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COVID-19: Defining a **Digital-First Approach that** Adds Value

Crises pose opportunities as well as threats. The COVID-19 outbreak is a key example. As a result, digital health use is expanding. Dramatic changes to models of patient care are occurring with new technologies, digital solutions and organisational approaches. Mobile apps are coming to the fore. The use of virtual care is likely to be consolidated. A digitalfirst approach can work, and the European Health Telematics Association (EHTEL) and its members are keen to support these advances.

Crises Pose Opportunities and Threats

Today, European health systems are struggling to cope with the most challenging public health threat they have experienced in recent times - the COVID-19 outbreak. Yet, at the very same time, a revolution in digital health is occurring. The current pandemic shows just how digital health can assist in providing effective treatments, offering safety measures and sharing humanity.

Not only Europe, but the entire global community, is responding urgently to this crisis. Everyone has been mobilised to ensure that the world's health services have sufficient capacity to cope with these challenging circumstances. Confinement has been keeping people in lockdown, but it is also curbing the infection and reducing the burden on hospitals and care homes.

Everyone is being brought on board. Through the World Health Organization (WHO)'s declaration of March 11, 2020, WHO Director-General, Dr Tedros Adhanom Ghebreyesus announced that COVID-19 was now a global pandemic (WHO 2020). In his sobering opening speech, he alerted his audience to the fact that the crisis would hit every socioeconomic sector. As a result, a wide diversity of stakeholders were encouraged to act together. In his own words, "This is not just a public health crisis, it is a crisis that will touch every sector - so every sector and every individual must be involved in the fight."

Like many other organisations and associations, the European Health Telematics Association (EHTEL) has heeded this call. Indeed, from late February 2020 onwards, the association had already started to work on a positive response to the crisis.

EHTEL's role as a pan-European multi-stakeholder forum means that it concentrates on what is happening in digital health on the European continent, but also takes a more global view. It quickly produced a short briefing paper on the digital challenges underpinning the outbreak (EHTEL 2020). It followed this up by an appeal to its members to make known any helpful digital applications of which they are aware. These solutions have come chiefly in the health and care sectors, and from many countries, including Israel and the U.S.

Dramatic Changes to Models of Patient Care

Change has been sudden. Radical technological and organisational changes are taking place in the field of health and care. Virtual care - which comprises a wide range of applied digital health solutions - is being welcomed. Examples of use include electronic and video consultations, telemedicine services and mobile health applications.

Since the first COVID-19 cases were detected in Italy, European health systems have responded by making a huge leap towards the virtual delivery of patient care. Through the



lead taken by health and care professionals, health centres have adapted rapidly to this unprecedented and challenging situation. They are adopting digital health solutions that enable virtual care to protect health professionals, patients and people at large. Today, these solutions are seen in use in institutions for infection control as well as in hospitals, clinics and homes. When people have to self-isolate at home, patients can communicate easily through these digital platforms with their health and care professionals, and individuals can keep in contact too with their wider communities.

What follows are some example developments, to which EHTEL's members have alerted us. In some cases, EHTEL members have been closely involved with these developments.

Digital Solutions are Certainly Helping

Throughout the European Union, examples abound of new uses of digital solutions. They operate at all sorts of levels, from those of health systems and authorities to individuals. Most of these digital services were available before

the creation of a European toolbox. The toolbox will use mobile applications for efficient (COVID-19) contact tracing. Its aim is to support a gradual lifting of COVID-19 confinement measures, as set out in the Commission's April 2020 Recommendation - a policy document (European Commission 2020).

Technical building blocks are at the foundation of many new and interesting developments. An EHTEL member in Italy has been involved in the development of a system, based on an application programming interface (an API), that is now in active use by the Italian authorities (CEF Digital. Connecting Europe 2020).

Indeed, particularly at population or community levels, digital solutions are undertaking real-time patient tracking, contagion maps and predictive analyses.

Telemedicine offers many benefits in today's crisis situation. In the context of a public health emergency, such as COVID-19, telemedicine solutions bring many pluses. They reduce the risk of infection for individual patients and for hospital or clinic staff. They also free up hospital resources

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the COVID-19 crisis hit, but their use was often somewhat marginal. Even in those health and care systems that have an advanced eHealth infrastructure that enables data sharing among a range of health and care providers, care was often delivered face-to-face.

