EUROPEAN COMMISSION
Information Society and Media Directorate General

Pilot on eHealth Indicators

Benchmarking ICT use among General Practitioners in Europe 2007

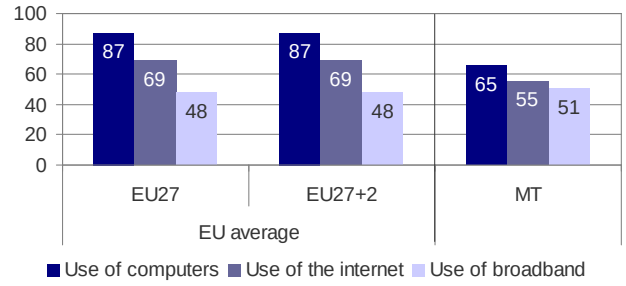
Country Profile: Malta

Key findings: eHealth among GPs in Malta[1]

Malta has to be considered a weaker average performer in terms of eHealth as it scores below the EU27 average with regard to most indicators included in the survey. This concerns both the availability of ICT infrastructure (computer, Internet) and the use of ICT for different eHealth-related purposes.

In terms of infrastructure, 65% of the Maltese GP practices use a computer. A majority of those practices are however connected to the Internet as well – this pertains to 55% of all Maltese GP practices. In Malta a very high share of the GP practices that are connected to the Internet use a broadband connection: 51% of the practices use this sort of Internet access, while only 4% use a different form of Internet access. The share of Maltese practices featuring a broadband connection exeeds the EU27 average of 48% while Malta ranks below average for the use of computers and Internet in general.

ICT Infrastructure in Maltese GP practices



Base: All GPs. **Indicators:** R4, C1, C2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

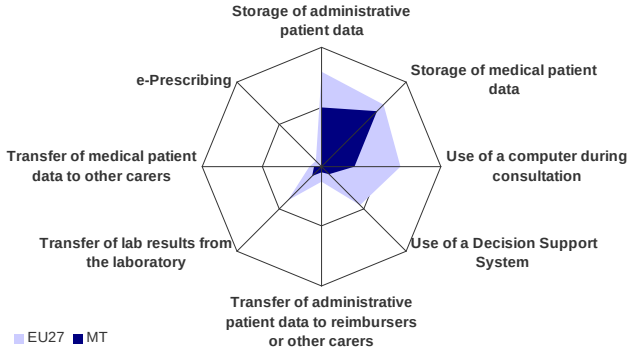
As can be seen in the diagram below Malta also scores below the EU27 averages when it comes to the actual use of eHealth solution. Malta displays its best eHealth performance in the area of medical and administrative patient data storage and use of a computer for consultation purposes. Yet even here usage rates lie below the EU27 averages. Only half of the Maltese practices register administrative patient data and only about 40% of the GP practices store at least one type of medical electronic patient data.

In Malta, computers are used in consultation with the patients only to a very limited extent (27% of the GP practices). This percentage lags far behind the EU27 average of 66%. The use of Decision Support Systems is also rather the exception than the rule. They are used for diagnosis or prescribing purposes in only 13% of Maltese GP practices.

The electronic transfer of individual patient data has not yet arrived on the agenda of Maltese GPs. Only 7% of Maltese GP practices exchange administrative data with other carers and only around 3% of the practices transfer administrative patient data to reimbursers via networked connections. The exchange of medical data via networked connections is equally not very prevalent: only 7% of the Maltese GP practices having participated in the survey exchange medical data with other care providers while 11% receive results from laboratories this way. ePrescribing is still not a reality in most European Member States. This holds true for Malta as well where none of GPs having participated in the survey reported using ePrescribing.

The rather low use level of eHealth applications in Malta can be explained by the fact that the issue of eHealth has arrived only very recently on the political agenda in Malta. Many projects and reforms have however already been planned. In 2005 a national eHealth Vision was formulated by the Ministry of Health, the Elderly and Community Care that is to be implemented in the upcoming years.

eHealth Use by GPs in Malta



Indicators: Compound indicators of eHealth use (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

[1] **Disclaimer:** Neither the European Commission nor any person acting on behalf of the Commission is responsible for the use which might be made of the following information. The views expressed are those of the authors and do not necessarily reflect those of the European Commission. Nothing in this document implies or expresses a warranty of any kind. Results should be used only as guidelines as part of an overall strategy.

ICT Infrastructure in GP Practices

An appropriate ICT infrastructure in the GP practice lays the ground for different eHealth use cases (such as storage of patient data, its exchange etc.). It is therefore the baseline from which a European GP can start his or her professional activities in the eHealth domain.

