

## eTEN – eHealth Programme



### SPEX

## SPreading EXcellence in healthcare (Contract No 510866)

### Deliverable D8.4 Mid Term Workshop

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#### Abstract

This document provides details of the Mid Term Workshop which comprises deliverable D8.4.

#### Key Word List

Tele-medicine

# Change History

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**Version History:**

- 1 30<sup>th</sup> December 2004 Initial Version
- 2 12<sup>th</sup> January 2005 Final Version

**Version Changes**

- 1 Initial Version
- 2 Final Version

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# 1. Introduction

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## 1.1 Purpose of this document

This document provides details of the Mid Term Workshop which comprises deliverable D8.4.

## 1.2 Glossary

<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>EDIFACT</b>	Standard (syntax) for electronic data exchange, initially developed for invoicing and related data exchange
<b>HCP</b>	Healthcare professional
<b>HL/7</b>	Standard (syntax) for exchanging healthcare related data
<b>IT</b>	Information technology
<b>ROI</b>	Return on Investment
<b>TM</b>	Tele-medicine

## 2. Agenda

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Date: 15<sup>th</sup> December 2004

Location: Sala Jerónimo Zurita  
Sede Gobierno de Aragón  
Paseo M<sup>a</sup> Agustín, 36  
Zaragoza, Spain

Agenda:

Time	Title	Speaker
09:00	Welcome	Antonio Brun & Jesús Santamaría
9:15	Key note speech - Healthcare trends in the EU	Claudio Cricelli
9:45	Health Optimum and SPEX – Project outline	Marco d'Angelantonio
10:15	Aragon and the Telemedicine	Marta Trigo Cabrejas
10:45	Veneto - The Telemedicine Observatory	Silvia Giovannetti/Renato Scienza/ Paolo Denardi
11:15	MedCom – A success story	Claus Duedal Pedersen
11:45	Coffee break	
12:00	e-Health and Integrated Care: A New Model for Home Care for COPD	Barbara Vallespin
12:30	Sjunet – The Swedish infrastructure for telemedicine	Benny Eklund
13:00	Market analysis for strategic telemedicine applications	Marco d'Angelantonio/ Cristina Santoro
13:30	The technical solutions adopted	David Menasci/Dr. Bochichio
14:00	Lunch	
15:00	Round Table 1 Telemedicine: pros and cons - the healthcare professionals' point of view	Moderated by Marco d'Angelantonio
16:00	Round Table 2 Telemedicine: enabling platform – weaknesses, strengths and future developments	Moderated by José Manuel Correas
16.30	Plenary Session – Summary of the Round Tables conclusions	Marco d'Angelantonio/José Manuel Correas
17:00	Workshop ends	

### 3. Attendees

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The following attended the workshop:

- Alessandro Piva
- Alexandra Pradas Torres
- Ana López
- Andrea Baraldo
- Andrea Oliani
- Antonio Brun Macipe
- Antonia Giampaolo
- Antonio Laciérgia
- Asunción
- Bárbara Vallespín
- Barbro Lundqvist
- Bengt Gerdin
- Benny Eklund
- Carina Larsson
- Carolina Hernández
- Christina Wanscher
- Claudio Cricelli
- Claus Duedal Pedersen
- Cristina Santoro
- David Menasci
- Domenico Bochicchio
- Erik Friden
- Franco Ancona
- Gonzalo Mora
- Henning Voss
- Ignacio Martínez
- Inmaculada Baraza
- Ivan Toda
- Jesús Santamaría Ramiro
- Joaquín Gimeno Pérez
- Jörgen Bergström
- John Oates
- José Manuel Aldámiz
- José Manuel Correas
- Juan Coll Clavero
- Julio César Giganto
- Kjell Eriksson
- Leif Lyttkens
- Maja Wuensche
- Manuel Martín
- Marco d'Angelantonio
- Mariantonietta Fresu
- Matilde Perella
- Mats Forsberg
- Mayte Hurtado
- Michael Hansen-Nord

- Miguel Ángel Barea
- Miguel Zazo
- Nieves Campillo
- Paolo Denardi
- Reinhard Prior
- Renato Scienza
- Santiago Baselga
- Silvia Giovannetti
- Sonia Ruiz
- Stephan.Letschert
- Prof. Dr. Max
- Victor Valles

## 4. Presentations

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### 4.1 Presentations

All presentations can be found on the SPEX project website, as follows:

- Key note speech - Healthcare trends in the EU
- Health Optimum and SPEX – Project outline
- Aragon and Telemedicine
- Veneto - The Telemedicine Observatory
- MedCom – A success story
- e-Health and Integrated Care: A New Model for Home Care for COPD
- Sjunet – The Swedish infrastructure for telemedicine
- Market analysis for strategic telemedicine applications
- The technical solutions adopted

### 4.2 Round Table

Below are notes of the two round table discussions.

#### 4.2.1 Telemedicine Pros and Cons- The healthcare professionals' views

**Moderator:** Marco d'Angelantonio (MdA)

**Panel:** Antonio Laciérgia (ALa)  
Domenico Bochicchio (DBo)  
Claudio Cricelli (CCr)  
Bengt Gerdin (BGe)  
Michael Hansen-Nord (MHN)

MdA invited the panel to give their views.

ALa: - In Italy, there are network problems, so that TM is slow and very difficult.  
- TM is essentially still a dream.

DBo: - There are many misunderstandings about TM  
- No doctor wants lots of information, only the information relevant to the problem presented.  
- Patients do not want diagnoses, only treatments.  
- TM is a tool, not a service (medically speaking).

CCr - In Italy, early TM money went to suppliers, not doctors.  
- There was no significant investment giving doctors the systems they wanted.

MHN - In Denmark, experience is good; there are many advances based on TM

BGe: - TM needs vision.

Comments and questions were taken from floor.

- MdA: The ROI for TM often goes to a party other than that investing.
- There was broad consensus that for success, requirements must be driven from the bottom up, even if investment is top down.

#### 4.2.2 Telemedicine enabling platform - Strengths, weaknesses, and future developments

**Moderator:** José Manuel Correas (JMC)

**Panel:** Mats Forsberg (MFo)  
David Menasci (DMe)  
José Manuel Aldámiz (JMA)

JMC invited the panel to give their views.

MFo: - In Sweden, the platform exists; there are lots of bilateral projects driving services.

- Starting small is easier.
- Patient rights and legal framework are still an issue.

DMe: - In Italy, telecommunication providers are a significant weakness; connectivity is a problem, and slow.

JMA - Healthcare professionals must be behind project, or it will fail.

- Patient is second pillar of success.
- In Spain, geographic dispersal puts demands on HCPs, so TM (+ IT) must make it easy for them.
- Patient identification is an issue.
- TM enables remote diagnosis of images.
- But network is not reliable or fast enough for high resolution imaging.
- The single management structure in Spain is a strength.

Comments and questions were taken from floor.

- Actors (systems) are many and varied; therefore semantics is an issue. [Note, among some participants, there was confusion between syntax and semantics.] This led to discussion of what standards: EDIFACT and HL/7 were mentioned.
- Better to do a few things well, then many things badly.
- There are many pathologies for which TM is inappropriate. But this was challenged – almost all pathologies can use TM at some point during the treatment cycle.
- Consolidation of suppliers: broad agreement that there would be some consolidation over time, less agreement on whether this would be a good thing, although broad agreement that too much consolidation would stifle innovation.
- Standards can make it easy for everyone to compete (Danish experience).

## 5. Dissemination

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Interviews and some presentations for the Mid-Term Workshop can be found at <http://iblnews.com/news/auto/canal.php?c=14>