

Synopsizing the Greek Presidency e-Health Forum (Athens 12-14 May 2014)

Prof. Dr. rer. nat. Basile Spyropoulos

Biomedical Engineering Department, Technological Educational Institute of
Athens, Athens, Greece

1. Introduction

The Greek Presidency e-Health Forum has been organized in Athens, 12-14 May 2014 and included the following three tracks:

- The Greek Presidency track.
- The e-Health Action Plan track.
- The European Innovation Partnership on Active and Healthy Ageing track.

More than 1278 participants from 38 countries and 150 speakers joined the e-Health forum 2014 in Athens (cf. <http://ehealth2014.org/program/speakers/>).

In total, 70 exhibitors participated from Europe and US. Seventeen exhibitors was part of the US Pavilion, 4 local Governments, 4 Government Institutions and 13 Start-Up companies (cf. <http://ehealth2014.org/program/eu-us-market-place/>).

However, student participation was minimal, due to the high registration cost and the absence of an adequate number of registration waivers, visible in the almost empty main Conference Rooms.



Figure 1. The e-Health Forum Partners.

Figure 2. Programme at a glance of main and parallel sessions of the e-Health Forum. (All materials of the Conference are accessible in <http://ehealth2014.org/>).

2. The three main tracks of the e-Health Forum

In the following, it will be attempted to synopsise the main aspects presented and discussed during the Conference and to comment on the future and the perspectives of e-Health.

The Greek Presidency track has focused on e-Health for resource-limited settings, mentioned on cross-border Healthcare, has referred to e-Prescription and Patients' continuity of care and Patient Registries and tried to point out rare diseases info-ways, e-Health Deployment, Health-services innovation and the so called European Patient Summaries. The e-Health has the potential to improve access to health care in areas of Europe, isolated due to geographical barriers or access to marginal social communities. Also, e-health systems promise for improving health in developing countries, with cheaper and open-source platforms and innovative solutions, able to address local needs.

The e-Health Action Plan track has addressed the Big Data and Healthcare Reform aspects, as well as, the role of m-Health for improved accessibility and quality of life and the H2020 Personalizing Health-care. The e-Health Market Development issues and especially the 4th EU-US e-Health Marketplace and Cooperation assembly, was the focal point of the Forum. Finally, the coordination of Standards to achieve

technical and semantic interoperability, in the perspective of recent EU Standardization regulatory and policy action, remains the main open technical issue.

The European Innovation Partnership on Active and Healthy Ageing EIP on AHA track started with a Workshop concerning Utilizing European Structural and Investment Funds (ESIF) in Active and Healthy Ageing, aiming to provide practical advice to members of the EIP on AHA Community, wishing to seek European Structural and Investment Funds, to support their Active and Healthy Ageing initiatives. Other issues faced, include innovations in Active and Healthy Ageing and Evidence and Decision-Making for better and more efficiently caring citizens.

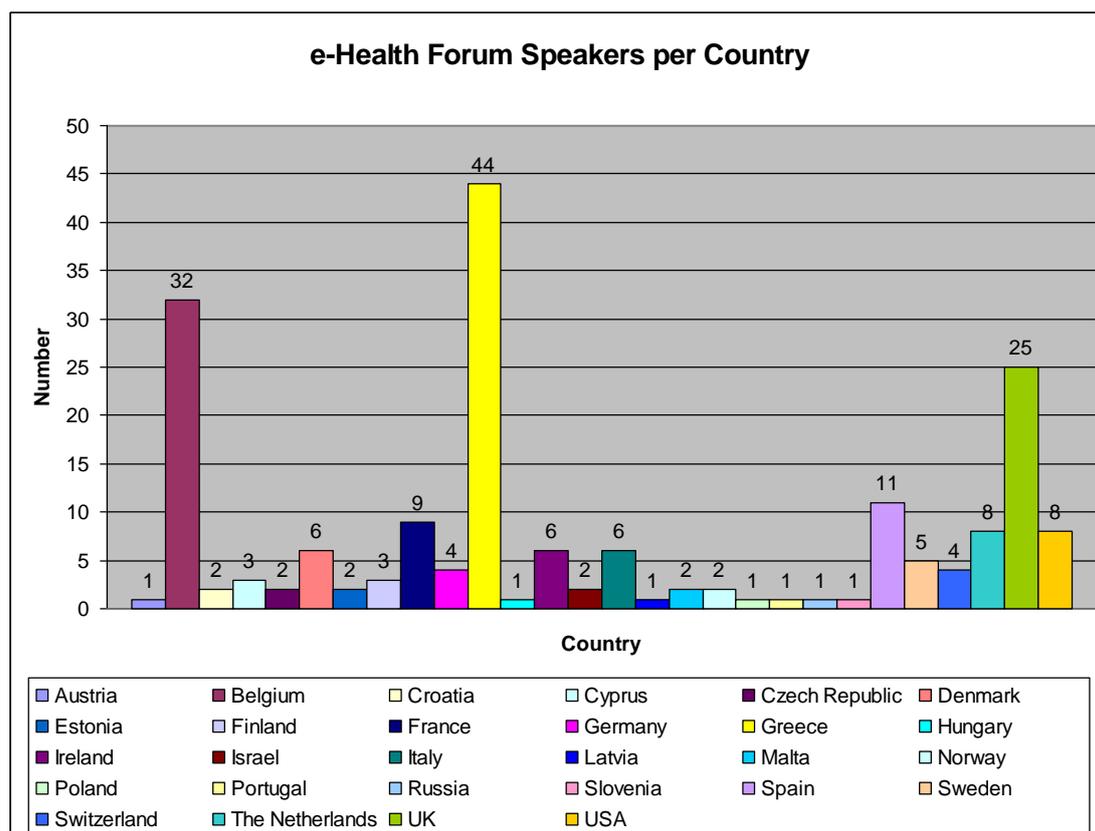


Figure 2. The e-Health Forum Speakers per Country.

