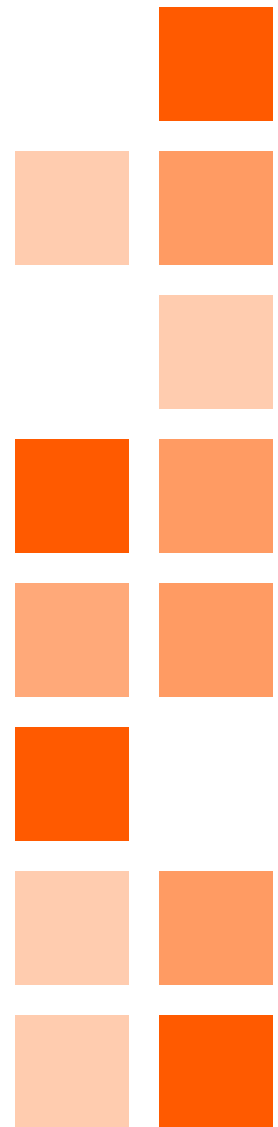


Nationwide Communication in Healthcare

From Vision to Reality

25 oktober 2006
EHR conference Nyborg

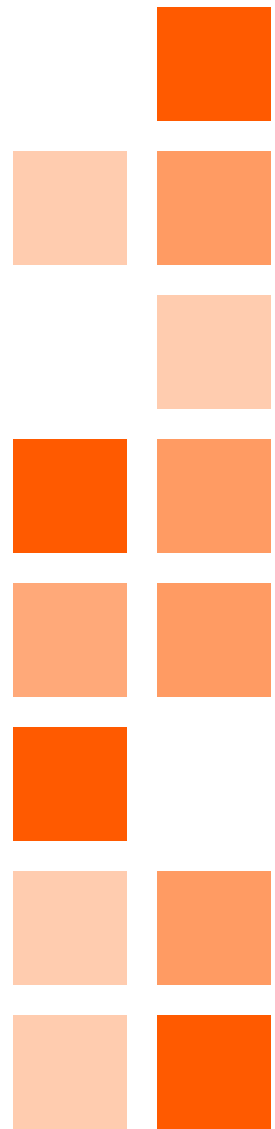
Gerard van der Hoorn
Program manager AORTA



NICTIZ

NICTIZ organization

- Nationwide and neutral
- All parties involved take part
 - umbrella organizations of care-providers, patients, healthcare insurers, IT-industry
- Funding by the government:
2002 - 2006 - 2011: € 10 million / year
- Staff: 21 fte + 5-10 fte hired expertise



NICTIZ

28 Fe. Anno 1591 15. Noubr.

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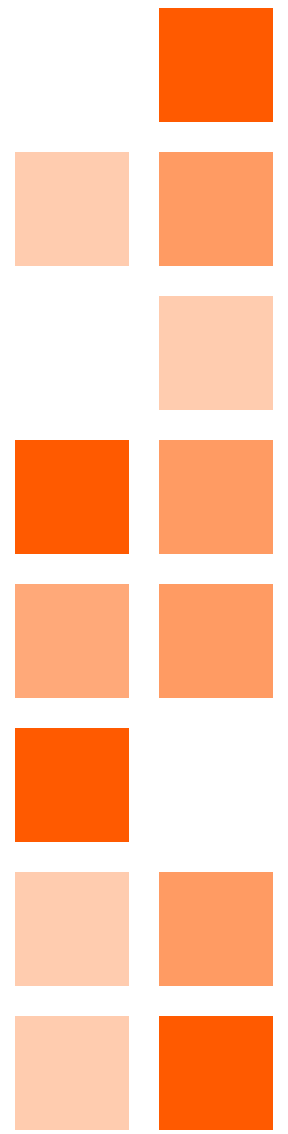
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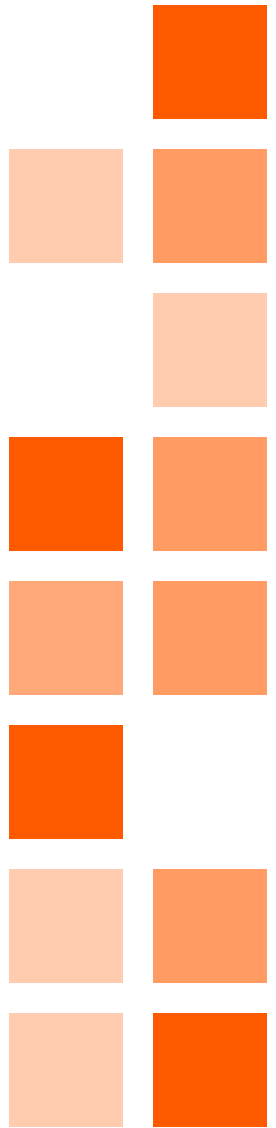
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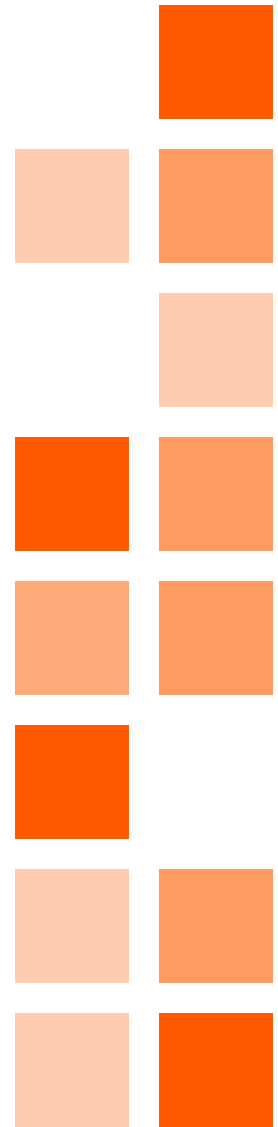
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NICTIZ



