



SWISS eHEALTH BAROMETER

2018

POPULATION OPINION POLL

MEMBERS OF THE MEDICAL PROFESSION AS MODERATORS OF eHEALTH

**Potential of the patient record
growing even without intensive
discussion about the EPR**

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The most important points in brief

The profile of fitness and exercise apps increased quickly between 2015 and 2017. Based on the survey conducted at the start of 2018, this trend is not continuing, but the use of these apps is nevertheless increasing further. They appear to be proving their worth as part of everyday life. Some 14 percent of the resident population are active users of such health apps. This also applies to specific applications (e.g. for measuring blood pressure), although to a slightly lesser extent. With respect to the usage of such apps, it is not a matter of obtaining health care information. It is instead apparent that this usage is driven by specific data and the specific benefits offered by the apps, as apps are not gaining in significance in their role as a source of information.

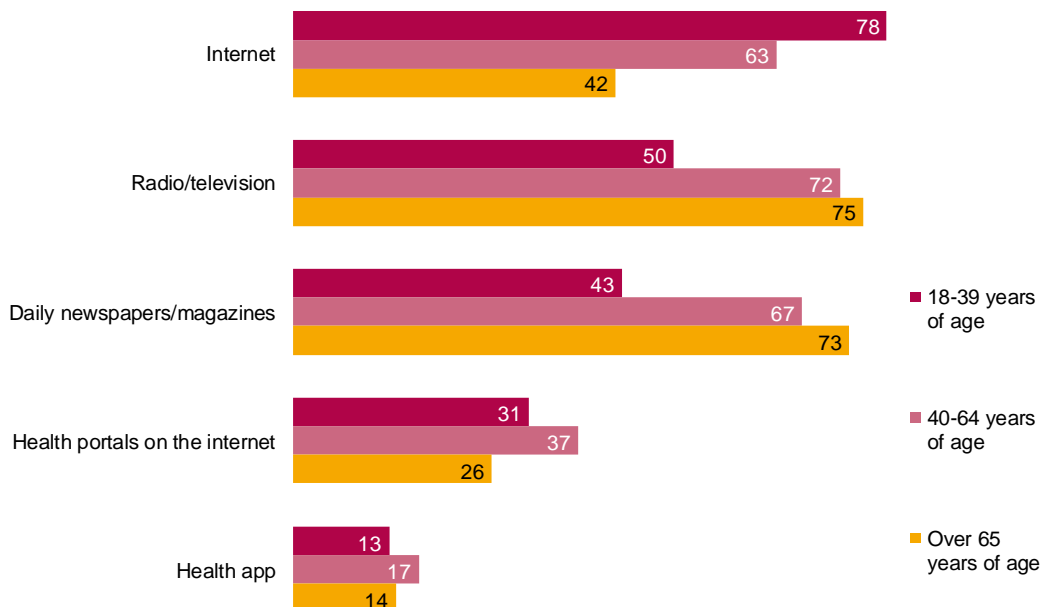
The Internet on the whole is becoming more important as an information source and is now overtaking newspapers and magazines in terms of reach. Younger respondents now primarily use the Internet as a source for health information, although for the resident population as a whole the radio remains slightly more important than the web, which now lies in second place among the sources enquired about. Usage is, however, not only limited to younger people. Some 42 percent of those aged 65 and above use the Internet as a source of information, while 26 percent of individuals of retirement age use health portals as a source.

Figure 1

Use of sources of information about health topics by age

"Do you use the following sources to find out about health topics?"

As a % of residents aged 18 and above



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Electronic channels are playing a growing role when it comes to selecting a doctor. Two-thirds would like to be able to arrange doctor's appointments online and request or renew prescriptions electronically. A majority would generally like to be able to communicate with their doctor via e-mail.

Discussions about the electronic patient record have not intensified since the beginning of 2017. Media reporting generally only covers announcements or delays in the development of electronic record solutions, while actual use is only possible in Geneva. In this context, awareness of the electronic patient record has not increased despite the

growing importance of electronic applications in the health care sector. Until the value proposition comes to fruition in everyday life, levels of awareness among the resident population are likely to remain at the current figure of 29 percent. The impetus surrounding the record, which last year also captured the attention of broader sections of the population, has not had a further positive impact on awareness of the offer.

However, the proportion of respondents who can imagine opening and using an electronic patient record after having the offer explained to them is increasing further. The level of potential with respect to those who would theoretically be interested is now approaching half the population. Almost another third of the resident population can envisage opening a record if they were recommended to do so by a health care professional. When it comes to such a recommendation, general practitioners remain by far and away the preferred option among this group.

