

January 2009

Comments on the OECD proposal for
**“Health ICT: Indicators for international comparisons of
health ICT adoption and use”**

BIAC welcomes the OECD Health Committee’s proposal for the development of “Indicators for international comparisons of health ICT adoption and use”. It will be an important step towards addressing a considerable obstacle to the adoption of ICT in health, i.e. the lack of consistent and reliable data on the benefits of the use of health ICT. The development of indicators should encourage measurement by governments while at the same time enhancing the comparability of measurements and facilitating the exchange of best practice. More consistent and reliable data on the availability and use of health ICT as well as its benefits and impacts will encourage governments and other stakeholders to invest in ICT and, in so doing, improve and transform healthcare and its long sustainability. Below, we set out our comments on six key aspects of the proposal.

1. Better categorisation and understanding of eHealth

The development of international indicators about the use of ICT in healthcare needs to be granular enough to reflect the variety of solutions and usage. Too often, surveys monitor the use of concept such as EHR but fail to define and therefore monitor accurately what stands behind such a concept. We encourage OECD to make use of standard categories and clear definitions. Those outlined in pages 14-16 of the proposal are too broad. Work on the development of indicators should include a categorisation of health ICTs and health ICT projects according to their objectives and policy concerns to be addressed.

According to the European Commission’s Lead Market Initiative (LMI) eHealth, the eHealth market can be defined as comprising the following five interrelated major categories of applications:

a. Clinical information systems

- i. Specialised tools for health professionals within care institutions (e.g., hospitals). Examples are Radiology Information Systems, Nursing Information Systems, Medical Imaging, Computer Assisted Diagnosis, Surgery Training and Planning Systems.
- ii. Tools for primary care and/or for outside the care institutions such as general practitioner and pharmacy information systems.

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- b. Telemedicine and homecare, personalised health systems and services, such as disease management services, remote patient monitoring (e.g. at home), tele-consultation, tele-care, tele-medicine, and tele-radiology.
 - c. Integrated regional/national health information networks, distributed electronic health record systems and associated services, such as e-prescriptions or e-referrals.
 - d. Secondary usage non-clinical systems
 - i. Systems for health education and health promotion of patients/citizens such as health portals or online health information services.
 - ii. Specialised systems for researchers and public health data collection and analysis such as bio-statistical programmes for infectious diseases, drug development, and outcomes analysis.
 - e. Support systems such as supply chain management, scheduling systems, billing systems administrative and management systems, which support clinical processes but are not used directly by patients or healthcare professionals.

The eHealth community in Europe – suppliers, providers, users, governments, etc. are in broad agreement with the definition put forward by the LMI – we suggest OECD adopt and use the same terminology.

We also suggest including analytics software as an important example of transformational health ICT enabling more efficient, evidence-based, customised, preventive and patient-centric healthcare.

2. Wider coverage than General practitioners only

The development of international indicators about the use of ICT in healthcare needs to cover all stakeholders and should not focus on only general practitioners. All healthcare providers – whoever they are – need to be brought to a minimum level of ICT usage.

The OECD should make it clear that eHealth covers clinical information systems by healthcare providers and professionals as well as the interaction between patients and healthcare providers, institution-to-institution transmission of data, or peer-to-peer communication between patients and/or health professionals. It can also include health information networks, electronic health records, telemedicine services, and personal wearable and portable communicable systems for monitoring and supporting patients.

3. More data sharing and cooperation between Member States on the availability and use of eHealth as well as barriers and incentives

We welcome the proposal of establishing a “model survey” but wonder if international co-operation could not be extended to the proper conduction of surveys. The setting-up of an eHealth observatory would greatly benefit all OECD Members and would help monitor availability and usage of ICT in health – as well as barriers - on a continuous manner and not through ad-hoc and discontinuous studies. It is also important to monitor barriers and incentives to the use of ICTs.

4. More data on standards and interoperability usage

We support the creation and use of international standards and interoperability profiles, and would welcome data monitoring and sharing on usage, barriers and incentives in this specific field.

5. More trust and confidence towards health professionals

Given the challenges ahead – ageing population, changing patterns of diseases, increased demand, shortage of professionals, rising costs – the healthcare sector in many OECD economies needs to embark on an ambitious transformation to innovate the way health services are operated and provide better, and safer and more sustainable services to citizens-patients. ICT is recognised as an enabler of this transformation as well documented by the OECD proposal.

While the OECD paper recognises that governments are critical in setting the vision for eHealth and launching key programmes and projects, we believe that at the heart of changes are people and processes. These are not addressed by the proposal which is currently not directed to real users of eHealth - clinicians, nurses, patients etc. We believe that users are essential to the future successful uptake of eHealth, but that at the moment, they remain to be convinced about the benefits and impacts of eHealth. OECD needs to work to provide better information to users about the benefits, risks and impacts and help close the gap in understanding between IT and clinical practices.

6. Increased cooperation between OECD and the European Commission

The proposal is referencing the work conducted by the European Commission in its field, and notably the ERA eHealth project and the eHealth Benchmarking project. We see many potential synergies between OECD and the European Commission, and would encourage further cooperation in this field.