



**EDIH DATA**life  
Project

# D6.5. Strategic report on digital & healthcare

EDIH-DATALife Digital Europe Programme (DIGITAL)



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GALICIA



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# CURRENT STATE OF THE SECTOR: LEVEL OF DIGITALISATION, CAPABILITIES AND BARRIERS

## INTRODUCTION

The Spanish National Health System (SNS) is in a period of **unprecedented digital transformation**. In 2024, the initial public health budget for the seventeen regions was €79,758M, approximately 7% of the national GDP, slightly higher than the European Union average, although per capita expenditure remains below it. Technological innovation and digitalisation can help ensure sustainability and the efficient use of resources.

	2021	2022	2023	2024	% Variation 2024- 2023
<b>Overall health budget (€ million)</b>	66,214	70,920	75,743	79,758	5,30%
<b>Total expenditure on ICT by regions plus investment from the Ministry of Health and Red.es (€ million)</b>	888	960	1,146	1,111	-3.07%

*Table 1. ICT Expenditures and Investments against the health budget (Source: SEIS 2024 Index).*

In this context, the **significant investment efforts in Information and Communication Technologies stand out**, which already involved an amount of €1,111M in 2024, representing 1.39% of total public health expenditure. Therefore, as the Spanish Society of Health Informatics (SEIS) recognizes, through the SEIS 2024 report, **ICT investments are already an essential part of the health system** as necessary mechanisms to improve

accessibility, equity, quality of care and sustainability of the National Health System (NHS).

**The approach in modern healthcare becomes proactive and centred in the person**, who becomes a principal, empowered and informed actor. This **is to achieve a higher level of well-being and health for as long a period as possible**, as opposed to the prevailing reactive model so far, which is focused on the care of emergencies and ailments at the time they occur, with hardly any preventive interventions.

It is also important to remember that **people's health depends on multiple factors beyond medical care**. Social, economic and cultural determinants have a decisive influence on individual and collective well-being. Thus, digitalisation and the intelligent use of data allow us to better understand the interaction between these determinants and guide health policies towards prevention and active health promotion. **Anticipating the disease** is one of the bases of the 5P Medicine model (personalized, predictive, preventive, participatory and population-based) and patient empowerment.

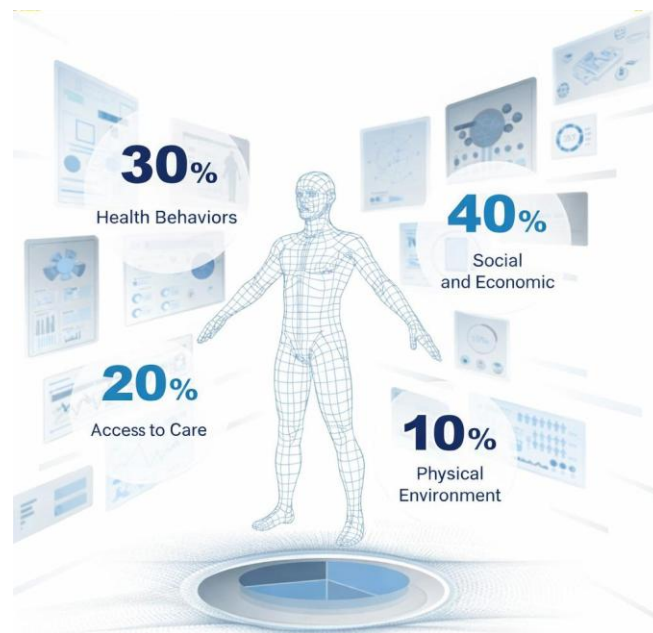


Figure 1. Factors that impact on the health and well-being of individuals.

The understanding of factors that determine health must be accompanied by technological solutions capable of acting on them. Digital transformation not only improves access to healthcare, but also optimizes resource management, shortens response times, and expands coverage to underserved populations. As the figure below shows, the application of digital technologies both in the *front-end* – using monitoring tools, remote diagnosis or hybrid care – and in the *back-end* – by automating processes and through data integration – makes it possible to improve the overall efficiency of the system.

