Vision for eHealth 2025

– common starting points for digitisation of social services and health care

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Foreword

Digitisation offers great opportunities for future social services and health and medical care. Modern information and communication technologies can make it easier for individuals to be involved in their own health and social care, support contact between individuals and service providers, and provide more efficient support systems for staff at service providers.

The Government and the Swedish Association of Local Authorities and Regions want to support efforts to make use of the opportunities of digitisation in social services and health care, and have now decided to endorse a common vision for eHealth up to 2025.

In 2025, Sweden will be best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society.

Many activities are under way at various levels related to digitisation and eHealth, and it is very important that various actors work together to make better use of the potential available in the area of eHealth in the long and short term. An integrated vision for eHealth can contribute to equitable, gender-equal and efficient health care and social services that are also user-friendly, accessible and safe for individuals.

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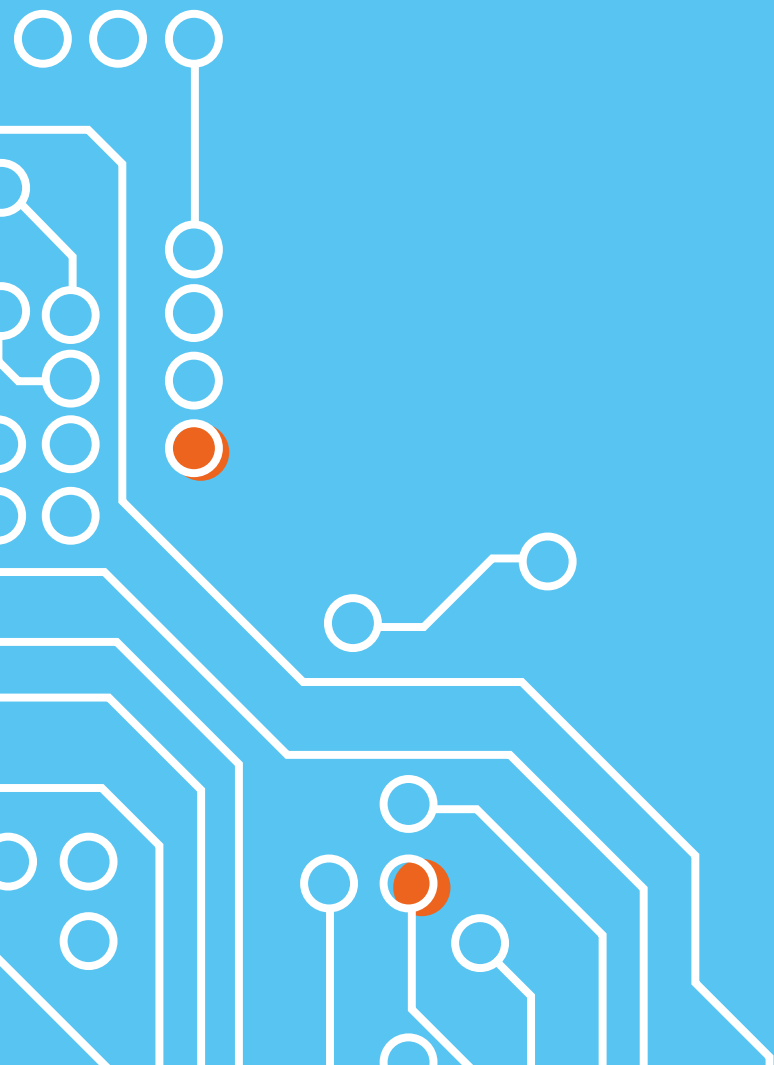Minister for Children, the Elderly and Gender Equality

