BACKGROUND

eHealth can have a positive impact on quality of healthcare, patient safety, the efficiency of care, cost-efficiency, and is associated with greater patient engagement. It uses **ICT in health**, combined with organizational change in healthcare systems and skills.

However, research shows that people with a low socioeconomic status, lower education, low literacy and low health skills are more likely to have **limited digital skills**. In order to include this group, organizations should recognize a difference in digital skill when developing and implementing eHealth applications.

**What are the perspectives and practices of e-health developers and policy-makers in hospital healthcare in The Netherlands on inclusive patient portal design for all?**

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**RESULTS** (preliminary)

- ‘I think these people already have it hard, are risk groups in healthcare, don’t have tools to improve it, and will only get behind even more. It starts by acknowledging that problem’
- ‘Not everything can be measured, education or culture is difficult. I don’t think it’s monitored, or monitored consistently in the EHR. We can’t analyse based on that’
- ‘I think you could get into making it accessible and understandable. But you can’t say that we will make it for everyone’
- ‘As long as we have a two-track policy, it is an alternative’
- ‘The patients we approach, we approach via email. This will already make the group non-representative’
- ‘When patients come we will have someone help them to log on and fill in the survey’
- ‘The portal is built from a technical point of view. Which is possible, because technology allows you what or what not you can do. However, that does not mean that it is usable for patients, or has value’

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**DIGITAL INCLUSION**

*an inventory of digital inclusive healthcare in hospitals*

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**DISCUSSION** (preliminary)

Digitally excluded patients are **hard to identify**. Low literacy is often not recognized by general practitioners. And patients tend not to disclose their illiteracy very easily.

User participation in software development often the **lacks acknowledgement** of people with disabilities. User involvement might take a lot of time, but makes software more succesful.

**Policies** need to be specific to national, regional and local conditions that go beyond technical imperatives. Incentives with a national program could enable organizations to change.

Striving for an inclusive society means that every stakeholder should take **responsibilities** that are within their capabilities.

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**CONCLUSION** (preliminary)

Patients with limited digital skills are **not included** in the development and use of e-Health applications. Although there is some awareness of digital exclusion, there is no desire to address this problem. The main reason is the lack of ability to do so and limited knowledge on solving it. An inclusive design is not aspired. However, it could be necessary when exclusion limits healthcare efficiency and the organizational health.

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**METHODS**

Qualitative research design using semi-structured interviews

*Thirteen participants in five hospitals, two research institutions, two software developers and one hospital association*

Varying functions in Information Technology, Nursing, Medicine and eHealth Policy all affiliated with Patient Portals

Questionnaire among Chief Medical Information Officers in The Netherlands

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**master**: Management, Policy Analysis and Entrepreneurship in Health and Life Sciences

**student**: Joey Woudstra

**commissioned by**: Athena Institute

**date**: June 22nd 2018

**supervisors**: Nicole Goedhart & Wieke Betten