



UniversitätsKlinikum Heidelberg

Experiences with Personal Electronic Health Records in the Rhine-Neckar-Region

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Once upon a time...

Our story



Previous experiences in Telemedicine

- Teleradiology
- Teleneurology
- Tele-oncology (pediatric)
- Home Care Monitoring
-



Learned

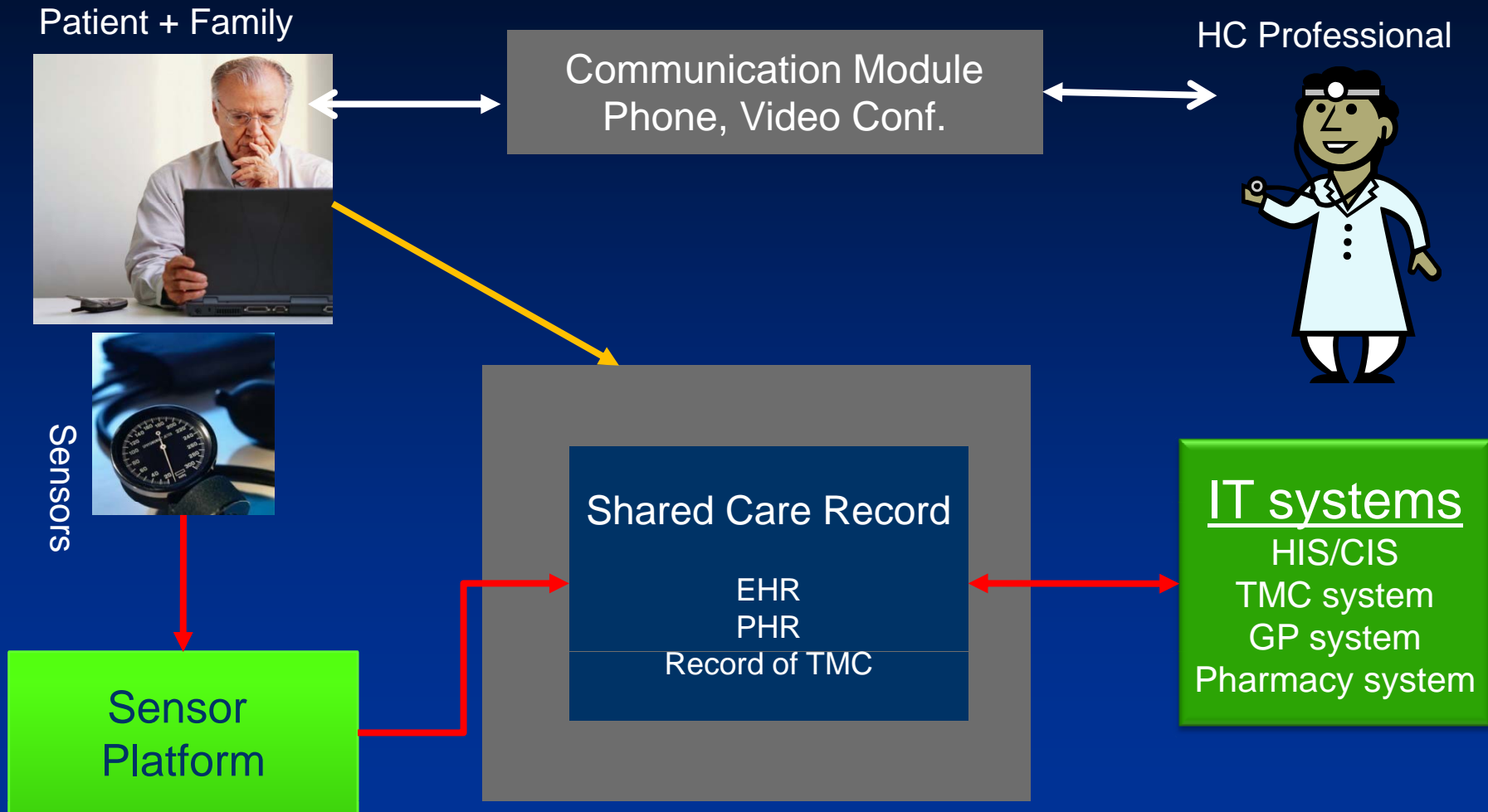
- The usage of separate Telemedicine components is beneficial but:
- Information from all HIT-systems and Home Care belongs together!!



