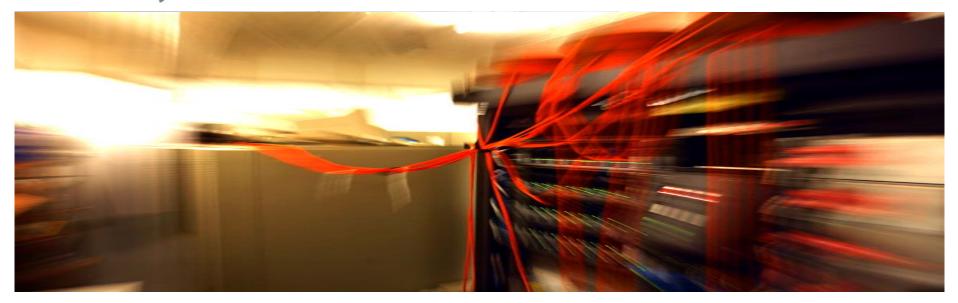
Sündhedsstyrelsen



Health Informatics Strategy in Denmark

Arne Kverneland National Board of Health Denmark



The Danish Health Care System

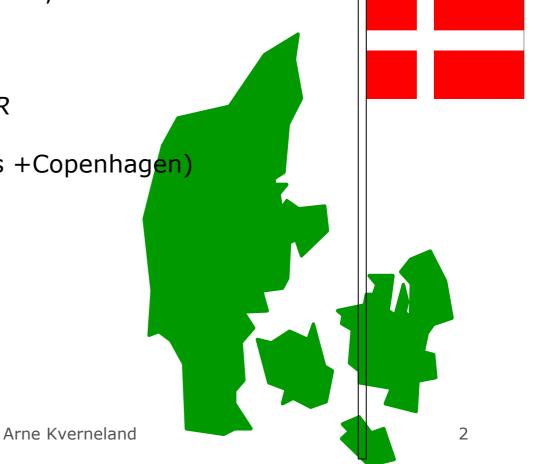
National Health Service serves all 5,3 mill. Citizens (tax financed)

3500 GPs >90% of GPs use EHR

65 public hospitals (14 Counties +Copenhagen)

