



EHTEL shapes the European eHealth Area...

by Benedict Stanberry, Editor-in-Chief and Board Member of EHTEL Association

There are few things more satisfying in one's professional or personal life than the feeling of being involved in historic events and of having a part in shaping or influencing those events:

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[...] This is why being a part of EHTEL is so significant for all our members and staff right now.

With the European Commission's vision of a "European eHealth Area" set out in its recent Communication on eHealth (cf. COM(2004)356) and the specific references to ehealth made in two other Communications (cf. COM(2004)301 and COM(2004)304) also published in April, ehealth and telemedicine have been placed at the very heart of the strategy for modernising European healthcare.

Over the last few months EHTEL has been supporting our members and the European eHealth Area itself with a packed programme of events that have included a parallel session on patient empowerment held as part of the Irish Presidency's eHealth 2004 Conference and Exhibition in Cork and supporting the first Open Forum hosted by the European Commission in Brussels.

Furthermore, EHTEL has organised three workshops on themes as diverse as Interoperability (hosted by the European Commission at the initiative of several Member States), ePrescribing (held in Amsterdam with the generous support of NIC-TIZ – the Dutch National Programme for Healthcare IT) and Quality (held in Finland in collaboration with the European Society for Quality in Healthcare and STAKES).

You can read all about these highly successful events in this edition of The Navigator, as well as finding out more about the Commission's vision for a European eHealth Area and how EHTEL is already making that vision a reality.

eHealth&eGovernment News

European Health Insurance Card



From the 1st June onwards, European citizens travelling within the European Economic Area (i.e. the European Union, Norway, Iceland and Liechtenstein) and Switzerland are given a European Health Insurance Card, which simplifies receiving medical assistance abroad. Details are available at europa.eu.int/comm/employment_social/healthcard/index_en.htm

Finland combines electronic ID card and health insurance card



Since the beginning of June 2004, Finnish citizens can ask to have health insurance data included in their electronic ID card. Citizens will then carry one card instead of two. cf. [eGovernment Observatory site](http://eGovernment.Observatory.site) (© Eur. Communities) via europa.eu.int/ISPO/ida/

Germany's electronic health insurance card needs more investment, says study



A recent study by Soreon Research suggests that the new German health card may generate fewer savings than expected. In addition, higher initial investments are needed to ensure take-up of certain key applications. The new card is likely to be delayed from 2006 to 2007. cf. [eGovernment Observatory site](http://eGovernment.Observatory.site) (© Eur. Communities) – cf. link above

French Government presents electronic health records programme



The French Government announced it would soon launch a centralised, electronic "shared medical file" programme, designed to enable health professionals to access patient care records electronically from any location. According to the Health Minister, this move could help save EUR 3.5 billion per year.. cf. [eGovernment Observatory site](http://eGovernment.Observatory.site) (© Eur. Communities) – cf. link above

eHealthNews:

eHealth 2004 High Level Conference, 5-6 May, Cork

By *Céline Van Doosselaere, EHTEL Liaison Officer*: The Irish Presidency hosted the second eHealth High Level Conference & Exhibition in Cork, on Wednesday 5 and Thursday 6 May. Like its 2003 predecessor in Brussels, eHealth 2004 gathered high level Member States representatives to consider synergies between developments in the area of eHealth at the international, national and local levels, while also inviting some 32 providers of eHealth solutions to exhibit their products and services.

This year, the conference & exhibition focused on three themes, each of which was further highlighted as the theme of an eHealth award:

- ⇒ eHealth information tools and services for citizens (winner: Health on the Net Foundation, CH)
- ⇒ eHealth administrative tools and services for citizens (winner: public health portal www.sundhed.dk, DK)
- ⇒ eHealth homecare and telemedicine tools and services for citizens (winner: Diabcarnet, FR)

Held just a few days after the historic enlargement of the European Union, the conference was framed by a series of significant events:

- ⇒ April 20: publication of Commission Communication 301 on the "follow-up to the high level reflection process on patient mobility and healthcare developments in the European Union"
- ⇒ April 20: publication of Commission Communication 304 on "modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the open method of coordination"
- ⇒ April 30: publication of Commission Communication 356 on "e-Health - making healthcare better for European citizens: An action plan for a European e-Health Area"
- ⇒ May 1: enlargement of the European Union from 15 to 25 Member States
- ⇒ June 1: introduction of the European Health Insurance Card
- ⇒ June 1-2: EU Council Meeting of Ministers for Employment, Social Policy, Health and Consumer Affairs

The Council of Ministers noted the Commission communications and the conclusions of the eHealth conference. Stay tuned for an exciting year for eHealth!

For more information about health in the Information Society:

http://europa.eu.int/information_society/qualif/health/index_en.htm

For more information on the eHealth 2004 conference & exhibition:

<http://www.ehealthconference2004.ie>

For more information on the eEurope Awards:

<http://www.e-europeawards.org>

eHealthNews:

Open Forum, "Health in an Enlarged Europe", 17 May 2004, Brussels

By *Céline Van Doosselaere*: On 17 May in Brussels, the first Open Forum took place, attracting around 300 participants from a wide range of organisations – including many from the new Member States, to discuss the overall theme "Health in the Enlarged Europe". This was the first of what is intended to become an annual event organised jointly by the European Commission and non-governmental organisations ("NGOs") that are members of its European Health Policy Forum.