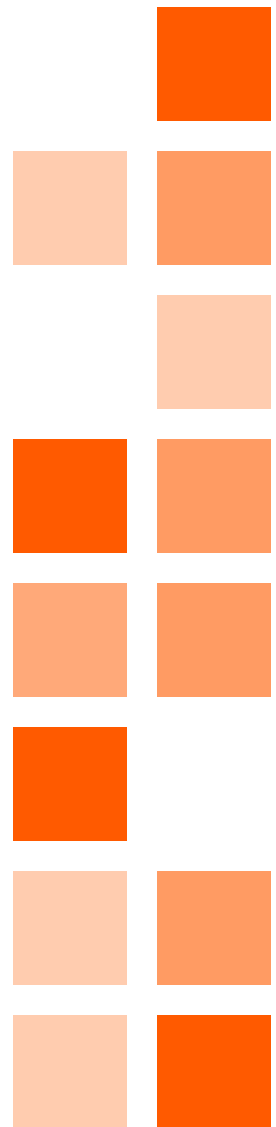
NICTIZ



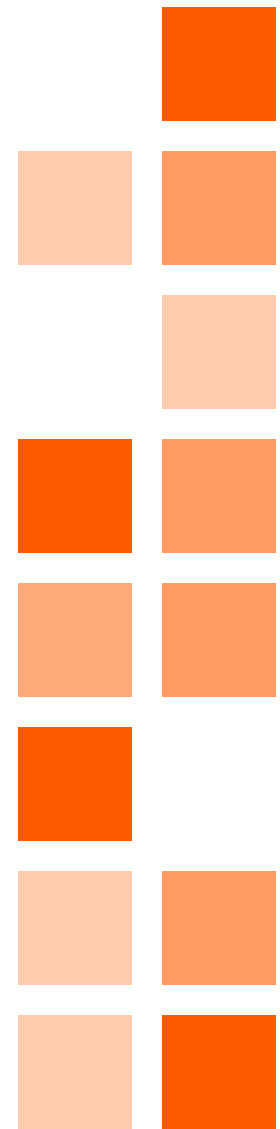
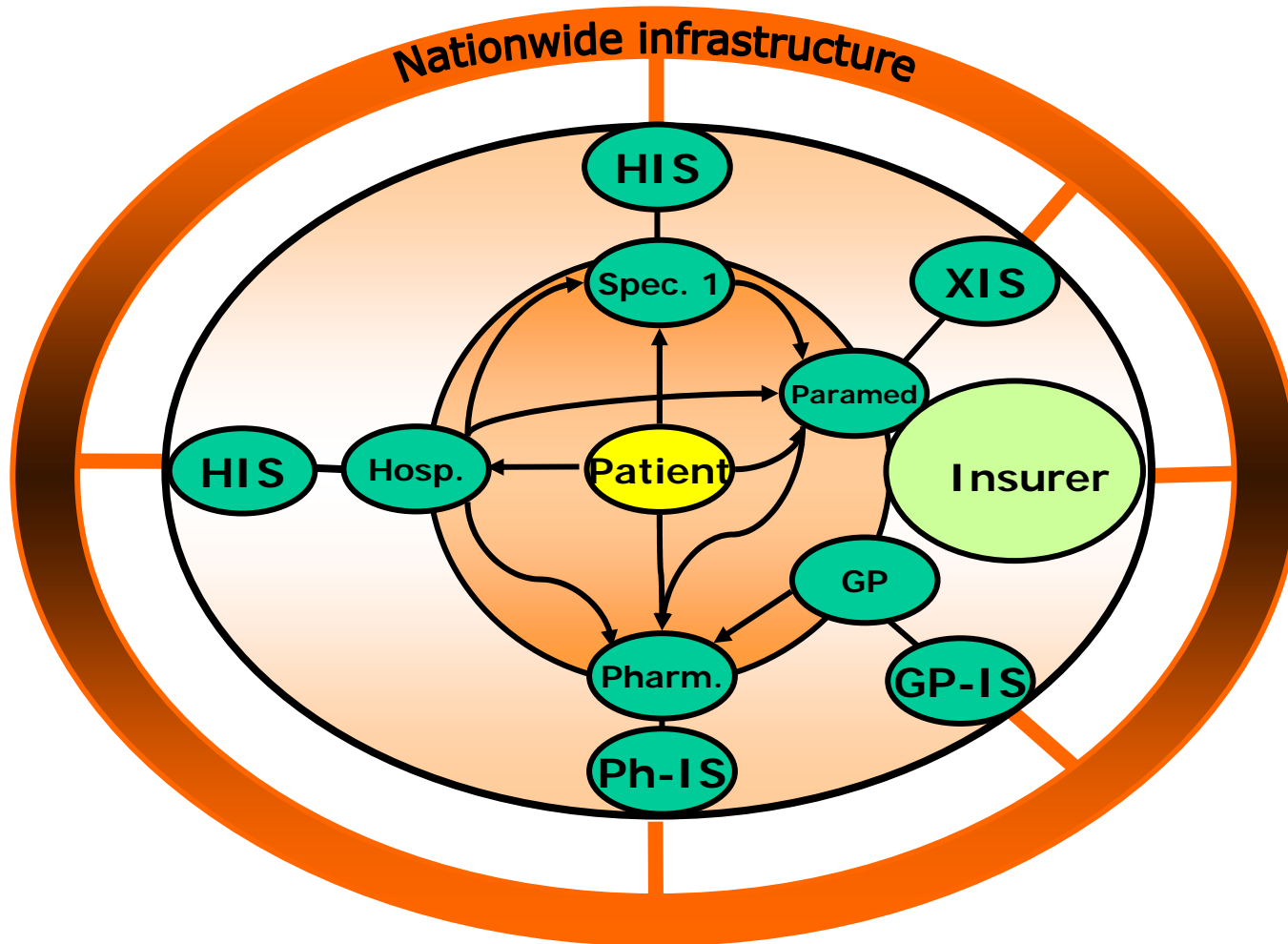
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Challenges

