



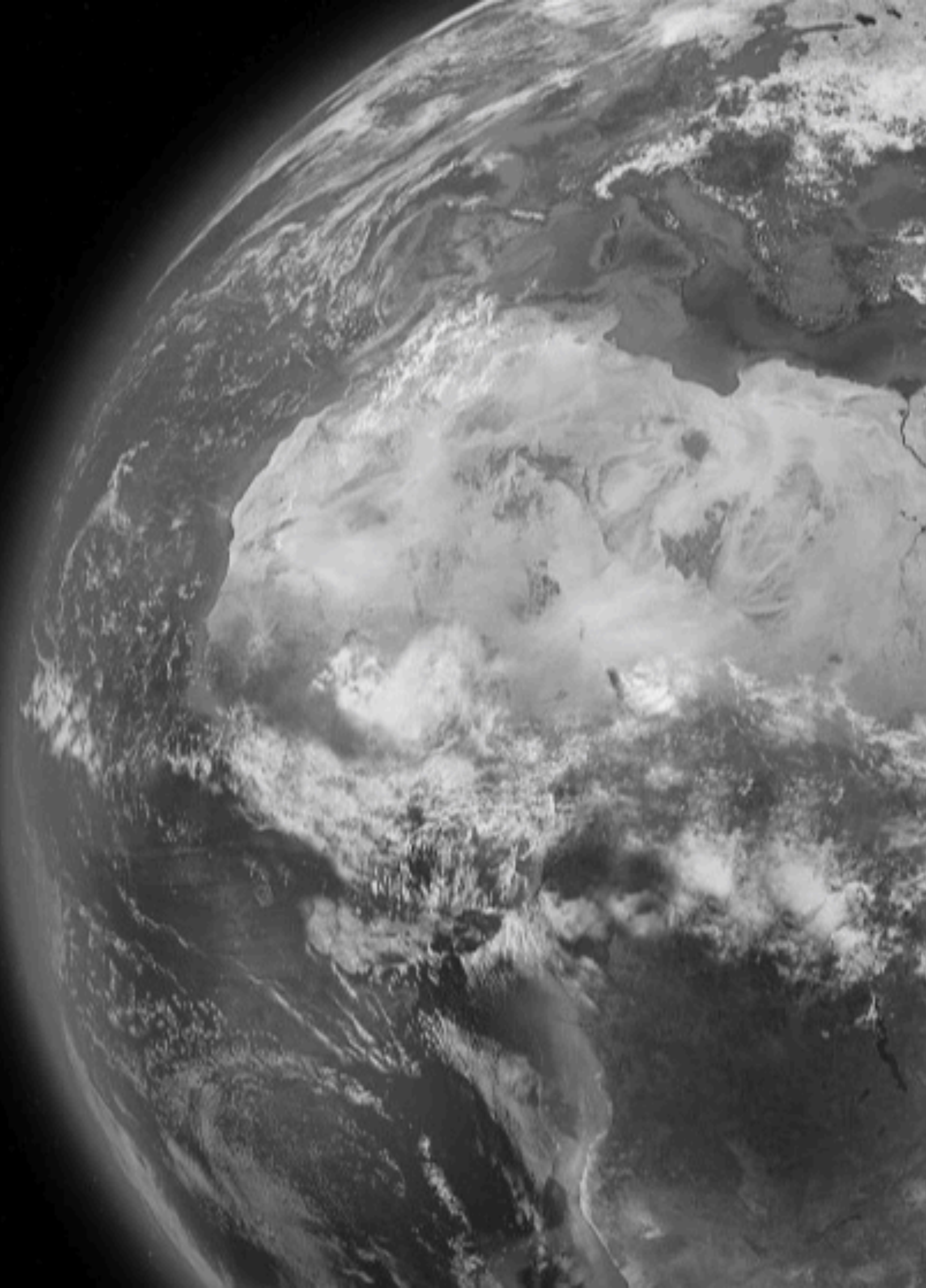
International Health IT Benchmarking: Learning from Cross-Country Comparisons

Jennifer Zelmer, Elettra Ronchi, Hannele Hyppönen,
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Fazzalari, and Julia Adler-Milstein on behalf of the
OECD Health ICT Benchmarking Pilot Group

Study published in JAMIA, July 2016

It is essential to make appropriate use of information and communication technologies in order to improve care, to increase the level of engagement of patients in their own care, as appropriate, to offer quality health services, to support sustainable financing of health care systems, and to promote universal access.

66th WHA, 2013



This Study

✓ Objective

- Pilot benchmark measures of health ICT availability and facilitate cross-country learning

