1. Current state of play

A. What is the member state's vision on digitalization in long-term care?

Welfare technology and digital remote follow up contributes to good health and coping among citizens, and a sustainable societal development

1. Patients/care recipients experience increased safety and better health
2. Patients/care recipients handle their own health situation better, and have an increased ability to take care of their own health
3. Patients/care recipients are more satisfied with follow up from the healthcare (long term) services
4. Quality of care across levels and sectors is increased
5. Saved time and less costs in the healthcare sector provide profit to the national economy and increased staffing capacity

B. What is the long-term care sector vision on digitalization?

Cf. above. Services are public, and the vision/aim is therefore similar

C. What kind of (educational) programs are being offered to careworkers, in order to make them sufficiently skilled to work with digital tools?

- Workplace training
- Post-graduate education (e.g., master programmes)

2. Primary Use

- How many care providers work with electronic patient files?
  - All

- Which national standards exist for the interoperability of electronic patient files?
  - HL7 FHIR, SNOMED CT, Open EHR

- How is the data of the electronic patient file (if compliant with the GDPR) *technically* accessible for other care providers e.g hospitals or gp's ? If not, why not?
  - Through a national Summary care record
  - Through electronic messaging between EHRs
  - In one region/health trust: through a shared EHR (EPIC)

- Is, and to what extent, a personal health environment* implemented?
  - Helsenorge (Healthnorway) Helsenorge – din helse på nett – Helsenorge) → Patient portal
  - HelsaMi (MyHealth) –> part of a shared Electronic Health record, currently being implemented in one health trust

3. Secondary Use

- Do care providers deliver patient data for secondary use (e.g research and development, benchmarking etc.) and if yes, how?

  - Through national health registries (e.g., the Cancer registry, Patient registry, Birth registry, Cause of death registry, Medication registry etc.)

  - Through national quality registries (58 registries)

- Is it compulsory and useful and if yes, how is it useful?

  - Yes, compulsory. Used for research, governance, quality improvement, benchmarking

- Are patient data being exchanged cross-border and if yes, how?

  - No (?)

4. Technology and digital tools in LTC

- Digital social alarms

- Medication dispensers

- GPS technologies

- Telemedicine

- Remote patient monitoring (both at home and in care facilities)

  - Non-invasive remote monitoring (portable devices that transmit data either manually or automatically

- Sensor technologies (fall, door alarms, night camera)

- Fall prediction

The National welfare technology programme (2014-2024) is supporting technology implementation in municipalities (incl. in LTC)

4. Technology and digital tools

- Furthermore, what are innovative new technologies/tools (Rising Stars) in your country (take into account the criteria)?

  - Remote patient monitoring of various types

  - Digital consultations

  - VR

- What are the reimbursement schemes for these tools?

  - None in particular, mainly covered over the regular budget

- Are these tools (partly or fully) funded by programs under the Recovery & Resilience Fund* and if so, how do you apply for the funding?

  - No

4. Technology and digital tools

- What are the main obstacles for implementation of digital tools? (please rank from biggest to smallest obstacle)

- Other: lack of capacity and time in the services, Lack of evidence for its usefulness

- Lack of funding

- Ethical/moral issues

- Lack of workers skills

- Legal issues

- Lack of vision

Thanks for your attention.

Line.melby@sintef.no