



# Using E-health to improve integrated care for older people with multimorbidity

Francesco Barbabella, Ph.D.<sup>1</sup>, Maria Gabriella Melchiorre, M.Sc.<sup>1</sup>, Sabrina Quattrini, M.Sc.<sup>1</sup>, Roberta Papa, B.Sc.<sup>1</sup>, and Giovanni Lamura, Ph.D.<sup>1</sup>

<sup>1</sup> Centre for Socio-Economic Research on Ageing, Italian National Institute of Health and Science on Ageing (INRCA)

Also on behalf of the other ICARE4EU partners:

- Netherlands institute of health services research (NIVEL), Netherlands
- Technical University Berlin (TUB), Germany
- University of Eastern Finland (UEF), Finland

#### What is E-health?

#### **Definition of E-health:**

the overarching term for the range of tools based on information and communication technologies (ICTs) used to assist and enhance the prevention, diagnosis, treatment, monitoring and management of health and lifestyle.

(ECHAlliance, 2014)

It is an umbrella term including e.g. telehealth, telecare, telemedicine, e-referral systems, tele-monitoring, decision support systems, e-learning for professionals etc.



# The potential of E-health tools

• E-health tools could innovate the provision of **care at distance** (Wooding et al., 2015).

• E-health could enhance and reinforce care services at home, improving independent living and security of patients (WHO, 2015; European Commission, 2014; Jelcic et al., 2014).





# ICARE4EU data: programmes with E-health

|   | <b>Programmes with</b> |
|---|------------------------|
|   | E-health               |
|   | N=85                   |
| Digital health care communication                 |                        |
| Between different care providers                  | 47.1                   |
| E-referral system                                 | 32.9                   |
| Between care provider and patient                 | 29.4                   |
| Online appointment scheduling                     | 25.9                   |
| Electronic monitoring                             |                        |
| Monitoring health status parameters by providers  | 32.9                   |
| Telemonitoring                                    | 27.1                   |
| Registration health status parameters by patients | 24.7                   |
| Electronic decision support                       |                        |
| Registration database                             | 63.5                   |
| Patient safety                                    | 35.3                   |
| Electronic reminders                              | 27.1                   |
| Computerized decision support                     | 35.3                   |
| Online decision support                           | 15.3                   |
| Self management support                           |                        |
| Computerized self management tool                 | 24.7                   |
| Electronic reminders                              | 25.9                   |
| Online decision support                           | 3.5                    |
| Use of EPR and Personal e-cards                   |                        |
| EPR used  | 70,6                   |
| EPR planned                                       | 12,9                   |
| Personal e-cards used                             | 17,6                   |
| Personal e-cards planned                          | 7.1                    |

# Main aspects related to E-health

1. Fostering **access** to healthcare services



Enhancing care coordination and integration



3. Supporting resource optimisation



#### 1. Access to healthcare services

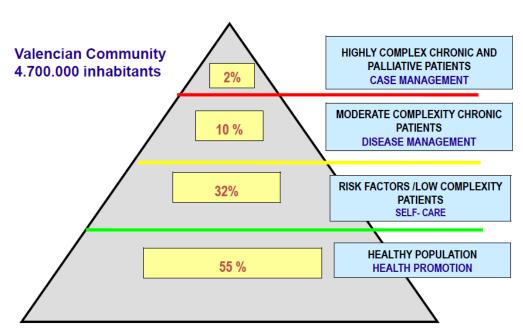
- Consultations, therapies and rehabilitation at distance
- Most useful in rural areas and where availability of healthcare services is low
- Example: TeleRehabilitation, Nicosia General Hospital (CY)
- Supervision and monitoring of patients doing cardiorespiratory rehabilitation at home



### 2. Care coordination and integration

- Collecting, monitoring and reporting patients' health data and medical history
- Communication tools between professionals
- Example: Strategy for Chronic Care, Valencia Region (ES)

Population stratification system for data sharing and constant monitoring of individual's risks



# 3. Resource optimisation

- Increase appropriateness and effectiveness of care
- Revision of care and therapies according to recognised standards and practices
- Examples:

# **Strategy for chronic care**, Valencia Region (ES)

- Revision of 99,000 drug therapies of patients with polypharmacy (2012-2014)
- Reduction of public expenditure in drugs (19.5 to 7.3 mil. €)

#### TeleRehabilitation,

Nicosia General Hospital (CY)

- Increased adherence of patients
- Discounted cash flow (DCF)
  analysis showed ROI in 5 years

#### **Barriers & Facilitators**

- **Technical**: interoperability between different systems, integration between providers, infrastructures
- **Legislative**: normative frameworks on privacy issues and E-health promotion
- **Economic**: financing and incentive systems
- **Social**: digital skills of professionals and patients, service delivery organisation, cultural acceptance of E-health tools (by patients, professionals and management)





# Implications of E-health adoption

- Patients and family caregivers can become more empowered
- Practitioners and specialists can work in a more coordinated and integrated way
- Continuous contacts and monitoring of patients are possible, especially in more severe cases
- Access to and equity of healthcare systems can be improved overcoming existing health, socioeconomic and geographical inequalities





#### Final considerations

- Opportunity to invest for improving healthcare systems
- Win-win situation for patients, professionals and healthcare systems
- More evidence-based practice and policy exploiting the already recognised potential of E-health







#### Thank you for your attention!

Francesco Barbabella <a href="fisher-babella@inrca.it">f.barbabella@inrca.it</a>

