Cracking the perverse incentives for non-interoperability

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on behalf of the VALUeHEALTH Consortium

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Background

• Dipak: former GP, 25 years academic health informatics working on clinical requirements, interoperability standards, re-use of EHRs for research and patient empowerment
• EuroRec: a not for profit institute promoting quality of electronic health records and systems
• The European Institute for Innovation through Health Data: enabling the best, trustworthy, value from health data for all stakeholders
• VALUeHEALTH: Horizon 2020 project developing proposals for the sustainability of cross-border eHealth services beyond 2020
Seven eHealth interoperability challenges. Are they business/investment opportunities?

• Information sharing and care collaboration has a low priority amongst healthcare provider organisations
• Health ICT procurements favour in-house functions, and management needs, but limited provision for interoperability
• Reimbursement models do not reward investments in care collaboration, or interoperability
• Healthcare staff are poorly motivated to document structured and coded information to a high quality
• National eHealth projects have so far focused more on establishing the infrastructure than on sharing clinical content
• There is limited evidence of the “business value” of interoperability for healthcare funders
• Supporting cross-border care remains a very low proportion of national health system activity
Perverse incentives, which do not favour interoperability

- Decision/policy makers
- Public/private payers
- Industry/EHR vendors, SDOs
- ICT purchasers

Funders of health and care, orchestrate the data flows

  optimise reimbursement

- Health and care professionals
- Research sector (public/private)

Providers and purchasers of health ICT solutions

  optimise business efficiency

- Patients
- Citizens
- Carers

Users of health ICT, creators of health data

  optimise workload

Supposedly the beneficiaries of health ICT
eHealth business models and business plans need to:

- Decision/policy makers
- Public/private payers
- Industry/EHR vendors, SDOs
- ICT purchasers
- Health and care professionals
- Research sector (public/private)
- Patients
- Citizens
- Carers

- Financially incentivise integrated person-centred care
  - optimise outcomes

- Provide and purchase collaborative ICT solutions
  - optimise effectiveness

- Improve quality through patient-centred ICT solutions
  - optimise health

- Use health ICT to co-create health and partner HCPs
VALUE PROPOSITIONS (drivers for interoperability)

- Incentivise care services for
  - timely diagnosis, safe prescribing, and seamless care
  - improving patients’ health outcomes, patient safety and population health
  - increasing the efficiency of health systems (resource optimisation)

- Accelerate the development and use of interoperable digital eHealth and mHealth solutions

- Facilitate MS co-operation on the eHealth agenda and support the provision of cross-border healthcare (unplanned care, planned care)

- Scale up population level research (e.g. big health data, biomarkers, rare diseases)