SUNDHEDS PLATFORMEN

Strategi og vision for anskaffelsen

Lars Henrik Søfren, KIT Region Sjælland
Mette Bomholt Klem, IMT Region Hovedstaden

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Hvordan er vores it-understøttelse i dag

med reference til Accenture og den globale transition i patientbehandling

Transitioning care delivery processes

Current health delivery

- Fragmented
- Care that is centered around the needs of the health system
- Focused on episodic care
- Traditional health care settings (hospitals, physician offices)
- Passive consumers
- Silos of patient information

Connected health delivery

- Care that is centered around the needs of the patient
- Focused on wellness, prevention and chronic care management
- Diverse health care settings
- Health consumerism
- Patient empowerment through mobile technology
- Single source of truth about the patient

Visionen for anskaffelse af en ny Sundhedsplatform

Vi vil sikre en ny moderne Sundhedsplatform,

der fremadrettet kan leve op til de behov,

der er for it-understøttelse af patienten

og det samlede patientforløb, herunder

de kliniske og administrative arbejdsgange

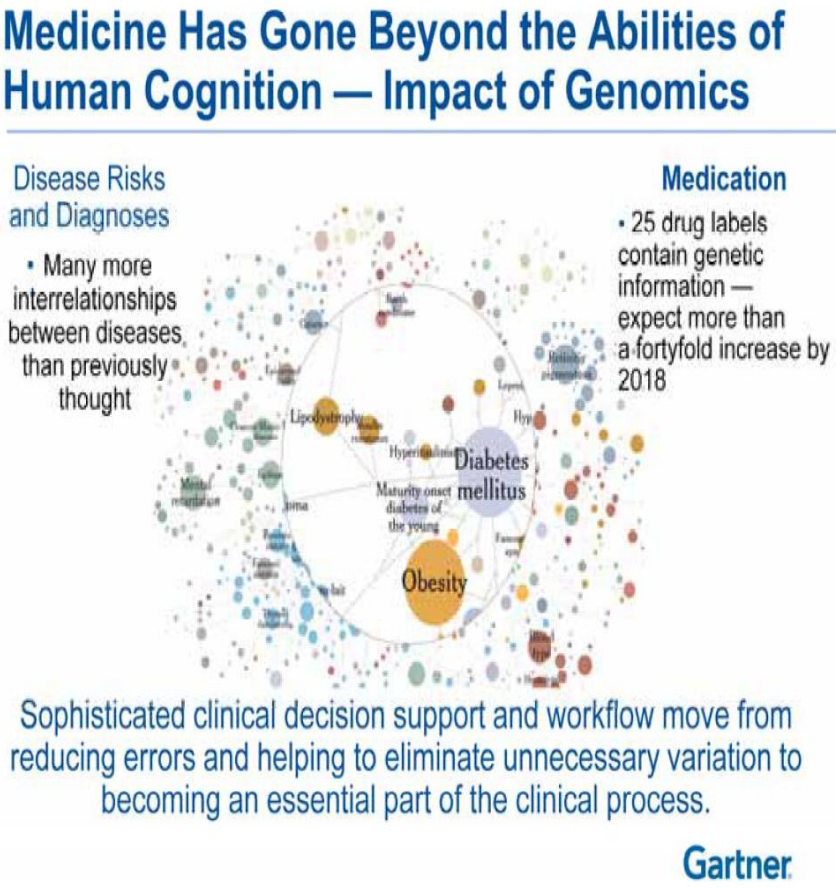
i sundhedsvæsenet i Østdanmark

Visionen for Sundhedsplatformen

Sundhedsplatformen skal understøtte papirløse arbejdsgange på hospitalerne og danne grundlag for én fælles elektronisk patientjournal for alle hospitaler i Østdanmark.

Patientinformationer skal samles, så der er nem adgang til sundhedsdata på tværs af regionernes hospitaler og afdelinger, samt mulighed for deling af data på tværs af sektorer.