Solution: a cross-institutional record



Vision 1





EMR, EHR and PHR ^{BB4}

Record type	Characteristics	Main Advantages	Main Disadv.
EMR Electronic Medical Record	All clinical data of a patient to document, monitor and manage care delivery in one institution Case-based accessible within the care delivery organisation (CDO)		Not accessible for other doctors or the patient
EHR Electronic Health Record	Subsets of each CDO's EMR presently assumed to include summaries (CCR, etc.) Longitudinal access across multiple institutions	Viewing in other CDOs possible Easier data import from professional systems (high quality and completeness)	No patient involvement for viewing and access management
PHR Personal Health Record	Contains patient input (home care devices, diet, sports). Access for multiple institutions is managed by the patient	Fully controlled by the empowered patient	No automated data import from other systems



Two main issues anticipated

- Architecture and systems integration with standards
- Ensure patient's right for data privacy



Integration with standards?

Existing eHealth standards

Standard

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Integration with standards?

Existing eHealth standards

Understandable and complete

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Integration with standards?

Existing eHealth standards

Understandable and complete

Industry accepted and Implemented (EHR)

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Integration with standards?

Standard

Existing eHealth standards

Understandable and complete

Industry accepted and Implemented (EHR)

Industry accepted and Implemented (HIS-CIS)

HL7 + DICOM
=> IHE

Standard



Data Privacy and EHR

eHealth + EHRs
are totally safe!





