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Healthcare IT Policy in the Nordic Countries

HITM: The Nordic Region is Seen to have Some of the Most Advanced Healthcare Systems in Europe. What do You Think are the Reasons for this ?

Pentti Itkonen (PI): Nordic systems are taxation based, locally administrated and every citizen has equal access to services. The markets have only a little influence on the functions of health care systems. At the political level, equity and equality are important priorities. At the same time, productivity and efficiency are coming to the political agenda.

Daniel Forslund (DF): It is true that the Nordic region has a very good reputation for having very developed healthcare systems. This is the reason why we are talking about the 'Nordic model'. Here, in the Nordic region, the health service is a public matter, all countries having well-established healthcare systems. The Nordic approach based on a large tax-funded public healthcare sector today is undergoing a dynamic chance, which provides many new opportunities for the free choice of patients within the system. At the present moment, our key priorities are, on the one hand, patient empowerment and patient involvement, and on the other, increasing availability by encouraging new private healthcare providers. New e-Health tools are vital in this renewal process.

HITM: What is the Future of the Nordic Healthcare Model – in Terms of Financing, Organizing and Delivering Healthcare? Will There be more Convergence Between Nordic Countries, and between Them and the EU – Speaking Specifically About Norway?

PI: In the main aspects, the models are already close to each other. I don't see reasons for more convergence in organizing, or delivering health services. In the eHealth sector, common standards will be one important issue for co-operation between the Nordic countries and the EU.

DF: The classic Nordic model has historically been comprised of a large public sector, active labour market policies, high reimbursements levels for social welfare as well as high taxes, and a general commitment to social equality. For this reason, the patients must have equal rights as far as access to health treatment is concerned. Alongside, another priority on our agenda is efficiency- related.

So, if the healthcare system must be an efficient and modern one, we must introduce new ways for patients to access and communicate with healthcare as well as introducing a new approach for patient involvement amongst healthcare professionals.

Moreover, though we are still talking about a strong public financed system, the strongest possible participation of private healthcare providers is also highly encouraged. At the present moment, the healthcare system is characterised by a wide variety of private and public providers/actors. This is especially strong in the primary care sector. What is important is that increased market competition accompanies an increase in the quality of care. As a consequence, an increase in competition triggers both efficiency at the governance level as well as patient satisfaction.

In terms of convergence between the Nordic countries and the EU, it should be stated that there is increasing cooperation. In the context of the ongoing discussions about the possible need for a EU Directive on Patient Safety and

Mobility, such a cooperation is also becoming more necessary. Patients must be ensured access to healthcare treatment in all Member States as ruled by the European Court of Justice. On the other hand, this increased interconnection raises many health policy issues, including quality and access in cross-border care, information requirements for patients, health professional and policy-makers and how to reconcile national policies with European obligations. All in all, I have to acknowledge this this is a good trend. Even though the healthcare systems within the EU may differ, we have similar visions for improvement and also meet similar challenges to realise that vision. The benefits of a closer cooperation is selfevident.

As far as convergence between different Nordic countries is concerned, there is already a strong tradition of collaboration between different hospitals in many regions between Sweden and Finland, Sweden and Norway, and Sweden and Denmark. We have formal cooperation in areas such as medical devices (eg. telemedicine services) with the aim of reducing long waiting lists for certain treatments.

HITM: In Sweden, We Know There has been Political Debate about Privately Run Hospitals (like St. Göran's Hospital in Stockholm). They Serve the Public but are Run for Profit, and Could not Continue in Their Present form. What is the Status of this Today ?

DF: Since October 2006, there has been a major change in policy towards for-profit private healthcare providers. The law has been abolished. Now there is a free market for healthcare providers, so generally there is a change in policy. We have a more open approach to competition and ,

all in all, the situation is better. Privatising hospitals is a way to increasing availability for patients and encourage a positive competition based on quality between public and private healthcare providers.

HITM: Hospital IT Departments are at the Centre of Many Changes – e- Health and e-Business are New Developments Alongside Their Traditional Roles in Administration and Operations. Are These Forces Having an Impact on Hospital IT Departments in the Nordic Region?

PI: In the future, every hospital is unlikely to need a traditional IT department, with their own strategic management and strategic objectives. The 'hospital' itself, as we know it, will become part of a larger and broader strategic implementation of new services for citizens and healthcare professionals.

