EQuiP

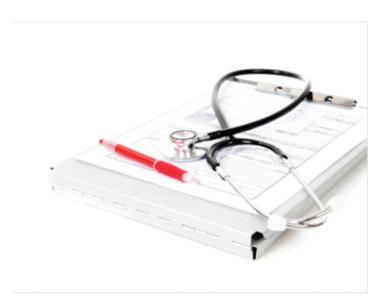
ICT & eHealth developments in Catalonia

Toni Dedeu, MD, PhD, MSc
Director
Office of International Affairs and Health Cooperation
Ministry of Health of Catalonia

tdedeu@gencat.cat Stockholm, April 2012



ICT & eHealth developments in Catalonia



Catalonia

The ICT strategy and organization in Catalonia

Key ICT projects in Catalonia

Future challenges



Devolution process to AA CC





Ownership of healthcare facilities

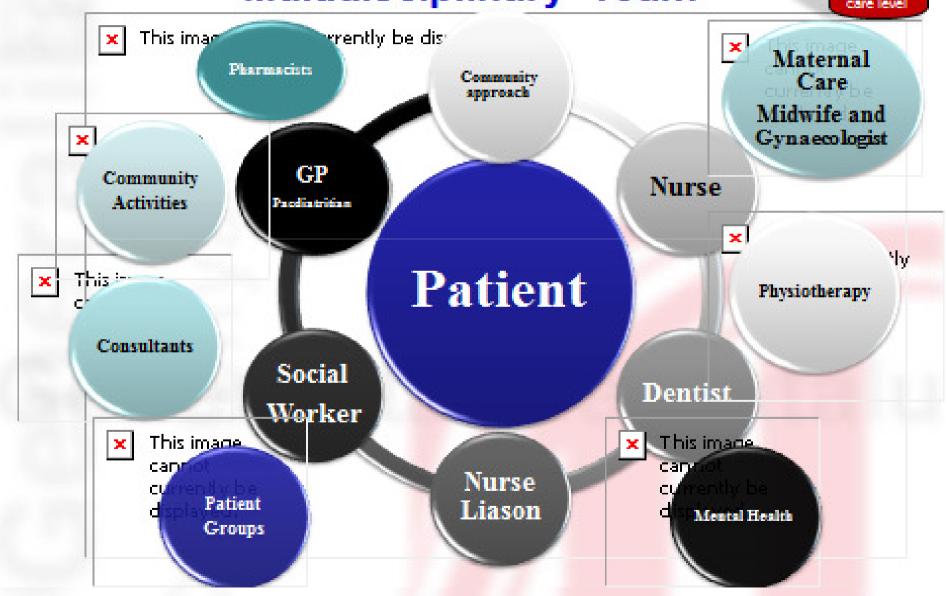
	State Property or Management	Non State
Hospital care	20.18%	79.82%
Primary care	77.06%	22.94%
Mental Health care	27.79%	72.21%
Long-term health care	38.43%	61.57%

Source: Office of General Direction of Healthcare Resources. Department of Health of Catalunya



Primary Healthcare Multidisciplinary Team









Political and societal issues and opportunities of e-Health in Catalonia

ICT Projects in Catalonia

The ICT strategy and organization in Catalonia

Key ICT projects in Catalonia

Future challenges









The ICT strategy and organization in Catalonia

Introduction of ICT innovation in the health sector

Population growth (immigration)

- Ageing (more chronic)
- ■New model of doctorpatient relationship
- New styles of life (new diseases)
- Shortages of medical professionals
- New medical technologies

Pressure to increase spending



Pressure for cost containment

Need to reach consensus

Economic crisis:

- Negative impact on health spending, health services and health outcomes
- Need to maintain economic competitiveness

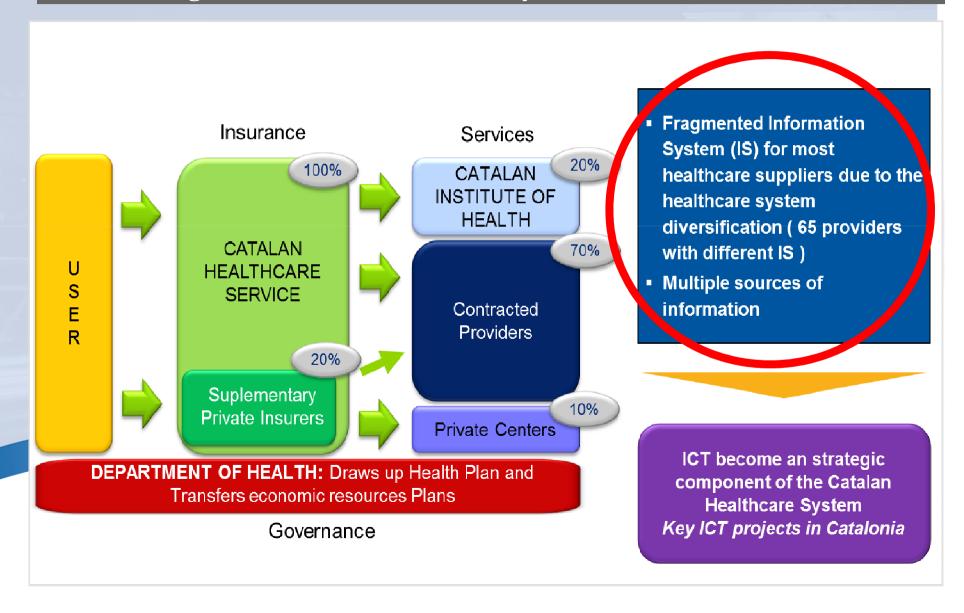
NEED FOR A SUSTAINABLE HEALTH CARE SYSTEM

Information and Communication Technologies



The ICT strategy and organization in Catalonia

General diagram of the Catalan Health System







The ICT strategy and organization in Catalonia

General diagram of the Catalan Health System

HEALTH DEPARTAMENT / CATSALUT
Strategic ICT plan

Agency of Health Information, Assessment and Quality
Operability ICT plan

Information Systems

Aim: To manage health information for generating knowledge to the system Centre of ICT Services
Aim: to endow the health
system of public coverage
of ICT infrastructues and
services

TICSALUT Foundation

Health Care Providers

ICT Providers





The ICT strategy and organization in Catalonia ICT Strategic Plan 2008-2011

The Government of Catalonia sees as strategic priorities the development of ICT policies and investment in healthcare system. As a result of this priority the SITIC Strategic Plan 2008-2011 was designed as an initiative containing 6 strategic pillars and 35 action plans

Mission of the Department of Health in ICT

the objectives Boost and strategies of the Department through ICT, guaranteeing the citizen right to access information and supporting the task of professionals to improve the quality of healthcare assistance. The Department will develop a leadership role in the ICT sector, promoting both the image of Catalonia as an innovative territory and the participation of all healthcare agents.



