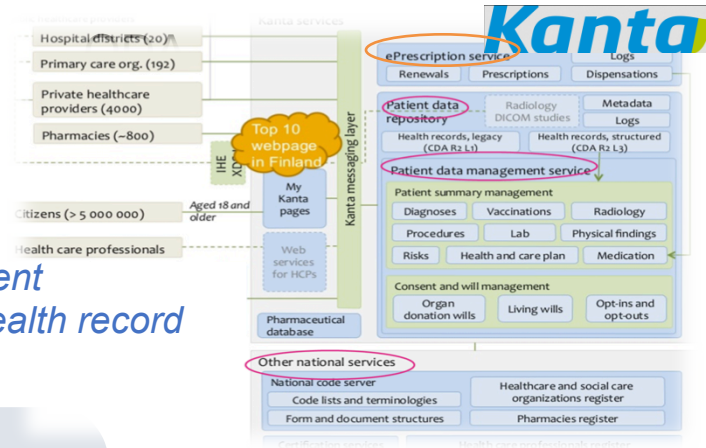
eServices – Oulu SelfCare – Citizen's Personal Welfare Service

New national social and health eServices

OuluHealth Labs – OYS Testlab, Oulu Citylab, OAMK SImlab

Utilizing technology & robotics
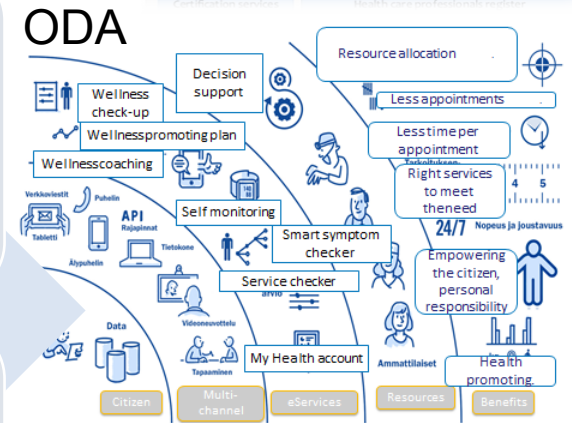
OuluHealth Labs – a unique test and development environment

Idea	Development	Testing
Matchmaking	Prototype	User testing
Workshop	Professional consultancy	Product training
Proof of concept	Lab simulation / Clinical research	Product launch
→ Best ideas chosen	→ Early stage pilots	→ User references
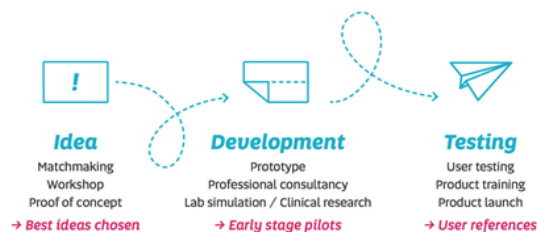
Implementing a Regional eHealth Strategy

Ain Aaviksoo

Deputy Secretary General for e-Services &
Innovation,
Ministry of Social Affairs, Estonia

„The essence of strategy is choosing what not to do"

\- Michael Porter -

Harvard Business School

Shared goals and culture

Impact

Shared Care

Simulation
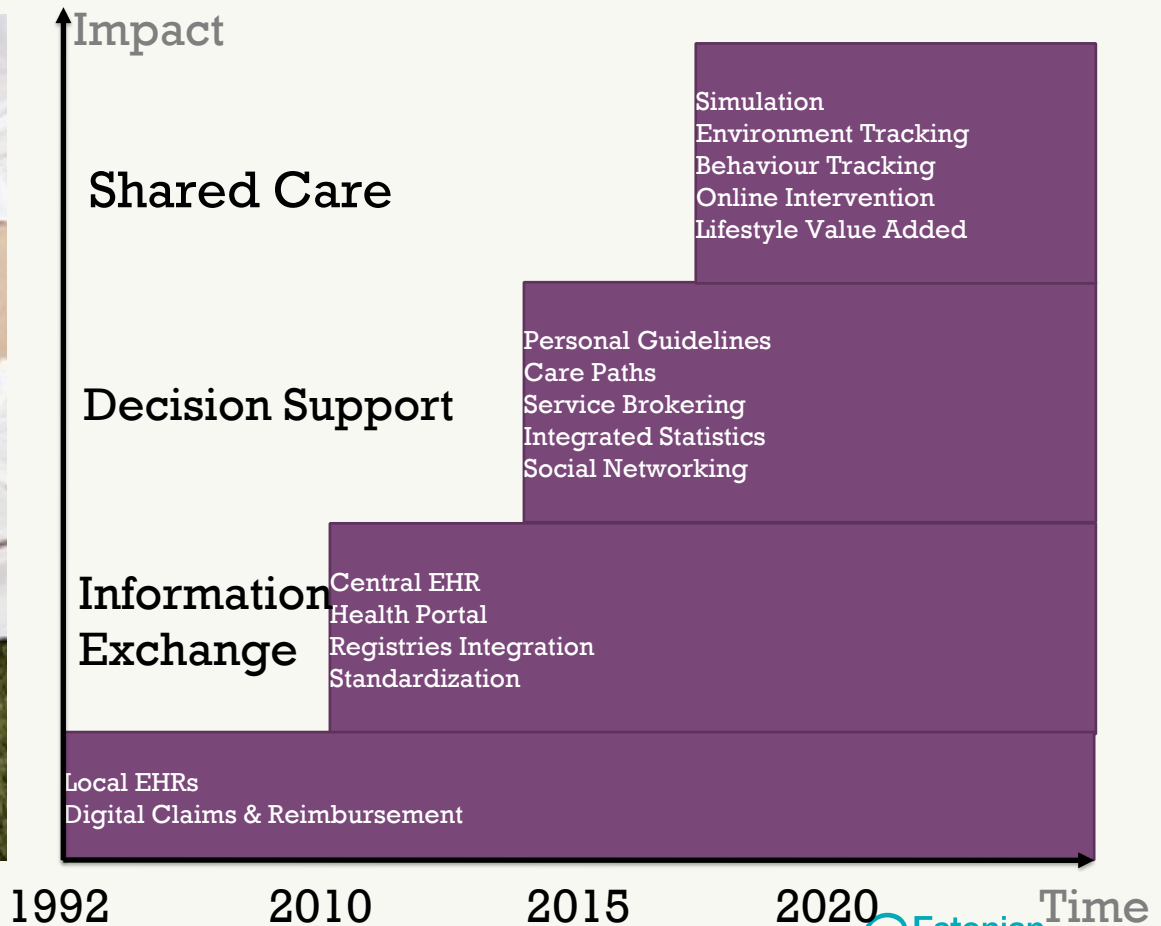Environment Tracking
Behaviour Tracking
Online Intervention
Lifestyle Value Added

Decision Support

Personal Guidelines
Care Paths
Service Brokering
Integrated Statistics
Social Networking

Information Exchange

Central EHR
Health Portal
Registries Integration
Standardization

Local EHRs
Digital Claims & Reimbursement

1992   2010   2015   2020   Time

Estonian
eHealth
2025

Strategic transformation goals in Estonia's eHealth Strategy for 2016-2020

High **quality data** capture and information infrastructure for clinical services, R&D, economic development

Citizen-centered & **personalised** medicine

Holistic case management and **integrated** health & social service network

Quality & outcome based service and health policy management

Tele- and mobile services for increased service efficiency
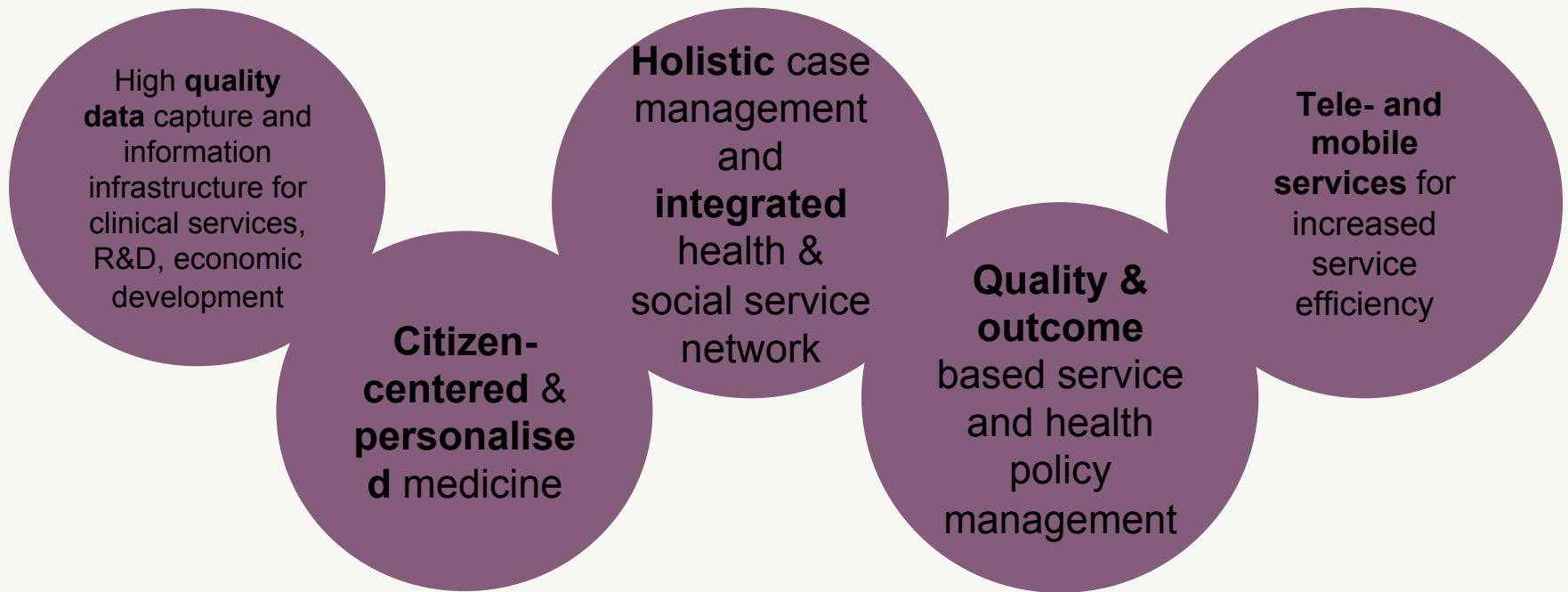
Better information - more health!

