EHTEL
EUROPEAN HEALTH TELEMATICS ASSOCIATION

navigator
the EHTEL newsletter
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Improved Collaboration – A Challenge for Healthcare and an Opportunity for eHealth

Do we use eHealth only for "Connecting systems" or do we achieve to "Connect People?" One recognised expert even sees an upcoming "Copernican Revolution" for eHealth, where the old geo-centric view is equivalent to a techno-centric eHealth approach, which has to be overcome ..

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Continuity of healthcare through all life spheres of patients is a key element of recent European agendas. The next challenge for healthcare is to enable improved information management and better communication among health professionals, e.g. physicians, pharmacists, nurses etc. in hospitals, private practices, pharmacies and also in community and homecare environments.

- **Successful eHealth services are nowadays transforming the traditional paper-based workflows by e.g. eBooking, ePrescriptions and eReports: These services connect systems.**
- **Yet the full transformation to eHealthcare requires to connect people.**
- **This involves a fundamental change of perspective.**
- **Thus, integrated healthcare core processes must be re-engineered by a joint deployment of organisational changes and suitable eHealth services.**
- **eHealth is not a set of products, tools or application but a range of responses to the need to improve and transform healthcare services.**
- **There is therefore a clear need for health professionals to be significantly involved in the debate on eHealth and drive forward its implementation.**

To foster the debate and to make some progress in the sake of interprofessional cooperation we made this "Navigator" a forum for Health Professional Representatives sharing our interest in ICT correctly routed in healthcare priorities.

Special Interview[1] on the Occasion of the eHealth week and Conference 2007 in Berlin

Gérard Comyn, Head of Unit C1, DG Information Society and Media explains the next steps of European cooperation and large scale pilots

The European eHealth conference 2007 is a major event during the eHealth week in Berlin in April. What do you expect to be the broader political impact of this conference?

Gérard Comyn: We expect to demonstrate that it is possible to create a European space for information in the health domain. We want to move away from national resorts and experiences towards a pan-European eHealth platform. Specifically, we will take a look at best practice cases at the national level, and expect proposals about what can be done at the European level. The essential goal is to facilitate mobility of patients within the European Union and to ease cross-border patient care. [page 3]

[1] Published courtesy of journal E-HEALTH-COM, Frankfurt, Germany. EHTEL helped to organise the interview and got in turn the permission to publish (for the first time) the original English interview text. The interviewer is author&journalist Philipp Grätzel.

EHTEL INSIGHT Article
Connecting systems or connecting people ?

Angelo Rossi Mori, eHealth Unit, CNR-ITB, Italy

The Ptolemaic attitude, centred on Technology: The current deployment of Healthcare Informatics is centred on technological solutions, which fit well with paper-based workflows where communication was adequately explicit and structured, as in the transfer of prescriptions or diagnostic reports. The toolkit to achieve this goal is mostly available: standards, technological infrastructures, enabling components, etc. The goal is to connect systems, coping with interoperability of systems, i.e. with the ability of systems to inter-operate. The major drivers for innovation are the ICT specialists and the market solutions.

Ptolemaic attitude	Copernican attitude
Healthcare Informatics	Connected Health
centred on Technology	PACEd approach, centred on Information and Communication
increase of efficiency	increase of appropriateness and quality
connect systems	connect people
interoperability of systems	co-operability among professionals (and patients)
ability of systems to inter-operate	ability of people to co-operate
drivers: ICT specialists and market	drivers: policy makers and health professionals
context: paper-based workflows	context: large jurisdictions, local communities
bottleneck: infrastructures	bottleneck: infostructure, 3C

The Copernican attitude, centred on Information and Communication: To make further steps, Connected Health should cope also with co-operability among professionals (and patients), i.e. with ability of people to co-operate. The main challenge is to connect people and thus to understand the issues behind care-oriented Information and Communication.

The centre should be on the Principles, which trigger concrete Action plans to reorganize healthcare provision, facing a set of Components of the healthcare processes, and finally resulting in the joint Enactment of organizational changes and Connected Health solutions. It is a "Copernican" attitude, based on a PACEd approach.

Nowadays the focus of social and health care system is moving towards frail people, to prevent the complications of patient conditions and to reach the maximum level of wellness. When possible, care should be provided at home, or in decentralised facilities near home, as a service for the local community. A proactive role of the patient should be facilitated. Continuity of care, Collaboration among healthcare (and social) professionals, the formal and informal Communication are particularly relevant to effectively support patient-centred health and social care in a local community. The 3C (Continuity, Collaboration, Communication) should be situated in the context of explicit shared care pathways and care plans, going across health centres, social services, community hospitals, home care, pharmacies, etc. Patients and their families should be supported in taking an active role in care management and life style changes.

