

OSHCA 2003

Odyssee (and some concepts behind)

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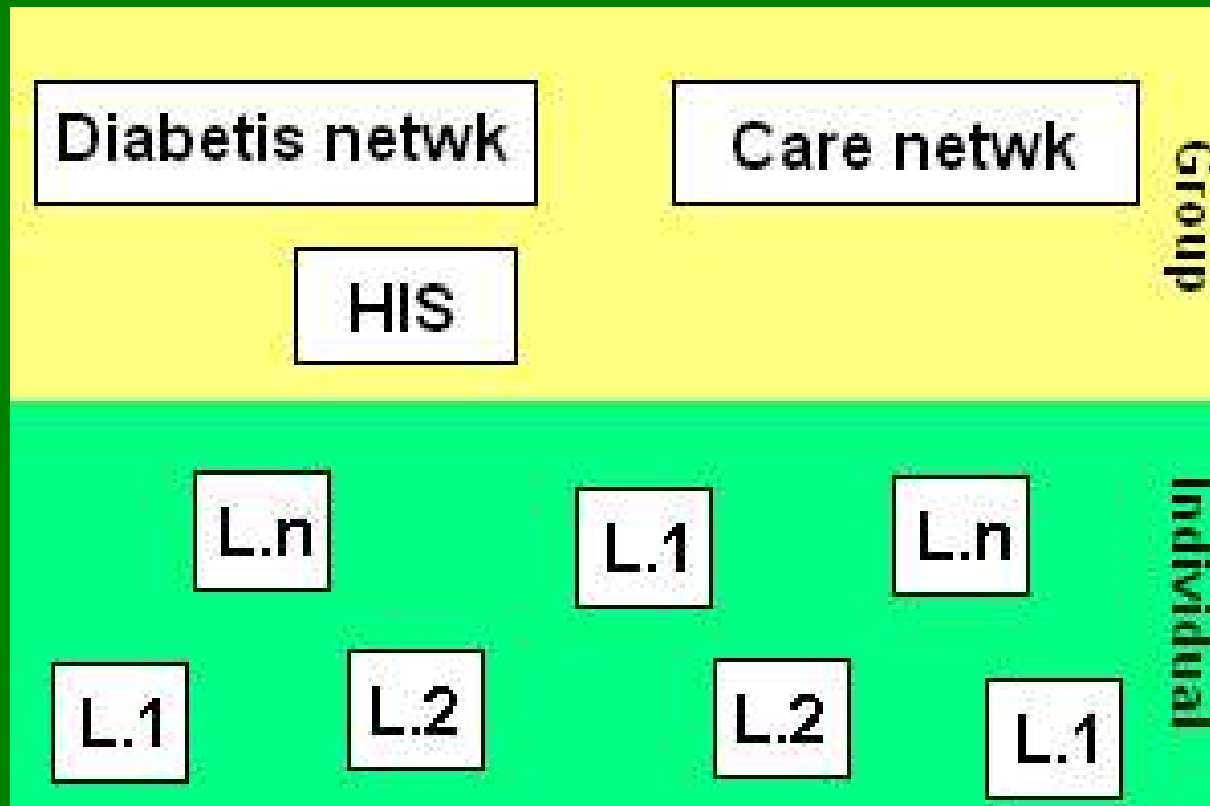
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The 2 levels

