



Saturday 17 September 2022

Health reform in Ireland:  
Delivering better health  
for Ireland

Dr. C. Glynn, TUS.

# EU Target for Health:

- All citizens with access to EHR by 2030
- Interoperability of EHRs to support cross-border care
- Optimise quality and continuity of care in the EU
- Deploy more cost-effective healthcare provision
- Reduced healthcare costs

Source: European Commission, Shaping Europe's Digital Future

Source: Research Gate

The screenshot shows a web browser window displaying an Electronic Health Record (EHR) system. The browser's address bar shows a 42% zoom level. The EHR page has a header with the text "ELECTRONIC HEALTH RECORD" and a logo for "viba". Below the header, there is a red warning message: "Expiration (Previous date: 2007-10-10 10:00)". The main content area is divided into several sections:

- Vital signs:** A table with three columns labeled "Vital", "Vital", and "Vital". Each column has three rows labeled "HR", "RR", and "D.R".
- Comments:** A text area for entering patient comments.
- Current notes:** A section with two rows, each containing "Date", "name", and "signature" fields.
- Findings in RFA:** A table with two columns labeled "RE" and "LE". The rows list various eye conditions: "Eyes", "Cornea", "Cones", "Sclera", "Iris", "Cystitis", and "Vitreous art".
- Phone visit:** A section at the bottom of the visible area.



## Current status

- Finland - fully integrated EHR
  - Estonia - EHR Digilugu platform
  - Italy - EHR Fascicolo Sanitario Electronico
  - Portugal – EHR & primary care
  - Croatia – CEZIH (e-health)
- 
- Countries with challenges are:
  - Germany (in some federal states)
  - Belgium (non communicating systems in regions)
  - Denmark (at least 4 systems)
  - France – (Dossier Medical Partage, 4 million citizens)
  - Ireland ?

## Interoperability formal definition

Is the ability of two or more systems or components to exchange information and to use the information that has been exchanged (IEEE1990)

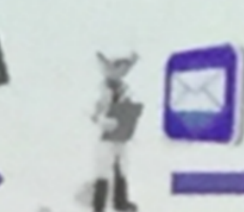
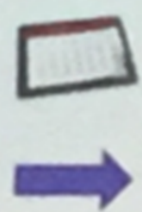
It includes:

1. The exchange of information (Technical)
2. The ability of the recipient to use that information (Semantic)
3. The business methods to enable interoperability (Process interoperability)
4. Clinical practice and utility (Clinical interoperability)

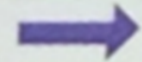




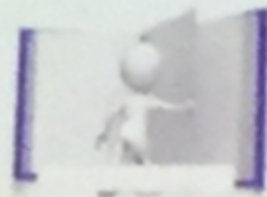
Service User Access



Demographics  
& Insurance



Find Chart



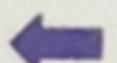
Find relevant info



Assessment  
Repeat Info



Treatment & Care Plan



Treatment



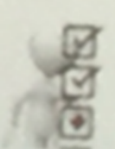
SU - Why do I have to repeat?



