



MEP Heart Group
AT THE HEART OF INNOVATION: E-HEALTH UNDER SCRUTINY
15 March 2011
European Parliament - Room A 5G1

Attendees

Members of the European Parliament

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|-------------------------|-------------------------|
| 1. Linda McAvan | MEP HG Co-Chair |
| 2. Dirk Sterckx | MEP HG Co-Chair |
| 3. Liam Aylward | MEP |
| 4. Luigi Berlinguer | MEP |
| 5. Cristian Buşoi | MEP |
| 6. Saïd El-Khadraoui | MEP |
| 7. Fiona Hall | MEP |
| 8. Antoniya Parvanova | MEP |
| 9. Eleni Theocharous | MEP |
| 10. Ioannis Tsoukalas | MEP |
| 11. Tine Delva | Asst. Sterckx |
| 12. Alexander Fichtner | Asst. Quisthoudt-Rowohl |
| 13. Jan Moens | Asst. El- Khadraoui |
| 14. K. Szczepanik | Asst. Ziobro |
| 15. Katrien Uyttersprot | Asst. Brepoels |

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| 23. Donatella Orlando | ALT Italy |
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Cardiac Societies

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| 24. Victor Legrand | BE Soc. Cardiology |
| 25. Panagiotis Vardas | ESC |
| 26. Frans Van de Werf | ESC |

Charter Signatories

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|----------------------|------------------------|
| 27. Oscar Arias | CPME |
| 28. Birgit Beger | CPME |
| 29. Denis Clement | Eur. Soc. Hypertension |
| 30. Sascha Marschang | EPHA |
| 31. Hiltrun Sunseth | EIWH |
| 32. Lieve van Ermen | VBS Cardiology |

Speakers

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| 16. László Bencze | HU Presidency |
| 17. Martin Cowie | |
| 18. Friedrich Koehler | |
| 19. Jorge Pinto Antunes | EC |

MEP Heart Group Secretariat

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| 33. Marleen Kestens | EHN |
| 34. Ilaria Leggeri | ESC |
| 35. Laurent Louette | EHN |
| 36. Sophie O'Kelly | ESC |

Heart Foundations

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| 20. Sergio Coccheri | ALT Italy |
| 21. Maura Gillespie | British Heart Foundation |
| 22. Marijke Luif | NL Heart Foundation |

Other

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| 37. George Yiangou | AESGP |
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Meeting Summary

On 15 March, the MEP Heart Group met for the first time in 2011 to discuss how innovation – and notably e-Health technologies in cardiology - may provide real benefits to EU citizens and help to tackle major societal challenges such as health and ageing.

1. Mr Dirk Sterckx MEP, Co-Chair, MEP Heart Group: Welcome and Introduction

Dirk Sterckx MEP, Co-Chair of the MEP Heart Group, opened the meeting by welcoming the participants.

He underlined how the ageing population in the EU is increasing rapidly. Of course, this means that a growing number of Europeans will be suffering from serious disorders which are prevalent at an older age, including cardiovascular diseases (CVD).

The severe burden represented by CVD for the EU society and economy, as well as the aspirations to an Innovation Union guaranteeing improved lives and a better society for EU citizens, represent an obvious call for the discovery and deployment of innovative solutions, including ICT technologies such as e-Health which have the potential to provide high-quality and safe personalised healthcare while increasing the efficiency and sustainability of care systems in the EU.

2. Mr Jorge Pinto Antunes, European Commission - DG SANCO: "Active and Healthy Ageing Innovation Partnership"

Mr Jorge Pinto Antunes thanked the MEP Heart Group for the interest brought on the European Commission's (EC) activities addressing active and healthy ageing.

Indeed, the demographic and macroeconomic consequences of an ageing society are expected to be significant: projections for the coming decade emphasize the increase in healthcare expenditure and the shortage of healthcare professionals.

In order to anticipate these trends, the EC suggests looking at ageing as an opportunity to be exploited thanks to the cooperation of all stakeholders and the pooling of all available resources. The overall objective is to speed up the innovation process from research to market by removing bottlenecks and barriers and leveraging the demand-supply. Against this background, the health objective set by the EC is to use innovation to increase the average number of healthy life years by 2 by 2020.

