

Interoperability as a data-driven sociotechnical practice: digital maturity, governance, and the Danish experience

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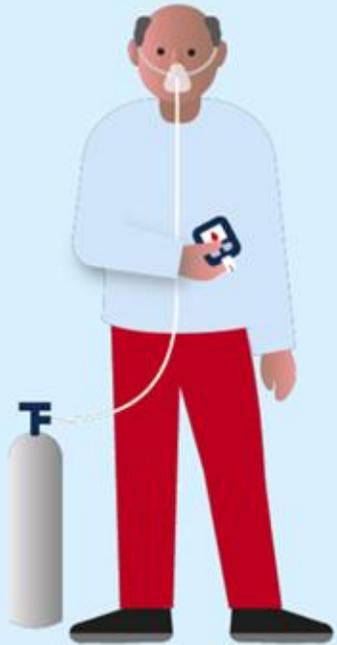
AALBORG
UNIVERSITY

The Danish healthcare sector

- Population 6.0 million
- HC expenditures:
 - 9.8% of GNP
 - Funded by taxes
- Private GPs:
 - Gatekeepers
 - Fee for service (public)
- Hospitals:
 - 27 hospitals (72 locations)
 - 15,000 beds
 - Almost all public (97%)
 - Owned & run by 4 regions
- Long term & home care:
 - Run by 98 municipalities



Central trends and challenges



20% of the population have one or more chronic conditions



By 2035, there will be 50% more elderly people over the age of 80



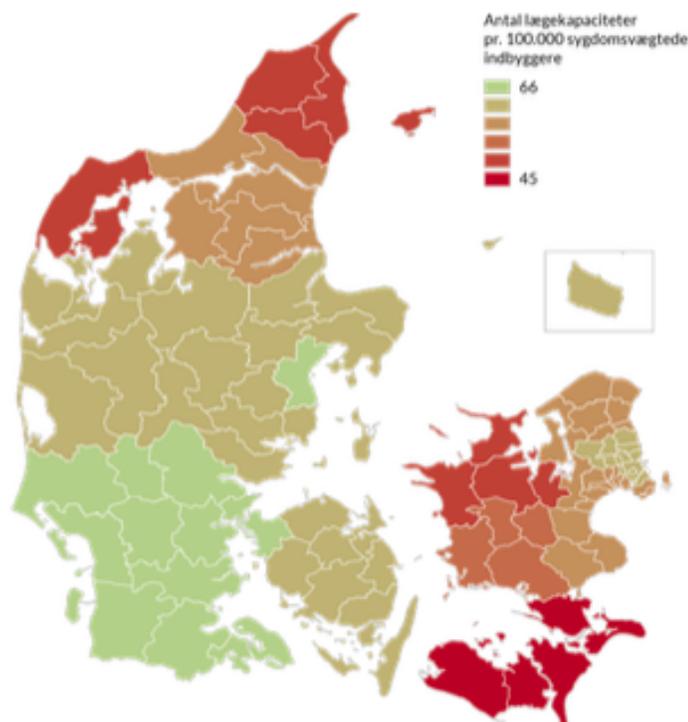
Citizens' expectations of the health service are growing as we become richer as a society



There may be a shortage of 15,000 more social and health care assistants in 2035 compared to today

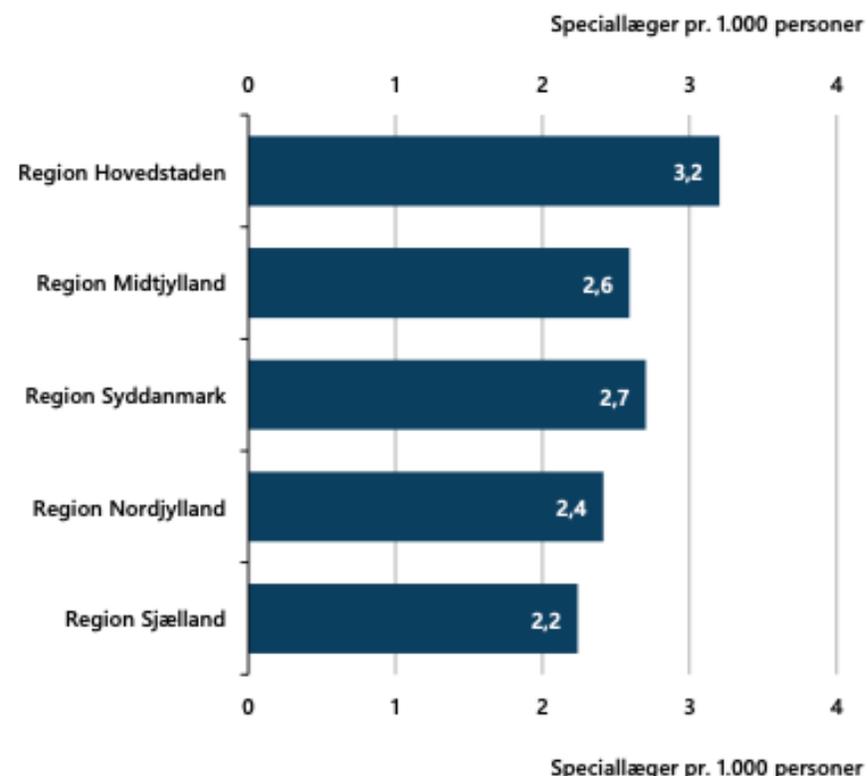
The geographic balance in health issues is challenged

Antal lægekapaciteter pr. 100.000 sygdomsvægtede indbyggere



Kilde: Sundhedsdatastyrelsen og ministeriets egne beregninger.

Antal speciallæger pr. indbygger, fordelt på region



Kilde: Sundhedsdatastyrelsen, 2019, Lægeprognose 2021-2045: Udbuddet af læger og speciallæger, og bevægelsesregistret.

Anm.: Antallet af borgere vedrører bopælsregion, mens antal sundhedspersonale vedrører arbejdsstedsregionen.

NEW HEALTH REFORM – 2024 to 2028

A political document



With a broad political agreement, the direction has been set for the largest reform of the Danish health service since the structural reform in 2004. The 2024 health reform will strengthen the quality of health services throughout the country, bring health services closer to citizens and prepare the health service for the needs of the future.

