

MedCom 7

Project summary

2010-2011



An introduction to MedCom 7's six project lines and an invitation to local authorities, regions, hospitals and GP surgeries to take part in one or more of the subprojects.

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MedCom 7 – focusing on expansion

MedCom's standards are used to a wide extent in the healthcare sector. However, not all communication solutions have been fully disseminated. For example, in its report of March 2009 on cohesive patient processes, the Danish Supreme Audit Office (Rigsrevisionen) stresses the fact that not having yet fully implemented MedCom's standards creates a significant barrier to this process.

Continued dissemination of the existing standards is needed, and this is the ultimate aim of MedCom 7. Efforts will be concentrated around the five national projects: e-records, the local authority projects, the common medication card, telemedicine and surgery and laboratory medicine.



Telemedicine

In April 2008, the Board at Digital Health decided to initiate a programme for the increased use of telemedicine, home monitoring and self-care in connection with the implementation of the national strategy for the digitisation of the Danish Healthcare Service. Practical implementation of the programme has been delegated to MedCom.

Purpose

The purpose of the programme is to expand the practical use of modern concepts in telemedicine in the Danish healthcare sector and to support the patient's self-care with the use of home monitoring.

It is about:

- ensuring national implementation and dissemination of advanced telemedicine solutions.
- developing advanced telemedicine concepts for subsequent national dissemination.
- assessing national telemedicine concepts in respect of their benefit potential and adaptation to the Danish infrastructure.
- gathering and sharing knowledge about national and international telemedicine concepts in relation to current clinical and healthcare policy challenges in Denmark, including running a number of experience forums.

How the regions and local authorities can get involved

Both telemedicine projects have already been initiated, and the participating regions have been established.

In addition to the expansion of the tele-interpretation project already in progress in the hospital sector, it is possible for regions with interested GP surgeries to take part and local authorities that have a great need for tele-interpretation may also participate as spearhead authorities.

Interested regions and local authorities can take part in the tele-ulcer project as part of an advisory group aimed at using project results and experiences as a springboard for preparing the national dissemination of solutions.

The projects

Digital Health and MedCom have received DKK 41 million from ABT-Fonden for the implementation of a nationwide project in the field of tele-interpretation. In addition, ABT-Fonden has granted support of DKK 9.1 million towards spearhead activities in telemedicine for the assessment of ulcers.

MedCom is also in charge of managing the national telemedicine programme as a whole.

In the MedCom 7 project period, the most important activities within this project line are expected to be:

- Nationwide dissemination of tele-interpretation.
- Implementation of ulcer assessment using telemedicine.
- Responsibility for the management of the national telemedicine programme.

Ulcer assessment by telemedicine

In connection with the spearhead activities in the use of telemedicine for ulcer assessment, Zealand Region and Region of Southern Denmark, together with eight local authorities, are initiating the large-scale collaboration in the use of telemedicine with regard to diabetic foot ulcers between the local authority home care sector and ulcer experts at the hospitals. The eight local authorities are:

In Region of Southern Denmark: Odense, Faaborg-Midtfyn, Svendborg and Nordfyn.
In Zealand Region: Sorø, Kalundborg, Guldborgsund and Næstved.

The technological part of the project covers activities involving the integration of images and text between a web-based



ulcer record, the local authorities' ECR systems and the hospitals' EPR and PAS systems.

It is expected that the technological solution for collaborative work in telemedicine could be used with regard to other types of ulcer as well as diabetic foot ulcers.

Tele-interpretation

The primary aim of the tele-interpretation project is to secure national dissemination of language interpretation services by videoconferencing to the somatic and psychiatric hospital sector before the end of 2012. The project involves dissemination to all five regions as well as tele-interpretation trials in selected local authorities and GP surgeries. A secondary aim for the project is to secure the establishment of a national videoconferencing infrastructure, which in addition to tele-interpretation can be used in many other contexts in the field of telemedicine, e.g. interdisciplinary and cross-sector conferences.

Local authority projects

Local authority–hospital–GP surgery–pharmacist–physiotherapists

Digital communication can provide support to the healthcare-related communication that needs to take place according to the healthcare agreements between regions and local authorities. It is important to create a close connection between the contents of the healthcare agreements and the implementation of the communication tools. It is recommended that a common strategy be set up for the development of eHealth and the use of MedCom's standards in the communication between regions and local authorities.

