

Scope of Policy Issues for eHealth: Results from a Structured Review

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"The new information and communications technologies are among the driving forces of globalization. They are bringing people together, and bringing decision makers unprecedented new tools for development. At the same time, however, the gap between information 'haves' and 'have-nots' is widening, and there is a real danger that the world's poor will be excluded from the emerging knowledge-based global economy."

Speech by Kofi Annan Former Secretary General United Nations

Introduction

eHealth refers to the use of information and communication technologies (ICT) in health care. The World Health Organization (WHO) has defined eHealth as "the cost-effective and secure use of ICT in support of health and health-related fields, including health care services, health surveillance, health literature, and health education, knowledge and research". The applications of eHealth have been further classified, such as use of eHealth in the provision of health services at a distance (telehealth), management of clinical and administrative information (health informatics), and sharing information and knowledge with health care providers, patients, and communities (e-learning).

Recognition of eHealth as an important tool by which to reduce discrimination based on lack of access to information and to provide timely response to matters impacting one's personal or community health is growing in both developed and developing countries.² Proven benefits of eHealth include improved access to care, enhanced quality of services, and reduced costs of care for patients and health care systems. eHealth has played an important role in improving health care services in many developing and developed countries. For example,

teleconsultations using live (synchronous) and store-and-forward (asynchronous) technologies have improved access to specialized health care services in almost all clinical subspecialties. These technologies have also been used to improve access to sources of knowledge for patients, health care providers, and the general population. Advances in Electronic Health Records (EHRs), Picture Archival and Communication Systems (PACS), and Health Management Information Systems (HMIS) now provide support to health care professionals and managers to aid clinical and administrative decision-making. The use of the Internet and handheld devices has opened new avenues for health promotion and management. Many of these technologies are currently being used in developing countries all over the world. Health care providers in developing countries have thereby benefited, mainly through enhancement of workforce development and support of day-today activities for frontline health care providers.

However, use of eHealth within or between institutions involves a number of factors that require proper planning. Many of these issues cannot be addressed without the support of welldefined policies, rules, standards, or guidelines at the institutional, jurisdictional, and global levels. Absence of these policies may lead to several problems during the cycle of eHealth planning which may lead either to failures in achieving the intended goals or unintended widening of the gap in health status and knowledge between different sectors of the population, increasing rather than decreasing health inequity, also termed as Digital Divide.3 Experience from the developed world has also shown several impediments in the process of eHealth planning, including lack of information on the role of eHealth in the provision of health care, a lack of operational and support policies, a lack of demonstrated cost-benefit, and a lack of clinical proponents.4 Thus it is important for the planners of eHealth at different levels to develop policies that could facilitate the adoption of eHealth and prove its success through improvement in services and change in health status of the population.

Realizing the importance of identifying and understanding the need for eHealth policies, the World Health Organization has planned a meeting of eHealth policy experts in Bellagio, Italy, on August 4-8, 2008. To facilitate the discussions, it has been decided to produce three working papers that capture the scope of policy issues, existence of different policies, and their analysis. The current report gives a detailed overview of the existing policy issues faced at different levels for developing a successful eHealth implementation.

Objectives

The objectives of this report were to determine the scope of issues that are faced by individuals, institutions, or governments at different levels in order to implement successful eHealth programs.

Process of Collecting Information

A structured search of peer-reviewed and grey literature was conducted by a group of researchers at the Aga Khan University, Karachi. The following process was adopted to collect the relevant information:

a. For peer-reviewed literature:

Efforts were made to collect and review as many journal articles as possible in the given time frame. A search was conducted by a research assistant on PubMed, using the Medline database, for the keywords, such as eHealth, telehealth, telemedicine, health informatics, electronic health records, health telematics, guidelines, policies, rules, and plans. Only the articles in the English language were chosen, that were published in any journal during the past ten years (1998-2008). The review was conducted in the following stages:

- Review of 150 abstracts by two researchers to select the articles that were relevant and merit full-paper review.
- Review of 40 full papers that focused on different aspects of eHealth policy, or highlighted policy issues in eHealth implementation.
- b. For grey or non-peer-reviewed literature:

About 20 national and international-level policy papers and documents were extracted through a Google search. These articles were reviewed by two researchers to extract policy issues and solutions described at different levels of care.

Both of the reviewers developed their own lists of policy issues, which were then reviewed to exclude duplications and to categorize the issues into groups for better understanding. The issues were grouped into categories and themes that are described in the following section.

Key Findings

A large number of eHealth-related issues were extracted from the literature. These issues are grouped under nine themes and 21 categories on the basis of similarities in their focus. The following are the themes identified for eHealth policies:

- Networked care
- Interjurisdictional practice
- Diffusion of eHealth / addressing digital divide
- Integration into existing systems
- Handling innovation at different levels Policy goal-setting
- Evaluation and research
- Investment
- · Ethical issues.

A. <u>Networked care:</u> ⁵⁻⁹ This theme includes policy categories and issues that can enhance the ability of providers, departments, organizations, and jurisdictions to work in a coordinated environment to improve care of the population. The issues covered under this theme are grouped under the following five categories:

- Creating an enabling environment
- Sharing of information, knowledge, and practice
- 3. Making the transfer of information easier
- 4. Making the transfer of information safer
- 5. Challenges for networked care.
- 1. Creating an enabling environment: This category includes policy issues related to creating enabling environment for smooth adoption of eHealth solutions. The following issues related to this category were identified in the literature:
 - a. Commitment of funds by the organizations and government ^{10, 11}: the literature suggests that high-level decisions showing commitment of institutions and governments to fund eHealth programs is essential for acquiring commitment from other stakeholders for eHealth.
 - Readiness-building and effective change management: 10-13 The papers suggest that it is important for organizational leadership to recognize the importance

- of building individual and collective readiness, and there is also emphasis on effective change management for the implementation of eHealth solutions.
- c. Deployment of appropriate technologies: There should be clear policies from the leadership to acquire technologies that are acceptable, user-friendly, affordable, and reliable in any given circumstances.
- d. Proper distribution of human resources