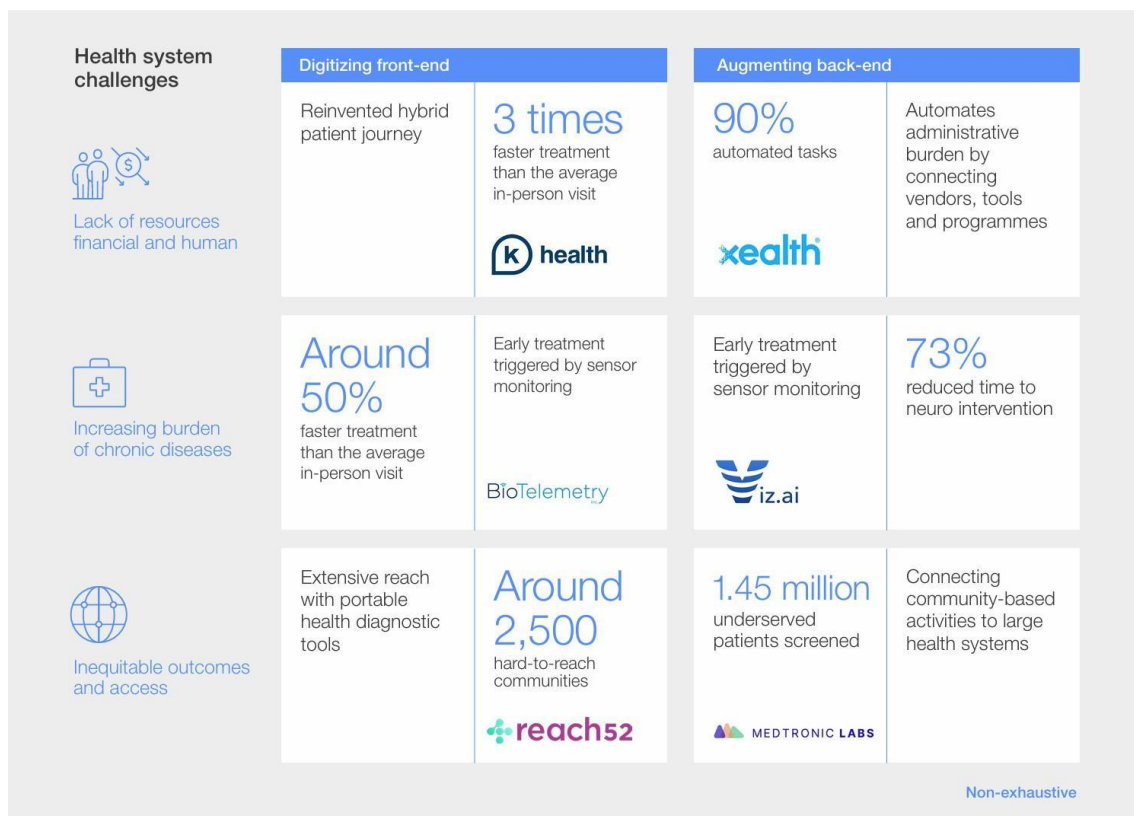


Figure 2. Digital applications and their impact on health systems (Source: Transforming Healthcare - World Economic Forum, 2024).

However, despite the transformative potential of digitalisation, its implementation requires **facing several structural and organisational challenges**. Budgetary limitations or the lack of territorial homogeneity continue to condition the pace of progress and

it will be decisive to manage these challenges to ensure that this technological evolution translates into equitable, efficient and sustainable healthcare.

## GALICIA: A MATURE DIGITAL BACKBONE AND AN EMERGING EUROPEAN AI HEALTH HUB

Galicia combines a **structurally mature public healthcare digital backbone with a dense scientific and technological ecosystem**, positioning the region as a coherent environment for the development of **digital health, artificial intelligence and data-driven medicine**.

The digital transformation of healthcare in Galicia has not been an isolated or recent initiative, but rather the result of a sustained institutional ambition led by the **Regional Ministry of Health** (Consellería de Sanidade) and the **Galician Health Service** (SERGAS). Over the past two decades, Galicia has consolidated one of the earliest fully deployed universal electronic health record (EHR) systems in Spain. This system integrates primary care, hospital and specialized services, emergency departments, diagnostic platforms and the electronic prescription network into a unified clinical backbone that supports longitudinal patient follow-up across the entire public healthcare system.

The significance of this model lies not only in its technical deployment, but in its **functional integration**. The EHR is embedded in everyday clinical workflows and operates as a shared information environment across levels of care, reducing fragmentation and enabling real-time access to structured clinical data. This has created a **stable and mature data infrastructure** that now serves as the foundation for more advanced analytics, predictive tools and AI-assisted decision support.

A particularly distinctive element of Galicia's digital evolution **is the progressive extension of this digital backbone into the socio-health ecosystem**. Given Galicia's demographic profile—characterized by one of the highest ageing rates in Europe—digital integration between healthcare providers and long-term care, residential and chronic care environments has

become a strategic necessity. Information flows increasingly support continuity of care for dependent and polymedicated populations, improving coordination and strengthening proactive management of complex cases. In this sense, digitalization in Galicia is not merely a modernization effort, but a structural response to demographic sustainability challenges.

This institutional digital maturity is reinforced by a robust research and innovation ecosystem. The three accredited health research institutes — **FIDIS, INIBIC and Instituto de Investigación Sanitaria Galicia Sur** — function as translational hubs linking hospital practice, clinical research, biobanking and applied innovation. They provide real-world environments for validating digital solutions and AI-based tools in clinical settings.

In the field of precision medicine, the **Fundación Pública Galega de Medicina Xenómica (FPGMX)** represents a strategic asset. Through large-scale genomic analysis and molecular diagnostics, FPGMX supports personalized healthcare strategies and population-based genomic initiatives. Within this framework, the **Xenoma Galicia project** stands out as one of the most ambitious regional genomic initiatives in Europe, aiming to integrate genomic information into routine clinical practice and population health strategies. By combining genomic data with clinical records, Galicia is strengthening the foundations for predictive, preventive and personalized medicine at scale.

Academic capacity further amplifies this ecosystem. The three public universities — **Universidade de Santiago de Compostela, Universidade da Coruña and Universidade de Vigo** — contribute advanced research in artificial intelligence, data science, bioinformatics, cybersecurity and digital communications. Through specialized research centres, they generate critical mass in AI-driven modelling, medical imaging analysis, computational biology and secure data architectures.

The applied dimension of this ecosystem is strengthened by technology centres such as **Gradient**, which contribute capabilities in AI development, cybersecurity, advanced manufacturing and digital systems deployment. However, a **central infrastructural pillar is the CESGA, the Galician**

**Supercomputing Centre.** CESGA provides high-performance computing infrastructure essential for training complex AI models, large-scale biomedical simulations and genomic data processing. Its computational capacity constitutes a structural enabler for advanced analytics and AI applications in health.

Building on this foundation, Galicia is set to host the European sector-focused **AI Factory in health (1HealthAI)**, integrated into the European network of AI Factories. This “super-factory” for AI applied to health will leverage supercomputing infrastructure, secure data environments and clinical validation capacity to accelerate the development, testing and deployment of AI solutions in regulated healthcare contexts. Its sector-specific focus in health positions Galicia as a strategic European node for AI-enabled medicine and alignment with the European Health Data Space (EHDS).

Complementing these infrastructures, the **DATAlife Digital Innovation Hub has developed a multisectoral data space demonstrator in collaboration with CESGA.** This environment enables secure experimentation, proof-of-concept validation and SME digital acceleration, reinforcing Galicia’s capacity to act as a living laboratory for health data innovation.

