

Nordic Think Tank for welfare technology

How can welfare technology work better across sectors in the nordic welfare model?



Nordic Welfare
Centre

The Nordic Think Tank for Welfare Technology is run by the Nordic Welfare Centre, an institution under the Nordic Council of Ministers. In 2017 the Think Tank consisted of ten carefully selected experts, two from each of the five Nordic countries. The experts selected are chosen based on their professional knowledge and experience, and are all leading experts in their respective countries. To maintain the independence of the Think Tank, no expert is employed by the central administration of his or her home country. Furthermore, the two experts from each country are chosen such that both the public and the private sector are represented in the Think Tank.

The Think Tank selects and addresses one difficult question each year within the area of welfare technology. For 2017 the question was:

How can welfare technology work better across sectors in the Nordic welfare model?

During Think Tank meetings the members identified some of the main challenges and barriers we face when working with welfare technology across sectors. To clarify, across sectors in this publication refers to cooperation between primary and secondary healthcare sectors, and between municipal responsibilities and hospital responsibilities. The identified challenges and barriers were later transformed into the recommendations which can be found in this publication.

This year's theme was chosen due to its importance and political priority within the healthcare sector in all five Nordic countries – and because there is great potential to improve this area through the better use of welfare technology.

Please note that the recommendations found in this document are set within a Nordic context. This means that some recommendations may be more applicable for some countries than others.

Introducing the problem

How can welfare technology work better across sectors in the nordic welfare model?

Being a broad umbrella term that is used across various aspects of our service delivery within the Nordic welfare model, welfare technology spans the different organizational divides created between hospitals, home care and general practitioners.

As much of the welfare technology that we wish to implement and use is by nature user-centric, we often employ a user perspective when working with welfare technology. This is, however, often difficult when the user moves across sectors and receives complementary services from various public health entities with different responsibilities and different budgets. Projects and new innovations risk being abandoned, even if they benefit the end-user. Let me give you an example. A municipality starts a new innovation project, but come evaluation time it is scrapped. It is scrapped because even though the technology worked and the end-user liked it, the economic benefit of implementing it fell to the hospital – and so the municipality has no interest in funding it or implementing it.

This theoretical example is just one example of the internal challenges the structure of our healthcare system creates, and an illustration of one of the problems that we need to overcome as we strive to ensure better cooperation between the various healthcare sectors when it comes to innovation and welfare technology.

This is a common Nordic challenge, in the sense that all five countries face similar issues. We may have slightly different structures and responsibilities within each sector may vary slightly from country to country, but in a broader perspective the challenge exists in all five countries.

This publication focuses on how the Nordic countries can more successfully implement and use welfare technology across healthcare sectors. This is done by identifying the primary barriers and challenges preventing wider and better use of welfare technology, and by presenting a wide range of political recommendations on how best to solve these obstacles.

What are the top challenges and how do we address them?

Challenge 1

Communication across sectors

Although it is unquestionably the goal of our healthcare system, and each entity in it, to deliver the highest quality of service – to give the citizens the best possible experience – the organizational structure in which municipalities, hospitals and general practitioners are separate entities does undoubtedly complicate the matter. Each sector represents a giant organization, a large budget and has separate responsibilities – and aligning all of this in smooth cooperation for the good of the patient remains a challenge.

One area in which we see a challenge is data collection and data sharing. Given the variation in budgets and responsibilities, we often see a host of different systems and platforms not only across the various sectors, but also within each sector. As an example, a municipality may have two or three systems collecting a variety of healthcare data. This data could very well be relevant for the two or three systems collecting data at the hospital, but communication may not be possible – or at the very least may be limited or difficult. This scenario is neither unimaginable nor uncommon within the Nordic countries. We have many systems and platforms within healthcare, each performing their task – each procured with a specific task in mind – but exploiting the potential of combining them all is very rare.

This problem has been highlighted and prioritized for a long time within the healthcare area, but still issues remain.

The Nordic Think Tank recommends:

- **Data integration over system integration:**

The Nordic Think Tank recommends that focus and financial priority be given to looking at improved data integration between sectors, rather than system integration between sectors. System integration has

already been attempted, and it has proven to be a very expensive and slow process. Data integration should provide a shorter and easier road to success. Data integration is at its core more flexible, and as such is better suited to an environment steeped in continuous innovation.

Challenge 2

Financial incentives

The current structure has a tendency to create or downright encourage silo thinking. Although all the parties have an interest in and a need for innovation in order to achieve better and more efficient service delivery, too much innovation is carried out separately from each other.

