

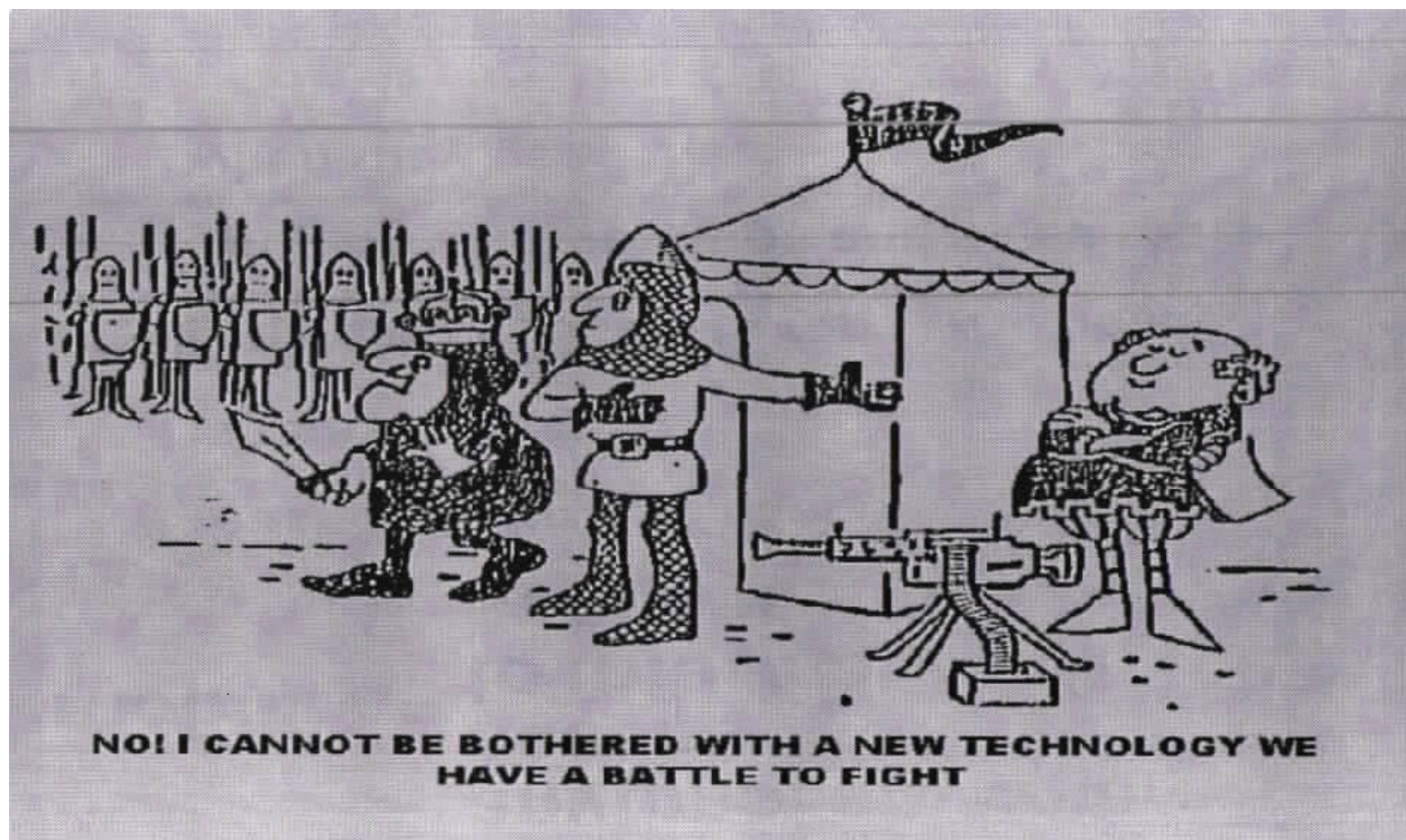
# **Convegno Annuale AISIS**

**Mobile Health:  
innovazione sostenibile per una sanità 2.0**