ICT infrastructure as understood here entails

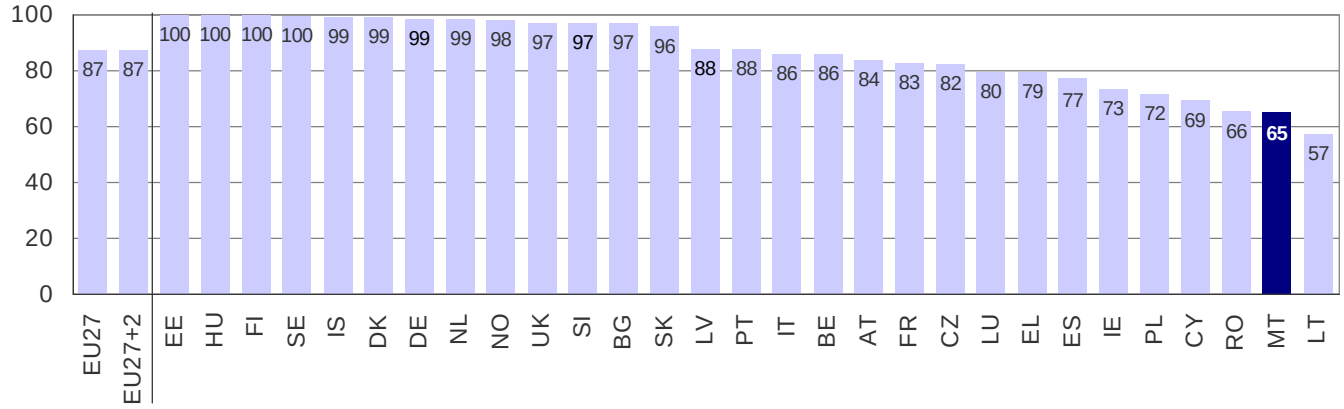
- the availability of one or more computers in the practice;
- a connection with the Internet; and
- the availability of a broadband connection.

Use of computers

In Malta only about two-thirds of GP practices are equipped with a computer. This places Malta in the small group of laggards, where less than 75% of the Practices are equipped with a computer. On the other side, 24 of the countries coverd by the survey show a penetration rate of more than 75%, a fact that clearly indicates that computers have arrived in EU GP practices. Computers are becoming more and more an essential and unquestioned part of practice fixtures.

In Malta only two-thirds of the GP practices fulfil the infrastructural prerequisite for the successful implementation of eHealth applications. One out of three GP practices on the other hand is insufficiently equipped and therefore unable to take advantage of eHealth solutions.

Use of Computers in GP Practices in Malta

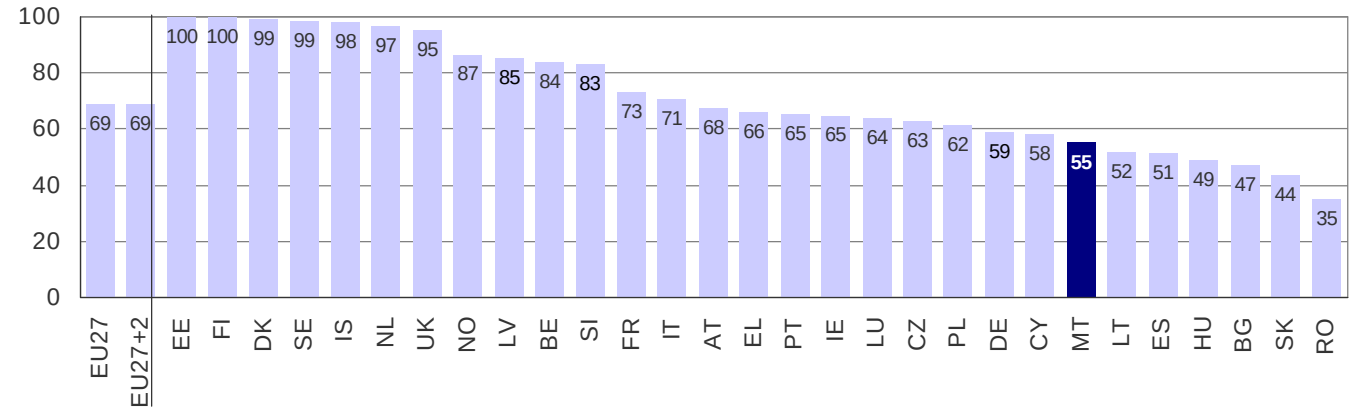


Base: All GPs. **Indicator:** R4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Use of the Internet and broadband

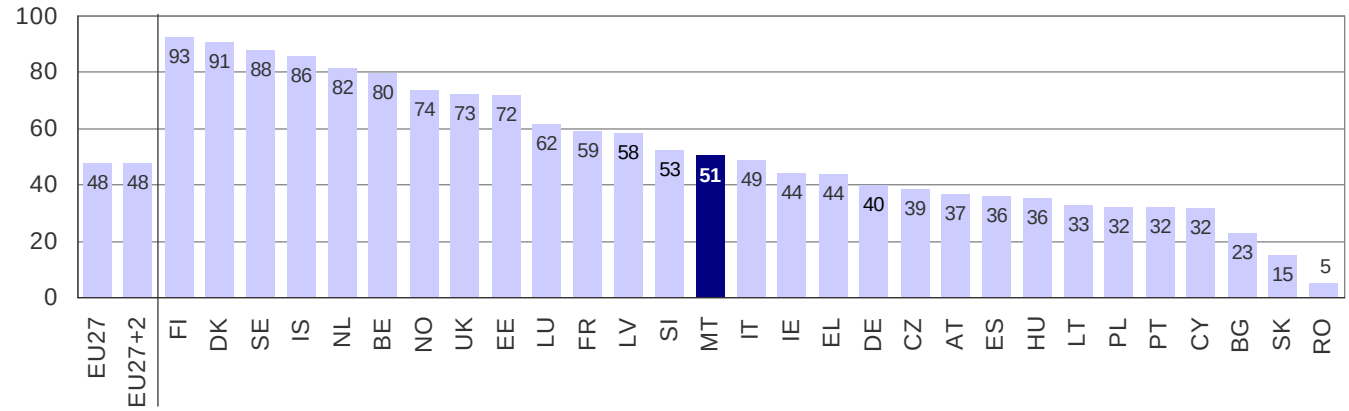
A connection to the Internet or any other dedicated network is a prerequisite for all those eHealth applications that entail data transmissions and information retrieval. In this regard Malta holds a rather weak position in comparison to the other EU Member States as only 55% of GP practices are connected to the Internet. This figure positions Malta below the EU27 average of 69%. When it comes to Internet connections, large differences between Member States persist. Malta is part of a rather large group of countries where less than 75% practices have Internet access. When taking into consideration the rather low availability of PCs in Maltese GP practices, the share of PG practices using the Internet is however quite astonishing: only 10% Maltese GP practices have a computer without being connected to the Internet.

