COCIR RESPONSE TO PUBLIC CONSULTATION ON AHAIP

European Innovation Partnership for active and healthy ageing
Consultation questionnaire

Respondent information

1. I am replying:
   - ☐ as a private individual
   - ☐ for the public authority I work for
   - ☒ **for my employer (other than a public authority)**

If "as a private individual":

2. Please provide your name, country of residence and email address

If "for the public authority I work for":

2. Please indicate whether the authority is:
   - ☐ international
   - ☐ EU-level
   - ☐ national
   - ☐ regional
   - ☐ local
   - ☐ Other (please specify)

Please provide the name of the authority you work for, the department (if any), the country where the authority is based and its email address

If "for my employer":

2. please indicate the sector(s):
   - ☐ Industry
     - ○ large company
     - ○ small or mid-sized business
   - ☐ Healthcare / social care provider
   - ☐ Research / academic
   - ☐ Organisation for older people / patients' organisation / other charity or NGO
   - ☒ **Other (please specify)**

Information about COCIR:

Founded as a non-profit trade association in 1959, COCIR represents the Radiological, Electromedical and Healthcare IT industry in Europe. Our members play a key role in improving healthcare both in Europe and worldwide through the use of innovative diagnostic and IT technologies and solutions. COCIR works to promote regulatory and quality controls that respect the quality and effectiveness of medical devices and healthcare IT systems without compromising the safety of patients and users.

We welcome the EU's Innovation Union strategy to promote innovative solutions and services to help solve key societal problems and drive economic recovery and growth in Europe. The current health system needs innovative steps that include improving healthy and active ageing from the prevention stage to diagnosis, therapy and care. We will be pleased to contribute to, and participate in, the Active and Healthy Ageing Innovation Partnership where our technologies can help to secure the target of an additional average

2 years healthy lifespan for European citizens by 2020. For more information, please visit http://www.cocir.org.

COCIR Company Members: Agfa-Healthcare, Alcon, Alert, Aloka, Belgacom, Bosch, Canon Europe, Carestream Health, Elekta, Fujifilm, GE Healthcare, Hitachi Medical Systems Europe, Hologic, IBA Ion Beam Applications, IBM, Intel, iSoft, Konica, Medison, Microsoft, Oracle, Orange, Philips Healthcare, Shimadzu, Siemens Healthcare, T-Systems, Toshiba Medical Systems Europe

COCIR National Associations Members: AMDM (Hungary), AGORIA (Belgium), Assobiomedica (Italy), SNITEM (France), ZVEI (Germany), SPECTARIS (Germany) FHI (Netherlands), HHT (Netherlands), FENIN (Spain), Swedish MedTech (Sweden), AXREM (UK), FiHTA (Finland), TipGorDer (Turkey)

Please provide the name of the organisation you work for, the department (if any), the country where the organisation is based and its email address.

COCIR
Belgium
denjoy@cocir.org

When answering these questions, you may want to refer back to the introduction to this survey. (Click to open the introduction in another window.)

Barriers to innovation

3. What are the **3 main barriers** to innovation?
   - ☐ Patent environment
   - ☒ **Complex or unclear regulations or lack of regulations (Please specify)**
   - ☐ Lack of standards
   - ☐ Lack of training for end-users (Please specify)
   - ☐ End-users' resistance to new ideas
   - ☐ Lack of evidence for benefit of specific innovation (Please specify)
   - ☐ End-users (patients, older people, care professionals) are not involved closely enough in the development and use of new innovative solutions
   - ☐ Evidence of the benefits of innovation is scattered – hard to get an overview
   - ☐ Different funding bodies have different priorities in Europe
   - ☐ Lack of funding
   - ☒ **Funding only covers *part* of the innovation process (Please specify which parts are neglected.)**
   - ☐ Public authorities are not willing enough to buy novel solutions
   - ☒ **Other (Please specify) Lack of incentives, collaborative care for business & fragmented adoption on eHealth**

You have ticked **'Complex or unclear regulations or lack of regulations'**. Please expand.

Based on the current evolution of demographics and in the context of active and healthy ageing, it is important to adapt health systems and ease access to diagnostics, prevention and treatment innovative technologies and services.