Estonian eHealth 2025

Patient and Citizen Power in the Age of Digital Health

Laurène Souchet
Policy Adviser at European
Patient Forum

Maritta Perälä –Heape
Director,
CHT

Ann Tronde
Region Skåne

María del Pilar López Acuña
Fundación para la Formación
e Investigación Sanitarias
de la Región de Murcia

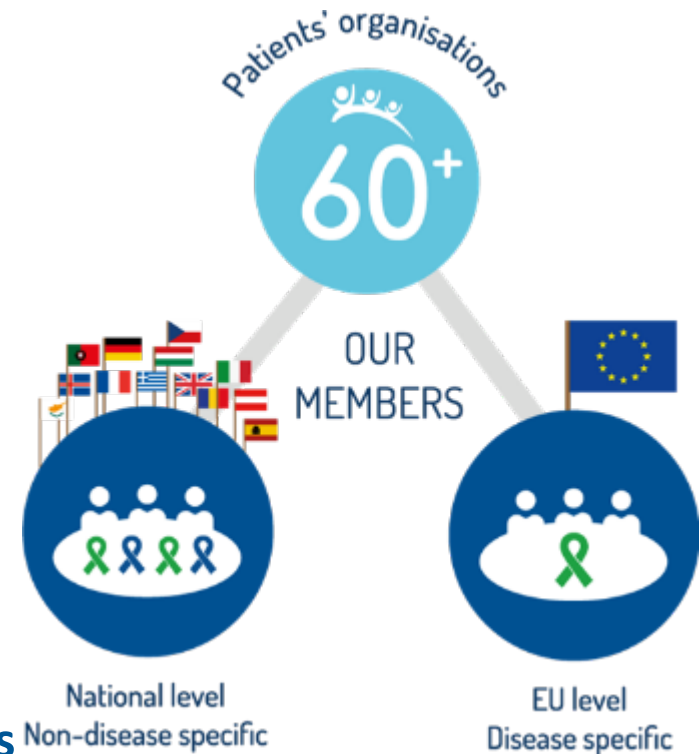# Patient and Citizen Power in the Age of Digital Health
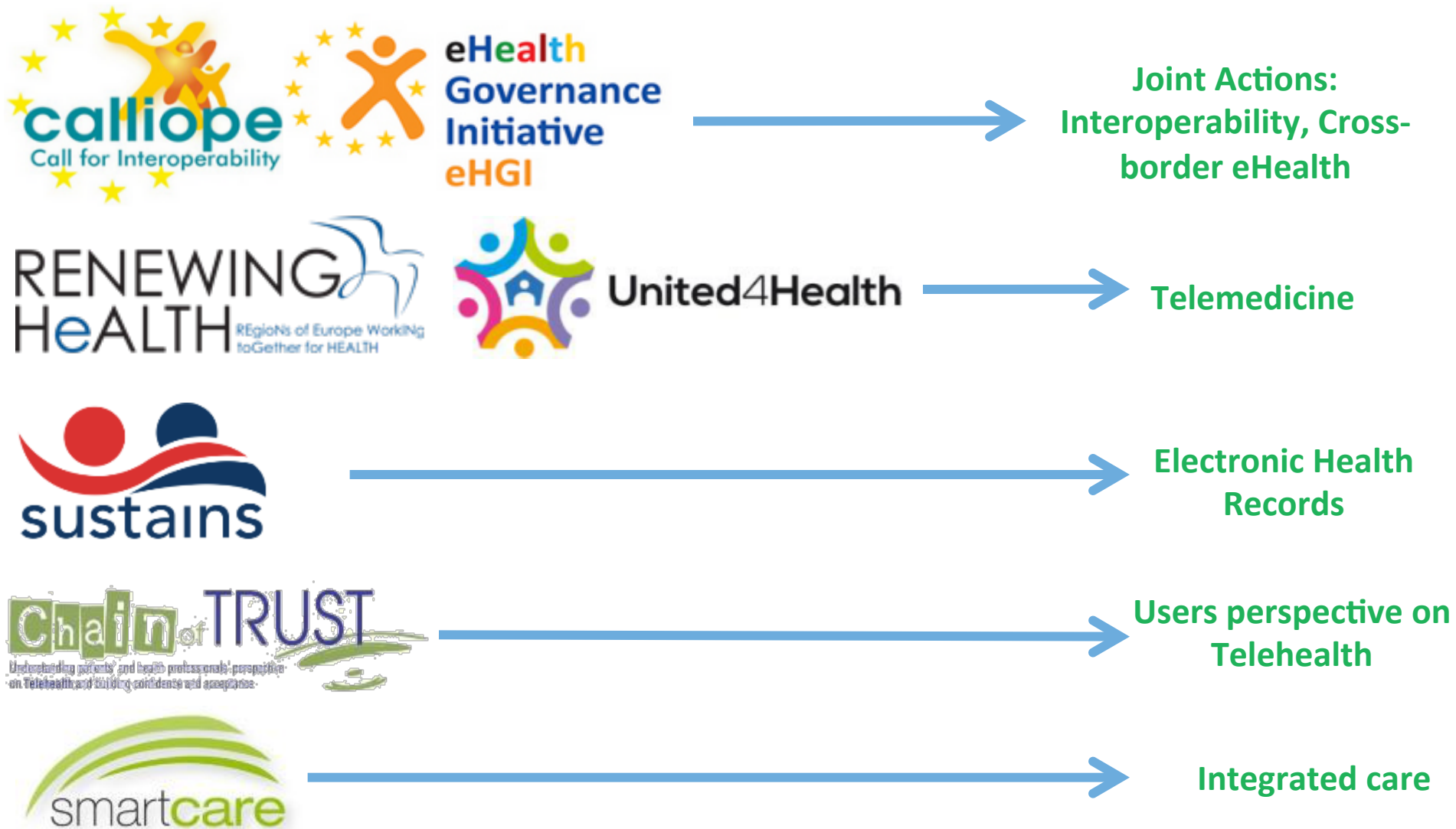
Laurène Souchet
Policy Adviser at European Patient Forum

Who is EPF?

- European Patients' Forum
  - Umbrella organisation
  - Active since 2003
  - Independent & non-governmental
  - EU patients' voice

- Our members
  - 67 patients' groups
  - Disease-specific EU & national coalitions

- Our vision
  - All patients in the EU have **equitable access to high-quality**, **patient-centred** health and social care
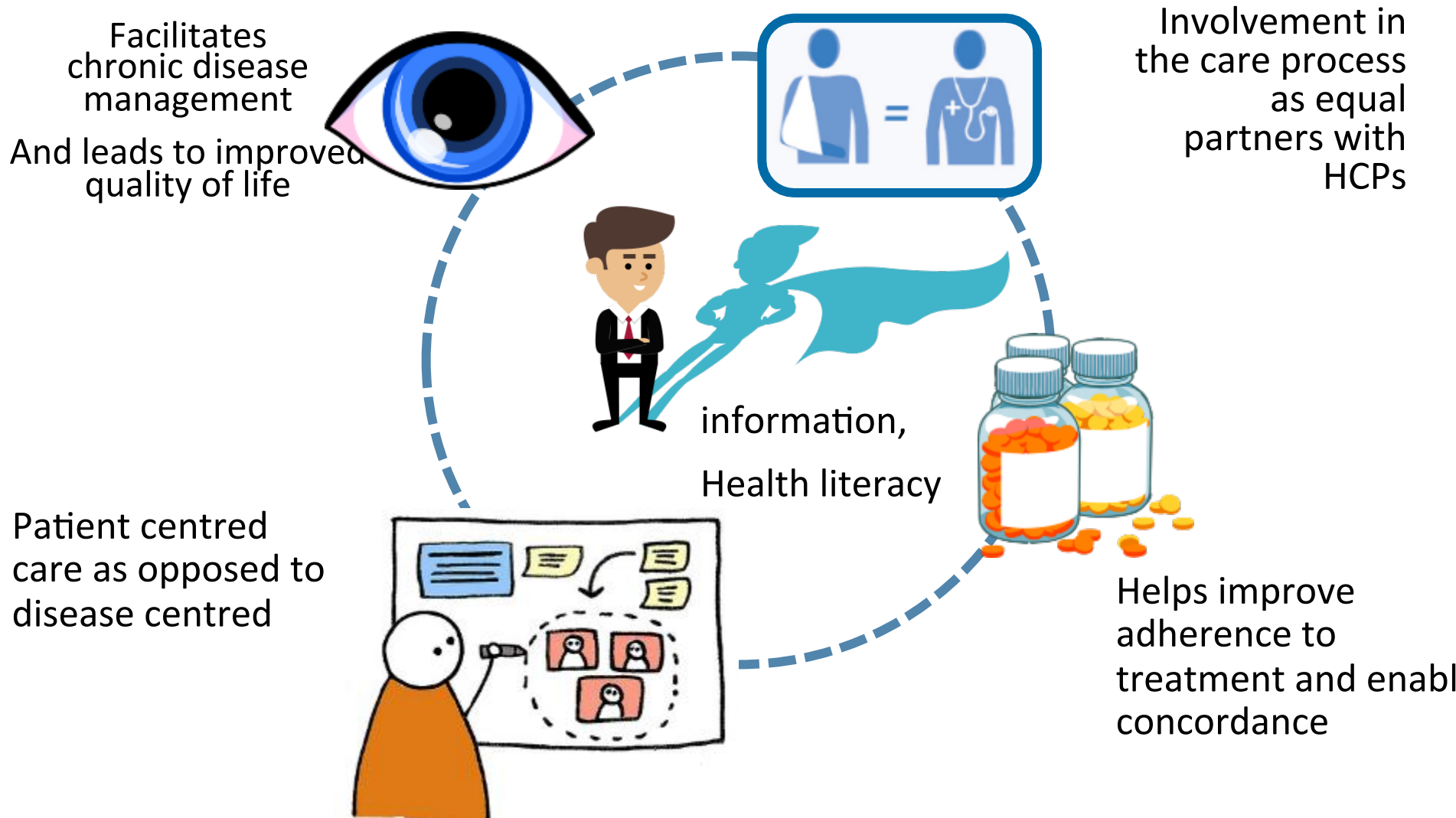

