

*I. Meyer, S. Müller, L. Kubitschke. Telecare and telehealth applications – the (stony) way to the markets. Gerontechnology 2010;9(2):135.* Over the past years, telecare and telehealth are beginning to turn from a good idea into something that is available to be used by older people, professional and family carers, and that shows the potential to impact their life in a positive way. At the same time, market deployment rates for applications and services differ widely and tend to be low overall [1]. Among factors contributing to the success of telecare and telehealth applications are the involvement of users in their development [2, 3], the integration of the technology into care delivery processes [4] and business planning taking into account the difficult market environment(s). This paper analyses the barriers that tend to hamper the deployment of telecare and telehealth, shows how these barriers are linked to a user-centred and process-oriented development approach and discusses how they can be addressed.

**Method:** The development of an exploitation strategy and of business plans is a standard task in research and deployment activities funded by the European Commission. This paper is based on practical experiences from exploitation and business planning in two such projects: SOPRANO [5] and CommonWell [6]. It also takes into accounts the outcomes of the ICT&Ageing study on telecare and telehealth markets in 12 member states of the European Union, the United States of America and Japan.

**Results and discussion:** The market for telecare and telehealth applications is maturing at very different speeds. According to the ICT&Ageing study [1], the deployment of basic social alarm devices in 14 countries ranges from 0 to 16% of the population aged 65+. More advanced telecare applications are today partially mainstreamed in only a handful of countries. Telehealth applications are even less widespread; a finding that is also supported by a recent survey of ICT use among General Practitioners [7]. Key market barriers that have so far prevented a wider uptake of telecare and telehealth include variability in the perception of the role of telecare in social care provision, more general professional and social resistance, unelastic reimbursement schemes, ethical and regulatory issues, boundaries in the healthcare system and the lack of recognised business cases [1]. While some of these barriers are out of the immediate reach for RTD and deployment projects, others can be addressed in this context e.g. through the analysis of national market structures, of legal and regulatory framework conditions and of the costs and benefits. Among these, a key role is played by cost-benefit analysis (CBA) as a means to provide economic evidence to support a business case. At the same time, CBA presents difficulties that need to be addressed, including the quantification of concepts such as Quality of Life as well as the due representation of different stakeholder groups and their (shifting) costs and benefits. Practical experience shows that – in order to deliver useful results – CBA should be based on indicator sets reflecting user demand and the characteristics of the services that are involved, i.e. should follow the paradigm covering the development approach of being user-centred and process-oriented.

#### **References**

*Keywords:* telecare, telehealth, markets, barriers, business planning, cost-benefit analysis  
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