The major drivers for the future deployment of eHealth solutions should be policy makers and health professionals. The action plans involve large jurisdictions, to face three major challenges for IC(T):

- 3C in disease-oriented networks: the proper management of information and communication in the transfer of responsibilities of care between facilities of different degrees of specialization; the management of shared clinical pathways between GP and specialists, e.g., diabetologist;
- 3C for local health care provision (and around a primary care centre): the support of the regular relations among health professionals in home care, nursing homes, primary care centres, pharmacies, and local hospitals; the assistance to pre-hospitalization and follow-up;
- 3C in social and health care: the progresses towards a joint lifelong record for social and health care; the management of a shared agenda, timely reflecting the progression in the lifecycle of the activities performed by all the professionals as well as by the patients and their families.

EHTEL, in cooperation with the Italian CNR, is organizing the Conference on "3C - Continuity, Collaboration, Communication: challenges for healthcare, opportunities for eHealth" to discuss about the role of the "infostructure" (shared clinical pathways, task-specific clinical datasets, earmarked terminological value sets) to facilitate the effective management of care plans across health centres, social services, community hospitals, home care, pharmacies, etc. and the adoption of effective ICT solutions.

The main message to health professionals is:

- "It's time for you to take a major role in the process of innovation in healthcare provision. Your role is crucial to envisage the new organizational models and the related issues on 3C. Your competence is required to build and adopt the related info-structure."

The main message to decision makers in healthcare is:

- "The policy makers should involve the health professionals in concrete action plans to improve 3C in the healthcare provision and governance, by re-engineering specific clinical processes with a joint deployment of organizational changes and suitable Connected Health solutions."

Stakeholder Viewpoint
Physicians – General

By Jörg Pruckner and Laura Rius Mendez, Standing Committee of European Doctors (CPME): The face to face meeting and contact between doctor and patient is the cornerstone of the patient-doctor relationship. Because it can positively contribute in improving quality of and access to healthcare, CPME welcomes eHealth as a supporting tool for the physician in his/her work.

eHealth has a role in creating conditions necessary to enable a culture of patient safety, supporting the shift from compartmentalised, sectoral methods to a comprehensive, multi-disciplinary, system-wide approach involving all stakeholders. As users of eHealth applications, *CPME stresses the importance and need of intensive involvement of physicians and other health professionals in the development of these tools at an early stage.* This is vital in order to obtain useful information on the viability of applications, and to reach acceptance and real implementation. IT systems in patient care should always be flexible, and be responsive to patient needs. CPME supports enthusiastically a patient-centred approach to eHealth. eHealth concerns a multiplicity of matters: legal, ethical, economic, social, organisational, cultural and medical. When all these are properly addressed in a collaborative effort, e-health tools can positively assist health professionals to respond to the individual needs of each patient. This will result in a reinforcement of the patient-doctor relationship, and most importantly, in better delivery of safer and high-quality care.

Stakeholder Viewpoint
Physicians – Specialists

By Frédéric Destrebecq, European Union of Medical Specialists (UEMS): Despite the diffused concerns towards "eHealth", there is no logical reason to oppose its growing influence in the medical world. Information technologies have long invaded all aspects of everyone's daily life and, whether we like it or not, it is only a natural development to see it happen in the healthcare sector.

Arguments often put forward by detractors of the eHealth phenomenon include a wide range of concerns, such as a perceived lack of safety and secrecy, inadequately informed rather than empowered patients, or a shift in the doctor-patient relationship. While we need to bare in mind all these possible hindrances to an effective implementation and use of eHealth solutions, we should also concentrate on the opportunities new technologies bring to health professionals. Beside improvements in the field of telemedicine, new tools of information and communication are of a high added-value to foster exchanges between professionals, and patients. It is now up to decision-makers to empower doctors, and healthcare professionals as a whole, to ensure a smooth implementation and use of these tools. It is of the highest importance to hold a transparent debate on this issue at the European, national and regional levels as eHealth will have a major impact on the daily medical practice of millions of health professionals across Europe. Many still worry that the true reason to push for implementing eHealth solutions throughout Europe relates more to other political arguments, than to simply seeking better clinical decisions and care. This is only one example of why stakeholders need to carefully assist decision takers at all levels. Politicians should give the necessary guarantees that computerising healthcare provisions will not serve other purposes rather than simply improving quality of care. Awareness-raising and dialogue are therefore urgently needed not only among practicing health professionals but also politicians. Healthcare professionals should never underestimate their potential to advise decision-makers. Doctors have now to take advantage of the opportunity to influence the debate in accordance with their ethical obligations and seek assurance that their practice will only be affected to the benefit of their patients.

