



Six Drivers to Face the XXI Century Challenges and Build the New Healthcare System: “La Salute in Movimento” Manifesto

Francesco Blasi^{1,2}, Enrico Gianluca Caiani³, Matteo Giuseppe Cereda⁴, Daniela Donetti⁵, Marco Montorsi^{6,7}, Vincenzo Panella⁸, Gaia Panina⁹, Felicia Pelagalli^{10,11*} and Elisabetta Speroni⁹

¹ Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy, ² Internal Medicine Department and Respiratory Unit, Fondazione IRCCS Cà Granda Ospedale Maggiore Policlinico di Milano, Milan, Italy, ³ Department of Electronics, Information and Biomedical Engineering Department, Politecnico di Milano, Milan, Italy, ⁴ Eye Clinic, ASST Fatebenefratelli Sacco, Milan, Italy, ⁵ Azienda Sanitaria Locale di Viterbo, Viterbo, Italy, ⁶ Department of Biomedical Sciences, Humanitas University, Pieve Emanuele, Italy, ⁷ Department of Surgery, Humanitas Research Hospital IRCCS, Milan, Italy, ⁸ Order of Malta Healthcare Network – Rome, Rome, Italy, ⁹ Novartis Farma SpA, Origgio, Italy, ¹⁰ Culture srl, Rome, Italy, ¹¹ Sapienza University, Rome, Italy

OPEN ACCESS

Edited by:

Gilles Guillot,
World Health
Organization, Switzerland

Reviewed by:

Georgi Iskrov,
Plovdiv Medical University, Bulgaria
Ricardo Valentim,
Federal University of Rio Grande do
Norte, Brazil

*Correspondence:

Felicia Pelagalli
feliciapelagalli@culturesrl.eu

Specialty section:

This article was submitted to
Digital Public Health,
a section of the journal
Frontiers in Public Health

Received: 09 April 2022

Accepted: 07 June 2022

Published: 29 June 2022

Citation:

Blasi F, Caiani EG, Cereda MG, Donetti D, Montorsi M, Panella V, Panina G, Pelagalli F and Speroni E (2022) Six Drivers to Face the XXI Century Challenges and Build the New Healthcare System: “La Salute in Movimento” Manifesto.
Front. Public Health 10:876625.
doi: 10.3389/fpubh.2022.876625

The aging of the population, the burden of chronic diseases, possible new pandemics are among the challenges for healthcare in the XXI century. To face them, technological innovations and the national recovery and resilience plan within the European Union can represent opportunities to implement changes and renovate the current healthcare system in Italy, in an effort to guarantee equal access to health services. Considering such scenario, a panel of Italian experts gathered in a multidisciplinary Think Tank to discuss possible design of concepts at the basis of a new healthcare system. These ideas were summarized in a manifesto with six drivers for change: vision, governance, competence, intelligence, humanity and relationship. Each driver was linked to an action to actively move toward a new healthcare system based on trust between science, citizens and institutions.

Keywords: data analysis, digital technology, health, healthcare system, science literacy, COVID-19

INTRODUCTION

Health is a central concept for human beings, and good health is both a necessity and a right. The World Health Organization defines health as “a state of complete physical, mental, and social well-being not merely the absence of disease or infirmity” (1). Accordingly, health includes both the prevention of diseases and maintenance of well-being in every aspect of life, from physical to mental health and the ability to participate in social activities.

The XXI century has already posed important challenges for the management of health. The COVID-19 pandemic highlighted the strong interconnections between health, policy decision making and professional and social activities, underlining critical points of the current European and Italian healthcare systems. Indeed, COVID-19 has stressed healthcare system globally, urging a series of interventions spanning from economic policies to governance and ethics, implying collaborations between countries and among different institutions within the same country (2, 3). This unprecedented event added additional challenges for the healthcare system, such as the stable

increase of the world's population (4) and its aging (5) together with the growing burden of chronic diseases (6).

The development of a new, composite healthcare system represents the path for health management in the new century with the need for programs that facilitate the approach to the dimension of health (7, 8). In addition, the pandemic has shown how new digital solutions (telemedicine, wearables, artificial intelligence) can help in improving the quality of health and well-being. These new technologies have provided strategic support for healthcare systems to reach a greater proportion of the population, assuring more streamlined monitoring and assistance within both the national context and in a shared European scenario (9, 10). The recent finalization of national recovery and resilience plans within the European Union (11, 12) is an unprecedented opportunity for development and reforms for Italy to implement and renovate its public administration and healthcare system, in the effort to minimize social differences and guarantee equal access to health services.

