

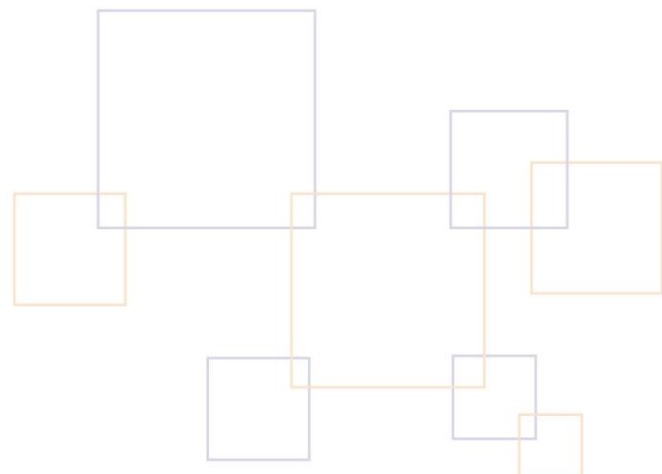
Digital Transformation of Health and Care

Position Paper of the European Social Insurance Platform (ESIP)

14-June-2019

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About the European Social Insurance Platform (ESIP)

The **European Social Insurance Platform (ESIP)** represents over **50 national statutory social insurance organisations** in **17 EU Member States and Switzerland**, active in the field of health insurance, pensions, occupational disease and accident insurance, disability and rehabilitation, family benefits and unemployment insurance. The aims of ESIP and its members are to preserve high profile social security for Europe, to reinforce solidarity-based social insurance systems and to maintain European social protection quality. ESIP builds strategic alliances for developing common positions to influence the European debate and is a consultation forum for the European institutions and other multinational bodies active in the field of social security.

Statement regarding positions submitted by ESIP: *ESIP members support this position in so far as the subject matter lies within their field of competence.*

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Digital Transformation of Health and Care

Digitalisation is changing the rules of play for all actors in healthcare. Digital tools have the potential to improve accessibility, quality and affordability of healthcare for patients and citizens. In particular, they may:

- Improve quality and coordination of care, e.g. through e-health records and e-prescriptions
- Improve access to healthcare, e.g. through telemedicine and teleconsultations, especially for people in remote areas
- Improve prevention and rehabilitation, e.g. by monitoring health parameters or using virtual coaches to improve chronic-disease-related lifestyle choices
- Improve productivity and efficiency in the administration of the healthcare sector by streamlining processes and reducing time spent on administration, e.g. using electronic certificates of incapacity, e-referrals (e.g. between primary and secondary treating healthcare professionals), e-booking of medical appointments and mobile interlinking of care staff
- Facilitate patient mobility within the European Union in accordance with the rules on cross-border healthcare

The EU has a role to play in this field. In particular, ESIP welcomes the recent publications of the European Commission on the digital transformation of health services^{1 2} and its initiatives on the exchange of e-health records and e-prescriptions at EU level. We also welcome the efforts of the EU to foster collaboration and the exchanges of practice at EU level in this field, and its support to the digital transformation of healthcare systems.

In this context we would like to stress that the challenges linked to digital health need to be tackled to ensure that digital transformation is in the interest of patients and society and that the principles of solidarity and universality, at the core of social security systems, are preserved. For instance, a high level of data protection must be ensured; a clear additional benefit of e-health for society must be identified; citizens must be sufficiently trained and educated; and digitalisation needs to address the digital divide.

Representative of European social insurers are directly involved in the digital transformation of healthcare with projects aimed at improving services to users (information portals, e-cards), or developing digital tools in the fields of prevention and health promotion (e.g.

¹ [Communication on enabling the digital transformation of health and care in the Digital Single Market: empowering citizens and building a healthier society](#), European Commission, 25.04.2018

² [Draft Opinion on Assessing the impact of digital transformation of health services](#), Expert Panel on effective Ways of investing in health, 07.11.2018

through mobile apps), diagnosis, rehabilitation, treatment and care, telemonitoring, and long-term care (see examples of actions in the Annex). Therefore, ESIP would like to share some principles and reflections aimed at maximising the benefits of digitalisation for health systems and citizens in a certain number of areas.

Cross-border exchange of electronic health records (EHR) and electronic prescriptions

Position

- The EU should continue to support the cross-border exchange of electronic health records (EHR) and electronic prescriptions in the EU and provide EU-level standards to ensure compatibility of national and international datasets.

In this regard, we welcome the Commission's Recommendation of February 2019³ that concerns interoperability standards for digital services. With respect to the currently widely differing opportunities for citizens in the respective Member States to digitally access their data compiled in the EHR, the Commission now delineates five key domains that should be made available transnationally: patient summaries, e-Prescriptions, laboratory results, medical images and hospital discharge reports.