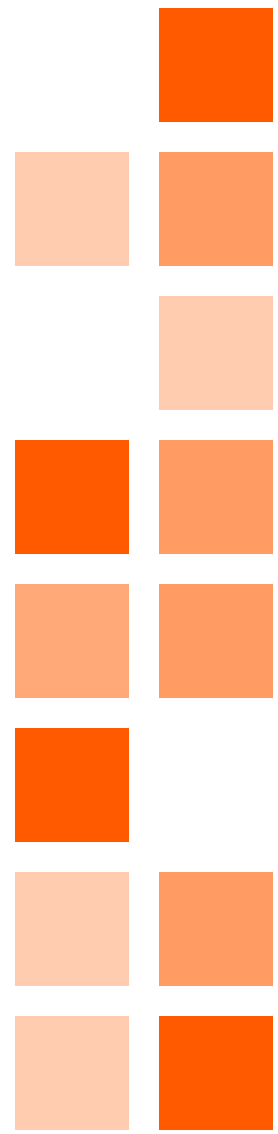
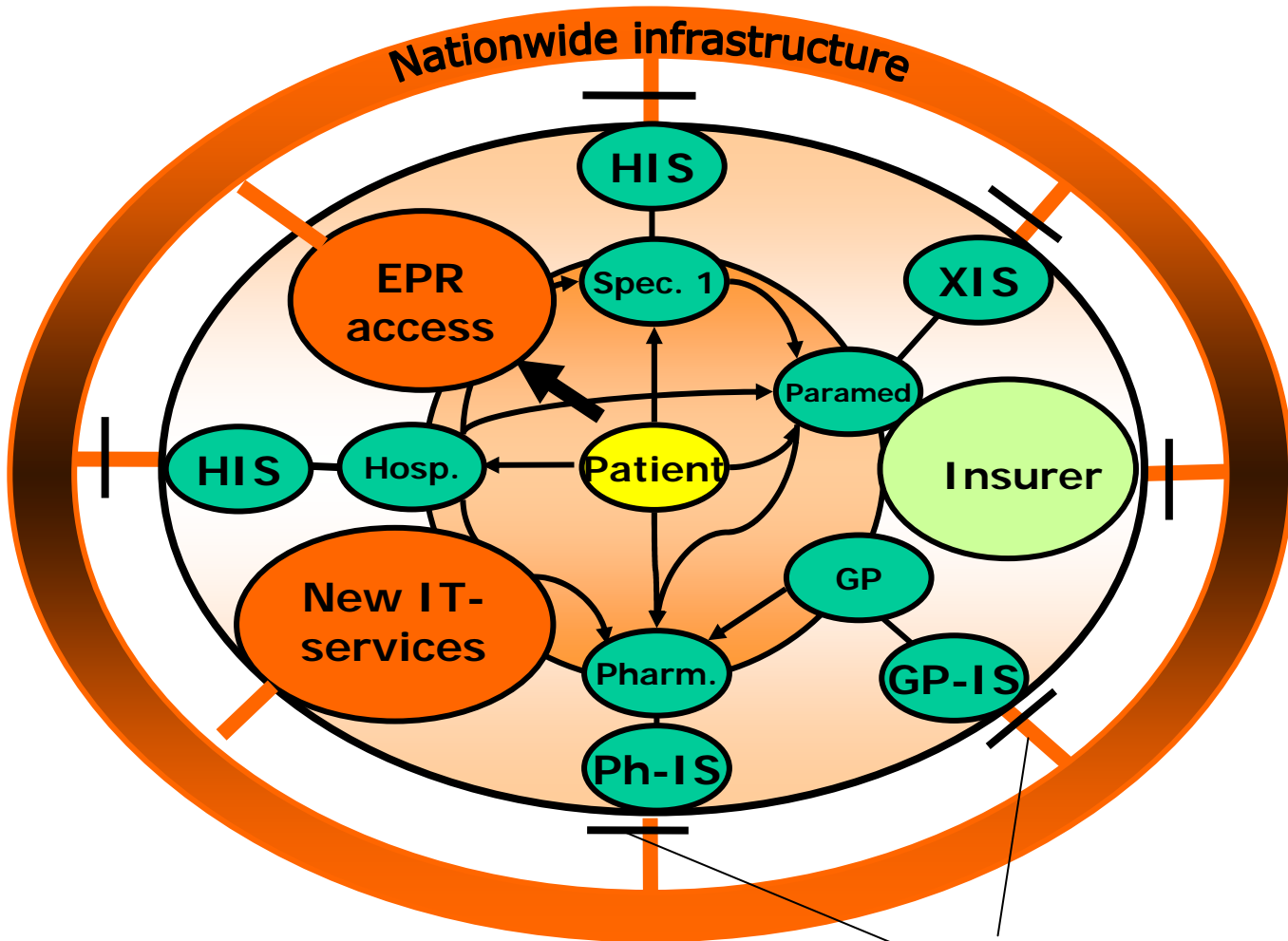
- Increasing demand
- Shortages: budget, staff
- Waiting lists
- Increasing complexity
 - High-tech care, super-specialists
 - Multidisciplinary care, crossing institutional borders, crossing regional/national borders
 - Ambulatory / short stay interventions
 - Patient demands guarantees for quality of care



