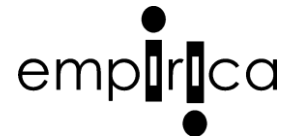


A European Perspective of eHealth 'Meaningful Use' in the United States of America

Karl A. Stroetmann MBA PhD FRSM,



Communications & Technology Research, Bonn, Germany

Epigraph

“What becomes clear as you start these types of project is that they start being seen as an IT programme. But it becomes clear *this is about changing business processes and getting people supported through use of technology.*”

Cerner go-live at Newcastle delayed. *eHealth-Insider*, 03. Sept. 2009

Policy perspective & focus

- ***Meaningful Use (MU)*** is predominantly a technology push, input-focused government subsidy programme (with interesting PR & interoperability aspects)
- After more than 40 years of experience with ICT for health systems and applications, does it focus on the most pressing needs of our health systems?
- Does the reduction of high innovation risks (at an early stage of development, network effect) provide a valid policy argument?
- Do healthcare systems really need direct government (taxpayer – i.e. our money) subsidies, or better guidance by objectives, regulation, transparency, cooperation and incentives/ reimbursement?
- Measure outcomes, tag incentives to reaching goals
- Medico-technology progress is THE cost driver in advanced health systems – but why is this a problem?

Healthcare as a market

- **“As people get richer and consumption rises, the marginal utility of consumption falls rapidly. Spending on health to extend life allows individuals to purchase additional periods of utility. The marginal utility of life extension does not decline.**
- **As a result, the optimal composition of total spending shifts toward health, and the health share grows along with income.”**

HALL / JONES (2007)

- **For 30 years now, healthcare has been the most consistent creator of new jobs and value-added in our economies**



Lessons from the USA: Focus on processes and outcomes

NorthShore University HealthSystem, Evanston, IL (Chicago), USA: Introduction of an integrated eHealth clinical system

- ✓ Introducing the EHR and ancillary systems was a **clinical endeavour** involving basic changes in how clinical and other work **processes** were performed. IT systems were considered “**tools**” supporting a **clinical initiative**.
- ✓ Core clinical workflow processes were examined and redesigned

Kaiser Permanente: Fully integrated eHealth systems

- ✓ More than US\$ 4 bil. eHealth investments over 20 years
- ✓ Integrated health plan and healthcare provider; salaried physicians; up to 25% cheaper than others
- ✓ Electronically documented care processes improve **outcomes**:
 - Death rate of HIV patients ½ of national average
 - Complications with bone fractures cut in half
 - Death rate of patients with sepsis cut in half – would save 72,000 death every year if same standard applied across the USA

Lessons from Europe: Focus on public health challenges

- **Scotland: Country-wide electronic emergency care record to support out-of-hour and emergency services**
- **Andalucía: Initial impetus was to reduce waiting times; end result is a fully integrated electronic system for community centres/Gps, hospitals (in- and out-patient services), pharmacies (ePrescription), expanding towards social care**
- **Austria: focus on selected applications like discharge/referral letter, patient summary, ...**
- **Other countries: public health surveillance, quality control of healthcare provision**

Have a clear health (not technology) focus, start small, deliver benefits fast

Policy requirement: First re-invent healthcare

- **First re-invent our health systems: render them more responsive to present and future generations' holistic health needs (WHO definition includes psycho-social-economic) and new health challenges**
- **eHealth cannot be instrumental in defining in what type of health system we want to operate,**
BUT
- ***once a “better” health system paradigm has been established, eHealth can deliver much help and support***

Then re-invent eHealth

Do not impose eHealth applications on purely performing healthcare structures or HCPs

What eHealth can do:

- **Support and facilitate** the realisation of clearly defined health policy and health system (performance and sustainability) goals
- **Meet system needs and objectives**, not that of individual interest groups (“The Commons” approach)
- Enable *improved/new* organisational models and **processes**

Acknowledgement

Research leading to some of the statements was partially commissioned by or received funding from the European Commission, DG Information Society and Media, ICT for Health Unit, and the EU FP7 Programme, *inter alia* for the eHealth Innovation Thematic Network (Grant Agreement No 270986), support which is gratefully acknowledged.

Neither the *European Commission* nor any person acting on behalf of the Commission is responsible for the use which might be made of the information presented. The same holds for national correspondents, experts and officials who have contributed their insights and knowledge.

The views expressed in this presentation are solely those of the authors, and do not necessarily reflect those of the European Commission.

Thank you for your attention!

www.empirica.com