The purpose of the Open Forum is "to provide a platform for networking and exchange of ideas and views of different stakeholders of the European health community (health professionals' organisations, public health NGOs, patient groups, and service providers and funders), thereby complementing the work of the European Health Policy Forum and that of the Virtual Forum, the two other arms of the health forum of the Directorate-General for Health and Consumer Protection.

As a member of the European Health Policy Forum, EHTEL participated actively in the planning and organisation of the Open Forum and Mats Larson, President of EHTEL, participated as a panellist in the parallel session "Delivering Health: The Challenges of Providing High Quality Health Services in the Enlarged Europe". The conclusions of the session, chaired by Mel Reed, MEP, were reported in the summer issue of EuroHealth, published by the London School of Economics (cf. "Facing (uncomfortable) facts: the European dimensions of health services", by Ph. Berman and P. Wilson). The other two parallel

sessions looked into "Healthy Lifestyles in Europe" and "Citizens and Health".

Open Forum: http://www.europa.eu.int/comm/health/ph_overview/health_forum/open_forum_04/contributions_en.htm

EU Health Policy Forum:

http://www.europa.eu.int/comm/health/ph_overview/health_forum/hforum_intro_en.pdf

eHealthNews:

eHealth Interoperability Workshop: the Government and Expert View, 1 June, Brussels

By *Marc Lange, EHTEL Manager*: On 1st June 2004, 72 government representatives and experts from 24 countries gathered at a workshop on eHealth interoperability issues to discuss how this objective could be met. Attended by several countries, the resulting event was initiated by the German government together with those of Austria, the Czech Republic, the Netherlands, France, Norway and the Republic of Slovakia. The workshop was hosted by the European Commission and organized by EHTEL.

"(Mobile) European citizens should be able to receive medical treatment based on their medical history throughout Europe".

Following this commitment a draft action plan was proposed and discussed during the panel session and a revised version will soon be submitted to all participants. We expect that it will recommend the setting-up of an official "European eHealth IOP (interoperability) Group".

Dr. Gottfried T.W. Dietzel, the chairman of the meeting concluded "We have a unique chance to define a roadmap on eHealth interoperability. Interoperability is triggering cooperation between Member States and countries. This roadmap could focus on two priority areas where interoperability is an issue

- ⇒ Electronic medication management
- ⇒ Electronic Health Record Communication"

All presentations and related documents are available at www.ehtel.org.

eHealthNews:

Report predicts growth of hospital ePrescribing

Analysts Frost and Sullivan predict that there will be a significant increase in the use of electronic hospital prescribing systems in Europe. Their report states that by

2010, the market for e-prescribing is likely to be worth a total of £75.2m (€112.8m), growing by 29% every year, with inpatient e-prescribing taking a majority 70% of the share.

The report's authors put the current low size of the overall market down to the fact that only a few e-prescribing implementations have taken place so far, the rest being several basic order entry systems as part of clinical information systems. While Germany and France are likely to see the largest amount of development, the UK is also singled out for growth due to the National Programme for IT (NPFIT).

The report highlights the advantages of electronic prescribing, saying the benefits of such systems include: cost avoidance, improved workflows and reduced medical errors. It notes that e-prescribing tends to accompany increased general investment in IT. However, some of the restraints identified on introducing an electronic process include significant investment in hardware, software, implementation and training and a reputation for being difficult to implement.

[cf. reports from ePrescribing Task Force in the issue and on www.ehtel.org].

EHTEL INSIGHT Article:

"The European eHealth Area!"
In April, the European Commission published a Communication (COM 356) on the creation of a European eHealth Area. EHTEL responds to this communication by illustrating its own vision and current activities to highlight complementary points of action.

Benedict Stanberry, Editor-in-Chief and Board Member: The European Commission has recently set out its vision of a "European e-Health Area" as a framework for integrating all the existing and future financial, administrative, technical and legal initiatives in ehealth, in the recent Communication on eHealth (COM(2004)356). There have also been positive statements on ehealth in two other recent Communications on the Open Method of Coordination (COM(2004) 304) and on Patient Mobility and Healthcare Developments in the European Union (COM(2004)301).

EHTEL has responded to these communications in an open letter to the European Commission, describing the actions we are presently taking and that we propose to take in the future to tackle the challenges to wider implementation of ehealth. Here, we summarise the key points raised in the Communication and our responses to them.

Major challenges for wider implementation

The Communication identifies ten separate challenges to the wider implementation of ehealth and calls for a number of specific actions to be taken in order to tackle these. These challenges include requirements, such as:

- ⇒ Greater **commitment and leadership from health authorities** is called for, in particular in relation to financial and organisational issues.
- ⇒ More work towards the **interoperability of ehealth systems** is required, to progress more swiftly towards the seamless integration of heterogeneous systems and faster deployment of the broadband infrastructure necessary for user-friendly online health services and regional health information networks.
- ⇒ Increased legal certainty in respect of confidentiality, liability and patient mobility and **less fragmentation** in the application of standards.
- ⇒ Stronger cooperation among health providers across Europe through the **establishment of European networks of reference** supported by interoperable ehealth solutions.
- ⇒ The **needs and interests of users** must be better integrated into the development and promotion of ehealth and **access for all to ehealth** made possible by tackling inequalities due to a digital divide.
- ⇒ **Concerted efforts by all stakeholders** are necessary to achieve successful implementation of ehealth.