The aim of the health reform is to make the health system deliver more equal, local, and more coherent healthcare



More equal: Better distribution of (e.g. doctor) resources, so that everyone has access to high-quality health services



Closer proximity: Transition to closer, less specialized and digital health services (outside hospitals)



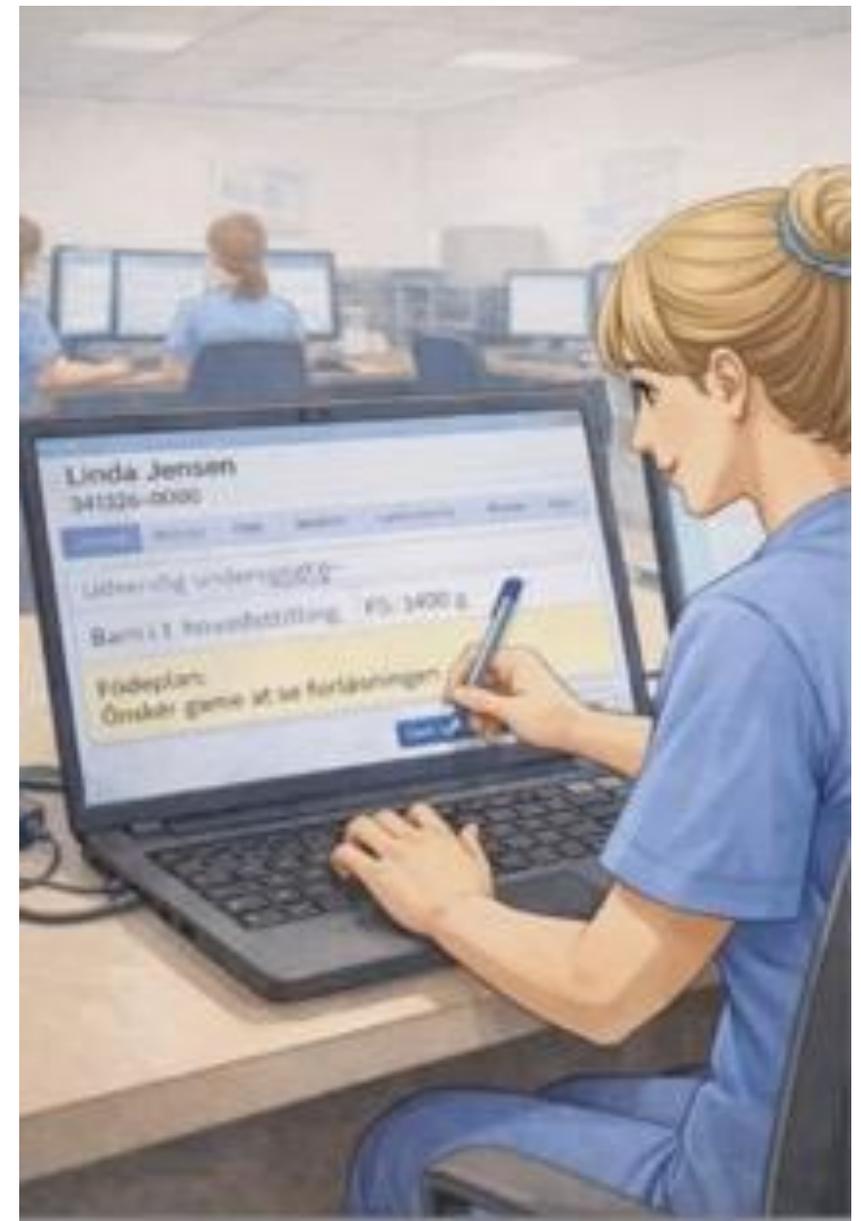
Context: More overall and coherent responsibility for patient care

**Reducing inequalities,
closer proximity of health service delivery,
coherent responsibility
require the use of digital technologies**

DIGITAL TRANSFORMATION of the health system

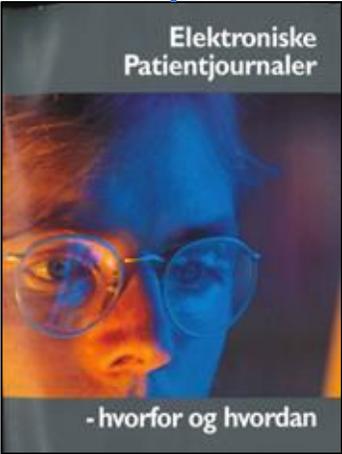
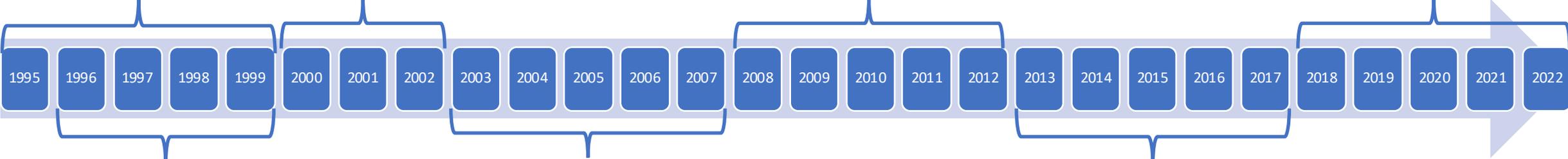
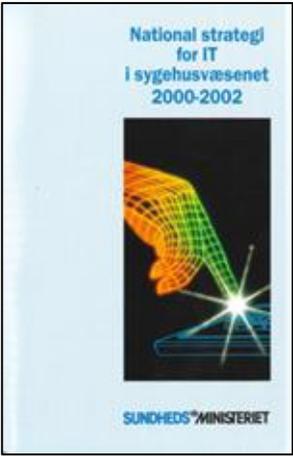
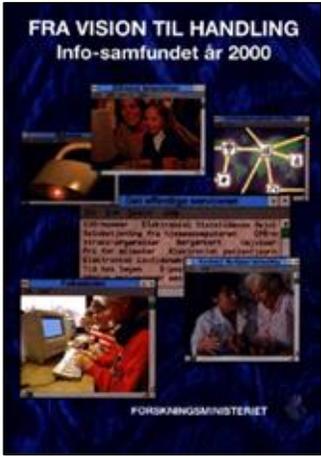
Or

DIGITAL HEALTHTRANSFORMATION

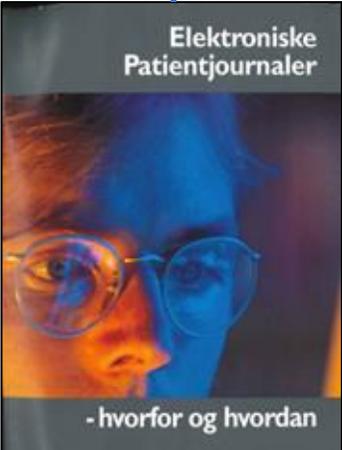
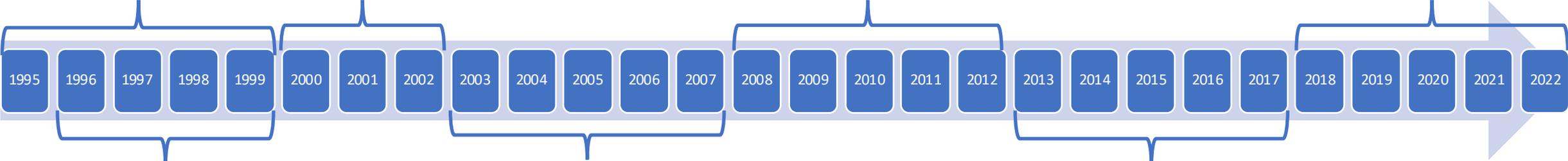
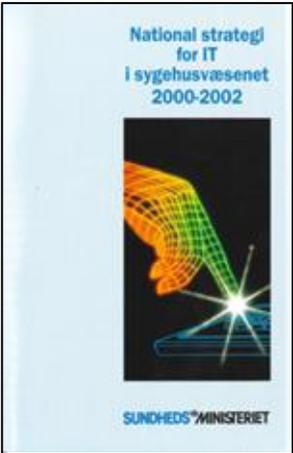
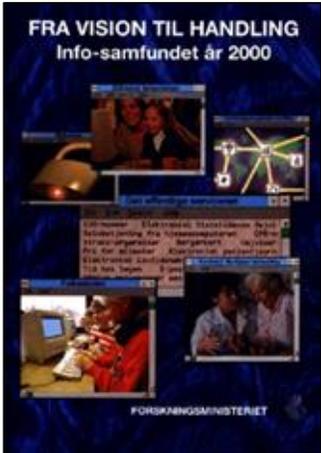


AI generated drawing of a nurse taking entering a note in the medical record.