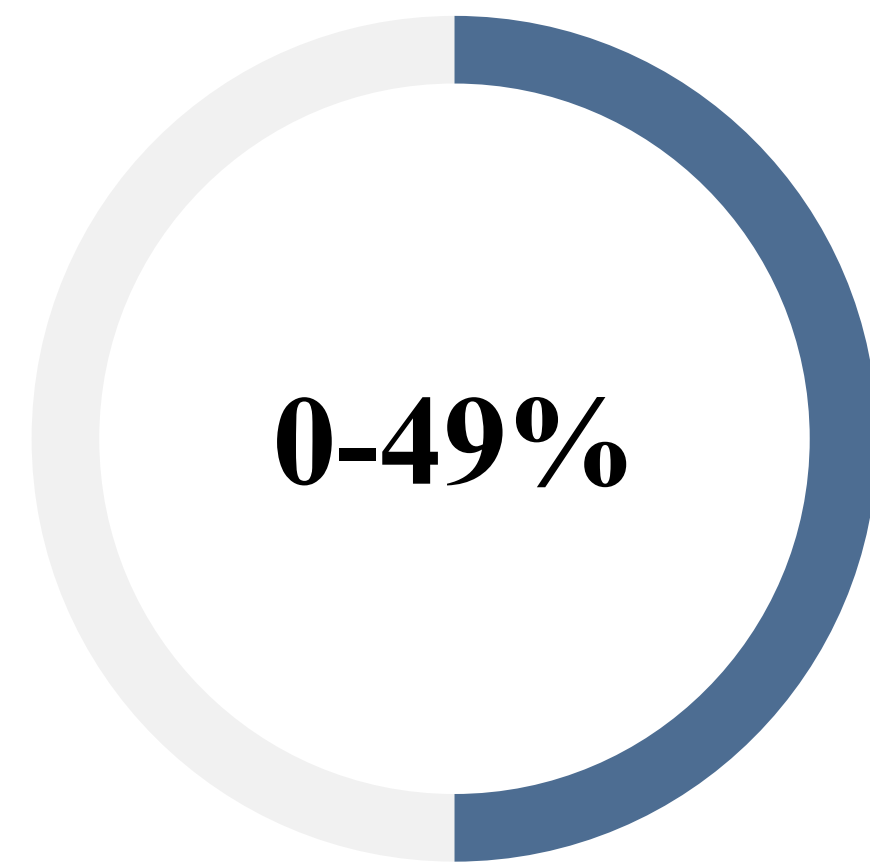
✓ Approach

- Prior OECD effort selected & defined functionality-based measures
- This OECD Working Group compiled results for subset of measures with broad coverage
 - New and/or adapted country-specific or multi-national surveys and other sources from 2012-2015
 - Includes 38 countries
- Also synthesized learnings to inform future benchmarking

Countries Included in Pilot

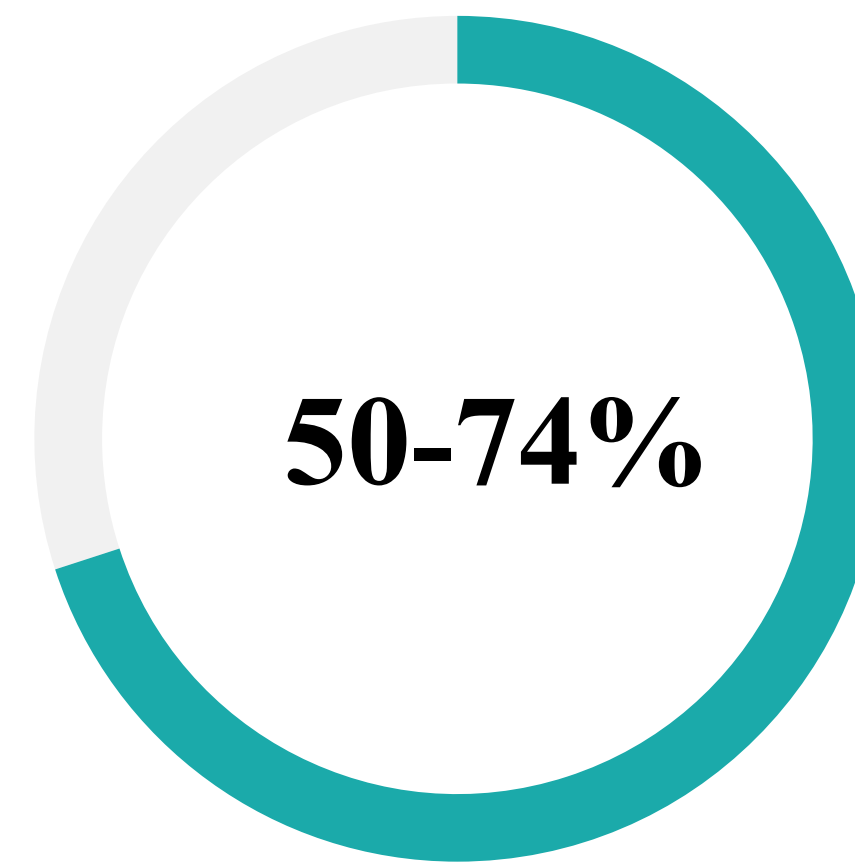
NEW NATIONAL SURVEY(S) BASED ON OECD MODEL SURVEY	EXTRACTED AND MAPPED DATA TO MODEL SURVEY/ INCORPORATED INTO EXISTING NATIONAL DATA COLLECTION	MULTI-NATIONAL SURVEY(S) WITH DATA RELATED TO MODEL SURVEY
Brazil Israel Korea Uruguay	Canada Denmark Finland Germany & Austria (acute care) The Netherlands Switzerland United Kingdom United States (Sweden, Norway, Iceland in the context of Nordic collaboration)	Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey (acute care survey only), United Kingdom

