



Ministry of Health, Welfare and Sport

eHealth and Interoperability in the Netherlands

Hans B. Haveman

Senior advisor
ICT and Innovation

15 oktober 2010



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Overview

- ***Sense of urgency for innovation***
- ***Transition to patient centered care***
- ***eHealth is necessary***
- ***Interoperability is the keyword***
- ***Collaboration between stakeholders is essential***





The Netherlands

- Nearly 17 million inhabitants
- Multi-enterprise business model in healthcare :

100 hospitals, 8000 GP's, 1800 pharmacies, 200 locum tenency services for GP's, responsible for own finance, medical policies, investments, **and IT**

Thus: interoperability problems are large on all levels



Mrs. Edith Schippers: Minister of Health, Welfare and Sports

From 14-10-2010





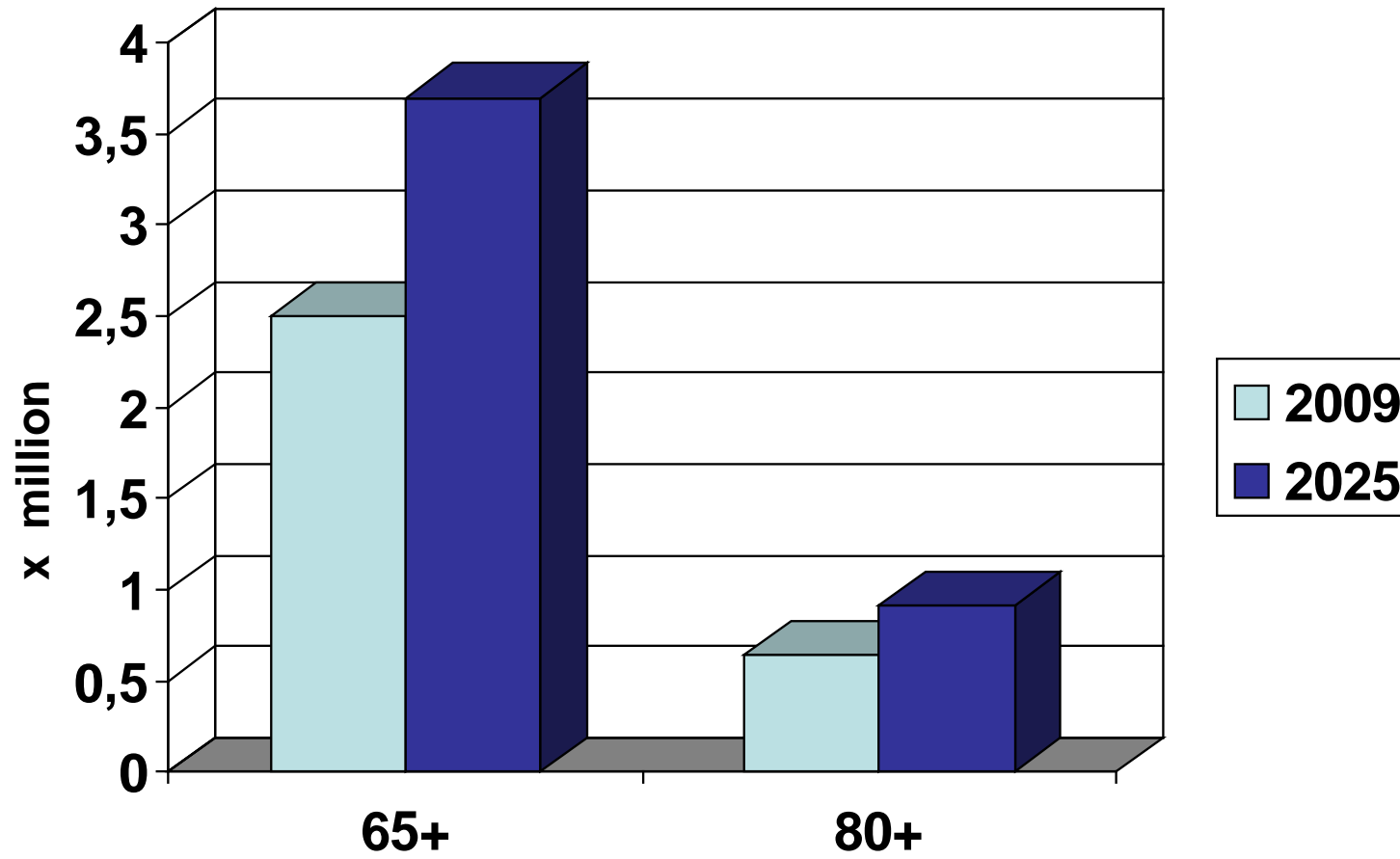
3 major trends in dutch healthcare

- Increase in demand: chronic illness, ageing population, more treatment options
- Shortcoming in nursing & caring staff: 40% deficit in 2020
- Public health expenses grow faster than economic growth: compete with other social sector



