

Audit of the introduction of the electronic patient record

Federal Office of Public Health

Key facts

On 15 April 2017, the Federal Council brought the Federal Act on the Electronic Patient Record (EPRA) into force. From April 2020, hospitals and rehabilitation clinics must join a certified core community and from spring 2020, patients should be able to open an electronic patient record (EPR). In the future, it should be possible to store treatment-related information from the patient's medical history in the EPR. Healthcare professionals involved in treating a patient will be able to view and supplement this data.

The EPR will be implemented decentrally by communities or core communities under private law. These offer the EPR in a specific geographical catchment area. Healthcare facilities must join a certified (core) community in order to offer the EPR.

The EPRA will be formally implemented in two stages. First, hospitals and rehabilitation clinics must join the EPR by April 2020. Nursing homes will be added from April 2022. Participation is voluntary for outpatient healthcare facilities (e.g. family doctors) and patients. The Confederation will, for a limited period, provide start-up financing totalling CHF 30 million for the establishment and certification of the (core) communities, provided that the cantons or third parties contribute at least the same amount.

The Swiss Federal Audit Office (SFAO) audited the current status of work on introducing the EPR at the Federal Office of Public Health (FOPH) and the Swiss Competence and Coordination Centre of the Confederation and the Cantons eHealth Suisse. The audit assessed whether the main challenges to a successful introduction were known and whether they were adequately communicated, addressed and monitored.

The SFAO found that the main problems and risks had been identified, but that suitable structures to address them were often lacking. From a technical perspective, it should be possible to introduce the system on 15 April 2020. Delayed certifications and, in some cases, missing processes and delays in connecting hospitals, however, seriously jeopardise implementation on this date. It is questionable whether the objectives of the EPRA can be achieved in terms of improving patient safety and treatment quality and increasing the efficiency of the Swiss healthcare system. The main causes include a lack of resources, a lack of enforcement capability on the part of the FOPH, and a lack of incentives for outpatient health facilities to join the EPR. Systematic recording and evaluation of the effects of the EPR on hospitals and of the financing of core communities are not yet possible.

This report is based on information available up to the beginning of August 2019. Given the urgency of the matter, the SFAO held an early results meeting with the General Secretariat of the Federal Department of Home Affairs (GS FDHA) and the FOPH on 16 August 2019 to communicate its main findings and recommendations. The FDHA then initiated and implemented various measures which are not included in the report.

Federal framework complicates problem and risk management

The federal structure of the healthcare system complicates the introduction of the EPR. In addition, major implementation work is the responsibility of private sector (core) communities, healthcare institutions, certification bodies and providers of electronic identities. There is no superior body with the authority to issue directives for all tasks relevant to the introduction of the EPR or to all responsible players. There are no suitable structures for rapid escalation outside the FOPH's area of competence. EPR's introduction by April 2020, as well as the long-term achievement of objectives, will thus be severely hindered, if not called into question altogether.

The foundations for targeted control, coordination and management of the necessary activities, which are usually regulated in a project, are partially lacking (e.g. criteria for milestone approvals or total federal expenditure per milestone).

After the 2020 launch, extensive further activities and measures will be necessary, which it was not yet possible to plan because of the priority given to the implementation date. The existing limited resources will barely be sufficient for subsequent operation and the further implementation stages which will be required.

Delayed certification of EPR players puts launch date at risk

Based on the findings of the tests conducted to date, the technical EPR components of the various providers and the federal central services are expected to be available by April 2020. However, the certification process, which is mandatory in order for operations to begin, has only been started for one of twelve (core) communities.

Non-certified (core) communities and the healthcare facilities affiliated to them are not permitted to participate in the EPR. The same applies to providers of electronic identities.

Uncertainty about potential and suitable connection options

The introduction of the EPR is a legal requirement for hospitals and nursing homes, but they are free to choose the type of connection. The majority of hospitals will probably initially connect to the respective core community via a web portal, while a few will do so by means of deep integration (i.e. direct connection of the hospital application to the EPR) and a small number will use a different solution. The types of connection differ considerably in terms of cost-effectiveness of the processes, implementation complexity and support of the EPR objectives. The respective advantages and disadvantages strongly depend on the number of patients and documents as well as on the framework conditions at the respective healthcare institutions.

In most cases, the precise effects of the introduction of EPR on hospitals and nursing homes were not estimated in advance and will not be centrally recorded and monitored after the launch. The federal care structures make monitoring difficult.

Uncertainties for outpatient healthcare facilities

It is generally recognised that in order for the EPR to be successful, it must become widely adopted and used sufficiently quickly. The outpatient healthcare facilities could make a significant contribution to achieving this.

Participation is voluntary for outpatient healthcare facilities and patients, and there are no incentives to promote rapid adoption of the system. In addition, there are uncertainties as to which connection options are suitable for outpatient healthcare facilities, if at all, and how additional costs for the management of the EPR will be charged.

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