 14: It is important for leadership to define clear policies on how the workload will be distributed, especially in the preintegration phase. Health care professionals and the support staff allotted for eHealth programs should have clear guidelines and policies to undertake the special assignments.
- e. Reimbursement 15, 16/ remuneration: 6, 1618 Clarification of reimbursement policies for the specialists, and remuneration for all health care staff for eHealth activities is essential for their buy-in for eHealth activities.
- f. Meeting the needs of insurance companies: 19 It is important to define payment policies for the public or private insurances when eHealth is being used for patient care. These policies will help the clients, providers, management, and the payers to make a smooth transition towards eHealth.
- 2. Sharing of information, knowledge and practice. This category includes policy issues related to the process of sharing information, knowledge, and practices between organizations.
 - a. Sharing of patient information:⁶ Policies related to the content and authorizations for sharing patient information between providers, departments, and institutions are necessary to facilitate networked care. Such policies include creation of unique identifiers for patients. ¹⁹ These policies are also necessary to ensure that the patient information is comprehensive, comprehensible, and transferable.²⁰
 - b. Sharing of knowledge: Clear policies on sharing of teaching material, literature, and other sources of tacit and explicit knowledge are important to determine what kind of networking will be developed among the providers.
 - Sharing of services, e.g., consultations, pharmacy, etc.:²¹ Clear policies on the type and processes for sharing of

- services between the institutions and jurisdictions should be developed.
- 3. Making transfer of information easier. This category includes policy issues that enable smooth transfer of information from one provider to the other or from one institution to the other. The issues included in this category are as follows:
 - a. Functional interoperability: ^{18, 19} Policies are essential to guide the purchase or development of hardware and software that could enable the transfer of information between different partners.
 - b. Semantic interoperability: ¹⁹ It is important that the information transferred between providers or organizations is interpreted the same way as it was intended. Policies to guide the use of terminologies, composition and coding of information, and building capacities should be clearly defined.
 - c. Standardization measures for HER (19): It is important for the organizations to ensure that their EHR follows some set of standards. This is necessary for the transferability of information and interoperability of systems.
- 4. Making the transfer of information safer. This category includes policy issues related to transfer of information in a secure and integrated form. The issues included in this category are as follows:
 - a. Security of information during portability:²² Policies are important for proper coding of patient information and removal of identifiers that could affect patient privacy during the transfer of information from one source to the other. It is also important to set policies for authorizing only the relevant people to access patient information.
 - b. Ensuring integrity and quality of data / information:^{19, 23} It is also important to design clear policies to ensure that the quality of information is not compromised to the level that it risks the provision of safe care to the patient.
 - c. Health information privacy:²⁴ Clear policies on the privacy and confidentiality are necessary for the transfer of information between providers and institutions.
 - d. Policies on managing health information on the Internet: ^{25, 26} Institutions and governments should ensure that the information provided or downloaded

from the Internet is safe for the health of the population. Policies for Internet safety are essential in most circumstances.

- 5. Challenges for networked care. This category includes various challenges that can be faced during the provision of networked care. These include:
 - a. Accountability/liability of care:^{6, 10, 18}
 Policies should be designed to clarify how the issues of accountability and liability will be handled, in case of any untoward incident.
 - b. Confidentiality/privacy: 10 Clear policies to ensure confidentiality and privacy of patient information are necessary to avoid any conflicts and ethical issues. Authorization to access patient information should be properly structured.
 - c. Ensuring proper connectivity:¹⁸ Policies regarding uninterrupted connectivity with appropriate bandwidth are necessary to ensure that the networked services run smoothly between the sites. Backup plans should also be planned for.
 - d. Controlling malpractice: 10, 15 It is important to design stringent policies to ensure that malpractice, such as access to patient information or breach in the privacy or quality of care, is controlled.
 - e. Intellectual property rights:¹⁰ In case of research or collective learning, it is important to develop policies that provide guidance regarding who should have the property rights on material produced as a result of networked services.
 - f. Risk management: ¹⁰ Policies to ensure risk management related to issues with interoperability and liability should be covered. There should be well-defined backup plans if any such issues occur during the networked services.
 - g. Cultural issues in communication: ¹⁰ It is important to have policies that deal with cultural sensitivities in provision of care through eHealth.
- B. Interjurisdictional Practice.⁶ This theme includes policy categories and issues that deal with the transfer of information and provision of care between different jurisdictions. The issues covered under this theme are grouped under the following two categories:
 - 1. Professional portability
 - 2. Challenges in interjurisdictional practice.

- 1. Professional portability. This category deals with the issues related to the ability of health care providers to provide care to patients or give advice to physicians in jurisdictions other than where they are currently licensed. These issues include:
 - a. Licensing:^{6, 18, 27} This issue deals with the restrictions from licensing authorities to practice medicine and nursing in different jurisdictions.
 - Accreditation of services: This issue deals with the lack of recognition of some institutions in their own or other jurisdictions. This may cause inability of their providers to be part of any eHealth activity.
- 2. Challenges in interjurisdictional practice. This category includes policy issues that can pose challenge to the implementation of interjurisdictional eHealth. The following issues are included in this category:
 - Local, national, and international policies:⁶ It is important for eHealth policies developed by any organization or jurisdiction to complement similar policies in other institutions and jurisdictions to enable coordinated care.
 - b. Different health care regulations in different regions:^{19, 24} Different regulations in different regions related to issues such as privacy, confidentiality, and reimbursement may also hinder their ability to participate in coordinated care and transfer and store patient information.
- C. **Diffusion of eHealth** ^{28, 29}/addressing digital divide ^{6, 30, 31}. This theme includes policy categories and issues that enhance the use of eHealth among the neediest populations to improve health services. The issues covered under this theme are grouped under the following two categories:
 - 1. Increasing penetration of services
 - 2. Developing "Open" policies
- 1. Increasing penetration of services. This category consists of policy issues that can increase the ability of technologies to reach poor, remote and most vulnerable population groups. These issues are discussed as follows:
 - a. Telecommunication policies allowing increased access:^{6, 19} Governments should develop policies to allow greater penetration of telecommunication

- companies, such as mobile companies, ISPs, ISDN service providers, and satellite vendors to reach the remotest regions of their countries. This will help promote eHealth in such areas.
- b. Controlling cost of technology:²⁴
 Governments should also develop policies to reduce the cost of telecommunication, so that it is affordable by all groups of the population, especially the poor and most vulnerable. Special packages for use of telecommunication in the social sector could also enhance its use for eHealth.
- c. Providing universal and unlimited access to the Internet: Governments should develop policies to provide universal and unlimited access to the Internet to their populations, so that the power of the Internet can be used for development. eHealth will also become part of that overall development. The governments should also make efforts to reduce costs and increase bandwidth of the Internet available for social sector.
- d. Capacity building:33 Access to eHealth in remote areas can also be increased by building capacity of the local users and general population. It is important that the institutions and governments introduce programs of learning on a regular basis to increase awareness and comfort levels of their providers, management and clients.
- 2. Developing "Open" policies. This category includes policy issues that can make eHealth available for poor and remote groups of populations. The issues include:
 - a. Open and facilitated exchange and sharing of skills and knowledge.⁶ Institutions and the governments should introduce policies to encourage their health care providers and other user groups to freely exchange their knowledge and knowledge to benefit others
 - Increasing focus on open-source technologies: Since many open-source technologies are now considered fairly stable, the institutions and governments should introduce policies for their decision-makers to consider opensource eHealth software as an option.
 - c. Humanitarian commercial policies:³⁴ Use of eHealth has a strong commercial component, which many institutions may benefit from. In order to address the

digital divide, it is important for the institutions and governments to strongly promote use of eHealth for humanitarian purposes as well. Such policies will encourage NGOs and other social organizations to provide benefits to the population through these technologies.

