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D6.2 Engagement with Policy Markers

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Abstract

This reports details the processes and activities carried out for widespread results among policy makers

Document History

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1.1	05-05-13	First draft with most of the findings and actions reported	Manuel Marcelino Perez, Atos
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List of Participants

No.	Participant organisation name	Participant short name	Country
1	Atos Research and Innovation	ATOS	ES
2	Innova S.p.A.	INN	IT
3	In-JeT ApS	IN-JET	DK
4	Global Security Intelligence	GSI	UK
5	Vrije Universiteit Brussels	VUB	BE
6	Capital Region of Denmark, Center for Sundhedsinnovation	CSI	DK

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Executive Summary

This report documents and explains the actions carried out by the consortium for widespread dissemination of the MovlingLife project results among policy makers. Definitions, actions and methods are based on those outlined and described in *D6.1 Stakeholder engagement activities*.

The use of mobile technologies to support medical activities (mHealth) is transforming the way healthcare is delivered. mHealth is already impacting not only on medical workflow procedures, but also and more importantly in the relationships between doctors and patients. A number of influential aspects are driving this transformation starting with the maturity of the technology and continuing with the development of applications but mainly the ever-increasing interest of the citizens for being more active in the management of their own health. These rapid advances should be legally regulated and special policies should be developed for defining clear laws and rules that allow the satisfactory and harmonized growth of this new industry. Liability, reimbursement, cross-border healthcare, security and safety are key issues in mHealth that should be addressed by policy makers at European and National level, but also more technological aspects such as data interoperability, spectrum allocation and standard adoptions should be supported by the competent authorities.

This report provides a description of the efforts of the consortium in informing authorities and policy-makers about the final roadmap developed during the course of the project. Acceding and getting feedback from policy makers was not an easy task and the input and expected interest from these authorities was in general poor but at least MovingLife outcomes has been presented to a wide community of policy-makers and some interesting feedback was provided and included in the final version of the roadmap. We recommend that the relevant authorities within the European Commission further seek to engage and collaborate with relevant Member State and European organisations with a focus on health policies to continue to drive mHealth as a key agenda for European healthcare.

The report finally outlines the conclusion of the work carried out in this activity, bearing in mind that the main objective of the project was accomplished, as it is the development of the roadmap, letting the EC services making use of the research done for better engagement with policy makers.

1 Target audiences

This report is targeted at all stakeholders interested in learning how the consortium has managed informing authorities and policy makers about the results of the project. It is also aimed at the policy-makers who have contributed to the project.

2 Introduction

European healthcare systems are under increasing pressure to deliver better medical services but at the same time are challenged by an aging population along with other demographic and economic challenges facing the provision of healthcare, such as the shortage of medical staff and by budget constraints. In this context, mHealth holds the promise of being a perfect way to overcome these challenges. Certainly, mHealth is already transforming the way medical care is delivered and is already impacting on patient-doctor relationships making citizens active managers of their own health. mHealth also brings the promise of reducing inequalities not only among rural and urban areas but also across countries. It is estimated that with a current wireless coverage of around 85% of the earth population, mHealth will be accessible to most of the world's population reaching areas where currently the population does not have any type of access to healthcare. Certainly, higher-income countries are leading technology, applications and pilots but emerging countries such as Brazil and India are doing important work in promoting and providing mHealth services to their population. There is common agreement that the potential of mHealth in lower/medium-income countries is even greater than in more developed ones. European Commission efforts are focused on making Europe a leader in mHealth initiatives mainly in the use of mobile technologies for call centers, and emergency services but also in using smart phones for more sophisticated services such as decision support tools, disease management, and treatment follow-up and patient monitoring. However, the proposed mHealth based change of model could not be only based on the technological advances and but requires also elaborate regulations and important financial inversions.

