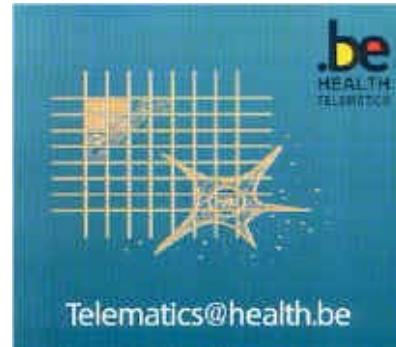


Directorate-General for the Organization of Health Care Institutions

The Belgian approach to E-HEALTH



MIC 2010

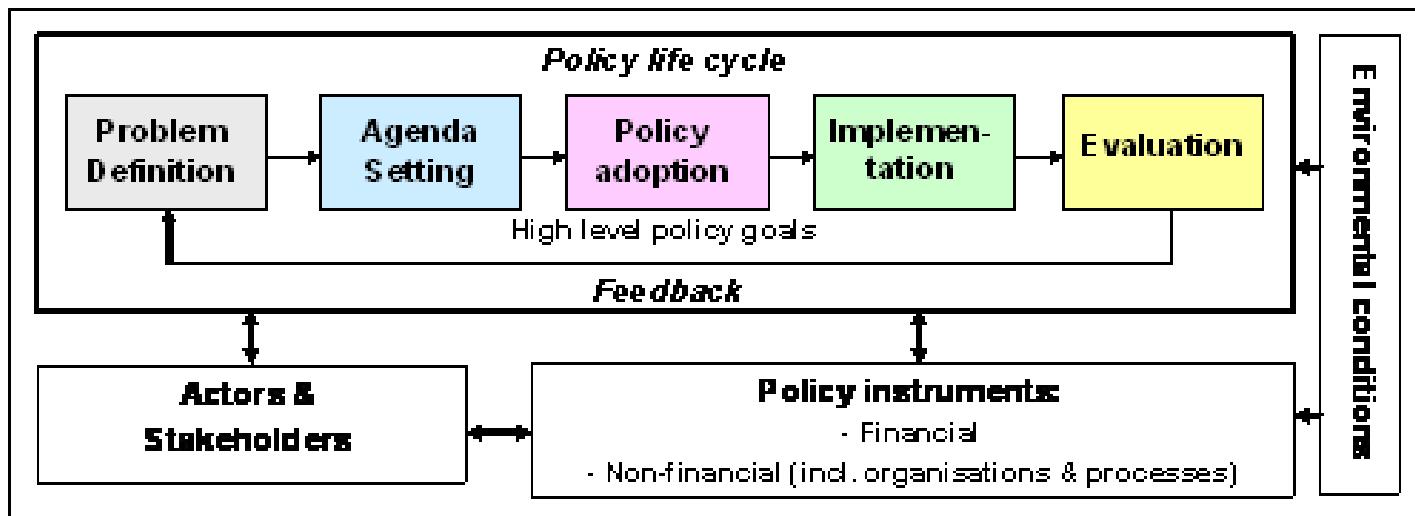
15 October 2010

Luc Nicolas

Health Telematics Unit



E-health: a project cycle?



3

Does it look like that?



4



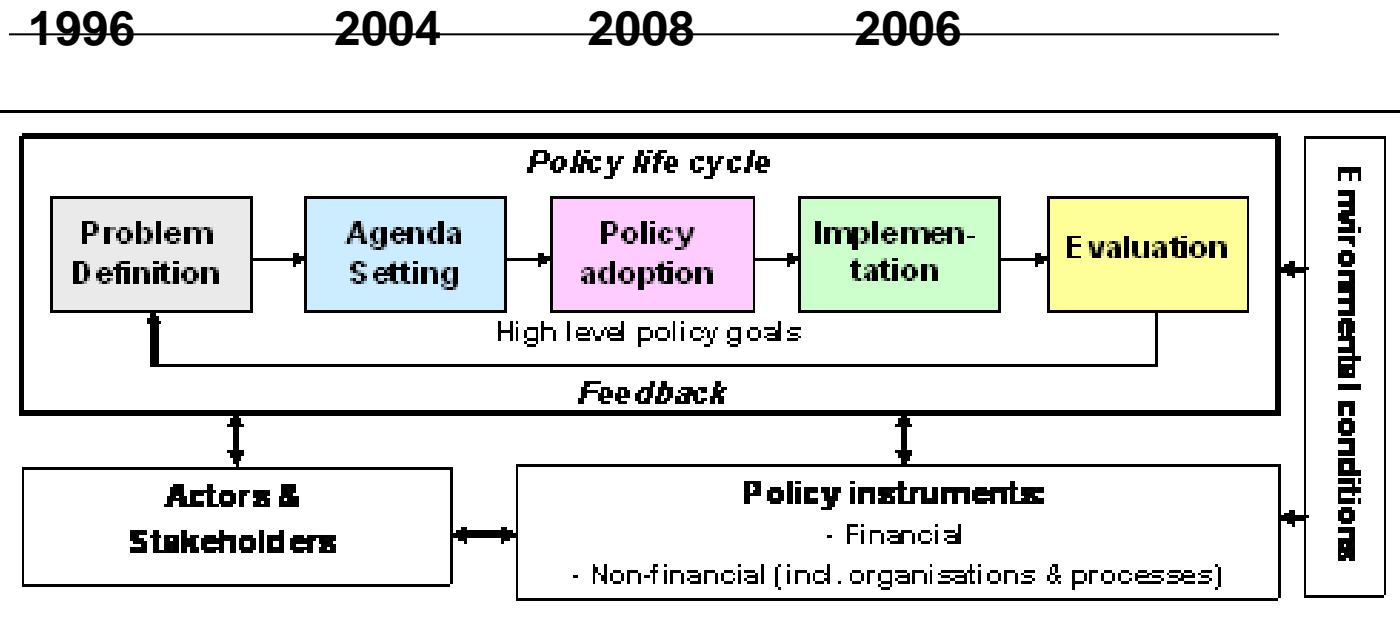
Or
rather
like
that?



Wassily Kadinsky: Harmonie tranquille

.be

E-health: a project cycle?



6

Euro Health Consumer Index: rank 11

“Belgians do have excellent access to healthcare services, and are one of the nations in Europe where patients have real freedom of choice where to seek care. However, medical results are not good enough to propel Belgium into the top 10 of Europe”

