



## EHTEL: The eHealth focal point has been established

From late autumn 2003 on, a new Executive Board and a newly contracted management team started a modest overhaul of the Association and its presentation to the outer world. A "collector" edition of the EHTEL Navigator memorises some of the significant contributions and milestones.

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"The EHTEL Association is a unique organisation, its membership spanning health authorities, hospitals, research institutions, industry, patient groups, insurance providers, healthcare professionals and others. This broad range of skills and experiences guarantees our ability to understand the impact of eHealth from a broad base and on a wide scale, and therefore to make known the benefits of eHealth of which our members are convinced." Living up to this introductory statement from the starter edition of "The Navigator" (2004) EHTEL has enhanced the cross-stakeholder dialog over the years. A recent example has been the International Conference "Improving Continuity, Collaboration, Communication: Challenges for Healthcare and Opportunities for eHealth" May 2007 in Rome, Italy, which came to the following **Conference Conclusions**:

"Continuity of healthcare is a key element of agendas in Europe. This leads to the challenge to enable improved information management and patient-centred collaboration amongst all health professionals, e.g. physicians, community pharmacists and hospital pharmacists, nurses and across a wide range of care environments e.g. in hospitals, private practices, pharmacies and in community and homecare settings.

Successful eHealth services already transform some of the traditional paper-based work-flows in healthcare through e.g. eBooking, ePrescribing and eReports: These services "connect systems" and improve the efficacy and cost-effectiveness of healthcare leading to better care and higher satisfaction of patients. Yet the full benefits of eHealth will only be realised by "connecting people". This involves a fundamental shift in perspective and the understanding that eHealth is not simply a set of products or applications but a range of options to improve and transform healthcare services."

[cont'd in right column]

### Rome Declaration - continued<sup>1</sup>

Connecting people in health and social care will benefit from the application of IT in support of Continuity of care, Collaboration between stakeholders, better Communication safeguarded by Confidentiality (the "Four Cs" of Healthcare).

Typical scenarios could thus be:

- ◆ Continuity of care supported by meaningful communication amongst professionals to effectively support patient-centred health and social care in a local community.
- ◆ Shared care pathways and plans, spanning across diverse environments of care like health centres, community hospitals and home care, pharmacies, social services, etc.

Health professionals and patients must be directly involved in the debate on eHealth and how to drive forward its implementation. Furthermore clinical competence is required to build and adopt the ethical and legal issues – including privacy – related to information technologies. **The involvement of health professionals should be encouraged by all stakeholders, particularly policy makers, the healthcare industry, scientific community/universities, funding agencies and health insurers and of course the patients and their carers.**

**First steps of an action plan on the conference conclusions** include seeking for additional endorsement by relevant groups and associations working in support of European institutions on Health and eHealth and to develop further actions with the organisations represented in the Programme Committee and possibly some others for raising awareness of the message of the conference and triggering activities aiming at increasing the involvement of health professionals in the deployment eHealth in support of the transformation of healthcare.

<sup>1</sup> These conclusions have been positively noted by many stakeholder organisations. Formal endorsement exists so far for PGEU, EAHP and EuroRec.

## EHTEL Perspective 2004 [VII, i2]



### A "Year of the Citizen" for eHealth and health

In 2004 almost all of the year's major conferences prioritised the benefits of eHealth solutions for patients and citizens as their core themes. This included the Tromsø Telemedicine and eHealth Conference in Norway titled "Citizen Participation in eHealth" as well as the European Health Management Association's event titled "Citizen Empowerment: Opportunities and Threats for Health Management". Also the high-level conference eHealth 2004, hosted in Cork, Ireland by the Irish Presidency of the European Union, discussed and demonstrated advances in eHealth with a specific emphasis on tools and services for the benefit of European citizens. EHTEL was there too and the EHTEL Patients and Citizens Task Force, led by Board member Angelica Frithiof, hosted a special parallel session titled "Empowering the Patient" at which a new High Level Position Paper which considers eHealth from the patient's and citizen's point of view was introduced. On this occasion The Navigator published an interview with Angelica Frithiof:

## EHTEL Perspective 2004

**"Everyone wants to talk for the patient – it's time they let us do that for ourselves!"**

### An interview with patients' advocate Angelica Frithiof

Angelica has led the EHTEL Association's Patients and Citizens Task Force since its formation and joined the Board of Directors from October 2003 until October 2007.

*How did you first get into patient advocacy?*

Because of my own experiences as a patient. I was originally approached by a Professor at Uppsala University in Sweden in 2001 who wanted me to give a speech on the patient's perspective on telemedicine at a conference that took place that summer. My first reaction was to tell him to ask someone else – anyone else! I'd never given a speech in English before and I was terrified! But in the end I gave a little speech about patients and ethics in telemedicine and it went down very well.

*And how did that lead to working with the EHTEL Association?*

After Uppsala I was asked to participate in a workshop and met people like Dr Russell Jones and Mats Larson. They told me about the organisation and encouraged me to get involved in running a group focusing on patient's issues, so I did!

*What would you say has been the group's best achievement so far?*

I would say it is our "Patients' Charter" because it gave us the chance to put patient issues on the eHealth agenda properly and opened lots of doors for the group to communicate our position to a wide audience at lots of international events.

*What are the group's aspirations for the coming year?*

The Position Paper we're publishing in Cork is very important for us because it creates the basis for building on the Patients' Charter by looking in much more detail at issues like homecare, self-management and e-consultation. We can really go into more depth on things like this.

*This year every major conference and event has the patient or the citizen as its focus. What do you think of this?*

I think that these conferences don't really have much choice in the matter – it's not a voluntary decision but a politically correct one. I'm not convinced that those in charge really want patients to have a bigger voice or more influence.