- The current European framework for medical devices has been broadly recognized as a sound and effective one, both inside the EU and beyond. The New Approach concept, with its reliance on harmonised standards ensures that devices placed on the market represent “state of the art” products. However this system needs to be

improved and simplified.

- For medical devices, several horizontal regulations (environment, safety of workers, radiation etc) have to be applied in addition to the Medical Devices Directives. This can create a **complex framework** which in some cases causes conflicting situations, uncertainties and delays in products reaching the market.

Specific Examples:

1. Several countries have set up **national registration** procedures for new models of medical devices that must be repeated in all those countries, causing administrative work and additional costs without benefit for the patient.
2. The RoHS recast directive introduces a conformity assessment procedure that will be required in addition to the conformity assessment procedure of the Medical Devices Directive, which means duplication of work, different requirements related to the format of the technical documentation and different requirements related to the quality system.
3. The Directive 97/43/**EURATOM** on medical exposure to ionising radiation introduces non-harmonized requirements for acceptance testing that differ from one country to the other one, in addition to the CE marking requirements.

General Considerations:

- The ongoing discussions with the European Commission on the use of **harmonised standards** to support EU regulations are creating regulatory uncertainty.
- The **lack of transparency** (e.g. the proposal for EURATOM recast was posted on EC website without stakeholder consultation) in the development of European regulations makes it difficult for the industry to anticipate and prepare to the changing environment.
- **Innovation** in the development of molecular imaging agents for early diagnosis and accurate detection of disease is hampered by their inclusion as pharmaceutical products.
- The lack of harmonisation on the growing use of **HTA*** at Member States level may lead to delays in introducing and geographic disparities in the deployment of new and innovative technologies.
- Although the current EU Regulatory Model – CE marking – is recognized as one of the best for introducing new technologies in a safe way, some **complex innovative technologies** (fusion technologies combining diagnostic and therapy devices, technologies like nanoparticles, stem cells, molecular and genetic technologies, sophisticated computer software) could be delayed or prevented as the evolution of the regulatory regime is not fast enough to keep pace with new and novel technologies.

* For more information on COCIR position on HTA, please refer to our recent Position Paper: http://www.cocir.org/uploads/documents/46-46-cocir_hta_position_paper_final_20_october_2010.pdf

Funding only covers *part* of the innovation process (Please specify which parts are neglected)

- **Government objectives** for healthcare modernization and the provision of seamless healthcare imply high degrees of sophistication and complexity in eHealth infrastructure. This is not yet fully reflected in investment or procurement processes nor is it seen commonly in the approach taken to commissioning pilot programme or large-scale deployment of ICT in European health services.

- **The EU funding mechanisms** such as **structural funds** are not leveraged to their maximum and fail to support innovation.* The uptake and use of structural funds for healthcare is progressing slower than expected in many Member States due to a number of administrative, technical and political issues hindering the access and utilisation of these funds.
- In general, the funding landscape at European level has become too complex for eligible beneficiaries. In research, funding is primarily focused on fundamental research and tends to neglect applied, marketable innovations. In addition, in the area of eHealth, funding of programmes stops even after a successful pilot period due to a lack of funds for ongoing deployment.

* For COCIR's views on structural funds, see: http://www.cocir.org/uploads/documents/-49-cocir_paper_on_structural_funds_23_nov_2010_final.pdf

Other (Please specify)

Lack of incentives, collaborative care for business & fragmented adoption of eHealth:

Moving from fragmented healthcare to seamless and collaborative care is an enormous challenge. Differing legislative, governance, financial and standardisation frameworks and process definitions are often significant barriers towards the large-scale deployment and adoption of eHealth infrastructure and clinical applications.

The lack of pro-activeness and understanding of eHealth in many public **health payor organizations** causes barriers to the uptake of innovative care provisioning models, which powered by IT technologies, could provide high quality, continuous and personalized care services to patients.

The points below illustrate some of the key **barriers to innovation**:

1. Governance Structure. The party investing in eHealth solutions may not always be the one receiving benefits – particularly in public sector healthcare systems. These can suffer from a lack of proactive initiative from the decision makers and system owners. Providers of the solution are faced with lengthy and cumbersome qualification process which repeatedly asks for the same questions but in different formats. There is rarely a mechanism to encourage innovative thinking or adoption of new services and solutions. As a result, there is very little innovation driven by the key stakeholders of the system, which results in restrained eHealth deployments that rarely achieve their full potential.