Government Offices of Sweden
Ministry of Health and Social Affairs

**Swedish Association
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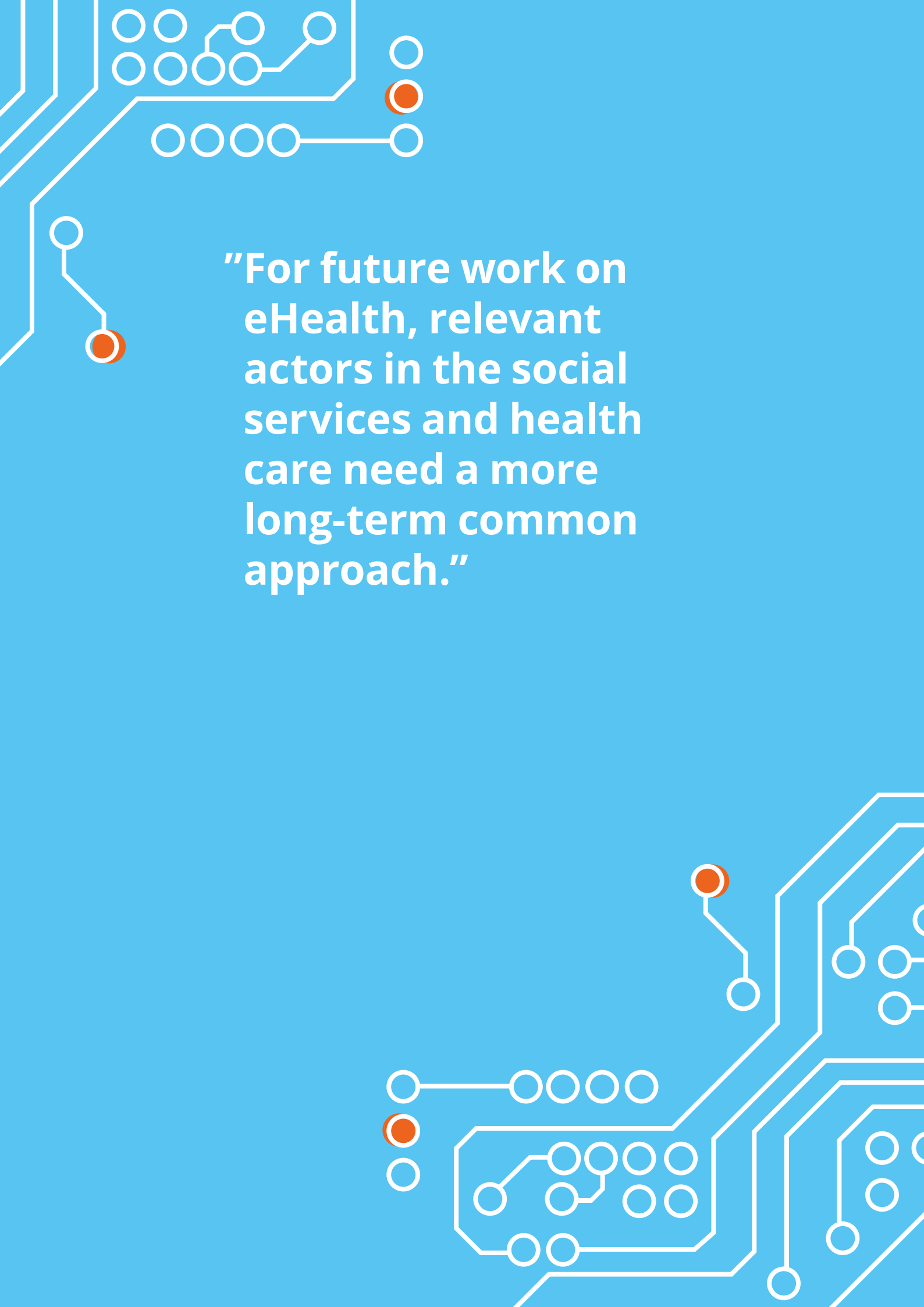
Introduction

Never before has technology offered such opportunities to manage and use information and communication technologies. In many areas of society, digitisation has already generated radical changes in the ways in which people meet and interact.

To give a few examples, thanks to digitisation meetings with clients in the travel industry and the banking sector and meetings with citizens in public administration have largely moved from physical premises to people's homes. As a result, people can now contact government authorities or purchase goods whenever it suits them best. There are no indications that this trend will tail off.

Sweden has good prospects of benefiting from the potential of digitisation. The country's inhabitants are among the most digitally mature in the world, and the business and public sectors have largely digitised their activities. Moreover, Sweden has world-leading information and communication companies, which have propelled international progress in the field.