“small is beautiful” world

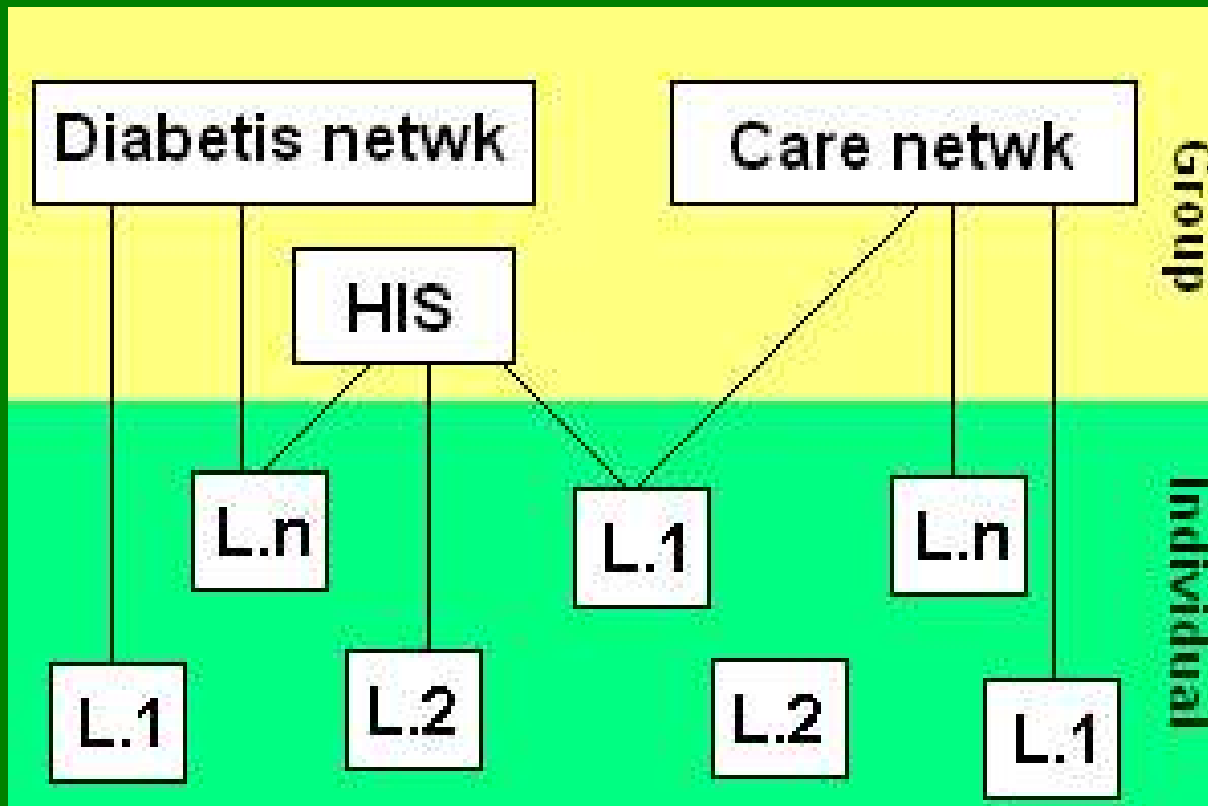
Can well describe the way health systems are currently designed



« Big systems » for hospitals and networks

« Small systems » for local use
(individual or small group)

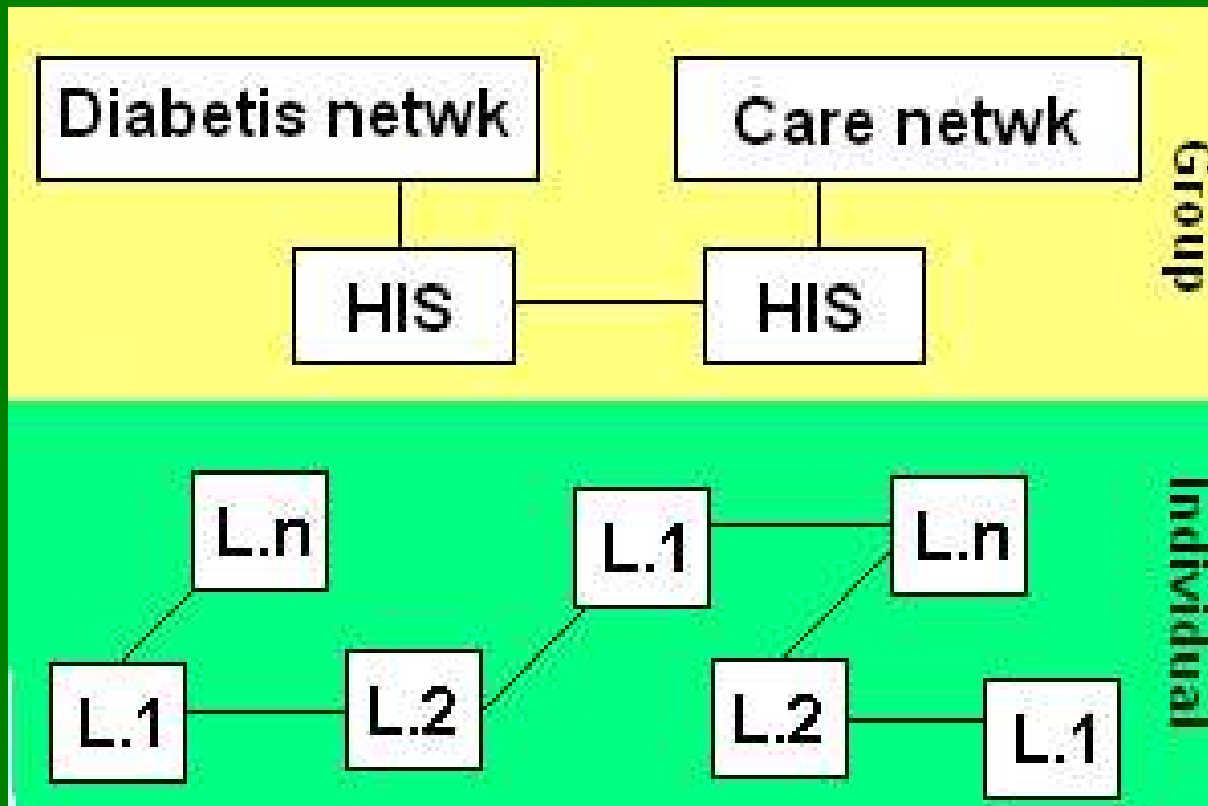
“small is beautiful” Intranets between individuals and groups