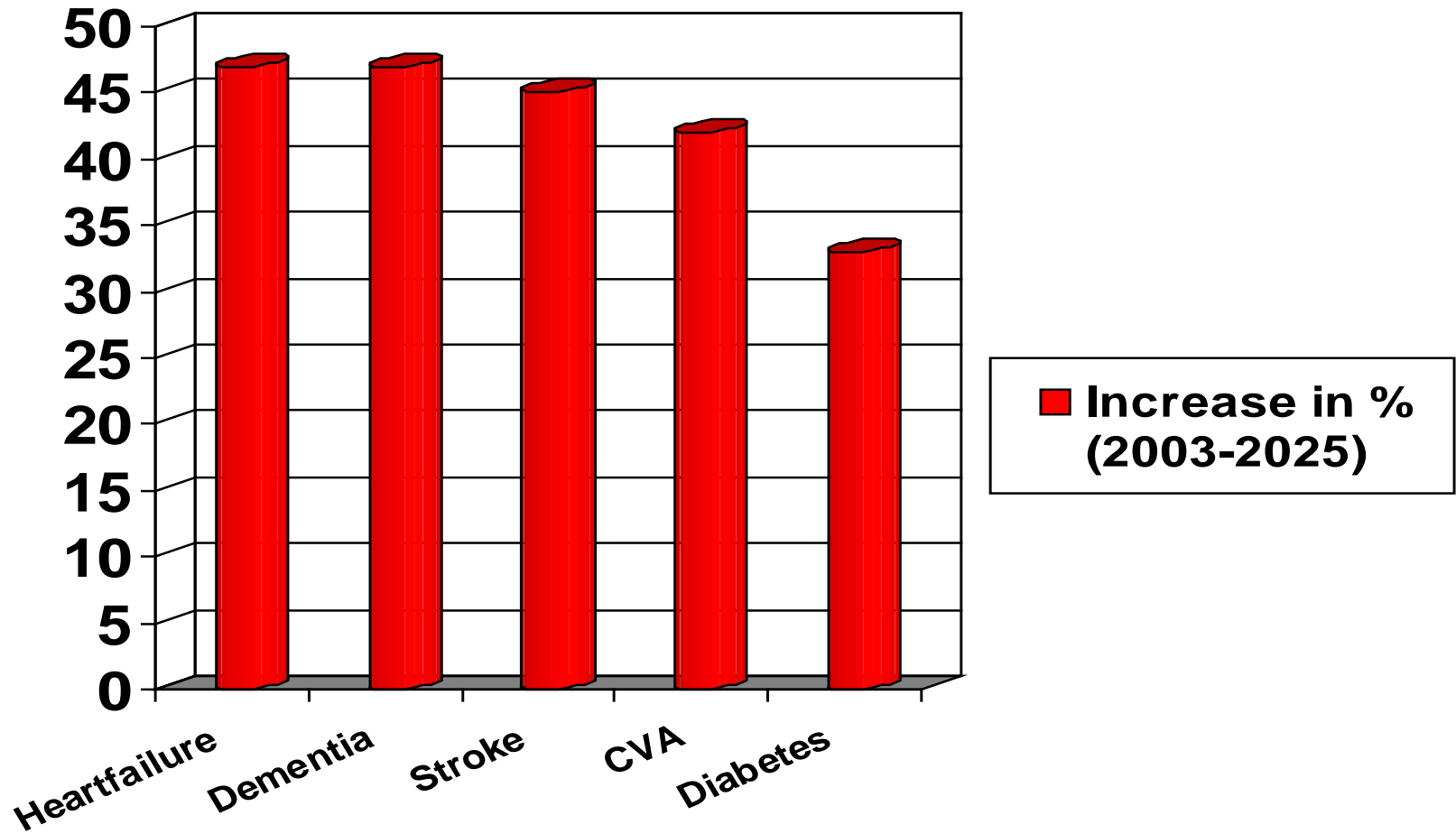


Ageing population



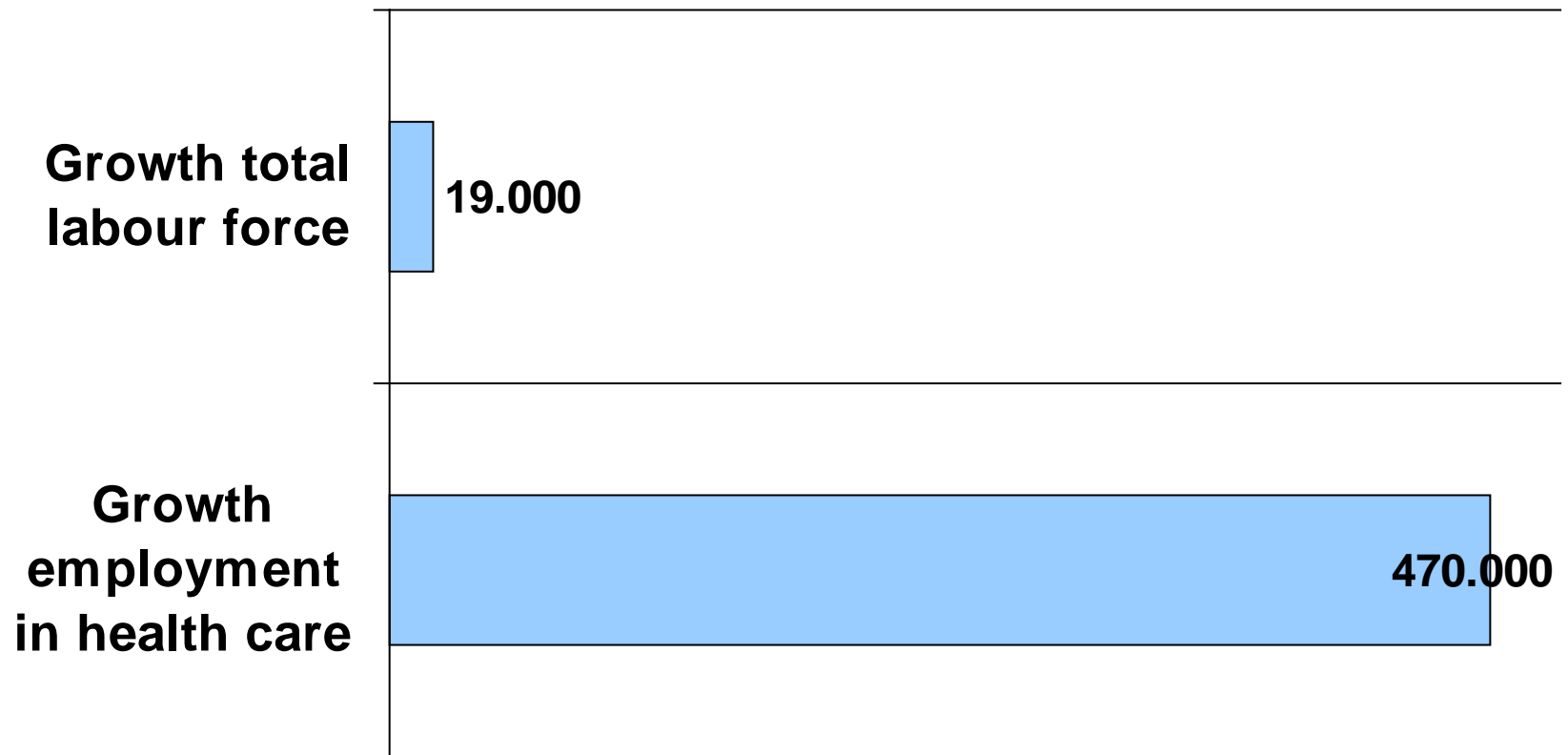


Increase in chronic illnesses



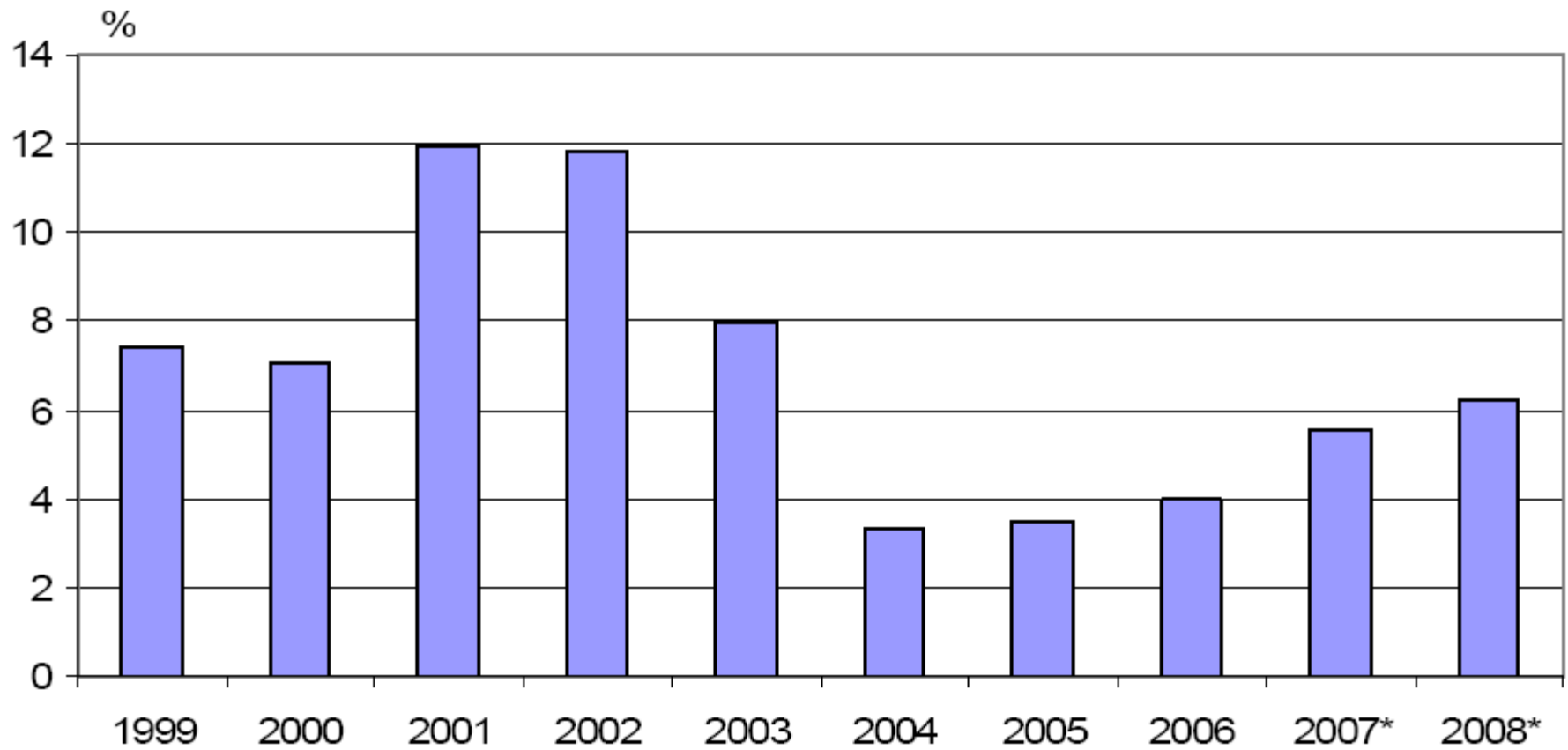


Changes in labour market towards 2025





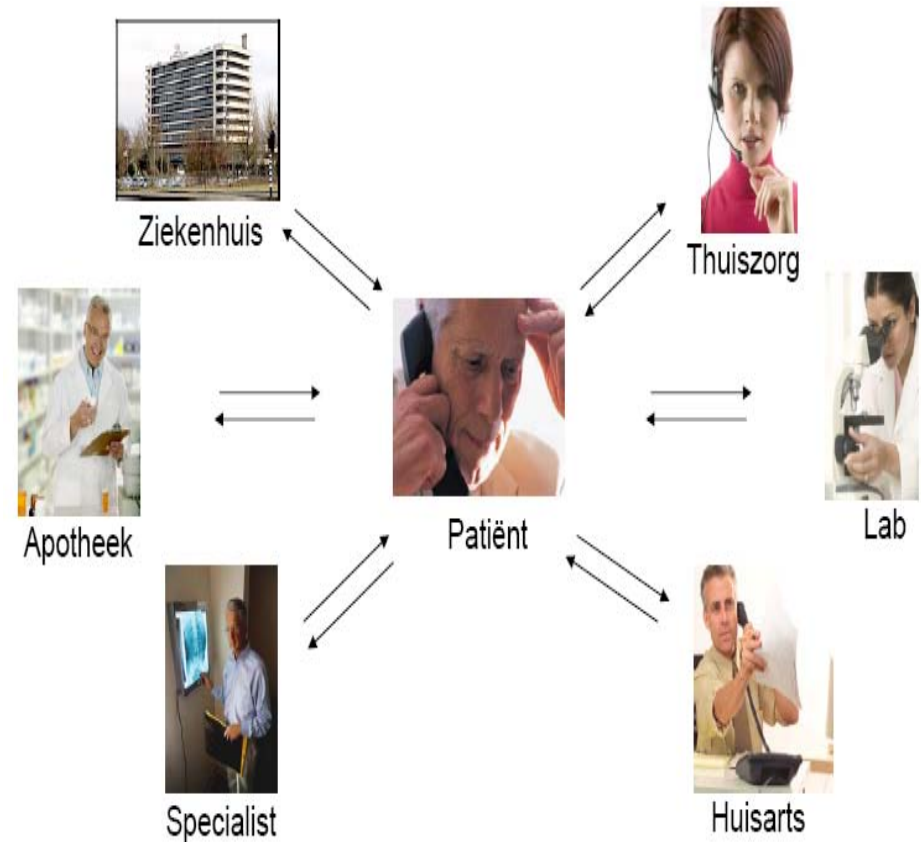
Growth in healthcare expenses





Transition in healthcare

- Need: think and act from the client point of view
- Patient central: start from patient needs and patient as co-therapist
- Participating healthcare (communication/interaction and self-management)





Disease management approach

- Patient-focused
 - Self-management
 - Tailor made personal care plans
 - Central coordinator/patient' point-of-contact
- Health care standards: Integrated health care encompassing early recognition, prevention, self-management and adequate health and social care
- Multi-disciplinary approach ('health care team')
- Integrated financing





