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## NEWSLETTER



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## Foreword by Linda Keane

Dear Reader,

The digitalisation of healthcare is ongoing but increasing in pace, requiring the current healthcare workforce to take advantage of available technological innovations that improve patient outcomes, optimise efficiency and generally bring about a digital transformation of health services. New technologies collect and generate data about the patient from multiple sources. Health professionals extract data and interpret results to determine the most appropriate treatment. Patients want access to their data and health professionals may need to extend their understanding beyond using the technology to explain the use of systems to patients. For these reasons and more, digital and professional ICT skills for health professionals should take their place alongside clinical competence and performance. Competence and continuous professional development of the healthcare workforce in the area of digital skills must be catered for in this context.

But why should we take a European view of this topic? Europeans are mobile, and acute episodes or illnesses don't recognise borders. Some of us may even elect to have treatments abroad. No matter the circumstance, patients expect to receive quality healthcare wherever they are. Both the availability of health data from other EU countries and the ability of the health professional to access that data are key to delivering effective cross-border healthcare. Member States are at varying stages of eHealth implementation, suggesting that a consistent standard of digital competence in the EU health workforce is not a given. Do mechanisms exist to measure the current and desired level of digital competence within the EU health workforce?

Task 6.3 'e-Skills for Health Professionals' looked at how competence frameworks can be used as a common language to describe the knowledge and skills required for a role, in an organisation, or across a sector. For instance, can a competence framework of digital competence designed for health professionals serve as a 'scaffold' upon which to define learning outcomes for continuous professional development in organisational settings or training curricula in health science educational institutions? Applying the old saying 'What gets measured gets done', doctors, nurses, midwives, pharmacists and dentists were asked to self-assess their digital competence against the eHealth Competence Model (a JAseHN deliverable) and provide feedback.

As eHAction continues to make progress in implementing agreed common guidelines to promote and enable exchange and use of patient information it is important to keep a parallel focus on the health professionals who will be responsible for implementing these services. I was honoured to lead task 6.3, which I see as a first step in evaluating the application of a competence-based approach to digital skills development in the health workforce; a subject that, deservedly, is attracting growing interest.

I hope you find this newsletter an informative and enjoyable read.

Linda Keane



**Linda Keane** is Strategy and Operations Manager at the ICS Foundation, the social enterprise division of the Irish Computer Society, and the Health Informatics Society of Ireland. She plays a leading role in the management of this professional body, representing 12,000 members. As an IT professional and certified trainer, Linda supports the ICT profession in Ireland through promotion of professionalism, standards, frameworks and competence development. She works on national and European projects focusing on digital inclusion, technology education and health informatics. She previously contributed to JAseHN as co-lead of the task on patient access to Electronic Health Record information and is an accomplished guest lecturer, most recently delivering a series on e-skills for health professionals in the Healthcare Technology Masters programme at TalTech, Estonia.

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# Intro eHAction stands for better health

Digital revolution is a transversal phenomenon for many sectors and healthcare is no exception. In the eHealth Action we embrace change, looking forward to contributing to better healthcare in Europe.

With a consortium composed of representatives from 30 European countries, the eHealth Action aims to reflect importance of digital health as a complementary resource for public health and services.

Exploring technologies and tools to facilitate chronic disease management, increasing the sustainability and effectiveness of health systems, enabling personalised care and empowering people is what we are striving for.

Committed to contributing to significant improvements in the scope of health care delivery in Europe, the Joint Action is focused on developing more sustainable solutions within the following priority areas:





## **Top Stories**

15<sup>th</sup> to 16<sup>th</sup> January 2020, Dublin

WP6 - Task 6.3 Contributor Workshop

- 20th January 2020 WP4 - Empowering People Webinar
- 21st to 22nd January 2020, Lisbon Towards the European Health Data Space
- 19<sup>th</sup> March 2020, Brussels 7<sup>th</sup> eHAction Steering Council Meeting
- 20th March 2020 WP7 Webinar 'Implementation challenges in eHealth Interoperability'

eHAction Task 6.3 *e-skills for health professionals* held a workshop on 15<sup>th</sup> and 16<sup>th</sup> January in Dublin, Ireland. Co-hosted by the task leaders, the Irish Computer Society (ICS) and the Irish Ministry of Health at the ICS headquarters, the workshop brought contributors together to discuss the task progress.

This workshop marked the culmination of the task's work, including activities such as the piloting of an online competence assessment process using the eHealth Competence Model and stakeholder interviews.

The results of the work carried out was analysed, reflected on and key messages derived, which will be included in a final report to be presented to the eHealth Network.