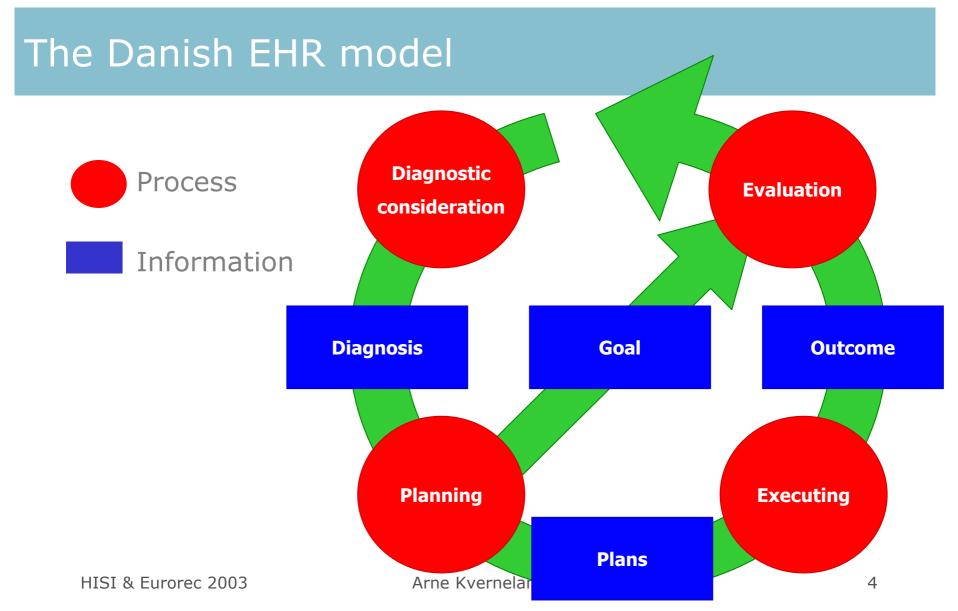
25.000 hospital beds

1.3 mill. annual discharges



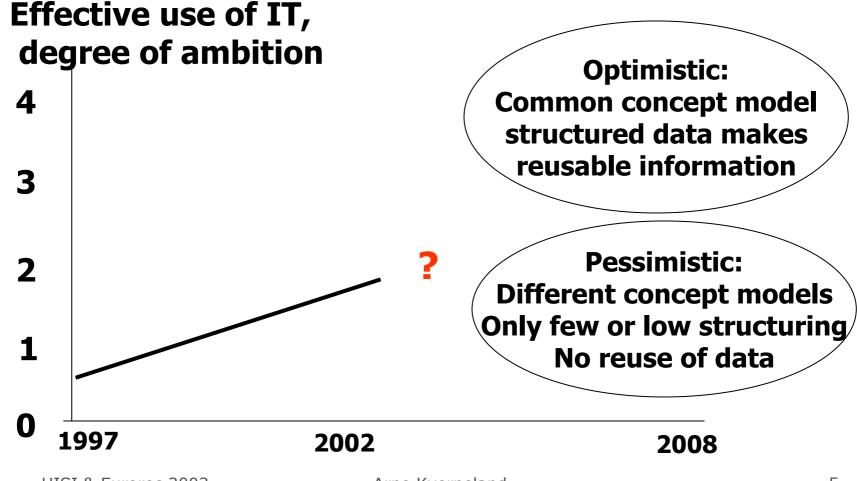








Different scenarios in IT in Denmark



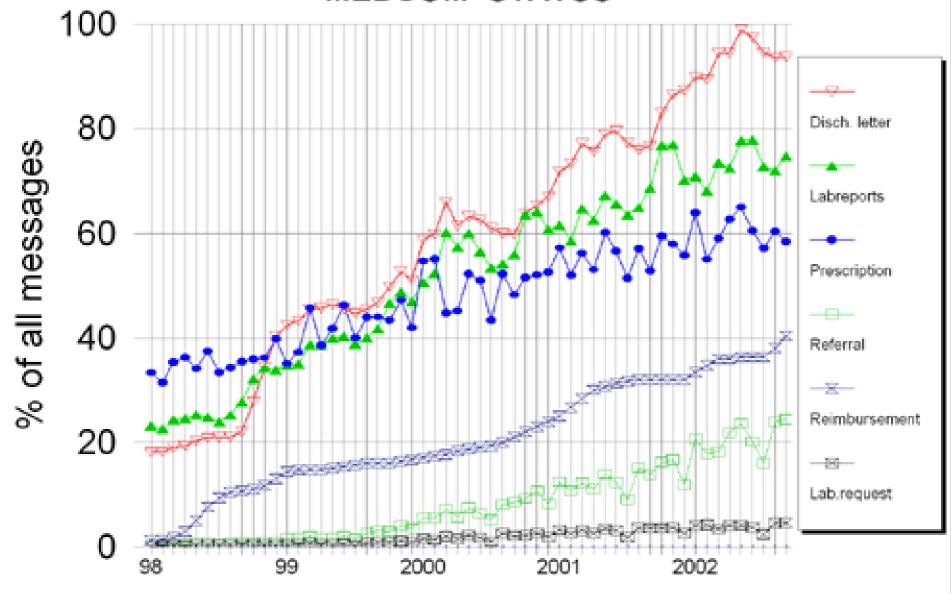
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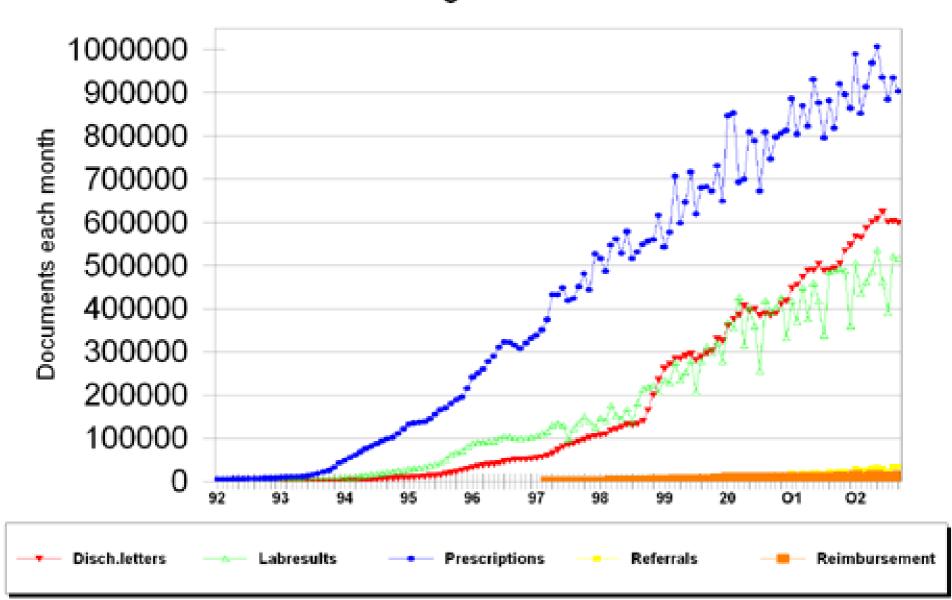
Background

