



# **bridging the gap between health care professionals and eHealth industry**

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# Overview

- Why is the gap between HC professionals and eHealth industry important?
  - What is it and why is it there
  - Cost of gap
  - Specifics in SEE
- How to reduce the gap?
  - Theory
  - Practice
- Off the record...

# References

- [bit.ly/at\\_health](http://bit.ly/at_health)



How the customer explained it



How the Project Leader understood it



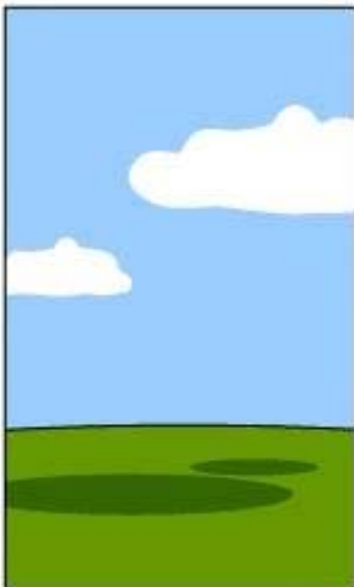
How the Analyst designed it



How the Programmer wrote it



How the Business Consultant described it



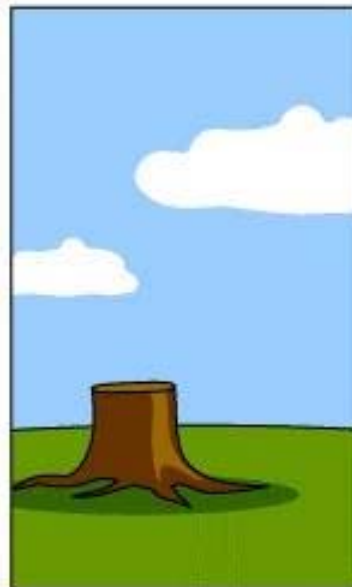