Dr. Arne Björnberg
Euro Health Consumer Index Director



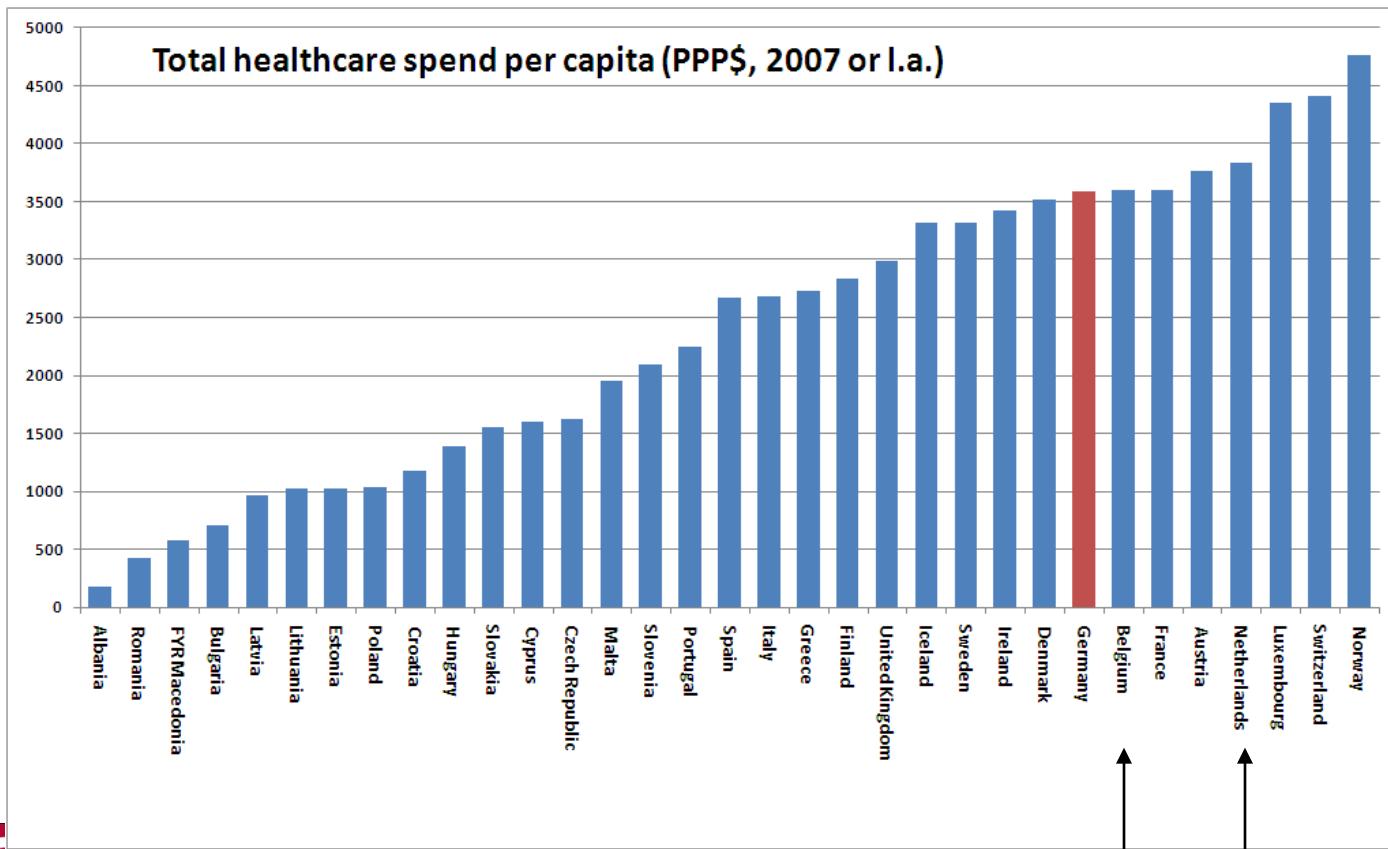
8

And more precisely...

		BE	NL
2. e-Health	2.1 EPR penetration	●	●
	2.2 e-transfer of medical data between professionals	○	●
	2.3 Lab test results direct to <i>patients</i> via e-health?	○	●
	2.4 On-line booking of appointments?	○	●
	2.5 On-line access to personal care costs (by insurers)	●	●
	2.6 e-prescriptions	○	●
	Subdiscipline weighted score	38	63



Total healthcare spent per capita



Key facts about the Belgian healthcare system:

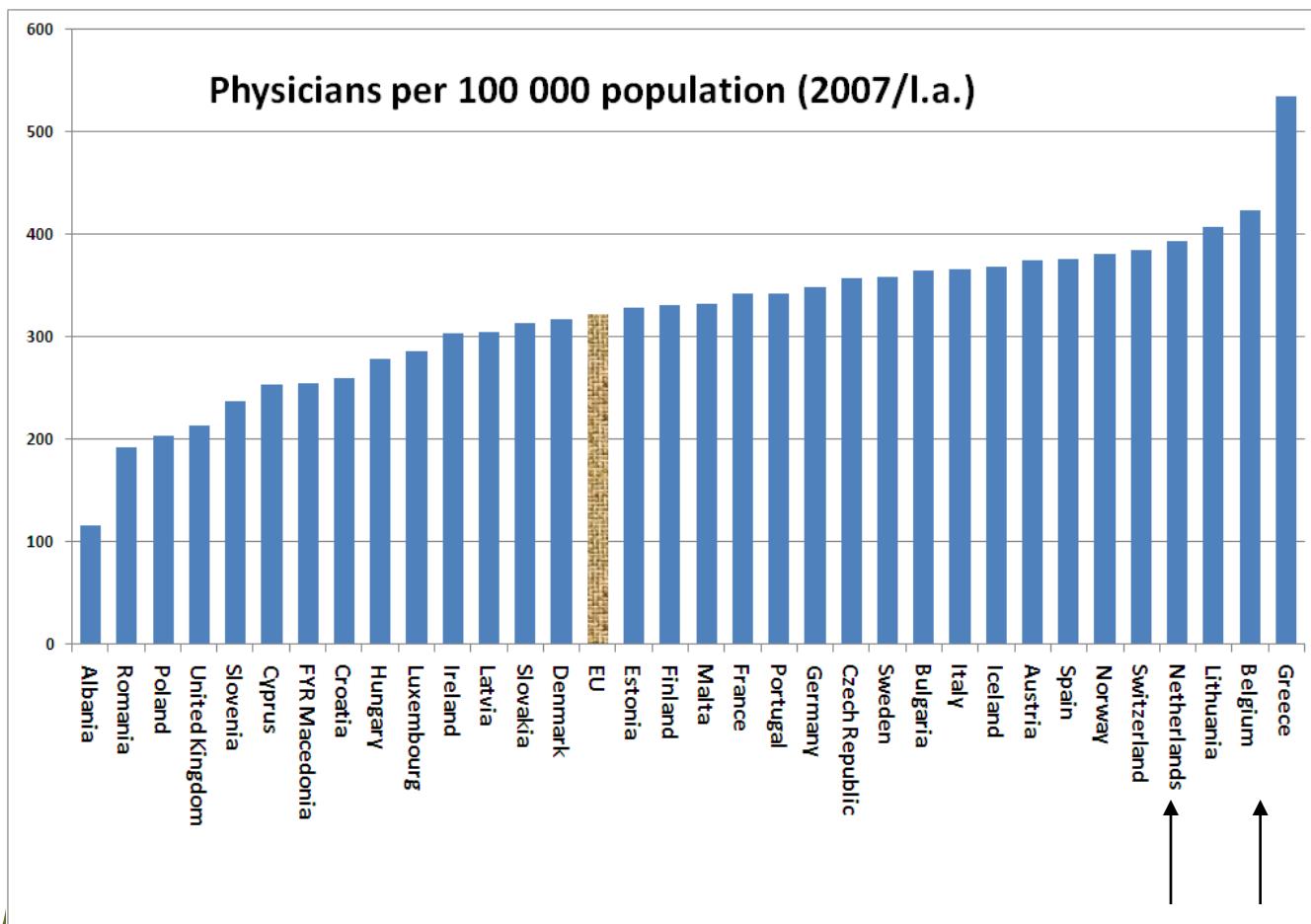
Healthcare Expenditure as % of GDP: 10.2% (OECD 2007)

WHO Ranking of Healthcare systems: rank 21

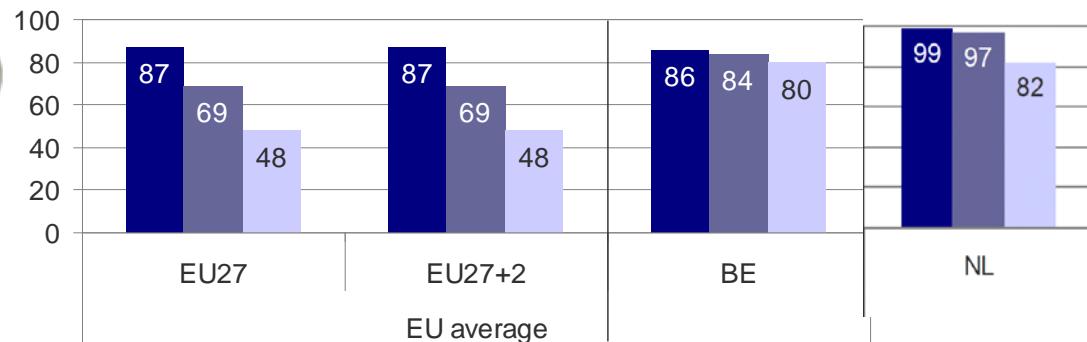
Public sector healthcare expenditure as % of total healthcare expenditure: 75.1% (OECD 2007)



