

SWISS
eHEALTH
FORUM 2018

PRESENTED BY INFOSOCIETYDAYS



2018

SWISS eHEALTH BAROMETER

HEALTH CARE PROFESSIONAL
OPINION POLL

THE DIGITAL WAVE IS HITTING THE HEALTH CARE SYSTEM

The introduction of the electronic patient record is adding momentum to the digitisation of the Swiss health care system

STUDY PARTNERS

CURAVIVA.CH

ehealthsuisse
Koordinationsorgan: Bund-Kantone
Organe de coordination: Confédération-cantons
Organo di coordinamento: Confederazione-Cantoni

FMH

pharmaSuisse
Schweizerischer Apothekerverband
Société Suisse des Pharmaciens
Società Svizzera dei Farmacisti

Überall für alle
SPITEX

Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra
Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG

ehealth

ANZTEKASSE
CASSA DEI MEDICI
CASSA DEI MEDICI
Software und Dienstleistungen

Kanton St.Gallen
Gesundheitsdepartement



Kanton Zürich
Gesundheitsdirektion

RESEARCH INSTITUTE

gfs.bern
Menschen. Meinungen. Märkte.

Berne, 22 February 2018
Copyright by gfs.bern
Blocking period: 8 March 2018, 9 a.m.
Publication: at the Swiss eHealth Forum

The most important points in brief

Assessments of the electronic patient record

Within a very short space of time, digitisation is making its presence felt in numerous areas of life and changing them irrevocably. The health care sector is also being affected by this wave of change, but the changeover from analogue to digital solutions is in some cases taking place more slowly than in other spheres of life.

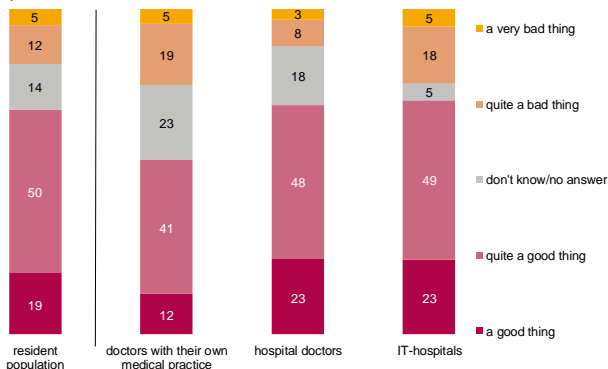
In Switzerland, various efforts supported by the federal government are being made with respect to the digitisation of health care. The comprehensive introduction of the electronic patient record (EPR) is of special significance in this regard. The EPRA, the federal act that governs the introduction of the electronic patient record, was passed by Switzerland's national parliament in June 2015 and has been in force since April 2017. First of all, hospitals and nursing homes are now required to introduce the electronic patient record. For all other health care professionals, as well as for the patients themselves, the changeover is currently optional.

The surveyed health care professionals are behind the introduction of the EPR. A majority believe that it is a good thing overall – and the population is of the same opinion. Besides the cantons, pharmacists are the most positive in this respect at 77 percent (share who answered with a very good/quite a good thing). Members of the medical profession are, however, more reserved in their judgement than the remaining health care professionals.

Figure 1

Comparison electronic patient record (1/2)

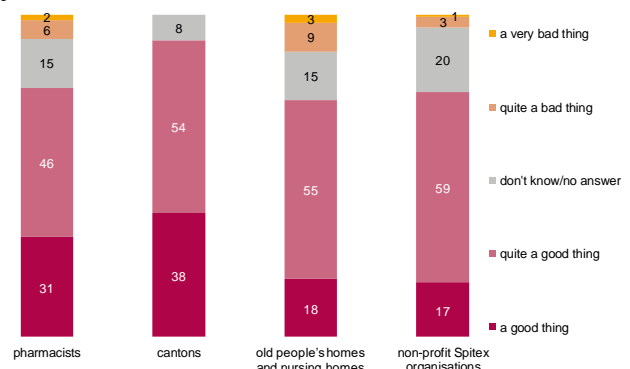
"What is your opinion of the electronic patient record to date? Is it a good thing, quite a good thing, quite a bad thing or a very bad thing?"
As a % of the surveyed resident population, doctors with their own medical practice, hospital doctors, IT-hospitals



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

Comparison electronic patient record (2/2)

"What is your opinion of the electronic patient record to date? Is it a good thing, quite a good thing, quite a bad thing or a very bad thing?"
As a % of surveyed pharmacists, cantons, old people's homes and nursing homes, non-profit Spitex organisations



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

In order to be able to offer an EPR, the individual players within the health care sector are required to join associations and develop a common electronic infrastructure. A majority of hospitals have now joined an association or become involved in projects to establish an association. In the case of old people's homes and nursing homes, which are starting with the introduction simultaneously, the figure is only around 20 percent. For all other health care professionals, however, the value is even lower, although the share of individuals who did not provide an answer in this regard is relatively high. Nevertheless, considerably more surveyed health care professionals would generally be prepared to join an association in future.