- D. **Integration into existing systems.**^{6, 28} This theme includes policy categories and issues that enable integration of eHealth projects and programs with the regular services. The issues covered under this theme are grouped under the following four categories:
 - Achieving broader goals through integration
 - 2. Facilitating integration
 - Identifying and involving the stakeholders
 - 4. Challenges with integration
- 1. Achieving broader goals through Integration. This category includes policy issues that should be included as part of the government's or institution's vision to benefit most from eHealth technologies. These policies include:
 - a. Improving clinical effectiveness:²⁸ The institutions and governments should have a target to improve effectiveness of their care by increasing interaction between different groups of providers and users. Introducing appropriate decision support systems would also help in reducing errors and enhancing effectiveness of care.
 - b. Improving quality of care: There should also be a strong commitment from the governments and institutions to improve the quality of care for their clients. The delivery of health care facilitated by eHealth should not compromise on quality of care. They should also be looking to create a learning environment for individuals to provide the best possible care to the clients.
 - c. Increasing access to services: There should be a strong commitment to improve access of populations living in rural and remote areas to better care and services. This commitment can be a driving force for the entire eHealth program in any given population.
 - d. Reducing cost of care: Governments and institutions should also have a strong focus on reducing cost of care, especially for their clients. This can be effectively achieved by using eHealth to connect various resources and experts,

and thus provide a continuum of care for the populations.

- 2. Facilitating integration. This category includes policy issues that may facilitate integration of eHealth services in the routine services provided by individuals or health care institutions. These issues include:
 - a. Defining the scope of eHealth services: 10, 35-37 Early identification of the range of services that would use eHealth, such as administrative, research and clinical tasks, or monitoring, can help in better planning of eHealth programs. Such decision-making would include the appropriate hardware, software, connectivity and human resources necessary to make the programs successful.
 - b. Proper deployment of resources:²⁸ It is important for the organizations and governments to plan their resources, both material and human, before the start of integration of eHealth into routine services. A strong individual/government/organizational ownership is necessary for a successful and sustainable integration.
 - c. Change in business rules in organizations and insurance companies.³² An explicit and in-depth understanding of changes in the business model of the organizations is necessary for successful integration of eHealth technologies. Special focus is required to define simple and workable processes for the insurance companies and corporate payers.
- 3. Identifying and involving the stakeholders. This category includes policy issues that deal with identification and inclusion of different groups of stakeholders into the planning and implementation of eHealth. These issues include:
 - a. Who are the stakeholders at different levels:²³ It is important for the institutions and governments to define clear policies to identify and include stakeholders from different user and support groups in the planning of eHealth programs.
 - b. What are the roles and responsibilities of different players, such as local providers, specialists etc.: 23 It is also important to develop clear guidelines on the roles and responsibilities of different users in the provision of care, using eHealth. Such guidelines will reduce confusion and enhance commitment

from different players in ensuring the success of eHealth programs.

- 4. Challenges with integration. This category includes policy issues that may pose challenges for the integration of eHealth services. These issues include:
 - a. Increasing acceptability among patients and providers:²⁸ Acceptance of eHealth among patients and providers is necessary for its sustained implementation. There is a need to introduce policies to enhance awareness and comfort levels among health care providers and clients.
 - b. Wider ethical acceptability: 28,38 Integration of eHealth with routine services also depends on defining explicit policies on various ethical issues, such as use among different gender and sociocultural groups, transfer and storage of information, consent from the patients, confidentiality and privacy, etc.
 - c. Coordination among different health care delivery models:³⁹ Several health care delivery models exist in health care institutions within and across jurisdictions. Some of these models may not have enough flexibility to incorporate eHealth into the existing services. Clear policy guidelines are required to practice eHealth with various delivery models, without interruption of services.
 - d. Effects on human resources (recruitment and retention): Use of eHealth may bring changes in the work patterns of several staff members, and may also lead to changes in the way staff is recruited, trained, and retained in any organization. Introduction of policies to guide the employees, their supervisors, and Human Resources departments could facilitate the integration of eHealth services with routine care.

E. Handling innovation at different levels(28).

This theme includes policy categories and issues that can enhance the capability of institutions to implement eHealth successfully. The issues covered under this theme are grouped under the following three categories:

- 1. Assigning definite roles
- Managing change brought by new technologies and ideas
- 3. Assessing technologies

- 1. Assigning definite roles. This category includes policy issues that define the roles of different players in introducing new and innovative technologies in health care. These include:
 - a. Who is responsible for Change:²⁸ It is important for the institution implementing eHealth to identify group of people who can lead the process of change. It is important to involve highest level of management, along with health care providers and IT to lead this process.
 - b. Who handles the problems: ²⁸ Clear policies should also be in place regarding who will support the technical change in the institutions. It is usually better, at least initially, to assign special tasks to a few IT people to support eHealth activities. This may reduce delays in acquiring help for such programs.
 - c. Regulating IT use: 19 With the introduction of eHealth at the institutional and jurisdictional levels, it may become necessary to regulate the way IT systems are run in those areas. Rules should be defined on the procurement of equipment, distribution of bandwidth, training of users, etc.
- 2. Managing change brought by new technologies and ideas. This category includes policy issues related to the smooth transition of institutions with the introduction of technology. These issues include:
 - a. Bringing changes in infrastructure (local level²⁸, broader level:²¹ Infrastructure changes to allow easier access to computers, Internet, and other necessary information are necessary for smooth transition for eHealth. Institutions should develop clear policies and guidelines for this change.
 - b. Handling increasing communication costs: 28 Institutions should have policies to handle the initial rise in communication costs due to the introduction of eHealth programs. These costs may later be justified against the reduction in other costs or benefits gained as a result of that investment.
 - c. Change management: It is important for the institutions to have clear policies to manage change at all levels for a smooth transition with eHealth. Special teams should be assigned to conduct proper assessment of readiness and then make plans to manage the change

- smoothly by enhancing readiness in the organizations.
- d. Maintaining doctor-patient relationship:

 40 There is usually a fear in health care organizations that eHealth would replace health care providers, or would negatively impact the relationship between providers and patients. Policies ensuring this relationship are extremely important.
- 3. Assessing technologies. This category includes policy issues to ensure that the technology that is acquired for eHealth programs is appropriate and acceptable to the users. These issues include:
 - a. Wireless networks and security issues:

 41 It is important for institutions and governments to assess the new technologies and the opportunities and risks associated with these technologies. Wireless technology is one example, which is spreading extremely fast worldwide. It is important that the policies are introduced to have in-depth assessment of what the technologies have to offer.
 - b. Evaluation of new technologies in local environments: 28 It is also important to have guidelines on evaluating technologies in a given environment before implementing them at a larger level.
- F. **Policy goal setting.**³⁵ This theme includes policy categories and issues that can guide the institutions in defining policies for eHealth. The issues covered under this theme are grouped under the following four categories:
 - 1. Making eHealth possible/feasible
 - 2. Making policies flexible
 - 3. Providing effective governance
 - 4. Guidelines for different stakeholders
- 1. Making eHealth possible/feasible. This category includes areas of policy development that could enhance the profile of eHealth, and enable institutions to get better benefits from these innovations. These include:
 - Making eHealth part of the overall development effort:⁴² It is important for the governments to make eHealth part of their broader development efforts, rather than keeping it as a special project or program.
 - b. Funding of eHealth programs: 43 It is important that the governments commit

- to funding eHealth programs at least to the stage when they can be fully integrated with the other health services.
- c. Providing suitable telecommunication infrastructure to promote eHealth: 43 Governments should either invest in or develop policies to encourage growth of the telecommunication sector in the country. This will increase connectivity in different areas, and will enhance the chances of implementing successful eHealth programs.
- 2. Making policies flexible. This category includes certain characteristics of policy that would give it the flexibility to manage change and bring sustainable change. These characteristics include:
 - a. Aligning policies with IT innovations:¹⁹ The governments and institutions should have the flexibility to modify or align their policies to accommodate the fast changing IT environment, and to benefit from the new developments in this field.
 - b. Innovative and forward-looking policies: ⁴⁰ The policies introduced by the governments and the institutions should be forward-looking to proactively attract innovations and new thoughts to be used for the improvement of health services.
 - c. Covering for the opportunity cost of physicians, especially during the initial phase when volumes are low: ⁴² The institutional policies should allow for the initial support required to successfully implement eHealth projects, especially during the period of change management. This would include covering cost of equipment and the time needed from the health care providers until the services are widely accepted.
 - d. Timing of government action; making policies at the right time: 43 It is important that the governments realize the importance of setting direction and implementing policies at the beginning of eHealth planning rather than too late in the process. In other words, the policies need to be proactive rather than reactive.
- 3. Providing effective governance. This category includes areas of policy development that provision of good governance for the eHealth programs. These include:
 - a. Developing leadership structures for eHealth programs: Every institution

- should develop a highelevel team that could take the responsibility of planning and implementing eHealth programs in the institutions.
- Developing strategies for eHealth adoption: It is important for the governments and institutions to develop their eHealth visions and strategies, which are made public so that the stakeholders are well aware of the objectives of the eHealth programs.
- c. Information governance:^{43, 44} To implement successful eHealth programs, it is important to develop structures that could ensure the privacy, security, completeness and integrity of the information that is transferred between institutions during the eHealth programs.
- 4. Guidelines for different stakeholders. 45, 46 This category includes policy issues that prepare different stakeholders for successful eHealth adoption. Following are the issues covered under this category:
 - a. Guidelines for organizational leadership:
 45 It is important for the institutions to develop guidelines for their leadership for developing, planning and implementing eHealth programs.
 - Guidelines for technology and equipment: 45 Guidelines for procurement, maintenance and support in using the technologies are essential for planning successful eHealth programs.
 - c. Guidelines for clinical standards and outcomes: ⁴⁵ Guidelines on maintaining standards of care during eHealth services, and ensuring that these services bring maximum benefit to the population, are essential for eHealth services.
 - d. Guidelines for human resources: 45 Guidelines for allotment and distribution of workload for health care providers, technical and managerial staff are necessary for sustained use of eHealth in any environment. Policies are also required for the recruitment and retention of such manpower.
- G. **Evaluation and research:** ³⁵ This theme includes policy categories and issues that can guide the process of evaluation and research to generate evidence for adoption of eHealth. The issues covered under this theme are grouped under the following two categories:

- 1. Evaluating the impact of eHealth
- 2. Assessing new technologies
- 1. Evaluating the impact eHealth. This category includes policies regarding measurement of various impacts of eHealth in different environments: These include:
 - a. Time spent with patients and its relationship with cost:⁴⁷ It is important to plan and measure the time spent between providers and patients, and how it could be justified against the resources spent for setting eHealth services
 - b. Cost-effectiveness:⁴⁸ It is important to ensure that the eHealth services stay cost-effective, and do not put unnecessary burden on the budgets of the institutions and the governments. Clear policies in this regard should be developed.
 - c. Impact of eHealth on health care management (48): Clear guidelines should be developed to measure and enhance the impact of eHealth on improving the management of health care programs and institutions.
 - d. Demonstrate health outcomes:⁴⁹ It is also important for the governments and institutions to measure the impact of eHealth on health outcomes in the communities, and to ensure that the health status of the population improves with these programs.
 - e. Evidence on clinical effectiveness: 40
 Effectiveness of health care and services should be enhance through eHealth, and policies/protocols should be designed to appropriately measure these changes.
 - f. Progress in learning: 2 eHealth should also improve the learning environment of health care institutions, and should directly benefit health care providers.
- 2. Assessing new technologies. This category includes areas of technology assessment that may require support from policies. These include:
 - a. Providing simulation environment: 41 Policies that could encourage the testing of eHealth solutions, especially in the simulation environments, should be encouraged. Such testing would provide confidence to the planners and users before taking the technology to the actual environments.
 - b. Encouraging coordinated research: 50 Since eHealth is an interdisciplinary