Relative to the previous year, there has been no increase in the level of willingness to pay for the electronic patient record. Only 12 percent are actively prepared to pay for access to an electronic patient record. A further 17 percent would consider paying depending on the offer. Among those who openly express a willingness to pay, the average amount they would be prepared to pay is CHF 68.30 per year.

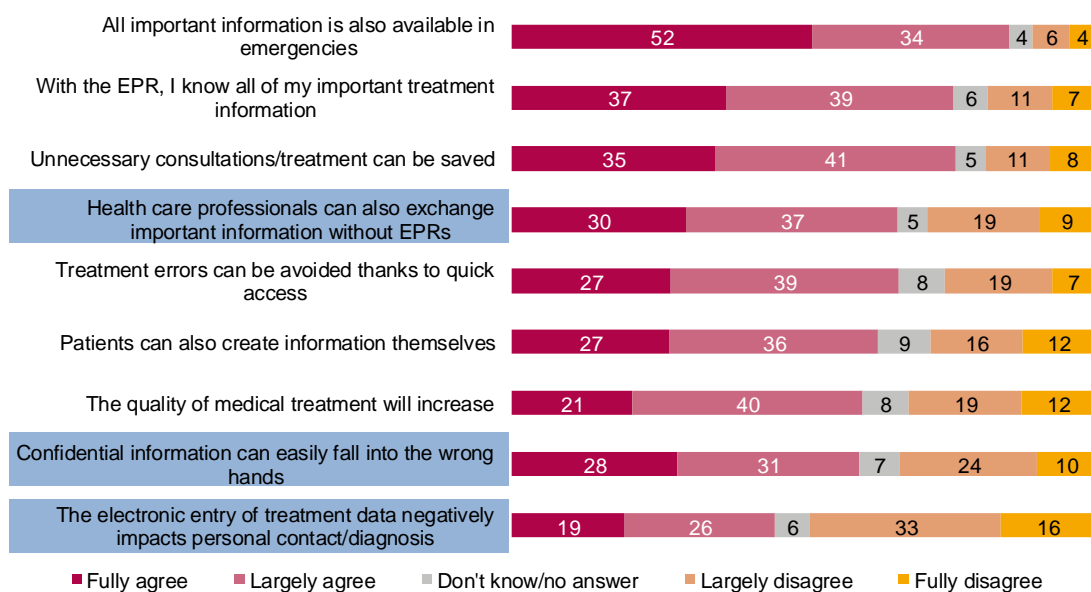
Opinions towards the electronic patient record are predominantly positive, but by no means gushing. This hasn't changed fundamentally despite the new survey. Some 69 percent generally view the electronic payment record to be a very or quite a good thing, although 17 percent assess it as negative.

Figure 2

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. With respect to the following statements, do you fully agree, largely agree, largely disagree or fully disagree?"

As a % of residents aged 18 and above



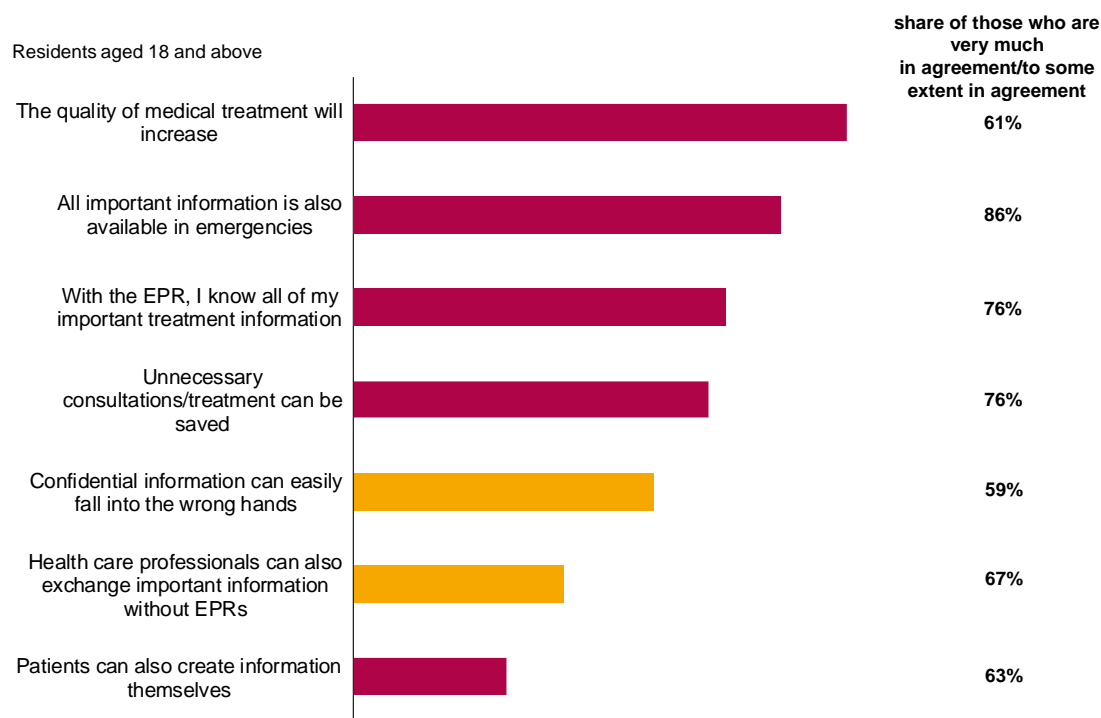
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Different arguments are taken into consideration in assessing the electronic patient record. We put forward nine arguments for the assessment. In an impact model, the effects of these arguments on the current general opinion on the patient record can be estimated. Within this model, positive assessments with respect to the record are primarily based on the expectation that it will lead to an improvement in treatment quality – 61 percent fully or tend agree with this argument. A further contributor to the positive picture is the expectation that important information will be available at all times should an emergency arise or patients require it themselves and that there will even be the option to store this information, meaning that it will be possible to avoid unnecessary consultations and treatment. This expected benefit for those providing treatment