2. Training and Education. It is quite common that owners of health systems (CIOs and IT managers at Ministries, health payors, hospitals, etc) lack training and experience of eHealth systems. This relates to latest technologies available and also business models, certification, quality criteria, procurement guidance, best practice, etc. This can create poor quality tendering procedures and a lack of proper dialogue between consumers, purchasers and vendors.

3. Standardisation. The establishment of a common infrastructure for information sharing has many challenges, including in particular the challenge for interoperability between health ICT systems and applications to enable them to 'speak the same language'. The lack of enforcement of interoperability standards and profiles contributes to the market fragmentation in Europe, with its many small, differentiated markets. This prevents economies of scale for companies that offer eHealth-related goods and services leading to higher costs for all concerned and a slower take-up of innovative eHealth solutions.

4. Clinical adoption. A number of behavioural barriers to the clinical adoption of eHealth exist. This not only applies to the citizens, but also to all other stakeholders and in particular, the care professionals. The introduction of eHealth as an information sharing tool challenges the traditional care delivery model. It can act as an agent of

transformation supporting new ways of working, sharing information with colleagues and working as a "virtual" team, and therefore can deeply impact their relationship with patients. Clinical adoption will not happen overnight and needs to be supported by strong evidence of the benefits for the care professionals, their patients and society at large.

For more details on recommendations on eHealth: http://www.cocir.org/uploads/documents/-24-cocir_pp_ehealth_rel_short.pdf

4. How do you think a European Innovation Partnership could help overcome the innovation barriers identified? Please explain briefly.

- **How EIP could help overcome regulatory barrier?**

a. The Commission, Member States, industry and users need to work together to **simplify and harmonise** the procedure for device registration (communicating the first placing on the market of the new product). Implementing an efficient, harmonized and coordinated procedure ("registered once, accepted everywhere") for the communication of placing on the market will avoid the duplication of unnecessary administrative work and will facilitate timely access to market. As innovative technologies are by essence new products, they are particularly concerned by this procedure of communicating the first placing on the market.

b. Medical Devices are submitted to several types of regulations (medical devices directives, EURATOM directives, Directives related to environment, etc). This situation drives to **multiple registrations and approvals from different Competent Authorities** (Medical Devices, Radiation Protection). Removing, harmonising or simplifying these requirements could avoid situation where a CE marked medical device accepted in one country may be refused in another country because of a local regulation of Radiation Protection.

- **How EIP could help overcome barrier on funding?**

a. The **European Innovation Partnership** could press for a clear strategy for introducing efficient and tailored financial mechanisms to support innovations across the European Union.

b. The **Digital Agenda** proposed amongst other measures to leverage investments by using structural funds for R&D and by increasing the ICT R&D budget by 20% yearly until the end of the FP7 programme (2013). The EIP could encourage expanding this beyond 2013 up to 2020 and request Member States to double annual public spending on ICT R&D and engage in large scale projects to test interoperable solutions.

c. The **competitiveness and Innovation Programme** is a good vehicle to streamline financing efforts and could be further developed to cover activities over a time-span of 5-10 years, in multiple EU Member States, with a clear aim of developing large scale project supported by sustainable investment and business models.

d. The EIP should examine the current use of EU structural and research funds and as a priority, recommend ways in which these could be amended and supported to allow more focus on developing and deploying innovative healthcare technologies and solutions.

- **Barrier "other": How EIP could help overcome lack of incentives, collaborative care for business & fragmented adoption of eHealth?**

a. The EIP should help build trust and confidence between different stakeholders. The Partnership should accelerate the deployment of effective innovations having proven clinical and organisation added value.

