

eHealth – added value for the Care for Chronic Conditions

Recognised Medical and ICT-experts confirmed the significant role of eHealth at a conference in Rome, Italy, titled "Improving Care for Chronic Conditions - the added value of eHealth" [...].

Contents

▶ Title: eHealth – added value for the Care for Chronic Conditions	1
▶ eHealth & eGov News	1
▶ EHTEL INSIGHT Article: The added value of eHealth	2
▶ "The Diabetes Paradoxon" Lessons learned at the conference "Improving Care for Chronic Conditions - the added value of eHealth" in Rome, Italy	2
▶ EHTEL eHealth Proceedings Follow-up to the EU eHealth Action Plan & the European Interoperability Initiative	3
▶ Stakeholder Group News Progressing towards Electronic Health Records in Europe: Results from a joint effort of the EHTEL HCA and HINE	3
▶ EHTEL eHealth Proceedings Follow-Up to eHealth Standardisation	3
▶ Improving Connectivity with Remote Areas for Equitable Access to Health Services HEALTHWARE Workshop at Med-e-Tel Luxembourg	4
▶ World of Health IT 2006 Conference & Exhibition with pending Call for Papers ...	4
▶ Expert Workshop: Health-ID Management in Europe	4
▶ Conference: ePrescribing & Medication Management	4
▶ eHealth Diary 2006	4

[...] While ICT experts were informed about the tremendous raise of chronic conditions foreseen for the upcoming decade, health professionals understood that the eHealth services being recently implemented across Europe will be a useful tool to cope with their growing burdens of demands for cure and care.

Some key findings of the conference were:

- ◆ Chronic diseases will highly increase the burden on European Health Systems, e.g. the number of diabetic patients is about to double until the year 2015
- ◆ Primary care will have to tackle most of the increasing demands for care.
- ◆ eHealth tools may and must contribute to avoid that primary care professionals are burned out by the expected increase in demand for care.
- ◆ Hospitalisation of chronically ill patients is a "failure" for the health system.
- ◆ eHealth improves the quality of life of the chronically ill by enabling home care.
- ◆ Disease management programmes cannot be efficient without electronic documentation.
- ◆ Chronic diseases are becoming the use case for the large scale deployment of electronic health records (EHR)

This successful international conference has been the first public activity of the EHTEL Task Force on "ICT Supported Disease Management" and other activities will follow.

If you are interested, we will be delighted informing you about them.

[Presentations available at: <http://www.ehtel.org>]

eHealth & eGov. News



Electronic Health Record Service in Denmark

A new e-service has been launched in Denmark, enabling citizens to get information about their treatments in hospital. Patients can now access their medical records online through the award-winning health portal sundhed.dk and read about their diagnoses and treatments in hospital from as far back as 1977. [Details are available at eGovernment Observatory site](#) (© European Communities)



Testing the Electronic Health Card in Germany:

Eight German Länder will start testing the new electronic health card with at least 10.000 insured persons starting from April 2006. Replacing the existing health insurance card, the new electronic Health Card will contain both the insurees personal information and (later on) selected medical information like ePrescriptions on a micro-processor driven chip. The backside shows the European Health Insurance Card (former E111)



Empowering the Regions of Spain for Healthcare IT

The transfer of healthcare competencies from the state to the 17 autonomous regions in Spain is enabling regional authorities to make independent decisions regarding the modernisation of healthcare IT. Even as this boosts the uptake of IT applications in healthcare management, the concept of paperless hospitals with their promise of enhanced workflows, will support the implementation of IT systems by upcoming hospitals. "With over 90.0 per cent of the hospitals in Spain possessing legacy systems, which are difficult to integrate with new IT solutions, a complete revamp of IT solutions is anticipated", says Siddharth Saha, Programme Manager – Healthcare IT at Frost & Sullivan (©Frost & Sullivan, cf. healthcare.frost.com)

EHTEL INSIGHT Article

The added value of eHealth

"eHealth is not a set of products, tools or applications but a range of responses to a set of requirements in the context of improving and transforming healthcare services.

By David Lloyd-Williams, EHTEL Board Member

The traditional measure of value in health for ICT has been cost reduction and cost savings and, in the current context of a seemingly inevitable rise in demand and GDP %age for healthcare, this remains a strong factor in the minds of decision and policy makers. However as eHealth has matured, it has become clear that this is only one side to the added value proposition. The three key criteria of the EC Action Plan are **Access, Quality of Care and Cost Containment** and these, along with the overriding need for increased equity, are the starting points for new ways of looking at added value which relates to all levels of healthcare policy from the citizen right through to the European Social Contract.