*Why do you say that?*

Because giving patients real power would, I think, destabilise the political status quo. Patients are doing so much for themselves right now – using the Internet to search for information about their treatment options, moving across national borders to find better or cheaper healthcare. We're taking more and more power over our own healthcare and it's like a tidal wave that threatens to drown the establishment. Politicians realise this and as a result I think that they and others are far too ready to speak for us, to try and pretend they know what we want and that they have our best interests at heart. I'm really critical of people who stand up and say "I'm for patients". Everyone wants to talk for the patient – it's time they let us do that for ourselves!

*When you're not working with EHTEL, how do you keep busy?*

I have a successful private consultancy practice that trains doctors and nurses in communication skills and healthcare ethics.

*The Interview was conducted by Benedict Stanberry, former EHTEL Treasurer and as well former Editor-in-Chief of the Navigator.*

## EHTEL Perspective 2004 [Vol. I]



### EHTEL shapes the European eHealth Area...

With the European Commission's vision of a "European eHealth Area" set out 2004 in Communication COM(2004)356 and the specific references to eHealth made in two related Communications (COM(2004)301 and COM(2004)304), eHealth and telemedicine were placed at the very heart of the strategy for modernising European healthcare. By definition, EHTEL was supportive to this approach both by a Navigator INSIGHT article (see below) and by organising sessions at various events as well as independent seminars and workshops.

## EHTEL INSIGHT Article:

**"The European eHealth Area!"**  
 EHTEL responds by illustrating its own vision and activities to highlight complementary points of action.

*By Benedict Stanberry (2004):* The European Commission has recently set out its vision of a "European e-Health Area" as a framework for integrating all the existing and future financial, administrative, technical and legal initiatives in eHealth, in the recent Communication on eHealth (COM(2004)356). There have also been positive statements on eHealth in two other recent Communications on the Open Method of Coordination (COM(2004) 304) and on Patient Mobility and Healthcare Developments in the European Union (COM(2004)301).

EHTEL has responded to these communications in an open letter to the European Commission, describing the actions we are taking and that we propose to take in the future to tackle the challenges to wider implementation of eHealth. Here, we summarise the key points raised in the Communication and our responses to them.

## Major challenges for wider implementation

The Communication identifies ten separate challenges to the wider implementation of eHealth and calls for a number of specific actions to be taken in order to tackle these. These challenges include requirements, such as:

- ◆ Greater **commitment and leadership from health authorities** is called for, in particular in relation to financial and organisational issues.
- ◆ More work towards the interoperability of eHealth systems is required, to progress more swiftly towards the seamless integration of heterogeneous systems and faster deployment of the broadband infrastructure necessary for user-friendly online health services and regional health information networks.

- ◆ Increased legal certainty in respect of confidentiality, liability and patient mobility and less fragmentation in the application of standards.
- ◆ Stronger cooperation among health providers across Europe through the establishment of European networks of reference supported by interoperable eHealth solutions.
- ◆ The needs and interests of users must be better integrated into the development and promotion of eHealth and access for all to eHealth made possible by tackling inequalities due to a digital divide.
- ◆ Concerted efforts by all stakeholders are necessary to achieve successful implementation of eHealth.

EHTEL is already tackling many of these challenges and is ideally placed to address others directly and to enable the actions called for by the Communication to be undertaken by the Commission and the Member States.

### Commitment and leadership from health authorities

The national healthcare authorities of many of the Member States have been major players in the development of EHTEL ever since its foundation. Our Healthcare Authorities Stakeholder Group consists of representatives of ministries of health and healthcare authorities at national and regional levels across the European Union.

The Group provides an informal network for sharing plans and projects within each Member State, for facilitating cooperation on projects in eHealth involving two or more Member States, advising the European Commission on the progress of actions within Member States and preparing propositions for joint actions and initiatives to progress issues across Europe in regard to the Commission, the Council or other relevant bodies.

The work of the Group takes place in formal meetings and through on-line networks. At its most recent meeting, held in conjunction with the Irish Presidency's high level eHealth 2004 conference & exhibition in Cork, the Group welcomed delegates from the newly acceded states of the expanded European Union.

Through the Healthcare Authorities Group (2007: "Ministries of Health – MoH – Group") EHTEL plays a fundamental role in the development of regional and national eHealth roadmaps, in particular by enabling the sharing of experiences and good practices between Member States that are at different points in their eHealth "journey".

### Interoperability of eHealth systems

EHTEL is taking an important role in promoting eHealth interoperability in order to enable the seamless integration of heterogeneous systems. We participated in the CEN/ISSS eHealth Standardisation Focus Group and the EFMI Smart Cards working group, host of the former eEurope Smart Card Charter Trail Blazer 11 "Health". In June 2004 we organised a work-

shop on eHealth interoperability issues (see article on page 4). This meeting enabled government representatives and standardisation experts dealing with interoperability problems to come together in an informal setting to start the elaboration of a draft action plan for collaboration on interoperability issues. A further outcome of the workshop was the submission to the European Commission's eTEN programme of a proposal for a support and coordination action which led to the creation of i2-Health (Interoperability Initiative for a European eHealth Area).

Through these activities, EHTEL plays a central role in promoting eHealth interoperability by supporting and coordinating initiatives that bring together relevant stakeholders in both formal and informal settings to discuss and advance interoperability issues towards eventual resolution.