To provide suggestions aiming to reach these goals with specific reference to the Italian healthcare system, a multidisciplinary Think Tank was set up by several representatives of Italian Institutions, private company, academia and associations within the social project called "La Salute in Movimento". Starting from the general evaluation of the current Italian situation, and with an eye to the international scenario, the Think Tank explored new ideas and proposals to be implemented in the Italian healthcare system. Herein, we report the statements of the project, which calls for objectives and actions that may be helpful to policymakers to highlight the need for a systemic approach to health issues, to contribute to the generation of a more modern and sustainable healthcare system.

POLICY OPTIONS AND IMPLICATIONS

The Six Drivers for Change: The Pillars for a New Concept of Health

A panel of experts and key opinion leaders belonging to different areas within the Italian society (academia, medicine, pharmaceutical industry, philosophy, psychology, technology, non-profit organizations) gathered in a multidisciplinary Think Tank to discuss ideas and critical points to face the new challenges of the XXI century, and to design a vision for a renewed Italian healthcare system. This discussion started from considerations on the building blocks of the health system as described by the WHO (service delivery, health workforce, health information systems, access to essential medicines, financing, and leadership/governance) (13) and followed the related issues pointed out by each discussant.

The panelists organized their discussion into a manifesto summarizing the features of global, sustainable, inclusive healthcare in six actions, named the drivers for change, to improve the Italian healthcare system and to propel the transition toward it: vision, governance, competence, intelligence, humanity and relationship.

Artificial intelligence (AI) and data analysis are tools crossing the different fields, and identified as strategic to create opportunities for the challenges toward concrete actions.

Vision

The vision for the future of the healthcare system considers health as a dynamic process, which is connected to science, social relationships, education and technology. The link between health and science must be re-discovered by the general public. This new perception will likely contribute to prevent mistrust about new discoveries, resulting in practical advantages to the healthcare system and society. To reach this goal, it is crucial to promote a global health literacy alliance, bolstering the ability to access, understand and make use of scientific information by the population (8, 14, 15). Without the ability to understand the benefits provided by treatment, even the most advanced therapies fail in providing care, because they are likely ignored or avoided. Indeed, several lines of evidence have demonstrated the connection between low health literacy and overall low utilization of healthcare solutions, thus resulting in worse health outcomes for the population (16). This is particularly true in Italy, and recent studies highlighted the overall inadequate health literacy of the population compared to other European countries (17, 18). This situation exacerbated during the pandemic as demonstrated by the limited literacy concerning, for instance, vaccines and their potential benefit for the society (19).

The scientific method, being experimental, transparent and repeatable, is a solid means of producing the knowledge which is at the basis of our societies. The clashes about the COVID-19 response have revealed that the scientific method is largely ignored, and that this ignorance has in-depth, heavy social effects. Therefore, we need to popularize the scientific method (20). Spreading knowledge about the scientific method to the public requires an efficient communication plan that involves the educational system; only through diffuse intervention can the general public possess the tools needed to augment trust toward the scientific process and its applications to healthcare. This will lead to informed participation about health-related issues, allowing to better overcome the challenges of both communicable and non-communicable diseases. A critical part of this process consists in the definition of effective and reliable tools to monitor and measure health literacy, and identify the critical factors that may interfere with the implementation of the process (e.g., ability to discern correct information, reverse the lack of confidence of individuals in using information) (21).

Governance

An efficient health system is based on efficient governance that ensures the development of strategic plans for health assistance. The improvement of health policies has been faced by European countries and can be reached by an appropriate governance (22). One of the main issues for the Italian healthcare assistance is a plan for the territorial primary care providing patients with the possibility to be assisted at home. There is the urgent need to better integrate the activities of local general practitioners with hospitals to ensure adequate assistance, especially in case of health emergencies and chronic disease. A territorial

health service, managed with the support of telemedicine and remote patient monitoring, will likely allow equal access to therapies and increase adherence to treatment. The efficiency of telemedicine has been reported after COVID-19 pandemic in several countries, and a similar effect is foreseen also for the Italian scenario (23). The strengthening of home care and territorial organization of the healthcare service is one of the indications included in the Italian National Recovery and Resilience Plan (NRRP) (12, 24).

