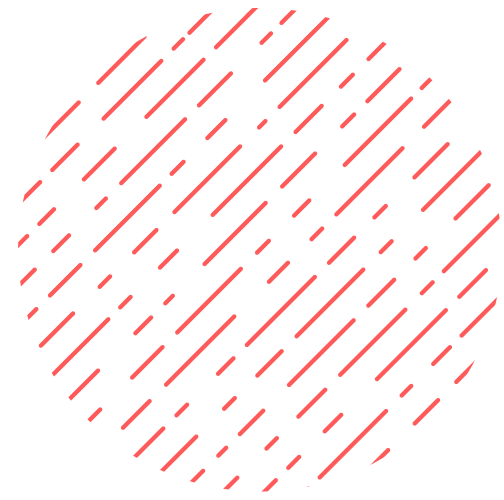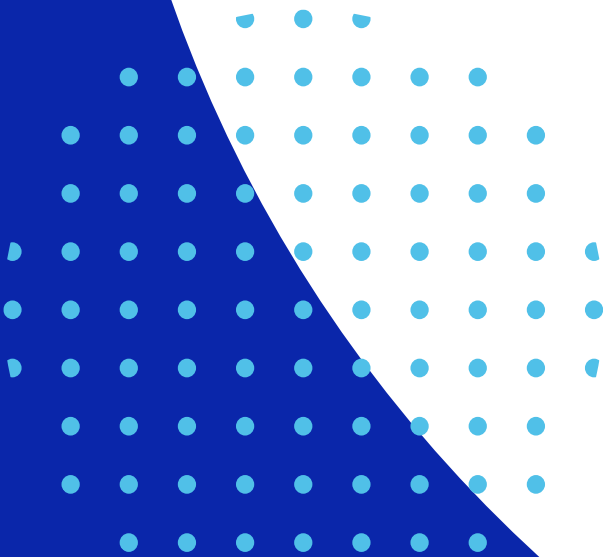# Ministry of Social Affairs and Health Finland & HIMSS Report DHAGE Workshop

Digital Health Advisory Group for Europe – call for action and cooperation in Europe

Digital Health Advisory Group for Europe – call for action and cooperation in Europe

On 3 September 2020, the Digital Health Advisory Group for Europe (DHAGE) organised a High-Level Workshop to propose European cooperation solutions in the context of the response to COVID-19 challenges.

The workshop took as its starting point the strategies proposed by the European Commission and the World Health Organization, which seek to take forward digitisation and the use of data in healthcare. But the COVID-19 pandemic has recently taken over many priorities and propelled the digital transformation at a speed thought unthinkable.

The workshop brought together 33 high-ranking officials from 18 countries and international organisations: Denmark, Estonia, Finland, Germany, Israel, Italy, Netherlands, Portugal, Russian Federation, Sweden, Business Finland, European Commission, HIMSS, Nordic Council of Ministers, OECD, SITRA, the United Nations and the World Health Organisation.

Päivi Sillanaukee, Ambassador for Health and Well-being of Finland, said: "In this time of a global health disaster, our responsibility for producing results is even higher. We need to make sure that all international organisations work together and national governments are joining their forces."

About DHAGE

The Digital Health Advisory Group for Europe activities build on the work of the HIMSS and Health 2.0 European Conference Advisory Council established in 2019. The group's aim was to promote inclusion of policy priorities and topics relevant across all European countries in the annual European conference by the Healthcare Information and Management Systems Society.

The inaugural meeting identified a set of five underlying challenges: Integrating health and social data; Interoperability governance; Marketability of products & creating new services by utilisation of data; Artificial Intelligence; and Digital skills of the workforce, patients and citizen.

The new composition, DHAGE, involves a wider group of key decision-makers in Europe and the focus is placed on strengthening European cooperation and facilitating synergies between the work of the European Union, the World Health Organization, their Member States, HIMSS, and key stakeholders in the context of the upcoming HIMSS conferences in 2021 and 2022.