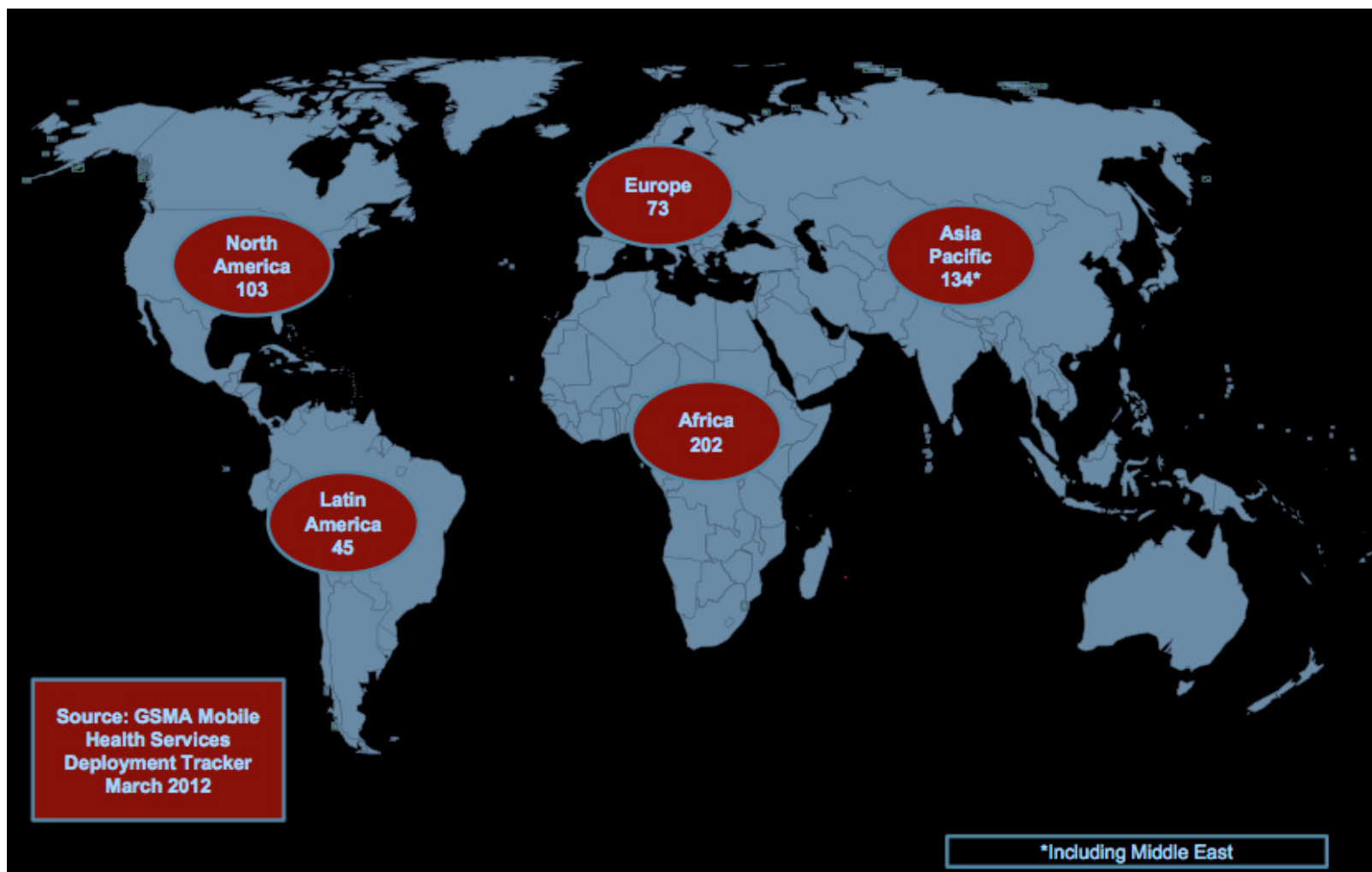
**Mobile Health in Europe:  
A sustainable approach to better health services and  
patient value?**

