

Needs and opportunities



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**From Prophet to Profit....will the digital revolution ever be profitable?
An event organised jointly by EKTG and Fairhome at Salford Quays
November 26th, 2019**



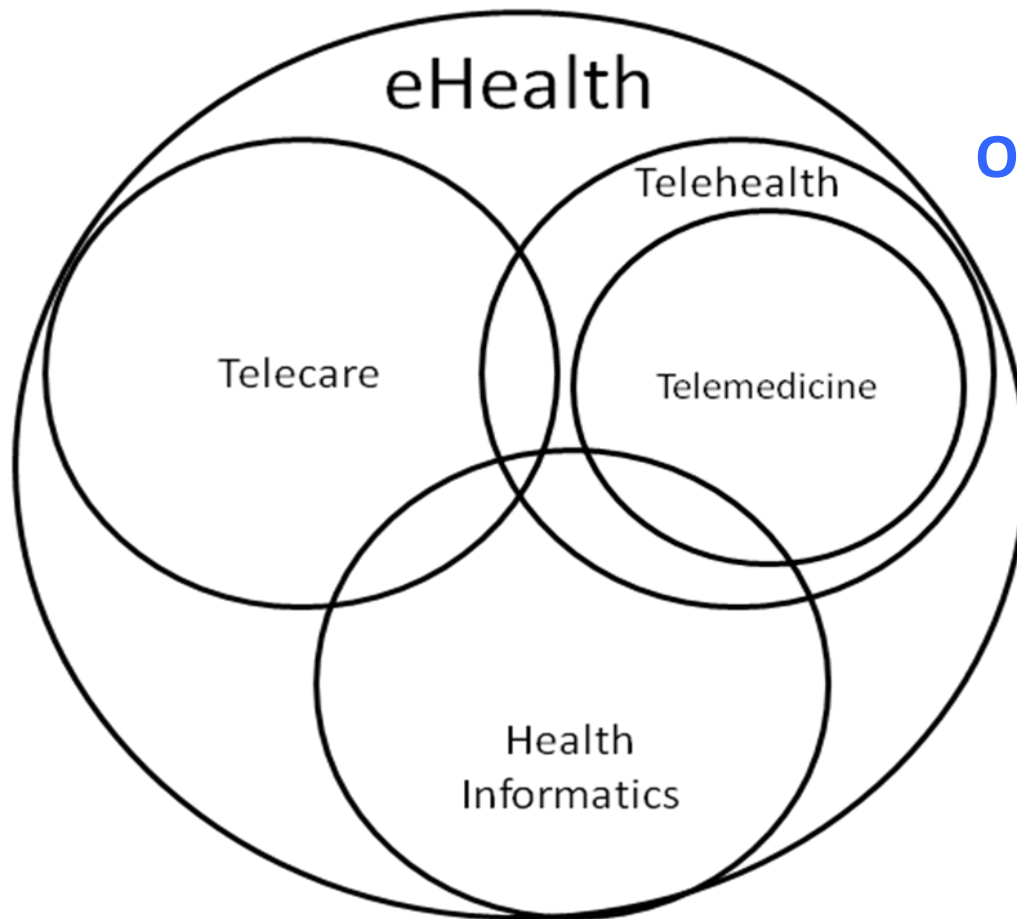
EKTG was created in 2010 by EU DG CONNECT to assist with linkages between:
policy makers, industry, academics, third sector, central and local government, health and welfare professionals, as well as leaders of large and small businesses.

EKTG has a desire for fundamental change in the way ageing is perceived and eHealth is delivered



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Other possible words:
Assistive Living
mHealth

We believe that a time of radical shifts is calling for new ways of providing health and social care of entire populations



Consumers
increasingly engaged
in their own health



“Industrialisation” of care
Enabling providers to deliver
lower cost collaborative care
and better outcomes

We see three major
trends:



Shift to **value-based
healthcare** with reduced
waste, increase digital access,
and improved outcomes