Use of the Internet in GP Practices in Malta



Base: All GPs. **Indicator:** C1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Maltese GP Practices Using a Broadband Connection



Base: All GPs. **Indicator:** C2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Quite remarkable is also the high availability of broadband connections. In Malta, up to 51% of the GP practices use a broadband connection. This corresponds to the EU average of 48% of broadband connections and positions Malta in a good middle field position with regard to this indicator. This figure indicates that broadband is the common way of Internet access in Malta: only 4% of GP practices use a different type of access. On a European level, the differences regarding bandwidth across the EU27 Member States remain high. Availability rates for broadband connections span from only 5% in Romania up to 93% in Finland.

Use of eHealth Applications

With about 87% of European GP practices having a computer and about 69% being connected to the Internet, the question as to if and how this ICT infrastructure is used. The following sections deal with the use of ICT for different purposes in a GP practice's day-to-day business.

Electronic patient data storage

The storage of electronic patient dat is not yet very common in Malta. In comparison to the other EU Member States, Malta has to be regarded as one of the laggards. Only around 43% of GP practices store at least one sort of individual medical patient data. This figure puts Malta roughly on a par with Poland and Greece. Only in Latvia, Lithuania and Romania store electronic patient data to an even lesser degree. In all other EU Member States more than 50% the GP practices store at least one type of electronic patient data.

Concerning the different data types, usage rates in Europe vary substantially, while mostly a common usage pattern emerges. This use pattern – with diagnoses stored most often and radiological images least often – is displayed for Malta as well. Most data types are stored nearly as frequently in Malta as in the EU on average.

Electronic Patient Data Storage in Malta: Storage of Different Types of Individual Patient Data by GPs storing electronic medical patient data

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Diagnoses	90	91	93	97	89	93	99	94	74	89	89	79	85	93	58	65	88	99	80	96	88	73	77	69	89	94	81	97	94	100	100
Medications	90	90	93	93	88	99	93	86	71	94	91	95	95	90	50	8	95	99	80	97	84	55	85	36	43	85	96	95	98	100	99
Basic medical parameters	83	83	91	80	82	96	80	58	65	88	93	85	85	86	42	14	90	96	73	94	80	35	63	49	31	71	90	82	98	90	84
Lab results	79	80	96	83	58	99	78	58	64	81	77	82	75	76	42	17	52	91	66	95	79	53	59	63	20	26	98	97	96	93	98
Symptoms/reasons for encounters	77	77	89	94	70	97	67	59	68	82	92	80	64	86	42	28	88	96	70	96	82	46	73	32	33	60	96	95	92	98	95
Medical history	75	75	89	93	74	97	52	55	73	86	89	84	70	83	50	13	90	93	75	95	69	46	63	34	18	48	98	90	95	100	97
Examinations and results	75	75	87	86	62	95	56	51	64	81	81	68	82	67	42	20	60	93	66	95	76	55	67	58	15	35	98	76	88	92	98
Vital signs measurements	74	74	88	93	67	92	59	51	62	80	88	73	69	88	42	12	76	93	64	92	63	34	70	52	15	51	93	73	92	79	85
Treatment outcomes	65	66	81	78	68	96	52	46	62	76	66	53	58	71	50	26	62	92	58	94	77	49	52	25	14	47	88	78	77	76	91
Radiological images	34	35	53	50	20	98	15	47	42	55	65	23	5	29	42	2	43	70	34	43	49	40	29	12	8	10	95	34	30	87	54

Base: GPs storing electronic medical patient data. **Indicator:** A2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

In Malta 80% of the GP practices that store at least one type of patient data store information on diagnoses and medications. More than 70% of practices register basic medical parameters, medical history and symptoms. Roughly 65% of the practices store lab results, examinations, and vital signs measurements. Treatment outcomes are stored in 58% of the practices while 34% store radiological images.

Electronic exchange of patient data via the Internet or other dedicated networks

The electronic exchange of patient data via the Internet or other dedicated networks is not yet very common; neither in Malta, nor in Europe as whole. Only 11% of Romanian GPs use network connections for the reception of analytical results from laboratories and only 7% of GPs exchange data with other care providers. These figures - that compare to 40% and 10% on average in the EU27 - place Malta in the rather large group of countries where the electronic exchange of patient information is not yet a reality.

Telemonitoring has not yet arrived on the scene neither in Romania nor in the EU as a whole. In Malta not even one of the practices uses it. This figure compares to the highest usage rate which is realised in Sweden. Even here, not more than 9% of the GPs report making use of telemonitoring. The only other countries with a mentionable usage rate of telemonitoring are the Netherlands and Iceland, scoring 3% each.

