

Exp. : Lies Gennip van <LVGENNIP@mailserv.basis.nl>  
Dest. : HCUGE2.MIME("scherrer@cih.hcuge.ch")  
Date : 03-07-96 17h51  
Objet : IMIA working conference by WG 13 and WG 15

Dear Professor Scherrer,

It is my pleasure to send you herewith a draft for an IMIA workingconference, which is being organized as a joint effort of IMIA WG 13 and IMIA WG 15.

We offer you this draft for the working conference with the request to discuss the topic of this joint IMIA WG13-15 working conference in the forthcoming meeting of the IMIA Board.

We would like to request the IMIA board approval for this working conference, to be organized as an IMIA working conference.

Moreover, we request IMIA 4000 Swiss Kronen of financial support for the organization of the working conference.

(This letter is sent to you both by E-mail and snail mail.)

We look forward to the decisions of the IMIA board,  
Yours sincerely,

Elisabeth van Gennip  
Chairman IMIA Working Group 15

Cc: Nancy Lorenzi, Chairman IMIA Working Group 13

CC : HCUGE2.MIME("Nancy.Lorenzi@uc.edu")



HISCOM

Professor Jean-Raoul Scherrer, M.D.  
Geneva Canton University Hospital  
24 rue Michell-du-Crest  
CH 1211 Geneva 14  
Switzerland

HOSPITAL INFORMATION SYSTEM

HISCOM bv

Schipholweg 97

Postbox 901  
2300 AX Leiden  
The Netherlands

Tel +31 71 52 56 789

Fax +31 71 52 16 675

Ch. of Comm. 69101 Leiden  
ING Bank a/c 65.70.93.556

date 2nd July 1996  
phone +31 71 - 52 56 730  
your ref  
our ref LvG/KK-961669  
subject

Dear Professor Scherrer,

It is my pleasure to send you herewith a draft for an IMIA workingconference, which is being organized as a joint effort of IMIA WG 13 and IMIA WG 15.

We offer you this draft for the working conference with the request to discuss the topic of this joint IMIA WG13-15 working conference in the forthcoming meeting of the IMIA Board.

We would like to request the IMIA board approval for this working conference, to be organized as an IMIA working conference. Moreover, we request IMIA 4000 Swiss Kronen of financial support for the organization of the working conference.

(This letter is sent to you both by E-mail and snail mail).

Yours sincerely,

Elisabeth van Gennip  
chairman IMIA Working Group 15

Enclosure

C.c.: Nancy Lorenzi, chairman IMIA Working Group 13

# Joint working conference of IMIA WG 13 and WG 15 (1997)

Draft, d.d. 1st July 1996, Elisabeth van Gennip

Document: c:\lies\imiawg15\wc1315.doc



<b>WHY THIS JOINT WORKING CONFERENCE?</b>	<b>2</b>
<b>DESIGN OF THE WORKING CONFERENCE</b>	<b>2</b>
<b>ORGANIZATION</b>	<b>3</b>
<b>DRAFT PROGRAMME</b>	<b>3</b>
Session 1: Exploring the what's and the hows	3
Session 2: Developments in the health care field	4
Session 3: Various stake holders and the implementation of IT	5
Session 4: Evaluation to support the effective use of IT in health care	5
Session 5: Strategies for the effective implementation of IT	5
Session 6: Recommendations	6



### ***Why this joint working conference?***

In this working conference two working groups of the International Medical Informatics Association will join forces:

- WG 13, which deals with the organisational impact of medical informatics and
- WG 15, which deals with technology assessment and hence with the measurement of the impact.

The working conference will explore common interests of the two working groups and more specifically, it will explore how the two working groups can support each other. A need for co-operation has been identified:

- WG 15 addresses human and organisational issues. As the impact of information technologies in health care is to a large extent determined by organisational issues, WG 15 can learn from WG 13 the organisational issues that need to be addressed: i.e. the *What*.
- WG 13 is in search for the methods, metrics and tools to visualise human and organisational issues, in order to make them manageable. WG 15 can provide the *How*.

