NATIONAL INSTITUTE FOR HEALTH AND WELFARE

EHTEL

EUROPEAN HEALTH TELEMATICS ASSOCIATION

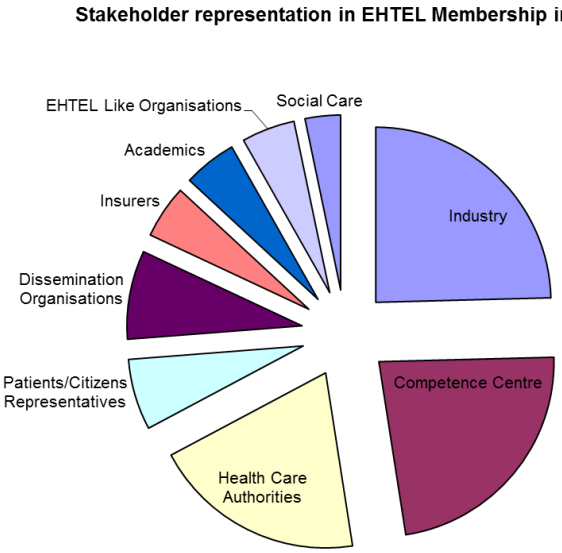
Peer Review eHealth in Finland in a European Context

Marc Lange, Secretary General

Nordic eHealth session, Turku (FI) 28 May 2013

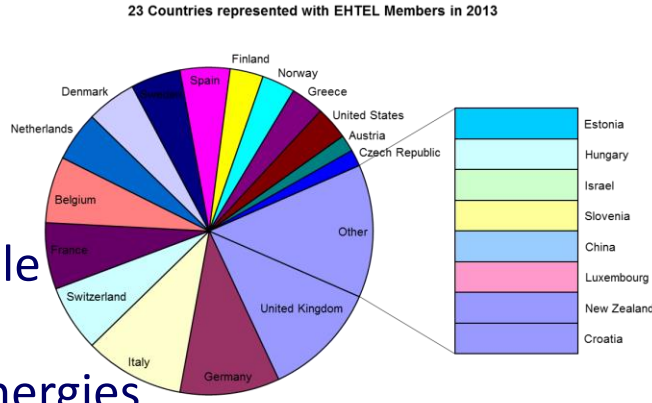
European Health TELematics

- **A cross-(any)border and multidisciplinary collaboration forum**



Authorities And Payers

Sustainable and large scale eHealth deployment requires engagement and synergies



Industry ⟷ Users

Our Activities

Our platform enables an overview

S114E7220

EHTEL Peer Review

- One of the EHTELconnect services proposed by EHTEL to its members

Recommended by

in 2010

- Objective: to assist organisations
  - in self-benchmarking
  - their eHealth strategy / action plan / implementation
  - with similar communities
- Not a “Peer review” in academic sense, aiming at evaluating the performance of a professional

- Ran for the first time in 2009 for the MoH of Sweden

Outcome of an EHTEL Peer Review

- A two-day workshop
  - During which the programme/project managers from the inviting organisation(s)
  - Present and discuss their eHealth programme and projects
  - Before an audience of “Peers”, member of the EHTEL Network
- A workshop report
  - Compiles the presentations and the discussions among experts
  - Concludes with observations organized in the form of a

The Peer Team

- Multi-stakeholder
  - Consultancy organisations
  - Service delivery organisations
  - Public authorities
  - Industries
- Multi-disciplinary
  - Physicians, pharmacists, economists, IT and Business administration experts, experts in political science
- European/international
  - Belgium, Denmark, Estonia, France, Germany, Israel, Netherlands, Norway, Sweden, United Kingdom (England & Scotland).

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NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Workshop Report

