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Modernisation of French Hospital Systems

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The investment in healthcare establishments must allow for building a healthcare system capable of facing the challenges of the future. The Hospital Plan 2007, representing more than 10 million euros of investment, initiated this effort in the technological field with almost 400 operations representing funding in the order of 380 million euros over 4 years. The allocation of these funds has covered diverse needs, varying amounts (from 5,000 euros to 60,000,000 euros) and has suffered from not being followed sufficiently. The new Hospital Plan 2012 wants to follow up on this effort and to increase it by putting a more efficient and ambitious investment programme in place in healthcare IT.

1.5 Billion Euros of Investment in Information Systems

Prescribing a doubling of establishment spending in ICT, this plan must truly be able to help establishments in digitising their care processes and in their medicoeconomic management.

The gathering of the entirety of this patient information must permit to feed extra-hospital systems of payers, the hosts of the personal medical files and of research files, and the health monitoring and alert systems.

The hospital of tomorrow must be based on a logic which permits carers to exercise their occupation closer to the patient with all of the mobility and communication services with a high level of safety of care: the entire area of safety is to be covered, from the implementation of safety standards of establishments, which is an objective of the Hospital Plan 2012, to the reduction of errors in medical prescriptions, including securing access to dematerialised patient data, following the example of pioneering establishments such as CH d'Arras (see *(E-)Hospital 2/2007*, page 26).

A Segmented, Territorial, Innovative Approach

The implementation of a HIS must take into account the regional and organisational specificities in a segmented approach, where the effect of the size of the organisation is equally very significant. That is why the choice of investments is the responsibility of the establishment and not dictated by the authorities.

The reforms adopted in France since 2003 have in fact caused establishments to organise themselves internally on the basis of a new governance, and to open themselves up to the outside in a town-hospital relation, following the logic of the path of integrated care for the patient. Turning to the digitisation of the internal processes of the establishment, the technological choices must take into account networking with the various players in the health field: the interoperability of systems becomes all-important and their conformance with European and international standards is required. The opening up of the establishment to its immediate environment constitutes the necessary link for the inscription of French health information systems to the European level. The course of care of the patient does not stop at the frontier; the networking of specialists contributes to research needs.

A Regional Decision in a Spirit of Cooperation

The Regional Hospitalisation Agencies (*'Agences Régionales d'Hospitalisation'*, or ARH) and their representatives in missions of investment, efficiency and information systems (*'chargés de missions en investissement, efficience et systèmes d'informatisation'* or CMSI) will, in the next few months, work with establishments on their investments in information systems eligible for the Hospital Plan 2012.

The investments in HIS must represent at least 15% of the sums invested regionally with the scope of the plan. To avoid a windfall effect, leading to the financing of non-pertinent operations, and a blockage of the market which is already strained by the fact of numerous signatures in 2006 and 2007 of contracts for implementation of 'healthcare process' solutions, two measures have been taken:

fi The opening of several 'windows' of financing by cutting the Hospital Plan 2012 in two, with the possibility for establishments to submit their projects to the ARH from mid-2007 to mid-2009.

fi The structuring of a HIS investment file as a support in the management dialogue which must be established between establishments presenting demands for financing of projects and the ARH/CMSI.

The projects financed must be efficient, meaning, to undertake a real reorganisation of healthcare processes at the heart of the establishment and in its relations with its environment. The economic approach of an analysis of the file is based on the research on objective gains:

fi qualitatively, in appreciating the contribution of technological solutions to the quality improvement process within the scope of accreditation.

fi quantitatively, in requesting the establishment to give its precise indicator of the measurement of the performance of the digitisation.

Respecting Simple and Structured Principles

The necessary project management, in the functional, contractual, financial, managerial and human aspects, will be verified on a national basis: the whole of these domains will be the object of support actions, advice and methodological tools to make these investments more efficient.

In this way, the regrouping of means and cooperation approaches will be supported on a regional basis, as on the national plan level, since the aids will be attributed to the cooperation structure. Nevertheless, cooperation based on a medical approach often appears more solid than that based on a purely technological or logistical approach. A specific section of the investment file should account for the solidity of this cooperation.

The sharing of 'patient file' solutions within the framework of the ASP (application service provider) will also be encouraged based on programmes such as those which the establishments ANACH and Valenciennes are launching, in sharing a patient file by ASP, or the implementation in five establishments in Franche Comté of an identical 'patient file' solution, hosted by a 'data centre' of a regional cooperation structure.

The initiatives of 'specialist' solutions will also be closely followed, meaning for the use of healthcare professionals, developed by public structures of cooperation.

The use of new forms of market arrangements will be examined each time in the face of the real needs: partnership contracts (PPP) do not appear today easily applicable to 'specialty' solutions, (cf. The NHS experience). In the same way, the multiplication, for several months, of the formula of competitive dialogue for the choice of 'patient file' is not without impact on the quality and the cost of the offer.

The suppliers are often asked to work on detailed specifications (more than 1,000 pages) within the scope of procedures which often often for 12 months. If its cost is estimated at only 2% of the investment and its interest, on the level of the precise definition of needs of the recognised project management, the dialogue should be reserved for large projects. If not, by its length and delay, it carries with it the risk of 'non-satisfaction' of needs because the time factor is discriminant for ICT projects. In order to be used efficiently, a solution must be implemented quickly. The Hospital Plan 2012 requires that the time delay does not exceed three years.

The reinforcement of project management as well as project teams will be possible because the plan foresees exceptionally for HIS, the possibility to finance human resources internal or external to the establishment. It will also be possible to free up the time of doctors as this constitutes a real condition of success of a HIS and its governance.

Underway for four years in a university hospital, a 'patient file' project is only deployed in one service. Doctors do not wish to be mobilised on an IT project.

Having little time available, they do not want to invest in learning a 'patient file' software of which they perceive only the constraints: the time required to input data; the range of controls; and the lack of availability of management functions.

When sponsored by the president of the Medical Commission of the Establishment and supported by the doctors, a project has three times more chance of succeeding and the solution put in place being used. This requires a strong campaign of convincing the medical staff of the efficiency of the system, and then proving it.

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