Future impact of Joint Actions in the Spanish Health Care System: The case of eCAN

Ignacio Duran, MD, PhD

Hospital Universitario Marques de Valdecilla. IDIVAL

Santander. Spain

Objectives

- To briefly put eCAN Joint Action in context whithin the European Ecosystem and review its objectives and WPs
- To focus on Spain’s participation in eCAN with special focus on WP5
- To reflect about the potential challenges/barriers of Telemedicine in Spain and to discuss potential solutions

Outline

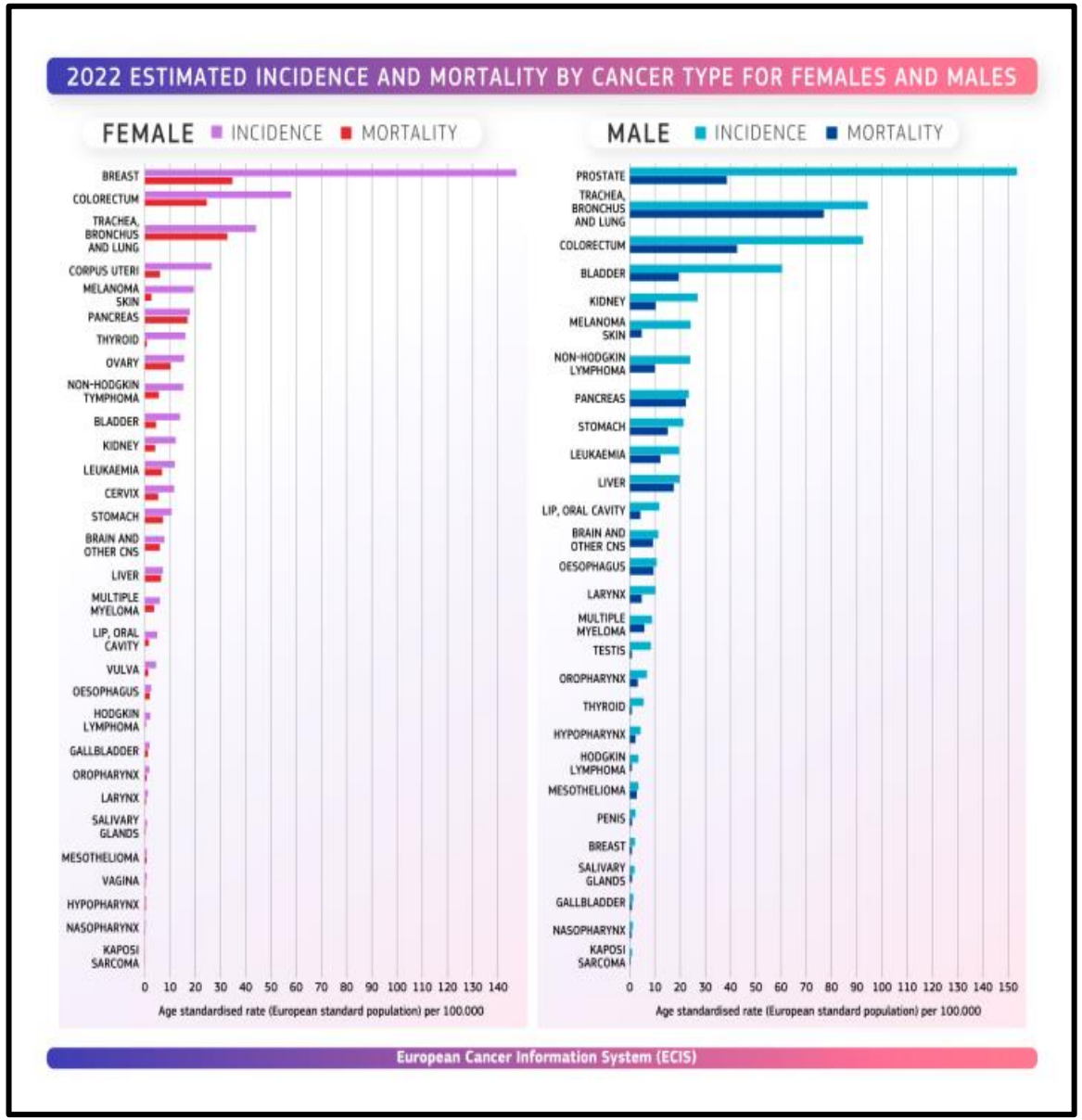
- Introduction
- eCAN: Why
- eCAN: How
- eCAN: WP5
- Spanish participation in eCAN
- Challenges of Telemedicine
- Q&A

Cancer cases are increasing in the EU

- **New cancer cases** rose by 2.3 % compared to 2020, to reach **2.74 million in 2022**.
- Similarly, **cancer deaths went up in 2022** by 2.4 % compared to 2020.

