

Welcome!

IT architecture requirements for telemonitoring in Austria

Dr. Stefan Sauermann

Workshop 3: National Health System Architectures for Personal Health Services
eHealth Summit, 25.5.2016



Agenda

■ Impulses

- Welcome to IT architecture requirements for telemonitoring in Austria
 - Stefan Sauermann, University of Applied Sciences Technikum Wien, Vienna Austria
- Connected for Health - telehealth in Denmark
 - Katrine Vedel, Healthcare Innovation of Southern Denmark
- Telemonitoring in Germany
 - Stefanie Berger, Admir Kulin, Vitaphone, Germany
- Telemonitoring in Turkey
 - Ismail Kaya, Karadeniz Technical University, Trabzon, Turkey
- eHealth - the future we create today
 - Horst Merkle, Personal Connected Health Alliance, President

■ Discussion

Telehealth services in AT

- Healthcare reform is a national activity
 - Ministry of Health
 - Regions
 - Social / Health Insurance providers

- National electronic health record is underway
 - Central components are online 2015-12-09 – proudly delivered!!!!
 - Vienna, Styria hospitals are already connected
 - Other hospitals in Austria scheduled until end 2016
 - Resident doctors 2017

- Goal is to add telehealth services
 - Step 1: Diabetes, heart failure, implant follow up, selected as medical priorities in 2014
 - Step 2: pre-planning of steps towards implementation – scheduled 3.2016
 - Legal, financial, organisational, ...
 - IT Architecture
 - And then??

Disease Management Programs are the starting point

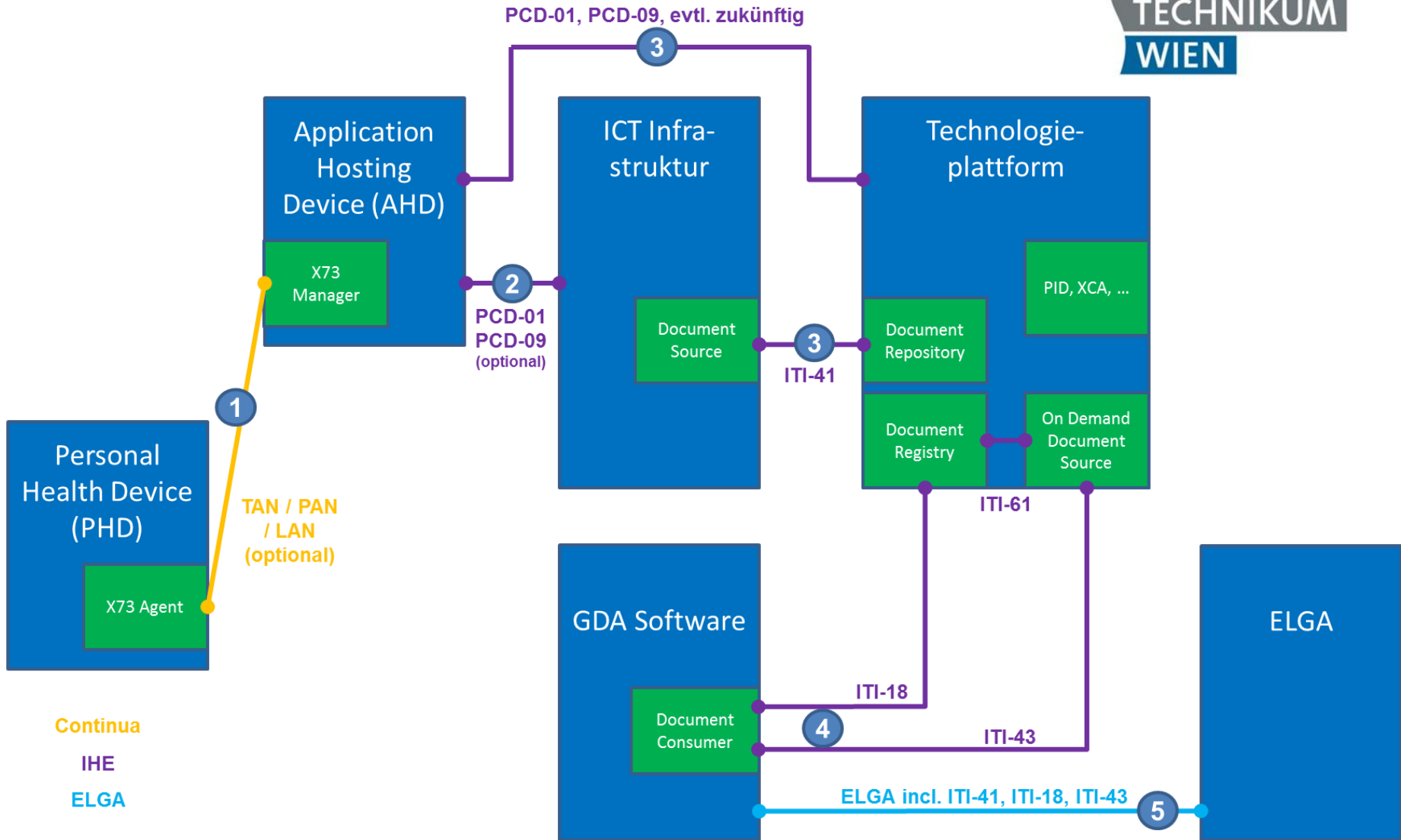
- Telehealth services will support specific Disease Management Programs (DMPs)
 - DMPs define
 - Who is doing what, roles, rights, duties, ...
 - Processes: Medical, administrative, regulatory, technical, ...
 - Infrastructure is needed
 - able to support all possible DMPs
 - covers basic legal, financial, organisational issues