The broad areas of requirements at European level can be summarised as:

- ◆ patient and professional mobility
- ◆ citizen centred health systems
- ◆ improved quality and efficiency of healthcare availability

This implies change, improvement and in many cases transformation of current and traditional processes of delivery taking advantage of advances in medicine, drugs and treatments, logistics, research and information technology.

Scenario One - Indispensable

Some of the main process areas under consideration include those where there is no option other than radical change – these include:

- ◆ Care for Chronic Conditions
- ◆ Disease Management
- ◆ Integration of care across primary, secondary, tertiary and social care
- ◆ Patient safety (including medication errors)
- ◆ Patient empowerment and involvement
- ◆ Knowledge support for clinical professionals

An example will illustrate the point. At the recent conference "Improving Care for Chronic Conditions - the added value of eHealth", the diabetes scenario in France was described as follows:

- ◆ There are three million diabetes patients in France (500,000 suffer from severe illness).
- ◆ Using conservative practice guidelines this generates the need for 5.5 million clinical hours per year. There are one million hours resources available and the prognosis is that the number of diabetics will double within ten years.
- ◆ The current process model is evidently untenable and transformation is the only option. This could mean harnessing other resources including e.g. "expert patients", using mass access and education tools to improve knowledge, self management and the

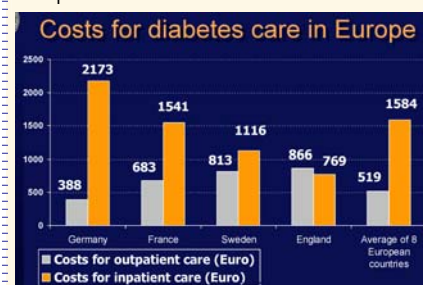
"The Diabetes Paradox"

Lessons learned at the recent conference "Improving Care for Chronic Conditions - the added value of eHealth" in Rome, Italy

[selected reading from conference presentations]

Thomas R. Pieber (Medical University of Graz): **Diabetes: Epidemiology, patient orientation, and new approaches to chronic illness**

- ◆ Diabetes is a complex chronic disease with devastating late complications
- ◆ Increasing prevalence (5% to 10% in 2015)
- ◆ Late complications can be prevented or reduced
- ◆ Diabetes is an expensive disease
- ◆ Health care systems fail to provide adequate care for citizens with diabetes

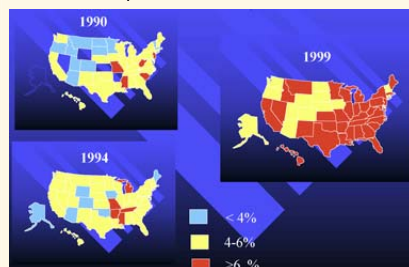


Angelo Rossi Mori (CNR-ITB eHealth Unit): **Integrating Care for Chronic Conditions through a Lifelong EHR:**

- ◆ Progress in medical and healthcare research provokes a hyper-specialization of procedures, facilities, and professionals.
- ◆ Chronic Disease Management (CDM) and other innovative organizational models see patient care as a comprehensive task for the health system as a whole, with a proactive patient's involvement
- ◆ Progress in ICT allows to integrate isolated information systems into Regional Networks
- ◆ eHealth solutions may be able to support the above trend in the healthcare sector
- ◆ Semantic Interoperability is the key element for close synergy of CDM and eHealth.

Line Kleinebreil (Primary Care Diab. Europe): **Care for chronic conditions in primary care**

- ◆ Diabetes, an IMPOSSIBLE challenge for primary care: <40% diabetic patients have the recommended annual check-up
- ◆ URGENT NEED for appropriate use of e-health to improve chronic care today and face the epidemic tomorrow



US-Diabetes Prevalence: "Model" for Europe

sharing of information experiences. In all of this eHealth has a major part to play and the prime added value is simply the capability to tackle this "diabetes epidemic" and the reduction of the high costs associated with later complications.

Scenario Two – Useful

A second added value scenario derives from a series of underlying facilities that are fundamental to achieving the three key criteria where there is a second and often more levels of value to be derived:

- ◆ For Equity of Access, it must be possible to share information and that information must be secure, understandable, and available to everyone who is entitled to see it, irrespective of their location, their educational capabilities or their economic situation.
- ◆ For Quality of Care, information about care processes are required to be captured, stored, secured, shared, monitored and compared – the same basic eHealth elements are required as above but here the processes to be incorporated within the value chain are more complex and diverse.
- ◆ For Cost-Containment, these things have to be done within an overall context, and the costs assessed not just for the primary application, but as part of an overall programme which fits into and is supported by the levels above including at European level. Still, the added value of cost savings remains a most attractive business case – for example the use of call centre technology in a region in Italy where process transformation could be measured in terms of contracted reduced costs per day of supporting a large community of elderly people.

