Overview of the Multi-Stakeholders Roadmap on Digital Health
United Towards Integrated Care

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On behalf of the Integrated Care Alliance

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PARTNERS

With the support of MEP Michal Boni and in cooperation with
Structure

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Introduction to Integrated Care
Integrated Care Triple AIM

Based on the Triple Aim principles of Donald M. Berwick
Donald M. Berwick (et al.) (2008). Health Affairs. vol. 27 no. 3. 759-769
Pillars of Integrated Care

Healthy Regions

Prevention programs
- Promoting active life for Healthy Ageing
- Smoke free Programs
- Social support

Health programs
- Type-2 diabetes
- Heart failure
- Metabolic syndrome
- Back pain
- Geriatric care etc.

Public health focus
- Designated population
- Regional health diagnosis
- Stratification
- Quality indicators + Benchmarking

Community co-operation
Individual goal setting
Data-driven improvement

Committed network of partners and activated patients

Role of the regional integrator
Integrated Care Alliance Background
Integrated Care Alliance

Dedicated group of multi-stakeholders’ experts working together to provide direction, advice, and guidance for integrated care schemes.

The goal is to strengthen and expand integrated, sustainable health and care services across the EU Member States.

June 2016: Launch of the ICA Call for Action
Multi-Stakeholder Digital Health Roadmap
Multi-Stakeholder Digital Health Roadmap
ICA Objectives by 2021

**POLICY**
Develop sustained political investment, clinical and professional leadership

**NEW MODELS OF CARE**
Develop innovative financing and population health management models

**SKILLS, TRAINING & EDUCATION**
Develop competencies needed to organise, deliver and manage Integrated Care

**DIGITAL CARE TECHNOLOGIES**
Adopt innovative and interoperable digital care technologies, and harmonised sharing data plans, in daily routine practice
1. Secure political leadership and develop national, regional and local (community) roadmaps;
2. Invest to scale up successful integrated care projects;
3. Support the implementation through regulations enabling digital transformation (including secure identification practices);
4. Build strategies and frameworks, in a trusted environment, at all levels to empower and involve patients, carers and citizens;
5. Develop strategic partnerships with research and academic centres to reflect on innovation in healthcare in Europe (including measuring and improving of hospital performance);
6. Support transition from research to widespread uptake of innovative projects on Integrated Care;
7. Empower informal carers in terms of e.g. access to labour market, financial security, health prevention, social inclusion;
8. Offer training to informal carers to build their capacities and competencies;
9. Adopt and Encourage Member States to implement the EU Directive on Work/life Balance as a minimum requirement and further develop national strategies including status of informal carers;
10. Leverage the level of local studies by encouraging cooperation between policy, knowledge centres, care sector and industry;
11. Untap the potential of Big Data, Artificial Intelligence and Internet of Things, that can be used for instance to pre-diagnose or diagnose a disease;
12. Support proactive integration of Digital Care Solutions into Reimbursement and Procurement strategies across the EU Member States.
New Models of Care

1. **Develop** new care and economic models for Integrated Care tailored to the regional and local context;

2. **Encourage** strategic partnerships across health & social ecosystem (including academia and research entities);

3. **Promote** the involvement of informal carers in care teams through targeted training for both professionals and informal carers;

4. **Leverage** on the contribution brought by informal carers and the positive effect their care can have on the patients they look after (e.g. better adherence to treatment, good nutrition, improve access to services);

5. **Provide** accessible ICT based solutions to facilitate sharing of information between users, health professionals and informal carers;

6. **Support** public-private partnerships in health care including initiatives to support and improve market access models.
Skills, training and education: Our recommendations

1. **Educate** health & social care workforce to use Digital Care Technologies applied in daily practice;

2. **Offer** training to care professionals to support informal carers and include them in care teams (training to be developed in cooperation with carer and research organisations that are available to share their expertise and knowledge);

3. **Develop** target coaching programmes on self-management for patients;

4. **Train** health professionals to develop specific health preventative measures aimed at informal carers;

5. **Enable** citizens/patients to manage their own care through digital skills development and literacy;

6. **Enhance** deployment of health information exchange platforms, electronic health record systems, and population health management systems.
Digital Care Technologies

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<th>PHASES</th>
<th>FUNCTIONS</th>
<th>TECHNOLOGIES</th>
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<tr>
<td>1. CAPTURE</td>
<td>All stakeholders in the care continuum capture all necessary data</td>
<td>1. Usability of EMRs, data capture and navigation tools</td>
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<td>2. AGGREGATE &amp; SHARE</td>
<td>All stakeholders in the care continuum may access, share, aggregate and visualize meaningful data on a daily basis</td>
<td>2. Non-traditional data capture; medical devices, wearables, social media, sensors, Patient Reported Outcomes</td>
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<td>3. COLLABORATE</td>
<td>Multidisciplinary teams, including the patient, formal and informal caregivers and processes for collaboration are set up</td>
<td>3. Cloud and Mobile readiness tools</td>
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<td>4. COORDINATE</td>
<td>Delivery of integrated care may begin, based on agreed care pathways across health and care settings, covering first medical care but serving to wellness and social care</td>
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<td>5. SMART CARE</td>
<td>Smart applications routinely support caregivers and patients, taking into account the changing medical, social and operational context. Quality management processes are in place</td>
<td>1. Big Data Lakes (from diverse data sources)</td>
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<td>6. POPULATION HEALTH</td>
<td>The acquired experiences and insights roll down to health care service and health policy makers, enabling them to further focus on outcomes and adopt a VBM-C approach</td>
<td>2. Deep Machine Learning (bottom up)</td>
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<th>POLICY</th>
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<th>SKILLS</th>
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<td>INTEROPERABILITY</td>
<td>DATA PROTECTION</td>
<td>HEALTH TECHNOLOGY ASSESSMENT</td>
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<tr>
<td>1. Usability of EMRs, data capture and navigation tools</td>
<td>1. Semantic interoperability for data and workflow</td>
<td>1. Distributed and dynamic workflows and associated tools</td>
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<td>2. Non-traditional data capture; medical devices, wearables, social media, sensors, Patient Reported Outcomes</td>
<td>2. Standards</td>
<td>2. Patient-specific care plans</td>
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<td>5. Visual integration of external data sources</td>
<td>5. Bi-directional instantaneous communication between team members</td>
<td>5. Big data analytics, including risk stratification tools</td>
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IN SHORT about our Roadmap
The Roadmap identifies specific sections which are the drivers of the Integrated Care

Each of these sections are analysed in terms of objectives by 2021, and recommended measures for the implementation

The recommendations address various levels (European, National and Regional levels), and those stakeholders that ICA Partners cover.

**The Roadmap is an invitation for other stakeholder organisations implied in the integrated care value chain to join the initiative.**
Thank you!

Visit our website at: www.integratedcarealliance.org

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