Competence

Digital technology is a powerful tool to enhance the quality and efficiency of healthcare and the WHO recommended the use of digital interventions for the implementation of health systems (25, 26). Nevertheless, the ability of the healthcare system and healthcare professionals (HCPs) in adopting digital health solutions to implement services and patient assistance has been reported to be slow in US, Europe and Australia (27–29). Studies analyzing the main gaps that prevent the embracement of digital health have highlighted the need of appropriate and up-to-date competencies and digital literacy among primary care providers (30, 31). Interestingly, the improvement of basic IT knowledge and skills for HCPs are reported to be central facets (31). Despite the great advances undertaken upon the pandemic, the young generation of Italian physicians is still in need of an adequate education and training with respect to digital competence (32).

To take advantage of scientific and technological innovations, the Italian national health system should invest, considering the directions of NRRP and collaboration with private partners, in a wide digital education training plan directed to all HCPs, aiming to optimize their contribution to this new model of healthcare.

The need for health literacy should also be considered for stakeholders such as policy makers as a competence shared within all sectors involved in the healthcare system that results in generalized effective improvement and equity of the system (33). The development of a technological ecosystem integrated within national institutions that can be used for digital education has been already translated into practice in some realities, as it happened in Brazil following the pandemic. In that case, among other interventions, an online platform shared among the stakeholders and the institutions was useful to organize and capillary spread the right information about the pandemic. The technological ecosystem allowed the education and update of local HCPs, reducing the potential differences in the access to information due to different geographical areas, which would introduce disparities in case of face-to-face education (34).

Universities play a crucial role in education of new generations in fostering human centered innovation, adopting open science policy and strengthening civic engagement (35), as well as adapting their offer to cope with the new needs in the healthcare. In Italy, new courses based on multidisciplinary curricula (e.g., medical and technical schools, combining medicine and engineering) could educate the new HCPs of the future. The aim is also to enable systematic and easier creation of multidisciplinary medical teams like those that were forcedly improvised during COVID-19 and which will be required by the more sophisticated treatments that the future will bring.

Intelligence

AI and machine learning are believed to become essential components of medical research and improve healthcare efficiency (36). Nevertheless, current evaluation of the impact of AI and machine and deep learning in clinical practice reveals the limitations of such algorithms. The use of machine learning is mainly done in retrospective studies, and both the type of input data and the lack of transparency by which the output is generated are currently a major drawback in the broad application of this technique (37). To overcome these limitations, human intelligence should walk side by side with AI to deal with the possible bias generated by machine algorithms, without delegating decisions to them (38). Telemedicine and digital therapies rapidly spread in daily health management with the COVID-19 emergency and are here to stay (23). New advanced digital tools provide HCPs with an unprecedented amount of data that needs to be safely collected and analyzed for real-world evaluations, without forgetting ethical aspects (39, 40). This data represents a valuable driver of innovation in medicine and healthcare when they are rigorously collected and used according to appropriate methodology and ethical aspects (41). The presence of a government body for the technical and operative support of healthcare policies (national agency for regional health services, AGENAS) is a peculiarity of the Italian system and should be better exploited as a reference for data collection and analysis. This would contribute to assure reliable and high-quality health outcomes.

Humanity

Health is an inclusive concept. The new health system should take advantages from new technologies without forgetting human values, social justice and the environmental impact (33). Healthcare services should be delivered through improved cooperation of both healthcare and social services and be inclusive (42). COVID-19 highlighted the value of humanity, collaboration and inclusion for global well-being, with the necessity to build an accessible healthcare system that guarantees the best treatment for everyone (43). One of the aspects seen during the COVID-19 pandemic is the value of caring patients at home. Remote home monitoring and care for different pathologies increased during the pandemic also in Italy (44, 45), but there is still room for amelioration of the service. Indeed, a review analyzing the experience of remote home care revealed how the models proposed lack standardization and acquisition of proper data, and need a strong and inclusive patient engagement to become effective (46).

