Social Care Informatics – the Missing Partner in eHealth

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• “Health” is a state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity
• Health services alone cannot provide this
• Social Care is thus vital, particularly for those with chronic diseases
• For holistic support, health and social care must be harmonised
Care Delivery

• Thus, delivery of Health and Social Care should be linked
• Records, and delivery, should have ethical linkages
• Both services are moving to Electronic Records
• From a Citizen viewpoint, harmony between electronic health and social care records is important
However, major challenges exist:
• Different agencies for Health and Social care
• Different delivery organisations
• Different record styles
• Ethics and confidentiality
• Lack of a forum
• Need for Social Care Informatics professionalism
Different Agencies

- **Health**
  - Usually high-level integration
  - Dedicated service
  - Strong culture, rules, etc.

- **Social care**
  - Local, society-linked
  - Often municipal
  - Provider may not be social-care specific
Different Delivery Agencies

• **Health**
  – Reasonably integrated delivery
  – Very limited use of sub-contractors

• **Social Care**
  – Specialist delivery
  – Often local contractors
  – Private, and not-for-profit, providers
  – Mixed economy
  – Citizens may contribute, e.g. neighbours
Differences in Records

• **Health Records**
  – Narrow but deep
  – High technical component
  – Largely objective
  – One person, little third party data

• **Social Care Records**
  – Broad but shallow
  – Much description, preferences, views
  – Social context means third parties identified
Challenges of Record Sharing

- Identifier – may be different
- Privacy versus Integrated Care Delivery
- Different groups of named persons
- Family and societal issues
- Some important but low level issues
  - E.g. avoiding clashing delivery times
- Higher level issues also important
  - Teacher, housing warden knowing medication, or emergency responses
Examples of Current Position

- **UK** – principles, assessment; very limited practice of shared records
- **Finland** – common delivery; active issues
- **Netherlands** – little awareness or action
- **Sweden** – small pilot; national structures

- **eChallenges** – main European forum where this is being discussed.
Need for Informatics Professionalism

- Separate profession, or sub-specialism?
- Evidence Generation, Publication
  - with health, or separate?
- End-user education
- Standards
- Governance and Legislation
Conclusion

• Increasing dependent elements of society
• Increasing expectations of service
• Integrated and holistic care the norm
• Citizen-focused philosophy, and delivery

• Health and Social Care must work together
• Informatics must work together
• What is EFMI’s position as a leader?