**Roma, 30 ottobre 2014  
Radisson Blu es. Hotel**

## Implementing mHealth: technology alone is not enough



## mHealth deployment worldwide



## Healthcare is still working in silos

**Hospital Care    Physician Care    Emergency Care    Outpatient Care**

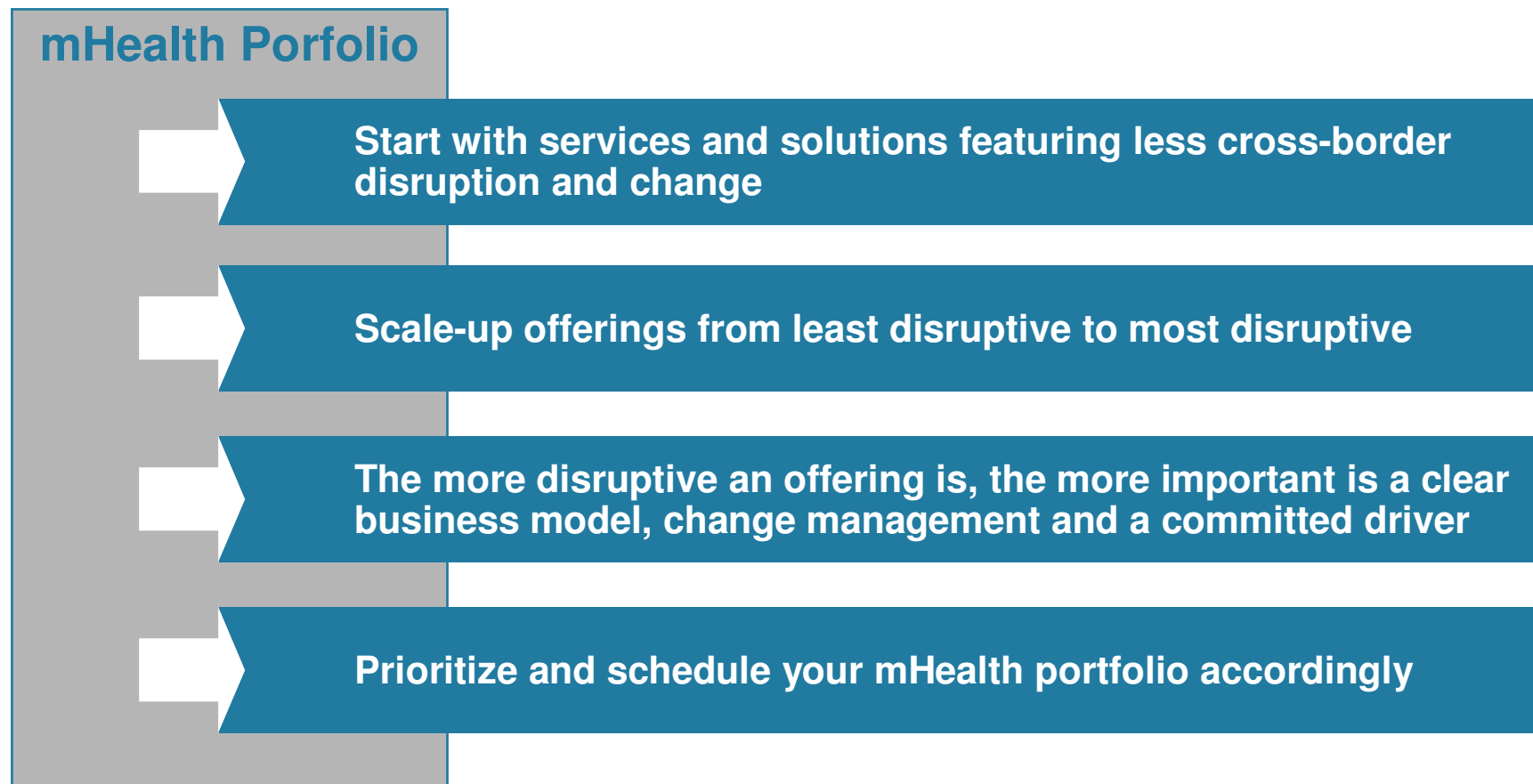
No cross-border workflows, processes, no data exchange and access