Relationship

An efficient healthcare system relates to scientific institutions and governments (22). The positive interaction between the patient and all the physicians involved in the care process is at the basis for proficient management of any condition, as well as the trustworthy cooperation between HCPs and policy makers, and the connection and strong relationship between local care activities and the hospital system (47). The establishment of functional relationships between all stakeholders should influence the definition of best practice and therapeutic paths

with the involvement of patient associations and caregivers (48–50). The health system should be evaluated according to the feedback from patients and the improvements that such indications can provide to HCPs and the general service offered (51).

Call to Action

How should a new global, human health system be designed? The panel of experts defined some actions to be taken to reach this bold objective. These actions are in accordance to the NextGenerationEU project (24) and have constituted the subject of a broader debate in a virtual 2-day event, *Agorà*, with stakeholders, healthcare and academia professionals, policy makers, patient representatives and the general public.¹ Within each of the manifesto's six overarching principles, the discussants worked in breakout sessions to define these actions. The use of the new technologies represented a common factor, given that innovation is central in the development of a new concept of health.

The final outcomes of each of the initial six principles are presented below.

Vision: Develop a Modern Scientific Communication Model

The Faro Convention encourages "citizens to recognize the importance of cultural heritage objects and sites through the meanings and values that these elements represent for them" (52). The broader and contemporary perspective we are promoting requires that these objects and sites, as well as cultural practices and values, include not only those of art but also those of science, since they contribute to both individual and social well-being. Thus, the concept of cultural heritage should be extended to medications and scientific innovation to underline their central role in the development of a culture of wellness.

The dissemination of health concepts, science and scientific research needs to be facilitated by the use of a new format based on the current popular language, from TV series to videogames, with the aim of reaching the widest possible audience. New accessibility to science will re-shape the public's perception, making it clear that scientific progress is reached based on evidence that is collected through a trial-and-error path.

A new perception of science will stimulate reciprocal empathy and trust of citizens toward HCPs and scientists, encouraging citizens to actively participate in the management of their health.

Governance: Build a New System for the Challenges of the Future

Establish a new Scientific and Technological Impact Assessment Body, an institutional organization to support policy makers in both legislative and executive functions. Indeed, the massive scientific and technological changes in the healthcare scenario urge for the need of scientific support for decision makers. A capable and dedicated scientific institutional body is also needed for the proficient management of funds from the national recovery and resilience plan, as it is necessary to

have broad knowledge of the scientific scenario to sustain informed solutions.

Competence: Promote Health Culture as a Source for Solutions to Complex Issues

Creation of a new platform, through collaboration with scientific faculties of universities that is accessible to HCPs for both working and training. This platform, which we suggest can be called *Formative Ecosystem for Healthcare Innovation (FEHI)*, will allow a constant update of the requested competencies for HCPs (31), delivering services such as the acquisition of certifications, both online (providing educational activities through Universities, IRCSS/Centers of Excellence, private societies), and in physical presence (building of a network of centers that will assist in the organization of educational activities). The platform will bring the available competencies to the attention of policy makers and the national healthcare system to match professionals with the correct job function. The new professionals should be trained to better understand and use new technologies, data science, AI and behavioral change models. The need for a more comprehensive inclusion of digital health-related topics has been also highlighted by the European Medical Students Association and described as a result of a recent study (53).

Intelligence: Human and Artificial Intelligence Must Cooperate in Data Management

Obtaining wide access to healthcare data from the entire country, collecting it from both public and private structures through the different 21 regional electronic health record systems ("*Fascicolo Elettronico Regionale*") (54) can be a new mission for the national healthcare system. Data organized in a centralized national system that is accessible to all healthcare centers will allow its utilization for its primary use (i.e., make it available to the patient and physicians when needed) as well as for secondary uses (i.e., research).

Moreover, the healthcare system should promote the creation of a network of specialists, general practitioners, patients and med-tech companies that shares valuable data for public health. Neglected use of the available data may result in a loss of efficacy for the healthcare system, with a waste of both resources and opportunities (55), even if any access to private information should take place according to ethical principles and current EU privacy regulations (56).

Lastly, the use of AI should be considered as a tool to increase the scale of care, through the identification of models or algorithms on which to base patient care in the daily practice in order to provide the same access to treatment to every patient, thus reducing inequities (57).