Within all of the surveyed groups, there are clear majorities that would like to recommend the opening of an EPR to their patients or clients. This is especially true among pharmacists and hospital doctors, while there is also a majority in favour among doctors

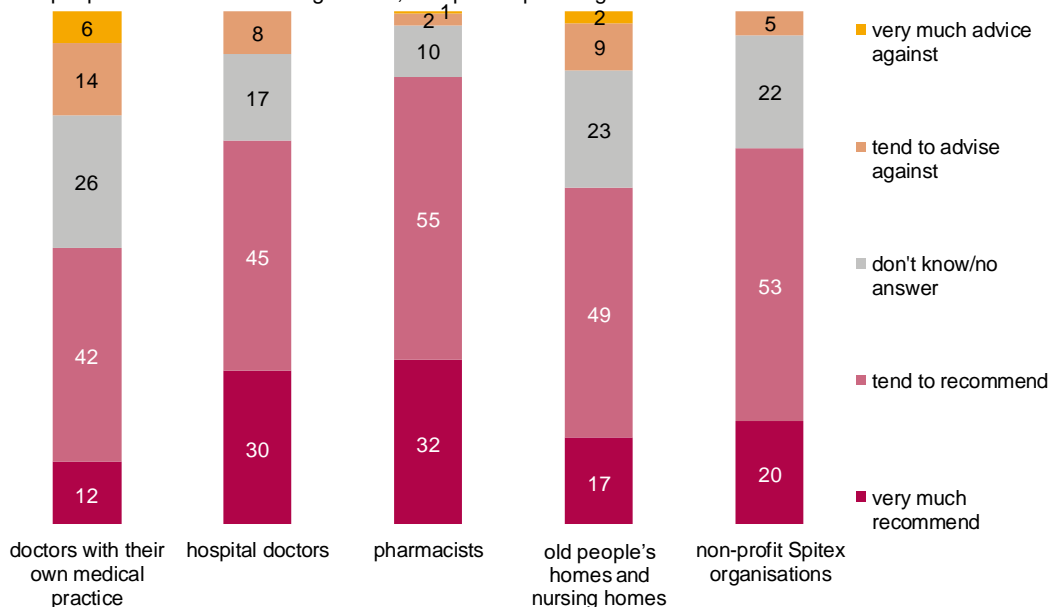
with their own medical practice, who tend to be rather cautious. This is a further indicator of the openness of health care professionals with respect to the introduction of electronic patient records.

Figure 2

Comparison with respect to recommendation of electronic patient record

"Would you very much recommend, tend to recommend, tend to advise against or very much advice against opening an electronic patient record when advising your patients/clients/the residents of your home?"

As a % of surveyed doctors, doctors with their own medical practice, hospital doctors, pharmacists, old people's homes and nursing homes, non-profit Spitex organisations



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

The health care professionals provide various reasons as to why they want to offer their patients an electronic EPR in future. Security aspects are especially important. Increased efficiency, simplified processes and the opportunity to reduce costs were also frequently named as factors, however. Ultimately, many respondents were also simply in agreement that the introduction of the EPR is patently a matter of sustainability. However, only a few gave the legal obligation to do so as a reason.

The security aspect also predominated in the answers provided by those (few) respondents who are currently decidedly against the introduction of the EPR. Furthermore, quite a few of those who do not want to join an association indicated that they were too old to do so.

Figure 3

Trend in reason for offering an electronic patient record

"Why do you want to offer your patients/clients an electronic patient record in future?"

German-language answers of doctors, pharmacists and non-profit Spitex organisations that want to offer their patients an electronic patient record



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (n = 211)

Trend in reason for not offering an electronic patient record

"Why do you not want to offer your patients/clients an electronic patient record in future?"

German-language answers of doctors, pharmacists and non-profit Spitex organisations that do not want to offer their patients an electronic patient record



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (n = 65)

Although the vast majority of the surveyed health care professionals have to date had no personal experience with the EPR, many are prepared to pay for it. This willingness to pay also increased across all groups relative to the previous year.

