



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

P321 The current digital divide in primary child health care in Europe

Posters

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Abstract

Background and aims Primary care is an essential part of paediatric practice and children's health services in any country. In higher income countries and many middle-income countries e-health and digital records are seen as a key part of an effective and safe health system. The Models Of Child Health Appraised (MOCHA) project (www.childhealthservicemodels.eu) is tasked with assessing the varied patterns of children's primary care in Europe, and identifying optimum models. This paper reports on assessment of the variety of provision of EHRs and of patient-based children's public health systems in the 30 EU and EEA countries.

Methods the MOCHA project has an experienced child health agent in each of the 30 countries. Research questions are raised by the project researchers, validated as relevant and unambiguous by an independent Expert Advisory Board, and issued systematically in batches to country agents. The question reported here asked

- if each country had EHR applications in use in child primary care
- broadly the extent of usage
- whether these were designed specifically for children
- whether there was a digital case-based public health system

Results So far, replies have been received for 20 of the 30 countries (67%). There is a sharp divide, in that of the 12 countries (60%) which have widespread use of EHRs (by more than 75% of practices) 9 are in the west and north, plus Bulgaria, Croatia and Estonia. Meanwhile Greece, Latvia, Lithuania, Poland and Slovakia have little or no computerisation, while 3 countries have intermediate use.



12 countries (40%) have a case level electronic child public health system, of which 6 countries have passive record-only systems; 5 notify practitioners of delayed uptake, and 5 contact parents (some countries have varied systems by locality, hence dual replies).

There is little application of international standards for datasets or function.

Conclusion Use of EHRs in European countries to support primary care for children is surprisingly limited and piecemeal. Only 12 of 20 countries report significant use, of which not all include data and functions specific to supporting childhood health. Child public health monitoring is similarly constrained, though this study did not consider the extent to which community nursing or other preventive health staff could access primary care EHRs for this purpose. There is need for action to develop and promote standards and practice, which MOCHA plans to stimulate, and to monitor effects.

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