



Joint industry contribution to the OECD Expert Group – “Indicators for international comparisons of health ICT adoption and use”

BIAC and COCIR welcome the OECD Health Committee’s proposal and its section 6 for the development of “**Indicators for international comparisons of health ICT adoption and use**”¹. BIAC and COCIR believe that more consistent and reliable data on the availability and use of health ICT as well as on its benefits and impact will encourage governments and other stakeholders to invest in ICT, and thereby improve and transform healthcare to ensure its sustainability across OECD countries.

Hereafter, we set out recommendations to a number of provisions in the OECD proposal, where the medical and healthcare IT technology industry feels it can bring added value to the discussions.

BIAC and COCIR Recommendations:

BIAC and COCIR bring to the attention of the OECD Health Committee that there are various aspects of the current proposal that are critical and should be further developed. The key points from our point of view are:

1. Better understanding of eHealth and clear harmonized definitions (glossary of terms/terminology)
2. Need for a global basis on indicator settings, with national flexibility
3. Involving all stakeholders - including health professionals - from the start
4. More focus on efficiency and innovation
5. Indicators collection harmonisation, more data sharing and cooperation between countries on the availability, use, barriers and incentives of eHealth
6. More indicators on standards and interoperability usage
7. More indicators about benefits, risks and impact of eHealth
- 8. More cooperation/harmonisation between OECD, the European Commission and the WHO**

¹ OECD Health Committee, Health ICT: Indicators for international comparisons of health ICT adoption and use, DELSA/HEA(2008)15, 3 December 2008



DETAILED BRIEFING

1) Better understanding of eHealth with clear harmonized definitions

BIAC and COCIR believe that the development of international/harmonized indicators about the use of ICT in healthcare needs to be sufficiently granular and needs to reflect the variety of solutions and their usage. Too often, surveys monitor the use of concepts such as EHR without defining the concept and therefore fail to monitor accurately what stands behind such a concept. BIAC and COCIR would encourage making use of standard categories and clear definitions.

We also encourage making use of existing achievements in this field such as the European Commission's Lead Market Initiative on eHealth (to which COCIR collaborates). It clusters the existing eHealth solutions into five interrelated major categories:

- Clinical information systems
 - 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.
 - Tools for primary care and/or for outside the care institutions such as general practitioner and pharmacy information systems.
- Telemedicine and homecare, personalised health systems and services, such as disease management services, remote patient monitoring (e.g. at home), teleconsultation, telecare, telemedicine and teleradiology.
- Integrated regional/national health information networks and distributed electronic health record systems and associated services such as e-prescriptions or e-referrals.
- Secondary usage non-clinical systems
 - Systems for health education and health promotion of patients/citizens such as health portals or online health information services.
 - Specialised systems for researchers and public health data collection and analysis such as bio-statistical programs for infectious diseases, drug development and outcomes analysis.
- 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.

COCIR and its healthcare IT statistics committee have further built on this and have issued a set of definitions in the field of hospital IT which is continuously refined and complemented to reflect market evolution and usage. Today, these definitions cover both Hospital IT administrative and clinical information systems and aim to be expanded to other fields. This list of 40 definitions is available upon request and has already been shared with the European Commission and the OECD.

2) Need for a global basis on indicator settings, with national flexibility

BIAC and COCIR support the idea of developing a common set of indicators allowing easy comparison at the international level.

However, BIAC and COCIR recognize the need to allow flexibility so that countries can develop specific indicators aimed at measuring their own progress and difficulties against policy, programmes and projects.

3) Involving all stakeholders – including health professionals - from the start

BIAC and COCIR believe that the development of international indicators about the use of ICT in healthcare needs to cover all stakeholders and should not focus only on general practitioners, as this is too often the case. All healthcare providers – whoever they are – need to be brought to a minimum level of ICT usage.

eHealth can be said to cover clinical information systems by healthcare provider professionals as well as the interaction between patients and healthcare providers, institution-to-institution transmission of data, peer-to-peer communication, and communication between patients and health professionals. It can also include health information networks, electronic health records, telemedicine services and personal wear-able and portable communicable systems for monitoring and supporting patients.

BIAC and COCIR note that over the past years, hospitals and health professionals working in hospitals have been neglected, although they represent an important health information provider. BIAC and COCIR advocate for more work to be undertaken in the field of hospital IT and more specifically on clinical information



systems. Hospitals are highly complex environments that necessitate a wide range of different IT systems and play a crucial role in eHealth adoption.

Although of critical importance, hospital clinical information systems seem to have received too little attention until now in terms of measuring their availability and usage.

BIAC and COCIR call for more benchmarking activities starting with hospital IT and expanding to other stakeholders and IT applications.