Patients' organisations

60+

OUR MEMBERS

National level
Non–disease specific

EU level
Disease specific

EPF eHealth projects

calliope — Call for Interoperability

eHealth Governance Initiative eHGI

→ **Joint Actions: Interoperability, Cross-border eHealth**

RENEWING HeALTH — REgioNs of Europe WorkINg toGether for HEALTH

United4Health

→ **Telemedicine**

sustains

→ **Electronic Health Records**

Chain of TRUST — Understanding patients' and health professionals' perspective on Telehealth and building confidence and acceptance

→ **Users perspective on Telehealth**

smartcare

→ **Integrated care**

What do patients expect from the age of digital health?

Patients' expectation in eHealth

Facilitates chronic disease management

And leads to improved quality of life

Involvement in the care process as equal partners with HCPs

information,

Health literacy

Patient centred care as opposed to disease centred

Helps improve adherence to treatment and enabl concordance

Some figures...

Do patients want to be more empowered?

- 92% of patients are willing to play a more active role in managing their own condition

- 60% of patients would be willing to use eHealth in the short-medium future

- … but only 48% think they are ready to handle the additional responsibilities presented by eHealth

Chain of **TRUST**
Understanding patients' and health professionals' perspective on **Telehealth** and building confidence and acceptance

What is Patient Empowerment?

Our definition of empowerment

"Patient empowerment is *a process* that helps patients gain control over their lives, increasing their *capacity to act* on issues that *they themselves* define as important"
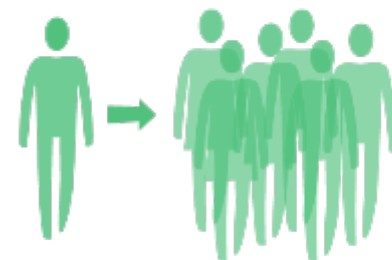
(Adapted from JA-PaSQ, 2012)

A process: non-binary, non-linear
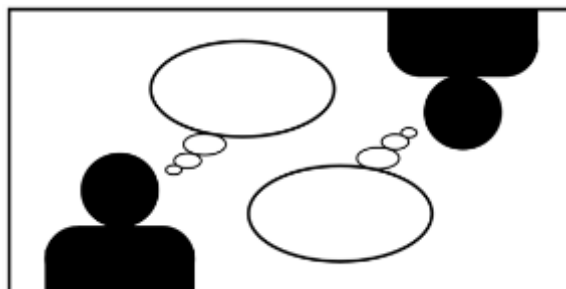
Cannot be imposed from top-down

Individual + Collective

Patient empowerment : the recipe for sustainable patient-centred healthcare

01 **Education.** Making informed decisions with the right information and support.

02 **Expertise.** Patients' unique expertise derived from lived experience is a valuable resource.

03 **Equality.** Equal partnership between patients and professionals.

04 **Experience.** Patients' organisations channel the patient community's collective voice.

05 **Engagement.** Patients as well as the whole society for better health services and policy.

Engagement

Equality

Education

Experien

Expertise

E^5
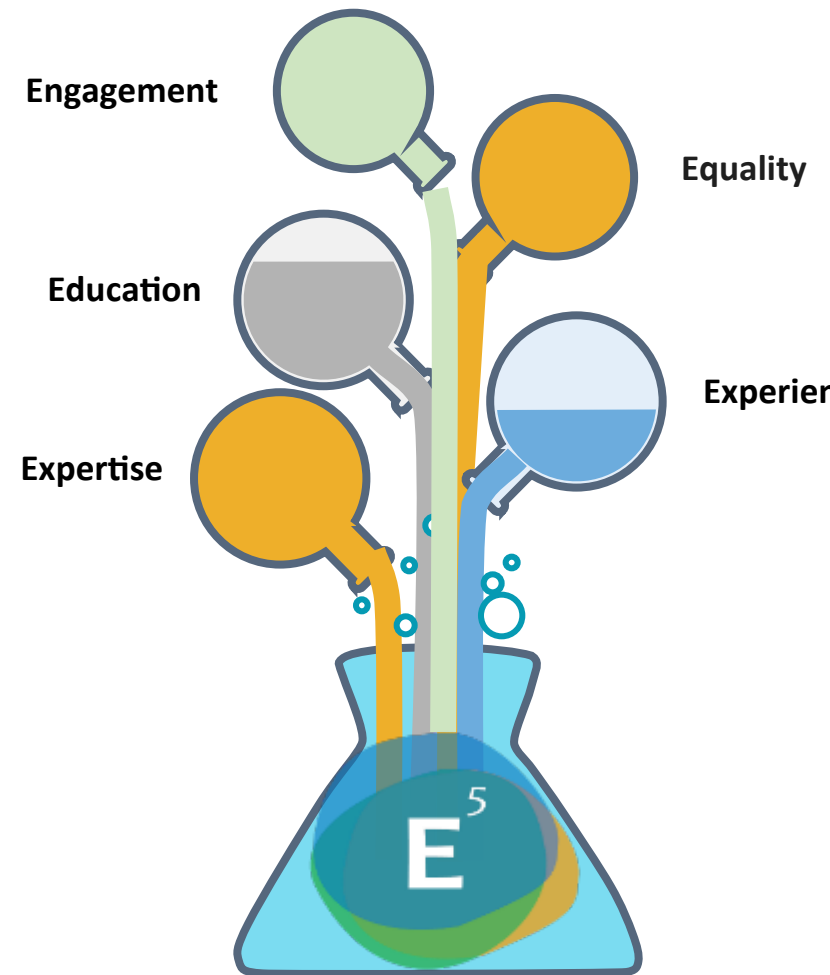
→ Patients prescribe E^5 for Better Health Systems!

How to support patient empowerment?

- The "Patients' **Charter**"
  - Outcomes of our conference on Patient Empowerment
  - Patient Empowerment in 10 points