The local authority projects in MedCom 7 are broadly based in the local authority part of the healthcare sector. This involves:

- Communication between home care services and hospitals, GPs and pharmacies.
- Exchange of rehabilitation plans, principally between hospitals and local authority training units.
- Healthcare communication in the form of the notification of births by the hospitals to the local authority healthcare services.
- Cooperation between the medical and social security authorities in the form of the exchange of LÆ forms between GPs and the local authority social security and employment market services.

More regions and local authorities are also seeking to support the exchange of electronic data for healthcare purposes regarding the progress of chronically ill patients. Several of MedCom's communication standards can be used in this regard. It will vary as to which standards are relevant, as different groups of personnel exchange different data depending on the activities.

Purpose

The purpose of the local authority projects

in overall terms is to facilitate and streamline the communication between the local authorities and the other players in the healthcare sector. Time can be saved, errors can be minimised and a higher level of quality can be achieved.

Projects

The MedCom 7 project period covers the following activities:

Expansion of home care services communication

Support of the healthcare agreements between regions and local authorities in the field of communication between the home care services and hospitals in the pilot implementation and dissemination of the standards for admission and discharge reports, nursing care plans and notifications of discharge. The home care-to-hospital standards have been drawn up in XML format. In addition to this, there is the expansion of the correspondence message for ad hoc communication and the monitoring and coordination of the simple notification communication.

Expansion activities in the field of rehabilitation

Expansion activities in the field of rehabilitation both in the regions and the local authorities, and with the local authority suppliers. Technical support is offered, while the monitoring of the need for technical adjustments is constantly assessed. Consideration should be given to a solution for MedCom's standard for electronic rehabilitation plans, DGOP, in the GP surgery systems.

Expansion activities in the local authority-GP surgery field

Support communication from local authorities to GP surgeries, which includes both

home care services and the local authorities' preventive facilities as well as the area of the LÆ forms.

The local authorities' preventive facilities are accessible via sundhed.dk. Some local authorities use a healthcare centre system in the field of prevention, while other local authorities are in the process of organising this. Currently, twenty local authorities use a healthcare centre system, ten of which comply with MedCom's standards. GPs and hospitals can use the existing hospital referral for referrals to the local authorities' preventive facilities. A number of local authorities offer a final notification via the discharge summary message. Developments in the area of preventive services can be followed via the KL and MedCom websites.

The electronic communication of LÆ forms has been implemented in several GP and specialists' systems and is now being disseminated to both local authorities and general practitioners. Right now, 25 local authorities are operational. The expansion of the LÆ communication through the local authorities is being handled by Kommuneinformation, while MedCom is handling the work regarding the dissemination to the GPs and coordination of the efforts and the collaboration with the suppliers involved.

Expansion of notification of births to the local authority healthcare service

Updating of the MedCom standard for "The Good Notification of Birth" and dissemination to the electronic child records in the local authorities.

Chronic illness

Work is being done using the existing MedCom communication standards as a starting point. At the same time, developments in central areas of cooperation are being monitored, such as the progress of chronically ill patients, process programmes, rehabilitation and home monitoring. It is presumed that these comprehensive and complex areas can, to some extent, be covered by the use of existing solutions, where thought can be given to bringing them together across MedCom's project lines and, possibly, in new contexts. MedCom will help ensure that the need for new solutions or communication standards can be identified, solved and/or reported to national partners. For example, solutions in the field of the progress of chronically ill patients, etc., may be coordinated with the developments at sundhed.dk and Digital Health, as data can be of interest in a number of contexts. At the same time, developments at national level can be followed for solutions for chronically ill patients.

Who is involved?

- MedCom would like to involve the regions in the dissemination of the notification of birth to the hospitals.
- MedCom's role in the LÆ form project focuses on dissemination to GP surgeries. Here, MedCom would like to collaborate with the regions to support this dissemination through communication and advice.
- There should be discussions as to which standards relating to communication between the home care services and hospitals are relevant to each region and local authority in respect of local healthcare agreements and the opportunities in hospital and local authority systems locally.
- It should be possible for both hospitals and local authorities to be able to accept electronic rehabilitation plans via MedCom's standard for rehabilitation plans, DGOP. Many local authorities are in the process of moving from correspondence format to DGOP format, while the hospitals still cannot receive electronically.

