

HIMSS Europe CIO Summit Presented by HIMSS Analytics Europe

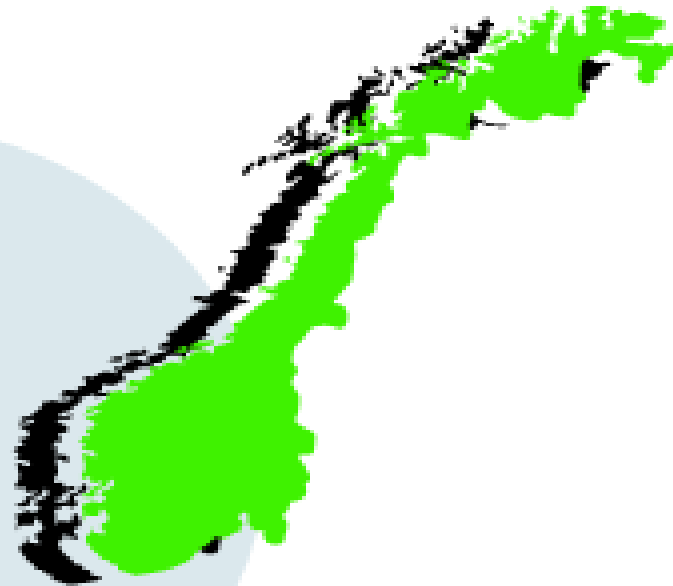
Geneva, Switzerland
20 – 22 November

EMR migration: ensuring data persistency and interoperability- experiences from the Nordic countries

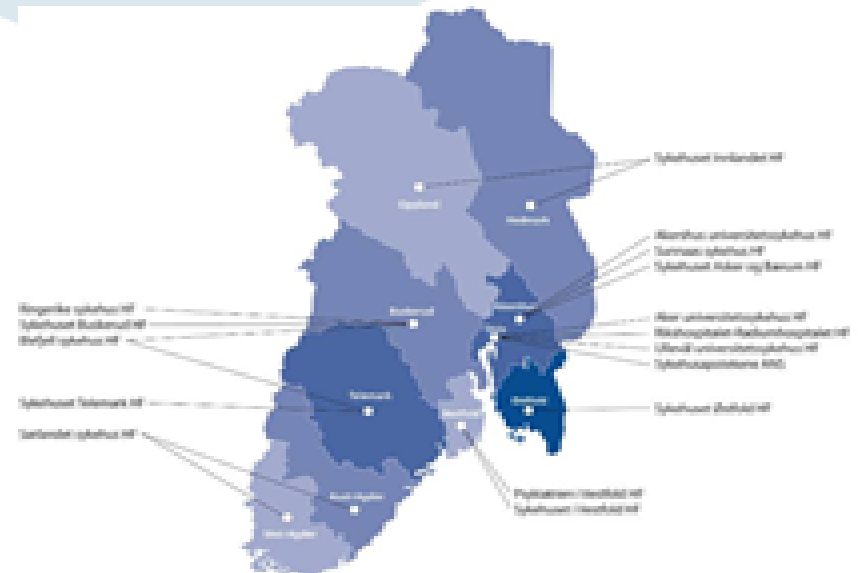
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South East Norway Regional Health Authority
Norway

South-Eastern Norway Regional Health Authority



Norway:
5 mill inhabitants
Budget: (2008) 12 billions Euros / year
for hospital health care



2,75 mill inhabitants

Budget: 7 billions Euros / year for
hospital health care

69 000 employees



Norway (just a little bit different?)

- **National investments abroad: 470 billions Euro**
- **National debts: practically non existent**
- **National income tax from oil producing companies: 78%**
- **Unemployment rate : 2,7%**
- **Official age of retirement: 67 years**

Norway (just a little bit different?)

- **Out of work due to permanent disability:**
30% of the inhabitants available for work
- **Part of population temporarily away from work due to sick leave: 7% (employed in health care 9-10%)**
- **National budget for Healthcare: No 1 in the world (paid by taxes), No 2 (taxes and private spending, behind USA, OECD 2011)**
- **1/160 inhabitant in Oslo is a MD**

The process in our region: EMRs aim to move away from the silos



Our systems so far have been of the silo type

Moving ahead two models were evaluated:

1. The large Suites
2. Best of breed integrated through a portal system

Quality in health care

Status in Norway 2009:

- ✓ 2 000 deaths from adverse incidents in health care every year
- ✓ 1 000 of these could have been avoided with proper procedures
- ✓ 15 000 patients with permanent disability caused by adverse incidents every year
- ✓ 490 000 extra days in hospital due to adverse incidents every year
- ✓ 2 billions NOK extra cost pr. year
- ✓ 1 patient in every 300 dies from adverse incidents in hospitals, 1 in every 10 million passengers die from accidents in air-transportation

These numbers seem to be stable and the same all over the western world, and they remain unchanged from 1980 – 2006

Status 2011 (Norwegian Resourcecenter):

- 4 500 deaths due to adverse incidents in Norwegian Healthcare
- 0,6 % of all patients admitted to hospital die from adverse incidents

HELSE  SØR-ØST

Norway compared to the rest of the nordic countries, conclusions

- More doctors in hospitals
- More nurses in hospitals
- Lower productivity
- Higher costs
- Quality of care not better
- Average stay in hospital longer

Nordic countries: early users of EMRs

- Small differences in healthcare systems and financing healthcare
- Average level of IT knowledge in society similar and high
- Average standard and use of IT in society similar and high
- Introduction of EMR-systems started in the 1990s
2002- 2005 most hospitals had EMR as standard documentation system

Highlights from Scandinavia

Denmark:

- Several hospitals at stage 6 on the HIMSS scale
- The national portal *Sundhed.dk*

Sweden:

- > 80% of all prescriptions to pharmacies are electronic
- A well functioning central EMR-system that gives access for health personell to core information of any Swedish patient

Norway:

- No interoperability between hospitals EMR-systems
- Interoperability between specialized care and primary care limited
- No electronic perscriptions to pharmacies (ongoing pilots in primary health care)

Strategy for improvement

- Evaluate and accept the gap
- Define the wanted situation in quality and efficiency
- Make a roadmap to the wanted situation
- Define the tools to get there
 - Accept for the situation by politicians and authorities
 - Define the need for financial support
 - Define a tool for measuring your moves
 - Look for assistance to get there (vendors, companies who made the same movement and succeeded)

Find a place to start and make a few quick wins

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