EUROPEAN KNOWLEDGE TREE GROUP for eHealth (EKTG) Doc 4.1 13.04.2015

EKTG MISSION

Introduction

The European Knowledge Tree Group (EKTG) studies eHealth and the various ways it is applied within the European Union (EU) and the wider world. EKTG is a unique and dynamic community, with participants from many nations within the EU. This highly motivated yet eclectic group includes policy makers, designers and implementers, academics, 3rd sector, local government, health professionals, the leaders of both large and small businesses and users and their families. What this potentially powerful group share is a desire to change fundamentally the way ageing is perceived and how health and care is delivered.

Over the last four years EKTG has held events at the London School of Economics and Political Science (LSE) and elsewhere in Europe and Japan, addressing specific and general topics but always with the aim of addressing particular issues. From these events some new developments have been made of benefit to industry and users.

A Leadership Group was formed in 2012 to focus the work of EKTG.

With a view to facilitating cooperation among the many stakeholders in the field of eHealth, EKTG organises a Conference annually, and workshops in a range of countries. This provides the opportunity for presentation and discussion among interested parties. EKTG also considers that education and skills development on the part of those providing services on the ground is of the first importance. It hopes to develop programmes to achieve that end.

Background

eHealth is the term increasingly understood to encompass the growing range of cost effective policies, services and equipment available to support greater independence of EU citizens. The term embraces Telehealth, Telemedicine, Telecare and Health Informatics, as illustrated in the diagram below.

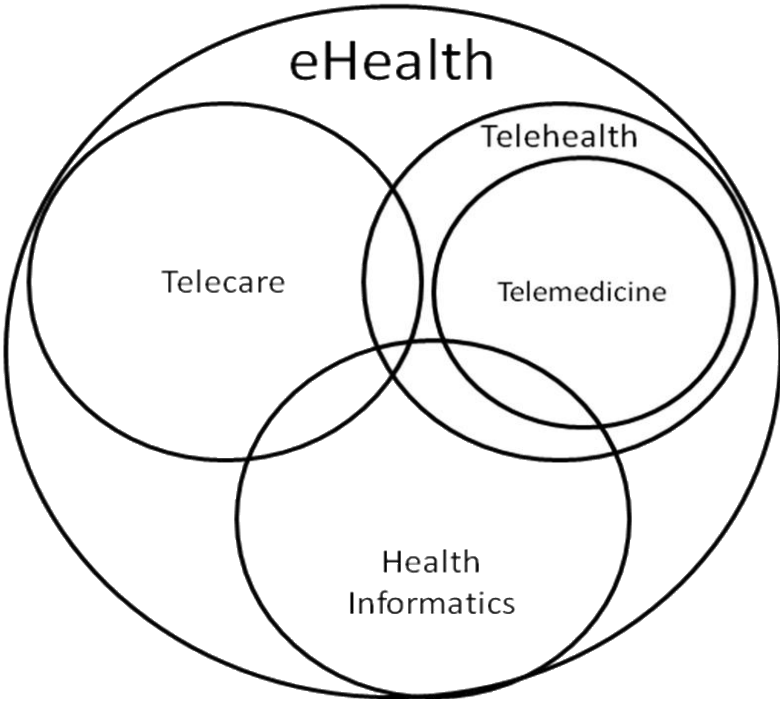

Figure 1 eHealth

Telehealth has been defined as healthcare service delivered via telecommunications media, over any distance. Service delivery may be done in real time or stored and broadcast through media, ranging from simple telephonic conversations and Internet to video conferencing across national boundaries. The services may involve consultation, patient monitoring, diagnosis, prescription, treatment or even surgery. Real-time telemedicine services may involve Tele-cardiology, Tele-dentistry, Tele-mental Health, Tele-neurology, Tele-nursing, or Tele-rehabilitation. Outwith Telemedicine, but within Telehealth are remote keep fit systems, health apps, etc.

Telecare is an umbrella term used to cover care alarms, monitoring, and sensoring devices, etc. In most countries of the EU these are purchased privately or provided by social services, independently of health services. The early development of telecare has enabled some elderly and disabled people to remain living in their own homes.

