

Presentation

Kristin Skogen Lund (EVP, Telenor Group)

Digital Welfare meets Open Government

Earlier this month, I had the opportunity to raise the issue of the future of the Norwegian Welfare State at the Annual Conference of the Confederation of Norwegian Enterprise. The range and funding of future welfare services are issues that we all face.

In my presentation, titled “Digital Welfare meets Open Government”, I address two of the fundamental challenges that confront today’s welfare state. The first is the constant need to deliver public welfare in more efficient ways. This is a substantial task that few wish to take on, but many are depending on you to do so. The second challenge is that welfare services, and public services in general, need to be made available to citizens in a fundamentally new way. In the very near future, we will cease to accept traveling twenty miles to a public office where we basically just tell someone who we are – as we still do when renewing our passports. We will expect it online.

The British government has opened up political life and decision-making in a brave new way, through the Open Government Initiative¹. We will need to make welfare delivery just as open and accessible to citizens, because it is more efficient and because they expect it. One such open solution is the Danish health portal ”www.sundhed.dk”. It will allow citizens to apply for all kinds of medical services, choose their preferred hospital or view their own medical journals. It is really advanced, and it represents the kind of delivery modern citizens already receive from the private sector, and increasingly expect from their government or city.

My creative proposals sum up the initial experiences we have had with open and accessible health services. Let me share three important experiences, and three innovative ideas:

- 1) At the national level, it is vital that health-related information flows freely between health services. This calls for a comprehensive, national information platform for all health services across the full lifespan of citizens, with a modern, accessible interface

¹ <http://transparency.number10.gov.uk/>

for health professionals and citizens. In Norway, my company is building such a platform for up to 10.000 health services – both public and private. It will connect hospitals, surgeon offices, dentists, physiotherapists, pharmacies drug-stores, laboratories and many more. A national health portal is one obvious synergy, electronic journals and prescriptions are another. However, a comprehensive information platform gives more and more health professionals access to information about more and more patients, with increasing risks of misuse and violations of privacy. The decentralizing trend in health-care calls for a full range of privacy measures, but two ideas already stand out in the Norwegian discussion. My first innovative idea is to divide patient Journals into an Emergency Journal and a Full Journal, where the Emergency Journal gives all health units access to the patient's blood type, allergic reactions etc. The Full Journal, informing of chronic deceases and other intimate issues, would only be accessible through application. The system could inform patients each time a health unit requires access to their Full Journal. It would resemble the way you are notified when someone does a credit-check on you. And it could all be accessible to the citizens through a portal like the Danish "www.sundhed.dk".

- 2) At hospital level, we are starting to see fully digitalized hospitals that build cost synergies and increase citizen satisfaction. My own company has led the full digitalization of two new hospitals in Norway². At *St Olavs Hospital*, all 1.500 employees are constantly connected to all information regarding their 5.000 patients. The reports so far indicate a 10-15 per cent reduction in work-hours needed.³ Nurses don't need to meet physically in the report room to exchange information, since that information is available anywhere. This made it possible to have nurse stations among the patients, the result being literally having a nurse next door. A screen device at each hospital bed for communication with nurses and doctors gives patients full access to internet, entertainment and communication, making their hospital visit so much more endurable.⁴ Further applications are almost limitless, such as letting patients with the same disease build social forums from their bedsides. Or applying screen-based tele-medicine, where hospital experts give remote assistance to rural examinations and

² St Olavs Hospital (Trondheim), Ahus (Akershus).

³ Estimates from the St Olav Hospital, 2009.

⁴ Pasientundersøkelsen på St Olav.

even surgeries, via broadband. In Northern Norway, patients coming in for hospital consultations from the countryside amount to two full airplanes, every day. They increasingly apply tele-medicine to minimize those travel costs. My second innovative idea is to establish a Nordic-British best practice sharing of the almost limitless number of potential health applications for hospitals and national health platforms.

- 3) At local level, we can exploit a full packet of new, sensor-based tools that allow patients and seniors to stay home longer, and avoid excessive hospitalization. In Scotland and southern Norway⁵, local authorities have tried out several of these types of services. Scottish studies indicate benefits for both patients and hospitals.⁶ Feedback from five local communities in Norway gave valuable experience with six sensor-based devices.⁷ *Wet sheet-sensors* dramatically reduced the number of unnecessary, nightly inspections of the elderly. *Fall-alarms* were of the accelerator type that did not work, but there are also ultra-sound models that may work better. *Epilepsy alarms* had a similar, positive effect to the wet sheet-sensors, as patients felt more reassured and unnecessary inspection visits were reduced. *Sensor-based medical kits* gave notice when patients forgot to take their medicine, with very positive results. Daily reminder calls became totally obsolete. *Door alarms* gave notice when dementia patients left their homes partially conscious at night, with an increased feeling of security and re-assurance. *GPS tracing devices* were tested on a wheel-chair user and some dementia-stricken elderly individuals, with very positive results on security and reassurance. One wheel-chair user clearly increased his geographical radius, and insisted on keeping the device. Despite initial technical issues, results were clearly promising. Mobile devices and alarms connected to a local health central provide the added security needed to help seniors stay in their own homes longer. More local pilot-testing of such services are my third innovative idea.

⁵ Telenor og Knutepunkt Sør, M2M-teknologi lar eldre bo lengre hjemme. Kommunene omfatter Kristiansand og omegn, med totalt ca 110.000 innbyggere.

⁶ Yeandle, S. 2009. *Telecare: a crucial opportunity to help save our health and social care system*. Centre for International Research on Care, Labour and Equalities University of Leeds, UK Bow group, University of Leeds. <http://www.tunstall.co.uk/assets/Literature/telecarepaper.pdf>

⁷ Telenor Rapport 14/2010: Bente Evjemo, Lilly Ann Stenvold, Eivind Rinde, *Sensorbaserte hjelpemidler i hjemmetjenesten. Erfaringer fra 5 sørlandskommuner*. 3. desember, 2010.

These were just three ideas to make the health services more effective, satisfactory and accessible to citizens, and still less vulnerable to misuse and privacy violations.

Thank you very much.