Number of physicians



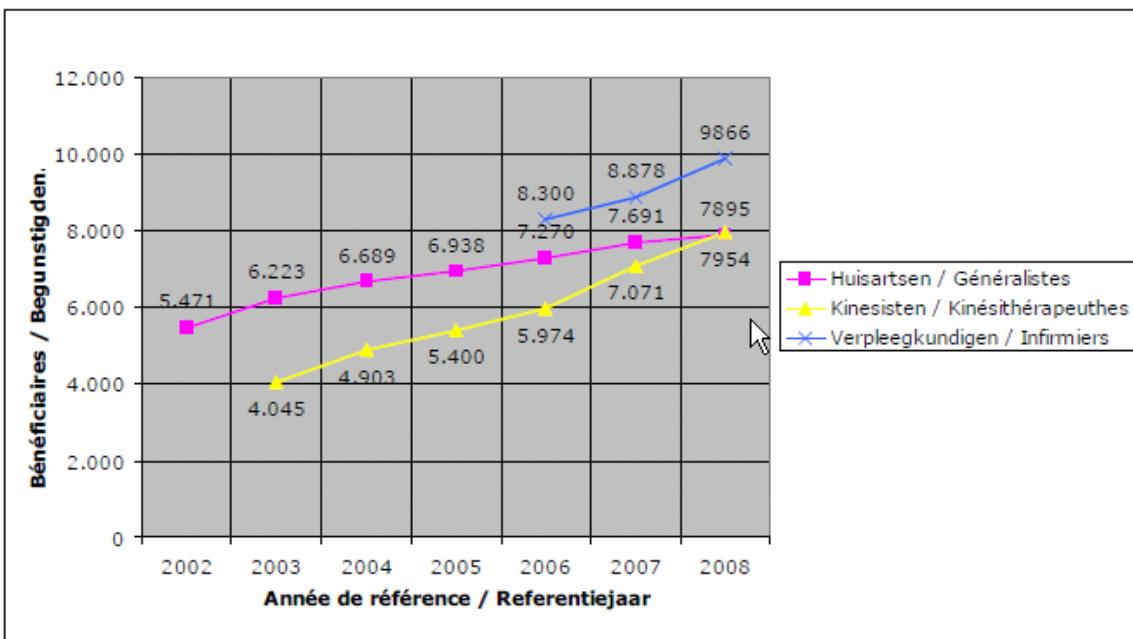
12



Source: GP European Survey/Empirica (2007)

■ Use of computers ■ Use of the internet ■ Use of broadband

oor het gebruik van een gehomologeerde software
Intervention de l'INAMI dans l'utilisation d'un logiciel homologué

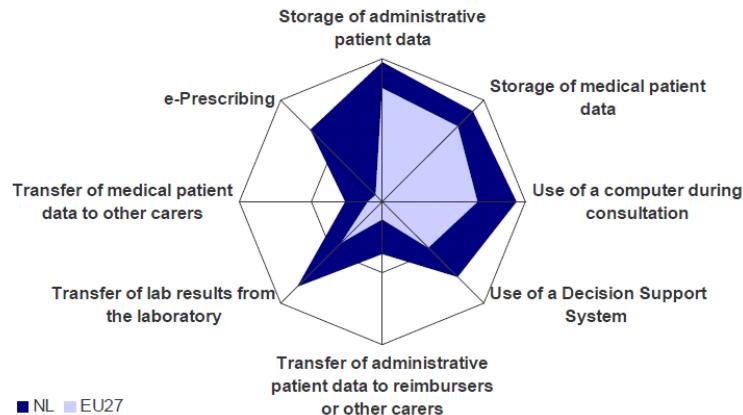


Bron: RIZIV - Source: INAMI

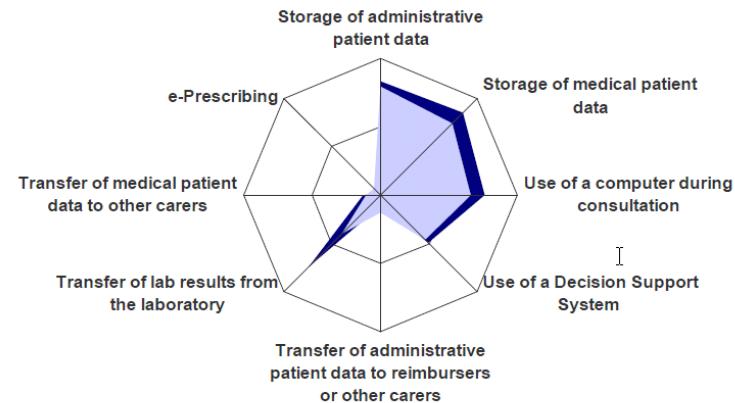


AND WHAT ABOUT CONCRETE USE ?

eHealth Use by GPs in the Netherlands



eHealth Use by GPs in Belgium

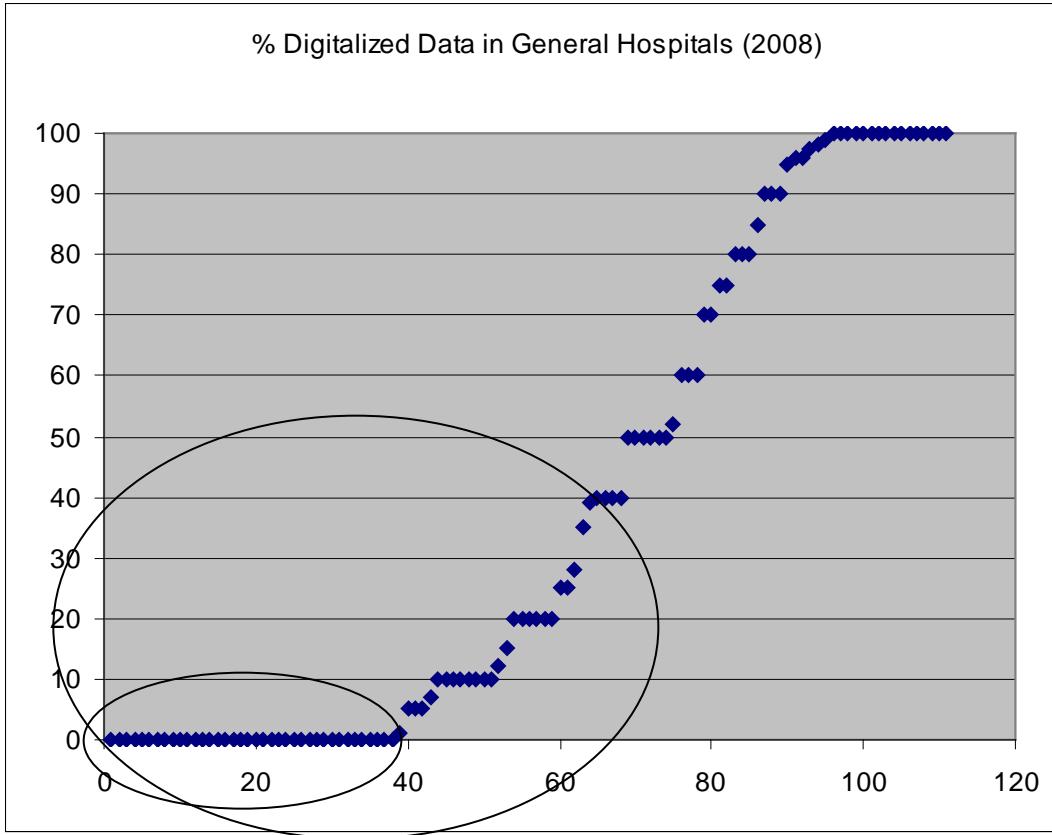


Source: GP European Survey/Empirica (2007)