Where do we stand

- IT architecture was developed
 - Work started 2015-10
 - Engagement of IHE-AT, HL7-AT, ... , „Interoperability Forum“
 - 5 Workshops done, resesarch, high level discussions
 - Architecture draft was finalised 2016-4

- Experience on interfaces collected
 - PHD to AHD: varied, BT 4.0 / LE /smart on the rise?
 - Products: Few standardised PHDs, nearly no AHDs
 - AHD/HDH ... EHR: IT Infrastructure still needed
 - To bridge from proprietary interfaces
 - We are in touch with Continua!!!

IT Architecture



Continua

IHE

ELGA

Recommendations (summary)

- Immediately
 - Interface 1, 2: optional
 - Interface 3, 4: mandatory
 - Start a list of products that are to be used in telemonitoring
 - Including combinations of compatible products
 - Manage this list transparently and in cooperation

- Start cooperations
 - navigate towards completely standardised systems
 - Agree on steps and schedules to carefully add standards

Where do we go from here?

- We have requirements on the „process“!!!!
- IT architecture must be harmonised in the international context
 - Continua, IHE, HL7, ...
 - Will be an ongoing process
- Input welcome!!
 - News from Vienna !?
 - News from Denmark, Nordics ??
 - ...

Formal status

- The architecture was developed in cooperation with a team of experts
- THANKS!!!!!!

- A report was submitted to the Ministry of Health
- The report is now on agendas to be decided upon:
 - Projektgruppe Telegesundheitsdienste
 - Fachgruppe Innovation

- This is preliminary!
- Before we spread the news: We need to wait for formal decisions!

