

**THE DIGITAL TRANSFORMATION MUST SUPPORT SOLIDARITY-BASED HEALTH SYSTEMS**  
*AIM'S POSITION PAPER ON DIGITAL HEALTHCARE*

There is an indication of the big potential of digital transformation for healthcare, that could lead to more accurate treatments, the possibility to have remote access to healthcare professionals, care continuity, better prevention as well as better services offer to mutuals' adherents. A majority of citizens consider themselves skilled enough to use public services online and a (small) majority sees the value of some digital health outcomes, such as having their medical records online.<sup>1</sup> There is an indication that citizens are willing to use digital healthcare, but what does it mean for them and for health insurers? Under what conditions can AIM members participate in this development?

AIM supports the position of the European Economic and Social Committee (EESC)<sup>2</sup> that it is vital to maintain and promote a health insurance system which serves the needs of everyone and is solidarity-based, inclusive and non-discriminatory. eHealth should be a tool to reach those objectives. Inclusion, solidarity and fair access for all to good quality health services (digital or otherwise) and commitment to these are in fact prerequisites for universal health coverage.

In this context, we regret that in its recent communication on the digital transformation of health and care the European Commission focused mainly on making as much data as possible available. We understand that data is important. However, we believe that it should not overshadow the question of to grant citizens control over their data, as well as how to integrate digital solutions into health systems in a structured, planned manner.

The present position paper is aimed at making sure that digital health development helps health systems deliver sustainable, quality and affordable care to everyone.

**Patients need to be in control of their health data**

AIM remarks that the implementation of the new data protection regulation did not put an end to the intense debates about personal data ownership. Instead, much is left to interpret during the implementation of the new regulation. The European Commission's Communication on digital healthcare is a symbol of this trend, whereby the Commission tries to make as much as possible data, including health data, suitable for processing. AIM believes that such initiatives can reduce patients control over their health data. We would like to emphasise the core principle that health data is sensitive data that must be protected as a rule. It is therefore important that patients' consent is sought whenever their data is collected, processed and accessed. Control also includes knowing who had access to data, in the most user-friendly and easiest manner. AIM member Haigekassa, the Estonian Health Insurance Fund, already provides this sort of information to its affiliates.

AIM also believes that a further reflection on anonymisation is important. Relevant national authorities highlighted the value of good engineered anonymisation for the safer processing of personal data, but that residual risks for reidentification still exist.<sup>3</sup> We believe that the appropriate attention needs to be dedicated to this topic, patients themselves are not ready to give access to their data, even anonymised,

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<sup>1</sup> Attitudes towards the impact of digitisation and automation on daily life, European Commission, March 2017

<sup>2</sup> Impact of the digital healthcare revolution on health insurance, European Economic and Social Committee, September 2017

<sup>3</sup> Opinion 05/2014 on Anonymisation Technique, Article 29 Working Party, 10 April 2014

to everyone.<sup>4</sup> This is why we see with great concerns the current European Commission initiatives aimed at making as much data as possible available on the European market.

**European and national legislation must provide strong requirements for collecting, storing and processing health data at all times. The boundary between personal and non-personal data is very thin regarding the risk of re-identification. Due to the sensitive nature of health data including anonymised health data, the European and national legislation must provide strong requirements for the definition, collection, storage and processing of these data. In addition, re-identification should be forbidden.**

### Electronic health records need interoperability, comprehensiveness and access

Electronic health records are still the cornerstone of the patient-doctor relationship and are the tool that ensure continuity of care. We welcome the current efforts to drive their digitisation, as we believe digitisation can help make information available for health professionals and health insurers in order to provide fast and personalised treatments in hospitals, at the doctor and in the pharmacy as well as seamless reimbursement. Digital health records with a summary of the patient's health status and past interventions, prescriptions, hospitalisation can help faster and better diagnosis and to decide about the correct intervention that is suitable for the patient. This could be a major improvement of the quality of services to our affiliates.

As part of their mission to provide solidarity-based access to care, AIM members are engaged in Zones for Organised Access to Cross-Border Care (ZOASTs),<sup>5</sup> whereby they collaborate to provide access to affordable care for patients in cross-border regions. Shared cross-border electronic health records between healthcare providers in these areas can therefore help tremendously with the provision of healthcare. AIM member Haigekassa already shares electronic patient data with Finland, as part of a Joint Roadmap on cross-border data exchange and digital services. The roadmap aims to make available data, including patient data, available in both countries.<sup>6</sup>

Again, patients must have the control over their own data, also meaning knowing who had or who has access to their data. Further reflection needs to be made as to who in healthcare systems have access to patients' records. Liability questions are to be clarified in advance too. This applies, in particular, to mistakes regarding treatments which, for example, result from technical errors which lead to incorrect interpretations and treatments.