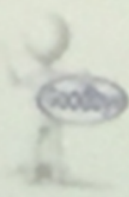
Arrive on Ward



MDT  
Updates &  
Review



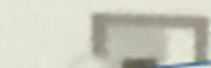
Continuous  
Update



Discharge

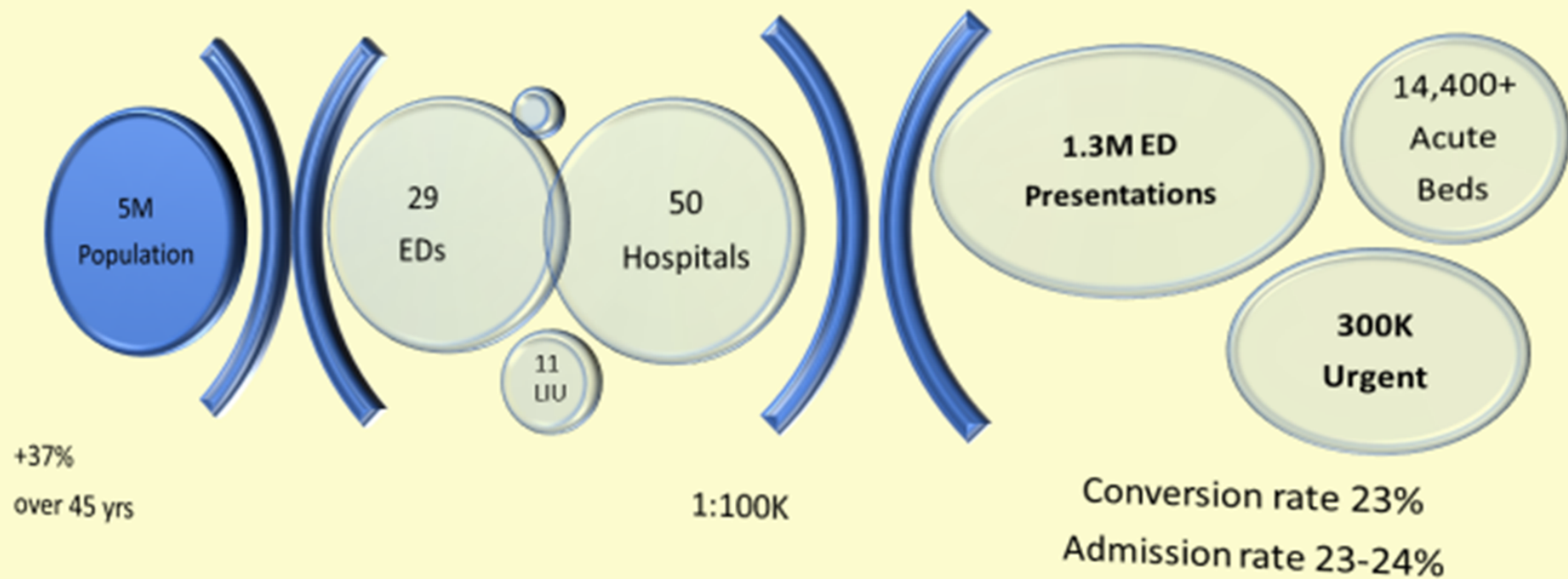


Outpatient  
Treatment

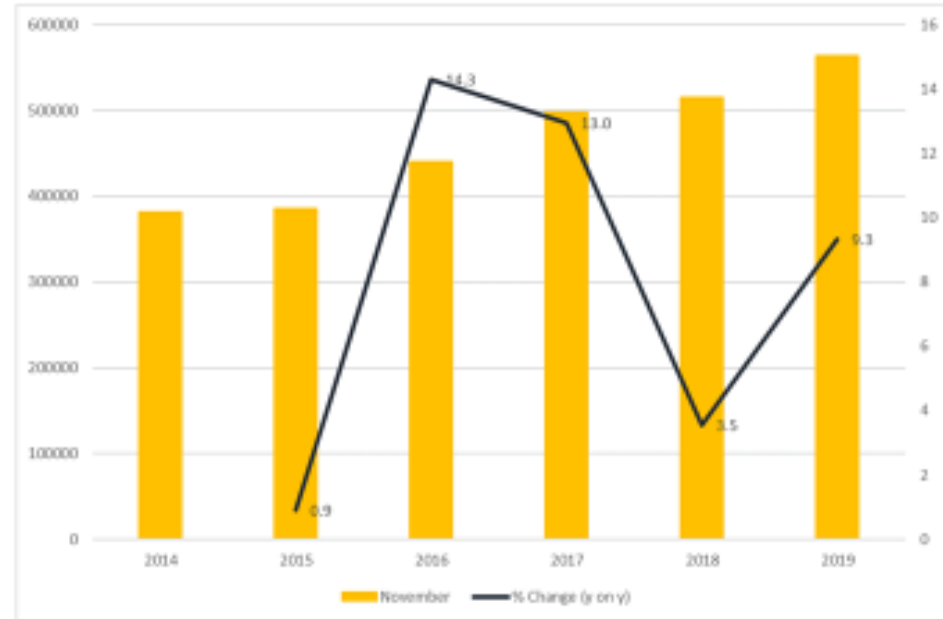
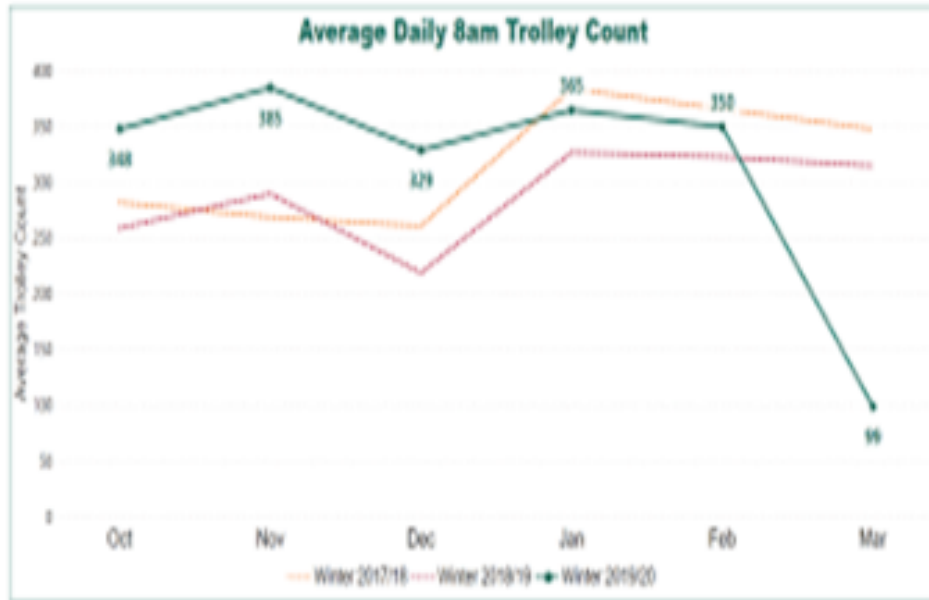


Business Analytics

## Acute Sector



# Winter Initiatives & Waiting Lists







## Summary Context

- EU seeking EHR & system interoperability 2030
- Some systems in acute sector (diagnostics)
- Congested acute sector (HSE service plan)
  - 1M non-urgent presentations p.a.
  - Winter initiatives €30M
  - 15yr waiting lists (IHCA)
- 29m GP interactions p.a. (ICGP)
- Community care provision +€440M (HSE Service Plan)