Current situation

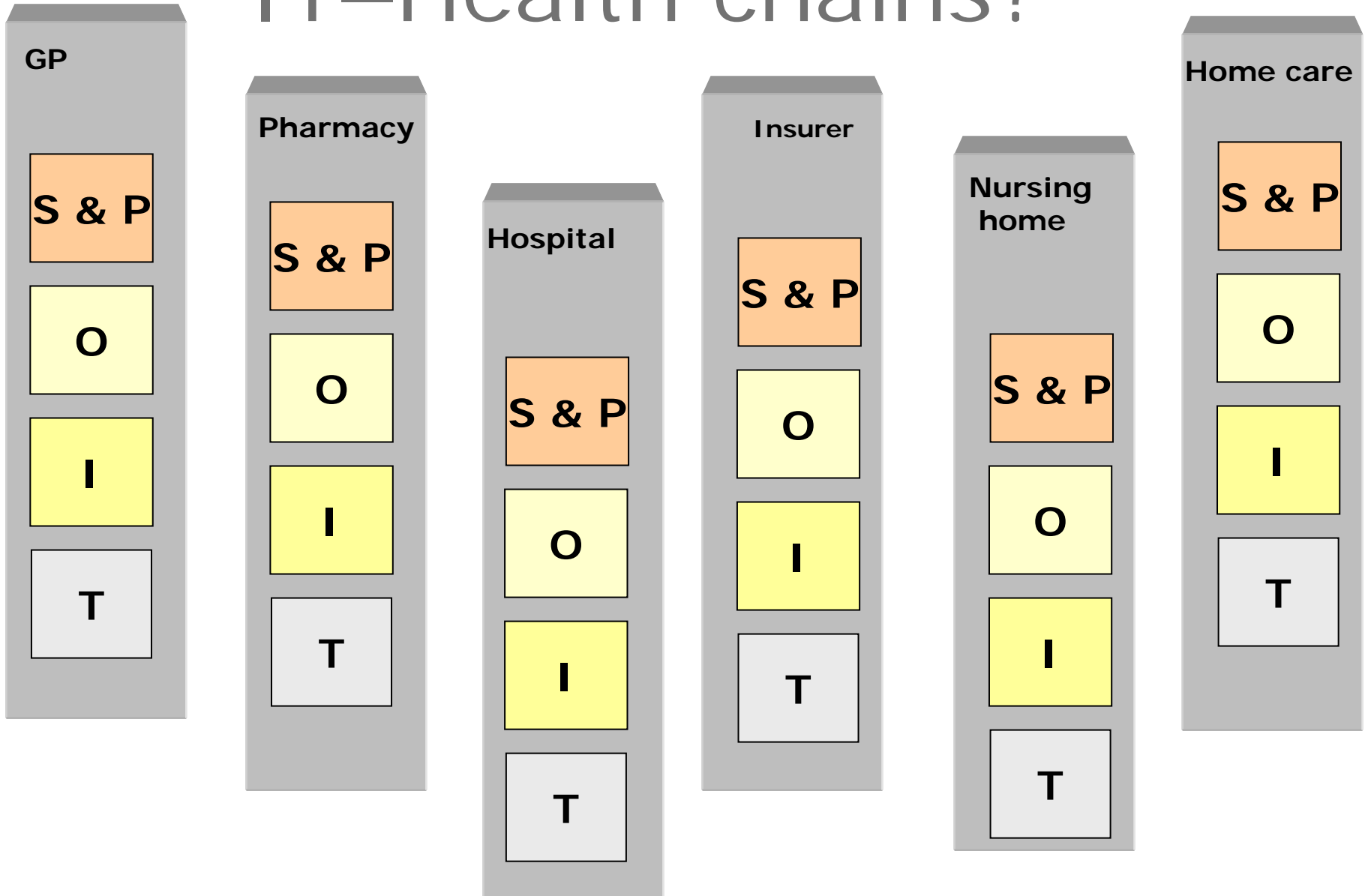


Future



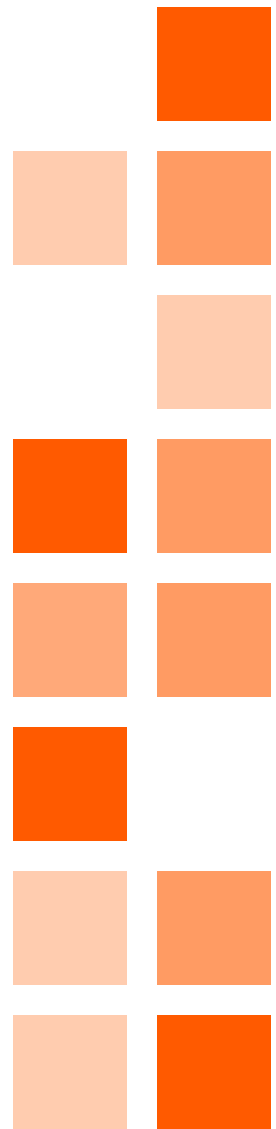
Interface

IT-Health chains?



Basic considerations

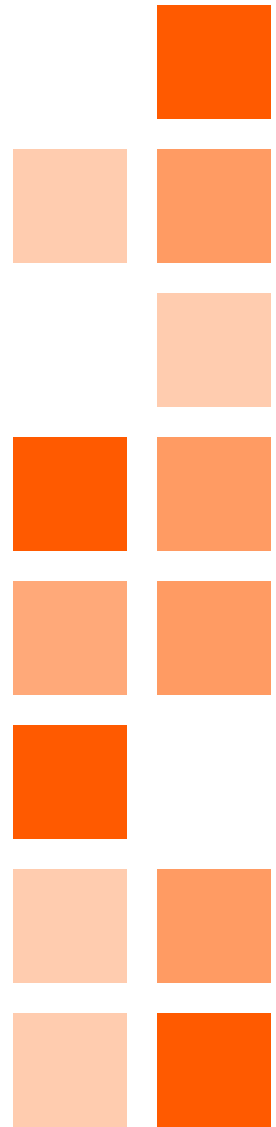
- Information at the source
- Healthcare practitioner is responsible for reliable information and local access
