

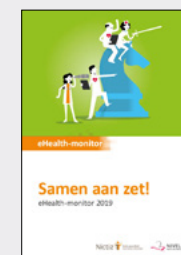


Necessity and added value

Theme discussion 1
eHealth-monitor 2019

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This theme discussion is part of the report [eHealth-monitor 2019](#). It describes the use of and experiences with IT applications with regard to illness and health that can be used by healthcare users themselves in their own environment. The most important findings and possible follow-up steps are listed at the start of this theme discussion. This is followed by a more detailed description of the research results. The text refers to tables that are provided in the [tables annex](#).



Report
eHealth-
monitor 2019



Tables Annex
eHealth-
monitor 2019

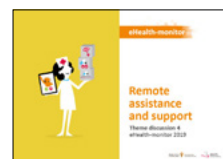
See also the other online theme discussions



Online access
and contact



Self-management and
telemonitoring



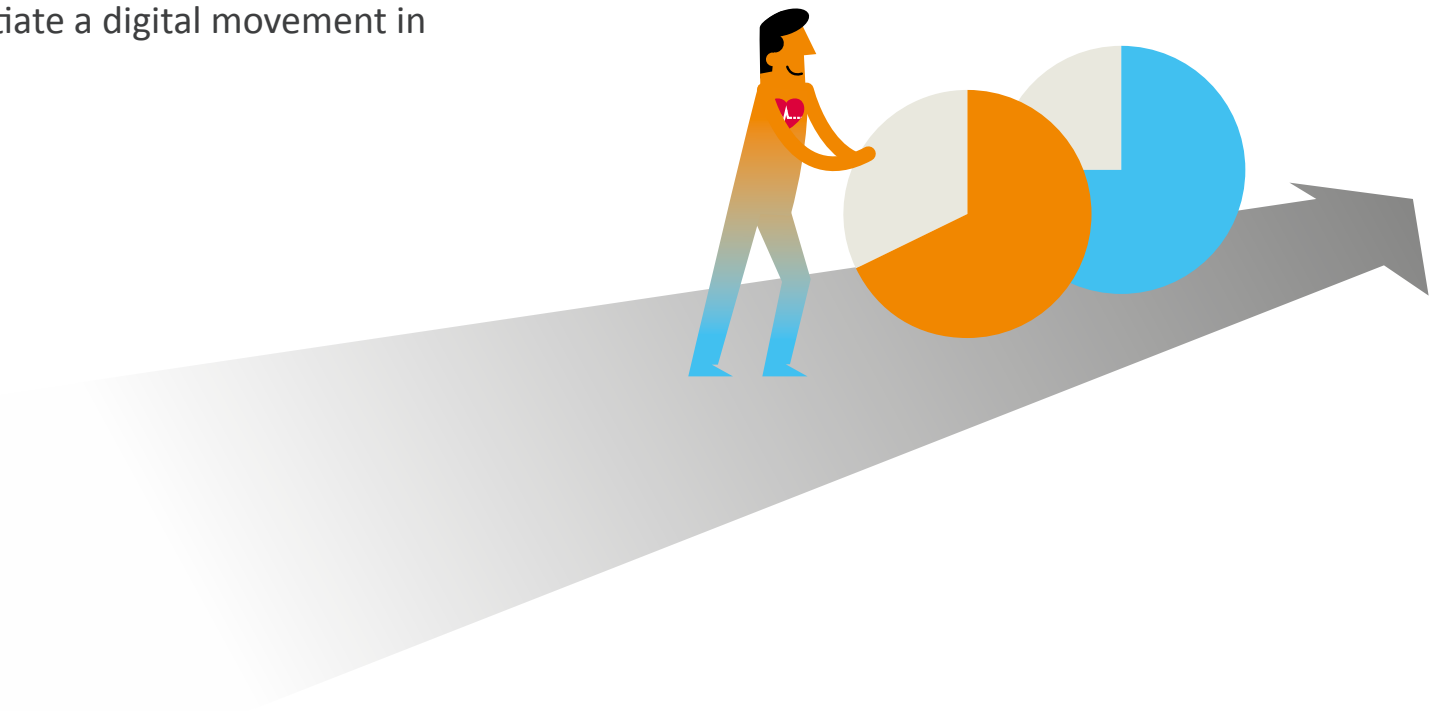
Remote assistance and
support



Electronic data exchange and communication
between healthcare providers

Necessity and added value

Healthcare providers and healthcare users are more likely to embrace eHealth if using it contributes to solving problems in healthcare. Current pressing problems in healthcare are: high administrative burden, shortage in the labour market, 'unnecessary' healthcare demands and inadequate exchange of information between organisations¹. Seeing the necessity and added value is essential for healthcare providers and healthcare users to start using eHealth² and initiate a digital movement in healthcare³.



