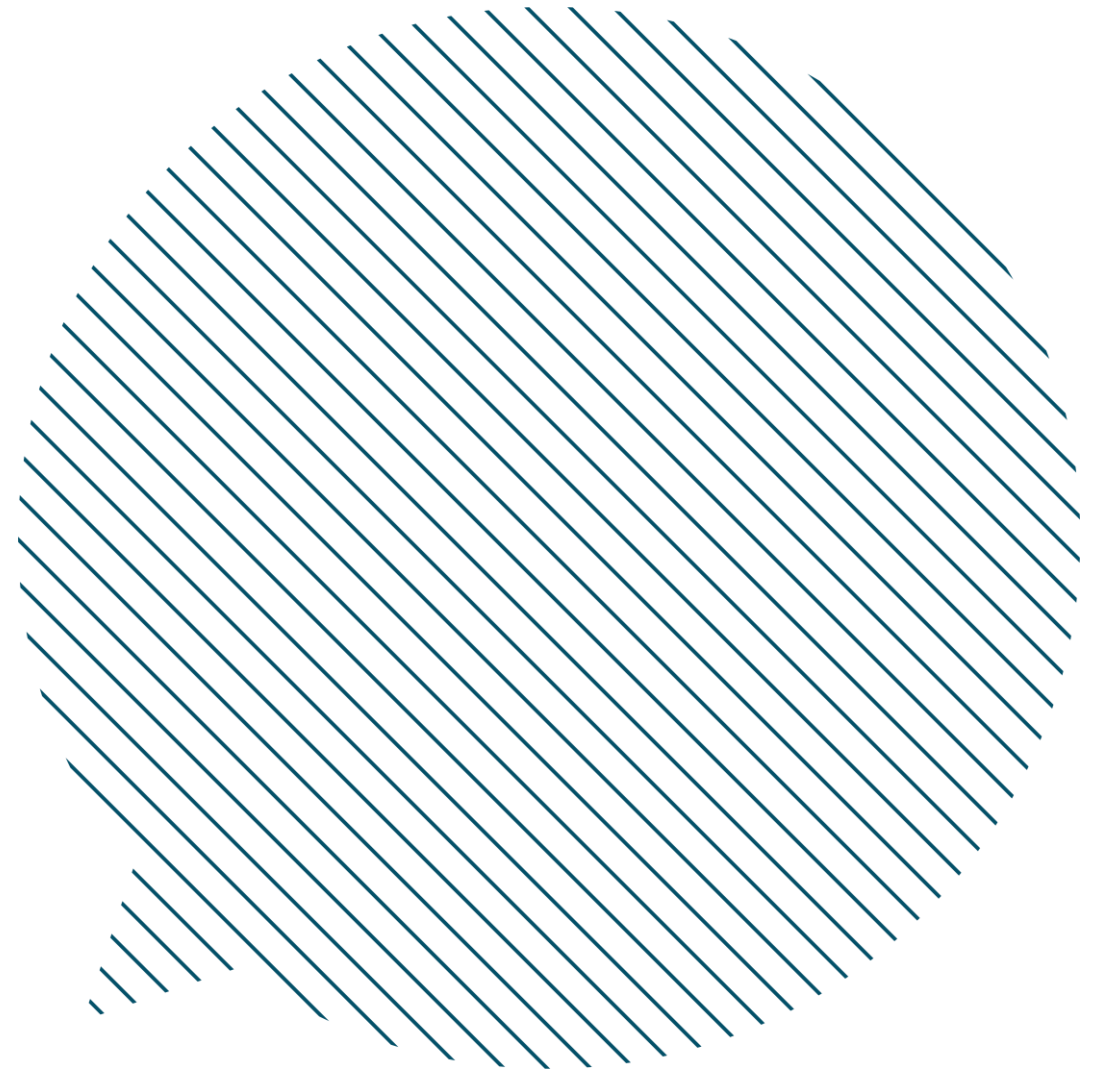# Helsedirektoratet
Norwegian Directorate of Health

Tecnology as a door opener- working together for å better patient care

A short overview from Norway

Eva Wensaas, Director of department financing and case-mix

Bjørnar Alexander Andreassen, Project Manager in department of welfare technology

Our plan

Welfare technology shall be an integrated part of how we deliver health- and care services

The National Welfare Technology Program in Norway

The Norwegian Directorate of Health

The Norwegian Directorate of eHealth

The Norwegian Association of Local and Regional Authorities

Welfare technology is about people and innovation in how we deliver care- and health services.