The most fundamental challenge is the incremental process of implementing electronic record systems at local levels which can form the basis for a longitudinal electronic health record. Without this across delivered care including social care, health services at European level will be greatly limited in their effectiveness.

Conclusion

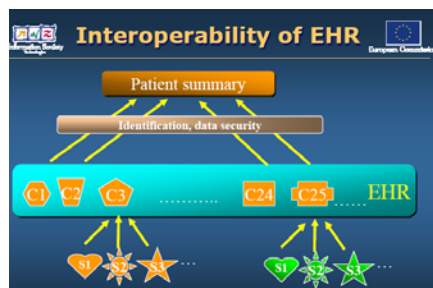
Added value for eHealth is all about added value for health based on requirements to change, improve and transform health processes to provide better or new services consistent with the local, regional, Member State and European actions plans. This means that it has to be described in terms of these health processes. The metrics will vary from case to case. This could be simple reductions as per the Call centre example (cost per individual care); or the capability to increase the delivery of a required service as per the diabetes example; or a particular capability to deliver a service using eHealth solutions as per the English NPfIT; or the support of enhanced facilities via eHealth as per access to clinical knowledge systems or remote diagnosis. There will be many other cases but the common factor is that added value is holistic and may be spread across a number of institutions or care delivery services.

The EU Health Strategy will be successful if it complements, and enables the realisation of the strategies of Member States, regions and local communities. There are some things best done at European level (e.g. common terminology, multi-lingual approaches) where the value is in common developments which help everyone but are difficult to justify at Member State level. The role and value of eHealth is in supporting and enabling this combination at all levels and the key criteria for success for eHealth lies within the "So What" test – does it benefit the patient and citizen in terms of better, safer, more accessible, higher quality healthcare services?

EHTEL eHealth Proceedings Follow-up to the EU eHealth Action Plan: Interoperability of Patient Summaries

By Marc Lange, EHTEL Manager: In 2005 we reported on the plans of the European Commission for the follow-up of the eHealth Action Plan (COM 356). In the meantime, both an eHealth Working Group (eHWG) and an eHealth Stakeholder Group (eHSG) have been established, mandate and terms of references of both groups have been agreed upon and the first meetings have been held. The eHWG consists of Health Care Authorities; the eHSG consists of representatives of the users such as health professionals, health institutions, citizens and patients as well as representatives of the eHealth industry and the standardisation bodies. EHTEL is part of the eHSG with the mission to work with other NGO in representing the eHealth industry, but also as member of the i2-health consortium (cf. www.i2-health.org). The process may be followed-up at on the thematic portal of the European Commission "ICT for health" (www.europa.eu.int/information_society/activities/health/policy_action_plan/working_group/wg_meetings/index_en.htm).

One particular focus is the **Interoperability of Patient Summaries**. This topic has been granted with high priority by the Health Care Authorities, informally, during the September 2005 meeting on invitation of the Health Care Authority Group of EHTEL, in which not less than 17 Member States were represented. The priority was confirmed by the High Level Group on Health Services & Medical Care of DG SANCO and recommended to the EPSCO Council.



The eHSG has started to work on the core content of a patient summary by collecting any existing information on the subject in the Member States: a patient summary is understood as a subset of an Electronic Health or Patient Record including also Medication Record information. It

may also be an Emergency health data set. Based on these investigations and future discussions, requirements for interoperable summaries will eventually be submitted.

As part of this work, the eHSG will also consider the interoperability of *patient and health professional identifiers*, in particular with the support of the i2-Health project and thereby by EHTEL.

Next Steps: These activities should

- ◆ lead to a report to be submitted in March 2006 to the eHWG
- ◆ be part of a broader consultation process in a later stage and
- ◆ ultimately, be included in a formal Recommendation on eHealth Interoperability to be issued in 2007.

