# Interview summary

**Interviewee**: Javier Quiles del Río (Galician Health Service, Galicia, Spain)
**mHealth Practice**: **mSaúde platform**
(Galician PPI[1] innovation Project for Patient Empowerment)
**Interviewers**: Belén Sotillos
**Date of interview**: 2020-12-11

## Topics

mSaúde platform has a successful approach to the following topics:

- Initiation > **Scope and resources**
- Execution > **Integration with eHR**
- Execution > **Solution testing and validation**

## Summary

- Flexibility as a main feature to allow adapting the tool to assessment process evolutions.

- Integration of the platform (mSaúde) with eHR

- Involvement of interested and highly specialized health professionals in the assessment process; agile ways of collaborative work.

- Towards a "federated model" for apps assessment in Europe.

## Scope of the mHealth Practice

*Background info about the good practice*

- 2012: Information Systems were traditionally more oriented to solve system and health professionals needs. The digital solutions were seen by the organization as an opportunity to empower citizens and patients, within an overall digital health framework.

- "e-Saúde" was launched in 2012 as a regional patient portal, currently there are more than 120,000 users, access to eHR and digital services, patient-oriented.

- "Telea", telemonitoring portal covering the whole health system, more specific, focused on patients with specific diseases.

- 2015: thanks to ERDF funding and Public Procurement of Innovative solutions (PPI), several projects were launched ("Código 100", market consultation developed. Outcomes including: app for diabetic patients; virtual assistant; patient health record as a place to store patient data, and mSaúde itself).

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[1] Public Procurement of Innovative solutions (PPI)

**Main topic: Solution testing and validation**

**(Integrating Assessment and Access to Health Apps)**

## Scope and timeline of the mHealth good practice implementation

See info on the "Scope of the mHealth practice" section

## Stakeholder involvement

- What stakeholders needed to be involved for the good practice to work?

There is a clear need of highly specialized health professionals to participate in the apps assessment.
Also experts in data protection must be involved and take a leading role.

## Barriers

- Apps development as a fast-changing environment.

- Potential weakness of the assessment process: time duration of that process; start-ups need to see it as an agile process; if not, the public authorities will lose the window of opportunity.

- Highly specialized health professionals profiles are not always easy to find.

- Health professionals need time to carry out apps assessment, and they not always have it.

- Health authorities have not received clear and precise orientations from supranational bodies, like EC, about non clinical apps. European efforts seem to be more focused on an HTA-oriented approach that is not fully adapted to the whole scope of clinical apps.

## Success factors

- The work developed on innovation is clearly aligned with public funding cycles (competitive calls); that funding enabled to scale up the initiatives to the whole public regional health system (e-Saúde, Telea)

- Start working with those clinical units that see a clear opportunity in using the solution; they would help to "break the ice" for deployment and become innovation champions for the whole organization. Be able to identify suitable units for pilots (i.e. sometimes smaller settings can be more dedicated to participating in a specific initiative than a bigger hospital, where there might be many other innovative initiatives).

- Creation of working groups, to build from the beginning a user-oriented solution. Importance of usability, both for citizens and health professionals.

- Flexible assessment process, adaptable to different processes and evaluation criteria. Understandable validation rules, that can be adapted to the organizational context.

- Integration of the platform (mSaúde) with eHR

- The integration with blockchain is intended to function as a decentralised registry that provides security in the exchange of information.

- Synergies between R&D centers and health system.

- Definition of Integration elements based on standards. This approach might take more time when developing the solution, but if standards are not used for the integration, the solution is then limited to just one provider (hard to scale it up).

Without standards, the validation process becomes more complex; the standards allow to have a group of tests based on standards, it is a substantial improvement both for implementation and validation.

## Lessons learnt

- During the innovation "valley stage", a key element is to obtain clear results to convince the managers about the solutions' matureness and readiness to be scaled-up, once pilots are completed.

- Application of different validation levels and flows, depending on the nature of the solution (i.e. wellness apps, clinical apps, apps with elements of integration with health systems, etc).

- The organizational model has also big influence on the design of the assessment process. In the early stages, a collaborative model is more feasible than a stable and structured Committee.

## Outcomes

- What were the main outcomes of implementing the mHealth solution?