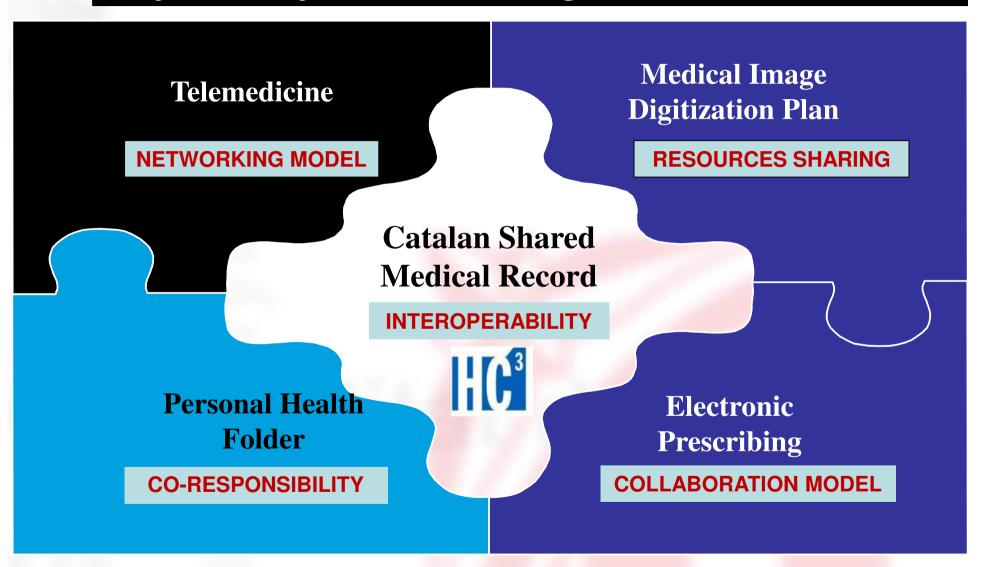
ICT STRATEGIC PROJECTS







Key ICT Projects – Governing characteristics



Shared Medical Record - HC3

Objectives



- Improvement of healthcare services offered to citizens with an instrument which facilitate the work of the professionals by allowing the use of shared information of the patient
- The HC³ will **prevent duplicated procedures / diagnosis** in several centers or when lost
- The Shared Medical Health Record will **make easier and potentiate healthcare processes** and improve computer resources

Data related to activity



Professionals 32.978

That have accessed at least once the HC3



Documents **26.557.157**

Clinical documents indexed to the HC3



Visits **656.621**

Medical records consulted by means of HC3



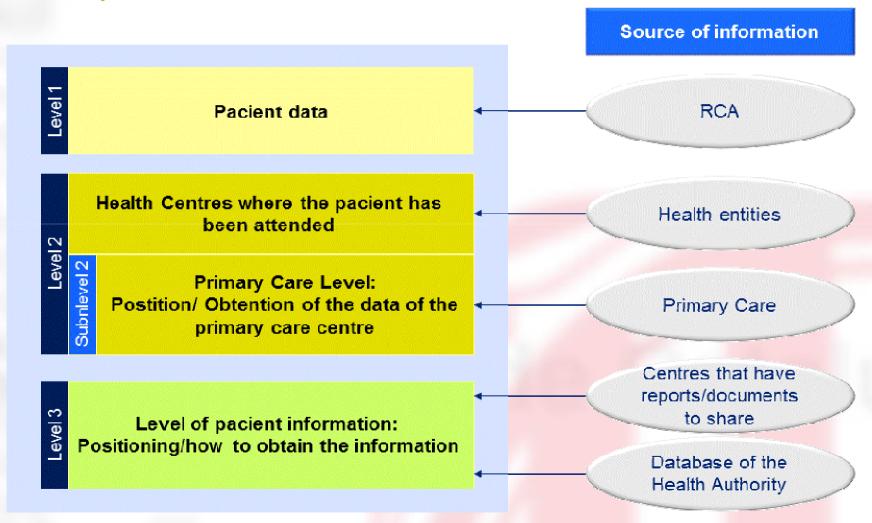
Citizens **7.480.541**

Citizens with medical data in HC3

Key ICT projects in Catalonia Shared Medical Record - HC3



The index system



Key ICT projects in Catalonia Shared Medical Record - HC3

~{

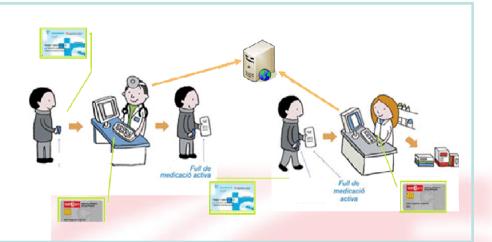
Available information

Healthcare Centers Information Health Department Information Diagnosis Diagnosis **Primary** Hospital MSD Prescriptions Procedures healthcare **Immunitzations** Discharge date Specialized Internal discharge report attention, Dispensed Medicines **Emergency reports** social-medical medical attention and Specialized outpatient clinic treatment Dispensation date mental health reports Laboratory reports Diagnosis Imaging diagnosis reports procedures Other diagnosis tests reports

Electronic Prescribing

Objectives

- Immediate availability of drugs used.
- Coordination of the prescription and dispensation processes.
- Facilitate the patient's **therapeutic follow up**.
- Improve the healthcare quality.
- Improve the patients' healthcare **attention**.
- Increase safety of drugs used