How the project was documented



What operations installed



How the customer was billed



How it was supported



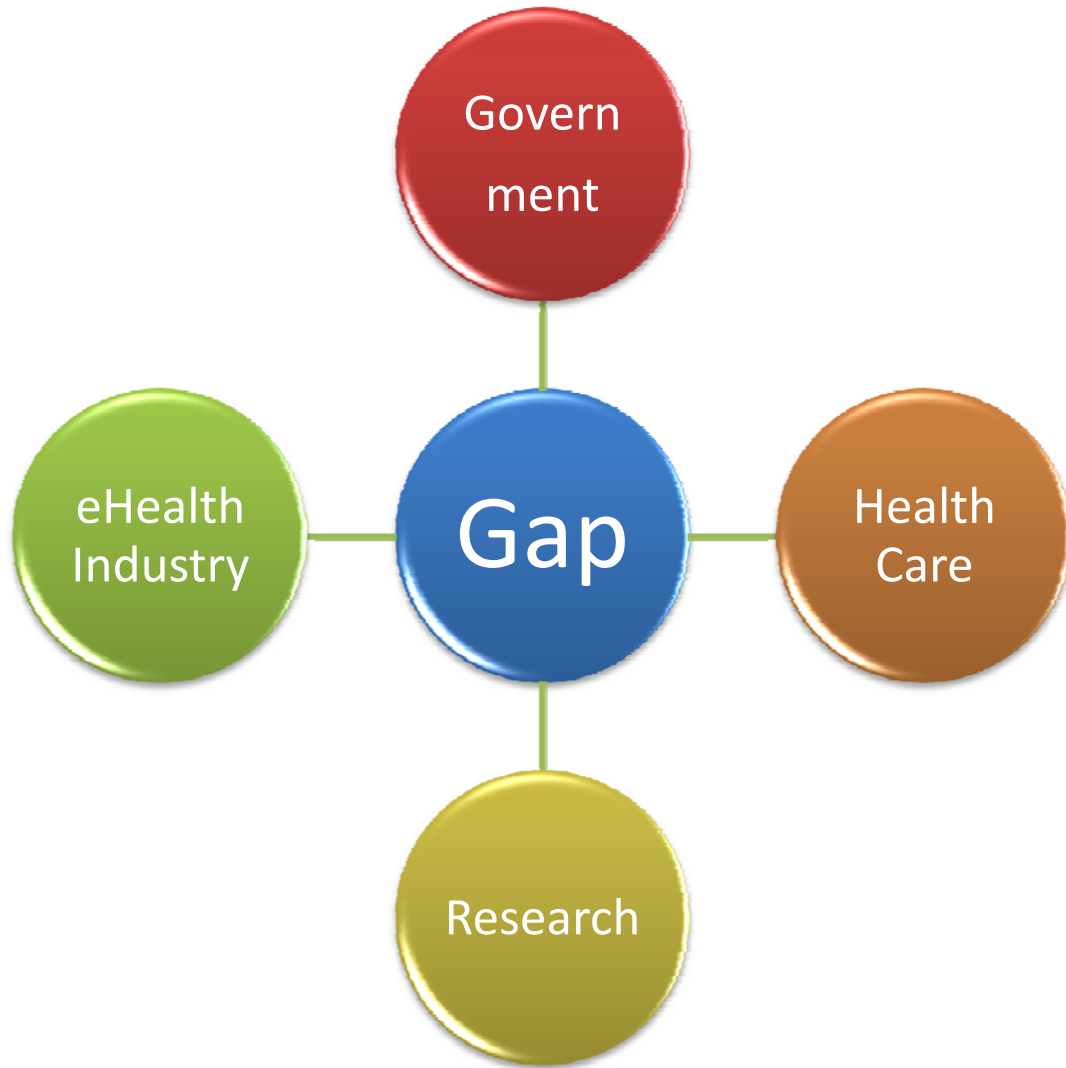
What the customer really needed



# eHealth gap



# eHealth gap





# HC professionals vs. eH industry

- Any different than in other industries?
- eHealth: can be disruptive
- Usual IT development issues (over time, over budget, etc.)
- 40 – 60+ % project failure rate\*
  
- Medicine: art/science, specifics of health care information\*\*
- Mostly dealing with MDs: few of a kind, tradition, patient relationship etc.
- Nearly half of projects obstructed\*

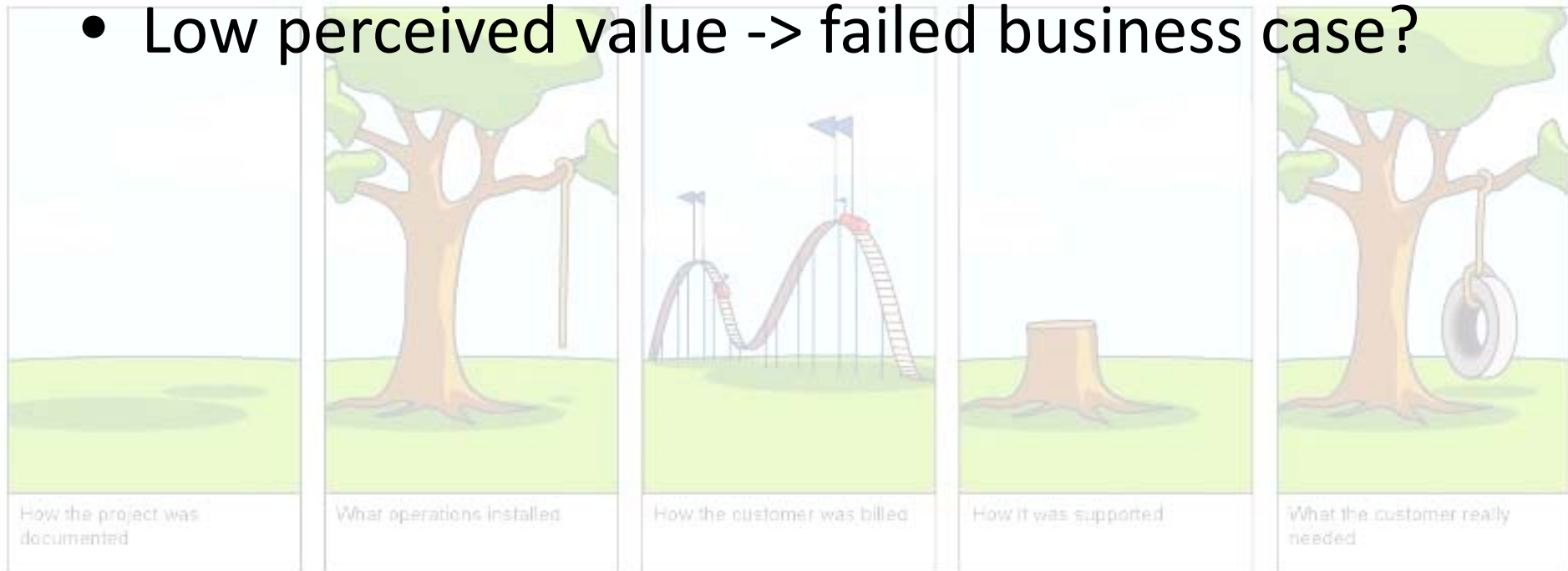
*\*Kaplan 2009; Robbins-Gioia 2001 & others*