Grouping Countries by Extent of Functionality



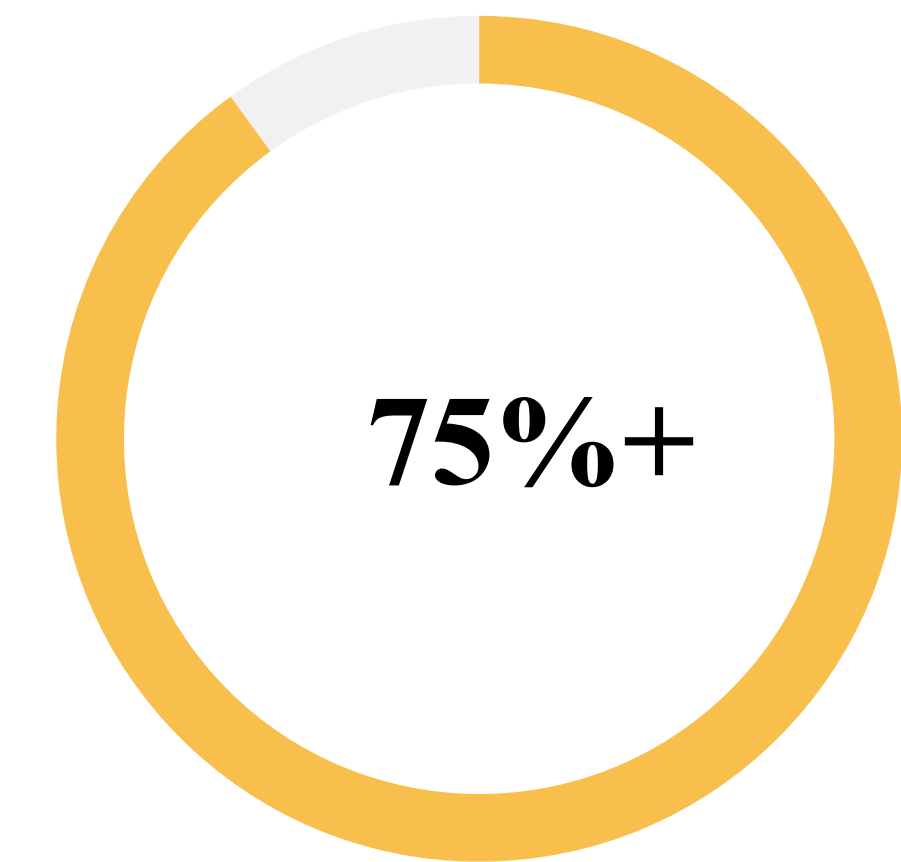
MINORITY

Available in less than half of all practices or acute care organizations



MAJORITY

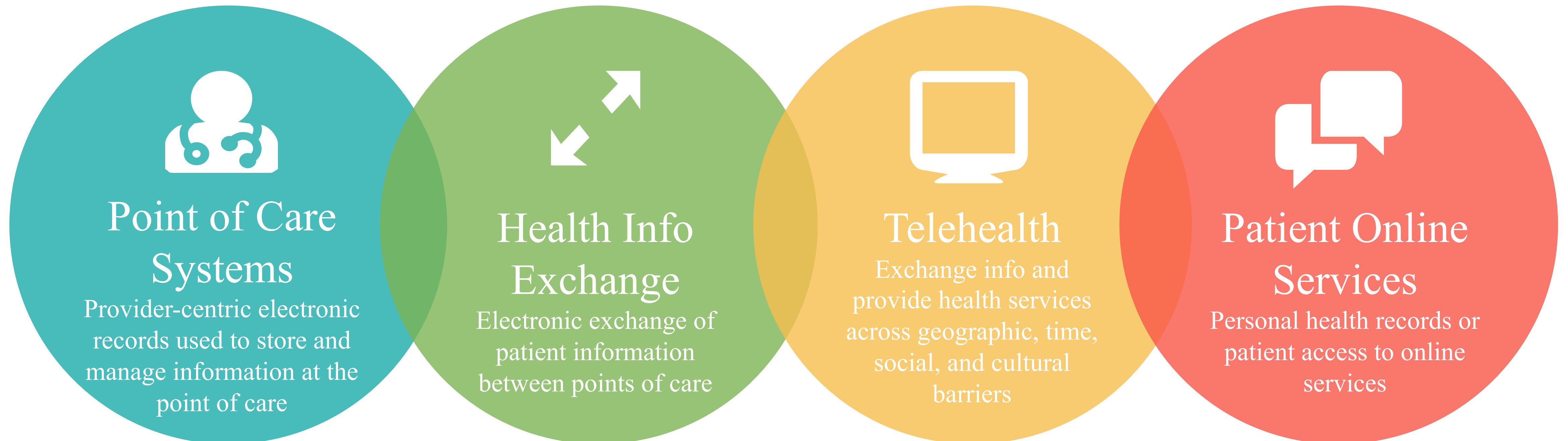
Available in 50-74% of all practices or acute care organizations