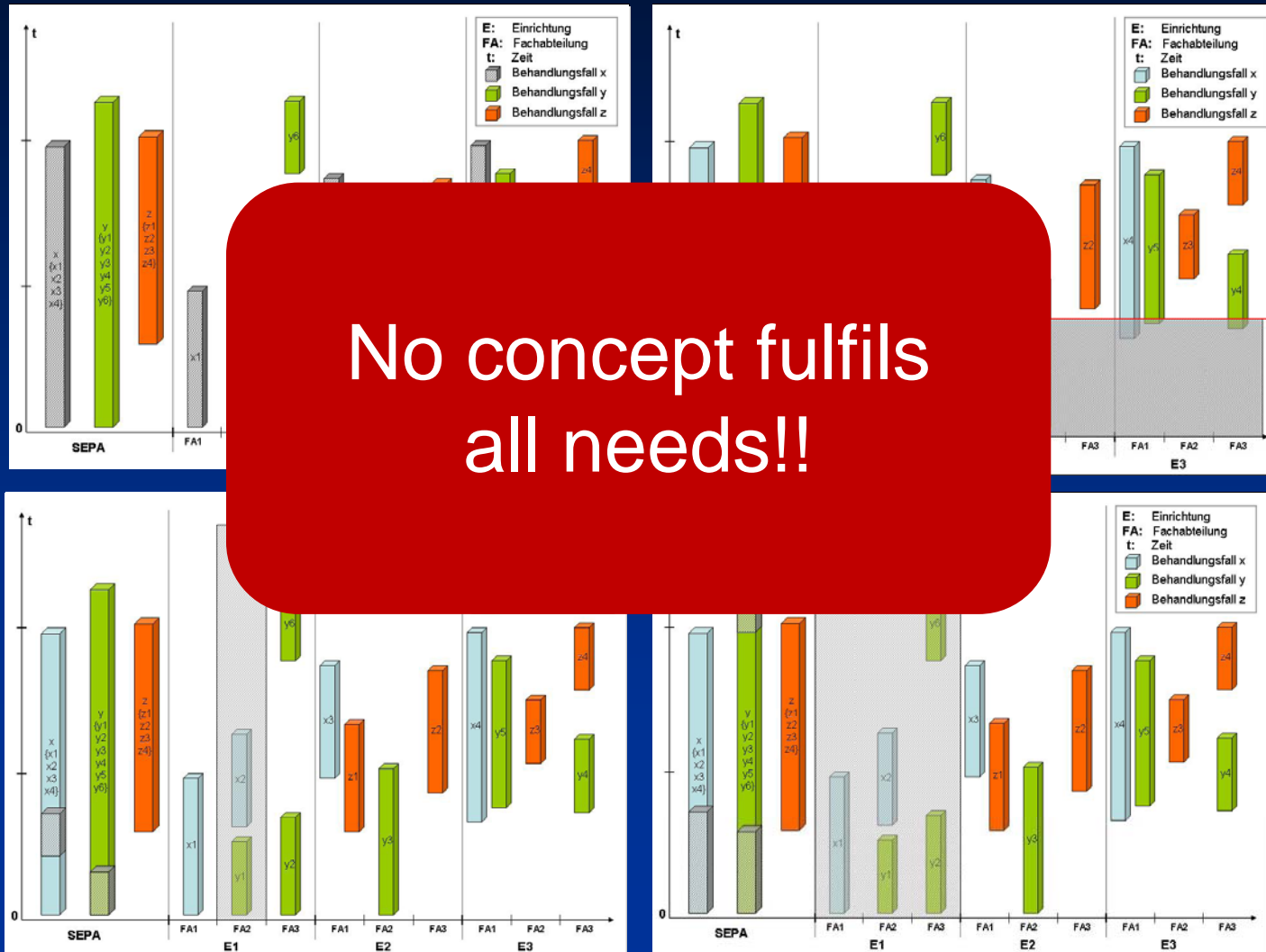
EHR Data privacy study - Methods

- Requirements analysis
 - Patients
 - Physicians
 - Data privacy officers
 - Review federal and state regulations

=> High level requirements
- Technical capabilities
 - Access concepts HIS-CIS systems
 - Access concepts EHR projects and vendors
- Matching requirements and capabilities



EHR Data privacy study - Results





Data Privacy and EHR

eHealth + EHRs
are totally safe!



They most certainly
are not!



Goya

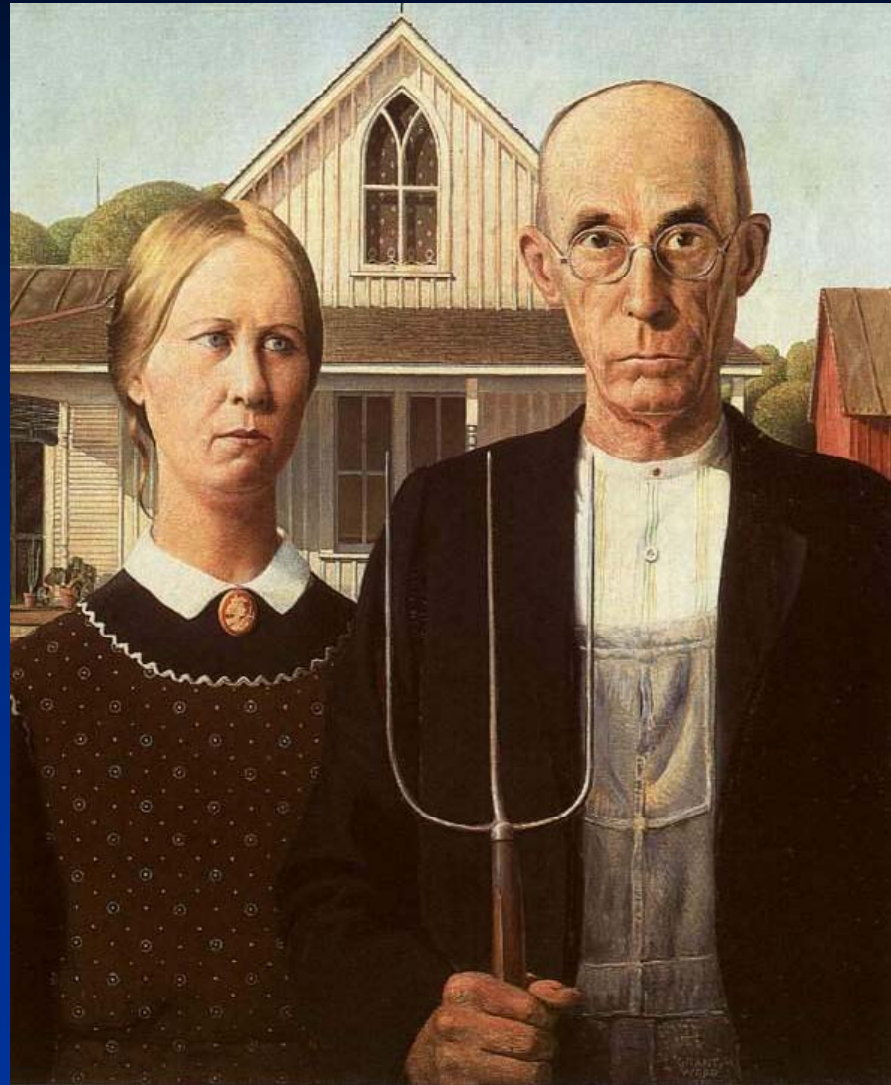


Solutions?

