(2013/C 280/07)

THE COMMITTEE OF THE REGIONS

— points out that the development of eHealth services must benefit all EU citizens by giving them the opportunity to take control over their own healthcare and cannot lead to further inequalities in terms of access and use of healthcare services;

— notes that, in many EU Member States, local and regional authorities bear some of the responsibility for planning, designing, implementing, testing and funding health and welfare policy. It is therefore evident that regional authorities must be closely involved in any reforms that impact healthcare and welfare;

— calls for sustained efforts to promote health education, innovation and change, driven by commitment to excellence and awareness that today’s solutions may be outdated by tomorrow in the rapidly changing eHealth environment;

— draws attention to the large volumes of health, welfare and social care data, all currently stored in separate systems and argues that a more efficient and interservice use of these data could reinvent European healthcare systems and create a more robust and effective care continuum;

— notes that the key factors for the successful development and introduction of eHealth solutions include local government involvement, decentralised data storage, good dissemination of information to patients and the public and an active collaboration with health professionals;

— reiterates that the large-scale deployment of eHealth is not just a question of legal and technical feasibility, but depends first and foremost on the trust that patients, health professionals and the public place in it; therefore believes that it is important to address the issues around privacy, confidentiality, data protection and liability to ensure that sensitive data are protected from hacking, leaks, privacy breaches and other forms of abuse.
1. POLICY RECOMMENDATIONS

THE COMMITTEE OF THE REGIONS

General comments

1. supports the Commission's communication on the eHealth Action Plan 2012-2020, which outlines a strategy for eHealth in the EU and sets out the key objectives that need to be achieved in order to realise its full potential. This plan represents a significant step forward in preparing Europe's healthcare systems for the challenges they face in terms of improving quality of care, making more efficient use of the ever scarcer resources available for healthcare, reducing red tape for patients, healthcare providers and governments, and innovating in the fields of IT and technology, production and services;

2. agrees with the Commission's assertion that even the best eHealth solutions will be of no benefit to EU citizens if they are designed and implemented in a fragmented and compartmentalised way. The Commission deserves credit for the attention it has given to legal, organisational, semantic and technical interoperability frameworks, guidelines and specifications;

3. stresses that health and welfare policy has been centralised in many Member States and that regional authorities need to have a louder voice in the debate;

4. points out that the development of eHealth services must benefit all EU citizens, and not lead to (greater) inequalities in terms of the accessibility and use of healthcare services. The needs of patients must be at the heart of the eHealth revolution: patients have a right to take decisions on access to their data, and must be given a clear explanation of what use can be made of such access, and by whom. eHealth should give citizens and patients the opportunity to take control of their own healthcare;

5. emphasises that new applications must be accessible, and give disabled, older and vulnerable people greater autonomy. Accessibility should therefore be a mandatory condition for launching any product or software application;

II. RELEVANCE FOR THE COMMITTEE OF THE REGIONS

6. notes that, in many EU Member States, local and regional authorities bear some of the responsibility for planning, designing, implementing, testing and funding health and welfare policy. It is therefore evident that regional authorities must be closely involved in any reforms that impact healthcare and welfare;

7. refers in this connection to the 2011 eHealth Strategies Report on eHealth infrastructures, which states that "the complexity of national EHR systems cannot be managed in larger countries. European experience so far suggests that countries with more than around 10 million inhabitants tend to fail with their endeavours, particularly if they do not feature a top-down healthcare system. […] This would suggest a middle-out approach, opting for local and regional systems building on a national infrastructure";

8. points out that the recent CoR study on Dynamic health systems and new technologies: eHealth solutions at local and regional levels shows that eHealth is at the top of the agenda for Europe's local and regional authorities;

9. sees a need for more interregional cooperation and exchanges of practical and policy experience, to enable those at the forefront of eHealth to transfer their knowledge to newcomers. The European Commission can play a role here, by collecting and collating knowledge and best practice. An in-depth analysis needs to be undertaken into which eHealth initiatives and models can most effectively be implemented on an EU-wide scale;