### Promoting the needs and interests of users

It is essential that the needs and interests of patients, citizens and consumers, as well as of health professionals, are properly taken into account in the development and promotion of eHealth solutions. Citizens may become patients for short periods of time throughout their lives, but they are generally not engaged with the healthcare system. Thus, their expectations and requirements will differ from the patient who is currently receiving treatment either on a short- or long-term basis. In an ideal world, the patient would be in total control of the healthcare that he or she receives and take decisions regarding the way in which they are treated. In reality they can only do this with the support of professionals and with the provision of accurate and timely information.

EHTEL's Patients, Citizens and Consumers Stakeholder Group is unique within the European eHealth community and consists of individuals who are patients in their own right or who represent patient and consumer groups but who are also highly qualified from a strategic, technical and managerial perspective within health and medical informatics. At the highest level, it has two main aims: to influence other stakeholders in eHealth and to empower other patient groups. It has produced a number of important position papers and made valuable presentations to, among others, the Irish Presidency's eHealth 2004 conference in Cork.

Through its Patients, Citizens and Consumers Group, EHTEL is ensuring that the needs and interests of users are taken into account by giving them a voice in the eHealth community with which they can speak for themselves.

### Benchmarking and disseminating best practices

EHTEL represents all stakeholders with an interest in eHealth and provides a network within which they can come together to discuss common interests and explore solutions to common challenges. Not only does the Association have a key role to play in the establishment of any high level eHealth forum to support the Commis-

### EHTEL Board 2004 – 2007<sup>2</sup>

As a non-for-profit Association EHTEL greatly and thankfully benefits from the investment of time and energy by the members of the Board of Directors. On the occasion of this "collector edition" the editorial team wants to say "thank you" to following persons (listed for their roles).

#### EHTEL Executive Board

- ◆ Mats Larson



EHTEL President 2004 – 2007

- ◆ Karl-Jürgen Schmitt  
EHTEL Vice-President 2004 – 2005
- ◆ Martin Denz  
EHTEL Vice-President 2005 – 2007
- ◆ Benedict Stanberry  
EHTEL Treasurer 2004
- ◆ Marjan Sušelj  
EHTEL Treasurer 2005 – 2007

#### EHTEL Board of Directors

- ◆ Angelica Frithiof, Sweden
- ◆ Hannu Hämäläinen, Finland
- ◆ David Lloyd-Williams, UK
- ◆ Manfred Zipperer, Germany

sion services, as proposed in the Communication on eHealth, but it also has a crucial role to play in supporting initiatives on specific themes and issues through its Task Forces.

In 2004 the Association established six Task Forces, each of which is championed by a member of the Association's Board of Directors. A number of these task forces have already held successful meetings. You will find accounts of all the seminars and workshops on the website [www.ehtel.org](http://www.ehtel.org): the task force on ePrescribing held an experience-sharing seminar in early June 2004 supported by NICTIZ, the Dutch National Programme for IT in Healthcare, and our task force on the Assessment of Quality, Productivity and Effectiveness in eHealth organised also in June 2004 a workshop in Lahti, Finland in collaboration with the European Society for Quality in Healthcare (ESQH) and the Finnish National Research and Development Centre for Welfare and Health (STAKES) [cf. website].

Other task forces currently preparing activities on specific themes include those on Reimbursement and Incentive Structures, ICT-Supported Disease Management, eHealth and the Internal Market and Empowering the Patient.

Through its task forces on specific themes and issues EHTEL plays a central role in supporting the effective sharing of experiences and best practices in order to achieve common under-

<sup>2</sup> The election for the Board of Directors was held in October 2003 in Dresden. To avoid misunderstandings we started our records here in January 2004.

standing between stakeholders and successful implementation of eHealth services.

## Leveraging investments

There are a number of funding structures available within the European Union with which to support and boost investment in eHealth. Examples are the EU Framework Programmes for Research and eTEN/CIP. Alternative funding mechanisms, such as Structural funds for health, INTEREG III Regional funds and the European Investment Bank, are also available to support projects that can implement cost-effective programmes for health improvement.

However, the level of awareness of these opportunities in the European eHealth community, and particularly of the aims and objectives of specific funding programmes, remains poor. Information about the programmes and opportunities that are available to support eHealth research, development and implementation is not presently made available in a coordinated or integrated manner.

EHTEL will support the coordinated dissemination of information to all stakeholders regarding the many and various funding structures available within the European Union to support eHealth research, development and implementation.

## Legal and regulatory issues

Since its foundation in 1999, EHTEL has undertaken a number of important activities that have raised awareness among stakeholders of the legal and regulatory issues arising from the development and implementation of eHealth systems and services. In particular, through its published papers on the legal aspects of eHealth, the Association has developed and informed understanding of issues including professional responsibilities, liability for eHealth products and services, the provision of cross-border health services, legal aspects of standardisation and reimbursement and, naturally, confidentiality and privacy issues. Due to the leadership it has already shown in this area, EHTEL stands in a unique position to propose further research and dissemination actions aimed at improving legal certainty with regard to eHealth services.

## Accelerating implementation through organisational and professional development

The Commission's Communication on eHealth identifies that, when combined with organisational changes and the development of new skills, eHealth is a key enabling tool that can help to deliver better care for less money within citizen-centred healthcare delivery systems. The Communication also states that the difficulties experienced by public authorities in matching investment in technology with investment in the complex organisational changes needed to exploit its potential are a major barrier to the implementation of eHealth in Europe.

Experiences in those countries that are in an advanced stage in implementing eHealth systems and services within their national and regional health systems – such as the United Kingdom, Denmark and Sweden – clearly dem-

onstrate that the greatest barrier to successful implementation is managing the changes necessary within health and social care organisations to implement the new processes created by eHealth and equipping both an organisation and the professionals within it to see that change through.