Health Informatics facilitates the collection, analysis, access, and dissemination, of health information. Thus, access to their medical data by patients, as found for 300,000 people in Estonia, improved patient health outcomes and decision making, reduced healthcare costs, travel time, redundant diagnostic procedures or tests and waiting time and eventually improved early diagnostic, administrative and communication capabilities.

Wireless technology has been adopted allowing more mobile systems to be used.

Across the EU the eHealth systems vary.

In times of stringency when budgets are being curtailed it is important that policy makers have a good understanding of cost effective models.

The increasing proportions of older people in the population exacerbate demand for eHealth.

Few health or social care professionals have education or training to prepare them to understand user needs; even within industry there is scant coverage of regulatory standards. EKTG strongly believes that an on-line and face-to-face education and training system to meet this requirement should be introduced speedily.

The current situation

Despite enormous advances in technological solutions in the areas of eHealth implementation and provision could best described as “patchy” with a nationwide disparity in the quality and provision of services in most EU member states.

In the UK the Whole System Demonstrator (WSD) programme of 2011 provided evidence that telecare and telehealth were viable solutions for older and disabled people living independently and taking control of their own health and care. Furthermore, the WSD programme found that, “if delivered properly, telehealth can substantially reduce mortality, reduce the need for admissions to hospital, lower the number of bed days spent in hospital and reduce the time spent in A&E.” A follow up scheme – 3MillionLives offered much but was then shelved. Northern Ireland hurriedly established a cross-country scheme that is now found not to be popular with users. England has recently published a new proposal, which leaves Commissioners to interpret local practices. Scotland meanwhile is planning a co-ordinated system between health and social work.

The model shown in the image below is a representation of how the older or disabled person is currently supported. Although there is a concentration of resources at the local level with a cluster of service providers and the cared-for, the policy-making bodies, commissioning bodies, advocacy bodies and regulatory bodies are mostly distinct silos that are distanced from each other and from the cluster of care-centric users and providers situated at the core.

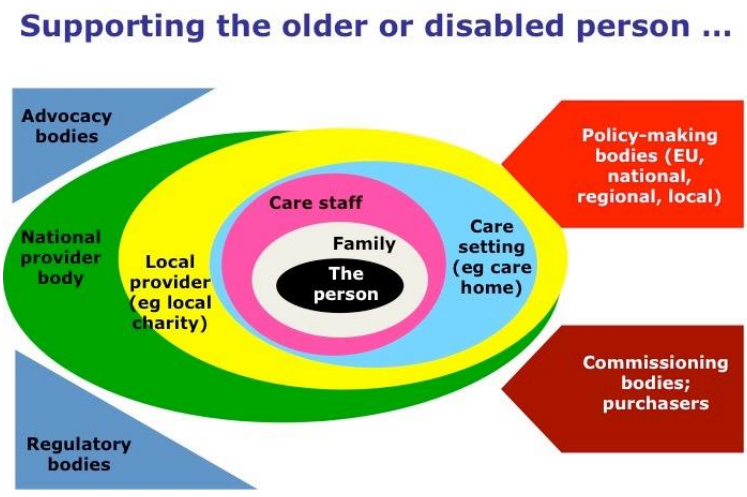

Figure 2 ref EU Project MonAMI -

These silos suggest a lack of integration that raises questions of ownership, leadership and vision. The breaking down of silos and the creation of an integrated system is primarily the responsibility of European,National and Regional authorities. However, it is also a critical issue for the deployment of assistive technologies, in

which the ICT industry must be a critical and influential player. The roadmap shown in Figure 3 illustrates the way in which all stakeholders need to be engaged if these technologies are to be successfully deployed.