BIAC and COCIR would also welcome the OECD to explore further expansion of this work to serve the needs not only of policy makers, decision makers and users but also our industry.

4) More focus on efficiency and innovation

While the implications of the OECD findings presented are appreciated, we would like to call for particular focus on:

- Efficiency
- Innovation

As indicated in the OECD proposal, it is important to discuss privacy but we consider it is not enough. The OECD should look at the development and deployment of eHealth solutions and services as being crucial for improving efficiency of healthcare (quality, safety, etc.) and ensure continuous innovation to allow sustainable efficiency improvements. Both efficiency and innovation are important in the light of the challenges faced by healthcare as well as in the light of the economic crisis and stimulus plans which have emerged all over the world, including in the field of healthcare. BIAC and COCIR advocate that eHealth should be considered as a tool to make healthcare reforms happen and enable its broader and sustainable transformation.

5) Indicators collection harmonisation, more data sharing and cooperation between countries on the availability, use, barriers and incentives of eHealth

BIAC and COCIR 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 establishment of an eHealth observatory would greatly benefit all countries and would help monitor availability and usage of ICT



– as well as barriers - in health in a continuous manner and not through ad-hoc and discontinuous studies.

BIAC and COCIR also welcome the proposal not only in terms of availability of ICT, but real usage in daily practice.

BIAC and COCIR also welcome the proposal to monitor barriers to and incentives for the use of ICTs.

6) More indicators on standards and interoperability usage

In general, BIAC and COCIR advocate the usage of international standards and interoperability profiles and would welcome data monitoring and sharing on usage, barriers and incentives in this specific field.

In this respect, BIAC and COCIR draw particular attention to ensuring availability and usage indicators matched with the interoperability profiles defined by international bodies such as IHE.

7) More indicators about benefits, risks and impact of eHealth

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

However, while governments are essential in setting a vision and launching key programmes and projects as recognised by the OECD proposal, we believe that people and processes are at the heart of changes. These should not be left behind. We advocate providing better information about benefits, risks and impact of eHealth to both those involved at the “superior level” (e.g. policy makers and procurers) as well as those in the “local” decision and usage process level (evidence-based research), closing the gap between IT and clinical practices. The adopted approach should also aim to address real users amongst which clinicians, nurses, etc. BIAC and COCIR believe that while governments are key in setting up the vision, programmes and financial framework, users are essential and still remain to be convinced about the benefits and potential impact of eHealth.



8) More cooperation/harmonization between OECD, the European Commission and the WHO

The proposal references the work conducted by the European Commission in its field, notably the ERA eHealth project² and the eHealth Benchmarking project³.

We observe potential synergies between OECD and the European Commission as well as the World Health Organization and would encourage cooperation in this field.

² <http://www.ehealth-era.org/>

³ http://ec.europa.eu/information_society/eeurope/i2010/benchmarking/index_en.htm



General information about BIAC

The Business and Industry Advisory Committee to the OECD (BIAC) was constituted in March 1962 as an independent organisation officially recognised by the OECD as being representative of business and industry. BIAC's primary objectives are to:

- *positively influence the direction of OECD policy initiatives,*
- *ensure business and industry needs are adequately addressed in OECD policy decision instruments and*
- *provide members with relevant and timely information on OECD policies and their implications for business and industry.*

For more information about BIAC please visit our website www.biac.org or contact us directly:

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General information about COCIR:

Founded as a non-profit trade association in 1959, COCIR represents the Radiological, Electromedical and Healthcare IT industry in Europe. As such, our members play a driving role in developing the future of healthcare both in Europe and worldwide. COCIR is committed to supporting its members and communicating with its partners in Europe and beyond on issues which affect the medical technology sector and the health of EU citizens. COCIR also works with various organisations promoting harmonised international standards and fair regulatory control that respects the quality and effectiveness of medical devices and healthcare IT systems without compromising the safety of patients and users. We encourage the use of advanced technology to support healthcare delivery worldwide. COCIR's key objectives include promoting free worldwide trade of medical devices and maintaining the competitiveness of the European health sector.

COCIR Company Members: *Agfa HealthCare, Aloka, Bosch, Canon Europe, Carestream Health, GE Healthcare, Elekta, Hitachi Medical Systems Europe, IBA Ion Beam Applications, IBM, Intel, iSoft, Fujifilm, Medison, Philips Healthcare, Siemens Healthcare, Shimadzu, Toshiba Medical Systems Europe, T-Systems*

COCIR National Associations Members: *AGORIA (Belgium), Assobiomedica (Italy), SNITEM (France), ZVEI (Germany), SPECTARIS (Germany) HHT (Netherlands), FENIN (Spain), Swedish MedTech (Sweden), AXREM (UK), FiHTA (Finland), TipGorDer (Turkey)*