Despite these strengths, structural challenges remain, particularly in the availability of hybrid professional profiles combining clinical expertise, advanced data analytics, AI literacy and cybersecurity competencies. While Galicia offers strong academic programmes in medicine, engineering and data science, greater transversal integration is required to fully exploit the digital backbone already in place. Strengthening interdisciplinary training pathways, promoting mixed clinical-technological careers and embedding continuous digital upskilling within the healthcare workforce will be essential to sustain the next phase of transformation.

Taken together, Galicia’s universal EHR model, socio-health digital integration, genomic ambition through Xénoma Galicia, supercomputing infrastructure at CESGA and forthcoming OneHealth AI Factory create a coherent and scalable digital health ecosystem. The region’s trajectory

reflects not only a modernization strategy, but an ambition to position itself as a European reference environment for intelligent, data-driven and sustainable healthcare.

The early and sustained digitalisation of Galicia's public healthcare system has not only transformed clinical practice and research capabilities, but has also acted as a powerful industrial catalyst. The early deployment of a universal electronic health record and the progressive consolidation of digital infrastructures generated, over time, a specialised business ecosystem around health IT, data management and digital transformation services.

A significant number of Galician technology companies have grown alongside the evolution of SERGAS' digital architecture, developing expertise in healthcare information systems, interoperability, analytics, cybersecurity and large-scale system integration. Companies such as **Plexus Tech, Balidea, Bahía Software, Sivsa and Coremain** have built strong capabilities in healthcare digital transformation projects, many of them directly linked to the evolution of regional public health infrastructures.

At the same time, the maturity of the Galician digital health environment has attracted and consolidated the presence of **large international technology firms**. Companies such as **DXC Technology** and **NTT Data** have significantly expanded their activity in the region, leveraging Galicia's stable public digital health backbone and skilled workforce to develop and scale health IT services. In many cases, these firms have not merely operated locally but have reinforced their delivery and innovation capacity from Galicia for national and international healthcare markets.

This dual dynamic — the growth of local specialised SMEs and the strategic reinforcement of multinational technology providers — has created a dense and experienced industrial layer capable of supporting large-scale health digital transformation projects. The ecosystem now covers the full spectrum of services: core clinical systems, interoperability platforms, AI integration, cybersecurity, cloud migration, data governance and advanced analytics.

Importantly, this industrial fabric did not emerge from isolated public

procurement processes, but from a sustained trajectory of early digital adoption that provided continuity, technical depth and learning curves over time. The result is a region where public healthcare digital maturity and private technological capability have evolved in parallel, reinforcing one another.

In this sense, Galicia's early commitment to digital health has generated not only institutional modernization, but also industrial specialization. Today, **the region hosts a consolidated cluster of health IT expertise capable of supporting next-generation initiatives such as genomic integration, AI-assisted clinical decision support, data space deployment and the forthcoming European sector-focused AI Factory in health.**

## CHALLENGES AND BARRIERS

**The digital transformation of the NHS** has advanced steadily in recent years, driven by technological modernisation and the change in the healthcare model. The progressive incorporation of digital tools has improved operational efficiency and facilitated more equitable access to health services. This process has laid the foundations for an increasingly interconnected ecosystem.

However, **the consolidation of the model still faces important challenges that limit its uniform development** throughout the national territory. Factors such as differences in digital maturity or the lack of professionals with mixed health-technology profiles make it difficult to move towards fully digital and integrated healthcare. These factors show that the transformation of the NHS does not only depend on technology, but also on the capacity for coordination, planning and organisational change of the institutions that make it up.

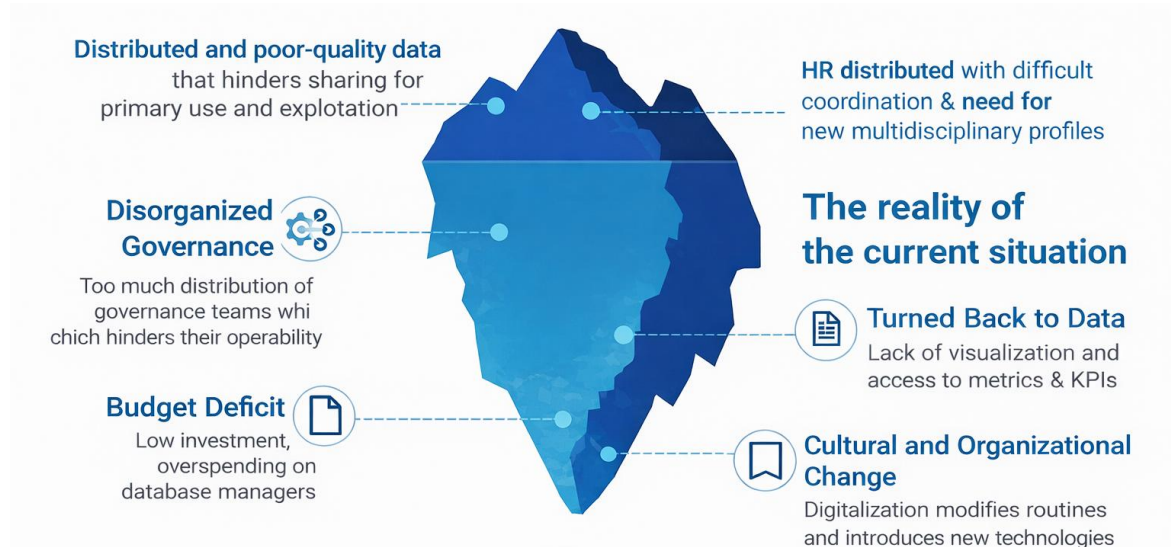


Figure 3. Challenges and barriers to the digitalisation of the NHS (Source: Digital Health Strategy of a region belonging to the NHS).

