Rapid assessment
of Lativa's national eHealth System

Key findings and recommendations

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Scope and purpose of rapid assessment

- Examine the current state of the eHealth services platform rollout with a specific focus on ***requirements and methods for its operationalization*** and the ***application of eHealth standardization and interoperability***.

- Examine current and projected use of eHealth services from the perspective of the ***patient, health service provider (including General Practioner)***, ***clinical institution, pharmacy***.

- Provide observations and recommendations to facilitate adoption and uptake of eHealth services throughout Latvia.

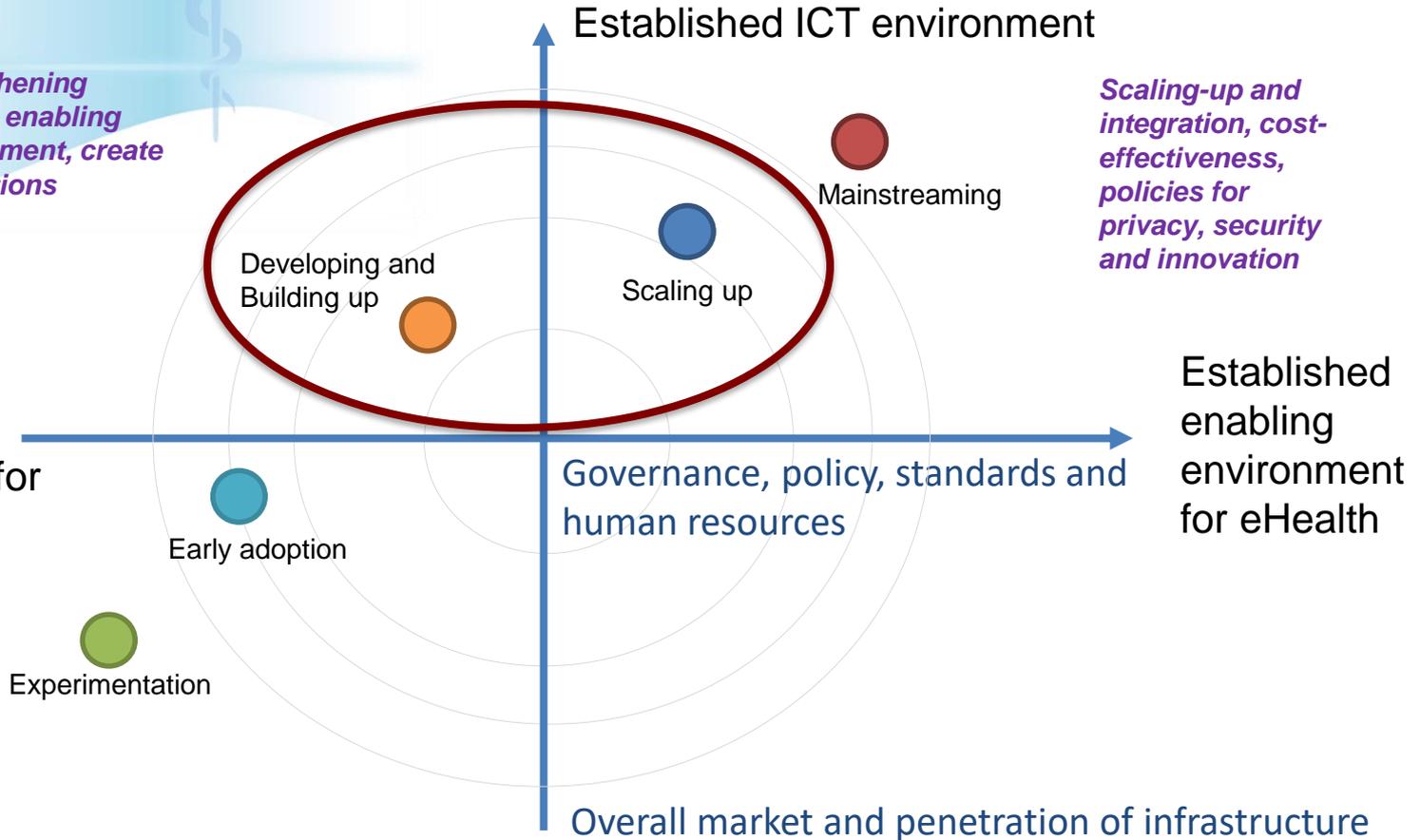# National context for eHealth development

Established ICT environment

Strengthening eHealth enabling environment, create foundations

Scaling-up and integration, cost-effectiveness, policies for privacy, security and innovation

Mainstreaming

Developing and Building up

Scaling up

Emerging enabling environment for eHealth

Established enabling environment for eHealth

Governance, policy, standards and human resources

Early adoption

Strengthening infrastructure, make the case for eHealth

Experimentation

Overall market and penetration of infrastructure

Emerging ICT environment

General observations

- Strong willingness on behalf of those interviewed to make national eHealth services rollout a success for patients and providers. Working hard to meet the 1 September 2017 deadline for **transition to** paperless **ePrescription** and electronic submission of data.