Peer Review
eHealth Strategy and Action Plan of Finland in a European Context

Helsinki, Finland
26 - 27 February 2013

Report Compilation:
Dr Stephan H Schug MD MPH, EHTEL
Ms Diane Whitehouse, EHTEL

Version 0.16 of 23 May 2013

This expert peer review has been facilitated by EHTELconnect membership services

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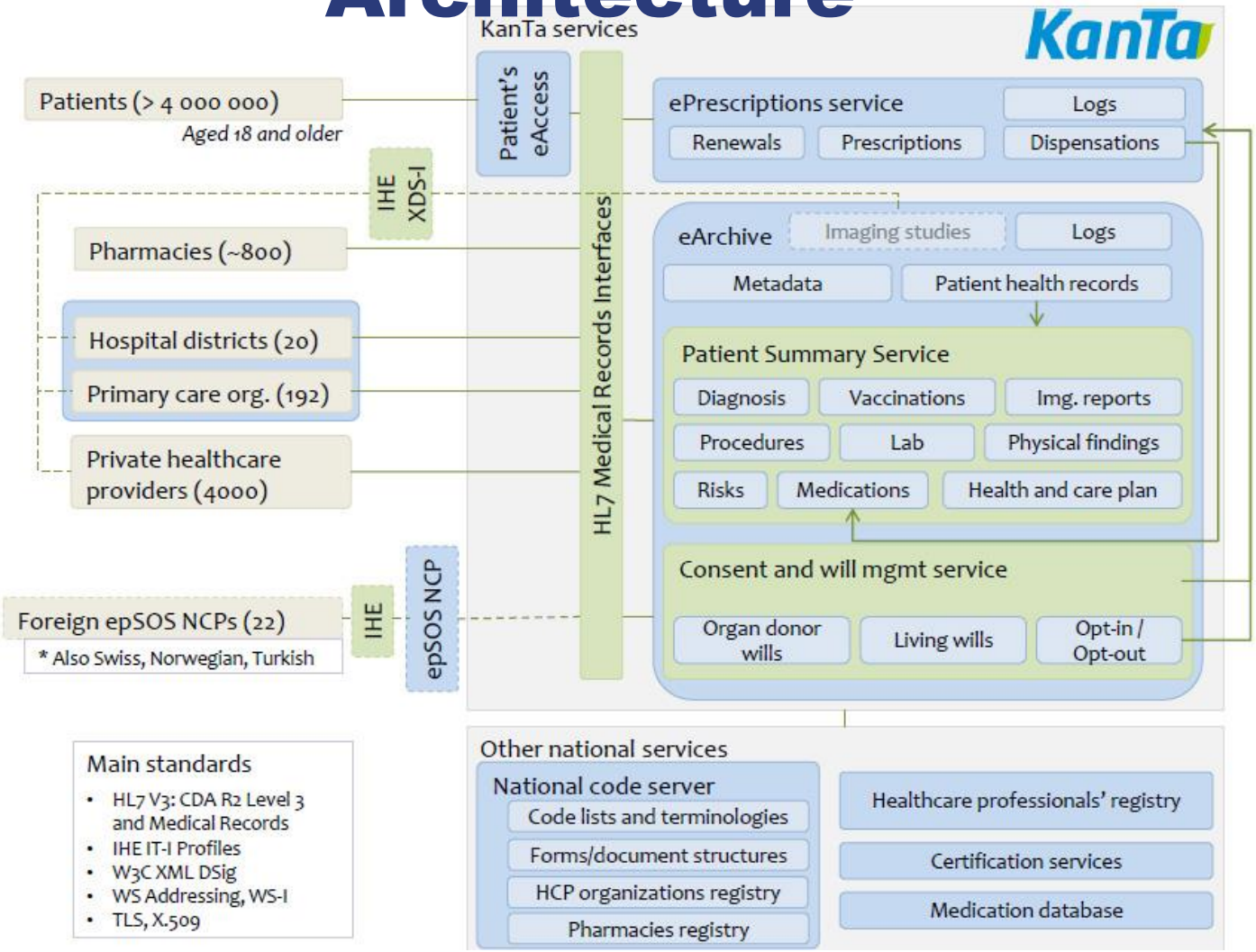
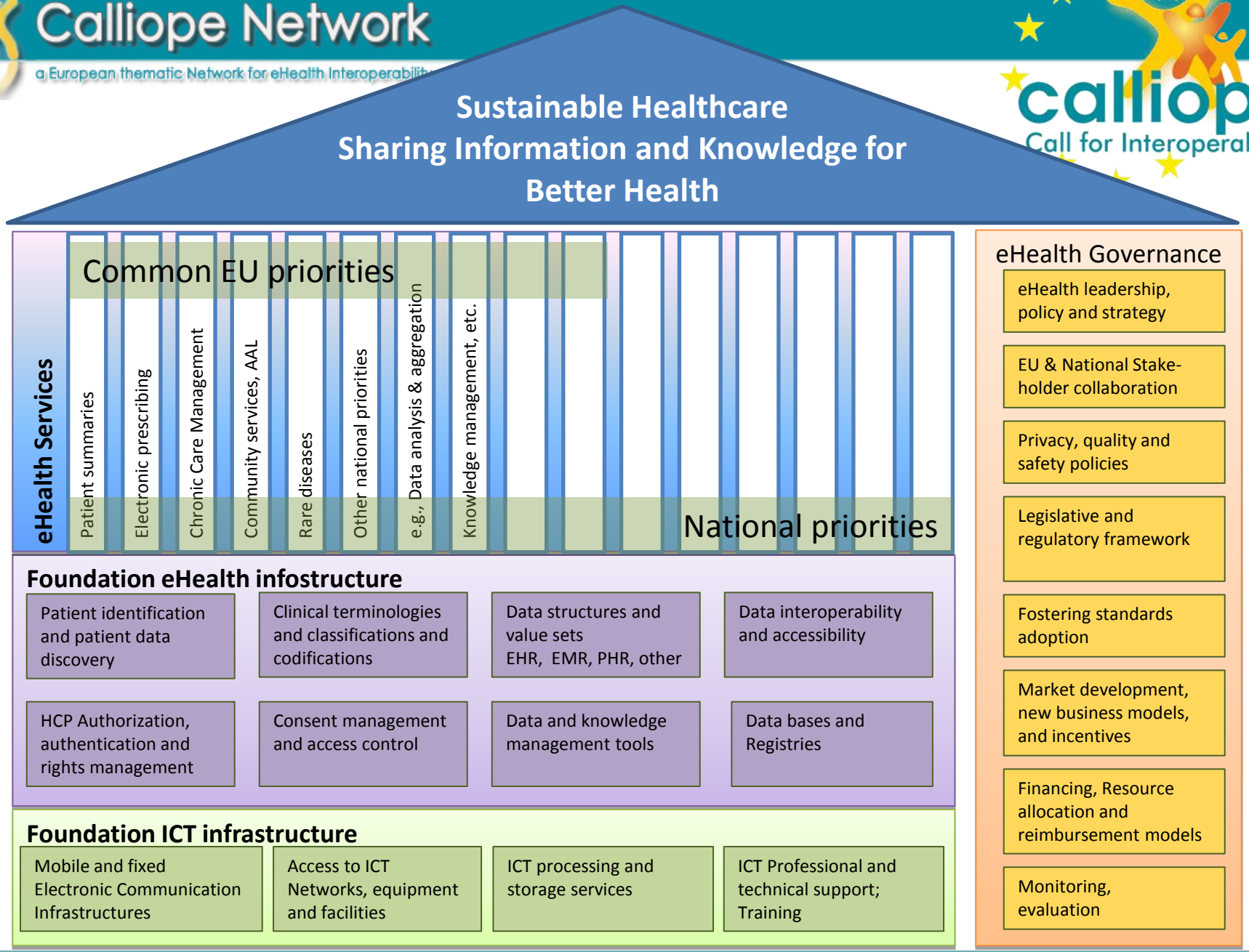
Disclaimer