- field, it is important to allow experts from different fields to participate in evaluating the technologies. Such research would help in building evidence that is generalizable to other situations.
- c. Dissemination for policy making and the benefit of others:² Policies need to be defined to encourage the researchers and managers to generate reliable evidence that is disseminated for use by the policymakers at the institutional and government levels. Such dissemination would also benefit other users of eHealth.
- H. **Investment.**⁷ This theme includes policy issues that can suggest business models for eHealth adoption. Following are the issues covered under this theme:
 - a. Use of eHealth for commercialization purposes:¹⁰ It is a natural phenomenon that many institutions will use eHealth to increase their clientele and thus grow their businesses. Proper policies are needed to regulate these efforts so that the element of care and benefit to the population are not lost.
 - Public-private partnership: Realizing the kind of investments required in implementing eHealth programs, it may be useful to explore public-private partnership models for eHealth. Clear policies and guidelines to implement such partnerships would be beneficial.
 - c. Cross-border advertisement and sale of drugs: Use of eHealth has encouraged interjurisdictional provision of care, including the order and sale of medicines. It is necessary for the governments to design policies that could regulate and guide the use of eHealth for such purposes, and control malpractice and fraud.
- I. **Ethical issues.** ²⁵ This theme includes ethical issues that may hinder the adoption of eHealth. Following are the issues covered under this theme:
 - a. Consent for care in eHealth: ^{22, 23} Laws differ in many areas on obtaining consent for care before transferring patient information online, or before arranging video-conferencing sessions. Clear policies to guide such consent can benefit health care institutions and providers.
 - b. Liability issues (medical malpractice liability): ^{22, 48, 51} Policies regarding

- liability issues are extremely important, especially in the cases of interjurisdictional care.
- c. Medico-legal issues: 48 Policies regarding medico-legal issues in eHealth are also crucial, and must be developed before such programs are implemented.
- d. Patient's right to access information:¹⁰
 Policies regarding a patient's right to access his or her own information is an important matter for eHealth decisionmakers. Clear policies in this regard would help the managers and providers to share the requested information with the patients.

 Table 1 provides a list of policy issues grouped into categories and themes:

	Themes	Policy Categories	Issues			
	Networked	Creating enabling environment	Commitment of funds by the organizations and governments Readiness building and effective change management			
A.	Networked care		Deployment of appropriate technologies			
			Proper distribution of human resources			
			Reimbursement/remuneration Meeting the needs of insurance companies Sharing of patient information Sharing of knowledge Sharing of services, e.g., consultations, pharmacy etc.			
		2. Sharing of information,	Sharing of patient information			
		knowledge and practice	Sharing of knowledge			
			consultations, pharmacy etc.			
		Making transfer of	Functional interoperability			
		information easier	Semantic interoperability			
			Standardization measures for EHRs			
		Making transfer of information safer	Security of information during portability			
			Ensuring integrity and quality of data/Information			
			Health information privacy			
			Policies on managing health information on the Internet			
		Making transfer of information safer	Security of information during portability			
			Ensuring integrity and quality of data/Information			
			Health information privacy			
			Policies on managing health			
			information on the Internet			

		6. Making transfer of	Security of information during		
		information safer	portability		
			Ensuring integrity and quality of data/Information		
			Health information privacy		
			Policies on managing health information on the Internet		
		7. Challenges for networked	Accountability/liability of care		
		care	Confidentiality/privacy		
			Ensuring proper connectivity		
			Controlling malpractice		
			Intellectual property rights		
			Risk management		
			Cultural issues in communication		
B.	Interjurisdictional practice	Professional portability	Licensing		
			Accreditation of services		
		Challenges in interjurisdictional practice	Local, national and international policies		
			Different health care regulations in different regions		
C.	Diffusion of eHealth/addressing	Increasing penetration of services	Telecommunication policies allowing increased access		
	digital divide		Controlling cost of technology		
			Providing universal and unlimited access to Internet		
			Capacity building		
		Developing "Open" policies	Open and facilitated exchange and sharing of skills and knowledge		
			Increasing focus on open-source technologies		
			Humanitarian versus commercial policies		
D.	Integration into existing	Achieving broader goals	Improving clinical effectiveness		
	systems	through integration	Improving quality of care		
			Increasing access to services		
			Reducing cost of care		
		Facilitating integration	Defining scope of eHealth services		
			Proper deployment of resources		
			Change in business rules in organizations and insurance companies		
			_		

		3.	Identifying and involving the stakeholders	Who are the stakeholders at different levels	
				What are the roles and responsibilities of different players	
		4.	Challenges with integration	Increasing acceptability among patients and providers	
			•	Wider ethical acceptability	
				Coordination among different health care delivery models	
				Effects on human resources (recruitment and retention)	
E.	Handling innovation at	1.	Assigning definite roles	Who is responsible for change	
	different levels			Who handles the problems	
				Regulating IT use	
		2.	Managing change brought	Bringing changes in infrastructure	
			by new technologies and ideas	Handling increasing communication costs	
				Change management	
				Maintaining doctor-patient relationship	
		3.	Assessing technologies	Wireless networks and security issues	
				Evaluation of new technologies in local environments	
F.	Policy goal-setting	1.	Making eHealth possible/feasible	Making eHealth part of the overall development effort	
				Funding of eHealth programs	
				Providing suitable telecommunication infrastructure to promote eHealth	
		2.	Making policies flexible	Aligning policies with IT innovations	
				Innovative and forward-looking policies	
				Covering for the opportunity cost of physicians, especially during the initial phase when volumes are low	
				Timing of government action	
		3.	Providing effective governance	Developing leadership structures for eHealth programs	
				Developing strategies for eHealth adoption	
				Information governance	

		Guidelines for different stakeholders	Guidelines for organizational leadership		
			Guidelines for technology and equipment		
			Guidelines for clinical standards and outcomes		
			Guidelines for human resources		
G.	Evaluation and research	Evaluating the impact brought by eHealth	Time spent with patients and its relationship with cost		
			Cost-effectiveness		
			Impact of eHealth on health care management		
			Demonstrate health outcomes		
			Evidence on clinical effectiveness		
			Progress in learning		
		2. Assessing new	Providing simulation environment		
		technologies	Encouraging coordinated research		
			Dissemination for policymaking and benefit of others		
H.	Investment		Use of eHealth for commercialization purposes		
			Public-private partnership		
			Cross-border advertisement and sale of drugs		
I.	Ethical issues		Consent for care in eHealth		
			Liability issues (medical malpractice liability)		
			Medico-legal issues		
			Patient's right to access information		

Analysis of Key Findings

An attempt was made to develop a matrix containing stages of eHealth planning and the levels of eHealth policy. Each of the issues described above was placed in the matrix on the basis of where in the planning process it would be most applicable, and what level or levels of policy are required.