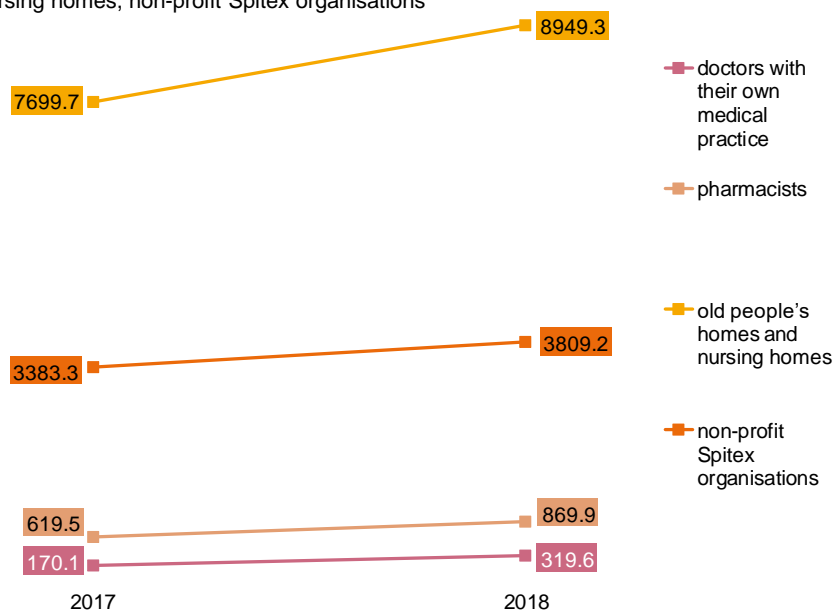
As was also the case in 2017, it is old people's homes and nursing homes (and to a lesser extent non-profit Spitex organisations) that on average are more willing to pay than the remaining surveyed health care professionals. In contrast to individual pharmacies or small practices, homes and Spitex operations are generally also larger organisations.

Figure 4

Trend in comparison of amount that key players are willing to pay to join associations of health care professionals

"How much would you or your organisation in principle be willing to pay to join such an association of health care professionals?"

As average values in CHF stated by surveyed doctors with their own medical practice, pharmacists, old people's homes and nursing homes, non-profit Spitex organisations



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

For health care professionals providing direct treatment (members of the medical profession, pharmacies, old people's homes and nursing homes, non-profit Spitex organisations) there is a common central argument in favour of the electronic patient record: the availability of important information in emergencies. Of the nine arguments relating to the EPR put forward to the respondents, this argument enjoyed the greatest level of agreement by far. In the cantons and IT departments of hospitals, on the other hand, the argument that unnecessary consultations and treatment can be saved comes out on top.

The opportunity to increase the involvement of patients in the handling of their own health data is met with approval among almost all respondent groups, although this level of agreement is slightly less marked than is the case with the top three statements. A more critical stance is observed among members of the medical profession. Only a minority are in agreement with the statement that patients would know all of their important treatment information thanks to the EPR. In contrast to members of the medical profession working at hospitals, doctors with their own medical practices are against patients being able to create information themselves and do not expect that the quality of medical treatment would increase.

Pharmacists, cantons and old people's homes and nursing homes are in agreement with all arguments in favour of the EPR and reject all critical arguments against the EPR. The level of support among these three groups for the EPR is thus especially large.

Table 1

Arguments relating to the electronic patient record

"There are different arguments that are raised time and again in connection with the electronic patient record. We would like to know your opinion in this regard. With respect to the following statements, do you fully agree, tend to agree, tend to disagree or fully disagree?"

Arguments Ranking in accordance with level of agreement among health care professionals	Doctors with their own medical practice	Hospital doctors	IT at hospitals	Pharmacists	Cantons	Old people's homes and nursing homes	Non-profit Spitex organisations
All important information is also available in emergencies	1	1	2	1	2	1	1
Treatment errors can be avoided thanks to quick access	3	3	3	2	3	2	2
Unnecessary consultations/treatment can be saved	2	2	1	3	1	3	3
Patients are well informed about all important treatment information	8	8	5	5	4	4	4
Patients can also create information themselves	9	5	4	6	6	6	5
The quality of medical treatment will increase	7	4	6	4	5	5	6
Confidential information can easily fall into the wrong hands	4	6	8	7	8	7	7
Health care professionals can also exchange important information without EPRs	5	9	7	8	7	8	8
The electronic entry of treatment data negatively impacts personal contact/diagnosis	6	7	9	9	9	9	9

gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

Reading note: Rank number in black = majority in agreement within this group of health care professionals, rank number in red = minority in agreement. The arguments in favour of the EPR are highlighted in red, while those against the EPR are highlighted in blue.

Status of eHealth among health care professionals

In many respects, 2015 represented a milestone with respect to eHealth in Switzerland. This is particularly evident in hospitals, which are important drivers of the digitisation efforts.