Stakeholder Group News Progressing towards Electronic Health Records in Europe: Results from a joint effort of the EHTEL HCA Group and HINE

At their recent meeting in Prague on 7.12.2005 the EHTEL HCA group discussed the results of a European wide survey on the implementation of Electronic Health Records. In her article *Véronique Lessens, HINE Manager, introduces the survey results and reflects already some comments received by the HCA at Prague:*

In collaboration with the EHTEL Management HINE collected information on National EHR implementations from Health Care Authorities throughout Europe group during the period August-November 2005. Particular questions on EHR addressed by the survey were e.g.:

- ◆ Status of / approaches to implementation
- ◆ Plans and strategies for the future based on the current status of EHR in each country
- ◆ Reinforce earlier findings from the health-care providers side
- ◆ Address factors relevant for those planning strategic investments in this crucial field.

With a total of 15 responses – from Austria, Belgium, Finland (2), Germany, Iceland, Italy, Hungary, Netherlands, Norway, Slovenia, Slovak Republic, Sweden and UK – the survey does not reflect all Nations in Europe. Though all respondents are deeply involved in the policy making process or its implementation at national/regional level. They generally agree that EHR are a good thing to have, but the full implications of implementation have mostly not been fully analysed. The subject of electronic records includes hospitals, community and GP.

Today most European Governments concentrate on GP prescribing and some form of 'thin' summary record which may be the GP record or an abstract. This is indeed easier to achieve than full EPR in the acute hospital setting, and also enables electronic transmission of prescrip-

tions (ETP) which is deemed to be an easy application to justify costs – and helps control drug expenditure in the wider community. Hence the penetration of administrative systems across

Europe is almost 100%, it is proven and trusted technology. Electronic records in hospitals – a significant basis of networked EHR and patient safety are overall still very rare. Level 3 advanced medical records with clinical ordering (order communications) are used by only 18,7% of the hospitals in Europe. Level four comprising full e-prescribing with decision support is still a pipe dream: Only 2% of European hospitals were reported to have established electronic prescribing.

Respondents were also asked to document the impacts they foresee in the long run. The greatest effects are foreseen on continuity of care, quality of care, patient safety and patient empowerment as revealed by Fig 1 below.

- ◆ **“Europe is apparently very interested in EPR/EHR but progress is still very slow.”**

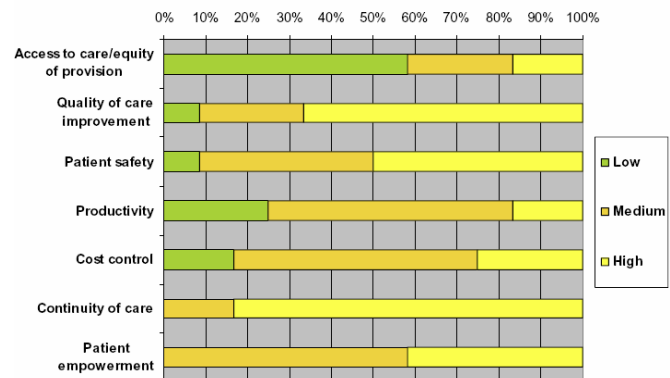


Fig 1: Impacts Foreseen (Source: HINE, 2005)

EHTEL eHealth Proceedings Standardisation Follow-Up

By Stephan Schug, EHTEL Manager: The report of the CEN/ISSS eHealth Standardization Focus Group (eHSFG) with its recommendations for the support of European eHealth related standardisation is still guiding the Commission and Member State activities (e.g. eHWG and eHSG activities as reported by Marc Lange). In January 2006 a provisional *eHealth Standardisation Strategy Group* has been established. In addition a recent meeting, which was called in by many European experts, was dedicated to plans presented by the SNOMED organisation, to establish a global Standard Development Organisation (SDO) to take over intellectual ownership and further development of the SNOMED-CT nomenclature. Such a nomenclature would be needed to support semantic interoperability of eHealth applications worldwide. Relevant decisions have to be taken at National Government levels. EHTEL is very interested in this subject and will continue to support interoperability of eHealth applications by his role in the i2-Health consortium and through support of the EHTEL Health Care Authorities Group in their effort to establish European eHealth Interoperability.

Improving Connectivity with Remote Areas for Equitable Access to Health Services



6. April 2006, Luxembourg

at the  fair

The workshop is organized by the Healthware Consortium and dedicated to the presentation of the benefits offered by the availability of telemedicine applications, especially for remote areas, and of the deployment's conditions on the field of such a light and cost effective DVB-RCS technology, and, finally, of the project's achievements up to its first year of activities, by giving the word to the medical user partners of the project. This workshop is also the occasion to formally establish the User and Citizen Open Group, created to gather not only the medical users involved in the pilots of the project but also the numerous experts, decision-makers, representatives of patients and citizen associations, actors or beneficiaries of telemedicine solutions in Europe. If you are interested in the workshop or in the Healthware project, please refer to healthware.alcasat.net or contact the EHTEL Management as always at info@ehitel.org.



