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Abstract

This deliverable summarises the work of the United4Health User Policy Advisory Board (UPAB), including work the project policy messages that the Board has helped to deliver, set out in a document "*Upscaling Telehealth - the need for policy engagement*" (Annex 1).

Other annexes contain notes of UPAB meetings and local site visits.

Key Word List

Cardiac conditions, chronic obstructive pulmonary disease (COPD), diabetes, engagement, healthcare, health monitoring and coaching, impact, learnings, lessons learned, online health monitoring, policy messages, respiratory conditions, telehealth, telemonitoring, Renewing Health, United4Health, upscaling, User Policy Advisory Board.

Executive Summary

This deliverable first describes the three tasks of the United4Health's User Policy Advisory Board (UPAB) which were the Board's creation and management, a series of five meetings, and the additional facilitation of two meetings held with local user representatives in their respective deployment sites.

All the main UPAB meetings were held in Brussels, Belgium and were hosted by associations like EHTEL, the European Public Health Alliance and the European Respiratory Society. They were held on 25th September 2014, 9th April, 6th July and 17th September 2015. A final meeting was held on 5th November 2015 before the policy messages were first presented to the Science and Technology Options Assessment (STOA)-based meeting, held in Brussels on 1st December 2015. The project's policy messages were presented again at U4H's final conference, held in Brussels on 19th/20th January 2016.

The messages resulting from the UPAB meetings were used to help define the initial scope of the project's policy messages. These are described in an official project document publicly released on 1st December 2015 with the title "*Upscaling Telehealth - the need for policy engagement*".

The final, revised, version of that policy messages briefing document is included as Annex 1. It introduces United4Health and its work, describes the policy context underpinning the project, gives information on the three telehealth solution types implemented within United4Health, and highlights the three main learnings of the project in relation to the diverse and changing environment, people, and technology.

The document highlights United4Health's three main policy messages on the need to:

- Secure a policy environment that promotes and supports telehealth deployment.
- Seek national consistency with local adaptation.
- Empower patients, carers, and healthcare professionals to take full advantage of telehealth.

In addition, the report details six specific policy recommendations that require further action at European level. These relate to regulatory environments, programme funding, cross-fertilisation of telehealth, promotion of appropriate evaluation methodologies, assessment of programme priorities, and the insertion of policy messages into the relevant policy fora e.g., the eHealth Network.

When reviewing the UPAB messages, the project management team concluded that:

- Most of the comments were taken on board in the pre-final version of the policy briefing. In the final version of the policy briefing messages document, there were no UPAB requests or recommendations that led to a need for further changes.
- Some of the comments were very relevant. They did, however, fall out of scope of the current work of United4Health. Therefore, they can be taken up in work that will involve further collaboration with project partners such as EHTEL after the end of the project.

- Some of the comments had been absorbed into other United4Health public deliverables which relate to deploying services, especially those which focus on the lessons learned during the project (e.g. deliverable D3.8 Guidelines on procuring and implementing telehealth).

Change History

Version history:

0.1 31st December 2015
0.2 7th January 2016
0.3 18th January 2016
1.0 25th January 2016 Version for issue

Version changes

0.1 Initial draft
0.2 Revisions provided by M. Lange and by management team / quality assurance team.
0.3 Modifications made according to 7th January 2016 commentary, particularly with regard to the executive summary. Additional changes were identified in the glossary, sections 2.1, 3 and 4 of the deliverable, and the numbering of annexes.
1.0 Minor changes prior to issue.

Outstanding Issues

None.

Table of Contents

ANNEX 6: UPAB MEETING ON PROPOSED POLICY MESSAGES

ANNEX 7: UPAB MEETING HELD IN SCOTLAND

ANNEX 8: UPAB MEETING HELD IN NORWAY

1. Introduction

1.1 Purpose of this document

This document is the final report on the activities of the User Policy Advisory Board (UPAB).