Humanity: Building a Healthcare System That Is Closer to the Patient

An integrated home assistance service for non-self-sufficient elderly, children and frail subjects should be favored. This should go beyond the idea of the hospital as the only feasible place of care, thanks to the help of new technologies and the development of digital platforms to provide room for storytelling (24). This

¹<https://lasaluteinmovimento.it/>

objective is central in the NRRP (12), which clearly states the need to create conditions that will allow the patient to be cured at home, strengthening home assistance and use of telemedicine. In this light, patients and pathologies suitable for home treatment have to be defined, together with the identification of parameters that can be remotely monitored and alerting systems that allow remote interaction between patients, caregivers and HCPs.

Relationship: Overcoming Individual Visions in the Healthcare System

A "logbook" of the patient to establish a network of connections within the healthcare system should be implemented. This network will easily allow for constant updates with the healthcare activities of each patient, and will provide indications on the type of procedure needed or performed, the HCP in charge of the procedure and the outcome. The new "logbook" function will integrate the personal electronic health record that is already in use within the different regional healthcare systems.

CONCLUSIONS

Herein, we have outlined proposals to build a renewed model of healthcare for Italy that is deeply inspired by two basic principles that characterized the project "La Salute in Movimento": relationship, with its scope of collaboration and sharing, and trust, as an essential step to achieve innovation. These principles need to be structurally implemented on three fronts: data governance, status of algorithms and digital skills. Notably, technical and digital improvements are actually needed to humanize healthcare. Besides the limitations of the current study, which was carried on without following a structured methodological approach, the participation of experts in different areas involved in the development, support and maintenance of healthcare solutions and the integration of the diverse perspectives made the presented points of value in the current policy debate for the improvement of health care in Italy, and could serve as inspirational also for other similar efforts in different countries.

REFERENCES

1. WHO. *Constitution of the World Health Organization*. 45th ed (2006). Available online at: https://www.who.int/governance/eb/who_constitution_en.pdf
2. Salvador-Carulla L, Rosenberg S, Mendoza J, Tabatabaei-Jafari H, Pandemic-Mental Health International N. Rapid response to crisis: health system lessons from the active period of COVID-19. *Health Policy Technol.* (2020) 9:578–86. doi: 10.1016/j.hlpt.2020.08.011
3. Rebuilding resilient health systems for Europe. *Lancet Reg Health Eur.* (2021) 9:100238. doi: 10.1016/j.lanepe.2021.100238
4. WHO. Available online at: [\(https://www.who.int/data/gho/data/indicators/indicator-details/GHO/annual-population-growth-rate-\(-\)\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/annual-population-growth-rate-(-)) (accessed May 21, 2021).
5. WHO. (2018). Available online at: [\(https://www.who.int/news-room/fact-sheets/detail/ageing-and-health\)](https://www.who.int/news-room/fact-sheets/detail/ageing-and-health) (accessed May 26 2021).
6. Hajat C, Stein E. The global burden of multiple chronic conditions: a narrative review. *Prev Med Rep.* (2018) 12:284–93. doi: 10.1016/j.pmedr.2018.10.008

We aim to contribute to the implementation of the six actions of the manifesto to build the new system:

1. The infosphere consists of a network of "intelligent" nodes. The era of closed and self-referential contexts is no longer viable. Debate is public and takes place on different platforms.
2. Open debate can foster communication among scientists, and between the scientific community and the public (Open Science).
3. Communication matters. Scientists do not always know how to communicate.
4. It is important to spread the culture of science (health literacy and science literacy).
5. It is important to understand the scientific method, its complexity and foster critical thinking.
6. There is the need for education aimed at social platforms, places of communication and participation.

AUTHOR CONTRIBUTIONS

FB, EC, MC, DD, MM, VP, GP, FP, and ES conceptualized, wrote the original draft, reviewed, edited, and approved the final manuscript. All authors contributed to the article and approved the submitted version.

FUNDING

Novartis Farma Italy organized Think Tank and provided support for the preparation of this article, but did not pay any honoraria to the authors. Editorial support was provided by Barbara Bartolini, Ph.D., and Patrick Moore of Health Publishing and Services Srl.

ACKNOWLEDGMENTS

The authors are thankful to Antonio Gaudio, president of the non-profit organization Cittadinanzattiva.it, during the course of the project, for his collaboration and fundamental contribution. In Memoriam of GP, whose outstanding competence, energy, and passion inspired this project and made it possible.

