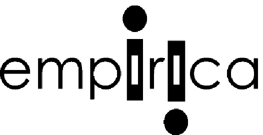
Can eHealth help the Slovak healthcare system?

Results and lessons learned from the eHealth strategies survey in EU Member States and EEA countries

Presenter: Jörg Artmann

Supported by Karl Stroetmann, Veli Stroetmann



Outline

- **Results of the eHealth strategies study in a nutshell**
- ***eHealth and the new model of healthcare***
- ***Integrated care as the key eHealth application domain***
- ***Lessons from front-runners and new comers***
- ***The example of the Emergency Care Summary in Scotland***
- **Conclusions: how can eHealth help Slovakia?**

eHealth in Europe in a nutshell (1/2)

- **eHealth is on everyone‘s agenda (e.g. epSOS project)**
- **…but only few countries have implemented a fully functional patient summary or Electronic Health Record and/or ePrescription system**
- **Success limited to countries or regions with less than 10 million inhabitants: unique experiences because unique healthcare systems**
- **Developments away from full EHRs → summaries**
- **Awareness has grown for the managerial, legal and financial challenges of eHealth implementations**

eHealth in Europe in a nutshell (2/2)

- Current efforts of the European Commission focus on the epSOS „large scale pilot“ (CIP-ICT-PSP)
- Definition of a basic patient summary and ePrescription data-set to be exchanged through national contact points
- 12 Member States, national competence centres and a consortium of industry companies participating.
- Specification phase is finished, piloting scheduled to begin in 2011
- A number of new EU Member States are expected to join in the second phase of the project

eHealth and the new model of healthcare

Important lessons on eHealth and its potential

- **eHealth is not in itself the new model of healthcare!**
- **Healthcare priorities need to come from policy-makers NOT technology**
- **In a healthcare system that strives to provide well-coordinated care for chronic disease management and other challenges, eHealth is an indispensable tool**
- **A dialectic tension exists between the ambition to provide individualised care and the structuring effects of eHealth (care protocols etc.)**

First re-invent Health

- **Re-invent our health systems: render them more responsive to present and future generations' holistic health needs (WHO definition includes psycho-social-economic)**
- **Assure *sustainability* at the right level, the health system level**
- **Mandate rests with politicians, society, community**
- **95%-99% of health services are delivered at the local and regional level**
- **Analyse alternative options, including "The Commons" approach**
- **Focus on the 1%, 20% of patients causing perhaps 30%, 80% of all costs**

Then re-invent eHealth

What eHealth can do:

- **Support and facilitate the realisation of clearly defined health policy and health system (sustainability) goals**
- **Meet system needs and objectives, not that of individual interest groups**
- **Enable new organisational models and processes**

Drive towards integrated care

- In *integrated care*, professionals from different organisations work together in a team-oriented way towards a shared goal, with shared resources to deliver, via an integrated service delivery process, all a person's care requirements.
- Offers overall efficiency through better coordination
- This, in turn, needs supportive ICT infrastructural arrangements such as shared workflow support and, as a by-product, patient records. (Dynamic integrated care information systems [ICIS], not EHR systems)
- Provides for integrated data resources –evidence generation beyond clinical trials

Challenges experienced by frontrunners

- They can be found in all areas of deployment, e.g.
  - Ensuring wide acceptance of new eHealth applications in daily healthcare routine
  - Shifts in power between different organisational levels and institutions
- Allowing for competition and choice in IT applications & services
- Shift of challenges from technical and legal to more organisational responsibilities and financial issues
- Alignment of national, regional and local activities
- Systematic inclusion of patient representatives in health policy decision making process
- Interoperability of legacy IT systems

Challenges experienced by newcomers

- **Lack of funding**
- **Sustained investment in infrastructure development**
- **Sustained political commitment beyond election cycles**
- **Precise set of clear priorities addressing specific needs**
- **Organisational issues – e.g., poor communication between institutions**
- **(New) legislation required**
- **Stakeholder involvement and cooperation – agreement among three main stakeholder groups: authorities, health professionals and industry**

Some lessons learned for successful eHealth implementation

- **Put the healthcare system and the clinical needs first (e.g. ECS in Scotland)**
- **Assure „buy-in“ from all relevant stakeholders (e.g. Austria stakeholder involvement working groups)**
- **Establish a permanent organisation with the specific task of managing the conceptual development of an EHR, ePrescribing and other applications (e.g. Gematik in Germany, ASIP in France…)**
- **Do eHealth for quality‘s sake! Don‘t expect financial savings.**

Observations & lessons from the ECS in Scotland

- Engagement with all stakeholders before design is complete and implementation begins
  - The largest single estimated cost, over 50%, was the time of doctors needed for engagement, compared to the 10% for ICT
- Patient safety, the original goal, was about one-third of estimated benefits
- The consent of patients and citizens can be achieved effectively and efficiently
- Step by step progress takes longer, but is more effective in realising a net benefit and managing risk
- Interoperability can be achieved, enabling integrated care

Conclusion: how can eHealth help?