Medical assessments based on clinical trials are needed for proving cost-effectiveness confirmations but also for promoting, based on the evidence, the benefits of mHealth amongst public authorities and policy makers in order to accelerate government policies for wider adoption of mHealth services beyond pilotitis[1]. Nowadays mHealth assessment is characterized by small-scale pilots focussed on specific mHealth solutions. Therefore there is a need for larger scales programs that unequivocally show not only the cost-effectiveness of global mHealth proposed solutions but also show their integration and interoperability with the current healthcare services.

Therefore, the involvement of policy makers and healthcare authorities is vital for boosting and supporting wider deployment and assessment of mHealth initiatives helping to align them with national health priorities.

The MovingLife project aims at providing a roadmap for wider mHealth deployment in order to provide insight to the EC. Therefore, involving national authorities or members of the European parliament goes beyond the scope of the main objective of the project. Resources, time and budget for extensive involvement would require another whole project. Therefore, the consortium has concentrated efforts in disseminating the results among policy makers, and leaving the EC as the right interlocutor for further contacting and involving policy makers at national and European level. In

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[1] There is a common diagnosis among the stakeholders regarding mHealth deployment: called pilotitis. It means that most of the mHealth initiatives don't go beyond pilots.

fact, it is the EC, in consultation with Member States and involved stakeholders, who is producing reports aimed at supporting the implementation of mHealth initiatives in Europe.

3   Relevant policy hooks

In this section the main relevant policy-makers actors at European level are identified, whose work, interest and objectives have been taken into account for customizing the approach.

- European Commission: DG Connect. DG Connect

- European Commission: DG SANCO.

- European Commission: DG ENTR. European Spectrum Policy Programme.

- Members of the European Parliament

- Spanish HealthCare Ministry

- Madrid HealthCare Department

Stakeholders that have an important role in influencing health policies were also identified, contacted and involved.

- Social (and private) insurance companies

- Standardisation organisations

- Civil society organisations

4 Policy-Makers engagement activities

In total 16 policy-makers or stakeholder with a role related to or with influence over policy-makers were identified and contacted. The breakdown of policy-makers per category is detailed below, the workshops and conferences were used for engaging with policy-makers, and more traditional approaches as emailing and phoning were also used. The project organised 3 workshops and one stakeholder conference. Reports on these events have already been published in the project web-site (www.moving-life.eu), and deliverable D4.4 Stakeholder conference.

Table 2: Number of policy-makers identified

Policy Maker	Contact	Feedback
Members of the European Parliament	2 (Two Members of the European Parliaments with competences or professional interest in mHealth)	NO recommendations/feedback provided
National authorities	2 Spanish Healthcare Ministry Madrid autonomous region Health department)	mHealth is considered an area with potentialbut main the criticism is need for integration in the current healthcare system. Other barriers would be the need for defining reimbursement schemas, liability and initial inversions Rather than strategic implementation, mHealth is occurring mostly at regional health settings. The Movinglife roadmap is useful in supporting mHealth policy and will help healthcare authorities with the development of their own comprehensive mHealth strategies.
International Organizations	1 WHO	Recommendations and comments were included in the MovingLife roadmap, deliverable D4.3 Consolidated roadmap for mobile healthcare (mHealth)

European Commission	4 DG CONNECT, DG SANCO, DG Enterprise, Information Society Directorate General, Radio Spectrum Policy JRC/Institute of Prospective Technological Studies)	Recommendations and comments were included in the MovingLife roadmap. The EC has various activities on-going related to mHealth e.g., policy development (European Innovation Partnership on Active and Healthy Ageing), research (about 20 projects), one large scale implementation project (Renewing Health, CIP). It is also involved in regulatory developments (medical devices) where the mobile elements are essential Some important feedback generated was: Priorisation of services and neutrality (If society requires that eHealth services shall be prioritized they should be regulated.) Telecom regulations need to consider the topic of network neutrality but ensure due attention is paid to eHealth aspects in the regulation. An eHealth approach should be technology agnostic It seems that at least some big players such as GE Healthcare, Philips and Medtronic have expressed their interest to allocate radio spectrum for eHealth applications, for professional use - not for consumer business. The regulation for EHR in mobile use is one of the uncovered areas currently for DG CONNECT. DG ENTR regulates the devices and SW for electronic

		devices.