  Patient empowerment

  It means a support both for the healthcare delivery field, and for the regulatory field (lot of apps, health authorities feel the need to provide some regulation about it, security, etc.)

- What is the status? (pilot, tested, fully operational)

  mSaúde deployment and pilot will be carried out in 2021. After this first stage, the intention is to scale up the platform to all the apps provided by IT companies in the region (Galicia), and beyond.

## Continuous learning and outlook.

- Future plans: orientation to a "federated model"; the intention is to create a platform to be integrated in a bigger network (catalogues, patient portals from other organisations).

  The means that each organisation or health system can allocate to assess mHealth solutions is limited. The collaboration between public health systems would be desirable; enable the connection between different official repositories and platforms (i.e. search engine including all the repositories)

- Future plans: assessment costs to be partially assumed by apps developers submitting their specific apps (third party apps), to make the platform sustainable.

**Annex**
5 slides provided as supplementary material



www.sergas.es
www.balidea.com

m saúde

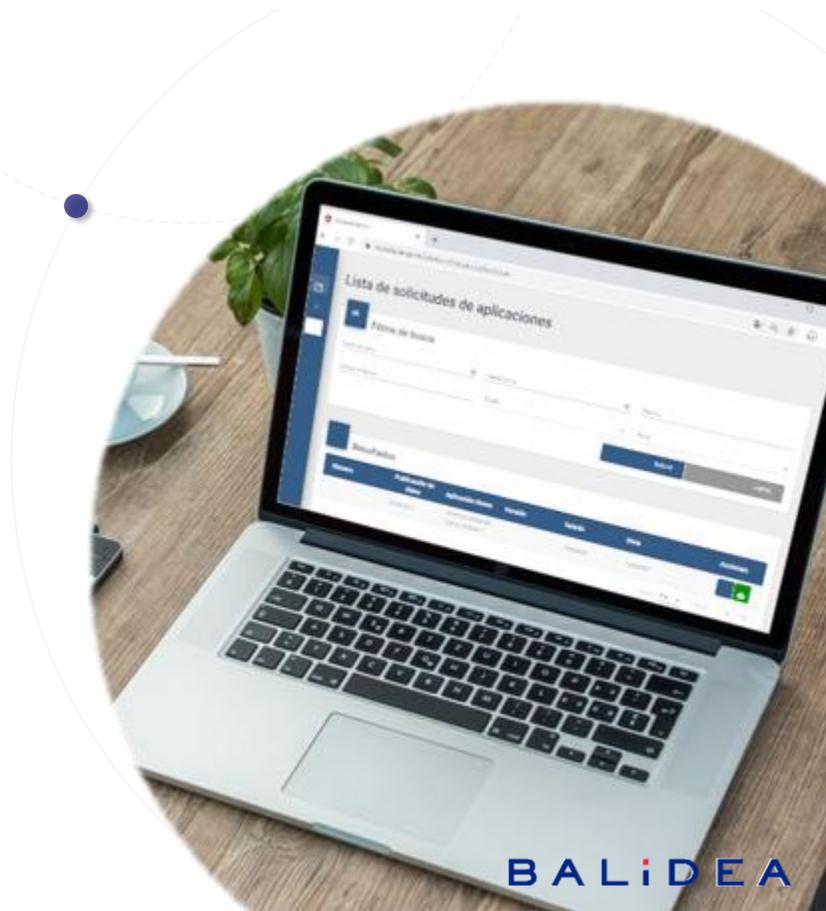Galician PPI innovation Project for Patient Empowerment

Integrating Assessment and Access to Health Apps

**Apps assessment**

Supporting the whole process:
From developers to
evaluation authority to
final users.

## Adapted to different tests and Apps clasification

mSaúde allows classification of Apps.

- **Matrix for apps evaluation**
  - Technical features
  - Functionalities
  - Five levels to determine Appsrisk level
- **Testing and assessment adapted to risk levels.**

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![mHealthHUB European - A WHO/ITU/Andalusian Regional Ministry of Health initiative]

# Integration and Federation

**mSaúde** allows integration in the Electronic Health Record system.

Provides a catalogue that can be searched using an API

Also third parties are allowed to search and find assessed APPS and find the most suitable one

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# Strong architecture: oriented to integration

Frontend and Backend separated layers.

**Java based architecture exposing open services**.

**Smart contracts on Blockchain**