World's Smoothest Cross-Border Mobility and Daily Life Through Digitalisation

2nd Workshop of WP 2 Healthcare
October 13, 2022
Helsinki, Finland

Nordiska
ministerrådet

The CBDS Secretariat

Digital Compass

What about the market drivers?

- Political & Business

PEOPLE ARE THE DRIVER

No icebergs, icecube might be enough

?

Common will is important

Denmark

World's smoothest, this doesn't always go so smoothly

New national strategy for the FUTURE

Iceland

- Linking health care and wellfare
- Looking forward for future participation

Finland

We need trust!

Going towards of utilization of DATA electronic ID-Wallet KANTA Social & health Care Reform

Lithuania

- Collecting more & more health data in national level
- Developing digital identification

Norway

- Cross-bording development in Nordic countries

Critical components

what have we learned from COVID?

Nordic Council of Ministers

Sweden

We are representing Nordic counsil!

- There has been legal issues
- Nordic e-health service

Lets put our brains together

Champion of transforming

Latvia

- New digital strategy
- Looking for the best experiences

Faeroe

Estonia

Åland

Could health care digitalization be like building the bridge?

Benefit analysis

Tricky valuing?

e-prescription in northern countries

We need to remember to also save the world!

MARKERwizards

Workshop Targets and Agenda 13.10.2021 13:30 – 15:30

13:30 Welcome, introductions of the participants
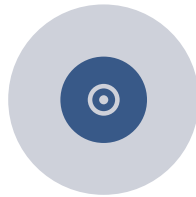
13:45 Target 1 Analysis on use cases in the geographical areas of close cross-border cooperation

14:15 Lessons from ePrescription implementation in Finland - finding solutions
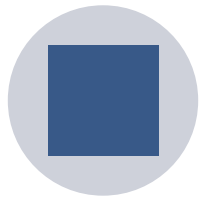
14.35 Target 2 Tackling barriers

15:05 Wrap-up

15:15 End of the workshop, back to plenary

Target 1 Analysis on use cases in the geographical areas of close cross-border cooperation

Nordiska ministerrådet

1)Have key geographical areas been identified for "hot points" for health information sharing?

2) How to find out more about this in your country?