Discussion of the most important findings

Workload is a common and urgent problem

This eHealth-monitor shows that workload is a common and urgent problem for doctors and nurses. That this is an urgent problem was already clear from the CBS Employer Survey on Healthcare and Wellbeing; no less than three quarters of the general practitioners indicate that their workload increased during the past year⁴.

eHealth can reduce the workload provided the right conditions are in place

Healthcare providers expect that eHealth will help reduce their workload. However, in order for this to happen it is important that the right conditions for practical application are in place. In their daily practice, nurses and doctors often find that IT applications for healthcare don't really correspond to the demands and procedures of the medical practice. This is why in practice, eHealth is still frequently experienced as a negative; healthcare providers often see eHealth as yet another thing they have to deal with. The IT applications themselves also need to be reliable, intuitive and user-friendly. For example, many respondents indicate that limited WiFi connection and compatibility with their own systems is a problem (see also Theme

Discussion [Electronic data exchange and communication](#)). If eHealth is going to result in workload reduction, the technology needs to work properly and should be geared towards the users. Patients and healthcare providers also need to have the skills to use the IT applications, and digital applications have to be integrated as much as possible in the (integrated) healthcare process, with the right healthcare (task) in the right place⁵ (see also Theme Discussion [Self-management and telemonitoring](#)).

Healthcare providers are more enthusiastic about IT applications than healthcare users

This seems to be a good time for renewed efforts to promote eHealth, because this monitor analysis shows that a large percentage of doctors and nurses are enthusiastic about using eHealth. The majority of doctors and nurses (59-81 percent) want to use IT applications in healthcare. This enthusiasm is less evident among healthcare users and people with a chronic condition: some of them are enthusiastic and/or want to use IT applications in healthcare (40 and 33 percent) and some still have reservations (35 and 40 percent).

Possible follow-up steps

- Make sure that the conditions are in place so the eHealth application works properly. This includes technology (e.g. reliable ICT, connections, geared towards end users) as well as the organisation of the (integrated) healthcare (e.g. redistribution of tasks, process optimisation) and other conditions (e.g. shared standards, room for innovation, funding, research)⁶.
- Healthcare institutions should work together with other parties in the network to develop a concrete plan for reorganising healthcare and for the role of eHealth in this, with particular consideration of the long-term benefits. The proper integration of eHealth in the healthcare process requires investment if it is to actually contribute to resolving the issues in healthcare.
- The difference in availability, use and potential use suggests that there is still not enough awareness of the possibilities and that it is important to keep working on education and communication.

Patients experience fewer problems with healthcare than healthcare providers

Healthcare providers experience a lot of problems in terms of workload, particularly in the area of administrative burden (46-57 percent of the nurses, 74 percent of the doctors)) (Figures 1.1a and b) (Figures 1.2a and b). Another common experience for nurses is that when a colleague falls ill, this immediately causes major problems (37-51 percent). Many doctors indicate that they are often unable to finish their work during regular work hours (62-73 percent). Many healthcare providers consider these problems urgent (Tables 1.2-1.6). At the same time, less than a quarter of the healthcare providers indicate that they don't have enough time to provide high quality care.

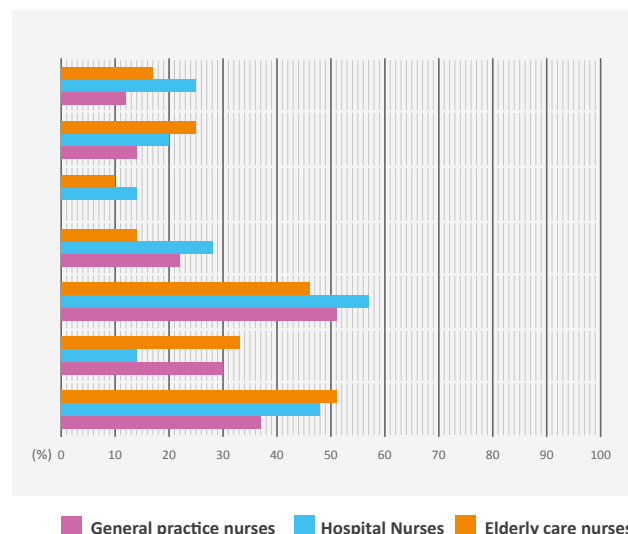
Healthcare consumers don't experience the same sense of urgency. About seven out of ten healthcare users and three quarters of the people with a chronic condition don't experience any problems with regard to the care they receive (Table 1.1).