Sundhedsplatformen skal kunne facilitere og tilpasses agil forretningsudvikling gennem de teknologiske muligheder, den tilbyder, og gennem sin udvikling som produkt.



- ✓ Samling og overblik af patientens data på tværs af det samlede patientforløb, så alle informationer kan tilgås i en og samme løsning, minimering af dobbeltregistrering
- ✓ Kvalitetsunderstøttelse - understøttelse i at foretage den rette dokumentation og løbende informeres om kvalitetsudvikling af egen praksis
- ✓ Procesunderstøttelse af det kliniske arbejde i form af avanceret beslutningsstøtte og processtøtte - for eksempel ved sammenstilling af medicinerings- og laboratoriedata
- ✓ Understøttelse af sammenhængende patientforløb
  Sundhedsplatformen skal baseres på standardiseret og harmoniseret administrativt og klinisk indhold, der er i overensstemmelse med kliniske vejledninger og instrukser
- ✓ Data, der registreres og opsamles i Sundhedsplatformen, sammenstilles til information i relevante kliniske overblik, der hjælper med at diagnosticere og identificere sammenhænge i symptomer
- ✓ Løsningen skal give mulighed for at inddrage patienten i egen behandling (Patient Empowerment), herunder give adgang for patienten til nødvendige informationer og monitorering af egen behandling.

Fokus er derfor

- Færdigudviklet og driftsstabilt produkt = ikke et it-udviklingsprojekt
- Intelligente og brugervenlige værktøjer, der understøtter kontinuerlig agil forretningsudvikling
- Vi skal selv kunne arbejde med værktøjerne
- En grundopsætning, vi kan anvende som udgangspunkt
- Fleksibelt i forhold til opsætning, der sikrer begge regionernes behov
- Stor grad af automatisering og procesunderstøttelse, også i dataopsamling
- Bredest mulig understøttelse af alle specialer

Hvad er med i scope?

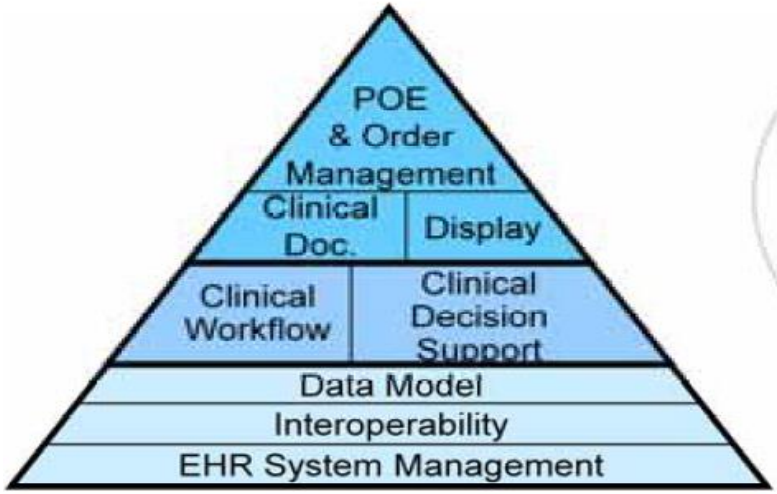
Defining an Enterprise EHR System

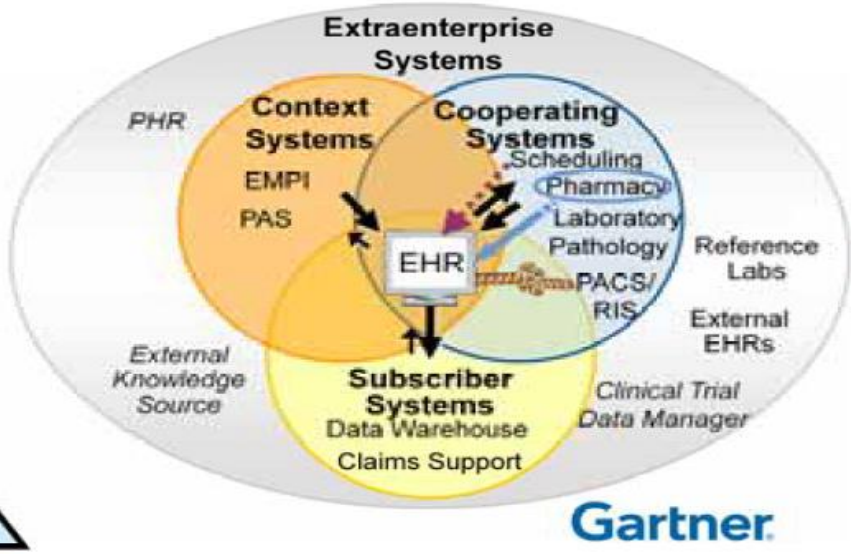
Is:

- An **integrated** point of care system.
- Covers the entire continuum of care.
- Optimized for use by clinicians
- Contains patient-centric, electronically maintained information about an individual's health status and care.

Does Not Include:

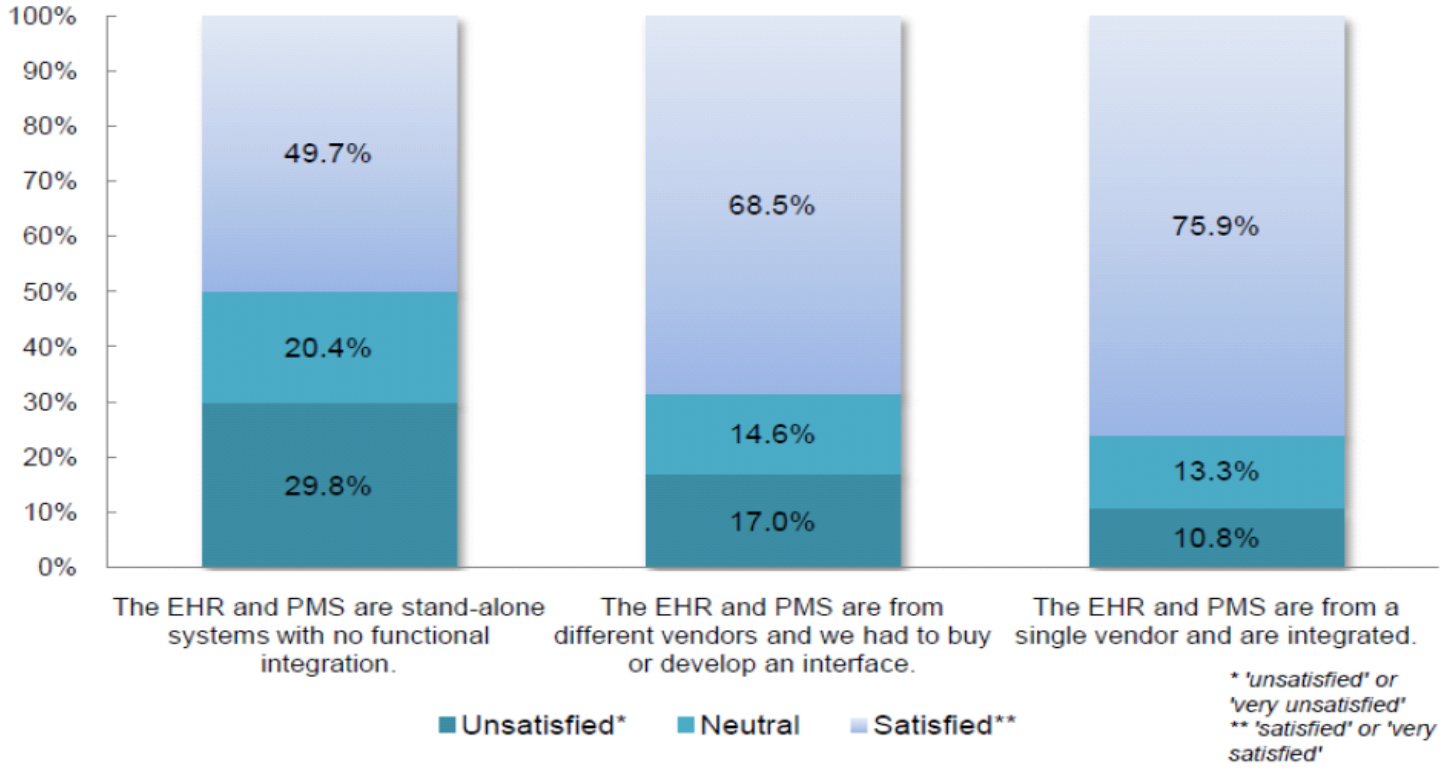
- Imaging systems
- Financial or administrative systems
- BI systems