3) Which areas would be Would it be beneficial to analyse this more as part of the project?
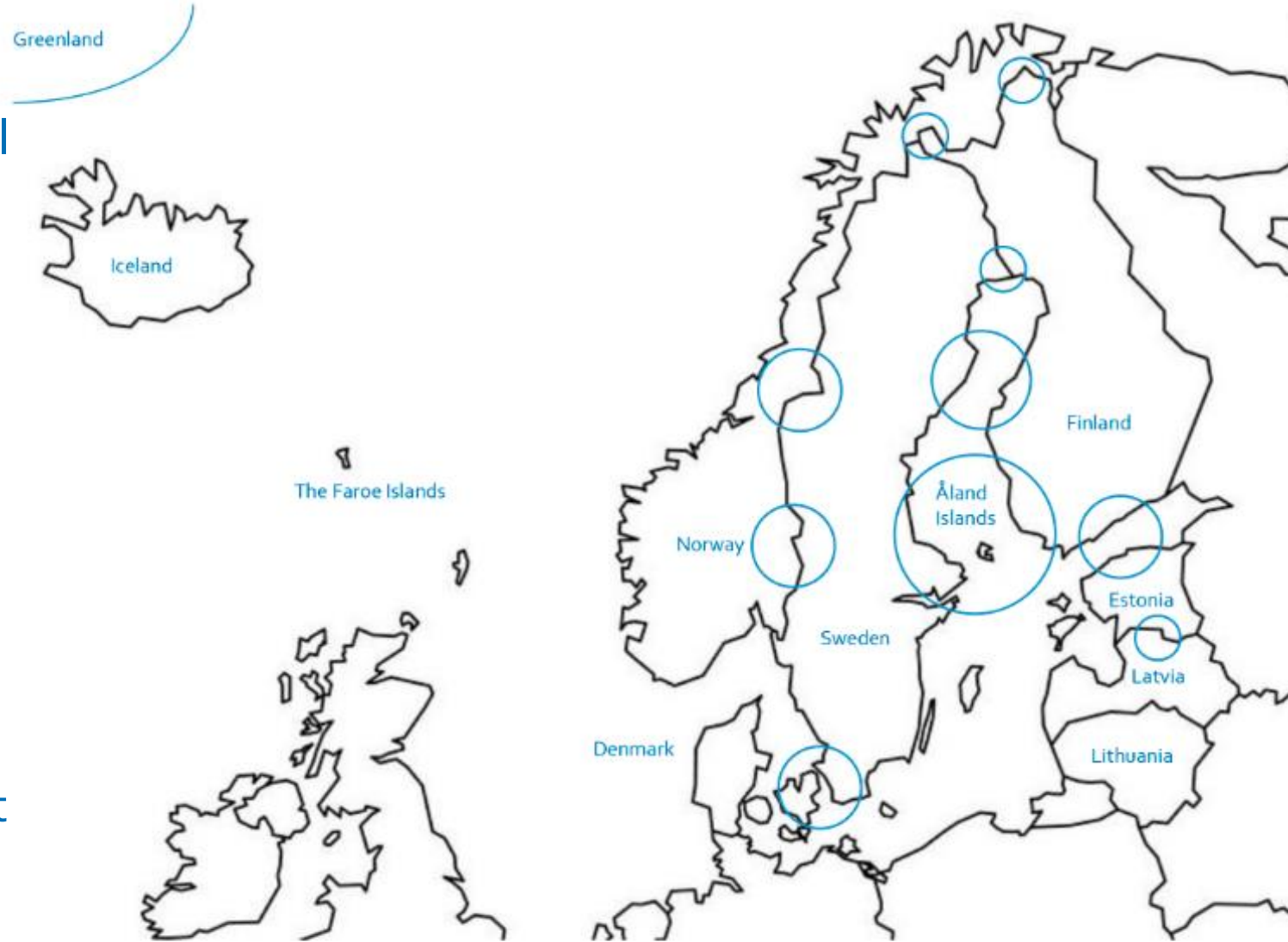
Possibilities for further refinement of needs and solutions

— Specific use cases for patient summary and ePrescriptions in candidate regions
  - Denmark-Southern Sweden
  - Norway-Sweden
  - Sweden-Finland (across the Gulf of Bothnia + Åland)
  - Norway-Finland-Sweden / Lapland
  - Estonia – Southern Finland
— Specific demographics of mobile citizens?
— Reasons of increased mobility in these regions?
— More information through participants or participant organisations?
— Additional information sources?
— Could be used as pilots or justification of cross-border health information exchange?
— Other potential benefits / obstacles / considerations in these regions?

Lessons from ePrescription implementation in Finland- finding solutions

National development of digitalisation: current situation

- Electronic prescription and patient records are established well in Finland
- About 100% of prescriptions are electronic
  - Mandatory since 2017
- Over 95% of patient records are stored in Kanta
  - Mandatory to all but smallest private clinics
  - Over billion documents stored
- Over 200.000 different users in citizen service My Kanta(Omakanta) every month
- Approx 3 M visits in a year
- **Very high general acceptance among citizens**

* Population of Finland 5,5 M

Cross Border Prescriptions 2021

14k foreign ePrescriptions fetched from Finnish pharmacies

18k Finnish ePrescriptions fetched abroad in 2021

5900 medicine dispensations for foreign ePrescriptions during 2021

5700 dispensations for Finnish ePrescriptions abroad during 2021

Kanta

Current situation in cross border prescriptions

- Finland and Estonia were the first countries to introduce an European cross-border e-prescription in 2019
- On average, approx. 20 prescriptions are dispensed in Estonia and Finland per day
- Technical maintenance of National Contact Point (NCPeH-FI) is provided by Kela, as a part of Kanta -services
- National legislation was upgraded to cover cross border exchange
  - Act onElectronic prescription [Laki sähköisestä lääkemääräyksestä 61/2007 - Ajantasainen lainsäädäntö - FINLEX ®](#) (in finnish)

