

IMPROVING ACCESS TO AND QUALITY OF CARE, PATIENT SAFETY, AND PRODUCTIVITY

Across the European Union the delivery of healthcare shares three key features: it consumes a significant amount of costly human resources, it carries significant safety risks for patients and staff, and it is information-intensive.

In many sectors healthcare delivery remains highly fragmented and lacks efficiency. eHealth therefore holds great potential – its core power lies in handling and storing vast amounts of information and uniting that information across a wide diversity of settings.

Many studies have been conducted to examine the potential of eHealth tools to contribute to efficiency gains in health care. A 2003 American survey examined a pilot community data network which created a tool for exchange of health care data among physicians, hospitals, insurers, and others in the community. The study showed that using the pilot network improved the quality and reduced the cost of health care. On completion the pilot is expected to achieve over \$US7 million in benefits for participating organisations. Other expected benefits include fewer admissions to the emergency department, reductions in staff time spent handling test results, and avoidance of test duplication.²⁰

Another recently published report of the use of electronic health records in the United States within hospitals in two regions with a total population of 817,523 reported that two years after electronic health records were fully implemented, visits to general practitioners fell by 11% in both regions. They showed also that the percentage of insured persons making more than 3 visits a year decreased by 10-11% while the percentage making fewer than 2 visits a year increased. Intermediate measures of quality of health care remained unchanged or improved slightly. Based on these findings the researchers concluded that readily available, comprehensive, integrated clinical information reduced use of ambulatory care while maintaining quality and allowed doctors to replace some office visits with telephone contacts. Shifting patterns of use suggest reduced numbers of ambulatory care visits that are inappropriate or marginally productive.²¹

Similarly, in England in March 2005, at the Good Hope hospital, Sutton Coldfield, a team using workflow software to plan clinical procedures, found that it had cut the cost of treating leg ulcers by 26%. If these figures are extrapolated across the United Kingdom, they would add up to £150 million in savings a year. The scheme was so effective it was selected as winner of the UK Health IT effectiveness awards.²²

The Ultimate Challenge: Containing Costs but Improving Safety and Quality

While cost-containment remains a dominant challenge for many health service providers, patient safety is becoming an equal contender for a priority position.

It is well known that patients die from poor prescribing. In 2003, according to the United States Agency for Healthcare Research and Quality, adverse drug events caused 777,000 injuries and deaths a year.²³

Lisette Tiddens, Secretary General of the Standing Committee of European Doctors, reports on the first European Patient Safety Conference held under the Luxembourg Presidency of the European Union in April 2005. She argues that eHealth has the capacity to contribute significantly to improved patient safety, and urges everyone working in a health service to make patient safety the top issue on the eHealth agenda.

“Access to high quality care is a key human right recognized and valued by the European Union, its Institutions and the citizens of Europe.” With these words, the Luxembourg Declaration on Patient Safety adopted during the first European Patient Safety conference, the European Union made a clear commitment to patient safety.

The Luxembourg Declaration is the outcome of a two-day conference that initiated more widespread political attention to patient safety. In the Declaration, patient safety is recognised as an issue to be treated not only at European level but also at national and local levels.

The Luxembourg conference drew the analogy between healthcare and high-tech and high-risk industries, in particular military aviation, by stating “The health sector is a high-risk area because adverse events, arising from treatment rather than disease, can lead to death, serious damage, complications and patient suffering. Although many hospitals and healthcare settings have procedures in place to ensure patient safety, the health care sector still lags behind other industries and services that have introduced systematic safety processes.” Indeed, whereas most of these high-tech and high-risk industries make thorough use of systems that safeguard quality and prevent adverse outcomes, the healthcare sector still relies on chance and imperfect humans rather than on solid, thought-out structures, contingency plans and fail-safe mechanisms.

Health care professionals are humans and medicine is not always an exact science! Adverse events do occur. This reality needs to be acknowledged by all parties involved in order to improve quality of care through optimising safety. In this much-needed system review, tools must be created to help reduce the number of adverse events and thus contribute to the quality of care all over the European Union. In this systematic approach, eHealth can play an important role.

