

POLICY BRIEF FOR TELESERVICES

Need for Teleservices and I4W subprojects

Europe is the midst of major demographic changes that has significant implications for all areas of health and welfare policy. Chief among these is the “Greying of Europe.” After the countries of Japan and South Korea, Europe is aging faster than any other part of the globe. As a result of a simultaneous decline of birth and mortality rates, over 21 percent of Europeans are older than 60 years of age. By 2050, nearly 34 percent will be above 60. This fact has significant importance in nearly every aspect of European welfare and public policy, especially health care. As the group most likely to suffer from chronic diseases, disability and other impairments, their health needs are high. The increasing demand places additional weight on an already overburdened health care sector, where shortages of doctors, nurses and beds are commonplace in some areas. It also poses significant financial costs, as healthcare spending grew faster than gross domestic product in virtually all European countries from 1990 to 2004. Among the six partner countries for I4W, health care spending accounts for 7% to 11% of GDP. From a public policy perspective the costs of health care in Europe are even more important – among the six partners, between 66% (Netherlands) and 89% (Czech) of healthcare costs are paid from public funds. This has become even more apparent and significant during the recent financial crisis in which states have looked to reduce costs in nearly all spheres of activity.

The desire to keep health care costs down has led to a steady expansion of the home care sector. This growth has been fuelled by the belief that patients can experience better quality of life living in their own homes than in institutional settings. Which might be one reason that studies have indicated that home based care might be more effective and efficient than institutionalized care. As a result, more than 30% of the public resources spent on long-term care in many European countries, ranging from 0.2% of gross domestic product in Spain to 2.75% in Sweden. Viewed through the lens of innovative thinking, this state of affairs is not simply a “problem” but also an opportunity for it opens significant business opportunities for service providers that can deliver new technical solutions for home-based welfare services and products. As a result, the number and scope of conditions for which teleservices can be used to address in the home has steadily increased. Two areas targeted by subprojects of I4W relate to care giving of Alzheimer/Dementia patients and fall prevention of elderly people with cardiovascular diseases.

Dementia is a decline in mental ability that usually progresses slowly, in which memory, thinking, and judgement are impaired, and personality may deteriorate. It usually develops slowly, and affects mainly those aged over 60. It is one of the most important causes of disability in the elderly; with the increasing proportion of the elderly in many populations, the number of dementia patients will rise also. The most common causes of dementia in EU are Alzheimer's disease (about 50-70% of cases), the successive strokes which lead to multi-infarct dementia (about 30%); other causes are Pick's disease, Binswanger's diseases, Lewy-Body dementia and others.

In Europe, Alzheimer and dementia pathologies currently affect 16% of the population aged over 65 and 30% of those over 85. As a result, 6.1 million people suffer from some type of dementia in the European Union, a figure that is expected to double in the near future as the average age and life expectancy of the European population continue to rise. The disease is of particular concern to policy makers due to its growing number of cases and the complexity

of the treatment of dementia disruptions which require expensive multiple services. It is estimated that the costs of treatment for Alzheimer and dementia amount to more than the costs of heart disease, stroke and cancer combined. This includes the cost of hospitals, residential care and informal care, (in terms of the time that it is spent in family care activities). The family dimension of the condition cannot be ignored either, for Alzheimer and dementia places a significant burden on families and relatives for which they are rarely prepared. Chronic mental disorders turn relatives into the patient's principal carer and compel them to face a two-folded impact: on the one hand he/she experiences a traumatic emotional impact and, on the other hand, he/she is forced to undertake the heavy, time consumptive and expensive tasks of caring.

Cardiovascular Diseases is the other issue addressed by teleservices among the I4W subprojects. Cardiovascular diseases kills over 2 million Europeans each year – nearly half of all deaths, making it the number one cause of death on the continent. The economic costs associated with cardiovascular diseases are likewise staggering: an estimated €192 billion in 2006, almost €110 billion of which were for health care costs and €82 billion were from lost productivity and the cost of informal care. The direct health care costs alone cost each resident of the EU €223 per annum. Cardiovascular disease and its connections to blood pressure, high cholesterol and diabetes is well documented – but one less known aspect is its linkage to non-accidental falls among the elderly. Studies have indicated that at least 1/5 of non-accidental falls are caused by syncope (loss of consciousness) connected to cardiovascular disease such as carotid sinus hypersensitivity (CSH), carotid sinus syndrome and cardio inhibitory CSH. Studies have found that the insertion of dual-chamber pacemakers in nonaccidental fallers with cardioinhibitory carotid sinus syndrome significantly reduces falls. Injuries from falls among the elderly are set to become a major social and economic problem in the years to come. It is estimated that as much as 30% of people over 65 years living independently fall each year, and this figure is even higher for people in residential or acute care. About 20% of falls require medical care and in Europe 50 000 older people die of fall injuries every year, the equivalent of the annual death toll of road accidents for all age groups taken together. As the share of the population aged 65 and over grows rapidly, the number of fall-related injuries could rise dramatically, and with it, the strains on hospitals, medical services, social services and public budgets. When an elderly person falls frequently, often times the only option is long-term institutionalization. Yet, in most countries the problem has so far received little attention. Fall prevention is very rarely treated in a systematic way at the national level.

EU Telemedicine Policy Approach

Advancements in Information and Communications Technology (ICT) have led to increased use of teleservices (usually referred to as telemedicine when used in health care settings). Telemedicine is useful in any place in which there is a shortage of skilled physicians in specific areas of expertise, geographic disparities in terms of population or income (in particular rural vs. urban) or for conditions in which rapid diagnosis can have a significant impact on health outcomes. In other words, it can be useful in any of the regions participating in this project and nearly every region in the world.

In recognition of this and in response to the challenges for the European healthcare systems described above, the EU has developed a comprehensive telemedicine policy initiative in which it has sought to:

- Build confidence and acceptance of telemedicine services
- Bring legal clarity to the issue
- Facilitate market development.

The EU has established eHealth as one of the six markets of the Lead Market Initiative (LMI) due to its market potential in terms of growing demand and market growth opportunities, changing demographics and disease patterns, and healthcare capabilities. Of particular relevance is the LMI for eHealth. eHealth has been defined by the WHO as “the combined use of electronic communication and information technology in the health sector.” Within this initiative, four key market segments have been identified for areas of focus. One of these segments is "Telemedicine Systems and Services" which includes telecare, teleconsultation and telemonitoring.

The Commission has also sought to encourage Member States to integrate telemedicine into their health policies. On 2 November 2008 it issued a communication entitled "Telemedicine for the benefit of patients, healthcare systems and society." This policy document included a 10-point action plan in which it urged Member States to assess their needs and priorities in telemedicine present them as part of the national health strategies at the 2010 eHealth Ministerial Conference. By the end of 2011, Member States should have assessed and adapted their national regulations enabling wider access to telemedicine services. Issues such as accreditation, liability, reimbursement, privacy and data protection should be addressed.

The EU is helping in this process by developing a platform to share information on current national legislative frameworks relevant to telemedicine. In September 2009 it released the “Study on the Legal Framework for Interoperable eHealth in Europe” which included the chapter ‘Regulatory Framework for Telemedicine. It has also funded the study “Methodology to assess Telemedicine Applications” (02-2009/02-2010); issued a February 2009 report: “eHealth in Action - Good Practice in European Countries” and funded the “Economic Impact of Interoperable Electronic Health Records and ePrescription in Europe” (01-2008/02-2009). The Commission also supported the collection of good practices on the deployment of telemedicine services in the Member States which was presented at the eHealth2010 conference held in March.