1.2 Glossary

EHTEL	European Health Telematics Association
EWMA	European Wound Management Association
U4H	United4Health
UPAB	User Policy Advisory Board

2. United4Health User Policy Advisory Board

The United4Health (U4H) User Policy Advisory Board's (UPAB) objectives were to bring together representatives of the different categories of users of the United4Health services to:

- Support the project team in raising awareness on telehealth evidence issues at policy level.
- Facilitate interactions of the project team with local user representatives.

2.1 Background to the UPAB

The three categories of users of the telehealth services deployed in the U4H project were healthcare professionals, people living with chronic diseases, and their family / carers. The UPAB was constituted in the main by nominated representatives of patient organisations and representatives of those medical specialties (cardiovascular diseases, diabetes and respiratory diseases) that were most directly interested in the scope of U4H. A number of other associations, particularly those representing payers, were also involved. This wide range of representatives ensured that the interests and needs of all the users were properly taken into consideration during the implementation of the project.

The UPAB meetings were chaired by representatives of EHTEL, designated by the U4H project coordinator to lead these activities.

When appropriate, UPAB members received copies of any documentation needed by its members in order to understand those aspects of the project relevant for the constituencies that they represented. Much of this documentation consisted of PowerPoint presentations.

UPAB representatives were able to express their opinions in writing at any time during the lifecycle of the project. However, their opinions were primarily given during the five interactive meetings that were organised during the course of the last 18 months of the project. In some cases, they preferred to organise presentations that took place in the context of their own association's meetings and provided oral feedback: an example of this was a meeting organised by the Assembly of European Regions (AER).

It was not necessary for the advice and recommendations from the UPAB to be accepted by the Project Management Team; they were, nevertheless, thoroughly considered by the team, and included in its considerations and deliverables. The UPAB's opinions were also taken on board by the Project Evaluation Team in the early formulation of its thinking.

When reviewing the UPAB's final messages (see section 4), the Project Management Team concluded that:

- Most of the comments were taken on board in the final draft version of the policy briefing. In the final version of the policy briefing messages document, there were no UPAB requests or recommendations that led to a need for further changes.
- Some of the comments were very relevant, however, fell outwith the scope of the current work of U4H. Therefore, it is possible that they may be taken up in

work that will involve further collaboration with project partners such as EHTEL after the end of the project.

- Some of the comments had been reflected in other U4H public deliverables which relate to deploying services, especially those which focus on the lessons learned during the project (e.g. deliverable D3.8).

Particularly at its later stages, the UPAB included in its meetings a member of the project's Industry Advisory Team.

2.2 Tasks of the UPAB

The UPAB was involved in three tasks:

- **Task 4.1 (T4.1) Creation of the User Policy Advisory Board (EHTEL)**: The early UPAB activities were spent on creating the Board. These were reported in internal project deliverable D4.1. The deliverable was reviewed by the European Commission and its external reviewers in March 2015. Its contents are not repeated here.
- **Task 4.2 (T4.2) Management of the UPAB (EHTEL)**: The UPAB was scheduled to hold five meetings over the course of the project, with the following themes:
  - 25th September 2014: Launch meeting, and feedback on Renewing Health. Minutes are attached as Annex 2.
  - 9th April 2015: Cardiac conditions: provisional policy messages. Minutes are attached as Annex 3.
  - 6th July 2015: Respiratory conditions: Key messages. Minutes are attached as Annex 4.
  - 17th September 2015: Diabetes and telehealth: Key messages. Minutes are attached as Annex 5.
  - 5th September 2015: Reflecting on the emerging proposed policy messages. Minutes are attached as Annex 6.

  The collection and elaboration of the feedback and advice given by UPAB members are detailed in the meeting minutes in the Annexes noted above. A summary of the feedback is provided in section 4 below.
- **Task T4.3 (T4.3) Facilitating meetings with local user representatives (EWMA)**: An additional UPAB activity was to assist in the organisation of two local user representative meetings, held on 16th September 2015 and 12th October 2015 in Scotland and South Norway respectively. Minutes of these meetings are included in Annexes 7 and 8.

