

# eHealth & Health

## challenges & expectations

Michèle THONNET

Ministry of Health, Paris, FRANCE

Mission pour l' Informatisation du Système de Santé (**MISS**)



# Reforming the H system : a necessity

- Demographic changes : ageing population
- increased prevalence of chronic diseases
- citizen expectations for high Q HC
- increasing costs of research, equipments, examinations, treatment
- quicker pandemia expansion
- lack of staff & shortage of HCP
- mobility of citizens & patients, ...
- mastering costs : crisis & economic model

# EU citizens and governments

- **Free flow of Citizens, products , services**
- **Need to connect people, products, services**
- **HCA : political, legal, organisation, education**
- **Incentives on comprehension (semantic), ICT**

# ICT : an enabler for transforming HC

- Better health status for the population
  - Enhance level & Q of care within « mastering » costs
- 2 major levers :
  - Give access to the state of the art K
  - Facilitate transmission, storage, access medical data, K
- Need to overcome barriers
  - ICT: a tool to « re-balance » the respective roles (P, HCP,...)
- Give more freedom to stakeholders
  - Internet : a major progress engine without borders
- But not a place of non-right
  - Need to protect individuals & control the status of info delivered

# ICTs : Key expectations

- Facilitate access, continuity of HC (mobility)
- Improving Q of care, allowing real HC equity
- Enhancing coordination, continuity of care security & safety
- Facilitating collaboration between HCP, within/between HCPO
- Improving homecare & adapted delivery services at PoC
- Organising mutualisation & intern. standards usage
- Facilitating research, L S experimentations & deployment
- Decreasing the number of doubling exam.
- Mastering costs through innovative model(s)

# Visible part : a technical iceberg ?

- techno. is attractive, speaking about is usual
- but **cultural changes are key**
  - more difficult to envisage new behaviour
  - need more time and continuous efforts
  - change professional exercise, patient view
  - reorganise the actors relationships & positions
  - destabilize the present « system »
- The **need for collaboration**
- team work needs exchange & sharing info....

# ICT : necessary but not sufficient

**Increasing expectations of the citizens must be met**

- e-services are part of the daily life
- Internet penetration without borders
- Free choice and expectations availability of HC services

**But**

**with security, quality of care & safety  
fear (patients, HCP) must be overcome  
TRUST is key**

**Health must benefit from ICT as other sectors**

# How to manage the next steps ?

- **To overcome the « lateness » of Health regarding ICT**
  - Online booking, CPOE, repositories
- **PB : decreasing workforce : political challenge**
- **ROI perception/measurement**
  - Specific added value difficult to isolate
  - Who are the winners ? / who make efforts ?
- **Long term view : EHR, EPR, K, medical DSS**
  - Interoperability (tech, semantic)



# Short / Sustainable outcomes

- Long run process generate frustration, rejection
- Need to provide short term results
- 2 types of solutions :
  - Ambitious projects at local/regional (?) level
  - Large scope with incremental & staged approach
- Need to build upon mandatory reusable building blocks, part of an integrated system, respecting the framework and strategy
  - Unique ID, authentication, accredited process...



ISLANDE

Océan Atlantique

SUÈDE

NORVÈGE

FINLANDE

ASIE DU NORD ET CENTRALE

ESTONIE

Russie

LETTONIE

IRLANDE

ROYAUME-UNI

DANEMARK

LITUANIE

BIÉLORUSSIE

PAYS-BAS

POLOGNE

BELGIQUE

ALLEMAGNE

UKRAÏNE

LUX.

RÉP. TCHÈQUE

SLOVAQUIE

MOLDAVIE

FRANCE

SUISSE

AUTRICHE

HONGRIE

SAN MARINO

SLOVÉNIE

ROUMANIE

PORTUGAL

ANDORRE

MONACO

CROATIE

BOSNIE

SERBIE

BULGARIE

ESPAGNE

VATICAN

MONTÉNÉGRÓ

MACÉDOINE

TURQUIE

ITALIE

ALBANIE

GRÈCE

MALTE

CHYPRE

AFRIQUE

MOYEN ORIENT

# Close cooperation on HC in the EU

- Health is a national prerogative
- Cross border health should be organised
- Substantial variations between national HCS but
- Challenges are similar as well as
- Political ambitions to reform HC
- National & regional systems could benefit from

# EU co-operation on eHealth : legal & policy framework

- **EU Comm action plan (2004-04) for a EU eHealth area**
- **LMI (2007-12) favourable conditions for market developpt**
- **EU Reco (2008-07) on cross border interoperability of eHR systems**
- **EC Mandate 403 (2008) on eHealth interop for ESO**
- **EU Comm (2008-11) on telemedicine**
- **Proposal EU directive on patients rights in cross-boarder HC (art. 14)**

# eHealth : a concrete step for making « citizen mobility across EU » a reality

- **Volontarist cooperation (MS & EU) e-Europe, i-2010**
- **i 2010 group on Health**
  - eHealth action plan, Reco on interoperability
  - **Priorities : INTEROPERABILITY**
  - Advice by a **stakeholder** group
    - Users (citizens, patients, HCP, insurers, pharma..)
    - Industry, Standardisation bodies
- **CIP : epSOS (LSP) & CALLIOPE (Thematic Network)**
- **eHealth Governance (state secretary decision process)**