- 1994: MEDCOM, EDIFACT-messages (25 mill messages per year)
- 1996-97: Action Plan for EHR decentralized, pilots
 - "There is need for standards and common terminology"
- 1999: National Strategy for Information Technology in <u>Hospitals</u> "EHRs shall become <u>the</u> core of IT systems in hospitals"
- 2003: National Strategy for Information Technology in the <u>Health</u> <u>Care System</u> (2003-2007)
 - "Shared information is the foundation for seamless care and patient involvement"

MEDCOM STATUS

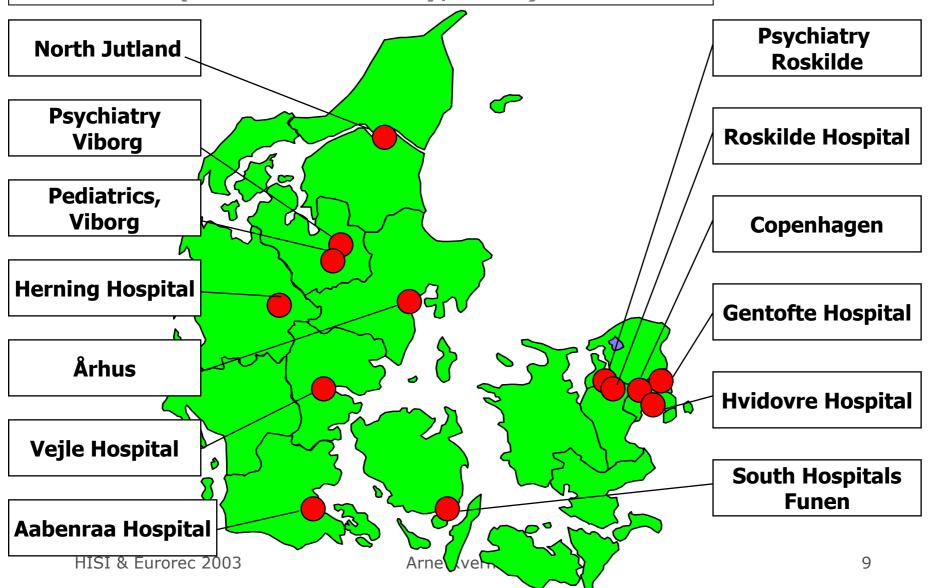


MedCom -The Danish Health Data Network Messages/Month



Observed HEP EHR sites

(EPR-observatory, 1999)