- Overall, the presentations made were considered by the peer review experts to be comprehensive and detailed.

- However, they could have been improved regarding two areas of focus.
  - First, throughout the series of presentations, no precise “case studies” were discussed in any detail.
  - Second, there were no presentations from senior clinicians or more local operational managers (such as domain experts and champions).

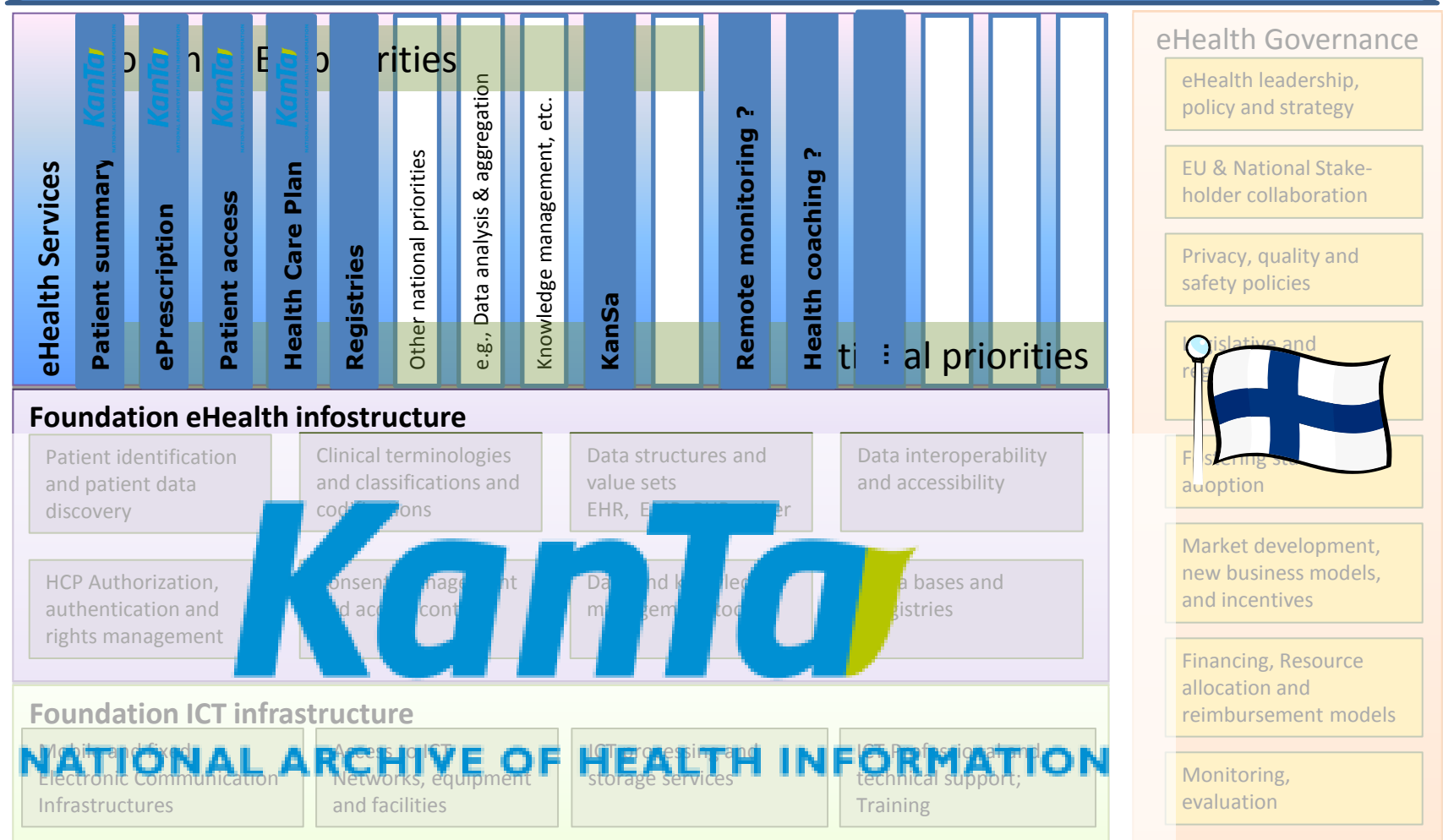
Scope: the eHealth National Architecture




Sustainable Healthcare
Sharing Information and Knowledge for Better Health
eHealth Services
Common EU priorities
Patient summaries
Electronic prescribing
Chronic Care Management
Community services, AAL
Rare diseases
Other national priorities
e.g., Data analysis & aggregation
Knowledge management, etc.
National priorities
Foundation eHealth infostructure
Patient identification and patient data discovery
Clinical terminologies and classifications and codifications
Data structures and value sets EHR, EMR, PHR, other
Data interoperability and accessibility
HCP Authorization, authentication and rights management
Consent management and access control
Data and knowledge management tools
Data bases and Registries
Foundation ICT infrastructure
Mobile and fixed Electronic Communication Infrastructures
Access to ICT Networks, equipment and facilities
ICT processing and storage services
ICT Professional and technical support; Training
eHealth Governance
eHealth leadership, policy and strategy
EU & National Stake-holder collaboration
Privacy, quality and safety policies
Legislative and regulatory framework
Fostering standards adoption
Market development, new business models, and incentives
Financing, Resource allocation and reimbursement models
Monitoring, evaluation

Calliope Network
a European thematic Network for eHealth Interoperability
calliope
Call for Interoperability

