Throughout 2017, in the European Union there have been a number of public consultations on pressing topics around digital health and care. All the key themes are extremely relevant at European, national and regional levels. EHTEL’s members have focused on three key issues:

- Citizens’ empowerment and their online access to health and care data.
- Continuity of care and interoperable service implementation.
- Digital transformation management and governance.

The opinions expressed result from members’ own experiences in the field; their lessons learned in European co-financed projects; and work in a series of EHTEL-organised working groups and task forces. These orientations are core elements of EHTEL’s work and members’ expertise.

**Citizens’ empowerment and on-line access to health and care data**

EHTEL members take the stance that:

- **Appropriate and meaningful support** services need to be on offer from the systems and services that citizens use.
- Indeed, **meaningfulness** is a key principle.
- Meaningful support is even more important since citizens will increasingly rely on self-monitoring technologies, on smart messaging services, and on remote monitoring systems.

Emphasis needs to be put on:

- Citizens getting an appropriate **education and training**; receiving on-line the context-related **information** that they need; being able to **manage and enter their own health and/or care data**; being able to **have trust in the individuals and teams** that undertake such services on people’s behalf; and these **services** themselves being sufficiently **trustworthy**.
- People – and especially **older adults** – may need help to mature their skills and competences in various fields of digital and health **literacy**. These are skills that must be built up **society-wide**.
- Members of **workforces** employed in a wide range of services need appropriate training on digital health use. It is for this reason that EHTEL has strongly supported the EU*US eHealth Work project throughout 2016-2017.²

**Continuity of care and interoperable service implementation**

EHTEL members take the view that:

- The **topic of people in ageing societies** needs to be better reflected in this whole field of work around continuity of care and interoperability.

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¹ These services may be as comprehensive and far-reaching as online banking, online housing or dwelling services, and online travel arrangements. This type of spread of services is under investigation in the PROGRESSIVE project: [http://platform.progressivestandards.org/](http://platform.progressivestandards.org/)

² [http://www.ehealthwork.eu/](http://www.ehealthwork.eu/)
• Civic society organisations and people’s representation need to be involved in both the design and implementation of standards and interoperable solutions. The importance of this key success factor has led to EHTEL’s support of the PROGRESSIVE project.  

• Care needs to be continuous from the early stages of people’s lives to the end of their lives, and there needs to be systematic connectivity between both horizontally and vertically-linked services, across health and care and wider.  

• Activities on developing interoperable solutions from clinical and semantic standpoints need to be better known to civic society.  

• Legacy issues remain critical implementation challenges to address. Legacy exists on the organisational, procedural, and technical levels. As a result, up-to-date technology can fail and it may take extra efforts to connect.  

• Business modelling techniques can help significantly to sustain initiatives that aim at developing interoperable solutions. Hence throughout 2017, EHTEL has worked closely with the ValueHEALTH project.  

**Digital transformation management and governance**

EHTEL members consider that:  

• Believing in the digital transformation of health and social care systems and services is one thing, but stronger efforts are needed to translate that belief into a real commitment, and to implement new ways of working to deliver real progress.  

• Good governance and change management strategies are cornerstones to ensure that these changes take place effectively. Tools and methods are instrumental in building capacities, but need to address the specificities of the multi-disciplinary environments of health and social care. In this way, actors in the field will contribute to, indeed drive, digital transformation. A key example for involving actors is the SCIROCCO tool for scaling-up integrated care in context.  

• Yet numerous other examples of tools can facilitate a shift from one service readiness level to the next. Many of these shifts should focus on facilitating the expression of the demand side of health and care. Dashboards, platforms, and repositories, among others, can all assist with this. Identifying and applying good incentives too are key.  

**Next steps**

EHTEL – the European Health Telematics Association, an association whose 50+ members are actively planning and implementing innovative services and practices in the field of digital health – is focusing increasingly on Thought Leadership activities and tasks. Upcoming publications include opinion pieces, short reports, and position papers on e.g., the use of chat facilities integrated in electronic health records.

EHTEL’s members are keen to exchange knowledge not only among themselves, but with the wider European and international communities. To get more involved in these activities or to know more about them, contact the association through: [https://www.ehtel.eu/contact-info](https://www.ehtel.eu/contact-info).

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5 [www.united4health.eu](http://www.united4health.eu)
6 [http://www.valuehealth.eu](http://www.valuehealth.eu)
7 [http://www.scirocco-project.eu/](http://www.scirocco-project.eu/)
8 [https://ec.europa.eu/eip/ageing/home_en](https://ec.europa.eu/eip/ageing/home_en)
9 [http://www.valuehealth.eu](http://www.valuehealth.eu)