Absence of legal and regulatory frameworks, e.g. for liability

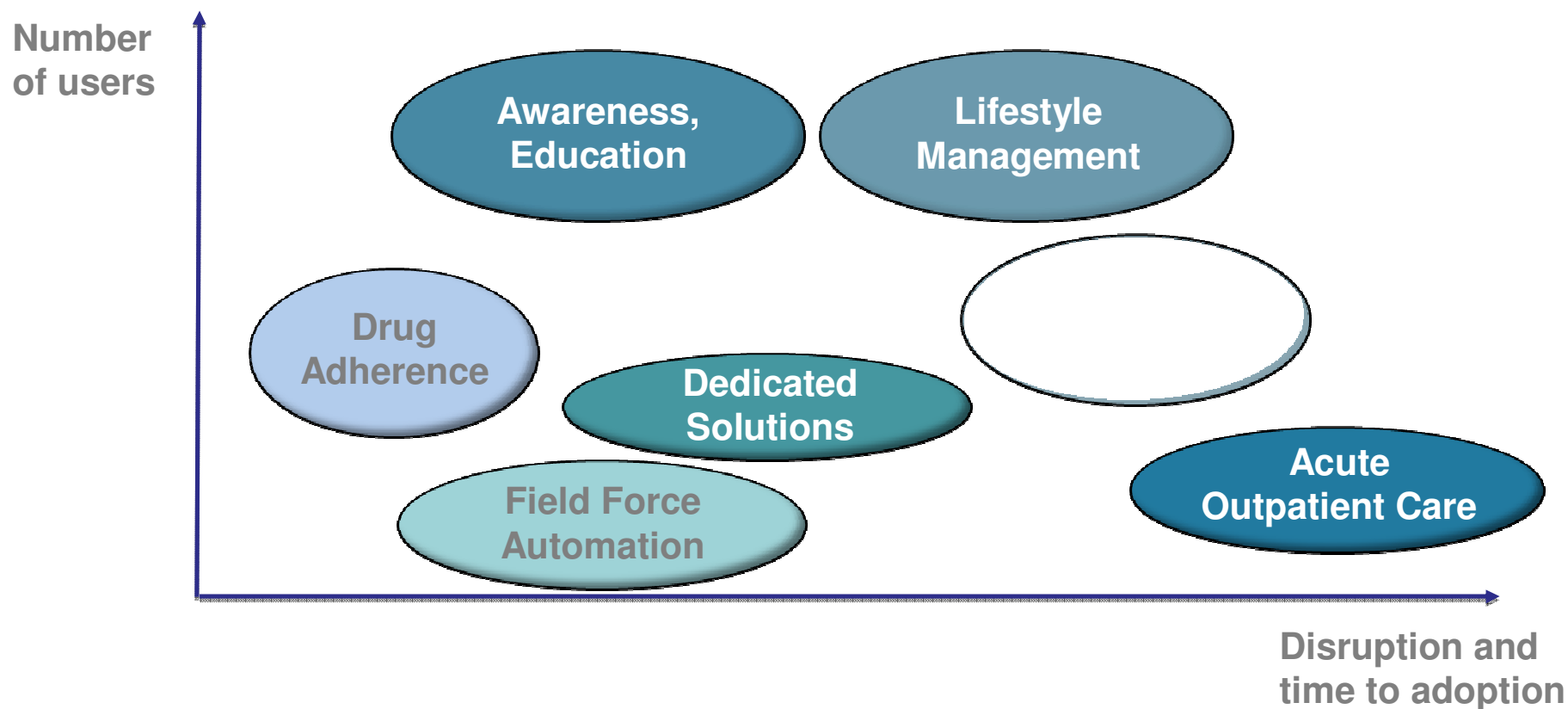
Missing health-economic validation and bench-marks