Take Catalonia in Spain as an example: 70% of health and care encounters that were previously provided conventionally are now being conducted virtually.

In Germany, there has been a dramatic increase in teleconsultations. Telemedicine platform operators report growth rates in their use of more than 1,000% over the past weeks. German reimbursement models for care have been modified. Online appointments are now reimbursed, just like face-to-face meetings, by the German National Association of Statutory Health Insurance Physicians (KBV).

In France, health authorities and health insurers are encouraging expanded telemedicine use. They are offering providers and patients incentives to use this delivery model.

In Belgium, the Belgian National Institute for Health and Disability Insurance (INAMI/RIZIV) has fixed the medical teleconsultation fee at €20.

The European Union is gathering much useful work together. The health and care authorities are very much on the ball. As from mid-April 2020, Europe's member states, supported by the European Commission, are working on

for the patients who really need a hospital bed. Practical digital solutions, together with the financial incentives being provided to providers and patients in an increasing number of European countries, are decisive for a massive uptake of digital health.

What Comes Next?

What will come after the current peak of COVID-19 infection has been reduced is today unclear. More waves of contagion may arise.

The COVID-19 crisis is, nevertheless, showing that models of patient care based exclusively on face-to-face meetings were perhaps not always needed and probably rarely desirable. Paradoxically, digital technologies that were previously criticised as de-humanising care have, in today's crisis situation, kept people communicating and joining together in solidarity. They are playing a particularly essential role in connecting patients and families. In terms of communication, more at-a-distance connectivity may grow in the future.

Virtual care will likely provide a more major complement to conventional care than it did before. It seems highly probable that the use of virtual care will be strengthened, unless the benefits being reaped currently alter significantly in a detrimental way.



Historically, digital solutions have been insufficient to guarantee total quality continuity of care. Interaction between health and care professionals needs a big upgrade – including the digital tools that can support this, and the ways, in which they are integrated into health and care systems.

Consolidation of virtual care depends on its effective integration in three areas: in healthcare professionals' diaries, in the provision of care pathways, and in patients' electronic health records.

This shift from physical care to virtual care comes with new challenges that will need additional financial and organisational resources. The arrangements underpinning health system governance – to ensure telemedicine as a more usual way of delivering care – will need to be improved.

As was first said long ago, crisis also means dangerous opportunity. This crisis was decidedly unwanted. Yet its positive side-effects are the massive organisational and behavioural disruptions being catalysed by digital health. They offer us the opportunity to rethink entirely, and in the long term, just how health services can be provided in the digital age.

Two years ago, in April 2018, Europe launched its policy on the Digital Transformation of Health and Care (European Commission 2018). The focus was on both health and care in a digital single market. Today, Europeans really are seeing that the third priority of this transformation – empowering patients and healthcare providers through the use of virtual care – is being fulfilled exceptionally fast (Digital Health Europe 2020; EIP on AHA 2020).

To conclude, a digital-first approach *can* work. Historical blockages to extensive uptake of digital solutions may well now be overcome. The evidence gathered through this large-scale, real-time, natural experiment will serve to define a digital-first approach that can deliver value.

EHTEL and its members are keen to support digital health advances. For more information on the work that EHTEL has been conducting, in this time of opportunity and challenge, visit our dedicated digital health and COVID-19 webpage.

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Key Points

- Digital solutions are now seen as a must to deliver care during the outbreak. They are helping to protect and assist both patients and health professionals.
- Examples of beneficial digital solutions can be seen in European countries like Belgium, France, Germany, Italy and Spain.
- More changes are to be expected in healthcare professionals' diaries, provision of care pathways, and in patients' electronic health records.
- Digital-first can work. Today's experiences provide a large-scale, real-time, natural experiment that will serve to define a digital-first approach that can deliver value.
- EHTEL is focussing on digital health solutions. It has produced a briefing paper and a first list of possible solutions. It continues to collect and collate digital solutions to help control further spread of COVID-19.

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