

eHealth for Health

From strategy to implementation :

some progress and lessons learned

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RÉPUBLIQUE FRANÇAISE

MINISTÈRE DE LA SANTÉ
ET DES SPORTS

Outline

- the french system characteristics
- challenges of the Health system
- the need for a reform : ICT lever

The french policy

- developing a strategy
- eHR, ePR & eMR importance and roles
- launching a plan
- implementation /deployment challenges
- ‘Stop & Go’ process & Lessons learned

The french system global status

France has a traditionally high-Q level of care

WHO survey

life expectancy 81.6 years

main characteristics of french health :

- a low infant mortality rate, very low for elderly people
- a particularly wide gap in risk of death (M&W)
- an excellent situation concerning cardiovascular diseases but a weakness concerning premature mortality & some territorial inequity

Global cost of Healthcare

- % of GDP around 9.1
with more than **1.7 million jobs**
- global **expenditure** on health per capita
about **2000 €**
- average IT budget of F. enterprises 5 %
hospitals IT budget around 1.8 %
(**new 2012 hospital plan**)
- IT savings : need for a business model
saving on paper procedures is unconvincing

The french organisation : a complex system

- **A multitude of actors**
 - health insurance (compulsory, complementary)
 - 300 000 professionals (120 000 doctors),
 - 23 000 pharmacies , 4 000 (biology) laboratories
 - 4000 hospitals, 1.7 million employees (50 000 doctors)
- ...with a very large autonomy
- & a great impact on global economy

The key health actors in France

National

- **Ministry of Health & national organisations**
(from public agencies to competence centres)

Regional

- **Healthcare : hospital/Health regional agencies ([ARH]-ARS)**
- **Health insurance : regional bodies [URCAM/CRAM]**
- **GPs/specialists : regional professional unions (URML)**
- **Public hospitals cooperation groupments for IT**

Local

- **Hospitals : private public structures**
- **Health Insurance : local bodies (CPAM)**
- **Physicians and healthcare professionals**

Reforming the H system : a necessity

- **Demographic changes : ageing population**
- **increased prevalence of chronic diseases**
- **citizen expectations for high Q HC**
- **increasing costs of research, equipments, examinations, treatment**
- **quicker pandemia expansion**
- **lack of staff & shortage of HCP**
- **mobility of citizens, patients, HCP, workers**
- **mastering costs : crisis & 'business' model**

ICTs : Key expectations

- Facilitate access, continuity of HC (mobility)
- Improving Q of care, allowing real HC equity
- Enhancing coordination, continuity of care security & safety
- Facilitating collaboration between HCP, within/between HCPO
- Improving homecare & adapted delivery services at PoC
- Organising mutualisation & intern. standards usage
- Facilitating research, L S experimentations & deployment
- Decreasing the number of doubling exam.
- Mastering costs through innovative model(s)

ICT : necessary but not sufficient

Increasing expectations of the citizens must be met

- e-services part of the daily life
- internet penetration without borders
- free choice
- expectations
- availability of HC services

But

**with security, quality of care & safety
fear (patients, HCP) must be overcome**

TRUST is key

Health must benefit from ICT as other sectors

The necessary steps

- Agree on the pbs & **goals**
- Define/Adopt a **policy**
- Design a **strategy**
- Propose adequate **framework**
 - Legal/regulatory ; organisational ; technical
- Set up a **plan with clear responsibilities & milestones**
 - Specifications, Development, Implementation, Deployment
- with accompanying measures & adequate **resources**
 - Concertation, incentives, standardisation , procurement process
- Allowing measurement/ Evaluation/ assessment :
 - Equiped/ Ready / in use / adopted
- **Evolution process**

The french strategy

- **ICT as an enabler for Health : in the law**
- **since 1996**
- **as a first needed framework**
- **difficult Balance :**
 - **priorities vs urgencies**
 - **territorial levels & population size/ specific needs**

A central objective

Use the contributions and facilities of the networks (technical, medical) : i.e. ICT to improve the healthcare system

for a better citizen welfare

improving the level and the quality of care including the control of the costs

Three types of projects / programmes

- **1. a first stage : SESAM-Vitale**
 - **administrative simplification** for refunding health expenses (citizens/patients focus)
- **2. public health issue**
 - to manage the consequences of the availability of new flows of information to the public (**education, protection**)
- **3. a « corner stone » project to improve the doctor-patient relationship :**
 - electronic health record (**EHR**) ; to the ePMR

Four main objectives

- **1. To facilitate the continuity and the coordination of the health care :**
 - reorganisation of the points of care (telemedicine, ...)
 - enhance information exchanges
(electronic health records : protected access and transmission)
- **2. To improve access to info & knowledge :**
 - online state of the art for the professionals (KB, EBM)
 - quality of e-health sites (URLs, forums ??)