National welfare program – different projects

Safety technology	Remote patient monitoring	Welfare technology children and young people	Architecture and infrastructure	Social digital contact

Development and piloting   Guidelines   Upscaling

How do we support the municipalities to reach the goals of The National technology welfare program?

- Grants
- Process-support «on the ground»
  - Service innovation and implementation
  - Leadership
- Increase the knowledge of health workers (ABC learning-packages and tools)
- Create national spaces for networking and sharing experiences
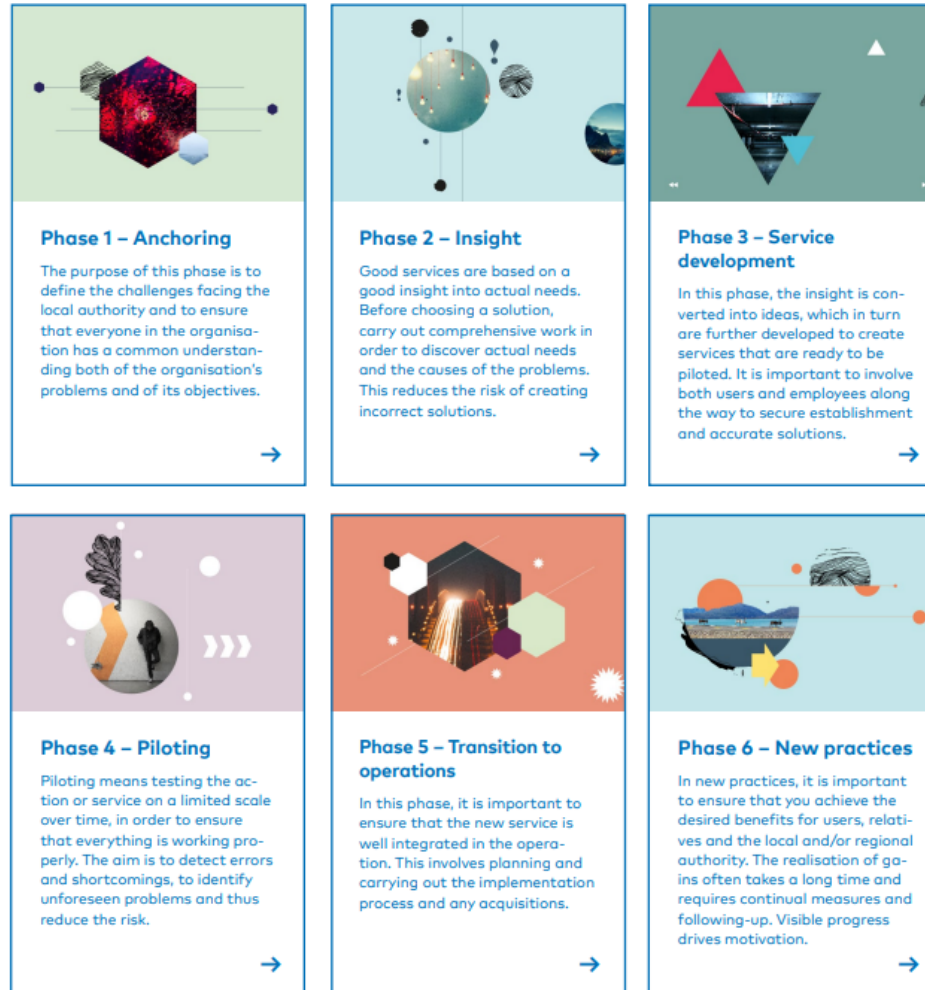- Close follow-up

Six phases defined:

1. Anchoring

2. Insight

3. Service development

4. Piloting

5. Transition to operations

6. New practices

KS

Roadmap for Service Innovation

Roadmap for Service Innovation is a structured tool containing specific action plans and templates as support. This translation is aimed at you who want to create welfare technology services for citizens regionally or locally.

Phase 1 – Anchoring

The purpose of this phase is to define the challenges facing the local authority and to ensure that everyone in the organisation has a common understanding both of the organisation's problems and of its objectives.

→

Phase 2 – Insight

Good services are based on a good insight into actual needs. Before choosing a solution, carry out comprehensive work in order to discover actual needs and the causes of the problems. This reduces the risk of creating incorrect solutions.

→

Phase 3 – Service development

In this phase, the insight is converted into ideas, which in turn are further developed to create services that are ready to be piloted. It is important to involve both users and employees along the way to secure establishment and accurate solutions.