- Mechanism for influence and confidence by healthcare practitioner and patient
- Generic solution for all healthcare participants
- Actual and complete overview 7 x 24



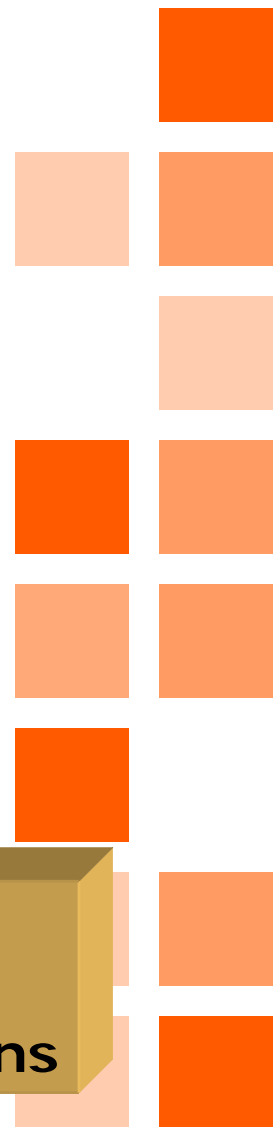
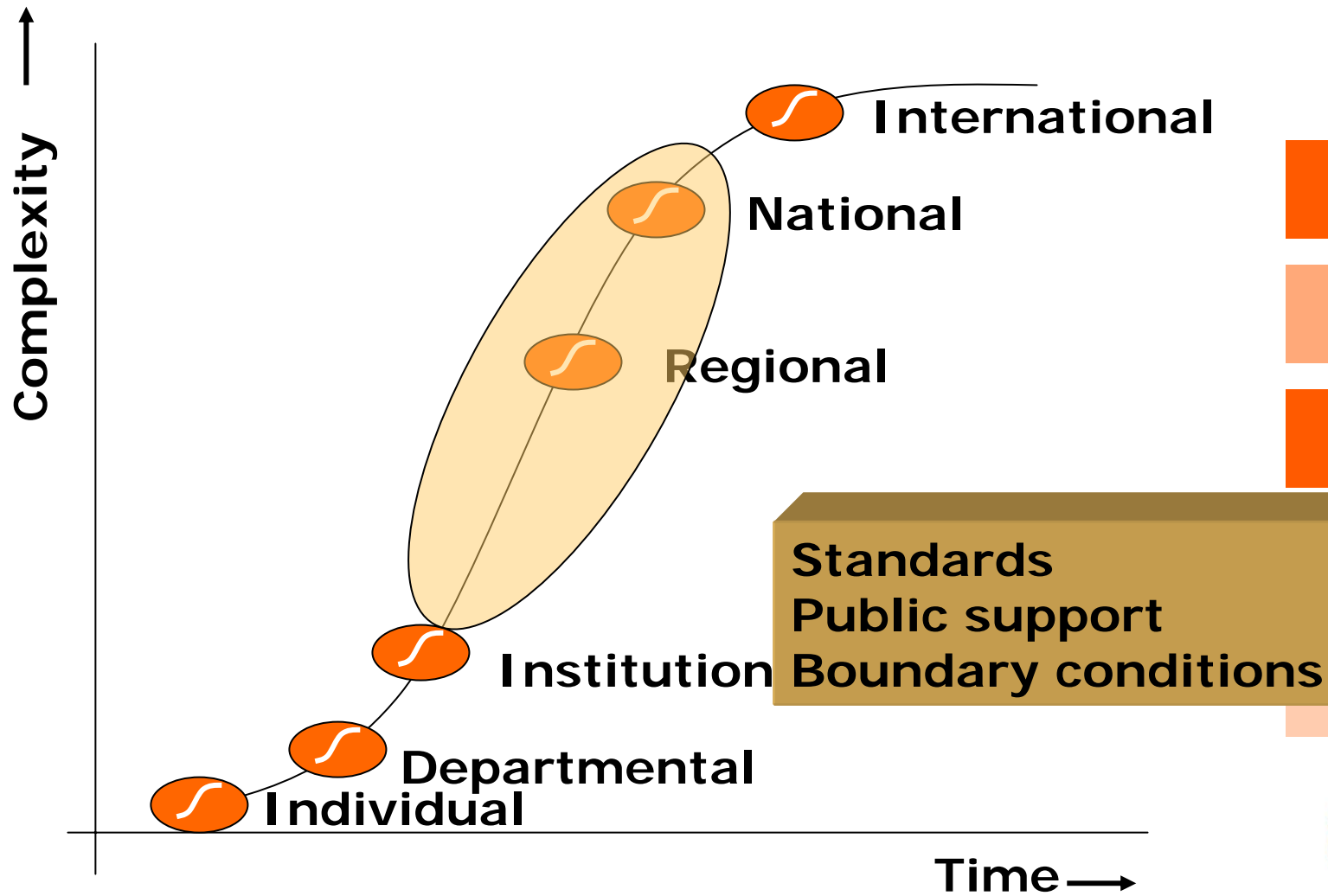
Chain of trust