DF: e-Health is a renewal force and it is successful in establishing a new era of cooperation. For this reason, the new National Coordination Secretariat for eHealth (in Sweden) deals on ways to implement the National Strategy for e- Health. I will talk more about this later, but it should be kept in mind that all new investments follow now the basic principles set out in the National Strategy. The IT departments at the local level are strongly encouraged to follow recommendations coming from the national level.

HITM: What are the Key Challenges and Priorities for Healthcare IT in the Nordic Countries ? For Example, Interoperability and New Standards, Legacy Systems, Skills Availability, Budgets ….

PI: Strategically, the key challenge is to move from an organization-centred strategy to a citizen-centric one. We need a nationwide basic infrastructure with national specifications, legacy framework and a framework for a new communication model between citizens and the health care system. For such an effort, all the issues you mention are

clearly very important. Interoperability, standards and demographics have already been under extensive study for years. In Finland, for example, a new law coming into force on July 1 provides a legal framework for basic infrastructure and for new communications with citizens.

In the wake of these issues, we also need new innovation processes to create new service models and new working patterns for professionals. Only in this manner can we have some returns on IT investment. The new government in Finland also has identified service innovations for social- and healthcare issues inside the government's own programme. This will focus on new innovations, sift the winners and spread them to hospitals and health centres.

Meanwhile, hospitals have always had a need for new and modern equipment. e-Health programs will give us new opportunities to utilise all equipment in innovative new ways in a centralised and shared services environment, and do it jointly and cost-effectively with several hospitals.

DF: Sweden's National Strategy for e- Health has several ambitions. On the one hand, all stakeholders in healthcare need to have a common vision on how to use e-Health to renew and improve the healthcare sector and on the other hand, at the political level, we need to see e-Health as a way of changing healthcare. E-Health often appears as a technical solution not as a tool for organisational change. For this reason, we have identified six action areas where we need to work in parallel:

1. Strong foundation for e-Health (including laws and regulations, creating a semantic interoperability). We need a terminology system like SNOMED CT to improve healthcare and use information systems in a more efficient way

2. Developed technical infrastructure (systemized information is required in order to make decisions regarding individual patients and facilitate administration, control, follow-up, development of research)

3. Usability and user friendly systems for healthcare professionals

4. Interoperability (easy to exchange data)

5. High quality information exchange (uniform and unambiguous definitions and agreements on terms and concepts crucial to ensure patient safety, high quality of treatment and follow-up)

6. Patients involvement (creation of a national web portal and advisor telephone number)

As for the skills of the IT professionals, we pay special attention on their education as well. We support the creation of medical informatics departments/ courses within the Swedish universities and we also support 'continuing education'. Through such continuing education in healthcare, I mean teaching/explaining to IT professionals how to use the new devices. Because of new solutions and developments in e- Health, there is a need to shift to new technologies. Advanced usage of ICT in healthcare is conditioned by several factors, especially the fact that most ICT systems in healthcare are built for storage of data and not exchange of data. Moreover, the current structure with self-governing regions makes national decision-making challenging. As a consequence, interoperability and co-operation between all relevant stakeholders in healthcare is a matter of high political priority at the moment. In my opinion, investments in both equipment and software are equally important.

HITM: One of the Most Promising Hospital Information Systems from the Nordic Region is TietoEnator's iMedOne. This was Developed in India, and is Likely to be Supported and Enhanced from There. In Other Words, do You Believe Globalization is Bringing up New Technology Competitors, Especially from India and China ?

Do you believe the EU should open up research cooperation with such countries, at least to match what the US is doing ?

DF: International cooperation is very important. We should be open. Our focus shouldn't be on where the product has been developed as long as

it follows internationally agreed high standards and quality. We need a dynamic market for IT solutions in healthcare. Moreover, the EU should have the same approach as we will all gain. A large market for e-Health providers and competition will only bring profit for both patient safety, costefficiency and interoperability.

HITM: In the Face of all These Changes in the Big Picture, do You Think European IT Managers Need a Common Voice ?

DF: Of course. But the problem is that IT managers are not very visible on the European arena. As e-Health is on the EU agenda now, the IT managers should be both more visible and active. When taking decisions at governmental level, we need their competence and advice in order to choose the best solutions

for the e-Health.

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