ICT in healthcare can reduce the workload if certain preconditions are met

Almost all healthcare providers indicate that IT applications in healthcare can affect the workload (Figure 1.3). About half of the healthcare providers are of the opinion that IT applications in healthcare

Figure 1.1a

Nurses
Percentage indicating that a particular situation often or always occurs in healthcare; in 2019



Clients have to deal with long waiting times in my organisation/at my department

I don't have much time to offer high quality care to clients

Clients are refused in my organisation/at my department because of understaffing

Clients receive care at our organisation for longer than advisable because there is no room anywhere else

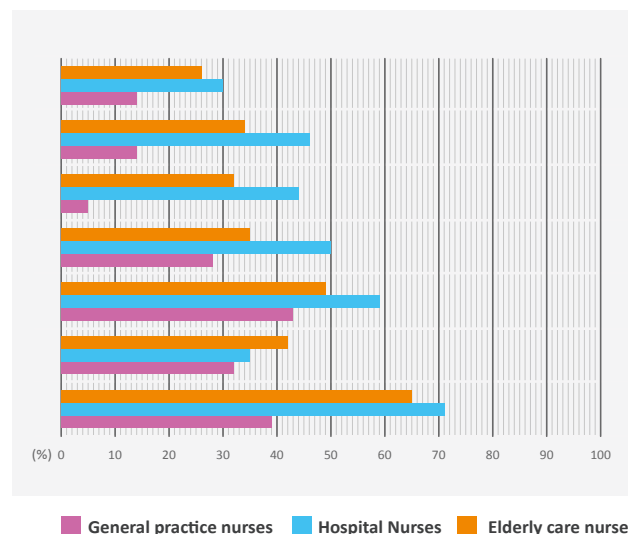
I experience a high administrative burden

I don't get all my work done during regular work hours

When a colleague becomes ill it immediately causes major problems

Figure 1.1b

Nurses
Percentage indicating that a particular situation in healthcare is urgent; in 2019.



Clients have to deal with long waiting times in my organisation/at my department

I don't have much time to offer high quality care to clients

Clients are refused in my organisation/at my department because of understaffing

Clients receive care at our organisation for longer than advisable because there is no room anywhere else

I experience a high administrative burden

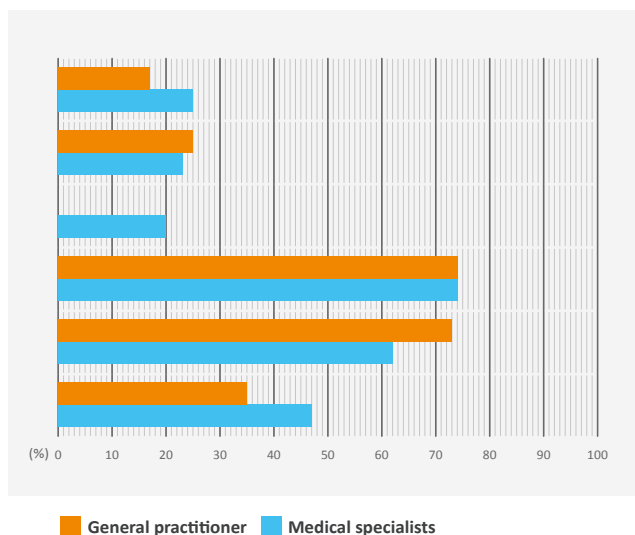
I don't get all my work done during regular work hours

When a colleague becomes ill it immediately causes major problems

Figure 1.2a

Doctors

Percentage indicating that a particular situation often or always occurs in healthcare; in 2019



Patients in my practice have above-average waiting times for appointments (compared to the Treek standard)