Facts from the advice **Health 2.0** of the Council for Public Health and Health Care (2010)

- 90% of the Dutch households have internet access
- Google is the first action in case of health problems (36%), second a consult with the GP (35%)
- 22% discuss the information from internet with the GP
- 9% of the GP's offer the possibility of a e-consult (2008)

Health 2.0 is an autonomous development



Definition eHealth

1. (In-home)Monitoring, disease management (support of compliance and personal goals) and feedback for selfcare;
2. EHR and the patient access to Electronic Health Record (EHR) under control of the Health Care Professional;
3. Control by patient of personal information and data in a Personal Health Record (PHR);
4. Protected video-, e-mail-, and messages communication between patients and social surrounding, (cloakcare) and healthcare givers;
5. Support of the chain of care (eg. electronic appointments; preparing information for a consult; referral information);
6. Online fora / communities about health and healthcare topics;
7. Personalised (medical) educationsystems.

Based on: Jimison, Oregon Health & Science University. Evidence-based Practice Center., &United States. Agency for Healthcare Research and Quality., 2008

Health 2.0 is no eHealth

but eHealth is Health2.0



The message of eHealth

- Without eHealth the health care sector will stuck down
- eHealth is a means to the transition in the care process
- eHealth = Health
- Safe and reliable exchange of data is a prerequisite for eHealth applications (EHR)





Barriers hamper the implementation of eHealth

- Pervers financial incentives in the caresector
- Hampered legislation and rules (eg system partition, privacy)
- Culture and support medical professionals and patients
- Application not integrated in the health care processs
- Supply of services and knowhow; not demand driven
- Medical evidence limited or lacking
- Uniformization and standardization
- Not invented here

Interoperability is a keyword





Interoperability

International approach is necessary

Standards:	Mandate 403,
Usecases/profiles	IHE
	Continua

› **Collaboration is the key word**



Interoperability in the Netherlands

Orientation to international open standards and if possible open source software

- Support to international standardization(organizations) by the Netherlands Standardization Institute (NEN)
- NICTIZ has described all standards for the national infrastructure; for the implementation of the EHR
 - Member of IHTSDO
 - NICTIZ starts Interoperability Forum (development and maintenance of standards, protocols and profiles on IT healthcare) together with IHE and Continua
 - Detailed Clinical Model's