The Digital Health Advisory Group for Europe is the new forum for discussing digital health between high-ranking officials from international organisations and national governments. It brings them together in a confidential environment that is conducive to lateral thinking and bringing up new ideas.

DHAGE is supported by the Ministry of Social Affairs and Health of Finland and HIMSS, the organisers of the workshop.

The Workshop

The Workshop, that took place online focused on the acute priorities of managing and exiting from the pandemic by examining three COVID-19 related challenges:

1. Nurturing the on-going digital transformation of healthcare sped-up by the COVID crisis

2. Creating digital tools for managing the COVID epidemic and preparing for future health threats

3. The framework for cross-border exchange of health and social data post-COVID-19

The workshop's objectives and scope were:

- Explore key challenges in digitising healthcare in the context of the pandemic and its implications on the use of health and social data for prevention, public health, clinical and research purposes

- Identify short-term, middle-term and long-term cooperation solutions in light of the plans put forward by the European Commission and the World Health Organisation

- Promote the cross-fertilisation and cooperation of international organisations active in Europe in the area of digital health

# 01 WHO, OECD and EU Strategies for Digital Health

Clayton Hamilton (Unit Leader, E-health & Innovation Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe) reflected on how the pandemic had underlined the importance of timely access to vital health data in support of an informed, consistent, and measurable health system response.

WHO Regional Office for Europe has developed a landscape analysis that describes the variety of digital applications and innovations in COVID-19, from prevention to recovery.

WHO/EURO is preparing a Digital Health Flagship that aims to:

1. **Accelerate digitisation of health systems and public health**

2. **Strengthen governance of data for health through an international data governance charter and supporting European interoperability**

3. **Develop partnerships, including those in relation to preparedness and response, to address equity in access**

Digital health employed during the COVID-19 pandemic

Digital health in the context of COVID-19
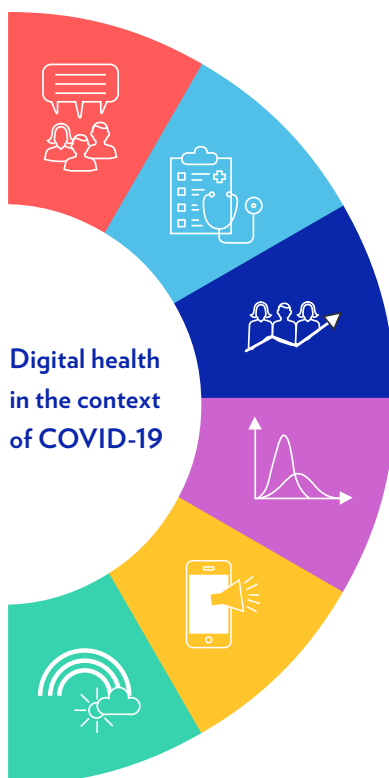
Awareness, prevention & tracking

- DASHBOARDS, INFORMATION APPS, WEBSITES AND MAPPING UTILITIES
- SOCIAL MEDIA BASED CHATBOTS AND COMMUNITY FORUMS
- PUBLIC: HEALTH DATA SURVEILLANCE (CONTACT TRACING AND CASE MANAGEMENT)
- FORECAST UTILITIES

Diagnosis & diagnostics

- SYMPTOM ASSESSMENT APPS & ONLINE UTILITIES
- REMOTEMONITORING OF VITAL SIGNS (INCL. USING SMARTPHONE CAMERAS)
- AI-POWERED OT IMAGING INTERPRETATION TOOLS
- TEMPERATURE BASED DIAGNOSTIC IDENTIFICATION FOR BORDER CONTROL

Managing contacts to health system

- TELEMEDICINE TELECONSULTATIONS
- TRIAGE CHAT SERVICE & CHATBOTS
- EPRESCRIPTION CHANGES TO STREAMLINE ACCESS TO ESSENTIAL MEDICINES