Four main objectives (2)

- **3. Better know the reasons for recourse (to care) and evaluate the expenditure**

- organise & pilot via up-to-date information system(s)

- **4. Administrative simplification**

SESAM-Vitale

- better and quicker refunding
- dematerialisation of the administrative flows (for patients & HCP)
- design new services (« web doctor »)

The deployment scenario

- Build on the last objective : **SESAM-Vitale** but **reuse the investment** already done on this first structuring application **for the other priorities**
- The **linkage** of administrative support systems to care production and logistics systems is **essential**

Some outputs & feedback

- **SESAM-Vitale** : First difficult step (IGAS report)
 - Standardisation (Hard/Soft)
 - PC & HCP
 - Network availability
 - Security issues (on internet)
 - ‘stakeholder’ involvement (HCP)
 - human resources availability & training
 - To be paid for : equipment / messages exchange / access / ready to use / adoption₁₇

SESAM-Vitale today's picture :

a success

- First national 'HC' application :
administrative simplification & procedure acceleration:
Reimbursement in 5 days for citizens
- Accessible from any PoC
- by authenticated HCP
- Buiding on a **national secured infrastructure** : secured network and authentication process (citizens & HCP)
- Paving the way for the new phase : medical applications

ICT : beyond simplifying adm & reimb an enabler for transforming HC

- Better health status for the population
 - Enhance level & Q of care within « mastering » costs
- 2 major levers :
 - Give access to the state of the art K
 - Facilitate transmission, storage, access medical data, K
- Need to overcome barriers
 - ICT: a tool to « re-balance » the respective roles (P, HCP,...)
- Give more freedom to stakeholders
 - Internet : a major progress engine without borders
- But not a place of non-right
 - Need to protect individuals & control the status of info delivered

IT hospital context in early 2000

- Ageing and heterogeneous systems
- non interoperable/poor communication ability
- low security level (no use of HCP card)
- not suited for healthcare processes
- CEOs underestimate strategic importance of HIS
- lack of skilled manpower
(organisational/functional/technical)
- cultural barriers to communication between hospitals and HCP

A new IT policy concerning HIS modernisation launched in 1999

- Develop the use of IT in hospitals for a better quality of care and costs control
- **Build up progressively a health information system** in order to improve complementarity **between hospitals and HCPs** and allow continuity of care
- **Promote patient « empowerment » (2 March 2002 law)**
- Creation of a national body in charge of boosting modernisation of hospital IS through a 5 year plan (15 M euros/12 staffs)
- **Cooperation with IT industry**

A new IT policy concerning HIS modernisation launched in 1999 (2)

● Main objectives

- boost the use of IT to improve hospital healthcare processes and quality of care
- **develop cooperation and secure communication between hospitals and HCP** (réseaux ville-hôpital et réseaux de santé)
- **implement patient rights on privacy**
- **improve medical knowledge management**
- **favour the emergence of a wider IT market involving major industry actors**

Strategic orientations

- **focus the use of IT on healthcare priorities**
 - shared health electronic patient record
 - cancer IS (regional networks)
 - hospital emergency services IS
 - e-prescription
 - drug management
- **recommend regional health IS policies involving all concerned parties**
- **ensure a national coherence (Health ministry)**
- **support the hospital investment on IT**

Supporting Large Scale Pilots

- **« e-sante » projects** (10 M euros 2000-2002) : communication between hospitals and HCPs-100 pilots
- **Hospitals IS : « Hôpital 2007 » plan**
 - 320 M euros/80 pilots focused on hospital care processes and regional communication systems
- **Primary HCPs and healthcare networks : FAQSV** (fund for the quality of primary healthcare) managed by the health insurance national and regional bodies
- **Pilot for shared patient electronic record : implementation in 2005 (1 M patients)**

What should be done ?