**The EU has a role to play with regards to the improvement of the interoperability of information systems, which have become inevitable in order to enhance patient care. Standards of interoperability and portability of data (also cross-border) are very important and this is an area where the EU has a major coordinating role.**

### Big data for all within solidarity-based social protection systems

At a time when a large number of patients expect personalised and individualised treatment, AIM is of the opinion that big data in healthcare can be used to predict epidemics, develop new treatment, improve quality of life, avoid preventable deaths, improve quality of care or detect fraud.

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<sup>4</sup> Attitudes towards the impact of digitisation and automation on daily life, European Commission, March 2017

<sup>5</sup> Coopération franco-belge. Soins de proximité, Solidaris - Mutualité Socialiste, 2014

<sup>6</sup> Joint Declaration Between The Prime Minister of Estonia and the Prime Minister of Finland on an Initial Roadmap for Cross-Border Data Exchange and Digital Services Between The Republic Of Estonia and the Republic of Finland

Due to the nature of their activity, AIM members are in command of a great deal of health information. Drawing insights from this information could help AIM members adapt treatment to individual profiles and therefore improve the quality of services offered. However, making use of this information is a great challenge as it requires substantial investment in data calculation capabilities that our members can sometimes not afford.

In addition, we suspect that the greater availability of data in many aspects of our lives can help for-profit healthcare insurance companies predict disease onset in the population and better identify “low-risk” customers and skim-out “higher-risk” profiles. We see this as a threat to the solidarity, pooled risk-based health systems that we have in Europe as, not-for-profit health insurance schemes will find themselves with “high risk” populations, causing therefore major financial imbalance in the system. We regret that the European Commission study on Study on Big Data in Public Health, Telemedicine and Healthcare failed to mention this essential issue that we would like to emphasise.<sup>7</sup>

**AIM calls on the European Commission to indicate where funding is available in order to support not-for-profit health insurers update their IT infrastructure in order to draw better insights on the data that they command. AIM believes that the capacity to interpret data sets should not be monopolized by a few big commercial parties. It should be available for society as a whole, as part of strong solidarity-based health insurance schemes. AIM welcomes the report from the European Economic and Social Committee on Impact of the digital healthcare revolution on health insurance, that emphasises this matter and encourages other European institutions to adopt a similar perspective.<sup>8</sup>**

### The big challenge of reimbursement

AIM believes that when digital interventions are reimbursed, it should be made in a structured manner and based on an informed cost-effectiveness analysis. AIM is happy to see that more and more countries reimburse digital health service across Europe, for instance telemedicine services, which can help compensate for the lack of access to healthcare professionals in some geographical areas. Still, only ten countries in the World Health Organization European Region (WHO/EU) have assessed telemedicine programmes, thereby showing that proof of effectiveness of digital interventions is not always provided.<sup>9</sup>

Mobile health, mHealth applications (apps) are a field where much needs to be done. By the end of 2016, 259 000 health apps were available on major app stores and some observers have already noticed that the growth of apps offer has exceeded the growth of demand.<sup>10</sup> AIM welcomes the observation from the European Region office of the World Health Organization (WHO), that clear guidance and legislation on mHealth is needed for apps to be prescribed by professionals, reimbursed and be trusted by consumers.<sup>11</sup>

Indeed, the over-availability of apps is a danger for patients and citizens, that can be tempted to download low-quality, unreliable applications. In Norway, some apps send potentially sensitive information to companies in East Asia and North America, without the users being properly informed.

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<sup>7</sup> European Commission, Study on Big Data in Public Health, Telemedicine and Healthcare, Final Report, Written by Gesundheit Österreich Forschungs- und Planungs GmbH - 4.11.2016

<sup>8</sup> European Economic and Social Committee - Impact of the digital healthcare revolution on health insurance, 20 September 2017

<sup>9</sup> From innovation to implementation – eHealth in the WHO European Region (2016), World Health Organization

<sup>10</sup> mHealth App Developer Economics 2016 - 6<sup>th</sup> annual study on mHealth app publishing based on 2,600 plus respondents, Research2Guidance, October 2016

<sup>11</sup> From innovation to implementation – eHealth in the WHO European Region (2016), World Health Organization

Others encourage (sic.) users to share their health data, either through e-mail or social media to their doctor.<sup>12</sup>

The EU Commission should therefore ensure that apps distributed or used within the EU comply with the requirements of the EU General Data Protection Regulation. Furthermore, the EU Commission should work to ensure that apps with a medical therapeutic purpose are classified as medical devices and fall under the scope of the medical devices regulation.

The European Union has no competence in pricing and reimbursement. However, the European Commission can promote a voluntary network for Member States to exchange views on national practice regarding reimbursement of digital interventions.