7. Krahn GL, Robinson A, Murray AJ, Havercamp SM, Nisonger RRTC on Health and Function. It's time to reconsider how we define health: perspective from disability and chronic condition. *Disabil Health J.* (2021) 14:101129. doi: 10.1016/j.dhjo.2021.101129
8. Blasi FCE, Grignolio Corsini AG, Magro MG, Mauron A, Montorsi M, Nobile M, et al. *Culture and Sciences for Life: Toward a Global Health Literacy Alliance for a Sustainable Future*. (2020). Available online at: <https://www.t20italy.org/2021/09/08/culture-and-sciences-for-life-towards-a-global-health-literacy-alliance-for-a-sustainable-future/>
9. Marr B. These 25 Technology Trends Will Define The Next Decade. *Forbes.* (2020). Available online at: <https://www.forbes.com/sites/bernardmarr/2020/04/20/these-25-technology-trends-will-define-the-next-decade/?sh=4ddd6a329e3> (accessed June 14, 2022).
10. Mark Jita AA, Martin McKeed, Olivier J. Wouterse, Philippe Beutels, Yot Teerawattananon Multi-country collaboration in responding to global infectious disease threats: lessons for Europe from the COVID-19 pandemic. *Lancet Regional Health Europe.* (2021) 9:100221. doi: 10.1016/j.lanepe.2021.100221