## Non-Communicable Diseases (NCDs)

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Diabetes

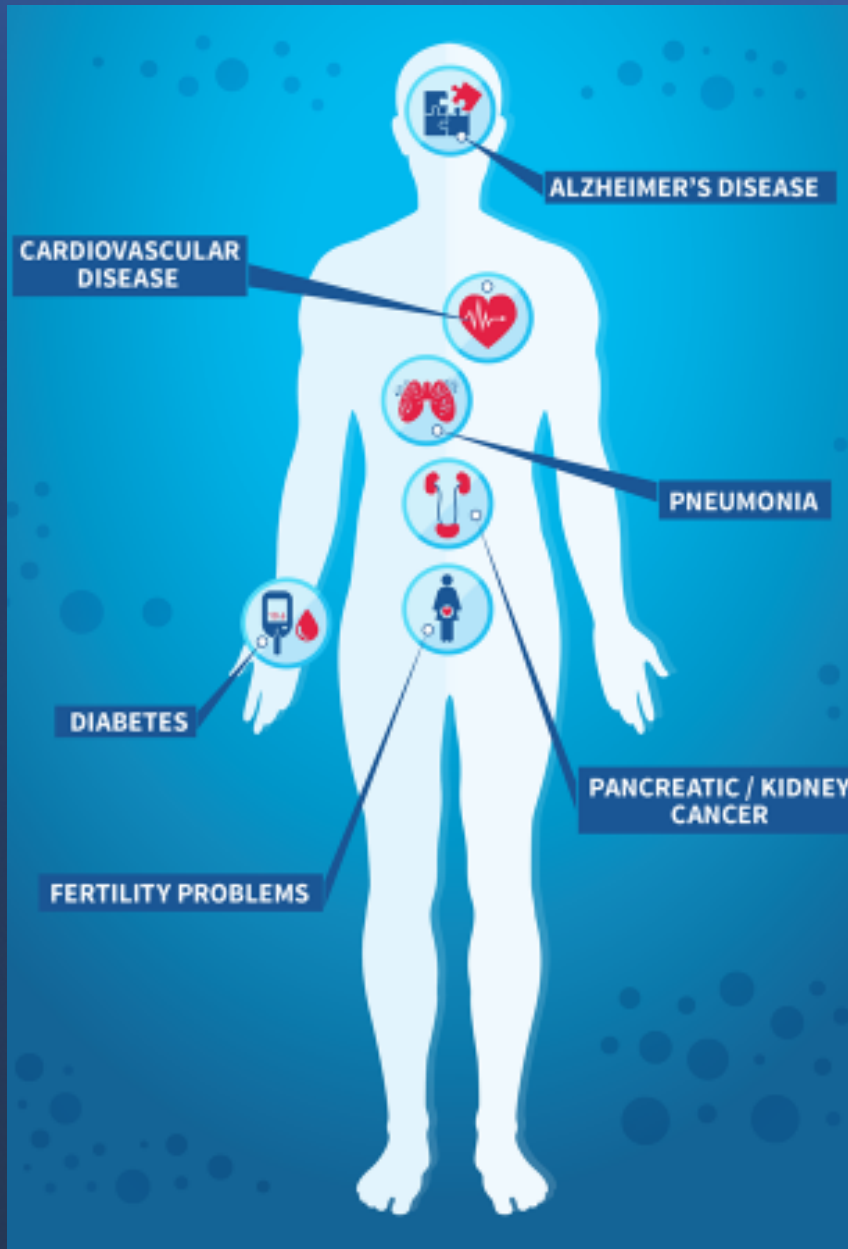
Coronary Heart Disease

Hypertension

Stroke

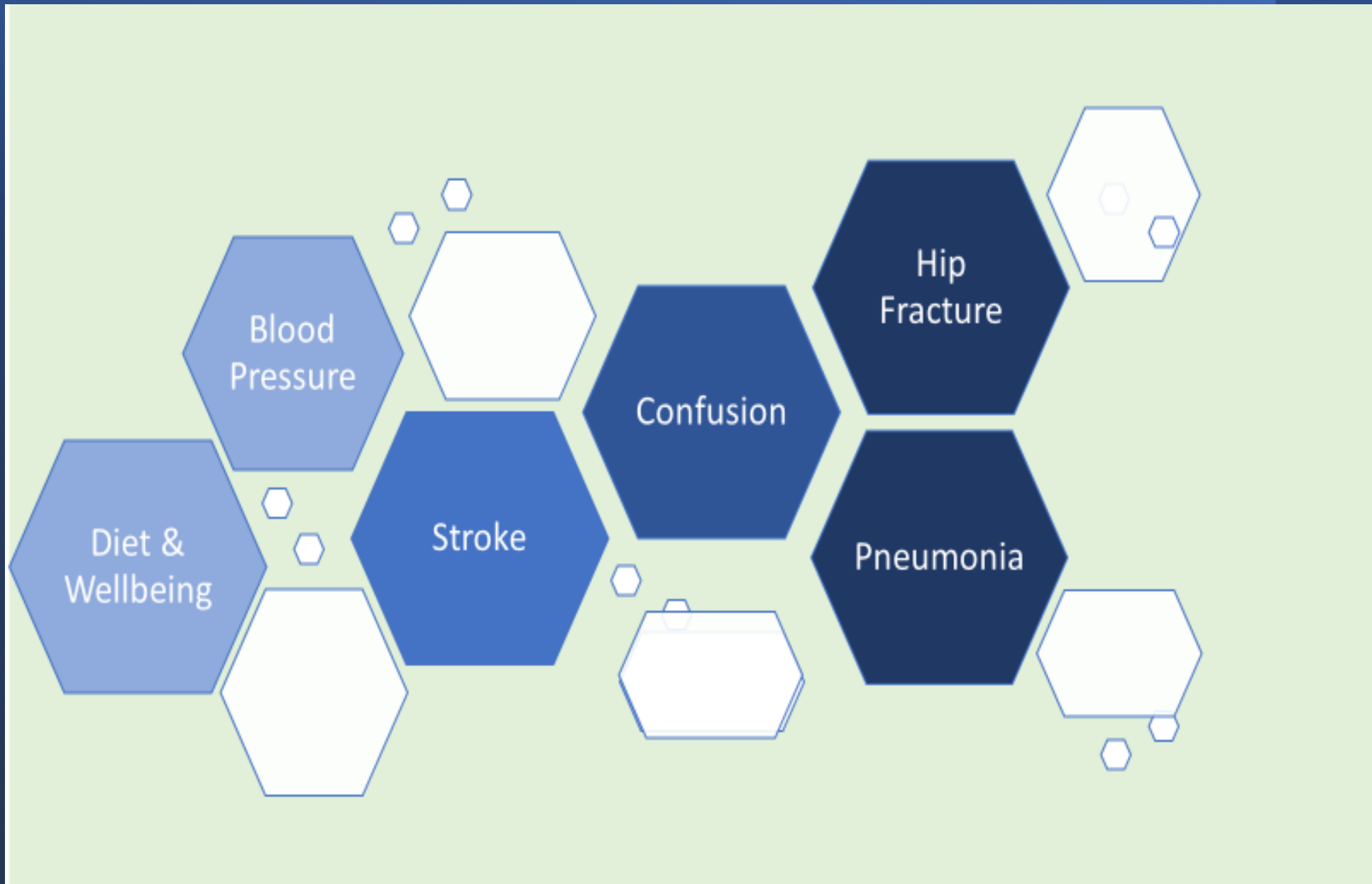
Psychiatric disorders





## NCD Impact

- Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, more than 15 million people die from a NCD between the ages of 30 and 69 years; 85% of these "premature" deaths occur in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million). These four groups of diseases account for over 80% of all premature NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.