MOH: different roles at innovations

- | | | |
|----|------------------|----------------------|
| 1. | Director/manager | EHR |
| 3. | Stimulator | eHealth applications |
| 4. | Facilitator | eHealth applications |

- Choice depends on:
 - › amount of system failure
 - › political and societal pressure
- Available instruments:
 - › (tackle hampered) legislation
 - › finance
 - › community-building and sharing knowledge



MOH: Directors role at implementation EHR

First bottum up: sector in the lead, but politics thought that the slow progress was caused by lack op power to persevere

- So the Parliament asked: “Minister take the lead on implementation and control of the national infrastructure”
- That means:
 - a. Facilitate: develop and control the ICT-infrastructure for the exchange of patientdata with uniform standards,
 - b. Stimulate: coordinate pilot- and testphase, coordination connections, communication & information to citizens,
 - c. Legislation: citizen service number (BSN) and EHR (obligate connection for health care providers)
 - d. Financial incentives: subsidy arrangement for pharmacist; GP practices and GP posts: € 45 million



Current situation EHR

Implementation Medication record and Patient summary on a voluntary base

To be decided in the Senate: an act for mandatory use of the national infrastructure for Health Care Providers

Costs from 2002 – June 2010: 217,5 million euro

Conclusion: Voluntary connection to EHR is going on

New legislation is not necessary for implementation of the EHR, only for the obligation.



Patient access to EHR

Patients have since longtime the right to access to their own record, but not necessary in an electronic way; they have the right on a copy of the record.

- Electronic patient access to their electronic record is a policy goal.
- Patient access is condition for parliament before the act on EHR will be obligate. After adoption of the act the obligation for HCP can become effective later on.
- Investigation report: The in-development method of access is not safe enough due to GSM hacking. The MOH investigate now for a safe solution, so realizing patient access will take longer for technical reasons.



Current situation EHR

08-10-2010	Connected	To be connected	% Connected
Pharmacists	636	1948	32
GP posts	78	129	60
GP practices	629	4337	14
Hospitals	14	95	15
Total	1357	6509	20

30-06-2010 2,7 million available records
1,2 consultations



MOH in stimulator/facilitator role for other eHealth-applications

- Control/lead primarily at the sector/industry
- Sharing knowledge: show possibilities & good practices (through eg Healthcare Innovation Platform)
- Organization round tables, meetings for exchange of knowledge (physically or through social media)
- Participation in agreements for breakthroughs in the sector



Together raise is the key for succes

Many stakeholders:

Patients/consuments

- Healthcare Professionals
- Insurers
- Branche organizations
- Industry (ICT, medical devices, services)
- Organizations:
 - › *NICTIZ (knowledge institute eHealth and interoperability)*
 - › *NVEH (Dutch Union for eHealth)*
 - › *NEN (Dutch Standardization Institute)*
 - › *'eHealthNu'*
- Government (MOH, other departments, international)





How to come to a breakthrough: an example

*eHealth***Nu**

- Collaboration: Achmea, Menzis, KPN, Philips, Rabobank, TNO en ZIP/VWS
- Starting point: care close to the home
- Goals:
 - › *In 2020 eHealth services available on national level*
 - › *In 2012 eHealth services for Diabetes en Chronic Heartfailure*
- Actions:
 - › *Pre-competative appointments*
 - › *Define common scope (Diabetes en Heartfailure as first casus)*
 - › *Explore barriers and solutions with participants and participators*
 - › *Management power*



How should we cooperate

- Sense of urgency, agreement about paradigmshift
- No “poldermodel” but participation model
- precompetitive agreements,
- use of expertise (health care providers, patients and others)
- Changing participation with different expertise
- Commitment



Summarize: accents for next period

- Introduce structural tariffs and incentives, and take away perverted incentives
- Standardization and interoperability
- More attention to collaboration with parties; commitment on result
- Effect research to and development of eHealth
- Stimulate use of eHealth through health care professionals by good practices, coaching, education, etc.
- Further development of the national EHR-infrastructure for a safe exchange of data with access for the patient



Thank you for your attention

hb.haveman@minvws.nl