A similar pattern can be discovered with regard to the exchange of medical patient data across borders not very common in the EU. In this case the Netherlands shows the highest usage level with however only 5% of practices taking part in cross-border transmissions of medical data. Malta and Cyprus come in second with scores of 3% each.

The low level of trans-border data sharing may be explained by the fact that the health care jurisdiction is explicitly under the jurisdiction of the indivdual Member States. Due to the differing health care systems in EU Member States, it is unsurprising that, with only very few exections, planned treatment is provided principally in the country of residence.

Electronic Exchange of Different Types of Medical Patient Data in Malta

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Medical data with carers	10	11	13	3	6	74	4	1	4	13	5	2	7	3	0	3	0	2	7	26	12	2	8	2	0	1	55	13	26	17	35
Results from labs	40	40	73	5	25	96	63	39	3	30	33	40	8	10	1	8	27	12	11	84	37	10	1	4	10	5	90	82	85	52	88
Telemonitoring	1	1	1	1	0	0	1	0	1	1	1	1	0	0	1	0	0	0	0	3	1	0	1	0	0	0	1	9	2	3	0
Medical data across borders	1	1	1	1	1	2	0	0	2	1	2	0	0	3	0	0	0	0	3	5	1	0	0	0	0	0	0	1	0	0	0

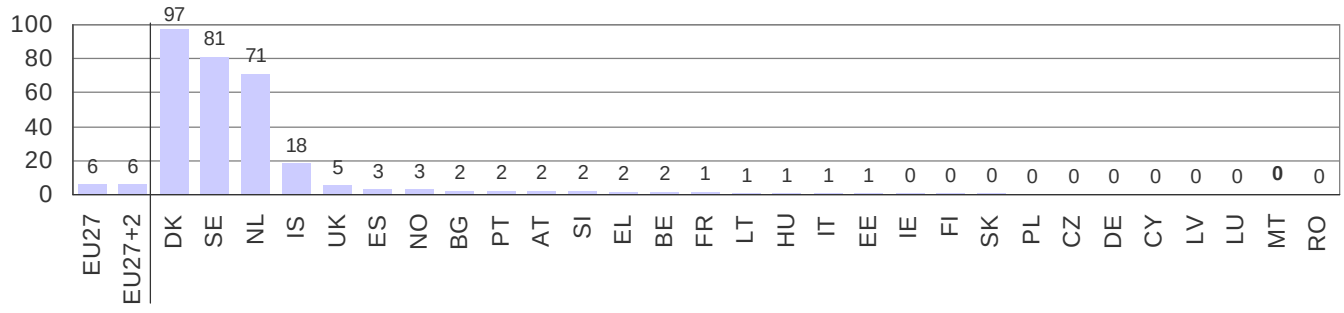
Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

ePrescribing

The only three EU meber states where ePrescribing is a reality are Denmark, Sweden and the Netherlands. Apart from this frontrunner group, only Iceland as a non-EU Member State shows an adoption level that rises above 5%.

In Malta however, as in most of the European countries, vitually no GP practice makes use of ePrescribing.

Use of ePrescribing by GPs in Malta



Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Coded data entry

In Malta most GP practices use uncoded data only for the storage of electronic patient information. 14% of GP practices use coded data only. A mix of both coded and uncoded data is used by 25% of Maltesean GP practices. For the latter, a clear estimation of the coded/uncoded share is not possible. On average in the EU the mixed use of both coded and un-coded data is the most prevalent.

Coded data entry in this context refers to the use of coding systems such as the ICD (the WHO's International Classification of Diseases) that allows to store a disease or diagnoses as a code rather than as a textual description. Only in a handful of countries the share of practices using solely coded data

is above one third. Rather, most practices use a combination of coded and uncoded data.

Use of data coding for the storage of electronic patient data by Maltese GPs

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Coded data only	21	21	29	22	6	19	19	35	20	35	6	10	22	10	25	68	2	6	14	37	11	49	18	24	25	36	2	10	24	41	14
Un-coded data only	30	30	36	27	56	31	33	5	58	26	66	50	26	64	25	8	60	5	39	13	55	44	23	26	34	24	26	29	5	5	18
Both coded and un-coded data	45	46	33	50	33	49	48	59	16	36	19	34	50	14	50	13	24	88	25	49	31	19	49	43	33	36	72	54	70	52	64

Base: GPs storing patient data. **Indicator:** A4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Exchange of administrative patient data

Data transfer via networks concerns not only medical data, but can also be used for administrative purposes, i.e. for data exchanges between the GP practice and reimbursers or other care providers.

Malta scores slightly below the EU average of 10% for the exchange of administrative data with other carers, which is used by only 7% of Maltese GP practices. The use of networks in order to exchange administrative data with reimburses is even less common: only 3% of Maltese GPs communicate data via networks, as compared to 15% on average in the European Union member states. This figure places Malta in a rather large group of laggard countries, where less than 10% of GP practices routinely transfer administrative patient data. This group includes several Eastern Europan countries, some small Member States such as Malta and Cyprus, but also countries like Italy and Germany. When it comes to the exchange of administrative patient data in the EU27 member states, huge variations come into view: as regarding the exchange of administrative data with other care providers, shares differ between 0% (Latvia and Luxembourg) and 74% (Denmark). Rates for the echange of administrative data with reimbursers also differ widely: from 0% (Latvia and Luxembourg) to 48% (Denmark).