Lessons learned 1/3

The existing centralized Kanta-service has made implementation of cross-border services easier, but there still are challenges

- Centralized Kanta –service makes it possible to implement the solution only once
- Currently not all data content is coded in Finland, which challenges translations
- The optimal solution requires changes in all EHRs in use, and current solution might compromise patient safety at times (e.g. what medical products are interchangeable).

Ensuring interoperability between national codes and the common EU code lists is difficult

- At national level the latest version of ATC code system is adopted, but in eHDSI two years old version is being used = > requires mapping of the codes to a higher level of hierarchy within a code systems, which contributes to loss of information
- More semantic level issues problems are expected with PS implementation (the EU classification for procedures is rough in comparison to more extensive coding for procedures in Finland, and currently, Finland has not implemented code system for medical devices/implants or for allergens
- Translating and maintaining code lists between EU and local/national

Lessons learned 2/3

Testing periods are challenging, require resources and time

- finding testing partners is difficult (e.g. testing with the country in production but only four countries using ePrescription)
- dates are determined for testing, but not everyone stays on schedule
- the degree of preparedness of the implementations to be tested and the competence of the testers are not always at the expected level
- Reference specifications are not specific enough
- At national level motivation is a challenge

Lessons learned 3/3

The use of the service is quite limited, but it requires a lot of work to implement and maintain it.
- Currently using the ePrescription is limited in Europe – no real usage
- In Finland, critical feedback is received: cross border services are not well known by pharmacists/citizens and there is discussions on wasting tax money on marginal services

Progress is slow, even minor changes take time and resources
- Increase in individual fields of information take a lot of time
- Two years from proposed amendment to production: year to specification and year to implementation and testing

Despite the slowness, the standardized development cycle enables controlled progress and the development of services
- The governance model is rigid but effective
- Cooperation between representatives of other Member states has mainly worked well; assistance is available on request from the eHealth Network

Finnish eHDSI organization

Finnish NCPeH

STM
Ministry of Social Affairs and Health
- Strategic-level guidance
- Legislation, responsible
- Financing
- Participation to decision making
- Link to the eHealth Network

Kela
Social Insurance Institution
- Technical project guidance
- Technical development of NCPeH and related NI services
- Functional requirements
- Maintenance of NCPeH and related NI services
- Support organization
- Dissemination activities
- Legislation and agreement preparation
- Audit-related work items

THL
National Institute for Health and Welfare
- National programme guidance
- MTC development and maintenance
- Other semantics-related work items (partly)
- Training activities (HCP organizations)

Supervisory authorities
- **Finnish Medicines Agency Fimea** (administrative regulations, supervision, medicinal product authorization, etc)
- **National Supervisory Authority for Welfare and Health Valvira** (professional rights, notification of security breaches)

Technology partners
- **Pharmacy system vendors**
- **Digital and Population Data Services Agency DVV** (certificates for internal use)
- **Valtori** (Finnish TESTA operator)

Other stakeholders
- **Ministry of Finance**
- **Certification bodies** (national certification)
- **Pharmacies**