Contributions from all attendees made for an engaging workshop. The Irish Ministry of Health inspired further discussions on:

- The mixed attitudes of health professionals towards digitalisation;
- The importance of showing health professionals the benefits of eHealth;
- Competence frameworks role in describing a least level of e-skills for professionals across EU or in describing role competence requirements;
- The requirement for training and upskilling opportunities matched to needs, from embedding e-skills into medical curricula, to induction programmes for new entrants to the workforce;

The workshop concluded with agreement on the final report content, which attendees saw as a first step in exploring this important topic.



WP6 - Task 6.3 Workshop Group | 15th - 16th January 2020, Dublin

20th January 2020

WP4 - Empowering People Webinar

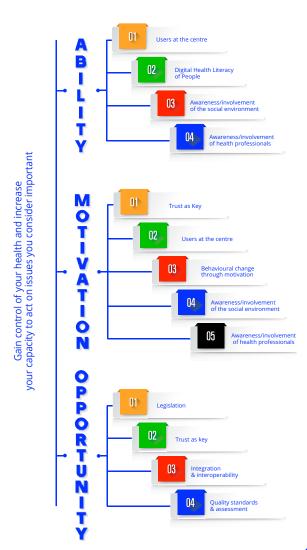
- 21st to 22nd January 2020, Lisbon
  Towards the European Health
  Data Space
- 19<sup>th</sup> March 2020, Brussels 7<sup>th</sup> eHAction Steering Council Meeting
- 20<sup>th</sup> March 2020 WP7 Webinar 'Implementation challenges in eHealth Interoperability'

On 20<sup>th</sup> January, WP4 - Empowering People - held a webinar to share findings and discuss thoughts with stakeholders, in order to consolidate the draft version of the deliverable document D4.2 - Policy Proposal on People Empowerment.

The purpose of this policy proposal is to present a list of priorities and recommendations for adoption by Member States in order to improve the empowerment of their citizens.

During the WP4 Webinar, each Member State presented their contributions, which were discussed with all Member States and stakeholders.

Following this webinar, WP leaders will aggregate feedback and make suggestions for specific policy level actions and recommendations, considering the AMO framework below:



21st to 22nd January 2020, Lisbon

Towards the European Health Data Space

19<sup>th</sup> March 2020, Brussels
7<sup>th</sup> eHAction Steering Council
Meeting

20th March 2020 WP7 Webinar 'Implementation challenges in eHealth Interoperability' The 'Towards the European Health Data Space' workshop was held at SPMS headquarters in Lisbon, on 21st and 22nd January 2020.

Secondary use of data is a pillar of digital transformation in health. To ensure the safe use of data to support health, solid governance and leadership, multisectoral collaborations and respect for data protection values are required.

The creation of an EU Health Data Space aims to strengthen international cooperation in the scope of data governance, based on the GDPR. In this regard, eHAction Member States alongside with representatives from the European Commission and experts from several concerning entities addressed governance models and national strategies for secondary use of data, as well as political, technical and legal issues for collecting and sharing data for secondary use.

How will we work together at EU level? Focused on the motto, during this two-day workshop participants brainstormed about potential challenges, initiatives and opportunities at national and European level.

Big data and artificial intelligence are expected to improve quality of care, management of resources and sustainability. On the European Commission's side, the 'Towards the European Health Data Space' workshop marked the beginning of the consultation process to health key stakeholders.

As Ursula von der Leyen wrote on 10 September 2019 when she was the President-elect of the European Commission in the Mission letter to Stella Kyriakides, Commissioner-designate for Health:

"We need to make the most of the potential of e-health to provide high-quality healthcare and reduce inequalities. I want you to work on the creation of a European Health Data Space to promote health-data exchange and support research on new preventive strategies, as well as on treatments, medicines, medical devices and outcomes. As part of this, you should ensure citizens have control over their own personal data."



Opening Session - Towards the EHDS Workshop | 21st January 2020, Lisbon





Towards the EHDS Workshop Group | 21st - 22nd January 2020, Lisbon

19th March 2020, Brussels

7<sup>th</sup> eHAction Steering Council Meeting

20th March 2020 WP7 Webinar 'Implementation challenges in eHealth Interoperability' The 7<sup>th</sup> Meeting of the Steering Council, expected to be a face-to-face meeting, ended up being an online teleconference as, for precaution due to the outbreak of COVID-19, the Portugal eHealth Summit, during which the Steering Council was going to take place, was rescheduled, like other major events all over the world.

In this regard, on 19<sup>th</sup> March, the Steering Council members gathered in an online teleconference to address the state of play of each eHAction Work Package, in order to mitigate risks and to clarify open topics and deadlines.