b. In identifying the common barriers to innovation encountered in Europe and proposing solutions, the European Innovation Partnership will help raise awareness and build consensus across all stakeholders.
c. It can also help improve the current governance and financial framework for eHealth and thus facilitate rapid access to market for innovative technologies.
d. It should encourage the development of semantic and functional interoperability, but especially based on real applications in large-scale pilot projects.
e. The EIP should encourage the creation of EU wide information sharing and training programmes which will improve the future workforce by providing them with the knowledge, skills, competencies and attitude to offer safe, quality, and efficient healthcare through the use of innovative diagnostic and eHealth technologies.
f. The European Innovation Partnership should **stimulate the development of new and innovative business models in care delivery** by taking reference from best practice from and beyond EU countries. For example, according to "Health Care Systems – Efficiency and Policy Settings" report (OECD, 2010 http://www.oecd.org/document/39/0,3746,en_2649_33733_46491431_1_1_1_1,00.html) it has been identified that "*Life expectancy at birth could be raised by more than two years on average in the OECD area, holding health care spending constant, if all countries were to become as efficient as the best performers*", and best performers being identified as Japan, Switzerland and Korea. Switzerland for example on health insurance level pays a lot of attention on care delivery models, pro-active analysis of citizens' current and future needs, and personalization of the health service.

5. Thinking about the main barrier/s you identified above (points 3 and 4), please explain how removing a barrier would benefit a specific innovation for active and healthy ageing (please provide a concrete example of a product or service and how it helps active and healthy ageing).

Access to health promotion, quality disease prevention and care can be promoted by removing some obstacles:

- **Concrete examples to remove the regulatory barriers:**

a. Implementing an **efficient, harmonized and coordinated procedure** ("registered once, accepted everywhere") replacing the national registration of first placing on the market. For example, before placing on the French market an innovative medical device of Class IIa, IIb or III, it is required to send a communication to the French Competent Authority, including a set of information and of documents related to the identification of the product. This work has to be redone, in a different language and in a different format in Spain, in Portugal, in Italy, in Poland. The harmonized procedure will avoid this additional cost and delay for placing on the market as well as unnecessary resources at each country level.
b. The proposed **EURATOM recast** introduces a specific approval procedure for new types of products. This approval procedure has to be replicated in each European country where the device is introduced. The approval decision taken in one country is not automatically adopted by the other countries, this may create situation where the device is accepted in one country and not in another one. An innovative product using ionising radiation for diagnostic or therapy will be subject to this national approval procedure. The approval procedure by Nuclear agencies may be long, moreover, some countries may refuse the approval although the device is already authorized in another European country, which will create inequality in the access to innovation. Removing the barrier introduced by this specific approval procedure, for

example by creating an efficient and harmonized approval procedure, will accelerate the market access in all EU countries.

- **Concrete examples to remove the barrier on funding:**

a. Funding should concentrate more on the introduction of new innovative approaches and business models such as for diseases management and translational medicine**. Smart re-imbursement mechanisms** (e.g. outcomes based rather than fee-for-service) should be established supporting the complete care-cycle from prevention to acute care towards home care and rehabilitation as well as secondary use. In this respect, more attention should be devoted to human innovations such as **education and training** of the medical staff which is essential when introducing new technologies.
b. Funding mechanisms should include methods for assessing Return On Investment (ROI) with outcomes that are proxies for cost savings as it is impossible to provide creditable ROI calculations when pilots have small cohorts and shorter timeframes. The key questions asked by most healthcare payor organizations who will buy healthcare technologies are around **cost savings and ROI.**
c. If the **structural funds** earmarked for health and eHealth expenditures were **better accessible** and used to their maximum, it would release for the beneficiaries a substantial budget to improve their infrastructures and organisational models. Innovations should be at the centre of their healthcare systems and integral to sustainable economic growth.
d. Enhancing the access to EU R&D investments could favour the emergence of innovative healthcare technologies and fasten their placement and availability on the market.

- **Concrete examples on barrier "Other":**

a. Through existing mechanisms (CIP, FP, structural funding; scholarships, supported development programs; Ministerial meetings and peer-2-peer discussions), the EC should encourage Member States to stimulate and promote innovation at key stakeholders and health system owners, with long term vision, and short term deliverables. The possible actions could include:

✓ **Empowering patients** and their family carers in their daily life whether at home, at work or on the move.

✓ **Single source of European eHealth best practice** disseminated on the European level (one web page, one community, one set of criteria, single point of access) rather than the multiple sources of information that are available from the Commission today.

✓ **Establishing and defining an EU training programme** for CIOs and IT Managers in public healthcare. Highlighting champions.