Health literacy

10. considers improving people's knowledge concerning their health to be an important element in strategies to
eliminate health inequalities. Combined with digital literacy and broadband access, increasing levels of health-related knowledge will help to give more people in remote, sparsely populated or otherwise disadvantaged regions access to accurate information, preventative healthcare measures and medical advice, as well as to easily accessible online assistance, treatment and medical follow-up;

11. considers accurate, reliable and accessible information tailored to different sections of society to be a prerequisite for digital health literacy. This means that the government and private sector need to provide clear and relevant information and, in particular, that health professionals need greater awareness of their patients’ health literacy;

Challenges

12. points out that eHealth is a rapidly evolving field that is in constant development, and today’s insights and achievements may be outdated by tomorrow. The transition from traditional healthcare to eHealth requires not only the necessary IT infrastructure and digital literacy but first and foremost a shift in the relationships between medical staff, social workers, researchers, health insurers, patients and the government. It also calls for sustained efforts to promote innovation and change, education and excellence;

13. refers in this connection to the conclusions of the workshop on Monitoring National eHealth Strategies (Brussels, 2010), which assert that the “implementation of [eHealth] strategies across Europe [has] proven to be much more complex and time-consuming than initially anticipated. In addition, the complexity of eHealth as a management challenge has been vastly underestimated”;

14. notes that, in some regions, the IT skills of medical personnel and social workers, and understanding of the possibilities of eHealth leave something to be desired. The same applies to the quality, user-friendliness and features of some of the software available or on the market for medical staff and social workers. This is regrettable, and hampers the improvement of eHealth. The requirements to be met by medical software, and in particular by electronic health records, could be set out more explicitly so that the available software can be tested against them and labelling procedures can be developed. There is currently a lack of effective communication between the health sector and the IT sector;

Interoperability

15. draws attention to the large volumes of health, welfare and social care data, all currently stored separately. Making more efficient use of these data could reinvent healthcare and develop a more robust and effective care continuum. This means that IT infrastructure must not be limited to medical treatment services, but also cover social care, assisted living, prevention and wellbeing. This is a consequence of the principle that service users must be at the centre of any healthcare and welfare system, and that the various services within the system must tailor their operating procedures accordingly. eHealth can help to reduce the compartmentalisation of care and promote a holistic approach to the person who needs care;

16. regards the electronic sharing of data between care providers as crucial to improving quality of care (improving effectiveness and continuity, putting the patient in a stronger position, etc.). In many countries and regions, medical data is currently stored in a very fragmented way (saved in files on individual GPs’ and specialists’ computers, or on the hospital server), with no way of sharing these data among the practitioners involved in a given patient’s treatment. An on-call GP, or a doctor in a hospital’s accident and emergency department, may have to deal with an emergency without access to a summary of the patient’s key medical data or up-to-date medical history. This problem is exacerbated if the patient is in a foreign country where the language barrier seriously hinders communication between the patient and the care provider, and will become an even bigger challenge once the practical impact of the EU Directive of 9 March 2011 on the application of patients’ rights in cross-border healthcare becomes clearer. Laboratory tests and medical imaging are often repeated unnecessarily due to a lack of access to a patient’s recent medical history;

17. very much welcomes the considerable attention the eHealth Action Plan pays to the issue of interoperability frameworks. The EU eHealth market is highly fragmented, and the ICT solutions provided – in many cases for extremely local circumstances – make these systems more expensive, inaccessible to others, unreliable, and unsuited to other purposes or new applications. This situation also presents an obstacle to the IT industry by limiting its access to the market.
and undermining the profitability of its product development, which hinders much-needed innovation. The action plan provides enterprises both large and small in all European countries with opportunities for economic initiatives;

18. sees the interoperability framework that will be offered to the eHealth network in the course of this calendar year as an important point. The study into national legislation on electronic health records should also examine regional regulations;

19. welcomes the emphasis on closer cooperation with international and global organisations such as the World Health Organization (WHO). There needs to be agreement on the encoding of medical data and the uniform use of international disease classification systems in order to enable computer-assisted medical decision-making;