Change management for eHealth involves, among other things, the mapping of existing models for the delivery of health and social care and the creation of a business case that clearly demonstrates the benefits of re-engineering those models using eHealth systems and services. Crucial to the success of such a process is successfully managing relations with all of the stakeholders involved in change and winning them over to the need for change and development on both a personal and an organisational level. EHTEL is uniquely placed to begin providing the European eHealth community with the knowledge and skills necessary to implement eHealth within national, regional and local settings. We have already developed close relationships with many stakeholder groups in European health and social care. We believe that the time is right to cooperate with these groups, as well as with appropriate educational and professional bodies, so that best practice in eHealth implementation can be shared on a Europe-wide basis.

## European Milestone Activity eHealth Interoperability Workshop: the Government and Expert View, 1 June 2004

By Marc Lange, EHTEL Management: On 1st June 2004, 72 government representatives and experts from 24 countries gathered at a workshop on eHealth interoperability issues in Brussels. The event was initiated by the German government together with those of Austria, the Czech Republic, the Netherlands, France, Norway and the Republic of Slovakia. The workshop was hosted by the European Commission and organized by EHTEL.

*“(Mobile) European citizens should be able to receive medical treatment based on their medical history throughout Europe”.*

Following this commitment a draft action plan was proposed and discussed during the panel session and a revised version will soon be submitted to all participants. We expect that it will recommend the setting-up of an official “European eHealth IOP (interoperability) Group”.

Dr. Gottfried T.W. Dietzel, the chairman of the meeting concluded “We have a unique chance to define a roadmap on eHealth interoperability. Interoperability is triggering cooperation between Member States and countries. This roadmap could focus on two priority areas where interoperability is an issue

- ◆ Electronic medication management
- ◆ Electronic Health Record Communication”

This interoperability workshop 2004 led to the definition of the Interoperability Initiative for a

European eHealth Area, which later was supported through the eTEN funded i2-Health project with EHTEL as partner (read next element).

## EHTEL Perspective 2005 (Vol.II)

### Borderless Communication for a Healthy Europe

Within the framework of COM356 (eHealth Area) and as a follow-up to the eHealth Interoperability Workshop mentioned before, the i2-health project had been established through the eTEN programme of the European Commission. i2-Health pursued the following high-level health policy goals.

- ◆ Citizen mobility and borderless care are key European Union policy priorities, which are supported by the European eHealth Action Plan.
- ◆ While healthcare is being thoroughly transformed, proper interoperability measures have to assure that patient information in digital form is at least as accessible and usable as paper based data.
- ◆ Health policy makers, health professionals, healthcare providers and the IT-industry have to work hand in hand to assure the meaningful and secure exchange of medical data

i2-Health has identified requirements and submitted recommendations for the deployment of interoperable eHealth infrastructures and services for trans-European use through the definition of a generic eHealth interoperability framework and common approaches to

- ◆ patient & health professional identifiers
- ◆ ePrescribing and health data messages.

Within its work plan that ended early in 2007 i2-health has reviewed existing approaches and pilot solutions for cross and trans border eHealth services, analysed use cases, performed need and gap analyses, and developed elements for a concrete work plan towards a pan-European solution. i2-Health will now call on all the relevant stakeholders to join forces.

Since 2003 the European eHealth community has seen yearly high level conferences co-organised by the European Commission and the respective EU Presidency. EHTEL has been present at all of these conferences and actively supported some of them. In 2005 the midnight sun at Tromsø fostered an intense working atmosphere:

## European Milestone Activity eHealth 2005 in Norway



By Marc Lange, EHTEL Management: eHealth 2005 has been of course an exiting and successful conference. Just look at the figures: 500 delegates and 37 different countries as well as 9 Ministers and 2 Commissioners competent for eHealth and 36

working hours (i.e. from 08:00 am up to 02:00 am on the first day since it was the Midnight Sun period and a lot of us were still discussing very late in the night)!

It is worthwhile to report the bet initiated by Ansgar Gabrielsen, Minister of Health and Care Services, Norway and Mars Di Bartolomeo, Minister of Health, Luxembourg, and chair of the Council of Health Ministers during the Luxembourg Presidency: "Seven years were needed to reach the moon, let's bet that in 2012, there will be no border anymore for health information":

**"In a Europe where our citizens are increasingly mobile - whether within the borders of their own Member State or among different countries - we need to raise awareness of the pressing need for a more integrated and interoperable European health information space". The Ministers commit to taking up this challenge in a staged and structured approach over the next five-year period. [..]**

Besides patient mobility and interoperability the support of patient safety became a significant argument for high quality health IT.

### European Milestone 2005 (V.III)



## Patient Safety – Making it Happen –

**"Access to high quality healthcare is a key human right recognised and valued by the European Union, its Institutions and the citizens of Europe. Accordingly, patients have a right to expect that every effort is made to ensure their safety as users of all health services."**

The maintenance of patient safety and risk-management are multi-faceted processes comprising many aspects of structural, process and outcome quality in healthcare. ICT and eHealth play only one – but indeed a crucial role as is evident by some citations from the declaration:

#### ... the conference recommends to the National Authorities ...:

- ◆ To provide patients with full and free access to their personal health information whilst ensuring data accuracy and that patients fully understand their treatment. It is acknowledged that "informed patients" are well positioned to safeguard their own health.
- ◆ To optimise the use of new technologies, for example, by introducing electronic patient records. Such records would include the personal medical profile and decision-making support programs for health professionals with a view to reducing medication errors and increasing compliance rates.

Focusing the consumer-centric view in form of a patient-centric perspective on chronic conditions provides further insight on the usefulness of eHealth. This was demonstrated at the Rome conference in 2005.