*\*\*Health Information Management. Berg 2004*

# Why is the gap important?

- Plans vs. reality in eHealth strategy.
- Failure rates
- Low uptake or attrition

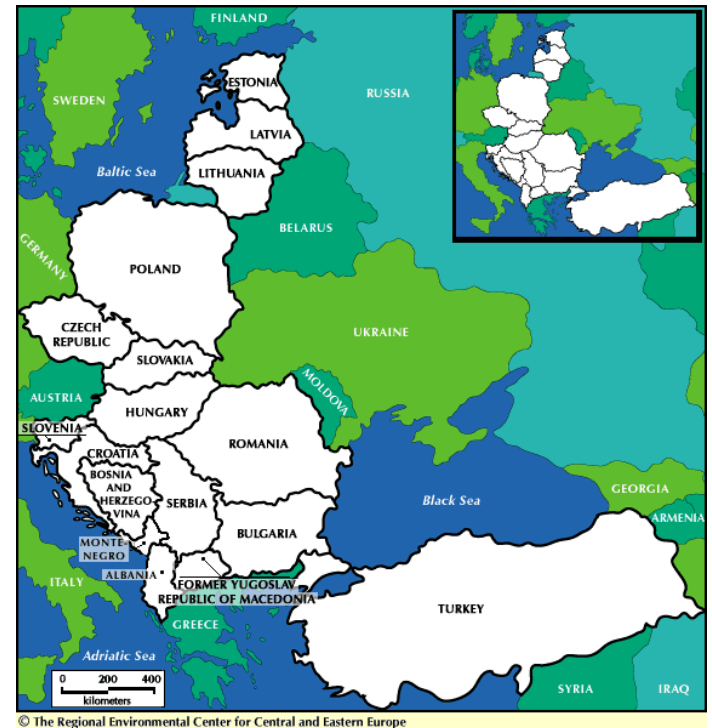
- Low perceived value -> failed business case?





# Gap specifics – S&CEE

- Health care system and providers:
- Lower %GDP spending on healthcare, old infrastructure
- Shielding from operational performance
- Missing outcome reporting and quality evaluation
- Concentrated/centralized provider side
- Hesitation towards collaboration with private sector



*Slovenian healthcare reform and the prospects for innovation - an "outsider's perspective. Pugatch 2008*

# Gap specifics – S&CEE

- Missing incentives for efficiency (financing schemes)
- Low transparency (error shielding)
- Less formal process (less guidelines and pathways, grey economy provides bypasses and difference in service level within the system)
- Overall eBusiness lag



- Lower perceived added value of eHealth
- Lower willingness to pay for eHealth services
- Different structure of eHealth needs than WE:

Why bother?

# Benefits of reducing the gap

- Health care provider satisfaction, willingness to pay
- Risk reduction for industry and projects
- Market growth
- Increased market response to new technologies
- ...

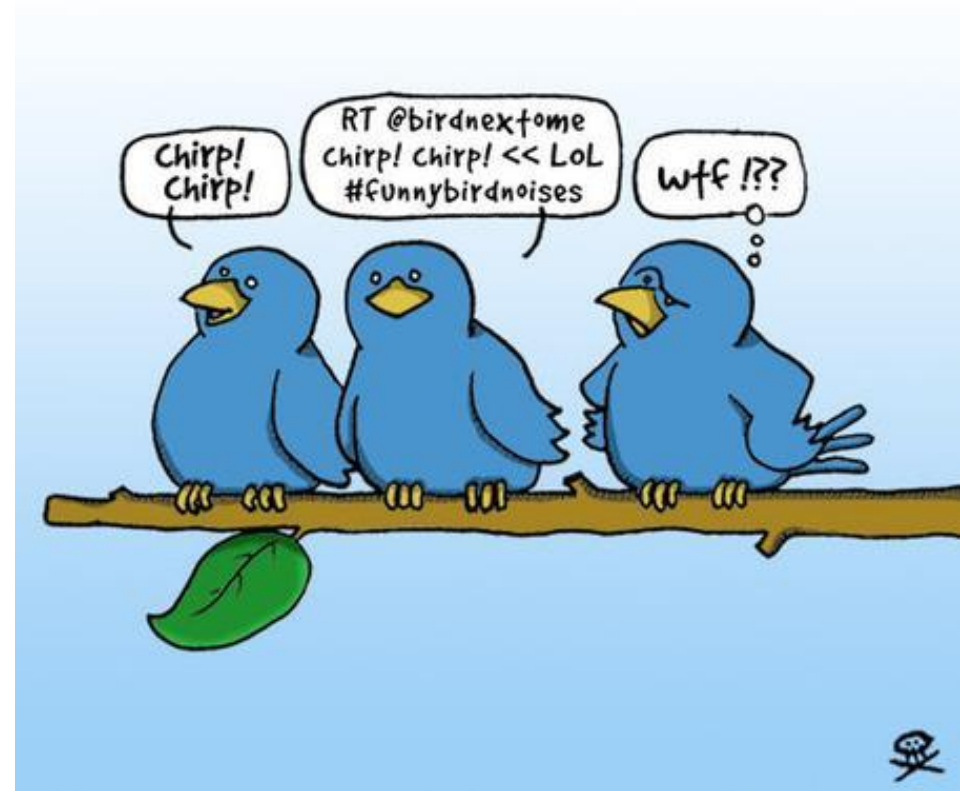
## Barriers affecting the development of the demand