Among the main challenges are the following:

1. **Territorial fragmentation.** The decentralized structure of the NHS, where each region has its own health competencies, causes **significant differences in the degree of digital maturity** between them. While in some communities interoperable medical records, telecare platforms and consolidated artificial intelligence projects have been implemented, others remain more limited and outdated, which hinders technological **standardization** and interterritorial coordination. This is reflected in graphs such as the one in Figure 4.

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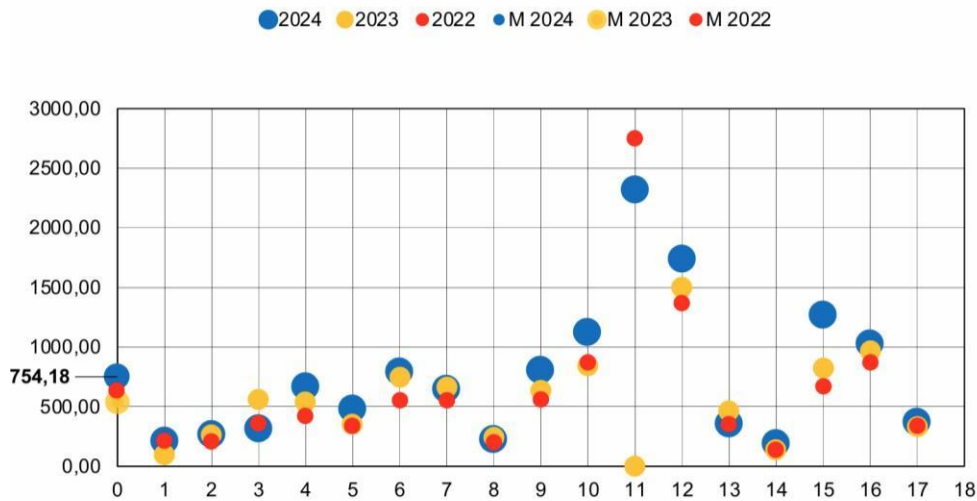


Figure 4. Expenditure on vertical information systems per 100,000 people in the protected population (Source: SEIS Index 2024).

2. **Budgetary constraints.** Although ICT spending has been growing progressively, in 2024 it barely represented **1.39%** (see Table 1) **of the total health budget**. The lack of financial stability in technology budgets prevents long-term planning and slows down the renewal of infrastructures and information systems.
  
3. **Shortage of specialized profiles.** The demand for professionals with hybrid knowledge in health and technology far exceeds the available supply. This lack **limits the capacity to implement and maintain digital projects** and highlights the need for programmes that promote digital skills, **training and integration of professionals**. It is equally important to apply active policies to attract and retain talent.

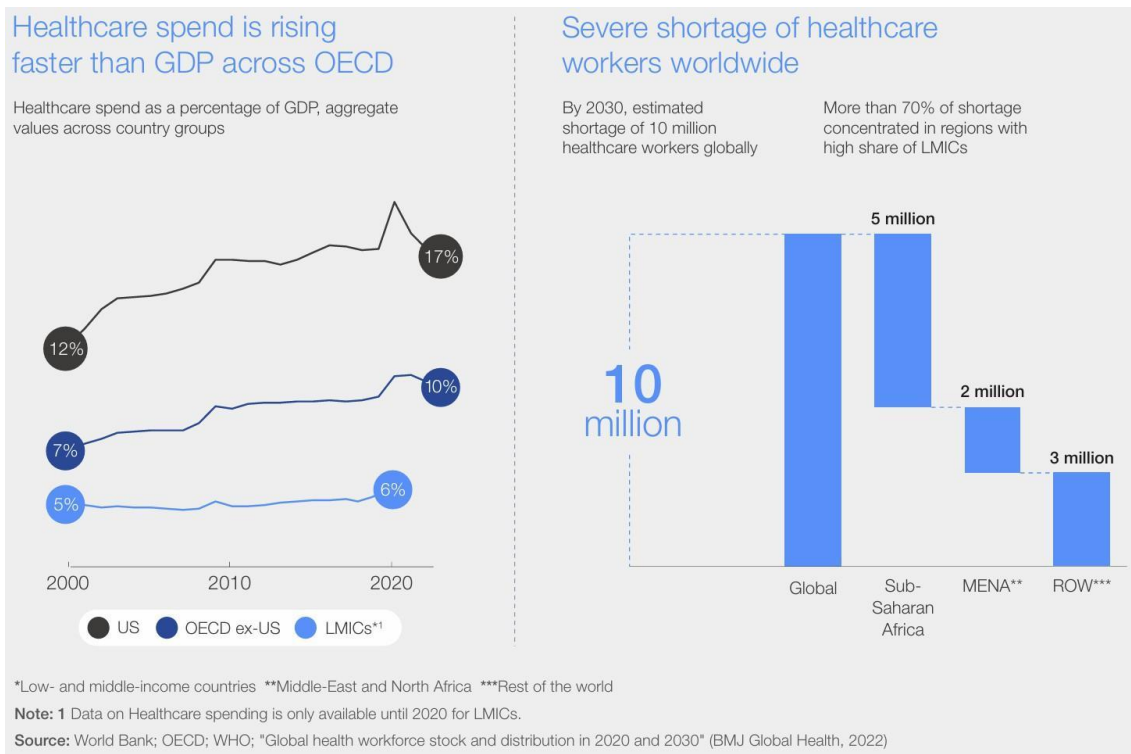


Figure 5. Increase in health spending in the face of rising GDP and lack of health personnel (Source: Transforming Healthcare - World Economic Forum, 2024).