-Cancer is already the **SECOND LEADING CAUSE of mortality** in **the EU**

- Cancer cases could **increase by 25%** by 2035



Why eCAN

- eCAN aims to address **the need of harmonising telemedicine regulations** and **exploring the efficiency** of **teleconsultation** and **telemonitoring** programmes in the cancer field

eCAN Strengthening eHealth for Cancer Prevention & Care

Why eCAN

- The **eCAN Joint Action** aims to provide a **framework of recommendations for the integration of telemedicine and remote monitoring in health care systems.**

eCAN Strengthening eHealth for Cancer Prevention & Care

Why eCAN

- The objective is **TO REDUCE CANCER CARE INEQUALITIES ACROSS THE EUROPEAN UNION,** particularly for cross-border emergencies and health crises, such as COVID-19.

eCAN Strengthening eHealth for Cancer Prevention & Care

WORK PACKAGES

WP1 Coordination

WP2 Communication

WP3 Evaluation

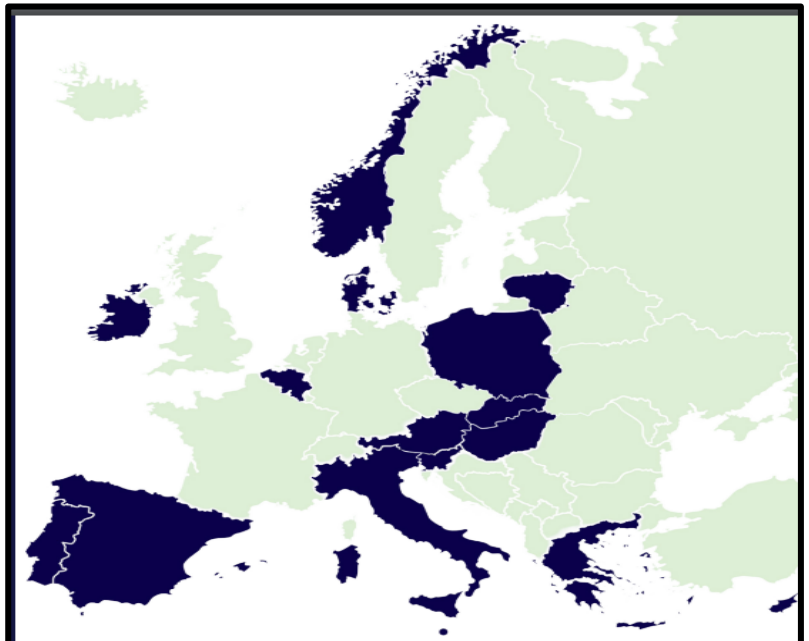
WP4 Sustainability

WP5 Teleconsultation

WP6 Legal, ethical framework & cibersecurity

WP7 Telemonitoring

WP8 Stakeholders engagement



QUICK INFO:

35 organisations

2 years 2022-2024

16 countries

5M EUR budget

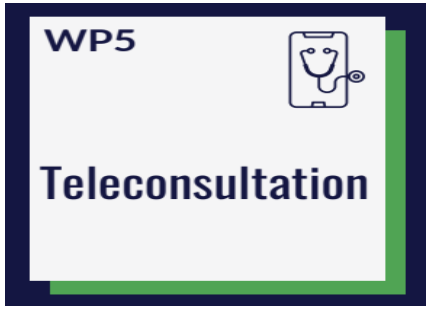
Co-funded by the European Union

Funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or HaDEA. Neither the European Union nor the granting authority can be held responsible for them.

eCAN Strengthening eHealth for Cancer Prevention & Care

HUMV/IDIVAL participated in some WP

WP5 TELECONSULTATION



TWO PILOT STUDIES
in 10 countries
Prospective/randomized/open

- Application of e-solutions for telemedicine
- Clinical Benefit
- Users experience

PILOT-1

TELE REHABILITATION

PILOT 1-A. BREAST CANCER

PILOT 1-B. HEAD AND NECK CANCER

PILOT-2

TELE PSYCHOLOGICAL SUPPORT

ADVANCED SOLID TUMORS

Objectives

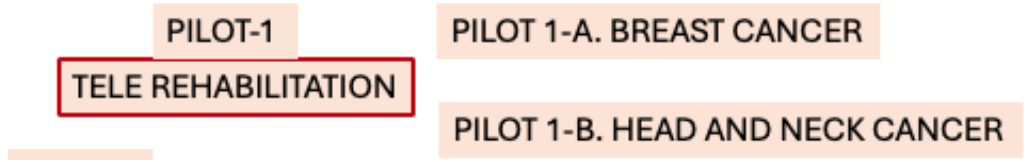
- To evaluate the effect of teleconsultation on PROMs compared with regular care with a focus on **REHABILITATION after SURGERY** in patients with either
  - BREAST CANCER. [Santander]
  - HEAD AND NECK [Seville]
- To evaluate the effect of teleconsultation on PROMs compared with regular care with a focus on **PSYCHOLOGICAL SUPPORT** in patients with advanced solid tumors
  - Santander & Seville

