

Citizens' electronic welfare services – changes in the practices of organizations will bring the desired benefits

Various types of electronic services for citizens' well-being have long been developed in Finland: health information internet sites, chronic diseases home monitoring services and most recently the Patient's eAccess service as a part of national health information system services. Through the Patient's eAccess service citizens can view their own medical records and prescriptions.

In addition, there are electronic personal health records, where people can store and manage their own health and well-being data, and provide data others who need it. Electronic welfare services are used in very different ways in different parts of the country. Everyone should have equal access to electronic welfare services regardless of their region. These services enable people to monitor their own health and well-being and to take more and more responsibility for it. One purpose of the use of electronic welfare services is to ensure equal access to health services.

The development of citizens' electrical welfare services has become one of the government program's key projects to develop public services, the aim of which is to promote the customer perspective, streamlining services and public sector productivity. The self-care and digital value services (ODA) project will create services for all municipalities and hospital districts, where people can prepare their own well-being plan, and also assess the need for treatment evaluation.

There is very little evidence-based research concerning the effectiveness of electronic welfare services. Studies have shown them to be useful and necessary. According to research, customer-oriented e-services can encourage people to actively participate in their own care and the decision-making that concerns them. E-services also afford direct access to health care producers when they have health-related problems. People with chronic illnesses can enjoy the benefits of using e-services in their treatment. On the other hand, according to some

studies the use of electronic services can also lead to increased use of health care services.

Electronic services will occasion changes in health care practices based on a strong expert orientation to become citizen-centric practices. The introduction of electronic services necessitates changes in organizational structures and processes, changes in individual attitudes and behavior, changes in the division of labor and in the work itself. The personnel's knowledge is also taken into account. The introduction of e-services is not a traditional software introduction, installation of the software, and user training. Changes must be made to internal working processes and also in collaboration with other users. This is a prerequisite for realizing the envisaged benefits of electronic services. The introduction of e-services is largely a social process.

Organizations introducing e-services should also assess which customer groups will benefit most from the electronic services. Can perhaps the most resource-intensive healthcare customer groups, such those needing treatment / follow-up of chronic diseases, take advantage of e-services? The organization must also design how resources will be allocated between traditional services and electronic services. The use of electronic services is expected to reduce visits to health centers, for example, but the public should also get answers from health care professionals through the electronic services.

When the electronic services have been introduced organizations should also evaluate if the goals of the introduction have been achieved. Was there a reduction in the visits to health centers among the customer groups using electronic services? Do the electronic welfare services increase customers' participation in the planning of their treatment, or do electronic services motivate people to monitor and maintain their state of health? Are e-services cost-effective?

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