

PROPOSAL FOR A NEW IMIA WORKING GROUP

IMIA WG 18 "Telematics in Healthcare"

Proposed Chairman:

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Telematics, if properly exploited, could well become a new universal tool which could help in the move towards higher quality care. The challenge is not simply to do better and more quickly things which can already be done by other methods. It is not simply to use a variety of computer applications for information management. The master concept for the future is "open systems" which will allow "interoperability" and "integration". Interoperability is the possibility of allowing information from one application to be used for another. It might, for example, allow a symptom from a patient file to be fed directly into an expert system for decision support and to a European epidemiological database as part of a data pool. Integration is the interconnection of different, highly specialised applications into a broader system, allowing synergy between the different levels. One obvious example is the integration into a hospital information system of medical files from different specialities (neurology, endocrinology, obstetrics,...) or services (X-rays, biochemistry,...). Another is interworking within a national network of primary care and hospital systems from different regions with, in addition, links to an insurance and reimbursement network.

In the competition for resources, health telematics claims to provide two main benefits: a reduction in the cost of healthcare and increased competitiveness of the telematics industry. Reduction of costs would come mainly from replacing paper flows by electronic based storage and circulation of information. Increased competitiveness would come from the opening of a new high added-value market for telematic products and services.

The cost reduction argument, if substantiated, is the strongest of all. From the point of view of other technologies, it converts telematics from a competitor into an ally. Indeed, any cost reductions will leave additional space for other technologies since the savings can be invested in more NMRs, more ultrasounds or more screening campaigns.

These agreements have been taken out of the ACOSTA document of "Telematics for Healthcare" (December 1994). Since then the DG XIII C4 entitled AIM has changed its name into "Telematics in Healthcare". There is a need for better consistency regarding joint activities and sharing of interests with EU as well as with the US Agency AHCPR (= Agency for Healthcare Policy and Research).

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