

NIK on informatisation of healthcare (summary)

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There is a risk that the electronic health information system will not be ready on time. The system should be launched at the end of next year. It is expected to take some burden off doctors, streamline medical care, prevent swindles and improve reporting. NIK warns there may be some trouble with that as it contains more gaps than data at the moment.

NIK warns that the launch^[1] of the electronic health information system may be significantly delayed. The system was to bring about a new dimension of management to the medical care. It was supposed to guarantee immediate access to electronic tests results, as well as a possibility of consulting, analyzing and comparing them.

The Act on the Informatisation System being a framework, caused a number of key technical issues to be controlled by specific regulations. Their lack caused service providers failed to adapt to the requirements of that Act. But within 15 months since the Act came into force, the Ministry did not issue all indispensable legal acts. The ordinances crucial for the system operation are not in place yet (concerning e.g. the data replacement format), although they should have been ready together with the Act.

Despite the fact that the first works on the system construction were started already in 2008, the tender for developing the key subsystem was not settled until the end of 2012. The National Centre for Health Information Systems [*Centrum Systemów Informacyjnych Ochrony Zdrowia* (CSIOZ)] provided data to the Ministry slowly, with delays and in fragmentary form.

The prerequisites for providers of requirements of the Act on Information Systems in Health Care, in particular providing exchanging data opportunities, including images and medical records in electronic form, are amongst others:

- diagnostic devices able to digitally record test results,
- adequate bandwidth Internet connections,
- ability to provide third parties with access to collected medical data and the ability to draw it from other units, including CSIOZ resources.

Selected modules handling individual areas, e.g. emergency medical services, should have been working since November last year. None of them was launched, though. The National Centre still has no idea to what extent the hospitals and other service providers are equipped with the systems and machines essential for cooperation with CSIOZ. The NIK findings show that the majority of hospitals have only basic programs in place, dealing for instance with the hospital traffic. The more specialist solutions there are, the less facilities have them. Only 23 percent of hospitals use Internet when contacting patients (e.g. when registering a patient or arranging a hospital admission date). 20 percent of hospitals do not even have basic systems to handle the hospital traffic.

There are no regulations so the heads of the individual facilities do not know what and how to prepare themselves to start the system implementation. Lack of clear and precise rules defining basic parameters of systems construction caused that some of the heads of the individual facilities started to act on their own. They set up independent, local systems that will cover only the service providers that are willing to cooperate. NIK warns against incoherence or doubling of the systems which may cause problems with settling the EU funds.

The other most significant threat to the Healthcare Informatisation Program, SAI of Poland also considers limited funds destined for the systems modernization.

[1] At the end of next year, the electronic health information system should be launched in full scope. A bit earlier - in summer 2014 - the service providers should start to run and replace medical documentation in electronic version.