14

DATA DIGITALIZATION

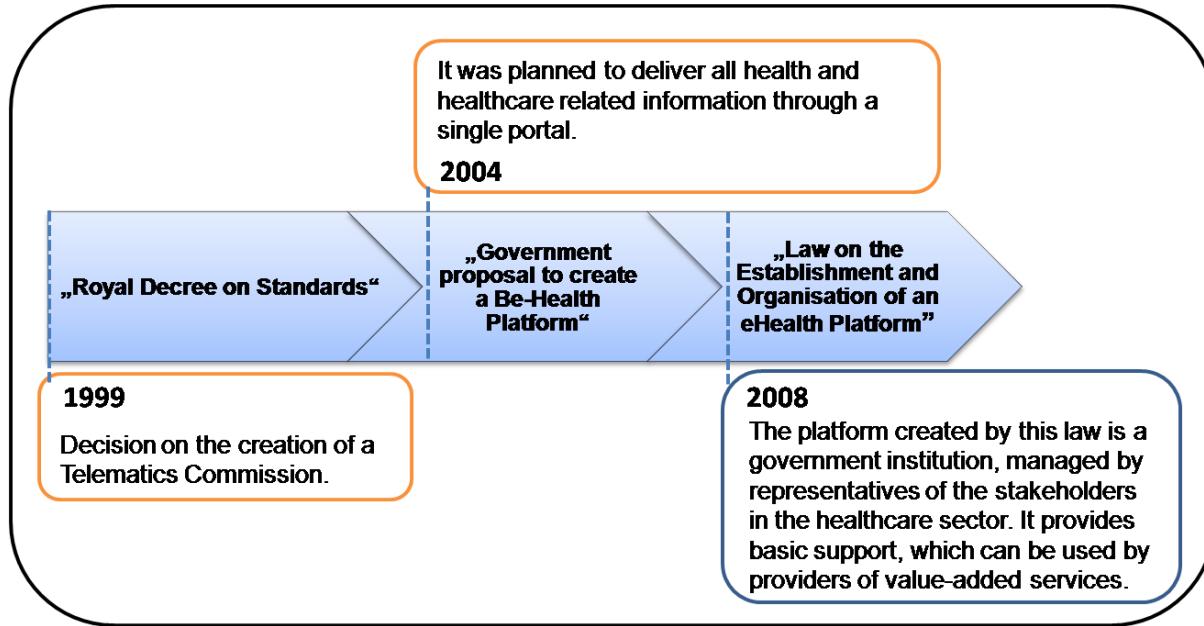


**39 General
Hospitals
« Paperfull »**

**More than 50%
of Belgian
Hospitals less
than 50%
digitalized
data**



PROBLEM DEFINITION



16

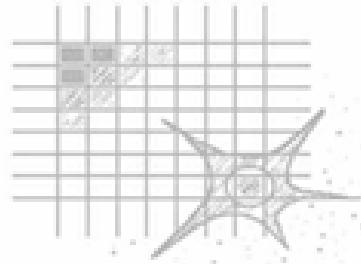
2001: All started with a recommendation...

Recommendation nr 4 of the Commission

"Telematics Standards in relation to the Health Sector"

Working group 'Data=Messages+Records'

Approved by the 24/4/2001 session of the plenary committee



Electronic Health Care Messages



The legacy Content (Ambulatory care) Network (Hospitals) Communication and Incentives



Label DMlg

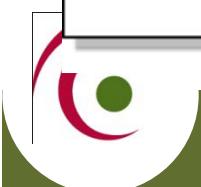
Kmehr

Sumehr



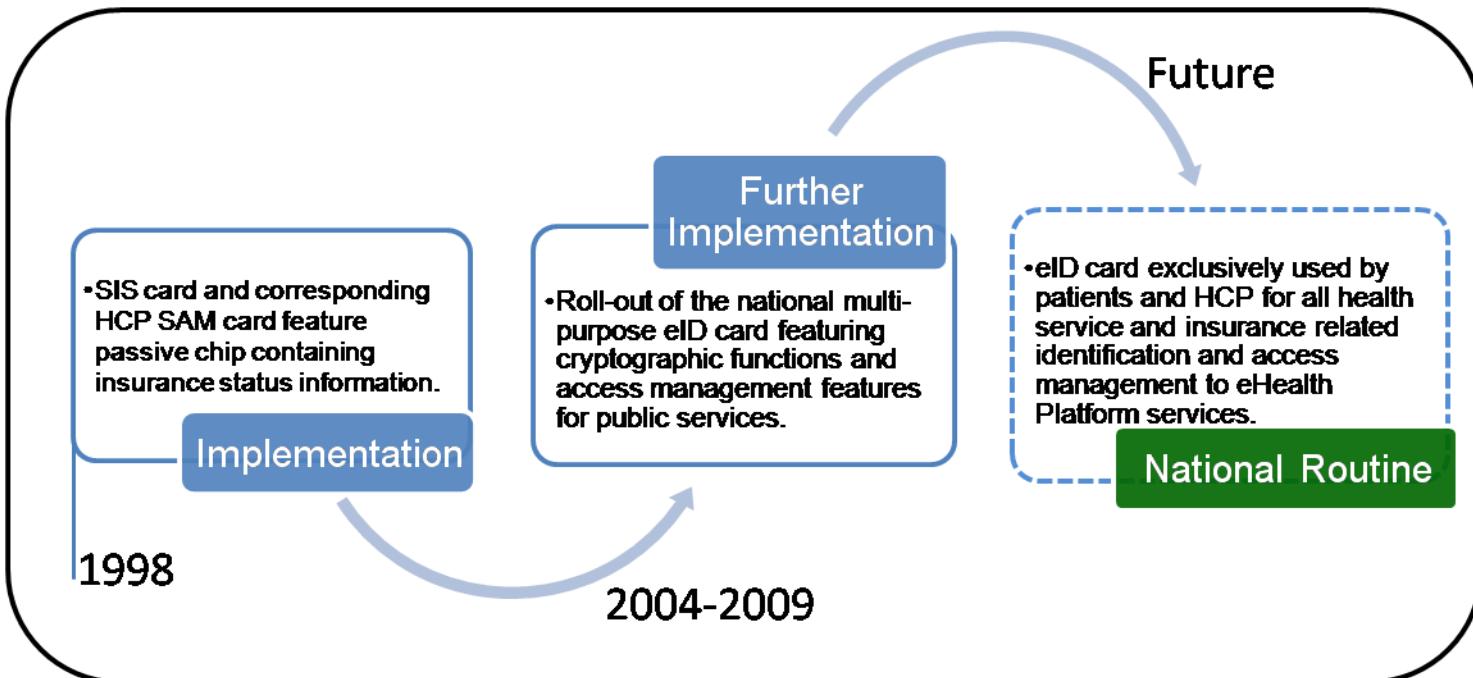
**Incentive of 800 €/Y
for each HCP using a
labelled EHR:**

20 millions + €/Y



.be

E-GOV



19

ACTH + ALTEM + ANATEM + MEDITEL + UMT + (ATMB)



SPF Santé publique, Sécurité de la Chaîne alimentaire et Environnement
Cellule Informatique, Télématique et
Communication dans le secteur des Soins de Santé

Projets de promotion de la communication entre l'hôpital aigu, les
médecins généralistes et les autres institutions et prestataires de soins.

