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eHealth: The Challenge of the Czech Healthcare System

POLICY BRIEF / NOVEMBER 2017

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Policy Brief – Adam Vojtěch, November 2017

Electronisation is one of the most fundamental themes in the framework of discussions on future of the Czech healthcare system. The fact that general society is becoming more and more digitized, seems to make it all the more obvious that the Czech healthcare system (primarily as compared to other developed countries) is lagging behind. However, this is not quite true. The healthcare in the Czech Republic is, in fact, currently undergoing digitalization. Nowadays, all Czech hospitals use hospital information systems (although these vary in quality).

Additionally, medical professionals, from general practitioners to outpatient specialists use these same information systems. Providers communicate with health insurance companies electronically when reporting the healthcare provided, and there are tools like ePACS for sharing image medical documentation. The majority of health insurance companies offer clients electronic tools for a variety of purposes, including resources to view the type of procedure used by providers on patients. Further, some laboratories, in cooperation with doctors, now use electronic applications—joining a growing list of ongoing sectional projects.

Consequently, the electronisation of healthcare is an ongoing process for both individual providers and health insurance companies. At the moment, the biggest issue is the lack of broad data sharing between all of country's healthcare providers. For this reason, it is not currently possible to take full advantage of the benefits electronisation adds to healthcare system for all participating actors – from patients to healthcare service to healthcare insurance companies. This ultimately extends to the state itself, which could profit from greater healthcare efficiency, primarily from the lower pressure on the state system via lowered expenses on public health insurance.

There are several reasons why broader electronisation of healthcare should not be expected within a short space of time. One of them is undoubtedly the mistrust cultivated by electronisation—including projects with strong premises but which failed in practice due to the misuse of public resources. A typical example is the “IZIP” project, which decreased the popularity of eHealth in the Czech Republic to a large degree. Another reason is the complete lack of the legislation necessary to increase the data sharing among the healthcare

providers and set both data standards and corresponding safety requirements. Last, but not least, is the overall conservativeness of the Czech healthcare system and the (debatably rational) fear of the “big brother” effect playing out.

There is no doubt, when viewed in conjunction with foreign examples such as Estonia, Denmark or Israel, that the electronisation of the healthcare makes sense and can greatly increase the efficiency of health services provided, the transparency of capital flows, and the comfort and safety for patients—including the safety of electronic prescriptions, whose mandatory introduction raised resistance in the medical community. eHealth, in addition to the said benefits, significantly increases patient safety and enables the online monitoring of undesirable drug interactions which cause the death of [230 patients every year](#). It is a relief for chronic patients, who have to visit their doctor often for the sole purpose of getting a prescription. Thanks to electronisation, the prescription could be sent to the patient via email or text message. This can save both patient’s and doctor’s respective time and resources.

Area data sharing is necessary for limiting the repetition or duplication of examinations, and for significantly faster and better communication with the patient. This, for example, means the patient will not have to repeat his family anamnesis, list

all his allergies or chronic diseases each time when visiting a different doctor. Awareness of such information can be absolutely crucial in emerging situations. Electronisation can also improve the communication between all providers, i.e. with electronic applications for an examination. In countries like Israel, hospitals already work with little to no paper.

However, electronisation is not only limited to the sharing health documentation. It is also connected with the growing practice of telemedicine, in which doctors monitor chronic patients from a distance. Thus, the patient is not forced to attend regular examinations personally, but can instead send the necessary health data to his doctor with the help of modern technologies and Internet. The doctor can then take the appropriate action after careful evaluation. Like with data sharing, this results in both greater efficiency of treatment and saves the time both patients doctors. However, it is absolutely necessary to craft strong financial model, built from public health insurance, to put this innovative form of medical care into expanded practice.

Electronisation is also related to the active collection of data on healthcare provided, allowing for the systematic measuring and further evaluation of the quality of the health care in the Czech Republic. It is reasonable to question why patients still cannot obtain detailed information on

individual provider care quality to help guide the use of health services. In general, this is due to the low level of patient awareness in the Czech Republic. The country is currently last in Europe in terms of health literacy, according to a recent WHO survey. Citizens do not have access to the information necessary to maintain personal health or on how the Czech system of health service even works. A very good electronic communication is the perfect remedy for this issue.

It is necessary that the electronisation of health care be implemented in a comprehensive way. Last year, for this purpose, the government adopted [The National eHealth Strategy](#) (to last the period from 2016-2020), which has the stated ambition to fulfil at least some of the above goals. As has been pointed out, the working electronisation of the healthcare cannot be gained without adequate legislation to set a concrete data standard that would be implemented within all information systems in use. Any legislation should also deal with the issue of safety data sharing and determine the authority that will act as a watchdog for watch the whole system.

The key remaining question to answer in terms of electronisation is undoubtedly the problem of cyber security and the management of delicate healthcare data. It is necessary to set up a data sharing system within the health registers so that it is not

based on the national identification number associated with a particular patient, but always on a generated non-significant identifier. It will also be necessary to create an electronic identity for each healthcare provider. With the onset of eID - the electronic identity cards— it will be possible to use them to identify the patient, or it can be used as the key for authorizing access to the patient's medical records.

The most important change, of course, will be to alter the thinking of the healthcare system so doctor ownership of computers should be mandatory. working with a PC should be for doctors as common as working with stethoscope. Electronisation interferes with all sectors of human activity—the healthcare system cannot be an exception. eHealth is not a threat to Czech healthcare but a unique opportunity to improve upon the existent system.

*This Policy Brief originated in collaboration with **European Liberal Forum** and conference **Digital Czech Republic** as a working paper for the seminar held on **9th November 2017** in Prague called eHealth.*



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