

Removal of barriers to achieve the digital transformation of nutritional care in Europe

Schirmann, Felix¹, Eberhardt, Kai¹, Kaup, Marisa¹, Jones, Lucy¹

¹ Oviva AG

Around 350 million European adults are living with overweight or obesity. Digital nutritional care suggests itself as an effective, resourceful, easily deliverable, and scalable means to provide prevention and treatment. These clear benefits are increasingly prompting health care systems to embrace digital nutritional care. The interplay of unmet need, clear benefits, and policy progress create necessity and opportunity for a digital transformation of nutritional care. However, **three barriers hamper this transformation**: the barrier of inaccurate terminology and evidence appraisal, the barrier of fear of adoption, and the regulatory and commissioning barrier. Here, we lay out how these barriers can be removed.

First, overcoming the **barrier of inaccurate terminology and evidence appraisal** means clearing up a pervasive misunderstanding. Digital nutritional care actually comprises multifaceted modes of care, which can be mistakenly combined, raising general doubts about efficacy. By and large, there are three modes of care: digitally-delivered, blended, and fully-digital. Digitally-delivered care is the provision of nutritional counselling with digital means, e.g. a video-consultation with a dietitian. Next, there is blended care, a hybrid of digital and expert care defined by a division of labour. An app enabling patients to photo-log their food, accompanied by chat interactions with dietitians for diet adjustments is a case in point for this mode of care. A solid evidence base confirms that augmenting expert care with digital elements is effective. Lastly, fully-digital care is the autonomous provision of care by digital agents in the hands of patients. Only for this rapidly evolving mode of care, scientific evidence is rudimentary and inconclusive at this point. While admittedly more research is needed on all three modes of digital care, digitally-delivered care and blended-care already have strong evidence for their clinical effectiveness.

Modes of digital nutritional care



Digitally-delivered



Blended



Fully-digital

Digital transformation of nutritional care



Second, the **barrier of fear of adoption** mainly roots in misunderstandings regarding the impact of digital care on people's roles. Digital care is not destined to replace human care, but rather to augment and scale it to enable the volume of health professionals to meet the volume of demand in society. Thus, digital care's ease of delivery and scalability will help to care for the 350 million overweight or obese Europeans - and thereby alleviate the scarcity of human care resources. Acknowledging and popularising this insight is key to mitigate fear of adoption.

Third, health care systems need to break **regulatory and commissioning barriers** to accommodate digital care. Germany is spearheading this regulatory revolution - with other European countries following suit. Clear guidelines and reimbursement are needed to facilitate and spread digital care.

To summarise, while the digital transformation of nutritional care is well underway, the removal of the three barriers will accelerate its adoption to enable more people living with chronic conditions to benefit earlier. The ongoing paradigm shift is a collaborative task, requiring a concerted effort from all healthcare stakeholders - for the best possible nutritional care.