These three tasks are explained in more detail below.

2.3 Task 4.1 Creation of the UPAB

A first launch meeting of the UPAB was held on 25th September 2014. Because of the preliminary status of the U4H project findings, at this stage in autumn 2014, the meeting content was oriented towards helping the UPAB members understand the work of U4H's predecessor project, Renewing Health[1]. This background information enabled UPAB members to place the U4H project in context.

[1] http://www.renewinghealth.eu

Deliverable D4.1 (an internal deliverable of the project) reported on the initial feedback offered by the UPAB to the project. It described the results of U4H's predecessor project, Renewing Health. It reviewed the outcomes of Renewing Health with regard to impact in seven separate fields. Ten explanations were provided for the apparent lack of impact and/or the inconclusiveness of the Renewing Health findings. An initial set of possible policy messages that could be developed in U4H for patients and clinicians were laid out.

2.4 Task 4.2 Management of the UPAB

The management tasks of the UPAB included managing the general content of the UPAB meetings; the meeting attendees, locations and minutes; the relationship between the UPAB, the Project Evaluation Team and the Policy Task Force; and, last but not least, reporting on the current status of the policy messages work. The speakers and attendees attended the meetings either in person or at-a-distance by using a conferencing system.

Meetings' content: As the work of U4H progressed further during the 2014-2015 time-period, three intermediate meetings were held. They focused on the work that U4H was undertaking in relation to telehealth to support three specific conditions: cardiac conditions, chronic pulmonary obstructive disease (COPD), and diabetes. The meetings took place on 9th April, 6th July and 17th September 2015 respectively. An additional, provisional meeting was also set for 14th October 2015; however, this was converted into a Policy Task Force meeting to oversee the comprehensive description of the project's final policy messages. The UPAB's fifth meeting concentrated on bringing together UPAB members' opinions on the project's policy-related messages (this meeting was strengthened by preparatory work undertaken by the project's Policy Task Force[2]). This final meeting was held on 5th November 2015.

Additional content of meetings: In addition to the UPAB's concentration on U4H's progress, it supplemented its discussions on the project findings in two ways. On occasions, the UPAB drew on the work of other projects, such as Renewing Health[3] and the 2014 Mainstreaming Assisted Living Technologies (MALT) study[4]. On other occasions, it considered the outcomes of other real-life initiatives, applied in different settings such as Germany, for example, CORDIVA[5] and Implantable Cardiac Devices (St. Jude's Medical)[6].

Meeting attendance: In general, speakers accepted their invitation and 13 representatives of the UPAB associations attended each meeting. A further 13 sent their apologies. Patients' and older persons' groups representatives were present at all the meetings. The medical / clinical representatives from medical / clinical associations tended to attend those meetings which focused most closely on the specific condition in which their association is interested, e.g. healthcare professionals interested in cardiac conditions or respiratory conditions attended those meetings which were oriented towards this subject matter. Several medical /

[2] The policy task force consisted of the following members: a person representing the project's management team, the U4H UPAB secretariat, the industry advisory team, the project's evaluation team, and the final conference / STOA meeting organiser.

[3] http://www.renewinghealth.eu

[4] http://malt.group.shef.ac.uk

[5] http://www.gphilfe.de/de/html/cordiva.html

[6] https://health.sjm.com/arrhythmia-answers/treatment-options/implantable-devices/implantable-cardioverter-defibrillation

clinical representatives nevertheless attended the fifth and final (more general and more conclusions-related) meeting. During the duration of the project, there was increasing interest shown on the part of payers'-related associations, such as the International Association of Mutual Benefit Societies (AIM), European Association of Paritarian Institutions (AEIP), European Social Insurance Platform (ESIP), and Insurance Europe.