### European Milestone 2005/2006



## The added value of eHealth for the Care for Chronic Conditions

The treatment for chronic conditions and the care for disabled and dependent persons are the most demanding factor for health and social care in the modern, "greying", societies. Hence disease management and long term care are vital issues also on the European agenda. Yet the means and the resources to maintain optimal quality of life for chronically ill and to support the individual and independent living in the private environment for frail elderly people are becoming an issue.

eHealth and eServices for the social domain may help out in this dilemma of quality goals vs. resources: Optimal medical care for long term conditions implies an intensive communicative and documentation effort, which can be efficiently handled through the use of modern information and communication technologies. This is particularly true for the cross-sectorised healthcare involved by state of the art disease management for conditions like diabetes, chronic heart failure, chronic obstructive pulmonary disease, cancer and their consequences. While the most important method and technology contributed by ICT in healthcare or eHealth is described by the three simple letters "EHR", i.e. the Electronic Health Record, the use of eHealth in routine health and social care is still neither sufficiently organised and financed nor is it effectively implemented.

At the conference ICT experts were informed about the tremendous raise of chronic conditions foreseen for the upcoming decade, health professionals understood that the eHealth services being recently implemented across Europe will be a useful tool to cope with their growing burdens of demands for cure and care.

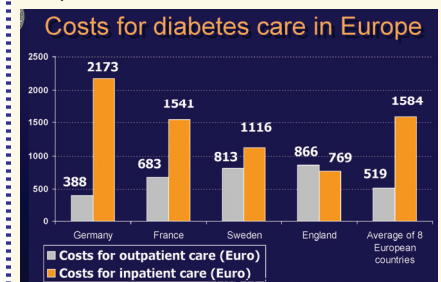
Some key findings of the conference were:

- ◆ Chronic diseases will highly increase the burden on European Health Systems, e.g. the number of diabetic patients is about to double until the year 2015.
- ◆ Primary care will have to tackle most of the increasing demands for care.
- ◆ eHealth tools may and must contribute to avoid that primary care professionals are burned out by the expected increase in demand for care.
- ◆ Hospitalisation of chronically ill patients is a "failure" for the health system.
- ◆ eHealth improves the quality of life of the chronically ill by enabling home care.

## "The Diabetes Paradoxon" Lessons learned at conference "Improving Care for Chronic Conditions - the added value of eHealth", 10/2005 in Rome, Italy [selected reading from conference presentations]

**Thomas R. Pieber (Medical University of Graz) Diabetes: Epidemiology, patient orientation, and new approaches to chronic illness**

- ◆ Diabetes is a complex chronic disease with devastating late complications
- ◆ Increasing prevalence (5% to 10% in 2015)
- ◆ Late complications can be prevented or reduced
- ◆ Diabetes is an expensive disease
- ◆ Health care systems fail to provide adequate care for citizens with diabetes

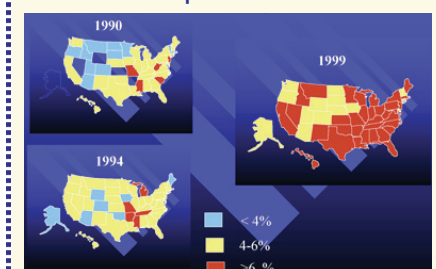


## Angelo Rossi Mori (CNR-ITB eHealth Unit): Integrating Care for Chronic Conditions through a Lifelong EHR:

- ◆ Progress in medical and healthcare research provokes a hyper-specialization of procedures, facilities, and professionals.
- ◆ Chronic Disease Management (CDM) and other innovative organizational models see patient care as a comprehensive task for the health system as a whole, with a proactive patient's involvement
- ◆ Progress in ICT allows to integrate isolated information systems into Regional Networks
- ◆ eHealth solutions may be able to support the above trend in the healthcare sector
- ◆ Semantic Interoperability is the key element for close synergy of CDM and eHealth.

## Line Kleinebreil (Primary Care Diab. Europe): Care for chronic conditions in primary care

- ◆ Diabetes, an IMPOSSIBLE challenge for primary care: <40% diabetic patients have the recommended annual check-up
- ◆ URGENT NEED for appropriate use of e-health to improve chronic care today and face the epidemic tomorrow



US-Diabetes Prevalence: "Model" for Europe

- ◆ Disease management programmes cannot be efficient without electronic documentation.
- ◆ Chronic diseases are becoming the use case for the large scale deployment of electronic health records (EHR)

The 2005 Rome Conference proceedings were reflected in an INSIGHT article by EHTEL Board Member David Lloyd-Williams:

## **EHTEL INSIGHT Article 2006** **The added value of eHealth** "eHealth is not a set of products, tools or applications but a range of responses to a set of requirements in the context of improving and transforming healthcare services.

By David Lloyd-Williams: The traditional measure of value in health for ICT has been cost reduction and cost savings and, in the current context of a seemingly inevitable rise in demand and GDP %age for healthcare, this remains a strong factor in the minds of decision and policy makers. However as eHealth has matured, it has become clear that this is only one side to the added value proposition. The three key criteria of the EC Action Plan are **Access, Quality of Care and Cost Containment** and these, along with the overriding need for increased equity, are the starting points for new ways of looking at added value which relates to all levels of healthcare policy from the citizen right through to the European Social Contract.

The broad areas of requirements at European level can be summarised as:

- ◆ patient and professional mobility
- ◆ citizen centred health systems
- ◆ improved quality and efficiency of healthcare availability

This implies change, improvement and in many cases transformation of current and traditional processes of delivery taking advantage of advances in medicine, drugs and treatments, logistics, research and information technology.

