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The Norwegian health sector should be unified around one IT system

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In 2012, the Norwegian government established the goal of *One inhabitant – one patient record.* All patient data were to be entered together in one, shared IT system. Six years later, there is still no plan for achieving that goal.

Photo: Sturlason

GPs, nursing homes, specialists and hospitals are struggling today with a mosaic of patient record systems that for the most part cannot talk to each other. The systems are procured, operated and developed individually. Internal IT systems in hospitals often cannot communicate with each other, and seldom with the systems of other actors. If patients have moved or are travelling, there is a significant risk that critical information is missing. At present, hospitals and GPs can only send each other referrals and discharge summaries.

The main reason for the postponement is that the regional health authorities have rejected the idea of a shared, national patient record system. Each health authority continues to maintain its own IT strategies and budgets. Instead of working together towards a common goal, the regional health authorities are currently undertaking four separate projects to link their own systems together. The projects are to be financed from the authorities' own operational budgets, where IT will compete with all the other needs.

Nor have the regional health authorities been given any deadlines by the Ministry of Health and Care Services and the Directorate of eHealth for completing the first phase – that of linking hospitals with the primary healthcare service. The quality of the healthcare service's overview of your medical history will increasingly depend on where you live in Norway.

The Central Norway Regional Health Authority has made the most progress. They need to replace their old patient information system and will therefore procure a modern system that will be used by the entire health sector in the region – from GPs to hospitals (1). The other three regional health authorities, on the other hand, have opted to modernise their existing patient record systems in the hospitals. Once they have achieved this, they are still far removed from the goal of *One inhabitant – one patient record* (2). The primary healthcare service in the regions – including all GPs and nursing homes – is not included.

After this, the Norwegian health sector faces the huge project of connecting the regional health authorities' ICT systems together. So far, there has been no discussion on how this project is to be organised or who will pay for it. In addition, three out of four regional health authorities will not have introduced decision support, the new system that provides doctors with advice and alerts during patient treatment.

The argument against a shared, national IT system is that it is equivalent to putting all your eggs in one basket: A problem or a delay will have an impact on all users. The debates related to streamlining the healthcare sector's IT systems are still taking place in the shadow of two megaprojects that foundered. In England and the United States, attempts were made in the 1990s and 2000s to boost IT for the entire healthcare sector, or large parts of it (3–4). The projects were highly ambitious, and everything was to take place simultaneously – in countries with 65 and 300 million inhabitants, respectively. The chances of succeeding are far greater in a country of only a little more than five million inhabitants.

Another, often repeated argument against shared IT systems is that they are supplied by only a single provider. That is a risk; however, large state organisations such as the Norwegian Labour and Welfare Administration, the Norwegian Tax Administration and the Norwegian Armed Forces do not have several parallel suppliers. They have selected a system from one provider, or they develop one system themselves.

The Ministry of Health and Care Services, with the assistance of the Directorate of eHealth, ought to look to the future and take control of what in reality is a single, large project. 'Let's see what happens eventually' should be replaced with 'Let's prepare a complete plan in order to fully achieve our goal.'

It would presumably be simplest to develop the system from those who have made the most progress, i.e. the Central Norway Regional Health Authority. The Ministry of Health and Care Services should dare to pursue the now vaguely formulated opportunity presented by the fact that in 2016 the Central Norway Regional Health Authority's project was designated as a 'regional testing arena for the national target of *One inhabitant – one patient record*' (5). The Central Norway Regional Health Authority ought to be given the necessary resources to implement a successful introduction of a new, modern patient record system with decision support for both hospitals and the primary health sector. It should then be introduced in the other regional health authorities, one by one, until we end up with a shared patient information system for the entire country.

There is much to indicate that we could thereby save money, reduce risk and save time. Not least, we would avoid the megaproject of linking the regional health authorities' different IT systems together.

Perhaps we will end up adopting the Central Norway Regional Health Authority's system nationwide in any case, but in the absence of a clear plan it now appears as though we will take a long and costly detour. It is to be hoped that *One inhabitant – one patient record* will finally come to fruition. But when, and at what price?

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