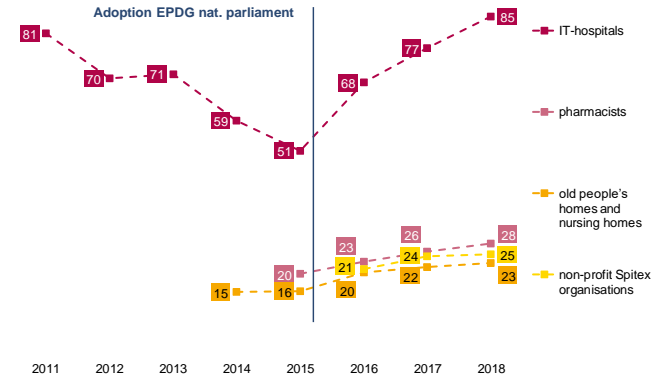
Until 2015, there had been a steady decline in the share of IT specialists at hospitals that stated they had an eHealth strategy within their organisation. Since 2016, however, this figure has clearly increased once more and this year reached a new high with 85 percent of respondents answering in the affirmative. It thus appears as though hospitals are also using the timetable for the introduction of the EPR as an opportunity to engage in eHealth efforts on the whole. Since 2015, the remaining health care professionals have also increasingly indicated that they have a systematic approach in place for the handling of eHealth in the form of strategies, concepts or processes – the level is, however, significantly lower than is the case at hospitals.

Figure 5

Trend in comparison of eHealth strategy/efforts

"Does your organisation have an eHealth strategy in place or undertake efforts in the area of eHealth (e.g. planning/concepts) or are processes/implementation plans under way?"

As a % of surveyed IT-hospitals, pharmacists, old people's homes and nursing homes, non-profit Spitex organisations, share that answer with "yes"

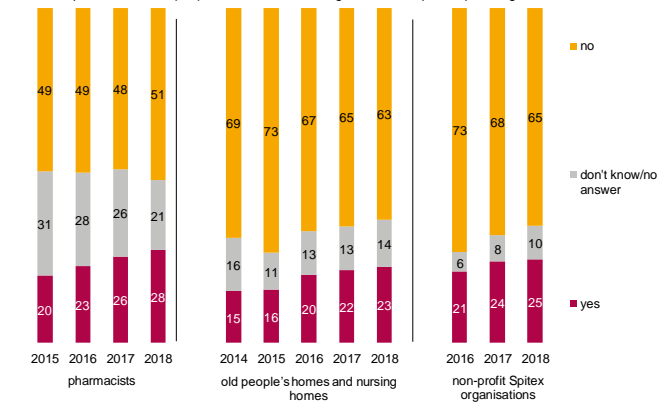


© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

Trend in comparison of eHealth strategy/efforts

"Does your organisation/canton have an eHealth strategy in place or undertake efforts in the area of eHealth (e.g. planning/concepts) or are processes/implementation plans under way?"

As a % of pharmacists, old people's homes and nursing homes, non-profit Spitex organisations



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

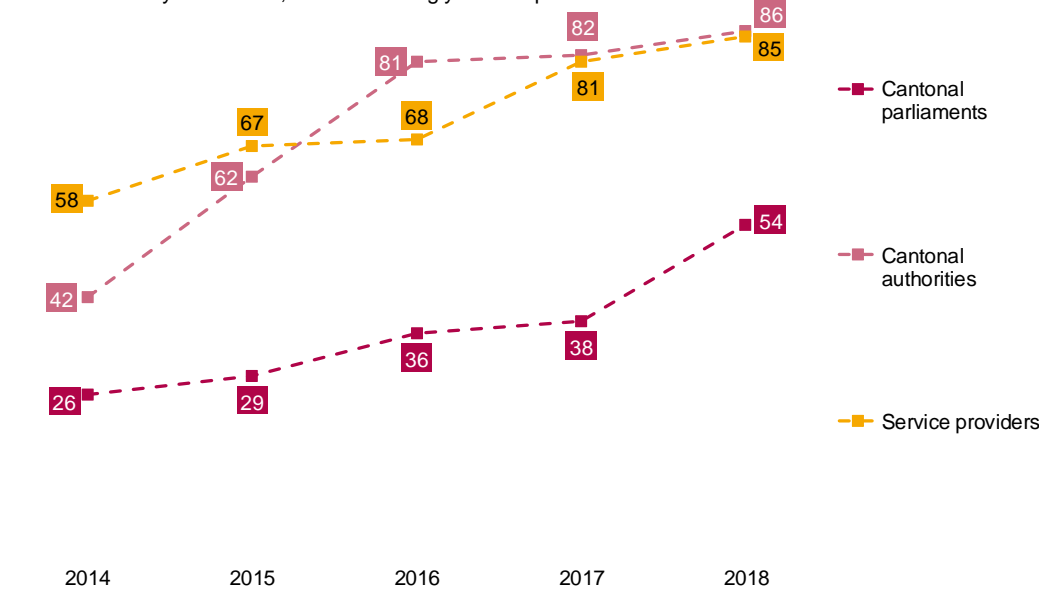
According to those responsible in the cantons who participated in the survey, all players are now more committed to eHealth than was the case four years ago. While in 2014 some 42 percent of surveyed cantonal specialists stated that cantonal authorities would push ahead with eHealth, the figure today is more than twice as high at 86 percent. A particularly pleasing aspect is also the development with respect to how the contribution of service providers is perceived, with them now far more likely to be viewed as driving forces than was the case in 2014 (increase from 58 percent to 85 percent). In 2018, specialists from all 26 cantons participated in the survey for the first time, meaning that a complete survey can be assumed.