The Common Medication Card in the primary sector

Purpose

Expansion of the Common Medication Card (FMK), so that it is in general day-to-day use at all consultations, both with GPs and specialists.

Benefits

- All doctors and clinic staff will be able to use the Common Medication Card in their day-to-day work.
- The patients can receive better information about their medication.
- Improved safety in respect of the correct dosage and expected effect of the treatment.
- There should be a reduction in the number of cases of the wrong medication being given.
- Creates a comprehensive overview in a busy working day.
- Confidence that the medicinal information is up to date.

Background

The Common Medication Card is expected to have been developed and be ready for rollout to all GP surgeries from summer 2010. MedCom has an agreement for the development of the module with the suppliers of 12 different GP and specialists' systems, so it will be ready for use before June 2010. The following systems are included in the agreement: Profdoc Æskulap XMO, Novax Windows, PC-Praxis, Win PLC, MedWin, EMAR, Docbase, Ganglion, Profdoc Darwin, MyClinic, MultiMed Web.

The use of the Common Medication Card entails a somewhat different way of working and requires a change to work procedures for doctors and clinic staff. In addition, a number of new terms will need to be understood.

For this reason, therefore, the implementation of the systems in general practice and for specialists will require a significant effort, with the technical installation of the solution, including access to the Danish Healthcare Data Network (SDN), function testing at the clinic and the training of all the clinic staff in its use, as well as the monitoring and provision of help with problem solving and the correct use of the solution.

A total of 2,093 GP surgeries and 983 specialist practices will be making use of the Common Medication Card.

The project

The rollout project is taking place as a collaboration between MedCom and the individual region and requires an agreement concerning the project with each of the five regions.

Rollout to those GP and specialists' systems where the module is ready and has been

tested by MedCom will take place once the legislative base is in place, presumably in June 2010.

Agreements regarding the use of the Common Medication Card by doctors have not yet been arranged. Implementation will take place as each doctor enters into an agreement for this.



e-records

Background

The e-records project is about creating access to electronic record data supplied by Danish hospitals. The aim is to provide hospitals and GPs with access to relevant information regarding the patient's previous treatments, test results and information about allergies, medication intolerances, etc., as a supplement to the existing available information. At the same time, it is the aim to provide citizens with a better view of their own patient record and, thus, an increased awareness of their own illness and the basis for active participation in treatment and self-care.

Alongside the establishment of access to record data there is the intention to create a technical solution whereby clinicians will only be able to access record data where they have a treatment provider-patient relationship. In addition, citizens should also be able to monitor the clinicians' access to the citizen's own record data.

The e-records project is being accomplished through close collaboration between MedCom, the Danish Regions, sundhed.dk and the five regions.

The project

During the project period 2010–2011, most of the previous activities will continue unchanged, with the main emphasis on an actual expansion of use, improvement of the presentation and further improvement of the basic data. There will, however, be negotiations with the regions about possible new activities. These might be:

- The possibility of supplying information about allergies and medication intolerances from Copenhagen Capital Region and Region of Southern Denmark.
- The establishment of archiving data from defunct record systems in e-records.
- The investigation into the possibility of storing and displaying a pregnancy record from Central Jutland Region.
- The investigation into the possibility of gathering and displaying structured telemedicine data from patients in their own home – Central Jutland Region.



MedCom's tasks in relation to the project

- General project management – timely care.
- Coordination of improvement measures – release management.
- Coordination of supplier activities.
- Coordination of operational activities and operational information at hospitals and at sundhed.dk.
- Monitoring of data delivery and use.
- Audit of surgeries and access to hospitals.
- Secretariat support of the three e-records groups and ad hoc forums.
- Hotline for e-records users.
- Maintenance of information at sundhed.dk and medcom.dk.
- Participation in relevant working groups (incl. NPI, the IT Security Council).