Until now, market forces have not ensured a sufficient availability or take-up of ICT-enabled solutions for health. The major challenges are described in the eHealth Communication and Action Plan (COM (2004) 356 final). Here we focus on the following challenges that are proposed to be addressed within the framework of the Lead Market Initiative:

- A) Market fragmentation and lack of interoperability
- B) Lack of legal certainty
- C) Insufficient availability of financial support
- D) Procurement issues

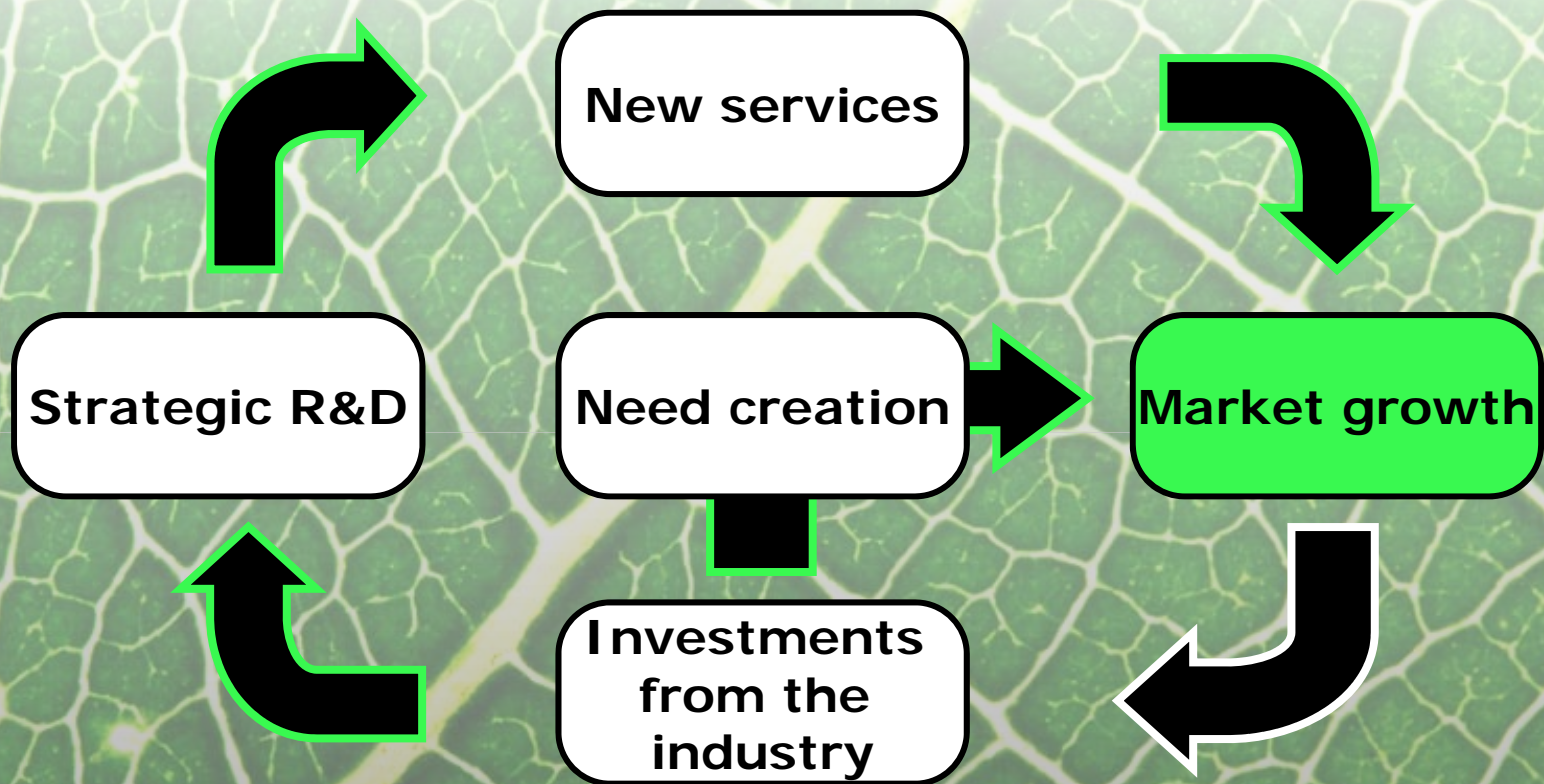
# Reducing the gap

- Improve communication and understanding of the other party:
  - Education on both sides
  - Mediation by interdisciplinary experts
- Create need:
  - Good practice exchange events & channels
- BizDev: Prepare cases with clear \$\$ and effort outcome (reference).
- Find common goals:
  - Research funding





Good practice examples



# Research

- Applicative – add value!
- Clinical trials – measure!
- Resulting in Health Technology Assessment studies – ROI/QALY/etc!
- Not forget: analysis of fitting into existing health care system!
- Business model - involve health care professionals/ providers