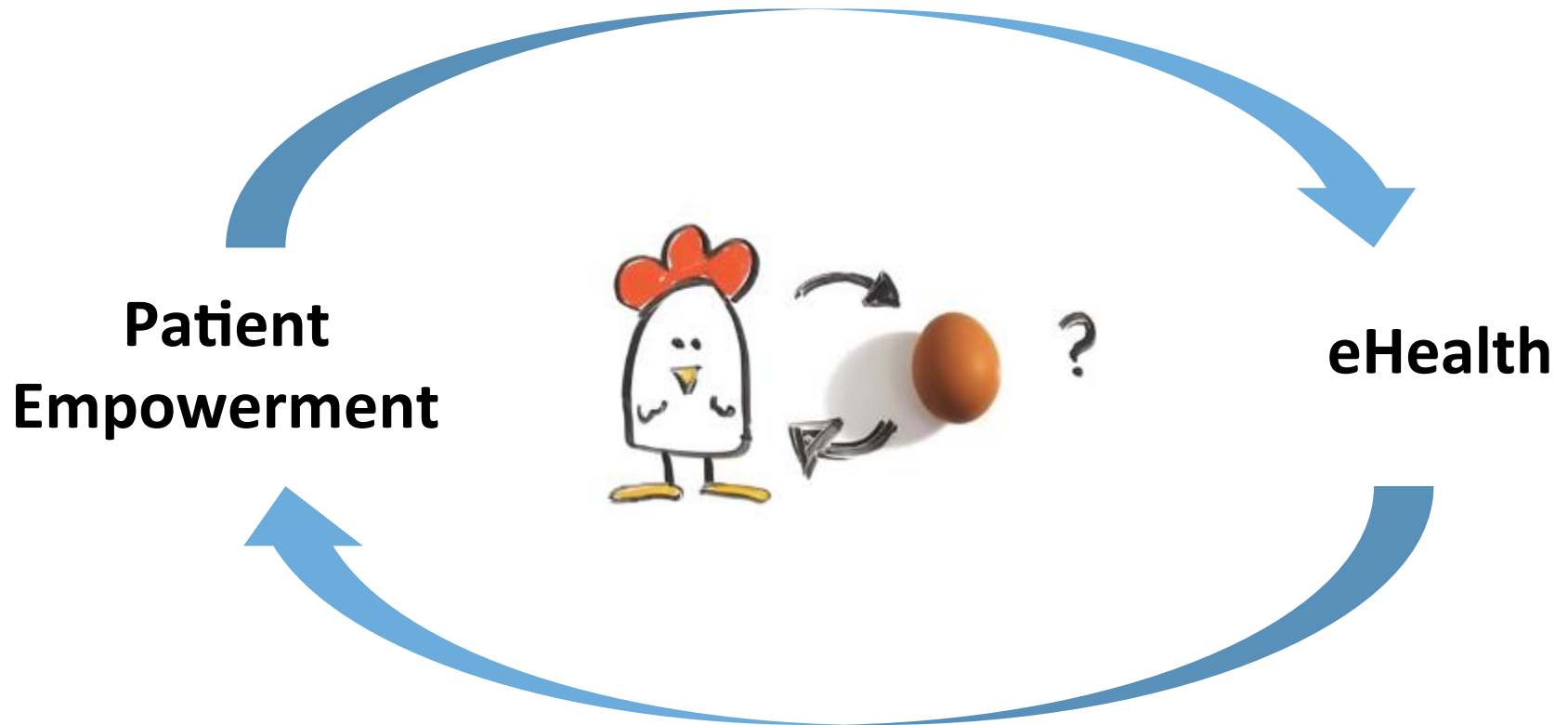- A "**Roadmap** to Patient Empowerment"
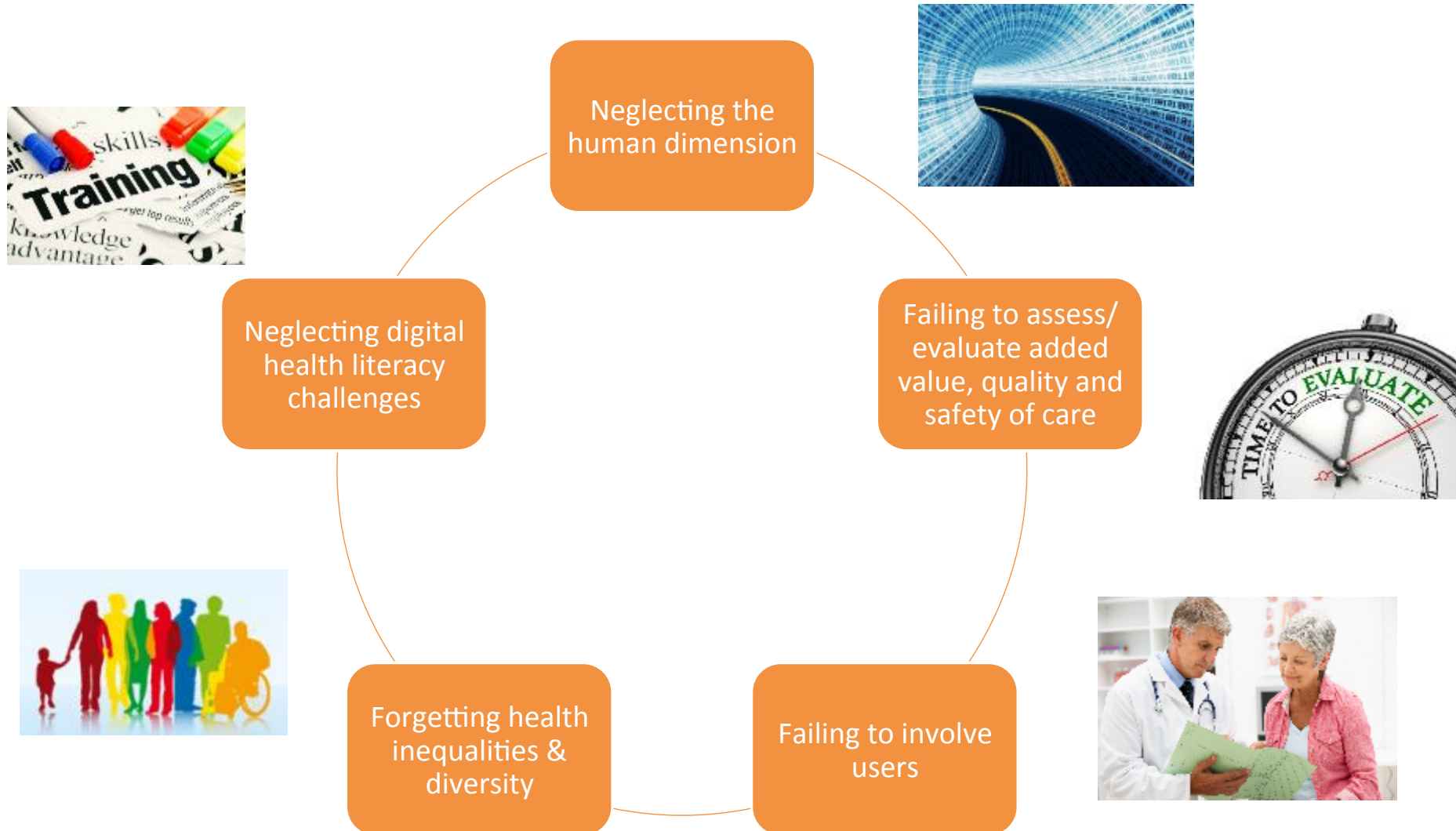 - Propose concrete actions

#PatientsprescribE

Can eHealth contribute to empowerment?

Question!

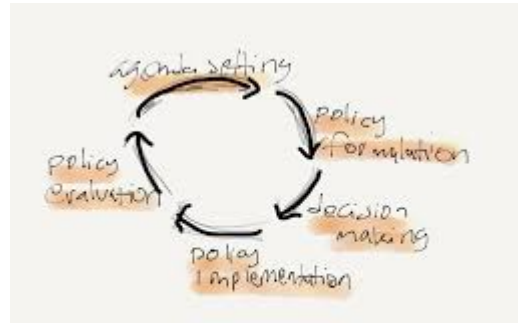Does eHealth require patient empowerment or does eHealth lead to patient empowerment?

Patient Empowerment

eHealth

Common mistakes in eHealth services development and deployment

What meaningful involvement in eHealth looks like

Patient = Expert

Involve patients throughout the design cycle
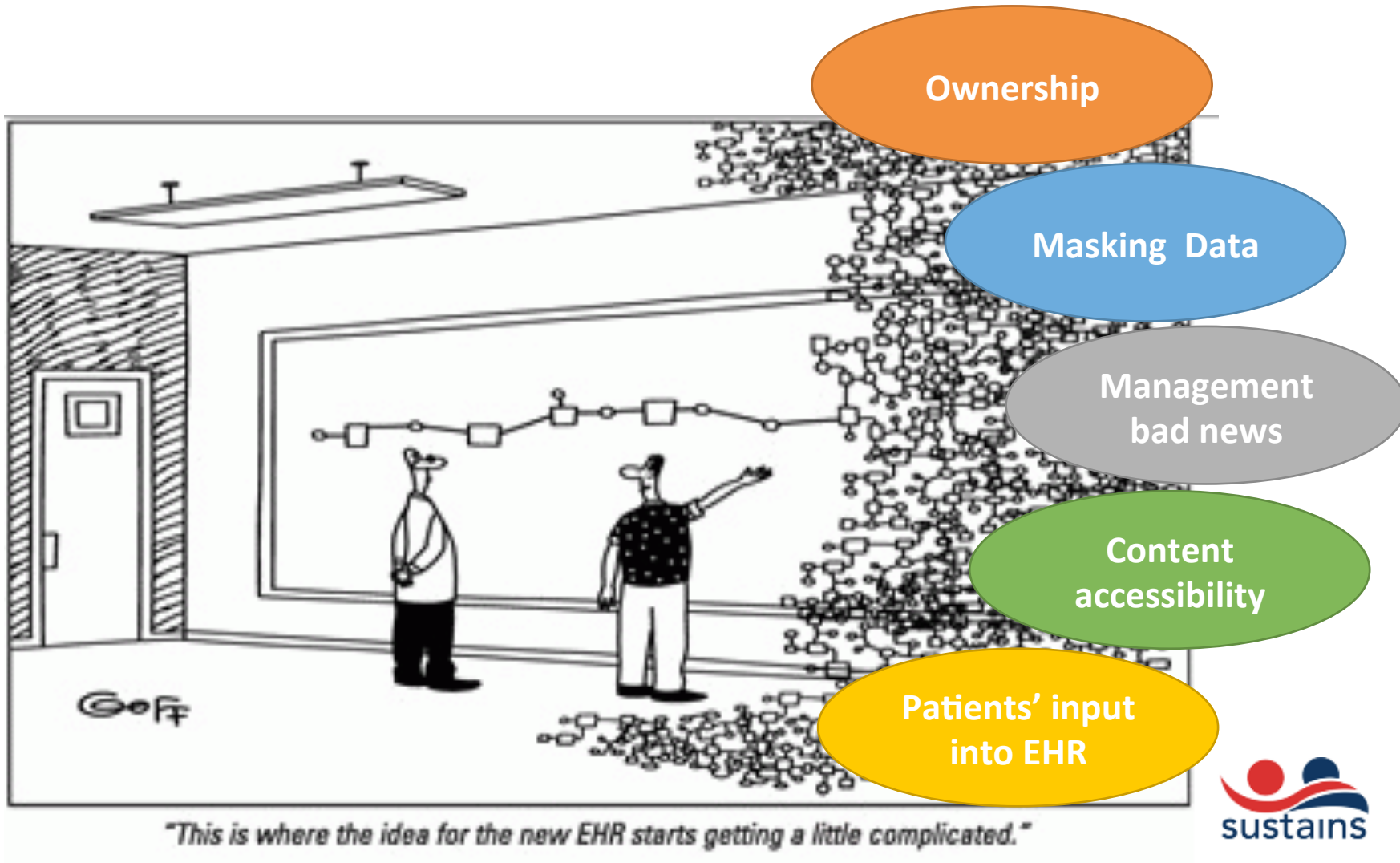
Not just a patient satisfaction survey

Appropriately resourced, planned and evaluated

Meaningful patient involvement

Value+

A concrete case: Patient Access to EHR

Ownership

Masking Data

Management bad news

Content accessibility

Patients' input into EHR

"This is where the idea for the new EHR starts getting a little complicated."

sustains

Conclusion

- **Patient empowerment** is essential for the sustainability of healthcare... and the successful deployment of eHealth

- It requires changes in the eHealth sector and beyond, a Patient Empowerment **strategy** in the EU

- eHealth services need to be developed in a **patient centred** way, with equity of access, patient safety, and quality of care in mind.