Tasks faced by the regions in relation to the project

- Steering group representation (1 person).
- User group representation (1–2 persons, depending on the size of the region).
- Collection of user requests.
- Qualification of improvement suggestions.
- Issuing of test scripts.
- Testing activities for releases.
- "Operation".
- Administration of classic users (Mid/South).
- Audit – access to surgeries.
- Organisation/administration – right of access denied (forwarding denied).
- Information/dissemination to clinicians and citizens.
- Contact with citizens – questions/answers.
- Correction of incorrect record information.
- Data delivery and dissemination.
- Establishment of extracts from new systems.
- Continuous validation and random checks of data excerpts.
- Placement of orders (and financing) with suppliers.
- Payment to joint operation – total approx. DKK 5–6 million per year.



GP and laboratory projects

A number of MedCom projects were not fully completed in the MedCom 5/6 period. Several of these are related to the laboratory and referrals area. This is one of the reasons why there will be a number of activities during the MedCom 7 period that relate to the day-to-day electronic communication between the GP sector, the laboratories and the hospitals. The most important activities in this area will be:

- Dissemination of the PLO-XML format
- Dissemination of package referrals
- Dissemination of EDI/XML Partnership information
- Dissemination of ECG
- Dissemination of replacement personal IDnumber
- Correspondence with boards
- Dissemination of laboratory medicine

P1. Dissemination of the PLO-XML-format

Whenever a patient changes GP, the record information is moved from one doctor's computer system to another. Nowadays, this is mainly done using the PLO format; however, this is not entirely structured. The PLO format has now been developed further into an XML version, which from spring 2010 will also include records from dentists.

Purpose

To implement and disseminate the new version of the PLO format based on the PLO-XML version. All doctors will be able to exchange records in a structured format, and the basis will be created for patients to be given access to the records in an electronic format.

Participants in project

The project is designed for suppliers of GP, specialist and dentists' systems.

P2. Development and dissemination of package referrals

The usage of referrals to hospitals via EDI currently accounts for only around 50% of referrals. Among the reasons for this limited usage are that it is difficult to find the site numbers of the departments that are able to receive referrals, there is too little space to write the referral information and it is not possible to attach enclosures in electronic format. The introduction of the cancer packages and package processes in general means that there is a further need to create better conditions for the dissemination of the electronic referral.

Purpose

The project should ensure that all referrals to hospitals, including enclosures, can be sent electronically, primarily by focusing on package processes, and should create the foundation for the development of a dialogue-based referral solution for hospitals.

Participants in project

Regions and suppliers of GP and specialists' systems.

P3. Dissemination of EDI/XML – Partnership information

With the introduction and completion of SOR, the Healthcare System's Organisation Register, the basis has been created for the automatic updating of partner information in GP and specialists' systems. An agreement for fixed and regular updating will be established and introduced between MedCom and all the GP and specialists' systems so that the users of GP and specialists' systems can always find the relevant site number easily.

Purpose

The introduction of fixed updating of site number information, EDI/XML message types and package referral information in

GP and specialists' systems and automatic management of the conversion of VANS suppliers in terms of the EDI/XML message types that the sender and recipient can handle.

Participants in project

Suppliers of GP and specialists' systems.

	Authorities	GP and specialists' systems	Region
P0. Laboratory medicine 1–14			X
P1. PLO-XML		X	
P2. Package referrals		X	X
P3. Partner info. XML-EDI		X	(X)
P4. ECG		X	X
P5. EPNR/ECPR		X	X
P6. Correspondence -SST, LMS	X		

P4. ECG standardisation

Most ECGs are now recorded and stored electronically and can be displayed on a screen and usually also printed on paper. Currently, however, it is not possible to exchange ECGs between the various ECG suppliers' equipment. It would be reasonable, therefore, for a common standard for the exchange of ECGs to be used in the same manner as with the other MedCom standards.

Purpose

The purpose of the project is to set up a national standard for the exchange of ECGs, approved in the SDDS architecture group. The standard should be used for future exchanges of baseline ECGs in the healthcare sector. In addition to this, it should develop and offer an "open" ECG viewer which can display the chosen standards. The project should create unity among the suppliers of ECG equipment on the Danish market in supporting the chosen standards and provide a pilot implementation in order to test out the standards.