Surge capacity management

- ICU SURGE SIMULATION TOOLS
- INVENTORY RECOURCE MAPPING & SUPPLY CHAIN MANAGEMENT TOOLS
- ELEARNING PLATTFORMS FOR HEALTHCARE WORKER ORIENTATION

Protection, testing & research

- SELF-MANAGEMENT ANS VOLUNTARY REPORTING TOOLS
- ROBOTS (DISINFECTION, ISOLATION WARD COMMUNICATION AND COMPANION, MEDICAL WASTE TRANSFER)
- SUPPORT TO ACCELERATED TESTING REGIMES
- AI SUPPORT TO ADAPTIVE CLINICLA TRIALS

Recovery and Reestablishment

- RECOVERY CERTIFICATION UTILITIES
- AR-BASED TEMPERATURE MONITORING IN PUBLIC SPACES
- DIGITAL PROXIMITY TRACING UTILITIES

Source: WHO

Hamilton underlined the need for long-term investments in digital health. The current pandemic response is a challenge but also an opportunity to catalyse preventative models and strengthen future response – an investment in "two sides of the same coin".

Mark Pearson (Deputy-Director for Employment, Labour and Social Affairs, OECD) noted that the pandemic exposed the lack of data availability for health system governance. Reporting of real time data is low among OECD countries, and "real time data" still often means several days of transfer in health care settings. On the other hand, an informal survey reveals that 83% of OECD countries reported that COVID-19 has led to a more timely data collection. In short, despite progress, challenges remain.

Pearson pointed to the potential for better use of the current data and information systems: for example, COVID-19 contact tracing mobile applications exist in at least 23 OECD countries but in many of these, the coverage remains low. Strengthening the understanding of the importance of data and its application among the public is central.

There is room for more coordination and cooperation on cross-border health and social data exchange. Whilst the degree of adoption varies across sectors, in some areas such as cancer research, previous results from cross-border exchange of health and social data are encouraging.

Martin Dorazil (Deputy-Head of Unit covering European Reference Networks and Digital Health, Directorate-General for Health and Food Safety) reminded of European Commission's Digital Single Market Strategy (2017) and the Commission's work towards European Health Data Space (EHDS).

The EHDS aims to support better healthcare, policies and R&D&I and will require clear data governance and rules, good quality data, interoperability and infrastructure, as well as technical capacity building. Dorazil gave an overview on the variety of EHDS areas of work across the goals and enablers. An example is the framework and joint efforts on COVID-19 contact tracing mobile apps.

Dorazil noted the need to prepare for future pandemics and other health threats and the importance of accelerating discussion in this area. The new EU4Health proposal includes specific objectives on digitisation.
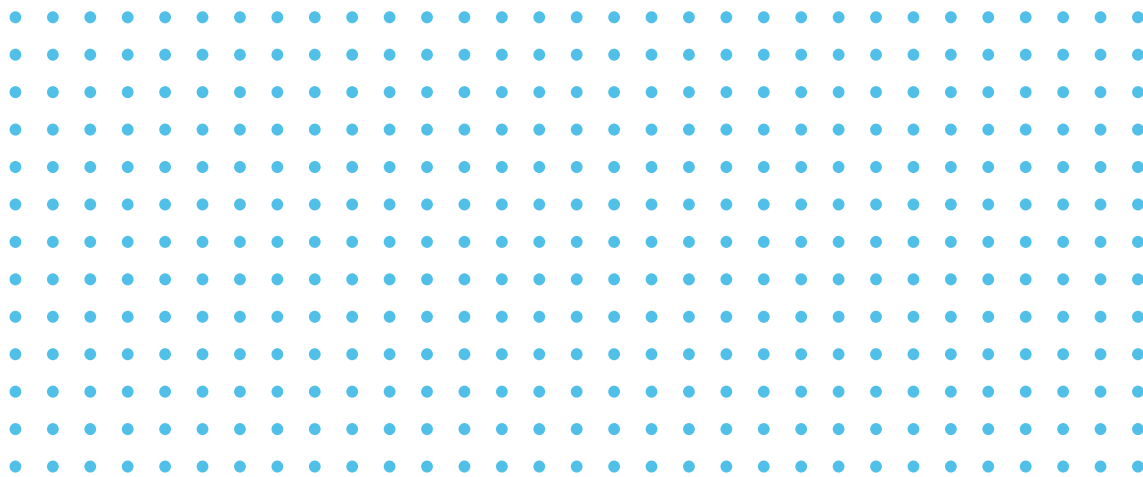
The conclusions