EHTEL is already tackling many of these challenges and is ideally placed to address others directly and to enable the actions called for by the Communication to be undertaken by the Commission and the Member States.

Commitment and leadership from health authorities

The national healthcare authorities of many of the Member States have been major players in the development of EHTEL ever since its foundation. Our Healthcare Authorities Stakeholder Group consists of representatives of ministries of health and healthcare authorities at national and regional levels across the European Union.

The Group provides an informal network for sharing plans and projects within each Member State, for facilitating cooperation on projects in ehealth involving two or more Member States, advising the European Commission on the progress of actions within Member States and preparing propositions for joint actions and initiatives to progress issues across Europe in regard to the Commission, the Council or other relevant bodies.

The work of the Group takes place in formal meetings and through on-line networks. At its most recent meeting, held in conjunction with the Irish Presidency's high level eHealth 2004 conference & exhibition in Cork, the Group wel-

comed delegates from the newly acceded states of the expanded European Union.

Through our Healthcare Authorities Group EHTEL plays a fundamental role in the development of regional and national ehealth roadmaps, in particular by enabling the sharing of experiences and good practices between Member States that are at different points in their ehealth "journey".

Interoperability of ehealth systems

EHTEL is taking an important role in promoting ehealth interoperability in order to enable the seamless integration of heterogeneous systems. We participate in the CEN/ISSS eHealth Standardisation Focus Group and the EFMI Smart Cards working group, host of the former eEurope Smart Card Charter Trail Blazer 11 "Health". In early June we organised a workshop on eHealth interoperability issues (see article "eHealth Interoperability Workshop: the Government and Expert View, 1 June, Brussels"). This meeting enabled government representatives and standardisation experts dealing with interoperability problems to come together in an informal setting to start the elaboration of a draft action plan for collaboration on interoperability issues.

A further outcome of the workshop was the submission to the European Commission's eTEN programme of a proposal for a support and coordination action which, if adopted, will support the creation of a best practice knowledge base of interoperability initiatives by the healthcare authorities of the EU25 and generate a trans-European roadmap for ehealth interoperability.

Through these activities, EHTEL plays a central role in promoting ehealth interoperability by supporting and coordinating initiatives that bring together relevant stakeholders in both formal and informal settings to discuss and advance interoperability issues towards eventual resolution.

Promoting the needs and interests of users

It is essential that the needs and interests of patients, citizens and consumers, as well as of health professionals, are properly taken into account in the development and promotion of ehealth solutions. Citizens may become patients for short periods of time throughout their lives, but they are generally not engaged with the healthcare system. Thus, their expectations and requirements will differ from the patient who is currently receiving treatment either on a short- or long- term basis. In an ideal world, the patient would be in total control of the healthcare that he or she receives and take decisions regarding the way in which they are treated. In reality they can only do this with the support of professionals and with the provision of accurate and timely information.

EHTEL's Patients, Citizens and Consumers Stakeholder Group is unique within the European ehealth community and consists of individuals who are patients in their own right or

who represent patient and consumer groups but who are also highly qualified from a strategic, technical and managerial perspective within health and medical informatics. At the highest level, it has two main aims: to influence other stakeholders in ehealth and to empower other patient groups. It has produced a number of important position papers and made valuable presentations to, among others, the Irish Presidency's recent eHealth 2004 conference in Cork (see also Volume II Issue 2 of The Navigator, which focused on patient-centred events and the work of this Group within that context).

Through its Patients, Citizens and Consumers Group, EHTEL is ensuring that the needs and interests of users are taken into account by giving them a voice in the ehealth community with which they can speak for themselves.

Benchmarking and disseminating best practices

EHTEL represents all stakeholders with an interest in ehealth and provides a network within which they can come together to discuss common interests and explore solutions to common challenges. Not only does the Association have a key role to play in the establishment of any high level ehealth forum to support the Commission services, as proposed in the Communication on eHealth, but it also has a crucial role to play in supporting initiatives on specific themes and issues through its Task Forces.

The Association presently has six Task Forces, each of which is championed by a member of the Association's Board of Directors. A number of these task forces have already held successful meetings. You will find accounts of the most recent seminars and workshops in the pages of this navigator: the task force on ePrescribing held an experience-sharing seminar in early June supported by NICTIZ, the Dutch National Programme for IT in Healthcare [cf. report on page 5], and our task force on the Assessment of Quality, Productivity and Effectiveness in eHealth recently organised a workshop in Lahti, Finland in collaboration with the European Society for Quality in Healthcare (ESQH) and the Finnish National Research and Development Centre for Welfare and Health (STAKES) [cf. report on page 7].

Other task forces currently preparing activities on specific themes include those on Reimbursement and Incentive Structures, ICT-Supported Disease Management, eHealth and the Internal Market and Empowering the Patient.