Participants in project

Regions and ECG suppliers.

P5. Introduction of national replacement personal ID number – EPNR/ECPR

The Coordinating Committee for Personal Data has approved a proposal to establish a national system for the allocation of replacement personal ID numbers in situations where a person is not entitled to an actual personal ID number. The solution has been available since July 2007. The project is now about the introduction of a national solution based on the central

allocation of a replacement personal ID number in all systems of the Healthcare System, including GP and specialists' systems.

Summary form showing surgery/laboratory communication.

Purpose

The introduction of a national replacement personal ID number for use in the healthcare sector, so that everyone uses the same numbering system when allocating personal ID numbers in cases where a normal civil registration number is not available.

Participants in project

Regions and suppliers of GP and specialists' systems.

P6. Communication between authorities and GPs

Some of the communication between the Danish National Board of Health, Danish Medicines Agency and GPs is currently done on paper or by e-mail. There would, however, be many advantages to sending the information directly in the EDI system that is already being used for communication between all the other players in the healthcare sector.

Purpose

Implementation of electronic correspondence messages, so that all requests for patient information from the Danish National Board of Health and Danish Medicines Agency to GPs and, where applicable, those from the Medical Office of Health institution to the GP surgery, must be made via an electronic correspondence message.

Participants in project

GPs, the Danish National Board of Health, Danish Medicines Agency and Medical Office of Health institution.

GP and laboratory projects

Laboratory medicine projects

A brief presentation of the subprojects is given here.

The publication "Laboratoriemedicinske projekter i MedCom 7" ("Laboratory medicine projects in MedCom 7") contains further details, while more information can be obtained at medcom.dk under the "projekter" ("projects") heading.

Subproject 1. Further development of WebReq

Purpose

The purpose of the project is to support the further development of WebReq and to supplement new functions. Particular focus will be placed on the linking of blood banks.

Subproject 2. Electronic dispatch slip

Purpose

The purpose of the project is to develop and implement a new send and receive module in the existing laboratory systems. This is done to avoid a range of possible sources of error. At the same time, it provides an opportunity for electronic communication between the various types of laboratories in Denmark.

Subproject 3. Request database

Purpose

The purpose is to develop and implement both a "send to WebReq database" module from the hospital outpatient departments and a "retrieve from WebReq database" module in the bio-chemistry laboratories' systems, allowing patients a free choice as to where they wish to have their blood tests performed. This will enable patients to go to their GP for tests or to a local hospital some distance from the one at which they are being treated.

Subproject 4. Lab results between laboratories

Purpose

The project must ensure that service laboratories are able to send EDI results to primary laboratories, and that clinical biochemical laboratories are able to receive EDI results of samples from service laboratories.

Subproject 5. Manufacturer/manufacturer code in laboratory results

Purpose

The purpose of the project is to ensure full traceability as to which laboratory produced the laboratory result, and that this is displayed in the GP and specialists' record systems.

Subproject 6. National short names

Purpose

The purpose of the project is to establish a common nationwide naming convention for analyses using short, clinically used, names as a supplement to the long, official NPU names. At the same time, the intention is to recommend an order of presentation for the most frequent analyses in the NPU table. The short names must be included in the NPU table and be used consistently in the presentation of results at sundhed.dk so that the same names are always used and so it is possible to recognise the order of the analyses.

Subproject 7. Guidelines on sundhed.dk

Purpose

The purpose is to create an automatic link to the individual laboratory's laboratory

guidelines using the analysis code and manufacturer code sent with the EDI result. The solution must be incorporated into both the GP and specialists' systems and the record systems at the hospitals.

Subproject 8. Common numbering system

Purpose

The purpose of the project is to introduce a common national laboratory test numbering system so that all laboratory tests are given a unique number. Renumbering and possible mix-ups will thus be minimised.

Subproject 9. WebQuality

Purpose

For a number of years, quality checks have been performed on analyses carried out in general practice in the form of the so-called parallel analyses. This project is about expanding WebQuality for the quality assurance of these analyses.