Stakeholder Viewpoint
(Community) Pharmacists

By Ivana Silva, Pharmaceutical Group of the European Union (PGEU): PGEU is the European association representing community pharmacists in 29 European countries including EU Member States, EEA countries and EU applicant countries. Within the enlarged EU, over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated of 46 million European citizens daily. Throughout Europe, a number of initiatives are currently being implemented in community pharmacies to facilitate the provision of the best pharmaceutical care to patients, and therefore promote adherence to therapies and derive maximum therapeutic benefit and cost-effective outcomes. Community Pharmacists have been developing computer assisted practices, such as specific applications that enable and facilitate medication management and the provision of information. These include reporting and learning systems that enhance the identification and prevention of errors. These projects will in turn facilitate the implementation of electronic prescribing and electronic health records, the combination of which will provide synergies leading to improved patient safety and, thus, care. PGEU strongly believes that the impact of these actions on continuity of care, and therefore on the wellbeing of patients, can be greatly amplified if appropriate collaboration and communication between different health professionals and different healthcare settings exist. It is not only important that ICT solutions are interoperable, but more significantly, it is crucial to develop frameworks for communication and collaboration between members of the health care team about a patient's condition. This is essential to better use the expertise of each member to the benefit of the patient. ICT can support this, but it will not work per se.

Interview with Gérard Comyn

[continued from page 1]

How does the Berlin event fit into the line of European eHealth conferences in recent years? What are the differences?

Gérard Comyn: The last European eHealth conference in Malaga in 2006 was very much focused on regional aspects. There is a fully operational eHealth infrastructure in Andalusia, so it was natural that we looked carefully at this system, as well as at projects in other European regions. In Berlin, the focus will be on the eHealth initiatives of the Member States, that is on national infrastructure solutions rather than on regional projects. Another difference to Malaga is that we expect to talk a lot more about implementation this time. The European Commission is currently preparing the European eHealth pilot projects which will address the issue of interoperability on a European level. This will be one of the main topics in Berlin.

Another difference between Malaga and Berlin is that Malaga did have a clear ministerial dimension whereas Berlin should be "more high level, less ministerial". This is due to a number of other Minister Council meetings in or around April which made the date of the conference unsuitable for another ministerial event.

What is the rational behind the supranational pilot projects?

Gérard Comyn: Today we are in the situation that there is a number of Member States that have started eHealth infrastructure projects already, or at least they are in the process of implementing them. If we want to coordinate these efforts on a European level, we have two possibilities: Either we choose a top-down-approach and tell the countries: "From now on you will have to use HL7", for example. This would mean that some member states would have to redo what they have done so far. It is quite obvious that this approach would never work. So we suggest to start from what is already there and try to build on top of it a layer of interoperability that can be used by other member states without national eHealth projects so far as an orientation. With this approach we should be able to have a cross-border eHealth infrastructure within four to five years from now, at least at a pilot level. For the European citizens this means that they can go where ever they want in the European Union and be certain that important medical information about their specific conditions is available when needed.

What eHealth applications are you looking at specifically in these pilot projects?

Gérard Comyn: We have identified two services of particular interest for all Member States: One is the emergency data set. You might also call it a "patient summary for unexpected events". The other one is related to electronic prescribing. This one is not only about transmitting prescriptions electronically, but also about electronic medication histories, which is of much higher relevance for the individual patient. Apart from these two services, we will also take a look at security issues and at the topic of identification of the patient. Practically, we hope to receive a proposal from a group of say five to seven Member States which will then be in the driving seat of the European pilot projects. It is in the logic of the whole initiative that these are predominantly countries who already work on their national eHealth infrastructures. Parallel to that, we will formulate interoperability guidelines for the other Member States, based on the results of the pilot projects.

Gérard Comyn is Head of the unit ICT for Health, DG INFSO, European Commission. Born in France and educated as mathematician, the medical informatician and computer scientist works since 1995 in Brussels.

How will harmonized European patient summaries or medication records look like?

It is important to realize that the European Commission is only proposing a framework for the pilots. The agreements on interoperability aspects, be it on the technical or on the semantic level, have to be reached by the member states themselves. The European Commission will not make any specific suggestions on what a patient summary should include or how the security infrastructure should look like. We are interested to reach agreements that guarantee interoperability. If a member state wants to introduce a card-based infrastructure, that is fine for us, as long as citizens can have access to the medical information they need abroad as well as at home. If a country decides that it does not need smartcards, this is also fine. There is no presetting for the pilot projects, apart from the interoperability issue. What the EU can and will do is give a funding for these projects. We are talking about six million Euros for each of the two services, so twelve million Euros all in all.