THANK YOU FOR YOUR ATTENTION!

Follow us on Social Media!

/europeanpatientsforum

/eupatientsforum

/eupatient

eu-patient.eu/blog

More information
www.eu-patient.eu
info@eu-patient.eu

A STRONG PATIENTS' VOICE TO DRIVE BETTER HEALTH IN EUROPE

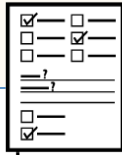**EPF** European Patients Forum

My Data: Human Centric Approach for Organizing Personal Data

Maritta Perälä –Heape
Director,
CHT

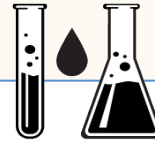# Is healthcare ignoring the power of the personal data?

MEDICAL HISTORY

Filling the Form
- Health history based on customer's memory
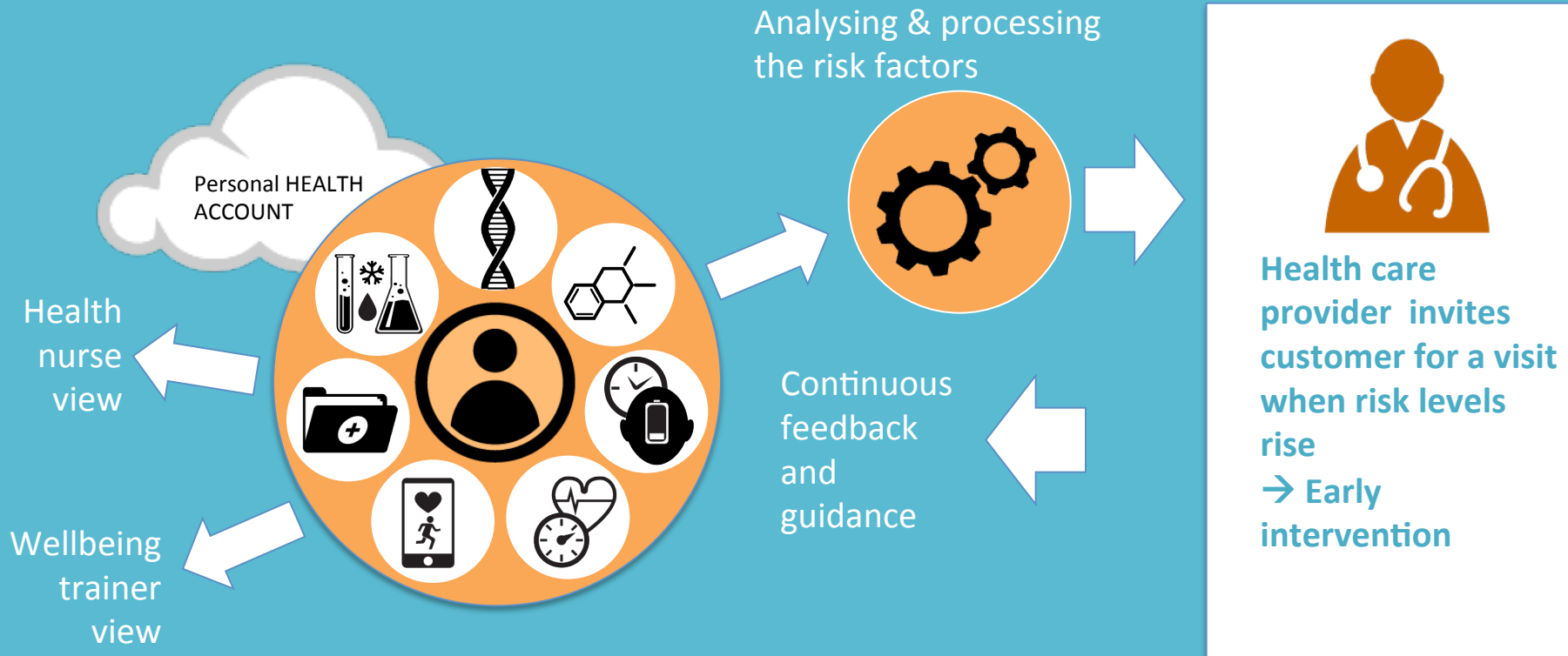- Health self-assessment

LAB TESTS

- Blood samples
- Possible other tests based on the known medical history

DOCTOR'S APPOINTMENT

- Laboratory results
- Physical health

Future of personalized health & care?

Personal HEALTH ACCOUNT

Health nurse view

Wellbeing trainer view

Analysing & processing the risk factors

Continuous feedback and guidance

Health care provider invites customer for a visit when risk levels rise → Early intervention
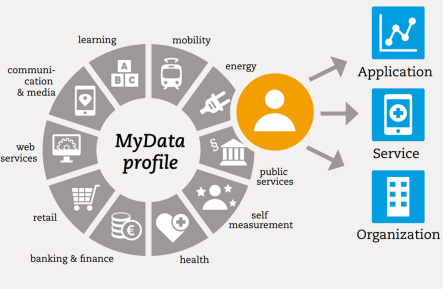
MYDATA CLINIC

STEP 1 – INTRODUCTION TO MYDATA	STEP 2 – END USER AND BUSINESS VALUE ANALYSIS	STEP 3 – TECHNICAL AND REGULATORY ANALYSIS	STEP 4 – TOWARDS MYDATA ECOSYSTEM
CONTENT			
	MYDATA BASED SERVICE REALISATION AND VERIFICATION		
• MyData principles • Ideas, needs and capabilities of the company / organisation	• Deepening customer understanding • Defining MyData based service scenarios • Value creation networks and business models	• Technical specification • Defining data management from regulative point of view	• Iterative development of the final concept, testing and co-creating with the users of the service
OUTCOMES			
• Understanding of the possibilities of a MyData based solution • Understanding of the main customers and stakeholders	• Customer journey • Value network analysis • Business model canvas	• MyData compliant technical architecture draft • Identified barriers	Finalised: • Service concept • Technical architecture • Prototype • Meet requirements of EU General Data Protection Regulation • Business model
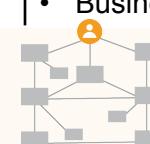
My Life My Health

Ann Tronde
Region Skåne

"In one year, there are 8760 hours. I spend 5 of these hours within healthcare.

The remaing 8755 hours are my own responsibility"

(quote: kidney transplant recipient)

My Life

- **Emotions – coping strategies**
- **New role in life**
- **Meet family expectations**
- **Children?**
- **Return to work**
- **Social adaptation**
- **Travel?**
- **Avoid crowds – what is a crowd?**
- **Food**
- **Pets?**
- **Etc.**

My Health

- **Treatment**
  - **Medication adherence – life-long**
  - **Adverse events**
  - **Drug interactions**
- **Monitor**
  - **Vital signs signs**
  - **Symptoms**
  - **Signs of organ rejection**
- **Control of infections**
- **Restrictions/life-style**
  - **No smoking/ alcohol**
  - **Avoid sunlight**
  - **Healthy food**
  - **Regular exercise**
- **Regular check-ups at the hospital**

The platform

Evidence-Based Knowledge | | Challenges | Alerts | Monitoring and Share Health Data | Follow up
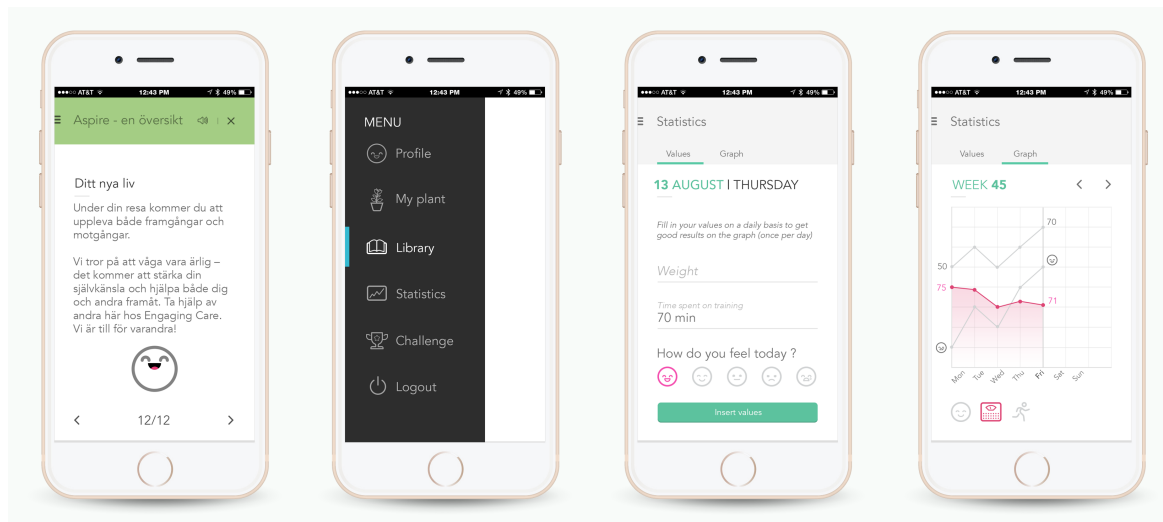
School of Health: Patients' Education Murcia, Spain

María del Pilar López Acuña
Fundación para la Formación
e Investigación Sanitarias
de la Región de Murcia

Actions

Challenge

- **Learn from the experiences of Success**
- **Analyze what model of School we want and we need**

We want innovative and quality ideas:

How to capture the attention of healthy people or how to make friendly and engaging the process of learning a healthy life?

