



POSITION STATEMENT DIGITAL HEALTHCARE

CARE RECIPIENTS, PROXIMITY, AND DIGITAL HEALTH

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FNOPI

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EDITED BY THE FNOPI EXECUTIVE BOARD

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FOREWORD

Digital health (DH) is a focal point of Mission 6 - Health of the National Recovery and Resilience Plan (NRRP) because the new implementable service models will ensure sustainability and relaunch healthcare services in the community.

We are moving towards a system of “Connected Care”, which will offer more opportunities and implies a paradigm shift: side by side with citizens, protagonists of their care journey, aware and involved in their health choices. Therefore, DH is not just technological investment but is above all a health service perspective for citizens.

It is a key theme and the process of its implementation and enactment is far from simple: we just have to look at the planned and actual expenditure in DH. In the last two years, tenders have been announced in the country for a total value of over 2.5 billion euros; there are many and different open construction sites, which must be concluded in the short term, but which still have many issues and open questions to be addressed.

As on other occasions, if on the one hand we are witnessing a technological push that is at times pressing, with the arrival of new generations of technologies with their consequences (after the electronic health record, big data and data science, artificial intelligence, intelligent sensor systems, and the Internet of Things), on the other hand the conception of the organizational model that will have to support this impressive transformation has not been fully developed.

We are faced with systems that move at different speeds: technology, NRRP planning, organizational development, the regulatory system, and the widespread culture of people. There are two opposite risks to avoid in this: quick moves ahead, on the one hand, the loss of opportunities due to organizational and cultural passiveness, on the other.

In this situation, nursing professions are protagonists of the co-evolution of the system and intend to make a contribution both to the debate and implementation, with their own wealth of competence and many years of reflection.

FNOPI believes that Digital Health is, under certain conditions, an opportunity to protect health in the country, to which nursing professions can make an important contribution and in turn be valued for it. The Federation therefore explains its position for the success of digital health, especially regarding that part of digital health that is implemented on the community.

1. THE LAST MILE

The “last mile” is the place of proximity, which begins from the home of the person being cared for (*“The home as the first care setting”*) and develops around it, according to the logic of the theory of the so-called “fifteen-minute city”, where services are available to citizens directly, easily accessible and with the least possible impact on the citizens’ organization of their lives, thus determining the guiding criterion for choices regarding the investment, the organization and technology of digital healthcare. It is necessary to develop and implement an organizational model that provides for the active participation of the care recipients and of their private networks in a logic of co-design.

Nurses, thanks to their disciplinary relevance, contribute to the care and clinical eligibility of the persons they care for and of their private networks, also in line with “Digital Citizen Advocacy”

2. NEW HEALTHCARE NEEDS: DIGITAL FRAILITY

The spread of digital services and the push towards digital and online systems runs the risk of opening, at least in the short and medium term, a new gap, excluding many citizens who present different forms of frailty (sensorial impairment, low income, poor education, poor connectivity, language impairment, etc.). It is necessary to pay particular attention to some specific aspects:

- **Usability**, as a standard criterion for eliminating the digital divide
- **Multi-channel integration**: ensure a multiple of channels through which professionals lead citizens along the pathway that is most suitable for them
- **Progressive empowerment** of the Citizen with an approach that must be shared and built in the healthcare teams
- **Involvement of the proximity network**, in a logic of collaboration and support for the integrated management of healthcare pathways
- **Implementation of a standardized language**. The widespread adoption of a standardized nursing language is absolutely necessary, facilitate better communication between healthcare professionals and an adequate systematic evaluation of nursing outcomes.

3. THE KEY ROLE OF HEALTH EDUCATION AND RELATIONSHIPS

Relationships identify us and others, place us in a given time and space, allow us to recognize contexts and our place in the world, and give a meaning to experiences and life. Any act of care, from the most specialized to the most generic, is carried out within a relationship.

Digital health settings must strongly develop the reciprocity of the care processes, the engagement and awareness of the care recipients and their and carers. The quality of the relationship, especially in care settings mediated by digital solutions, remains an important instrument for trust, motivation, therapeutic adherence and the general outcome of the care process. Relational tools must be related to the digital literacy of the citizens and their family networks. Therefore, **the development of digital relational skills must become part of the training courses of healthcare professionals.**

4. TELECARE

Telecare is a key practice in the broad field of telemedicine. It is a professional act, or more often **a precise series of actions**, of remote interactions between the healthcare professional and the person being cared for and the informal carer, based on a set of available media: assisted telephone call, video call, sharing sets of information and/or structured data, text messages, chats or emails.

Technology must enable healthcare professionals to maintain the greatest possible control over the care setting and allow them to fully express their professional competence. At the same time, patients/carers must be sure to have the most appropriate access to healthcare professionals and their case managers. Telecare includes activities that enable patients to lead the best lifestyles and avail of good practices to maintain their health.

5. DESIGN OF SERVICES AND CARE MODELS

Technology adds value if it enables to provide new services that are more sustainable, more personalized, and capable of detecting health needs. The introduction of digital health solutions must include some basic criteria:

- **Co-designing** care models, according to a logic where developers better understand the needs of users and patients, healthcare professionals more easily exploit the opportunities that technology can open up, the care recipients express the main expectations and organizations understand the reasonable limits of the service.
- **Simplifying** the pathways for patients and improve therapeutic adherence and appropriateness.
- The review of the processes must focus on both the care recipients and their needs, and the sustainability of the healthcare system. This requires the development and review of the roles combined with the upskilling; these processes involving the **shifting** of skills and responsibilities must be identified, accompanied and governed.
- One of the objectives of redesigning the processes is the adoption of technical and organizational solutions capable of ensuring an **active model of Transitional Care**.
- The **participation** of care recipients and their carers in the care process is a key element; their awareness offers an opportunity because it influences the care outcomes while improving their perception of the service they received.

6. PROFESSIONAL RESPONSIBILITY AND DIGITAL HEALTHCARE

Professional responsibility is a specific declination of the broad concept of responsibility, which, etymologically, implies the ability (and, in terms of professional conduct, the duty) to provide answers. Being able and being called to “provide answers” means being the holders of professional knowledge, owners of that discipline, which is transposed into a professional identity of proven solidity. **In this sense, professional responsibility in the field of digital healthcare is not conceptually different from the responsibility present in any care setting**, remembering that the operational variations of digital healthcare mainly consist of means, not aims.

However, there is also a regulatory issue, based on some key points: Law 24/2017, art. 7 c.2 establishes that the services provided using “telemedicine” fall within the scope of contractual responsibility.

From a professional point of view, in order to avoid a deflation of the evolutionary thrust in digital healthcare:

1. There is a need to **amend paragraph 2 of art. 7 of Law 24/2017**, bringing the specific setting back to the scope of non-contractual liability, also in order to re balance the perimeter of professional risk; therefore, aligning it with the principles of:

- adequacy, or what we today call “evident action” or “evidence based”
- professional diligence, referred to in art. 1176 of the Civil Code and bound only to the obligation of means, modulated according to art. 2236 of the Civil Code which, in the case of services with high technical difficulty, limits liability only to cases of intent or gross negligence.

2. There is the need to **address the issue of training with respect to the development of a digital mindset, which also strongly encompasses the issue of professional liability**. The prerequisite, which is also the guiding criterion of Law 42/1999 and therefore the cornerstone of the evolution of the healthcare professions, is in fact education, aimed at developing competencies and, ultimately, at broadening the scope of specific professional competence, intrinsically connected to autonomy and, therefore, responsibility.



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