The Nordic Think Tank recommends:

- **Less project thinking:**

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- It is therefore necessary to map the current incentive structure between the different healthcare sectors and different healthcare professions. We need to ensure that our current structure is not hindering innovation. A much too common problem today is a lack of willingness to innovate/change because the primary benefit of that given innovation/change falls to a different sector. The sector that pays for the innovation is not necessarily the sector that benefits.

- **Usability:**

Drop the idea of "one size fits all". We must respect that citizens with chronic illnesses are as varied and complex as society in general. We must focus on usability – but usability on different levels:

- Usability in the public sector organization and service delivery.
- Usability in the new technologies implemented.
- Citizen, organization and technology must understand and respect each other!

- **Nordic best practice:**

It would be beneficial to have a thorough collection of best practice cases gathered from across the Nordic region to serve as examples of what to do. Furthermore, increased Nordic collaboration on best practice could also lead to better sharing of competencies and experiences, and perhaps even a program of systematic exchange of key public employees.

Challenge 3

Legal complications of closer cooperation between sectors and greater use of technology

Legal challenges and, equally important, insecurity regarding the legality and ramifications of closer cooperation and implementation of digital solutions are often the primary stumbling block.

The Nordic Think Tank recommends:

- **Conflicting laws:**

Talking to experts in healthcare innovation, they often stress that there seems to be a conflict between data protection laws and the laws regulating health and welfare delivery. This conflict is also present in

the pursuit of closer cooperation between the healthcare sectors. The Nordic Think Tank for Welfare Technology therefore recommends an in-depth investigation into these conflicts – to eliminate misinterpretations and insecurities, and thus underline what is already possible today. This investigation can then also work to determine how best to resolve legal conflicts for the good of both the welfare system and the end-users.

What are the top barriers and how do we address them?

Barrier 1

The cultural and structural differences between sectors

This barrier refers to the simple fact that in spite of having similar end-goals, municipalities and hospitals in particular are very different entities – which does complicate cooperation. Starting with a simple look at their respective job descriptions: hospitals are much more specialized, whereas municipalities have to be an organization capable of managing a much wider array of tasks – from healthcare to cultural events. The difference in focus and management also facilitates a cultural difference which is not conducive to better cooperation. An often reported problem is lack of trust between sectors. Can hospital staff trust municipal employees? Do they look down on their professional ability? And vice versa.

The Nordic Think Tank recommends:

- **There is a need for a cultural change:**

To ensure easier and smoother cooperation, there is a need to improve relations at staff level between the sectors. A starting point could be a better understanding of each other's competencies and tasks, which could be facilitated through job exchanges or simply close cooperation on technology projects. Instilling a better understanding of "being on the same team" and the sectors' common goals would also be beneficial.

- **There is a need for a cultural change II:**

Starting at staff level seems like the logical way in, a good starting point to get the ball rolling, but the cultural change need to happen at all levels – including top management. Given that hospitals are often managed by former doctors or healthcare professionals and municipalities are often managed by administrators and generalists, it is not a stretch to suggest that certain cultural differences exist even at top level – and this needs to be addressed as well.

- **Forced structural cooperation:**

Today some Nordic countries have negotiated and signed deals between regions (hospitals) and municipalities for structured cooperation within certain areas – IT and digital infrastructure often being one of them. It would be beneficial for these deals to include more a detailed forced co-operation on practical projects involving welfare technology to provide a structured framework for improved cooperation.

Barrier 2

Research within welfare technology

This barrier refers to the fact that in general, in spite of the vast spectrum covered by the umbrella term of welfare technology, research within welfare technology is relatively limited. Furthermore, investment in welfare technology research is extremely unevenly distributed between sectors. Almost all investment in welfare technology research is given to hospitals or to universities cooperating with hospitals, and only a very small percentage is given to welfare technology research connected with municipalities. This very uneven distribution of funds does not reflect the two sectors' use of fully implemented welfare technology solutions.

The Nordic Think Tank recommends:

- **How do we fund welfare technology research?**

Tank for Welfare Technology feels it would be beneficial for the Nordic countries to widen their perspective on welfare technology research to better include the municipal perspective. Today, the Nordic municipalities are a significant driver in the development and implementation of new welfare technology solutions, but this is not reflected in the distribution of public research funding. We believe it would benefit both sectors and the cooperation between the sectors if research funding better reflected the actual work done within welfare technology. Furthermore, if more funding focused on the municipal side of welfare technology, it would create a greater incentive for closer cooperation between sectors.