# HIT projects: how to listen to HC profs.?

- 1) Address **concerns**
- 2) Conduct studies in different **type and size sites**, and with different scopes of systems and different **groups** of users
- 4) Study **failures**
- 9) Integrate findings from different applications and **contextual settings**, different areas of health care, studies in other disciplines, and also work that is not published in traditional research outlets

# Research: some examples

improv@health

- Chronic care management



- Document exchange

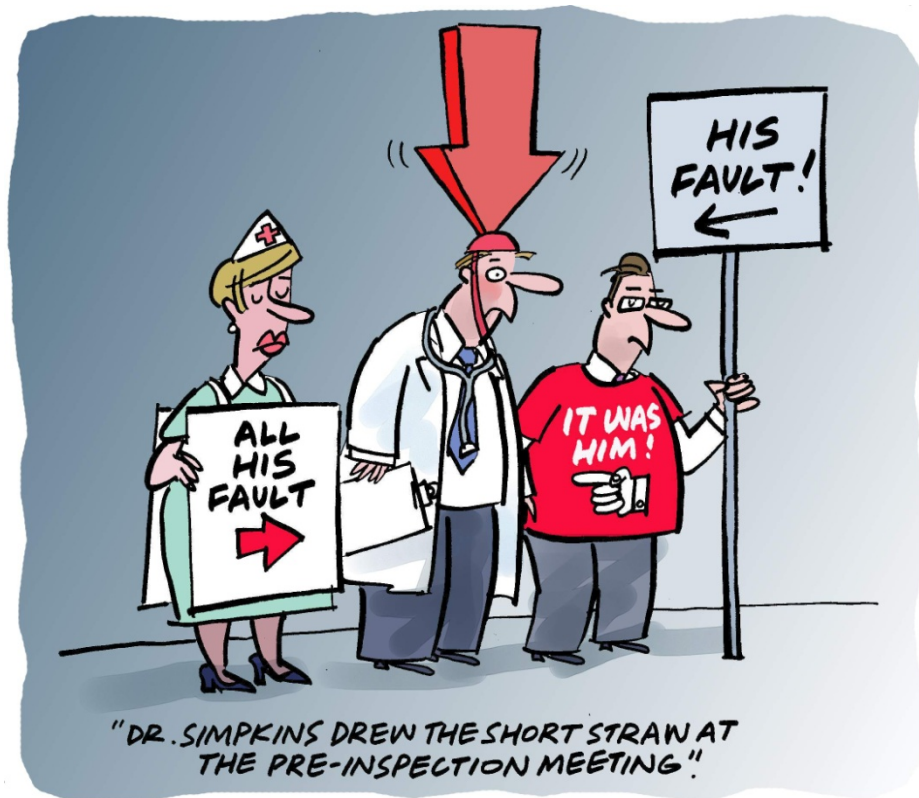
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- PHR/EHR



# Off the record...

- Do we really listen to health care professionals primary needs?
  - Industry: often has existing products to sell
  - Government: often has own agenda
- Do they always know best what they need?\*
- Do we always need to listen? \*\*
- National eHealth Project in Slovenia: availability of clinicians is an issue.



# Mind the ...

- Plan gap - related resources in advance.
- Invest in connecting with and understanding HC Profs.
- Support R&D.
- Disruptive tech: Push & pull.



Thank you for your attention.

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