MATURITY

Available in at least 75% of all practices or acute care organizations

Benchmarking Scope: 4 Types of Solutions



Benchmarking Scope: 4 Types of Solutions

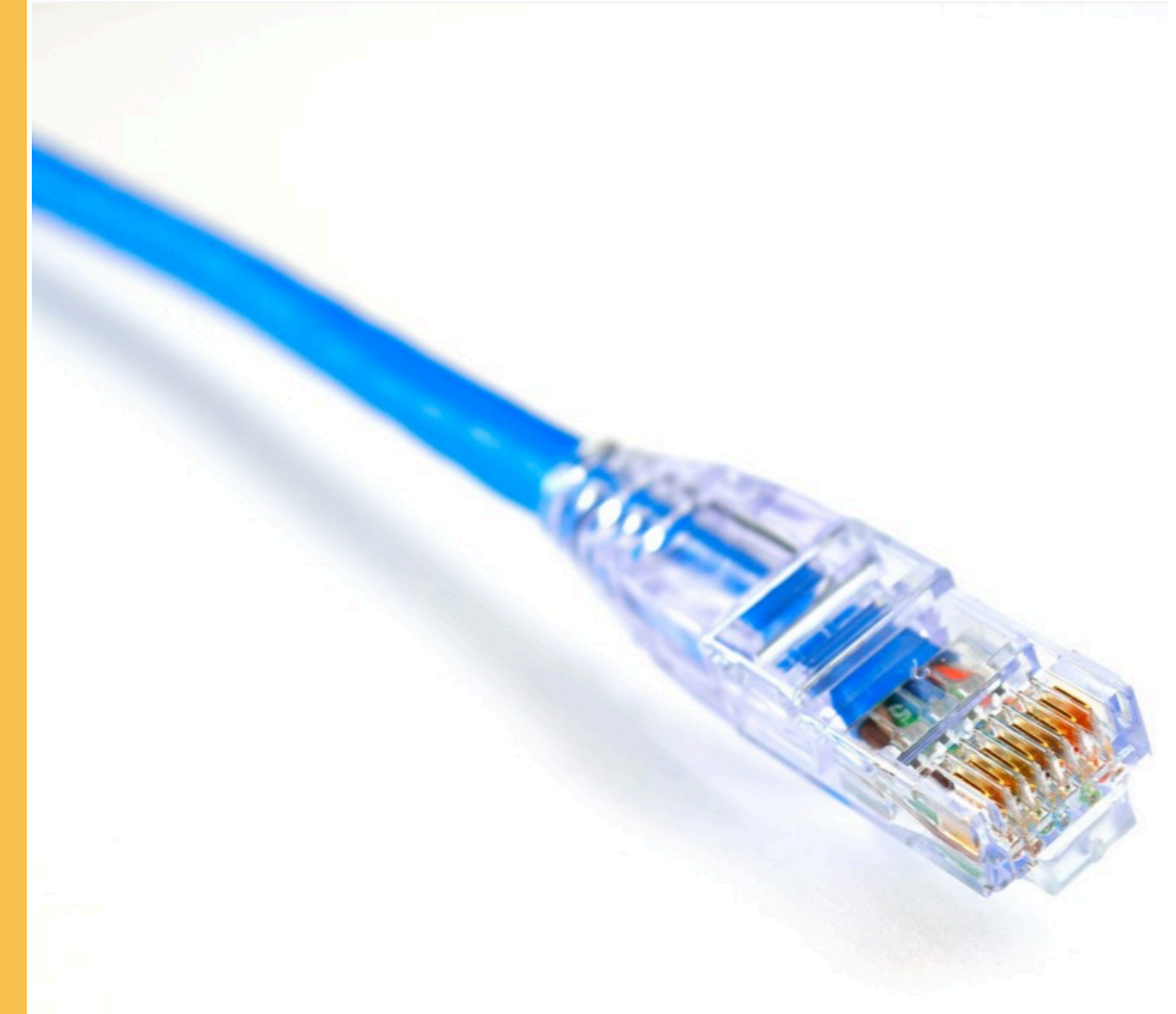
Point of Care Systems

Provider-centric electronic records to store and manage info at the point of care



Health Info Exchange

Electronic exchange of patient information between points of care



Telehealth

Exchange info and provide health services across geographic, time, social, and cultural barriers