200.000Bef > 5.000€ > 10.000€ > 12.000€



.be

2005-2006: Change of strategy

Key question: **Trust**

- Centralised EHR versus federated EHR? -> Web services
- Patient ID: Unique or different?
- Security and legal certainty.

S3 (Serveur des Soins de santé) is « given » as « food for thought » to local telematics associations.



PRINCIPLES ADOPTED at FEDERAL LEVEL

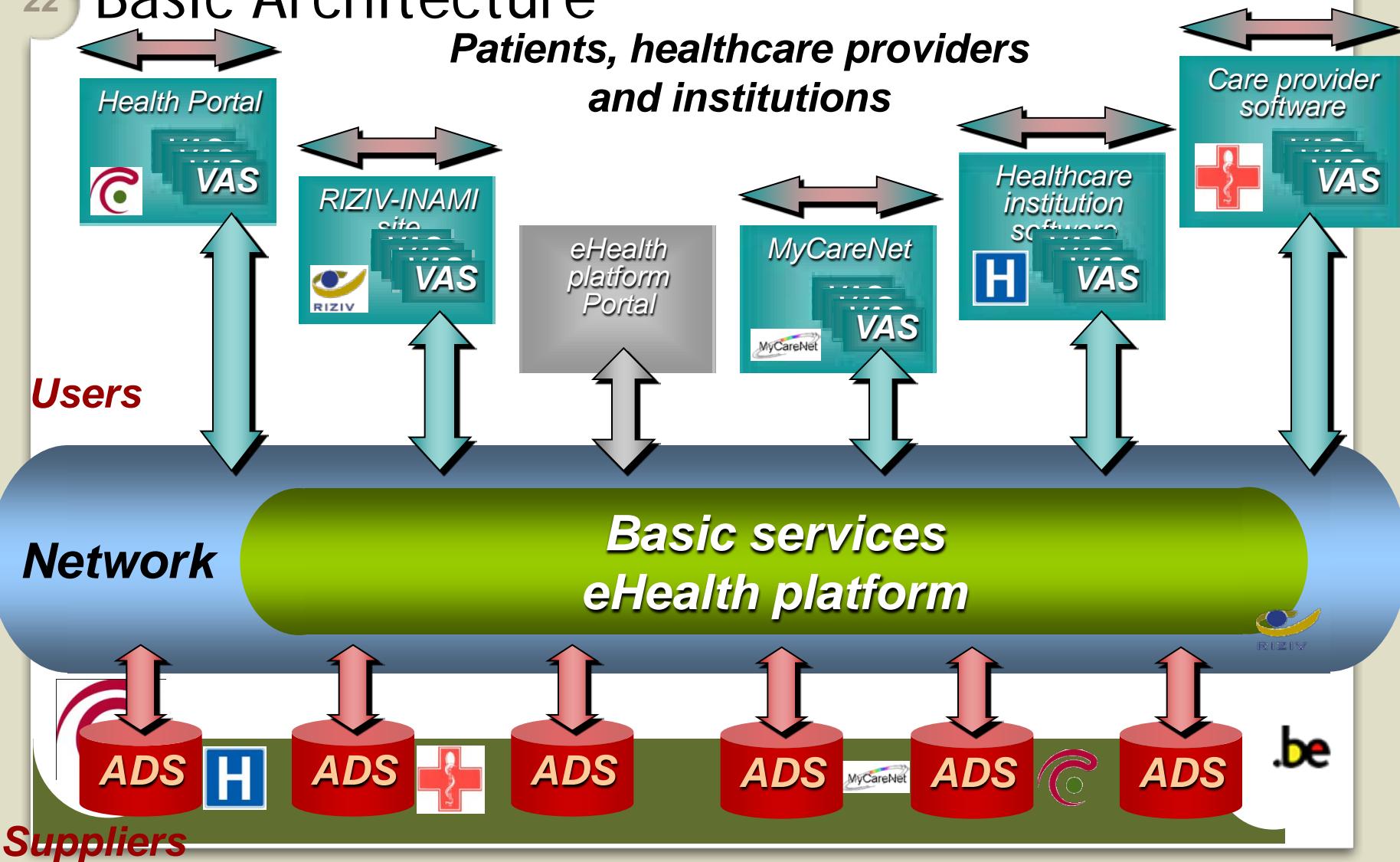
- ✓ No central storage of personal healthcare data: Exchange from system to system is the main rule.
- ✓ Only central location service (with patient consent).
- ✓ Unrestricted application of law (privacy, secrecy, patients rights, free choice) with Special attention to information security and privacy protection
- ✓ Respect for and support of
 - * existing local or regional initiatives
 - * private initiatives regarding electronic service to healthcare actors
- ✓ Use of the eHealth platform is optional, not mandatory
- ✓ Platform is managed by the representatives of the various healthcare actors
- ✓ Federating rules (Consent, therapeutic relationship...)



22

Basic Architecture

***Patients, healthcare providers
and institutions***



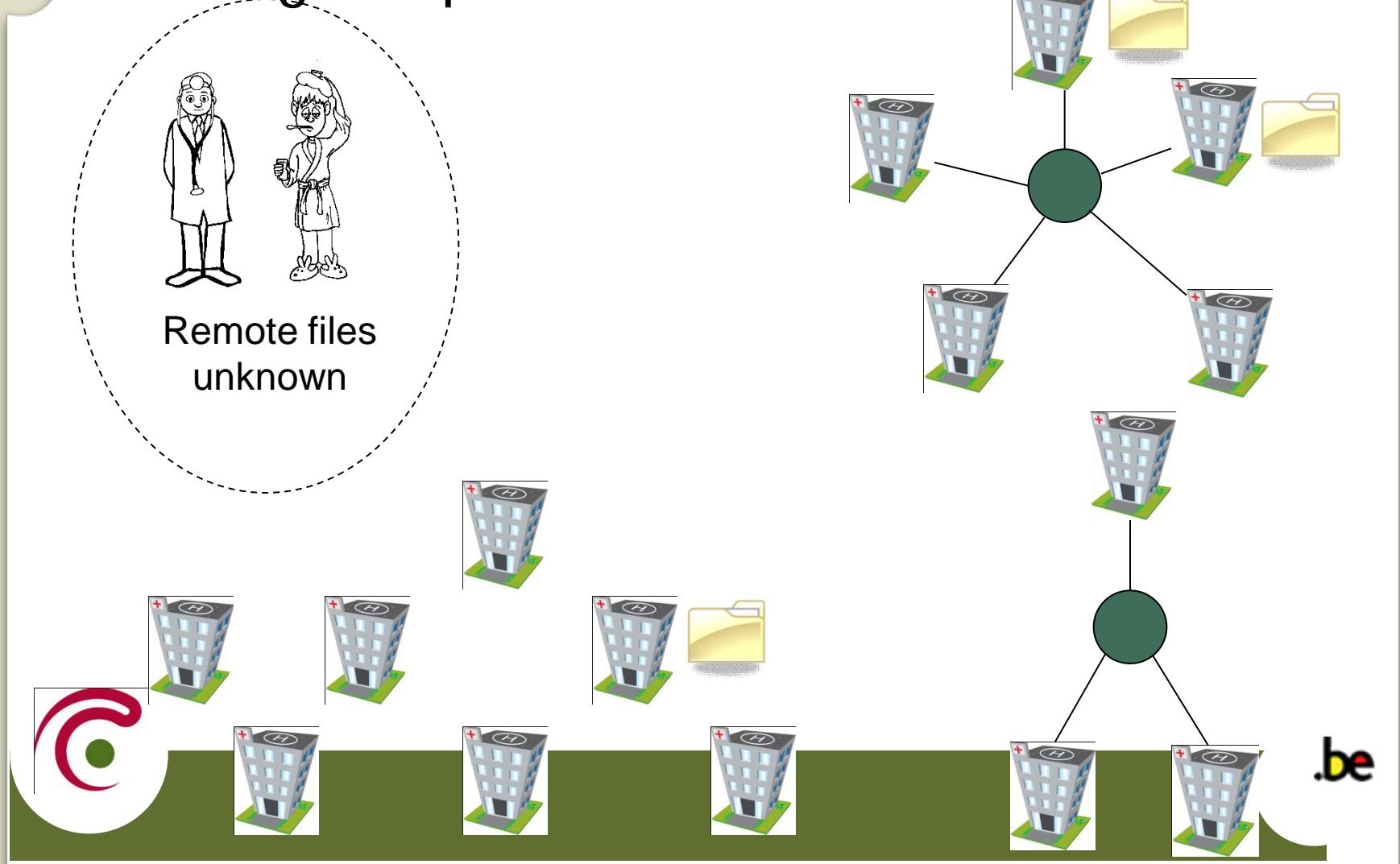
E_Health platform: Basic Services operational