Figure 6

Trend in driving forces behind eHealth within the canton – responsible individuals within cantons

"What are the driving forces behind eHealth in your canton? In each case, please tick whether the named institutions or individuals strongly promote eHealth, tend to promote eHealth, tend to hinder eHealth or greatly hinder eHealth."

As a % of surveyed cantons, share of strongly/tend to promote



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

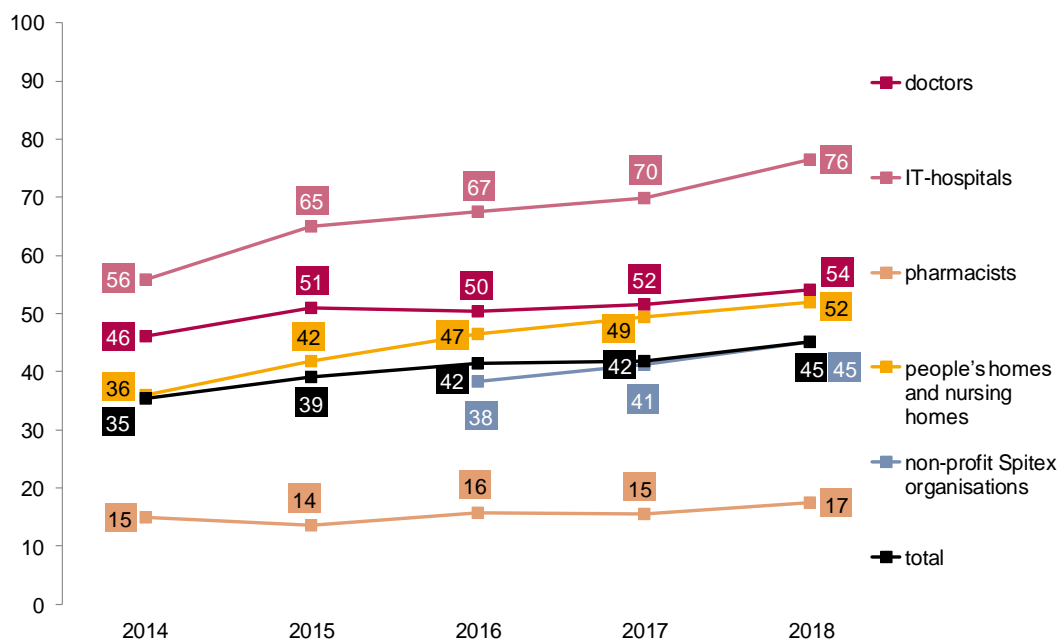
Interfaces and coordinated health care provision

eHealth Switzerland is adhering to its 2.0 strategy which works on the premise that the benefits offered by digitisation are greatest if they are utilised in a coordinated manner.¹ The improvement of the interfaces between the individual health care professionals is therefore essential in order to achieve the greatest possible effect. Using an internationally comparable set of questions from the OECD, the status as regards internal and external networking within the surveyed groups of health care professionals was investigated. Internal networking relates to the option to record and exchange patient data within a respondent's own organisation. External networking accordingly reveals to what extent patient data can be made accessible to players outside a respondent's own institution.

Digitisation within the individual organisations is clearly visible. In the case of all surveyed groups, the level of internal networking has increased over the past five years. More and more documents and information are being saved electronically and exchanged with work colleagues. Hospitals are paving the way here too in many respects and are making the quickest progress.