Thank you

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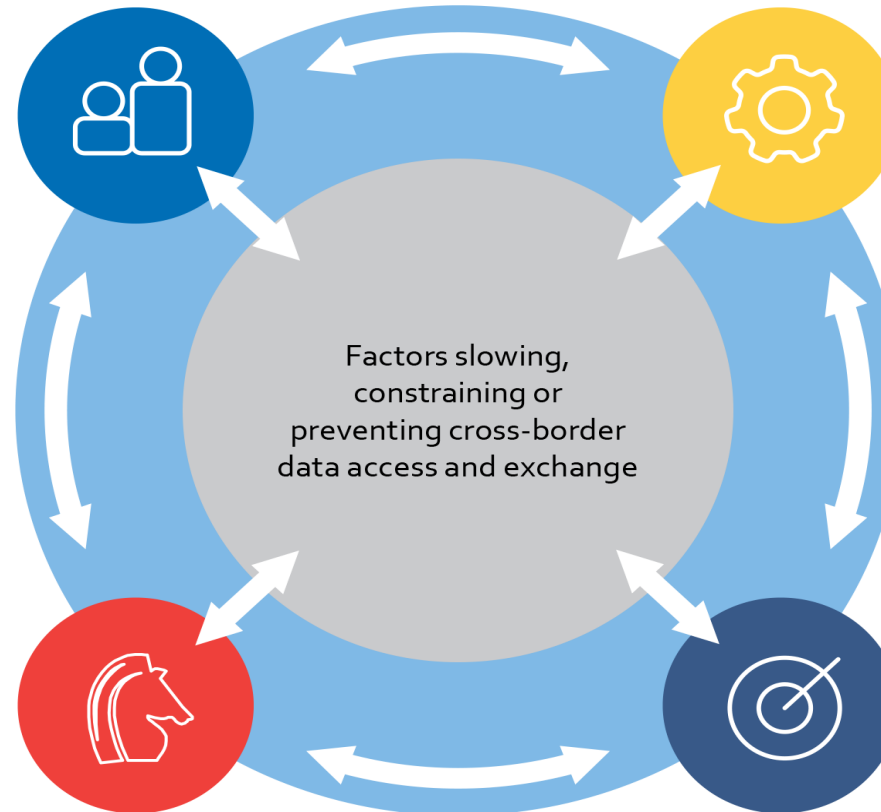@gov.fi

Target 2 Tackling barriers

Organisational barriers

- Lack of mainly financial resources
- International policies should support and co-finance practical development
- Innovation support for regional solutions needed
- Lack of interaction across borders and sectors, also with commercial actors and developers
- Need to implement national policies for interoperability (especially consent policy)
- New ways to share and use health data is needed (Covid-19 as the latest example)

Technical barriers

- The security of data, trust issues and encryptions used
- Different systems in different regions nationally
- Standards, privacy issues and technologies decided in eHDSI preferences for many but also raised questions
- Ability of national and local systems in different countries to produce and use internationally interoperable data

Legal barriers

- National legislation that would support cross-border health data sharing missing in many countries
- The data privacy protection and consent processes for health data exchange as well as the lack of different controlling mechanisms especially for cross-border prescriptions for narcotics
- Also agreements on specific issues like payment of drugs (the population of Greenland do not pay for medicines)

Semantic barriers

- How different countries specify, collect and use health care data
- Sufficient alignment and translation of terminologies, code systems and mappings both nationally and internationally
- Data sets need to include sufficient level of detail in information, which can be used to improve the quality of care
- Some information is not coded and other information is coded with regional code systems or hospitals have their own additional specifications
- Patient identification across countries must be supported in all participating systems

Factors slowing, constraining or preventing cross-border data access and exchange

Learning lessons and overcoming barriers

— Legal
  - Mandatory vs. voluntary participation – innovators vs. laggards
  - Obligations of health service providers (public / private?) vs. system vendors
  - Sticks (supervision, sanctions) and carrots (funding, justification of obligations)

— Organisational
  - "Organisational sales points" for international data exchange – management and health professionals viewpoints
  - Financial burden vs. expected benefits
  - "Get the numbers right" – which numbers especially necessary?

— Semantic
  - National vs. international specifications, EEHRxF / EHDS?
  - Information specifications, data models, code systems / terminologies
  - Harmonisation vs. mapping
  - Interoperability certification?

— Technical
  - To which extent can / should national architecture or international data exchange be isolated from design decisions of systems (vendors)
  - Different aspects of security: data protection, PKI, cloud security, etc.
  - Security certification?

Thank you.