



*Trieste, October 28th, 2013*

# **Sustains Project**

*Support Users To Access  
Information and Services*



## The project

**Program:** Competitiveness and Innovation Framework Programme CIP ICT-PSP

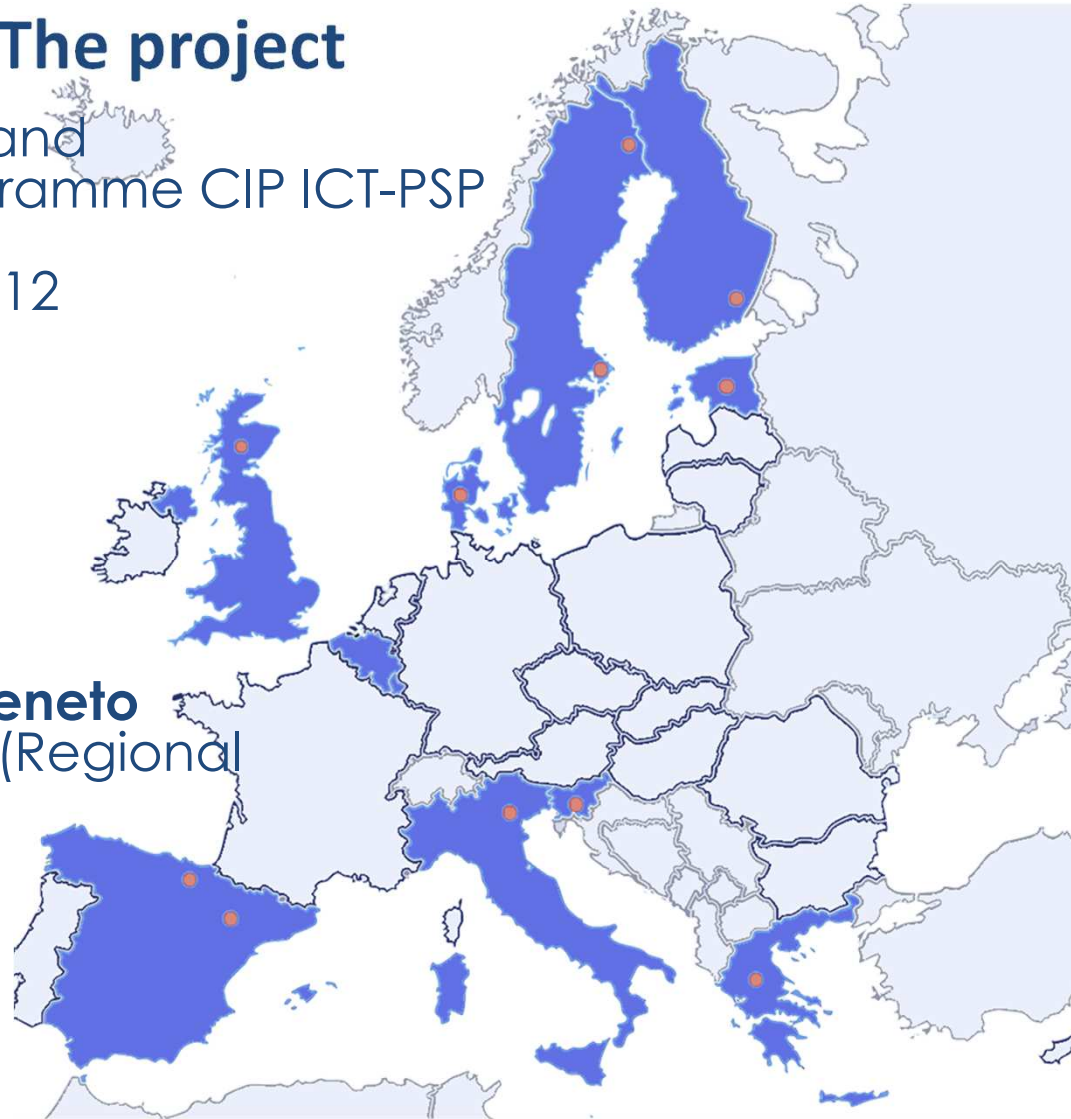
**Startup date:** 01 gennaio 2012

**Duration:** 36 mesi

**European Partners:** 16

**Pilot sites:** 11

**Local Health Authority for Veneto Region:** ULSS 8 with Arsenal (Regional Consortium) support





## Il Consorzio

### Regions/pilot sites

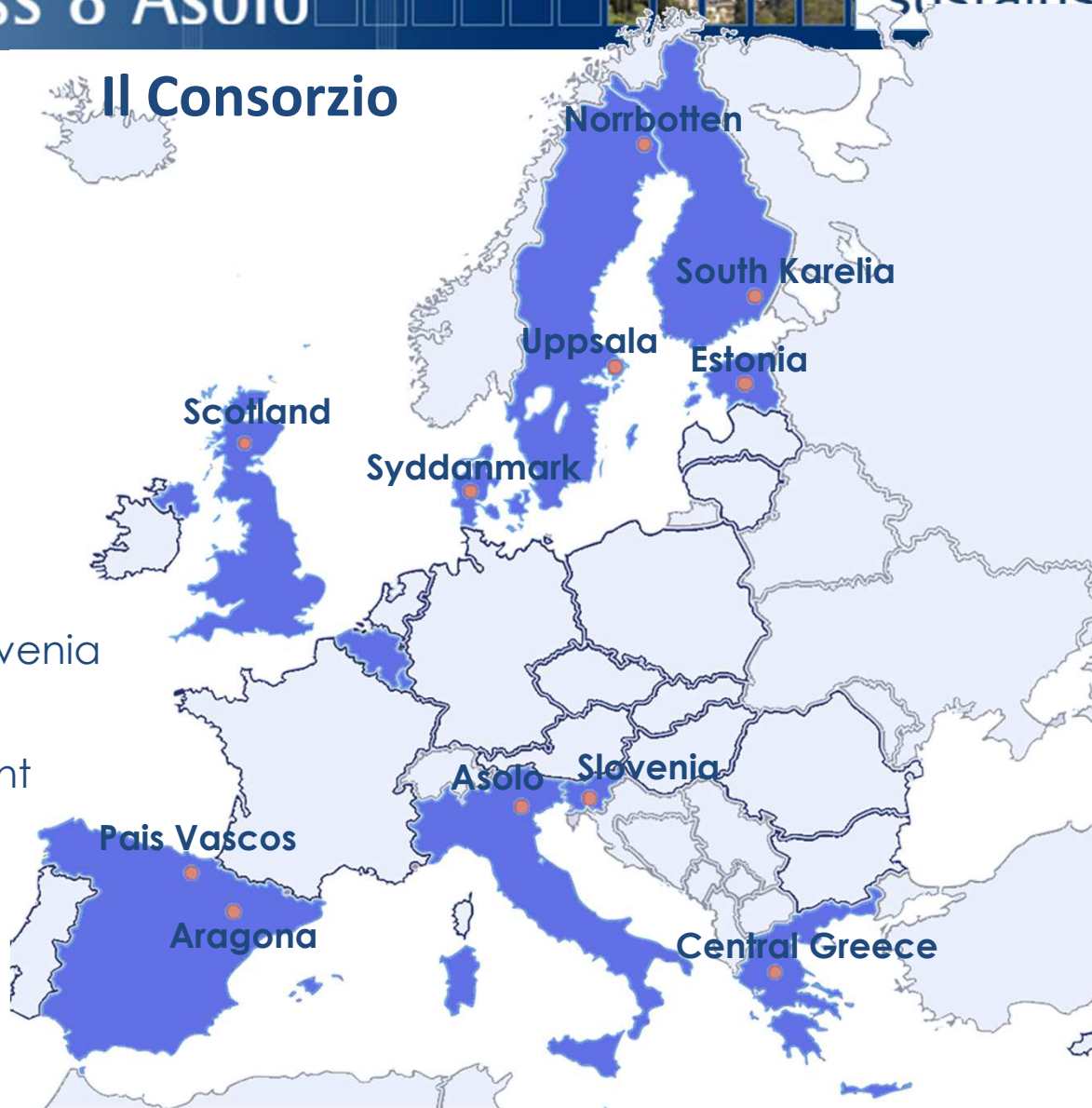
- County Council of Uppsala
- ULSS 8 Asolo
- Comunidad de Aragona
- Comunidad de Pais Vazcos
- Estonia eHealth Foundation
- NHS Scotland
- 5° regional health authority of Central Greece
- Region Syddanmark
- County Council of Norrbotten
- Region South Karelia
- Health Insurance Institute of Slovenia