The need for "just-in-time" information for pandemic preparedness sets new challenges to organisations and countries working together. Historically, the change has often come from practical problems that need to be solved. Practical cooperation and high-level strategies support each other.

The need for "guardrails", common frameworks for cooperation along agreed principles over a long period of time, and supporting the key role of international organisations within these frameworks is of paramount importance .

To achieve harmonisation, the first step requires putting all challenges and inventory of solutions on the table. Such a holistic approach may show that the right partners and tools already exist. The next step, implementing solutions, has to go hand in hand with the process of gaining public trust.

The crucial importance of trust by both those who own and those who use the data cannot be underestimated. GDPR has brought improvements but also left some challenges, notably in relation to variances in its interpretation that are ever more so pressing in the health data realm.

The following key issues of prioritisation were raised:

1. **More harmonised interpretations of agreed sets of rules;**

2. **Recognition of the need for wider and better use of information and technology by healthcare professionals; and**

3. **Progress across areas from governance and regulation to data quality, interoperability, and capacity building.**

Update on secondary use of data: the first year of Findata

Findata is an independent authority with its mandate based on the Act on Secondary use of Health and Social Data that was adopted in Finland in 2019. The aim of the Act is to streamline and secure secondary use of social and health data. Findata can grant secondary use permissions to data collected in social and healthcare in primary use, national registries, and population studies. It collects and links the data and maintains a secure environment.

Since its official launch in April 2020, Findata has received 190 applications, resulting in a total of 85 decisions. Currently, COVID-19 related applications have been prioritised in the process. The top 10 of data controllers include research institutes and national authorities, university hospitals, cities as well as private sector service providers.

By Johanna Seppänen, Director of Findata, the Finnish Health Data Permit Authority
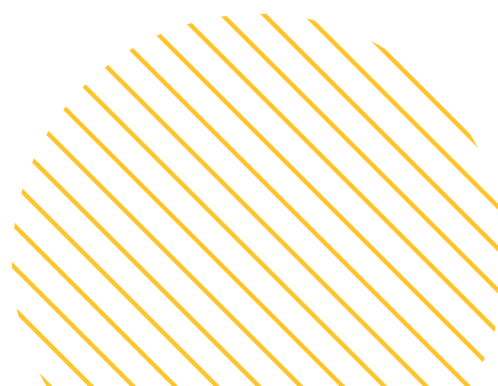
02   *The Round Tables*

TABLE 1

Nurturing the on-going digital transformation of healthcare sped-up by the COVID

Moderator   Päivi Sillanaukee, Ministry of Social
Affairs and Health, Finland
Facilitator   Petra Wilson, HIMSS

International policy-makers need to facilitate a sustainable digital transformation in healthcare to make sure that successful digital solutions triggered by COVID-19 will benefit entire populations across communities and countries. Table 1 covered the challenges as well as best practices at the policy level that can help to extend the use of evidence-based digital solutions to mainstream care and make temporary solutions permanent.

In focus

CHALLENGES
How to make sure that successful digital solutions triggered by COVID will be future proof in order to benefit entire populations across communities and countries during this crisis time as well as be used and sustainable afterwards?

BEST PRACTICES
How have countries harnessed this momentum of change and adjusted policies and practices to extend the use of evidence-based digital solutions to mainstream care and making temporary solutions permanent?