« Big systems » can share their data through Hospital portals and networks intranets

Web browsers, “universal light clients” allow easy individual secured access

“small is beautiful” Messaging between systems



Messaging standards, like EhrCom or HL7 allow communication between « peers »

Messaging systems enable secured and authenticated exchanges (smart card in France)

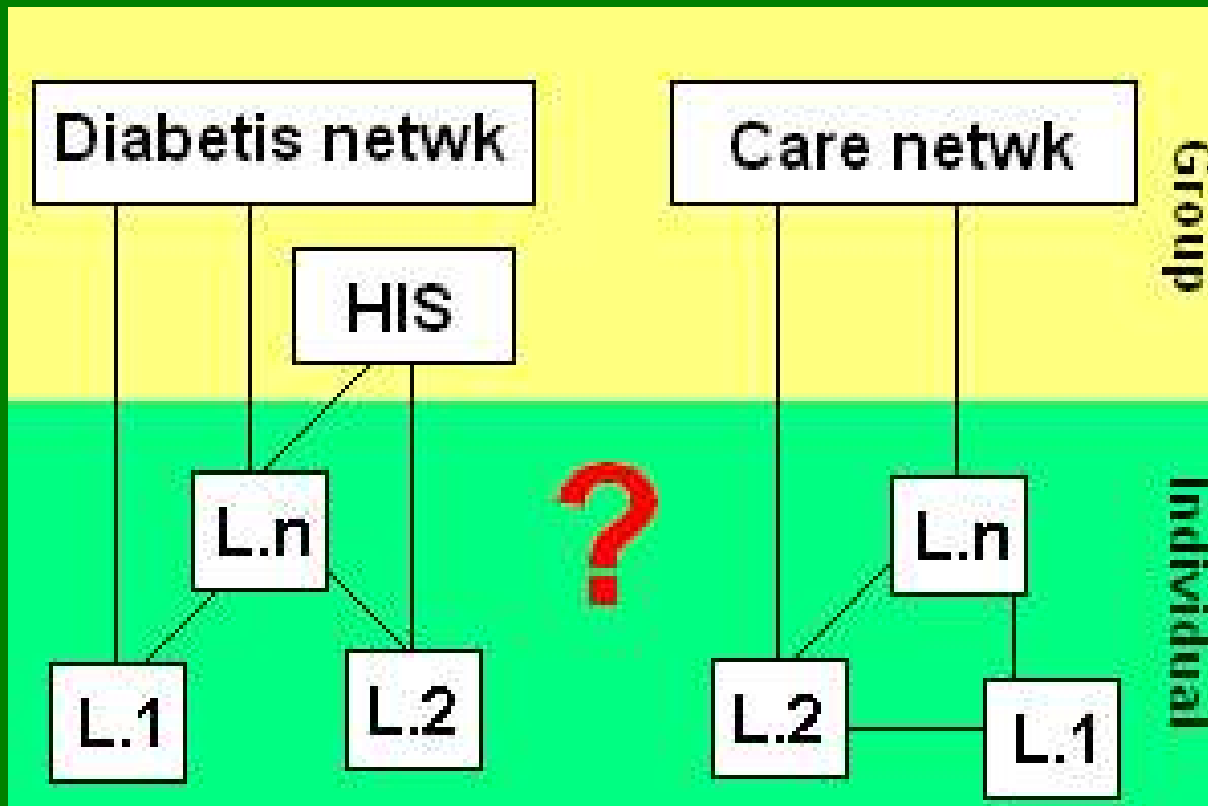
But...