✓ **Defining single framework for certification,** core concepts and functionalities delivered by eHealth solutions, as proven by best practice worldwide. This would help local communities to build future proof, innovative solutions to the benefit of the patients.

✓ **Encouraging local and international professional community dialogue,** with wider support of industry associations. Discouraging one-sided approach that does not make any reference to existing practice.

✓ **Accessing and sharing complex medical data** amongst clinicians for a better, safer and more integrated patient follow-up across the continuum of care.

Existing initiatives:

6. Have you been involved in programmes, initiatives or projects relating to innovation for active and healthy ageing (e.g. research, technology transfer, capacity building, training, financing, deployment, validation/testing of new solutions, standardisation) at trans-national, national, regional or local level?
   - [X] **YES (if yes, go to Q7)**
   - [ ] NO (if no, go to Q8)

7. Please describe *one* such programme, initiative or project and explain how you were involved.

   a. Name of programme, initiative or project

COCIR and its members are involved in many European fora/initiatives/projects such as:

1. European Partnership on Action Against Cancer
2. EU Health Policy Forum
3. EUnetHTA
4. eHealth Governance Initiative
5. eHealth Innovation
6. Renewing Health Project
7. Chain of Trust
8. Internet of Things
9. epSOS, Calliope,....

We provide details of involvement in the **"eHealth Governance Initiative"** as we consider this an example of an EU level partnership of paramount importance to **deploy eHealth tools** at national and regional levels.
We are also documenting separately 2 additional initiatives as referenced hereafter and in annexes as follows:
Telemedicine (see annex 1)
eHealth Innovation (see annex 2)

   b. Target group
      - ○ Elderly people
      - ○ Informal carers
      - ○ Patients [X]
      - ○ Health and social care professionals [X]
      - ○ Health and social care providers [X]
      - ○ Financing entities [X]
      - ○ Regulators [X]
      - ○ Industry [X]
      - ○ Other – please specify [X] European commission (DG Sanco & DG Infso)

   c. Aim of the programme, initiative and/or action

At EU Level there is a strong need for common political leadership and integration of eHealth into health policy in order to develop eHealth Services responding to health systems' needs and health objectives. This is the framework for the **eHealth Governance Initiative (eHGI)** which is led by the high level representatives of the Member States and co-financed by the European Commission through two different instruments (Joint Action – eHealth Governance Initiative and the Thematic Network SEHGovIA).

The eHGI will **support the political work** of the eHealth governance structure of the Member States, in particular in developing strategies, priorities, recommendations and guidelines on how to develop eHealth in a coordinated way, by involving all stakeholders, especially health professionals and patients.

d. Partners

Consortium:
The eHGI has been initiated by 39 organisations including health authorities from Member States, expert centres, user groups, the industry and other relevant stakeholders. **COCIR is registered as a collaborating partner.**

Member States, users and the industry will be represented in the **Steering Committee** (PSC), which will – through the **Executive Committee** (EXCO) – maintain direct Communication with the eHealth Governance **Group chaired by the trio EU-Presidency**.
The Executive Committee consists of the Work Package Leaders and their respective co-chairs. The project coordinator will be in close contact with the European Commission. Specific work items, associated with project deliverables, will be handled within the Work Packages for which each Work Package Leader is responsible. The Work Packages will be result oriented, and composed of national experts, who will interact as appropriate with the broad consortium.

e. Outcome

The expected outcomes of the eHGI are:

1. A high level **eHealth structured Governance mechanism** and infrastructures to sustain its effective operation;
2. **Recommendations on policy instruments** and legal actions at EU and national level relevant to empower cross-border eHealth and the use of appropriate tools and solutions to common challenges in eHealth;
3. **A European eHealth Interoperability Roadmap** – an evolving document outlining the implications of the use of ICT in healthcare on patients and health professionals in Europe, as well as recommendations for actions at EU, national and international level;
4. **A European eHealth Interoperability Framework** enabling and facilitating interoperable eHealth services and infrastructures in Europe;
5. **A Technology Assessment** on the impact of an open European Interoperability Framework on the eHealth market in Europe and on global competitiveness of European ICT Industry.

f. Web link

No web link at this time

g. What barriers did you encounter in this process

Currently, and until the eHGI becomes effective and is up and running, we have the following observations:

- Lack of political will from Member States to truly develop and implement eHealth tools;
- Lack of clarity on extent of eHealth provisions in the directive on cross-border healthcare;
- Uncertainty and resistance to eHealth due to divergent EU and Member States privacy rules;
- Many industry, user and Government bodies acting in this area at local, country and EU level showing the pressing need for better coordination and cooperation.