Patient Online Solutions

Personal health records or patient access to online services

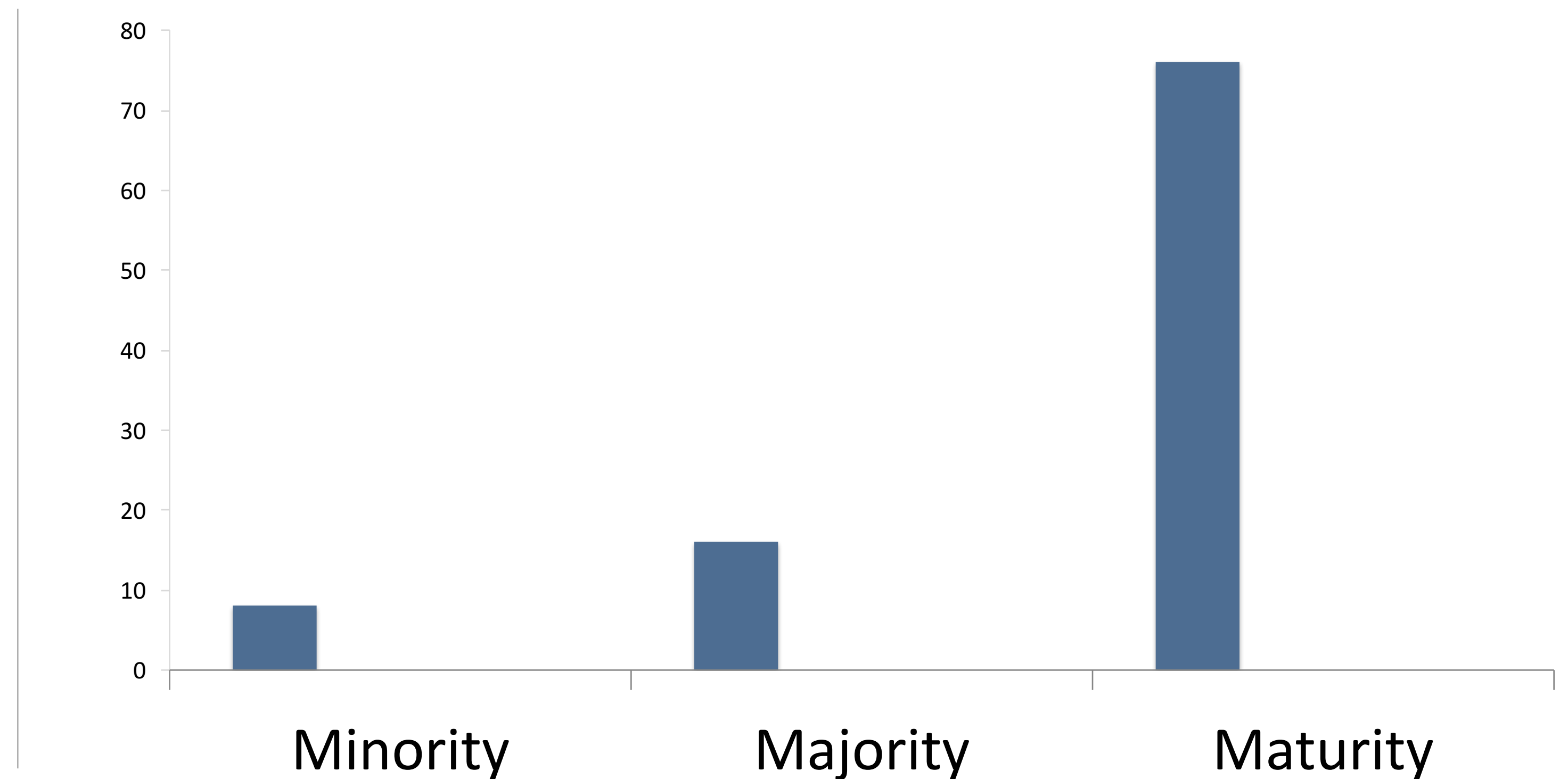


Point of Care Solutions in Primary Care

% countries by extent primary care practices store and manage patient information electronically

Electronic records
widely used in
primary care in
almost all countries

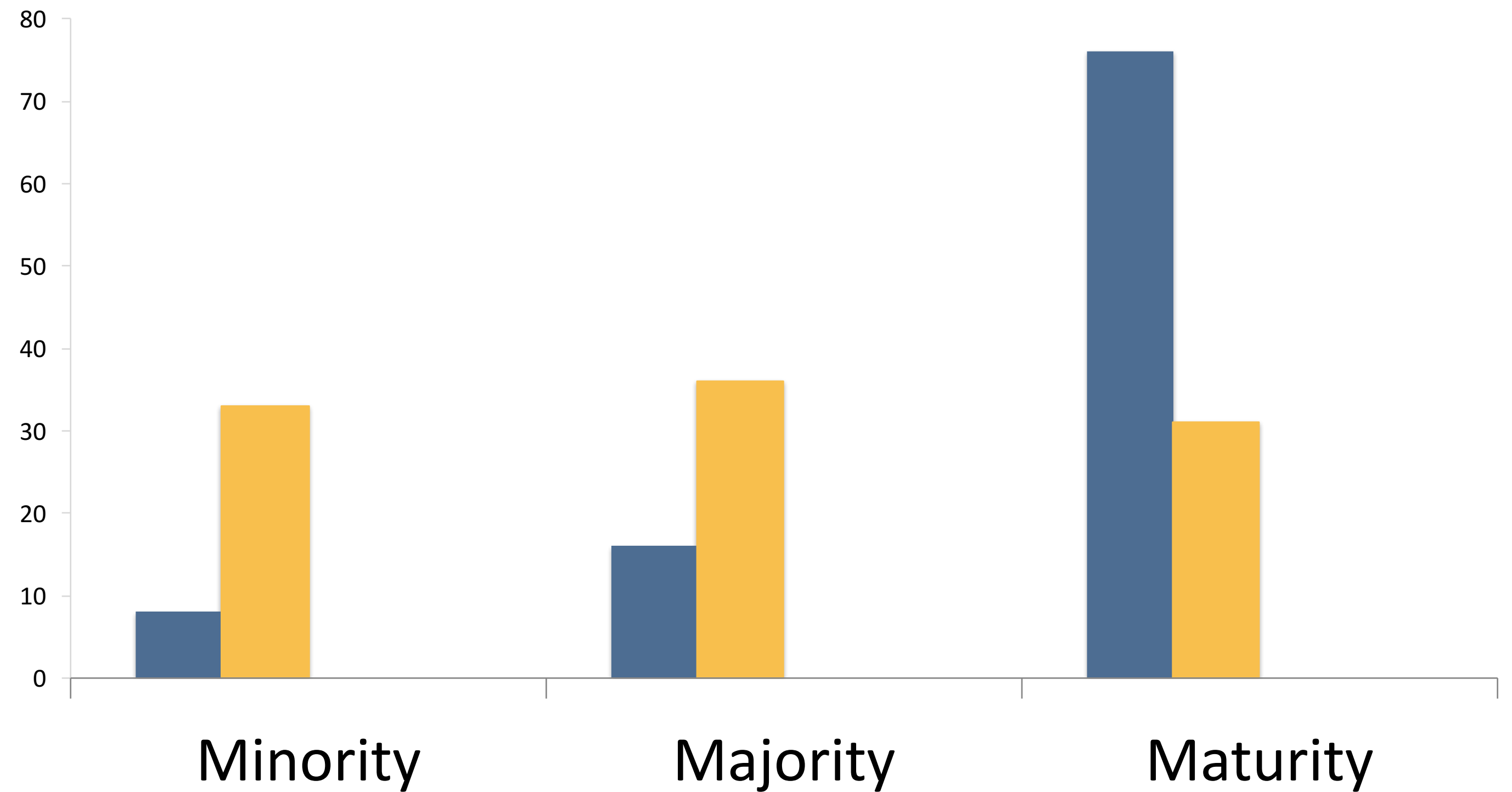
Functionality &
frequency of use
varies



Health Information Exchange

% countries by extent acute care facilities exchange radiology results and/or images electronically with outside organizations