- Coordination of electronic processes
- Web portal (<https://www.ehealth.fgov.be>)
- Integrated user and access management
- Logging management
- System for end-to-end encryption
 - for communication of data to a recipient known at the time of the encryption
 - for communication of data to a recipient not known at the time of the encryption
- Personal electronic mailbox for each healthcare supplier with limited features
- Electronic time stamping
- Coding and anonymisation



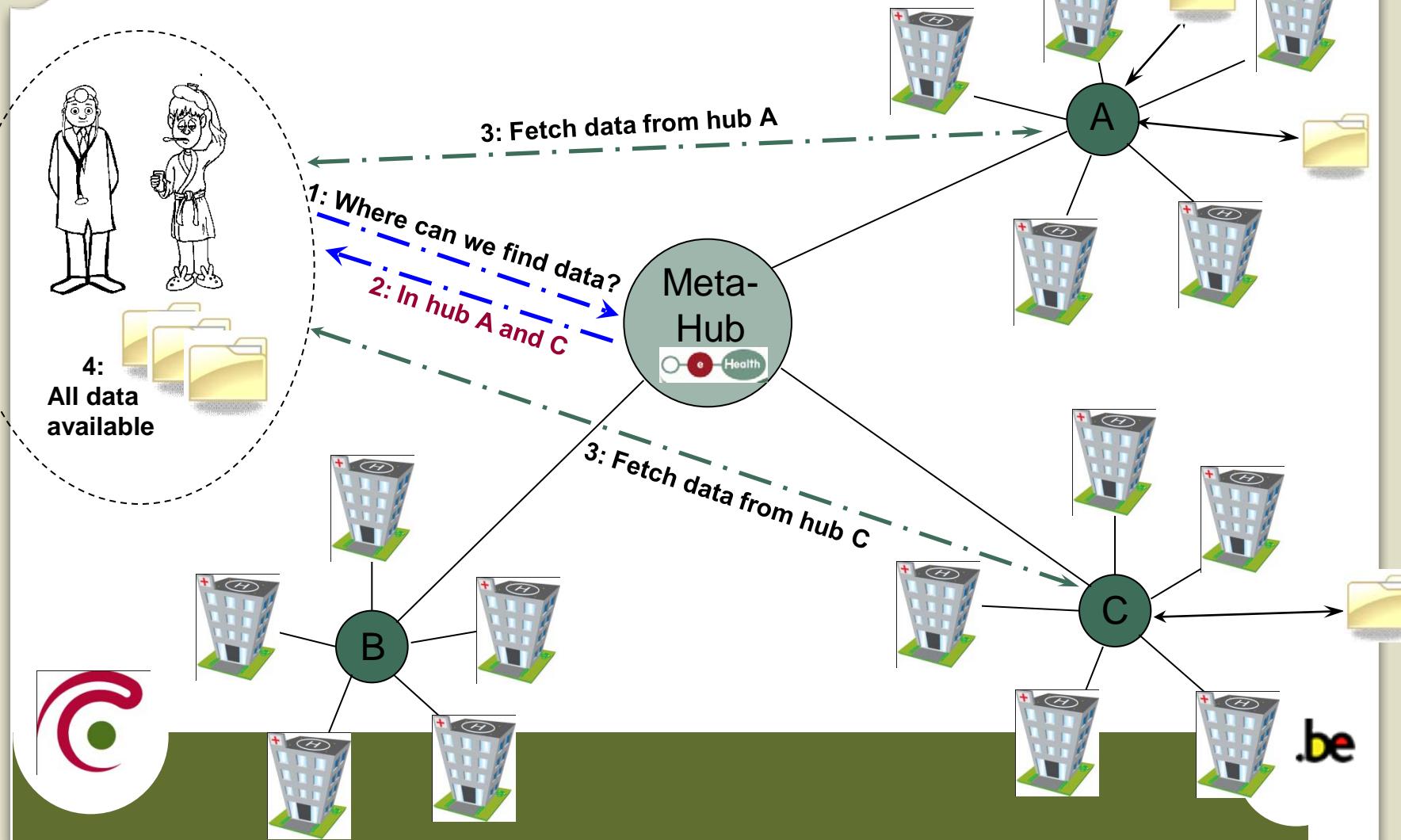
24

Exchange of patient data: now

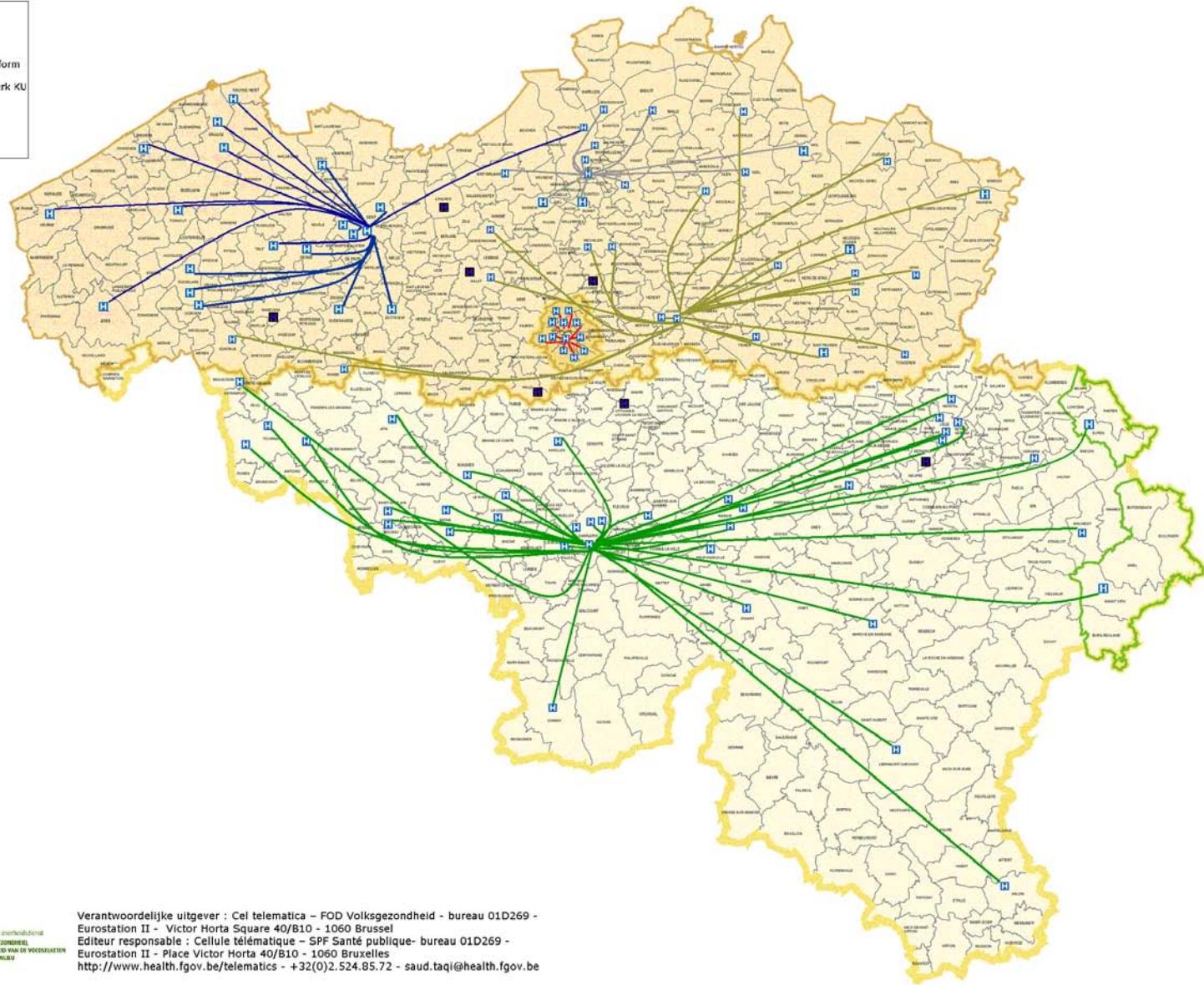


25

Exchange of patient data: Coming soon

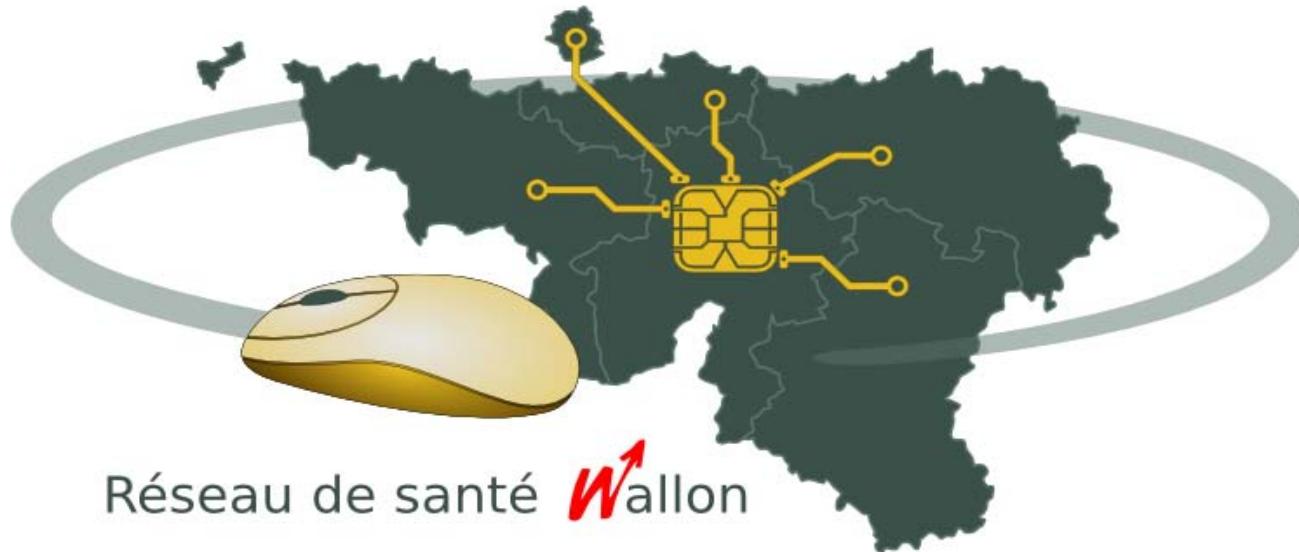


Hubs 2010	
	ABruMeT
	Antwerpse regionaal platform
	Vlaams ziekenhuisnetwerk KU Leuven
	Reseau Santé Wallon
	Regionale Hub Gent



FRATEM & RSW : Looking back and forward

27



Coming From....

1995: 5 « Informal » associations

2000: 5 associations with non profit status.

- More « Global » and local-regional platform
- Enlarging to other (Non Hospital based) stakeholders
- A shared secured internet messaging system
 - ↳ Development costs
 - ↳ Better levergae with industry
- Forum of exchange: Health telematics
- Formal status for legal and contracting certainty and visibility.

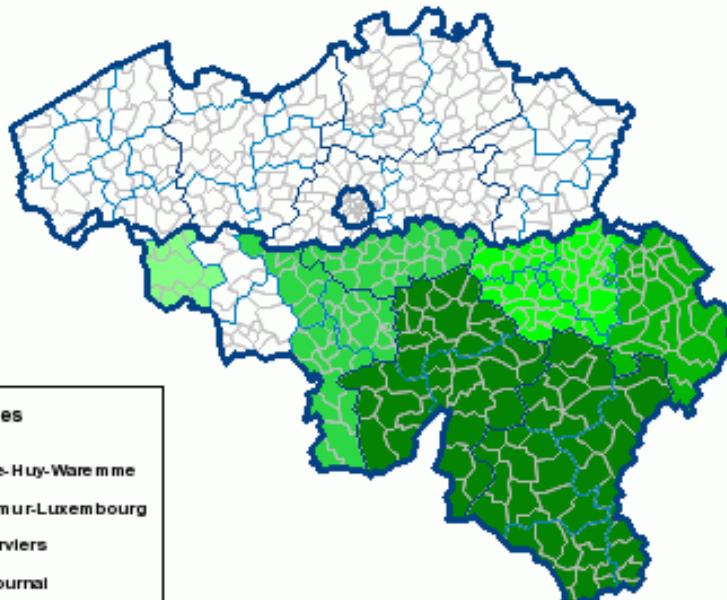
*CREDO: ANSWERING TO NEEDS IN A LOCAL CONTEXT, with LOCAL ACTORS
in a shared common history.*



2006: Federating to create an operational network.

FRATEM

Fédération Régionale des Associations de Télématique Médicale



Assoc.Régionales

- ALT EM : Liège-Huy-Waremme
- ANATEM : Namur-Luxembourg
