

Bridging the Gap – engaging doctors and health care professionals in eHealth

There seems to be a gap between technologists/regulators and health care professionals in eHealth. On one hand technologists and regulators seem to regard health care professionals as change averse and non-adaptive to eHealth solutions. On the other hand, health care professionals often feel that technologists are talking more about solutions in a distant future than solving “here and now”-problems of malfunctioning and poorly designed systems. They ask: “Why are you talking about AI when my frustration is the twenty clicks needed to register a simple procedure?”

The good news is that ambivalence, not negativism, reigns on both sides of this gap. Health care professionals are enthusiastic about well-designed eHealth solutions freeing time to patient contact. And many technologists and regulators also learn that the best and most sustainable solutions come with deep user involvement in all phases.

We need to bridge the gap, find a common ground, to bring eHealth in the right direction. To do this dialogue is needed. I have led a workgroup of health care professionals and patients’ organisations under the EU eHealth Stakeholdergroup on “New Balances – unwanted effects”. From these discussions it is obvious to me that if we want to bring eHealth forward we need:

- Discussions between health care professionals and technologists. Understanding each other – what we need and what is possible.
- To see unwanted effects of eHealth not as a threat but as a goldmine for improvements
- To measure effects and base our decisions on knowledge. We need Clinical informatics and clinical informaticians.

As a GP working from 1985 I have been through all phases of IT-development in General Practice. From nothing; paper and a ball-point pen, through the first simple EHRs to our present cascade of systems improving patient care not only through the EHR but also in safe sharing of information and communication between patient and health care professionals.



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Paradoxically our enthusiasm peaked in the beginning, when achievements were modest; “How great that I now can print referrals, sick-leaves and certificates without filling in patient name, birthdate and address every time”. Stupid design and thousands of bugs made no difference, we were happy. On our journey ahead, we seem to have passed a watershed in our attitude where unhappiness is the new feeling. We became demanding customers, annoyed by bugs, dysfunctions and lack of relevant solutions. And we are all unhappy for many different reasons. As Tolstoy puts it; “Happy families are all alike; every unhappy family is unhappy in its own way.” A common denominator is a feeling of losing valuable time to care for patients. But also, annoying details and bugs. When my X-ray referral system forces me to tick a pregnancy-box for every woman regardless of age, I feel stupid. Though it is good to give women in their nineties a good laugh. And I am getting the biblical story of Sarah retold again and again. Our focus is not the hype and hope of distant IT-solutions, but a cry for easy to use and relevant solutions. And vendors who fix the small detail that becomes a problem if you meet it fifty times a day.

Poor ICT solutions are said to be a major contributor to the growing problem of physician “burnout”. Factors are: feelings of frustration and disillusion, alienation and of losing control of work flow, being taken away from the goal and purpose of their work: caring for patients. Students,

"medical scribes", are employed to relieve the burdens of physician's EHR registration tasks. After repeated negative experiences many of us show signs of a negative Pavlovian conditioning. We are not meeting a new system with hope but wonder in what way it will increase my burden and take me away from my patients.

So, we forget our happiness, and must regularly remind each other of the leap forward eHealth has given Healthcare and Medicine. The UEMO eHealth Policy recognises this in the first paragraph: "The general practitioners of Europe are just as dependent on well-functioning ICT as on their stethoscope."

In our ambivalence we love eHealth and the opportunities it gives us and our patients for better care. That is why we need to be critical, demand documentation of effect and functionality and insist on relevance to our clinical practice.

We must decide on knowledge not feelings. eHealth should be no religious movement of "worshippers" fighting off the "infidels". Going to eHealth conferences and meetings I have always wondered why almost no presentations gives you a slide showing unwanted effects? This could be a starting point. Balancing the message will build trust and bring more health care professionals on.

We are all at the same end of the rope and need to pull in the same direction for better eHealth solutions and a bright future of improved patient care.

Let's meet and talk, throw away old prejudices and fulfill the UEMO slogan; "Happy doctors, happy patients and happy Government".

This is my personal view, I am not writing on behalf of eHSG or the EU.

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