Social services and health care are areas of welfare in which digitisation presents great opportunities. These sectors account for a large part of public expenditure and are also sectors that most people come into contact with at one time or another. Digitisation offers the target groups for social services and health care new tools and possibilities to live independently and participate in and influence society. The great majority of people want to be independent and to participate, and to have influence and control over issues and decisions that concern their health and their social situation. To meet these needs, tools are required for communication within and between services, and between services and users, clients and patients. Digitisation brings good opportunities to improve measures relating to children, young people, elderly people and people with disabilities. Digitisation offers new means of communication for people who have difficulties expressing their views, which can enhance participation and self-determination, as decisions can be taken in consultation with the person concerned to a greater extent. It is important that digitisation and the development of IT support are non-discriminatory and respond to the needs of different groups. Fundamentally, it is a matter of supporting an individualised approach, where services make use of and are based on the individual's resources, leading to better health outcomes, increased participation and more efficient services.

Digitisation is also a tool for operational development, ranging from staff access to the right information when dealing with users, clients or patients, to data processing for purposes of follow-up and service performance comparisons. Opportunities also open up for staff and entrepreneurs to create new tools that can make services more efficient, contribute to new and innovative methods, improve procedures and increase opportunities for research and development.

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Earlier national initiatives in the area

National guidance and policy documents relating to digitisation in the social services and health care have existed for a number of years. The first eHealth strategy was adopted in 2006[1] and was updated in 2010[2].

The concept of eHealth was first used in the latest strategy, which also included the full range of social services. Various types of actions have been taken in the context of the strategies, and these have influenced the development of eHealth over the years. Now, when almost a decade has passed, the services and the environment in which they operate have evolved and changed. Sweden continues to need national action in the field of eHealth so as to benefit from and coordinate the work done by all actors. For future work on eHealth, relevant actors in the social services and health care need a more long-term common approach and a more clearly defined division of responsibilities.

1 National Strategy for eHealth (Govt Communication 2005/06:139).
2 National eHealth: the strategy for accessible and secure information in health and social care.

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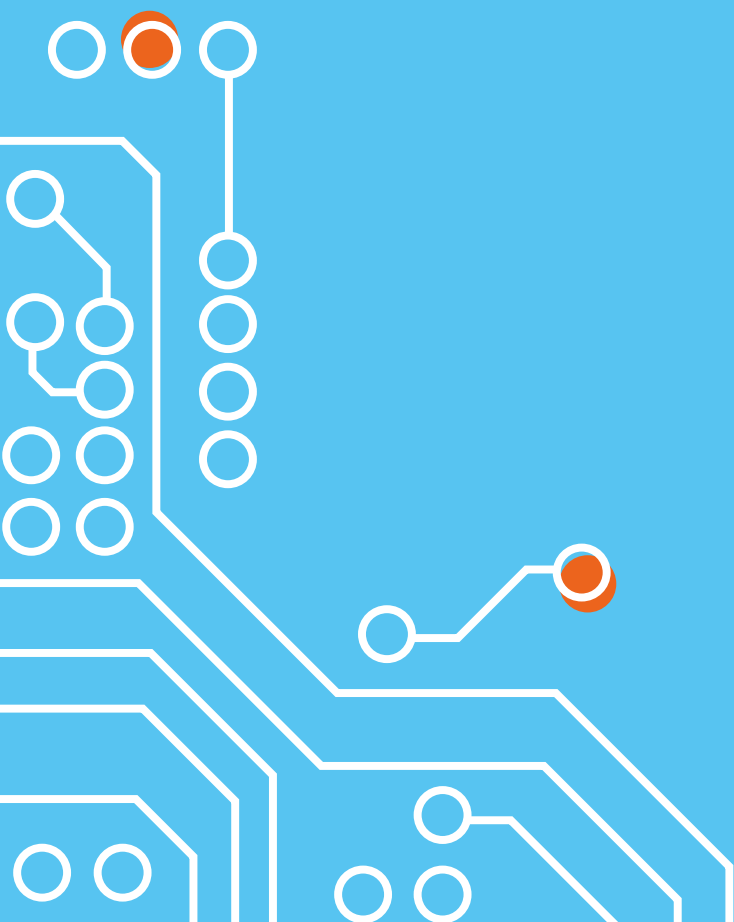
The next step: A vision for eHealth activities

As a point of departure for continued development work in the field of eHealth, the Government and the Swedish Association of Local Authorities and Regions have decided to endorse a common vision for eHealth activities until 2025.

The vision replaces the latest strategy from 2010, while continuing to build on the ideas and approaches that it contains. The intention is that the vision will be followed by one or more action plans clarifying actions that can contribute to achieving the vision.