Exchange of Administrative Patient Data in Malta

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Admin data with other carers	10	10	13	6	6	74	3	1	4	6	4	4	3	3	0	10	0	1	7	28	7	6	6	6	3	2	21	16	32	12	25
Admin data with reimbursers	15	15	3	10	13	48	4	5	3	2	26	15	1	3	0	21	0	5	3	45	19	23	5	2	14	4	8	8	43	1	19

Base: All GPs. **Indicator:** D1 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Data exchange and security

Data security is an important issue when sensitive, identifiable patient data is stored and transmitted electronically. There are a number of different techniques to make the handling of patient data secure, including password protection of the computer system and of transmitted files, encryption of transmitted files and e-mails as well as the use of e-Signatures.

With relation to the use of security features Maltese GP practices follow the general pattern found in the EU27.

Password protected acces is the most readily available form of data protection and therefore unsurprisingly the method the most widely used. In Malta and in the EU27 on average 94% of the GP practices resort to password protected access. The use of passwords for the protection of transmitted data file is less common: only 47% of Maltese GP practices use this security feature as compared to 57% of the GP practices in the EU27.

Other than the case of password protection, both encryption and the use of electronic signatures require a dedicated infrastructure, which must be present at both ends. The higher effort required by these security techniques explains why they are used by a significantly lower perscentage of European GP practices.

The encryption of transmitted files is a security feature that is used by only around 21% of GP practices in Malta. This figure is significantly lower than the EU average of 42% GP practices that use encryption software for the protection of their transmitted data files.

The use of e-Signatures varies widely across Europe. However, on average only 19% of GP practices use e-Signatures. Malta scores below average for this security feature as only 9% of Maltese GP practices make use of this security feature.

GPs Use of Security Features in Malta

	EU27	EU27+2	BE	BG	CZ	DK	DE	EE	EL	ES	FR	IE	IT	CY	LV	LT	LU	HU	MT	NL	AT	PL	PT	RO	SI	SK	FI	SE	UK	IS	NO
Password (PW) protected access	94	94	97	92	97	97	95	100	59	93	88	97	100	72	100	92	96	100	94	95	94	86	97	80	92	94	100	98	98	100	100
PW protection of transmitted files	57	57	60	77	65	71	63	76	40	56	39	59	70	41	100	45	54	57	47	62	60	63	62	62	64	69	56	27	58	83	59
Encryption of transmitted files	42	42	64	49	31	68	53	85	22	35	36	30	45	19	50	32	42	31	21	36	46	40	26	44	32	28	14	20	42	37	58
Use of e-signatures	19	19	22	68	49	93	7	58	15	24	16	11	40	13	0	12	12	7	9	28	12	11	5	12	20	19	16	41	10	43	48

Base: All GPs. **Indicator:** D4 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

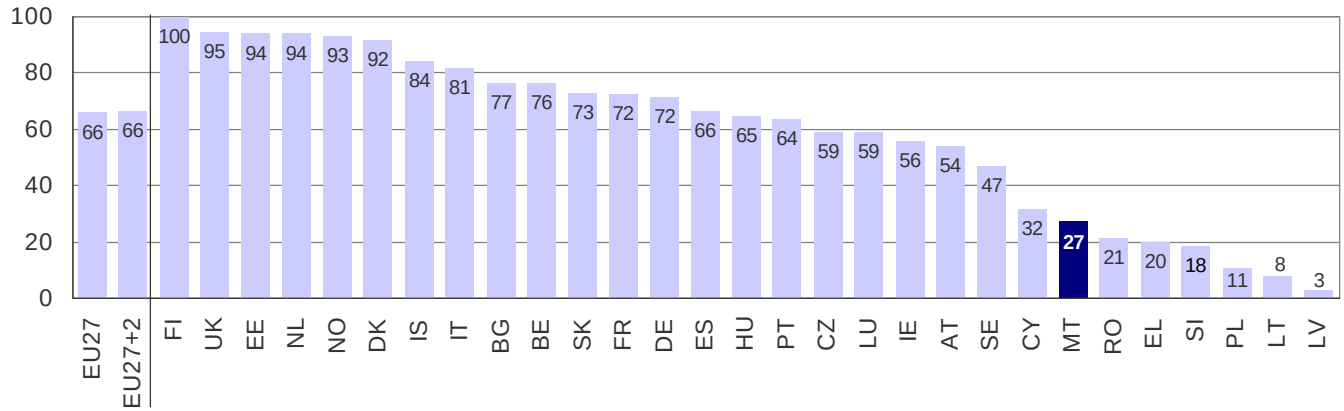
Computer use in consultation

Apart from the storage and exchange of patient data, a computer can also be used in direct interaction with the patient, i.e. during the consultation in the practice. It can be used to display a patient's file to the practitioner, to provide supporting information when making treatment or medication decisions, but also for the explanation of medical issues to the patient, e.g. by means of a graph, photo or animation.

Malta heads a group of seven countries, where computers are used for consultation with the patients in less than 30% of the GP practices. With only 27% of Maltese GP practices using a computer for consultation purposes, the country ranks well below the EU27 average of 66%. While roughly one out of two Maltese GP practices is equipped with a computer in the consultation room, only around one out of two of those GPs that have a PC at their disposition actually uses it for direct interactions with the patient. These figures place Malta on a par with Cyprus, where both the availability and the use of a computer for consultation purposes are on a similar level.