National strategies for health informatics in Denmark since 1995



National strategies for health informatics in Denmark since 1995



The new reform will focus on solutions with advanced digital technologies.

“Easy” access to the health care system:

- Digital first – or digital frontdoor

Patients who can stay home will stay home and not in hospitals:

- Tele medicine -care -health
- Advanced sensors

Use of AI

- E.g. Radiology – interpretations of x-ray
- Finding guidelines and handbook information
- Clinical documentation

Increased use of health data to management purposes

- Data driven health care

Digitization vs digitalization vs digital transformation

Digitization focuses on converting a recording data.



Digitalization is about developing processes and changing workflows to improve manual systems.



Digital transformation enhance engagement and redefines the value propositions in all areas



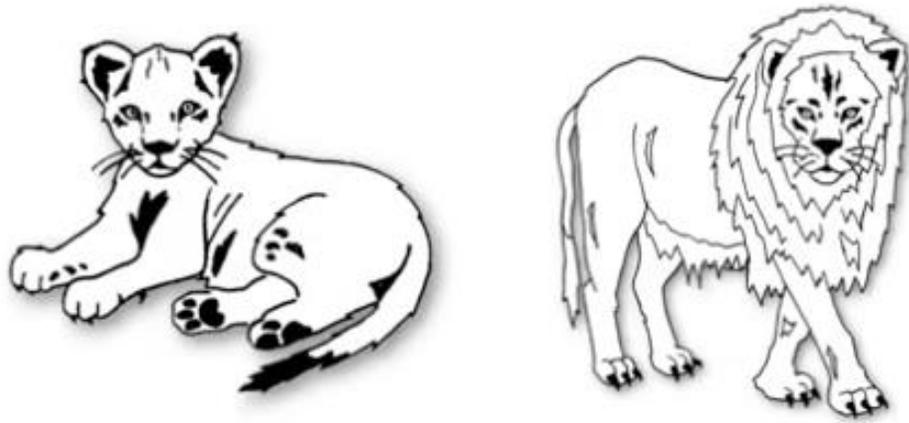
The difference between digital transformation and IT activated organizational transformation



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The difference between digital transformation and IT activated organizational transformation



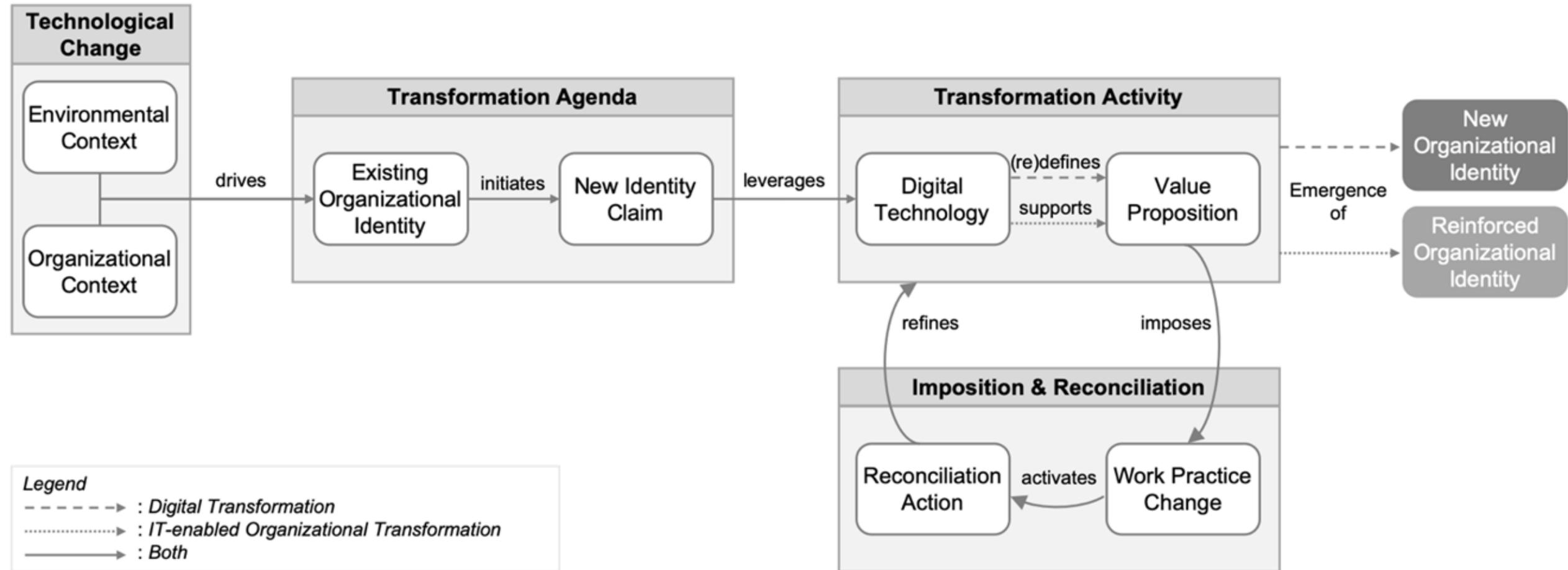
IT-ENABLED
ORGANIZATIONAL
TRANSFORMATION

VS



DIGITAL
TRANSFORMATION

The difference between digital transformation and IT activated organizational transformation



The iron law of IT projects



Source: IT projects from Oxford Global Projects Database (January 2020)
Note: Measured from decision to build, in real terms
© Bent Flyvbjerg

Ben Schneiderman (et. al)
University of Maryland



Computer User Frustration (CUF) studies 2006

<https://doi.org/10.1080/01449290500196963>

**Time lost to solve problem:
42,7% to 43,7%**

Morten Hertzum
Roskilde University



Frustration: Still a Common User experience 2023

<https://doi.org/10.1145/358243>
2

**Time lost to solve problem:
11% to 20%**

Kasper Hornbæk
Copenhagen University

"IMPORTANT, TIMELY, INSTRUCTIVE, AND ENTERTAINING."