No incentives for providers, payers and patients to use e-/m-health

## mHealth will break down care silos and lead to disruption

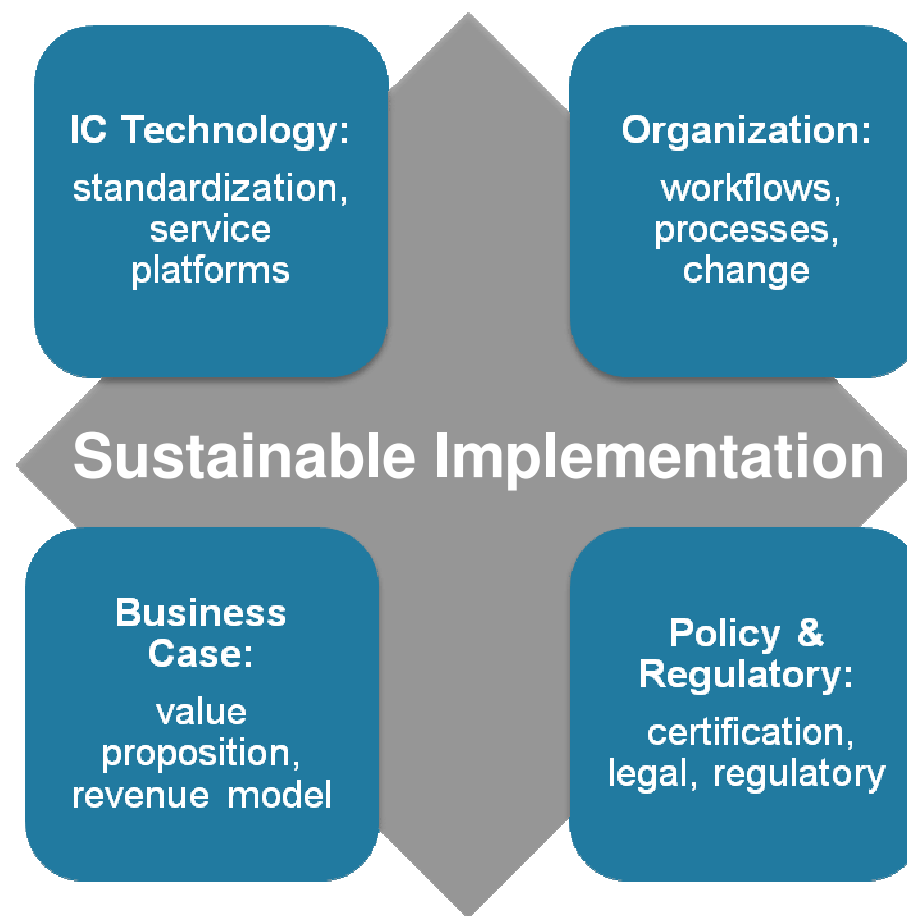


## Manage disruption and prioritize your mHealth portfolio accordingly



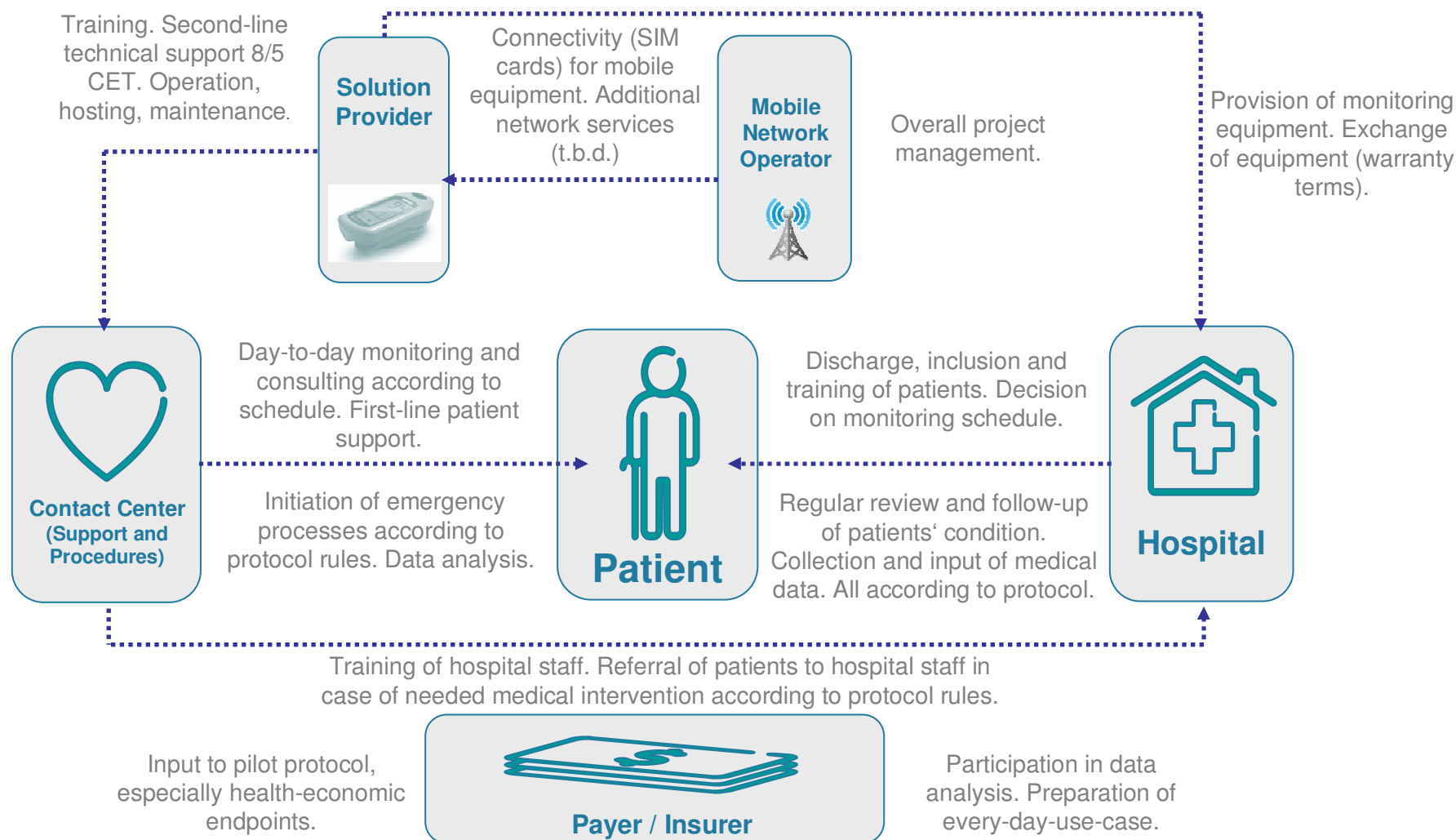


