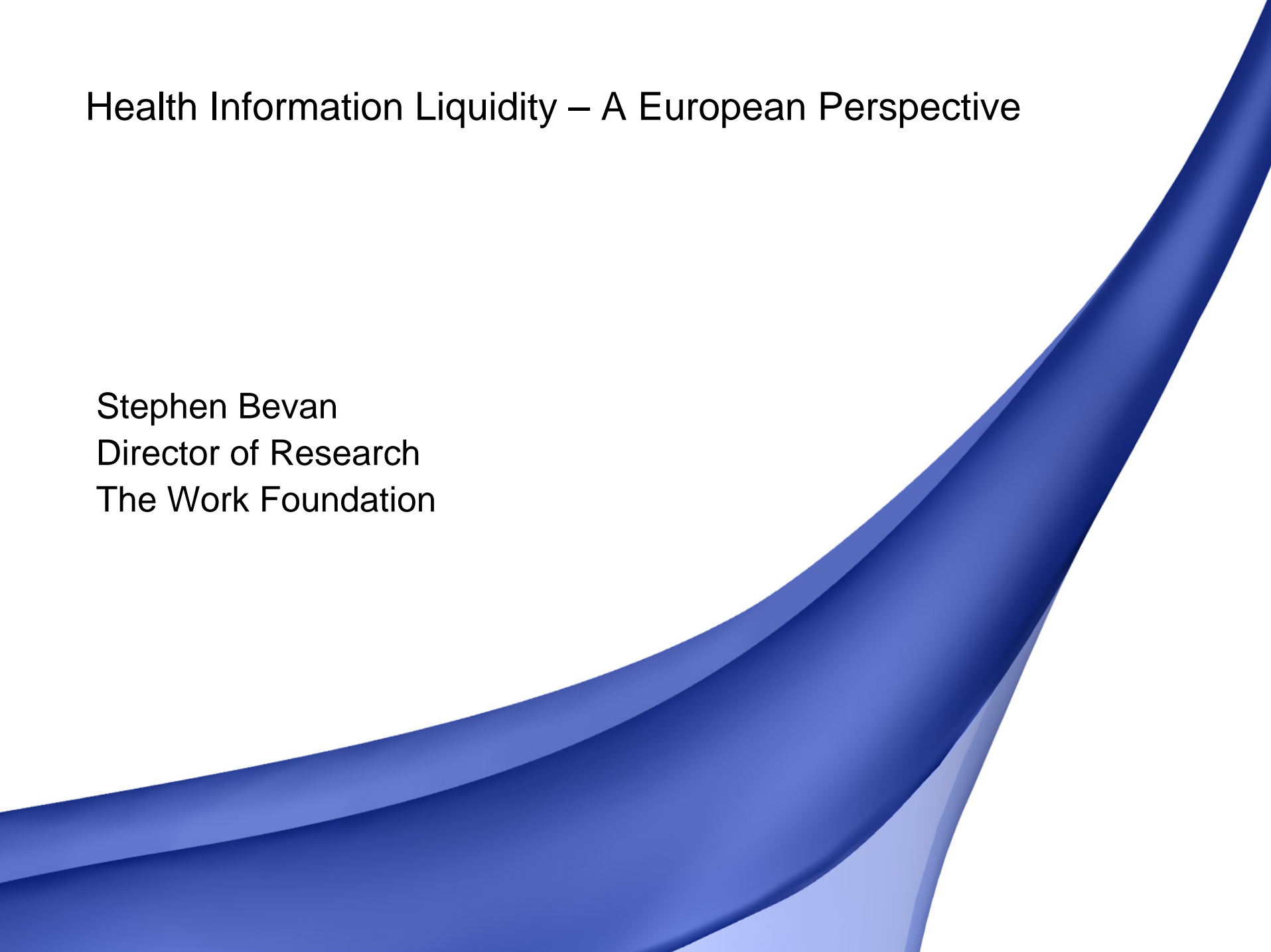


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# Health Information Liquidity – A European Perspective