CALL FOR COLLABORATIVE ACTIONS
Which are the most pressing issues that require collaboration and how international policy-makers can facilitate a sustainable digital transformation in healthcare

The conclusions

First, there is an urgent need to get infrastructure right for the long term – the pandemic has accelerated developments but its approach has been "quick and dirty". For example, different solutions on data and infrastructure of the tracing applications have provided different results. It would be important to analyse these.

Second, there is a need for new and adapted legislation. In some countries, emergency legislation has been adopted to allow teleconsultation. Legislation on health care is not necessarily fit for purpose and this has been highlighted in a crisis. GDPR interpretation and implementation varies.

Third, it is also necessary to invest in skills and literacy, with continuous adaptation as needed.

Fourth, there is a need to think of reimbursement structures, in particular when it comes to preventative measures.

Fifth, communication of the benefits is essential, but instead of "at", "with" people.

Six, all comes down to trust, and it has to be earned.

"Through COVID-19 we have developed a hunger to do things differently, now we need to feed it".

TABLE 2

Creating digital tools for managing the COVID epidemic and preparing for future health threats

Moderator Paula Lehtomäki, Nordic Council of
Ministers

Facilitator Charles Alessi, HIMSS

Creating and upscaling the best digital tools that have the capacity to contribute to population health management beyond tackling certain aspects of the current pandemic will be key for the future. Table 2 shed light on best practices in nurturing multi-stakeholder collaborations to drive innovation from development to deployment in a way that communities across borders can enjoy the benefit of the latest technologies.

In focus

CHALLENGES
How to identify and upscale the best digital tools that have the capacity to contribute to population management, also beyond managing certain aspects of the current epidemic?

BEST PRACTICES
What are the most important enabling factors that helped to fast track digital tool development and deployment which should be recognized and enhanced for the future?

CALL FOR COLLABORATIVE ACTIONS
What more or what else decision-makers can do to nurture multi-stakeholder collaborations in order to promote innovation in a way that best the solutions can be easily adopted across communities and countries?

The conclusions

The tremendous challenge of managing the pandemic has clearly shown the need for nations to work collegiately and the necessity of cooperation and partnership both within and between nations. It has pointed to new possibilities to work with the voluntary and the private sector. At the same time it has highlighted the importance of dialogue with the public – all the plans around the use of data and digital transformation rely on a significant level of trust existing between providers of care and governments and citizens. Also in these arenas, areas around cybersecurity and safety both for carers and for patients must remain high in the terms of priority for implementation and deployment.

In Europe, there is already a high level of shared taxonomy based on national healthcare systems but also a shared understanding on the use of data, and this could potentially present an opportunity to deploy a tangible initiative. One idea which was aired was the potential for participants to select a common area of interest to be worked up by the group and for this to be developed with a view to deployment. Progress would be regularly assessed to ensure that the group produced a tangible product.

Overall, it was clear that the pandemic has steered digital health in a positive direction.However it develops from here on, the requirements to retain the trust and engagements of citizens is essential as well as the need to maintain the right of privacy and the need for robust data security.

TABLE 3

Building the framework for cross-border exchange of health and social data post-COVID-19

Moderator Antti Kivelä, Sitra
Facilitator Tapani Piha Ministry of Social Affairs and Health

Some European countries are already exchanging health data or are in the preparation phase of doing so, however, the current health crises highlighted the need for a more robust approach to create international governance structures and rulebooks that ensure a secure way of capturing health and social data. Table 3 reviewed existing structures and projects that can be built upon in creating synergies which will allow more countries to exchange data in the future.

In focus

CHALLENGES
How to create international governance structures and rulebooks that ensure a secure way of capturing health and social data that can flow across borders?

BEST PRACTICES
What best existing structures and projects can be built upon that proved to be successful in facilitating cross-border data exchanges prior to and during the current pandemic?

