



EHTEL

European Health

TELeMATICS Association

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AGENDA

- EHTEL to day : the consensus platform
- New environment and challenges
- What about limitations
- EHTEL driving forces
- How to overcome : the way forward

Stimulating atmosphere for e-Health in Europe



EHTEL To-day

The consensus platform



Beginnings and Objectives

- A neutral, non-profit association of members
- For all healthcare actors
- For the promotion of the (widespread) use of telematic and e-health solutions in healthcare
- Across Europe
- Created in October 1999
- With the support of the European Commission through the IST Programme of R&D.



Policies and Guidelines

- EHTEL is a membership-driven association.
- EHTEL is a neutral place with a balanced representation between actors of all categories of the healthcare arena.
- EHTEL delivers services to its members and to the community.
 - *facilitates transparency, exchange and collaboration*
 - *achieve efficient valuable use of telematics and e-Health*



EHTEL aim

- Contribute to the implementation of the broad use of information and communication technologies (ICT) products, solutions and services in the health and social domain
- e-HEALTH TOOLS offer substantial benefits in terms of :
 - improving the quality of health for patients and citizens
 - broadening and facilitating access to care
 - increasing the efficiency of care (prevention, diagnosis and treatment)
 - maintaining (reducing) the cost of healthcare and healthcare management in the long run



EHTEL organisation

Actor Working Groups:

- Healthcare Authorities
- Healthcare Professionals
- Patients/Consumers/Citizens Associations
- Healthcare Insurers
- Industry

Task Forces:

- Standards & Interoperability
- eHealth issues
- Law & Ethics (including security and privacy issues)
- ePrescription issues

Other initiative:

- EHTEL-Like Organisations (ELO)



The new environment

EHTEL 's challenges

The new environment

- Transformation of business in any sector:
 - collapse of time and distance
 - shift to « buyer » viewpoint,
(hospitals HCP, administration, patients, citizens)
 - workflows span multiple organisations
 - continued commoditization & price/margin erosion
- Business evolution acceleration
necessity of high connectivity...for reactivity

The new evidences

- End of the « Solow » paradox
 - link between ICT development, GDP & productivity
- return of investment are not yet visible on the « real » exploitation plans
- performance is integration of technology into Knowledge and organisation
- assessment of the systems must be evaluated by the satisfaction of the users

The Health sector

- **Everyone is concerned**
- budget constraints and lack of ICT investment
- ageing of population
- growing expectations and demands (patients, HCP)
- consequences of the free movement of citizens
- need to deliver the same services (and quality) everywhere : general interest services
- **BUT economic & employment relevance**



Health sector and ICT

- E-Health solutions will provide a key instrument for coping with European HC and social challenges
- including to address many of the present inequalities
- HC ICT has the potential to become a significant catalyst for the European ICT industry and its competitiveness in global markets



Need for interoperability

- Healthcare is information intensive
- ICT are a major tool for information intensive sectors (as HC)
- the use of ICT in HC is telematics and e-Health
- the full exploitation of the benefits of e-Health technologies requires
 - a robust, secure and interoperable infrastructure
 - a comprehensive and updated infostructure, supporting consensual priorities on coherent policies



Diversity versus Connectivity

- How to resolve the contradiction between
 - diversity of systemsfundamental heterogeneity(objectives, conception,technics)
 - necessity of expanding the exchange
- **Need to define and implement minimum standards and rules to insure real interconnectivity**
- by the development of exchanges will come convergence of structures and semantics
more than by rebuilding systems or a priori updating them



The way forward... to allow concrete communication between heterogenous systems

- gather in a neutral forum all the stakeholders
 - limit the specification of the social and health sector to what is strictly necessary
 - contribute to governance processes
- organise subsidiarity with (in) coherence

It 's a long way to... because of

Limitations

Limitations

Generic difficulties

- to manage two concurrent ®evolutions in the same time :
 - functional changes --> organisational evolution
 - technical progress--> ICT reality
- to develop new competences and expertises
- to serve the community in the enlargement process

Limitations (2)