The role of the European Union is not of course to tell Member States how to run their hospitals. Rather, as a supra-national structure, the European Union’s added value comes through such initiatives and instruments as studies, framework approaches, and exchange of experi-

²⁰ Report to the Ranking Minority Member, Committee on Health, Education, Labor, and Pensions, U.S. Senate INFORMATION TECHNOLOGY Benefits Realized for Selected Health Care Functions October 2003

²¹ Effect of electronic health records in ambulatory care: retrospective, serial, cross sectional study Terhilda Garrido, Laura Jamieson, Yvonne Zhou, Andrew Wiesenthal, Louise Liang *BMJ* 2005;330:581 (12 March)

²² see <http://healthcare-computing.co.uk/hitea/index.html>

²³ Ball MJ. Leveraging IT to Improve Patient Safety. Yearbook of Medical Informatics of the International Medical Informatics Association (IMIA). 2003

ences and good practices. Although it is likely that nations will start taking action only when confronted by their own evidence, it is also highly probable that solutions in one country will be applicable to another. The role of the European Union is therefore as a facilitator, enabling regions and countries to benefit from the exchange of results obtained in a specific locality, no matter how small or remote. A 2004 Commission Communication focuses on this open method of coordination²⁴, and the exchange of good practice is strongly taken up in the eHealth Action Plan.²⁵

Europe can also play a crucial role in creating the conditions necessary to enable a culture of patient safety. Healthcare professionals are encouraged to report adverse events, near misses and close calls in an environment that clearly benefits all actors concerned, thanks to mutually accepted values and guidelines. Through such openness we can move from a culture of shame and blame (based on litigation, liability, and guilt) to one of learning, understanding and improvement. The shift from compartmentalised, sectoral methods to a comprehensive, multi-disciplinary, system-wide approach involving all stakeholders and all levels of policy-making is highly beneficial.

The Luxembourg Declaration recommends to the European Union and national institutions to harness the power of the eHealth knowledge bases in order to develop and implement eHealth tools, thus addressing patient safety more actively. A selection of the tools includes:

- Establishing a European Union solution bank with best practice examples and standards.
- Optimising the use of eHealth technologies such his improvement would include personal medical profile and decision-making support programmes for health professionals, with a view to reducing medication errors and increasing compliance rates.
- Protecting privacy and confidentiality of electronic patient records and ensuring that the relevant patient information is readily available to health care professionals.

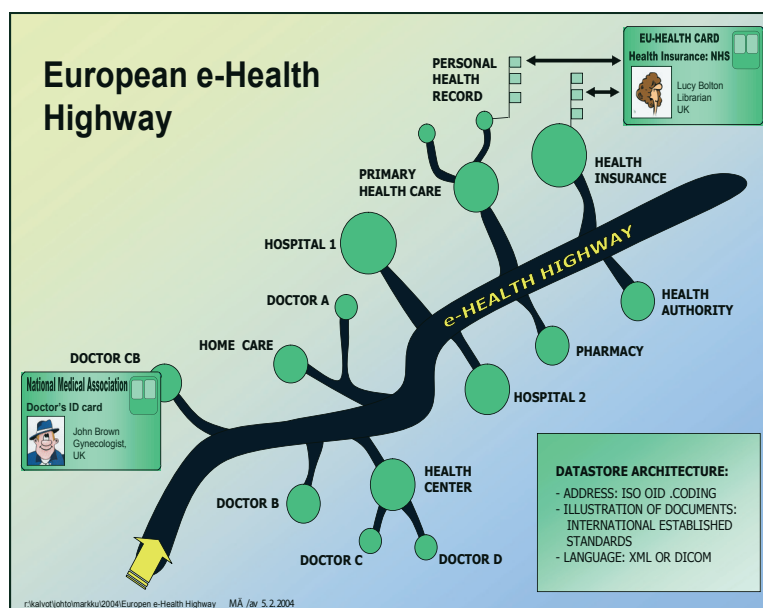
- Establishing a culture of patient safety throughout the entire health system. The adoption of such an approach by many players and institutions, and the potential evidence gathered, makes it clear that this is the first step that needs to be taken.
- Introducing risk management as a routine instrument within the running of the entire European health sector. A precondition for risk management is an open and trusting working environment with a culture that focuses on learning from near-misses and adverse events as opposed to concentrating on ‘blame and shame’ and subsequent punishment. A good example of such a routine instrument would be to develop guidelines and indicators as a part of an accreditation system for quality assessment in the health care sector.

The illustration of the European eHealth Highway that follows shows just how such a highway could look, and thus how the information required could accompany a patient who is transferred from a general practitioner to a specialist or who is travelling from one hospital or country to another hospital or country.

In such a structure, it is the system that delivers the basis for good quality care. Transparency, which can also guarantee the protection of privacy, optimises and secures the patient care and clarifies the roles of all the players involved.

The proposed system can be completed with the use of both a patient card that could contain insurance data, such as those available on the health insurance card that came into effect in 2004 but that could also have more personal data included. Or it could take place via a card designed for health professionals. A health professional data card could be used both as a professional identification card and could allow access to patient data when these are required.

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²⁴ Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the “open method of coordination COM (2004) 0304

²⁵ e-Health - making healthcare better for European citizens: An action plan for a European e-Health Area COM(2004)356