### **Scenario One - Indispensable**

Some of the main process areas under consideration include those where there is no option other than radical change – these include:

- ◆ Care for Chronic Conditions
- ◆ Disease Management
- ◆ Integration of care across primary, secondary, tertiary and social care
- ◆ Patient safety (including medication errors)
- ◆ Patient empowerment and involvement
- ◆ Knowledge support for clinical professionals

An example will illustrate the point. At the recent conference "Improving Care for Chronic Conditions - the added value of eHealth", the diabetes scenario in France was described as follows:

- ◆ There are three million diabetes patients in France (500,000 suffer from severe illness).
- ◆ Using conservative practice guidelines this generates the need for 5.5 million clinical hours per year. There are one million hours

resources available and the prognosis is that the number of diabetics will double within ten years.

- ◆ The current process model is evidently untenable and transformation is the only option. This could mean harnessing other resources including e.g. "expert patients", using mass access and education tools to improve knowledge, self management and the sharing of information experiences. In all of this eHealth has a major part to play and the prime added value is simply the capability to tackle this "diabetes epidemic" and the reduction of the high costs associated with later complications.

### **Scenario Two – Useful**

A second added value scenario derives from a series of underlying facilities that are fundamental to achieving the three key criteria where there is a second and often more levels of value to be derived:

- ◆ For Equity of Access, it must be possible to share information and that information must be secure, understandable, and available to everyone who is entitled to see it, irrespective of their location, their educational capabilities or their economic situation.
- ◆ For Quality of Care, information about care processes are required to be captured, stored, secured, shared, monitored and compared – the same basic eHealth elements are required as above but here the processes to be incorporated within the value chain are more complex and diverse.
- ◆ For Cost-Containment, these things have to be done within an overall context, and the costs assessed not just for the primary application, but as part of an overall programme which fits into and is supported by the levels above including at European level. Still, the added value of cost savings remains a most attractive business case – for example the use of call centre technology in a region in Italy where process transformation could be measured in terms of contracted reduced costs per day of supporting a large community of elderly people.

The most fundamental challenge is the incremental process of implementing electronic record systems at local levels which can form the basis for a longitudinal electronic health record. Without this across delivered care including social care, health services at European level will be greatly limited in their effectiveness.

### **Conclusion**

Added value for eHealth is all about added value for health based on requirements to change, improve and transform health processes to provide better or new services consistent with the local, regional, Member State and European actions plans. This means that it has to be described in terms of these health processes. The metrics will vary from case to case. This could be simple reductions as per the Call centre example (cost per individual care); or the capability to increase the delivery of a required service as

per the diabetes example; or a particular capability to deliver a service using eHealth solutions as per the English NPfIT; or the support of enhanced facilities via eHealth as per access to clinical knowledge systems or remote diagnosis. There will be many other cases but the common factor is that added value is holistic and may be spread across a number of institutions or care delivery services.

The EU Health Strategy will be successful if it complements, and enables the realisation of the strategies of Member States, regions and local communities. There are some things best done at European level (e.g. common terminology, multi-lingual approaches) where the value is in common developments which help everyone but are difficult to justify at Member State level. The role and value of eHealth is in supporting and enabling this combination at all levels and the key criteria for success for eHealth lies within the "So What" test – does it benefit the patient and citizen in terms of better, safer, more accessible, higher quality healthcare services?

ePrescribing had been on the agenda of EHTEL through the respective task force since 2004. The ePrescribing Conference in Slovenia – organised in the framework of the i2-Health project – provided a synthesis of the eHealth enabled treatment of chronic conditions and the support to patient safety. Some conclusions of the conference were used by the EU Commission for defining the Large Scale Pilots in the framework of the CIP ICT Policy Support programme.

## **EHTEL Perspective 2006 [Vol. IV]**



## **Improving healthcare and patient safety by interoperable ePrescribing services**

### **2006 ePrescribing Conference conclusions:**

**Stakeholders in healthcare from all over Europe met recently at a conference on ePrescribing and Medication Management in Ljubljana, Slovenia and observed:**

- ◆ Medicines are the most frequent therapy and prescribing is one of the core processes of healthcare with an extremely high volume of transactions.
- ◆ Electronic Prescribing (ePrescribing) of medicines is not a single application, but should be referred as a family of at least 3 separate services, i.e. decision support, electronic transmission of prescriptions and the use of Medication records.
- ◆ ePrescribing is an enabling tool for the collaboration of all actors in health care.
- ◆ ePrescribing is a building block for the complete Electronic Health Record (EHR).
- ◆ Medication management is a complex process that relies on the interaction of multiple professions, individuals and public and private organisations.

**ePrescribing services show substantial potentials for utility (to improve patient safety and the quality) and for usability (i.e. efficacy, efficiency and effectiveness of healthcare) improvement by e.g.**

- ◆ Minimizing the confusion caused by hand-written prescriptions;
- ◆ Improving quality of prescriptions (readability and completeness);
- ◆ Providing a better information base for informed medication decisions;
- ◆ Preventing serious errors in doses and drug combinations;
- ◆ Reducing various causes of medication errors;
- ◆ Facilitating the prescribing and dispensing processes and contributing to the necessary patient-oriented focus and efficiency;
- ◆ Lowering the frequency of unforeseen medication interactions and of adverse drug reactions and at the same time safeguarding positive therapeutic results.

#### Patients benefit from

- ◆ Reliable prescribing processes and the provision of the optimal medication;
- ◆ Improved information aimed at more optimal use of medicines and better outcomes.

#### Physicians benefit from

- ◆ Better support for medication decisions, safeguarding good quality for less effort;
- ◆ Additional information on patients medical and medication history; [...]

#### Pharmacists benefit from

- ◆ Non-ambiguous medication and drug dosage information; [...]
- ◆ Improved decision support systems taking into account full medication profiles; [...]