Figure 7

Internal networking index



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

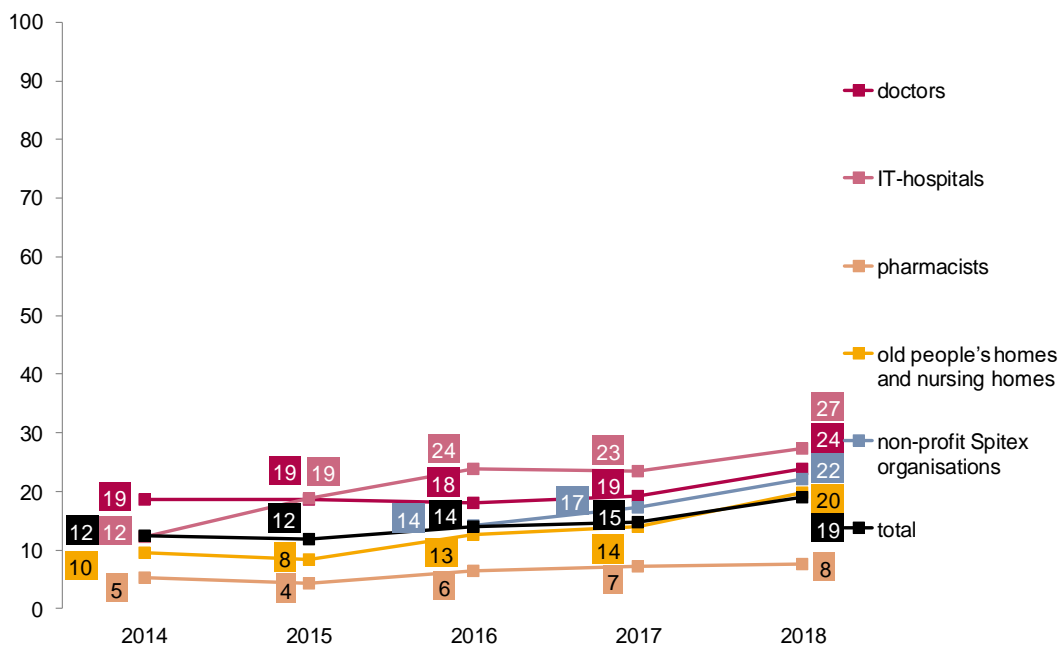
Explanation of indices: For the indices, a value is assigned to each respondent. The respondent receives one point for each type of clinical data that is recorded or exchanged internally. Should this not be the case for a certain type of clinical data, the respondent does not receive a point. These points are added up and divided by the total number of types of clinical data included in the survey (i.e. the possible maximum). The index value of each respondent is derived in this way. The mean value is then calculated on the basis of all respondents within a group. This is shown in the graphic above. The potential maximum is 100 percent. The external networking index is established in the same way on the basis of the two questions on the receipt of clinical data from institutions outside the respondents' own organisations and the exchange of data with external institutions.

¹ eHealth Switzerland 2.0 strategy, p. 3. Online on the Internet.
https://www.e-health-suisse.ch/fileadmin/user_upload/Dokumente/2017/D/170911_Entwurf_Strategie_eHealth_2.0_d.pdf

Traditionally, external networking has proved more difficult than internal networking. In recent years, only tentative progress has been observed in this regard. The share of respondents who actually exchange information with players outside their own organisation was in most cases below 20 percent of the existing potential. For the external exchange of information, a considerable leap relative to the previous year from a total of 15 percent to 19 percent has now been observed.

Figure 8

External networking index



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

Data protection

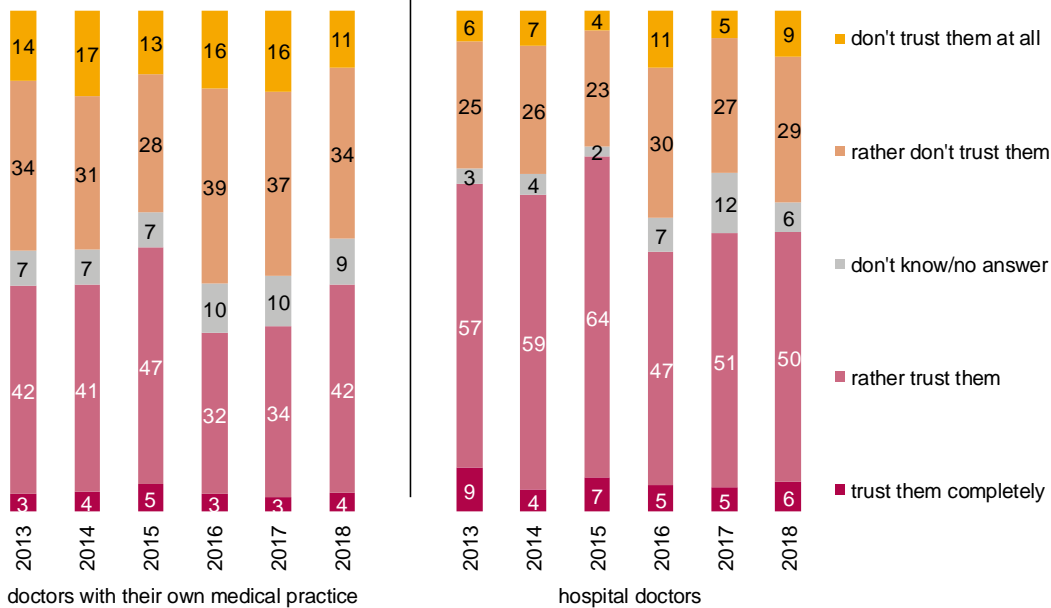
Considerations about data protection and security are the primary concern when it comes to respondents' willingness to recommend an ERP to their own patients or not. A majority of respondents from pharmacies, old people's homes and nursing homes as well as non-profit Spitex organisations generally trust those bodies that work with the health data of their patients. In the case of doctors with their own medical practice, however, this figure is only 46 percent, although the figures, which fell significantly in 2015, are now recovering again gradually. For hospital doctors, a majority also stated their trust in the handling of this data immediately after 2015.