The deliverable documents to be presented for approval in the next eHealth Network meeting were discussed, according its type and version, as the table below:

Deliverable	Status
D4.2 Policy proposal   Draft   For discussion	Approved
D5.1 Report on policy level actions   Final   For adoption	Approved
D5.3 Paper on common principles for big data governance   Information Note   For Information	Approved
D6.3 Report on eSkills for Professionals   Final   For Information	Approved
D7.1 Guidelines for IT interoperability   Draft  For Discussion	Approved
D7.3 Practical Cybersecurity guide for health care providers   Draft  For Discussion	Approved
D8.2 Policy document about technology report   Draft  For Discussion	Approved

In this Steering Council Meeting, partners also highlighted the relevance of reinforcing how helpful Digital Health can be in crisis situations, such as the one we are unfortunately facing currently.

20<sup>th</sup> March 2020

WP7 Webinar 'Implementation challenges in eHealth Like the Steering Council meeting, the 2<sup>nd</sup> WP7 workshop, which was supposed to take place during the Portugal eHealth Summit, was converted into a webinar, held on 20<sup>th</sup> March.

After the work resulting from the 1st workshop (Thessaloniki, July 2019), the main objectives of this event were to bring together key experts to share experiences regarding interoperability in health organisations, in order to optimise the information collected and consolidate the first version of the Interoperability Guide.

In this regard, the WP7 webinar on 20<sup>th</sup> March started with the introduction to the Interoperability Guide, its concepts and principles, followed by the topic 'The hospital as an active node in the common European health data ecosystem'. Best procurement and testing practices in healthcare information exchange were also addressed, before Questions & Answers (Q&A) time.

To better understand the Interoperability Guide, WP7 clarified its navigation, narratives, content creation and maintenance processes. Following the second Q&A session, next steps were discussed, as well as issues regarding the sustainability of the Guide after the end of eHAction.

Addressing 'Implementation challenges in eHealth Interoperability', this first of two planned webinars gathered over 60 representatives from Digital Health stakeholders, meaning solid contributions to the ongoing work.



# Work Package 5 István Csizmadia & Arto Vuori



István Csizmadia | eHAction WP5 Leader

### What are the main advantages of the innovative use of health data?

**IC:** Innovative use of health data, regardless of whether the use is primary or secondary, fosters innovation in the field of public health interventions, prevention strategies and health system management, as well as in the organisation and provision of health services and medical care, including health promotion and disease prevention interventions.

It has the potential to improve public health outcomes, enhance the quality of care to patients and respond to unmet needs, and also to foster the competitiveness of stakeholders and to improve the cost-efficiency and sustainability of health services and medical care.

#### How can the community really benefit from the secondary use of data in health?

**IC:** Use cases for the prioritised fields of the enabling actions can be selected by identifying innovations delivering gains in the varying areas listed above. Higher priority can be awarded to those cases which deliver gains in more areas while using less resources at minimum risk.

The following are possible use cases of innovative use of health and healthcare data, big data, artificial intelligence, machine learning and high-tech (e.g. 3D printing) in public health, institution management and system governance:

- Improve patient care by assisted decision making, diagnostic analytics, robots (software and equipment), smart devices, telehealth, mHealth and remote care;
- · Forecast patient demand, attitude, behaviour and need;
- · Forecast outbreaks and spread of the epidemics;
- Optimise staffing and infrastructural capacities;
- Optimise administration, finance, procurement, inventory and investment;
- · Reduce (hospital) re-admission rate;
- Find hidden patient/citizen behaviour patterns using big data;
- · Provide tools and evidence;
- Research: academic research and sponsored research;
- Provide insight and evidence for policy-making and investments;
- Further digital health interventions, accessible at a minimum via mobile devices recommended by WHO¹.

### What are the main challenges regarding big data and artificial intelligence in health?

**IC:** There are many policy and operational level recommendations in this topic. Most of them are still relevant in most Member States and organisations. The result of our mapping showed that three general obstacles appeared as reasons slowing down or hampering translation of policy-level recommendations into actions: lack of trust, legal uncertainties, and lack of funding and financial resources.

## Lack of trust is one of the identified barriers in the D5.1 'Draft report on policy-level actions on innovative use of big data in health'. What can be done to overcome this?

**IC:** Common efforts are needed to eliminate obstacles caused by lack of willingness, unavailability of comprehensive data or fear of abuse. The same applies to resistance to learn, lack of motivation for further education and lack of expertise or resources (not only financial, but trained personnel as well).

In addition, the unmet need about transparency in capturing, cleaning, storing, sharing or using data shall be satisfied, and a significant amount of data still kept somewhere in paper format, shall be traced and digitised. In the same time key stakeholders have to understand the difference between analysis and reporting.

Last, but not least, stakeholders have to confront the 'transparency paradox'<sup>2</sup>. To do so, they need assistance in finding or updating solutions for how transparency could make the AI methods less vulnerable, while it can help mitigate issues of fairness, trust and discrimination.