3. The 4th EU-US e-Health Marketplace and Cooperation Assembly

As a part of the e-Health Forum (Athens 12-14 May 2014) the 4th EU-US e-Health Marketplace & Cooperation Assembly, has been the real “highlight” of the event.

The goal of the EU-US e-Health 'marketplace' is to create new business relationships and collaborations that lead to innovative health improvements, job creation and economic development. Based on the Memorandum of Understanding on Cooperation Surrounding Health Related ICT, between the Department of Health and Human Services (DHHS) of the USA and the European Commission of the EU, the e-Health Marketplace and Assembly facilitates collaboration and cooperation to benefit citizens in Europe and the USA.

The event in Athens was the third event, after Boston MA, USA and Dublin, Ireland. This is not a random sequence, but actually reflects a symbolic solidarity gesture,

from the academic Capital of the “New World” to two small, however, important economically and politically European partner-countries, with active scientific communities, traditionally linked to the North-East US Academia and both struggling to reinstate economic growth and prosperity through innovation, after the 2008 economic crisis and the subsequent Euro-zone austerity policies introduced.

The marketplace offered engaging and informative short presentations from international leaders in connected-health. Designed to stimulate and generate meaningful business opportunities and relationships, it has featured participating companies and organizations, with a focus on the “meeting” rather than on the “showcasing”. Delegates have had the opportunity to look forward to focused and lively sessions, prearranged matchmaking appointments, as well as, the innovative speakers’ corners and unparalleled networking opportunities.

Before the event, 1134 profiles of potential participants have been viewed and evaluated; another 47 after the event, totaling 1181 profiles. During the event, 79 meetings have been carried out, with 48 participants, as indicated in the following Table I. All relevant data available at:

<https://www.b2match.eu/eu-us-ehealth-marketplace-athens2014>

Table I. Participants per country in the 4th EU-US eHealth Marketplace and Cooperation Assembly

Participants per country in the 4 th EU-US eHealth Marketplace and Cooperation Assembly					
	Belgium	<u>2</u>		Netherlands	<u>3</u>
	Denmark	<u>2</u>		Poland	<u>1</u>
	Estonia	<u>1</u>		Portugal	<u>3</u>
	Finland	<u>3</u>		Slovenia	<u>2</u>
	France	<u>1</u>		Spain	<u>9</u>
	Germany	<u>1</u>		Switzerland	<u>3</u>
	Greece	<u>12</u>		UK (England)	<u>3</u>
	Hungary	<u>1</u>		UK (N. Ireland)	<u>5</u>
	Ireland	<u>1</u>		UK (Scotland)	<u>1</u>
	Italy	<u>8</u>		United States of America (USA)	<u>11</u>

4. Conclusions and perspectives

There is no doubt that this US-EU e-Health cooperation, two years after the introduction of the Patient Protection and Affordable Care and the Health Care and Education Reconciliation Acts, should become, as soon as possible, the kernel of a long-term strategic close cooperation within the so called Western World, i.e. USA, EU, Commonwealth, the “socially westwards oriented” Japan and S. Korea etc. specifically in the critical field of Health and Human Services.

The reason is simple: The above mentioned countries have in common serious spending, related to the maintenance of a well-fare social structure, allowing for Health-Care and Aging population protection, against illness and poverty. This social expenditure influences their ability to offer competitive products and services, in the present world-market situation, compared to the emerging new industrial countries (e.g. BRICS and other ones). On the other hand, the emerging economies' countries maintain, if any at all, thin, under-financed social-networks, with the exception of limited economic-political Elites, prosperous enough to cover privately, their own health-insurance and social-security related requirements.

The very high component of social security and health insurance contributions, as part of the salaries in the Western World, is one key-factor, causing presently, massive unemployment, a social set-back and even poverty, especially in some, mainly Southern, European Countries. The emerging new Industrial Countries, in spite of their economic growth, are still very deficient in Health-care and Social Services, as far as the majority of their population is concerned. Among them, e-Health Technologies are becoming imperative, since they are offering an affordable alternative to superfluous or unnecessary expensive hospitalization, for the generalized health-care coverage of their populations.

Therefore, an alliance for social advancement world-wide should be formed, among the so called Western World. This alliance should actively endeavor, by at least politically supporting actions and promoting International agreements and policies, for example within UNO and WHO that could support and speed up, the expansion of well-fare and social structures, where on earth they are missing.

Two priorities should be set: The first is, to persuade the emerging “Industrial Giants” to invest a part of their industrial surplus, in order to start gradually covering the health-care deficiencies and social security needs of their populations. The second is, to encourage and convince them, to proportionally, however, more generously contribute, together with the Western World, to the Health-care related elementary relief of the people in developing countries. This is the only realistic alternative that would lead to a win-win situation for all stakeholders:

- Billions of people, both, in developing countries and in “BRICS” would obtain finally an elementary or even adequate health-care, based mainly on the employment on e-Health and ICT technologies.
- Tenthhs of millions of unemployed citizens in the developed countries and especially in Europe might find jobs again, since the financing of such a huge project, by allocating a part of the industrial profit to social investment, would lead to a recovery and increase the growth of the Biomedical Technology, Pharmaceutical and ICT supported e-Health Industries, thus decreasing, unemployment, austerity and political displeasure, especially in Europe.
- The competitiveness of the “old” industrial countries would take a breath for a decade, to rethink and reconsider their future roles in the world.

We hope that such a procedure could really start from Athens. Let's “give health an e-chance”, we need it!