The aim of the working conference is to explore the What's and the How's in the current changing health care and IT environments, serving the mutual goals of the working groups to support the cost-effective use of medical informatics applications in health care. The end product should be a common strategy and a definition of the priorities for each of the two working groups.

### ***Design of the working conference***

This working conference should provide the opportunity for two groups of experts to meet, to discuss and to exchange ideas. In order to allow this, the programme will consist of short presentations, group discussions and plenary discussions. About 60% of the time will be devoted to discussion and consensus building. Presentations will be made upon invitation on topics defined by the Programme Committee.

Each of the presenters will be requested to submit a paper. The papers will be distributed prior to the meeting. Hence, presentations at the working conference can be brief (10 minutes), only highlighting the main issues. Furthermore the programme committee will ask all authors to submit two or three possible discussion questions or issues. Discussions will take place in small groups and in plenary sessions, and will be recorded and reported during the meeting. It is anticipated that the resulting publication of the working conference will include the papers as well as a list of recommendations, which follow from the discussions. This result will be published in (a special issue of) an official journal, in order to enhance dissemination of the results and to keep publishing costs low. Moreover, results will be presented at the first-coming MEDINFO and ISTAHC meetings (ISTAHC = International Society of Technology Assessment in Health Care).

During the meeting, the draft framework for validation of health telematics applications proposed by VATAM (an EU supported activity) will be presented, as well as experiences from the field in among others health telematics projects in Europe. VATAM will organise a satellite workshop prior to the working conference. The results of this

workshop, and the draft framework for validation of health telematics applications, will be discussed at the working conference. The result of the meeting will include recommendations on this framework.

## **Organization**

The working conference will be held from 29th of September until 1st of October 1997. The conference will be preceded by a VATAM workshop September 28th. Both the conference and the workshop will be held in Lapland, in hotel Riekonlinna, Saariselkä, 25 km from the airport (Ivalo). There is bus transportation from all flights to the hotel. There is experience in the Organizing Committee with organizing workshops in Lapland and the place is recommended, especially during September as one of the beautiful periods to spend in Lapland.

Invited participants to the VATAM workshop (about 30 people) will be invited to take part in the working conference at a reduced fee. Participants to the working conference will have the possibility to take part in the VATAM workshop at their own costs.

From the experience of the previous working conference by IMIA WG 13, it is estimated that 75 to 100 persons will take part in the working conference. Because of the linkage to the VATAM workshop, a part of the travel costs of speakers can be covered by the VATAM project. Further external sponsors will be sought. In addition to that 4000 Swkr of support from IMIA is requested. An overview of the financial details will be provided.

A small Programme Committee is proposed, with the following suggested members:

- Elisabeth van Gennip (The Netherlands, Co-chair)
- Nancy Lorenzi (US, Co-chair)
- David Dixon (Canada)
- Victor Peel (UK)
- Niilo Saranummi (Finland)
- Gray Southon (Australia)

The Organising Committee will consist of:

- Pirkko Nykanen (Finland, Chair)
- Pekka Karp (Finland)
- John Enning (The Netherlands)

## **Draft Programme**

### **Session 1: Exploring the what's and the hows**

The first session will set the scene by presenting the specific expertise and interests of each of the working groups:



Working Group 13 possesses the knowledge of organisations, people, politics and change management. The aim of this working group is to support the people side of technology transfer. This people side can be managed more effectively if it is visualised and made explicit. Methods for measurement are needed to support this.

Working Group 15 possesses the knowledge of methods, metrics and tools to measure and aims to enhance the use of these for the effective application of information technology in health care. One of the issues facing this working group is the broadness of the field: the variety in health telematics applications, the variety in aspects that can be addressed in assessment and the variety in methods, tools and metrics to apply in assessment. The working group needs to specify and select its customers and learn the questions of its customers.

## **Session 2: Developments in the health care field**

Health care systems are in a process of change. In many countries the health care system is a major issue in politics. Policy makers are trying to control expenditures. On the other hand they have the responsibility to maintain a sufficient quality of care for all. Health care is a sensitive issue, dealing with life and death issues. Complicating factors are the personnel structure, payment structure, confidentiality issues and regulations.