- While the eHealth platform is technically robust, progress is at the very beginning of the implementation phase. Change management, integration and operational issues are present.

- There is currently relatively little ePrescription data in the system, making an accurate, evidence-based assessment of operations difficult. In the absence of this, some issues are being overstated and others are not sufficiently recognized.

General observations II

- All clinicians can see all patient information (with active request access required).

- Privacy, security, and confidentiality of patient data is a "commonly-stated concern" of different stakeholders, but the system itself does not immediately give rise to a cause for this concern.

- The benefits of the eHealth rollout for each stakeholder group need to be better communicated and expectations managed.

- Some operational issues exist with the software and these need to be addressed – however they are not complex in nature.

- Software release management needs to be better organized and documentation improved.

National Health Service perspective

- eHealth services hosting and operations are technically sound. Access to eHealth services portfolio is facilitated via internet-based portal or direct integration.

- NHS is committed to proactively fixing operational issues quickly as they arise.

- Many initial concerns expressed by stakeholders disappear once they become familiar with the underlying processes.

- NHS has a deep, provider-based knowledge of the system. It needs to effectively communicate the design and operations of eHealth services in a user-friendly manner through a media campaign.

- NHS resources to support development and change management are overstretched.

Clinical institution perspective

- Those having signed the contract for eHealth services in clinical (outpatient) settings are happy to do so and have noted that it improves convenience and efficiency in patient care.

- The operational issues experienced are relatively quickly overcome.

- GPs are not sufficiently pre-populating patient information in the ePrescription system to leverage full value of eHealth system use.

- Roles for access and usage of patient data needs to be expanded to depict real-life care settings.

Pharmacy perspective

- Software change management issues are present. When changes are made by the eHealth portal (Ministry), they are not communicated well and can have a ripple effect on IT developers.

- Full adoption of eHealth System translates to less paperwork, faster, reliable, documented actions. More traceable/accountable system.

- Problems due to poor data entry in ePrescription by doctors accumulate at the pharmacy and this can significantly delay issuing of prescriptions.

- Many non-trivial operational issues also exist, and these are a source of frustration for both the pharmacist and the patients.

General Practitioner perspective

- **Acknowledge that ePrescription is the future**

- Current version of the system has some technical problems that should be solved before compelling its use by all medical service providers.

- A diverse range of opinions on the effectiveness of ePrescription exist.

- System is easy to use, but *can be* time-consuming when compared to issuing of paper-based prescriptions. (The issuing time decreases with familiarity in system use).

- There are divided opinions as to whether diagnosis should be included as part of the ePrescription.

- All medications and information about dosages should be available in the system.

- Fewer tabs and more pre-filled information is required to ease work and reduce data entry time for GPs.

Examples of operational issues (pharmacies)

- ID documents required to have an ePrescription issued are **Passport or ID card with eSignature**. However aged individuals often present either their pensioner card, residency card or drivers licence.

- Due to "current regulation", the serial number on an ePrescription must be received in printed form (transitory issue).

- Difficulties are being experienced in designating a 3rd party to pick up a prescription (e.g. parent or guardian).

- In some cases, key dosage information is not always present on the ePrescription.

- In some cases, financial reimbursement amounts NHS/user component are not present and pharmacists need to manually refer to sources outside the system to find the correct amounts.

Examples of operational issues (pharmacies and other)

- Pharmacists are "tied" to one physical location and if they move around (e.g. to cover vacation or sickness at another pharmacy), difficulties occur.

- Pharmacists have to authenticate to use the system using their personal ID card or bank card and are concerned this will expose them to increased personal security risk.

- There are no automated analytical tools developed to facilitate analysis of ePrescription information for (for example) clinical institution monitoring of consumption/quality.

- User interface (GUI) needs review and adjustments to reduce the number of keystrokes and increase usability.

- Integrated context-sensitive help should be implemented within the software so users can get immediate help and also directly send requests for technical assistance. Support request/tracking can be improved.

Recommendations

- There is a need for a clear, system deployment plan that is widely communicated to all stakeholders.

- Conduct and communicate the outcome of a risk assessment to identify implementation and operational risks, mitigation actions, responsible persons and deadlines for completion.

- Have the development team conduct several "full run-throughs" of the ePrescription process to identify, clarify and correct existing operational issues and address differences of opinion.

- Implement a communications strategy and media campaign to clearly explain the operation of ePrescription. Improve the knowledge base of questions and answers.

- Publish and widely disseminate "readiness criteria" set by the Ministry of Health in agreement with the individual stakeholders.

- Develop a monitoring and evaluation framework (indicators, baselines, targets).

- Implement a support ticketing system and service level agreement for incident resolution.