We should learn to live in the present moment.....

Actors that must take part in the consolidation of the School of Health

- **Citizens**
- **Health Institutions**
- **Professional Associations**
- **Citizen Associations**
- **Patients Associations**

Achievements to get

- **The training provided by the School of Health should contribute to healthy and mature societies**

- **Let's give people through school of health more tools to achieve this**

Unlocking eHealth Opportunities Through Innovative Business Modelling

Bleddyn Rees
Commercial Lawyer, Commercial Advisor NHS Trusts

Johan Ny
CEO,
Ny Consulting AB

Timo Alääkkölä
Oulu University Hospital

Carlos Arenas
Director,
Cieza Hospital

Readi for Health - Exploitation of Lessons Learnt and Sustainability Actions

Bleddyn Rees
Commercial Lawyer, Commercial Advisor
NHS Trusts

Innovative Business Models to support e-Health opportunities

Bleddyn Rees, Digital Health Consultant

1. Key challenges in e-Health from providing perspective

- Risk allocation between commissioners and providers and risk management
- Integration of services
  - primary and secondary healthcare services
  - health and social care services
  - health, social care and education services
  - health, social care, education and housing services
- **Joined up** policy and delivery of services
- How do you contract for integrated services (contracting models)
- How do you pay for integrated services (payment models/mechanisms B2B, B2C, B2B2C)

2. How do payment models to Health & Social Care providers traditionally work?

- **Block grant type funding:**
  - e.g. to run a whole hospital or specific services A&E or maternity
  - used where demand/volume risk is unpredictable or too volatile or
  - where the duration of services or the exact treatment(s) is unknown e.g. mental health
- **Payment for specific services/activity:**
  - payment by Results (PbR) in the NHS in England
  - Based on activity defined by HRGs (Human Resource Groups or Diagnostic Resource Groups (DRGs))
  - fixed fees e.g. per resident in a care home
- **Capitated Models**
  - demand risk transferred and provider treats a defined population for a defined period of time
- **Shared Provider/Commissioner 'risk' models (demand/effectiveness)**
  - "Alliance" contracting
  - Joint Ventures or Partnerships

3. Traditional Health & Social Care Contracts

Separate contracts with each party

Separate objectives for each party

Commissioner is the co-ordinator

Expectation of dispute

Change not easily accommodated
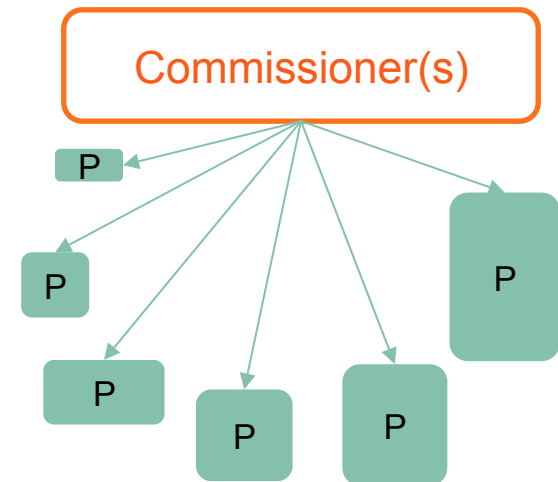
4. Alliance Provider Contract Structure

Overarching Alliance "Relationship" contract between all parties setting out governance arrangements, risk/reward mechanism and performance regime

Individual bi-lateral service contracts with Providers (P1, P2, P3) incorporating, for example, mandatory NHS Standard Contract terms

P1

P2

P3
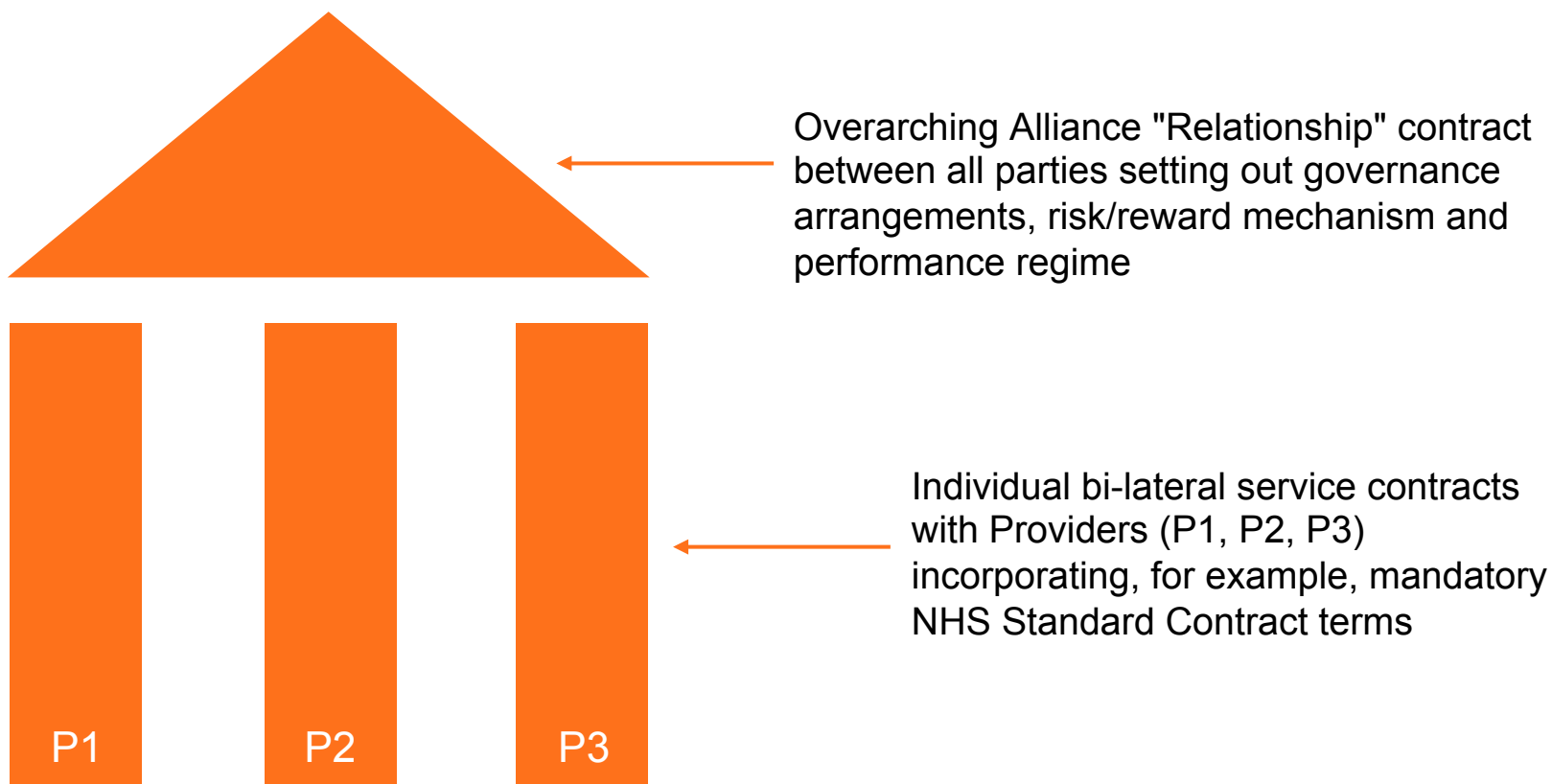
5. Alliance Contract

One contract, one performance framework

Shared risk and reward framework

Aligned objectives, collective accountability

Expectation of trust – no fault, no blame

Change and innovation in delivery are expected

Commissioner(s)

P

P

P

P

P
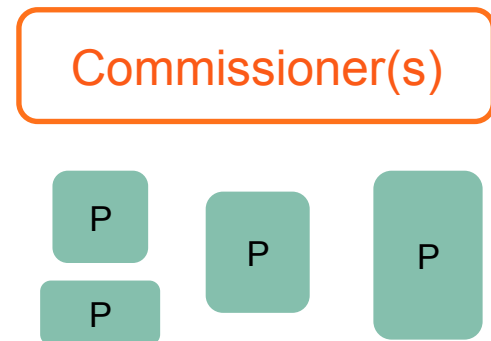
6. Alliance Contracting – purpose and working principles

- Success relies on strong relationships and trust

- Shared responsibility drives improvement, innovation and efficiency

- The heart of an Alliance is a set of agreed 'principles'