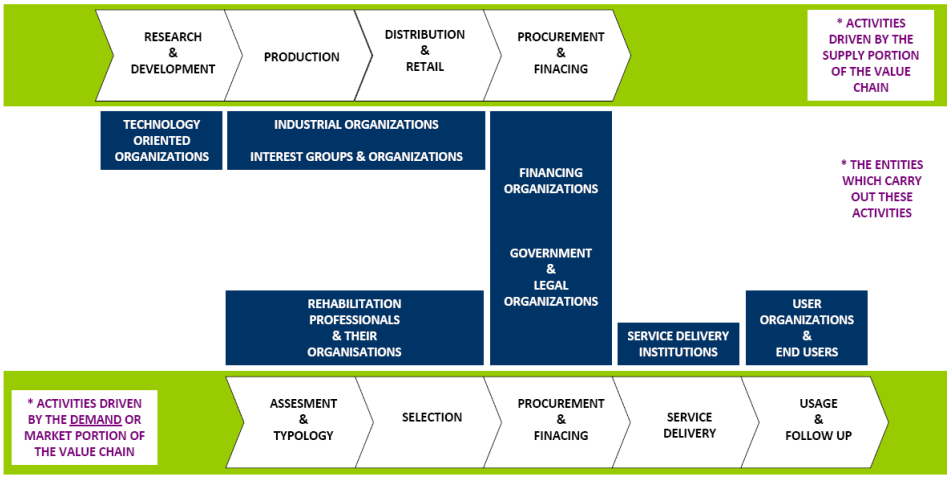

Figure 3

The UK, as regards health and social care provision, is no longer one country. Wales, Northern Ireland, and especially Scotland, lead the way with some eHealth applications. Principally because in all three countries health and social care provision have been unified. Despite the upward pressures of demand in England, it is planned to make a £20 billion reduction in the health care budget by 2015, as highlighted in the Deloitte LLP 2012 report. That report also highlighted the potential need for Telehealth technology to be used to help the NHS work differently to tackle this gap. Clearly, whether you are a patient, a carer, or a member of an authority providing finance, it must be acknowledged that the growing demand and the capacity to supply that demand may be unsustainable without major changes in the funding process.

On a wider world basis, the WHO Convention on the Rights of Persons with Disabilities (Articles 20 and 26) is well recognised. The WHA resolution WHA58.23 and the United Nations Standard Rules on the Equalisation of Opportunities for Persons with Disabilities all highlight the importance of assistive devices. In the USA, Congress (in 1998) amended the Rehabilitation Act (1973) to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. Section 508 was enacted to eliminate barriers in information technology, open new opportunities for people with disabilities, and encourage development of technologies that would help achieve these goals. The law applies to all Federal agencies when they develop, procure, maintain, or use electronic and information technology. Under Section 508 (29 U.S.C…794 d), agencies must give disabled employees and members of the public access to information that is comparable to the access available to others. Standards in the USA are often seen as the minimum for other countries; as a result many smaller nations use this law as a basic standard.

In Spain, the government implemented the Dependency Law (2006) for personal autonomy and care for people in a situation of dependency in the community with ring fenced funding. More recently because of financial restrictions some of this funding has ben reduced resulting in Regional variations.

Older and disabled people in Sweden using ICT is reported to be somewhere between 57% - 84%, depending on the category. Recent changes in Sweden may result in the withdrawal of some facilities and support.

France also enjoys a much higher standard of technology supported care, thanks to earlier government policy and the integration of industry in the care delivery system within the EU. The assistive technologies industry already provides creativity passion, leadership and vision within the industry body, and telehealth and telecare products have a proven track record in enabling older and disabled people to live independently and take control of their own health and care.

EKTG, when reviewing the work already undertaken in this area, are aware of the many reference items, roadmaps, explanations, which have been studied and published. Nevertheless, there is still a view that a simple explanation with some background is required. This short document aims to contribute to the discussion and understanding of both eHealth and some of the tasks that EKTG tries to address.

In parallel, EKTG for eHealth has recognized that the subject has not reached educational courses or academic curricula to any great extent. Most health and welfare practitioners function without any recognised or formal qualifications.

We have therefore put together a proposal to develop and deliver critically targeted education, training and coaching through a varied stage programme of activities. We plan a continuum running from a half-day workshop to a longer online programme of 12-20 hours, followed by written work to define learning and achievement. Later, a longer and more comprehensive programme will be established to offer a specific professional training.

Funding is being sought to kick-start this endeavour to provide an early opportunity for senior management to participate.

Reference list:

Whole System Demonstrator (WSD) (2011) UK Government website.

Deloitte LLP (2012) Primary care: Working differently:telecare and telehealth.

EU Project MonAMI -

Analysing and Federating EU assistive technology ICT industry in EU (2009) J.Stack et al (Figure 3).

WHO Convention on the Rights of Persons with Disabilities (2008).

The Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) USA Government.

Rehabilition Act (1973) (Sections 504 and 508) USA Government.

Dependency Law (2006) Spanish Government.