11. European Commission. (2021). Available online at: https://ec.europa.eu/commission/presscorner/detail/en/statement_21_1988 (accessed May 25, 2021).
12. Governo.it. (2021). Available online at: https://www.governo.it/sites/governo.it/files/PNRR_0.pdf (accessed May 25, 2021).
13. Organization WH. Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. (2010).
14. Osborne RH, Beauchamp A, Batterham R. Health literacy: a concept with potential to greatly impact the infectious diseases field. *Int J Infect Dis.* (2016) 43:101–2. doi: 10.1016/j.ijid.2015.12.012
15. WHO. *Health Literacy*. Available online at: <https://www.who.int/healthpromotion/health-literacy/en/> (accessed June 1, 2021).
16. Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K. Low health literacy and health outcomes: an updated systematic review. *Ann Intern Med.* (2011) 155:97–107. doi: 10.7326/0003-4819-155-2-201107190-00005
17. Palumbo R, Annarumma C, Adinolfi P, Musella M, Piscopo G. The Italian Health Literacy Project: insights from the assessment of health literacy skills in Italy. *Health Policy.* (2016) 120:1087–94. doi: 10.1016/j.healthpol.2016.08.007
18. Schiavone S, Attena F. Measuring health literacy in southern Italy: a cross-sectional study. *PLoS ONE.* (2020) 15:e0236963. doi: 10.1371/journal.pone.0236963
19. Cadeddu C, Regazzi L, Bonaccorsi G, Rosano A, Unim B, Griebler R, et al. The determinants of vaccine literacy in the Italian population: results from the health literacy survey 2019. *Int J Environ Res Public Health.* (2022) 19:4429. doi: 10.3390/ijerph19084429
20. Cattaneo E. *Armati di Scienza*. Milano: Raffaello Cortina (2021).
21. Pleasant A. Advancing health literacy measurement: a pathway to better health and health system performance. *J Health Commun.* (2014) 19:1481–96. doi: 10.1080/10810730.2014.954083
22. Greer SL, Wismar M, Figueras J, European Observatory on Health S, Policies. *Strengthening Health Governance: Better Policies, Stronger Performance*. Maidenhead: Open University Press (2016).
23. Ohannessian R, Duong TA, Odone A. Global telemedicine implementation and integration within health systems to fight the COVID-19 pandemic: a call to action. *JMIR Public Health Surveill.* (2020) 6:e18810. doi: 10.2196/18810
24. European Commission. (2021). Available online at: https://ec.europa.eu/info/strategy/recovery-plan-europe_en (accessed May 26, 2021).
25. Catwell L, Sheikh A. Evaluating eHealth interventions: the need for continuous systematic evaluation. *PLoS Med.* (2009) 6:e1000126. doi: 10.1371/journal.pmed.1000126
26. WHO. *Recommendations on Digital Interventions for Health System Strengthening. Guideline*. Geneva: WHO (2019). Available online at: <https://www.who.int/publications/i/item/9789241550505>
27. Adler-Milstein J, Kvedar J, Bates DW. Telehealth among US hospitals: several factors, including state reimbursement and licensure policies, influence adoption. *Health Aff.* (2014) 33:207–15. doi: 10.1377/hlthaff.2013.1054
28. Schreiweis B, Pobiruchin M, Strotbaum V, Suleder J, Wiesner M, Bergh B. Barriers and facilitators to the implementation of ehealth services: systematic literature analysis. *J Med Internet Res.* (2019) 21:e14197. doi: 10.2196/14197
29. National e-Health Transition Authority Ltd. *Evolution of eHealth in Australia: Achievements, Lessons, Opportunities, NEHTA*. Sydney, NSW (2016).
30. Nazeha N, Pavagadhi D, Kyaw BM, Car J, Jimenez G, Tudor Car L. A digitally competent health workforce: scoping review of educational frameworks. *J Med Internet Res.* (2020) 22:e22706. doi: 10.2196/22706
31. Jimenez G, Spinazze P, Matchar D, Koh Choon Huat G, van der Kleij R, Chavannes NH, et al. Digital health competencies for primary healthcare professionals: a scoping review. *Int J Med Inform.* (2020) 143:104260. doi: 10.1016/j.ijmedinf.2020.104260
32. Casa C, Marotta C, Di Pumpo M, Cozzolino A, D'Aviero A, Frisicale EM, et al. COVID-19 and digital competencies among young physicians: are we (really) ready for the new era? A national survey of the Italian Young Medical Doctors Association. *Ann Ist Super Sanita.* (2021) 57:1–6. doi: 10.4415/ANN_21_01_01
33. Azzopardi-Muscat N, Sorensen K. Towards an equitable digital public health era: promoting equity through a health literacy perspective. *Eur J Public Health.* (2019) 29:13–7. doi: 10.1093/eurpub/ckz166
34. Valentim RAM, Lima TS, Cortez LR, Barros D, Silva RDD, Paiva JC, et al. The relevance a technology ecosystem in the Brazilian National Health Service's Covid-19 response: the case of Rio Grande do Norte, Brazil. *Cien Saude Colet.* (2021) 26:2035–52. doi: 10.1590/1413-81232021266.44122020
35. European University Association. *Universities Without Walls. A Vision for 2030*. (2021). Available online at: <https://www.eua.eu/downloads/publications/universities%20without%20walls%20a%20vision%20for%202030.pdf>.
36. European Commission. *White Paper on Artificial Intelligence - A European Approach to Excellence and Trust*. Brussels (2020).
37. Ben-Israel D, Jacobs WB, Casha S, Lang S, Ryu WHA, de Lotbiniere-Basset M, et al. The impact of machine learning on patient care: a systematic review. *Artif Intell Med.* (2020) 103:101785. doi: 10.1016/j.artmed.2019.101785
38. Spiegelhalter D. Should we trust algorithms? *Harvard Data Sci Rev.* (2020) 2:1–13. doi: 10.1162/99608f92.cb91a35a
39. Burr C, Taddeo M, Floridi L. The ethics of digital well-being: a thematic review. *Sci Eng Ethics.* (2020) 26:2313–43. doi: 10.1007/s11948-020-00175-8
40. Fenech ME, Buston O. AI in cardiac imaging: a uk-based perspective on addressing the ethical, social, and political challenges. *Front Cardiovasc Med.* (2020) 7:54. doi: 10.3389/fcvm.2020.00054
41. European Commission. *Shaping Europe's Digital Future. Report/Study: Ethics Guidelines for Trustworthy AI*. (2019). Available online at: <https://digital-strategy.ec.europa.eu/en/library/ethics-guidelines-trustworthy-ai>.
42. Maclachlan M, Khasnabis C, Mannan H. Inclusive health. *Trop Med Int Health.* (2012) 17:139–41. doi: 10.1111/j.1365-3156.2011.02876.x
43. Gilbert S, Hatchett R. No one is safe until we are all safe. *Sci Transl Med.* (2021) 13:eab19900. doi: 10.1126/scitranslmed.ab19900
44. Maines M, Palmisano P, Del Greco M, Melissano D, De Bonis S, Baccillieri S, et al. Impact of COVID-19 pandemic on remote monitoring of cardiac implantable electronic devices in Italy: results of a survey promoted by AIAC (Italian Association of Arrhythmology and Cardiac Pacing). *J Clin Med.* (2021) 10:4086. doi: 10.3390/jcm10184086
45. Motolesse F, Magliozzi A, Puttini F, Rossi M, Capone F, Karlinski K, et al. Parkinson's disease remote patient monitoring during the COVID-19 lockdown. *Front Neurol.* (2020) 11:567413. doi: 10.3389/fneur.2020.567413
46. Vindrola-Padros C, Singh KE, Sidhu MS, Georghiou T, Sherlaw-Johnson C, Tomini SM, et al. Remote home monitoring (virtual wards) for confirmed or suspected COVID-19 patients: a rapid systematic review. *EClinicalMedicine.* (2021) 37:100965. doi: 10.1016/j.eclinm.2021.100965
47. Bombard Y, Baker GR, Orlando E, Fancott C, Bhatia P, Casalino S, et al. Engaging patients to improve quality of care: a systematic review. *Implement Sci.* (2018) 13:98. doi: 10.1186/s13012-018-0784-z
48. Evans CJ, Bone AE, Yi D, Gao W, Morgan M, Taherzadeh S, et al. Community-based short-term integrated palliative and supportive care reduces symptom distress for older people with chronic noncancer conditions compared with usual care: a randomised controlled single-blind mixed method trial. *Int J Nurs Stud.* (2021) 120:103978. doi: 10.1016/j.ijnurstu.2021.103978
49. Silva-Cardoso J, Juanatey JRG, Comin-Colet J, Sousa JM, Cavalheiro A, Moreira E. The future of telemedicine in the management of heart failure patients. *Card Fail Rev.* (2021) 7:e11. doi: 10.15420/cfr.2020.32
50. Watson A, McConnell D, Coates V. Reducing unscheduled hospital care for adults with diabetes following a hypoglycaemic event: which community-based interventions are most effective? A systematic review. *J Diabetes Metab Disord.* (2021) 20:1033–50. doi: 10.1007/s40200-021-00817-z
51. Baines R, Regan de Bere S, Stevens S, Read J, Marshall M, Lalani M, et al. The impact of patient feedback on the medical performance of qualified doctors: a systematic review. *BMC Med Educ.* (2018) 18:173. doi: 10.1186/s12909-018-1277-0
52. Council of Europe. *Council of Europe Framework Convention on the Value of Cultural Heritage for Society*. Available online at: <https://www.coe.int/en/web/conventions/full-list?module=treaty-detail&treaty-num=199> (accessed December 15, 2021).
53. Machleid F, Kaczmarczyk R, Johann D, Balciunas J, Atienza-Carbonell B, von Maltzahn F, et al. Perceptions of digital health education among European medical students: mixed methods survey. *J Med Internet Res.* (2020) 22:e19827. doi: 10.2196/19827

