Policy Brief
Key messages “Satellite Services for Future Health”

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This document presents the policy recommendations from EuriSy’s “Satellite Services for Future Health” event, held in Belfast, Northern Ireland (UK) on 27 June, 2017. Confirmed and potential users of satellite based services covering health care and environment (telemedicine, air pollution and remote monitoring of elderly people), were invited to Belfast to discuss the potential of satellite applications in these sectors. Discussions involved experts, private sector representatives and policy makers belonging to both space and non-space communities. The key learnings that have emerged can be grouped under the following headlines:

I. Reduce policy gaps across EU Member States;

II. Satellite based services should be overlaid with existing services;

III. Build long term user-centric solutions;

I. Reduce policy gaps across EU Member States

Telemedicine and other mobile health solutions can prove to be a critical component to reduce the burden on European states’ healthcare. Confronted with an ageing population and thus a growing occurrence of chronic medical conditions, together with a growing digital divide between rural and urban areas, policymakers need to look towards supporting telehealth solutions in order to improve access to care. Despite the numerous benefits of such applications, the sector seems to suffer from a serious case of ‘pilotitis’. Many projects and technology experiments receive grants from public sources, only to cease to exist when such grants are withdrawn. Whilst the technology allowing us to scale-up such solutions is market ready, in general, the lack of supporting policies, customer reimbursement schemes, healthcare professionals’ payments, availability of adequate training and critical infrastructure seem to play a more critical role in this sector. Moreover, the treatment of issues such as data-sharing principles, standards, procurement practices, funding opportunities and healthcare structures vary widely among countries and/or regions. Drawing on consultations with stakeholders and experts the following recommendations emerged:

- Telemedicine solutions should be recognised as a legal medical act across all EU Member States. Without this, companies will be reluctant to take projects over and turn them into successful business models;
- In order to improve access to telemedicine services, these should be funded/covered by social security systems and insurance companies, as conventional consultations or medical acts;
- Include satellite based technology as a potential complimentary solution in calls and funding schemes related to telemedicine and/or health innovation (e.g. Horizon2020, EIP AHA Initiative). European rules relating to technology standards, privacy and security guidelines and the medical devices directive are applied differently in Member States, and this creates barriers to vendor entry;
• Include standards of interoperability into future procurement frameworks;
• Clearly identify areas outside cellular networks and pool demand towards one satellite service to reduce costs (e.g. county and/or regional level);
• Support decentralized procurement for local and region medical practices to allow for tailoring of medical services depending on user needs.

II. Satellite based services should be overlaid with existing services;

SNS Research estimates Mobile Health could represent up to $370 billion in annual healthcare cost savings worldwide. However, barriers relating to regulation, liability, patient acceptance and data protection continue to impede large scale adoption. Moreover, health professionals may be reluctant to use new technologies or to change their practices, while bearing implementation costs. Services that can become an integral part of providing routine healthcare services will appeal to more health professionals, patients and their families. Instead of disrupting existing services, these should become complimentary to them. As such:

• To ensure that solutions are sustainable and affordable, service design and the choice of technology needs to be aligned/ build on existing ICT structure;
• Satellite communication solutions should be used in combination with other types of technologies. Services cannot be rendered cost effective without the development of a wide spread use and/or a solid community of users and stakeholders that would share costs and risks.

III. Build long term user-centric solutions;

While the current entrepreneurial-based system rewards speed and favours short-term strategies for a quick market access, healthcare requires long-term evidence-based results, clinical validation and liability. Many of the SMEs or Start-ups looking to enter the healthcare market may not have the time or the financial resources to collect such evidence. Which brings us to a noticeable disconnect between the healthcare sector and the “Silicon Valley” inspired business models. However, speed does not guarantee success and as such, project cycles tend to be longer and more time and resource-consuming in this sector. To increase take up and service sustainability the following key messages were highlighted:

• Funding should be secured for longer periods of time (e.g. five years) to allow partnering stakeholders to build more trust and gain sufficient confidence in the service. Implementation timelines should allow for extensions, also due to the limited availability of “off-the-shell” systems in this sector;
• End users (e.g. health care professionals) should be involved from the start to increase the acceptance of new practices, roles and responsibilities, legal frameworks etc.
• Support co-production of approaches and methods to exchange know-how between sectors;
• To tackle a potential challenging learning curve, adequate funding lines for training of medical staff and health professionals should be considered to facilitate their understanding and engagement in the transformation of health care services by new technologies.