Sustainable Healthcare
Sharing Information and Knowledge for Better Health



KanTa to move in operation

Timetable 2010–2016

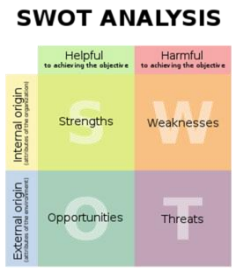
Act on Health Care 2nd Phase

Patient Directive Implementation

OPER

	2010	2011	2012	2013	2014	2015	2016
ePrescription		(31.03.2011)	31.03.2012	31.03.2013	31.03.2014		
Pharmacies: obligatory to connect	19.05.2010	----------	31.03.2012	----------	----------	----------	----------→
Public Health Care: obligatory to connect	20.05.2010	----------	----------	31.03.2013	----------	----------	----------→
Private Health Care: obligatory to connect			----------	----------	31.03.2014	----------	----------→
eArchive		(31.03.2011)			31.08.2014	31.08.2015	
Public Health Care: obligatory to connect		15.11.2011	----------	----------	31.08.2014	----------	----------→
Yksityinen th: obligatory to connect			----------	----------	----------	31.08.2015	----------→
eAccess for Citizens		(31.03.2011)					
ePrescriptions: eAccess service open for use	19.05.2010	----------	----------	----------	----------	----------	----------→
eArchive: eAccess service open for use		15.11.2011	----------	----------	----------	----------	----------→
Patient Care Summary for Healthcare Professionals					31.08.2014		31.08.2016
Phase 1: obligatory			----------	----------	31.08.2014	----------	----------→
Phase 2: obligatory			----------	----------	----------	----------	31.08.2016

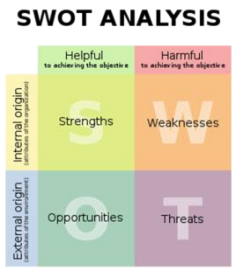
Strengths (internal origin/helpful)



- World-level benchmark

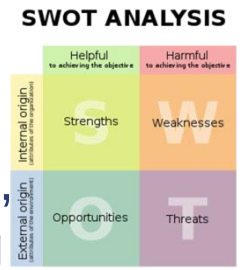
- A strategic change management programme
  - It provides a compelling vision of integrated care
  - It is supported by an appropriate legislation to meet
    - Societal and financial challenges and
    - The need to modernise the health and social care systems
- Quality deployment process:
  - Early start, hence there is already a long experience
  - General overcoming of resistance to change (e.g. through education),
  - System's timeliness and responsiveness

Strengths (...)



- Finland is sitting on a metaphorical "**gold mine**"
  - The quantity, timeliness and quality of health data entered and collected from routine healthcare is impressive.
  - Almost all records are “electronic from birth”
  - Today, the country has direct access to a source of valuable information and resources

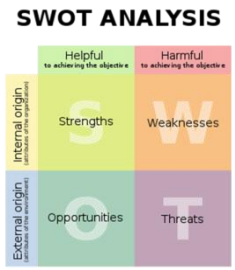
Weaknesses (internal origin/harmful)



- The context of care:
  - New care pathways, chronic disease management, patient empowerment are required for modernising the health and social care system.

- Healthcare practitioners could have a more proactive role:
  - They should act as coaches and guides to support health care improvement, working with "communities of patients" or "communities of providers".

Weaknesses (...)



- Limited return-on-investment and benefits analysis:
  - Because an infrastructure is mainly an enabler and requires services to deliver clinical and economic value

- The policy behind the tools:
  - To focus on what the health system overall is attempting to achieve, and on what the crucial policy and political decisions.

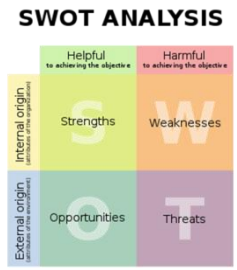
Opportunities (external origin/helpful)

- Policy, governance and organisation
  - Invitation from Mr. Esko Aho to seek for positive disruptive innovation in the Finnish health/social care system
  - The creativity of the actors involved, which requires appropriate incentives to act
- Leadership, business and benefits
  - Finland has a leadership position with regards to the transformation of health and social care systems
  - Need for evidence on clinical effects of the changes to the system and their measurement
  - Need for quantitative indicators e.g. on adverse events

Opportunities (...)

- EHTEL think thank
  - To showcase solutions in place in Finland
  - To compare and contrast eHealth systems and their impact on the transformation of the health care system
  - To promote the peer review process as a bench-learning tool for both advanced and emerging eHealth systems

Threats (external origin/harmful)



- The demand for personal health data from citizens and patients may
put the service provision under stress
- Risk of overload of information because of the volume of collected data
- The value and sensitivity of the data held inside the various health and care systems increases risks

Highlights

- A long-term development of eHealth systems and services, developing from a mainly localised approach towards a more national-level approach
- The apparent openness, trust, and transparency makes it a very helpful setting in which to develop eHealth systems
- An impressive degree of regionalism and local "democracy“

- While the "first generation" tools have now reached its limitations, Finland has to move to a next generation of services.

Thank you

- On behalf of the EHTEL team

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This expert peer review has been facilitated by EHTELconnect membership services

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