Current deployment

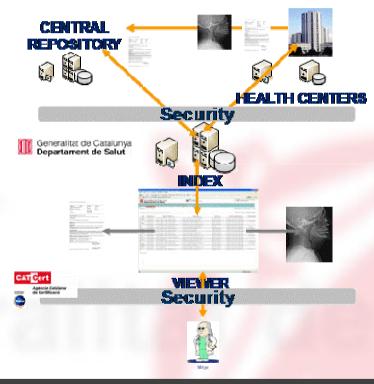
- The Electronic Prescription is available in 369 Basic Health Areas, representing 100% of all ,where 9232 doctors prescribed it and it's dispensed by 3077 pharmacies.
- The number of **patients exceeds the 3.371.671** users of the system and the number **of prescriptions dispensed** is approximately **28.674.419**



Digitalization of Medical Imaging Plan

Definition and objective

Access from any point of the network to any medical image in anywhere at any time



Through the implementation and interconnection of different products like the HC3 and the Catalan Medical Image Repository (RCIM) from the Digitalization of Medical Imaging Plan, we are building up a very solid system in terms of healthcare continuity and we are also forcing the establishment of a high quality communication network



Digitalization of Medical Imaging Plan

<u>Catalan Medical Image Repository</u> <u>deployment</u>

Advanced platforms

Integration of Digital Imaging with HC3

It enables health centers to have a secure backup system of medical images (Bi), while it storages all the radiological images in a same database

Technological Functionality

- Servers and disks booths at 150 TB per year for radiological images
- To facilitate the backup of medical imaging for health centers of the public system
- Independent supplier of PACS
- The center needs network connectivity: Anella TicSalut
- No cost for health centers

Once the platform is available and functioning, different projects, like telemedicine or teleassistance will be added

Healthcare Functionality

- Facilitates radiological and other professional networks
- Centralizes computer-aided diagnosis
- Promotes R+D networks

It allows the distribution of citizen's medical images through the HC3 and for sharing medical images between health centers

Healthcare Functionality

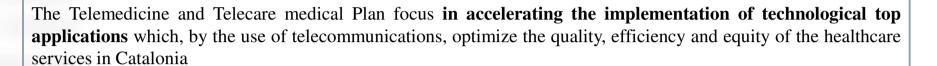
- SW Platform to integrate backup images with the Shared Medical Record of Catalonia - HC3
- CDA radiology report is improved
- Independent manufacturer of PACS and RIS
- Access to images is able through the HC3





Telemedicine and Telecare medical Plan

Objectives



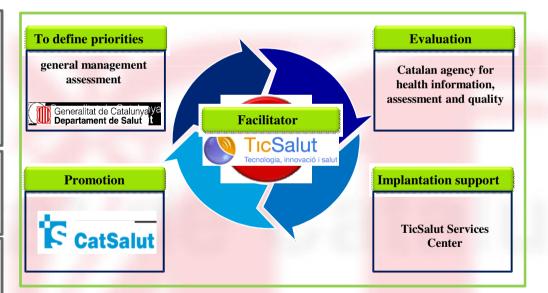
The plan prioritizes 3 lines of action

Real time communication between reference center professionals and the patient accompanied by another professional from a remote center through teleconsultation in cardiology, dermatology, neurology or psychiatry

Promote **Telemonitorization for chronic patients** who suffer diabetes, respiratory insufficiency and cardiac diseases

Facilitate **communication among professionals of different healthcare levels** for the production of radiology diagnoses, pathological anatomy, ophthalmology and others

Principal actors roles





Personal Health Folder





PHF is a space where the Catalan Department of Health will store and offer to all Catalan citizens, through internet, relevant information of their health status

- New strategic tool
- The participation of citizens in managing their health:
 - · Managing your illness: Self control
 - Managing Your Health: Prevention
- Basic Functionality: The synchronization with the Shared Medical Record presenting the vision of citizen

Interactivity personalization **COMUNICATION (WEB 2.0)** INFORMATION (CONTENTS) Patient-patient training The Personal Healt Folder will Professional tools provide information regarding Healthcare interaction: pilot tests medical reports, medication and vaccines "MY HEALTH FOLDER" SERVICES AND PROCEDURES SERVICES AND PROCEDURE personalized) PUSH: RSS, podcast, bulletins Actual procedures extension "my contents" through the Procedures Virtual "my services" "my communities"

Functioning

All data from the folder will be available on a simple, intuitive and secure way, ensuring data confidentiality and patient rights

Access

Access mechanisms work only with digital certification (idCAT, CATCert and digital ID) to ensure both privacy and patient rights

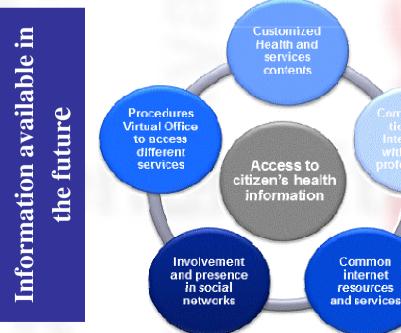
Personal Health Folder

Contents

Information available

Information available:

- Prescribed medication
- Vaccines
- Medical reports
- Connection to the Virtual Office Blood bank (results of recent blood tests, etc.)





Thanks to the information available in the future model of the PHF, will directly change the relationship between patient - doctor - Administration

Citizens more implicated in the care of their own health

Wide range of procedures
available and personalization
of the information

Simplification of procedures, consultations and virtual management

Better use of available resources

Key ICT projects in Catalonia Personal Health Folder



Progressive deployment

Key elements

Empower the strategy to facilitate the participation of citizens in the management and care of their own health

Progressive territorial expansion of the PHF and their functions with applications that will provide greater control to the citizens to monitor their health status, especially to those who have a chronic disease

Providing access through new channels that will allow mobility

Pilot to access the Personal Health Folder via mobile phone by digital certificate



Future challenges

Towards a personalized medicine

Evolution of health care services

EHEALTH

Application of ICT in health practice

- · Use of Internet
- Creation of static
 Telemedicine platforms
- Appearance of the Electronic Health Record
- Development of electronic prescription

MHEALTH
Portability
Global
Connectivity

- Remote diagnostics
- Postoperative follow-up via mobile
- Rehabilitation Sensors
- Control the activity of Patients' medication in Real-time