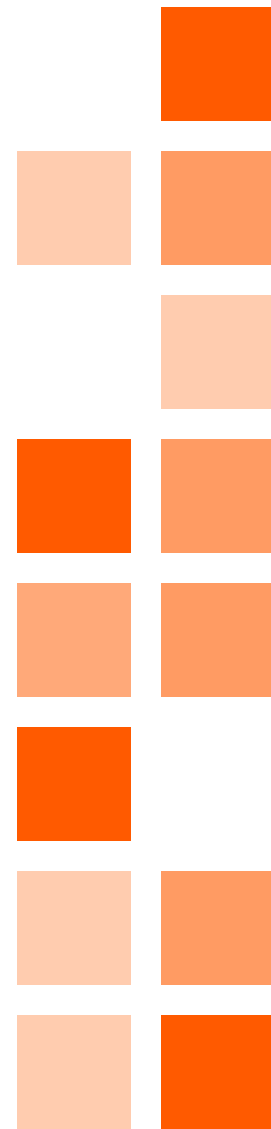
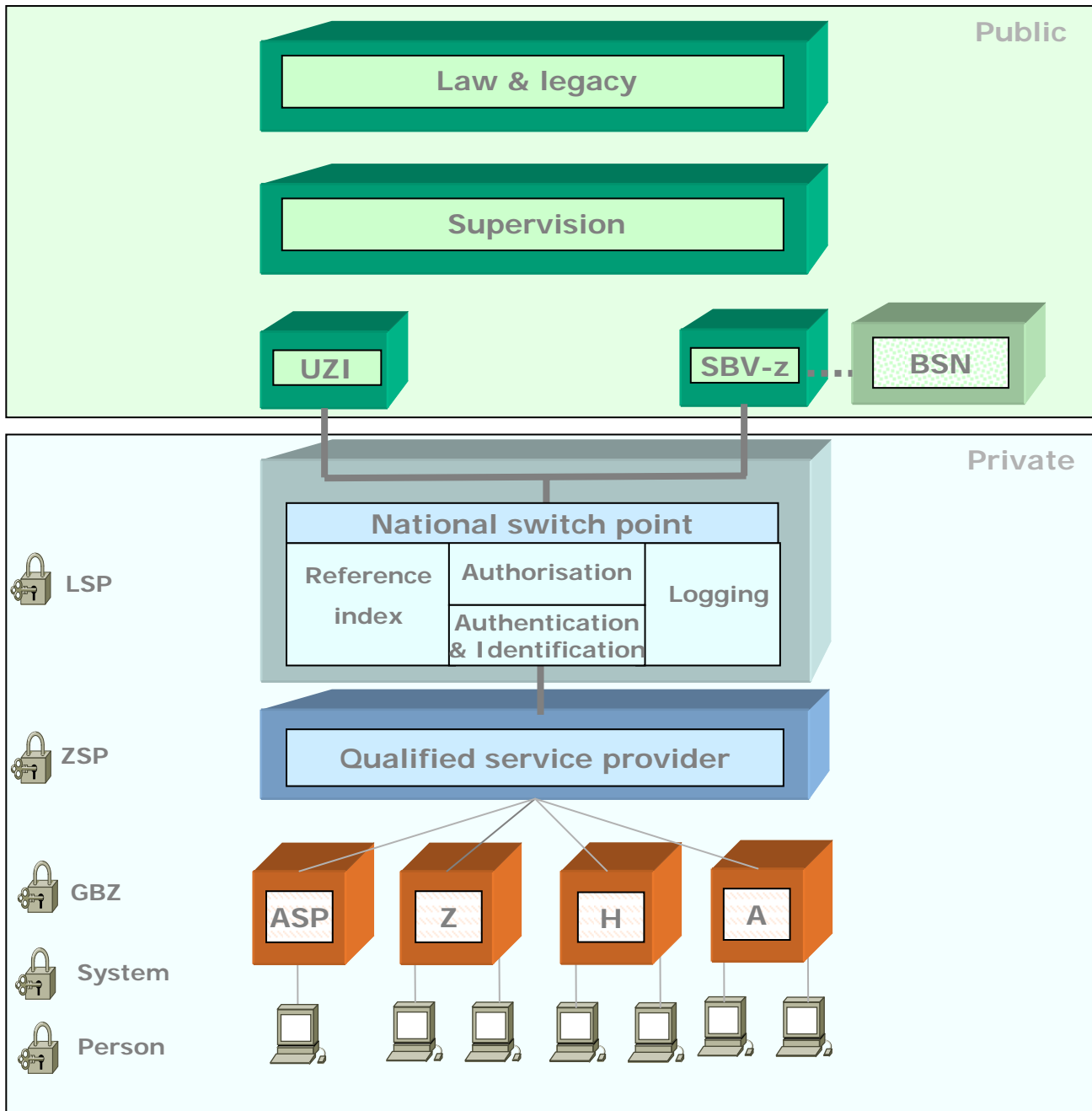
Additional actions:

- Identifying indisputable the right healthcare practitioner
- Identifying indisputably the right patient
- Reliable nation wide transport and access
- Access only when patient/doctor relation
- Secured in supervision and legal framework
- Independent and neutral switch point
- Standardization of messages and processes



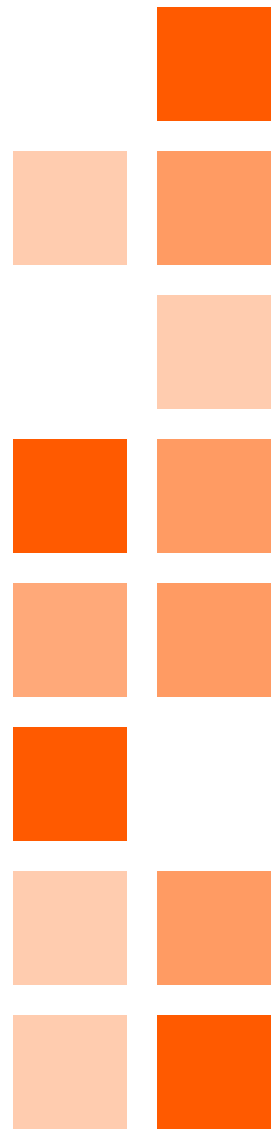
Evolutionary grow path





National Switchpoint

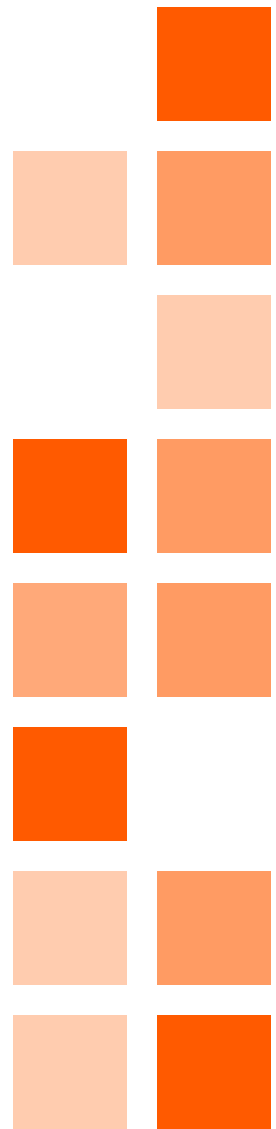
- Functions
 - Reference index
 - Identification, authentication
 - Authorisation
 - Logging
- European tender by NICTIZ
 - delivery: CSC January 2006
- Connection
 - Qualified health information systems



Patient access

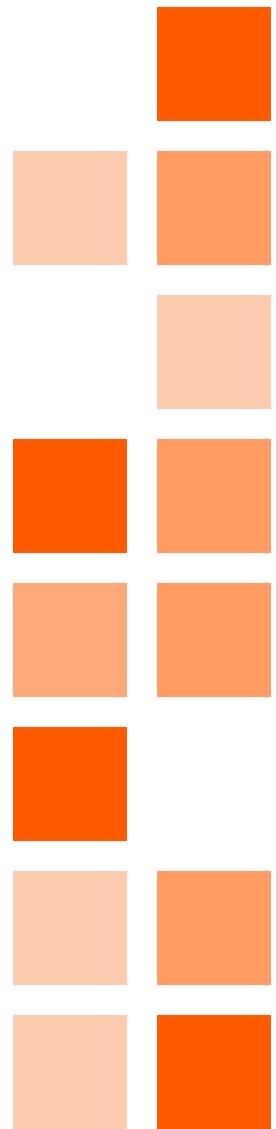
Via National Switch Point view on personal:

- Reference to decentral stored medical records
- Content of the medical record
- Authorisation settings
- Logfile



