

New legislation brings flexibility to the organisation and use of health services

Public health care units and private service providers that offer electronic archiving of patient records were intending to begin implementing the national health care information system by 1 April 2011. However, the information system has proved to be technologically complex, and building it requires the integrated collaboration of many different actors. In addition to this, the users' capacities have been limited due to a lack of resources.

Because of this, the new act on amending the Customer Information Act currently under consideration in Parliament will postpone the obligation to join the new service system to a date fairly far into the future. According to the schedule presented in the government bill, pharmacies should join the prescription centre by 1 April 2012, public health care a year later and the private sector two years later. For the public sector, the obligation to join the national health care archive of the national information system (eArchive) would come into effect in September 2014 and for the private sector in September 2015. Public sector units and private service providers could, however, already begin using the eArchive the year before, should they so wish.

A pilot project for electronic prescriptions was launched in Turku at the end of May, and so far a total of 1700 electronic prescriptions have been produced by two pharmacies and three health care units. The piloting of the eArchive and a related system that allows citizens to browse their own patient files is in progress in the health care sector of the city of Kuopio - the Pegasos cluster - and the transfer of customer data will begin early next year.

Postponing the obligation to join the prescription centre and the eArchive is therefore justified, because it would allow enough time to implement the system in a controlled fashion. The exchange of required operative information continues to take place locally and regionally, and even on the national level it is not dependent on the completion of the national archive. The most significant features that will be delayed by the new act are probably the individual persons' opportunity to view their own patient records electronically and the private sector's opportunity to gain information on the treatment that their patients have received in the public sector more easily than before.

According to the new health care act under consideration and its section on the extended selection of places of treatment for non-urgent treatment, individual people can, from 1 January 2014 onwards, choose which public health centre will be responsible for their primary care and which municipal specialised care unit they will go to when in need of specialised care. When one compares this date to the implementation date of the patient record system, it would seem that when the place of treatment changes, the patient data from the previous location cannot at first be transferred through the national archive. The widely criticised 'informed consent' procedure for handling patient information is in the process of being simplified. The consent would be valid until further notice and cover all health care service providers.

The new legislation would seem to offer a respite for the municipalities and joint municipal boards to organise their health care-related data administration. Some municipalities still have their resources partly tied up in the project to restructure local government and services (PARAS). In the countryside at least, the individuals' new freedom to choose their place of treatment is not likely to have much practical impact, but nonetheless it is an important decision in principle. The legislators finally admit that the quality and content of service production can also vary in the public sector.

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