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Telehealth 2007

DG Infso (Information Society) organised a conference on telemedicine, as a chronic disease management tool, on December 11 in Brussels. This was one of the steps developed by the Commission to identify barriers to broad telemedicine development. Other concrete actions for the European Union institutions, member states, regions, industries, user organisations and other stakeholders are expected in view of the upcoming communication of the Commission on the subject in October 2008. This conference follows a consultation organised by the Commission earlier this year.

The seminar was opened by Frans de Bruine, Director of the 'addressing societal changes department' of the ICT at DG Infso. He sketched a fairly striking picture of the EU demographic landscape, and of the need for action on the telemedicine front. There are presently 860 million people worldwide suffering from chronic diseases and the incidence of chronic conditions in people over

65 will double by 2030. It is time to find solutions to this problem which already mobilises 60% of hospital bed days in the UK, before EU member states spend 20% of their GNP on healthcare, as is foreseen by 2020.

Reasons for the wide development of telemedicine across Europe are obvious enough: technical progress (in particular broadband), financial reasons, geographical motivations (rural and remote areas), patient empowerment and skill shortage, to name a few. The Commission could facilitate large scale deployment of these devices through contributing to the advancement interoperability, for instance.

According to surveys already conducted by the Commission, the main obstacles to telemedicine include cultural acceptance by health professionals and patients, but also a need for standardisation, a resolution of legal issues, funding incentives, and the establishment of clear reimbursement schemes.

Several high level speakers then contributed to the debate by illustrating the usefulness of telemedicine through concrete projects or expressing stakeholders'opinions about it.

Dr. Daniel Mart, Director of the Standing Committee of European Doctors, gave the physicians' point of view. He emphasised the importance of telemedicine being used in the interest of the patient. It has to be a tool at the disposal of the profession, he said, fit into an existing framework, and should not change the way doctors practice. Under no circumstances should it replace the normal doctor-patient relationship or be a cost-cutting tool. According to him, crucial problems revolve around network security, ethical problems, and most importantly responsibility issues.

Josep Roca, from the University of Barcelona, described the Catalonian health system and the many benefits of IT: it enables early prevention and diagnosis, avoids hospitalisation, allows home care and serves as end of life support. In that respect, IT and telemedicine should modulate disease progress and not just manage the patient. Healthcare should also be linked to other areas, such as social support and preventive medicine. He identified some key factors to the development of telemedicine: the co-morbidity challenge (chronic patients combine several pathologies), the organisational and educational issues (telemedicine modifies the roles of doctors and nurses), and the identification of business models ensuring service sustainability.

Dr. Simonetta Scalvini from the Salvatore Laugeri Foundation, underlined the communication benefits of telemedicine: GPs finally talk to specialists, specialists to each other, which results in better quality care: in 80% of the cases, a solution to the patient's problem is found at the GP consultation, after a phone conversation with a specialist.

Some other speakers gave more practical examples of the kind of services telemedicine can deliver:

Silas Olsson, from Sweden, explained that 90% of all Swedish ambulances are now equipped with telemedical devices which inform hospitals of the patient's vital signs before he/she arrives. Even patients' mobile phones are now used for medical purposes.

Peder Jest told the audience about the Funen hospital project, which offers high level services for patients in remote areas of Southern Denmark.

Dr. Hans Billing works at the European telemedicine clinic in Barcelona. With more than 9,000 exams a month, it is the largest teleradiology and MRI reading center in Europe. He identified challenges linked to telemedicine as: language problems, quality assurance and also malpractice issues, which still have to be cleared up legally.

The afternoon program focused on legal issues, such as privacy and security, as the Commission is considering introducing legislation streamlining telemedicine at the European level. (CH)

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