Presentations of the findings and plans of both SIMPHS and MovingLife projects were discussed. Imputs regarding mHealth market data.

Some inputs related policy hooks(, Digital Agenda, EIP AHA, eHealth action plan. ,

 DG SANCO Conclusions on innovations in medical devices sector |
| **Standardization bodies** | 2

ETSI European Telecommunications Standards Institute

Cenelec: European Committee for Electrotechnical Standardization cenelec, | Feedback included in D4.3 |
| **International Organizations** | 5

Cocir. European Coordination Committee of the Radiological, Electromedical and Healthcare IT Industry

ITU,International Telecommunication Union, (United Nations specialized agency for information and communication technologies – ICTs).

The GSMA represents the interests of mobile operators | Feedback included in D4.3

WHO has high global visibility and it would be politically useful if there was more collaboration between EC activities and WHO. MovingLife would be a perfect vehicle to deal with the issues. (A reference to MovingLife web page on the WHO web page is already very visible.)

GSMA defined four important barriers that need to be addressed. |

	worldwide. . Eucomed eHealth Task Force. Eucomed represents the medical technology industry in Europe. Our mission is to make modern, innovative and reliable medical technology available to more WHO. The mapping of tobacco control using mobiles and the EC policy hooks is also very important element to consider in a broader context of the policy recommendations in MovingLife.	The main barriers are fragmentation of service delivery, lack of scale across the full reach of mobile networks, limited replication, and misalignment of the value proposition between mobile and health stakeholders. The project investigated the interest of the industry in eHealth in the context of mHealth, remote care and patient guidance services.
Total	16	

5 Other activities related with the engagement of policy-makers (from D1.6)

A number of activities were conducted by individual members of the consortium which consisted of engagement with stakeholders and policy-makers, or dissemination to policy-makers of the results of the work of the project.

Conferences and meetings

Individual participants from the MovingLife consortium disseminated to and engaged with policy-makers at various conferences and meetings throughout the project.

Apple Executive mHealth and mobility platform presentation, London, 24/11/11

In-Jet was invited in connection with our participation in the MovingLife project to an exclusive briefing at Apple to discuss iPad solutions within healthcare. Apple wanted to show us a wide range of systems, based upon their products, that facilitates and streamlines workflow in healthcare. All systems of-course were based on Apple's technology. The briefing was also a good opportunity for establishing contact with relevant people at the Apple organization, who can help with knowledge of Apple's use of technology in healthcare.

Radio Spectrum Meeting, London, 29/03/12

This meeting focused on upcoming spectrum frequency allocations and regulations for mHealth in Europe. As a result of policy-makers participation in the socio-economic workshop organised during the course of the MovingLife project an invitation was proffered to the MovingLife project to send a representative to attend the meeting. A report of the meeting was produced for the project. The meeting produced some interesting insights in terms of the future spectrum allocation for mHealth devices as well as international comparisons in spectrum allocation and regulations internationally.

A joint ITU-WHO Workshop on e-Health Standards and Interoperability, Geneva, 26-27/04/12.

This workshop was organised by the UN organisations ITU (International Telecommunications Union) and WHO. The key workshop objective was to start a dialogue towards a comprehensive roadmap on global standards development, interoperability, and adoption for enabling the sustainable development of eHealth services. Towards that end, ITU and WHO invited organisations working on health standards and other policy-makers to the worksh, to take stock of efforts to date, discuss barriers to adoption, and contribute to an ITU-WHO developed roadmap to guide future action.