Due to the **EHTEL status** and **national priorities**

- no institutional body
- work done on voluntary basis
- exacerbated place of national confrontation of diverse stakeholders and national « history »
- Europe is at least the 3d priority
(national reorga and implementation, free movement of patients, HCP and citizens)

Limitations (3)

Due to the european **environment**

- discrepancy between policy and application of
- EC would only propose new directives
- EC lack of resources , continuously reorganised
- concurrent projects, orga. are encouraged (?)
- but cross ambitious projects rejected by the EC (as « too politically risked »)
- Health is a national prerogative
- EC could only facilitate the coordination work



From limitations to potentiality

The new Constitution and instruments

- place of « general interest services »
- Health doesn 't succeed as a chapter
- IGC : discussions are not closed...
- O.M.C. potential ?



EHTEL

Driving forces



EHTEL driving forces

- Neutral, non-profit organisation
- Networking organisation
- Trans- actors recognised work
- Built-in upon success in bringing together the key stakeholders groups in e-Health
- Groups, persons have learned to work together
- EHTEL provides an important set of reference points shaping the emerging HC ICT market



EHTEL driving forces (2)

- organising workshops, seminars, meetings
- enabling otherwise absent groups to have a presence at international events
- informing the E HC community through position papers supporting the development of national e-Health organisation
- collaborating with complementary initiatives
- lobbying govt, NGO to use ICT solutions
- contributing to decision-making for investors, users



EHTEL driving forces (3)

EHTEL 's surveys and position papers

- Legal aspects of standardisation in Health Telematics
- Development of e-Health in Europe
- Breaking down barriers : white paper and action plan
- A patient 's charter
- Priorities for application of ICT standards
- Handbook on information governance



EHTEL driving forces (4)

EHTEL European participation examples :

- EHPF
- May 2003 ministerial conference organisation
- quality on e-Health websites communication
- participation in EU projects
- cross relationship with European organisations
- involvement in e-Europe 2005 action plan
- HLCH telematics report (EHTEL HC authorities)



EHTEL : The way forward

Stimulating atmosphere
for e-health in Europe



The way forward on ICT

- Emphasize on communication and relationship management
- decrease the number of competing standards
- avoid over-specification of standards
- (re)use the existing ones from other sectors when no health specificity

--> **model ICT into healthcare**



e-Health and ICT

- e-Health is not (only) a technological issue

**e-Health is changing management
in healthcare by using ICT:**

- information technology is the key enabler to achieve efficiency increases
- by comprehensive workflow improvement of clinical and operational, financial processes



Enabling tools and necessary skills

- Improvement in access and quality of care, costs benefits and productivity gains will only be possible if e-health technologies are applied as enabling tools for re-organisation supported by the necessary skills



Ministerial declaration (1)

« ...Full exploitation of e-health goes beyond local information systems and internet based provision of information to integrated or linked e-Health systems, that serve the needs of citizens, patients, healthcare professionals, health service providers as well as policy makers. »

Brussels 22 May 2003



Ministerial Declaration (2)

33 Ministers expressed their committment to :

- developing national & regional e-Health implementation plans
- exploring the possibilities for coordinating them at the European level
- encourage appropriate legislative, executive & administrative measures to promote the adoption of the e-Health applications



EHTEL 's challenges

- To propose a migration 's roadmap
- to accelerate the satisfaction of the patients, citizens and professionals needs
- focusing on open issues and preconditions necessary to implement national e-Health platforms and implementation plans



Migration 's roadmap

- Focusing on pre-conditions regarding :
 - application
 - e-prescription, quality of health related websites, EHR, E(H)IC, disease management programs, K-bases, alert-networks, infostructure...
 - administration
 - legal issues, financing, incentives, benchmarking,...
 - technology
 - infrastructure (networks, cards), architecture, security,

Roadmap (2)

- to propose guidelines for national and international implementation of e-health platforms
- by using ICT as a main lever of organisational transformations
- on the complete workflow:
from objectives-[means, processes, products & services]- to impact
- to serve the strategic needs (not only budgetary ones)



EHTEL

The European consensus platform

Looking forward to networking in Healthcare with

www.ehtel.org

THANK YOU FOR ATTENTION