Through its task forces on specific themes and issues EHTEL plays a central role in supporting the effective sharing of experiences and best practices in order to achieve common understanding between stakeholders and successful implementation of ehealth services.

Leveraging investments

There are a number of funding structures available within the European Union with which to support and boost investment in ehealth. The Fifth Framework Programme for Research, Development and Demonstration allocated some

€250 million to ehealth projects and the Sixth Framework Programme, which commenced in 2002, has already allocated €79 million to twenty different ehealth projects. Other funding mechanisms, such as Structural funds for health, INTEREG III Regional funds and the European Investment Bank, are also available to support projects that can implement cost-effective programmes for health improvement.

Healthcare IT spending to rise in Europe

The Total IT spending in hardware, software and IT services in the western European healthcare sector will rise from US\$6 billion to US\$8.8 billion between 2003 and 2008, according to the latest forecast from market-research group IDC.

The UK's National Health Service plan, the French Hospital 2007 initiative and newly-announced projects in Italy are all driven by central governments and mainly aimed at enhancing performance of public hospitals and outpatient services.

"Healthcare providers will be the fastest-growing segment of the public sector and one of the fastest-growing verticals in terms of IT spending over the next three to four years in Western Europe," said Massimiliano Claps, senior research analyst with IDC's European vertical markets research group.

IDC believes that to support the transformation that will lead to the establishment of fully patient-centric processes, healthcare agencies will invest in a range of applications. They include electronic patient records and other clinical care management solutions, such as radiology systems, pharmacy systems, and picture archiving and communication systems (PACS). The investment will also cover back-office administration systems, such as patient accounting systems, and patient administration systems.

Task Force "Reimbursement and Incentive Structures" asks for expert opinions by questionnaire

The task force has just been started by launching a questionnaire [download from www.ehtel.org] for assessing the effects of current reimbursement and payment structures for health and social care as inhibitors and/or as incentives to the deployment of eHealth. This questionnaire has been sent to all EHTEL members and friends and is also available to all those who have an opinion on this issue at www.ehtel.org.

Further activities of this task force encompass a report at the eHealth parallel session of the conference "Shaping the EU Health Community", 7-9 September, The Hague (NL) [cf. page 8 – backpage – of this issue].

However, the level of awareness of these opportunities in the European ehealth community, and particularly of the aims and objectives of specific funding programmes, remains poor. Information about the programmes and opportunities that are available to support ehealth research, development and implementation is not presently made available in a coordinated or integrated manner.

EHTEL will support the coordinated dissemination of information to all stakeholders regarding the many and various funding structures available within the European Union to support ehealth research, development and implementation.

Legal and regulatory issues

Since its foundation in 1999, EHTEL has undertaken a number of important activities that have raised awareness among stakeholders of the legal and regulatory issues arising from the development and implementation of ehealth systems and services.

In particular, through its published papers on the legal aspects of ehealth, the Association has developed and informed understanding of issues including professional responsibilities, liability for ehealth products and services, the provision of cross-border health services, legal aspects of standardisation and reimbursement and, naturally, confidentiality and privacy issues.

Due to the leadership it has already shown in this area, EHTEL stands in a unique position to propose further research and dissemination actions aimed at improving legal certainty with regard to ehealth services.

Accelerating implementation through organisational and professional development

The Commission's Communication on eHealth identifies that, when combined with organisational changes and the development of new skills, ehealth is a key enabling tool that can help to deliver better care for less money within citizen-centred healthcare delivery systems. The Communication also states that the difficulties experienced by public authorities in matching investment in technology with investment in the complex organisational changes needed to exploit its potential are a major barrier to the implementation of ehealth in Europe.

Experiences in those countries that are in an advanced stage in implementing ehealth systems and services within their national and regional health systems – such as the United Kingdom, Denmark and Sweden – clearly demonstrate that the greatest barrier to successful implementation is managing the changes necessary within health and social care organisations to implement the new processes created by ehealth and equipping both an organisation and the professionals within it to see that change through.

Change management for ehealth involves, among other things, the mapping of existing models for the delivery of health and social care

and the creation of a business case that clearly demonstrates the benefits of re-engineering those models using ehealth systems and services. Crucial to the success of such a process is successfully managing relations with all of the stakeholders involved in change and winning them over to the need for change and development on both a personal and an organisational level.

EHTEL is uniquely placed to begin providing the European ehealth community with the knowledge and skills necessary to implement ehealth within national, regional and local settings. We have already developed close relationships with many of the non-governmental organisations and delegations that represent major stakeholder groups in European health and social care – including the European Health Management Association (EHMA), the Standing Committee of Hospitals of the European Union (HOPE), the European Society for Quality in Healthcare (ESQH) and the European Local Authorities Telematics Network (ELANET). We believe that the time is right to cooperate with these groups, as well as with appropriate educational and professional bodies, so that best practice in ehealth implementation can be shared on a Europe-wide basis.

► **EHTEL invites all to join in this endeavour through membership and through participation in the activities the Association currently undertakes.**

The Council of the EU on Employment, Social Policy, Health and Consumer Affairs of 1st and 2nd June 2004 has been briefed by the Commission on its Communication and further adopted a series of conclusions on eHealth.

