

Developing National eHealth Interoperability Standards for Ireland



Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Consultation Feedback Form

December 2011

Your views are very important to us. We would like to hear what you think about the document *Developing National eHealth Interoperability Standards for Ireland: A Consultation Document* and your thoughts on the areas of work we should prioritise. Your comments will be considered and will inform the future development of the technical standards for interoperability.

The consultation document contains two questions.

The closing date for consultation is 1pm Friday 27 January 2012

About you

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	on behalf of an organisation	The PSI
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Feedback questions

The document presents for public consultation recommendations and guiding principles for the development of technical standards. We would like to know your views on guiding principles and on areas which should be prioritised by the technical committee.

To facilitate your feedback we have two specific questions detailed below.

Questions

Question 1: In the first instance, which area of work should be prioritised by the eHealth Standards Advisory Committee?

Please comment

In order to create a firm foundation for interoperability, it is felt an important initial in-scope priority of the Standards Advisory Committee (eSAG) is the identification of the national messaging standards to establish the appropriate ICT syntax. This would involve a national mapping of the current user infrastructure to identify interface potential and to set the national architecture standards of the Irish health information system. The lack of universal access to high speed broadband in Ireland may pose a barrier to establishing common systematic protocol. A standard and open access to infrastructure nationally is required.

It is recommended that the health professionals and other subsequent users of the eHealth system be effectively represented on the eSAG / working group in order to systematically inform this process from concept through to implementation. As fragmentation is an initiative risk, both in relation to current ICT as well as inter-professional working structures, a true multi-disciplinary approach is needed in order for barriers and enablers to be identified and addressed from a cross-professional perspective. The process must facilitate the understanding and fulfillment of the individual legal and professional requirements within each profession relating to patient care and associated information, as well as agreement on the optimum processes required for an effective, patient-centred infrastructure which will operate on a shared-care basis.

Question 2: Please provide us with any general comments you would like to make.

Please comment

The PSI supports the development of a national ICT system, underpinned by open non-proprietary standards, which will improve the efficiency and standardisation of services for patients and facilitate interprofessional integration and communication. As well as the estimated budget savings referred to in the Consultation Document, it is recognised that the EHR (Electronic Health Record) will introduce further efficiencies in relation to pharmacovigilance, risk management and compliance to national policies and care pathways within the health care system. The PSI welcomes the introduction of the eSAG to establish the standards which will form the basis of effective semantic interoperability nationally.

Although reference is made within the Consultation Document to jurisdictions such as Canada, France and Sweden, it may also be useful to include a review the e-Health infrastructure in the Netherlands, which is already operational. As of Jan 2006, health providers in the Netherlands receive patient information through a National Switch Point (LSP) which routes, identifies, authenticates, authorises and logs data. This provided the foundation for the national rollout of the Electronic Patient Record (referred to as EPD (Electronic Patient Dossier) and enables healthcare organisations to successfully exchange patient information in the manner which fulfills the criteria aimed for by eSAG, i.e. timely, relevant, legible and

complete whilst ensuring confidentiality. The Dutch EPD is mandated by government as the infrastructure to use for exchanging patient information and was designed by the Dutch National IT Institute for Healthcare (NICTIZ). In terms of paving a future proofed route towards an eventual EHR for Ireland, it may be useful to review the implementation this Dutch system.

For maximum efficiencies on a national level, it may be beneficial to examine the eHealth system as part of an overall e-government system i.e. a national e-sharing system which includes, but is not restricted to, health Care. Through an Irish National Digital Identity (INDI) all citizens, health professionals and organisations could have access to a number of government services, including healthcare records, using simple unique identifier login details. It is recognised that the National Health Information Strategy (NHIS) recommends the introduction of a system for unique identification within the health sector to promote the quality and safety of patient care. HIQA's *Recommendations for a Unique Health Identifier for Individuals in Ireland* also recognises the absence of a Unique Health Identifier (UHI) as the single most important deficiency in the health information infrastructure in Ireland and the PSI commends HIQA's initiative to progress this issue which will be integral to the introduction of a PHR (personal health record).

As the information must follow the patient throughout the entire care pathway, multi-disciplinary co-operation is seen simultaneously as a potential barrier as well as a key element for success of eHealth nationally. The legal and professional requirements of each profession relating to ICT need to be mapped and facilitated. Pre-agreed access levels and rights could be mapped to reflect practice expertise and specialty within professions as well as cross-professionally. The system must facilitate the workflow between health care professionals and overcome current barriers (for example the ability to create real-time cross-professional alerts following changes in patient care record and the subsequent tracking and monitoring of post-alert actions by the receiver).

The specific professional requirements to be met in relation to issues such as privacy, rights to information, record keeping and interdisciplinary communication (for example, interdisciplinary medication review as provided for by HIQA Standards National Quality Standards for Residential Care Settings for Older People in Ireland) are outlined in legislation and standards. It is recommended that agencies tasked with regulation of the healthcare professions and provision of associated professional guidance should be involved closely with the eHealth initiative to ensure legislative compliance is facilitated; it would also be of importance to have such representation on the Standards Advisory Group.

Thank you for taking the time to give us your views on *Developing National eHealth Interoperability Standards for Ireland: A Consultation Document*

Please return your form to us either by email or post:



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If you have any questions you can contact the consultation team by calling (01) 814 7436.

Please forward your submission by 1pm Friday 27 January 2012. Receipt of your submission will be acknowledged by email. If you do not receive confirmation of receipt, please contact us directly to ensure your submission can be considered.

The Authority is subject to the Freedom of Information Acts and the statutory Code of Practice regarding FOI. For that reason, it would be helpful if you could explain to us if you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.