—Daniel Kahneman, Nobel Prize-winning author
of *Thinking, Fast and Slow*

HOW
 **BIG**
THINGS
GET DONE

.....
THE SURPRISING FACTORS

THAT DETERMINE THE FATE OF EVERY PROJECT,
FROM HOME RENOVATIONS TO SPACE EXPLORATION
AND EVERYTHING IN BETWEEN

BENT FLYVBJERG
and DAN GARDNER

Overspending is a pattern – in many cases a business model

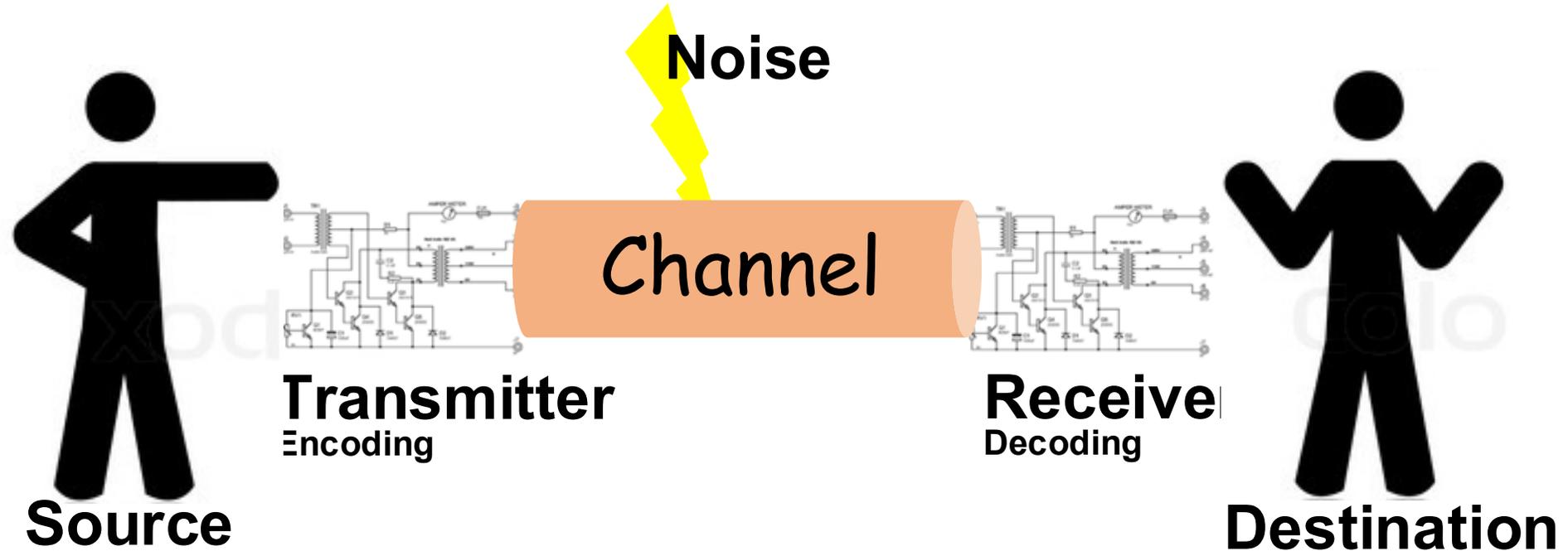
Easier to get forgiveness than permission

Often based on **optimism** – a basic human characteristic, but misplaced

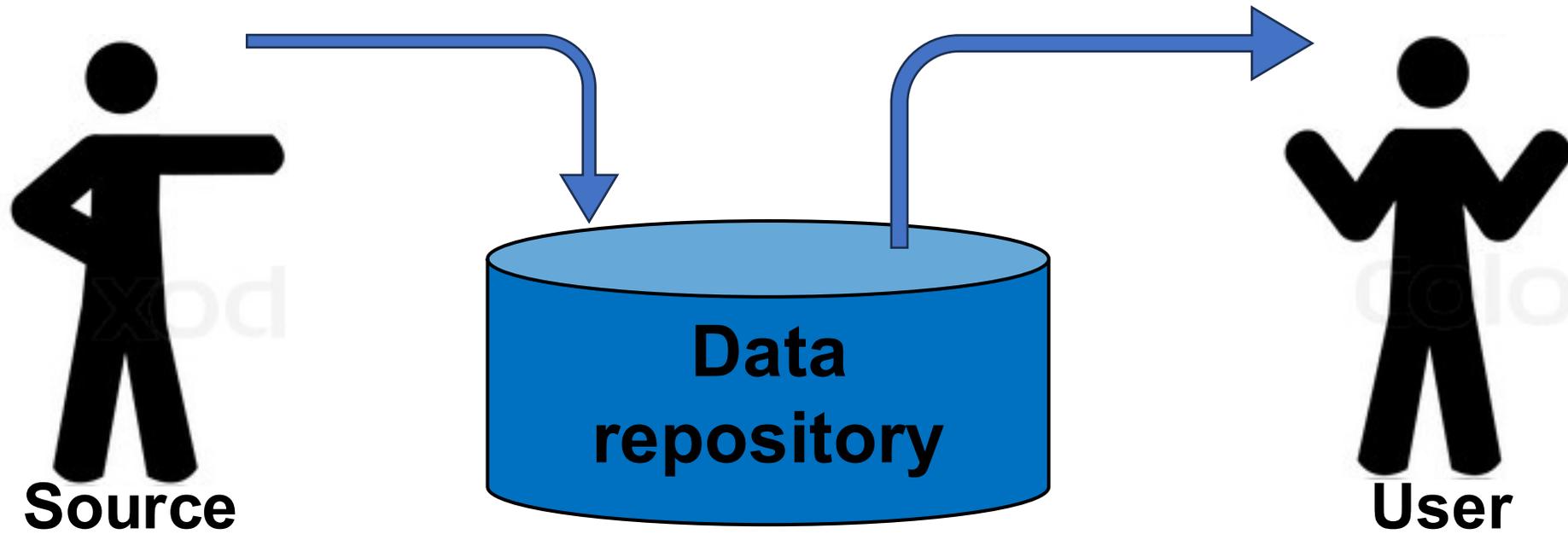
Availability bias – Focus only on our immediate idea