- Lack of visualization and access to metrics and indicators.** The absence of homogeneous systems for **monitoring, evaluating and tracing** results makes it difficult to measure the real impact of digital transformation. Lack of access to consolidated key indicators (KPIs) and dashboards limits the ability of public administrations to **make evidence-based decisions** and adjust strategies based on their effectiveness. Strengthening data analytics and transparency of results is essential for efficient governance.
- Cultural and organizational change.** Digital transformation requires a review of work processes and routines, accompanied by a culture of innovation that favours the adoption of new technological tools. **Without the active involvement of both healthcare teams and managers, projects can remain isolated initiatives** with no real impact on healthcare practice.

Taken together, these challenges reflect the **complexity of moving towards a fully digital** and interoperable healthcare system, where technology is a key cross-cutting tool to improve the quality of care, reduce territorial inequalities and strengthen the sustainability of the NHS.

### SITUATION OF THE NHS WITH RESPECT TO EUROPEAN COUNTRIES

In the European context, Spain has **an intermediate-high digital maturity profile, ranking above the European Union average** in indicators such as the "Composite eHealth Indicator Score" – an aggregate metric that assesses the level of development of digital health systems in terms of citizen access, interoperability, security and use of clinical data for healthcare management.

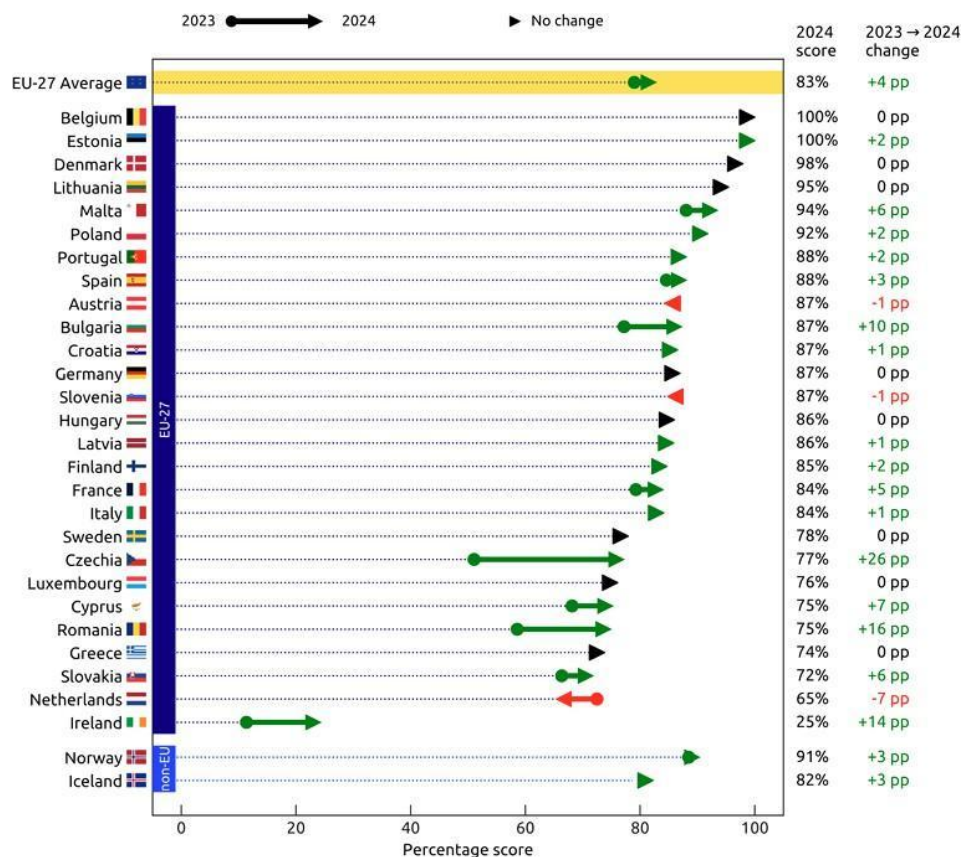


Figure 6. Changes in the Composite eHealth Indicator Score (Source: Digital decade eHealth indicator study. European Commission, 2025).

According to the results of this index, Spain has shown sustained **progress** in recent years, with a three-point improvement in the global digital maturity metric. The country is in a prominent position with respect to the EU average, although **it is still behind European leaders** – such as Denmark, Estonia and Belgium.

**This context shows that we have a solid technological base and a growing political commitment to the digital transformation** of the health system, supported by instruments such as the [NHS Digital Health Strategy](#) and the European funds of the Recovery and Resilience Mechanism. However, achieving the scores of leading countries will require **strengthening sustained investment in technological innovation, improving both national and European coordination and promoting the use of health data.**

In short, the NHS is at an intermediate but decisive **stage of maturity**, in **which technological advances are beginning to translate into tangible improvements in management and health care.** The efforts of the national and regional public administrations and other agents in the sector are shaping an increasingly cohesive digital ecosystem.

# KEY TECHNOLOGIES IN DIGITAL HEALTH

## FUTURE OF HEALTHCARE: THE PATIENT AS A DRIVER OF CHANGE

Delving into the previously used concept of person-centred care, the digitalisation of the Spanish healthcare system represents much more than technological modernisation: it is **a structural and cultural transformation that redefines the role of the patient in the healthcare ecosystem**. One of the priority objectives is to **place the citizen at the centre of the care process**, turning them into an active and informed agent.

The digital transformation of the healthcare system is not only about the incorporation of technological tools, but also about a reconfiguration of the **relationship between the patient and the healthcare system**. The traditional model, more reactive and focused on treating the disease, is giving way to a **more** proactive, preventive and **personalized approach**.

**Access to information, the availability of real-time data and the proliferation of digital tools** – such as mobile applications, *wearable* devices or tele-monitoring platforms – are **the basis for change in the healthcare experience**. Today, the person is not limited to receiving care at specific times, but interacts continuously with the health system, controls biomedical parameters and contributes to the creation of value in the care cycle.