IHEALTH

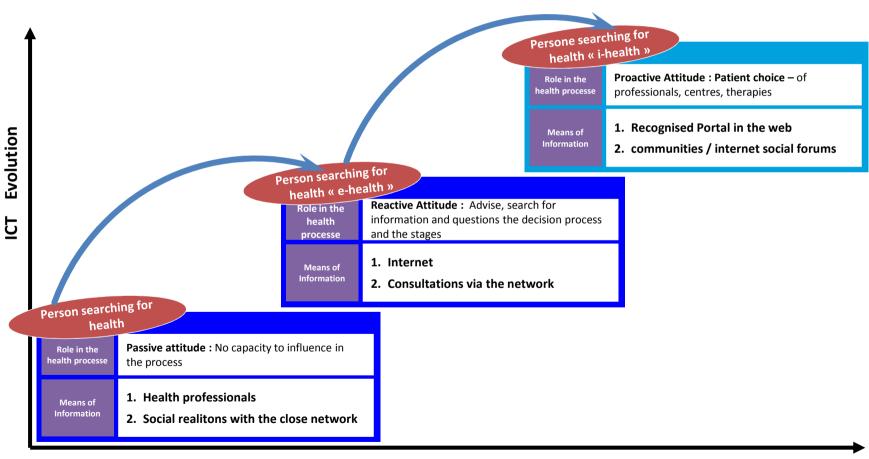
Customization of health services

- Individualized Healthcare
- Responsibility and patient involvement on their own health
- Adaptation of services and healthcare information based on the citizen needs
- Immediate access to information and services

ICT - FUTURE DOMAINS

Towards a personalised medicine - The new Citizen

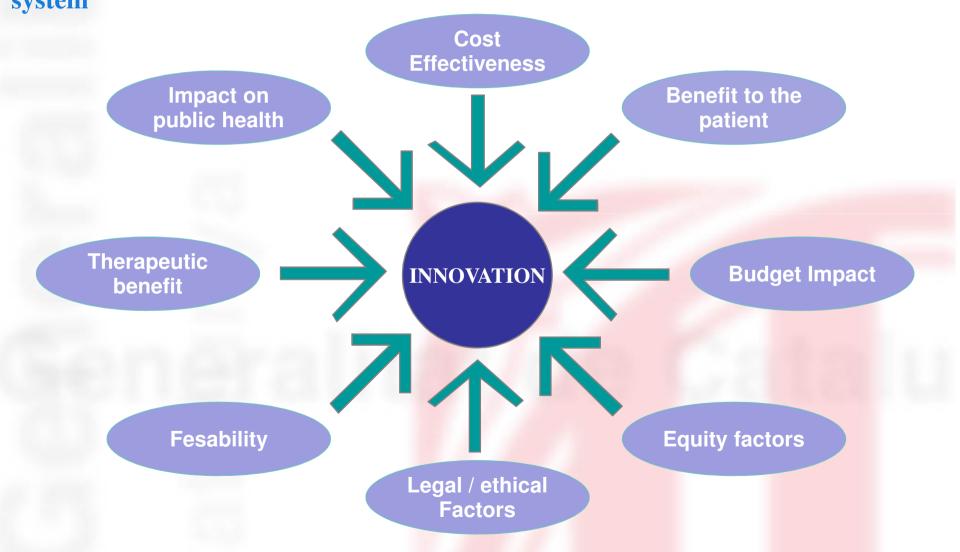
Citizen's evolution regarding the health process



Depart

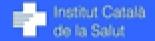
New innovation perspectives on health care

Critical factors that determine what innovations must be introduced in the health system

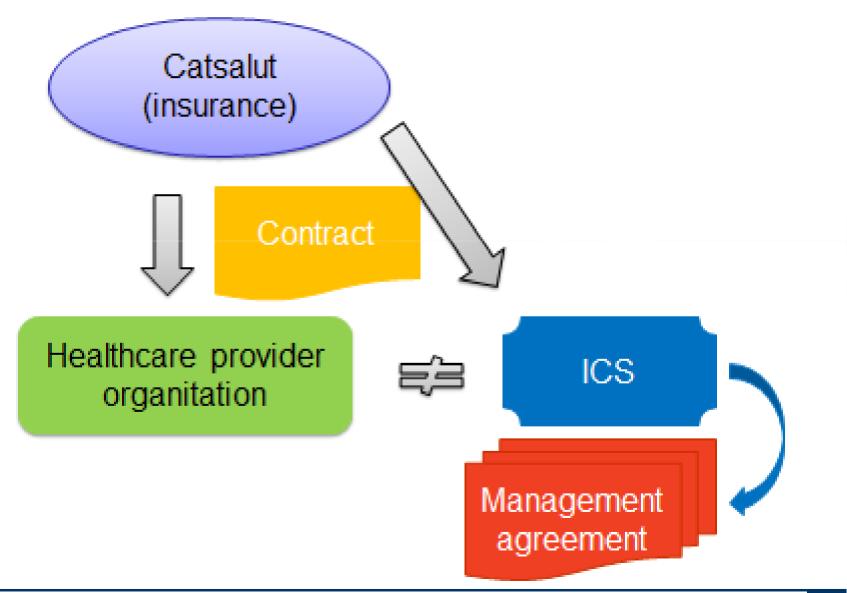


Evaluation System in Primary Care in Catalan Health Institute





Catalan Health System



Management agreement. Concept

- Annual evaluable contract
- Between
 - Management staff (Direction)
 - Leader of Primary Care team
- Specific objectives for every Primary Care Team
- Tool to management
- Main strategic lines
- Economic incentive for professionals

Management agreement. Structure

Sustainability	Compliance with economic budget		
Healthcare quality (55%)	Pharmaceutical expenditure budget (DMA)		
	Clinical Quality Standard (EQA)		
	Drug Prescription Quality Standard (EQPF)		
	Drug use safety		
	Temporary disability management		
Organizational improvement (20%)	e-agree implementation		
	Acute disease resolution for nurse	5%	
	Patient Safety		

Clinical Quality Standard. Concept

- Synthetic indicator
- Includes 60 sub-indicators
 - 39 adult
 - 21 childhood
- Scientific evidence
- Weighted score for sub-indicador
- Specific goal according starting point for:
 - Team
 - professional

Clinical Quality Standard. Adults Health Problems (I)