Uniqueness bias – inhibit experience

Shannon-Weaver communication model



Shared data communication model



Shared Medication Record

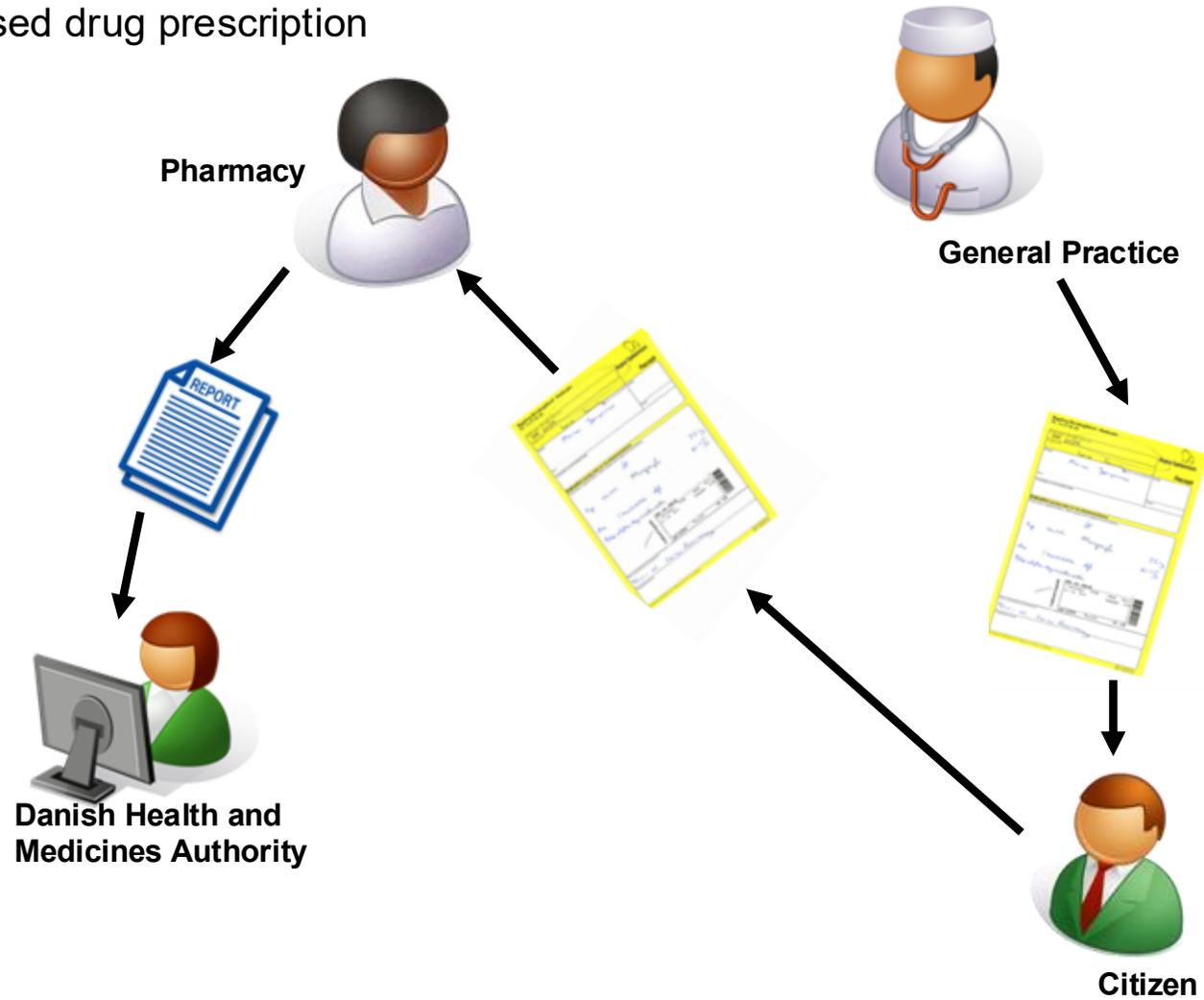
Attempt to solve significant problems:

1. Many medication errors
2. Medicine reconciliation difficult
3. Patients have no overview of medication

Implementation started 2010

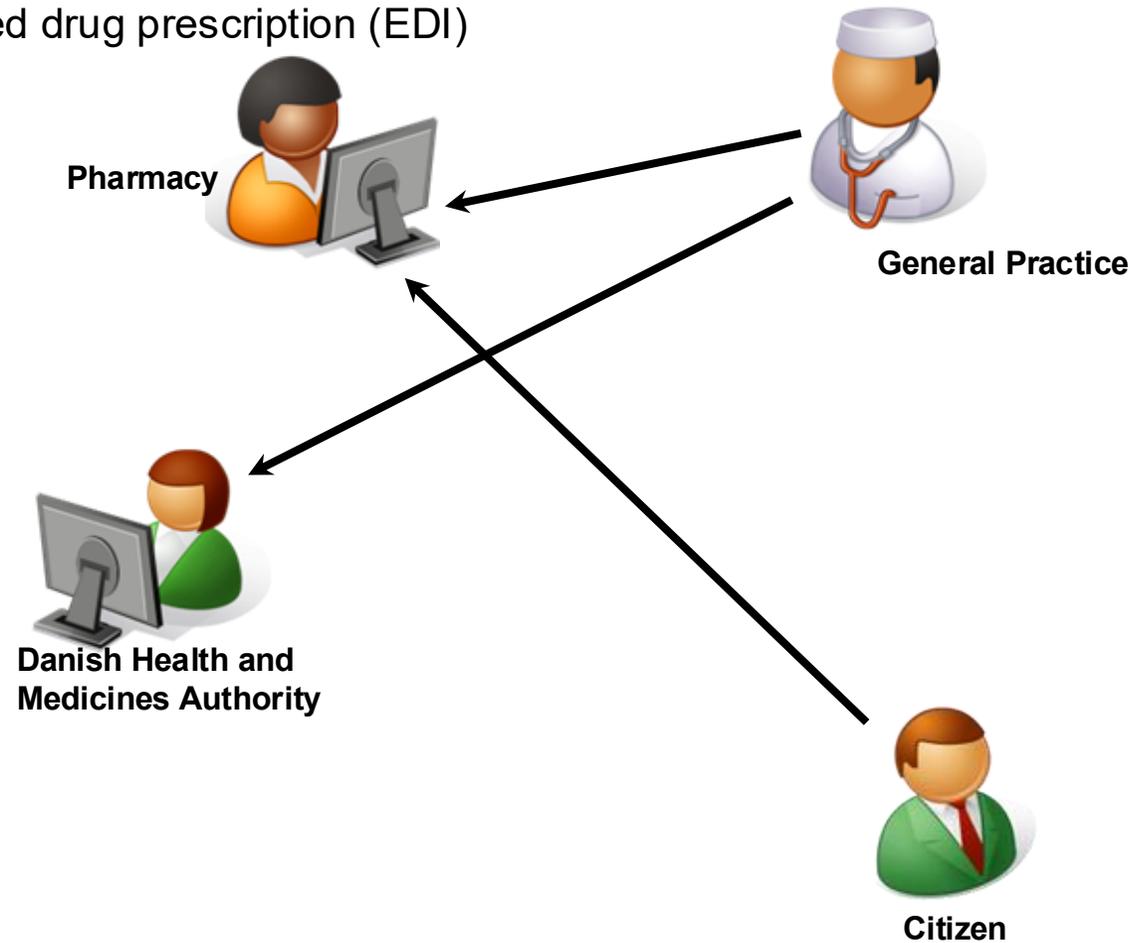
Changes in the communication

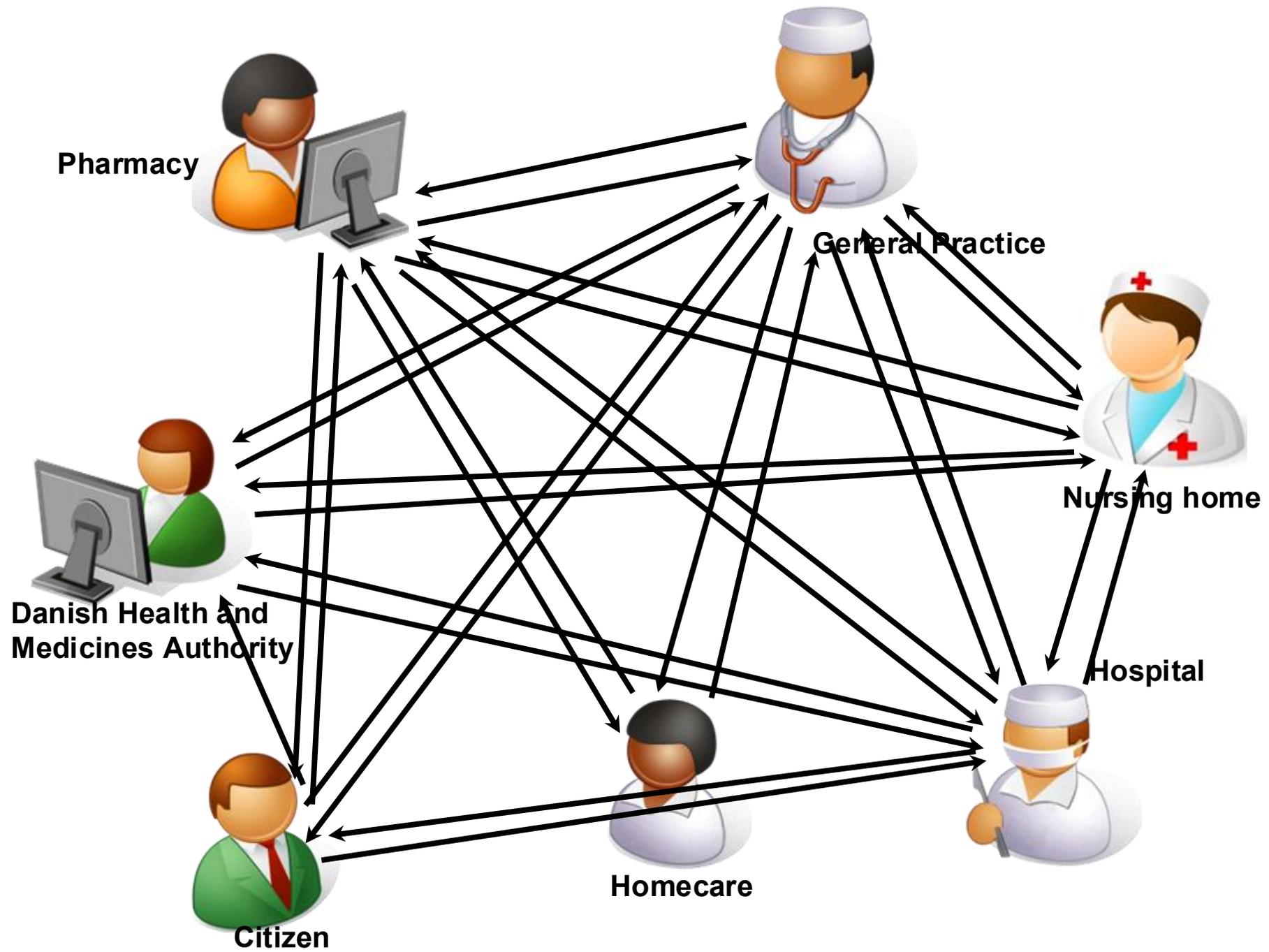
Paperbased drug prescription

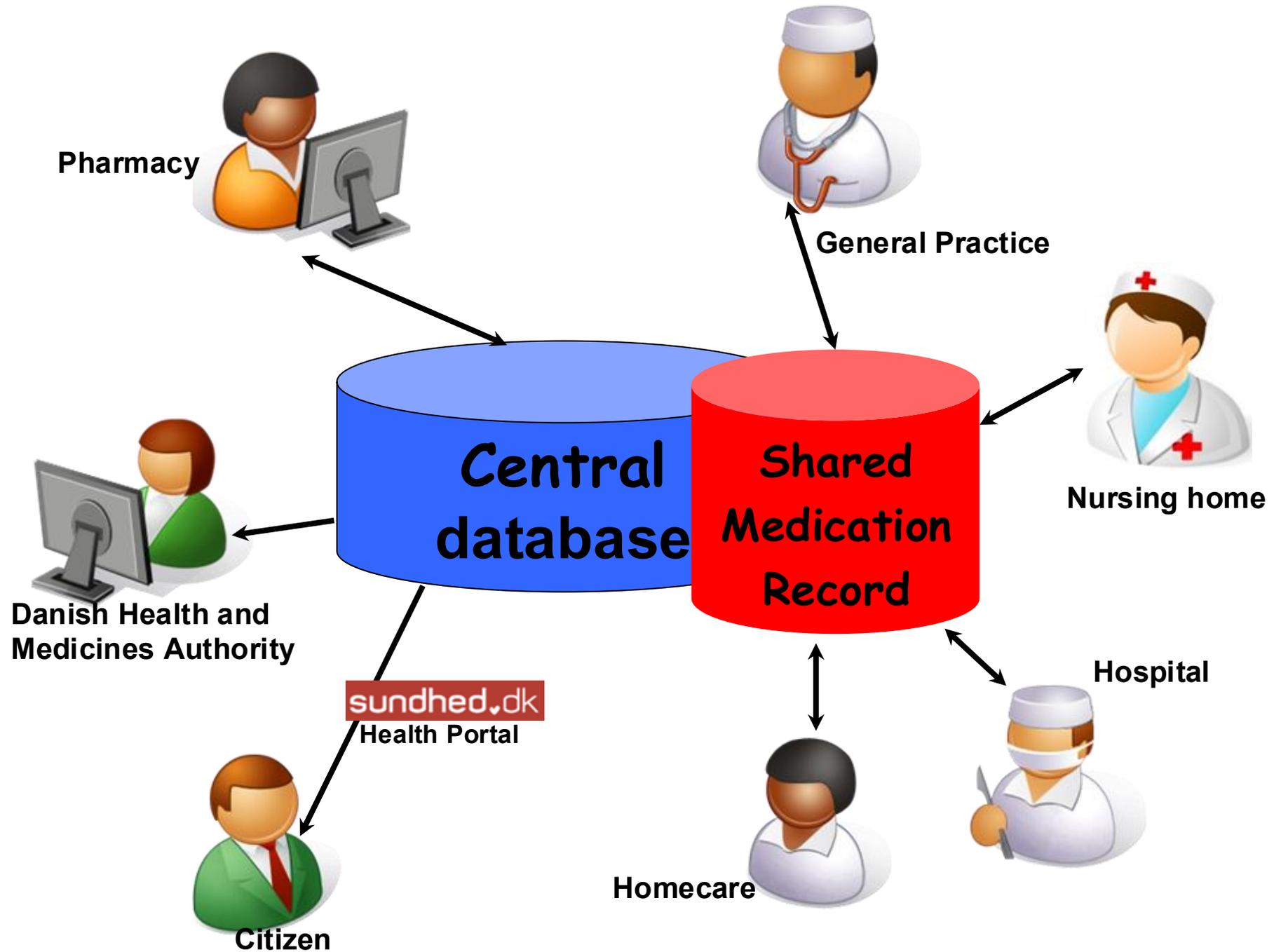


Changes in the communication

Message-based drug prescription (EDI)



