



eHealth²⁰¹⁰: Slovene Health Information System Strategy

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Background



- **IT development cycle 1992 – 2004 in HC:**
 - **Administrative processes:**
 - **Basic IT technology at all HC points**
 - **National infrastructural databases**
 - **EDI transactions**
 - **HIC system**
 - **eSPP**
 - **Medical processes:**
 - **Individual projects**

Open Ends



- **Insufficient national level strategic coordination of development**
- **Administrative processes supported, medical processes lack information support (only 20% physicians having PC's on their desks)**
- **Interchange of medical data predominantly through paper forms**
- **Poor awareness and knowledge of potentials of IT with both the doctors and the HC organisation management**
- **IT funding dispersed, poor renewal of IT infrastructure**
- **Development initiatives originate from IT specialists, not users**
- **Increasing gap between the needs for information and practices**

Challenges



- **IT responds to overall challenges to Slovene HC:**
 - Growing needs for HC services due to demographic trends
 - Growing expectations on the part of the patients regarding the standards of HC services
 - Mobility of population and HC professionals
 - Management of risks and containing the consequences of health catastrophes
 - Balancing of investment in technologies and organisational changes
 - Management of the increasing volume of health information
 - Provision of high standards and quality of services in the conditions of limited public funding
- **IT – a set of responses to requirements, to improve and transform HC services, and serve to the patient**

New major development cycle (2006 – 2010)

Vision 2010



Efficient, flexible informatics to support strategic goals of national HC system to serve the needs and best interests of the citizens, HC professionals, HC organisation management, HC service purchasers and HC system administrators.

Interlinking of information system islands to facilitate the access to information and direct communication across the administrative and organisational barriers to both the citizen and to the HC professional.

Strategic Orientations



- **Citizens:**
 - Promote information, responsibility and active role of the citizen in the care for own health
- **HC professionals:**
 - Information integration of clinical processes, facilitation of access to information sources, expert systems, secure communication between service providers
- **HC organisation management and HC service purchasers:**
 - Timely management information
- **HC system administrators:**
 - Information integration of the overall HC system (organisations, levels);
 - National HC statistics;
 - Prompt information to support decision making

Strategic Goals



- **Electronic Health Record (EHR) – 2007**
 - Basic information infrastructure
 - Standard dataset
 - Incremental implementation
- **National Health Information Portal – 2010**
 - Interlinking of all HC actors
 - Security infrastructure
 - Tools for communication between the citizen and HC system

