EUROPEAN NETWORK FOR
WOMEN IN LEADERSHIP

Keynote Speech of Maggie de Block, Belgian Minister of Health
EU Breakfast Debate on Digital Health
30th of January 2019 – European Parliament, Brussels

Thank you, Mrs Wierinck, thank you, Lieve, for this kind introduction. Good morning, everyone.

I'm delighted to be here today at this event by, and for, strong women.

There's plenty to be said about digitisation in healthcare. When people hear the words "digital health", many will immediately think about hi-tech: medical apps monitoring our health in real time; robots; 3D printed implants; surgeons operating with augmented reality goggles; and so on.

Certainly, these are all examples that appeal strongly to our imagination, but digital health encompasses much more than this. Nowadays, information technology is bound up with *every imaginable* aspect of healthcare. From the organisation and administration of healthcare through to the delivery of healthcare and policy support, we are using IT in all these domains. It's no exaggeration to say that IT is **the backbone** now that runs through our healthcare system from top to bottom.

Conscious of this, I have sought to make a **priority** of digital health in my policy as Minister of Public Health: not as an end in itself but as a means to an end. And that end is improving healthcare for the patient.

Digital applications help improve the quality of healthcare, both directly and indirectly.

Indirect **improvements** are due to a wide range of efficiency savings.
- For instance, by exchanging data digitally, we can reduce the number of unnecessary tests, to take just one example. And this <u>frees up resources</u> that we can re-invest into "genuine" healthcare for the patient.
- Thanks to e-health apps, healthcare providers can redirect some of the time that they'd previously been spending on paperwork to <u>work on healthcare for their patients</u> instead.

Digital applications can very much **contribute *directly* to the quality of** care, too.

- Here, I'm thinking of those fascinating examples like augmented reality goggles, robotic surgery systems, implants and the like.
- Another key application is the use of _big data_ in healthcare: to support healthcare providers, for instance, as they make decisions, or to match a patient's genetic features with the most suitable course of treatment.

Ladies and gentlemen,

A great many players are involved in the development of digital health. It's a rapidly-evolving sector which we in the government can never hope to control fully. We don't intend to, either. Quite the opposite: putting a straitjacket on digital health would hamper innovation, not foster it.

What we *can* and *must* do in the government is **chart the course** of digital transformation in healthcare, for the sake of our patients.

- It's up to us to support, facilitate and urge the development of digital solutions.
- And it's up to us to ensure while we do so that the quality and safety of our healthcare remain safeguarded.

Charting the course was exactly the intent behind the very first **e-Health Action Plan**, which the government launched in 2013. Originally, the Action Plan was supposed to set policy through to the end of 2018. But as soon as I was appointed as minister of Public Health in October 2014, I got together with the 8 other ministers of Health in our country — you heard me right, there really are nine of us! —and the stakeholders to take a fresh look at it.

The outcome was that in 2015, we presented together an Action Plan 2.0. In there a whole new chapter on **mobile health**, a domain that was completely lacking in the previous version. It's thanks to this update that health apps are an official part of our healthcare system today.

Today, it's already time for an Action Plan 3.0, which will run from 2019 until the end of 2021. The plan has just been approved earlier this week, and we'll soon be communicating the details of it broadly. In this new plan, the focus lies on **continuity and operational excellence**. In areas where we're already on the right track, there's no need for us to reinvent the wheel. Rather, we should be looking at how to tweak our existing processes and applications.

More and more healthcare providers and healthcare institutions are using our eHealth platform, and the use of more and more of these applications is going to be mandatory. One such example is the use of the electronic prescription, which will become obligatory as of next year. This is a positive trend, but of course, everything needs to work as it should. Otherwise,

healthcare providers and patients are going to hit some problems. This calls for extra efforts to avoid disenchantment, give providers extra training, brief the patient, and so on.

Besides this, our third Action Plan contains a number of **new accents**.

- Something that I'm keen to further develop are applications that help to put the patient in the driving seat of their care. Last May, we launched the **portal Mijngezondheid / Masanté**, a central gate which grants citizens access to all the currently digitally available health data on them. I want to greatly expand the scope of this portal. After all, if we want patients to be able to play a more active role in healthcare, they need to dispose of the right   information.

- Another major element is **fully digitising** certain processes. A compelling example are prescriptions for medication. We've been taking several preparatory steps in recent years, and the next step is the actual leap to paperless prescriptions. All you'll need to do as a patient to collect your medication will be to turn up at the chemist of your choice with your   eID.

- Something else that's part of our new roadmap is to further explore the possibilities of **telemedicine**. This could be possible in situations such as a follow-up appointment with your doctor after an unusual parameter in a test, which the healthcare provider received via a mobile app.

Ladies and gentlemen,

I myself am strongly convinced of the **potential that e-health offers**, but I'm not so naïve to imagine that everyone is going to jump onto the digital train just like that. As with all new developments, there are pioneers and early adopters, then comes the bulk of people, and you have stragglers.

The reasons why some people are later in embracing new evolutions vary, but we have to listen to them attentively at all times. Sometimes, resistance is merely an artefact of conservatism, but other kinds of feedback can prove very useful to adjust and improve the system.

That's why we're going to set up and run something this year that we're calling the **eHealth monitor**. We will go out into the field to see and hear for ourselves which solutions are still needed, which applications are proving annoying to use, and which are doing a brilliant job. This detailed feedback will help us attune policy much more closely to healthcare providers' day-to-day work.

One thing's for sure: it's not a good idea just to force people to use digital apps. In fact, that would be counter-productive. I advocate a **positive approach** instead: investing in the quality of e-health and in support to healthcare providers and other users. If we can get people to experience how <u>technology can bring them further in caring for their patients</u>, then keeping them on board will become a much easier. To my mind, *that* is where we can find true leverage.

You could compare it with the **stethoscope**. Nowadays, it's unimaginable that a doctor would listen to a patient's respiration or heart without that vital tool. Yet doctors did so, until the early nineteenth century. Even once the stethoscope was in general use, there were some doctors who still preferred to put their ear directly to the patient's rib cage — until the evidentiary case that stethoscopes gave better results was so solid that nobody could deny it any more.

Incidentally, that example nicely demonstrates the heart of the matter: the stethoscope is an *aid* to let the doctor hear sounds more accurately, but in and of itself it won't make you much of a practitioner. It takes **knowledge and expertise** to interpret properly what you're hearing, and that's what the healthcare provider has. In other words, it wasn't the stethoscope alone that improved matters for our patients; it was <u>people equipped with a stethoscope</u> who did that. This is just by way of example that we ought to be seeing e-health as an opportunity, not as a threat.

Nor should we forget that in medical technology, the state of the art is just a **snapshot** in time: tools are constantly being adapted and refined, right up to the point they become obsolete due to a completely new tool being introduced.

Ladies and gentlemen,

Everyone in healthcare has their part to play in the further development of digital health: government, healthcare providers, scientists, industry…. Women are at the forefront in nearly all of these stakeholders: in government, in the healthcare providers (more women are graduating in healthcare professions than men) and in science (here in Belgium, we have several female scientists who are really at the very top of the profession). Women's advancement might perhaps not have come quite that far in the IT industry, but taking a look at you here today, I'm sure that things are not going to stay that way.

Thank you for listening, and please don't forget that the most important word in the title of this debate is "health". "Digital" is just a means to improve that health.