- MEDITEL : Verviers
- AIT - UMT : Tournai
- ACTH : Charleroi-Brabant Wallon



KEY PRINCIPLES : How to create « trust »...

Subsidiarity :

Investment should take place at the most appropriate level giving priority to users needs, perceptions and cost-efficiency.

Mutualisation :

Available ressources are pooled together and distributed according to needs under the control of the board.

Transparency :

All information is available and transparent for all. Decisions are always documented.

Ownership:

Health professionals (and GPs in particular) are highly involved at all stages and own the system..



Réseau Santé Wallon web portal

31

Accueil - Réseau Santé Wallon - Windows Internet Explorer

https://www.reseausantewallon.be/default.aspx

File Edit View Favorites Tools Help

Accueil - Réseau Santé Wallon Home Feeds (J) Print Page Tools Connexion | Connexion | Ce site | Rechercher

Réseau Santé Wallon

Réseau Santé Wallon

Accueil Espace Patient Espace Professionnel Espace Développeur

Afficher tout le contenu du site

Accueil

- Les acteurs - Les statuts
- L'objectif
- Le plan d'action
- Les contacts

Documents

- Références
- Rapports d'activités
- Divers
- Demandes à la Fratem

Espaces

- Administration
- Développeur
- Patient
- Professionnel

Infos

- Calendrier

Discussions

- Forum

Site de gestion des différents composants actifs du réseau de santé régional

Bienvenue sur le Réseau Santé Wallon

Grâce à l'échange électronique sécurisé des documents médicaux des patients inscrits, le Réseau Santé Wallon facilite leur prise en charge hospitalière et leur suivi médical.