Care and Services
Shifting to **higher
cost effective
settings and facilities**

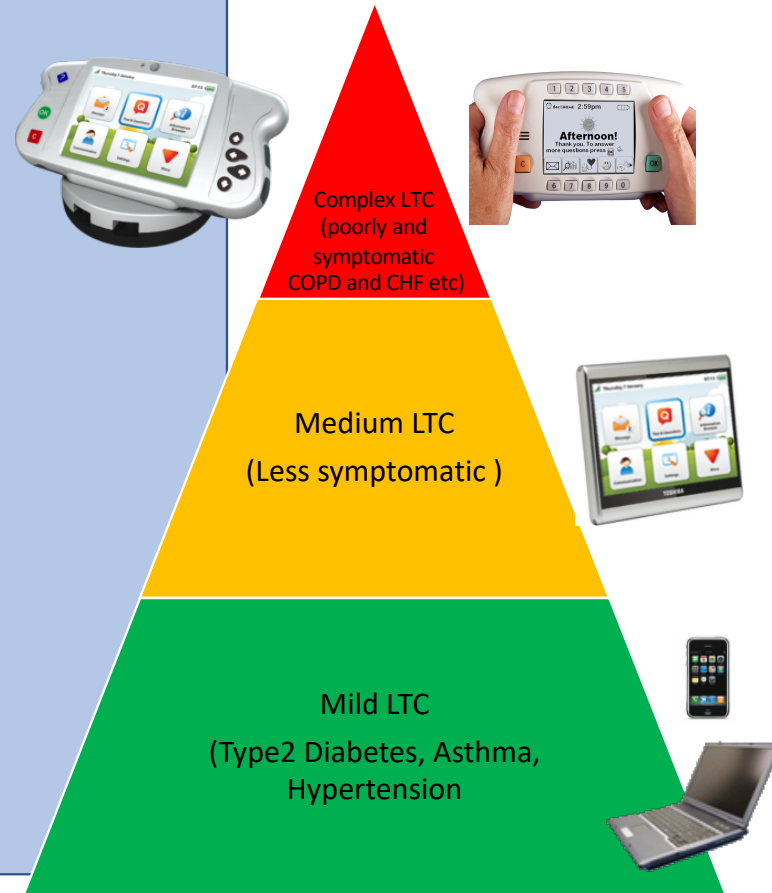


Personalisation of Care
Driving convergence of
consumer and professional
involvement health services

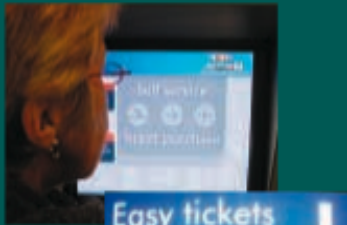
Its more than just Telehealth....

Disabled and vulnerable people

- Independence
- Social Isolation
 - Fragmented Families
 - Digital Divide
- Support for Daily Living activities
 - “Soft Assistance”



Guidelines for accessible technology



Typefaces

Many older people have difficulty reading standard text even with spectacles and good illumination. To help with this problem choosing a clear typeface will be very important in helping ensure the best levels of legibility for any application.

For people with low vision some numerals such as 3, 8, and 9 can look very similar. In some typefaces characters such as the lower case 'l', and numeral '1' or an upper case 'T', as shown below, can be difficult to distinguish. Increasingly password and e-mail addresses, use a combination of letters and numbers. For such applications it is essential to use a typeface which clearly differentiates numerals and letters.

3 6 8 9 J I l 1

Tiresias Infofont

3 6 8 9 J I l 1

Helvetica

3 6 8 9 J I l 1

Times



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Many positive examples of cost benefit using eHealth

COPD & Heart Failure in South Tyneside

Outcomes for patients using eHealth in 3 months

53% reduction in attendance at A&E

55% reduction in Emergency Medical Admissions

14% reduction in access to Urgent Care Service

No patient having more than 1 hospital admission

71% reduction in costs associated with A&E attendance and Emergency Medical Admissions.

Kathryn Dimmick, Strategic Lead Safer Care, South Tyneside 2013



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Many positive examples of cost benefit using eHealth

Reducing elective admission and risk of hospitalisation
Whole System Demonstrator - Newham model

- Total gross saving - £597,940
- Total net saving-£162,826
- This is based on £170 installation cost and £35/month i.e. £590 pa
- **In one year the Virtual Ward had 1,000 patients living at home using technology with cost savings of about £500,000**



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Newham Patient GP Access

**One GP practice in Newham
has a registered list size of 379,623**

41% can book or cancel their appointments

43% can request repeat prescriptions

15% can send secure message to their GP
practices

25% can update their contact details

16% can view their summary care records



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Estonian National Health Information System

Nationwide Digital Platform launched in 2008

- **97% of patients have digital record - + further demands**
- **94% of prescriptions digital - citizen satisfaction**
- **100% insurance claims digital - with state planning**
- **60% of limited workability assessments**



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Cost-benefit assessment – Mental health service example in Sweden

Benefit per year:

- Reduced need for support from formal carers: 1 hr /week
Saving: SEK 15,600
- Reduced need for support from informal carers: 1 hr /week
Saving: SEK 4,000
- Increased employment and production
Saving: SEK 13,200

Total saving: SEK 32,800



WHO Be He@lthy, Be Mobile – the mHealth system of WHO and ITU

Since 2010 the Global Observatory for eHealth (GOe) WHO
updating an online directory of eHealth-related national policies and
strategies from Member States.