54. Fascicolo Sanitario Elettronico (2021). Available online at: <https://www.fascicolosanitario.gov.it/it/fascicoli-regionali> (accessed Novembre 4, 2021).
55. Jones KH, Laurie G, Stevens L, Dobbs C, Ford DV, Lea N. The other side of the coin: harm due to the non-use of health-related data. *Int J Med Inform.* (2017) 97:43–51. doi: 10.1016/j.ijmedinf.2016.09.010
56. Cohen IG, Evgeniou T, Gerke S, Minssen T. The European artificial intelligence strategy: implications and challenges for digital health. *Lancet Digit Health.* (2020) 2:e376–9. doi: 10.1016/S2589-7500(20)30112-6
57. Davenport T, Kalakota R. The potential for artificial intelligence in healthcare. *Future Healthc J.* (2019) 6:94–8. doi: 10.7861/futurehosp.6-2-94

Conflict of Interest: FB reports grants and personal fees from AstraZeneca, Bayer, Chiesi, GSK, Menarini and Pfizer, personal fees from Grifols, Guidotti, Insmad, Novartis, Zambon, Vertex and Viatrix. EC reports personal fees from Servier, Novartis, MSD and Medtronic. MC reports personal fees from Novartis, Bayer and Alcon and to be co-founder of MgShell srl. MM reports personal fees from Baxter and MSD. GP and ES are employees of Novartis Farma.

The remaining authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Publisher's Note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article, or claim that may be made by its manufacturer, is not guaranteed or endorsed by the publisher.

Copyright © 2022 Blasi, Caiani, Cereda, Donetti, Montorsi, Panella, Panina, Pelagalli and Speroni. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.