When it comes to the use of a computer in consutation with the patients, a huge gap can be observed between frontrunners countries with more than 90% of computer use (Finland, United Kingdom, Estonia, the Netherlands and Denmark) and the countries following or lagging behind.

Computer Use in Consultation with the Patient in Malta



Base: All GPs. **Indicator:** B2 (cf. annex for more information), % values. **Source:** empirica, Pilot on eHealth Indicators, 2007.

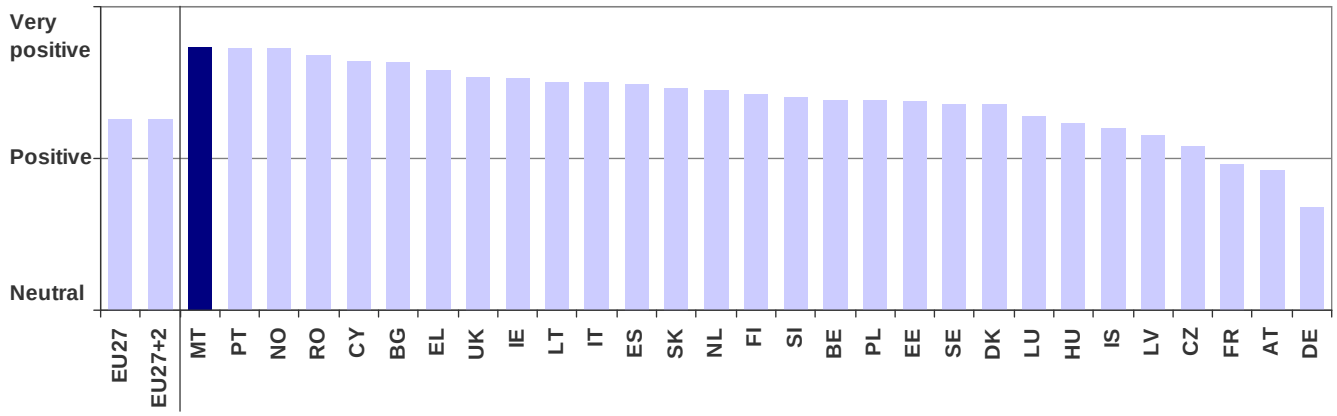
Attitudes and Impacts

What role do ICTs play in the day-to-day work of a European General Practitioner? What is a GPs general attitude towards ICT and what facilitators and barriers towards a wider uptake of eHealth do they perceive? What are the impacts of eHealth?

GPs in Malta are very positive when it comes to the question whether ICT really and tangibly improves the quality of health care services. They are even more positive than all other of their European counterparts. When looking at the other countries it is interesting to see that in none of the 29 countries under observation a negative attitude is prevalent.

This positive attitude seems to have nothing to do with whether a country is more of an eHealth laggard or a frontrunner. Those countries displaying an only moderately positive attitude (such as Germany, France and Austria) are all average eHealth performers. At the same time, GPs using eHealth and practising in countries that can be considered eHealth laggards (e.g. Greece, Cyprus or Romania) show an attitude that is more positive than the EU average. Since difference between the countries in relation to the perception of facilitators and barriers as well as eHealth impacts are only small, the following analysis focuses on the EU average results, reporting national deviations where they occur.

GPs General Attitude Towards ICT Use in Health Care in Malta



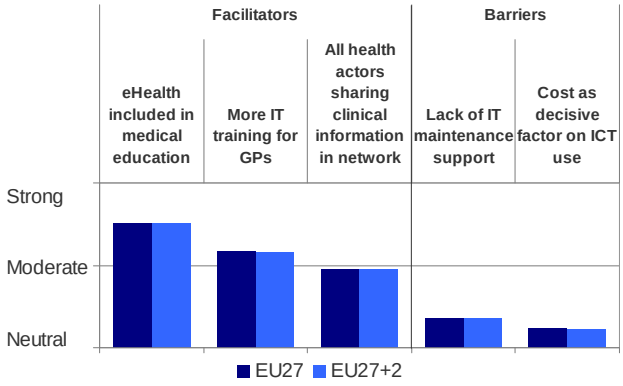
Base: GPs using computers. **Indicator:** F1 (cf. annex for more information), attitude scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

Perception of facilitators and barriers

Among the factors that could facilitate the diffusion of eHealth, most European GPs would prefer if the issue were included in the curricula of medical education. The second most important facilitating factor is related to IT training provided to the GPs themselves. Thirdly, a better networking of all health actors in order to share clinical information is also regarded as beneficial by a majority of GPs.

As regards the electronic exchange of clinical information, GPs in Germany, Poland, Iceland and Norway are less positive about this than the European average, but still mostly agree to a certain extent. Maltese GPs would also agree quite strongly to this idea. On the other hand, Greek, Lithuanian and Romanian GPs are considerably more positive on this issue than their European peers. In relation to IT training for GPs, practitioners in Denmark, Germany, Hungary and the Netherlands see this as a less important issue

GPs Perception of Facilitators and Barriers in the EU27



Base: GPs using computers. **Indicator:** F1b (cf. annex for more information), agreement scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

A majority of Maltese practitians however agrees that more IT traning would be useful in order to enhance the use of eHealth applications. They also represent the group of practitioners that favors most strongly an inclusion of software and IT releated subjects into the regular medical education.