The EC Pilot Partnership on Active and Healthy Ageing represents the main framework to achieve this. The partnership will focus on three main working areas: improving health status and quality of life of EU older citizens; ensuring the sustainability and efficiency of more integrated care systems; and, supporting the elderly in active ageing and independent living.

In addition to the currently identified action areas, a steering group chaired by Commissioners Kroes and Dalli will be reflecting – amongst other things - on future possible actions. Mr Pinto Antunes said that an example could be



actions addressing the co-morbidity of chronic diseases with the aim of: fostering deployment and research in integrated care for multiple chronic conditions based on e.g.: systematic monitoring of patients and self-care and home care; developing evidence-based clinical practice guidelines; and, developing common guidelines for procurers and different authorities operating in social and healthcare to help them e.g. with better planning and use of regional funding to scale up proven tele-monitoring approaches.

3. Prof Martin R Cowie, Imperial College London: "e-Health in cardiology: successful stories"

Prof Martin Cowie started by addressing the big problem of sustainability that healthcare systems will be facing in the future, due to the expected increasing number of sick people which will most likely not be counterbalanced by an increase in healthcare professionals.

Technology – and namely e-Health - appears thus to be of great value for overcoming such problems thanks to the innovative, sustainable and cost-effective solutions it may provide.

There are many definitions for e-Health, but the most representative in the field of cardiology is the one involving telemedicine and remote patient monitoring. These include practices which were initially limited to telephone monitoring of patients, but later evolved into patient self-monitoring and even computerized monitoring thanks to devices which automatically transmit data. eHealth is thus a technology which supports – and does not replace – face-to-face care by bringing expertise to patients rather than patients to the expertise.

The advantages of such techniques include earlier detection and intervention (leading to a significant reduction in unnecessary hospitalisations). Patients' empowerment is also a promising result as people learn to understand symptoms, follow their medical condition and self-care.

Despite the positive outcomes already achieved, there are some obstacles to overcome before eHealth can be fully exploited to the benefit of all EU citizens. These include education on use of equipment and support in implementation.

4. Prof Friedrich Köhler, Charité-Universitätsmedizin Berlin : "Overcoming hurdles to innovation"

Prof Köhler started by providing a definition of "Telecardiology", which consists in the cardiological diagnostics and therapy over distance using modern information and communication technologies. This includes both connections between healthcare providers and remote patient monitoring.

He then presented two examples of telemedicine applied to cardiology. In the first case, a know-how transfer programme has been set up between Germany and the Baltic States. This allowed providing long-distance assistance in the treatment of patients with congenital heart defects thus compensating successfully for the lack of regional specialised medical care. In the second case, remote monitoring has been used for patients suffering from chronic heart failure. Although this does not reduce mortality and hospitalisation in stable ambulatory patients, it does make a difference notably for patients with prior hospitalisation.

In conclusion, Prof Köhler pointed out that in order to exploit the potential for eHealth and to attain a modern telecardiology in Europe a certain number of issues should be addressed, notably:

- » Telemedical standards (e.g. Accreditation of Telemedical Institutions and Professions)
- » Structural support for the implementation of telemedicine in rural areas
- » Structural support for the exchange between centers of excellence and national heart centers in smaller countries
- » Harmonization of legal aspects in telemedicine
- » Support for further research (especially Health Care Research)

5. Mr László Bencze, HU Presidency: "Priorities of the Hungarian Presidency: e-Health and innovation partnerships."

Mr Bencze explained that Hungary is the last Presidency of the Trio together with Spain and Belgium. Together the three Presidencies established a number of priorities in the field of health: innovation and solidarity in healthcare, cross-border healthcare, quality and safety of healthcare and health professionals.

Within this framework, the overarching health theme of the Hungarian Presidency addresses 'patient and professional pathways in Europe', which encompasses eHealth and investing in the healthcare systems of the future among its main priorities.