→

Phase 4 – Piloting

Piloting means testing the action or service on a limited scale over time, in order to ensure that everything is working properly. The aim is to detect errors and shortcomings, to identify unforeseen problems and thus reduce the risk.

→

Phase 5 – Transition to operations

In this phase, it is important to ensure that the new service is well integrated in the operation. This involves planning and carrying out the implementation process and any acquisitions.

→

Phase 6 – New practices

In new practices, it is important to ensure that you achieve the desired benefits for users, relatives and the local and/or regional authority. The realisation of gains often takes a long time and requires continual measures and following-up. Visible progress drives motivation.

→

- I still use my clinical skills

- We can help several patients at the same time

- Our patients have a strong wish to manage by themselves

Ane H. Walle og Kaja B. Sørdal
Registred nurses in Bydel Grünerløkka, Oslo
Sykepleien 9.1.2020

Foto: Marit Fonn,
Sykepleien 9.1.2020

Evaluation; Increased safety and improved health with remote care

PATIENT

- Feel more safe and secure
- Understand and cope better
- Increased quality of life
- Stabilized health condition

GENERAL PRACTITIONER

- SCP makes it easier to involve patients
- Patients are more conscious of their own situation – improves and help structure the dialogue with GP
- Increase in consultations due to interdisciplinary meetings to establish SCP

MUNICIPALITY

- Reduced use of homecare services
- Self-care plan (SCP) is a useful tool
- Nurse can supervise several patients
- Easy to detect deterioration
- Improved cooperation

HOSPITAL

- Improved cooperation and understanding
- Research show no effect in hospital admissions, While several patients report reduced admissions and less consultations with GP

Økt trygghet og bedre helse med digital hjemmeoppfølging - Helsedirektoratet
Nyhetssak Helsedirektoratet.no 17.2.2022