I don't have much time to offer high quality care to clients

Patients are refused because of understaffing in my department

I experience a high administrative burden

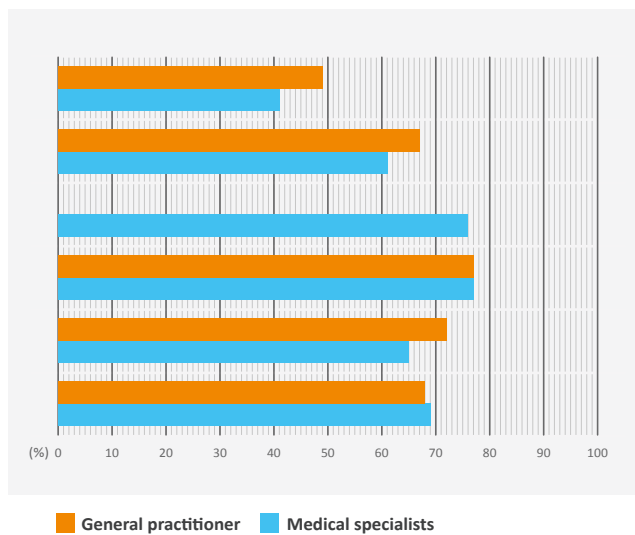
I don't get all my work done during regular work hours

My practice has difficulties filling job openings

Figure 1.2b

Doctors

Percentage indicating that a particular situation in healthcare is urgent; in 2019.



Patients in my practice have above-average waiting times for appointments (compared to the Treek standard)

I don't have much time to offer high quality care to clients

Patients are refused because of understaffing in my department

I experience a high administrative burden

I don't get all my work done during regular work hours

My practice has difficulties filling job openings

can either reduce the workload or make it worse. The nurses in elderly care indicated most frequently that ICT can reduce the workload in healthcare.

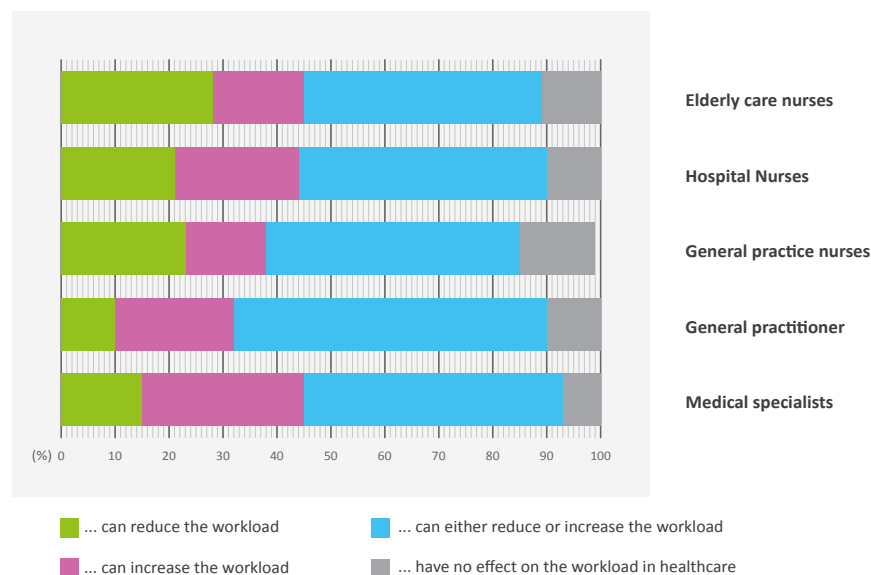
According to healthcare providers, the eHealth aspects that can help reduce the workload are: efficiency and time saved due to improved organisation and accessibility of patient records, reduced administrative and record-keeping burden and replacement of (healthcare) tasks, for example by having the patient be more actively involved. On the other hand, healthcare providers are experiencing or expecting the lowering of the healthcare threshold to result in increased patient demand. Poorly functioning IT applications, infrastructure or connections cause even greater delays and an increased record-keeping burden, which in turn increases the workload. Healthcare providers also feel that implementing the technology in healthcare and learning how to use the technology takes a lot of time (Box 1.1).

Healthcare providers are enthusiastic about using digital healthcare applications

Despite differing expectations regarding the effect of ICT in healthcare on the workload, more than 70 percent of the nurses and about 60 percent of the doctors are enthusiastic or at least willing to use digital healthcare applications (Figure 1.4). They expect that the added value of various other aspects

Figure 1.3

Healthcare providers
Percentage indicating to what extent ICT in healthcare can affect the workload in healthcare; in 2019.