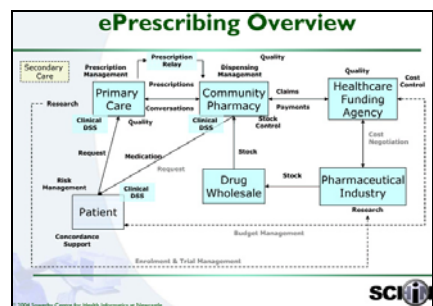
More on Council Web page, press releases: <http://ue.eu.int/cms3/fo/showPage.asp?id=351>

EHTEL ePrescribing Seminar: An Overview of Challenges and Experiences in Europe, 2 June 2004, Amsterdam (NL)

By *Stephan H. Schug, EHTEL Manager:* The support and improvement of prescribing and the full medication management process supported through the use of ICTs are promising, tangible examples of eHealth implementations throughout Europe. ePrescribing has been identified as one of the first ehealth applications to be implemented and is a central element of many National Health-IT strategies. ePrescribing is thus one of the first services to become directly available to consumers and patients and has much potential to raise the quality of healthcare, including:

- ⇒ reducing medication errors,
- ⇒ increasing medical quality,
- ⇒ and hence reducing the cost of high quality clinical healthcare.

In order to share information about recent developments and to set an agenda for future action, EHTEL – with the support of NICTIZ, the National Institute for IT in Healthcare of the Netherlands – organised a one-day seminar on 2 June in Amsterdam. About 70 participants received a comprehensive update on the current situation of ePrescribing in Europe.



In his Keynote: “ePrescribing in Europe: Strategies and Implementations – What has been achieved?” Prof. Ian Purves from the Sowerby Centre for Health Informatics at Newcastle demonstrated the complexity of the processes involved and highlighted some of the cost & benefits of ePrescribing.

Costs/Risks

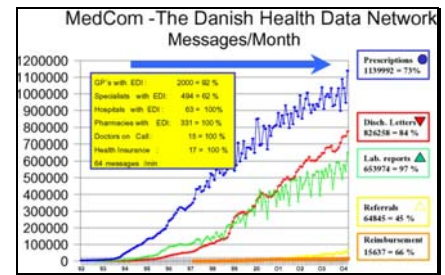
- ⇒ Providing & maintaining the eP-system
- ⇒ Patient convenience and flexibility
- ⇒ False positives of Alert systems
- ⇒ Sensitivity of ETP ‘relay’ data
- ⇒ Patient Privacy

Benefits

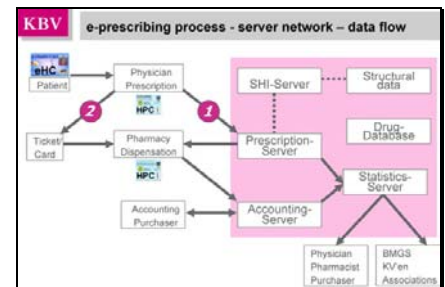
- ⇒ Access to prescribing record and readability
- ⇒ Alerts to prescribing potential errors
- ⇒ Repeat prescribing review
- ⇒ Patient convenience and flexibility
- ⇒ Empowerment to patient
- ⇒ Reduction of ‘clarification’ phone calls Pharmacy ⇒ GP Practice
- ⇒ Prescription processing & reimbursement
- ⇒ Supply chain more adaptable to change

Denmark, Germany, Slovenia, Spain (Andalucia), Sweden, The Netherlands and United Kingdom presented progress reports on their national implementations.

While **Denmark** has a **high rate of electronic transmissions of prescriptions ...**



Germany is doing thorough **planning ...**



... and **Sweden** has ambitious goals to make ePrescribing their **central project.**



Stakeholder statements from Pharmacists, Physicians, Patients/Citizens and Health Administrators led to an open discussion with the plenary. One position came out quite clearly from the stakeholder statements and from the plenary discussion: ePrescribing is more than an electronic prescription. In the thick of medication management, Electronic Patient (or Health) Records (EPR/EHR), and other involved processes, ePrescribing is not only a way of handling medication but can quickly become a quality indicator for healthcare and a standard for security in healthcare.

The seminar ended in a lively discussion and proved to be a useful start for further EHTEL activities in the medication management domain. Members are invited to engage in this work and to join the network in preparing future activities.

We have made all material available at www.ehtel.org and are awaiting your comments and input to the ongoing work of the Task Force (simply email info@ehtel.org).

ePrescribing Special Article:
A Pharmacists view: collaborative risk minimization

Pharmacists obviously have a stake in the developments of ePrescribing. During EHTEL's seminar of 2 June, Paul Kuks, hospital pharmacologist in the Netherlands, presented his views of the possibilities that ePrescribing offers through the consequent changing collaboration between healthcare professionals.

By Paul Kuks, Alysis Group: Electronic prescribing offers exciting new possibilities for pharmacists. ePrescribing relieves us from the burden of electronic registration of prescriptions and places this task firmly on the shoulders where it belongs: those of the physician. We know the child is one of ours but we don't mind it being carried on by someone else.

Electronic prescribing creates the possibility for pharmacists to deploy new services for patients and physicians. However, for these services to be realized, some requirements will have to be met.