Objectives (II)

- To evaluate the correlation between monitoring of physical activity through portable devices (smartwatches) and PROMs

- To evaluate how user friendly these programs were

Our work in the Pilots



- **PILOT 1.A**
- **Recruitment period:** November 2023-April 2024

[delay due to technical issues with eCAN app compatible with iPhones]

- This pilot 1-A evaluated the effect of a teleconsultation program of 2 months focused on **rehabilitation after surgery for breast cancer** patients compared with conventional care
- A physiotherapist session in a weekly basis for 8 weeks
  - Sessions of 30 mins
  - Using Edumeet
  - Smartwatch [optional]

Our work in the Pilots

- PROMs and PREMs Will be recorded during the study
  - EORTC Questionnaire QLQ-C30; EVA
  - Physical parameters [Smart watches]
  - Questionnaires about user experience (PREMs)

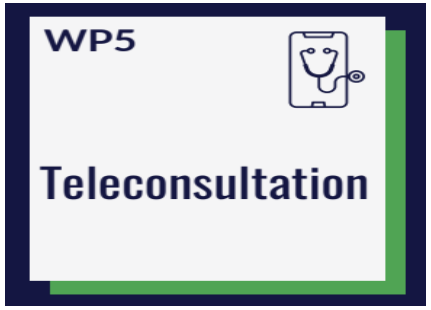
Our work in the Pilots

- **PILOT 2**
- **Recruitment period:** November 2023-April 2024
- [delay due to thecnical issues with eCAN app compatible with iPhones]
- This pilot 2 evaluated the effect of a **teleconsultation program** of 2 months focused on **remote psychological support** compared with conventional care
- A psycho-oncology session in a weekly basis for 8 weeks
  - Sessions of 30 mins
  - Using Edumeet
  - Smartwatch [optional]

Our work in the Pilots

- PROMs and PREMs Will be recorded during the study
  - EORTC Questionnaire QLQ-C30; EVA
  - Physical parameters [Smart watches]
  - Anxiety thermometer
  - Questionnaires about user experience (PREMs)

Our work in the Pilots: The numbers



TWO PILOT STUDIES
in 10 countries
Prospective/randomized/open

PILOT-1

TELE REHABILITATION

PILOT 1-A. BREAST CANCER

- 11 Control arm
- 3 Physiotherapist arm

PILOT 1-B. HEAD AND NECK CANCER

PILOT-2

TELE PSYCHOLOGICAL SUPPORT

ADVANCED SOLID TUMORS

- 3 Control arm
- 4 Psycho-oncologist

Application of esolutions for telemedicine

Clinical Benefit

Users experience

Challenges WP5

- Sometimes patients did not complete all required questionnaires due to intercurrent health complications
- Some patients complained about the complexity of the questionnaires
- Some had lack of e-skills [family support was critical]
- Some technical issues of the platform itself [access, repeated questionnaires, etc..]

Patient experience

- Those patients assigned to intervention group felt highly satisfied with the experience of Teleconsultation and with the involved professionals
  - More convenient
  - I would not go back to the classic system having this
- Those assigned to control group
  - Perhaps an easier way to complete questionnaires
- Perhaps a FAQ list or manual would help patients and HCPs

HCP experience

- Dashboard for the team was at times challenging to follow all patients and their particular situation [which questionnaires already answered vs those answered]
  - Proposed solution> Traffic light analogy

Conclusions about WP5 experience

- Cancer patients could be **ideal candidates** in some clinical settings to be involved in **teleconsultation programs**
- The possibility of **receiving care** (either physiotherapy or psychotherapy) **remotely** means a **huge improvement** [for patients and for the system]
- This dynamic could lead to **less time in hospital visits**, **less exposure to risky environment** ,**less expenses** [for both patient and hcs] and **improvement in QoL.**
- This is particularly relevant in **patients with limited support** [social or familiar], for those **with physical limitations** that complicate hospital visits and for those who **live far away from medical facilities**

BUT.....

Legal and Regulatory Barriers

- **Data protection**: Compliance with GDPR and Spain's Organic Law 3/2018 is critical for handling sensitive health data, which requires robust cybersecurity measures.

- **Lack of specific telemedicine legislation**: Absence of a clear legal framework for telemedicine creates ambiguity, especially in areas like liability, cross-regional care, and telemonitoring.