Quality, continuity and safety of treatments can be improved when health practitioners are granted timely, cross-border access to information about existing treatments and health conditions, such as allergies, and results of previous medical analyses. In addition, costs related to test repetition can be avoided. Providing citizens themselves with access to their personal health dataset, regardless of time and current whereabouts, is a key element of the digital strategy. Furthermore, every citizen should have the final say in to whom to grant access, to which personal information, and for which purpose.

With view to the above, when upgrading their national digital infrastructures Member States need to take prospective pan-European coordination into account. Hence common technical specifications, built on and extending the work of the eHealth Digital Service Infrastructure (eHDSI), are extremely important. All measures need to conform to the principles of confidentiality, integrity and availability as described in the General Data Protection Regulation, minimising risks of manipulation by implementing secure electronic identification and authentication measures.

³ Commission Recommendation on a European Electronic Health Record exchange format (C(2019)800) of 6 February 2019

Exchange of good practices regarding assessment, uptake and evidence generation on quality of care, patient-related benefits and cost-effectiveness

Position

- The European Commission should support the exchange of good practices between Member States and national bodies in the field of digital health and care solutions regarding assessment, uptake and evidence generation on quality of care, patient-related benefits and cost-effectiveness.

Reimbursement is a national competence and part of the national healthcare legislation. Numerous differences in national reimbursement procedures are justified by the specificities of each Member State's own needs and settings. Health Technology Assessment (HTA) is an essential tool for Member States in order to make evidence-based decisions on pricing and reimbursement of health technologies.

For pricing and reimbursement purposes, the value of health technologies shall be assessed from a quality-of-care and a financial perspective. Its benefit could be the substitution of an already existing service with an added value for the patient. In the case where the benefit is the same as that of an existing solution, a potential economic gain for payers compared to an existing treatment needs to be identified.

Given the widespread range of digital offerings, different reimbursement models will be applicable to different types of digital solutions, which range from basic provision and transfer of information to devices capable of significantly influencing medical decision-making. Hence, evaluation must take place on a case-by-case basis taking into consideration the specificities of digital health care innovations, such as their relatively short life cycle. The challenge is to identify substantial innovations among an extensive pool of technological solutions.

Correspondingly, new methodologies and standards are required to assess the risk-benefit balance of digital health innovations across their scope. Scientific research and clinical studies are essential elements of the cost-effectiveness analyses and Health Technology Assessment that inform national pricing and reimbursement decisions on digital care innovations to prove their contingent superiority as opposed to what already exists.

Therefore, we welcome the efforts made at EU level to foster collaboration in the area of health technology assessment and stress the importance of including digital health in the scope of the collaboration and to support the development of new assessment methodologies in this area, e.g. through its new Horizon Europe programme.

European funds for digital projects

Position

- ESIP calls on the EU to use the European strategic investments for digital programmes as foreseen in the Multiannual Financial Framework to support the interoperability of national e-health-infrastructures.

ESIP stresses the EU's added value in supporting Member States through its various dedicated programmes (Connecting Europe Facilities, the Health programme...) in order to accompany the digital transformation of healthcare systems and patients' mobility in the EU.

ESIP would welcome the wide-ranging inclusion of e-Health in the next Multiannual Financial Framework in order to foster significant progress regarding the expansion of a European digital health infrastructure within the funding period of 2021 to 2027. According to the EU objectives of promoting and protecting health and well-being, the principle of 'Health in all Policies' should be made a priority for anticipated investments when supporting Member States in this field.

Inclusive Digital health for patients and health care professionals

Position

- A common goal of EU legislators and Member States must be the digital health literacy of patients and health care professionals. Digital transformation also needs to consider the digital divide in order to remain inclusive and to avoid creating new inequalities

Investments need to be undertaken to make sure that all parties involved have adequate knowledge and skills to interpret and handle the required digital parameters.

Consideration must be given to existing inequalities in access to information and communication technologies due to factors such as low income, lack of skills or simple choice. In addition, to ensure tangibility, face-to-face and paper-based services should remain an option while simultaneously providing people with the necessary skills to benefit from online processes.

Finally, it is essential to involve the users at every stage of the digital transformation process in order to accommodate their needs, create trust and empower them.

Conclusion

The EU has a key role to play in the digital transformation of public services, in providing the appropriate legal framework and in supporting the modernisation efforts of public services in the Member States.

Digital technologies have the potential to radically change the provision of healthcare. In the course of this transformation, opportunities should be seized to improve the quality of and access to healthcare, as well as to realise cost savings.

On the basis of their rich experience in this field and in light of the societal objective they pursue, healthcare payers need to be involved in the European decision-making process regarding digital transformation of health and care from the beginning.

To guarantee equitable access to high quality health care for all insured people irrespective of income, amount of contributions paid, age, sex or health status must be the overarching aim. Consequently, all steps towards digital health and care need to be compatible with the statutory social insurance's key principles of solidarity and universality.