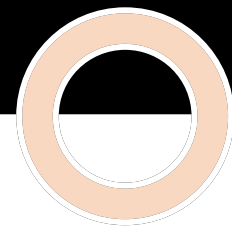




# Radiography, Medical Laboratory, Pharmacy

Ionad Cúraim Phríomhúil Loch Garman  
Wexford Primary Care Centre





# Diagnostic equipping lead time 12 – 16 weeks

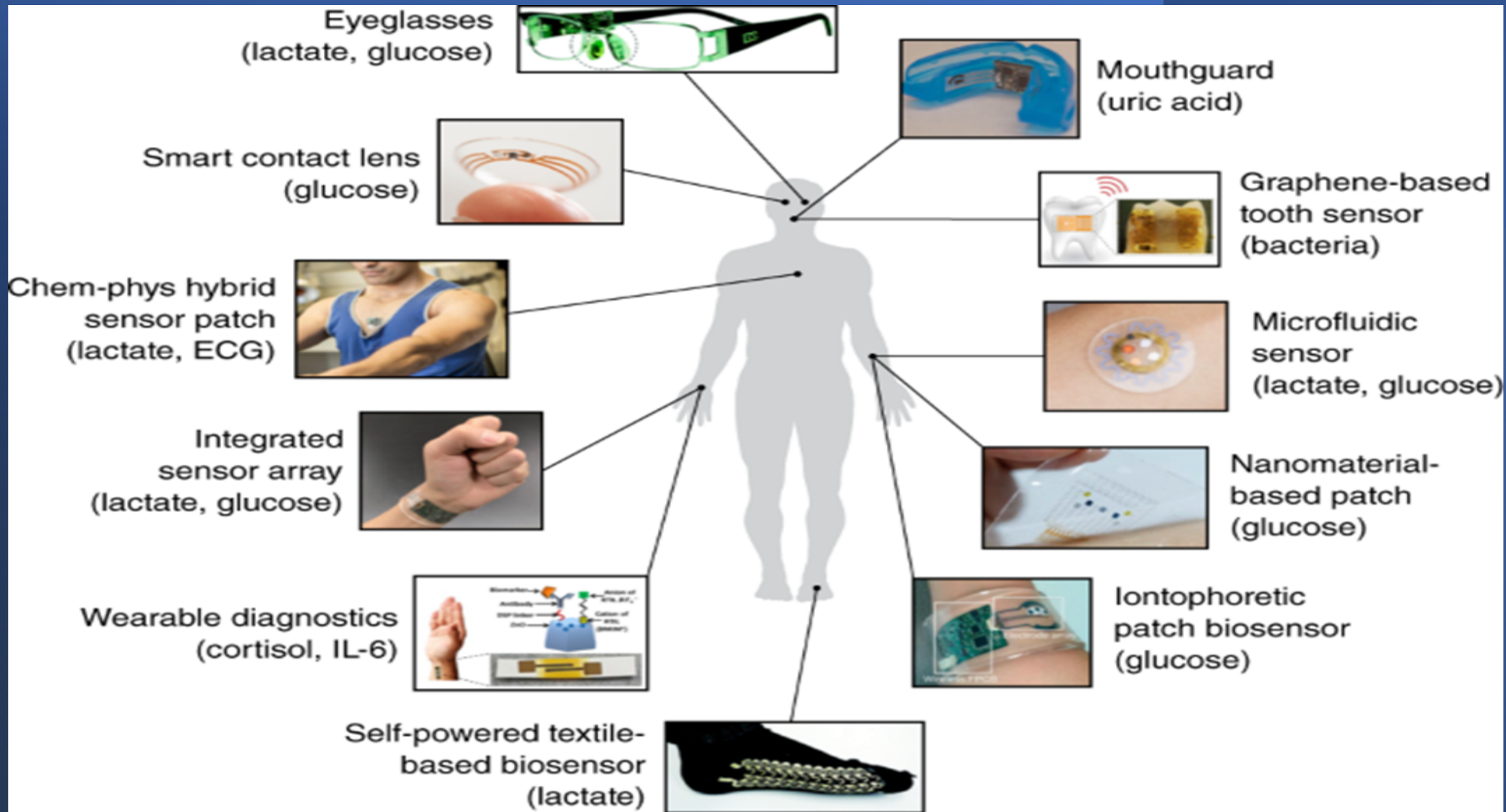


**Radiography**  
€50 - €150K  
CT scanner €1 – 3M



**Medical Laboratory**  
€50 - €100K







# Data sources

- ESRI Community Health Assessment
- European Commission, Shaping Europe's Digital Future
- eHealth Ireland website
- HSE National Framework Integrated Care 2020-2025
- HSE National Service Plan 2022
- ICGP, Submission to the Oireachtas Joint Committee on Health 25.1.22
- IHCA Pre-Budget Submission 2022
- WHO Non Communicable Diseases Factsheet 2021



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