What is the time frame for the pilot projects?

Gérard Comyn: The call for the proposal is planned for May 2007. The deadline for the submission will then be in September or October 2007. If this can be realised, we should be able to sign the contract early in 2008. The whole project will run over four years then.

It might sound a bit provocative, but do we really need international coordination when it comes to establishing an eHealth infrastructure? Patients will still be treated predominantly in their home countries in the future, won't they?

Gérard Comyn: In the development of ICT-services for health, it is difficult for national representatives of Member States to take into account the needs of their citizens living abroad. Take the German population in Spain, for example. Germans are using Spanish hospitals massively already today and encounter numerous difficulties there. But the German government has not so far taken into account these problems of their "Spanish citizens". Another group that will profit hugely from a harmonization of eHealth activities in Europe are cross-border workers. These groups will grow in the future, and we will have to tackle their medical needs. Seen in this light, the Berlin conference is the right event at the right time. We need to talk about interoperability issues before the national eHealth systems have consolidated, not afterwards.

A question for non-EU-insiders: There are different European bodies that are engaged in eHealth-related issues, namely the DG INFSO, the DG SANCO and the DG Employment. Who is responsible for what, and how will the different aspects find their way into the pilot projects?

Gérard Comyn: It can indeed be difficult to understand the role of each European player from outside. From time to time it is difficult for us, too… The DG INFSO is responsible for ICT tools that guarantee the interoperability of health information, including issues of semantic interoperability. This becomes important in the context of the European pilot projects when it comes to electronic health records or patient summaries. These applications have to be able to exchange information and to be readable in different Member States, otherwise they are not particularly useful for mobile European citizens. The DG SANCO, on the other hand, deals more with technical ICT problems, with regular, legal, cultural and ethical aspects of the introduction of ICT solutions in health care. These are the two main players. Others, like the DG Employment, play a minor role. The European Health Insurance Card is with the DG Employment's Commission for the Social Security of Migrant Workers, which is among other things responsible for solving problems associated with cross-border working relationships.

Another one for non-EU-insiders: From outside, it is sometimes difficult to understand how the EU and the member states coordinate their respective projects. This is especially true for eHealth, as the National health systems generally do not fall into the responsibility of the EU. Given this background, how was the eHealth Action Plan taken up by the Minister Council, and how binding is it for the National governments?

Gérard Comyn: Like all communications of the European Commission, the eHealth Action Plan was regularly submitted to the Minister Council, in this case the Ministers of Health. This was in April 2004. The Minister Council has three possibilities to deal with such papers: They can be accepted. They can be commented on. And they can be rejected. In the case of the eHealth Action Plan, the Council had comments, especially concerning the timing which some considered to be a bit too ambitious. The fact that the Council commented on some issues of the Action Plan implicitly means that it has been endorsed. This is reflected by everything which has happened since. The Member States have contributed to the European eHealth roadmap in a way that could not be better.

The question you have raised also touches the issue of subsidiarity. It is true that the National health systems do not lie within the responsibility of the EU, but this is not true for eHealth-systems. Here we are in the

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of information systems, which fall into the responsibility of the DG INFSO. The development of electronic health records is possible within the spectrum of our activities. Anyway we will not undertake anything on electronic health records without involving the member states. It is a typical case where the EU needs the full approval of the Member States because of the complexity of the problems. I give you one example: It would be virtually impossible to impose a single system of privacy on the European level, because the cultural and legal differences are so enormous. It is the same with electronic identification systems in an eHealth environment. So although the EU could act on these issues, it does not make sense to do it without respecting the differences in the member states.

During the Berlin eHealth conference there will be an official declaration on the topic of coordination and cooperation between the EU and the National Ministries of Health. Can you give us some details on that?

Gérard Comyn: This actually goes back to a German initiative. I think it is a very good idea to put on paper the areas on which the Member States and the EU commission will cooperate to reach more interoperability of health systems in Europe. We are talking about a paper of three to four pages, which will sum up the basic principles of cooperation between the Member States, including the EU. Interestingly, it will explicitly not focus on eHealth systems alone, but also on health systems in general. When it comes to interoperability, the declaration does in fact mark a move away from the specific situation in eHealth towards health in general. The reason is that the development of ICT tools for health is closely linked to the need of a certain re-engineering in the processes of a health system, no matter where it is. If you want ICT to improve the productivity of a health system, you will need to change the way hospitals, for example, cooperate with each other. The efficacy of an eHealth system arises from reorganising processes, and that is why we will have to talk about health as well as about eHealth.