The directory outlines national level vision, goals, and approaches for
the use of ICT for health



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Conclusions – many positive examples of using eHealth

Cost Effective

Cost saving

Patients feel more responsible for their health

Avoids admission to hospital

Avoids ambulance journeys

Avoids infection

Avoids leaving home, loved ones and pets

Saves time, energy and money



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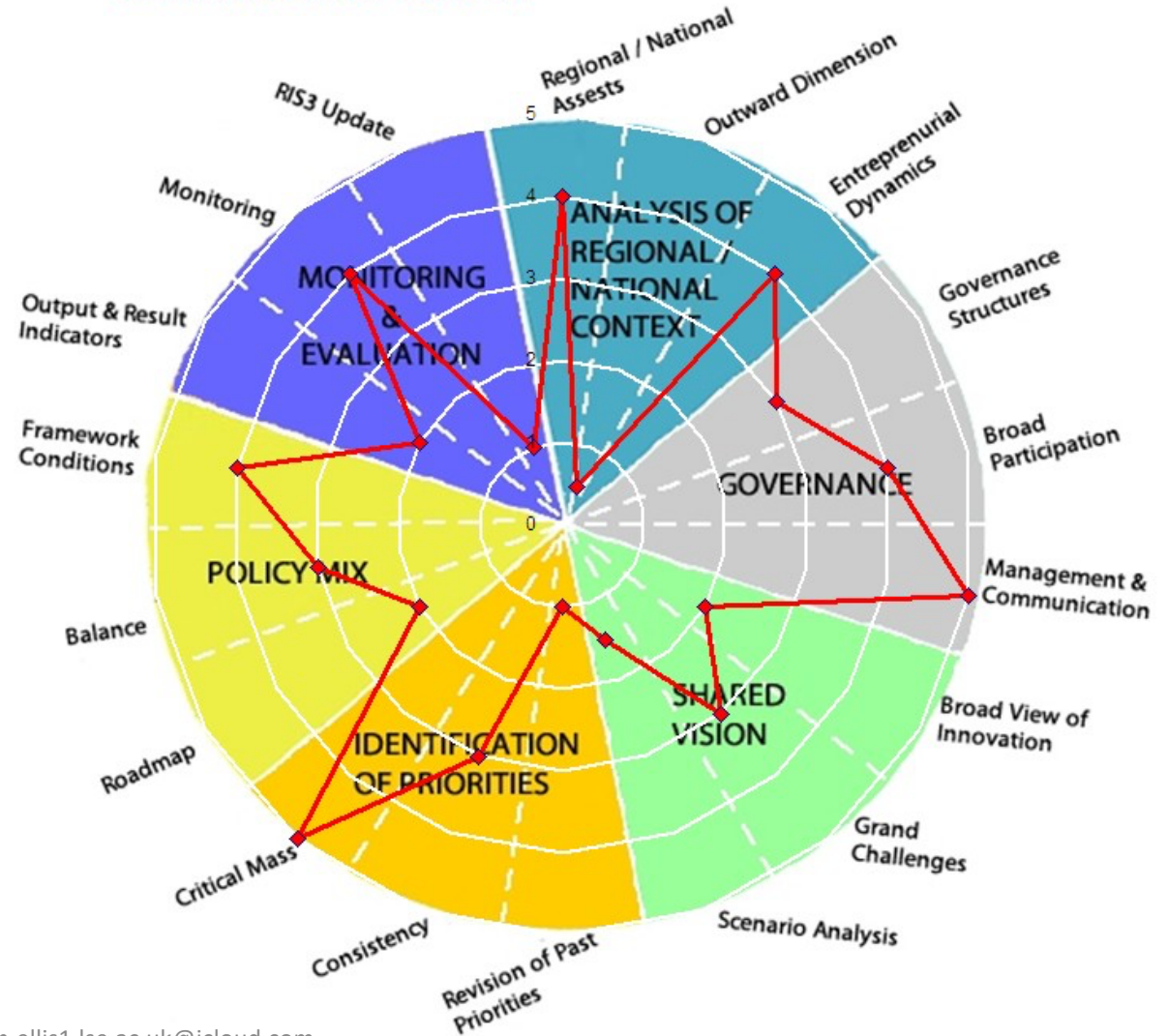
European Research and Development - DIGICOM

For use with Structure and Risk Assessment of Digital Services

How does your service rate?

Driving economic change through smart specialisation/RIS3

→ Informal assessment - region XXX



EKTG asks:

Do YOU have the development capability?
Big Data is not 'a free lunch', so who pays?
Is bigger data always better data?

Does YOUR organisation have the capacity needed?
Have you got the Leadership, Talent management, and
Decision-making skills?
How do you know Users' views?



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