Meeting locations: All the UPAB meetings were held in Brussels, Belgium, and were hosted by associations such as the European Health Telematics Association (EHTEL), European Public Health Association (EPHA) and the European Respiratory Society (ERS).

Meeting minutes: The minutes of all five of the meetings are attached to this document as annexes. Each set of minutes was written shortly following the meeting and was distributed for commentary / constructive criticism to all UPAB members, whether or not they had attended the meeting. The minutes were often based on notes taken by attendees, such as those from EHTEL, the European Wound Management Association (EWMA) and the European Hospital and Healthcare Federation (HOPE). They were put together by the UPAB secretariat. In general, only minor changes were requested by the associations to the draft minutes. The draft minutes were usually finalised within one month following the meeting.

Relationship between the UPAB, the Project Evaluation Team and the Policy Task Force: The set of meeting minutes was forwarded to the Project Evaluation Team in September 2015, at its request. It is understood that the notes were thought to be of considerable use to the Team in defining its own work and as it began to concentrate on the main evaluation messages emerging from the project. UPAB meetings were held either before or after various deployment site local meetings or project assemblies at which evaluation of the project findings was an essential element. The influence of the UPAB's thinking can, therefore, be observed especially in project deliverable D3.8 Guidelines on procuring and implementing telehealth.

Current status of documentation: The "*Upscaling Telehealth - the need for policy engagement*" in Annex 1 contains the final version of the project's policy messages.

2.4.1 Policy messages outcomes

The messages laid out in the UPAB meetings were used to help define the scope and content of the project's policy messages. These were described during the course of November 2015 in the Policy Task Force's document which was originally entitled "*Policy messages briefing*".

An official project document was later released publically on 1st December 2015 with a revised title "*Upscaling Telehealth - the need for policy engagement*". A revised, final version of the document is attached in Annex 1.

Annex 1 contains the project's policy messages, introduces U4H and its work, describes the policy context underpinning the project, gives information on the three telehealth services deployed by U4H, and highlights the three main learnings of the project in relation to the diverse and changing environment, people, and technology. It also delivers the three main policy messages of U4H on the need to:

- Secure a policy environment that promotes and supports telehealth deployment.

- Seek national consistency with local adaptation.
- Empower patients, carers, and healthcare professionals to take full advantage of telehealth.

It then outlines six specific policy recommendations which require further action at European level. These are to:

- Ensure that the regulatory environments are jointly assessed by Member States in order to lower market barriers, and that regulation keeps pace with telehealth innovation.
- Fund programmes for scalable deployment to catalyse the transformation of healthcare across Europe.
- Support those who deploy telehealth in real life through processes that enable cross-fertilisation at the European, national and regional levels, including collecting and sharing learnings that are aligned with U4H's key success factors.
- Promote the use of validated evaluation methodologies and tools that can be applied in an action research approach.
- Ensure that all people involved in funding decisions (including external evaluators) assess proposals and projects in accordance with programme priorities and calls, i.e. deployment and not just research.
- Include these policy messages on the agenda of the eHealth Network and other policy fora for European health and social policies.

2.5 Task 4.3 Facilitating meetings with local user representatives

The two local user representative meetings, held in Scotland and Norway, permitted a focus on the possibilities for further scaling-up of the telehealth activities undertaken in U4H. The two medical / clinical conditions explored were diabetes and chronic obstructive pulmonary disease (COPD). The two meetings drew together various combinations of local user representatives, such as healthcare authority representatives, decision-makers, project managers, healthcare professionals, patients and carers, research staff and technical staff.

Through the in-depth dialogue and discussions that took place in the meetings, a number of conclusions were reached about how to overcome key telehealth challenges, and build wider (scaled-up) collaboration nationally or between regions and local communities such as municipalities. The meetings also enabled an assessment of the ways in which larger numbers of healthcare professionals could be involved in the future in telehealth-related meetings and initiatives.