Integration with Existing Healthcare Systems

- **Coordination across autonomous regions**: Spain's decentralized healthcare system leads to disparities in telemedicine adoption and implementation between regions.
- **Interoperability**: Ensuring compatibility between different electronic health record (EHR) systems and telemedicine platforms is challenging.

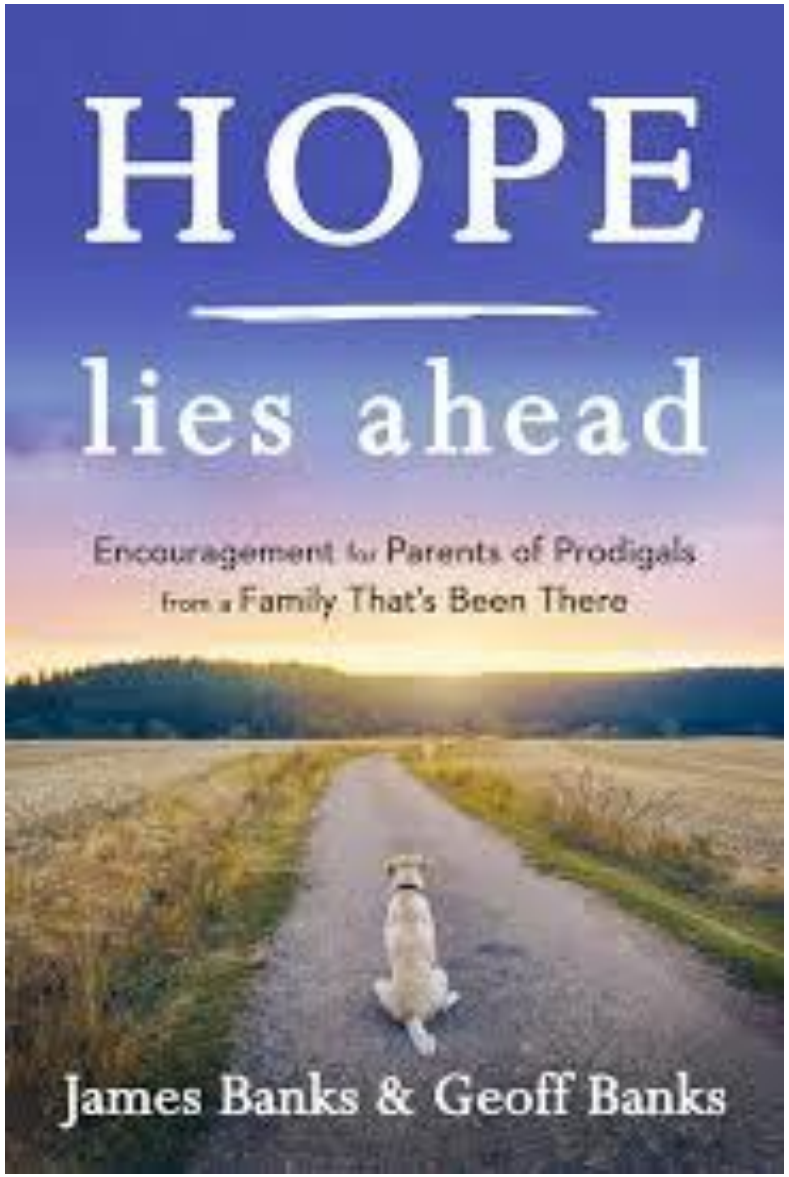
Access and Equity

- **Digital divide**: Not all patients, especially elderly individuals and those in rural areas, have access to the required technology or internet connectivity.
- **Health literacy**: Many patients and caregivers may lack the digital skills necessary to use telemedicine tools effectively.
- **Lack of standardization**: Telemedicine platforms often differ in functionality and security, leading to fragmented user experiences.
- **Connectivity issues**: Rural areas still face issues with stable internet connections, which can disrupt virtual consultations.

Opportunities for Addressing Challenges:

- **National telemedicine strategy**: Develop unified guidelines and legislation to standardize telemedicine across regions.
- **Public-private partnerships**: Collaborate with tech companies to enhance infrastructure and create user-friendly tools.
- **Patient education**: Provide digital literacy training to patients and caregivers.
- **Specialized telemedicine programs**: Design oncology-specific telemedicine initiatives, including virtual tumor boards and remote monitoring for symptoms and side effects. [Oncologia en Red in Cantabria was pioneer]

Addressing these challenges will require a concerted effort from policymakers, healthcare providers, and technology developers to ensure equitable and effective telemedicine implementation in oncology care across Spain.


HOPE
lies ahead
Encouragement for Parents of Prodigals
from a Family That's Been There
James Banks & Geoff Banks