### Giving more attention to cybersecurity

Health information systems are critical complex architectures, where information about patient data, reimbursement levels as well as health professionals is stored. eHealth systems are increasingly interconnected, which means that many entry points into them exist. False claims or viruses can compromise access to services to millions of people. We need the highest security standards to ensure the continuity of quality services, while still granting citizens access to them, in the easiest and most effective manner.

Addressing this means that digital providers and health authorities need to be equipped with softwares and digital solutions that can appropriately protect the infrastructure. However, educating company employees as well as the public, raising awareness on DOs and DON'Ts regarding protection against cybercrime are very important too. Appropriate attention to risk reporting in companies is also essential in the fight against cybercrime as we observed that many recent cases of data breach were due to human mistakes, or negligence.<sup>13</sup> A culture of cybersecurity therefore needs to emerge in order to reduce vulnerability to cyber-risks. Specific attention needs to be given to mobile health applications, a field where we have just seen numerous breaches have been reported and where sometimes the most basic safety requirements are not met.

The digitisation of health insurance processes calls for the European authorities to devote appropriate attention to securing digital communications in the field. A toolbox from the EU Network Information Security Agency in the field would be a good first step, for instance. We welcome that the European Commission opened a Horizon 2020 call aimed at assessing and reducing cyber risks in hospitals and care centres as we believe that cybersecurity will be an ongoing challenge. Collaboration in the field should also take place under the next research framework programme. We also call for such a reflection to also take place in policy initiatives gathering member states officials as well as stakeholders.

### Delivering on the promise of prevention for better access to health

Around 97% of healthcare costs are spent on treatment while only 3% are spent on prevention. Shift from treatment to prevention has therefore rightly been identified by the European Commission as one of the major challenges to change to healthcare delivery.<sup>14</sup> Digital healthcare can help support this

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<sup>12</sup> Connected health devices violate users privacy, Forbrukerrådet, 28 September 2017

<sup>13</sup> Horizon 2020 Call - Toolkit for assessing and reducing cyber risks in hospitals and care centres to protect privacy/data/infrastructures, European Commission

<sup>14</sup> Reflection process: Innovative approaches for chronic diseases in public health and healthcare systems, European Commission, 23 September 2013

objective. The Dutch Centre for Nutrition launched end 2017 a health app with which you can scan the barcode of 80% of all products in the supermarket to receive information about its content.<sup>15</sup> This sort of simple, yet useful solutions can therefore improve prevention and access to health.

Used as part of more complex care patterns that could also for instance include the medical devices to monitor key health indicators and telemedicine, such solutions can improve care continuity and prevention and overall access to good health. The French teachers' mutual MGEN and Belgian mutual Solidaris use Vivoptim, the eHealth programme Vivoptim. It is designed to prevent and deal with cardiovascular risk through a set of individually tailored services, using digital tools and connected devices.

However, apps-powered prevention activities can only be supportive of face-to-face interventions with relevant healthcare professionals who are the ones to ensure adherence to treatment and proper follow-up. It is also important to ensure that patients have an appropriate level of health, as well as of digital health literacy. Patient empowerment is positive, but we have seen previously in this paper that it can sometimes be hard for patients to have the relevant information to find the quality digital product that they need. Mutuels, because of their role in the local community and their constant contact with their affiliates, can be sounding boards for good and healthy habits and can help bridge health inequalities. In addition, not everyone has the will to use, or access to digital tools and there must always be a non-digital access to health services. In 2017, 87 % of European households had access to the internet from home.<sup>16</sup>

**The European Commission and Member States should take into account the potential of digital healthcare to help with the shift to preventative healthcare. We therefore believe that the European joint action on health-technology assessment should appraise digital interventions, in order to help ascertain their economic relevance.<sup>2</sup>**

#### Including mutuels in future technology developments

AIM has noted that the European Commission is already looking into new technological developments such as blockchain. Defenders of the blockchain say that such a technology could improve transparency, security, reliability of patient data. We observe this development with high interest as we see that there can be practical uses in some sections of healthcare. We however call for a cautious reflection over the topic and ask the European Commission not to take any decisions to adopt any of these technologies as part of the implementation of European legislation, before the impact of such technologies, as well as the specific content and the scope of the objectives of the legislation have been sufficiently well described.

**The European Commission and member states should take into account the potential of new technological developments and include as early as possible healthcare insurers in the policy reflection about how to deal with them, in order to make sure that new technological advances can help keep the core principles of quality, universally accessible, sustainable and solidarity-based healthcare systems.**

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<sup>15</sup> App voor gezondste (of minst ongezonde) keus in de supermarket, NOS, 5 January 2018

<sup>16</sup> Households - level of internet access, European Commission – Eurostat, 2018