Accenture 2011, *MGMA study*

Are physicians satisfied with their EMRs? Yes—but especially when integrated



”Samlet platform” versus ”Best-of-breed”

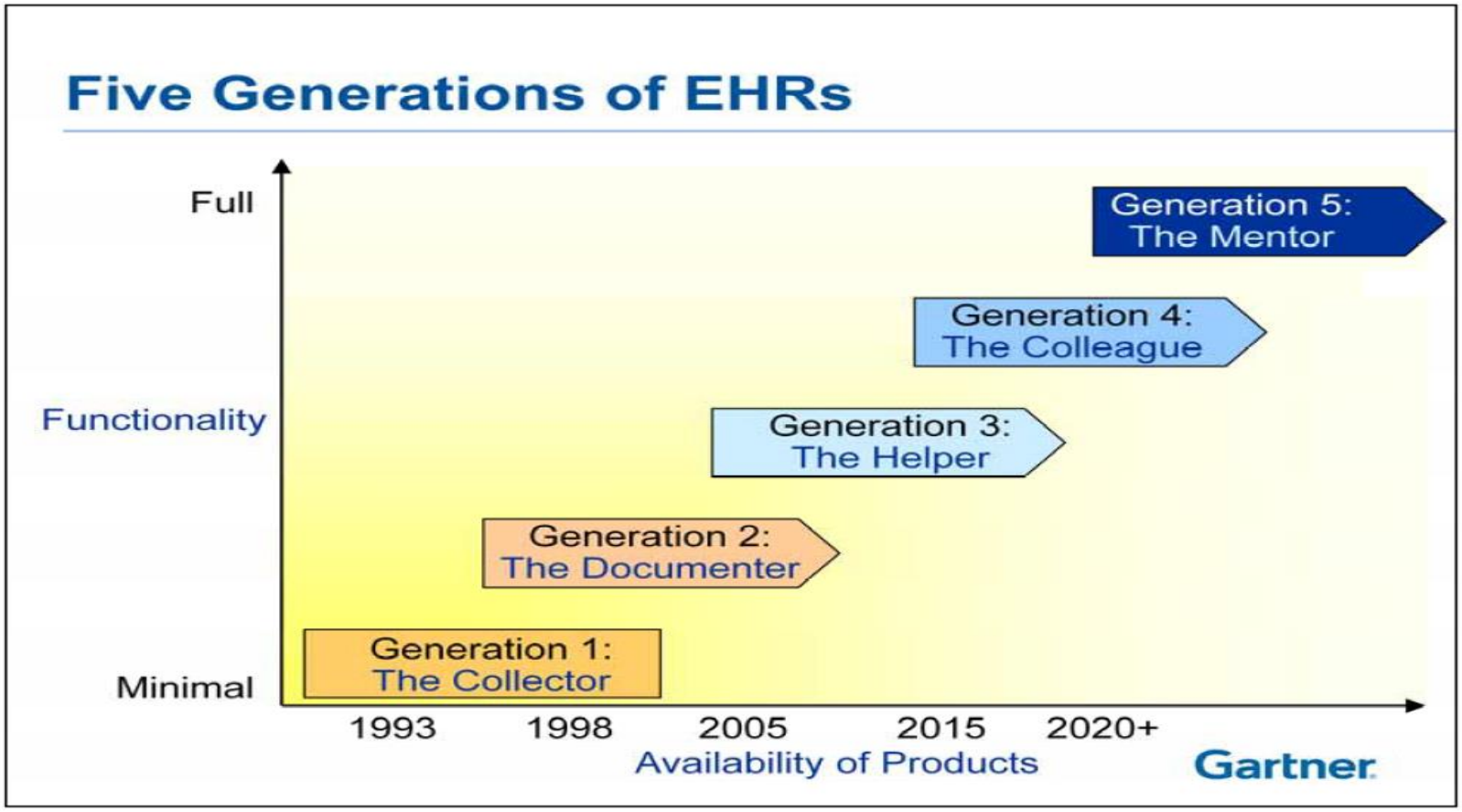
- Førende analyser viser, at sundhedssektoren globalt går mod at implementere fuldt integrerede og brede patientjournal-løsninger og ikke anvende mange ”Best-of-breed” systemer, der skal integreres til hinanden

