

To WONCA/WICC Governance Committee

Country Report / Finland 2016

The rate of usage and the intensity of usage of electronic health records (EHRs) keep on growing in Finland, <http://urn.fi/URN:ISBN:978-952-302-563-9>. For several years, essential patient information has been documented in electronic form in public primary care and secondary care that have been also the forerunners in joining the National eServices (Kanta). According to the latest development, the amount of private service providers joining the National eServices (Kanta), <http://www.kanta.fi/en/earkisto-esittely>, is expected to increase rapidly, too. Despite of this, usability and user experience of health information systems still remain an issue in Finland, a fact that has led to regional, <http://www.helsinkitimes.fi/finland/finland-news/domestic/13497-american-software-developer-to-supply-patient-data-system.html>, and other joint projects to develop and acquire more user-friendly systems in the near future.

The National Institute of Social Welfare and Health (THL) has produced uniform descriptions of the business processes and client data model for use by social welfare service providers in Finland, http://www.julkari.fi/bitstream/handle/10024/110539/URN_ISBN_978-952-302-009-2.pdf?sequence=1 [abstract in Swedish and English]. The first steps to extend the National eServices to Social Care as well are taken, yet the implementation of the data model and adoption of guidelines for documentation is expected to take several years, <http://urn.fi/URN:ISBN:978-952-302-515-8> [abstract in Swedish and English], http://www.julkari.fi/bitstream/handle/10024/130563/URN_ISBN_978-952-302-660-5.pdf?sequence=1 [abstract in Swedish and English].

The increased use of shared codes and classifications lays a solid foundation for integration with national information systems. Nationally approved and adopted classifications / coding systems, <http://91.202.112.142/codeserver/pages/classification-list-page.xhtml>, add up to more than 530 classifications and data structures or standards. Coded data required for joining the National eServices have given a boost to the intensity of use of classifications such as ICD and ICPC, http://www.julkari.fi/bitstream/handle/10024/126470/URN_ISBN_978-952-302-486-1.pdf?sequence=1 [abstract in Swedish and English]. ICPC is one of the most often used classifications in primary care, though the majority of physicians favor using ICD in coding health issues.

ICPC has been piloted by out-of-hospital emergency medical services (EMS) in Finland, and as a part of national scheme for coding health issues from the onset of the incident,

https://www.julkari.fi/bitstream/handle/10024/130322/URN_ISBN_978-952-

[302-623-0.pdf?sequence=1](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC302623/pdf/302-623-0.pdf?sequence=1) [abstract in Swedish and English] . The data content of the Finnish EMS data is based on the American NEMSIS classification but ICPC is used instead of ICD for coding “provider’s primary impression”. The modified NEMSIS template provides also a common basis in the Nordic project in which the Nordic countries have launched a project in order to harmonize the data contents of EMS services.

Besides all the above, ICPC continues to play a key role in the Finnish primary care case-mix system, pDRG, http://www.fcg.fi/eng/expertise/welfare_and_ict_services/classification_products/ . The coverage of Finnish primary care case-mix systems is over 25 % of the Finnish population (spring 2016). ICPC will be one of the core classifications in the FinDRG-system, too, that is under development for needs of integrated social and health care services and care paths, in connection to structural reforms planned in Finland, <http://alueuudistus.fi/en/frontpage> .

The version of ICPC used currently in Finland is ICPC-2 v.4.3 FIN (fin & swe), <http://91.202.112.142/codeserver/pages/classification-view-page.xhtml?classificationKey=210&versionKey=282>, but the new version, ICPC-2 v.5.0 FIN (fin & swe) is to be published via the national codeserver within some weeks. ICPC is used nationwide for coding health problems/diagnoses but may be used in RFE-mode for local needs as well. Some municipalities wish to use ICPC for coding processes for statistical and other purposes and the topic will be discussed further to find an optimal solution for various kinds of needs.

The National Institute of Social Welfare and Health (THL) is collecting data on health problems/diagnoses on a daily basis from primary care and reporting them, to a certain extent, on web, https://www2.thl.fi/avohilmo_report/report?id=diagnosis&l=fi&year=2016&alveluntuottaja=&ammatti=&palvelumuoto=&yhteystapa= . Concerns about the quality of data have been expressed though, and the application and methods used for reporting data discussed in many occasions.

ICPC is maintained by the Association of Finnish Local and Regional Authorities, <http://www.localfinland.fi/en/Pages/default.aspx> , in Finland, based on the agreement on national license with WONCA. The national ICPC Expert Group hosted by the Association since 2009 has been working to support the usage of ICPC nationwide and its implementation in EPR-systems. The new Expert Group appointed in the beginning of 2016 will continue promoting the usage of ICPC-2. ICPC-related news is shared on ICPC-website, <http://www.kunnat.net/fi/asiantuntijapalvelut/soster/nimikkeistot-luokitukset/ICPC-2/Sivut/default.aspx> [in Finnish and Swedish only].

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