- **Experience shows that the chance of success will be greater the more precise the foreseen measures and applications indeed meet a *concrete* health policy need and support its realisation**
- **Reaching agreement about eHealth strategies and implementing them has proven to be much more complex and time-consuming than anticipated**
- **If eHealth is considered as a tool and not the new healthcare system in itself, it can be a great enabler of integrated, safer and higher quality care**

Thank you for your attention!

The eHealth Strategies study team

c/o empirica GmbH
Bonn, Germany

www.ehealth-strategies.eu

Acknowledgement

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Neither the *European Commission* nor any person acting on behalf of the Commission is responsible for the use which might be made of the information presented. The same holds for the national correspondents, experts and officials who have contributed their insights and knowledge to the respective country reports.

The views expressed in this presentation are solely those of the authors and do not necessarily reflect those of the European Commission.

Backup Slides!

Background

- A new GP contract meant changes to Out of Hours (OOH) care for Patients
- A "useful summary" was needed for Emergency and Out of Hours services
  - A&E, Ambulance, NHS24 (National OOH Call Centre)
- Previously localised, paper based, patchy system of information between contributors to patient care

Policy and Strategy

- Incremental and pragmatic approach to Electronic Patient Records
- Focus on business challenges, not technology
- Clinical leadership
- Aim to deliver benefits, not IT systems
- Integration across patient journeys

ECS Overview

Patient consultation

ECS update

Practice Server

OOH clinician

ECS summary request & display

ECS System

NHS 24

A&E

Ambulance

TBD…

Practice Admin. Staff

Audit Report

1. During consultation
2. Due to prescription
3. Other Patient contact

Agreed Dataset

- Patient demographics (address, telephone, CHI number)
- Allergies and adverse reactions to medications
- Medication history
  - Repeat prescriptions in past 12 months
  - Acute prescriptions in past 30 days
- Consent flag
  - Patient opt out status

Key Principles

- Patient safety is key driver
- Clinically led, patient focused
- Basic summary of demographic and clinical information agreed
  - Key agreement with GPs
- Scottish patients as key stakeholders in agreeing this new service

Project Timeline

- ECS Service pilot started in 2004
- National ECS launched in Sept 2006
- Full Integration and rollout:
  - OOH in 2006
  - NHS24 (National Call Centre) in 2007
  - Accident and Emergency in 2008
- Over 6500 registered users
- New eHealth developments planned for 2009

Engagement with Stakeholders

- From the start….
- GP and senior clinical leadership
- Patient groups
  - Focus groups
- National Patient Leaflet
  - Written by independent patient group
- Variety of media used in different areas
- Continued engagement throughout

Implementation Approach

- Incremental rollout in each Health Board
- Available when users are ready
- Minimal impact on GPs
- National Communication
- Full integration where possible

Progress and Usage

- Over 5.3 million patient records extracted from GPs' EHRs
- 1400 patients have 'opted out'
  - Represents 0.026% of all patients
- Over 1.6 million accesses to date and increasing trend in use
- Expected increase in use as new developments are available

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Observations on impacts

- Types of benefits
  - At the point of care: mainly quality and efficiency from better informed decisions
  - Cash gains may be realised when leapfrogging from paper-based admin processes
- EHRs facilitate meeting information-intensive goals
  - Continuity of care (Rhône-Alpes, Lombardy, Kronoberg, Israel, Andalusia)
  - Epidemiology & other public health statistics (Andalusia, Sofia, Geneva, Israel)
  - Waiting time management (Andalusia, Scotland, Sofia, Kolin)
  - Out of hours and A&E healthcare provision (Scotland, Kronoberg, Andalusia)

The EHR IMPACT conclusion

There is no silver bullet

- **Transferability of the ERHI sites is limited by the political, structural, and health system environment**
- **The need for interoperability also limits transferability between sites**
- **No right or wrong approach, just a good way to do it:**
  - **Clear objectives derived from needs of health service delivery**
  - **Fitting the political environment – opportunities and threats**
  - **Fitting cultural specificities, especially when planning implementation**

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