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CONFERENCE ABSTRACT

"A European developed eHealth technology does not lead to a European implementation strategy towards (business) exploitation: a tale of two countries"

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Introduction: Telemedicine is becoming increasingly important for delivering top-quality care to European citizens to cope the aging populations, rising costs and higher demand of care [1]. It is already established that telemedicine adoption varies among different countries [2]. Furthermore, the increased need for effective business models to implement eHealth solutions is already shown [3]. A one-size-fits-all implementation strategy (derived from a generic business model) for a Pan-European e-Health innovation, will most likely not succeed without either adapting the technology and services or differentiating the business models, according to differing health and social systems [4]. This is already indicated in similar studies with Electronic Health Record cases [5]. This case study examines a European, ICT-supported e-Health service in two different health and social systems and the subsequent implementation strategies.

Methods: The PERSSILAA project was chosen as a case. This community-based, ICT supported service model was developed to detect and prevent frailty and functional decline in older adults [6]. We identified differences in a descriptive between-case-analysis for Italy and The Netherlands. Five steps were taken: 1) an inventory of the barriers, 2) review of the evidence 3) tailoring of the business models 4) implementation of the innovation and 5) assessment of the effects.

Results: A one-size-fits-all business model and hence implementation strategy turned out to fail due to differences in adoption and implementation possibilities in the two different health and social systems. We present the Italian and Dutch and implementation strategy for the PERSSILAA eHealth solution and compare the differences in the business models. These differences results in different strategies, as example how to use the innovation when Dutch users use it privately at home on a multiple devices while the innovation in Italian is community-based and use one device in a group meeting.

Conclusion and discussion: A pan-European eHealth business model and implementation strategy is an illusion. We reflect on the necessity of tailoring business models to regional context in order to allow further (business) exploitation and scale-up of eHealth solutions.

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