

Digital health must be reimbursed to cope with chronic disease

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Health systems must reimburse digital health and integrate it into routine care to cope with chronic disease. That's the main message of a position paper from European cardiology leaders published today in the *European Journal of Preventive Cardiology*, a journal of the European Society of Cardiology (ESC).



Professor Enrico Caiani, past chair of the ESC e-Cardiology working group, said: "With budget cuts and <u>physician shortages</u>, <u>health systems</u> struggle to care for patients, particularly those with chronic diseases. This situation will get worse as people live longer. We can manage by creating models of care that incorporate existing technologies, but the main reason this has not been done is that there is no shared strategy among national legislators, industry, hospitals, physicians and patient organisations."

People already use smartphone apps connected to medical devices to check blood pressure, record an electrocardiogram (ECG), and track physical activity. But how can the information be integrated into healthcare instead of being an add-on?

The ESC outlined its vision for playing a proactive role in the digital <u>health</u> agenda in 2016.2 Digital health refers to the use of information and <u>communication technologies</u> to treat patients, promote healthy lifestyles, conduct research, educate healthcare professionals, track diseases, and monitor <u>public health</u>.

The current ESC paper outlines barriers to wider adoption and how to overcome them. These include:

- Physicians perceive <u>digital health</u> as an extra task rather than part of care delivery
- Novel pathways are required which incorporate digital health
- Concerns regarding privacy, security, and data confidentiality
- Interoperability is needed so technologies can "talk to" hospital and primary care systems
- Lack of reimbursement by national health systems

New pathways would see patients monitoring their cardiovascular health conditions at home between visits to the doctor. Patients with



hypertension, for example, can use an app connected to a medical device to check their blood pressure when they have symptoms and this data can be sent to the doctor or reviewed at the next visit. The app also gives reminders to take medication. Studies show that this model is more effective for reducing blood pressure than drugs alone.

"Such pathways are based around the home rather than hospital," said Professor Caiani. "Patients are more informed about their condition and consultations with the doctor become more productive because symptoms can be correlated with a physiological reading."

The paper calls for research on digital health technologies so that health systems have the evidence they need to reimburse them. Companies developing technologies must guarantee data privacy and provide proof that their solution is effective and safe. App stores should increase controls and verification before publishing apps and be transparent about which apps are approved medical devices.

"Companies need to involve physicians and patients in the design of technologies because if they are not acceptable to the end user they will never be adopted," said Professor Caiani. "Technologies that create an additional task for doctors and reduce their time with patients are a nonstarter."

Professor Caiani noted that patients and the public are key players in accelerating the use of technologies in routine healthcare. "Patients and the public are citizens and therefore voters so they have a voice in how national governments spend money," he said. "Patient organisations should join forces with national cardiac societies to drive changes in their country."

Professor Martin Cowie, chair of the ESC Digital Health Committee, said: "We are living in an age of unprecedented technological change: it



is vital that healthcare professionals and <u>patients</u> are part of the discussion on how we can modernise care using digital technologies to support high quality evidence-based practice that brings good results and experience of care for people with, or at high risk, of cardiovascular disease. This position paper outlines some of the barriers to this process, but perhaps more importantly, some of the solutions."

More information: Ines Frederix et al. ESC e-Cardiology Working Group Position Paper: Overcoming challenges in digital health implementation in cardiovascular medicine, *European Journal of Preventive Cardiology* (2019). DOI: 10.1177/2047487319832394

Martin R. Cowie et al. e-Health: a position statement of the European Society of Cardiology, *European Heart Journal* (2015). DOI: 10.1093/eurheartj/ehv416

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