Health problem	Sub-indicators	score
Ischemic stroke	2	66
Ischemic heart disease	3	103
Dyslipemia	1	45
Atrial fibrillation	1	43
Arterial hypertension	2	84
Heart failure	2	66
Type 2 diabetes mellitus	4	124
Cognitive impairment	3	53
Chronic hepatitis C	1	19
Chronic obstructive pulmonary disease	2	40
Asthma	1	26
Prostate neoplasia	1	13

Clinical Quality Standard. Adult Health Problems (II)

Health problem	Sub-indicator	score
Adult vaccine coverage	4	104
Alcohol consumption	1	48
Tobacco consumption	2	64
Home healthcare	2	49
Iron deficiency anemia	2	29
Nephritic colic	1	11

Drug Prescription Quality Standard

- Synthetic Indicator
- Based in rational drug us
- Criteria:
 - Safety
 - Efficacy
 - Efficiency

Drug use safety

- Decrease clinical risk with drug us
- Sub-indicators:
 - Duplicity
 - Inadequate use in elderly
 - Drug Interactions
 - Gastric protection

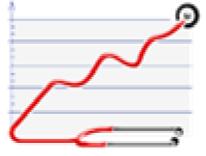
Acute disease resolution for nurses

- Improve competences of nurses
- Number solved cases
- Protocolized health problems
- Objective: decrease medical visits

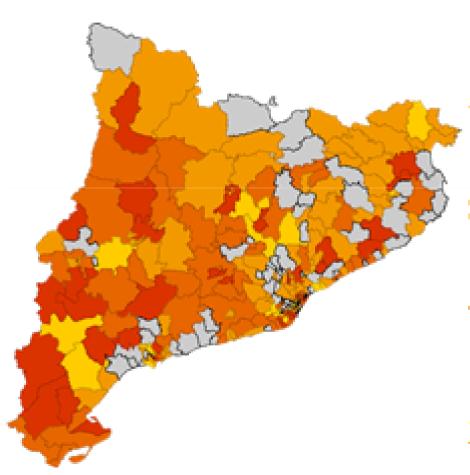
Sistema d'Informació dels

SISAP

Serveis d'Atenció Primària



Primary care @ ICS

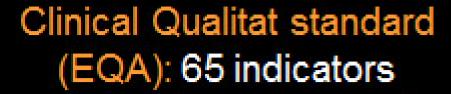


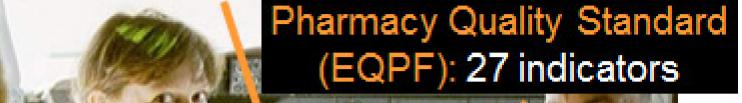
5.850.000 Clinical records

>20.000 attended / day

7.900 Health workers

272 Primary care teams (PCT)



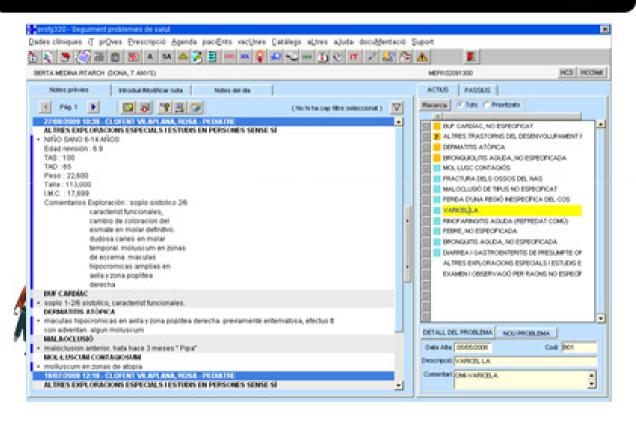




Economic management: 3 indicators

Accesibility: 2 indicators

Construction and Publishing



Performance Dashboard



€conomic Resources

Ingresses activitat
Contracto Programa
Pacturació a tercero
Converse
Debyenció a l'espiritació
Total Ingressors activities

Acces Greekli 2009
2 630 800 6
1.106.6
14
47 607 6
3,660,610.4

Gen - May 2000	Geon - May 2000	Yarkede
1097.416.6	1,075,408.4	2,04%
1,315.4	744.6	79,50 %
0.4	14	0,00%
19 000 4	19.4734	2,54 %
1,110,001 6	1,005,885.4	2,00%

Tancament 3444	Price, Sancamont.
2:581:124.6	2400.8004
2,550.4	4,917.6
14	14
46,750 (6	47.557.6
2 650 445 6	2,665,430.4

Bespeses withtut
hitsesfructures de pedió
Nonre-personal for
Ridebusins M.E.
Clusters petrones
Netro, numbers of substitute fine.
Solitistial designesses entrophicals
Reference
Substitutions
Johada conglementária
Hyrac extras
Suithful despesse personal to extructurals
See
Material cardian
Material no sentani
Formació
Atres
Sold total diregions no entrustratas
Pt. Laboratoris cifricis
Pt. Provins providens ICS
Pt. Provins provisitors no CS
Total Bengenera activitat

ed Gestili 2000	Gen - May 2000	Geon - May 2008	Yarlashi
240 500 4	100,000.4	90.3014	2,64
1.379.250 4	201 000 4	581.3424	-0,21
1.4	0.0	0.4	1,000
346,775.4	144,400.6	141 539 6	0,440
154,000 4	95,800 €	54,710.4	3,64
2,001,005.4	990,375 6	679,010.4	-0.29
200-000 4	41 005 4	14,274.4	90,94
0.6	14,120.4	56.543.4	-05,010
0.0	3 529 6	996-6	258,211
6,000.6	505.4	904	90,00
206-000 4	\$1,630 M	71 10714	30,0Y
95,000 4	23.636.6	100.0954	40,37
26-200 4	8300 6	6.8314	4,00
12,798.6	2044.6	8.8634	100,00
2000 4	0.6	9.4	200
	9.6	2.400.4	100,00
340,798.4	102,450 6	190,2014	38,78
100,000 4	42 836 4	41,079.4	2,64
56,562 6	28 263 6	29,000 4	4,40
94 000 4	22 264 6	25,804.46	40,911
2,660,610.4	1.000,000 4	1.862-04	4,0
14	62:201 4		