### Expertise centers

- Health Information Management
- ETHEL
- ECH Campus
- e-Trikala

### Patient associations

- European Patients Forum





## Drivers and targets of the Project

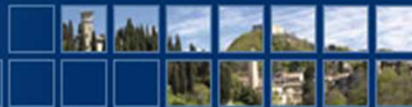
Sustains joins the European Digital Agenda through the **Key Action 13** which supports *“pilot actions to equip European citizens with secure online access to personal health data by 2015 and spread widely telemedicine services by 2020”*

In this perspective, the overall goal is to initiate, promote and evaluate a set of services that allow citizens the online access to their health information.

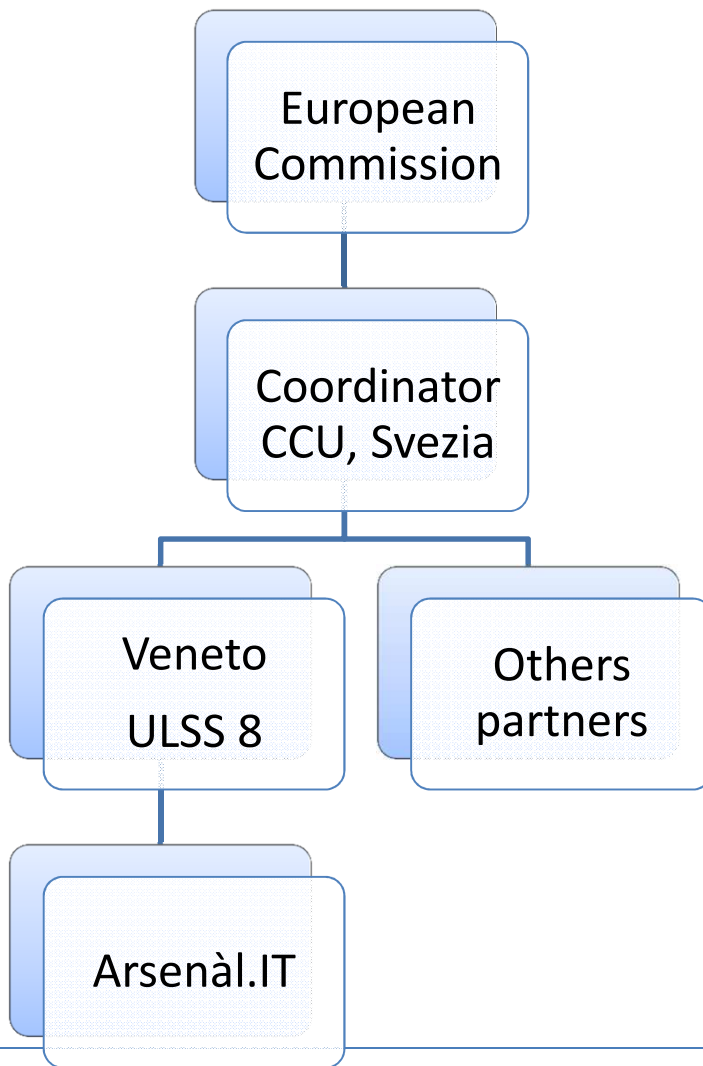
3 areas on which services should be assumed to affect are:

- **Citizen Empowerment**
- **Clinical Results**
- **Efficiency and Sustainability**

The Veneto Region goal is to make a first pilot site for some functionality of FSER addressed to citizens and analyze the perception and the level of use by the latter.