Box 1.1**Nurses and doctors**

Stated reasons for why ICT in healthcare can reduce or increase the workload.

It can reduce the workload because...	
Time saved because of improved record keeping and remote access	<p>"...you can quickly send or provide access to a client's information. This enables doctors to respond – remotely – to a situation faster." (nurse in elderly care)</p> <p>"...it's easier to review a client's data without the need for patient contact first." (nurse in general practice)</p>
Time saved because of reduced administration and/or record keeping	<p>"...patient data are processed faster, and in a way that is more protocol-based and less subjective." (hospital nurse)</p> <p>"...it enables uniform record keeping, so the data can be used across different systems." (medical specialist)</p>
Time saved because of replacement of (healthcare) tasks and patient involvement	<p>"...you only have to respond to notifications. You can monitor several patients remotely." (hospital nurse)</p> <p>"...it means I don't have to do visitations, because they patient can compile the information at home and send it to us." (nurse in general practice)</p>
It can increase the workload because...	
The infrastructure, connection or technology doesn't work properly	<p>"...IT applications frequently don't work due to limited WiFi connection, so it's not possible for example to securely share medication data. The system is often overloaded as well. When it works it's fine, but when it doesn't work it causes a lot of delays." (nurse in elderly care)</p> <p>"...insufficient compatibility with our own systems, interface not user-friendly so it's not intuitive. (general practitioner)</p>
System failure causes major problems	<p>"...a system failure means that everything comes to a halt ... this can cause dangerous situations and more work for us because we have to keep an eye on everyone." (nurse in elderly care)</p>
Increased record-keeping burden	<p>"...it used to be a single page; now you have to click your way through 12 pages." (hospital nurse)</p> <p>"...because there is no uniform standard and the work and administration is even more fragmented". (general practitioners)</p>
Working with the technology is time-consuming	<p>"...not all my colleagues are able to handle the digitalisation. For older clients the digitalisation is happening too fast as well." (nurse in elderly care)</p> <p>"...You have to learn how to use it: it changes constantly, and often it's not compatible with another system, which means it takes more time. On top of that, our automation people aren't good at explaining it". (general practitioner)</p>
Proper implementation in the healthcare process takes time.	<p>"...employees need time to learn how to use it ... it also requires modifications in the healthcare process. Changing 'old habits' is not that easy ..."</p> <p>(nurse in elderly care)</p> <p>"...it takes time and energy to become familiar with it ... except you don't have that time because your schedule is booked solid." (nurse in general practice)</p> <p>"...efficiency doesn't happen until you've made a significant time investment in aspects like data entry, getting used to a system, learning how to update records in the new system" (medical specialist)</p>
Increased healthcare demand	<p>"...I dread having to deal with non-medical professionals who have access to medical data, don't understand it, and then want to talk me right that second. It's stressful." (general practitioner)</p> <p>"... decision-support software can lead to an increase in the number of notifications and/or a continual flow of information that I have to deal with". (medical specialist)</p>

of eHealth will be experienced at a later stage, such as: convenience for the patient (video conferencing) (Tables 4.11 and 4.13), promoting patient safety (monitoring technology) (Table 4.20), enabling patients to make decisions about their healthcare (patient portal) (Table 2.18) and promoting patient self-sufficiency (telemonitoring) (Tables 3.9 and 3.10).

About half of the healthcare consumers see the added value of IT applications in healthcare. Expected benefits are: improved access to healthcare, control over your own health and lower healthcare costs (**Figure 1.5**). Nevertheless, contrary to the healthcare providers, only a minority of the healthcare consumers (40 percent) and people with a chronic condition (33 percent) are enthusiastic about using (or trying) eHealth (**Figure 1.4**).

This might be because they do not experience a lot of problems with their current healthcare, so they don't feel a similar need to learn a new way of doing things. Another reason might be that not everyone is aware of the added value of eHealth. The 2018 eHealth-monitor showed that people are not likely to change unless they see the necessity or usefulness³. Since healthcare providers, especially nurses, are more enthusiastic about the use of digital applications, they are in a perfect position to educate and assist healthcare users in this process so they will experience the added value of eHealth and become more willing to use it.

