

E-HEALTH

BARRIERS TO PROGRESS AND THEIR RESOLUTIONS

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BACKGROUND

- www.mapofmedicine.com UCL/Royal
Free
 - NPFiT
- www.virtual-tutor.org City/Barts
- Other - finance, insurance, education, property, environment, G.I.S

FRAMEWORK

- E-Health v what's different?
- Goals
- Barriers
- Resolutions
- Implications

E-HEALTH – WHAT'S DIFFERENT?

Health v other sectors

- The Market
- Scale
- Organisational Structure
- Power of the profession
- Infrastructure
- Liability
- Insatiable Demand/Cost
- Politics – Big and small P
- Buyer v user
- Poor innovation

SETTING THE FRAMEWORK

**How you cut the coat defines
barriers and resolutions**

- Focus on goals not definitions
- What's the goal (s) of the buyer?
 - Improving speed and quality of delivery – **producer v patient/consumer?**
 - Better allocation of resources – **clinical or management led?**
 - Better control of costs – **clinical or management led?**
 - Delivery against targets – **clinical or management led?**
 - Automating current practice or radical change?

**THE CLOSER TO CULTURAL CHANGE
THE GREATER THE BARRIERS**

BARRIERS – GENERAL

- Ontological, Technical, Security standards
- Quality of suppliers and buyer
- Scale
- Costs
- Budgetary constraints
- Lack of innovation culture
- Cynicism
- Structure
- Economics
- Legislative

BARRIERS - CLINICIAN CONSERVATISM

- Safety of new technology
- Tension - Clinical v managerial
- Hierarchy and N-I-H
- Governance and liability
- Scale
- Professional bodies
- Concerns over commercialism of healthcare
- Lack of innovation culture
- Cynicism
- Clinical stretch

BARRIERS - MANAGERIAL

- Tension – Clinical – Trust – SHA – Government
- Conservatism
- Competence
- Vision v Pragmatism –
- Prioritisation/wish list/goals - who is driving the ship?
- Defining requirements
- Contractual environment
- The risk transfer mentality and environment

BARRIERS - STRUCTURE

- Scale
- Low Trust
- Pilots and N-I-H
- Cost effectiveness – but what is this?
- Legislation
- Economics

BARRIERS - SUPPLIERS

- Very long lead times
- Diffusion of decision making
- Risk aversion
- Lack of budgets
- 'Power' of big suppliers
- Procurement wish list mentality
- Software skills (inc outsourcing)
- Lack of project management skills
- Lack of payment and market mechanism
- Hype by suppliers
- Role of professional bodies

SUPPLIER BARRIER - EUROPEAN V US MODELS

Centralised

Public sector

v

Decentralised

Commercial

Poor supplier base - Vibrant supplier base

RESOLUTIONS

- Focus
- Common standards – esp ontology and security
- Split infrastructure procurement from clinical software, information and services solutions (ie WEB infrastructure analogy v rest)
- Encourage innovation culture
- Engage clinicians and managers – Common goals
- Education of clinicians and managers
- Major role change in role of professional bodies
- Flattening and consumer pressure
- National and local budgets

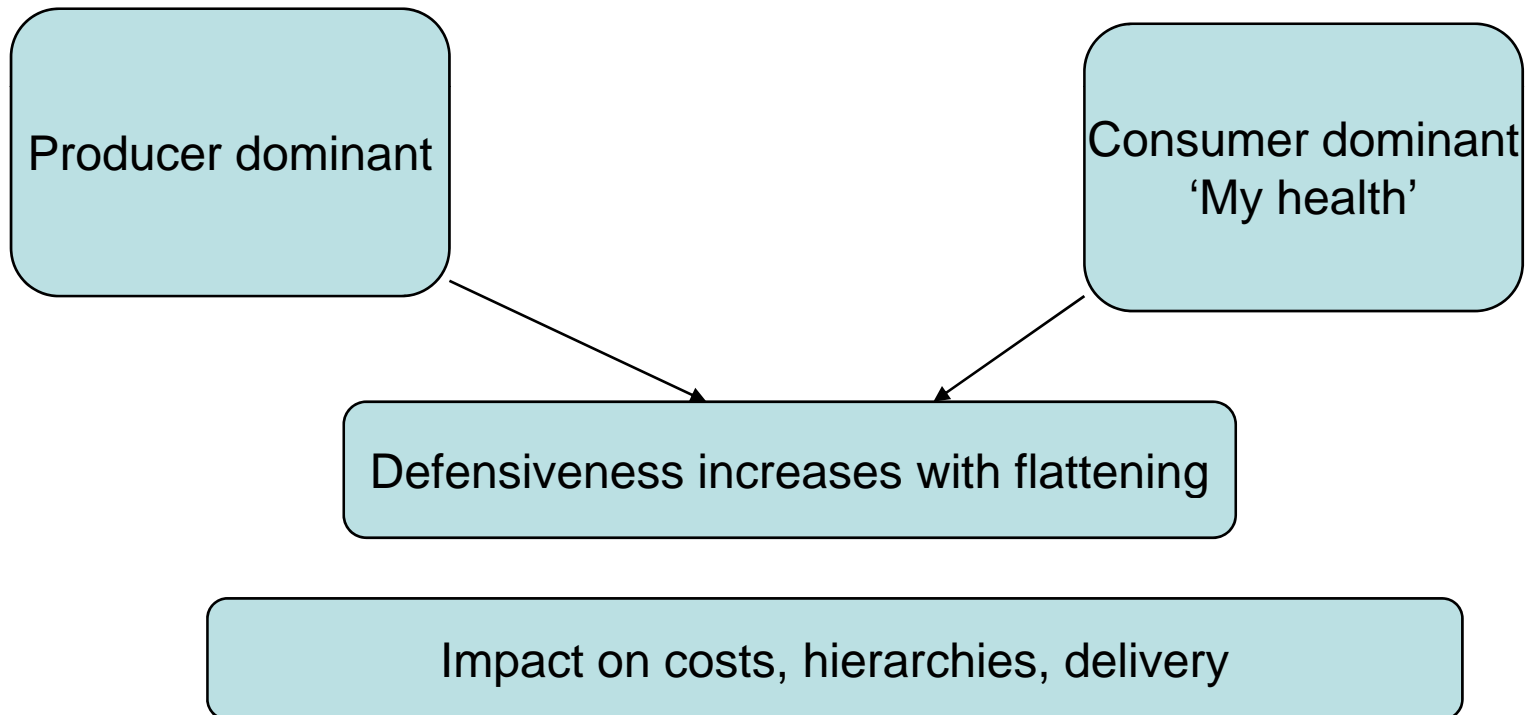
RESOLUTIONS

- Technology implementation cycle v change
- Strong contracts – less adversarial
- Contracting environment and innovation
- Privacy = f (of change requirement)
- Cross border liability and payments issues
- Learn from other procurement environments – (esp Israel)

RESOLUTION: INFRASTRUCTURE V THE REST

- Common infrastructure
- Plug in innovation
- Dedicated innovation budget/pricing of e-health applications
- Market/innovation mentality
- Encourage innovation and rewards in the HS; inc commercialisation
- Standard contracts/liability
- Area wide expertise

IMPLICATIONS



IMPLICATIONS

‘Problems cannot be solved by thinking within the framework in which they were created’

‘Success is going from failure to failure without loss of enthusiasm’

‘La moglie ubriaca, e la botte piena’