Health information exchange widespread in some countries but generally less common than point of care solutions

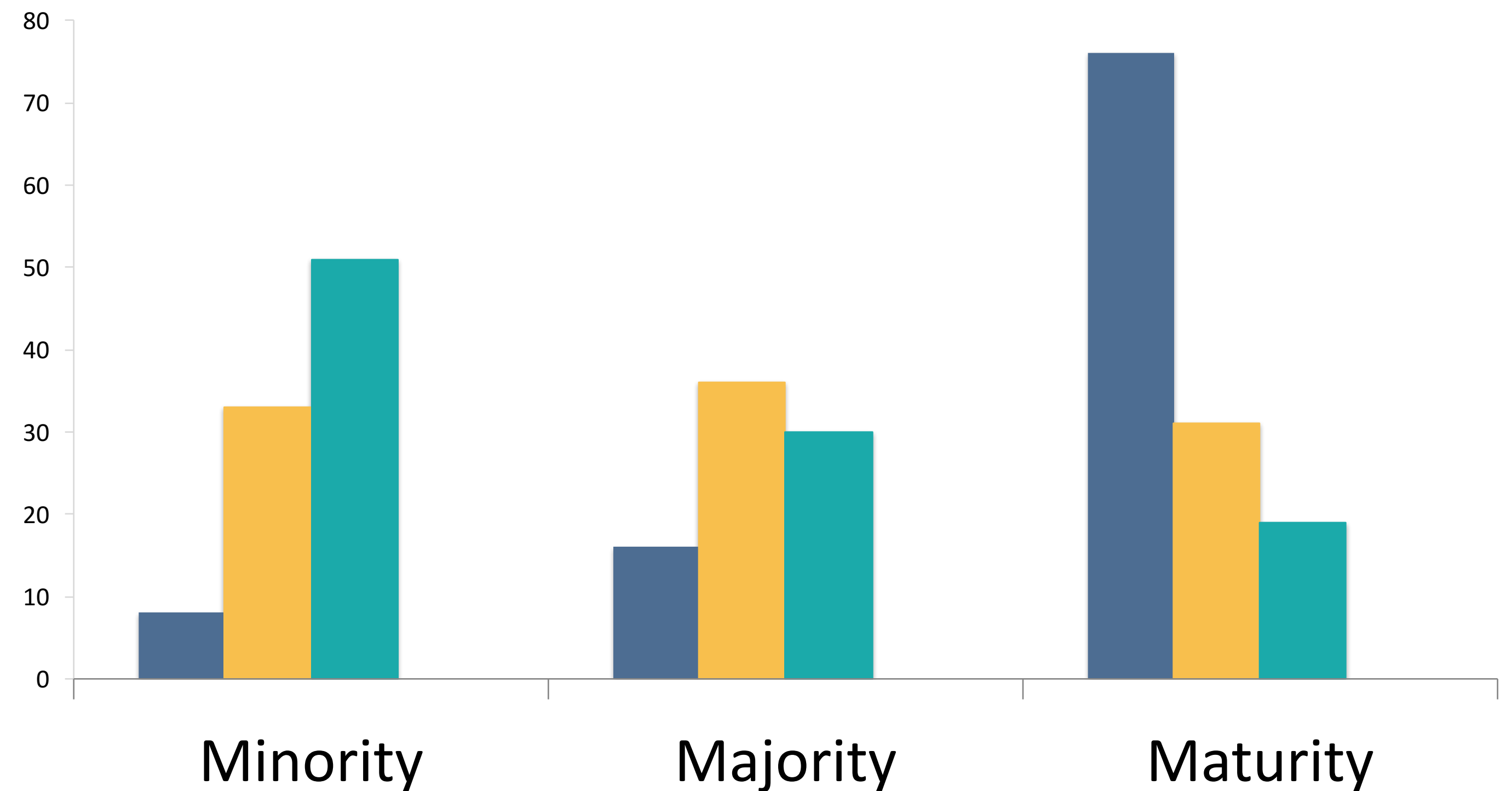


Telehealth

% countries by extent acute care facilities have synchronous telehealth (typically videoconferencing) capability

Availability of telehealth differs greatly across countries

Uses vary (e.g. e-learning and administration versus patient consultations)