## Project organization





## Sustains online administrative services

	UPPSALA	ASOLO	ARAGONA	PAESI BASCHI	ESTONIA	SCOZIA	GRECIA CENTRALE	SYDDANM ARK	NORRBOTT EN	SOUTH KARELIA	SLOVENIA
<b>Book or rebook a consultation/diagnostic exam</b>	X	X	X	X	X	X	X	X	X	X	X
<b>Pay a service fee</b>	X	X							X	X	
Change GP	X		X	X			X	X	X	X	
<b>Update contact information of close relative/caregiver</b>	X	X	X	X	X		X	X	X	X	
<b>Notification service</b>	X	X	X	X		X	X		X	X	
Access to insurance data			X		X		X				X
<b>Access to data of health service costs</b>		X	X		X	X					X
<b>Consult audit trail</b>	X	X	X	X			X	X		X	X
<b>Delegation of access</b>	X	X	X	X	X	X	X	X	X	X	
<b>Mask sensitive data</b>	X	X	X	X	X	X	X	X	X	X	X
Prescription state trail	X		X	X	X	X	X			X	
Consent for the export of EHR data to the patient summary of the project epSOS	X						X		X		



## Sustains clinical services

	UPPSALA	ASOLO	ARAGONA	PAESI BASCHI	ESTONIA	SCOZIA	GRECIA CENTRALE	SYDDANMARK	NORRBOTTEN	SOUTH KARELIA	SLOVENIA
<b>Online Access to the EHR</b>	X	X	X	X	X	X	X	X	X	X	X
<b>Ask a question to a physician/nurse</b>	X	X		X			X	X	X	X	X
Online declaration of health status	X		X	X	X		X		X	X	
Print the information on drug dosage	X		X	X	X	X	X	X	X	X	X
<b>Patient's input onto EHR</b>	X	X	X	X			X	X			
<b>Integration of data relating to patient's self-monitoring</b>	X	X	X	X			X	X			
Decision support			X	X		X	X	X			



## Timeline and expected results

**2012**

- Implementation of the 12 services
- Ready HTA evaluation methodology (questionnaires and economic analysis)
- Organizing focus groups
- Recruitment users and professionals
- Communication of project

**2013**

- Ex-ante indicators collection (questionnaires for users, usage volumes, etc.).
- upgrading services
- recruitment users
- mid-term evaluation
- Communication of project

**2014**

- Ex-post indicators collection (questionnaires for users, usage volumes, etc.).
- upgrading services
- Recruitment users (10,000 at year end)
- analysis results
- Deployment
- Communication of project





## 1. online book or rebook

**ASINCHRONOUS MODE:** citizen requires the appointment online. ULSS8 within 24 hours offers the first available date by email.

**SINCHRONOUS MODE:** citizen access to agendas directly online and can book the appointment.

This mode exist but is not running as there is still an open debate on which agendas make available to citizens (low, high or very high priority) and for which typology of healthcare services allow the online booking. There's the need to avoid a chaotic management of the waiting lists.

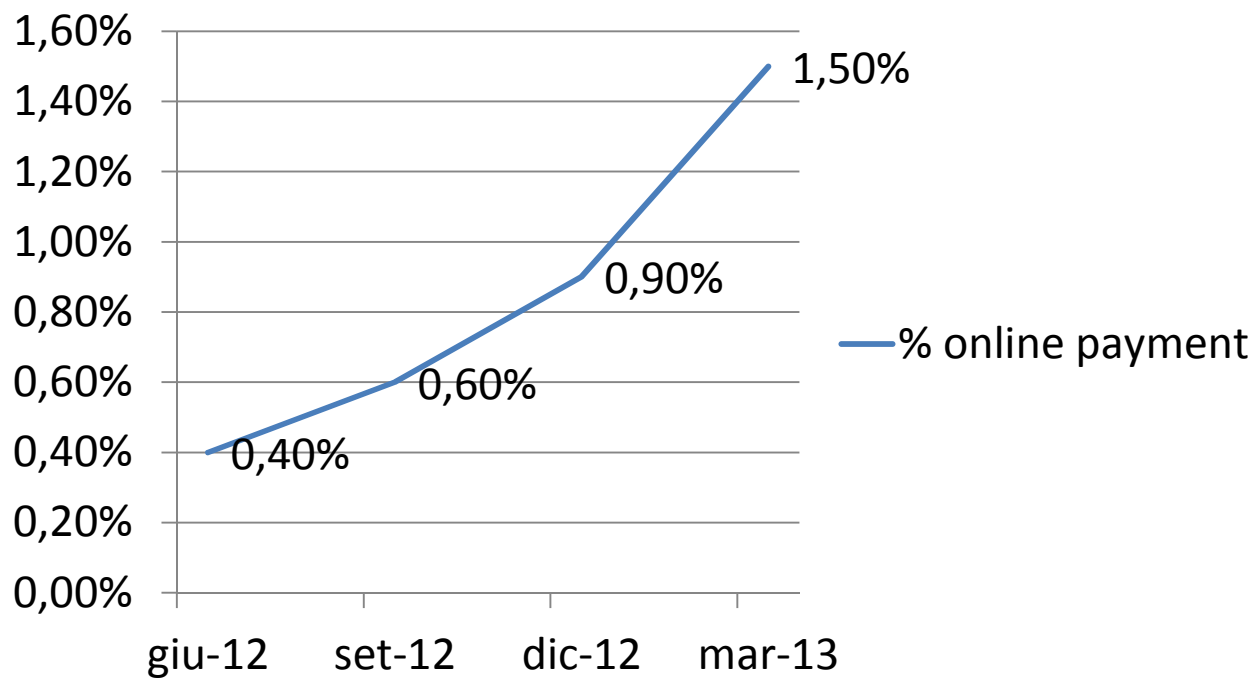
The more prudent approach would be to allow online booking only for prescriptions with lower priority