Subproject 10. Improved display of laboratory results at sundhed.dk

Purpose

The purpose of the project is to develop a new, improved way of presenting laboratory results from the country's clinical biochemistry laboratories, clinical microbiological laboratories and clinical pathology at sundhed.dk, as well as ensuring that these laboratories are linked using MedCom's XRPT standards.

Subproject 11. Test tube reception

Purpose

The purpose of the project is to introduce

automatic approval of requests arriving electronically so that the tests can be used immediately in analysis machines without any preceding manual/machine acceptance of the sampling form (PTB) from WebReq.

Subprojects 12 and 13 – deleted

Subproject 14. Laboratory result web service in webReq

Purpose

To provide the option of displaying the most recent laboratory results on a given analysis when ordering a new test in WebReq. In this way, it is possible to reduce duplicate ordering of analyses where a useable result is already available.



The publication "Laboratoriemedicinske projekter i MedCom 7" ("Laboratory medicine projects in MedCom 7" contains further information.

International projects and activities

Background

MedCom's international project line has its main focus on innovative projects in the fields of telemedicine, welfare technology, infrastructure for the use of telemedicine services and standardisation of electronic communication in the healthcare sector.

Close collaboration across national borders ensures a constant expansion of the international network, to the benefit of MedCom and our partners both at national and regional level. The international department enjoys a great deal of recognition within the context of the EU, with the department often invited to take part in projects. The department, too, has great success with its applications.

Purpose

The overall purpose of MedCom's international activities and projects is to ensure that experiences abroad are considered in a Danish context, while Danish experiences are incorporated into international solutions and standards. Considerable emphasis is placed on the transfer of results from international projects to regional or national dissemination projects, so that use is made in this country of the experiences on the projects.

The projects

The principal activities in the MedCom 7 project period are expected to be:

- Participation in international projects and activities.
- Establishment and knowledge exchange with MedCom's other activities.

The international projects in the MedCom 7 period have received financing from the following programmes and funds:

The Research framework programmes (FP6 & 7) and those for Competition and Innovation (CIP), the Structural Fund (INTERREG) and the Regional Fund.

The projects' hallmarks are that they both derive from a specific healthcare-related or social need and at the same time offer a solution to this.

International projects 2010–2012

BREAST HEALTH	The project is about optimising cooperation across the Dano-German border in the treatment of breast cancer.
CALLIOPE	Marketing and dissemination of the epSOS solutions.
DREAMING	Home monitoring of elderly citizens in their own home in Langeland Municipality.
epSOS	Large-scale collaboration within the EU on the development of ePrescription and ePatient Summary.
HITCH	The establishment of a cross-border testing system for IT systems in the health-care sector.
MethoTelemed	Development of a method for the evaluation of telemedicine.
PERSONA	Development of an IT platform and equipment to assist elderly citizens in their own home/close environment.
Regional Telemedicine Forum	Exchange of experiences in the field of telemedicine between nine European regions.
RENEWING HEALTH	Evaluation of regional large-scale dissemination of telemedicine services in seven European regions.
HEALTHY GROWTH	Private/public cooperation aimed at creating growth in the Region of Southern Denmark, with the focus on the patient suitcase and rehabilitation chips.
UniversAAL	Common open European IT platform for welfare technology systems.
WelfareTechRegion	To bring in international experiences and projects in Region of Southern Denmark's investment in welfare technology.

Current and forthcoming project participants

As far as the international projects are concerned, MedCom is primarily working together with Region of Southern Denmark right now. However, in the longer term, the aim is to achieve the same level of cooperative relationship with the other regions and a number of local authorities. Furthermore, MedCom would like to enter into a broad national collaboration with other partners within Danish eHealth in respect of the coordination of international relations at a political, strategic and operational level.

If a region or local authority is interested in taking part in an EU project, MedCom can assist by providing knowledge as to how to apply as well as on the operation, project management, administration and contacts with the best foreign partners. Overall, the focus will remain on telemedicine and welfare technology, but efforts will also be made in the direction of getting the new technological solutions implemented with our partners and utilised at national level under MedCom's control.

MedCom

MedCom's focus is the national implementation and dissemination of cross-sector communication between the parties in the healthcare sector over time-limited project periods, typically two years. Since MedCom started in 1994, the focus has been on the communication requirements of the surgery sector, with the role of the GP as a gatekeeper to the more specialised healthcare sector. Following the structural reform, there has been an increase in focus on the communication requirements of the local authority healthcare sector.