This new vision represented in Figure 7 places the **patient at the centre of a collaborative ecosystem**, where all actors interact through digital information flows that favour the coordination, efficiency, and personalization of care.

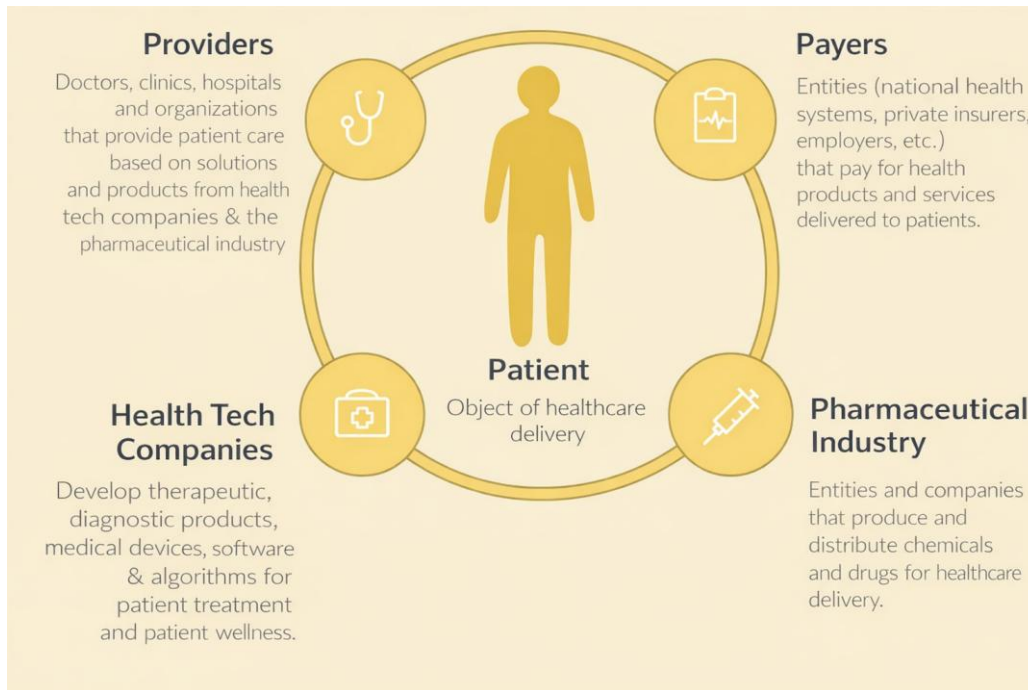


Figure 7. Healthcare ecosystem. (Source: Own elaboration based on Ministry of Health data)

This evolution towards a more active and connected patient translates into new patterns of relationship with the health system, where digital access to information becomes an element of citizen empowerment. The **growing use of Electronic Health Records (EHRs)** reflects this transformation (see Table 2).

Electronic Health Record (EHR)	2021	2022	2023	Valor (2024)	% over total (2024)	% Variation 2024 - 2023
Spanish regions in which citizens can access their EHR through a mobile APP	13	15	16	16	94,12%	0,00%
Spanish regions in which citizens can incorporate data into their EHR via the	6	7	7	7	41,18%	0,00%

<b>Internet</b>						
<b>Number of citizens who have updated their EHR data via the Internet (*)</b>	51.224	1.198.313	980.421	2.438.929	14,40%	148,76%

(\*) Indicator included from 2021

Table 2. Access to Electronic Health Records (EHR) (Source: SEIS Index 2024).

The EHR allows patients to consult, update and share their own health data, reinforcing their autonomy and continuity of care between professionals and levels of care. The degree of access and participation of citizens in the management of their information has been consolidated as a key indicator of digital maturity and patient involvement in the management of their well-being.

## PRIORITY PROJECTS

The progress of healthcare digitalisation in Spain is materialised in a wide variety of **initiatives promoted by the regions** which reflect the institutional commitment to the transformation of the NHS. These initiatives seek **to improve operational efficiency, increase the quality of care and respond to the new demands of patients**, who demand more personalized and data-based care.

The **priority projects of the regions** are shown in the following table, prepared from the [SEIS 2024 Index](#). Each community identified and ranked its five most relevant initiatives, weighted according to their impact.

Trends 2024 (Priority projects)	P1	P2	P3	P4	P5	Weighted score (*)
Data analysis and Knowledge generation	20	4	6	2	-	32
Integrating AI into healthcare practice	10	8	3	-	-	21
Electronic Health History	15	-	3	-	-	18
Personal Health Folder / Channel	5	4	3	2	-	14
Cybersecurity	5	4	3	-	1	13
Personalized Medicine	-	8	-	2	1	11
Technological evolution of infrastructures	5	4	-	-	-	9

Autonomous Communities were asked to identify planned ICT projects and rank them from 1 (highest priority) to 5 (lowest). The chart shows how many regions assigned each priority level to each project.

A weighted score was then calculated:

$$P = (P1 \times 5) + (P2 \times 4) + (P3 \times 3) + (P4 \times 2) + (P5 \times 1),$$

where P is the total score. This approach reflects the non-linear weight of priorities, highlights the most relevant projects, and reduces dispersion compared to a non-weighted count.

*Table 3. List of priority projects (Source: SEIS 2024 Index).*

Among the main trends, **data analysis and knowledge generation** stands out, with the highest score (32 points). This area is key for evidence-based clinical and management decision-making, allowing the anticipation of risks, identification of population patterns or the design of more precise preventive strategies. This development is essential to move towards a more predictive and results-oriented system.

In second place is the **integration of AI into healthcare practice** (21 points). AI is revolutionizing diagnostic and therapeutic processes, supporting

healthcare professionals through algorithms that can analyse large volumes of clinical data, medical images, or electronic records quickly and accurately. Onboarding not only increases efficiency, but allows for **more personalized, safe and patient-centred care**.

