Health Information Systems – from Present to Future?

The German Medical Informatics Initiative

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Summary
This article is part of the Focus Theme of Methods of Information in Medicine on the German Medical Informatics Initiative. Funded by the German Federal Ministry of Education and Research with about 150 million Euro in its currently starting development and networking phase this initiative has already a significant impact on the development of health information systems in Germany. In this Focus Theme two editorials introduce this initiative, one from the viewpoint of its funding institution and one from the initiative’s accompanying institutions. Then the initiative’s four consortia DIFUTURE (Data Integration for Future Medicine), HiGHmed (Heidelberg-Göttingen-Hannover Medical Informatics), MIRACUM (Medical Informatics in Research and Care in University Medicine), and SMITH (Smart Medical Information Technology for Healthcare) present their concepts and plans. For better readability their manuscripts all contain three major sections on governance and policies, on architectural framework and methodology, and on use cases. As the German Medical Informatics Initiative is a large national experiment, we are convinced that communicating on this initiative already at this early stage to an international audience is of importance.

1. On Digitization and Health Information Systems

Digitization has meanwhile become a priority for governments and societies (e.g. [1, 2] for Germany). In the context of the United Nation’s Sustainable Development Goals it is mentioned that the “spread of information and communications technologies for health are “recognised as one of the most rapidly growing areas in health today” [8].

Health information systems in this context play an important role. They have developed significantly during the last decades. As examples, for the 1980ies [9], the seminal paper of Peter Reichertz on this topic is mentioned here, also [10] and [11] for the first decade of the 21st century ([11] directly referring to [9]), as well as [12] and [13] for current reflections. As outlined in [14], the trend from institution-centered (e.g. hospital-centered) information processing for health care to information processing, supporting patient-centered care beyond one health care institution has already been mentioned in [11], section 3.2 (see also figure 6 on p. 277, line 2). It was there as well mentioned that health information systems should support both patient care and biomedical research ([11], section 3.4, see also figure 6 on p. 277, line 4). In spite of this progress during the last decades, there is still a significant need for improving health information systems’ architectures and functionalities, in particular for the benefit of patients as well as for the progress of biomedical/health sciences and of computer/information sciences.

2. On the Contents of this Focus Theme on the German Medical Informatics Initiative

In this focus theme of Methods of Information in Medicine, reports are presented on a national experiment: The German Medical Informatics Initiative.

* Guest Editor of the Focus Theme on the German Medical Informatics Initiative.
Funded by the German Federal Ministry of Education and Research with about 150 million Euro in its currently starting “development and networking phase” (details in [15, 16]), it has already now, in a still rather initial state, a significant impact on the development of health information systems in Germany. It can be expected that the outcomes of this large national research project will significantly influence biomedical and health informatics research worldwide.

Two editorials provide introductions to the German Medical informatics Initiative.

- In [15] Stefanie Gehring and René Eulenfeld introduce the German Medical informatics Initiative on behalf of its funding institution, the German Federal Ministry of Education and Research.
- In [16] Sebastian Semler, Frank Wissling, and Ralf Heyder take the viewpoint of accompanying institutions of the German Medical informatics Initiative. These editorials are to some extent redundant in content, while, however, reflecting the initiative from different viewpoints.

Then the four consortia, having been positively evaluated after the initiative’s “conceptual phase” (details in [15, 16]) will introduce their concepts. The consortia are (in alphabetic order):

- DIFUTURE – Data Integration for Future Medicine [17],
- HiGHmed – Heidelberg-Göttingen-Hannover Medical Informatics [18],
- MIRACUM – Medical Informatics in Research and Care in University Medicine [19], and
- SMITH – Smart Medical Information Technology for Healthcare [20].

For better readability all consortia followed an identical structure with three major sections on governance and policies, on architectural framework and methodology, and on use cases.

3. From Present to Future?

When planning this Focus Theme with consortia’s leading medical informatics colleagues and with the journal’s Editor-in-Chief, we were aware of the fact that reporting about the German Medical Informatics Initiative at this early stage cannot contain results and has to focus on presenting concepts and plans. As it is a large national experiment on an important topic, we are convinced that communicating on these concepts and plans to an international audience is of importance. Choosing for publication Methods Open, the Gold Open Access part of Methods of Information in Medicine, makes the manuscript of this Focus Theme immediately broadly available in a fair way through the journal’s tandem model (21), p. 484.

Will the German Medical Informatics Initiative push health information systems from the current present state to a new future state? Will this progress be for the benefit of patients as well as for the progress of biomedical/health sciences and of computer/information sciences? Will progress be mainly limited to Germany or will it have an international impact? Answers to all these questions will hopefully be given in the future, after the German Medical Informatics Initiative’s development and networking phase or even later.

References