World of Health IT (Conference & Exhibition, 10-13 October 2006, Geneva, Switzerland) is designed to connect leading health information and communication technology experts from Europe and beyond in educational sessions, vendor exhibitions, exchange of experiences and networking sessions, and other professional development opportunities. EHTEL and seven other European organisations coordinated by EC together with HIMSS (US) and WHO are the co-organisers of this unique event. More details can be found at www.WorldOfHealthIT.org, including a CALL FOR PAPERS for which you are warmly inviting to apply. The deadline is 13 March 2006.



Health-ID Management in Europe

– one touchstone for interoperability –

Expert Workshop co-organised by EHTEL, MinVWS (Dutch Ministry of Health) and NICTIZ

20–21 March 2006, Amsterdam-Airport, NL

Health-ID Management, i.e. uniquely identifying persons and organisations is an essential prerequisite for any modern health system. Interoperability of Health-IDs is mandatory for many other interoperability problems to be solved. The workshop will establish an extensive snapshot of the "State-of-the-Art" to Healthcare Professionals & Organisations as well as Citizens (Insured Persons) and Patients Identification and some recommendations.

If you are an expert in the field and interested in active participation, please do not hesitate to contact workshop@i2-health.org or management@ehitel.org

EHTEL International Conference ePrescribing & Medication Management

Ljubljana, Slovenia, 19-20 June 2006

While the implementation of ePrescribing & Medication Management in Europe has already started, there is a pressing need for interoperable prescriptions and particularly for semantic interoperability of medication related information. These are needed

- ▶ to support the mobility of citizens and patients,
- ▶ to safeguard the quality of medication decisions throughout Europe,
- ▶ to improve patient safety and
- ▶ to save human and medical resources.

The conference is a platform to update the knowledge on the state of the art and to discuss the lessons learnt from already existing national implementations by:

- ▶ Keynotes on ePrescribing/Medication Management
- ▶ Break-Out Sessions to facilitate the exchange of experiences on ePrescribing & Medication Management
- ▶ Forums for all stakeholders including Patients & Consumers, Health Professionals, Health Authorities, Insurance Funds, National Governments, European Commission, Regulatory Bodies and Industry.

This conference is the follow-up of the successful EHTEL ePrescribing Seminar in Amsterdam, 2004.

To download further information including the Call for Papers please refer (as always ...) to <http://www.ehtel.org>.

eHealth Diary 2006

March 20 -21, Amsterdam, The Netherlands, Health-ID Management in Europe – one touchstone for interoperability – [invitational workshop] " cf. <http://www.i2-Health.org>

March 30 - 31, Chantilly/Paris, France World Health Care Congress - Best practices for improved delivery and outcomes cf. <http://www.worldcongress.com/europe/>

April 5-7, Luxembourg, Med-e-Tel 2006 - The International Trade Event and Conference for eHealth, Telemedicine and Health ICT " cf. <http://www.medetel.lu>

May 10-12, Malaga/Spain, eHealth 2006 Conference: eHealth in the Europe of the Regions: Networks for health cf. <http://www.ehealthconference2006.org/>

June 7, Bratislava, Slovak Republic EHTEL Health Care Authorities Stakeholder Group Meeting (upon invitation only) <http://www.ehtel.org> "Tasks & Resources"

June 12 -14, Tromsø, Norway, Tromsø Telemedicine and e-Health Conference (TTeC) " cf. <http://www.telemet.no/>

June 15 -17, Trondheim, Norway, Annual International Conference of the EuroPACS Society cf. <http://www.europacs.net/>

June 19-20, Ljubljana, Slovenia ePrescribing & Medication Management cf. <http://www.ehtel.org> "Events"

August 27 - 30, Maastricht (NL), MIE 2006, Medical Informatics Europe, 20. International Congress of the European Federation for Medical Informatics (EFMI), Ubiquity: Technologies for better Health in aging Societies: <http://www.mie2006.org>

October 4-7, Bad Gastein, Austria 9th European Health Forum Gastein " Creating a better future for health in Europe" <http://www.ehfg.org/>

October 10-13, Geneva, Switzerland World of Health IT 2006, Conference & Exhibition", cf. www.WorldOfHealthIT.org

October 13-20, Toronto, Canada MedNet 2006 cf. www.mednetcongress.com

November 15-18, Düsseldorf, Germany, MEDICA 2006, The world's largest medical fair: <http://www.medica.de>

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