Copenhagen 20. februar 2001







Sündhedsstyrelsen

Parterne er på den baggrund enige om de overordnede principper for standardisering og udbredelse af EPJ, der er beskrevet i vedlagte notat. Principperne vedrører fælles ansvar for udviklingen, fælles mål for funktionaliteten og fælles standardspecifikation for EPJ, som udvikles af Sundhedsstyrelsen i samarbejde med sygehusejerne. Parterne opfordrer til, at de beskrevne principper lægges til grund for det videre arbejde med EPJ i Danmark.

Arne Rolighed Sundhedsminister Kresten Philipsen
Formand for Amtsrådsforeningen

Jens Kristian Gøtrik Medicinaldirektør HISI & Eurorec 2003 Peter Martinussen Bestyrelsesformand for H:S



What did they sign in 2001?

- Episode of care based
- Structured information
- Report to clinical databases for quality
- Standardized terminology & classifications
- Shared responsibility for testing & pilots

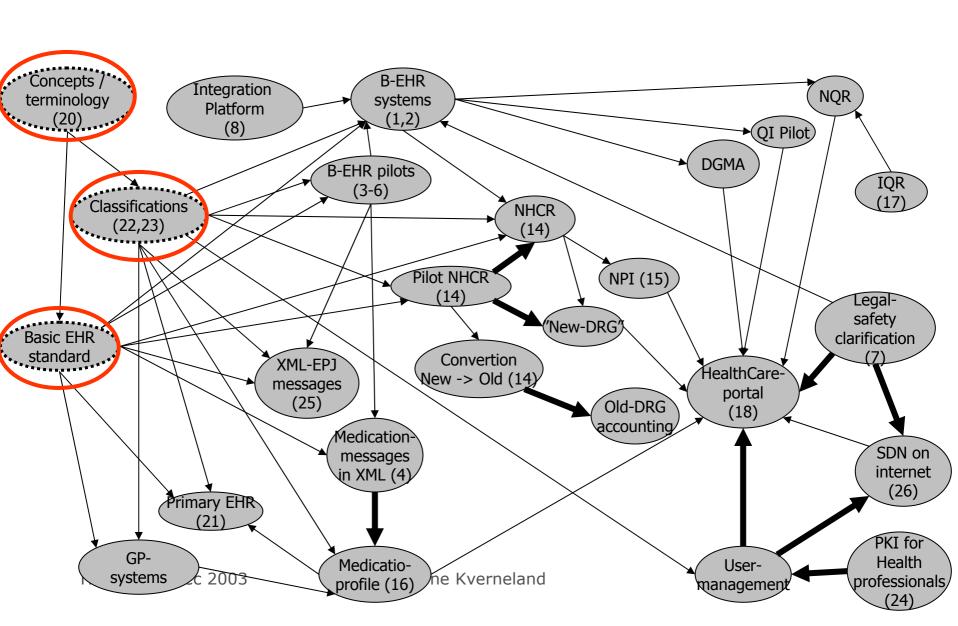


Why make a National IT-Strategy

- Try to achieve agreement about the vision
- Try to keep shortsighted goals in focus together with the future needs
- Point out the needed initiatives and who is responsible



Initiatives of the strategy





3 Major initiatives of the 2003-2007 strategy

- Coordinated development, test & implementation of EHRs
 - based on The National Basic Conceptual Model for EHR "The Clinical Processes and its elements"
- A national terminology server and organization (NBH)
 - Web-access to web-application
 - National Concept Council & working groups
- Common classifications
 - International & national classification
 - SNOMED CT?



Many stakeholders

- Ministry of Health and Interior
- National Board of Health
- 14 Counties and County Concil
- Copenhagen Hospital corp.