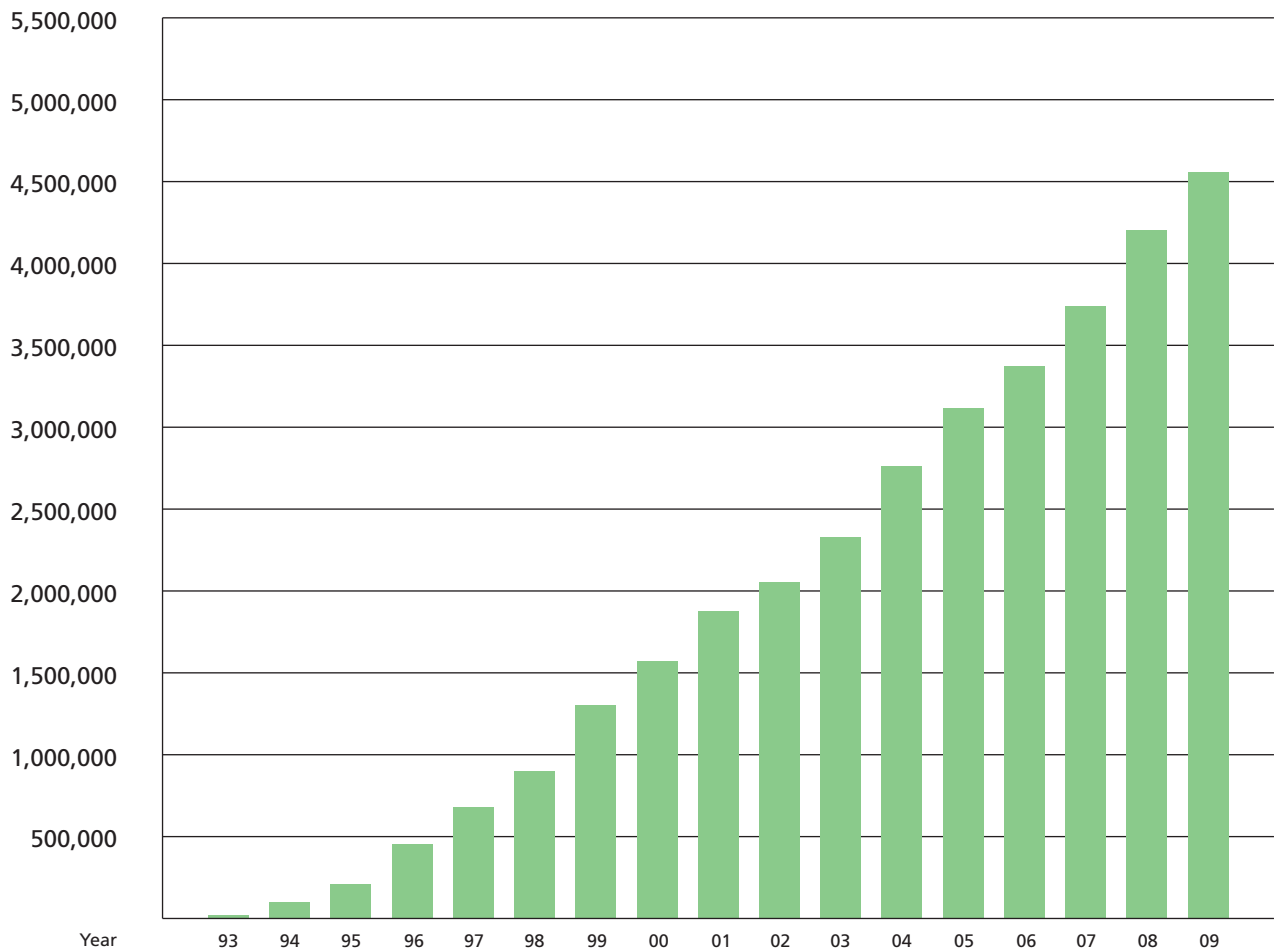
MedCom has a strong tradition of close collaboration with IT suppliers, professional companies and other user representatives in terms of the practical implementation of the strategic objectives for the

development of healthcare IT.