3. "*Upscaling Telehealth - the need for policy engagement*"

The policy messages briefing document was entitled "*Upscaling Telehealth - the need for policy engagement*", taking on board the suggestions made by the UPAB and the U4H Policy Task Force, and guided and modified overall by the U4H Management Team.

The policy briefing document was circulated at a meeting of Science and Technology Options Assessment (STOA) held in Brussels on 1st December 2015, at which the U4H project and its policy messages were introduced. Several of the UPAB members and the U4H Policy Task Force members attended this meeting.

Following suggestions for change offered by the project partners (including those from Greece, Wales, AIM and EHTEL) up to 14th December 2015, the text was later refined by the U4H Management Team. This final version of the document is included in Annex 1.

The Project Management Team decided to publish the final version in conjunction with the project's final conference, held on 19th - 20th January 2016. Several UPAB members participated in this final conference.

Several of the associations in the UPAB would be willing to pursue activities related to U4H after the project closure, and to involve themselves in on-going consultation or validation of the work of the project in the future.

4. UPAB Feedback

This section summarises the main areas of feedback offered by the UPAB attendees at meetings held on 9th April 2015, 6th July 2015, and 17th September 2015, together with oral and written updates up to 2nd December 2015.This feedback was considered by the Project Evaluation Team when it initially considered its main themes, and by the U4H Management Team, supported by the Policy Task Force, in the text used for the policy briefing document *"Upscaling Telehealth - the need for policy engagement"*.

4.1 Meeting: 25th September 2014

Main policy messages suggested

The eight categories of potential policy messages are:

- Mainstreaming and scaling-up.
- The macro (or systems) level.
- Cultural readiness.
- Local settings.
- Older people's concerns.
- Patients and patient stratification.
- Technology concerns.
- Tools that can be helpful to bridge gaps on service re-design (e.g. the business model canvas).

4.2 Meeting: 9th April 2015

Messages are needed for:

- **Patients** who, by increasingly staying at home, need to be provided with positive arguments about the opportunities and the cost-savings implied by telehealth.
- **Clinicians** who will have to adapt to new telehealth services.
- **Industrial players**: the equipment itself, and thus telehealth services, are currently too expensive. Industry is an important target group for policy messages. The document could send clear messages with regard to the current expensiveness of telehealth equipment.

4.3 Meeting: 6th July 2015

Messages are needed from a decision-makers' viewpoint and from a health and care professionals' viewpoint.

From a decision-makers' viewpoint

- The rising importance of policy (understood as "a vision of the future") in decision-making for deploying telehealth.

- Some messages need to be considered under “patient centeredness”.
- There are infrastructure challenges when deploying telehealth on a large-scale.
- Deploying telehealth is about managing change in people and organisations’ mindsets.
- There are possible business models for running telehealth (including how to deal with the “patients’ contribution”).

From a health and care professionals’ viewpoint

- The need for health information and communication technology (ICT) literacy.
- The need to support the development of new professions required to operate telehealth.
- The impact of telehealth on nursing empowerment.
- The impact of telehealth on existing organisational models of healthcare, with the rising importance of the community care and the need for care coordination (“integrated care”).
- The need to invest financial resources in service innovation in healthcare.

4.4 Meeting: 17th September 2015

The three sets of messages offered related to evidence on: decision-making; impact; and deployment.

Evidence on decision-making (and desire to continue the services)

- The way of the future: Telehealth is “the way of the future”.
- The rationale exists! Plenty of reasons seem to exist to support decision-making about telehealth, and continued support for telehealth.
- U4H has helped! United4Health has been helping to further decision-making.
- Technology-enabled care: Technology-enabled care might be good terminology to use instead of telehealth.
- Challenges remain, however: With regard to continuity / sustainability on some sites / in some regions; the transformational process; the scientific side; data-sharing and protection, safety, security and continuity of services.