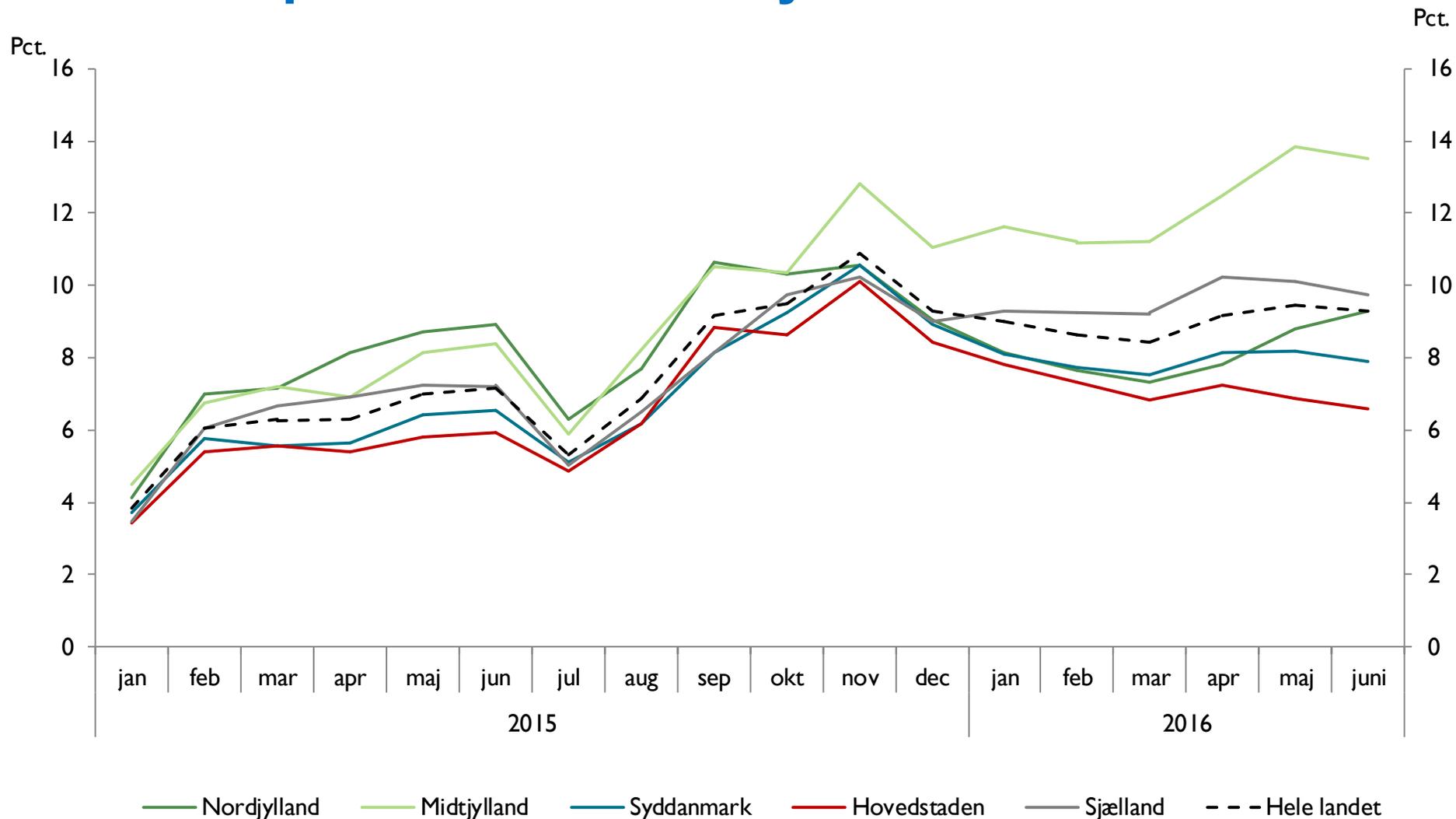




Shared Medication Record

1. One central server holds ALL prescriptions
2. Everybody (including patients/citizens – GP – hospitals – Home care) can access this database
3. Data are handled within “own” system (GPs)
4. All preconditions in place – by **2010**
5. Fully implemented in **2013-2015**

Percentage of updates in relation to SMR consultations in general practice per region, all patients in January 2015 - June 2016



Success:

Technical Implementation

- **Technical interoperability achieved**



Failure:

Organizational implementation

- **Contradiction of stakeholder's interests are exposed when data has to be shared**



Similar national systems in other areas:

Referral hotel

- database containing all referrals from GP to specialized diagnostics and treatment

Test results

- database containing all laboratory test results

Images

- Description of all scannings (not the whole picture)



Implementation of new technology takes time !!