Figure 9

Trend in comparison of trust in compliance with data protection

"How much trust do you have that the authorities that work with patient data also comply with data protection requirements in connection with the electronic patient record?"

As a % of surveyed doctors with their own medical practice, hospital doctors



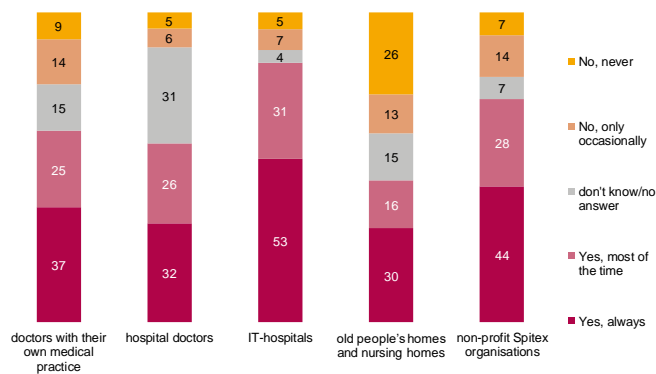
© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

The health care professionals themselves also endeavour to ensure that the data of their patients and clients is protected. Around 30 percent of respondents in all groups stated that the electronic exchange of information regarding treatment always takes place via a secure channel. For a further 16 to 31 percent, this is also usually the case. Encrypted e-mail traffic, for example, is becoming ever more established among the ranks of all surveyed health care professionals.

Figure 10

Comparison of secured electronic exchange of information

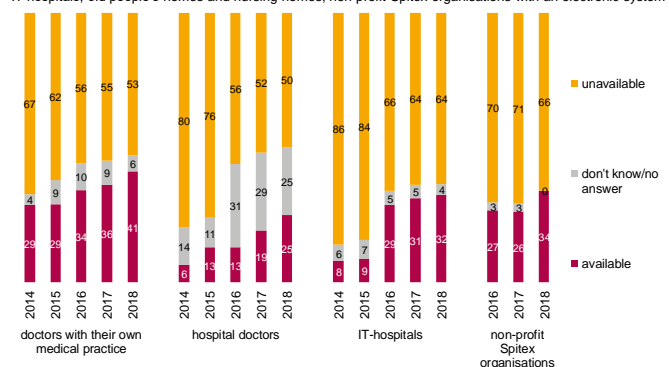
"Is the electronic exchange (e.g. via e-mail) of information relating to treatment conducted on a secured basis?" As a % of surveyed doctors with their own medical practice, hospital doctors, IT at hospitals, old people's homes and nursing homes, non-profit Spitex organisations



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018 (N see introduction)

Trend in comparison of availability of electronic discussions on clinical problems

"Do your patients/clients/the residents of your home have the option to discuss clinical problems with a specialist via encrypted e-mail?" As a % of surveyed doctors with their own medical practice, hospital doctors, IT-hospitals, old people's homes and nursing homes, non-profit Spitex organisations with an electronic system



© gfs.bern, Swiss eHealth Barometer 2018, December 2017 – February 2018, (n doctors with their own medical practice = approx. 350 in each case, n hospital doctors = approx. 160 in each case, n IT-hospitals = approx. 50 in each case, n non-profit Spitex organisations = approx. 170 in each case)

Data base

For the eighth Swiss eHealth Barometer carried out on behalf of InfoSocietyDays, 530 doctors, 74 people responsible for IT at hospitals, 366 pharmacists, 476 people responsible at old people's homes and nursing homes, 26 people responsible for eHealth at the level of the cantons and 149 members of non-profit Spitex grassroots organisations were surveyed in an online study. The survey was carried out between 1 December 2017 and 31 January 2018. For members of the medical profession, there was also the possibility during this period to complete the survey on paper and return it by post.

