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InfoSociety Monday 26 June 2006

Published: Friday 23 June 2006 | Updated: 08:24 | Print this article

Industry joins forces for online health

In Short:

A new industry alliance brings together ICT companies, health devices, fitness and pharma companies, in order to enable the seamless transfer of patient data.

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Background:

Preventable medical errors are one of the main causes of death in western societies, causing 195,000 fatalities in the US every year and 30,000 in Germany - more than car accidents, aids and breast cancer combined. According to these figures, the cost of preventable medical errors in the US is 17 to 29 billion dollars a year. Research into the phenomenon suggests that 20% of these fatalities are linked to a lack of information and/or information mismanagement.

Conditions making people more vulnerable to diseases in general are on the rise worldwide. By 2015, the number of people on earth aged 60 years and more, which was 650 million in 2000, will have almost doubled to 1.2 billion. At the same time, 1 billion people are expected to be overweight. By 2050, 30% of the EU population will be 65 years old or older.

These developments will result in a major shift in health care worldwide:

- Dealing with chronic illnesses, which require long-time attention, will replace reacting to acute diseases as the main focus of the healthcare system. More patients will be suffering from long-term conditions which do not require permanent hospitalisation. Homes will join or even replace hospitals as primary healthcare locations.
- At the same time, the genetics revolution promises to bring about new kinds of medications, which are much more adapted to a patient's condition, allowing for and requiring personalised therapies.

The resulting tasks can only be achieved by a web of healthcare providers including health care professionals as well as relatives. Due to the higher mobility in industrialised countries as well as in emerging economies, the interconnection of healthcare providers should be possible over distances exceeding the local level. This includes:

- monitoring a patient's health status (activity, nutrition, weight, blood pressure and other factors)
- automated, robust alert systems for healthcare professionals in the case of major anomalies
- electronic medical records in interoperable formats for easy exchange between caretakers
- data security and rights management mechanisms that ensure the respect of patient's privacy in the course of such transmissions
- easily accessible medical and pharmaceutical knowledge bases
- direct personal contact between patients, relatives and healthcare professionals

The Commission has acknowledged most of these basic needs in its 2004 e-Health Action Plan. In addition, e-Health was made one of the ten priorities of the e-Europe 2005 action plan, which is carried on into the i2010

initiative.

Issues:

The newly-founded Continua health alliance brings together companies from the ICT (software, hardware and networks) sector, medical and fitness device manufacturers and pharmaceutical companies. It sets out to "Foster independence through establishing a system of interoperable personal telehealth solutions that empower people and organizations to better manage health and wellness."

In concrete, the companies envisage a system of networked devices (blood pressure meters, scales, pill dosers, different kinds of sensors) in the household working smoothly together with adapted appliances in a doctor's or caretaker's cabinet - an "extension of healthcare systems into the home", as Continua Chairman David Whitlinger said. Health professionals would host software that analyses the data transferred and asks for closer examination in case of anomalies. Via a user-friendly computer, phone or even television-based interface, doctors and carers could get in contact with patients. The same kind of system could be used for monitoring by people who do not presently have a health problem - the 'worried well', as Continua calls them.

The alliance sees three major market segments for a wide-spread deployment of e-health systems:

- Monitoring patients suffering from long-term, chronic diseases and critical conditions. Nowadays, the majority of those people need in-patient treatment or at least regular visits at a doctor's cabinet. E-health could be a cost-cutting alternative, the industry argues.
- Preventive monitoring of senior citizens' health. In this case, the link would mainly be between elderly persons and their adult children, in particular so if they do not live in the same place. It could also include a family doctor or, if the person has already gone through a critical condition, specialist. In most of those cases, costs would have to be carried by the patients themselves.
- Monitoring and coaching fitness training. People doing ambitious sports training could contact their fitness consultant from wherever any of them is, go through their training and health data and discuss next steps online.

The alliance wants to foster the spread of e-health systems through:

- Open standards and interoperability. These are important to make sure that single companies don't dominate sub-sectors of the e-health market, which could potentially spoil the whole sector's growth potential. In particular Small and Medium-sized Enterprises depend on open standards to integrate with bigger companies' infrastructure.
- Certification. Devices respecting the standards and tying in with other compatible hardware and software will carry the Continua signet, as a signal to consumers and health professionals.
- A friendly regulatory environment. Some regulations already apply on health services in the US and the EU. Industry's interest is mostly that regulations across the world are harmonised in order to make technical modifications unnecessary when designing equipment for different destinations.
- Awareness raising with the public and policy makers; advocacy.

Questions that remain to be answered are:

- Financing. Monitoring chronically ill people could actually cut in on the considerably costs it causes nowadays an it could therefore be justified that the costs be carried by social security systems. Preventive monitoring would however have to be paid for by the patients themselves. It could therefore result in a two-tier preventive health system, separated along income lines.
- Accessibility and inclusion. Not every-one is computer-literate enough to deal even with the simple interfaces e-health appliances would have to have, and until now access to the internet is quite unevenly distributed throughout Europe. Dealing with the digital divide and e-inclusion are therefore essential for bringing the full benefits of such a system to all citizens.
- Privacy. People's health data is one of the most most sensitive kinds of personal data in existence. Secure encryption at all levels must therefore be implemented in e-health systems.
- Outsourcing. Part of the monitoring activities could technically be aoutsourced to lower-wage countries. This would make it difficult, however, to respect European regulatory standards, and it could result in pressure on wages in the health care sector.

Positions:

Health and Consumer Protection Commissioner **Markos Kyprianou** said: "eHealth can empower patients and improve healthcare. Even more importantly, by reducing the scope for medical errors, it can save lives. We need a partnership between health ministers, technology providers, patient groups and health NGOs to release the full potential of eHealth in Europe. The Tromso conference is a step towards achieving that."

Information Society Commissioner **Viviane Reding** added: "The European approach to eHealth should be about spending euros on patients, not on paperwork. For example, electronic medical records can help doctors to diagnose illness and prescribe treatments more accurately, thus reducing medical errors. It also means cutting

down paperwork to improve efficiency. Electronic patient referrals in Denmark are saving €1 million a year and could rise to to €3.5 million a year, if all referrals were sent electronically."

BEUC, the European Consumers' Organisation, declared, back in 2002: "Due to the rapid evolution of on-line health practices, a strong regulative framework is urgently needed. In particular, BEUC rejects the market mechanism solution, as we see regulatory measures as a guarantee for information disclosure and not necessarily for quality assessment. We recognise the revolutionary potential of the Internet as a tool for offering medical information and services, but we are deeply concerned by its misuse and the life-threatening situations that it could provoke. On-line medical information could play a complementary role in expanding citizens' knowledge and medical awareness but standardised trustmarking criteria and other self-regulatory measures are essential for e-patients' welfare."

Latest & next steps:

- The Continua alliance plans to issue its guidelines by summer 2007.
- The certification programme should be up and running by summer 2008

Links

EU official documents

- Commission (Communication): e-Health action plan [FR] [DE] (30 April 2004) [FR] [DE] (20 May 2005)
- Commission (Press release): eHealth: Commission calls for better use of technologies that empower patients, improve healthcare and save lives

Industry Federations

- Continua Health Alliance

NGOs and Think-Tanks

- BEUC: View on E-health (12 March 2002)

Feed-back to section coordinator