Agenda

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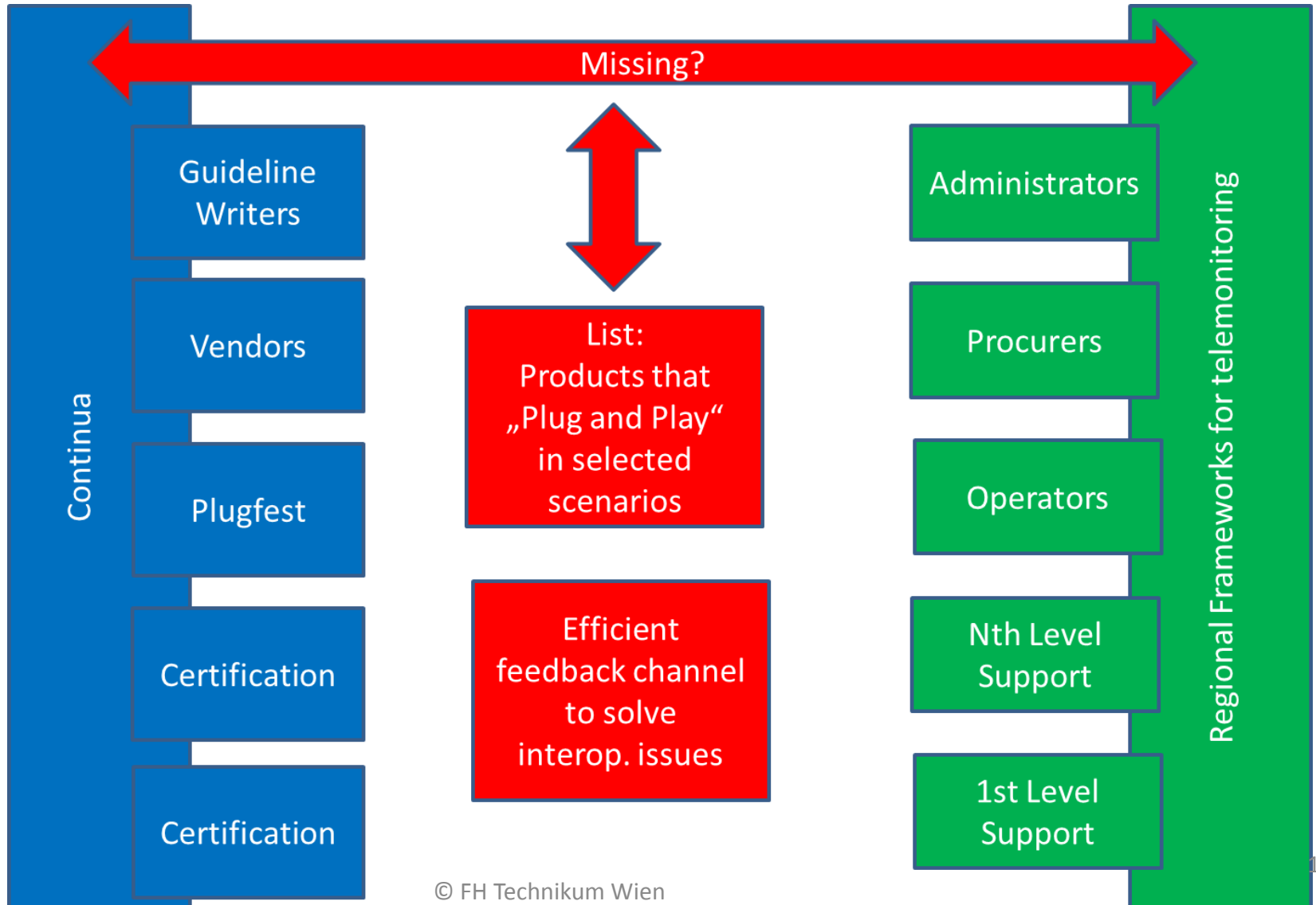
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■ Discussion

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- Impulses
- Discussion
 - Interoperability Levels: Legal, organisational, semantic, technical
 - Medics
 - Are there disease management programs? Do we need them?
 - The vendors
 - sustainable business cases?
 - compatible medical devices?
 - compatible AHDs?
 - The procurers
 - What do we need by when?
 - Standards in procurement

Observations on „The Structure“



Looking forward to comments,
ideas, cooperation

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