A comparison of approaches to providing patients access to summary care records across old and new Europe: An exploration of facilitators and barriers to implementation

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Context – systematic review of online access (UK DH funded)


Previous review of English Summary Care Record & French DMP

**Overview**

**Aim:** Contrast different approaches to online access

- **Method**
  - Sampling frame of “Old” & “New” Europe Literature review

- **Results**
  - English system “Summary Care Record” (SCR) initial patient access via “HealthSpace” replaced by access to GP records. Policy
  - Denmark & Ireland provided access rights to view their records.
  - Romania, Croatia, Greece and Russia no national systems
  - Overall uptake is <5%

- **Discussion**
  - There is poor uptake of these systems
Introduction
Patient empowerment is welcomed
Introduction:

• **Goals of providing online access to patients**
  - Empower patients
  - Enhance doctor-patient communications
  - Patients & other groups advocate
  - Link to online information to support care

• **Challenges in providing online access**
  - Cost
  - Low benefit (though also low risk)
Objectives:

Objective:

To compare the programmes and lessons from the introduction of patient access

Excluded: (1) “Transactional services” – billing, appointment booking

(2) Specialist medical records – e.g. for dialysis patients
Method
Method:

- Purposeful sample of “old” and “new” Europe
  - Large & small countries
  - Geographical spread
- Authors’ first hand knowledge of these systems
- Expert informants
- Literature review
- European Commissions e-Health Country brief
Results
Results

• Croatia:
  - Croatian Academy of Medical Sciences declaration supports online access
  - Prescriptions, Tests requests & Referrals could be viewed for GPs who are part of the e-Health system... *but are not used*

• Denmark:
  - Widespread use of email to consult & remind patients
  - Put in place an effective business model
Results (2):

- **England:**
  - Considerable investment in Summary Care record (£100 million) – part was online access
  - Criticised in National Audit Office Report
  - New emphasis on patient on-line access

- **Estonia:**
  - Since 2009 all health providers to send standard datasets (HL7 documents) to Estonian Health Information System (EHIS) – complete for 75% pop
  - Costs around Euro 3million (for 1.3million population) – Accessed by 3.5% pop
Results (3)

• France  
  - Dossier Médical Personnel (DMP) established 2004  
  - Opt-in model  
  - Costs Euro 210 million – for uptake of 300K records  
  - Can only be opened by physicians with agreement of patients  
  - Also online patient access

• Greece  
  - No current plans
Dossier Médical Personnel - France
Results (4)

- **Ireland**
  - No access to records
  - Patient Treatment Register (PTR) can be accessed electronically waiting times
  - Health Information and Quality Authority (HIQA) online data about services and quality
  - 24 hour online/phone access plans not realised

- **Russia**
  - Electronic medical care (EMC) under construction
  - Private “med@rchive” type services
Results summary

• Three National Schemes
  – Estonia & France – similar systems
  – England – central access to summary (opt out)
  – All have low uptake – 2 out of 3 very expensive

• Wide use of email
  – Denmark

• Croatia, Ireland, Greece, Russia
  – No National systems
Summary
Summary:

• Very different systems have had poor uptake
  – 5% of the population use current National schemes

• Nearly all clinicians support patient access to information & autonomy

• Transactional services & email have better uptake
  – Online appointments
  – Prescription requests etc.

• Does the model of medical records need a rethink?

• Are new business models needed to support uptake?
The End!

- Thanks for listening...
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