Implementing remote care in Norway 2022 - 2024

15 Projects included in the National project; all in cooperation with 2 og more municipalities, GP's and local hospitals
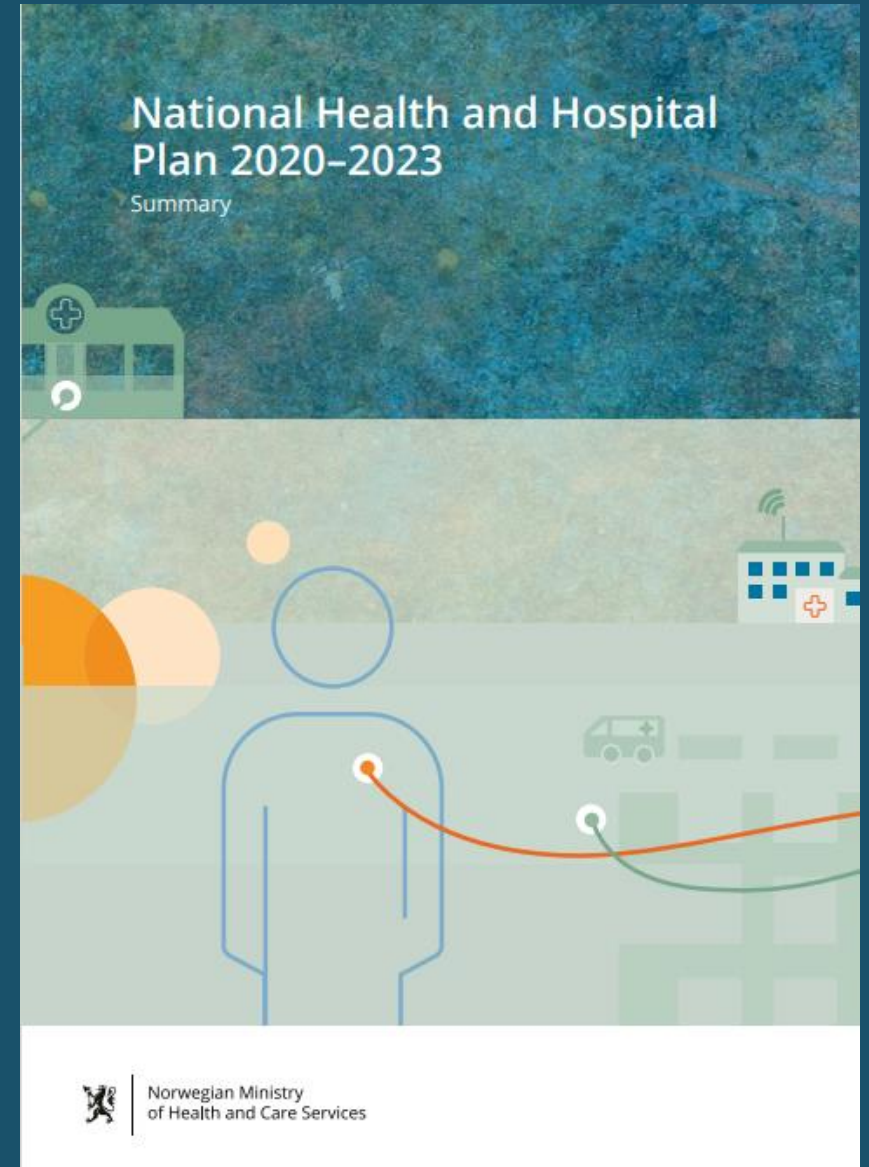
Includes 17 of 19 «Healthcare communities» and 166 municipalities
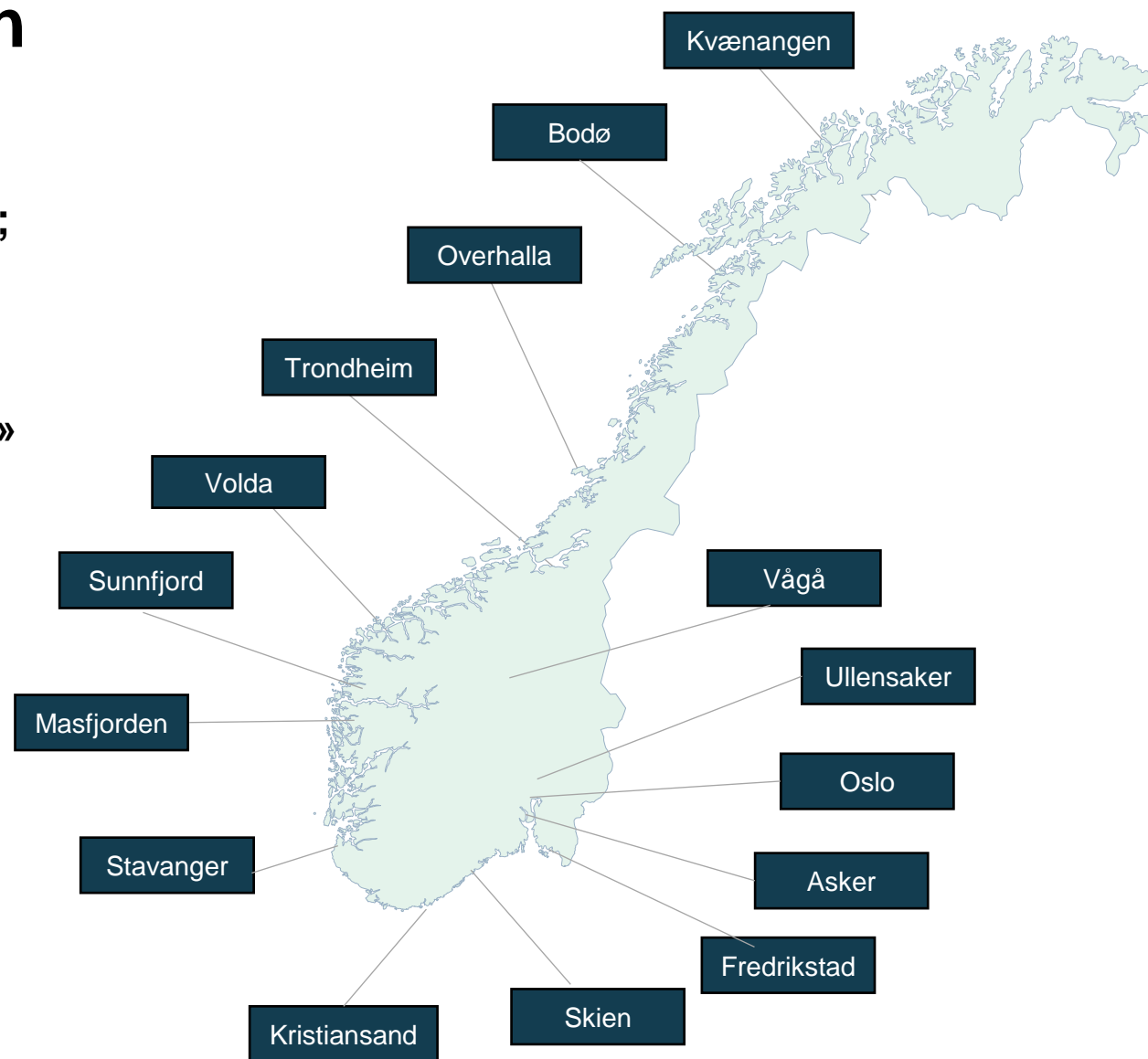
The National Health and Hospital Plan 2020–2023 sets the direction for the development of the
- specialist health service and the
- interaction with the municipal health and care services.

