

eHealth vs eGovernment

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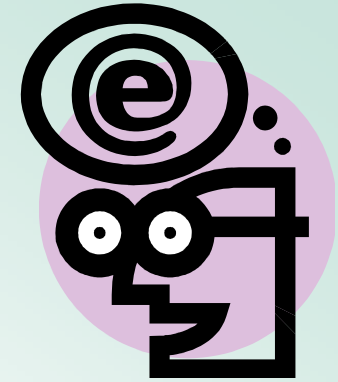
Background



eHealth is the use of emerging information and communication technology, especially the Internet, to improve or enable health and healthcare (*What is eHEALTH (4): A scoping Exercise to Map the Field, Jmir 7(1) Mar. 2005*).

In a broader sense, the term characterizes not only a technical development, but also a way of working, an attitude, and a commitment for networked, global thinking, to improve health care locally, regionally, and worldwide.

Background

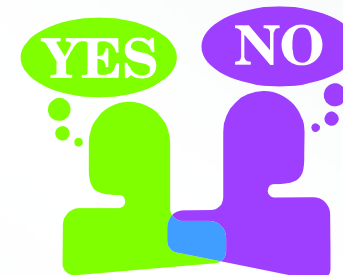
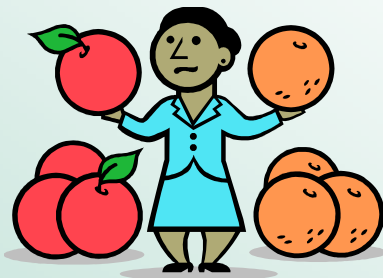


eGovernment has been defined as the use of Information and Communication Technology (ICT), and particularly over the Internet, to achieve better government (OECD, 2003).

On the other hand, eGovernment is not simply the process of interpreting the available procedural functions on an electronic platform. Rather, it calls, today, for rethinking the way, the government functions to improve some process, to introduce new ones and to replace others.

Objective

The objective of this study is to identify the possible differences as well as similarities or overlapping between eHealth and eGovernment.



eHealth



The term **eHealth** encompasses a set of disparate concepts, including **health**, **technology**, and **commerce**.

Health, usually referred explicitly to health care as a process, rather than to health as an outcome. This is as expected; there is no consensus on the meaning of the word *health* per se, the definitions of which range from a narrowly construed “*converse of disease or infirmity or when disease or infirmity is absent*” to the “*health is a state of complete physical, mental, and social well being and not just the absence of disease or infirmity*”.

The widespread use of the term suggests that eHealth is an important concept, and the term is a useful “tool” to express that concept.

eGovernment



e-Government (from electronic government, also known as e-gov, digital government, online government or in a certain context transformational government) refers to government's use of **information technology** to **exchange information and services** with citizens, businesses, and other governmental arms. e-Government may be applied by the legislature, judiciary, or administration, in order to improve internal efficiency, the delivery of public services, or processes of democratic governance that are realized in different ways depending on economic status and social maturity.

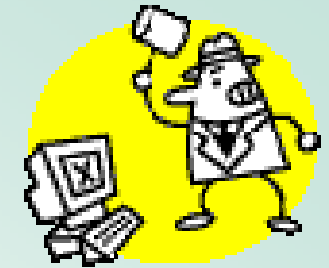
Relations



e-Health is considered to be one of eGovernment's **constituting components**.

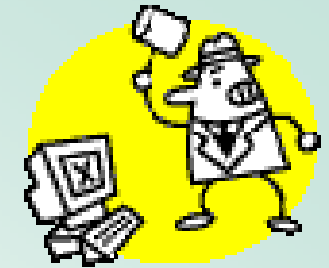
but

e-Health is a **superset** of e-Government with respect to design, business processes, applications, users, and in general characteristic but matching specifications.



Connections

- eGovernment without eHealth is not complete
- eHealth is global
- eGovernment needs accurate and usable information from eHealth
- eHealth needs to be mainstream (in line with eGovernment)
- eGovernment should set the scene for infrastructure, policy, cross borders and top level requirements
- eHealth needs the discipline, standards, good practice and scale from eGovernment
- eHealth & eGovernment working together will secure broader industrial investment

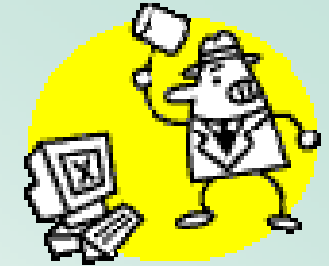


Implementation level

At the implementation level, a fundamental issue has been largely ignored:

It has been assumed, at least as evidenced by past projects, that health service applications are *basically the same* as any other application in business.

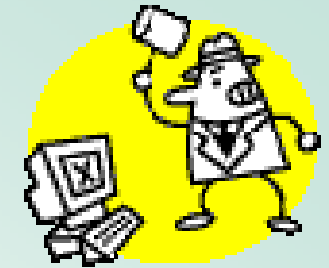
This is not the case; health care is *fundamentally different* from other sectors, whether public or private.



Enterprise model

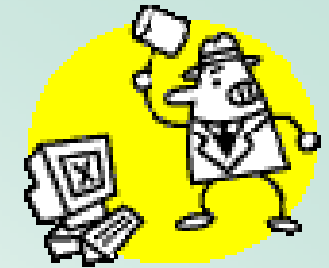
Health care IS has in practice adopted an "enterprise-type" model: the application of ICT supports business functions (such as payroll, CRM, and ERP). In the "enterprise model", communication is essentially the sharing of information supported through the IT infrastructure, rather than through person-to-person contact.

Yet health care demands person-to-person interaction for collaborative diagnosis, treatment assessment, planning, and decision making. Such interaction must be supported to a much greater degree in health care than in other sectors.



Confidentiality and Security

Another perspective has to do with **confidentiality and security issues**: the increased need for confidentiality makes eHealth systems **security critical**. In eHealth the protection of medical data, needs much more attention and the appropriate certifications than any other eGovernment component. And although there is a general data protection directive issued by EU, a **more specific code** is needed for health, which has not get into reality yet. At the same time, there is still no common approach, regarding the **owner** of electronic medical record (whether the owner is the patient himself, or the institution that keeps them).



Mobility and equal access

Finally, issues like **mobility** of today's patients and **equal access for all** to health services, affect eHealth much more and in a totally different way, than any other component of eGovernment.

Issues like these have to be addressed and resolved before any real implementation can take place.

Conclusion



eHealth is obvious part of the services that eGovernment wants to provide. But the relation between them is much more complicated.

In this paper we tried to find out these relations and we did not come into a clear conclusion.

In order to do that, much more factors have to be examined within various analytical levels.

What we feel and what we manage to prove is, that **eHealth** and **eGovernment**, do not share the same rules nor the same framework, regarding their implementation.