



TMA Bridge

Citizen Centered e-Care

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What is The EU Issue?

- **The EU treaty claims free movement of people, goods, labour and services**
- **Citizens want access to health data and services**
- **Transparency on cost, quality and options**
- **eHealth can engage people in making decisions**





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Inoperability. When is it needed?

- Holiday/work trips (short stays)
- Emergency
- Continuity of chronic/long-term care (medical/ Assistive care and medication)
- Senior citizens living in milder climates (long stays)
- Long-term care (reference local doctor/reference service in home country)





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Purpose of EHR

- Managing complex clinical care
- Reducing errors and inequalities
- Reducing duplication and delay
- Connecting multiple locations of care delivery
- Delivering evidence-based health care
- Underpinning population health and research

BUT: Citizens, health professionals and managers have different interests





One Slide on EHRs

- Important and therefore development must continue, but EHRs are a never ending story – and journey
- They may work fine in primary care.
- Most countries have problems with EHRs in hospitals.

Do not let "perfect EHR ambitions" prevent you from deploying other useful services.





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Washington Post, March 2005

- For proponents of electronic medical records, the tale of the confused physician would seem the perfect argument for using technology as a safety net for fallible humans. Instead, his reaction proved to be emblematic of an array of problems that grew into a full-blown staff rebellion in the fall of 2002 and forced Cedars-Sinai to shelve its \$34 million computer system after three months.





EHR Achievable?

- ***TMA-Bridge DOW[1] states that medical record standardisation is not achievable within the timeframe of one year. Though achievable and more essential is the smooth communication of medical data/records leading to a kind of safe “medical mail” system. Indeed the exchange of data for safety and better healthcare is essential.***
- ***[1] TMA-Bridge Description of Work, Annex 1 of the contract. Page 18 of 69.***





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Minimum Basic Data Set

- Only for Emergency – but not acceptable to all countries
- Most Chronic diseases will require very complicated fixed data sets





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Political Challenges

- Data-, security- and privacy legislation insufficient
- Cost/benefit priorities
- Lack of transnational agreement on minimum basic data set
- Digital divide





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BUT Regions not countries are the normal providers of care

- **The first task for member states is to align the regional networks and services to national and to EU compatibility if relevant.**

That has been proven possible.

- **There is no common Pan-European Health delivery system Public/private**
 - National/regional
 - Legal
 - Remuneration *etc*





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Barriers (You know them all)

- Confidentiality
- Ethical
- Organisational
- Economic
- Lack of infrastructure, *etc*





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Technical Challenges

- Standards:
 - For Architecture: HISA, OpenEHR, HL-7-RIM, IHE
 - For Communication: EN 13606, HL-7, W3C
 - For Semantics and Ontologies: Snomed CT

For Reference see: Report from CEN/ISSS Focus Group





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The Way Forward

- Political decision power
- Leadership
- Change Management
- Economy
- Infrastructure





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Major National Initiatives on EHR

- **US: The CCR**
- **France**
- **UK: The NPfIT**

Will they create de facto standards?

Do they plan for transborder interoperability?

Will they conquer the European market?





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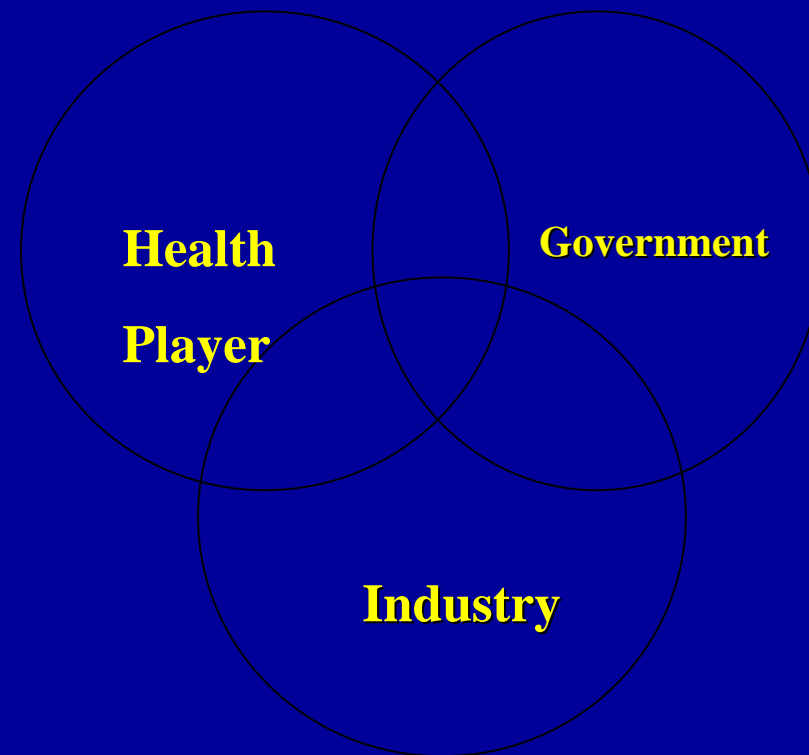
Capability Through Partnerships

Large scale complex programmes benefit from an *Integrated Approach*

Need to work in *Partnership* to deliver the best results

A *Holistic Approach*

A *Systems Approach*.



(Stolen from Ricky Richardson)

