



BIAC Meeting
ICT IN HEALTH CARE
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Closing-Session

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***If the computers are going to do so much for
other sectors why must we wait?***

The potential of computers in medical practice
William Best (1962)

Challenges different across stakeholders

Level	Barriers
Administrative	Lack of vision and clear mandate; decentralised decision-making; lack of coordination;
Health Care Organisations	lack of resources and know-how; concern over workflow-redesign; competing priorities for limited funds; lack of compelling business case;
Health Care Professionals	Inadequate skills and poor training; medico-legal concerns; misalignment of incentives and insufficient engagement of end-users;
Patients/Consumer	Privacy and security concerns
Industry	Lack of standards; short term objectives ; lack of interoperability; legacy systems

Examples of Incentives.

FINANCIAL

Pay for Performance models.

Grants and interest free loans

Tax relief

Community Models (all stakeholders contributing to fund ICTs via specified formula.)

NON FINANCIAL

Harmonized interoperability standards

Development of Health Information Exchange organizations

Certification of products (decreases risk of failed investment).

Consulting services available for more efficient implementation and adoption

Education and demonstration initiatives

Buyer's Collaboratives –physicians' initiatives

Perspectives on Barriers

- *A world of disconnected silos of information....*
- *Moving beyond point-to-point communications*
- *Moving from local to nationalto global*

Description of ICT system functionality

Collection	Documentation	Helping	Partnership	Monitoring
<p>Simple systems that provide a site-specific solution to access clinical data, imported through scanning or other forms of aggregation</p>	<p>Basic systems that clinicians use at the point of care to adequately document rather than merely access clinical data</p>	<p>Systems Include: episodic and encounter data Use decision support tools to assist clinicians. Are functional in both ambulatory and inpatient settings</p>	<p>Advanced systems that provide more decision support capabilities Are operational and accessible across the continuum of care Provide sufficient credibility to become the patient's legal medical record</p>	<p>Fully integrated systems that Include all previous capabilities Are a main source of decision support in guiding patient care for both clinicians and consumer</p>

The big questions

To what end? What trade-offs?

How best to implement it?

Where can it make a difference in terms of efficiency (costs, quality, access)?

What do governments want?

Information Communication Technologies to :

- save health care system money;
- improve safety, quality and effectiveness;
- improve timely access to care;
- patient-centred care
- facilitate and allow for improved coordination and integration of care; and,
- enable greater transparency and health system accountability

Health ICT Project

Involves two complementary Workstreams .

Workstream 1 objectives:

- Gain a better understanding of how OECD countries are monitoring and evaluating implementation and adoption of health ICTs at national and/or local jurisdictional level;
- Identify the most common indicators used across OECD countries for benchmarking ICT adoption.

Workstream 2 objectives :

- Gain a better understanding of drivers and incentives, costs and benefits , and organisational constraints.
- Identify conditions and policies for achieving efficiency improvements in the health sector through the use of ICTs.

Health ICT Project

The project is implemented at two levels:

(i) a synthesis of information in the published literature and in national studies, and

(ii) a more focussed set of in-depth studies in selected countries.

- **Country Case Studies :**

Australia, Canada, Finland, Germany, Italy, the Netherlands, Norway, Sweden, have agreed to be case study countries. The United Kingdom and United States are considering participation.

- Planning underway for **2nd expert meeting** (19-21 March

2008) -**Conference** (late fall 2008) to review draft final report.

Lessons learned....1967...

In no case can one yet say that clinical care of ill patients actually depends upon a computer or information system. Why is this?

[Firstly,] medical people have been extremely slow to spell out in a cohesive and organised form the conditions under which they wish to work with an information system.

[And secondly,] the flagrant and consistent 'over sell' of capability on the part of manufacturers and computer enthusiasts." **(Lindberg, 1967.)**

Otto Barnett's Eight commandments ..1970

- Thou shall know what you want to do
- Thou shall construct modular systems
- Thou shall build a system that can evolve
- Thou shall build a system that can allow easy and rapid programming and programming modification
- That has a consistent rapid response and is easy for the non computernik to use
- Shall have duplicate hardware
- Thous shall build and implement the systems as a joint effort with real users in a real situation with real problems
- Thous shall be concerned with realities of the costs and projected benefits
- Innovation in technology is not enough there has to be equal commitment to radical change in other aspects of health care delivery , particularly those having to do with organisation and manpower utilization
- Be optimistic about the future, supportive of good work , passionate in your commitment , but always be guided by a fundamental skepticism



**Advancing the international
agenda.....**