

Editorial

The Finnish Society of Telemedicine and eHealth (FSTeH) organizes its annual conference normally in springtime, most commonly in April. Year 2020 was an exception. Since the COVID-19 pandemic began in December 2019 in the Chinese city of Wuhan, it spread rapidly worldwide. On March 16th, 2020, the Finnish Government declared a state of emergency and later received the acceptance from the Parliament to use the Emergency Powers Act in order to combat the spread of virus more effectively. This meant e.g. that public gatherings were limited to no more than ten persons. The FSTeH was forced to turn its conference into a virtual conference, and locate it into October.

Wide internet penetration and use of new technologies such as intelligent phones has given a possibility for digitalization of healthcare that is now one strength during pandemic care. In retrospect, digitalization has been a gradual evolutionary process. However, this year 2020 will remain in history as the year when digitalization took its biggest steps forward in the Finnish society so far. Like in the other countries around the world, considerable efforts are now being made to develop and to take into practice effective digital healthcare services. In addition to the healthcare staff, multidisciplinary professional groups are working on the corona crisis, e.g. diagnostic companies, equipment manufacturers and the researchers from genetic research to vaccine development and data science. During the COVID-19 pandemic, the results of health technology and data processing became a part of everyday life. For the citizens, their opportunities to participate and influence their well-being and care are linked to the ability and willingness to use digital services.

In Finland, the digitalization in health care started well before the coronavirus outbreak. An example of this are the national patient data repository and related services called Kanta services, which produce a digital backoffice for the healthcare and social welfare sector. Today, service providers in both public and private health care can share medical records using the Kanta services and citizen can access their own data, too. Due to the pandemic, new personal health technology applications became quickly visible, such as the mobile Omaolo service. Using Omaolo, citizen can utilize online COVID-19 symptom check-up and further connect to the health services. Another type of innovation is the corona surveillance app, called Koronavilkku, which warns citizens if they have been in a vicinity of a person exposed to coronavirus.

In order to present both a general view to digital services and more specified discussion about latest developments, the year 2020 FSTeH virtual conference discussed digitalization according to the following themes:

Nordic digital experience – The five Nordic countries, Denmark, Finland, Iceland, Norway and Sweden, are forerunners in eHealth. The countries have progressed far in the development and implementation of national health information systems and strategies. The differences in eHealth policies, architectures, and implementation create a fruitful basis for benchmarking and learning from each other. This session gave an overview what is the state of the art development phase today.

Data lakes or leaks – Health information systems collect a vast amount of data that has value in research, quality management, education and innovation activities. Finland established in 2019 a

new Act on the Secondary Use of Health and Social Data. There is now a special Social and Health Data Permit Authority, Findata, which supervises the safe implementation of this legislation. The session discussed the new horizons of health data utilization.

Personalized care - thank you! – Digitalization is not restricted only to ordinary medical services, but it has progressed also in dental care and even in veterinary practice. Parallel to traditional health institutions, the pharmacies are seeking for a new role in providing personalized services to their customers.

Digital competence in health – Both healthcare professionals and citizens need new skills in order to fully utilize digital health applications. Health literacy for active citizens as well as required competencies for healthcare staff together with patient safety aspects were discussed in this session.

Test beds and medical devices - pros and cons – The university hospitals in Finland have created testbeds for new medical devices and digital applications. The idea is to promote new ideas and open a feasible pathway for new enterprises in the medical technology domain. Those testbeds provide a suitable environment to discuss the requirements of standards and other regulations with professional health staff.

Citizens as user of digital health – The most recent digital health policies reflect a continuous focus on empowering and activating citizens. The session highlighted how Nordic countries support citizens' own initiative through health information services, self-management support and digital care pathways.

eHealth and eWelfare in practice – The value of eHealth is realized in practical and down to earth services. In this session, experiences of various everyday solutions were presented. The use cases included e.g. remote care services for students and diabetic patients.

Co-creation orchestration – Successful eHealth solutions require co-creation together with end users and enterprises, citizens and health professionals. It is crucial that different experts in the ecosystem are motivated and that there is a clear leadership in collaboration orchestration.

In addition to keynote presentations, a wide variety of most recent scientific eHealth research was presented in peer-reviewed oral and poster presentations. For this journal issue, we selected to publish some highlight presentations of the conference in the form of journal articles in this FinJeHeW issue.

The COVID-19 pandemic gave telemedicine and eHealth a real boost. It forced healthcare institutions and organizations to invent alternative ways of providing safe access to healthcare services. Similarly, universities and societies were obliged to create distant education solutions for future and present healthcare personnel. Our international conference was organized for the first time purely on-line. According to the participant feedback, it was successful, but the need for informal discussions with colleagues face to face still exists.

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