



A Comparative Policy Analysis in the E-Health Industry Between China and the USA


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ABSTRACT

With the problems of neonatal survival and aging of the population becoming increasingly serious, the voice that longs for a new model of the medical industry is pushed to the limelight in the society. Gradually, a neologism “eHealth” is perceived by the public. A number of countries believe the eHealth industry will be the most promising industry in the 21st century, and policies should be made to promote its development. From the view of the policy tools, this paper proposes a theoretical analysis framework for the eHealth industry to compare the policies of the eHealth industry between China and the USA, who respectively enacted “Healthy China 2030” and “Federal Health IT Strategic Plan (2015-2020).” The results illustrate that China prefers to use “demand side policy,” which focuses on “legal and regulatory” and “public services.” While the USA prefers to use “supply side policy,” which focuses on “public services.” Moreover, this study unscrambles the specific policy terms and provides the policy recommendations for the further development of the eHealth industry.

KEYWORDS

A New Model, Demand Side Policy, E-Health, Federal Health IT Strategic Plan (2015-2020), Healthy China 2030, Legal and Regulatory, Policy Tools, Public Services, Supply Side Policy

INTRODUCTION

With the arrival of the third revolution of science and technology, information and communication technology and bioengineering have been unprecedentedly developed. Based on the combination of the above two key technologies in some countries or areas at the end of the twentieth century, a new model of healthcare—eHealth has come into being. It focuses on making the electronic information

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convenient and available, through which patients can manage their own health and information, providers can offer high-quality healthcare to users, public health entities can improve community health, scientists and innovators can advance frontier research (DeSalvo, Wyatt, & Swain, 2015). With the gradually severe influence of aging population, as a result, eHealth quickly got the favor and support of the public, and it soon had been referred to the national strategy all over the world.

The United States is the forerunner of the Electronic Medical Records (EMR). In 2004, President Bush proposed a 10-year plan to establish national eHealth records. President Obama released the American Recovery and Reinvestment Act of 2009 (ARRA) in 2009. It provided hospitals and physicians who “meaningfully use” the EHR with financial subsidies (Blumenthal & Tavenner, 2010). Recently, ONC (The Office of the National Coordinator for Health Information Technology) has implemented Federal Health IT Strategic Plan (2015-2020) to promote the domestic development of the eHealth.

In order to catch up with this new trend, the eHealth policy in China was run through in the Tenth Five-Year Plan and the Twelfth Five-Year Plan at the primary stage. It represented the emergence of the eHealth in China and established a basic framework for the further development. In 2009, The Ministry of Health released Health Records Architecture and Data Standards (Trial). This was the first time for China to set national standards for the eHealth. In 2016, China’s State Council issued “Healthy China 2030” as the guideline on propelling healthcare industry in China in the next 15 years.

In view of this phenomenon, this study conducts a comparative research of industry policy in the eHealth industry between China and the USA and investigates the industry policy involved in executing and developing in three different conditions. Meanwhile, this study also identifies the differences in how these two governments prioritize their industry policies to keep abreast of the new trends in science and technology and to satisfy the public’s demand for healthcare.

RESEARCH ON THE EHEALTH INDUSTRY POLICY

With the aging population, a great number of medical problems arose, including increasing chronic diseases, information asymmetries between physicians and patients, difficult and expensive medical treatment and scarcity of professionals and family cares. The rise of the patient-centered eHealth system will provide modern healthcare and medical services to improve disease prevention and diagnosis through advanced network integration, consulting and medical systems. The development of the eHealth can be dated back to 1985, the web/internet or PDA’s (personal digital assistant) were used to provide information. Then till 2004, with the term Web 2.0, which referred to the internet as an interactive medium that allowed users to not just passively consume information but also to upload it, used for the first time, social networks appeared that enabled contact among patients or healthcare professionals. Up to now, technology evolved into environmental systems, like wireless sensors that could be used to monitor and to provide real-time automated feedback at any place, space or time.

Combining health informatics with Telehealth and coordinating with some related elements such as E-commerce and E-learning (Wootton, Patil, Scott, & Ho, 2009) will make the eHealth benefit from Electronic Health Records (EHR), Remote Patient Monitoring and Treatment (RMT), telemedicine and mHealth so that it may revitalize the medical information exchanges more secure, acute, convenient and transparent (Ye & Wang, 2017). At the same time, citizens can electronically transmit, reserve and extract various clinical data by using it (Quesada-Arencibia, Perez-Brito, Garcia-Rodriguez, & Perez-Brito 2018).

The eHealth has 6 main systems, which include integrated health information systems, clinical information systems, secondary usage non-clinical systems, telemedicine and homecare systems, hospital information systems and GP (general practitioner) & other core systems, to play its role of public health & research support, health information, patient data management, healthcare delivery support, remote healthcare services and social care support, health education and to make sure that the values can be created and captured by the key players who consist of patients, providers, third-party

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