The following stages were considered for the eHealth planning process:

3. Pre eHealth: This is the stage when either no eHealth programs have been implemented or a new eHealth program is yet to be initiated. At this stage,

- needs and readiness assessments are conducted at the institutions.
- 4. Piloting/Testing: This is the stage where the eHealth solution is piloted at a small scale to see if technology, processes and human resources can be used effectively to achieve the desired results.
- 5. Evaluation and Planning: This is the stage when the pilots are evaluated and the results shared to plan for the larger scale rollout in one or more institutions.
- 6. Implementation: This stage represents the full-scale implementation of eHealth as a project or program in one or more institutions.
- 7. Integration: In this stage, eHealth is merged with the regular services to

- make it part of the regular services and development, rather than having it as a separate project.
- Sustained Healthcare: This stage represents complete acceptance of eHealth as part of routine and sustained health care activities.

The following levels of eHealth policy were used for the matrix:

- Organizational/Local: This is the level where policies are required to manage eHealth programs within a single institution or multiple institutions within the same jurisdiction.
- Jurisdictional/Regional: This is the level where policies are made to guide eHealth initiatives between two or more jurisdictions, or at a regional level including multiple jurisdictions.
- Global: This is the level where policies and guidelines are made to guide eHealth activities involving various regions or at a truly global level.

Separate matrices for each theme described in the previous section can be found in Appendix A.

Conclusion

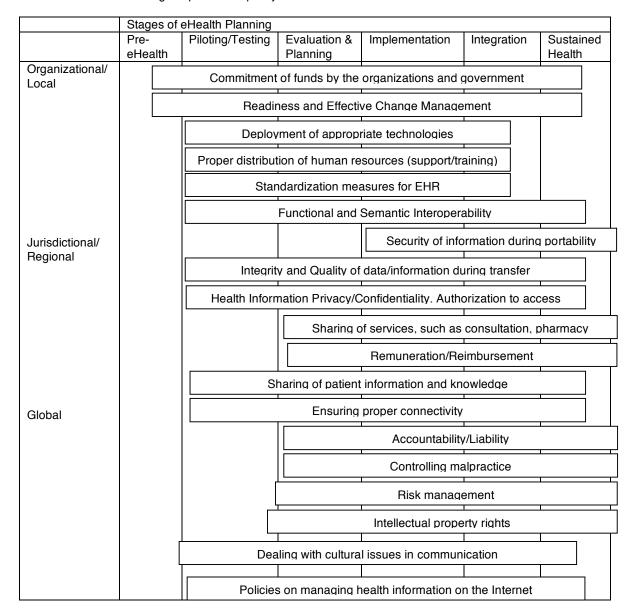
This policy paper provides a spectrum of eHealth issues that requires policies at different stages of eHealth planning process, and from different levels of decision makers. It is important for the policymakers to understand the importance of these issues, and take a proactive approach to develop policies that allow for smooth and reliable planning of eHealth programs. In fact, many strategies suggest that development of supportive policies should be part of the eHealth strategies of the countries and the organizations. It is therefore important to increase awareness of health care providers and managers on eHealth policy issues and provide them guidelines and support to develop these policies.

Next Steps

As a follow up to this study, an environmental scan should be conducted to identify and study the already existing policies on the issues identified in this report. There is a need to study the successes and failures of these policies, which will support the development of guidelines for policy makers at the global, regional, national and local levels to create policies that not only benefit their own eHealth programs, but also generate knowledge to support programs in other areas.

Appendix A

1. Matrix describing the position of policy issues discussed under the theme of 'Networked Care':



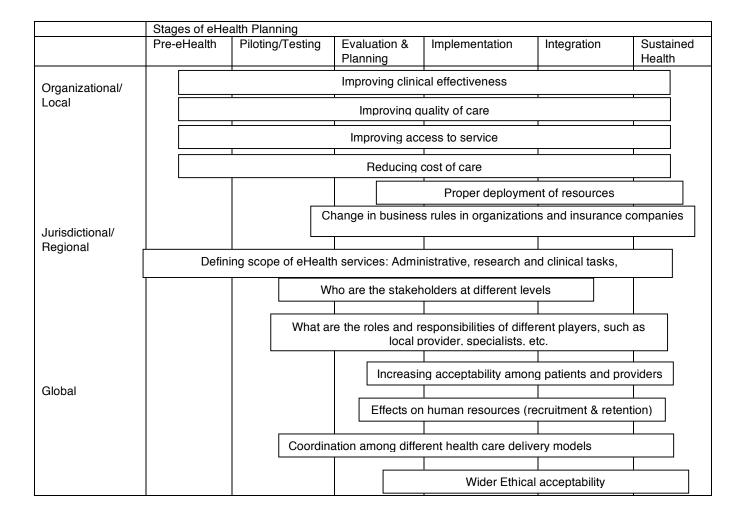
2. Matrix describing the positions of policy issues discussed under the theme 'Inter jurisdictional eHealth':

	· · ·									
	Stages of	Stages of eHealth Planning								
	Pre-	Piloting/Testing	Evaluation &	Implementation	Integration	Sustained Health				
	eHealth		Planning							
Organizational/ Local			Ac	creditation of servi	ces					
Jurisdictional/		Local, nati	onal and interna	ational rules						
Regional		Different health ca	re regulations in	different regions s	uch as confide	ntiality,				
		Differenc	es in legislation,	such as privacy	•					
Global			Licer	nsing						

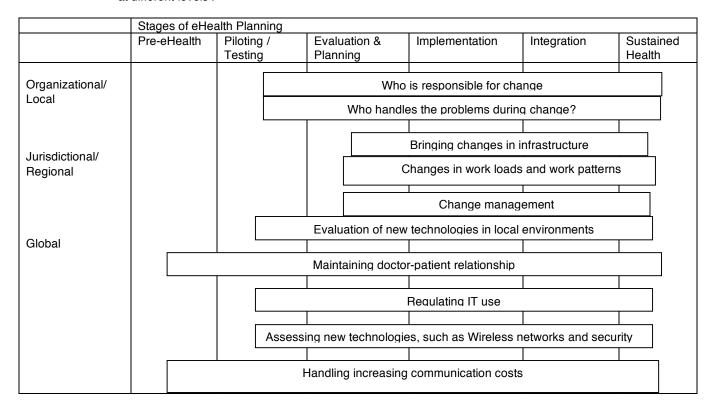
3. Matrix describing the position of policy issues discussed under the theme of 'Diffusion Care/Addressing Digital Divide':

	Stages o	Stages of eHealth Planning							
	Pre- eHealth	Piloting/Testing	Evaluation & Planning	Implementation	Integration	Sustained Health			
Organizational/									
Local		ı	Increasing focu	ıs on open-source t	echnologies				
		Open and facilit	ated exchange	and sharing of skills	and knowledg	je			
		<u> </u>	Capac	ity Building					
lurio diotional/			Humanitarian v	s. Commercial poli	cies				
Jurisdictional/ Regional						<u> </u>			
			Controlling co	st of technology					
Global						<u> </u>			
Giosai		Telecomm	unication policie	s allowing increase	d access				
	Providing universal and unlimited access to Internet								
	l			1		L			