Concepts used in the work

The concept of eHealth is used in the same way as in the latest strategy, i.e. it covers in a broad sense the use of information and communication technologies in relation to health as defined by the World Health Organisation ("a state of complete physical, mental and social well-being"). In this context, the concept of eHealth includes all social services conducted by central or local government or by private actors, all health care and, to the extent relevant, dental care. Another concept used in the work is digitisation. This concept covers the digitisation of information, i.e. the process by which analogue information is converted into digital format, and the digitisation of society, i.e. the broader process in society by which various forms of IT support are integrated ever more closely into services and fundamentally influence them. A concept that is closely connected with eHealth and digitisation, and sometimes partly overlaps them, is welfare technology. This is defined as knowledge about and use of technology that can contribute to increased security, activity, participation and independence for individuals with disabilities of all ages and their families. This concept will be included in future work related to the vision.

Vision for eHealth 2025

In 2025, Sweden will be best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society.

Increased digitisation provides effective operational support to ensure high-quality social services, health care and dental care. To lay the foundation for this work, relevant actors need to create necessary conditions for their services to use the opportunities offered by digital progress both in day-to-day activities and in long-term improvement and development.

Perspectives, principles and target groups

The work on the vision is to be pursued on the basis of a number of fundamental perspectives and principles deriving largely from the legislation and other regulations governing the services.

Equality is a fundamental principle of social services and health care. One aspect of this is that people who live in different socio-economic circumstances should have equal access to support according to their needs and are to be treated on the basis of their own personal position. By making tools available that support actions tailored to the users', clients' and patients' individual needs, digitisation can make it easier for the services to work for increased equality. Digitisation also improves possibilities for follow-up and analysis of unjustified differences between outcomes in different services.

A gender perspective is to be applied in the work on digitisation and eHealth to ensure equal services, resource distribution and influence for girls and boys, women and men. The work must also bear in mind the protection of individuals against invasion of their personal privacy, the need for confidential access management relating to personal data, and issues of consent.

Efficiency is another fundamental principle of social services and health care. Increased efficiency for long-term, sustainable health care and social services is essential to manage the challenges posed by an ageing population and growing expectations.

In addition to these perspectives, the work is also to proceed on the basis of a number of fundamental principles such as accessibility, usability and digital participation, as well as protection of privacy and information security. As far as possible, digital services are to be designed for universal use, in accordance with the 'design for all' concept, which means that IT support should be available to and usable by all people, irrespective of age, disability, level of knowledge and other conditions, without any need for adaptation or special design.

The 2010 eHealth strategy identified three main target groups: individuals, health and care service staff, and decision-makers. In the process towards achieving the vision, special emphasis should be given to the first two groups, while broadening the scope beyond just health and social care to include all social services, all health care and, to the extent relevant, dental care. In addition, a child and youth perspective should be applied, as this is a group whose position can be strengthened with the help of various types of IT support. The 2010 strategy affirmed the potential of other actors, such as private and non-profit entrepreneurs, and the research community, to contribute to development. As in the previous strategy, these actors must be involved in the future work of giving the vision concrete form.

How will the target groups be affected by work on the vision?

The aim of the vision is that digitisation and eHealth will make it easier for people to achieve good health and welfare, and develop and strengthen resources for increased independence and participation in the life of society. This involves using various types of IT support to activate users', clients' and patients' own resources in order to achieve important values such as improved health and increased participation and self-determination. Access to information concerning themselves, individually tailored digital support and smooth lines of communication enable

people to take greater control over their health and life situation. For people with an impaired ability to make decisions, welfare technology can be a tool for increased participation and self-determination, while enabling responsible entities to use resources more efficiently. In addition, access to social services and health care can be improved by digital solutions that enable people to contact services irrespective of distance and to receive support and help from home. Digital solutions can also increase opportunities for families to participate by making it easier for them to communicate with services or obtain information concerning a family member.

In order to fulfill the vision it is important that sufficient support is provided to the staff to enable them to offer high-quality social services and health care. At an overarching level this means creating a supportive digital working environment. Digitisation also contributes to the development of new career paths as new and different types of needs or services arise. This can be an attractive factor for the long-term skills supply. Digitisation can also promote a better working environment for the women and men employed in these services. One fundamental condition for achieving this is access to effective tools for documentation, as well as knowledge and decision-making support to guarantee high quality and security while facilitating day-to-day work.