Figure 1.4
Healthcare users,
people with chronic
conditions and
healthcare providers
Percentage with a
particular opinion on
IT applications in
healthcare
(compilation of
responses);
in 2019.

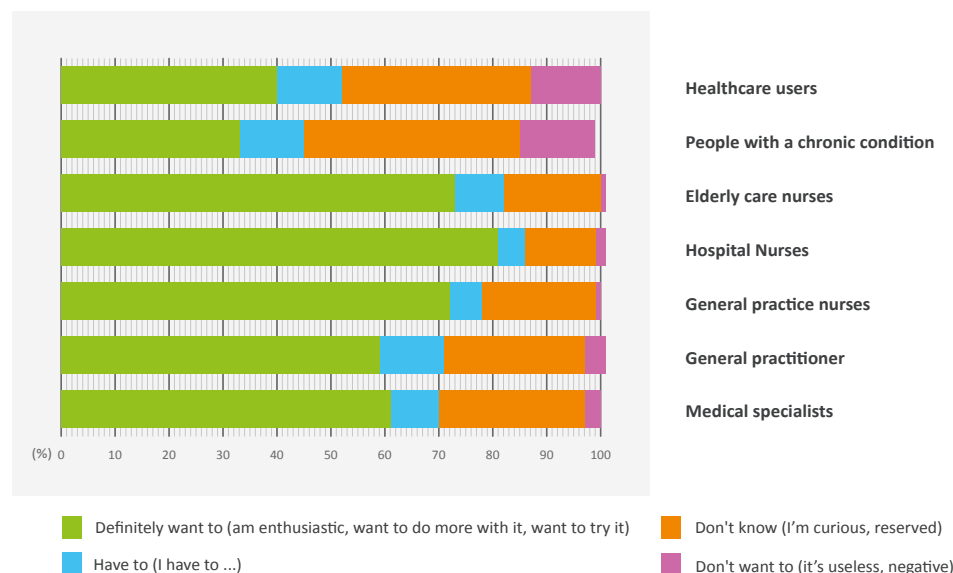
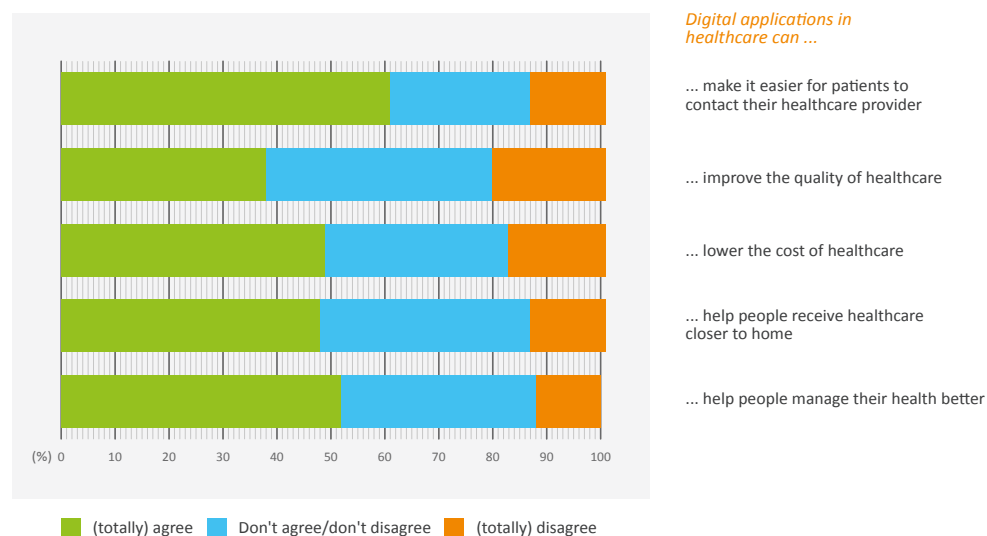


Figure 1.5
Healthcare users
Percentage that
indicates to what
extent digital
applications can
contribute to
healthcare; in 2019.



Swinkels, I., Huygens, M., Wouters, M., Groot, J.F. de. (2019). Nivel Verbindt: E-health... een oplossing op zoek naar een probleem? Utrecht: Nivel.

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This theme annex is part of the eHealth-monitor 2019.

The other parts are: the research report,

4 other theme discussions, the tables annex and the infographic.

These documents can be downloaded from www.nictiz.nl and www.nivel.nl

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