Actual percentage of utilitazion: 1%



## 2. Pay a fee online

% online payment





### 3. Notification services

notification with voice message with interaction (avatar) and via SMS 3 days before the appointment.

The avatar understand the answers of the patient.

### 4. Exam costs published

Exam costs are listed online in the portal. Costs are reported when a booking is completed too.



## 5. Ask a question to a physician/nurse

Citizen fills a form to write questions about laboratory results.

This service will be extended to other specialities such as radiology and cardiology

## 6. Update contact information of close relative/caregiver

Allow citizens to create and edit files directly in your contacts a register of people close to him (name, phone, email, and "role") to contact in case of need.





## 7. Patient's input onto EHR

Allow citizens to create and edit files directly in your contacts a register of people close to him (name, phone, email, and "role") to contact in case of need. These datas are at disposal of clinical operator in emergency case.



## 8. Delegation of access

This service allow citizen to delegate other people to have access to his EHR, for a limited period of time.



## 9. Masking data in EHR

This service allow citizen to mask documents for particular categories of operators . There is a visibility matrix, with wich we can distinguish access modality based by roles of operators. This matrix was issued by Helath Ministry.

<b>Profilo</b>	<b>Tipologia di dati visualizzabili</b>
Farmacista	Anagrafici, Prescrizioni, Consenso
Operatore amministrativo	Anagrafici, Amministrativi, Prescrizioni, Consenso
Direttore Sanitario	Anagrafici, Amministrativi, Clinici, Consenso
MMG/PLS	Anagrafici, Amministrativi, Prescrizioni, Clinici, Consenso
Direttore Amministrativo	Anagrafici, Amministrativi
Medico ASL	Anagrafici, Amministrativi, Prescrizioni, Clinici, Consenso
Medico RSA	Anagrafici, Amministrativi, Prescrizioni, Clinici, Consenso
Infermiere	Anagrafici, Amministrativi, Prescrizioni, Consenso
Cittadino	Tutti i dati contenuti nel FSE/Dossier

\* Il Fascicolo Sanitario Elettronico – Linee guida nazionali. Ministero della Salute, 2010



## 10. Consult and audit trail

This service allow citizen to consult operation list made in his EHR by others operators (document access, delegation making, delegated access, etc)



## 12. Integration of data relating to patient's self-monitoring

This service allows patients and physician to directly consult data achieved from telemonitoring devices in the EHR. In this manner data are at disposal to a wide range of professional operators.







## Data collection

- The first wave started at the end of January
- In the first months the rate of respondents was very low (aggiungere quanti hanno chiuso il questionario senza rispondere)
- Since the end of April the questionnaire has been linked to another online services
  - 97 questionnaires completed by EHR users since the end of January to mid August
  - Questionnaire administration to a wide group of citizens without permanent access to EHR to be used as “control” group in addition to panel data analysis



## Users enrollment

To increase the number of HER accounts it is necessary opening new "hotspots" respect to actual administrative District points, where the citizen currently goes to sign / receive documentation for the activation of the EHR (consensus , information, etc.).

### POSSIBLE SOLUTION:

In discharge phase



During out patient exams



In GP'S Ambulatory





Thanks for your attention