In 2009, a total of 54,719,127 documents were sent using MedCom's standards. If we assume that DKK 25 is saved on each electronic message in the form of optimised work procedures, this dissemination will provide a gain of approx. DKK 1,368 million. The most frequently used messages are prescriptions, discharge letters, referrals, laboratory results, laboratory requests and local authority notifications. Developments in monthly communication from 1993–2009 are shown below.

Communication is constantly rising and, in October 2009, more than five million messages were exchanged based on MedCom's standards, the highest number ever.

The columns show the total number of messages on average per month.



Cooperation

The three organisations, Digital Health, MedCom and sundhed.dk, have mutually supplementing activities in terms of the dissemination of Healthcare IT.



The task of Digital Health is to coordinate the overall IT development within the healthcare sector, including drawing up a strategy, action plans and architecture.

www.sdsd.dk



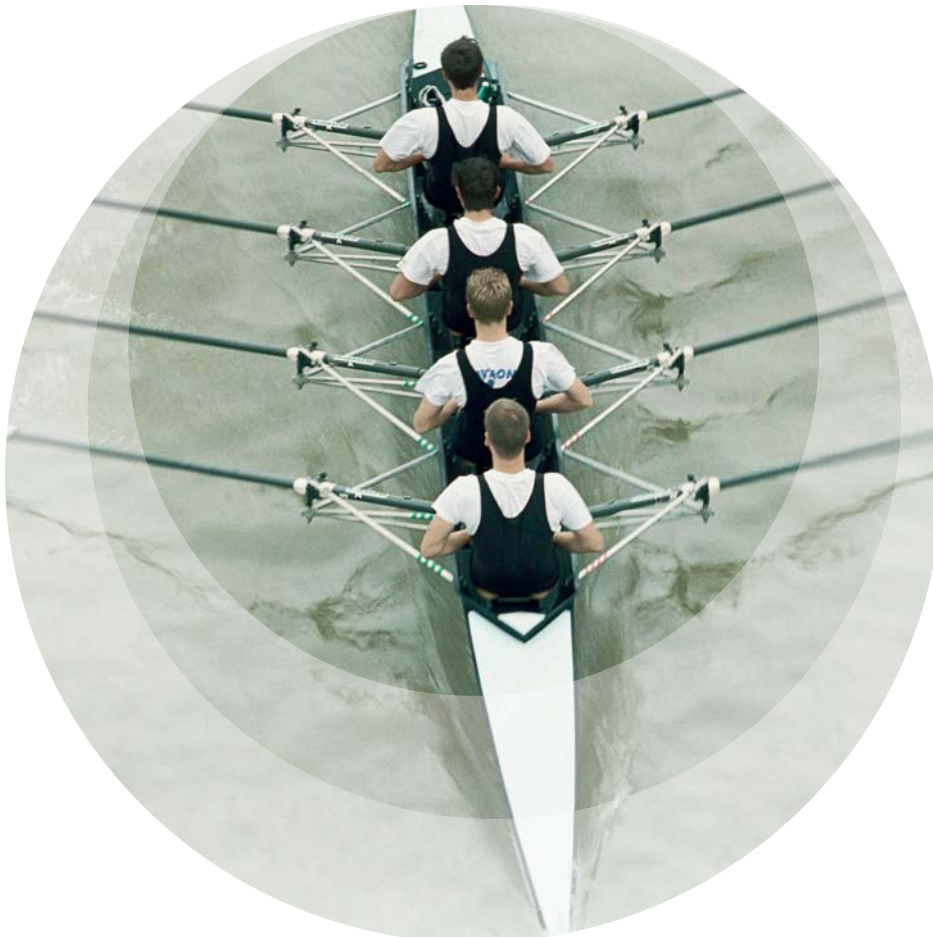
MedCom's principle tasks are in the development of messaging standards for the primary sector, with subsequent nationwide rollout.

www.medcom.dk



Sundhed.dk's job is to establish, drive and further develop a healthcare portal that forms an information and communication platform for the interaction between the citizen and the healthcare professional.

www.sundhed.dk





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