First, some background: Electronic prescribing is the first step in a transition towards a health care information model that is largely network-centric. It is not a coincidence that an expression from modern warfare is used here: improvements of health care processes are often disputed with heavy artillery and a lot of patient blood may flow before promises eventually materialize. Through this health care network under construction, highly specialized health care providers and generalist health care providers will interact with each other and their patients to provide the best breed of health care. The quality of these services will improve simply because every service provided will be verifiable or falsifiable by all the process actors involved, patients included. Now already, every decision to start, to continue or to stop a medical treatment is the result of an extensive risk evaluation. In the future, the knowledge shared through the network will greatly facilitate this evaluation, but it will also impose an obligation to use all the knowledge that is available.

Potential effects of ePrescribing on services provided by pharmacists: ePrescribing will strengthen the clinical pharmacologist role of the pharmacist. We pharmacists would like to see that the physician, during the prescription process, gets maximum decision support. This should enable the physician to generate an unambiguous and error-free prescription. Of course, this decision support system will have to be updated continuously with pharmacological expert knowledge. These updates can easily be obtained from a centralized source.

However, there will also have to be local backup of the decision support system. It is very unlikely

that a general practitioner or a cardiothoracic surgeon will be able to apply every possible clinical expert rule in their ePrescribing system. They will be overwhelmed by the multitude of risks they will have to evaluate before they can complete the prescription process. Just imagine how much information will become available when in a few years, sequencing of the entire patient's genome will have become a routine procedure. The decision support system will confront the physician with an embarrassing amount of signals that will have to be handled. For this reason, there will have to be some sort of workload balancing between the physician and the pharmacist based on the expertise of each in order to make sure that all risks are dealt with appropriately. In fact, the decision support system will become a distributed application and risk minimization will become a distributed responsibility.

Once treatment has started, it cannot be viewed as a fire-and-forget missile. The treatment will have to be continuously evaluated and adjusted, or stopped if needed. If one would like to stick to military jargon: it is a "man-in-the-loop" situation which needs just as much risk minimization as starting a treatment. Pharmacists are starting to support physicians in treatment evaluations but this is a much neglected area in our professional activities.

In the Netherlands, up till now, we have been concentrating on the content of ePrescribing messages exchanged between prescribers and dispensers. We have completely redefined the transaction processing model in order to give all authorized health care providers in the Netherlands access to detailed prescription information. We have adopted much of what had been defined already by the international HL7 community and we have submitted to them what, in our view, was lacking.

It should be emphasized, however, that this is only the first stage of the transition towards risk minimization through ePrescribing. Much more health care information than just prescriptions should become available through the network. The most obvious information type to continue with would be a formal exchange of risks that have been accepted by the physician during the prescription process and by the pharmacist during the evaluation of the medication dossier. Much of the information needed is already electronically registered but its availability and practical usability still pose technical and sometimes political challenges.

Structured collaboration between physicians and pharmacists on risk minimization is not really a new subject, but the level of intertwinement of their activities is. In the Netherlands as well as in other European countries, we are already seeing a strong foundation of associations of clinical pharmacologists in which both physicians and pharmacists are cooperating very closely. Such

associations will function as knowledge and training centres for collaborating physicians and pharmacists. ePrescribing, by virtue of its network-centric nature, will formalize the exchange of this pharmacological expert knowledge on a wide scale.

A stronger cooperation between doctors and pharmacists in the domain of risk management is not without obligation. Our patients will increasingly apply the carrot-and-stick paradigm: they will pay us to provide them with effective treatments at minimized risks and they will prosecute us if we fail to collaborate on risk minimization. But we are pharmacists, not masochists, and we think that working with doctors for a joint cause is a worthwhile endeavour.

ePrescribing Special Article:
ICT in the medication process... In focus for EHTEL

EHTEL's Task Force on ePrescribing kicked off its activities with a seminar on 2 June. The overview of challenges and opportunities provided during the seminar highlighted the fact that ePrescribing is much more than an electronic prescription. In this article, Mats Larson, chair of the task force, proposes further work surrounding ePrescribing issues and gives a summary of the investigation into electronic medication records that was made subsequent to the seminar

By Mats Larson, EHTEL President: Subsequent to the seminar on ePrescribing in Amsterdam on 2 June, EHTEL is planning to start further task force activities in the domain of medication management. Members are invited to engage in this work and to join the network in preparing future activities.

One topic to be addressed is the development of electronic medication records. Lately, several nations have set out to provide healthcare systems with complete records of patients' ongoing prescriptions – regardless of where, or by whom, the prescription was made. To start and to stimulate the consultation process within our membership, we have already done some investigation into this subject and provide a few preliminary results here.

In **Denmark**, a complete electronic medication profile will be provided to both patients and doctors through the national portal - www.sundhedsportalen.dk – in a system that will be in place within a year. Information is gathered through the pharmacies.

Australia has set out to have a national solution in place in a few years' time. Field tests have been running in Tasmania and Victoria throughout 2003 and 2004, with evaluations to be published later this year. For more information: www.medicconnect.gov.au

In the **Netherlands**, work is currently being undertaken by NICTIZ to set up a national medication infrastructure. More details are available at www.nictiz.nl.