- Decisions as an Alliance made on "best for service" basis rather than individual position

7. When to use Alliancing

- Complex risks and interfaces

- Difficult stakeholder issues

- Likelihood of scope changes due to technological change or political influence

- A need for owner 'interference'

- Threats or opportunities that can best be managed collectively

8. Which industries use alliancing?

Newer initiatives:

- Network Rail Infrastructure Limited

- Highways Agency

- Nuclear decommissioning

- Nuclear new build

- HEALTH

Established practice:

- Water

- National Grid (now restructured)

- Defence

- SSE

- Airport construction

- Retail

9. Alliance Principles

Typical alliances principles:

- no harm

- best for project / service decisions

- accountable for actions

- open honest communications

- collective responsibility and mutual support

- trust, integrity and respect

- proactive pursuit of innovation / outstanding performance

We will not tolerate:

- Bullying or dominating behaviour

- Unsafe work practices

10. Alliance Decision making

Unanimous, "best for service" decision-making on all key issues
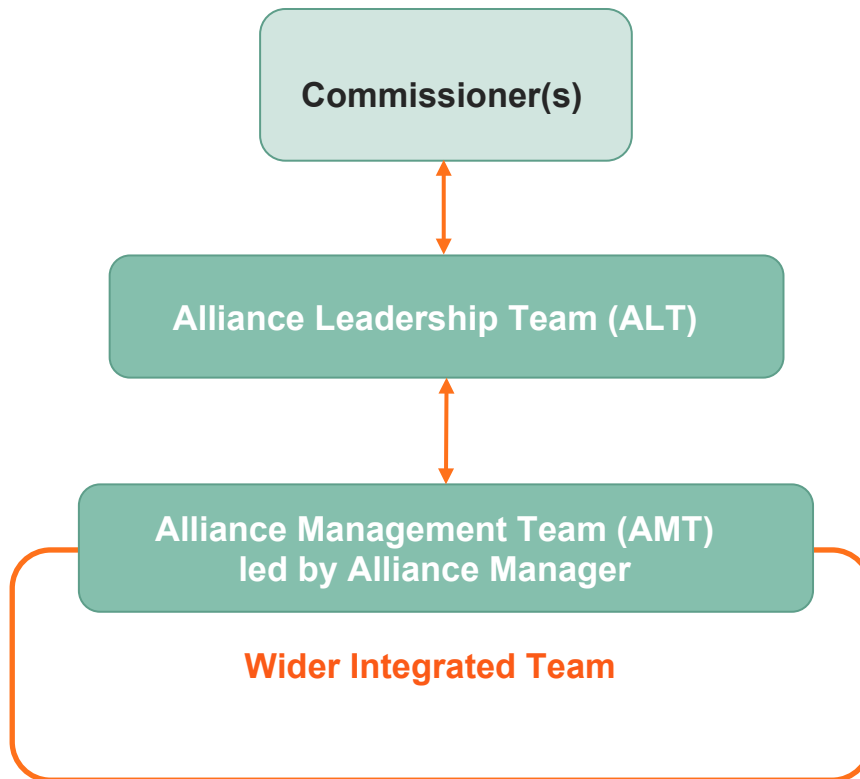
| Unanimous | a win:win however hard the journey |

| Principle based | Return to principles agreed at the outset and written into the contract |

| Best for service | Rigorously apply 'best for service' test |

osborneclarke.com

11. Alliance Governance

Commissioner(s)

Alliance Leadership Team (ALT)

**Alliance Management Team (AMT)
led by Alliance Manager**

Wider Integrated Team

Alliance Leadership Team
- senior members (including commissioner) with authority to commit
- ensures delivery outcomes sought
- agrees governance of the service or project
- sets up roles and accountabilities
- ensures data collection is in place for performance monitors

Alliance Management Team
- key people with subject expertise
- implementation plan
- identifies target costs and ensures actual costs are less
- implements delivery of desired outcomes
- regularly reviews performance to find improvements
- reviews risks and mitigating actions

Alliance Manager runs the alliance

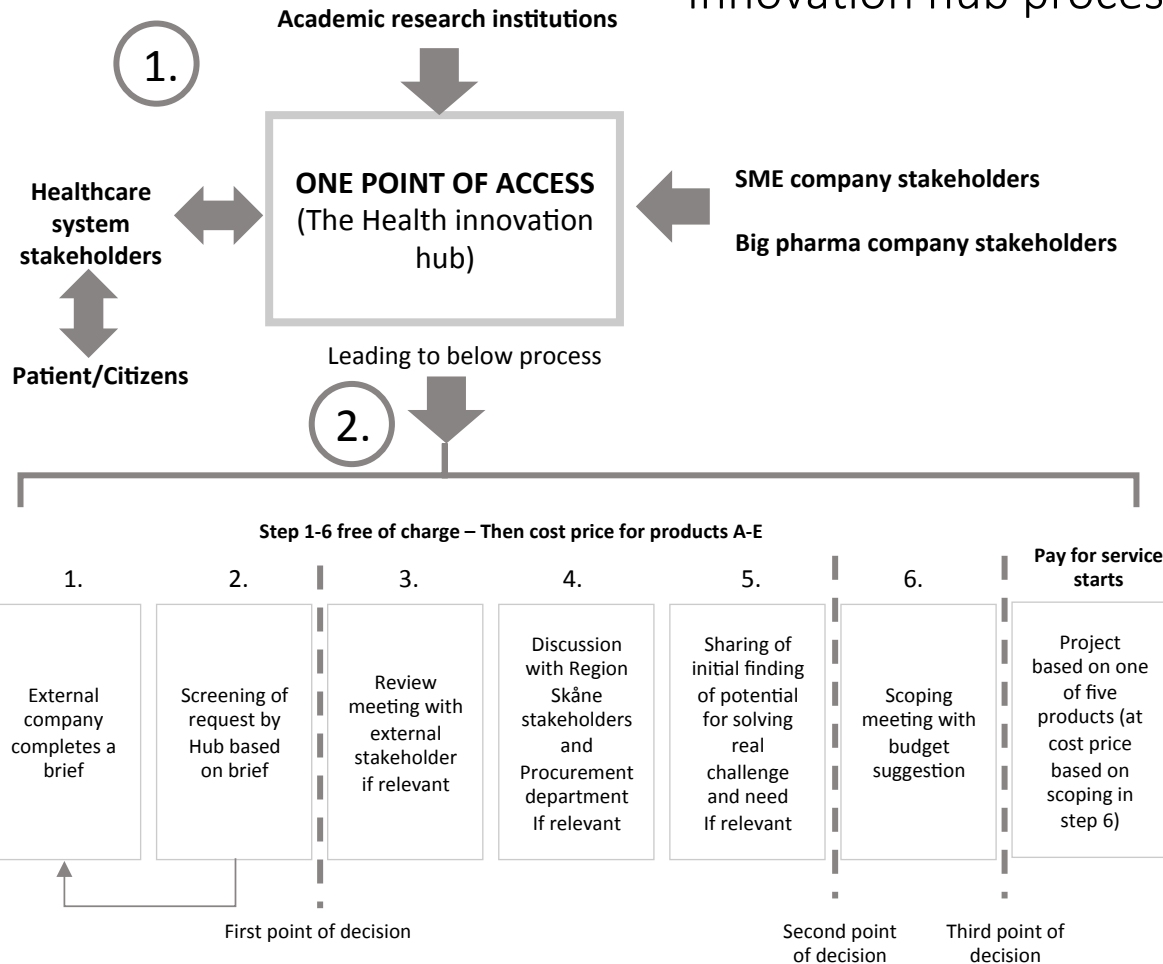# Thank you & questions

osborneclarke.com

@bleddyn_rees

E: bleddyn.rees@osborneclarke.com

eHealth Innovation Hub

Johan Ny
CEO,
Ny Consulting AB

Innovation hub process, services and business model

1.

Academic research institutions →

Healthcare system stakeholders ↔ **ONE POINT OF ACCESS** (The Health innovation hub) ← SME company stakeholders

← Big pharma company stakeholders

Patient/Citizens ↕

Leading to below process

2.

Step 1-6 free of charge – Then cost price for products A-E

1.	2.	3.	4.	5.	6.	Pay for service starts
External company completes a brief	Screening of request by Hub based on brief	Review meeting with external stakeholder if relevant	Discussion with Region Skåne stakeholders and Procurement department If relevant	Sharing of initial finding of potential for solving real challenge and need If relevant	Scoping meeting with budget suggestion	Project based on one of five products (at cost price based on scoping in step 6)

First point of decision

Second point of decision

Third point of decision

3.

A business model based on a combination of free and cost price revenue creation

Products offered to solve most common needs

A. Product development service
1. Understanding real needs with patients and HCP:s
2. Validation of needs:
-Conceptual prototype (MVP)
-Real product to test
-Access to real patient and HCP reality to uncover needs
3. Field testing in real life clinical setting of existing product
4. Clinical trials and establishment of clinical evidence

B. Screening product for potential
-Solving a real need?
-Relevance for Healthcare system?
-Willingness to pay for product?