## THE VALUE OF DATA IN THE HEALTHCARE ECOSYSTEM

The digitalisation of the healthcare system has positioned **data as a strategic and cross-cutting resource** for improving healthcare, management and planning. The ability to **collect, analyse and use data safely and efficiently** largely determines the level of maturity and sustainability of a health system.

The exponential growth of digital tools has made it possible to have **unprecedented volumes of information**. Despite this, the value of data does not lie in the quantity, but in the quality, accessibility, interoperability and ethical use. Properly managing the flow of information is key to moving towards personalised, intelligent and results-based healthcare.

Information such as the increase in expenditure on data communications in the NHS (see Table 4) reinforces the move towards a **data-based model** in which clinical, administrative and population information can be integrated and reused. This approach allows for improved health planning, strengthening biomedical research and facilitating the application of new technologies.

	2021	2022	2023	2024	% of ICT budget (2024)	% change 2023 - 2024
<b>Expenditure on data communications (in thousands of €)</b>	56.149	63.044	70.514	75.544	8,90%	7,13%

*Table 4. Expenditure on data communications at the national level (Source: SEIS Index 2024).*

Proper **data governance** has become an essential requirement to promote

a modern and efficient healthcare system. Maintaining the security and privacy of patients in communications is key to building a cohesive digital ecosystem. The **new European Health Data Space (EHDS)** will open the door to cross-border collaboration in research, public health and innovation, putting citizens at the centre of control of their own data.

In addition, the intelligent use of data will allow the implementation of value-based health processes, an approach that measures clinical outcomes and the patient experience in relation to the resources used. This perspective makes it possible to **evaluate the effectiveness of health interventions**, identify which practices are most efficient and guide decisions towards the continuous improvement of the system.

In short, data is an **invisible infrastructure** on which the digital transformation of the NHS is based. Its organization, protection and use will allow progress towards a health based on value and transparency.

## ARTIFICIAL INTELLIGENCE

With the growing amount and value of data and the need to analyse it quickly, a tool emerges that is already fundamental in the digital transformation of the healthcare system: **artificial intelligence**. In this new paradigm, AI is not limited to automating tasks but also shows itself to be **a strategic ally for clinical decision-making, resource planning and the improvement of the quality of care**.

**The progressive integration of AI is one of the priorities** of the Spanish regions (see Table 3) and is already enabling significant progress in areas such as:

1. **Diagnostic imaging**, where AI systems can detect lesions or alterations with similar and even superior accuracy than humans.
2. **Natural language processing**, applied to the automatic transcription of reports and extraction of relevant information from clinical histories.

3. **Clinical risk prediction and population management**, which allows anticipating readmissions or prioritizing preventive interventions
4. **Optimisation of healthcare management** through algorithms that help plan resources, manage healthcare demand or detect inefficiencies in processes.

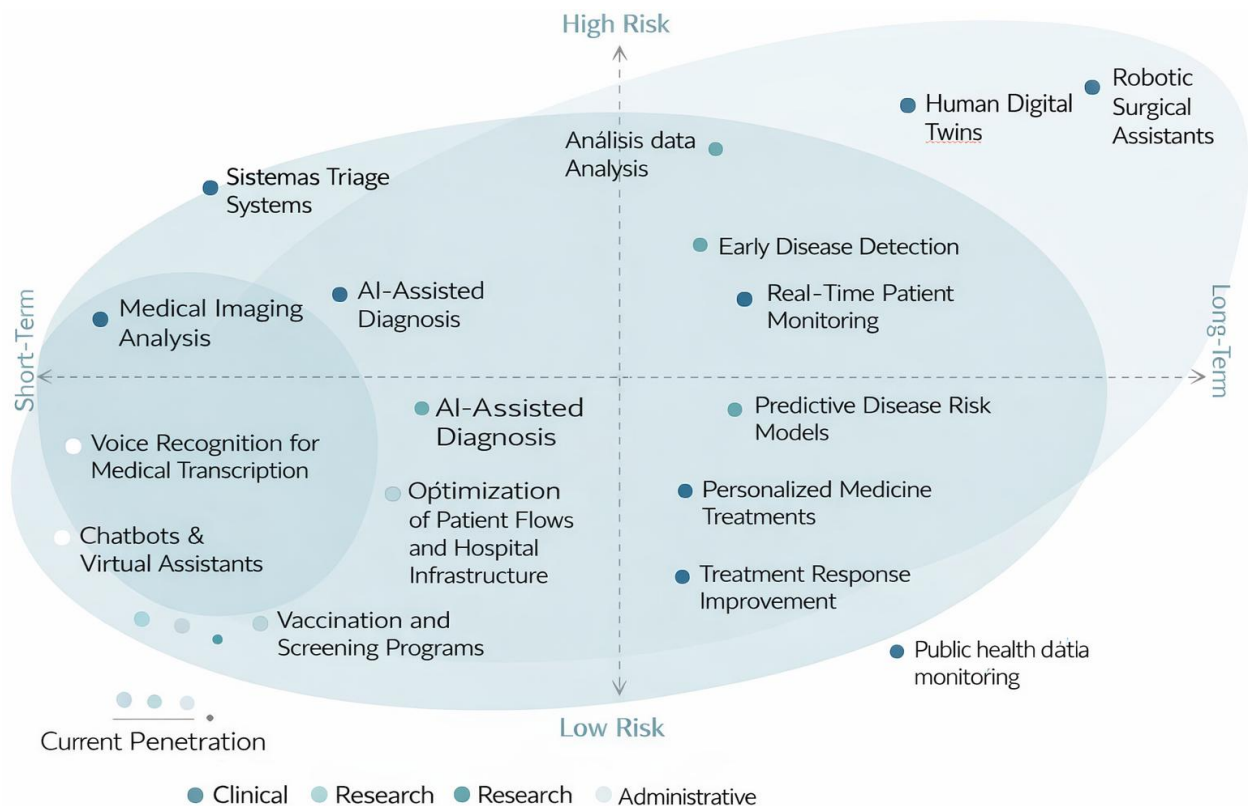


Figure 8. Degree of penetration of AI-based solutions in the healthcare environment. (Source: Artificial Intelligence Strategy of the Spanish National Health System)

The adoption of AI offers enormous potential to improve equity and **ensure the sustainability** and safety of the healthcare system, but it also poses relevant challenges such as the need for **robust regulatory frameworks** or the **guarantee of transparency and explainability of algorithms**.