- Open access and logging (patient controls)
- Give the power to the citizens/patients



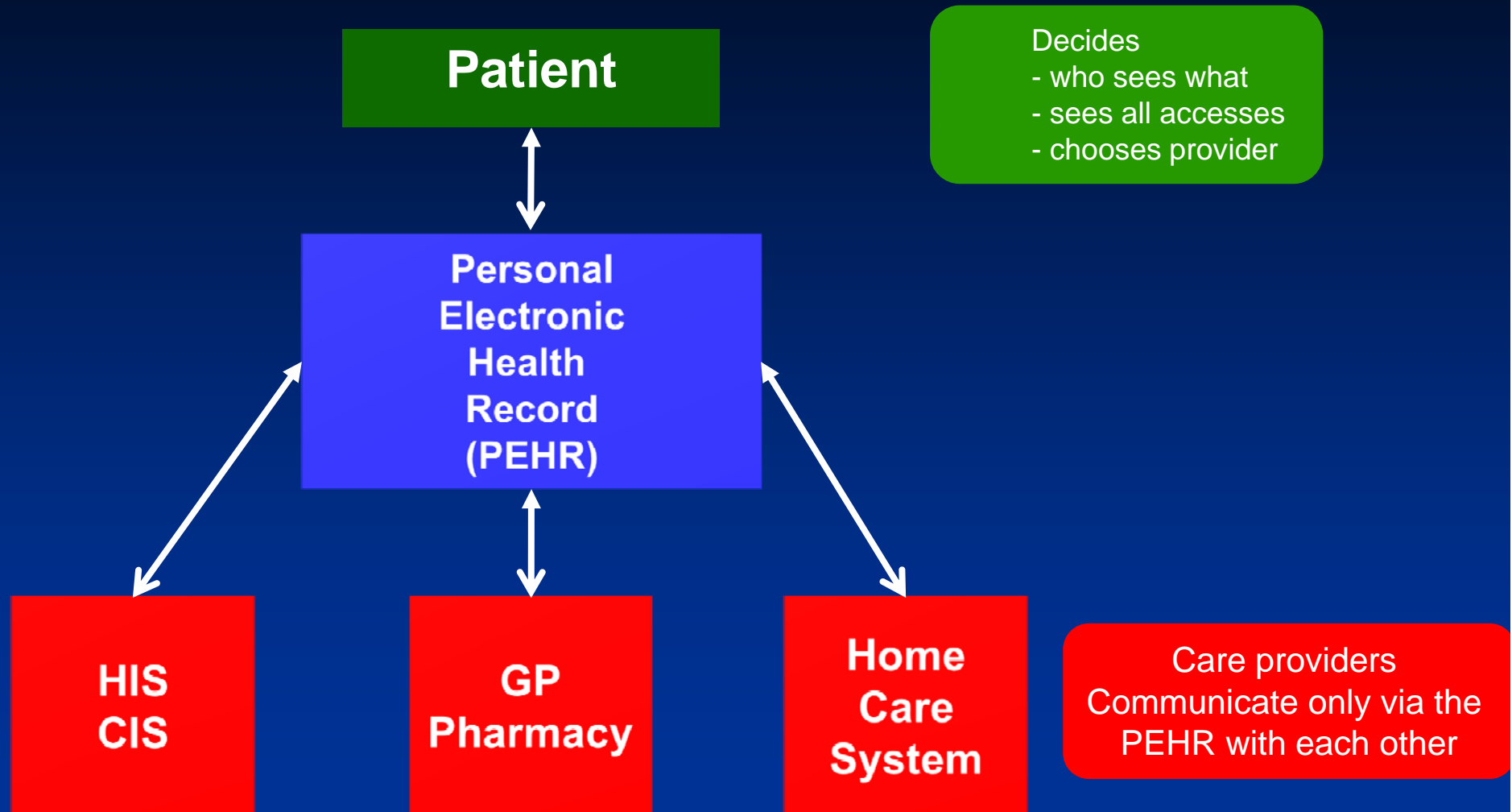
Our decision: Focus on the citizen/patient



Grant Wood



Vision 2 - PEHR



TELEMED Award 2008



How did do it?