World mHealth Congress, Boston, 25/07/12

The MovingLife project was asked to deliver an opening keynote address to the conference on the future regulations being considered by the European Commission for mHealth services and devices. A wide variety of policy-makers and experts predominantly with a US background attended the conference. A report on the conference was produced for the consortium and the EC project officer. The conference saw an update from the FDA in how the organisation would approach the regulation of apps and other mHealth devices/services.

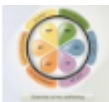MovingLife Stakeholder Conference, Brussels, 18/04/13

The MovingLife project presented the roadmap at the MVL stakeholder conference that took place last 18/4/2013. Feedback and conclusion were reported in deliverable D4.4 Stakeholder conference. A number of policy-am

Atos Healthcare initiatives and portfolio

Atos healthcare departments across the world met in Madrid on 10th and 11th of January 2012 for designing commercial strategies, defining best practices and sharing developments and lesson learnt. The MovingLife roadmap was presented to an audience of 32 account managers that work in providing ICT solutions to public and private healthcare systems in 18 countries. MovingLife results are partincluded in the Atos portfolio and are presented to our Public Healthcare customers though Atos internal channels

Communication to interested groups

Communications, discussions and announcements of the MovingLife projects were done using Linkedin communications groups.

Logo	Name	# Members at the time this report is written
	CHIK Services - Connecting eHealth Leaders	507
	eHealth Initiative	2.052
	ehealth spain	86
	Health and Wellbeing	3.609
	Hospital, Healthcare & Pharma Russia & CIS	784
	Medical Devices Group	178.060
	mHealth	4.176

	mHealth Journal - Mobile Health and Medical APPs, devices,...	1.336
	mHealth World Forum	1.066
	Mobile Marketing & Payment Solutions Forum	3.142
	Telemedicine & E-Health	2.941
	Telemedicine & eHealth	574
	Telemedicine Network	716

Correspondence with policy-makers

Internet search and email correspondence have been the main ways to communicate with those stakeholders who were not part of our list of contacts, mainly for contacting European Parliament members. This was a time-consuming effort that has produced no satisfactory results, since no feedback was achieved. Our conclusion is that reaching these types of stakeholders would require a much more co-ordinated and dedicated effort with specific resources, i.e. a project or other support action.

Project Presentations

VUB represents the project at the 'ICT for better living: increasing welfare of the societies in Europe, Latin America and the Caribbean' where the MovingLife project was presented to international stakeholders and policy makers. The workshop which took place on the 15th of April in the Embassy of Chile in Brussels focused on sharing the initiatives with a wider range of experts and stakeholders and the possibilities of coordination of research initiatives and national funding instruments.

6 Conclusion

The main outcome of MovingLife was to deliver roadmaps for research and support for wider use of mobile eHealth (mHealth) solutions for lifestyle and disease management. Engaging with policy-makers has been the last task of the project and was based on the latest results produced by the MovingLife project. The work devoted to the organization of the stakeholder conference in Brussels was also used for spreading information to and contacting policy-makers, since one of the initial goals of the conference was to attract members of the European Parliament both as speakers and attendees. We learnt that accessing policy-makers was not easy task even though contact data could be found easily through the EU website, and a number of personalized letters were sent out but feedback was elusive and not forthcoming in some cases.

Some findings got from policy-maker engagement

Healthcare authorities are expressing interest in mHealth as a promising approach for addressinghealth systems challenges, but there is a need of evidence to demonstrate its effectiveness. There should be European level policies that support member states policy, and legal issues. Policy-makers and healthcare authorities need to have the necessary support to make the transition from pilot to mHealth large-scale deployments. There is need to provide evidence by assessing effectiveness and cost-effectiveness of mHealth applications. Dissemination of national and local initiatives mHealth best practices would be useful including information about lessons learnt, evaluations and recommendations and cost-effectiveness will help mHealth adoption.

Data security and privacy require not only technological but also legal and policy attention to ensure that data are highly protected.

mHealth will progress further in implementing mHealth through global ICT standards adoption. Policies need to be complemented by standards adoption to boost from pilot mHealth initiatives to wide adoption.