



Advice for 2016/2017 of the H2020 Advisory Group for eHealth in Societal Challenge 1

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**Advice of the
Horizon 2020 Advisory Group of
Societal Challenge 1
'Health, demographic change and
wellbeing'**

***Recommendations for
strategic priorities in 2016/2017***

Working Groups in Societal Challenge 1

1) *Ageing at large*

2) *Personalised medicine*

3) *ICT for health*

4) *Population health and health promotion*

5) *Infectious diseases*

6) *Early development*

7) *Sustainable health and care systems*

8) *Environment and health challenge*

Overarching principle in all Working Groups in Societal Challenge 1

"Patients and citizens must be involved in the whole process from the design of the research programmes to the dissemination and implementation of results in health and social care, public health and society"

There is no "one size fits all" approach – we are moving towards health care tailored to the needs and characteristics of the individual



Working group 3 – ICT for health

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ICT for health: what's needed (1/2)

Research to establish the **evidence for integration** of ICT for health solutions in national health systems

- **building on current technological infrastructure**
- **targeted applications & focused evaluation with long-term follow-up**

S&T development and innovation to bridge the gap between raw technologies and business intelligence

- **Technologically enabled culture shift**
- **Healthcare – lifestyle promotion - wellbeing**

ICT for health: what's needed (2/2)

A dual focus is therefore needed:

1) on person-centered health care delivery, also integrating health and social care and considering the environment and community setting of the individual;

2) on wellbeing and prevention to identify trends towards ill health and so strive to keep people away from unnecessary care and be proactive

ICT for health: why is this a challenge?

Important to strengthen the growing body of evidence about the contribution of ICT for health to:

- Cost reduction
- Care efficiency
- Quality of life
- Equity of access to health and care services

Still a lack of integration of ICT for health and prevention solutions in national health systems

Still to explore the use of ICT with deprived, hard-to-reach and vulnerable users and communities

STILL the individual needs to take greater ownership of his/her state of health aided by ICT

ICT for health: recommendations

WHAT

Extensive **quantitative & qualitative research** to evaluate *cost reduction, efficiency, safety, patients' quality of life e.g. reduction of invasiveness, equity of access to health services.*

Full utilization of **big data** in health

Demonstration projects to prove value of ICT for health

Close *collaboration* between research & academic institutions, the public health sector & the private sector

HOW

National eHealth *policies* & revision of *legal frameworks*

Bridge the gap between *raw technologies* & *business intelligence*

Bottlenecks

- 1. Not enough** done to create **evidence**. There is a huge gap between money spent on pilot projects and money spent on their evaluation.
 - **Enforce policies** that all projects should be formally evaluated. Academic and research programmes should allocate funds and human resources for training, research and evaluation.
 - ICT for health projects and research initiatives should **be internationally registered** and **transparent**.
 - **Establish standardized rapid and inexpensive evaluation protocols** otherwise the issue of proven efficacy (as well as acceptability, cost, and sustainability) may stop progression.
- 2. Training and access to technology** are major issues for all **users**.

Risks

- 1. Research from and for the more developed countries might not reflect the situation and challenges in all countries, creating biases.**
 - Research, training and evaluation might be implemented by those who can afford it, while solutions might be given to all regardless of local situations.
- 2. Issues around ethics/confidentiality/privacy and data ownership** currently not adequately addressed, and this may shift public perception against the concept person-centered health care delivery, wellbeing and prevention. Therefore they need to be urgently considered.

Gaps

1. There is a **knowledge gap** on the **value of ICT for health and prevention** especially **among practitioners**.
 - Better formal education and training as well as in-service training
 - Better research, implementation, monitoring and evaluation
2. This gap is even **bigger** for the applications in **deprived, vulnerable** and **isolated communities**.

Game changers

1. The game changer will be the **collaboration** and **partnership** between **the public and private sectors** based on **common understanding** (and not only on profit for the commercial sector).
2. This can be made a reality through **public and open fora, competition, and clear definition of needs and policies.**
 - Case studies are needed of applications that work, have been evaluated, and which are tried in different communities in time and space.

Role of public sector

1. To develop **public policies** and **legal frameworks**
2. To ensure **sustainable funding, transparency, a better understanding of needs, and openness for change**
3. As the public sector is usually cautious, to be **educated** and **well informed**, since resistance to change is a social challenge, and not technological in nature.
4. Joining up of public databases while protecting confidentiality etc. will be essential.

Strong areas for industry and SMEs

1. Industry & SMEs develop products based on market research and needs assessment. The big challenge is the availability of solutions looking for problems.
 - SMEs should try to understand what the challenges are and come up with cost-effective, user-friendly and easy-to-use solutions, especially for ageing populations, young people, busy managers and digitally-illiterate populations.
2. Industrial roadmaps towards integrated and interoperable solutions, learning also from developing nations when appropriate.
3. Industry and SMEs to help integrate into small communities' ICT
 - to support health, wellbeing and prevention in housing, transportation, schools, and not just traditional health and social care delivery.

SWOT Analysis

Strengths

- New technologies and increased access to broadband even in low-income settings.
- Health care expectations from ICT are high, so new products and applications are often sought and welcomed.
- Large knowledge base exists.

Opportunities

- Industry/SMEs/academia collaboration, in and beyond the health sector.
- New appreciation of the importance of ICT in health and development.

Weaknesses

- Not enough evidence on benefits & not enough investment in evaluation & training.
- Absence of coordinated & coherent application of research outcomes.
- Cross-sectoral collaboration as a routine still not the norm.
- User-centred design also still not the norm. Older frailer cohorts often left out of consultation.

Threats

- IP issues and commercial drive of vendors.
- Competitive rather than collaborative research.
- Older people seen as not able or afraid to take-up technology.



Thank you for your attention!

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