This 59th issue of the Swiss Medical Informatics is devoted to our 19th annual scientific symposium, hosted at the University Hospital of Basel May 2–3, 2006. Following the success of our 2004 meeting in Innsbruck, organised jointly with our German and Austrian colleagues, and the major Medical Informatics Europe 2005 held in Geneva last year, it was a challenging goal! And we thank all participants, for it has been a success!

On the theme of “interoperability and networked care”, participants could attend to more than 30 scientific presentations, including 5 workshops and 5 keynotes, all of remarkable quality. This symposium offered a broad view and presented the state-of-the-art situation in Switzerland of scientific, social, and economic information technologies, and their acceptance, applied to healthcare. It was focused on interoperability and networking of care, with most national experts within these domains. We closed our meeting in a fascinating roundtable session on “Is a national e-health infrastructure possible in Switzerland?” with representatives of the four major Swiss projects on networks of care: Marzio Della Santa for the Rete Sanitaria in the canton of Tessin, Alex Gnaegi for Infoval in the canton of Wallis, Antoine Geissbuhler for the project e-Toile in the canton of Geneva and Hans-Jörg Looser for the project of the canton of St-Gallen and the GDK-Ost.

Networking resources, research, and competences is probably the most important challenge and winning factor for the future. The papers presented in this issue are selected from the best contributions of this conference. All papers were reviewed by at least two independent reviewers, in addition to the editor. With less than 30% of acceptance, this rating is comparable with the best conferences worldwide. These papers illustrate the wide area of skills available in medical informatics for supporting networked care in our country, contrasting the general prejudice that Switzerland lacks expertise in that domain. Geissbuhler et al., in their paper entitled “e-toile: le réseau communautaire d’information médicale de Genève”, presented Geneva’s e-Toile project, which aims at connecting every healthcare professional in Geneva with a patient-controlled health information innovative network based on a distributed, peer-to-peer architecture. This project aims at improving the quality and the efficiency of the healthcare system while fostering patient empowerment. Such projects require important cultural changes and a high level of acceptance. There are several papers in the literature analysing the causes of failure or success of introducing information technologies in healthcare. Only a few of them present a large and well-conducted user-satisfaction analysis during the introduction of a new system in a large scale, statewide deployment. Gnaegi et al., in their paper “Satisfaction des utilisateurs du dossier patient informatisé valaisan ”, addressed this topic and discussed the acceptance of a shared multidisciplinary computerised patient record introduced in public hospitals in Wallis since 2002. Their conclusion was eloquent and emphasised the wide spectrum of key factors that influence success of such a project. Moving from hospital centric systems to all care providers and all citizens of a canton or state is another big challenge. With the future introduction of the Euro-compatible Swiss insurance card Switzerland will soon be facing this challenge. Therefore, pilot projects are of high importance to acquire expertise and avoid pitfalls. Such a project was presented by Cassis et al. in their report entitled “Die elektronische Gesundheitskarte im Kanton
The authors described the ongoing health smartcard project in the canton of Tessin, based on a strategic vision on the continuum of care between all care providers. Understanding how to successfully implement large scale networking in order to increase effectiveness and efficiency of the healthcare sector is a complex task requiring deep insight into the driving forces and mechanisms. It is therefore an important achievement to rely on a global framework such as proposed by Gericke et al. in their paper entitled "Netzwerkfähigkeit im Gesundheitswesen". Moving from a conceptual framework to running systems but keeping a high level of semantic and adaptability of systems is one of the usual problems encountered in healthcare. Such a problem is reinforced when facing a highly segmented market of software companies, such as in Switzerland. This does not always justify the considerable investments needed to build coherent and shared patient records. Some important achievements to facilitate such development were made at the Hospital of Solothurn and were presented by Bielecki et al. in their paper “Konzeption einer asynchronen HL7 ADT Schnittstelle zu einer elektronischen Patientenakte zwecks weiterer Integration von Befundsystemen”. The ability to share documents, including images and lab results in a national existing secured network, at low costs with immediate results, was presented by Lovis et al. in their work entitled “Sharing clinical documents in a national care provider network to support community based-medicine”. These results were based on a project running since several years at the University Hospital of Geneva. In almost all projects in healthcare, one of the first challenges is to identify unambiguously all actors involved, such as patients and care providers, if not all citizens. The use of international standards, for example EAN, was described by Oertle in his paper “Einheitlichkeit um Individuelles zu Erkennen: kein Widerspruch bei Identifikationssystemen”, emphasising the importance of standardisation when connecting to the world. Strategic involvement of policymakers and governments was discussed by Ziegler in his position paper “Nationale Gesundheitsinfrastruktur – Die zentrale Bedeutung einer geordneten eHealth-Vernetzung Schweiz”.

The last paper was devoted to an important and often underestimated problem: how to standardise clinical documentation without compromising working procedures and acceptance of a clinical information system. This point was discussed by Cohen et al. in their work entitled “Démarche de standardisation des documents de travail des hôpitaux dans la construction d’un système d’information clinique”.

This brief overview cannot be ended without mentioning the laureates of the traditional SGMI/SSIM scientific awards given by Eusebio Passaretti on behalf of our association at this conference, rewarding the best scientific contributions. The best paper award was given to Mr Paul Cohen for his paper “Démarche de standardisation des documents de travail des hôpitaux dans la construction d’un système d’information clinique”, acknowledging the important work made within the Infoval project in the canton of Wallis. Mrs Asmaâ Hidki, Geneva, was awarded for the best poster entitled “Putting the image into perspective: The need for domain knowledge when performing image-based diagnostic”, encouraging her career as a young scientist.

We would like to congratulate all participants of this conference, for the quality of their contributions and for their attendance, which makes our success. The contribution of the Swiss Society of Medical Informatics is to show the quality of our research, and to bring this research towards care providers and industry. Concrete projects should be presented at all levels, from general practitioners to cantons and state, helping to improve patient care, outcome and care efficiency.