Indeed, healthcare investment is key to address challenges such as the ones posted by an ageing population and which highlight the need for new models of efficient health care, the efficient use of scarce resources and an EU-level knowledge base.

Concerning eHealth, a high-level conference will take place during the eHealth week from 10 to 12 May in Budapest. The overarching theme of the conference will be "e-Health: Investing in the health systems of the future", with a specific focus on: IT supported evidence-based health policy decision making process; e-Health to enable safety and continuity of crossborder healthcare: infrastructure and regulation; e-Health to improve access to healthcare, and to optimise capacities and human resources; Active and Healthy Ageing Innovation Partnership; EU e-Health Governance Initiative; Reuse of clinical data for public health and research; and, Evidence of e-Health technologies.

6. Discussion

The discussion was opened by **Ms Szczepanik**, Assistant of Mr Ziobro MEP, who stated that the use of eHealth solutions seems indeed to be promising, but that in Eastern Europe people are still struggling with quality assessments of doctors. She informed that Mr Ziobro's father suffered from cardiovascular disease and died due to malpractice and suggested that the EU should address the quality standards of healthcare in Europe.

Mr Pinto Antunes from the European Commission (EC) confirmed that the EU has produced Council Recommendations on patient safety. Nonetheless, he commented that Member States are hesitant to progress on this issue. In addition, there are also a number of EU financial envelopes which are dedicated to the training of professionals and the improvement of health infrastructure.



Ms Beger, Secretary General of the Standing Committee of European Doctors (CPME), said that her organisation is working hard to improve the quality of care in Europe. She added that eHealth and modern applications are indeed very good, but that they do not replace face-to-face contacts.

Prof. Vardas, President-elect of the European Society of Cardiology (ESC), thanked the MEP Heart Group for the support it provides in the fight against cardiovascular diseases. He informed that the ESC is actively working to ensure high-standards of education and training of cardiologists in Europe, as well as high standards of care thanks to guidelines providing indications on how to achieve the best scientific practice. Although inequalities exist between Member States, such initiatives may help to harmonize healthcare practice in the EU. eHealth represents another crucial step in this sense.

Dr Coccheri, from ALT Italy, agreed with the importance of training and stressed the importance of EC funds dedicated to medical education. He added that eHealth should provide enrichment to the patient/doctor relationship.

Ms McAvan MEP, MEP Heart Group Co-Chair, asked whether research is conducted on the opinions of patients on the use of eHealth solutions.

Prof. Cowie said that patients and carers are interviewed and that their general comments are very positive. The challenge then is more to introduce eHealth in traditional healthcare practices (cf general practitioners) as patients do not show particular resistance. He reminded that the purpose of eHealth is not to replace face-to-face care.

Prof. Köhler confirmed that patients handle eHealth very well, but that general practitioners have a difficult time in accepting such solutions as they require adaptation and imply more transparency and control on working practices.

Ms Sunseth, from the European Institute of Women's Health, reminded that women are often the main 'healthcare managers' in homes and that eHealth is of interest to them as it is seen as an empowerment tool. Indeed, she agreed that eHealth should not go to the detriment of face-to-face relationships with the doctor.

Ms Van Ermen, from VBS Cardiology, said that 39% of all doctors in Belgium are GPs, whereas the average in Europe is 25%. She asked who is legally responsible when eHealth is used.

Prof. Cowie answered that liability issues are addressed when eHealth solutions are marketed and that – at any rate – eHealth may only function if the relationship between doctors and patients, which is a transparent one.

Mr Sterckx MEP, MEP Heart Group Co-Chair, asked about privacy issues.

Prof. Cowie informed that those are also dealt with and that – at any rate – eHealth is not a 'big brother' and there is only a low risk of patients' confidential information being divulged.

7. Ms Linda McAvan MEP, Co-Chair, MEP Heart Group: Wrap-up

Ms McAvan concluded the meeting by underlining that eHealth seems indeed to have a great potential benefit for patients. The ageing of the European society will impact everyone and it is thus important to empower elderly people by suggesting self-care solutions. She added that the European Commission should encourage the exchange of good practice with regards to the training standards of doctors.