Future initiatives

8. How do you think you could contribute to achieving the European Innovation Partnership's strategic objectives (e.g. financing, expertise and know-how, implementation, new business models)?

COCIR represents all leading companies in the field of diagnostic imaging and healthcare IT in general, and is ready to contribute to the EIP in whatever way is beneficial to the Partnership's goals. COCIR members understand that the drive for sustainability of healthcare systems utilising innovative technologies and solutions is an imperative in Europe to improve the health of citizens and also Europe's economic productivity and competitiveness.
The unique expertise and considerable knowledge that COCIR and its member companies have developed and gathered over the years on innovative healthcare will be instrumental to achieve the strategic objectives of the EIP. Through COCIR's participation, we are confident the EIP will recognise that innovative medical and information technologies should not be regarded as a driver of healthcare costs, rather they are an opportunity to improve access to healthcare, quality, efficacy and cost-effectiveness of healthcare.

9. Do you already have ideas for starting a project or programme in connection with the European Innovation Partnership?

   a. Aim of the proposed programme or project and main deliverables

Chronic Disease Management

An EU wide Partnership could be formed under the auspices of the EIP to focus on Chronic Disease Management. This would engage an array of expertise to develop novel integrated solutions for Chronic Disease Management including:

- insights into the development and management of major chronic diseases;
- the socio-behavioral aspects of connecting to and motivating patients, including elements related to compliance to treatment, lifestyle and social connectedness;
- a comprehensive set of enabling technologies, ranging from devices for personal health monitoring and feedback, to ICT-based products, like Personal Health Records, homehealth solutions, data mining and data aggregation solutions and cloud computing, providing a functional link between patients and care providers.

   b. Evidence base, demonstrating the need for action

Health systems will become unsustainable in 5-10 years if chronic diseases are not addressed in a coordinated way. Integrated solutions towards Chronic Disease Management can bring a reduction of healthcare costs by 10-20% with a decrease of mortality for cardiovascular diseases and stroke of 85% in 5 years. The life expectancy for a population can increase by several years (9 years in the particular case of Kaiser Permanente) by implementing such novel business models and using the appropriate tools.

   c. Approximate budget (*optional*)

The budget depends on the pre-existing investments at regional and national level in different Member States, and the willingness to integrate them in a comprehensive, European-wide program.

10. If you are thinking of starting a project or programme, which key partners would you need for it to be successful?

The Chronic Disease Management consortium would consist of patients, health professionals, formal and informal caregivers, governments, insurance companies, and IT and medical technology providers to explore new approaches, business models, innovative solutions and foster the continuity of care.

11. How do *you* think a European Innovation Partnership could support active and healthy ageing through innovation?

- Achieving consensus on the value for elderly people of innovative solutions for disease management (e.g) will accelerate their deployment in Europe.
- Identify success stories and foster innovative business models (e.g. for telemedicine and chronic disease management) will help support sustainability of healthcare systems.
- Reduce regulatory burden and other barriers to innovation at EU level.

12. Do you have any other comments?

Attached are two additional existing initiatives in which COCIR is involved:
- Telemedicine
- eHealth Innovation

ANNEXES

Annex 1 on existing initiatives - Telemedicine

7. Please describe *one* such programme, initiative or project and explain how you were involved.

a. Name of programme, initiative or project

eHGI has been developed in the core of the document above in section 8.