**The implementation and use of ePrescribing services is facing some challenges, which could lead to limitations for the delivery of adequate medicines, particularly in trans-regional or –national (cross-border) settings:**

- ◆ Differing legislation, organisational and technical infrastructures;
- ◆ Different reimbursement procedures and pricing mechanisms;
- ◆ Different, non-interoperable formats for the prescription and medication profiles;
- ◆ Different, incompatible nationally and regionally implemented architectures and technologies (e.g. smartcard, mailbox, barcodes, central prescription database etc.);
- ◆ Use of different semantic standards, i.e. different coding systems, for medication and drug/dosage documentation;
- ◆ Different branding and composition of medicines while at the same time no complete and universally accessible uniform medicines databases exist. [...]

**To support smooth implementation and use of ePrescribing services, potential obstacles should be addressed as early and coherently as possible. The risk of negative outcomes for patient safety must be minimised; the quality of medicine therapy must be safeguarded. New challenges deriving from cross-border issues like patient mobility and the global availability of ePharmacies should be tackled. This results in the following – non-exhaustive – list of concrete recommendations for the implementation of ePrescribing and Medication Management in Europe:**

- ◆ Promotion of the perception of benefits and added value towards all stakeholders (both on the political level and for the Healthcare Professionals in the field); [...]
- ◆ Encouragement of comparisons within the European context between (National) initiatives, looking for similarities (to develop) and differences (to learn from);
- ◆ Facilitation of the communication between Member States on ePrescribing and Medication Management and establishment of European cooperation on key elements of interoperability;
- ◆ Analysis and solution of regulatory and legal issues of ePrescribing;
- ◆ Involvement of the needs and rights of citizens and patients in all project phases;
- ◆ Adoption of privacy regulations as guiding principle and at the same acceptance that those regulations are and will be different in different National healthcare systems;
- ◆ Establishing cross-border acceptance for digital Health Professionals' identification and authorisation as a prerequisite for the fulfilment of cross-border ePrescriptions;
- ◆ Establishing international unique patient identification and mutually accepted digital authorisations of health insurances and healthcare providers to facilitate or enable the reimbursement of cross-border electronic Prescriptions;
- ◆ Establishing international standard formats for interoperable electronic prescription messages and interoperable medication records (medication profiles);
- ◆ Avoidance of a "digital Prescribing Babel" by safeguarding the semantic interoperability of all medication related information (substances, dosage etc.);
- ◆ Establishment of universally accessible, uniform medicines databases taking into account the existing approaches of the World Health Organisation (INN, Drug Dictionary) and the European Medicines Agency (European Public Database on Medicines) in support of the safety and semantic interoperability of ePrescribing.
- ◆ Certification and quality labelling of ePrescribing and Medication Management software to provide the professional user with guidance and support.

While initially published in 2005 as Task Force Progress Report "Reimbursement and Incentive Structures" we feel that the following article passes a message supporting the most recent cross-stakeholder dialog (cf. Rome Declaration, page 1)

#### EHTEL Perspective 2005 [V. III]



#### Managing Change towards eHealth services

By David Lloyd-Williams, EHTEL Board Member: EHTEL is committed to helping eHealth happen for everyone, creating a forum for exchanging information and ideas, developing new models, communication, educating, identifying the best and finding ways to make these available as widely as possible, bringing people together...

One of the items on the critical path to success for eHealth is involvement, participation, motivation, support. We will need this from all the stakeholders involved. The technology may be the best, the funding may be adequate, the programme management focussed and professional, the political will may be there, but if people do not want to use it, are not comfortable with it, if it does nothing to make their lives better or their jobs more satisfying, if it gets in the way of caring for patients- then we will not get the take up needed to transform the quality, accessibility and cost effectiveness of health provision.

In parallel to other work being done to take eHealth forward, EHTEL believes it is important to take a view of encouragement. How will we persuade people to use eHealth? - and to use it to transform healthcare into real high quality citizen centred care which can cope with demographic pressures, resource shortages, increasing complexity, higher incidence of chronic disease and other challenges that face the health sector?

It cannot be done by imposition, by selling the wonders of technology, by new and clever solutions; it will have to be done by working together, individuals, communities and organisations. When life gets tough in implementing eHealth, we will need to have thought carefully about encouragement, incentives, education, packaging of services and even the intelligent use of financial rewards.

EHTEL believes that we need to start thinking about this now, looking at how incentives and disincentives work in Europe at the moment, bringing together good practice, talking to stakeholders about how they see this, looking for opportunities to try some of these out in real life and relating these to eHealth in practice. This will provide those responsible for making all this happen with a sound knowledge base which can be applied at different levels, for different audiences and participants.

This is all part of the EHTEL programme for eHealth - moving on from the Why to the How.

## Join EHTEL: Become a Member

We at EHTEL share the vision that

- ◆ eHealth is an enabler for fair Health and Social Care Policies.
- ◆ eHealth is a cooperative process intensifying and changing the interactions of all stakeholders in health and social care for the purpose of improving Continuity of Care and Patient Safety.
- ◆ eHealth is a tool to ensure information, choice and empowerment, as requested by European consumers and patients.
- ◆ eHealth must comprise multiple communication channels for ensuring both equal access to services and their ubiquity.