A fundamental prerequisite for being able to use the possibilities that digitisation offers to the full is that skills to deal with IT systems exist at all levels in the services. To lay the foundation for the work, relevant decision-makers need to create the necessary conditions for social services and health care to use the opportunities offered by digitisation both in day-to-day activities and in long-term improvement and development. As far as possible, and wherever relevant, digital solutions should be the first choice when information is managed in these services. In this context, 'conditions' should be interpreted broadly. 'Conditions' can be a matter of ensuring that human and operational resources are available, adopting legislation or other types of regulations, or deciding on the division of responsibilities between different actors.

Sweden has a strong IT sector that contributes to economic growth and employment. The innovative potential of social services and health care, and of the life science sector as a whole, should be taken into account in the future process of achieving the vision. The business sector can also contribute in various ways in developing services and making them more efficient, while identifying new business opportunities that can generate growth and new jobs. The development of eHealth is high on the international agenda and has been identified by the EU as one of the strongest areas of growth in Europe. Sweden has a role to play in this process.

"eHealth is the responsibility of many actors."

The parties commitments

To achievehe vision, the parties, i.e. the Government and the Swedish Association of Local Authorities and Regions (SALAR), intend to work together for the implementation of a number of actions.

The approach that was established in the first strategy from 2006, that eHealth is the responsibility of many actors, remains in effect. With regard to the overall division of responsibilities, municipalities and county councils (local authorities and regions) have the main responsibility for social services and health care. This responsibility means organising, directing, planning, developing, quality-assuring and financing services. The responsibilities of central government primarily concern legislation, supervision, the local government equalisation system and allocation of grants. There is also a general responsibility to establish objectives and requirements regarding the quality and availability of public services such as social services and health care, and to monitor compliance with these.

To solve the challenges the social services and health care face in a safe and efficient way, the public sector needs to cooperate with other actors. These consist of professional associations in various occupational categories, organisations representing private and non-profit providers, entrepreneurs and organisations representing patient, user and family organisations, the industry and others.

Division of responsibilities

In the process ahead, the parties intend to maintain and, where necessary, deepen cooperation and collaboration between relevant actors.

Further, the parties intend to work for a more clearly defined division of responsibilities between central and local government. The broad division of responsibilities has been described above and this applies in the field of eHealth as well. Currently, there are activities in the eHealth field where several different actors operate in parallel. The ambition in the process ahead s to clarify who does what and ensure effective coordination. Furthermore, the parties' ambition is that new actions or proposals, where possible with reference to the existing division of responsibilities, will be analysed from the perspective that the organisation or actor best suited to taking care of the action will also be responsible for it. Actions will focus on creating the fundamental conditions and forms of governance needed to harness the potential of digitisation and to guarantee national interests in equal standards of service throughout the country.

Areas for action

A number of areas are particularly important for the parties to focus on in future work to enable the vision to be realised. These are regulatory frameworks, more consistent use of terms and standardisation issues.

The starting point in the work on **regulatory frameworks** in the eHealth field is to strike a balance between rights or interests such as protection of privacy, quality, safety and efficiency. The legislation and other regulations governing activities must guarantee the various rights or interests of the individual. The regulatory framework should address technical developments. If the regulatory framework needs to be changed for the sake of quality and efficiency of services, the need for protection of privacy and security must also be met. The responsibility for establishing norms lies with central government, and SALAR works to support the work of municipalities and county councils in complying with existing legislation and implementing new or amended legislation in their services.

With regard to more consistent use of **terms**, this is a matter of ensuring that codes, concepts, terms and structures used are valid and usable in the work of responsible entities to enable the exchange of information that is needed to guarantee quality and security. Data should be structured in such a way that the services can analyse and draw conclusions about the outcomes of actions over time, comparing different actors and different processes and forms of treatment. The Government should work to provide the responsible entities with national support in their work. SALAR should work to ensure that municipalities and county councils, where warranted, cooperate among themselves and with relevant central government actors in implementing common concepts, terms and classifications or structures in their services.

To make it technically possible to exchange information while ensuring quality and security, **standards** are needed. This applies, for example, to common national specifications and services for secure authorisation and processes. Further, technical standards are a precondition for interoperability between different actors and interchangeability between different components. This is a broad field and Sweden is very much affected by work conducted in many international organisations. Here the Government and SALAR share responsibility. The Government's primary role is to work to ensure that national and international standardisation efforts linked to social services and health care can be implemented smoothly, while SALAR's role is to seek to ensure that municipalities and county councils introduce agreed standards in their systems.