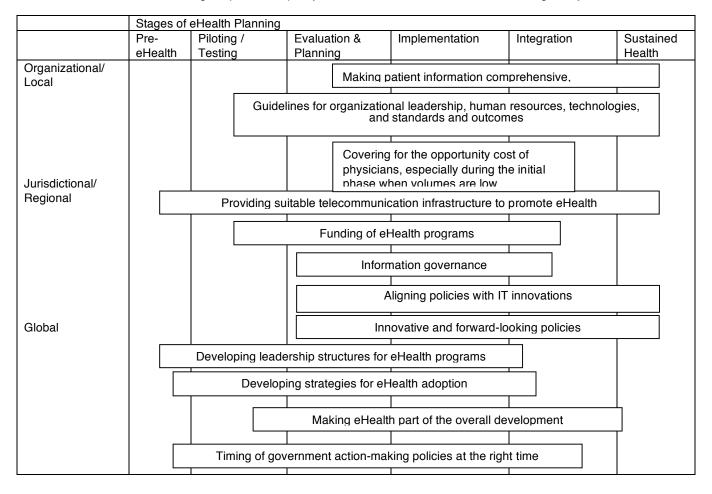
4. Matrix describing the position of policy issues discussed under the theme 'Integration into Existing systems':



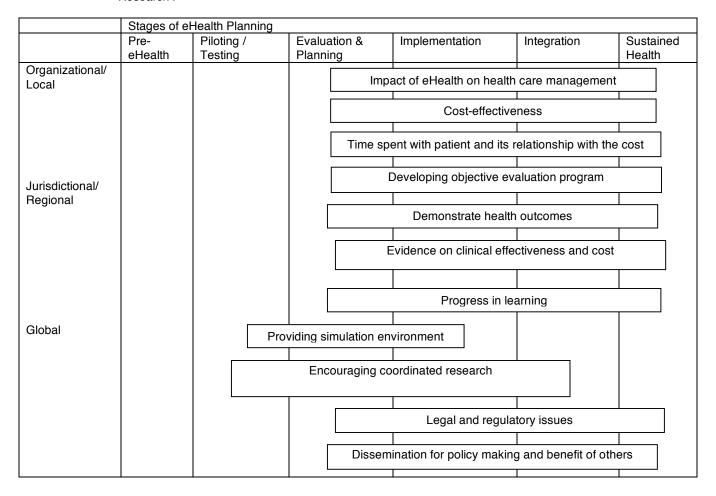
5. Matrix describing the position of policy issues discussed under the theme of 'Handling innovations at different levels':



6. Matrix describing the position of policy issues discussed under the theme 'Making Policy Goals':



7. Matrix describing the position of policy issues discussed under the theme 'Evaluation and Research':



8. Matrix describing the position of policy issues discussed under the theme 'Investment':

	Stages of e	ages of eHealth Planning						
	Pre- eHealth	Piloting / Testing	Eval Plan	uation & ning	Implementation	Integration	Sustained Health	
Organizational/ Local				Us	e of eHealth for com	nmercial purpos	ses	
Jurisdictional/ Regional			Multi-s	sectoral col	laboration for eHeal	th advancemer	nt	
					Public-Private	Partnership	•	
Global								
		Cross-border advertisement and sale of drugs		3				

9. Matrix describing the position of policy issues discussed under the theme 'Ethical issues':

	Stages of eHealth Planning								
	Pre-	Piloting /	Evaluation &	Implementation	Integration	Sustained			
	eHealth	Testing	Planning			Health			
Organizational/									
Local									
			Conse	nt for care in eHealt	:h				
Jurisdictional/									
Regional			Н	umanitarian vs. Cor	nmercial policie	es			
Global			Patient's right to	access information	ı				
			Liab	ility issues (Medical	Malpractice lia	bility)			
				Medico-legal issues					

References

- 1. World Health Organization, Eastern Mediterranean Region. About E Health. 2007 [updated 2007; cited 2008 2nd June]; Available from: http://www.emro.who.int/his/ehealth/AboutEhealth.htm.
- eHealth Report by the Secretariat [database on the Internet]. 7th April 2005 [cited.
- 3. Scholman B F. The digital divide: How wide and how deep? Online Journal of Issues in Nursing; 2004 [updated 2004; cited 2008 May 15th]; Available from: http://www.nursingworld.org/oiin/infocol/info 14.htm.
- 4. Lam D M, Mackenzie C. Human and Organizational telemedicine utilization with US military forces in Europe. *J Telemed Telecare*. 2005;13(1):70-8.
- 5. Broens THF, In't Veld RMHA, Vollenbroek-Hutten M M R, Hermens HJ. Determinants of successful telemedicine implementations: a literature study. J Telemed Telecare. 2007;13:303-9.
- 6. Scott R E, Lee A. E-health and the Universitas 21 organization: 3. Global policy. J Telemed Telecare. 2005;11(5):225-9.
- 7. Chandrasekhar C P, Ghosh J. ICT and Health in Low-Income Countries: the potential and constraints WHO Bulletin. 2001;79(9).
- 8. European Commision. eHealth priorities and strategies in European countries. Brussels; March 2007 Contract No.: Document Number.
- 9. Donahue M, Dixon M. Regulating Telehealth in Ontario- next step in the transformation agenda. Telehealth Law. 2006;6(2):17-44.
- 10. Scott R E, Jennett P, Yeo M,. Access and authorisation in a Glocal e-Health Policy context. Int J Med Inform. 2004 Mar 31;73(3):259-66.
- 11. Khoja S, Scott R E, Casebeer A L, Mohsin M, Ishaq A F, Gilani S. e-Health readiness assessment tools for health care institutions in developing countries. Telemed J E Health. 2007 Aug;13(4):425-31.
- 12. Khoja S, Scott R E, Ishaq F, Mohsin M. Reliability Testing of eHealth Readiness assessment tools. eHealth Int J. 2007;3(1).
- 13. Khoja S, Scott R E, Casebeer A, Gilani S N, et al. Validating eHealth readiness assessment tools by using qualitative research methods eHealth Int J. 2007;3(1).
- 14. Hudson HE. Rural Telemedicine: Lessons from Alaska for Developing Regions. Telemed J E Health. 2005;11(4):460-7.
- 15. Silverman RD. Current legal and ethical concerns in telemedicine and e-medicine. J Telemed Telecare. 2003;9(Suppl 1):67-9.
- 16. Gayle A, Gray R.N, B. Hunndall Stamm, Sarah Toevs, et al. Study of Participating and Nonparticipating States' Telemedicine Medicaid Reimbursement Status: Its Impact on Idaho's Policymaking Process. Telemed J E Health. 2006;12(6):681-90.
- 17. Grigsby B, Brega AG, Bennett RE, et al. The Slow Pace of Interactive Video Telemedicine Adoption: The Perspective of Telemedicine Program Administrators on Physician Participation. Telemed J E Health. 2007;13(6):645-56.
- 18. Shannon G, Nesbitt T. Organizational Models of Telemedicine and Regional Networks. Telemed J E Health. 2002;8(1):61-70.
- 19. Cunningham R. Old before its time: HIPAA and e-health policy. Health Aff (Millwood). 2000 Nov-Dec;19(6):231-8.