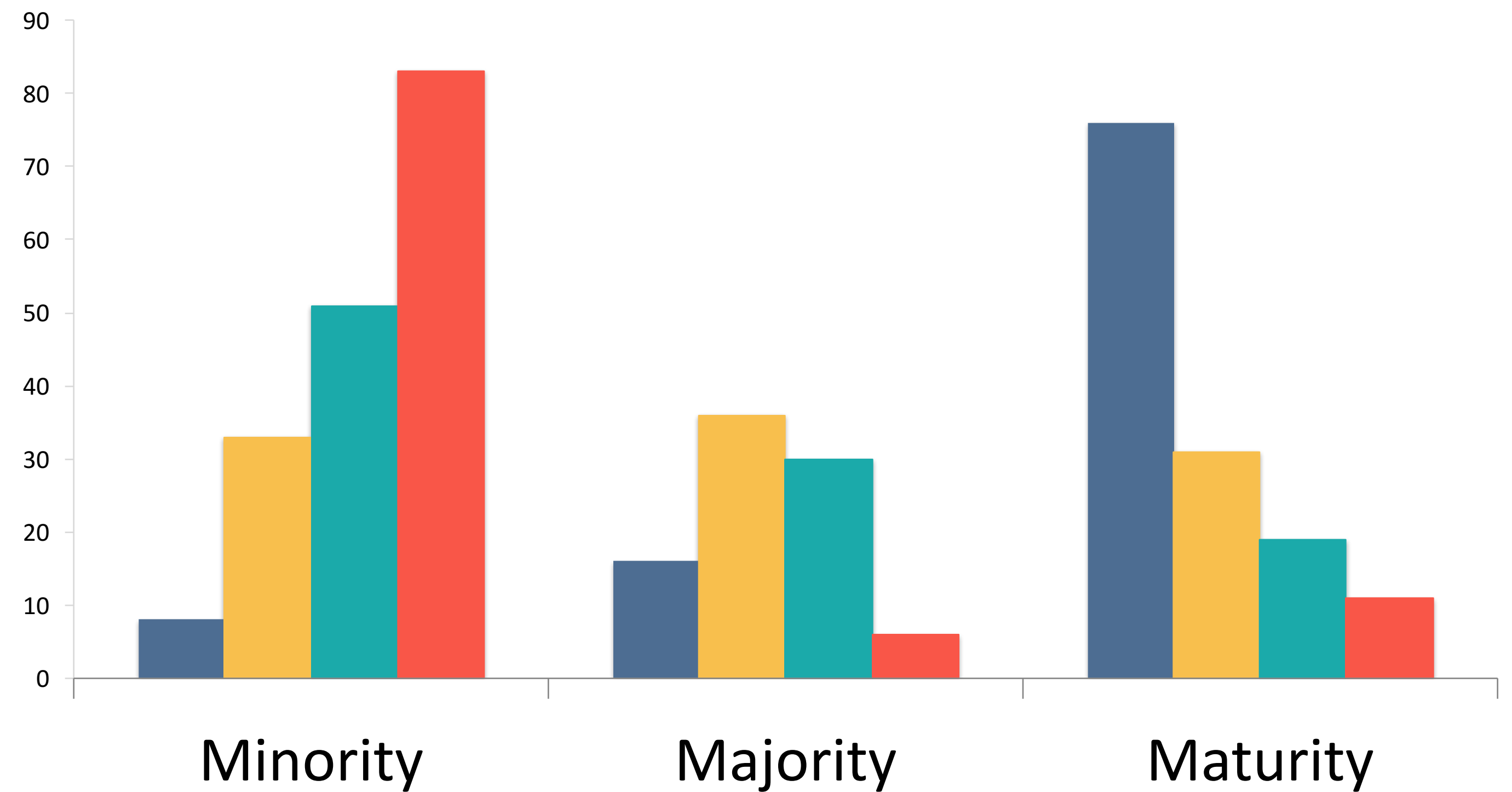
Patient Online Solutions

% countries by extent primary care practices offer patients e-requests for prescription refill/renewal