Partner

- InterComponentWare AG Walldorf
 - Product: Professional Exchange Server (PXS)
 - MPI and Record Module (EHR)
 - Lifesensor (PHR)
- CHILI GmbH
 - WADO+ Gateway + DICOM Webserver
- Rhine-Neckar Health Centers (GRN gGmbH): 4 Hospitals (1000 beds)
- Specialist practices (2 oncology)
- University Hospital Heidelberg (2000 beds)
 - Maximum medical care
 - 60.000 inpatients/a
 - 250.000 outpatients/a



PEHR Scope

- Rhine-Neckar Region about 2,4 Mio. inhabitants

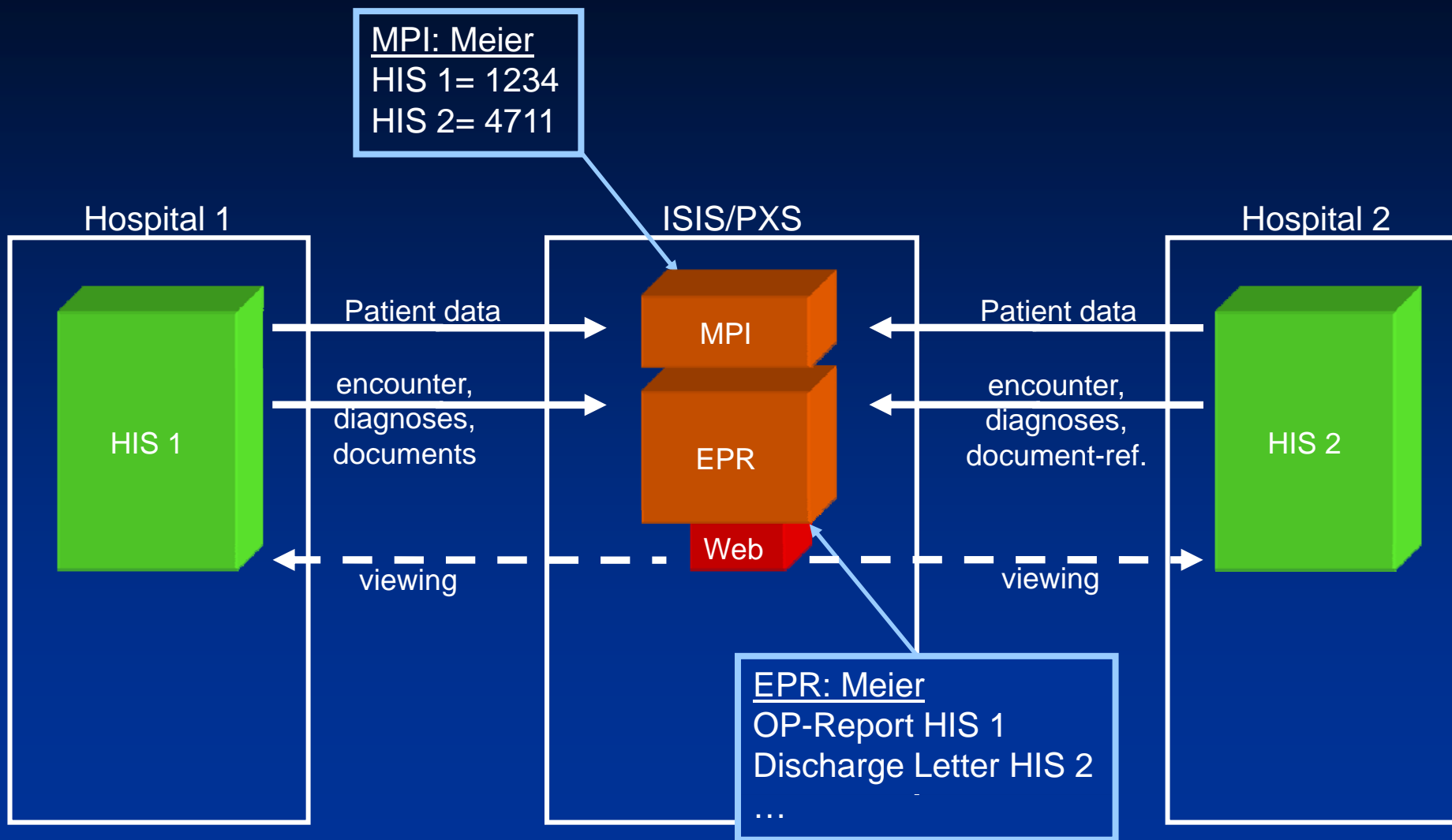