C. Follow-up of health economic value creation
-Collaborate with academics to establish societal, patient and HC system benefit
- implementation and follow up of cost effectiveness

D. Access to data sets
-Individually induced data
-Healthcare induced data
-Integration of individual and healthcare induced data
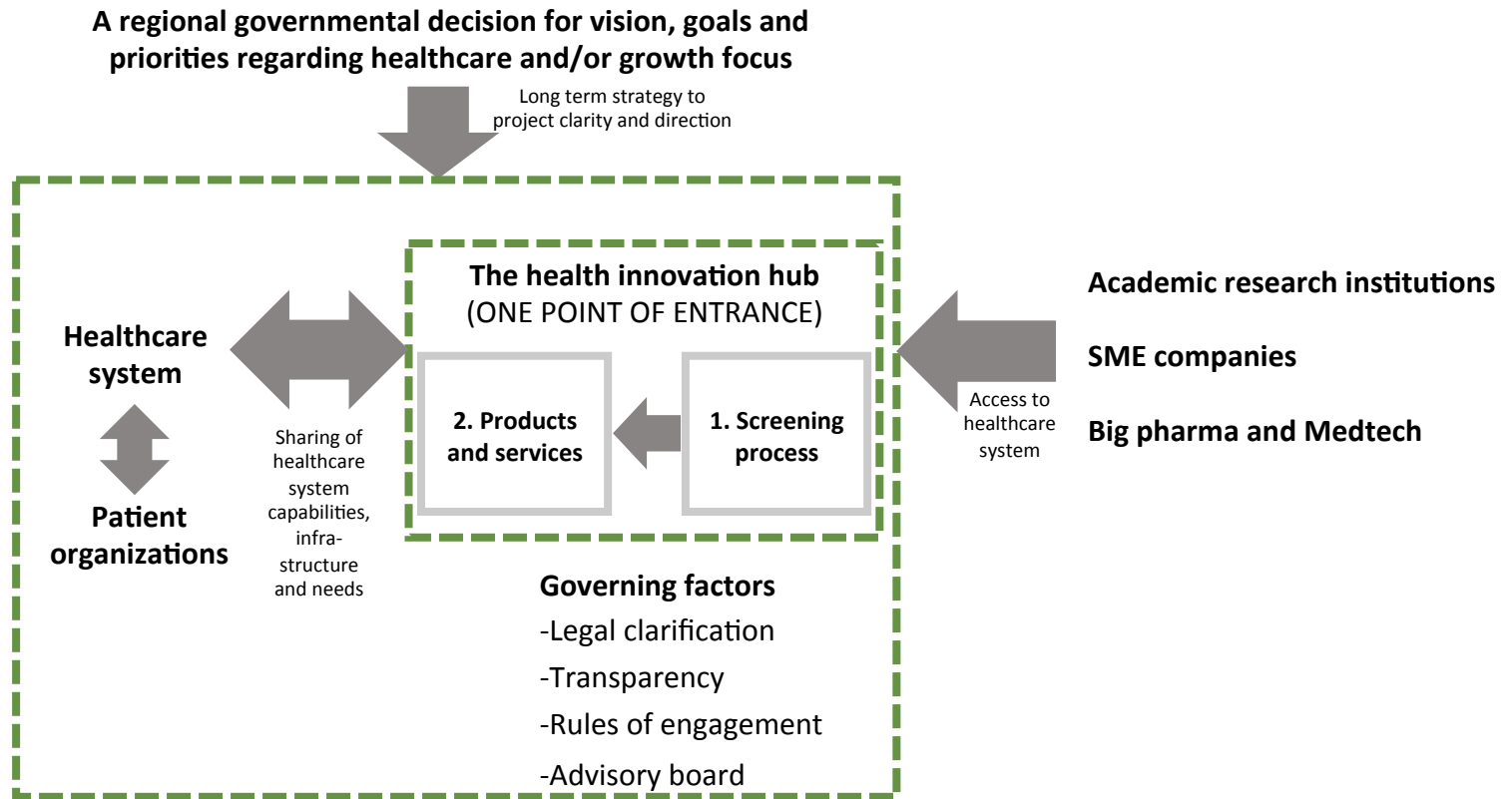-Package data sets for sale to companies

E. Matchmaking service
-internal need definition and transparency
-External clarity and "challenge procurement"
-Access to healthcare professionals
-Reward for best solution

Short and long term focus ensures clarity, direction and success

A regional governmental decision for vision, goals and priorities regarding healthcare and/or growth focus

Long term strategy to project clarity and direction

Healthcare system

Patient organizations

Sharing of healthcare system capabilities, infra-structure and needs

The health innovation hub
(ONE POINT OF ENTRANCE)

2. Products and services

1. Screening process

Access to healthcare system

Academic research institutions

SME companies

Big pharma and Medtech

Governing factors

-Legal clarification

-Transparency

-Rules of engagement

-Advisory board

Integration of Hospital Environment and Innovation Hub

Timo Alääkkölä
Oulu University Hospital

OuluHealth Labs

OYS TestLab

- Specialized health care products and services
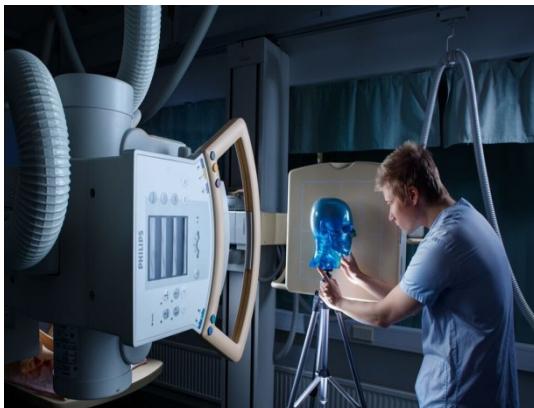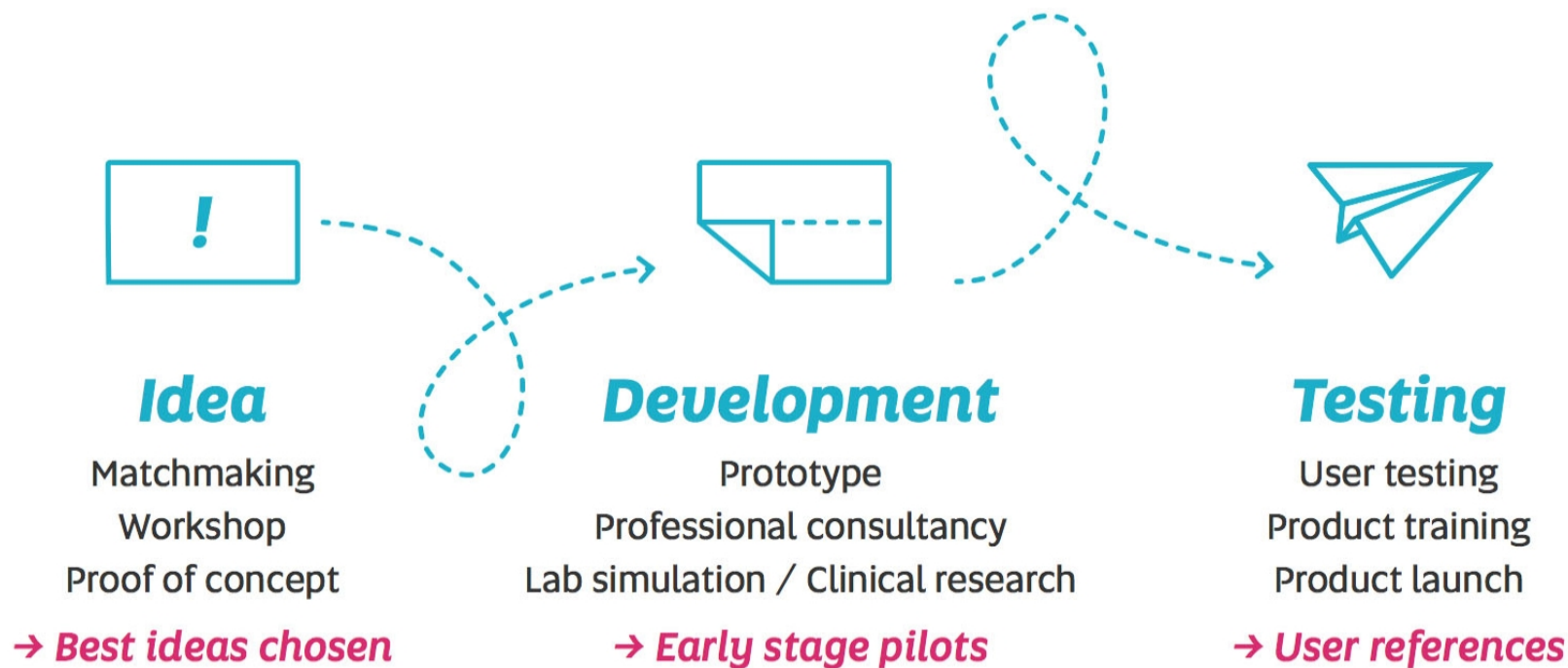
Oamk SimLab

- Feedback from teachers and students

Oulu CityLab

- Test environment at people´s homes

OuluHealth Labs Concept

June2016 – Timo Alalääkkölä

Testing eHealth Solutions in Real Environments

Carlos Arenas
Director,
Cieza Hospital

Direct Funding • Mentoring • Coaching • Support • Networking

- Up to **217.000€** to co-create
- 7 healthcare mentors: one-to-one
- 27 experts in business
- 5 dedicated webinars
- Cooperation at Health 2.0
- Good balance of results
- Trobbleshotings helps to improve the solution

Readi for Health - Exploitation of Lessons Learnt and Sustainability Actions

Myriam Martín
Readi for Health Co-ordinator,
TICBiomed

If not now, when?

Round up & Close

Julien Venne,
Strategic Advisor,
European Connected Health Alliance