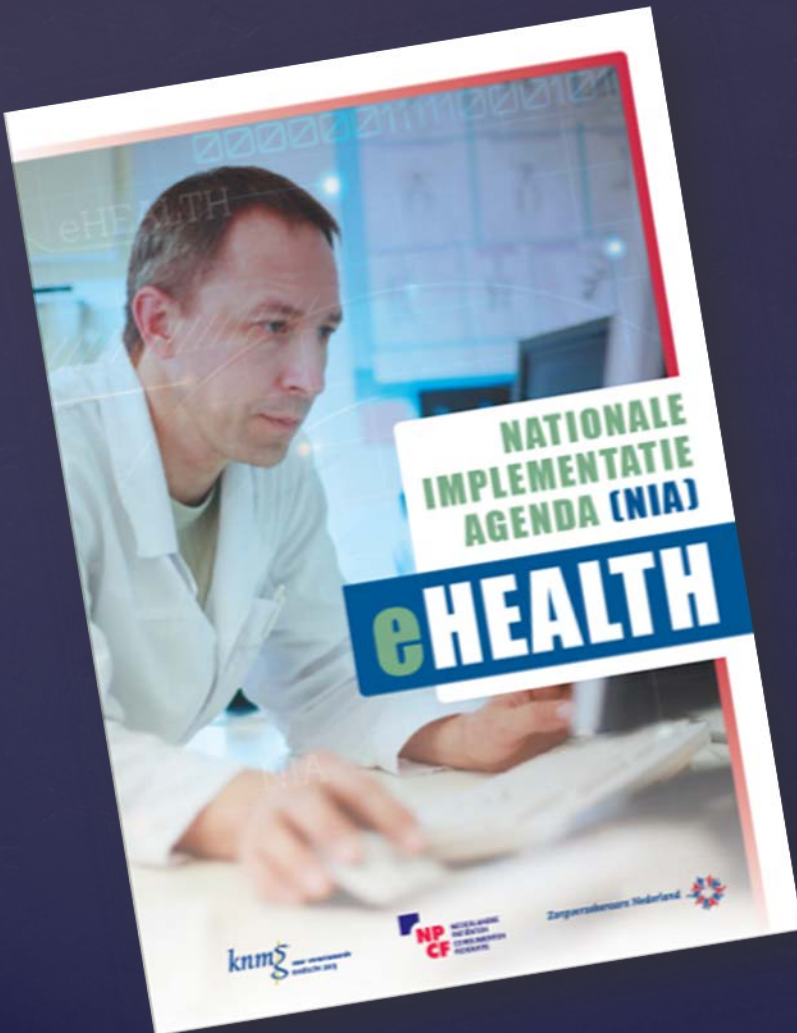{ Dr. Sjaak Nouwt
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Experiences from the National Roundtables: The Netherlands

Structure

- Telehealth/eHealth in the Netherlands
- Main outcomes of discussions on CoT findings
- Main outcomes of discussions CoT recommendations
- Top 6 recommendations as advice to the NIA partners in NL

eHealth in the Netherlands

National Implementation Agenda (NIA) for eHealth:

- Federation of Patients and Consumer Organisations (NPCF)
- Association of Health Insurers (ZN)
- Royal Dutch Medical Association (KNMG)

eHealth in the Netherlands

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Main goal NIA:

- Introducing and upscaling eHealth applications
- Cost reducing
- Quality enhancing
- As an element of health care
- Jointly completing the essential preconditions

eHealth in the Netherlands

Inkoopgids eHealth bij chronisch hartfalen en diabetes mellitus

Juli 2011

Zorgverzekeraars Nederland

Examples of NIA:

Association of Health Insurers:

Purchase Guide for purchasing eHealth (telemonitoring) for chronical heart failure and diabetes mellitus for insurers and professionals

eHealth in the Netherlands

Examples of NIA:

NPCF:

Digital Health Guide

eHealth in the Netherlands

Examples of NIA:

KNMG:

- eHealth Examples Webpage, Invitationals Telemonitoring Heart Failure and COPD

- Goal: "In 2014, >50% of qualified patients with heart failure will use telemonitoring"

eHealth in the Netherlands

eHealth letter to the Parliament (Minister of Health, Welfare, and Sport, June 7, 2012):

- ICT helps to bridge physical distances
- ICT contributes to optimal health business
- ICT gives patients control
- ICT gives professionals extra ears, eyes, and hands

Main outcomes CoT findings (1)

Knowledge of the patients:
- Finding that there is lack of understanding of eHealth among patients is not generally shared
- Patient groups in NL are quite diverse in relation to their health requirements, knowledge and pursuit of eHealth
- Client diversification is a key driver for communication strategy

Knowledge of health professionals:
- Lack of knowledge among professionals is a major bottleneck
- Professionals get unsufficient support from healthcare management
- All stakeholders should be involved, including other professionals like nurses and pharmacists

Main outcomes CoT findings (2)

Use of eHealth, benefits:

- Sense of urgency is lacking
- Focus should rest on professionals as the main driving force
- Lessons can be learned from electronic banking

Potential barriers:

- Lack of face-to-face contact is not always a problem: anonimity in e-mental health
- Professional's perception of lack of reimbursement is more of a barrier in NL than lack of reimbursement in itself
- Patients in NL are not concerned about affordability of eHealth
- Cost of technology is not an issue in NL. Main costs are involved in fundamental changes of organization and management of healthcare

Main outcomes CoT findings (3)

Key drivers:

- Impact of telehealth on patient safety is an important element behind acceptance
- Comment: no inventory has been made of risk factors involving implementation of eHealth
- Use of eHealth does not always require training; a lot of users are familiar with e-technology
- Communication tailored to specific groups of stakeholders is a key driver: customer segmentation is needed

Main outcomes CoT recommendations (1)

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General:

- Awareness campaigns should be targeted at specific focus groups: customer segmentation
- Harmonization of definitions is less urgent than standardization
- eHealth must be standard and intrinsic part of health care
- eHealth should be used and presented as a leverage for patient driven health care

Main outcomes CoT recommendations (2)

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Telehealth should be user driven:

- eHealth services should embrace end users' real and realistic needs

- Health professionals could and should assume a leadership role in further implementation of eHealth

- Health insurers in NL should be more aware of their specific role and influence in further implementation of eHealth

Main outcomes CoT recommendations (3)

Education and support are a must:

- eHealth knowledge and skills should be mandatory in the health professionals' curricula and continuing professional development
- Implementation of eHealth may imply task shifting/redistribution of tasks
- Support from health care management is paramount to the further implementation of eHealth

Main outcomes CoT recommendations (4)

Political commitment:

- Should be political and administrative commitment
- Political and administrative commitment should convince health professionals that eHealth is a prerequisite for delivering good quality of care
- Creating synergies at EU-level is important role for EU
- At EU and MS level, politics and stakeholders should agree on problem ownership

Main outcomes CoT recommendations (5)

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Telehealth in support of healthcare delivery:

- NL generally supports recommendations in this section
- NL feeling is that eHealth will and should inevitably replace certain forms or aspects of traditional health care
- NL applauds for the recommendation that implementation should go hand-in-hand with set up of community based care and support systems. In NL, municipalities are relevant partners in developing eHealth strategies and raising awareness, and should be more involved

Impact in NL: TOP 6 recommendations for NL

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1. eHealth should be the catalyst in modernizing the healthcare sector
2. Focus should be on the health professional as a lever in the implementation of eHealth
3. Clear administrative commitment is necessary and problem ownership (responsibility for implementation) should be clearly defined
4. Education, training and support should concern the use of technology and the aspect of task shifting/redistribution of tasks
5. Communication and marketing are important issues
6. Standardization of information and harmonization of definitions

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