Technical concept

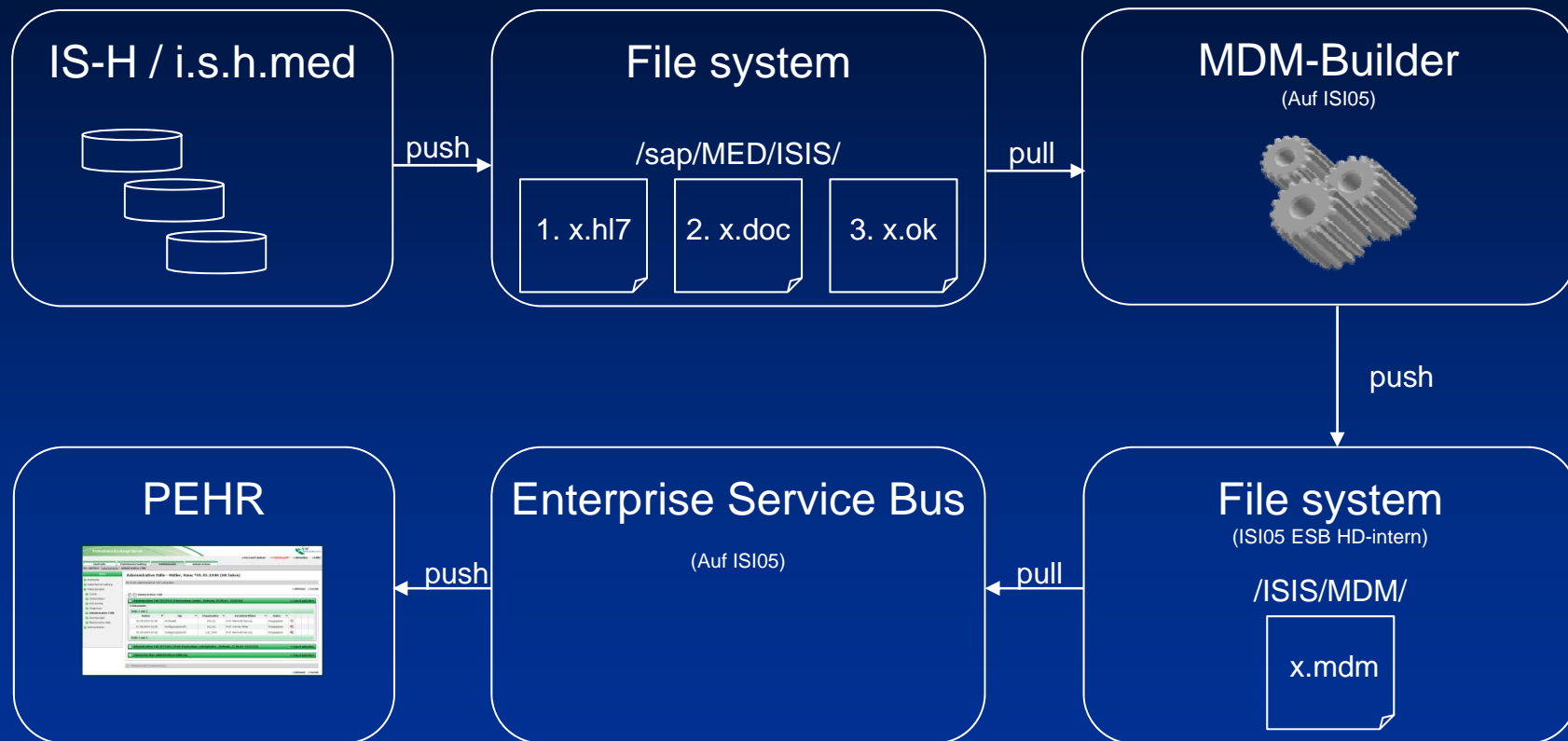


Patient allocation and document sharing





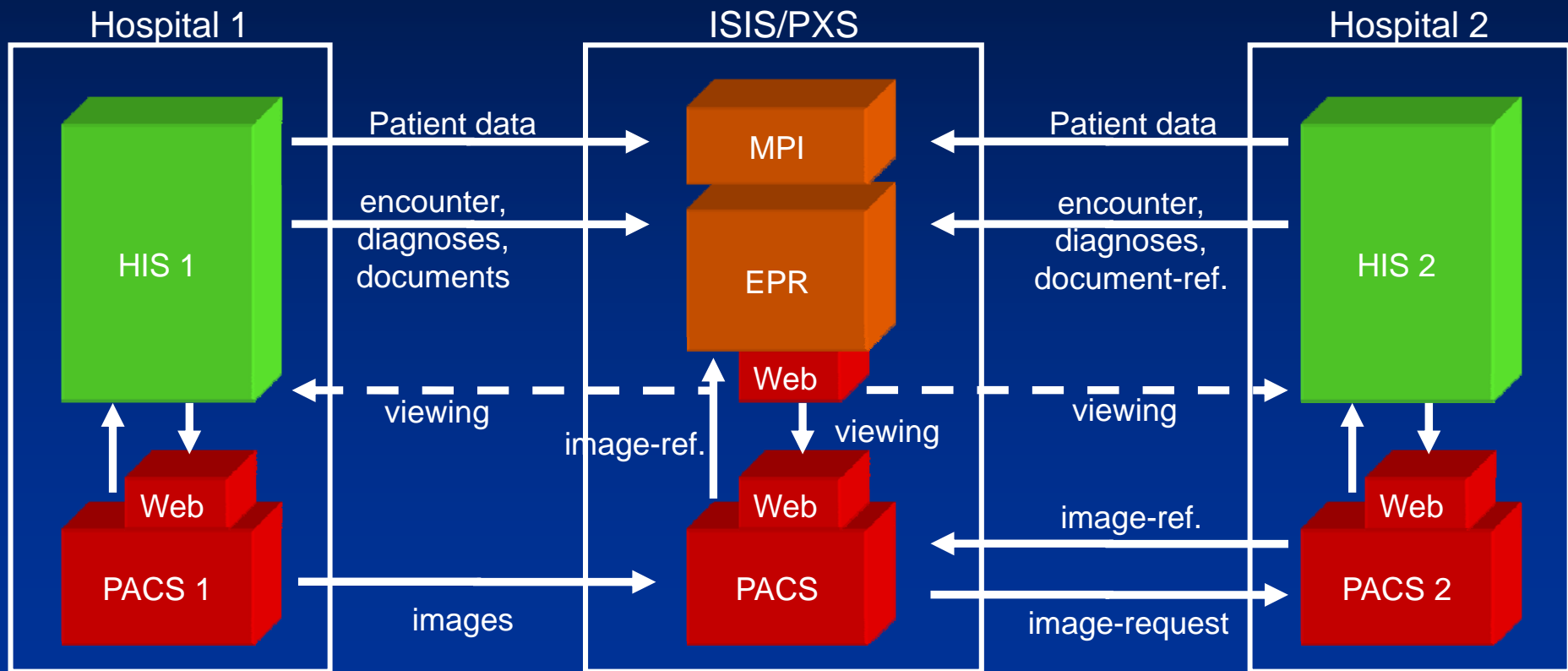
Interfaces - MDM



→ Message and Document Flow



Patient allocation, document sharing and integration of PACS





Summary ...

- 😊 ...HIS / CIS Interfaces: feasible but complex
- 😐 ...RIS/PACS Interface: feasible, complex too, but not sufficient
- 😐 ...Implementation of consent management: decentralized works fine but several disadvantages, centralized feasible, but has to be implemented yet
- 😞 ...Connection with GPs: until now unsatisfactory
- ...Data security: No problem: SSL encryption, certificates
- 😊 ...Privacy: Highly complex but acceptable, preliminary acceptance of data security officer
- 😊 ...Access rights: feasible but complex with restrictions: pro PEHR
- 😐 ...New processes inside units have to be implemented (sending trigger, consent) : problem of acceptance, sometimes top-down approaches required
- 😞



Thank you!

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