- Pursue primary HC renewal, redesign the delivery system
- Encourage info, K exchanges & sharing
- Improve chronic disease management
- Promote early & accurate delivery of appropriate medical services (close adapted PoC)
- Clarify the legal & regulatory framework (roles, responsibilities)
- Recruit & retain physicians (isolate areas)
- Organise networking, large scale cooperation,
- Promote secured infra/info structure & usage of international standards/profiles based on real use cases
- ICT tools to support changes in care delivery

Legal framework ; national programmes & public evaluation

- **1996** Ordo. Juppe (CPS, SESAM-Vitale)
 - *IGAS report (Gubler, Dessaint, Thonnet):
Dg and Reco on SESAM-Vitale*
- **2002** patients rights
- **2004** HC & SS reform : DMP & telemedicine
 - DMP (07/2007 deadline in the law)
- **2007** DP, Hospital 2012 plan, Telemedicine report
 - **2007/11** join IGF-IGT-IGAS report (5 co-authors):
Dg, challenges, Reco on DMP
 - **2008/04** *IGAS report (Gagneux & 7co-authors) :*
the DMP relaunch proposal
- **2009** law « Hospital, Patient, Health & Territory »(HPST):
 - reorganise the regional & local responsibilities (ARS), relaunch DMP (ASIP), propose a Telemedicine framework

The DMP example:

created by law 2004

- **Deployment date written in the law**
- **Short term ROI on economic basis**
- **'Semantic' shift between DM(P) & DM[P]**
- **More focus on technical challenges than on medical issues**

The DMP's context opportunities

- **Short deadline is nevertheless appropriate to**
 - Create a dynamic team & structure
 - Reveal voluntary co-operation
 - Organise concertation & mutual understanding
 - Clarify respective roles & responsibilities
 - Facilitate communication, exchanges
 - Pave the way for « sharing » & change managt
 - Reveal the continous education& training needs
- **Identify a medical information exchange dynamic based on the « patients needs »**

DMP : GO / No GO decision

- **Beyond deadline & Political changes**
- **Evaluation process :**
 - opportunities to build upon**
 - National importance of the project
 - Structural components for the health organisation system
 - A set of promising / reusable outputs
 - ICT lever recognition
 - Collaborative process on the way

DMP relaunch new principles

First to enhance Q+ continuity of care

- for authorised HCP by design
- Useful for HCP & patients (Kouchner law)
- **Technological choices must serve the usage**
- **Progressive evolving content, infrastructure**
- **Visible, realistic & flexible timeline**
- **Clarification of targets, strategy, ‘highways’**
- **Adequate balance usability / privacy**
- **Efficiency & consistency of the governance**

The DP exemple

- **2007/01 Pharmaceutical care record (DP) creation in the SS law**
- **2007/08 first pilots in some voluntary regions & pharmacists**
- **2010/06 : 3 more steps 'ready-in-use-adopt on daily basis'**
16000 pharmacies ; 8.5 M DP

The key factors of success

- **To join forces of all the concerned actors**
 - Appropriation & usage of the developed tools
 - Convergence with the (nat/reg) existing systems
 - Progressive moving to consensual target
 - Call for M.S. information/ experiences exchanges & collaboration
- **To organise continuous cooperation**
 - **with the users, payers & industry**

A way to progress

- **design an iterative process**
 - existing adopted roadmap & context evolution
 - conditions of generalisation & sustainability
- **do not forget to nominate *A pilot***
 - strong coordination & clear decisions
 - be compliant with subsidiarity principle
- **be precise in respective roles & liabilities**

Keep open to the 'outside' world

- involve the concerned actors since the beginning
- improve & facilitate the use of [european & international] standards
- avoid to focus too much on technical issues
- keep targets and deadlines **realistic**
- **anticipate**
 - negative consequences of a new system or
 - changing in the existing forces balance
- **collaborate on EU/internat. eHealth arena**

Potential success factors

- **Interrelated & complementary HC strategy**
 - Overall approach C, P, Family, HCP, HCPO, Social dimension, SDO, I...
- **Increase Legal certainty**
 - design legal framework aligned with new ICTs capabilities
- **Key human leadership :**
 - encourage networking, mutualisation, re-usability,
 - presence of grass root initiatives, dedicated managers, physicians leaders, engaged empowered patients & citizens
- **Design a basket of incentives**
 - appropriate allocation of resources based on mix of strategies : compensation rewarding Q + Perf (not « volume »)
- **Capability to design & deploy new flexible innovative sustainable models**

French MoH : Mme Bachelot-Narquin

- **Build upon existing secured infrastructure**

1996 laws (SV) ; 2002 (patients rights), 2004 (HC reform) secured medical data repositories), 2007(DP), 2009 (HPST

- **2008/11/04 + 2009/04/09 ehealth at political level**

- Define a clear strategy

- Enhance motivation & coordination of actors

- 4 pillars for ehealth :

- Modernisation of HIS (H2012)

- Relaunch ePR (shared personal medical record)

- Legal framework & conditions for telemedicine (HPST art L 6316-1

- Organise the global governance (include stakeholders):DSSIS

- **An absolute priority : privacy, security & confidentiality**

Thank you for your time

- Think globally
- Act locally

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