The EU eHealth Entrepreneurs' Manifesto

**Background**

The Vice-President of the European Commission Neelie Kroes initiated during the eHealth forum 2014 in Athens a dialogue towards a new manifesto for the European eHealth industry. The aim is to identify and prioritize actions which, taken together, can give European businesses the best chance of future success in the global eHealth market. It will build upon the www.startupmanifesto.eu and become a vertical extension of it for the eHealth area. Health and the Silver Economy appear to be an excellent test bed for the EU manifesto for startups.

**Vision**

Eliminate the e in front of eHealth: the European eHealth industry must be given the opportunity to act in the EU health market just like any other industry, e.g. Pharma, MD, Care Services. We still need to identify eHealth as a distinct area for Research & Innovation as a lot are still needed to be improved and be discovered. However, it is urgent that we tackle the problem that health and care systems budgets do not currently invest in innovation and new ways of working. They only rely on Research & Innovation pilots resulting to minimal, if any, uptake once the pilots are finished.

**Problem statement and way forward**

There is a need for greater Innovation in Health and Social Care, to provide better citizen care and to reduce costs. It is recognised that Health Budgets are under strain in coping with the ever increasing demands. It is also recognised that the spend of Health & Social Care is itself an engine for economic growth. Significant work forces are employed providing services and the procurement power of Health budgets can have a positive impact on economies and the pace of Innovation. There has to be a recognition that the annual spend on Health and Social Care in most countries and regions should be viewed as an annual investment. The return on that investment should be measured in jobs created, innovations brought to market in collaboration with the Health Departments. Economic agencies, Venture Capital and Private Equity Funds, Structural Funds, EU Project funding all have a part to play in creating jobs, by innovating in collaboration with the health and social care organisations. Priority should be given by the governments to enable and promote a joint effort among the health & care system stakeholders and the innovation funds & agencies to enable large scale deployment of innovation (that has shown to work on smaller scale)

**Actions**

1. **SMEs & start-ups**

1.1 Acknowledge SMEs as a source of innovation and thus channel investment and funding through them.
1.2 Boost scaling of eHealth SMEs and start-ups by supporting sales within as well as outside of the EU meeting challenges of different regulations, marketing, entry barriers.

1.3 Certification: FDA=CE=FDA: Test/accredit/certify once, accept/sell everywhere; first step is everywhere in the EU.

1.4 Inclusion of eHealth solutions in the approved lists of prescribed items (formularies), same as drugs and devices.

2. Healthcare investments

2.1 Connect the Economy and Health: Financial and Health Ministers should work together to understand the care model changes required and facilitate investment towards cost reducing services. It is a challenging exercise that will disrupt the current value chain and will be met with a lot of resistance and fight from the established government-funded healthcare providers.

2.2 Spending of the DoH (Departments of Health) should be regarded as an annual investment and not as a cost: Investment calls for a return and this is the creation of new jobs and better quality of services. Target this investment from central resources to SMEs using instruments such as Small Business Initiative Research with clear goals of delivering to expert customers.

2.3 Encourage seed investment for eHealth SMEs from professional VCs/private equities organisations: there is a risk averse mentality in Europe, coupled with a lack of acquisition culture. Policy motives to large enterprises and VCs can help change this.

3. Data

3.1 Create the necessary conditions for the faster and more effective application of already identified enablers, like e.g. authentication, digital signatures and interoperability to act as catalyst for change in the (e)Health sector.

3.2 Promote open data reuse in healthcare by all the interested stakeholders on an equal basis. Unlocking public data allows innovative companies to introduce new eHealth products and services that can further reduce the dependence on central governments and create new businesses.

3.3 Having a repository of health data models available in open-source would level the playing field and let EU SME companies provide solutions that compete with the big (mostly US) vendors, while providing EU members a foundation to move eHealth forward at a much faster pace while at the same time ensuring cross-border interoperability.

4. Procurement

4.1 Encourage Member States (MSs) to adopt public procurement procedures that facilitate SMEs participation and cooperation between SMEs and healthcare providers, avoiding concentration of the market to the big players.
4.2 Facilitate closer cooperation between procurers and industry on evolving the new / innovative services. Public Private Partnership schemes is a great example that has provided a number of best cases across Europe. It should be acknowledged that PPP should result in long term partnerships that benefit all partners.

4.3 Build trust between public and private providers by leading and setting values, leadership, rules of engagement, aims and objectives and evaluation framework.

4.4 Acknowledge the benefits of private enterprises working together with healthcare providers on common objectives.

Methods

- Ecosystems that bring all stakeholders together on an open discussion forum. The European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) could serve as a role model.
- Pre-procurement purchasing that drives innovation in SMEs and helps them scale by using the power of Government to buy products and services from them.
- Social Innovation Bonds that offer governments a risk-free way of encouraging investment

Action points for the EC and next presidency priorities

- encourage MSs to devote at least 5% to invest on innovative healthcare solutions and new ways of working, channeling this through SMEs so as to break out of the small pilot syndrome and to allow SMEs to scale through revenue generation.
- provide incentives for large and established companies in the value chain (including hospitals, pharmaceutical companies and insurance companies) to partner with start-ups and SMEs in the digital health area
- ensure that rules / regulations (particularly procurement) do not hinder innovation and allow space for SMEs to participate
- promote co-production of new healthcare services between SMEs and Healthcare providers that are responsive to the AHA challenge through innovative public procurement, big data analysis and setting standards for European services and products.
- provide financial support to SMEs to fund champions to own the adoption process and take on the ownership of driving adoption within Government-funded Healthcare providers.
- create fast-track “Venture procurement” competitions which are light in touch with respect to paperwork and management for agility.
- establish a single point of entry agency in the US with the aim to help EU SMEs and start-ups create a competitive presence in this large healthcare market and to help with exports when the SME has scaled in home market.
• establish an excellence reward/prize for scientists who want to explore the world of entrepreneurship is definitely missing
• establish targeted actions encouraging women, who are underrepresented in e-health/tech entrepreneurship, to participate, considering women in science/engineering issues (glass ceiling and overall lack of confidence)
• promote a coherent, European clinical data modeling initiative
• use EIP-AHA and extend it to citizens of all ages, to facilitate collaboration between regions and organisations to agree common objectives and priorities and transfer of working solutions between Reference Site and Regions and others, building on the trust that is developing

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