Evidence on impact

- Catalytic role of telehealth: Telehealth acts as a catalyst to change the whole (value) chain, including taking advantage of self-care.
- Costs and savings: Do not expect savings in the short-term. Impacts need to be seen in the long-term. In the long-term, there will be social impacts, increased demand for healthcare services, and long-term deterioration in people’s health.
- Patient empowerment: There was a unanimous understanding that telehealth has a positive impact on patient empowerment, patient satisfaction, and self-care. Telehealth improves the relationship between the healthcare professionals and the patients.

Evidence on deployment

- Evidence / support is needed particularly with regard to making deployment decisions at national or regional scale.
- Difficulties and barriers still exist (particularly for sites without experience).
- Incentives are needed.
- Positive directions and findings have resulted from United4Health: i.e. stakeholder engagement is vital; "get clinicians out of a (purely) clinical environment".

4.5 UPAB feedback until 2nd December 2015

The majority of the policy observations that follow below were first made orally during the UPAB meeting held on 5th November 2015. As a result, they had already been considered in the context of a Policy Task Force meeting, also held on 5th November 2015, which immediately followed the UPAB meeting. (See Annex 6 for the detailed meeting notes.)

At least three associations not in attendance at the final meeting chose to comment in a written format (AEIP, EWMA and HOPE). Six associations that had been in attendance at the meeting chose not to comment textually (AIM, ECC, EFA-Net, EPHA, UEMS and the observer, Insurance Europe).

The principal observations of the UPAB members were very similar in orientation. They related more often to the policy or organisational context or background than the actual policy messages themselves. UPAB members generally emphasised that:

- Telehealth is becoming a critical component of healthcare rather than having already become a critical component.
- The sustainability of healthcare system and services is being challenged.
- Access to and equity of healthcare remain important issues.
- Telehealth should preferably not replace face-to-face patient-professional communication, but rather act as a complement.
- Different end-users should be involved in the shaping of policy messages. Consideration needs to be given to the needs of older adults, carers, and clinicians and healthcare staff.
- The policy messages should be presented in a structured and systematic way.
- Specific tools and instruments, such as horizontal actions and communities of practice, should be mentioned, and the levels at which they could be applied should be identified (e.g. European Union, national, or local levels).

4.5.1 AER

2nd/3rd November 2015. Notes taken at 2nd/3rd November 2015 meeting and agreed with AER representative, Johanna Pacevius.

Messages to improve, emphasise or fine-tune

- Encourage sites to have an implementation plan.

- Get patients on board throughout the whole implementation process or at least from an early stage.
- Focus on training of staff, e.g. civil servants, policy-makers, health and care professionals.
- Focus on literacy for staff, e.g., as done by a system devised by Stockholm City or County Council.
- In some regions (especially in very isolated or rural areas where they are the only personnel remaining), it is tough dealing with the resistance of clinicians. Staff often say: "It's not my problem", or "I have just ten years to go, I don't want to do this", or "I'm too old to work with technology". Measures are needed to cope with this.
- Indicate how to work with patients and staff cooperating together, e.g. team-work.

Messages that are problematic or missing

- Take a “value-based” approach to telehealth. (Do not focus on cost savings only.)
- It would all be easier if we had a common European policy [on telehealth] rather than there being nation-specific legislation or regulations, particularly with regard to standards. Examine also the possibilities offered by open platforms and by software that is “free to the market”.
- In Romania, a legal framework (legislation) on telehealth / eHealth is missing.
- Consider a “two-speed approach”: one focused on legacy, and the other (newer) approach using completely different new tools and methods.

4.5.2 AGE

2nd December 2015. Borja Arrue, Project and Policy Officer at AGE Platform Europe, AGE Platform Europe’s Secretariat’s comments.