Ne soyez pas le dernier à profiter de cette percée technologique. Inscrivez-vous maintenant!

Inscription Patient avec lecteur de carte d'identité et signature par saisie du code PIN

Inscription Professionnel avec lecteur de carte d'identité et signature par saisie du code PIN

Inscription Patient par envoi de courrier à la Fratem



Réseau Santé Wallon

RÉSEAU SANTÉ WALLON

Sponsors

- SPF Santé publique
- Région wallonne
- Dell

annonces

Aucune annonce n'est actuellement active.

Evénements

Date	Événement
23/09/2010 09:15	Conseil d'Administration Fratem
28/10/2010 09:15	Conseil d'Administration Fratem
25/11/2010 09:15	Conseil d'Administration Fratem
23/12/2010 09:15	Conseil d'Administration Fratem

Internet 100% 17:06

7 YEARS PLAN 6 WORK GROUPS INVOLVING 100 STAKEHOLDERS:

32

Creating trust

**Problem
definition**

Agenda

**Policy
adoption**

Implementation

2006: Technical
and functional
specifications
approved

3 phases
2007-2013

**Creation of
FRATEM
asbl**

**Privacy –
security**
**Certification of
systems**
**Roll out : Opt
in**

Pooled resources:
12.000 €/Y/Hosp
Federal and regional limited support
Basic federal services
Authentic sources



IMPORTANT MILESTONES:

February 2009

Privacy agreement approved by the National Order of Doctors.

->Establishment of surveillance and piloting committees.

2010:

External audit of security system: bluecrypt

Creation of a function of mediator.

Full opt in both for patients and health professionals.

Designing a specific but phased integrated plan for integration of primary care actors with support of all circles of general practice:

-> Smooth links with Industry (Co-Gen: plug-in)

-> Gradual Development of specific platform.

DUPLICATION and FERTILISATION

Helping other networks to be set up (Brussels)

Helping to establish common rules and norms (With E-Health platform).

Integrating the meta-hub in the picture

Developing new functionalities (PACS,...)



Where are we now?

Architecture based on Mutual Trust and web-services butneed of flexibility.

- Different standard used within hub(Kmehr web-services/IHE)
- Key services such as E-Prescription also developed with stakeholders.
- Limited Inclusion to date of « other stakeholders » (Nurses, kines, social workers)
- Discussion on patient access to data only starting.
- Co-existence of « shared EHR » under « Hub coverage ».
- Encouraging industry to invest in web-based applications for individual HCP
- Different visions co-exist for ambulatory care platforms (HUBS_-Central regional- Per HCP- Private)-> Need for stocking validation criteria).



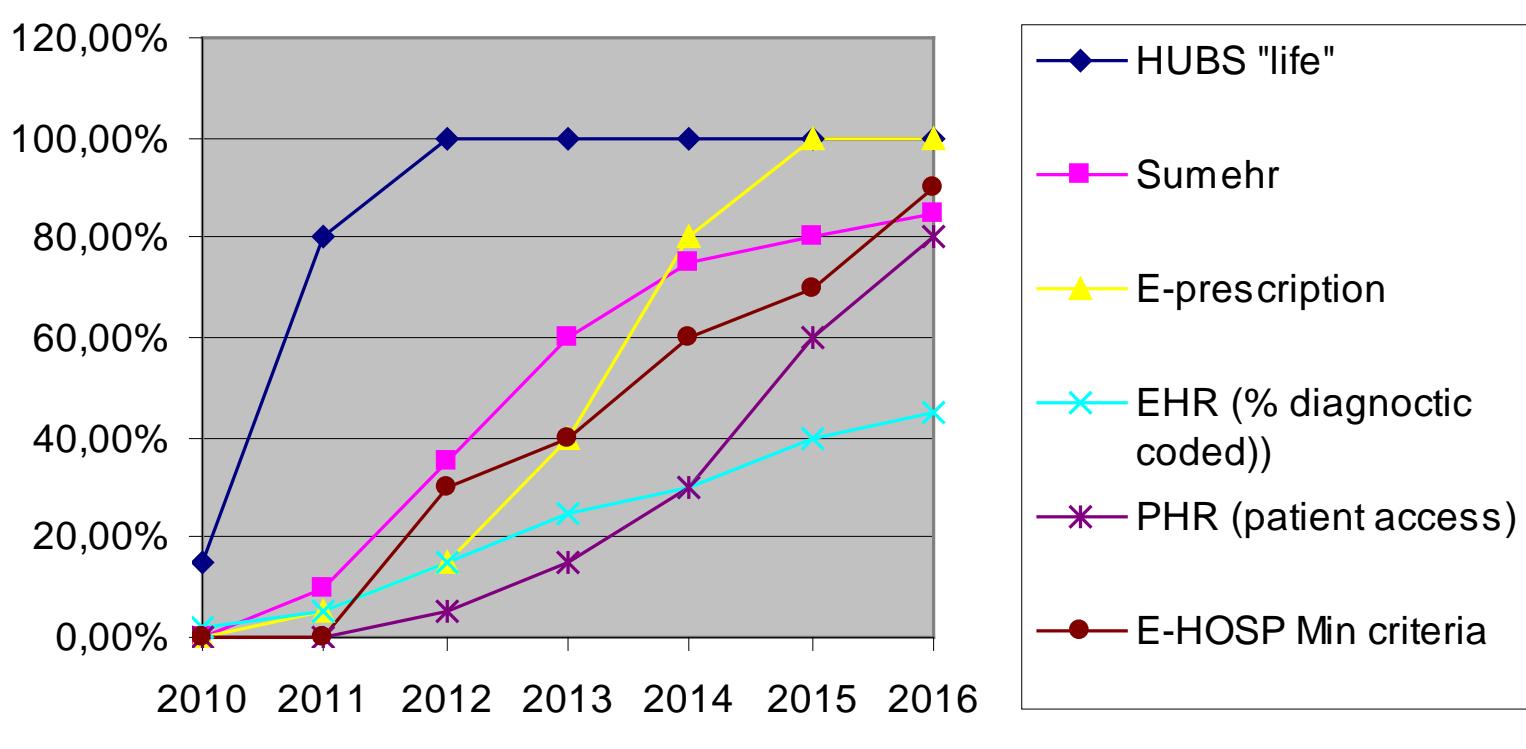
Where are we now?

Federal strategy:

- > Focusing on essentials (services, norms-rules-law and Validated authentic sources)
- > Looking for win-win cases:
 - * Administrative simplification
 - * Niches
 - * E-prescription/patient summary
- > Defining « user friendly » semantic interoperability strategy:
Data input, structuring and coding.
- > Global governance model needed for all authorities
- > E-Hosp strategy: 6 years year plan currently under discussion
- > Integrating EPSOS
- > Seeking cost-efficiency (No duplication of investment).
- > Pushing innovative models (eg: Home hospitalisation).



TIME LINE: From Now to...



37

Need to be addressed asap

- Training strategy.
- Global Evaluation strategy.
- Funding:
 - Looking for overall « routine financing plan » (Stop ad hoc financing).
 - Today: +/- 60 M €/Y (+ Added Value Services)
 - Towards « Meaningfull Use »? Link with reimbursement?



.be

3



Thanks for your attention!

Useful links:

<http://www.ehealth.fgov.be>

<http://www.health.fgov.be/telematics>

<https://www.reseausantewallon.be>



.be