Startup Tasks 2005/2006



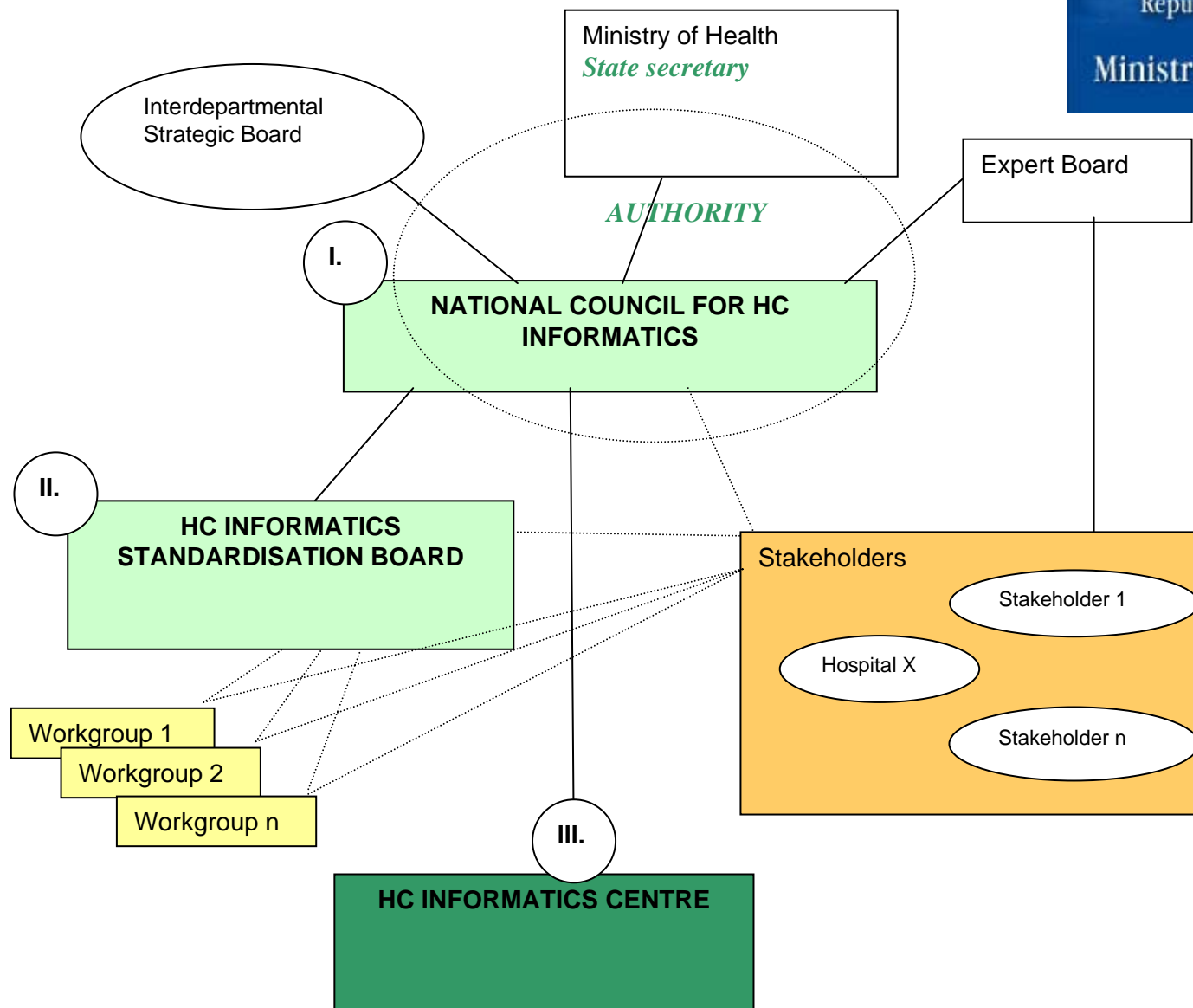
- **Setting up of national HC IT steering and coordination bodies**
- **eHealth roadmap**
- **Upgrading of the HC providers' basic IT infrastructure**
- **Implementation of PKI**
- **Startup of prioritised development of specific applications**
 - Definition and implementation of EHR
 - Implementation of ePrescription
 - National waiting lists
 - Enhancement of eSPP
 - Design and implementation of the national health portal
- **Active involvement in EU activities and initiatives**
- **Setting up of promotion and motivation schemes**
- **Regulation of the funding framework**

Approach Principles (1)



- **HC informatics strategy – support to HC**
- **Utilisation of the results and conditions achieved in the previous development cycle**
- **National coordination**
 - National Council for HC Informatics;
 - HC Informatics Standardisation Board;
 - HC Informatics Centre;
 - (Interdepartmental) HC Informatics Strategic Board.
- **Sources of funding (infrastructure and common projects):**
 - Participation from the HC service prices
 - National budget funding
 - EU structural funds

Approach Principles (2)



Success Factors



- **National consensus:**
 - Orientations
 - Priorities
 - Time frame
- **Clear competency and responsibility setup**
- **MoH sponsorship and enforcement**
- **Development initiators and champions - HC professionals**
- **Joint funding (increase from 1% to 3% of the HC budget)**
- **Information, awareness building:**
 - General public
 - HC professionals
 - HC management
- **Standardised, interoperable solutions**

Prospects



- **First findings of the discussion in the health professional public:**
 - **HC service providers and health professionals acclaim the top-down approach (initiative by the MoH)**
 - **Relevant comments and suggestions by the actual end users (medical doctors)**
 - **HC informatics seen as an element of “active” economy, not as consumption**
 - **Suggestions for concrete development projects and commitment for development inputs**

Conclusions



- **Solid achievements in the past**
- **Major new development cycle – Close collaboration of all actors and comprehensive integration of the information throughout health care**
- **Need for a common vision and national level coordination**
- **Compliance with the EU eHealth vision 2010:**
 - **National obligation towards EU**
 - **Need for the benefit of national HC system and health**
- **Need for international cooperation and concertation**

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