In short, AI represents one of the **most powerful engines of the healthcare of the future**, capable of transforming care into a more predictive, efficient

and personalized process. Its integration under ethical criteria and value in health will make the difference between a merely technological use and a **people-centred healthcare revolution**.

## CYBERSECURITY

The advance of digitalization and the incorporation of technologies such as artificial intelligence, interoperable systems and the use of the cloud have multiplied the volume and sensitivity of the information managed by healthcare organizations. In this context, **cybersecurity** has become another **fundamental pillar to guarantee trust, data protection and continuity of care in the digital health ecosystem**.

Health **systems and hospitals are one of the priority targets of increasing cyberattacks** due to the high value of healthcare data. This can compromise the integrity of records, paralyze services, or put citizens' privacy at risk. Therefore, **information security** must be a **strategic element** that must focus on the organisational culture of the NHS

The Spanish regions have made progress in the implementation of **Cybersecurity Operations Centres (SOCs) and Incident Response Teams (CERTs)** for continuous monitoring, early detection and coordinated response to threats. However, these services have an uneven development between the different territories, as shown in the following table.

	2021	2022	2023
Spanish regions with a SOC/CERT in their Health Service (SS) or in the Ministry of Health (CS)	4	8	8

Spanish regions in which SOC/CERT is a service of the SS or the SC	2	5	5
Spanish regions in which the SS or CS is certified in the National Security Scheme (ENS)	-	1	1

Table 5. Characteristics of SOC/CERTs (Source: SEIS 2024 Index).

These data show the need to continue strengthening the cybersecurity infrastructure of the health system, guaranteeing protection through compliance with the **National Security Scheme (ENS) and the General Data Protection Regulation (GDPR)**, while promoting awareness and continuous training of professionals.

In addition, the **adoption of secure technologies** by design, such as multi-factor authentication, data encryption, or network segmentation, and the **development of incident response and recovery protocols** are essential elements to mitigate risks and ensure the resilience of the system.

In short, **digital health cannot exist without security**. Citizens' trust in technological solutions and the success of digital transformation depend directly on the system's ability to protect information, ensure privacy and keep services operational in critical situations. **Strengthening cybersecurity is not only a matter of technical protection, but a necessary condition for consolidating a robust and ethical healthcare model.**

# DECALOGUE OF RECOMMENDATIONS FOR PUBLIC ADMINISTRATION

The digitalisation of the healthcare system requires a coordinated strategic vision from the public administration, capable of guiding modernisation efforts and guaranteeing equity between territories. A series of **key recommendations have been identified to** guide the evolution of the healthcare model, revolving **around three main axes: the patient, the organisation and healthcare professionals.**

1. In the **patient sphere**, priorities are oriented towards the evolution of the relationship with the patient (proactive patient), disease prevention and personalised care.
2. At the **organizational level**, it highlights the need for value-based processes, to guarantee the sustainability of services and to apply data medicine, integrating artificial intelligence under ethical and secure frameworks.
3. Finally, in the **field of professionals**, the importance of attracting and retaining talent, training and integrating new hybrid health-technology profiles, capable of accompanying the digital transformation, is emphasized.

These recommendations are summarised in the following **decalogue:**

# Recommendations DeClagoue For Healthcare Providers



## 1 Evolve the Relationship Model

- Adopt to the new role of proactive patient.
- Facilitate 360° care and follow-up.
- Minimize displacements, follow the patient

## 2 Get Ahead of Disease

- Perform personalized monitoring of population and individuals.
- Analyse predictive models based on available data.
- Consider multi-dimensional risk factors

## 3 Personalize Care

- Evolve the management of chronic disease.
- Segment patients
- Care specialization in chronic conditions

## 4 Apply Value-Based Health Processes

- Carry out clinical procedures oriented to effective objectives.
- Detect adaptation-market needs.
- Implement purchases based on value and outcomes.

## 5 Ensure Service Sustainability

- Allocate new revenue lines and funding under the current objectives.
- Reassess and eritison unnecessary processes
- Set so efficiently outcomes based contracts and partnerships.

## 5 Ensure Service Sustainability

- Allocate new revenue lines and funding under the same value criteria.
- Reassess and shorten unnecessary processes and value-based processes.

## 7 Apply Data Medicine

- Organize intensive gathering and integration of data.
- Use quality information to generate knowledge and identify patterns.
- Apply predictive, stratification, and recommendation models (populational, medical guidelines, EHOs)

## 8 Smart Medicine - Artificial Intelligence

- Define policy and governance structures for its application.
- Intermengtion and incentive programs facused on efficiency.
- Avail later, retic wrk for all selected postions

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- Apply predictive, stratification, and recommendation models. (populational, medical guidelines, EHOs)

## 8 Smart Medicine - Artificial Intelligence

- Define police and governance structures for its application.
- Integrate AI into operational processes and decision-making.
- Avail late remote work for lineared, and positions

## 9 Attract and Retain Talent

- Optimize professional attraction and retention processes.
- Offer recognition and incentive programs focused on
- Facilitate remotework for 'all selected positions

## 10 Prepare and Integrate Professional Roles

- Ehable interdisciplinary working groups (CT), bioscientific, etc.).
- Equip professionals with profiles adapted to new demmands
- Continuuusly train in all AI and new technology advancements