- **We need to get more value from our research funding:**

The Nordic countries do not always get the maximum value for the money spent on welfare technology research. We believe that the countries need to improve the way they commission research within welfare technology.

- We need a better understanding of the actual needs of both sectors within welfare technology.
- We need to be more precise and focused when funding welfare technology projects and research.
- We need to be better at ensuring that the research we have funded is actually implemented into daily use within the healthcare sectors.

Barrier 3

Competence within welfare technology

The Nordic healthcare system is an ever-changing organism, and currently technology and digital opportunities are facilitating this change at an increasing rate. This means that the way we deliver our services in both the primary and secondary healthcare sectors is changing, and we need to ensure that our healthcare professionals are properly equipped to be a part of this changing environment.

The Nordic Think Tank recommends:

- **Updated educational programs:**

Currently the various Nordic educational programs for healthcare professionals are not up-to-date as regards the technological and digital requirements that face staff when they are first employed. Thus when it comes to welfare technology and digitalization, the newly educated staff have not been properly prepared for the tasks that await them when they get their first job. Similarly, municipalities and hospitals have an obligation to be "learning" organizations in which staff develop along with the organization. Therefore:

- We need a stronger focus on welfare technology, innovation and digitalization in the various educational programs for healthcare professionals.
- We also need to ensure that both municipalities and hospitals give their staff the opportunity to develop their competencies as their job description and tasks change to meet the innovation agenda.

- **Data integration requires better procurement:**

To facilitate better data integration between sectors we also need a stronger focus on better procurement.

- We recommend greater cooperation between municipal and regional (hospital) procurement experts, in order to better pool resources and competencies. Closer cooperation will also facilitate mutual sharing of experiences and competencies, and help grow both departments.
- We recommend that this receives a national focus and that national courses are offered on better common procurement processes.
- We also recommend better sharing of experiences across Nordic borders, so that we can learn from each other's experiences and collect best practices – to avoid repeating each other's mistakes.

Members of the Nordic Think Tank for Nordic welfare technology



Une Tangen (Norway)

Senior Advisor at the Norwegian Association of Local and Regional

Une Tangen is a senior advisor at the Norwegian Association of Local and Regional Authorities. She has worked with service innovation and welfare technology for many years, in close cooperation with the municipalities.



Lars Lundberg (Sweden)

Business policy expert Swedish IT and Telecom industries

Lars Lundberg is working at the Swedish IT and Telecom Industries as a business policy expert and within the field of welfare technology. He is the council manager for the Welfare Technology Council.



Sigrun Johansdóttir (Iceland)

Manager of TMF

Sigrun manages TMF, which translated into Technology Media Skills. She has more than 20 years of experience working with technology for people with different needs.



Ivan K Lauridsen (Denmark)

Head of department for Welfare Technology Aarhus Municipality.

Head of department for Welfare Technology Aarhus Municipality. Ivan leads the department for welfare technology at one of the leading Danish municipalities within the area of welfare technology.



Claus B Nielsen (Denmark)

Business Development Manager at Delta Claus

Claus is one of the leading characters within ICT and Welfare Technology in Denmark, and has contributed to both national and international projects within the area. Claus is also the Vice Chairman of the European working group for Continua Health Alliance.



Randi E Reinertsen (Norway)

Research Director and Professor at SINTEF Welfare technology

Welfare technology is a strategic initiative at SINTEF and they are involved in several large national projects within the area.



Eva Sahlén (Sweden)

Director of Social Affairs at Västerås Municipality

Eva has spearheaded the success obtained by Västerås Municipality within the area of welfare technology. Västerås is today recognized as the leading municipality in Sweden within this area.



Hákon Sigurhansson (Iceland)

Managing Director TM SOFTWARE

TM Software is one of the leading companies in software solutions for the healthcare and welfare sector in Iceland. Hákon has been has over 20 years of management experience in the software and health care IT industries.



Lea Stenberg (Finland)

Project Manager at Union for Senior Services

Lea is project manager on a large project within welfare technology called The KÄKÄTE project. The project aimed to increase the chances of independent living.



Dennis C Søndergård (Denmark)

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Dennis is responsible for the area of Welfare technology at The Nordic Welfare Centre for Welfare and Social Issues. He is also responsible for the Nordic Thinktank for Welfare Technology and chairs the sessions.



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