Tancament 2000	Press, Europeaneset, (sees)
206.062.4	240,0004
1.425.403.4	1,372,333
14	
200 100 4	546 P25 4
111 200 4	154 880
2,110,665.4	2004,574.5
20,107.4	170,4304
715,263.4	58,211.4
5106.4	20.5934
90.4	900 4
100 074 4	140,0014
179.802.6	58,382,5
15,600 4	16,004.5
10,546.4	6.8624
4.4	
4.1004	01
204,343.4	209.007
	100 800 4
61,216.6	67,967
66,162 6	40,001
2 2 66 122 6	2,465,000

	400	

14	613

Real Control of the C	
Farmaria	
DMA Parminta	1.0
Despeta farmeria	
SALEO FINISACIA	

Acres Goods	2000
4,323	1077.6
4,300	1077.6

Gem - Abr 2005	Gen - Alte 2000	Variable
1,640,660 6	1675,2014	-14,00%
1,007,000,0	1.790 866 4	40,01%
	- 1000	

Tomosenest 2000	Press, Supramount June
5.009 505 6	4.302.077.4
4,960,243 6	6.629.543.4

SISAP | sistemes d'informació dels serveis d'Atenció Primària

MINE OR FERSIAN LORA. THIS CLUSA. MPLASS SARCELONA TO IDRASSANCESSINAL SUD

08/2009

Sorter

Inici EOA EGPF IT ACC POB TIRES TAO

Entiredor di de Crasilitat Assistencial

The state of the s	Professional				Minors Motors		Resultats de l'entons			
Indicador	Prevelença	Detecció	Henologie	Resulted	Posts	Posts	-	Minor	180	10.5
OS AVC: Tractament antiagregiant	2,4%	100%	96,43%	96,43%	45	465	71,0	19,77	86,30%	09,34%
OS-AVC: Coreol lpids:	2,4%	100%	39,29%	29,29%	31,42	40	29,89	41,0	33,45%	29,78%
07-Ct Tractament beta-troquepart	2,66%	100%	58,00%	58,66%	40	40	40,38	54,74	59,91%	53,52%
OS-CX Tractament antisgregant	2,86%	100%	96,77%	96,77%	40	40	00,80	90,97	91,60%	107,35%
09-Cit Control lipidic	2,84%	100%	46,10%	45,16%	21090	36	36,29	50,45	38,87%	46,24%
■ © 15 Oktigania: Calcul RCV (35-7 kg)	16,47%	73,60%	00,24%	79,44%	50	50	50,99	716,200	48,42%	74,53%
● 15-AOsFA Tractament A46 FACO	1,72%	100%	70%	29%	34,7%	60	41,48	76,59	70,49%	75,27%
● ● 13 HTA Coreof TA	19,13%	99,00%	66,37%	66,32%	65	65	91,26	60,91	56,36%	69,21%
● ● 13-HTA Cormol Tx-en població de risc	10,04%	100%	55,02%	55,90%	45	465	37,82	42,31	45,54%	47,53%
● 14-10: Tractament IDGA / ARAII	2,4%	100%	78,57%	78,57%	45	4/5	46,60	21,6	71,48%	62,72%
● 15-IC Tractament beta-troquepart	2,4%	100%	46,43%	46,43%	40	40	22,96	36,29	44,54%	30,6%
16-WIC Vacunació artis-VI-B (15-Nico	3,42%	100%	29,73%	29,77%	5.56	26	25,52	40,50	37,59%	41,71%
O D 17-Alcohot Oribratge (15-79a)				40.2%	94.5	40	35,95	53.53	40,79%	41,91%
● 16-Tabac: Abstracts on població de risc	27,02%	100%	69,21%	69,33%	21,00	40	100,74	74,56	60,50%	67,95%
O 15-Tabac: Cessacions en els dierers 13m (15-79a)	25,72%	100%	3,6%	3,6%		485	4,80	0.64	5,15%	2,91%
● © 20-OW2: Criticalps pau	0.86%	100%	25,64%	25,64%	. 0	36	43,66	59,00	50,26%	49,05%
O O 21-OW2 COMMUNICATE (15-75)	7,32%	100%	54,55%	54,55%	20,84	485	40,00	64,52	50,50%	67,1%
O O 23-DW2: Critinalge retinopatia (15-79a)	7,52%	100%	67,53%	67,53%	33087	36	50,68	69,79	62,48%	61,50%
O O 27-Tapo de cerx (béracció	1,29%	44,56%	100%	86,2%	3,01	16	81,5	100	81,49%	100%
O O 29-Ong: Vacumació (+59a)				53,17%		48	80,97	61,69	40,04%	56,36%
O O DO Onp: Vacument postered de rise (15-58s)	10,7%	100%	21,05%	21,05%	10,6	36	17,67	25.9	10,2%	21,80%
O O 31 Matatia pneumoobooka: Vaounaod (+58s)				43%		10	49,2	66,67	30,00%	55,17%
O O 33-Tittanus: Vacunació				43,00%	7.30	26	37,07	57,47	36,49%	46,43%
O 14 MPCC: Verticació intratedora (+394)	8,89%	100%	31,82%	3 0,00%		20	40,92	67,36	54,76%	41,57%
SS-ATDOM Visionació integral	2,74%	100%	59,38%	59,38%	96,00	26	42,65	67,42	51,76%	60,00%
● SE-ATDOM: Risk: UPP	2,74%	100%	17.5%	17.5%	40	40	59,09	81,08	71,76%	76,01%
26 Présents Ús correcte PSA (r-74s)				96,97%	95	16	72,66	15,47	07,39%	T0,90%

Punt de partida	680,96
Total Ponts	653,01 de 1.000
Meta 000	297,8

SISAP | sistemes d'informació dels serveis d'Atenció Primària

Inici EQA EQPF IT ACC POB TIRES TAO

Data chicut 31/08/2009

Insulina (fins 7 tires / setmana)

Pacients amb indicació incorrecta: 3
Pacients amb indicació correcta: 10
Pacients sense tires: 5
Total pacients: 18

CIP	MHCMP	Hom	Cognom/I	Cognom2	Prosologia
ALAB051061200	29074-RA	MOHAMED	ALABARH		147 setmana
CHCH180080800	12410-RA	DOLORES	CHICA.	CHICA	21 / setmana
PAM0041101300	09227-RA	JOSE	PADILLA	MONTIEL	147 setmana