The genuine issue to address is not to have
health professionals
communicate between each others,
but to provide them with the
proper tools for continuity of care

Are the « small is beautiful » technical solutions
extensible enough
to meet the requirement of continuity of care ?

Continuity of care

Synchronous dialogues tend to forget the future actors

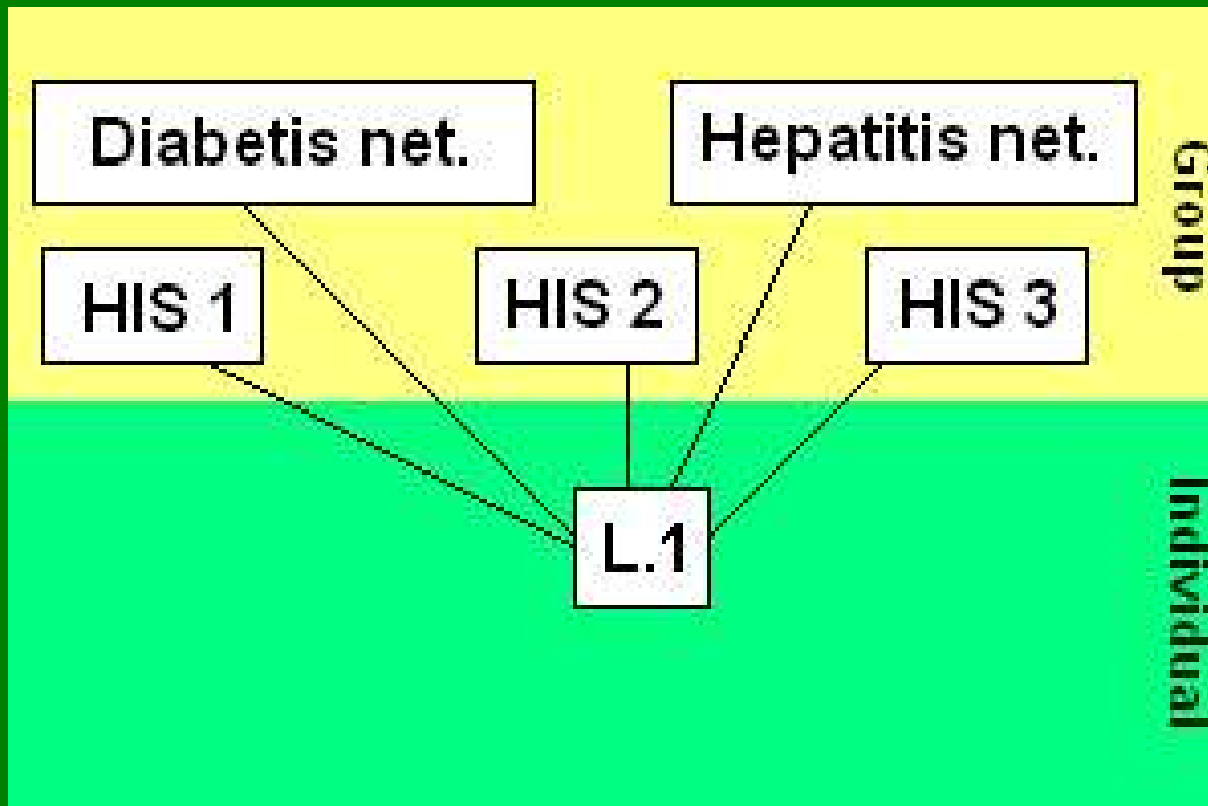


1 to 1 peers communication tends to create isolated communities

What is good for coordination of care is not enough for continuity of care

Multiple Extranets

An unbearable situation for non specialized professionals



Can you learn the way an extranet work for your 10 patients with diabetes, and another one for the 3 with hepatitis, and another one...

