HYVIL

Social- and heathcare ICT in Finland during and after the reform

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Where we started and where we are now?

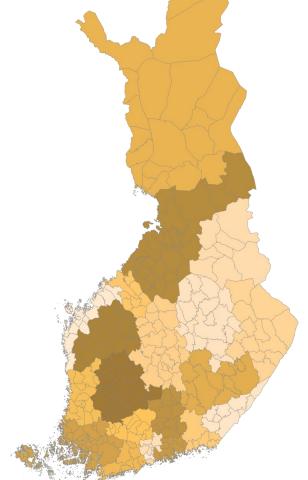
Before:

Basic level healthcare organized by municipalities (also in joint)

Socialcare organized by municipalities

Specialist care organized by hospital districts

Rescue Services organized by municipalities in joint



After:

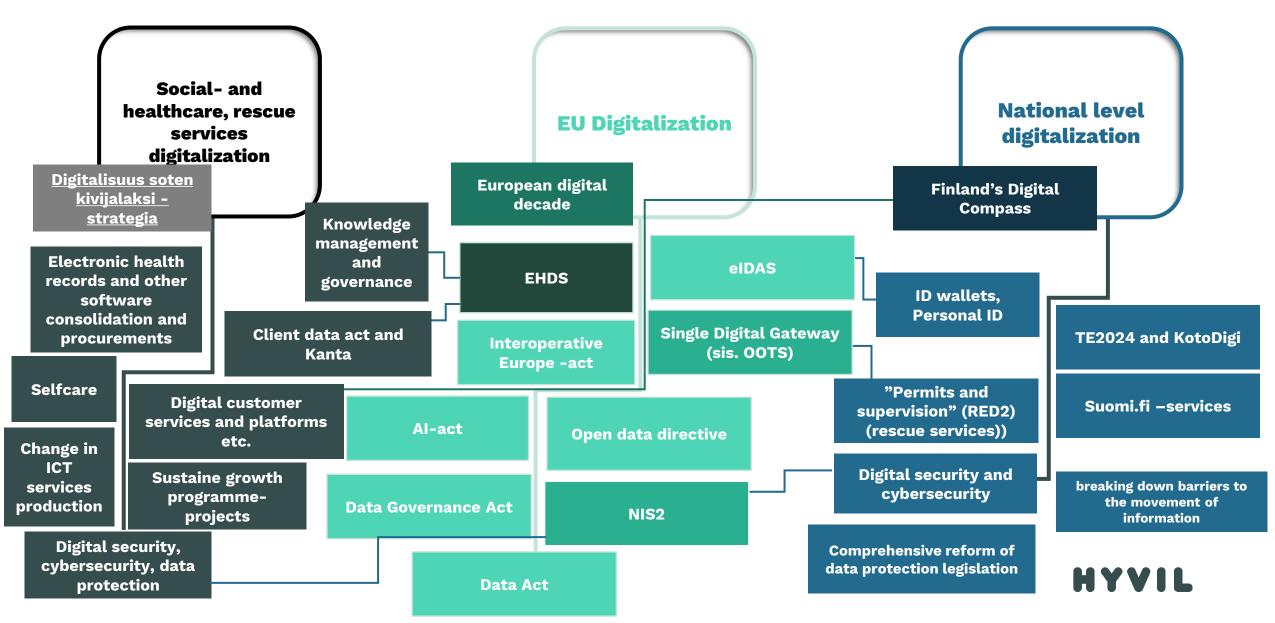
All organized by wellbeing services counties + Helsinki Including "Uusimaa solution":

4 wellbeing services counties + Helsinki AND HUS-yhtymä

Palvelun tarjoaa Bing © GeoNames, Microsoft, TomTom



What is happening atm in the big picture



Wellbeing services counties and digitalization

- Procuring new wellbeing services county wide electronic health records and socialcare records
 - different timelines, because the situations are different
 - Change in services
- Organising/procuring financial and human resources ICT (as services) for the whole county
- Kanta is growing: also socialcare needs to join
- Counties are procuring, developing and integrating digitalized social- and heathcare services
 - Telemedicine via videoservices, chat, phone etc.
 - Self-care paths (omaolo.fi, terveyskylä.fi) with or without a professional
 - Mobile services
 - Mobile apps and customer platforms



Kanta – an innovation that covers the whole of Finland

Data from social and health services available across regional and organisational boundaries





5

Client and patient data in the Kanta Services (2023)

USED NATIONWIDE

PUBLIC HEALTH CARE

PUBLIC SOCIAL WELFARE CURRENTLY

95% 100% in 2024

PHARMACIES

100%



documents for 6.7 million people



documents for 1.6 million people

E-PRESCRIPTIONS



more than 2 million per month



10 X Data mobility between organisations has increased by a factor of 10 in seven years.



DATA RETRIEVED FROM OTHER ORGANISATIONS



times per month

Kela, Kanta Services

15.3.2024

6

Information available in Kanta

Patient Data Repository	Client data archive for social welfare services	Prescription service	MyKanta
 Care records in patient documents, e.g patient records examination data (e.g. laboratory, imaging) medical certificates and reports Consents, refusals, declarations of intent Summaries of key health data (e.g. risk data, diagnoses) 	 Basic client data Client documents, e.g. client records decisions and reports in social welfare assessments of service need and client plans Consents, refusals, declarations of intent 	 Prescription dispensing data from pharmacies Prescription renewal requests Prescription corrections and invalidations Dispensing reservations for prescriptions in pharmacies Dispensing of prescriptions issued overseas 	<list-item><list-item><list-item><list-item></list-item></list-item></list-item></list-item>
Kanta PHR	Archive of imaging data	Pharmaceutical database	
 Measurement data Preliminary data notified by the citizen Queries and responses 	 ECG and imaging studies 	 Basic data of preparations Generic substitution data Prices Substitutability data 	

Examples of digitalization

- MyKanta personal health records (soon also socialcare)
- Päijät-Häme home care, 1/3 customers are using digital services. 30% of customers have automatic dispencers. Videorelated telemedicine is also widely used. <u>https://www.paijatha.fi/joka-kolmas-kotihoidon-asiakas-kayttaa-digitaalisia-palveluja/</u>
- Maisa app is used as part of services in HUS-yhtymä, Helsinki, Vantaa and Kerava wellbeing services counties and community of Kauniainen as part of LUVN.
- Oma Häme -app is a resently lounched platform for Kanta-Häme wellbeing services county.
- Omaolo.fi and terveyskyla.fi are selfcare services provided by DigiFinland and HUSyhtymä and used as part of services in multiple wellbeing services counties.
- <u>Suomi.fi e-Authorizations, assisted authorisation in wellbeing services counties</u> help for enabling new customer groups to access digital services



Big questions in future (at least these)

HOW TO MAKE A CHANGE IN SERVICES?

Al and how to use it

for example customer services, customer guidance and enabling professionals to consentrate time to patients...

The future of electronic health records and procurement? How, partners, county-level or collaborative areas (YTA), architecture...

How to organize ICT when more is needed but less money to spend? cost-effectiveness in everything. Long timelined visions, short timelined visions

European Health Data Space and it's influence? Primary and secondary levels both will need changes in current ICT