## What else to bear in mind?



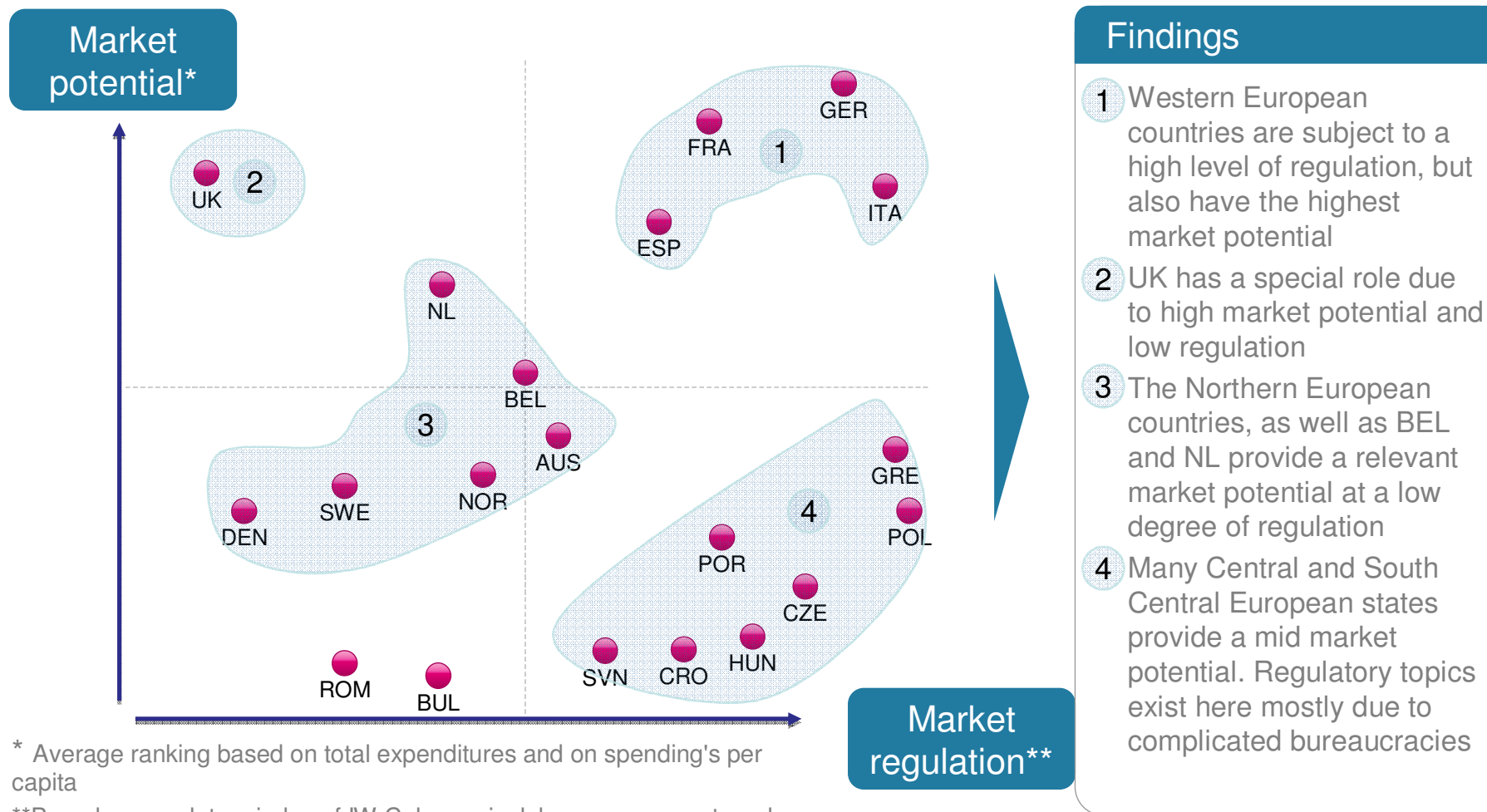
Source: HealthActiveConsulting

## Define key processes and value chains





## Healthcare operates in regulated markets

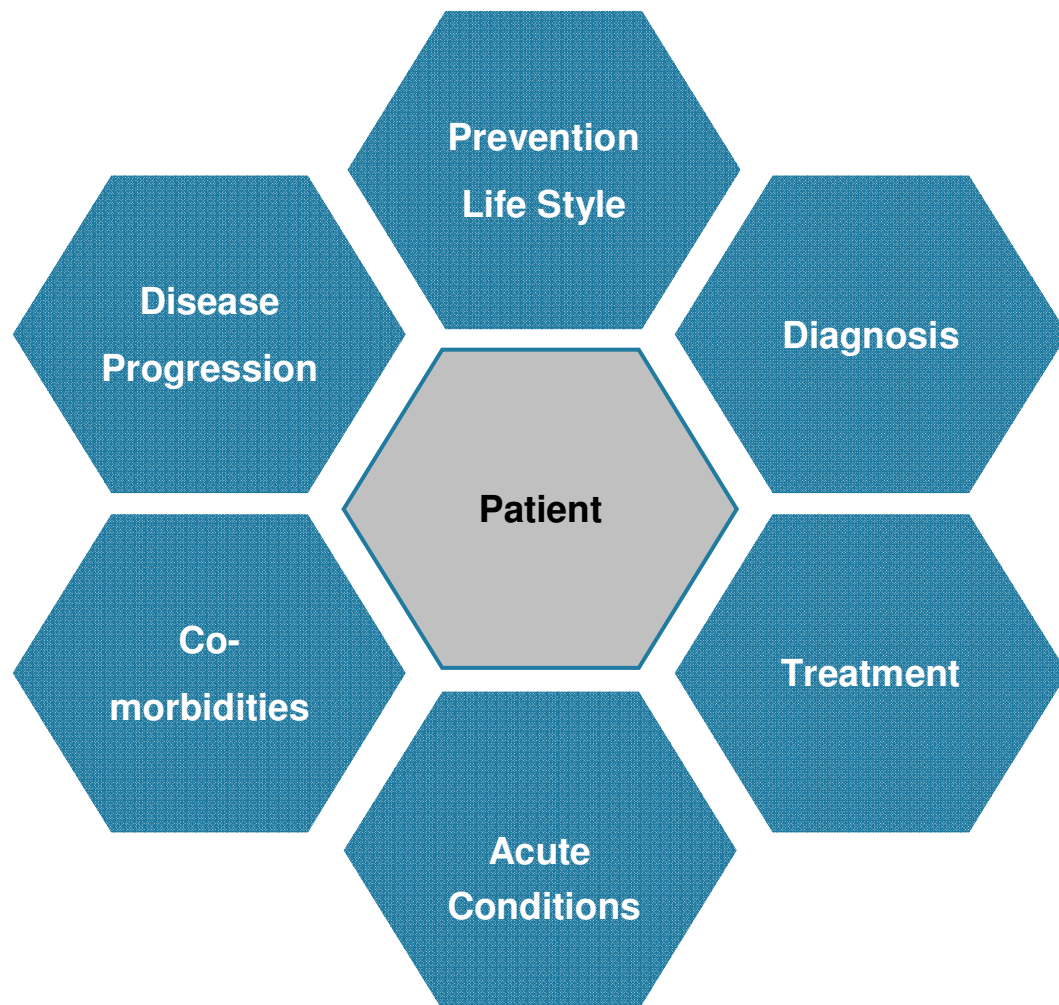


\* Average ranking based on total expenditures and on spending's per capita

\*\*Based on regulatory index of IW Cologne, incl. bureaucracy, external factors, conditions, etc.

Sources: OECD 2012, Institut der Wirtschaft Köln 2012, Greenwich Consulting

## Is there a benefit for the patient?



### **Develop patient trails**

- The journey a patient with a disease goes through
- Patient population
- Stakeholders involved in the trail