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<sup>&</sup>lt;sup>1</sup> WHO Guideline: recommendations on digital interventions for health system strengthening - https://www.who.int/reproductivehealth/publications/digital-interventions-health-system-strengthening/en/

<sup>&</sup>lt;sup>2</sup> Andrew Burt: The AI Transparency Paradox, published on hbr.org, 13 December, 2019

#### Within the scope of D5.2 'Report on identified crossborder use cases', WP5 conducted interviews to collect information from key stakeholders. How do you assess the achieved feedback?

**AV:** The in-depth interviews enlarged the knowledge pool on innovative cross-border use of health data. Even though the selected projects for in-depth analysis had their foci on the intervention and implementation of innovative health technologies from very different disease areas (schizophrenia, rare diseases, Merkel cell carcinoma (MCC), etc.) most of them faced rather similar challenges when implementing their project.

In particular, issues of privacy protection, ethics, data security, health assessments, data quality, interoperability of health data systems, and demonstrating added value to the key actors (such as citizens, patients and professionals) were brought up.

The analysis of the conducted interview results show that there already exist a plethora of experiences and project results that are accessible and available from different projects. The projects could be consulted to develop a knowledge base and a framework for continuous exchange of best practices at the EU level.



Arto Vuori | eHAction WP5 Co-leader

## Considering the related challenges and opportunities, what should be the next steps to advance the innovative use of health data in Europe?

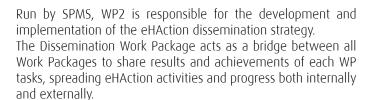
**IC:** It is quite important to define priority areas and compose the optimal set and order of the most challenging and promising use cases. Finding, implementing or developing use cases that provide optimal set of gains at different levels, shall be fostered by launching dedicated regulatory and specific funding programmes to:

- Reuse and further develop existing and technical capacities for exchange data;
- Foster empowerment, adherence and grit to increase level of knowledge, skills and competences related to sharing and accessing data for analysis and innovation purposes;
- Process good/best practices for optimised use cases;
- Develop and implement new curriculum and training programmes;
- Prepare and run communication, and dissemination and corporate social responsibility (CSR) programmes;
- Accelerate product, procedure and service development and bring new innovations and advances to patients;
- Mitigate uncertainties about implications and unclear impacts on intellectual property issues, fairness, safety, security, trust, liability, algorithmic transparency, social inclusion;
- Offer clarity about the roles of varying agencies in the Member States/countries and the EU.

For example, the creation of a European Health Data Space (EHDS) may help to launch these dedicated regulatory and specific funding programmes, and in this way, it can foster innovative use of health data. It can be built not only on the network of national, regional, local or organisational data spaces, but on the cooperation of key stakeholders throughout Europe as well. It is likely that EHDS could be an important, fundamental part of the digitalised healthcare ecosystem, therefore it requires EU level co-ordination.

## Work Package 2

## Dissemination



Regarding stakeholder engagement, WP2 supports core Work Packages in order to foster cooperation with the maximum number of stakeholders identified, according to their level of involvement in specific areas of the eHealth Action.

As for general public reach, WP2 strategy involves not only disseminating project results, but also raising awareness of the real benefits that eHealth can provide, through the eHAction website and social media.





### **TASK 2.1:** Public dissemination

#### **Objectives:**

- Keep eHAction website and social media up to date;
- Release the quarterly newsletter;
- Publish press releases;
- Develop support material: leaflets, infographics, videos;
- Join wide-reach events.

### **TASK 2.2:** Specific dissemination

#### **Objectives:**

- Share project developments and achievements among key stakeholders;
- Engage eHealth stakeholders through specific workshops, conferences and meetings;
- Participation in strategic eHealth fora;
- Ensure the Joint Action achieves significant visibility in the eHealth universe.

### **TASK 2.3:** Internal project dissemination

#### **Objectives:**

- Foster information exchange among project partners;
- Ensuring the successful implementation of overall project objectives;
- Optimise partners' common understanding of each WP's ongoing activities;
- Stimulate the involvement of all project partners.

#### **TASK 2.4:**

Stakeholders engagement & involvement

#### **Objectives:**

- Identify stakeholders and interact with them;
- Develop differentiated approaches for different stakeholder categories;
- Leverage the interaction and cooperation between partners and key stakeholders;
- Encourage Work Package collaboration with stakeholders to improve their deliverables;
- Ensure the results of the project have a beneficial impact on eHAction stakeholders.

## Work Package 2

Dissemination Activities







Social Media Posts Marketing Strategy | Copywriting | Design | Social Media Management



Flyer

Content Production | Design | Online Release | Printing and Distribution



Leaflet
Content Production | Design | Online Release | Printing and Distribution





Newsletter
Content Production | Design | Publishing | Printing and Distribution



Website
Webdesign | Development | Content Production | Website Management



Press releases
Content Production | Design | Release | Disclosure



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