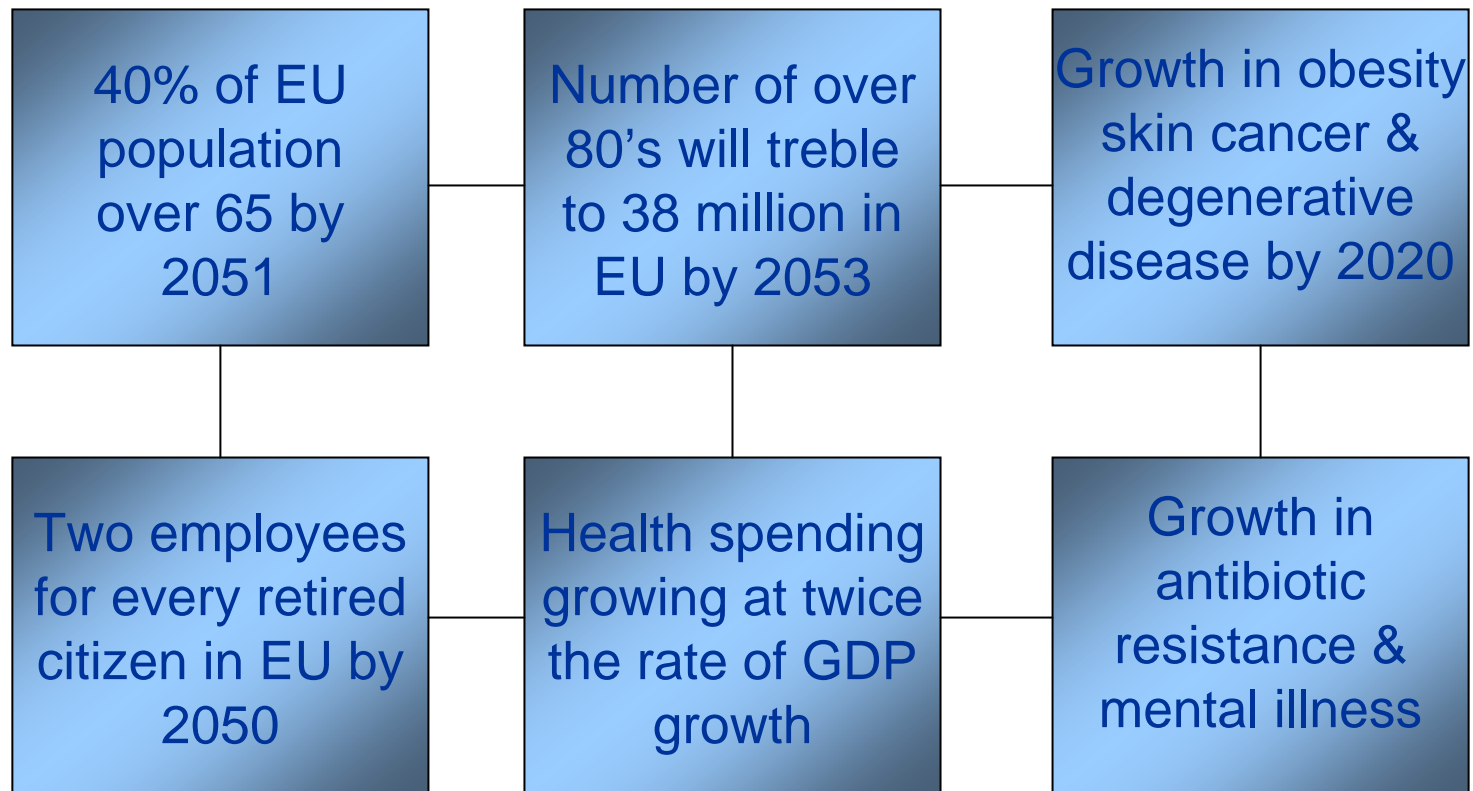
Stephen Bevan  
Director of Research  
The Work Foundation



# Health Information Liquidity in Europe

- Health challenges in Europe
- Health information and a knowledge-based economy in Europe
- eHealth and the EU Action Plan
- Liquidity – towards Health Information ‘Sovereignty’ for citizens
- Citizen ‘demand-sensing’ as a vehicle for choice and democratisation

# Health Challenges in Europe



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# Health Information & a Knowledge-based economy

- Lisbon objectives:

*In March 2000, European leaders committed the EU to become by 2010 'the most dynamic and competitive knowledge-based economy in the world capable of sustainable economic growth with more and better jobs and greater social cohesion, and respect for the environment'*

- Distinctive economic and social model – sees health as a 'public good' and a 'right'
- Strong emphasis on using health information to re-balance knowledge 'asymmetries'

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# eHealth in the EU

- eHealth spending forecast to account for 5% of all EU health spending by 2010
- Health information networks for eHealth based on fixed & wireless broadband & mobile infrastructures and Grid technologies – by 2008
- Developments in wearable devices, remote diagnosis and telemedicine
- Distinctive concerns over confidentiality, data protection, error rates and patient mobility



## eHealth behaviour US vs EU (%)

	US	EU
Discuss web-based health data with MD/nurse	69	47
Use online medical consultation sites	41	31
Discuss drug information found on web with MD/nurse	66	41
In frequent e-mail correspondence with MD/nurse	11	23
Use web for 'second opinions' on diagnoses	43	56

Source: *Health on the Net Survey, 2002*

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# Health Information ‘Sovereignty’

- A ‘*right of access*’ model reinforces illiquidity & ‘hoarding’ of health information
- Market-based approaches must demonstrate wider social benefits & not threaten confidentiality
- Citizens should have a ‘beneficial interest’ in their own health information – but this should be defined in terms of ‘sovereignty’ rather than in clinical or financial terms alone
- Democratisation, choice and ‘voice’ in the use of health information are all key principles



# 'Demand-sensing' & democratisation

- Considerable rhetoric about placing the citizen at the centre of interactions using health information
- “[Citizens] want to be involved actively in decisions related to their own health, rather than simply accepting the considerable the considerable discrepancy (‘asymmetry’) in knowledge between themselves and health professionals” [EC, 2004]
- Citizen/consumer interests in the value and sanctity of their health information must be engaged within the context of social consensus



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- Commitment to establishing innovative institutional structures, such as Public Interest Enterprises (PIEs), as a means for moderating the drivers for commercial exploitation, while acting as a guarantor of the wider societal benefits of health information liquidity
- Should not be interpreted as an aversion to wealth creation or market structures
- *“a more subtle vision of wealth creation as a social and organizational act”* [Will Hutton]



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