### **Identify the pain points**

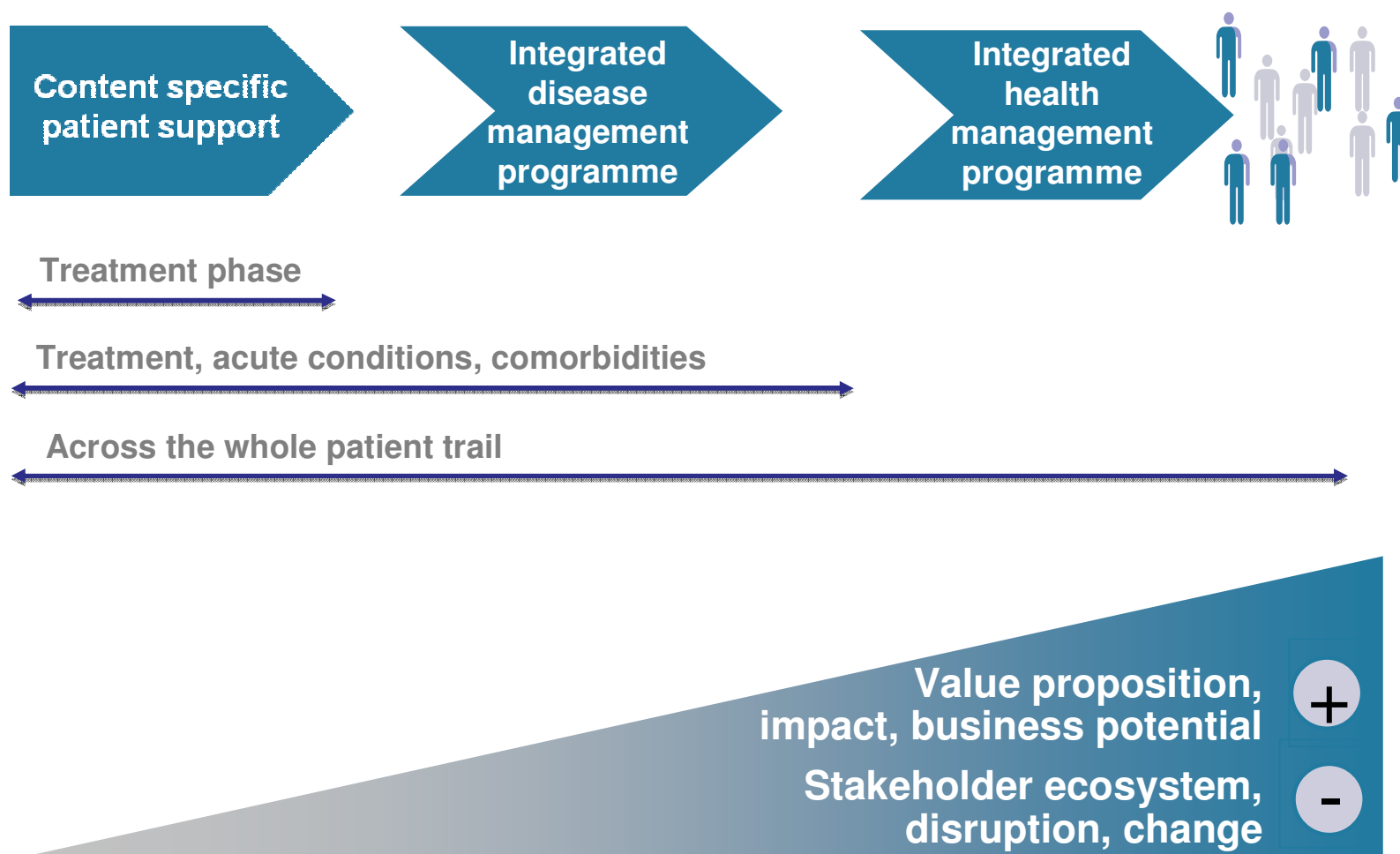
- Patient and healthcare system pain points along the trail

### **Identify resulting opportunities to address with mHealth**

- Products, services

### **Identify needed stakeholders to implement services**

## Different mHealth service options for mHealth providers and stakeholders



## Whole System Demonstrator Project UK

- Largest randomised control trial of telehealth and telecare in the world
- Goal: provide a clear evidence base to support investments in telehealth and telecare
- Running between May 2008 and September 2010
- 6,200 patients and 240 GP's across 3 sites (Newham, Kent, Cornwall)
- Patients included suffered from either Diabetes (26%), Heart Failure (27%) and COPD (47%)
- Trial period for each patient was 12 months
- Total project costs: GBP 31 million

## Whole System Demonstrator Project UK - Results

- 15% reduction in accident & emergency visits
- 20% reduction in emergency admissions
- 14% reduction in (non-emergency) hospital admissions
- 14% reduction in hospital bed days
- 8% reduction in tariff costs
- **45% reduction in mortality rates**

## Recommendations

- **Manage disruption:**
  - Prioritize your portfolio of mHealth products and services
- **Properly address the value chain:**
  - Identify the main stakeholders **driving** implementation, beneficiaries and budget owners
- **Establish a sound business model for all value chain members**
- **Come up with end-to-end solution and service offerings:**
  - Processes, workflows, system integration
- **Generate sound validation data and involve clinicians in defining goals and endpoints**



11-12 MAY 2015 INTERNATIONAL EXHIBITION CENTRE KIPSALA RIGA, LATVIA

IN CONJUNCTION WITH



# ENERGIZING THE MHEALTH AGENDA IN EUROPE

## OVERVIEW AND TOPICS

Riga, May 11 & 12, 2015

[www.mhealthsummit.eu](http://www.mhealthsummit.eu)



**Thank you**



Rainer Herzog  
Managing Director

HIMSS Europe GmbH  
[rherzog@himss.org](mailto:rherzog@himss.org)