# epSOS actors .. for LSP implementation

- **12 M.S. : MoH**

**Austria, Czech Republic, Denmark, France, Germany, Greece, Italy, Slovakia, Spain, Sweden, The Netherlands, UK**

- **15 habilitated Competence centres**

- **over 33 industry firms ( open consortium)**

- **research centres**

- **Stakeholders liaison : Callepso**

# epSOS a highly political initiative

- A new dimension in national HCS :

**To deliver the best possible medical care at home or when travelling for any purpose**

- Main political goals

- Support citizen/patient mobility nationally, EU
- Ensure **continuity of care**
- Ensure the same level of **patient safety**
- Ensure the same level of **security, data protection, privacy**
- Increase **efficiency & cost-effectiveness in cross boarder care**

# epSOS(1) : Smart Open Services

focus on 2 eHealth applications

- **Patient summary (2 use cases)**
  - Occasional visitor
  - Routine case
- **e-Prescription / e-Dispensation**
  - Patient with prescription abroad
  - Medical professional prescribes to foreigner
- **LSP over 36 months (July 2008) 1 year pilot**



# We are part of Europe & of the world

- Take into account the evolution of the other EU M.S. and other countries
- ... to support citizen & patient mobility
- ... to be « compliant » with other systems
- ... to anticipate their potential impact on national (& regional ) HC system

# Keep European and open on the world

- improve & facilitate the use of **european & international standards**
- avoid to focus too much on technical issues
- **anticipate**
  - negative consequences of a new system or
  - changing in the existing forces balance
- **collaborate on EU/internat. eHealth arena**

# International collaboration : EU action plan

- **Health is a national prerogative**
- **but collaboration is a key issue** patient mobility
- **volontarist coope. on INTEROPERABILITY**
- **consensual defined priorities at EU level :**
  - **non ambiguous ID** (patient, HCP, hospital, service)
  - **patient record summary** (minimum data set)
  - **secure data exchange flows**
    - **emergency data set / e-prescription**

# What should be done ?

- Pursue primary HC renewal, redesign the delivery system
- Encourage info, K exchanges & sharing
- Improve chronic disease management
- Promote early & accurate delivery of appropriate medical services (close adapted PoC)
- Clarify the legal & regulatory framework (roles, responsibilities)
- Recruit & retain physicians (isolate areas)
- Organise networking, large scale cooperation,
- Promote secured infra/info structure & usage of international standards/profiles based on real use cases
- Automatic tools to support changes in care delivery

# Added value of a closer cooperation

- **Delivery of eHealth services is crucial either cross-boarder or nationally for**
  - the citizens, patients, workers
  - supporting national HCS too !
- **LSP implementation and running**
- **The process for establishing this cooperation**
- **Evaluation, lessons learned, needed evolutions**
- **Next steps: new M.S. , new services ...**
  - if expectations are met

# What do (we) expect from stakeholders (1)?

## ● Citizens

- understand diverse views (Healthy, disabled, impaired), work on usability of system, express requirements (HC delivery services), control respect of rules

## ● Patients

- take active part of their H, claim their rights, (privacy, informed consent & choice, access control,..), express their needs (userfriendliness, personalised care, homecare)

## ● HCP

- Access, exchange, sharing information Requirements, (automatic tools :desktop, workflow, repositories, semantic infra & info-structure needs, regulatory framework demands)

# What do (we) expect from stakeholders (2)?

- **Insurers**
  - invest in risk analysis & innovative models, favourate experimentations & networking organisations & cooperation associating all actors
- **Standardisation bodies**
  - move from expert views on norms to recognised/neutral testing models build on adapted profiles to validated profiles based on real use cases & scenarii
- **Industry**
  - participate in co-designing sustainable open systems, invest in international standards (interop), work in co-competition towards flexible middle term partnerships

# Potential success factors

- **Interrelated & complementary HC strategy**
  - Overall approach C, P, Family, HCP, HCPO, Social dimension, SDO, I...
- **Increase Legal certainty**
  - design legal framework aligned with new ICTs capabilities
- **Key human leadership :**
  - encourage networking, mutualisation, re-usability,
  - presence of grass root initiatives, dedicated managers, physicians leaders, engaged empowered patients & citizens
- **Design a basket of incentives**
  - appropriate allocation of resources based on mix of strategies : compensation rewarding Q + Perf (not « volume »)
- **Capability to design & deploy new flexible innovative sustainable models**



# eHealth

at EU level need active collaboration

---

- **A political challenge**
- **EPSSCO 12 / 2009**
  - eHealth conclusions**
    - **Governance process**
    - **Mandate for a roadmap**

# Thank you for your time

- **Think globally**
- **Act locally**

[Michele.thonnet@sante.gouv.fr](mailto:Michele.thonnet@sante.gouv.fr)

# French MoH : Mme Bachelot-Narquin

- **Build upon existing secured infrastructure**  
1996 laws (SV) ; 2002 ( patients rights), 2004 (HC reform)  
secured medical data repositories)
- **2008/11/04 + 2009/04/09** ehealth at political level
  - Define a clear strategy
  - Enhance motivation & coordination of actors
  - 4 pillars for ehealth :
    - Modernisation of HIS (H2012)
    - Relaunch ePR
    - Legal framework & conditions for telemedicine (HPST art L 6316-1)
    - Organise the global governance (include stakeholders)
- **An absolute priority : privacy, security & confidentiality**