

Chapter 37

European E-Health Framework: Towards More “Patient-Friendly” Healthcare Services?

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ABSTRACT

European health systems are under mounting pressure to respond to the challenges of population ageing, citizens’ rising expectations, migration, and mobility of patients and health professionals. New technologies have the potential to revolutionize healthcare and health systems and to contribute to their future sustainability. However the organizational and regulatory environment of e-health has not progressed as rapidly as technology both in national and European level. The key issue in the European sphere is whether and to what extent it interferes with public health policy and should be treated separately from the more “traditional” healthcare. The proposed chapter will define e-health from a European perspective, present the different steps of the European policy in the field, insist on the organizational and regulatory issues that arise and discuss drives and barriers towards achieving pan European “patient-friendly” healthcare services.

INTRODUCTION

Health has a central part of the European policy agenda. Under Article 152 of the Treaty establishing the European Community (Article 152), the EU has a mandate to complement the work of national health systems. This work focuses mainly on protecting people from health threats and disease, promoting healthy lifestyles and helping national authorities to cooperate on

cross-border health issues. By 2050 the number of people in the EU aged 65+ will grow by 70% and the 80+ age group will almost treble. This demographic shift could cripple national health services unless radical changes are made. Innovative, dynamic healthcare systems, enabled by, and in combination with, new technologies, offer solutions to these mounting pressures. “New technologies have the potential to revolutionize healthcare and health systems and to contribute to their future sustainability,” the strategy states (ICT Results, June 2010).

DOI: 10.4018/978-1-4666-2770-3.ch037

“E-health, genomics and biotechnologies can improve prevention of illness, delivery of treatment, and support a shift from hospital care to prevention and primary care. E-health can help to provide better citizen-centred care as well as lowering costs and supporting interoperability across national boundaries, facilitating patient mobility and safety” according to the European Commission’s October 2007 Communication White Paper - Together for Health: A Strategic Approach for the EU 2008–2013 (COM (2007) 630 final).

Based on a recent study (se2009.eu) 100,000 adverse drug events could be avoided yearly through Computerised Physician Order Entry and Clinical Decision Support, 5 million prescription errors could be avoided yearly through the use of ePrescriptions, 11,000 diabetic deaths could be avoided every year by the use of Electronic Medical Records and Chronic Disease Management and 9 million bed-days could yearly be freed up through the use of Electronic Health Records, corresponding to a value of €3,7 billion.

At EU level, the introduction of e-health services is facilitating access to healthcare, whatever the geographical location, thanks to innovative telemedicine and personal health systems (ICT for better Healthcare in Europe, 2010). E-health is also breaking down barriers, enabling health service providers (public authorities, hospitals, etc.) from different Member States to work more closely together. If a particular treatment can be provided to a patient more effectively in another country, e-health systems make it simpler to organize and carry out treatment abroad. Suppliers of e-health tools – such as databases for patient records, mobile monitors which transmit data automatically, or handling systems for patient call centres – also benefit from the development of a European market in the sector, since it has enabled them to build a strong base from which they can tackle the global market (ibid).

It is clear that e-health is not just about technology, but about changing the everyday practice of

healthcare for every healthcare professional and every patient. However the organizational and regulatory environment of e-health has not progressed as rapidly as technology both in national and European level (Legally e-health, 2008). The key issue in the European sphere is whether and to what extent it interferes with public health policy and should be treated separately from the more “traditional” healthcare.

The proposed chapter will define and discuss e-health from a European perspective; namely the chapter will present the different steps that the European policy has undertaken in the particular field. The chapter will also emphasize on the discussion of organizational and regulatory issues that arise in this specific policy area and will discuss the drives and barriers towards achieving pan European “patient-friendly” healthcare services.

DEFINING E-HEALTH FROM A EUROPEAN PERSPECTIVE

E-health covers the interaction between patients and health-service providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals (e-health: Care for me, 2010). Examples include health information networks, electronic health records, telemedicine services, wearable and portable systems which communicate, health portals, and many other ICT-based tools assisting disease prevention, diagnosis, treatment, health monitoring and lifestyle management. The appropriate utilization of those tools and services provides a better, and a more efficient healthcare system for all.

Improvement of Information Provision for Citizens

E-health systems offer patients the opportunity to be well informed – in matters related to therapies and rehabilitation, as well as on their condition,

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