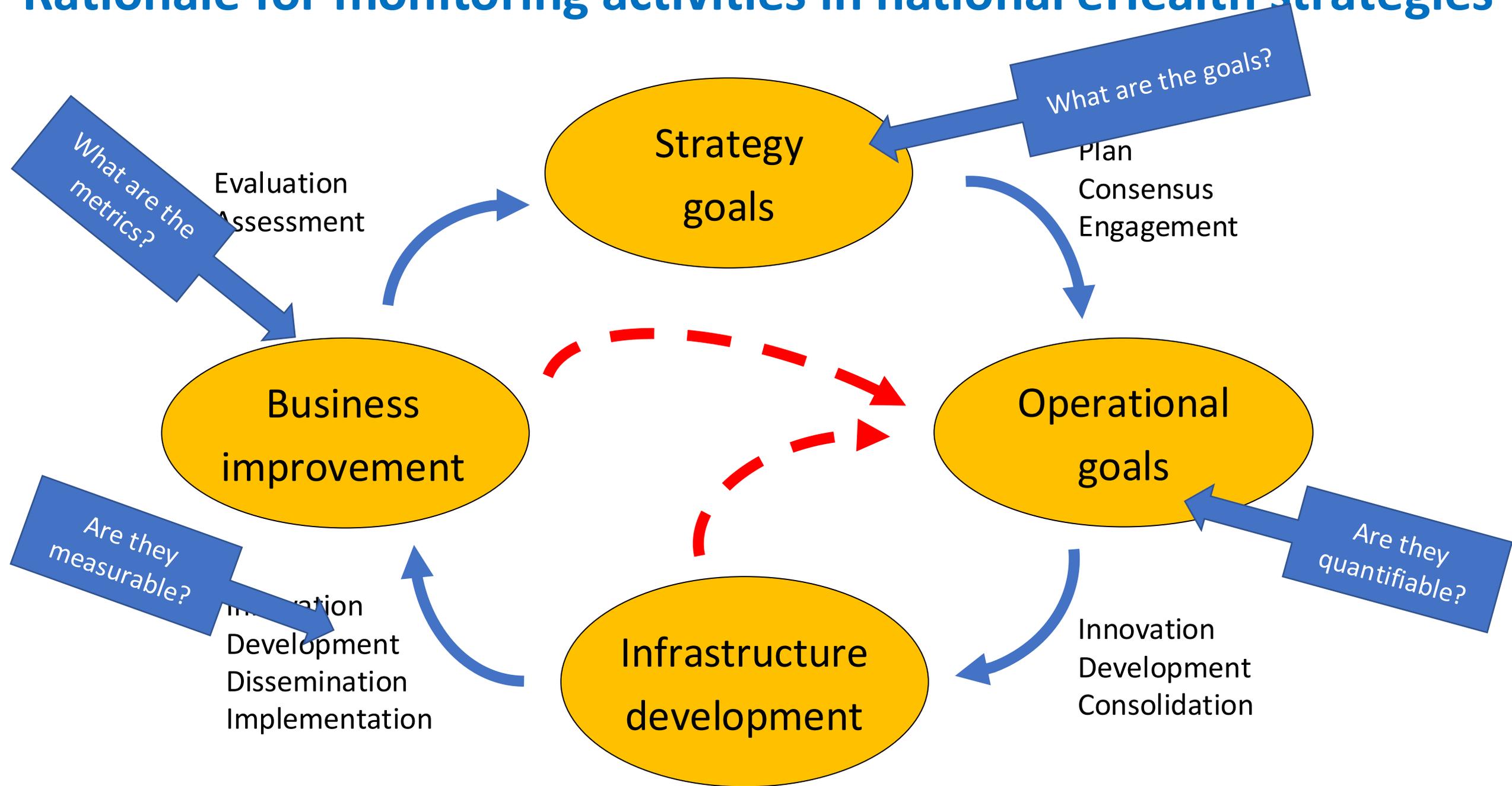


We should strive to build better and more modern and sustainable solutions



Involve the users in the fundamental design processes

Rationale for monitoring activities in national eHealth strategies



Human Factors Engineering

You can't **write** all that you say

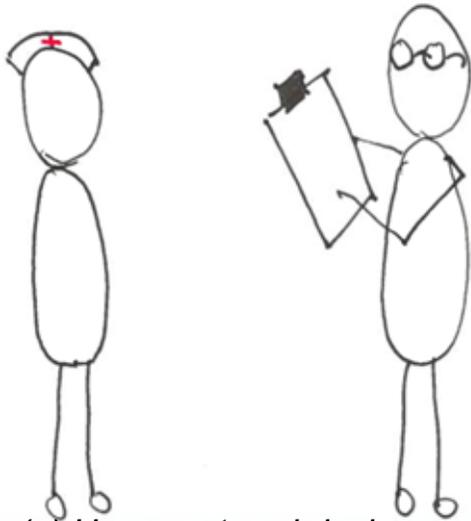
You can't **say** all that you know

You often don't know what you know until you **need** to

You often know how to **find** who does know

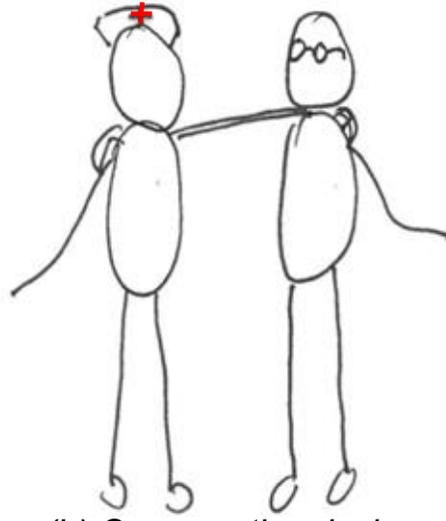
Knowledge arises as much from **interaction** as from evidence

Different modes of user involvement in IT systems design



(a) User-centered design

Challenge: how to understand users' need and design for these needs



(b) Co-operative design

Challenge: how to co-operate with users in the design process



(c) User-driven innovation

Challenge: how to create space for user innovation, collect and sort out user-innovations and transform these into new products

Work practice must be studied on three levels.

1. What they say they do



Work practice must be studied on three levels.

1. What they say they do
2. What they **think** they do

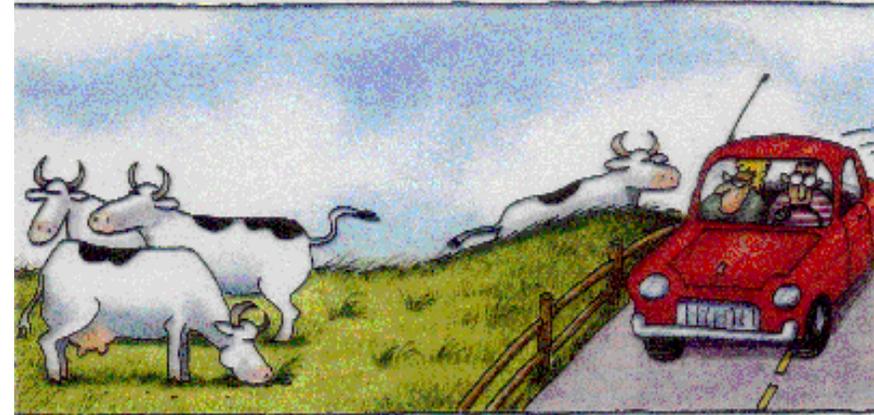


Work practice must be studied on three levels.

1. What they say they do



2. What they think they do



3. What they **actually** do



What problems do our mission encounter?

Digitalization is context sensitive and the patients and the clinicians must be involved in design

We need a standard for structuring data (e.g. ICD codes) and a controlled vocabulary (e.g. SNOMED)

As a doctor I don't want to do secretary work – we need more secretaries

Researcher



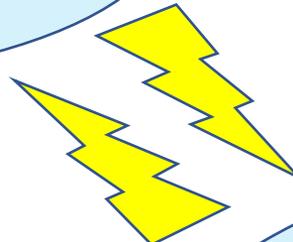
Clinician



Computer programmer



EHR



Basic requirements: Classification, Terminology, and Transfer

Classification

Elements are grouped based on commonalities
The grouping occurs according to rules and standards

ICD-n

Terminology

Contains concepts that try to capture everything relevant to a given area
Terminology > Classification

SNOMED

Data transfer

To enable systems to send and receive data from each other

 **HL7 FHIR**