CALL FOR COLLABORATIVE ACTIONS
How to create synergies among regional and European initiatives that allow further use cases to be developed and more countries to exchange data among each other?

The conclusions

First, GDPR is a key building block to rely on. It has prompted good examples and national implementations, such as the French Health Data Hub and Findata. However, where GDPR's purpose was to support data movement in Europe, its interpretation differs between countries, even within countries. Piecemeal harmonisation of its implementation will not work and ambitious political moves are necessary. A possibility could be to explore an idea of going much further, with Codes of Conduct and even a "GDPR 2.0 for Health".

Networking of agencies designated as guardians of health data in EU Member States that facilitate access to data could also be strengthened.

Second, EHDS needs to take into account the increasing amount of data that citizens hold in addition to data in the healthcare system. EHDS has to accommodate the different data sources and work with partners, including with private companies.

Third, ensuring funding is necessary at the European level to help fuel partnerships and cooperation across countries. European funding can serve to fuel partnerships but these must be at European level.

Fourth, the EHDS could learn from other sectors such as banking and telecommunications that have previously transitioned towards common standardised approaches.

Fifth, a form of a coaching system between countries at different stages in their developments could help elevate countries to the same level and make sure no one is left behind. This is a space where multilateral organisations play an important role.

03 *The Calls to Action*

The COVID-19 pandemic has underscored the importance of wellbeing and health for our societies, the importance of interlinking different sectors, and the power of digital tools in the society, not least in the health sector. Many of these issues were already highlighted in the Economy of Wellbeing, an idea pioneered by the Finnish Presidency of the EU last year. It is our duty to continue building on the momentum for digital transformation created by this human catastrophe to build a society, which takes the wellbeing of all into account.

The workshop's main calls to action can be summarised:

1. There is an urgent need to get infrastructure right for the long term, new and adapted legislation, reimbursement structures, in particular when it comes to preventative measures. The pandemic has accelerated developments but the approach has often - by necessity - been "quick and dirty".

2. Nations need to work collegiately, cooperation and partnership both within and between nations is necessary, including the voluntary and private sectors. A form of a coaching system, supported by international organisations, between countries at different stages in their developments could help elevate countries to the same level and make sure no one is left behind.

3. The European Health Data Space must be created with ambition: possibilities in the secondary use of health data should be explored much further, using Codes of Conduct and even creating a "GDPR 2.0 for Health". The EHDS needs to take into account the increasing amount of data that citizens hold in addition to data in the healthcare system.

4. There is a need to invest in skills and literacy for digital health and data as well as in a dialogue with the public.

Working in a virtual way

COVID-19 has also changed our way of working as administrations. We are now making the best use of new technologies in international collaborative workshops and meetings. The workshop demonstrated how the new, virtual working method is successful, without losing the innovative drive or cooperative spirit.

Commitment to cooperate within DHAGE

Closing the workshop, Päivi Sillanaukee, for Finland, and Hal Wolf, for HIMSS, praised the work of the members of the Digital Health Advisory Group for Europe and the participants at the workshop, which showed how cooperation can be taken to a new level.

They underlined the importance of the future work of DHAGE: Finland and HIMSS are committed to organise further meetings of this group, at different levels, to take the process of digital transformation further.

As the Digital Health Advisory Group for Europe, we aim to show results from our work and activities on the next HIMSS and Health 2.0 European Conference in 2021 in Helsinki, Finland.

04 *Participating Offices*

Danish Regions, Denmark

Ministry of Social Affairs, Estonia

Ministry of Social Affairs and Health, Finland

Federal Ministry of Health, Germany

Ministry of Health, Israel

National Institute of Health, Italy

Ministry of Health, Welfare and Sport, The Netherlands

Shared Services Ministry of Health - SPMS, Portugal

Ministry of Health, Russian Federation

Ministry of Health and Social Affairs, Sweden

Business Finland

SITRA

Nordic Council of Ministers

European Commission

OECD

United Nations

WHO Europe

HIMSS