The importance of digital health

Via Zoom, 28th January 2021 16:30 – 18:00
EXECUTIVE SUMMARY

Following up on one of our five Business at OECD recommendations on health to the OECD, we convened a virtual roundtable on digital health moderated by Ali Karami-Ruiz, Senior Director, Strategic Engagement and Communications, Business at OECD.

The roundtable aimed to discuss how multi-stakeholder collaboration could drive greater sustainability of health systems, using digital and new technologies in disease prevention and control, including integrated care approaches. Participants and speakers also discussed what role the OECD could play towards this goal and explored how we can create the right conditions to maximize the benefits of digital opportunities on health.

The following key messages are highlights from the speakers of the roundtable.
Since the COVID-19 crisis started in March 2020, the uptake of digital health solutions increased dramatically. Also, teleconsultation, remote monitoring of patients, and self-care via apps or virtual care teleconsultations have boomed over European countries.

New digital solutions such as Artificial Intelligence show that collecting and sharing data is becoming crucial for research. Countries have adopted several solutions including conditional or temporary approval of teleconsultation in Belgium.

We issued recommendations for future OECD work on health in June that we must further discuss today with OECD and its Member States in order to implement them in a timely manner.
A digital transformation can help meet the changing needs of patients and the public. Intelligent use of data and digital technologies can achieve many things, namely: improving the safety and quality of care, enabling performance measurement and reductions in wasteful spending, allowing faster response to public health emergencies, empowering people to be at the centre of their care, helping to target high-needs and high-risk patients, and driving research and innovation. And yet, despite the promises, and despite progress since COVID-19, the health sector remains “data rich but information poor”, with significant structural barriers to a true digital transformation of health and health care.

Technological barriers are not the most important impediments to building a 21st century health system. Rather, the key barriers are in the institutions, processes and workflows – forged long before the digital era. A true digital transformation in health requires political leadership and will, and bold policy reform. COVID-19 has provided a clear motivation for change.

No single country or actor has all the answers, and not all solutions will work everywhere, so international co-operation and multi-stakeholder discussion are crucial to work out how to guide the development and use of trustworthy digital technologies in health and care. The OECD is ready to play its part. We continue to compile data, analysis and recommendations on a range of topics to address the emerging health, economic and societal crisis. And, we continue to facilitate co-ordination, and contribute to the necessary global action when confronting this enormous collective challenge.
What we have learned from the pandemic is how interconnected our economic, political and social systems are. All need to act in unison to address the vulnerabilities of our health systems.

We need to continue prioritize health as a strategic investment and think how we want to allocate health investment in the future, including investing in people’s prevention. We need to think how we can drive patient outcomes and create more efficiency for the healthcare system. In that regards, we need to double down our efforts to fully unlock the tremendous potential of digital and new technologies in managing healthcare more efficiently, benefiting both the patients and the system as a whole. More work can be done to promote and accelerate the use of technologies.

We all need to join forces and play our part – governments, industry, civil society, academia – through enhanced collaboration involving both public and private actors and acknowledging that working as partners gives us the best chance to find effective and long-lasting solutions.
NHS Digital worked on increasing access to data – it allows primary care providers early on and builds systems that would allow one primary care provider to access the records of another provider. NHS Digital was able to leverage an existing citizen-facing identity authentication system called NHS login to make more people using online solutions. Health regulation in the UK has allowed NHS to bring much greater freedom of sharing data. NHS Digital has focused on, for example, getting data out to clinical research communities.

The NHS posts out COVID test kits - we built all the testing infrastructure to go online anytime and order a home test kit which will arrive in the house within 24 hours. Once you post it back, you get the results within six or seven hours of the test arriving at the lab. The NHS also recently deployed a service called "COVID oximetry at home" where we send a pulse oximeter to the people who test positive and vulnerable asking them to monitor their blood oxygen levels themselves.

Challenges:
1. Investment – continue government support regarding health care budgets and public health budgets.
2. Effective regulation – we have learned what different data regulation can enable. We should now focus on how we can use this shift towards population health management. More preventative health services rather than sickness-focused services.
3. Trust in clinical data usage - to make people comfortable and retain the public trust with broader usage of data.
4. System confidence - sense that it could digitize and transform pathways at scale ambitiously and that real radical transformation of approaches using digital and data is entirely possible and would be a successful process.
Succeeding in the delivery of more patient-centric, outcome-based virtual care depends on the active involvement of multiple actors in an open innovation ecosystem – healthcare professionals, the general population, payers, regulators and the private sector. The bottleneck is not the technology, but, in many areas, change management.

To move towards value-based care, we must remove regulatory barriers and continue to champion common platforms, interoperability and data standardization. Creating and executing on a federated, open European health data space and training and educating healthcare professionals is key.
The Commission started to meet with the Member States, through the voluntary eHealth Network, much more intensively than before in order to develop contact tracing warning apps and this enabled the development both of a common approach, to ensure interoperability, and, also the setting up of dedicated, secure infrastructure. As a result, now there are now 21 countries implementing digital contact tracing apps, and these have had over 81 million people downloading them. The experience shows how the EU can do things at speed when its needed.

The pandemic has opened the eyes of many to the potential of digital technologies. Going forward, we need to think about how to broaden the use of these tools to other priorities in the post-pandemic setting, such as cancer. At the same time, there is still work to be done to digitize health systems and develop capacity, as well as the need to strengthen the interoperability of health data both within and across countries.

In addition, a comprehensive trust framework for data protection and security is essential.
Technological barriers are not the most important ones to building a 21st century health system. The key barriers are the institutions, the processes, and the workflows. A true digital transformation in health requires political leadership and will, and bold policy reform. Covid-19 has provided a clear motivation for urgent change.

The countries leading the digital health transformation have three things in common: an overarching digital strategy; strong governance of health data; and strong institutional and operational capacity, with sufficient funding and investment in ICT hardware, and the tools and expertise to make the most of them.

International and multi-stakeholder cooperation is crucial in order to develop trustworthy digital technologies in healthcare, and to create crucial data sharing and linkages at a global level. OECD data and analysis supports this by facilitating coordination and helping countries to shift from digitalisation to a digital transformation – not as an end in itself but as a means to build more effective, efficient and people-centred health systems.
CONCLUSION

• We need to treat health as an investment and not as an expenditure.

• This event is so timely because we have seen digital and health accelerate while we still struggle with interoperability and the need for proper frameworks, but we have seen considerable progress. For example, the use of real-time global data to make progress in developing treatments and vaccines.

• The general data protection regulation, to build trust in data, is an important element to make people feel safe.

• We request OECD to study best practices for funding and supporting the uptake of digital health solutions across both OECD and non-OECD economies in terms of investments and policies and to define the roadmap of recommendation for member states.

• We need to build trust and work on data ethics principles. Compliance, building trust, and how data are used, are important elements.

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Chair, Business at OECD, Health Committee
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