

Health and social sectors with an »e«



This booklet contains an executive summary of the report TemaNord 2005:531, Health and social sectors with an “e”. The report is published electronically in English on www.norden.org/publications and may be downloaded from this adress.

ANP 2005:741

Health and social sectors with an “e”

© 2005 Nordic Council of Ministers, Copenhagen

Design: Kjell Olsson

Photo pp. 2, 6 & 7: Inger Wiklund

Illustration p. 8: Kjell Olsson

Copies: 2,000

Print: Arco Grafisk a/s, Skive 2005

Printed on environmentally-friendly paper.

This publication can be ordered on www.norden.org/ order. Other Nordic publications are available at www.norden.org/publications

Printed in Denmark



Nordisk Council of Ministers

Store Strandstræde 18

DK-1255 Copenhagen K

Phon (+45) 3396 0200

Fax (+45) 3396 0202

Nordisk Council

Store Strandstræde 18

DK-1255 Copenhagen K

Phone (+45) 3396 0400

Fax (+45) 3311 1870

www.norden.org

Nordic co-operation

Nordic co-operation, one of the oldest and most wide-ranging regional partnerships in the world, involves Denmark, Finland, Iceland, Norway, Sweden, the Faroe Islands, Greenland and Åland. Co-operation reinforces the sense of Nordic community while respecting national differences and similarities, makes it possible to uphold Nordic interests in the world at large and promotes positive relations between neighbouring peoples. Co-operation was formalised in 1952 when the Nordic Council was set up as a forum for parliamentarians and governments. The Helsinki Treaty of 1962 has formed the framework for Nordic partnership ever since. The Nordic Council of Ministers was set up in 1971 as the formal forum for co-operation between the governments of the Nordic countries and the political leadership of the autonomous areas, i.e. the Faroe Islands, Greenland and Åland.



Health and social sectors with an »e«

This report is the result of a study carried out on request of the Nordic Council of Health and Social Ministers, by the partners of the Collaborative Network of Nordic eHealth Competence Centres (MedCom/Denmark, KITH/Norway, STAKES/Finland, Ministry of Health/Iceland, and Carelink/Sweden). The report describes the use of IT in health care and social services in the Nordic countries. The purpose of the study is to enhance the opportunity for the Nordic countries to learn from each other and to co-operate in a larger extent.

IT in the health and social sectors has the potential to improve welfare while simultaneously improving the efficiency of systems. Budgets are becoming increasingly strained, the population is ageing, working time is becoming more expensive, and people are demanding individualised and seamless care. The availability and quality of services need to improve, as does the attractiveness of the sector for future personnel.

eHealth and eGovernment are the definitions used in the literature, covering IT within health care and social services. eGovernment includes the whole public sector and thus also activities in local authorities. It is intended to provide better service, delivered more efficiently, all for the benefit of citizens, businesses, and the public sector. It is more about government than about “e”, and focuses on a range of issues such as how to collaborate more effectively across agencies to address complex, shared problems; how to enhance customer focus; and how to build relationships with private sector partners. eGovernment is not simply about transforming manual procedures into IT systems.

There are challenges to overcome before we can reap the benefits of recent advancements. One of the greatest challenges concerns decentralised systems and the major effort required to co-ordinate development. Costs and benefits from investments may not fall within the same organisation, which reduces incen-



tives. Furthermore, inadequate management has in some cases also been a barrier to change, as well as laws and regulations. Technical problems have decreased in past years, but the organisational problems in this process should not be underestimated. Another important finding is that activities based on market forces, e.g. development of digital services based on citizen demands and needs, seem to be lagging behind. The “e” is not an end in itself. Simply making current administration and services electronically available is not enough.

IT for health and social care

Strategic plans and proposed activities for IT development in the Nordic health sectors focus on the same components. To share information is an overall goal, which implies activities related to electronic patient records (EPR)/electronic health records (EHR), security, telemedical consultations, classification and standardisation, regulation, and web-based services. However, the financing and the structure of the system define the context and challenges.

Sweden does not have a fully developed IT strategy at the national level, for the health sector. However, a strategy group established in 2003 is working on the development of IT strategies. The group covers several sectors in the economy, including the health sector. The Swedish county councils are relatively independent, and have their own strategies for IT development and co-operate on a voluntary basis. The national health net Sjunet was implemented 1998–2000. Since 2003 technology has been based on VLAN which is separate from the Internet. In **Denmark**, the national net has been developed from regional nets and pilot projects all over the country in the mid-1990s. The net was transferred to internet in 2002. The current strategy was launched in 2003, i.e. “National Strategy for Information Technology in the Health Care System 2003–2007”. The overriding aim of this strategy is to assure that shared information becomes the foundation for seamless care and patient involvement. **Norway** is now in its third national plan for eHealth. The previous plan, Si@!, focused on electronic communication

