



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



## Session 2 - How do end-users contribute to digital health innovations?

- Better communication and coordination of care for health professionals -



ICT4Life Final Conference  
Meeting the Challenges of Digital Health  
Innovation for Integrated Care in the EU

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## Declaration of Interest

- I declare the following interests: none
- Except being employed by the Standing Committee of European Doctors (CPME).



## Introducing CPME

- CPME represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.
- CPME believes the best possible quality of health and access to healthcare should be a reality for everyone. To achieve this, CPME promotes the highest level of medical training and practice but also the provision of evidence-based, ethical and equitable healthcare services.



## Better communication and coordination of care

- It is assumed that integrated care leads to better communication and coordination while fostering patient autonomy.
- However, any application in integrated care needs to provide the evidence as to safety, effectiveness, costs and privacy.
- While using integrated care models, the following principles are paramount:
  - Confidentiality
  - Patient Autonomy
  - Equity and Access



## Confidentiality and Team Work

- Doctors and other professions working in a physician led team are generally bound to the same scope of confidentiality that physicians are bound to.
- Breaches are sanctioned by professional regulation, criminal, labour and contract law.
- What happens to other professions/care givers working independently in integrated care scenarios: Which scope of confidentiality applies? Do tiered access rights help?



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Confidentiality and Team  
Work

**# 1: Patients or proxy decision-makers should expressly consent to having health and personal data shared in integrated care models – pending checks on data minimization and purpose limitation – only to the extent necessary.**



## Patient Autonomy, Consent and Re-Use of Data

- Respect patient autonomy.
- This principle finds its clinical and “digital” expression in the obligation to seek informed/express consent.
- To interfere with the right to privacy and self-determination is to disrespect autonomy. Privacy is regulated by the GDPR.
- What happens if integrated care models reuse data for research purposes other than consented to?
  - The GDPR provides for a research privilege enabling the re-use of data for secondary purposes without concrete safeguards or guidance.
  - The [WMA Declaration of Taipei](#) recognises big data research scenarios by referring to “multiple and indefinite uses” and relies on consent adapted to real life scenarios using the oversight of independent ethics committees.



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**#2: Integrated care models reusing data for research purposes other than consented to need clear governance structures including ethical oversight.**





## Equity and Access

- Equity in health can be defined as the absence of socially unjust or unfair health disparities.
- While introducing integrated care models questions arise as to:
  - Who has access?
  - Are integrated care models just cheap substitutes?
  - Do integrated care models serve equity or the development of tiered healthcare systems?



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Equity and Access

**#3: Integrated care models should facilitate equitable access to high quality care.**



## Practical Questions

- Given integrated care models monitor 24/7, how can we make sure that each profession receives all relevant data while avoiding alarm fatigue?
- The data collected are not of the same relevance to all participants in the model. Can augmented intelligence help in adapting data monitoring?
- What happens to non-relevant data? Can non-relevant anonymous data (e.g. location and mobility data) be abused for commercial, political or other purposes?
- Who is liable if processes in the integrated model go wrong?
- .....



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Practical Questions

**#4: In integrated care models clear rules need to apply based on a sound ethical basis.**



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## Thank you!

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