You certainly have time enough to connect to the hospital portal...
« but Doctor, I also went to this other hospital and to this clinic... »

So, it seems that if Small is beautiful More is different

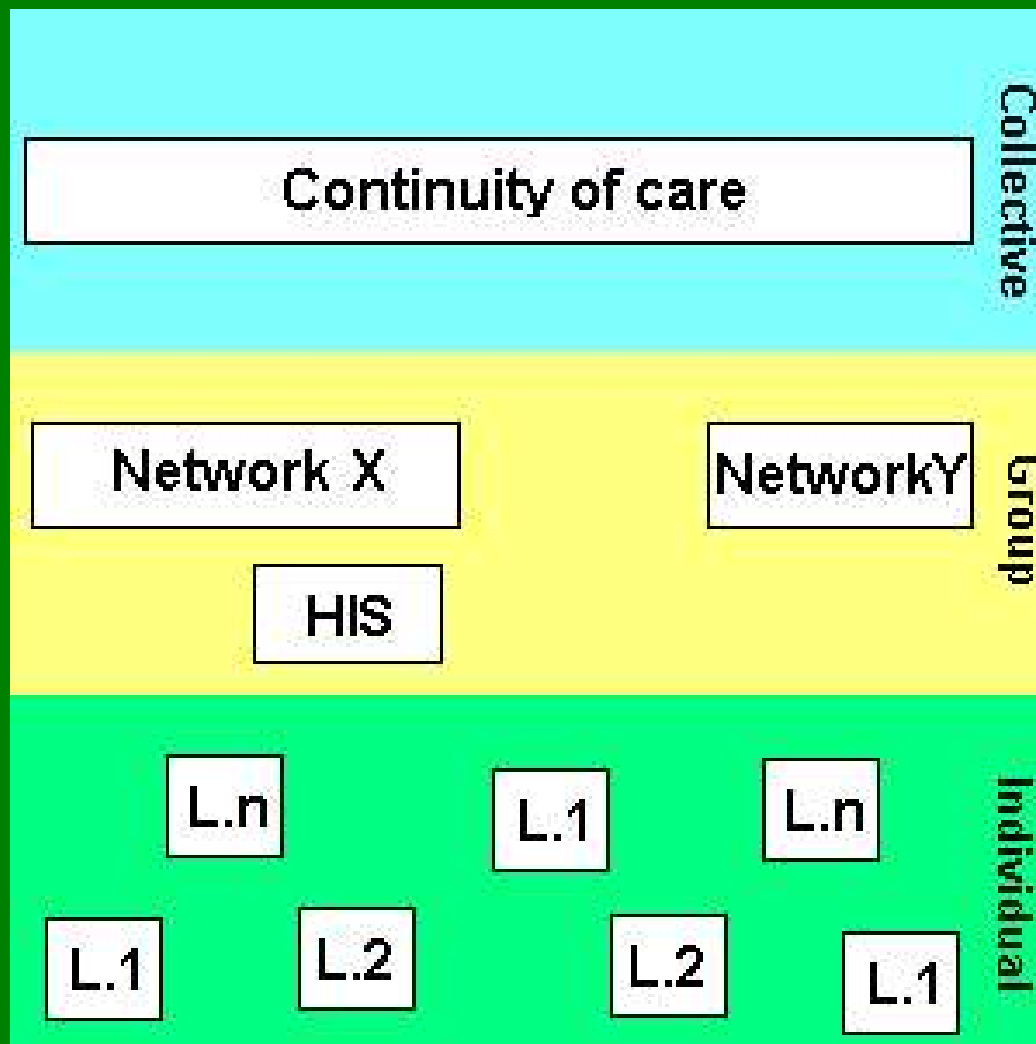
It is the way scientist explain why you can know everything about a sand grain, without to be able to understand the behaviour of a sand hill.

And it appears that there is the same complexity gap between the current health information systems design and what is required for continuity of care.

It was the starting principle of the Odyssée project.