Secretagogs (fins 3 tires / setmana)

Pacients amb indicació incorrecta: 1
Pacients amb indicació correcta: 10
Pacients sense tires: 19
Total pacients: 30

CIP	MHCAP	Nom	Cognom1	Cognom2	Prosologia
LADI1 30090500	01708-F/A	VICENTA	LASO	DIEZ	147 setmana

No secretagogs (0 tires)

Pacients amb indicació incorrecta; 0
Pacients amb indicació correcta; Pacients sense tires; 28
Total pacients; 20

Dieta (0 tires)

Pacients amb indicació incorrecta: 0
Pacients amb indicació correcta: Pacients sense tires; 25
Total pacients: 25

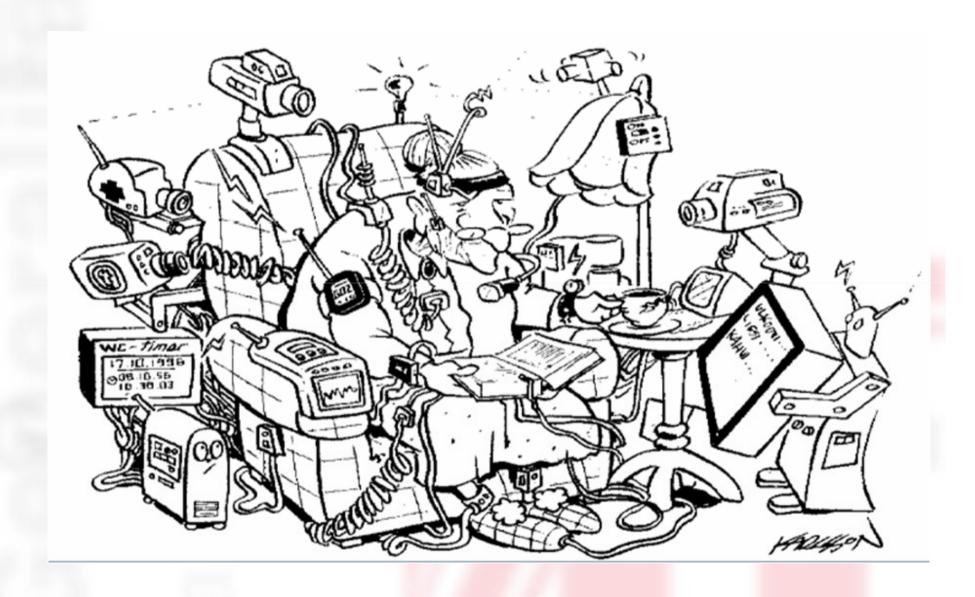


Test strips for blood glucose determination

Principal meassures post-intervention

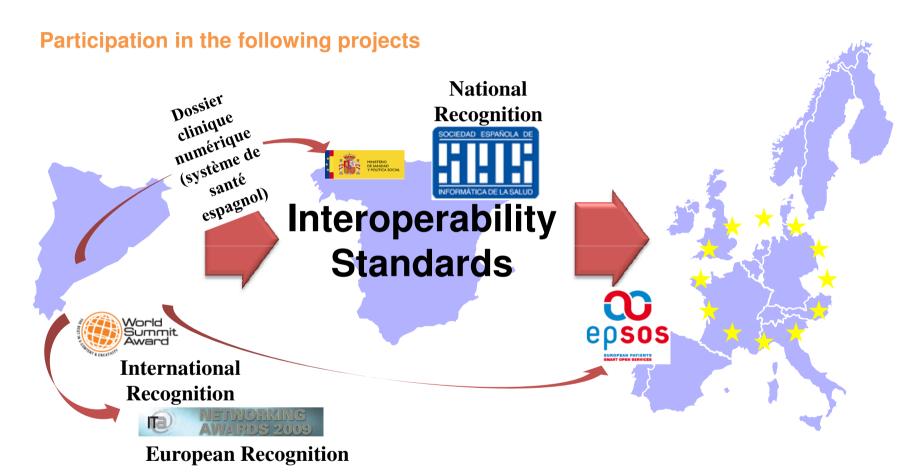
	Group		difference		difference (%)	
	Intervention	control	difference	IC95%	difference (%) IC95%	ρ
Adequacy of prescription of blood glucose test strips (%)	86.1	77.3	8.83	(9.15 - 8.54)	11,38 (11,04-11,81)	0.001
Average cost by diabetic (€)	4,82	5.45	-0.63	(-0.261.00)	-11,55 (-4,77-18,54)	0.001
% hb A1c, all diabetics (Average)	6,4	6.42	-0.02 ((-0.030.002)	-0.31 (-0,46-0,051)	0.077
% hb A1c, diabetics with insulin (Average)	7,23	7.24	-0.0056	-0,035 - 0,035)	-0,12 (-0,73-0,48)	0.694





A

Interoperability



The ICT solutions developed in Catalonia are essential in order to guarantee the connectivity with Spain and Europe

Gràcies Thank you

www.gencat.cat/salut

tdedeu@gencat.cat



Challenges:





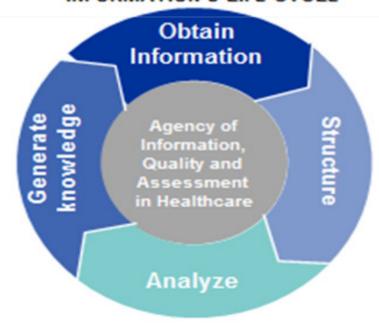
The ICT strategy and organization in Catalonia

Agency for Health Information, Assessment & Quality

HEALTH DEPARTAMENT / CATSALUT Strategic ICT plan

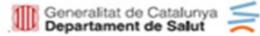
Agency of Health Information, Assessment and Quality
Operability ICT plan

GLOBAL MANAGEMENT OF THE INFORMATION'S LIFE CYCLE



AIAQS's Mission

Generate relevant knowledge to contribute to the improvement of the quality, safety and sustainability of the healthcare system, facilitating decision making for citizens, professionals, managers and planners