and the patients themselves is chiefly countered by concerns relating to data protection, which are in turn giving rise to critical viewpoints. Some 59 percent fear that confidential information could fall into the wrong hands all too easily. Further scepticism stems from the view that health care professionals are already able to exchange data simply without an electronic patient record – an argument that 67 percent fully or tend to agree with.

Figure 3

Model of attitudes and arguments with respect to the EPR



© gfs.bern, Public Opinion on eHealth, January 2018 (N = 1201), explanation degree 41%

Explanation of model: Relationship between agreement with the individual arguments and attitudes towards the EPR. Yellow bars signal that the argument has a significantly **negative impact on attitudes** towards the EPR. Red bars signal a significantly **positive impact**. The longer a bar is, the greater the argument's impact on attitudes among the population. A long bar thus symbolises a powerful argument. The regression analysis helps us in explaining the formation of opinions at a personal level. It shows us how important an argument is for the opinion-forming process of each individual – and not whether the argument convinces as many people as possible within the population. For this reason, the **level of agreement** with the respective argument is also listed in **percent** in the graphic on the right-hand side. The most effective arguments are thus strong opinion drivers at an individual level (long bars) and also well supported within the population (large share fully or tend to agree).

Concerns relating to data protection are the most important critical factor and have until now been expressed by a relevant minority, which is also demonstrated by specific additional questions. Some 62 percent in each case agree to the saving and the exchanging of sensitive data. Concerns are expressed by 31 percent that bodies working with this data may not comply with data protection requirements.

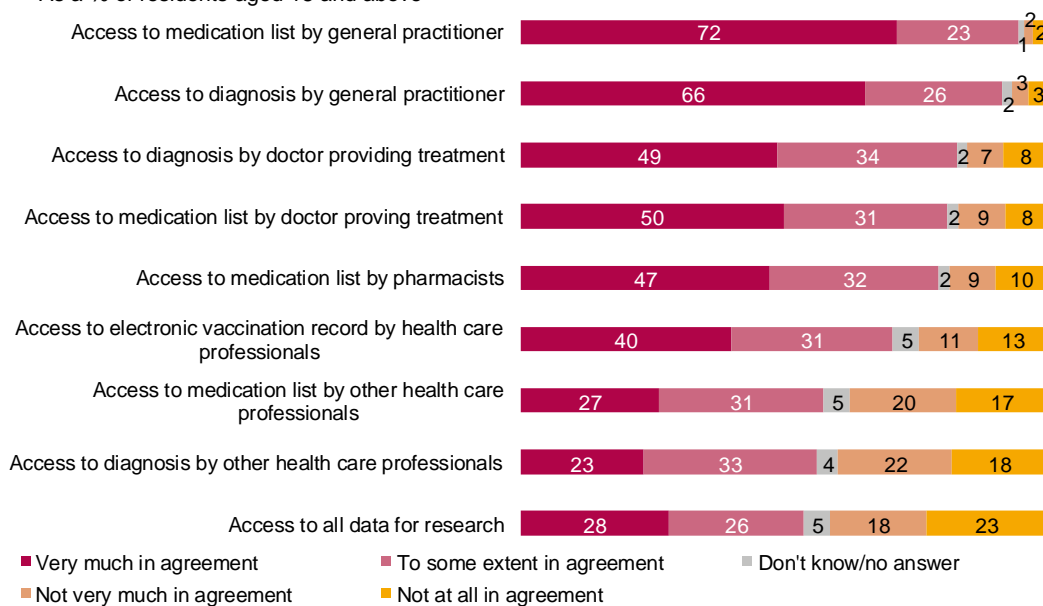
A varying level of sensitivity is assigned to the different access options, with a differentiation being made according to the respective players and a view that members of the medical profession should generally receive the greatest access to data. For large majorities, general practitioners should, as a rule, be allowed to inspect data for diagnosis purposes and with respect to medication. Although less marked, this view is also held among a clear majority of doctors providing treatment. The provision of access to pharmacists to medication lists by health care professionals as well as the electronic vaccination record was also deemed appropriate by a majority. Subsequently, however, views become more critical. For large shares of the respondents, health care professionals should not receive access to the medication list or diagnosis. The most critical stance was, however, recorded with respect to the provision of all data for research purposes.