However, we believe that a specific focus should be given by this established group on **telemedicine**. They should review existing activities already launched such as **"Renewing Health project"** as well as **"Chain of Trust project"**, make an impact analysis, identify gaps and take measures to accelerate the adoption of telemedicine at national and regional level. More explanations and recommendations have been given in the COCIR Telemedicine toolkit: http://www.cocir.org/uploads/documents/-903-cocir_telemedicine_toolkit_march_2010.pdf

COCIR is currently involved in the 2 projects mentioned above.

b. Target group

a. Elderly people
b. Informal carers
c. Patients X
d. Health and social care professionals X
e. Health and social care providers X
f. Financing entities X
g. Regulators X
h. Industry X
i. Other – please specify X

Regional Health Authorities
European Commission (DG Sanco & DG Infso)

c. Aim of the programme, initiative and/or action

1. **Renewing Health project**: Evaluate telemedicine services for chronic patients (diabetes, cardio-vascular and respiratory pathologies) using a patient-centered approach and a common assessment methodology (MAST). The objective is to scale up the deployment of the telemedicine services and to integrate them in mainstream health information systems. **COCIR was recently included in the Industry Advisory Board (IAB)**: COCIR's aim is to contribute to the industry perspective, assess the compliance of the nine pilot projects with international standards and make technical recommendations for the deployment of the telemedicine services.
2. **Chain of Trust project:** The project will assess the perspective of the main end-users of telehealth services across the EU with the purpose of see if and how views have evolved since the initial deployment of telehealth and what barriers there still are to have confidence in and acceptance of this innovative type of services.

d. Partners

1. **Renewing Health project**: 9 European regions in Austria, Denmark, Greece, Germany, Finland, Italy, Norway, Spain and Sweden).
2. **Chain of Trust project**: PGEU, CPME, ESN, NST,...

e. Outcome

1. **Renewing Health project**: The expected outcomes are to provide evidence based information confirming benefits of telemedicine based on an approved methodology and collect best practices.
2. **Chain of Trust project**: The main outcomes the project expects to achieve are:
   Through the survey, national workshops and European focus groups will be organized during which the views, needs, benefits and barriers related to telehealth from the perspective of patients and health professionals will be discussed.
   Through the national roundtables, the documentary, the final conference and other activities intended to share the assessment findings and the recommendations that the project will develop, the project will increase the knowledge and understanding of the specific perspective of health professionals and patients amongst various stakeholders.

f. Web link

http://www.renewinghealth.eu/

g. What barriers did you encounter in this process

Telemedicine is recognised as a **key instrument** to tackle the rise of patients with chronic conditions, particularly those with multiple needs who are often elderly. It is proved that telemedicine solutions can help reduce mortality and hospitalisations, increase quality of life of the patients, by detecting early exacerbations and empowering the patients.

Known barriers to the deployment of telemedicine solutions are mainly **regulatory** (e.g. reimbursement) and **managerial** (best use of existing workforce).

Establish an appropriate **legal** framework at EU level with effective transposition at country level is essential to bring legal clarity on crucial aspects (e.g. health data privacy, licensing, reimbursement etc) and to facilitate the use of telemedicine.

One major condition to the deployment of telemedicine is to **build trust** among users and receivers of telemedicine solutions by engaging close cooperation of all healthcare stakeholders and disseminating best practices.

Financing more sustainable large scale projects will build real evidence on the effectiveness and impact of telemedicine and contribute to its deployment.

Annex 2 on existing initiatives – eHealth Innovation

7. Please describe *one* such programme, initiative or project and explain how you were involved.

a. Name of programme, initiative or project

eHealth Innovation Thematic Network (currently validated EU project)

b. Target group
j. Elderly people
k. Informal carers
l. Patients X
m. Health and social care professionals X
n. Health and social care providers X
o. Financing entities
p. Regulators X
q. Industry X
r. Other – please specify X European Commission

c. Aim of the programme, initiative and/or action

Develop a roadmap to achieve integrated and interoperable eHealth services and their deployment across the EU. The project will set up a network of experts – involving all relevant stakeholders – to address patient empowerment, care coordination, interoperability, procurement issues, need for financial support.

d. Partners

23 partners: public authorities, research institutes, ICT users and ICT industry, Empirica and University College London Consultants. **COCIR is also registered as a partner.**

e. Outcome

Outcomes will be the road map and some recommendations for policy makers.

f. Web link

Not existing yet. Project to kick-start in January 2011.

g. What barriers did you encounter in this process

Known barriers: • Lack of concrete deployment of ehealth tools in several Member States; • Lack of understanding from healthcare providers on benefits of eHealth tools.