ELGA

the Electronic Health Record
in Austria

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www.initiative-elga.at

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There are three types of organisations:

- those who make things happen,
- those who watch things happen and
- those who wonder what has happened!“

“... improvement never stops!“ ©
Main concerns:

- Privacy
- Usability
- Legal perspectives
- Costs
- Workload for HSP`s

Government organisation

- Organisational issues
- Legal preconditions
- Finances
- Technical environment
- Political issues
Why EHR?

- International trend, due to data amount
- Better availability, faster access, better interoperability
- Health market is still an upcoming business for IT-industry
- Cost effectiveness often also is an argument
- EU-driven purpose to implement EHR`s in Europe, but health systems still are very heterogeneous
Situation in Austria

• **Most austrian doctors** use (and in our social health system need to use !) electronic data systems and have their **personal office-software**

• **Most lab results, radiology reports, specialist reports** and **hospital discharge summaries** already today are forwarded electronically to the **requesting physician** via special medical data transmitting systems („Medicalnet“, „DA-ME“) directly into the office software system:

  („push-system“)
Confirm of consent by the patient

Ich, ............................................................................................... bin einverstanden, dass ............................................................... meine Daten (siehe unten) bei folgenden Krankenanstalten ermittelt. Gleichzeitig stimme ich zu, dass diese angefragten Krankenanstalten diese Daten an den Wiener Krankenanstaltenverbund übermittelt.

- Anzufragende Krankenanstalten: .............................................
- Aufenthalt: ..............................................................
- Zu ermittelnde Daten über die angegebenen Aufenthalte:
  - Patientenidentifikationsnummer
  - Aufenthaltsdauer (von – bis), Aufenthaltstyp (stationär oder ambulant), Anstalt, Medizinische Organisationseinheit (Abteilungskostenstelle inkl. Transfer)
  - Patienten-/Arztbrief
  - Krankengeschichte

- Zweck: Die Ermittlung der Daten erfolgt einmalig / wiederkehrend für diesen Aufenthalt zum Zwecke meiner besseren und wirkungsvollen Behandlung.


Heinrich Test
(Datum, Unterschrift)
„Step-Modell“ (Schlemmer-Schindelwig)

1) Query of patient - identifikation

2) Query of hospitalisation-datas

3) Query of physician/patient-discharge-report

combined

4) Query of additional hospitalisation datas

Still concept:
E-Health: ELGA - The Electronic Health Record in Austria

Hospital - Database

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Initiative ELGA

ARGE ELGA
Idea of ELGA

(Elektronische Gesundheitsakte) = Austria’s EHR

- “pull-system”!

- Data are available independently of place and time (cost-saving) at the place of treatment for all authorized persons according to the tasks and needs of these persons and in compliance with data protection rules.

- ELGA contains relevant multimedia-based and health related data and information referring to a precisely identified person.

- Data und information originate from
  - different health service providers and
  - from the patient himself/herself

and are stored in one or several different information systems (virtual health record).
E-Health: ELGA - The Electronic Health Record in Austria

Connecting:

all Health Service Providers in Austria

• ~ 35.000 Doctors
• ~ 4.500 Dentists
• ~ 5.100 Pharmacists
• ~ 1.200 Pharmacies
• 269 Hospitals
• ~ 755 Independent ambulatory
• ? Nursing Homes with medical supervision

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• ~ 60.000 nurses
• ~ 1.700 midwifes
• ~ 5.129 Health Psychologists
• ~ 5.149 Clinical Psychologies
Users of ELGA

- Government Statistics Regulation Planning
- Social Insurance
- Care Institutions, Retirement homes
- Ambulancies,
- Laboratories
- Hospitals
- Pharmacies
- Doctors Institutes
- Citizens and Patients
The benefits of ELGA for patients

- More information about your own health data
- More and better quality information
- Faster access to data
- No delays – earlier start of therapy
- Redundant checks to be reduced
- Better and safer data management
- Better quality of communication
- Better and safer data management
- „Full picture“ – all relevant data available
- Driver towards more patient orientation
- Decentralised creation, storage and retrieval of data
- Competitive market for suppliers of technology
Improved continuity of care

can be defined as ensuring a :

seamless pathway for the patients care

It is partly dependant on the coordination between health professionals and it is an essential criterion of quality

• between hospitals,
• inside/outside hospitals;
• inside hospitals;
• between health professionals of primary care sector;
• health professionals in a cross border context;
• between health professionals and patients.
Health Networks in Austria
The Austrian e-card System

• The Main Association of Austrian Social Security Institutions was entrusted by law with the introduction and operation of the “Electronic Administration System”. The aim of this is to support administrative processes between insured people, employers, doctors and hospitals as well as Social Security Institutions.

• The first step was the replacement of health insurance vouchers by a smart card – however the Austrian e-card is now much more than only a online health insurance card.
The Austrian e-card System

- The e-card system provides a secure broadband connection within the health sector and the infrastructure for a number of future projects ("rail system").

- In addition, the Austrian e-card contains signature applications and is ready to be used as a citizen card.
Task Force Electronic Health Record
Arbeitsgemeinschaft Elektronische Gesundheitsakte - ARGE ELGA

- Decision of **Federal Health Commission** from July 2006 concerning establishment of Arge ELGA and financial remuneration

- Working basis of **Arge ELGA** is an agreement between
  - Federal Government
  - Provinces and
  - Social Insurance Institutions

- **Since September 2006** ARGE ELGA is acting operationally
  Location: A-1020 Vienna, Schiffamtsgasse 15
Initial Situation

- Legislation
- Political target and assignment
- Technical preconditions
- Legal framework
- Acceptance
Preconditions for ELGA

- participation in the „making-of“ ELGA

- **Close cooperation** with all groups
  - Federal Government
  - Provinces
  - Social Insurance Institutions
  - stakeholder
  - Health Service Provider
  - experts (e-Health, architecture; privacy law, data security, ...)
  - ...

- **Data protection and privacy** is indispensable for the success of ELGA
ELGA Projects

- HSP Index
- Patient Index
- Document-Registry
- Authorisation-System
- Portal
- Core Applications

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Core Applications

- e-Medication
- e-report laboratory
- e-report radiology
- discharge summary
ELGA View on Data

- HSP Index
- Master Patient Index
- Registry

Central Storage of Data

HSP - Local Storage of Data

- Radiology reports
- Laboratory reports
- Medication
- Discharge Summary

HSP

Authorization System

Patient

HSP Index

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Interoperability –
Standards and Catalogs

- Technical *(syntactical)* interoperability
- Content wise *(semantical)* interoperability

- Requirement:
  Assortment of *international standards*

  - Standards rise quality and reduce costs!
  - Standards promote competition!
ELGA: costs

- Proposed: 30 Millions of Euro`s for the initial concept and applications
- Real costs still unknown
- For comparison: similar systems in Germany: estimated costs up to 7 billions of Euro`s
- England: 20 Billions of Euro`s already invested in refurbishing NHS – datasystems, estimated 10 more billions needed
Main messages about the making of ELGA

• ELGA is still „in the making“

• The planning of ELGA will allow for a maximum of participation

• doctors, patient groups and privacy experts are the main stakeholders
Thank you for your attention!

Have an interesting stay!

Enjoy Austria!