- Årsagen er, at det er meget svært og som oftest umuligt at skabe det sømløse flow af informationer, der er behov for i store komplekse sundhedsorganisationer

- Vore egne erfaringer tilsiger det samme, svært at integrere flere løsninger – behov dobbelt indtastninger og ustabil drift

- Det er tillige langt enklere at sikre en stabil drift af en løsning end flere med mange integrationer for dataoverførsel

Hvad kan vi stræbe efter?



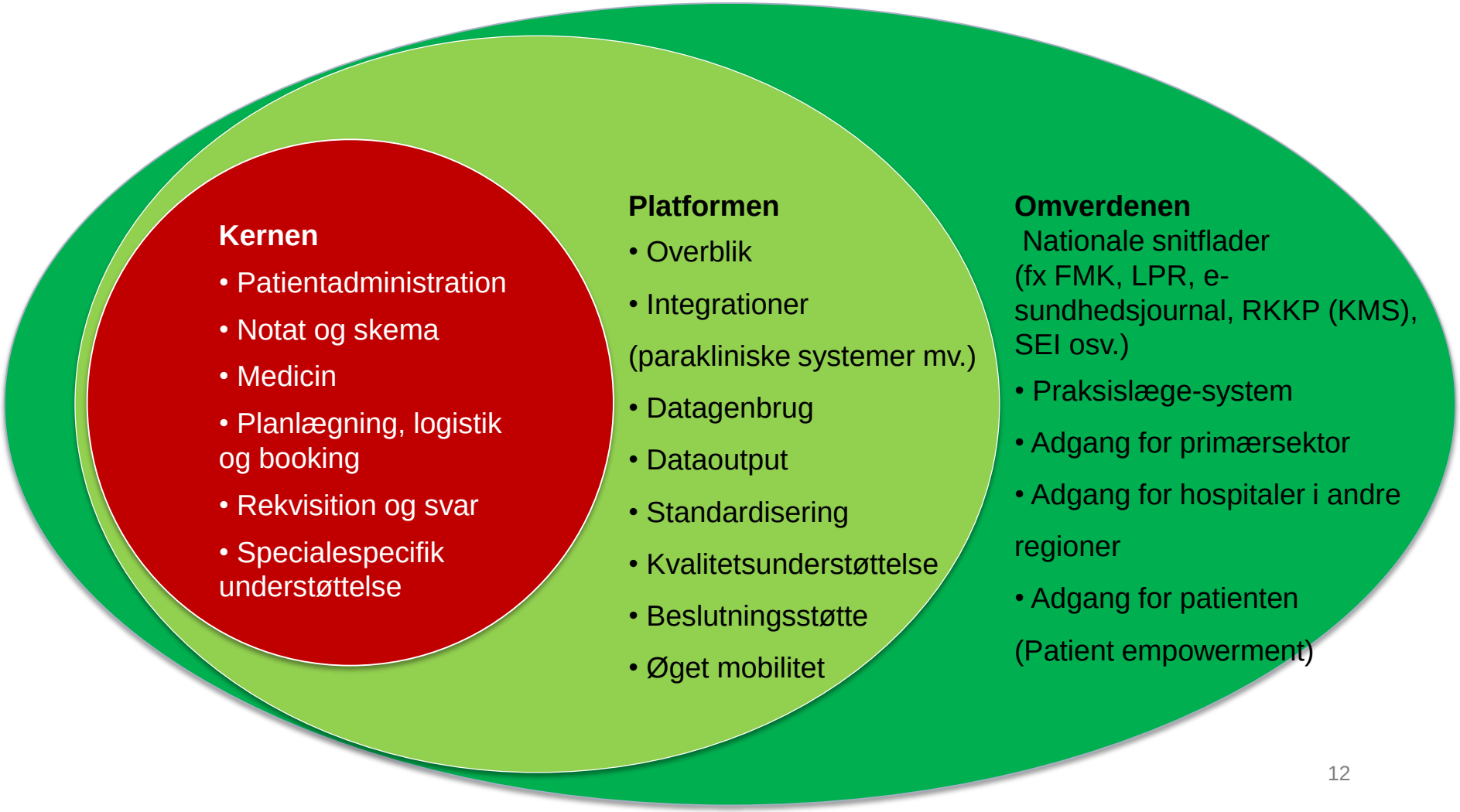
Generation N

- **Generation 3 systems have the technical capability to bring evidence-based medicine to the point of care. Functionality for multiple care venues is required.**

- Kan man få en Generation 3 EHR gennem integration af flere forskellige systemer?

- Gartner kender pr. sep. 2013 fortsat ingen sundhedsorganisationer i verden, der har kunnet skabe en Generation 3 EHR gennem integration

Scope for Sundhedsplatformen



The New Healthcare Platform will mean significant change to both Regions

The road to long term EMR (Electronic Medical Record) maturity (i.e., technology-enabled transformation) cannot be realized simply through purchase & installation of a packaged EMR, but rather will occur as an evolution of culture and processes

	Level 1	Level 2	Level 3	Level 4	Level 5
Workflow Standards & Change Management	Clinicians are resistant to organizational change so clinical content and workflows are highly customized per provider	Clinical content and workflow standardization available (with low utilization)	Moderate clinical content and workflow standardization	Moderate to high clinical content and workflow standardization with active rationalization	Strong executive-level governance drives a high-degree of clinical content and workflow standardization across departments