Figure 4

Agreement to let health care professionals access data

"You yourself can have your data available. On request, would you personally be very much in agreement, to some extent in agreement, not very much in agreement or not at all in agreement with letting health care professionals in the following areas access your data?"

As a % of residents aged 18 and above



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Working hypotheses

Based on the current findings and the study findings from prior years, the following working hypotheses on the development of eHealth in Switzerland in general and specifically as regards the electronic patient record have been developed for the discussion:

Working hypothesis 1: positive general attitudes, sensitive issue of data protection

The digitisation of health care has begun and is serving to meet a requirement of Swiss citizens. The potential for improvement and more targeted treatment thanks to electronically available data is recognised by a majority. The benefits of an archive function for patients themselves and the availability of data in emergencies also have a positive effect on opinions. The positive expectations are dampened somewhat by concerns relating to data protection. Furthermore, people are also very satisfied with the current options for the exchange of data between health care professionals.

Working hypothesis 2: apps find themselves in a positive usage spiral, with an increasing amount of relevant individual health data being stored

While in 2017 it was true to talk of hype surrounding health apps, these solutions are now becoming established in everyday life and find themselves in a positive usage spiral as evidenced by higher rates of use and very high values in terms of satisfaction. It is characteristic of such digital experience processes that positive usage experiences give rise to a demand for new solutions and new requirements emerge. An increasing amount of relevant health data is thus being collected at an individual level. Data potential for the provision of health care is emerging irrespective of interventions by the authorities.

Working hypothesis 3: discussion about the electronic patient record is losing momentum, but its potential is growing

Current media reports covering announcements or even delays with respect to the development of records provide confirmation that the positive impetus with respect to electronic health data can no longer have a positive impact on attitudes relating to the electronic patient record. The discussion has lost some momentum. Nevertheless, half of the resident population would definitely consider opening a record of this kind and a further third can imagine opening a record upon being recommended to do so.

Working hypothesis 4: members of the medical profession as moderators of eHealth

Irrespective of the initiatives of the authorities and the core associations, the significance of the Internet is growing as a source of health information, as is the need of respondents to communicate electronically with their general practitioner. The role of members of the medical profession, however, goes even further: they are the most important source when it comes to recommending the opening of an electronic patient record to sceptical individuals and they are also the ones who could gain the most simple access to all relevant data in the patient record.

Data base

The study "Public Opinion on eHealth" aims to enable an accurate description of the current public opinion on eHealth and, in particular, on the electronic patient record with inclusion in the general discourse on health and reform as part of the Swiss eHealth strategy.

The results of the survey "Public Opinion on eHealth" are based on a representative survey of 1,201 individuals resident in Switzerland. The survey was carried out by telephone between 3 and 13 January 2018. Viewed over the sample as a whole, the theoretical sampling error is slightly less than three percentage points.

Table 1

Brief technical report on survey

Principal	InfoSocietyDays
Survey population	Swiss resident population aged 18 and above
Survey area	Whole of Switzerland
Origin of the addresses	Swisscom telephone directory (pooled)
Data collection	By telephone, computer-assisted (CATI)
Type of sampling procedure	At random
Survey period	3 to 13 January 2018
Median survey date	6 January 2018
Sample size	Minimum 1,200, actual 1,201 n _{DCH} : 701, n _{FCH} : 300, n _{FCB} : 200
Margin of error	± 2.9 percentage points at 50/50 (and probability of 95 percent)
Quota characteristics	Gender/age interlocked
Weighted for	Language
Survey length	
Average	19.1 minutes
Standard deviation	± 3.8 minutes



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QUESTIONS ABOUT THE BAROMETER, INTERESTED IN A STUDY PARTNERSHIP?

STUDY INITIATOR CONTACT DETAILS

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Presented by InfoSocietyDays
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