In **Sweden**, regional projects with "patient-oriented" medication records were started in 2003. Carelink is coordinating the regional initiatives – securing that a national view of a patient's complete medication record will be possible to deliver. For more info, go to www.carelink.se.

In **Canada**, regional solutions, providing emergency departments and general practitioners with medication records, have been running for some years. PharmaNet in British Columbia is one example. There are plans to expand the service to other parts of Canada. For a presentation on PharmaNet, see http://www.nlchi.nf.ca/pdf/Privacy_Electronic_Health_Record_slides.pdf.

And **Slovenia**, also, is an example of a country setting out to deliver an electronic medication record within one year. The record will be based on the electronic card infrastructure already in place in the country.

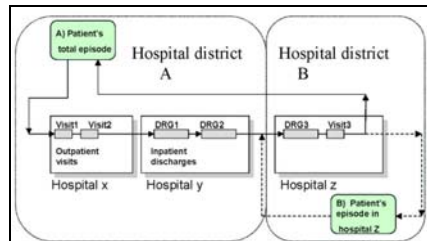
These are just some examples of how medication information is being approached in different nations. EHTEL will continue to provide its members with updates on developments and experiences. We would also like to receive information from you - we will distribute it through our newsletter and website. Please stay tuned...

For more information, please contact mats.larson@carelink.se or info@ehtel.org.

Joint ESQH&EHTEL Workshop: Quality & IT in Healthcare 18-19 June 2004, Lahti (FIN)

By *Stephan H. Schug, EHTEL Manager*: The use and application of ICTs (Information and Communication Technologies) continuously increases and there are several widening areas where ICTs can and are expected to promote better quality in health and social care services for patients, citizens, professionals, service providers and owners of these services, independently of how they are organised. The activities of the new EHTEL Task Force "Assessment of Quality, Productivity and Effectiveness in eHealth" – led by Hannu Hämäläinen – are dedicated to promote the assessment of eHealth solutions, good practices in the implementation of ICTs in the health and social care domains, as well as the exchange of experiences and information. The kick-off of the Task Force was organised in the form of the workshop "Using Information and Communication Technologies to Promoting the Quality Agenda in European Healthcare" on 18-19 June in Lahti (Finland).

Co-organised by EHTEL and the European Society for Quality in Healthcare (ESQH) – a network of networks in quality assurance – and in co-operation with STAKES, The National Research and Development Centre for Welfare and Health (Helsinki), and the City of Lahti, the workshop aimed to answer the questions and needs of the various stakeholders, from patients to policy makers, managers to clinicians, taking into account all the distinct perspectives that stakeholders have on the use of ICTs in healthcare.



This workshop aimed to answer the questions and needs of the various stakeholders, from patients to policy makers, managers to clinicians, taking into account all the distinct perspectives that stakeholders have on the use of ICTs in healthcare. Plenary sessions of the nearly 70 attendees were dedicated to

- ⇒ Policy & Decision Makers
- ⇒ Healthcare Managers
- ⇒ Quality of healthcare IT
- ⇒ Citizens & Patients, Quality and healthcare IT: Services for Citizens
- ⇒ Healthcare Professionals



The presentations highlighted different subjects of eHealth and the assessment and promotion of quality in health, formally ranging from project reports to implementation guidelines for security measures in healthcare.



Held in beautiful southern Finland, the two-day meeting enabled the Task Force to agree on a draft scope and a **preliminary agenda** (excerpts below):

- ⇒ Measurable quality in healthcare is required to improve treatment paths continuously and to give reliable information to patients & citizens and decision-makers in healthcare
- ⇒ The overall effectiveness of healthcare can be significantly improved using ICT
- ⇒ Optimized workflows guarantee higher productivity in service delivery and better outcomes

Objectives

- ⇒ to promote better quality in health services for patients, professionals, service providers and owners (public and private)
- ⇒ to show evidence of the use of ICT
- ⇒ to promote assessment of eHealth solutions
- ⇒ to demonstrate good practices in implementation and deployment
- ⇒ to exchange information
- ⇒ to promote knowledge and expertise by networking stakeholders in the field

Questions to be addressed

- ⇒ How to demonstrate the improvement of quality of care through ICT solutions?
- ⇒ How to make the provision of healthcare safer?
- ⇒ How to make it more cost-effective?
- ⇒ How to enable new ways of working/learning for health professionals?
- ⇒ How to enable new ways of working/learning for managers?
- ⇒ How to bring new services to patients?

Methods

- ⇒ workshops
- ⇒ networking
- ⇒ development of methods
- ⇒ combining assessment of quality, productivity and ICT in eHealth
- ⇒ R&D projects
- ⇒ information delivery

The Task Force will organise further activities after the summer; updated information is at: www.ehtel.org.

Lunch at the European Parliament & Annual General Meeting

1.00 – 5.00pm, Wednesday
1 December 2004, Brussels (BE)

We are delighted to be holding a buffet lunch, free of charge for our members and invited guests, on Wednesday 1st December at the European Parliament in Brussels and hope you will be able to join us.

This event gives our members the opportunity to meet Members of the European Parliament ("MEPs") and other decision-makers who influence European policy in the ehealth and telemedicine sector, to discuss issues and to network with them informally.