Composition

The following working hypotheses are provided as reading aids and to provide guidance for the classification of the key findings presented in the report. They should help to sharpen the readers' view as regards the further development of eHealth in Switzerland.

Working hypothesis 1: introduction of the EPR well received

The introduction of the EPR is being well received by health care professionals. The availability of relevant information in emergencies is currently the argument that is met with the highest level of agreement. However, the arguments that treatment quality will improve and that it will be possible to save unnecessary consultations are also having an impact.

Working hypothesis 2: focus on security considerations

Health care professionals would in future like to recommend an EPR to their patients. In forming their view, it is primarily the security aspect that those providing treatment have in mind when deciding whether they are for or against the EPR. Advances in terms of treatment reliability speak in favour of the EPR, while fears relating to data security speak against it. However, relevant factors also include improved efficiency and cost savings.

Working hypothesis 3: support among members of the medical profession

Although members of the medical profession are slightly more critical in their assessment of the EPR than is the case with other health care professionals, they want to recommend to their patients that they open one. While the benefits are certainly appreciated, they are rather cautious in their assessment of the greater involvement of patients.

Working hypothesis 4: pharmacists are actively facilitating the EPR and eHealth

Pharmacies are important points of contact for the population with respect to health issues. With this being the case, they can and want to make an important contribution to the efforts relating to the implementation of eHealth and the introduction of electronic patient records. Due to the growing significance of electronic prescriptions issued by those providing treatment, the role of pharmacists is becoming more important.

Working hypothesis 5: old people's homes and nursing homes on the road to digitisation

At old people's homes and nursing homes, progress in the area of digitisation has become very apparent over the years. Levels of both internal and external networking are on the rise. As is the case with all other health care professionals, support for the introduction of the EPR exists. Alongside members of the medical profession, however, the level support among old people's homes and nursing homes is lowest. This may also be connected to the challenges relating to the imminent introduction.

Working hypothesis 6: openness at non-profit Spitex organisations

Non-profit Spitex organisations have a relatively open mind when it comes to eHealth and the topic of digitisation. Levels of interest are relatively great and mobile devices such as tablets and smartphones have been utilised for some time. The electronic care documentation used until now is also covering ever more aspects. Nevertheless, attitudes towards the advancement of the EPR to cover coordinated health care provision tend to be slightly more critical than is currently the case.

Working hypothesis 7: hospitals remain pioneers

In many respects, hospitals remain the pioneers when it comes to eHealth efforts in Switzerland. Their role now is to communicate the knowledge about existing options and progress externally and, in particular, to also convey this to hospital doctors.

Working hypothesis 8: EPR adding substance to eHealth ideas

The EPR is turning the debate about eHealth in Switzerland from an abstract issue to a concrete topic. In many respects, it is the motor and driver behind the digitisation efforts that are now becoming apparent. Internal and external networking has increased markedly in recent years. It is now the primary task of the regulating authorities to generate trust in data security. For health care professionals, this is the fundamental requirement for a rapid introduction of the EPR.

Working hypothesis 9: cantons as an important breeding ground for eHealth

The currently targeted organisation of health care professionals within core associations is largely taking place at a cantonal level. Within the specialist cantonal eHealth bodies, it is still not yet absolutely clear how the state of development is to be assessed. The outlook for the future is, however, optimistic.



2018

SWISS eHEALTH BAROMETER

QUESTIONS ABOUT THE BAROMETER, INTERESTED IN A STUDY PARTNERSHIP?

STUDY INITIATOR CONTACT DETAILS

SWISS eHEALTH FORUM

Presented by InfoSocietyDays
www.e-healthforum.ch

ORGANIZER

MKR CONSULTING

JÜRIG LEHNI

Geschäftsführender Partner
+41 79 651 41 50
juerg.lehni@mkr.ch

RESEARCH INSTITUTE CONTACT DETAILS

LUKAS GOLDER | gfs.bern

Co-Leiter | Politik- und Medienwissenschaftler
MAS FH in Communication Management
+41 31 311 62 10 | lukas.golder@gfsbern.ch

CLOÉ JANS | gfs.bern

Projektleiterin & Mediensprecherin
Politikwissenschaftlerin
+41 31 318 20 01 | cloe.jans@gfsbern.ch



Menschen. Meinungen. Märkte.

www.gfsbern.ch