The European Commission has repeatedly mentioned that it is especially interested in eHealth solutions that tackle the health care needs of elderly people. How can the EU contribute to the goal of improving the care for the elderly by using eHealth solutions?

Gérard Comyn: When it comes to the health of elderly people, we have to distinguish between different entities of diseases. One is the whole spectrum of degenerative diseases like Alzheimer's disease, for example. There are certain possibilities how ICT can improve the care of patients with these conditions, for example by the automatic detection of movement in order to prevent people from falling. But the development of new drugs or other biological approaches will definitely be more important, which is why these diseases largely fall into the responsibility of DG Research. The DG INFSO, in contrast, will rather focus on two different areas, the field of chronic disease management and the field of home care. Home care especially has a medical and a social dimension. It is about treating diseases and monitoring health, but it is also about making social services available. Today, these are two separate entities. But what elderly people actually want is that they come together, and this is where ICT comes into play. If we manage to move the care of diseased elderly people safely from the hospitals to the home, we will be able to increase the comfort, because being at home is what elderly people want. We will also be able to reduce costs. There are studies which show that we are talking about a tenfold decrease in costs here. So it is definitely worth investing in this area. By the way, this topic is also part of the EU's Competitiveness and Innovation Framework Programme, which runs from 2007 to 2013. There will be a number of small pilot projects on the use of ICT in home care within this initiative. And the Seventh Research Framework Programme (FP7), too, supports specific research projects related to elderly people

International Conference

organised by EHTEL and the
National Research Council of Italy (CNR)

Continuity, Collaboration, Communication (3C)

Challenges for healthcare, opportunities for eHealth

Rome, Italy, 24-25 May 2007

Facilitating collaboration and communication of Health Professionals in support for continuity of care: A Copernican Approach for Healthcare

- *The objective of the conference* is not only to raise awareness for the role and value of eHealth in supporting and enabling the transformation of healthcare services. eHealth is not a set of products, tools or application but a range of responses to the need to improve and transform healthcare services. There is a clear need for health professionals to be significantly involved in the debate on eHealth and drive forward its implementation.
- *The conference explores the concrete issues* on "3C" (Continuity, Collaboration, Communication) and their influence on the eHealth infostructure (e.g. dissemination and customisation of clinical pathways, clinical datasets, reference terminologies vs. value sets, patient summaries). The parallel sessions address the lessons learned and the opportunities arising from success stories on the 3C.

The Conference is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) for a maximum of 9 hours of European external CME credits.

Access further information via http://www.ehtel.org or at: http://www.strategiestm.com/ehtel_conferences/07/continuity_3c

eHealth Diary 2007

April 16-20, Berlin, Germany
eHealth week 2007
cf. http://www.ehealth2007.de/

April 17-19, Berlin, Germany
eHealth Conference 2007 in the tradition of the European High Level eHealth Conferences
cf. http://ehealth.gvg-koeln.de/

April 18-20, Luxembourg,
Med-e-Tel 2007 - The International Trade Event and Conference for eHealth, Telemedicine and Health ICT "
cf. http://www.medetel.lu

May 21-22, Stockholm, Sweden,
Cross-Border eHealth in the Baltic Sea Region
cf. http://www.ehealthconference.info/

May 22-24, Paris, France,
Health Information Technologies (Hit) 2007
cf. http://www.health-it.fr/

May 24-25, Rome , Italy ,
Continuity, Collaboration, Communication (3C): Challenges for healthcare, opportunities for eHealth. Visit the conference website at:
http://www.strategiestm.com/ehtel_conferences/07/continuity_3c

June 11 -13, Tromsoe, Norway,
Tromso Telemedicine and e-Health Conference 2007: "Elderly – Who Cares?"
http://www.telemed.no/index.php?id=371622

June 12, Tromsoe, Norway (at TTeC),
healthware
Healthware Symposium (organised with the support of EHTEL): Health Professionals' and Patients' expectations about Telemedicine: How far do they match?
http://www.telemed.no/index.php?id=448168

October 2-6, Bad Gastein, Austria
10th European Health Forum Gastein
" Creating a better future for health in Europe"
http://www.ehfg.org/

October 7-10, Leipzig, Germany
MedNet 2007 cf. www.mednet2007.com

October 22-25, Vienna, Austria
World of Health IT 2007, Conference & Exhibition", cf. www.WorldOfHealthIT.org

November 14-17, Düsseldorf, Germany,
MEDICA 2007, The world's largest medical fair: http://www.medica.de

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