United4Health policy messages

Disclaimer: These comments are based on the positions expressed by AGE Platform Europe’s members during meetings, notably those of its Council of Administration, General Assembly and Task Forces on Dignified Ageing and Healthy Ageing. However, due to time constraints, they are not the results of a specific consultation with AGE Platform Europe’s members.

- The project states that “telehealth has become a critical component of transforming Europe’s healthcare into more equitable and sustainable systems and services” (slide 2). While AGE had the opportunity to understand the sense that the project wants to give to this statement, we would rather state that “it is becoming a critical component”, due to the fact that more evidence and piloting are probably needed to ensure telehealth becomes a reality, and that older people and patients feel safe and satisfied using it.
- The “equity” dimension was included, according to what AGE could hear during the last UPAB meeting, in order to stress that public services need to adopt telehealth solutions that otherwise risk becoming accessible only with those citizens who have the necessary financial means. While we agree that telehealth solutions need to be accessible for all and that inequalities need to

be prevented, we would change the wording to make this clearer; current wording gives the impression that health equity depends on the development of telehealth, which is only fully true for people living in remote / rural areas for whom proximity of healthcare facilities might not be readily available.

- Among the "key deployment success factors" (slides 7-8), the engagement with carers (formal and/or informal) is absent; however, AGE's experience in other projects reveals that they play a critical role in helping older people and patients to adopt and use telehealth tools. Similarly, for the need for a "community of practice", it would be good to include the idea of enabling a "community of use", meaning a social context, including most notably carers, that facilitate, encourage and support the use of telehealth.
- When explaining "why is policy important" (slide 9), the first statement reads: "Europe's healthcare is unsustainable". While AGE defends the need for policy reform to ensure the adequate financing of healthcare, this statement seems too clear cut, not least because it gives the impression of an insurmountable challenge that no policy can address. We would rather word it as "Europe's demographic evolution poses a challenge to the sustainability of healthcare systems".
- When addressing policy makers at national level (slide 11), AGE misses a reference to the need to involve older people and patients themselves in the design and implementation of telehealth solutions; the section on empowering citizens (part 3 of this section) gives mostly a passive image of end-users as recipients of information and care. Instead, we would suggest recommending co-creation processes through workshops and focus groups whereby older people and patients can help shape telehealth solutions from very early stages. They need to involve in the use, but also in the design phase.
- The message that it is necessary to "recognise telehealth formally as equal to face-to-face consultation in terms of care quality, safety, and reimbursement", should in AGE's opinion be more nuanced. While telehealth can play a very important and positive role, it needs to be seen on top of face-to-face consultations. Our work on projects, visiting pilots and discussing with our members shows how important face-to-face contact remains for older people (and also other age groups). We would therefore strongly recommend using an alternative wording such as "ensure that telehealth delivers high quality of care and safety and that it is reimbursed at the same level of all other healthcare services".
- The section that addresses European policy makers (slide 15), would gain weight by specifying the concrete policies and regulations that it targets in order to facilitate the adoption of innovation.

4.5.3 CPME

Notes provided by Dr. Bernard Maillet on 6th November 2015.

Comments to the Policy proposals of United4Health:

The use of new technologies always is the source of change, whatever the sector. In the healthcare sector this is also true for eHealth. Telehealth for instance inevitably introduces a distance factor in the patient-doctor relationship. But the use of new technological tools should not bypass the applicable ethical standards, neither should it compromise patients' rights (e.g. secrecy of their data) and patient safety.

The paradigm shift should in no way be done to the detriment of patients and of the quality of care provided.

The participation of end-users in shaping eHealth policies should be fully enabled. The swift deployment of eHealth and telehealth within the EU crucially depends on its acceptance by healthcare professionals and patients. The deployment of telehealth solutions should be an inclusive process. The sooner and the better doctors will be included in deployment and development processes of telehealth, the higher will the acceptance of these new solutions be.

For instance, “use cases” tested for implementation should be developed in order to address the actual needs of doctors that arise in a treatment process, and not according to the needs imagined by technicians.

