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Healthcare Information Technology in Iberia

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Portugal

The hub of the healthcare IT system in Portugal is the Administração Central do Sistema de Saúde or ACSS - Central Administration of the Health System. It coordinates, supervises and manages the IT facilities, systems and equipment of the NHS. The ACSS also has responsibility for the definition of policy, regulation and planning of IT systems in the area of health service contracting.

Systems development on a federal level, and coordination with the emerging pan-European IT infrastructure is one of the key priorities of the ACSS, which took over this mandate from another organisation, Instituto de Gestão da Informação Financeira da Saúde or IGIF (Institute for Financial Management and Informatics). The IGIF had previously been tasked with development of the IT systems and infrastructure capable of allowing rational management of economic and financial resources. One of the drivers for this was the need to collect data on an individual patient basis for DRG grouping purposes, as part of reforms to establish a prospective case-mix financing system for hospitals. In 1989, the IGIF began to develop a minimum basic dataset – Folha de Admissão e Alta – which now covers all NHS hospitals. Additional IT applications, for registration and analysis of hospital activities, as well as DRG-based systems to manage hospital admission databases, soon followed.

Other initiatives included the Ministry of Health portal, which includes data on waiting lists and a variety of performance indicators, as well as a system called Alert-er, which has been adopted for emergency admissions by several hospitals.

The current priority as far as healthcare IT in Portugal is concerned is a Patient Identity

Card, in accordance with the EU's ehealth plans. This has been reinvigorated after previous attempts (in the early 1990s) to launch electronic medical records did not acquire adequate traction – principally due to a lack of standards, fast-evolving technologies and concerns about legal frameworks and protection of privacy.

In Portugal, the key goal of the Patient Identity Card at the moment covers payment and reimbursement by identifying the entity taking financial responsibility for care provided to the card holder, and to identify exemptions from co-payments should they exist.

The card is being issued free of charge to citizens. Despite a slow start, there are now, ironically, a larger number of cards than people, largely due to duplication and a lack of organization. The issuing of new Patient Cards has since been suspended, as the authorities await developments at the EU-level on an Electronic Health Record.

Spain

In spite of a continuing degree of fragmentation, healthcare IT in Spain has seen a dramatic improvement in recent years.

One reason for the lack of national homogeneity in the country's IT infrastructure has been a lack of clarity in law. In 1986, clauses in a General Health Care Act on medical records led to a proliferation of local rules – which were then zealously protected by Spain's fiercely autonomous regions.

These, in turn, led to a heterogeneous mix of clinical information and documentation systems across Spain. Indeed, 16 years after a successor federal law entered into force, only the Basque region had approved a decree to provide a regulatory foundation for the use of medical records.

The successor law referred to above, Legislation (41/2002 Act), set strong foundations for a national healthcare IT strategy. It introduced both basic rules and a minimum level of content which were to subsequently be adhered to and used as a development framework by the regions.

One key element here is a coordination mechanism for medical records and a unique identification code for citizens across the spectrum of care provided by the NHS, and its various points of access and contact. This is expected to provide compatibility for exchange of clinical data across Spain, so that patients can avoid duplicated tests and procedures at different hospitals.

However, neither the technical standards for the Individual Health Card nor the assignment of codes for specific data have been finalized. Several regions have yet to pass enabling laws in relation to medical records and other clinical documentation.

At the moment, the picture remains mixed. However, healthcare IT experts believe that the 41/2002 Act will at the least prevent further heterogeneity.

So far, successes include Catalonia's OMI-AP (Primary Care Informatics Organization and Management) and Andalusia's TASS/DIRAYA (Health and Social Security Card/Unified Citizen Health Record). These have led to standardisation and simplification of common procedures, from appointments, through tests and prescriptions to the issuing of electronic clinical reports. However, loopholes remain such as permitting bi-directional data flows, not least in emergency care settings.

Also on the positive side, the so-called CMBD information system for hospital admissions is operational.

On the minus side, there is still no common e-prescription facility. It remains impossible to know either the prescribed medication or its value outside a specific region. One of the highest profile failures was the TAIR (Autonomous Device for Prescription Identification) project. Even the CMBD hospital admission system is largely limited to in-patient settings.

The Spanish government, nevertheless, continues in its efforts to harmonise and integrate the country's healthcare IT infrastructure.

In 2003, a Cohesion and Quality Act set budgetary lines for studies of new healthcare IT technologies.

Since 2006, a National Quality Plan for the NHS has sought overall improvement of the country's healthcare IT system, through coordination of existing regional systems. These initiatives, in turn, are being provided with both funding as well as a clear-cut road for the future through the EU's e-health projects and programmes.

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