Trust

20. feels that the large-scale deployment of eHealth is not just a question of legal and technical feasibility, but depends first and foremost on the trust that patients, health professionals and the public place in it. It is therefore important to start by dealing with the issues concerning privacy, confidentiality, data protection and liability, to ensure that sensitive data are protected from hacking, leaks, privacy breaches and other forms of abuse;

21. notes that one of the key findings from KPMG’s study Internationaal onderzoek EPD’s [International EHR study] (Utrecht, 6 February 2012) comparing six different European countries was that there was a trend away from large-scale national programmes towards a more regional approach, with a view to managing the complexity and increasing local involvement. According to KPMG, there is also a growing realisation, thanks to the use of uniform standards, that there is no need for nationwide databases but that decentralised data storage at source can be managed well. The critical success factors for the gradual development and introduction of eHealth would appear to include local involvement, decentralised data storage, good dissemination of information to patients and the public, and a step-by-step approach involving pilot projects with the active involvement of health professionals;

The development of eHealth can strengthen and improve this relationship, but it is unrealistic – and not even desirable – to expect personal face-to-face contact to be completely replaced by virtual interaction. eHealth applications should therefore only be used by established professional categories in the health and care sector;

23. notes that there is also increasing tension regarding ownership of and responsibility for shared personal data in an electronic health record. Patients should ideally have their own field in their electronic health record where they can insert, for example, results obtained from self monitoring (e.g. self-measured blood sugar levels, blood pressure, mood, etc.);

24. notes that, as chronic conditions take an increasingly prominent place in medical practice in terms of the ageing population, in health statistics and in the list of cost drivers in healthcare, the importance of a multidisciplinary approach to chronically ill patients is coming increasingly to the fore. Many older patients suffer from several conditions concurrently, and need care from various care providers with complementary skills. This applies both to inpatient care and to home-based care. eHealth, and electronic data-sharing between patients, their caregivers and care providers involved in their treatment, can make a particularly valuable contribution to good, timely care tailored to the patient’s needs;

Funding

25. finds it regrettable that the budget for the Connecting Europe Facility has been cut severely, from EUR 50 billion (EUR 9.2 billion of which was earmarked for broadband and digital services) to EUR 29.3 billion, barely EUR 1 billion of which is for broadband and digital services;

26. questions whether the large-scale deployment of interoperable, cross-border eHealth services, which the Commission claims will take place by 2014 under the Connecting Europe Facility, will still be on the cards if Parliament gives the green light to the cuts to the CEF;

Relationships

22. notes that the relationship between health professionals and patients is personal and unique, and must remain that way.
eHealth technologies, privacy safeguards, user involvement and the integration of patient-centred solutions in European healthcare systems;

**Subsidiarity**

28. points out that competence for organising and providing healthcare services and medical treatment rests with the Member States. In many Member States, local and regional authorities are responsible for all or a significant part of health and welfare policy;

29. notes that, particularly in less prosperous areas, it remains technically, logistically and financially difficult to upgrade IT infrastructure and to expand and develop the potential of eHealth. Action at EU level may be particularly useful where there is a need for coordination and encouragement. This applies in particular to various issues that are best dealt with at EU level, such as cross-border healthcare, recognition of qualifications, common barriers, standards and methodology for assessing the effectiveness of eHealth applications. Financial support may also be useful in helping to cover the high initial costs;

30. notes that the 2014-2020 action plan focuses on research, innovation and interoperability, and sets out what form the technical and legal framework should take. The business community, local and regional authorities, health professionals, patients and the public would all benefit from this. Since the action plan is quite broad, the European Commission could focus more on prioritising its activities;

31. expects action at EU level to bring added value to regional health policy and healthcare, and help to create a European area of eHealth and eWelfare;

32. hopes that implementation of the action plan will take account not only of the Member States but also of local and regional authorities, which have a key role to play in communicating with and informing patients and the public, educating and training care professionals, establishing adequate local involvement in the development of eHealth, initiating eHealth pilot projects, dealing with the complexity of eHealth and, in some regions, also legislating in the field.

Brussels, 3 July 2013.

The President
of the Committee of the Regions
Ramón Luis VALCÁRCEL SISO