When it comes to potential eHealth barriers, most practitioners seem — on average — to consider neither a lack of IT support nor cost as a factor that seriously hampers their use of ICT. This is true for Maltese GP practices as well. In some of the Eastern European Member States, GPs are however considerably more critical about both issues. A lack of IT support is seen as a barrier to eHealth — at least to a certain extent — by a majority. Perception of cost is less critical but still noticeably more so than for the EU average.

Noticeable deviations from these patterns can also be found in Greece, Spain and Ireland, here a majority of GPs somewhat agrees to the statement that a lack of IT support has a negative impact on eHealth use.

Perception of impacts

In Malta the perception of eHealth impacts all in all resembles the general pattern found in the EU27.

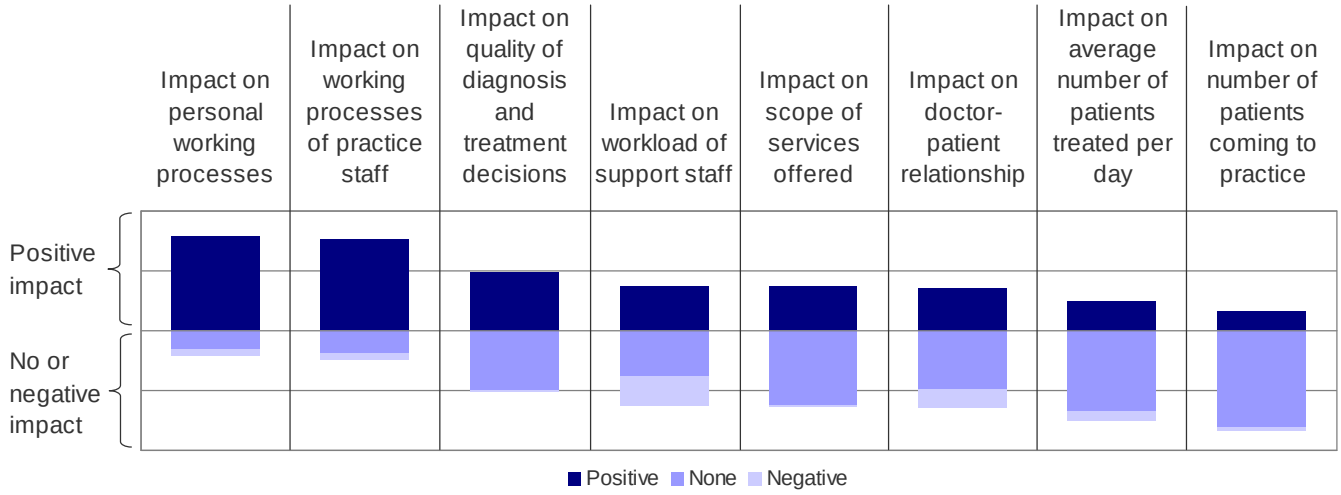
The general impact perceptions show quite a clear pattern: the GPs are most positive about the administrative impacts of ICT use in health care, namely impacts in relation to their personal or practice staff working processes.

When it comes to patient-related or medical impacts a more ambivalent picture emerges. For every GP being positive about those impacts, there is at least one other GP not perceiving any benefit. This is for instance the case in relation to impact on the quality of diagnosis and treatment decisions: here about half of the GPs see positive impacts as compared to the other half seeing no impacts. In case of doctor-patient relationship and the workload of the support staff — including nurses etc. — between 16% and 25% say that the impacts are actually negative, i.e. that the relationship to the patient has deteriorated or that the workload of the support staff has gone up. The latter could indicate that the brunt of additional effort created by ICT use is not borne by the GP but by the other workers in the practice. This is also not contradicted by the perceived improvement of working processes. For the practitioner this may be due to the fact that they are not burdened with additional work generated by ICT and for the rest of the practice staff improved working processes might mean that an overall increased workload is simply handled more efficiently. In Malta this pattern can be detected as well: although a majority (80%) of GPs perceive a positive impact on the working processes of the practice staff, roughly one third of the GPs are convinced that their staff's workload has gone up due to

the introduction of IT solutions. At the same time, around 40% of the Maltese GPs attribute an increase in the scope of services offered by the practice to the introduction of eHealth applications. In Europe, on average around one-third of the practitioners state that the scope of services offered by the practice actually increased due to the use of IT systems and software. It can be assumed that for those GPs IT is not just a tool to make existing — e.g. administrative — processes more efficient but to broaden the range of their activities.

GPs from eHealth frontrunner countries tend to be somewhat more positive about impacts on personal and staff working processes and also about impacts on the quality of diagnosis and treatment decisions. They perceive a higher increase in the scope of services offered by their practice compared to their colleagues in the other countries. At the same time, negative impacts on the workload of the practice staff are deemed to be stronger.

GPs Perception of eHealth Impacts in the EU27



Base Users of electronic records, or access to health networks, or electronic patient data exchange. **Indicator:** F1 (cf. annex for more information), attitude scores. **Source:** empirica, Pilot on eHealth Indicators, 2007.

The last two areas under observation here are the impact on the number of patients treated as well as on the number of patients coming to the practice. In Malta one out of three GPs reported an increase in the actual number of Patients coming to the practice or being treated per day. The majority of Maltese GPs however did not experience any changes in this respect. These figures go in line with the general impression by European GPs, most of whom did not report any changes in the number of patients coming to the practice or being treated per day. It might be of interest that in Malta only 2% of the practicioners esteem that the use of IT in the practice has had a negative impact on the doctor-patient relationship while 65% saw a positive impact. Maltese GPs are therefore more positive in this respect than most of the other European GPs.