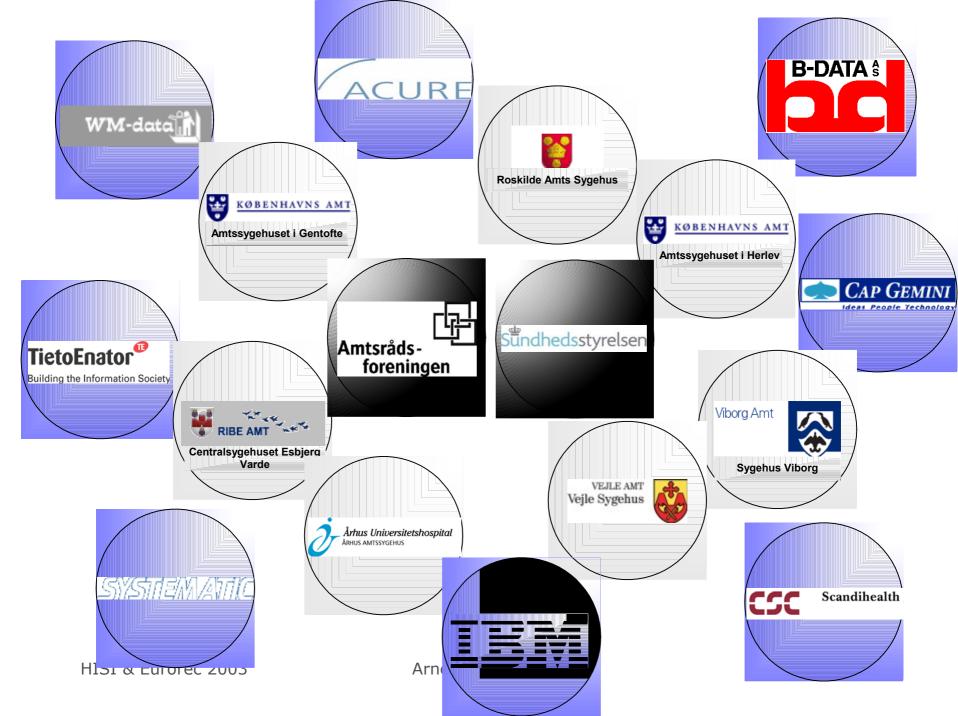
Many Operators

- The National Health Portal
- Center for Health Telematics
- Vendors
- Hospitals
- Professional societies
- Labour organisations
- Ministry of Science
- Medicin Agency



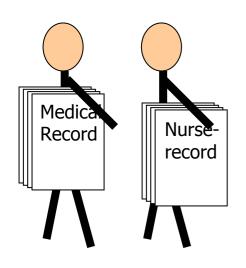
Can the strategy be carried through?

- Compiled in a close cooperation (10 months)
- Many initiatives
- Follow-up group
- Revision of the work plan after 2½ year
- Strategic pilot-project

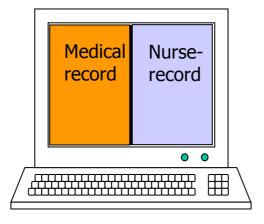




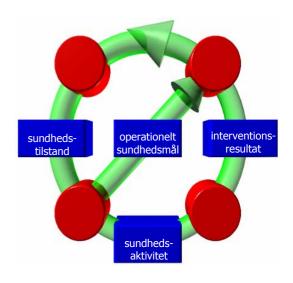
The proces of real common information....



Each profession has their own record



"if I can see yours, you can see mine!"