National Health and Hospital Plan 2020–2023 (regjeringen.no)

How will we achieve this?

Create a patient-centred health service

Facilitate active participation

Establish 19 healthcare communities
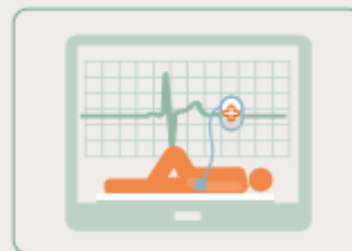
Outreaching hospitals

Better mental health services

Ensure that we have a coordinated chain of emergency care
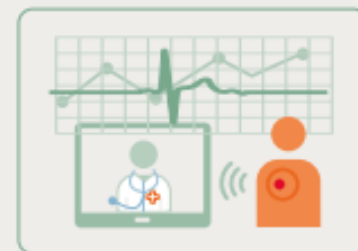
Facilitate more use of technology

Ensure sufficient and appropriate skills

Link digitalisation targets with patient treatment targets

Reduce unwarranted variation

Continue to develop financing schemes

More growth in technology and skills resources

Helsedirektoratet

Patient care- and treatment in new and sustainable ways

To succeed:

Patient satisfaction

Patient safety

Quality in the health services

Effective use of health personell

Effective use of technology

Data capture

In recent years we have also moved in hospitals

Specialist helthcare into patients' homes through the use of new technology. Video and telephone consultations are funded in the same way as consultations in person.

More efficient use of human resources in hospitals. More types of healthcare personnel, not just doctors, can initiate reimbursements to hospitals.

More ambulant and teambased treatment. Hospitals receive additional reimbursement when healthcare personnel provide treatment outside the walls of the hospital.

Integrated team and cooperation between service levels. Work has been done to ensure that municipalities can provide certain defined specialist health services on behalf of hospitals

There are also hills to climb

There are still barriers to ensure that remote care will be an effective part of future health care

- Procurement and financing remote care are regarded as challenging for small municipalities, this is reinforced by different financial sources/systems

- Access to data from the remote care software, through the ordinary patient record and sharing data/treatment-/self-care plans

- Different cultures within specialist health care vs community-based healthcare – diagnoses vs functions and needs

- Legal issues

Covid a booster for using technology?

The rise of digital health technologies during the pandemic

Briefing – 14-04-2021

Coronavirus has accelerated the rise of digital health, a broad concept that includes solutions for telemedicine and teleconsultation, remote monitoring, connected devices, digital health platforms and health apps. The concept also covers the related health data analysis and application in systems based on big data, for instance for epidemiological research and AI-enabled diagnosis support. Digital technologies are becoming critical in the fight against the ongoing pandemic. They have been used, among other things, for online medical consultations from home and for increasing efficiency in diagnosis and treatment of patients through telemedicine, which, like teleworking and online education, has been a novel experience for many. Likewise health workers

Think Tank
European Parliament

This is also a fact in Norway- especially consultations where patients could stay home using video- and teleconsultations.

We also adjusted the financing in 2020 to be the same for consultations at home as a consultation in hospital.

National support and facilitation - targets for digitalisation and health care at home.

Action points	Responsible
Advice and guidance	Directorate of Health
Indicators - follow developments in this area	Directorate of Health
Digital treatment plan - share between all healthcare professionals	Directorate of Health and Norwegian health network
National data sharing infrastructure	Directorate of eHealth
Using video - technical solution and use	Norwegian Directorate of Health and Norwegian health network
Patient-reported information PRO/PROM and PREM	Directorate of Health
Method assessment/knowledge summary/research	Norwegian Institute of Public Health
Patient's private equipment	

Pasienten er aktiv deltager

Vi lærer av hverandre

Bruk av helsedata til det beste for fellesskapet

Livslang læring

Future research areas

Quantitative effects

- Saved time
- Avoided cost
- Increased service capacity

Qualitative effects

- Empowerment and satisfaction compared to delivering health care services traditionally
- Patient reported outcome and experience measures
- The effect of using digital treatment plan

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