Making Sense of eHealth Use Patterns in the Member States

Malta shows a very basic level of infrastructure availability as only 65% of GP practices own a computer and 55% are connected to the Internet. Quite astonishingly though, nearly all practices that are connected to the Internet use a broadband connection for this purpose: this pertains to 51% of all Maltese GP practices. While Malta scorese rather low in comparison to the other EU27 Member States with regard to computer and Internet use, it holds a solid mid field position for broadband connections.

Malta shows its best eHealth performance in the area of medical and administrative patient data storage and the use of a computer for consultation purposes. Yet even here usage rates lie quite far below the EU27 averages. Decision Support Systems are still rather the exception than the rule. Patient data transfer has as yet not very much arrived on the agenda of Maltese GPs: only 15% of the practices routinely transfer medical patient data and only 7% exchange administrative data electronically.

The issue of eHealth is new on the political agenda in Malta. Recently however many projects and reforms have been planned. In 2005 a national eHealth Vision was formulated by the Ministry of Health, the Elderly and Community Care. One year later it was approved by the government and fed into a public consultation process in order to receive feedback from the different stakeholders involved in the provision of health care services.

Maltese policy strategies with eHealth relevance
National ICT strategic plan

In order to broaden the scope of online health services the government launched several projects that are to enable health professionals to build and maintain standardized information websites. Another innovation in Malta is the eHealth Portal that offers many eHealth services including an online application for the European Health Insurance Card or an online patient referral system.

The most important eHealth project in Malta is the Integrated Health Information System (IHIS). The system is based on the precursor Patient Administration System (PAS) used by several hospitals today, and provides a basis for a national EHR. The new system will be expanded to be used not only by hospitals but also by other healthcare providers and patients. These projects – if realized according to plan - may well contribute to an increase in the storage and transfer of electronic patient data which are used today to a very limited extent only.

ANNEXES

The Pilot on eHealth Indicators Study

The "Pilot on eHealth Indicators" study was carried out by empirica in association with IPSOS on behalf of the European Commission, Information Society and Media Directorate-General. The purpose of the present study was to measure the availability and use of ICT by primary care physicians in the EU27 and EEA countries, achieved by means of a survey of primary care physicians on their use of ICT for communicating with patients and between primary and secondary care and other eHealth agencies. Through this survey up-to-date information and data on eHealth developments was obtained. In addition 29 Country Briefs for each of the Member States, Norway and Iceland were developed.

The Final Report

The Final Report of the study puts together all the results from the General Practitioner survey, including many indicators not used for this Country Profile. It also contains an extensive analysis of data, drawing a coherent picture of ICT use among General Practitioners in Europe.

Indicators used

The Final Report contains an indicator annex listing all statistical indicators covered by the survey, including those used for this Country Profile. The indicator codes used in the footnotes of the graphs and tables (e.g. B2, C1 etc.) can be used to identify the corresponding indicator in the list.

Methodology Report

The survey

Data used for this County Profile were collected by means of a survey of primary care physicians and their use of ICT with patients and between primary and secondary care and other health agencies.

The survey was carried out in all 27 Member States of the European Union and in Norway and Iceland. The fieldwork took place in the third quarter of 2007. It was coordinated by the German Ipsos branch Ipsos GmbH, Mölln and was conducted in cooperation with local partner institutes.

The survey was carried out in form of Computer-Aided Telephone Interviewing (C.A.T.I.). Exception is Malta where face-to-face interviews using P.A.P.I. methodology (Paper-and-Pencil Interviews) were conducted. In Sweden CATI interviews were used, until the sample was exhausted due to the specificities of the Swedish health system. The remaining interviews were accomplished through Computer-Aided Web-Interviews.

Universe/ Target Person and Sampling

The universe consisted of all General Practitioners in the respective countries. From the universe a random sample of practices / institutions with a quota on region and - where possible - private practice / institution was drawn. The target respondent within the practice / institution was selected via a random procedure if more than one GP were present. In total, 6,789 interviews were achieved. The sampling was done in a decentralised way and by each of the partner institutes.

Number of Interviews Conducted

	Country	Interviews
BE	Belgium	318
BG	Bulgaria	206
CZ	Czech Republic	304
DK	France	261
DE	Germany	253
EE	Estonia	150
EL	Greece	315
ES	Spain	325
FR	France	302
IE	Ireland	206
IT	Italy	290
CY	Cyprus	72
LV	Latvia	177
LT	Lithuania	263
LU	Luxembourg	63
HU	Hungary	251
MT	Malta	92
NL	Netherlands	258
AT	Austria	299
PL	Poland	351
PT	Portugal	284
RO	Romania	304
SI	Slovenia	103
SK	Slovakia	261
FI	Finland	250
SE	Sweden	267
UK	United Kingdom	257
IS	Iceland	103
NO	Norway	204
	Total	**6.789**

Weighting schemes

After the fieldwork, weighting coefficients were computed giving each country a weight according to its population size in the respective group of countries: EU27+2 (for all 29 countries surveyed), EU27 (all EU Member States).

More information

If you wish to be provided with more details, or to receive news and updates, please contact us at: indeh [at] empirica [dot] com or get in touch with us.

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