- 20. Doarn C R, Merrell R C. Telemedicine and e-Health for International Medical Issues. Telemed J E Health 2005;11(6):621-3.
- 21. Schhmeida M, McNeal R, Mossberger K. Policy Determinants Affect Telehealth Implementation. Telemed J E Health. 2007;13(2):100-7.
- 22. Col. Ronald K, Detreville R, Lappan C, Barrigan CR. The U.S. Army Telemedicine Program: General Overview and Current Status in Southwest Asia. Telemedicine and E Health. 2006;12(4):396-408.
- 23. Nerlich M , et al. Teleconsultation Practice Guidelines: Report from G8 Global Health Applications Subproject 4. Telemed J E Health. 2004;8(4):411-8.
- 24. Jacobson PD, Selvin E,. Licensing Telemedicine: The Need for a National System. Telemed J E Health. 2000;6(4):429-39.
- 25. Eysenbach G. Towards ethical guidelines for e-health: JMIR Theme Issue on eHealth Ethics. Journal of Medical Internet Research. [Editorial]. 2000;2(1):1-6.
- 26. Powell J A, Lowe P, Griffiths F E, Thorogood M. A critical analysis of the literature on the Internet and consumer health information. J Telemed Telecare. 2005;11 Suppl 1:41-3.
- 27. Goldberg MA, Sharman Z, Bell B Ho K, Patil N. E-health and the Universitas 21 organization: 4. Professional portability. J Telemed Telecare. 2005;11(5):230-3.
- 28. Bower DJ, Barry N, Reid M, Norrie J. Designing and Implementing E-health Applications in the UK's National Health Service. *Journal of Health Communication*. 2005;10:733–50.
- 29. See A, et al. Operational teledermatology in Broken Hill, rural Australia. Australasian Journal of Dermatology. 2005;46:144-9.
- 30. Doarn C R, Merrell R C. A national strategy for telemedicine and e-health. Telemed J E Health. 2007 Jun:13(3):243-4.
- 31. Marshall S, Taylor W, Ghosh J. Closing the digital divide: transforming regional economies and communities with information technology (Chapter 3 & 4). CT: Greenwood Publishing Group, Inc; 2003.
- 32. Lim A C, Egerton I B, Shumack SP. Australian teledermatology: The patient, the doctor and their government. Australasian Journal of Dermatology. 2000;41:8-13.
- 33. Gagnon MP, Duplantie J, Fortin JP, Landry R, Exploring the effects of telehealth on medical human resources supply: a qualitative case study in remote regions. BMC Health Services Research 2007. 2007:7:6.
- 34. Varghese S, Scott R E. Categorizing the telehealth policy response of countries and their implications for complementarity of telehealth policy. Telemed J E Health. 2004 Spring;10(1):61-9.
- 35. Jennett P, et. al. Policy Implications Associated with the Socioeconomic and Health System Impact of Telehealth: A Case Study from Canada. Telemed J E Health. 2004;10(1):77-83.
- 36. Akalu R, Rossos PG, Chan CT. The role of law and policy in tele-monitoring. J Telemed Telecare. 2006;12:325-7.
- 37. Stanberry B. Telemedicine: Barriers and opportunities in the 21st century. *Journal of Internal Medicine*. 2000;247:615-28.
- 38. Stroetmann V N, Husing T, Kubitschke L, Stroetmann K A. The attitudes, expectations and needs of elderly people in relation to e-health applications: results from a European survey. J Telemed Telecare. 2002;8 Suppl 2:82-4.

- 39. Braubach L, Lamesdorf W, Milosevic Z, Pokhar A. Policy-Rich Multi-Agent Support for e-Health Applications.
- 40. Yellowlees P. Government relations, government regulations: jumping through the hoops. J Telemed Telecare. 2002;8 Suppl 3:S3:83-5.
- 41. Boyle J. Wireless technologies and patient safety in hospitals. Telemed J E Health. 2006 Jun;12(3):373-82.
- 42. Grigsby J, Rigby M, Hiemstra A, House M, Olsson S, Whitten P. The Diffusion of Telemedicine. Telemed J E Health. 2002;8(1):79-94.
- 43. Garfield MJ, Watson RT. Four Case Studies in State-supported Telemedicine Initiatives. Telemed J E Health. [Case Study]. 2003;9(2):197-2004.
- 44. Huston JL. Information governance standards for managing e-health information. J Telemed Telecare. 2005;11 Suppl 2:S56-8.
- 45. MacDonald-Rencz S, et al. The National Initiative for Telehealth Guidelines. Telemed J E Health. [Letter to the editor]. 2004;10(1):113-4.
- 46. Ministry Of Health and Social Affairs, Swedish Association of local Authorities and Regions. National Strategy For eHealth. Sweden; 2006 [updated 2006; cited 26 june 2008]; Available from: www.sweden.gov.se/health.
- 47. Mcintosh W A, Alston L A, Boother J R. Time Spent With Patients and charges to patients for speciality consultations using Telemedicine. Telemed J E Health. 2003;9(4):345-50.
- 48. Lacroix A, et al. International Concerted Action on Collaboration in Telemedicine: Recommendations of the G-8 Global Health care Applications Subproject-4. Telemed J E Health. 2002;8(2):149-57.
- 49. Wootton R. Telemedicine support for the developing world. J Telemed Telecare. 2008;14:109-14.
- 50. Stroetmann KA, Strtoetmann VN. Towards an Interoperability Framework for a European e-Health Research Area—Locating the Semantic Interoperability Domain. Brussels: WHO/EC Workshop on Semantic interoperability; February 2005 14-02-2005 Contract No.: Document Number.
- 51. Jennett P, et al. The Essence of Telehealth Readiness in Rural Communities: An Organizational Perspective. Telemed J E Health. 2005;11(2):137-44.