‘Because I think it is important to take proper care of myself’

Report on eHealth objectives for 2016

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Colophon

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This report is part of the Dutch eHealth monitor[1] and is a publication from Nictiz and the NIVEL Institute (Dutch Institute for Research in the Healthcare Sector). The first report about the eHealth objectives of the Ministry of Health, Welfare and Sport, *'Dan kan ik er misschien zelf iets aan doen' (Then maybe I can do something about it myself),* was published in 2015 as part of the eHealth monitor 2015.

The Hague and Utrecht, May 2016

www.nictiz.nl
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Design

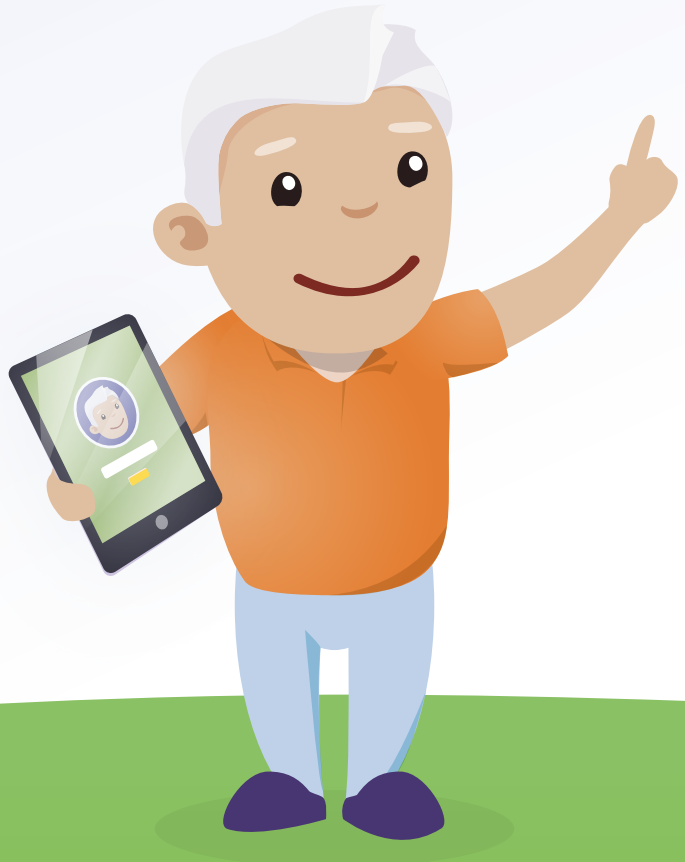
No Panic - Communicatiemakers
Roel Schenk (Nictiz)

ISBN

978-90-820304-5-7

1 The fourth edition of the eHealth monitor is expected to be published in October 2016.

Summary



A development is taking place in Dutch healthcare towards greater self-reliance, self-management and self-help among patients. The Dutch government wants to accelerate this development (Minister and State Secretary of Health, Welfare and Sport, 2014, 2015). eHealth can make a contribution to this. Smart ICT healthcare applications offer patients the possibility to assume control over their own health in their own home, perhaps assisted by carers, neighbours, relatives, friends and volunteers. In particular, chronically ill patients and frail elderly are expected to benefit from the advantages of eHealth. The deployment of eHealth is *not a goal in itself* but is rather a *tool* to support this development towards greater self-reliance, self-management, and self-help among patients.

In order to encourage improved access to eHealth by patients, the Minister and State Secretary of Health, Welfare and Sport (VWS) formulated three objectives in the field of eHealth in a Letter to Parliament on eHealth and healthcare improvement, dated 2 July 2014 (Minister and State Secretary of Health, Welfare and Sport, 2014). They want to achieve these objectives together with patients and healthcare providers within five years. The objectives focus primarily on chronically ill patients, frail elderly and people who receive care and support at home. The objectives are as follows:

Objective 1
"Within five years, 80% of chronically ill patients will have direct access to certain health records, including information on medication, vital functions and test results, and can use these data if desired in mobile apps or internet applications. For other Dutch people this percentage is 40%."

Objective 2
"Within five years, 75% of the chronically ill patients (diabetes, COPD) and frail elderly with the desire and capability to do so will be able to carry out self-measurements, often in combination with remote patient health monitoring by the healthcare provider."

Objective 3
"Within five years, everyone who receives care and support at home will have the opportunity, if desired, to communicate with a healthcare provider 24 hours a day via a video screen (telecare). In addition to this, domotics will also be deployed."

Although these objectives focus on three specific eHealth applications, opting for specific technology is not the most important aspect here. The objectives have been formulated on the basis of a broader context, which is to ensure that people can participate

actively on the labour market for as long as possible and can live at home for as long as possible (Minister and State Secretary of Health, Welfare and Sport, 2014, 2015).