The current developments have an effect on the health care providers, their missions, their organisation, and the role IT can play in the achievement of their missions. The working conference could start with an inventory of the current status in a number of countries: what changes have occurred during the past five years, what changes are expected in the next five years. How do health care organisations deal with these changes? What are the opportunities and threats of the implementation of IT? The possibility for a pre-conference research activity in this area, e.g. involving all speakers, is considered.

The following issues may be considered:

- Increased competition between health care providers, for quality doctors (and nurses). How to attract them, how to keep them.
- Increased competition for patients (i.e. within a region.): service, continuity of care, cooperations within a region.
- Demands for quality assurance, application of protocols, etc.
- Cost-effectiveness. How to make costs and outcome visible, how to quantify these and how to control these. (DRG-like systems, protocols, but also: cost effectiveness of IT applications)
- Benchmarking: increased visibility of "performance" (cost-outcome relations)
- User driven: IT to support new demands in the health care environment: prevention Vs treatment, alternative forms of treatment, advanced forms of treatment.
- Technology driven: Taking the advantage of new information technologies that become available on the market

### **Session 3: Various stake holders and the implementation of IT**

Essential in understanding the people side of technology transfer is the identification of the stakeholders in the health care environment. We can distinguish policy makers at international, national, regional level, managers of institutes (hospitals, home care facilities), doctors in hospitals or other health care institutions, general practitioners, nurses, universities and schools, industries, etc. Insight into who loses and who wins is essential to understand the processes underlying the diffusion of technologies (controversies analysis in Technology assessment). The aim of this part is to make a map of the stake holders in the health care arena and their interests. Aspects to be considered include:

- Ownership of data (including aspects of confidentiality)
- Job security (in Europe certainly an issue, there are a lot of jobs in health care, a lot of jobs to lose)
- Impact of IT implementation in the balance between stake holders (who wins, who loses, who is making investment decisions)

### **Session 4: Evaluation to support the effective use of IT in health care**

This session should present the general framework for validation which is proposed by the EU project VATAM. Issues to be addressed include:

- The variety of applications as related to the questions to be addressed. Where is assessment urgent, where is it less urgent?
- The right timing for assessment: during development, during first prototyping, later, as related to the goals and questions to be answered. Assessment during the development stage may be a promising area, because of the increasing user involvement in e.g. iterative development processes, e.g. following Rapid Application Development methodology.
- Quality of evaluation as measured by standards developed in Medical Technology Assessment. The golden MTA standard is the Randomised Controlled Clinical Trial. This design may be not feasible or very expensive in the case of many health telematics applications. Other methodologies may be justified, depending on the questions asked.
- Costs of IT in health care: how to measure it in a sensible way so that costs can be compared. How to include hidden costs and cost models can be considered. Also financial implications of current developments such as application of open system design, client server architecture. Who pays is an issue to be addressed.

### **Session 5: Strategies for the effective implementation of IT**

The key of this session is to define the necessary steps in an effective IT implementation, and to distinguish the organisational issues to be addressed and the role of assessment in the process. An effective implementation should start with testable objectives as well as a workable action oriented goal. Testable objectives means that objectives must be defined in such a way that after implementation it is in principle possible to conclude that objectives have not been reached (cf Popper). It is essential to be aware of the different



stakeholders (and their objectives) as they have the power to make or break an IT project. After the objectives have been defined, alternative scenarios for IT implementation can be defined, evaluated (in theory), and the most appropriate can be selected and implemented. After implementation, it should be evaluated whether the goals (objectives) have been reached, and what other potential results have been achieved.

#### **Session 6: Recommendations**

Recommendations could address the following issues:

- What is to be expected in health care in the next five years and what does this mean in terms of health telematics applications?
- What are the most important What's and How's for the next five years?
- General framework for assessment (e.g. based on the framework for validation as proposed by VATAM)
- What are the priorities for WG 13 and WG 15?
- What benefits can be expected from a collaboration between WG 13 and WG 15?