Telehealth services may be only a complementary tool to patient care; they cannot and must not fully replace medical face-to-face consultations with a doctor. Telehealth services may only be used in conjunction with medical face-to-face consultations.

The statement in slide 11 “recognise telehealth formally as equal to face-to-face in terms of care quality, safety and reimbursement” can therefore not be accepted as such.

A consistent legal framework is needed in the deployment of telehealth solutions. Doctors would need reassurances that the service they provide is legally viable.

4.5.4 AEIP

1st December 2015. Alexandra Kaydzhiyska, AEIP Health Affairs Advisor, European Association of Paritarian Associations (AEIP).

What (three) messages should be the most important for the United4Health project management team?

As the main objective of the U4H project is to exploit and further deploy effectively innovative telehealth services, the continuity of the project results and outcomes and their further evolvement can be ensured by placing the focus on the following key policy messages, in order of significance, as follows:

- *N4 Supporting those who deploy telehealth in real life through processes that enable cross-fertilisation at the European level, including collecting and sharing learnings.*

Essentially, this would constitute a horizontal action, ensuring effective telehealth deployment through a consistent, evidence-based approach at EU level - through information exchange and sharing of best practices. A concrete recommendation for a follow up action could be the establishment of a Community of Practice, involving key players.

- *N1 Ensure that regulations keep pace with telehealth innovation.*

Urging relevant institutions at European Union level to encourage development of national strategies in the context of telehealth (as part of eGovernance and digitalisation commitments, Digital Agenda for Europe, etc.) should be a key component of the U4H follow-up policy action.

Considering that the project deliverables clearly suggest potential benefits for all stakeholders (service users, providers, etc.) in terms of both costs optimisation and processes efficiency, this could serve as a well justified basis for demanding policy action at both EU and national-level, ensuring the potential of broadening the scope of telehealth deployment.

- *N5 Promote the use of validated evaluation methodologies and tools that can be applied in an action research approach.*

The use of a validated evaluation system (e.g. set of common indicators, common evaluation guides, etc.) would ensure the consistency of the evaluation approach and transferability of the findings. We consider this point as a key policy message, as it requires the initial provision of a coordinated, pre-defined system, which would involve all levels of implementation from the early stages in the policy process.

Potential Improvements

- Ensure that the drafted policy messages are reflecting the division of local versus cross-border policy action, as this would contribute to a more efficient targeting of the messages.
- As part of an evidence-based approach to the formulation of the policy messages, ensure a clear linkage between proposed action and the established project key accomplishments. The focus could be on examples of services optimisation due to enhanced cooperation between partners.

Problems

- The policy messages are structured generally, without the differentiation based on recommended level of policy action: European Union, national, regional (cross-border), local.

Something missing

- Defined recommended action on development of policies and strategies at European Union level and a clear link to policy tools and instruments for ensuring transferability of established best practices on deployment.

4.5.5 EWMA

2nd December 2015. Julie Bjerregaerd.

Concerning the policy messages: I have not, from the EWMA stakeholder network, received any comments including proposed changes in the forwarded policy messages, and do not myself have any objections towards these. I can therefore approve these on behalf EWMA.

4.5.6 HOPE

30th November 2015. Written response from Silvia Bottaro, HOPE EU Policy Officer.

Dear Diane,

Thank you very much for the possibility to provide comments on theU4H policy messages.

We have a comment related to slide 11:

"Recognise telehealth formally as equal to face-to-face consultations in terms of care quality, safety and reimbursement."

Other projects such as Chain of Trust recognised that telehealth needs to be integrated into mainstream healthcare services as a complement to and not as a replacement of conventional services.

I think this recommendation should stress the added value that telehealth can bring rather than suggest it as a possible substitute of face-to-face consultation.

Thank you in advance and do not hesitate to contact me should you have any questions.

Best regards,
Silvia Bottaro