

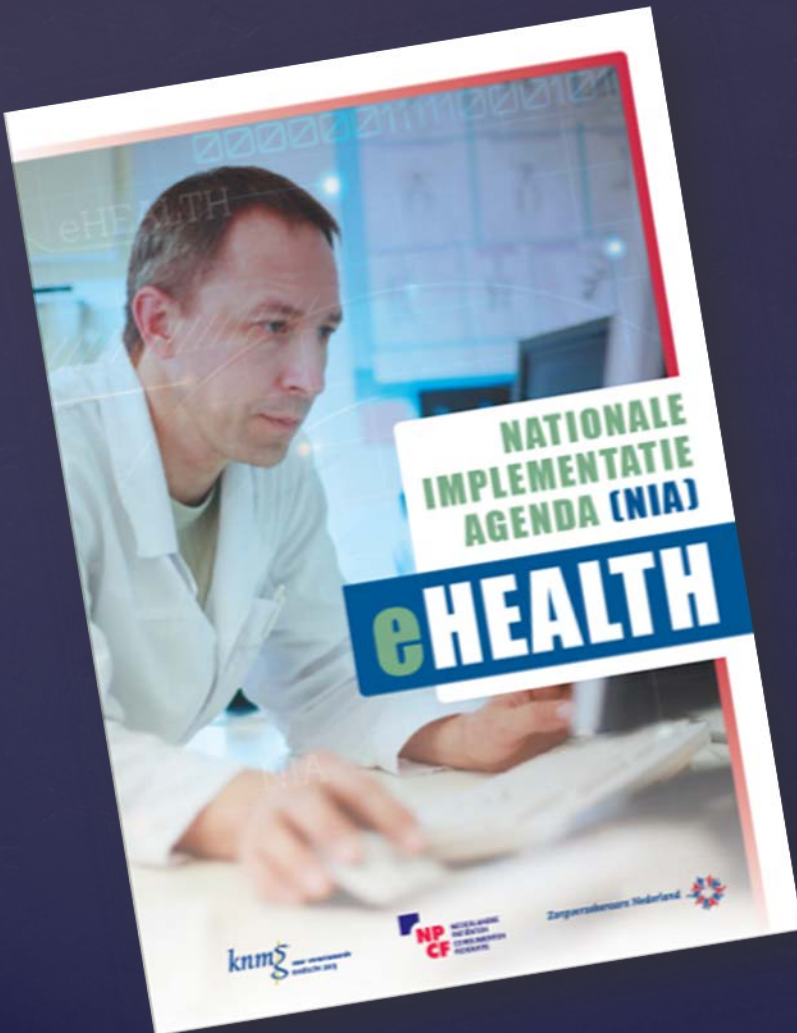
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Experiences from the National Roundtables: The Netherlands

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



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

knms

The screenshot shows the homepage of DIGITALEZORGGIDS. At the top, there are navigation links for 'Inloggen met Facebook', 'Inloggen', and 'Aanmelden'. The main header includes the logo and navigation tabs for 'Home', 'Apps', 'Expert reviews', 'Experts', 'Patiënten', 'Blog', and 'WebTV'. A search bar is prominently displayed with the text 'ZOEK BINNEN 1.999 E-HEALTH TOEPASSINGEN'. Below the search bar, there are three expert review cards. The first card is for 'Instant Heart Rate' by Teun Blijlevens, a self-employed entrepreneur at Umanise. The second card is for 'MS diagnosis' by Elsemarie Slagter, a student at UMCG. The third card is for 'Receptprijs' by Kelly Foks, a general practitioner at LUMC. On the right side, there is a 'DZG E-PATIENT' section featuring a profile for Cindy Oudshoorn, an export coordinator at Mexx, and a 'PARTNER WORDEN?' advertisement for a digital health guide. At the bottom right, there is a 'DEELNEMEN AAN DZG?' section with a 'Toepassing aanmelden' button.

Examples of NIA:
NPCF:
Digital Health Guide

eHealth in the Netherlands



The screenshot shows the KNMG website with a search bar at the top. The main navigation bar includes links for Home, Dossiers, Opleiding en (her)registratie, Diensten, Publicaties, Districten, Agenda, Nieuws, Over KNMG, and Contact. The page title is "eHealth praktijkvoorbeelden". A sidebar on the right features "KNMG dossiers" with a folder icon and "Artsennet Versterkt DOQ" with a laptop icon and a "Log in!" button. The main content area lists several eHealth examples with brief descriptions and dates:

- Health Communicator** (15-11-2012): Hans Nederhof, huisarts in Amsterdam - 'Health communicator is een meertalig anamnese en video-voorlichtingsstelsel, dat direct rapporteert aan His, Kis of Zis.'
- Sekstherapie Online** (10-09-2012): Peter Leusink, huisarts, seksuoloog NVVS - 'Behandeling van seksuele problemen via internet.'
- Mijgezondheid.net** (19-06-2012): Hans van Selm, huisarts in Alphen aan den Rijn - 'Wij maken gebruik van Mijgezondheid.net in de praktijk voor de volgende toepassingen.'
- Huidmonitor app** (05-06-2012): Marcel Bekkenk, dermatoloog Reinier de Graaf Gasthuis - 'Eén op de zes Nederlanders krijgt vroeg of laat te maken met huidkanker. De app Huidmonitor helpt patiënten bij het controleren van hun huid op verdachte plekjes.'
- AMC app** (11-05-2012): Suthesh Sivapalaratnam, aios interne geneeskunde - 'De AMC App is speciaal gemaakt om patiënten door locaties en processen te navigeren in ons ziekenhuis.'

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 insufficient 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: anonymity 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)

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)

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)

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

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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