Evaluation of objectives

This report relates to the first evaluation of the objectives of the Ministry of Health, Welfare and Sport (VWS) one year after the baseline assessment at the end of 2014. See also the timeline in Figure 1. The next evaluation moment is expected to be at the end of 2016.

In this evaluation we describe the extent to which the objectives of the Ministry of Health, Welfare and Sport (VWS) were realised at the end of 2015 (i.e. after one year). We also examine for each objective whether differences can be perceived in relation to the baseline assessment. For this study we used the National Panel for the Chronically Ill and Disabled (NPCG) from the NIVEL Institute. The NPCG comprises approximately 3,500 people aged 15 and above who live independently and who have a somatic chronic disease and/or a moderate to severe physical disability. The three target groups – chronically ill patients, frail elderly, and people who receive care at home – partially overlap. For instance, frail elderly are often chronically ill and may also receive care and support at home.

Evaluation of objectives and the eHealth monitor

The evaluation of objectives by the Ministry of Health, Welfare and Sport (VWS) forms a special edition of the eHealth monitor, a study by Nictiz and the NIVEL Institute that charts the availability and use of eHealth in the Netherlands every year. The next (main) edition of the eHealth monitor is expected in October. That edition will look not only at the use of eHealth among healthcare users in general (Dutch people aged 18 and above) but also at the use of eHealth by healthcare providers (including doctors and nurses) and the possibilities made available by healthcare providers to their patients.

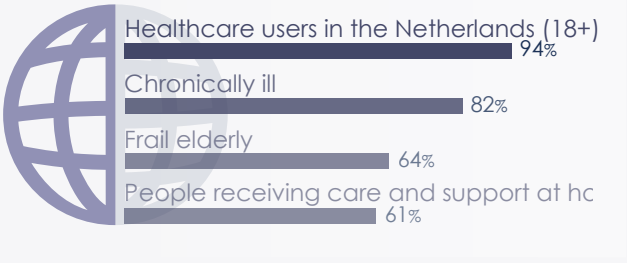
This report on objectives focuses only on those applications mentioned in the ministerial objectives and examines three special groups of healthcare users, being chronically ill patients, frail elderly, and people receiving care and support at home.

Figure 1

General observations relating to the target groups

The results of this study indicate that chronically ill patients, frail elderly, and people receiving care and support at home differ from the average population as regards use of the internet. Whereas 94% of health-care users (Dutch people aged 18 above) say that they use the internet, this statistic is 82% for chronically ill patients, 64% for frail elderly, and 61% for people receiving care and support at home. Furthermore, more than one in six chronically ill patients (18%) state that at present they do not have a computer or internet access. Internet access is an important precondition for using eHealth, and this is evidently not being met for a relatively large group.

Internet use per target group:



Objective 1 – Online access to health records

In relation to the baseline assessment among chronically ill patients, the differences are very slight. In total 10% of these patients say that they have had online access to their health records with one or more healthcare providers (the objective for 2019 is 80%). Furthermore, 2% to 6% of chronically ill patients indicated that over the past year they were able to access their health records online with a particular healthcare provider (general practitioner, hospital, pharmacy or other provider). With regard to the Dutch population in general, the eHealth monitor 2015 revealed that 2% to 4% of healthcare users were able to access their records online with their general practitioner, medical specialist, physiotherapist or mental healthcare provider. Approximately one in five chronically ill patients stated that they do not want access (18% - 21%), although the group that does want access is larger (33% - 44%, depending on the type of information and healthcare provider).

Approximately one in six chronically ill patients (18%) stated that they had no online access to their records because they do not have a computer or internet. Another important factor in this regard is a lack of awareness of the possibilities among this group; the group of chronically ill patients who do not know whether or not online access is possible with their GP, hospital or pharmacy varies from 69% to 75%.

Regarding the use of data in mobile apps or internet applications, this year we looked at the personal health records (*persoonlijk gezondheidsdossier*, or PGD). 2% of chronically ill patients use such data and a further 2% have done so in the past. A quarter of the target group (25%) indicates a desire to do this in the future.

