



European-American
Business Council



EABC + AHIMA Recommended Actions Following the EU-US eHealth MOU

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The European-American Business Council (EABC) represents 74 companies of EU and US origin covering all major business sectors. The American Health Information Management Association (AHIMA) is the premier association of health information management (HIM) professionals. AHIMA's more than 61,000 members are dedicated to the effective management of personal health information required to deliver quality healthcare to the public.

The EABC and AHIMA welcome the adoption of the EU-US Memorandum of Understanding for eHealth. However, this must be one important step in an on-going process of Trans-Atlantic cooperation on eHealth. This paper sets out the case for action by outlining economic challenges, societal benefits and the potential impact on competitiveness. The subsequent sections outline areas for action. We recommend that actions be taken to: foster economic growth, innovation and the development of skills; establish eHealth working groups; integrate existing and future initiatives and legislation; expand the technical scope of cooperation; develop and harmonize standards and develop disease prevention and health promotion services. The final section suggests eHealth pilot projects which can act as test cases for EU-US cooperation.

Economic Challenges:

- Americans spend more on health care than on housing or food.
- Health care costs are greater than 16% of US GDP (and expected to rise to 21% by 2014 if unabated) and 10%+ of EU GDP. Health care spending has grown by 2 percentage points in excess of GDP growth across OECD countries in the last 50 years, the trend that is unbearable by most economies. Technology uptake and aging populations will increase these numbers significantly in the coming decades if no action is taken to reduce costs.
- 20% of health care spending relates to paper-based systems – patient records, billing, prescriptions.
- Implementing health information exchange through ICT will save 87\$ Billion annually in the US.
- Computer-based provider order entry will save \$44 billion in healthcare costs annually in the US.
- US EHR adoption is very low with only 6% of hospitals using EHRs and less than 10% of primary care settings using EHR; US PHR adoption is also very low. The linkage of EHRs and PHRs in the US and EU is an enabling factor for remote care which will lead to the reduction of traditional healthcare costs in the long run through the empowerment of patients.

Societal Benefits:

- Improve patient safety by enabling timely sharing of accurate and vital patient information.
- Benefit patients by enabling accurate ePrescribing – improving health and wellness, as well as saving lives.
- Provide doctors, clinics, hospitals, and institutions with robust data-sharing and cost-control strategies.
- Allow robust use of privacy-protected patient data for drug and treatment use and results.
- Allow for a single Atlantic market with the economies of scale and market access needed for companies large and small.
- Enable individuals to make more informed and better health decisions.
- Facilitate emergency health service provision through the availability of accurate patient information.
- Will support emergency and pandemic response policies and approaches.

- Support regional information collection and sharing in the US and the EU, enhancing research, public health policy, and innovation.

Competitiveness:

- Increased cross-border care, regional specialization, and market efficiency over time.
- Leverage healthcare spending into other parts of the economy, will create additional Trans-Atlantic business opportunities.
- Incentives to increase value rather than shift costs.
- Citizen/consumer choice with providers competing to provide best solutions to healthcare challenges.
- Development of competitive markets characterized as regional or global, not simply national.
- A single Trans-Atlantic market will provide free access to large and small companies, allowing for increased investment, innovation, costs savings, and economies of scale.
- Over the next 5 years, EU and US governments will invest over \$50 billion in health IT initiatives. Trans-Atlantic policy coordination will allow the highest return on this investment.
- According to the GATS definitions trade in health services occurs via four modes of supply: cross-border delivery of trade, consumption of health services abroad, commercial presence, movement of health personnel all of which rely on the existence of high quality EHRs.

Suggested Actions:

- Economic growth, innovation and development of skills:
 - This is essential for the adoption of health IT. The growing role of information technology within healthcare delivery organizations has created the need to deepen and widen the pool of workers who can help organizations maximize the effectiveness of their investment in information technology, and thereby maximize equity, safety, patient-centeredness, timeliness, effectiveness and efficiency of care. There is a wide variety of health professionals - from physicians and nurses to therapists and admissions staff - who use EHRs as part of their day-to-day activities. Clear mechanisms are needed for collaborative efforts to boost training.
 - Develop and facilitate best practice regarding HIT/HIM workforce skills and education. In many cases, there is a huge imbalance and lack of understanding of the qualifications, certifications and criteria stakeholders should take into account. It is crucial to define basic competencies for those who use EHR in their daily work. This goal requires coordination between policy makers, industry and academia.
 - eHealth must become part of broader health strategy. With ageing populations and the prevalence of chronic conditions, healthcare needs to be restructured. Prevention, continuity of care, collaborative and social networks, and disease management programs (supported by guidelines, best practices, Decision Support Systems, risk analysis and personalized service), must all become available on payers' "price lists" and government legislative acts.
 - EU-US eHealth goals must be properly aligned. To that end, we suggest the facilitation of research, best practice and knowledge-sharing through innovative business and service delivery models supported by IT, e.g. by connecting existing chronic disease management projects from both sides of the Atlantic. We recommend the stimulation of work in this area by encouraging local stakeholders (regional/national Governments, Payers, providers etc) to invest in new technologies by presenting empirical evidence that "IT WORKS".
- Working groups:
 - Must include broad industry representation with clear mechanisms for stakeholder input.
 - Should be established as quickly as possible, before the next TEC meeting.
 - Should be briefed on ARGOS eHealth Pilot Project results in order to take this as a starting point.
 - Convene scientific conferences, workshops and symposia with stakeholder input.
- Integrate existing and future initiatives and legislation:

- Exchanges of delegations and specialists, such as those set up in the EC's eHealth Governance Initiative, should allow private sector input, including site visits and detailed briefings.
- Existing initiatives should be drawn upon - e.g. EPSOS (electronic health records), Renewing Health, initiatives around security and data protection, regional initiatives.
- Incentives for new financial/health re-imburement models should be put in place. These should include sharing of best practice and should incentives for co-investment.
- CIP and EIP programs should be used to advance work on connectivity for patients/users.
- Policy frameworks, such as the Commission's eHealth Action Plan, should integrate Trans-Atlantic considerations in "routine" policies.
- Policy obstacles in the EU and US should be reviewed and suggestions made to overcome them.
- Expand the technical scope of cooperation:
 - HIT is not limited to the exchange of EHR's, but rather is a broad ecosystem that begins with data captured electronically from a patient through interoperable remote patient monitoring devices, sensors, applications and products, and then transmitted through common specifications to populate the patient's EHR.
 - The focus of cooperation should therefore be expanded to include remote patient monitoring (RPM) - electronic self-management tools that are interoperable, commercially available, home-based medical devices, sensors, applications and products that communicate via wired, wireless or mobile interfaces.
- Development and use of data standards:
 - Develop interoperable standards and specifications for HIT systems including remote patient monitoring and EHR.
 - Develop Trans-Atlantic certification of EHR and HIT products.
 - Establish chronic disease data standards for research, treatment, patient safety and to streamline data collection.
 - Improve population health through leveraging EHRs to capture and report faster and more reliably.
 - Accelerate and implement standard terminology services and mapping tools to advance trans-border communication.
- Disease prevention and health promotion services:
 - Engage patients and families in their care by offering electronic self-management tools and ensuring the capability to upload and incorporate patient-generated biometric home monitoring data into EHR's.
 - Foster patient engagement through web based tools and other portals.
 - Support the transition of care through RPM from hospital or acute setting to the home.
- Other points to consider:
 - Identify high-risk patients for initial increased attention through the use of remote patient monitoring technology.
 - Digitize discharge summaries.
 - Provide patients with electronic copies of clinical summaries.
 - Implement the most applicable form of remote patient monitoring technology at the point of discharge and thereafter as applicable.
 - Identify high-risk patients for initial increased attention through the use of remote patient monitoring technology.
 - Build interactive mechanisms to understand how the patient is feeling post discharge.
 - Focus on patient education to eliminate obstacles.

Timeline:

- Within 30 days of the May 10-12 eHealth Ministerial in Budapest: establishment of a roadmap and clarity about industry's role in pilot projects and opportunities for ongoing industry input.

Pilot Project Proposals:

➤ Trans-Atlantic Health Information Exchange Project (THIEP)

In the US as well as in the EU there is a need for a better coordination among States (US) and Member States (EU) to identify and then disseminate principles and best practices to guide developing state-level health information exchange organizations in the areas of governance, accountability, practices and financial sustainability. The EU-US Pilot Project could gather representatives from US States involved in the HIE/NHIN with ONC and EU Member States or designated regions with an on-going EHR or relevant Region-wide or Nation-wide "Network of Networks".

The THIEP project could encompass Security and Confidentiality issues (regulatory) as well as methodological issues dealing with Cost-Effectiveness and Return on Investment. The industry/market perspective to create a more global market - and its potential benefits - could be addressed in the project.

➤ Trans-Atlantic HIT Interoperability Pilot Site (THIPS)

The pilot site could be chosen for its relation with existing or future regional exchange infrastructure (HIE in the USA, Regional platform in the EU at the regional or national level). The site could help establish a framework with at least two degrees of maturity wherever interoperability is concerned:

- Mature and emerging global standardization (e.g. HL7 DICOM, LOINC) - the pilot site may help define the relevant solutions for a broader acceptance of established standards and nomenclature for reconciliation of medical imaging exams, laboratory tests and medication. Stakeholders could be represented by major healthcare organization already in the process of deploying mature standardized solutions across a region or state.
- Emerging and new standardization efforts could address specific needs (e.g. translational research, clinical research and secondary use of clinical data).

The THIPS project could encompass Security and Confidentiality standardization/architecture issues.

➤ Trans-Atlantic Harmonization of Standards (THOS)

US and EU eHealth markets are still to some extent different when it comes to usage of healthcare IT standards. DICOM (Digital Imaging and Communication in Medicine) appears to have outgrown that challenge. However, there is still some ambiguity between usage of standards such as HL7 and CEN, and the interoperability of those standards. The reference models and methodologies are not quite the same, and for that reason the harmonization process has been instantiated. It has achieved limited success so far, and as long as standards development organizations (SDOs) do not introduce the same foundation, the market will not be able to benefit from common momentum and economies of scale.

Having this in mind, a potential idea for the pilot could be the definition of the minimum cross-and-backwards interoperability framework, and potentially even a translation service that would enable mapping of e.g. ePrescription from HL7 CDA to EN 13606 Extract (including managing versions and terminologies within).

The ASTM CCR should be considered along with the HL7 CCD as both standards are utilized in the marketplace and referenced as being able to meet the requirements of "meaningful use" within US Public Law 111-5 - The American Reinvestment and Recovery Act.

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