Even when political, social, psychological and technological conditions are favorable, implementation of eHealth can be quite a challenge. In the Netherlands we have never had a Minister of Health who so vehemently supported the use of information and communication technology to improve health and health care as the current minister, Edith Schippers. In her latest Letter to the Parliament (last October, with seven extensive supplements), she reconfirmed the main policy objectives from her 2014 eHealth Letter. The letter states that in 2019:

• at least 80% of the chronically ill, and 40% of the remaining Dutch, will have immediate online access to their medical data;
• 75% of the chronically ill and frail elderly will be able to perform and upload self-measurements combined with tele-monitoring;
• everyone receiving homecare or home support will have 24/7 access to an online screen connection with a health care professional.

To facilitate an eHealth breakthrough, additional actions were announced with regard to making the right information available at the right time (e.g., universal personal health records, standardization, authentication); adapting the ways in which eHealth is financed (e.g., public-private partnerships, experimentation); sharing knowledge (supporting initiatives from practice, innovators and startups), and raising awareness among all stakeholders. This is deemed necessary for the public interests in accessibility, affordability, and better quality of health care in the future.

Recent data collected by the eHealth Monitor 2015 indicates that the Dutch increasingly want to organise their health care online. 70% of health care consumers see advantages to internet use in their current situation. Of these, 51% would use it for consulting medical or health information, 43% for filling prescriptions, 41% for making appointments, and 33% for accessing their own health records. Nonetheless, actual use is low. While 72% of GPs offer online prescriptions, only 29% of health care users are aware of this service and merely 15% actually make use of it. Asking questions via e-mail or websites shows the same meager figures (58%, 14%, 4%). Very few health care consumers (0-1%) have had online access to their health records, though many (40-46%) would like to. 19% of consumers engage in self-tracking physical activity, while 7% record information online on treatment or doctor’s visits. Furthermore, only 6% of those in mental health care received some form of blended care (online treatment in combination with face-to-face treatment). For those in online treatment, low adherence is a serious problem that requires empathic, user-adaptive approaches such as those seen in persuasive health tech. At the side of health care providers we see the same picture: in home care and nursing homes the use of online medicine dispensers (19%) and video calls (23%) increased compared to 2014, but it is still not common. Electronic record keeping is widely used in the cure sector (89%) but not in care (50%). While electronic information exchange varies greatly depending on the type of provider that GPs or medical specialists communicate with (hospital, pharmacy, laboratory, care centre, etc.), it is nowhere near 100%. Among health care professionals, preparedness for eHealth is slowly growing.

This ambiguous picture is quite amazing and most probably not what you thought. A relatively highly educated and tech savvy population, Dutch people make use of all sorts of online and mobile services for shopping, banking, traveling and a range of other activities in the commercial sector. By all indicators online and mobile connectivity and penetration have ranked among the highest in the world for years. In the background exists a growing, and appreciated, academic interest (three new eHealth professors in 2015) and a booming creative and innovative industry inventing social technologies for global consumer markets. Yet the application of eHealth in the Netherlands is fragmented and at a small-scale level. How come?
For some years now, it has been clear that four factors preclude the up-scaling of eHealth: financial issues, issues of familiarity, standardization issues and lack of direction. Pecuniary matters such as (perceived) concerns regarding reimbursement, weak entrepreneurship or lack of business modelling have been known to impede the adoption of eHealth. A lack of knowledge among both professionals and patients of what eHealth could offer is also a recognized obstacle. Considered to be either boring or complex, enduring problems with standardization are the third major problem. If the basics of data exchange within and between health care IT systems (interoperability) aren’t right, nothing can be right. The last identified hindrance is that though many interesting initiatives are blooming (e.g., social robotics, shared decision-making, process optimalisation, app development), central direction is lacking within institutions, within regions, within the country. We have a severely compartmentalized health care system which often defies innovation.

These observations inspired six important stakeholders to agree on a 5-year ‘covenant eHealth Governance’ (Dec. 2013) to cooperate in order to remove obstacles in these four areas. Participants are the Royal Dutch Medical Association (KNMG), the professional federation of physicians; the Dutch patients federation (NPCF); the national organization of health care insurers (ZN); Nictiz, the Centre of expertise for standardization and eHealth; VZVZ, the association of health care providers for care communication responsible for exchange of medical data via an established secure infrastructure; and the Dutch National Health Care Institute, with statutory tasks in health care coverage and health care quality. They select some promising, interdependent eHealth projects that are hampered in their expansion by issues of finance, familiarity, standardization or direction. In the background, and in cooperation with the respective project leaders, the stakeholders work to remove such obstacles, if necessary at the highest possible level. Alongside other dynamics in practice and policy, this modest governance approach seems to work.

At end of the day eHealth is just Health. It is not really about technology. It is about implementation of innovations, of new ways to deliver health care: better, cheaper, faster. Professionals and patients have to adapt to new positions, new competencies and responsibilities. These behavioral and cultural changes require inherent motivation rather than external enforcement. The art of improvement, the science of implementation.

At the National Health Care Institute, we are currently preparing advice to the government as to what should be done now to restructure our health professions and educational system, extrapolating from today’s social, technological and health trends, to be ready for the year 2030. A central aspect of implementing these crucial changes to our health system is a strong, measured approach to governance.

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