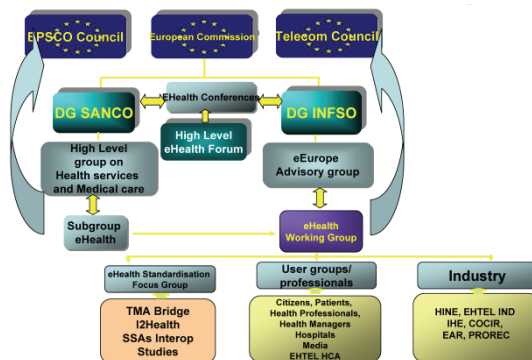
EHTEL is networking all stakeholders concerned by the implementation of eHealth services with a view to enable them voicing their views and to share experience with colleagues and representatives of all other stakeholders coming from Europe and beyond. The very different backgrounds and interests of these stakeholders enable EHTEL, as a neutral forum, to draw a more complete picture of the benefits and challenges of the implementation of ICT in the fields of health and social care, thereby also identifying topics requiring particular attention and further developments at European level. Some of the added values that EHTEL can offer to its members are:

- ◆ Influence on policy related to priority themes addressed by Task Forces
- ◆ Facilitated access to eHealth events and professional publications
- ◆ (Co-)organisation of events and contributing to programme committees
- ◆ Individual support in seeking for and exchanging information
- ◆ Sharing field experience in eHealth deployment

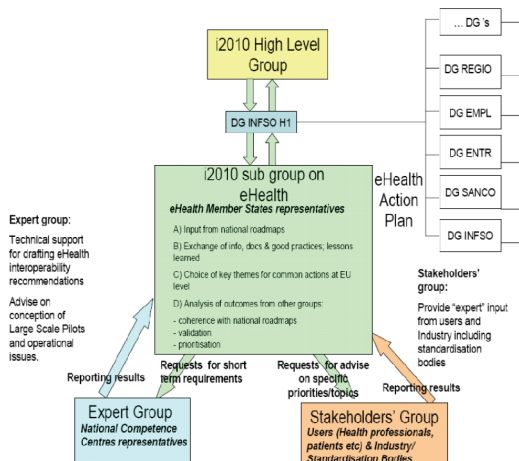
Members are also entitled to benefits like reduced registration fees to seminars, workshops and other events, email notifications of important news in the eHealth field, as well as individualised access to EHTEL's website, [www.ehtel.org](http://www.ehtel.org). If you'd like to hear more about EHTEL or becoming a member, please call us at +32 2 2309650 or email us at [management@ehtel.org](mailto:management@ehtel.org).

## Mapping eHealth in Europe

To follow-up of the eHealth Action COM(2004)356 a complex working structure has been established within Europe. While progress has been made over time also the structure of representation bodies and working groups has changed over the years, e.g. reflecting the European i2010 initiative.



2005 Drawing of relations between various working groups, stakeholder representations and the organs of the EC.



2007 Drawing with focus on the i2010 subgroup on eHealth

In support of the cross stakeholder dialog on eHealth deployment in Europe, EHTEL proactively represents its members on the platform of the eHealth stakeholder group(s). The formerly single group (cf. drawing) was in 2007 structured into a users' stakeholders' group and an industry stakeholders' group. Both groups can provide advice about successful directions for the progress on the eHealth Action plan in Europe, thereby concentrating on areas of short/medium term results such as: interoperability of electronic health records, identification management, legal and regulatory issues, reimbursement schemes for eHealth, certification and accreditation issues in eHealth, deployment of health information networks and appropriate deployment aspects of the Seventh Framework Programme eHealth future research agenda etc.

## EHTEL eHealth Diary 2007 / 2008

**November 14-17, Düsseldorf, Germany,**  
MEDICA 2007, The world's largest medical fair. cf. [www.medica.de](http://www.medica.de)

**December 3-4, Amsterdam, NL**  
European Leadership Summit on Chronic Care; Global Best Practices  
cf. [www.worldcongress.com/events/HL07080](http://www.worldcongress.com/events/HL07080)

**March 7, Cannes, France (and more venues)**



**Healthware Multi-Site Telemedicine Event (organised with the support of EHTEL):**  
cf. [healthware.alcasat.net](http://healthware.alcasat.net)

The Healthware Multi-Site event will partly be broadcasted to the Telehealth 2008, i.e. to the fairgrounds in Hannover

**March 4-9, Hannover, Germany**  
CeBIT 2008. The famous ICT trade show.  
cf. [www.cebit.de/homepage\\_e](http://www.cebit.de/homepage_e)

**March 7-8, Hannover, Germany**  
TeleHealth 2008, International Conference and Exhibition f. ICT Solutions in the Health Sector  
cf. [www.telehealth.de/th\\_conference\\_e](http://www.telehealth.de/th_conference_e)

**March 10-12, Berlin, Germany**  
4. World Health Care Congress - Europe 2008  
cf. [www.worldcongress.com/events/HR08015](http://www.worldcongress.com/events/HR08015)

**April 16-18, Luxembourg,**  
Med-e-Tel 2008 - The International Trade Event and Conference for eHealth, Telemedicine and Health ICT  
cf. [www.medetel.lu](http://www.medetel.lu)

**May 6-8, Portorož, Slovenia**  
High Level eHealth Conference 2008  
"e-health without frontiers"  
cf. <http://www.ehealth2008.si>

**May 27 -30, Paris, France**  
Hit 2008 - Health Information Technologies  
cf. [www.health-it.fr](http://www.health-it.fr)

**June 9-11, Tromsø, Norway**  
TTeC08 - Tromsø Telemedicine and eHealth Conference: "Innovation in eHealth"  
cf. [www.telemed.no/index.php?cat=82316](http://www.telemed.no/index.php?cat=82316)

**November 3-6, Copenhagen, Denmark**  
World of Health IT 2008, Conference & Exhibition", cf. <http://www.WorldOfHealthIT.org>

**November 19-22, Düsseldorf, Germany,**  
MEDICA 2008, The world's largest medical fair. cf. [www.medica.de](http://www.medica.de)

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