within the health and social sectors, telemedicine, national health net, and public information. The national health net was implemented from regional nets in 2003. The plan for 2004–2007, i.e. Te@mwork 2007 (S@mspill 2007), has a dual focus. The first focus is to further improve information flows between parties who have already started with electronic co-operation. The second focus of the plan concerns the inclusion of new parties, such as municipalities. In **Iceland**, the strategy for developing an information society (2004–2007) includes goals for the health sector. One important goal is to establish a health net that will link all institutions within the sector by the end of 2006. In **Finland** the Government recently initiated four programmes, one of which is a programme for the information society. Communication technology in the health sector is a major component of this programme. The strategy covers plans for seamless social welfare and health care services and electronic regional information system. The strategies at the national level are complemented by strategies at the **European** level. The eEurope 2005 Action Plan sets out several policies and targets concerning the use of IT in the health sector, within fields such as electronic health cards, online services, and health information networks. In April 2004, the Commission presented an Action Plan for eHealth within Europe. The mission in this plan is similar to those in the national strategies for eHealth in the Nordic countries.

This report shows that some of the countries have come farther than others regarding eHealth. Sweden, Denmark and Norway have national nets and now pay more attention to the activities needed to increase communication on these nets, e.g. security, regulation, standardisation, and applications. Involving more actors and increasing collaboration and communication flow are also important ambitions at this stage. Lack of co-ordination is a barrier for IT, and all Nordic countries have organisations established for the purpose of co-ordinating and promoting the use of IT in health care. Several initiatives have been undertaken aimed at co-ordination not only between various organisations within the healthcare sector in each country, but also between sectors.



Examples of IT collaboration and service development

Experiences from eGovernment and eHealth have shown that one great challenge facing the countries is collaboration among agencies, municipalities and other actors to reap the benefits offered by advancements in technology. Another challenge is focusing on efficiency and development of services according to needs of the citizens, and not on the digitalisation in itself.

The SATS project in Norway, with the purpose of increased coordination between the labour market and social security systems, is an example of IT-based development where digitalisation of information is part of a large institutional reform aimed at improving efficiency in organisations and services for vulnerable groups. Also other Nordic countries are planning for electronic communication between the social security and the healthcare sector. In Sweden, the Swedish National Tax Board, the National Board of Health and Welfare, Carelink, and the National Social Insurance Board are jointly discussing the possibilities to transmit documents electronically between the healthcare sector and these agencies, for the purpose of saving money and reducing processing time. In Denmark, the eGovernment project covers many of the aspects needed to implement inter-agency collaboration, and a mutual, cross-public initiative has been launched for interoperability and communication between authorities. One part of the eGovernment project in Denmark focuses on children and adolescents at risk. The aim is to use IT for improved routines, better matching between the needs and interventions, better management of information system, and easier inter-agency co-operation between public authorities. This is an example where digitalisation is not the end in itself, but a means for improving services. Regional coop-



eration may also improve services. In Finland, specialist social services are shared between nine co-operating regional centres of excellence in social welfare within the eConsultation project.

Home care for the elderly and other target groups is undergoing rapid development in all Nordic countries, and IT plays an important role in this. New concepts and new applications are developed to improve independent living among the elderly and disabled by utilising assistive technology. Securing seamless care and co-ordination between organisations is essential in this development.

Applications within eHealth can be categorized into administrative support (such as EHR), Telemedicine, E-messaging (such as e-prescriptions and e-referrals), Web-based health information, E-education and Knowledge databases (such as quality- and outcome registers).

Many applications remain at the project stage and have yet to be disseminated on a larger scale. The activity level is high and from a European perspective, the Nordic countries are at the forefront regarding the use of IT in health and social services.

There is a potential to share good examples between countries and to exchange experiences with counterparts. Benefits from Nordic co-operation also stem from the fact that the national markets for these services are small. A larger Nordic market could support increased market mechanisms. Today, the three national nets in Sweden, Norway and Denmark are connected technically, creating a Nordic Healthcare Net (NHN).



norden

Nordic Council of Ministers

Store Strandstræde 18
DK-1255 Copenhagen K
www.norden.org

Concluding Remarks and Recommendations

To fully exploit the learning potential within and between countries, indicators should be developed that make it possible to assess and evaluate progress in the countries in a compatible way. This would yield useful information about one's own achievements, and show where useful lessons can be learnt.

Activities for developing IT applications in the health sector have advanced, but progress has been slower in other social services. The social service sector could benefit from the lessons learned in the health sector, e.g. the need to solve “sow-harvest” problems, the benefits of breaking down traditional boundaries and collaborating, the need for a co-ordinating body and the importance of focusing on the need to improve services.

The Nordic countries have reached a stage where the national level of development in this field has extended to a Nordic level. This is partly a result of the Collaborative Network of Nordic eHealth Competence Centres, a voluntary group for experience exchange and common activities regarding ICT in healthcare. However, this Nordic co-operation needs to be strengthened and more structured, with the appropriate resources, legal foundation, skills and capacity, to further develop and exploit common solutions. The Nordic Healthcare Network, which connects the national healthcare data networks in Denmark, Norway and Sweden, opens new opportunities for a Nordic market of health services. This increases the potential for service development and improved efficiency.