The ICT strategy and organization in Catalonia

TicSalut Foundation



Business Scier Council Cou

Scientific Council Council of Professionals and Citizens

Mission

The mission of TicSalut is to encourage the development and use of information and communication technologies to enhance the health system in the region of Catalonia, Spain







Key ICT Projects – Shared Clinical Record

Activity figures

Specific areas

People included 7 297 637

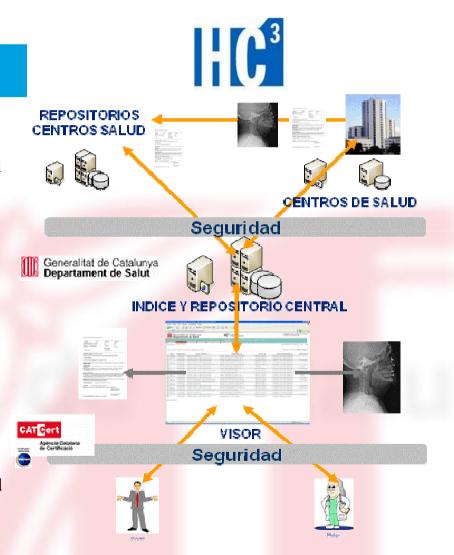
PROFESSIONALS 32,878

VISITS **656,621**

DOCUMENTS 26,557,1571

Activity (March 2011)

- ✓ Patients with their data already available in the Shared Clinical Record
- ✓ Who has already entered a minimum of once to the SCR –HC3
- ✓ Number of clinical records consulted
- ✓ Clinical Documents Indexed into the Shared Clinical Record









Key ICT Projects – Shared Clinical Record

Added functions of the Shared Clinical Record

- Integration between Shared Clinical Record and the Clinical Work Stations in the Primary Health Centres
- 2 Integration between SCR HC3 and the « registry of live will »
- 3 Integration with the laboratories
- Integration between the SCR HC3 and the information of Pathology (Anatomy) and the interoperability with the Registry of Cancer of Catalonia
 - 5 Integration between the SCR HC3 and the digitalised clinical images
- Citizens' access to the information included in the Clinical Record through a virtual office







Key ICT Projects – Medical Image Digitalization Plan

2011 Objectives

- Digitize all radiology images of Catalonia.
- Establish the basis for the rest of digitized medical images.

Radiology Image

- Definition of 12 projects which make possible obtaining 85%
 of the radiology image digitized.
- The equipment has been delivered (servers) and the installation of the scanning software (PACS) has been completed in all the centers considered in the 12 projects defined, to digitize radiology images (RX) financed by the DSred.es agreement.

Imatge Digital Emmagatze Generador Software Monitors mar imatge d'Imatge PACS Finançat pel Finançat pel DdS en DdS en Finançat pels Acords amb aquells aquells proveidors projectes que projectes que assistencials formen part formen part del PDIM del PDIM

Non Radiology Image

- The technical support office has been created (1/04/09).
- First projects of No RX image have begun (April'09).
- Research grants have been published to advance in the digitalization of the image non RX in dermatology, ophthalmology and electrocardiography









Key ICT Projects – Medical Image Digitalization Plan

Central Repository of the Medical Image in Catalonia	(March 2011)
Hospitals that supply regularly images to the Repository	20
Explorations copied and transferred to the Repository by the health care centers (up to now)	3 million
Images copied and transferred to the Repository	90 million
Daily number of explorations indexed into the Repository	10,000
Stored Terabytes	48 TB







Key ICT Projects – Electronic Prescribing System

Electronic Prescribing System in Catalonia (Rec@t)	(May 2011)
Dispensing system	>115 million
Prescribing system	>31 million
Basic areas of primary health care where physicians can prescribe	All Primary Health Centres
Pharmacies for dispensing	All of them, 3,075
Physicians prescribing it	76%
Patients who have been prescribed	3,312,532
Daily dispensing	380,000
Current average of electronic prescriptions vs. paper prescriptions in paper	62.1%







Key ICT Projects – Electronic Prescribing System

Key ICT Projects

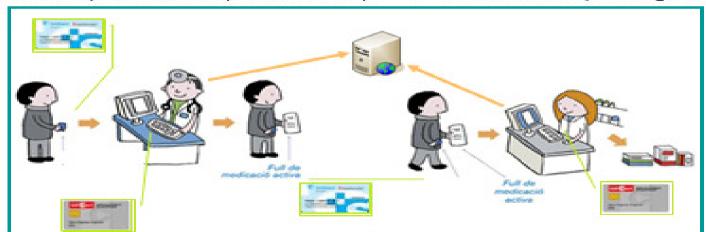
Electronic Prescribing

Objectives

- Immediate availability of drugs used
- Coordination of the prescription and dispensation processes
- Facilitate the patient's therapeutic follow up



- Improve the healthcare quality
- Improve the patients' healthcare attention
- Increase safety of drugs used









Key ICT Projects – Telemedicine & Tele-care

Key ICT Projects

Telemedicine and Telecare medical Plan

A succesful case: Telestroke Network

- Catalunya Telestroke Network consists on the deployment of a telemedicine system where each primary care centre
 will have its own reference hospital
- This is an agreement between DdS CatSalut i2cat Fundació TicSalut
- Ongoing Projects:
- H.V. Hobrón, va. H. Conoral, de Viet Intibilitante January 2007.
- H.V. Hobrón vs H. Gonoral de Granolliers: Initial texts: November 2009.
- H. Tructe vs H. Figueres: Intblifests November 2008
- H. Tructa vs H. Palamós: Intibi tests: February 2009.
- Upcoming projects:
- H. Comans Tries and Puipl vs H. Materó
- H. Cormans, Trias and Puipl vs H. Calcila/Slancs.

Other Telemedicine projects

- Telediabetes Plan.
- PIUC on-line pilot tests (SCADA)
- Project with jails in collaboration with Ministry of Home Affairs, Institutional Relations and Participation and Ministry of Justice.
- Telemedicine Plan in Alt Pirineu Aran (Teledormatelogy, Teleoftalmology,...)
- Use of digital certificates to mobile devices.
- RPID vs oFrescribing (climination of paper codes)









Key ICT Projects – Personal Health Folder

- Digital platform for consultation
- Access personal health information

 Access will be only allowed by mechanisms of digital dertification such as the Catalan certificat or electronic Spanish