Integration	Manual abstraction and dual entry across systems (and/or use of screen scrapers) required	High-degree of customized interfaces with fragmented integration through standardized interfaces (HL7, ADT, etc.)	Full integration with critical clinical and business systems and unidirectional interface with non-critical systems	Full integration with critical clinical and business systems and active rationalization to decrease integration points	Seamless bidirectional interface across systems for ADT, orders, results, transcription, etc.
EMR Functionality	Fully paper-based environment	Ancillaries are built on a centralized Clinical Data Repository capable of standardized information exchange	Clinical documentation (MD and Nursing) with CPOE and basic Clinical Decision Support (CDS)	Fully electronic environment with advanced CDS and able to generate electronic Continuity of Care Documents	Implementation of emerging technologies such as device integration, mobile health, and telemedicine
Patient Engagement: Clinical	Patients are "pushed" limited data about care decisions (e.g., problem list, medications, allergies, and diagnostic test results) upon request, which may not be electronic	Patients are "pushed" with expanded data about care decisions (e.g., vitals, care plan, care team) that can be viewed, downloaded, and transmitted on demand	Patients communicate with providers using secure messaging and enter data to self-manage care (e.g., Rx requests, medications)	Patients upload data that is integrated with the EMR to allow provider intervention through near real-time decision support	Patient portals incorporate emerging technologies to collect data in the EMR: social media, mobile health, personal device monitoring

Current ◆ Future

Spørgsmål

Mette Bomholt Klem, IMT Region Hovedstaden - **mette.bomholt.klem@regionh.dk**
Lars Henrik Søfren, Koncern It, Region Sjælland – **larsoe@regionsjaelland.dk**