Limited patient e-Rx
refill/renewal requests
in most countries

e-Booking similar

Other patient online
services less common



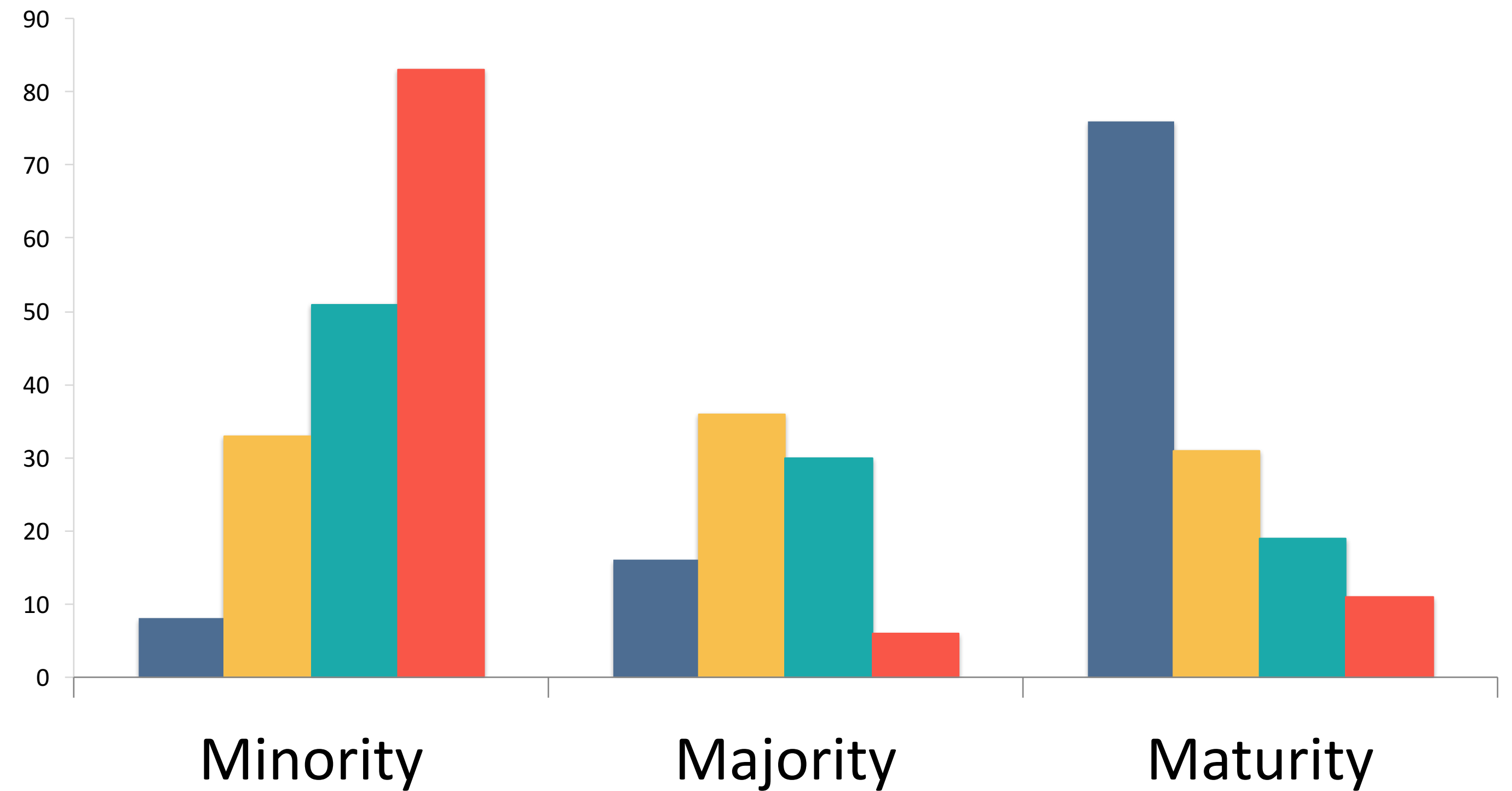
Patient Online Solutions

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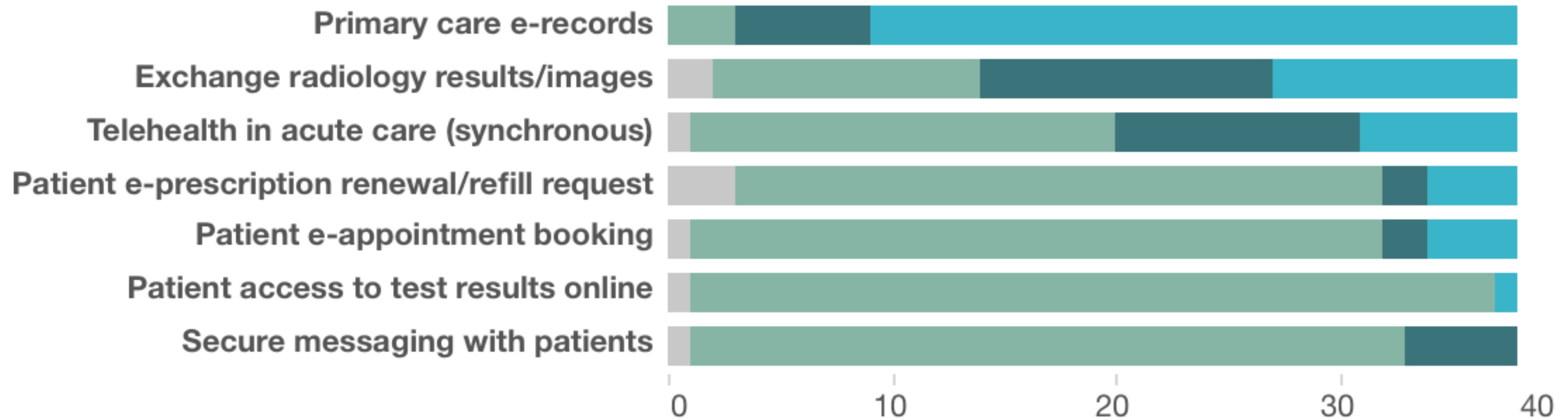
Limited patient e-Rx
refill/renewal requests
in most countries

e-Booking similar

Other patient online
services less common



Countries by Health ICT Maturity Level



Status of Uptake

- Mature (75%+)
- Majority (50-74%)
- Minority (0-49%)
- Not available

Lessons Learned from Pilot



Cross-country benchmarking is feasible



Analytic approaches can mitigate comparability issues



Methodological factors affect comparability



No single country leads on everything



Technical, socio-cultural, health system, legal, & other factors influence health ICT adoption & use



Early opportunities to inform policy; more to do

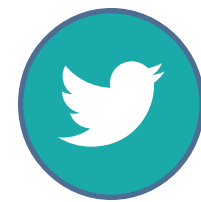
Planned Next Steps for Health ICT Benchmarking

**In-depth
analyses**

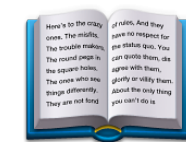
**Expanded
participation**

**Advancing the
model survey**

**Emerging trends
& priorities**



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DOI: <http://dx.doi.org/10.1093/jamia/ocw111>