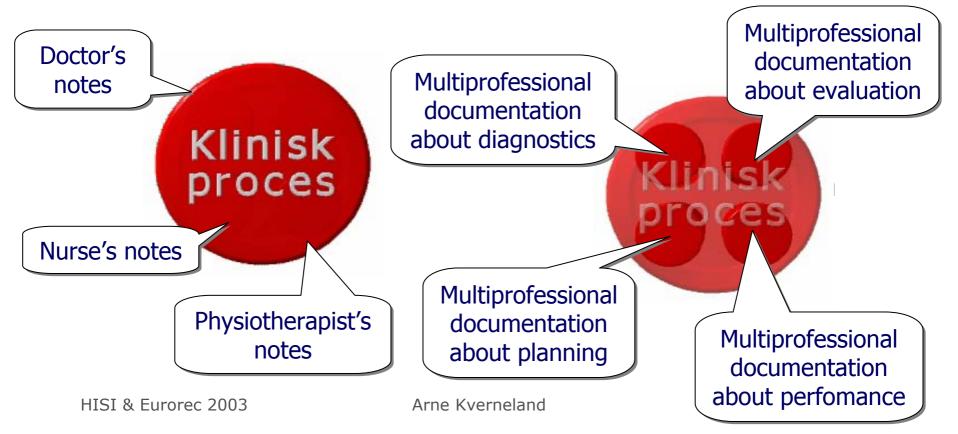


Real common information

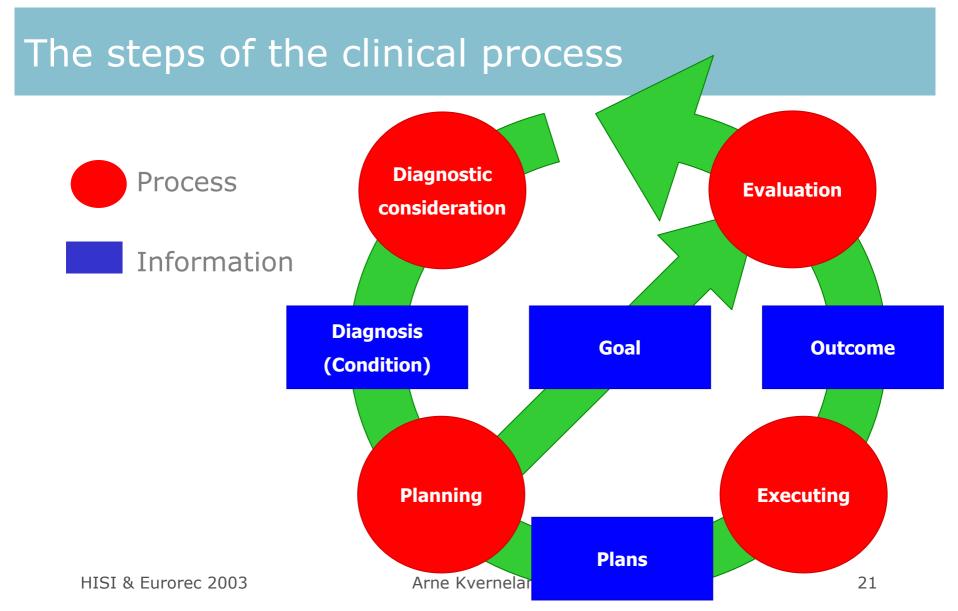
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Structured clinical documentation with a multiprofessional procesmodel

- A general process
 - Meaningful for clinicians
 - Multi-professional understood







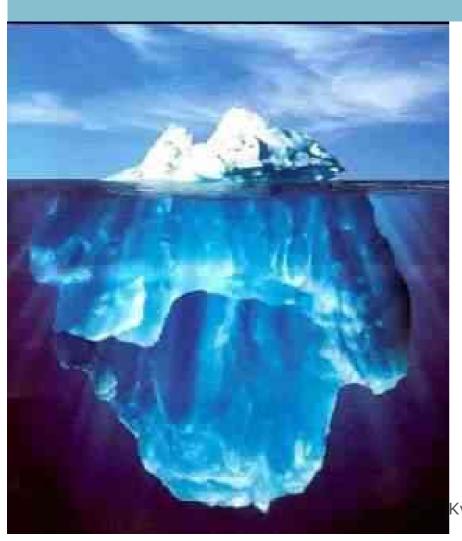


How much can a strategy include?