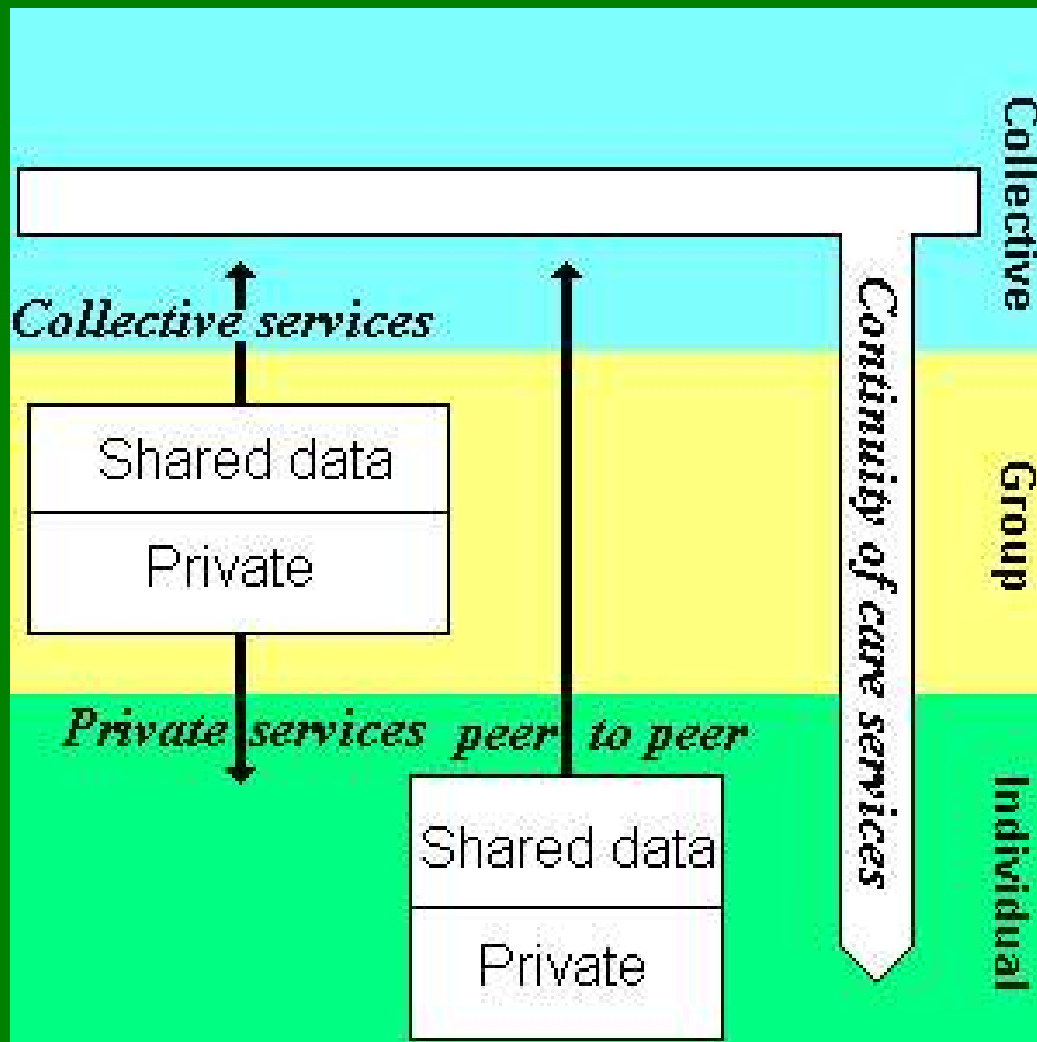
The 3 levels system

A collective level is dedicated to continuity of care



Subsidiarity

Informations are handled as close as possible from their producer



Collective level :
Data dedicated to continuity of care

Group level :
Documents with 24/24 availability

Local level :
Everything else

Collective data

A very specific set of informations
need to be shared between all actors

A Problem Oriented vision (or rather a Health concern Oriented vision) :

What are we working on ?

Descriptors of (and possibly pointers to) existing data :

What has already been done ?