We have invited members of the Committees of the European Parliament that take an interest in ehealth and telemedicine, as well as the relevant Heads of Unit and staff from the European Commission. Also invited are representatives of non-governmental organisations and delegations based in Brussels.

The buffet lunch will be immediately followed by our Annual General Meeting, where members have the opportunity to hear from the Board of Directors of the Association about our activities over the preceding 12 months and to discuss and approve our plans for 2005.

Join EHTEL: Become a Member

EHTEL is an international, non-profit, non-political association of members representing all categories of stakeholders for eHealth in the health and social care domains.

Joining EHTEL means:

- ⇒ enabling the cultivation of partnerships and networking across the eHealth domain;
- ⇒ being a part of an independent organisation, influencing eHealth policies in Europe;
- ⇒ an opportunity to share experiences and to hear the lessons learned by others.

Members are also entitled to such benefits as reduced registration fees to seminars, workshops and other events, email notifications of important news in the eHealth field, as well as individualized access to EHTEL's website, www.ehtel.org.

If you'd like to hear more about EHTEL or about becoming a member, please call us at +32 (0)2 230 96 50 or email us at info@ehtel.org. We look forward to hearing from you!

Upcoming events in eHealth

"Shaping the EU Health Community", 7-9 September, The Hague (NL)

The Dutch Presidency of the EU will be hosting a health conference titled "Shaping the EU Health Community: Balancing Health, Social Development and the Internal Market." Scheduled just prior to an informal meeting of European ministers for Employment, Social Policy, Health and Consumer Affairs, the conference aims to raise to a European level questions of health and social care that are common to many Member States, such as ehealth, cross-border care, long-term care, public health issues, financing of health systems, pharmaceutical and medical products and local community care.

While the opening and closing days will be composed of plenary sessions, six main topics will be explored in parallel work conferences on the second day of the conference.

EHTEL – together with ESQH (European Society for Quality in Healthcare) and EHMA (European Health Management Association) – are organizing the parallel work conference on ehealth, to be held on 8 September. The session will look into (1) the economic dimension and policy issues behind the implementation of ehealth solutions; (2) the response of the market to current demand and cost-benefit studies of implemented solutions; and (3) the perspective of the patient and citizen to the changes brought about by ehealth solutions.

For more information, visit www.euhealthcommunity.org.

European Health Forum Gastein, 6-9 October, Bad Hofgastein (AT)

"Global Health Challenges: European Approaches and Responsibilities"

The 7th European Health Forum Gastein (EHFG) will be held from 6-9 October in Bad Hofgastein, Austria. This year, the conference will centre around "Global Health Challenges: European Approaches and Responsibilities". While plenary sessions will focus on Europe's role as a partner in world health, five main topics will be the objects of the parallel fora:

- ⇒ "values, principles and objectives of health policy in Europe";
- ⇒ "promoting social inclusion in an enlarged Europe: putting mental health on the agenda";
- ⇒ "pharmaceutical policy in the enlarged Europe";
- ⇒ "what determines health?"; and
- ⇒ "towards high-performing health systems: value for money and sustainable financing".

Separate workshops will also be held throughout the four days on other specific themes.

For more information, visit www.ehfg.org/website04-2/style.htm

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July 27, Brussels (BE)

Deutsche Apotheker- und Ärztebank conference "The Mobile Patient: From digital health information to cross-border health supply"
<http://www.apobank.de>

July 31-August 5, Ischia (IT)

MEDICON 2004 (Mediterranean Conference on Medical and Biological Engineering) "Health in the Information Society":
<http://www.medicon2004.unina.it>

September 7-9, The Hague (NL)

Dutch Presidency conference "Shaping the EU Health Community: Balancing Health, Social Development and the Internal Market",
www.euhealthcommunity.org

September 9-10, Noordwijk (NL)

Informal ministerial meetings for Employment, Social Policy, Health and Consumer Affairs:

September 16-19, Istanbul (TK)

4th international dissemination conference of the EMISPHER project

September 29-1 October, London (UK)

International eHealth Association "Clinical Information Systems and Electronic Records and eHealth 2004": http://www.healthcare-events.co.uk/cis2004/CIS_Ehealth_2004.pdf

October 4, Luxembourg (LU),

Council Meetings: <http://www.eu2004.nl>

October 6-9, Bad Hofgastein (AT)

European Health Forum Gastein "Global Health Challenges: European Approaches and Responsibilities": <http://www.ehfg.org/>

November 24-27, Düsseldorf (DE)

MEDICA 2004: - International Trade Fair with Congress: <http://www.medica.de>

November 26, Brussels (BE)

EUROREC 2004 "Implementation Guidelines, Quality Labeling and Certification for Electronic Health Records": <http://www.prorec.be/events/>

November 29-30, London (UK)

TeleMed and eHealth '04 "Citizen-Centred Care": <http://www.rsm.ac.uk/telemed04>

December 1, Brussels (BE)

EHTEL Association: Lunch at the European Parliament & Annual General Meeting

December 6-7, Brussels (BE)

Council Meetings: <http://www.eu2004.nl>

December 9-10, Prague (CZ)

MEDTEL 2004 / eEurope Smart Card Charter
<http://www.medtel.cz/data/c67/lib/Medtel.pdf7>

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