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AN ICEBERG - A METAPHOR FOR A STRATEGY



- The visible part over water
- The supporting part invisible, under water
- How much of an ITstrategy is under water ?
- **•** 60 % ?
- 80 % ?
- Is it only 20-40 the strategy can describe?

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Strategic planning....50 years of experience

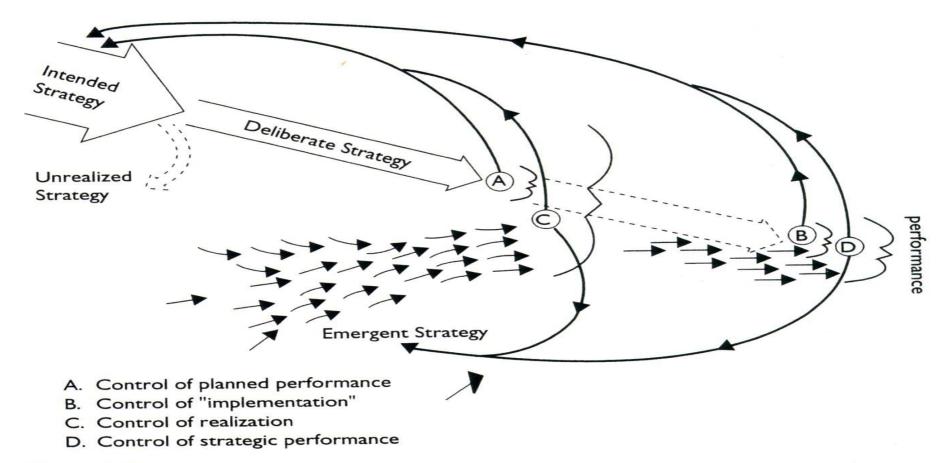
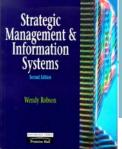


Figure 6–5 Strategic Control: Traditional (A and B); Enlarged (C and D)



When does a strategy have effect ?

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It takes 5 years before the benefit begins to materialise...

Name Life Printer			
	PLANNING	METHODOLOGY	OBJECTIVE
Stage 1	Inexperience	"Bottom-up", experts	Management understanding
Stage 2	Inadequate business plan	"Top-down", Management run	Agreeing priorities
Stage 3	Complexity apparent	"Bottom-up" "Top-down", prototyping	Strategy plan shaping up
Stage		otic period. Selection to lead into stage 4.	
Stage 4	Impatience for benefits	"Indside-out" management and users in control	Finding opportunities
Stage 5	Maturity	Multiple methods accepted. Partnerskip	Integrated IT and business strategy



Challenges

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Part of the strategy: The Danish EMR-project

- Modelling and documenting at 3 levels
 - Conceptual level modelling real world concepts using UML notation
 - 2. Logical level modelling class diagrams and use cases using UML notation applying datalogical restrictions
 - 3. Physical level modelling implementation models XML schemes
- Testing the model in major pilot project throughout 2003-2004

Link: www.medinfo.dk/epj (Danish only)



Danish Conceptual Model vs. CEN/ENV 13606

- CEN/ENV 13606, Part 1 contains the extended reference architecture for communicating health related information partly or solely by EHR
- Both models use object oriented analysis documented in UML notation
- 13606 focuses on the composition of the EHR as a documentation system inspired by traditional paper files
- The Danish model addresses the information processing in clinical situations, including relations and structure of the information components



Further development

- Modelling and documenting at 3 levels
 - Conceptual level modelling real world concepts using UML notation
 - 2. Logical level modelling class diagrams and use cases using UML notation applying datalogical restrictions
 - 3. Physical level modelling implementation models XML schemas
- Major pilots are testing the model in clinical settings throughout 2003-2004

Link: www.medinfo.dk/epj (Danish only)