Objective 2 – Self-measurement and telemonitoring

Approximately one third of chronically ill patients and frail elderly have no desire to carry out self-measurements. As these people are not included in the objective, it is necessary to determine how many of the people who *do* want self-measurement *can* actually do this independently. Of the chronically ill patients and frail elderly *who want this*, 91% of the

chronically ill and 80% of the frail elderly state that they already do this or otherwise *would like* to do this (independently) (the objective for 2019 is 75%). Of the chronically ill and frail elderly who want to take their own measurements, 9% and 20% respectively state that they *want* to self-measure but *cannot* do this themselves. If we look at the people who already take their own measurements, the percentages amount to 47% for the chronically ill and 44% for the frail elderly. These measurements relate primarily to values such as weight, blood pressure, or blood sugar. This means that the first part of the objective for 2019 has been achieved, considering that over 75% of people with the desire and capability to self-measure can actually do this independently. Incidentally, the differences with the baseline are slight for this objective, too.

Within the group of people who indicate that they cannot self-measure, the following reasons are given, among others:

- this is seen to be the task of the doctor;
- they find this difficult without assistance;
- they have not considered the possibility;
- they do not have the necessary equipment and do not have the financial resources to purchase such equipment.

Objective 2 further indicates that self-measurement often takes place in combination with remote patient health monitoring by the healthcare provider. This evaluation reveals that in the case of 6% of chronically ill patients and 17% of frail elderly the healthcare provider tracks the physiological data remotely and contacts the person concerned if something is wrong. We cannot determine on the basis of this evaluation whether it is necessary or desirable to do this more often. That also depends on the severity of the condition and the purpose of the telemonitoring. However, this evaluation does reveal that less than one fifth of the chronically ill patients and frail elderly who self-measure think it is important to be able to share their independently measured physiological data online with their healthcare provider.

Objective 3 – Telecare and domotics

Of the people who receive care and support at home[2], 5% can make visual contact with a healthcare provider directly from their home via the computer, telephone, tablet, or television. We see no difference with the previous evaluation in this respect. The objective for 2019 is for everyone who receives care and support at home to have this opportunity.

Previous research (Krijgsman et al., 2015a) revealed that the percentage of nurses in the long-term care sector who stated that telecare is used in their institution increased in 2015 in relation to 2014, but clearly this is not reflected at present in an increase in access to telecare among people receiving care and support at home.
However, the percentage of people receiving care and support at home who indicate that they have an alarm in their home has increased (from 19% to 28%).

Of the people receiving care and support at home who do not as yet make use of telecare, approximately one tenth (11%) indicate a desire to do so, for reasons such as time saving or greater convenience. However, half of these people (50%) do not know

2 The group of people receiving care and support at home was selected from the National Panel for the Chronically Ill and Disabled (NPCG) on the basis of information on the use of care and support via the Social Support Act (WMO). This concerns people who receive domestic help, supervision, personal care and district nursing care under the terms of the WMO. Receipt of personal care or nursing care at home under the terms of the Care Insurance Act or the Long-term Care Act was therefore not a criterium for selection. However, it is possible that people receiving care and support on the basis of the WMO also receive care on the basis of other legal provisions.

whether they would like to use telecare, and two fifths (40%) state that they do not want this because, among other things:

- they do not see any benefits;
- they find it inconvenient;
- they prefer face-to-face contact.

Previous research has shown that the elderly of the future differ in their wishes and abilities with respect to the use of technology (Doekhie et al., 2014). Many of these people are digitally literate and would like to use domotics and technology if such use would enable them to live at home independently for longer. However, there is another group that cannot use a computer and expects little from the new techniques. In short, elderly differ in this regard. It is important to consider this variation when interpreting the results in relation to this third objective.

In conclusion

This first evaluation after the baseline assessment indicates that little progress has been made towards the goals for 2019, especially with regard to objectives 1 and 3. We should point out here that the evaluations are based on the end user - in other words, the end of the innovation chain. This means that any developments in the supply (such as initiatives to stimulate access to patient portals) that are not yet visible to the target group will not be visible in the study either. The developments needed to realise the objectives do not necessarily have to be linear.

The three objectives of the Ministry of Health, Welfare and Sport (VWS) are aimed at providing chronically ill patients, frail elderly, and people receiving care and support at home with tools to enable them to take control of their own health. Although some of these people already make use of access to health records, self-measurement and telecare, others indicate that they have little desire to do so. People differ in their wishes and abilities with respect to the use of technology. The objectives quite rightly take this into consideration.

It is notable that the target groups in the objectives make less use of the internet than the average Dutch population. Furthermore, some of them do not have a computer or internet access, and many of them are unaware of the existing possibilities. This evaluation again makes it clear that patients should be made far more aware of the possibilities of ICT and healthcare-related internet options. Healthcare providers can play an important role in this as they have direct contact with patients.

Finally it is important for us to realise that technology is not a goal in itself and that behind the concrete objectives lie more lofty ambitions. The eHealth applications are intended as a *tool* to support the broad development towards greater self-reliance, self-management and self-help among patients. We must continue to view the three objectives from this perspective.

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