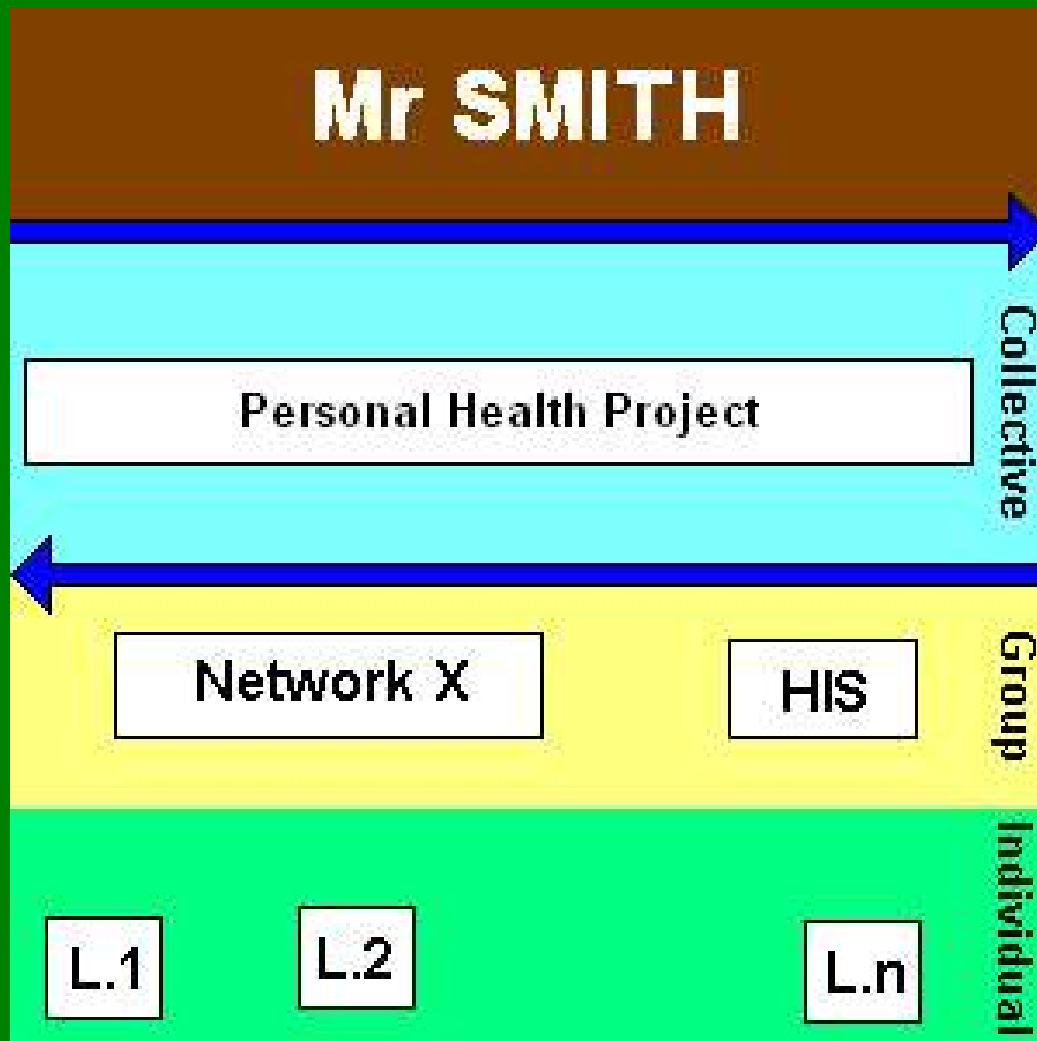
List of health goals :

What are the issues to address ?

We call it the Personal Health Project

Interface between 2 worlds

The Personal Health Project is shared between the person/patient and his care team



Intimacy – Personal
"I am in charge of my health management, I sometimes see Drs"

Interface between
2 sliding referentials

Easy to understand if we consider the agendas :
The HP one is full of patients
The patient one contains some HP + routine events

Professional
The information system is owned
by a care organisation
and see patients passing by

The Utility paradigm

We are no longer in the domain of information systems,
but really in the field of communication

The rules must change :
people won't use a system because it exists
and they have been asked to use it,
but because it is useful for them.

The *primum movens* must be to find where Utility lies
for the patient, the GP, the specialist, the nurse...

Because if each actor must believe that the
Personal Health Project has been designed especially
for him before he uses a collective sharing system

As a conclusion

Continuity of care was the initial goal...
...but we discovered a new world to conquer
And so much must be done !

In the technical field :
security, knowledge management, p2p, connexion of
heterogeneous data, standards compliance...

In the communication field :
explaining why shareable Electronic Medical Records coming from
hospitals or e-start-up won't succeed (and cost a lot),
even if these Small is beautiful solutions are ready « on the shelves »

Open source is the only way we can make it happen
And be certain this world will remain a free world

The current position

The non-profit Odyssee organisation is at work

Members of 6 Unions Régionales de Médecine Libérale
are officially members of the board

Odyssee's President Dr Jean-François Brûlet is now member of
a working group of the french Health Ministry

Odyssee is currently funded to provide the patients of a
Diabetis network with a Personal Health Project
(this network had been previously granted ½M euros to
buy a shared patient record system that was switched on and
definitively off during the same month)

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