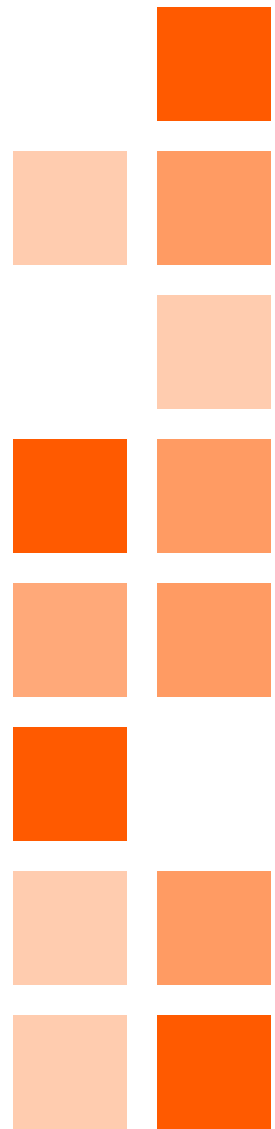
e-Medication

- Medication = core chapter of EPR
- Significant:
 - Avoidable errors in medication:
approx. 90,000 cases of
hospitalization/year
 - € 300 million / year avoidable costs
- Mandatory use for all careproviders
- Infrastructure suitable for complete spectrum of e-Health



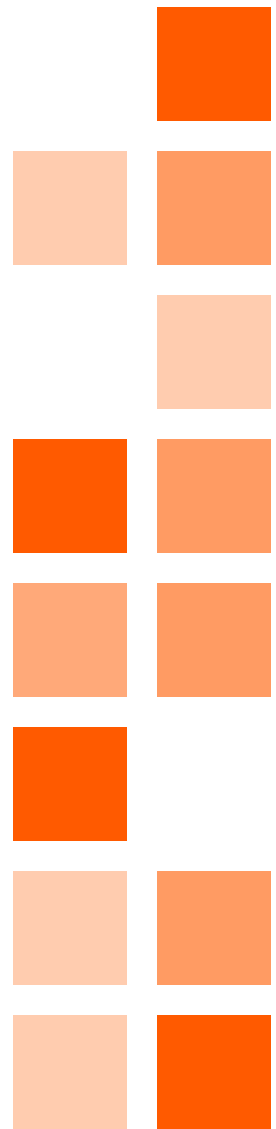
e-Patient Summary

- At present only 7% of after-hours GP's have access to patients records
- 87% patients believe it to already be operational
- After-hours record consists of:
 - Request: Professional summary (general data, problems and history, log of last 4 months, current medication, etc.)
 - Response: Consult summary (general details, report of consultation, medication prescribed, transfer of patient by GP to the original GP)



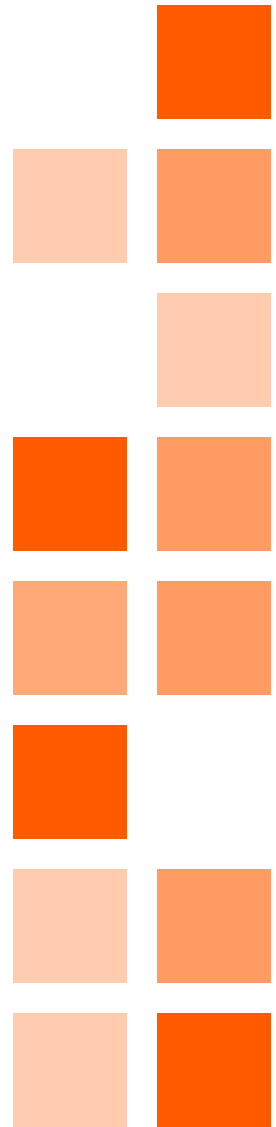
Current Status

- Patient unique identifier
- Healthcare professional card
- National Switch Point
- Proof of Concept with 11 application vendors
May – October 2006
- Pilot in one region November 2006
- Start roll-out in Q1 2007

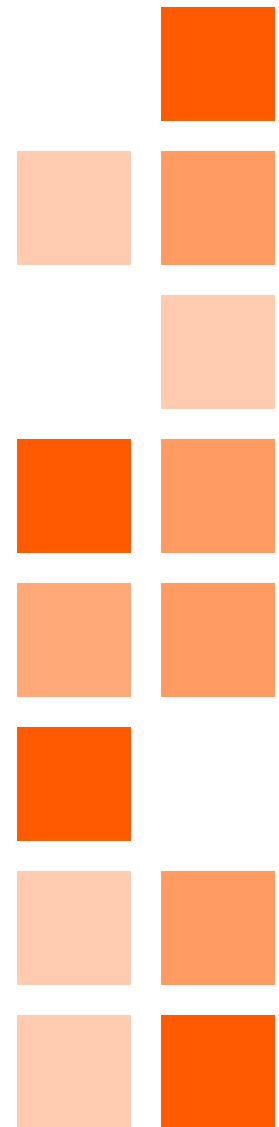


The future

- Advanced access by patient
- e-LAB
- e-Pathology file
- e-Emergency file
- e-Diabetes file
- e-Child file
- Medical help during nationwide disasters
- Radiology



- www.minvws.nl
- www.nictiz.nl
 - Plans, activities, newsletters
 - Project-info NICTIZ / Nationwide
 - Standards
 - Reports
- info@nictiz.nl



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