3 success factors for the digital leap in health care

In a world driven by technological advances, wellbeing is the result of many factors. Ultimately everyone is in charge of building the elements of their personal wellbeing – with the support of professionals, researchers, society, businesses and organisations.

In the future, health and wellbeing will be people-centric. This challenges us to consider how personal wellbeing data can become the basic ingredient of health care services and products.

Three success factors with which we can accelerate the digital leap in the health care sector:

1. As a model country for digital health, Finland needs to develop health data reserves and test environments at the national level.
2. It will be increasingly important to utilise health data from various sources.
3. Personal wellbeing data (MyData) presents an opportunity for the digital leap in wellbeing services.

> The introduction of new technology is changing the way things are done and increasing the use of real-time data. We need to enable an operating environment where the collection and sharing of data are encouraged – digital wellbeing needs all of us onboard.

1 As a model country for digital health, Finland needs to develop health data reserves and test environments at the national level – access to sources of data must be developed further.

- Innovaatiorahoituksen merkitys. Julkinen The importance of funding innovation. Public funding for innovation is the glue for collaboration and an accelerator of new ways of working. Long-term public innovation funding must be secured for key data-based projects that promote digital health in order to enable networked collaboration between different actors. The funding should be channelled through Business Finland and the utilisers of technology and data should be allowed to determine the technologies used.
- Applying a one-stop-shop service principle in corporate collaboration – test environments and research infrastructures should be fully introduced in Finland. All university hospitals and medical faculties as well as universities of applied sciences that train health care personnel should have a service desk through which businesses are able to develop and test products and services. Potential permit processes and other similar processes should be coordinated through the service desk.
- Commercial research activities should also be seen as activities for the public benefit. There should be an easy way for people to give permission for the use of their personal data in research. Currently the Act on the Secondary Use of Health and Social Data contains provisions that are even stricter than those of data protection legislation, due to which health data may only be processed in an aggregated form in commercial RDI activities. This is incompatible with machine learning and identification using images; for instance, X-ray images of the lungs cannot really be aggregated.
- Research and development (R&D) functions should be permitted to conduct pilot-like small-scale testing with the consent of the employees. According to the current interpretation, the consent of the employees is not necessarily considered valid (even if the developers of a device wish to test a function on themselves).

2 It will be increasingly important to utilise health data from various sources

The opportunity to use and combine data from various sources is critical for the development of personalised health and wellbeing services and the introduction of enabling technologies, such as artificial intelligence. We need the interfaces and standards for easily collecting, combining and sending data.

- We need a “GSM standard” for wellbeing devices to allow the use of data generated by any measurement device in any product or service – this should be implemented at the EU level.
- The Commission initiative for a European Health Research and Innovation Cloud should be endorsed. The data structures and the compatibility and usability of data must be determined in close cooperation with private sector/health care companies. To get the most out of the initiative, the work should be conducted in accordance with the PPPP model (Public, Private, Person Partnership).
- To utilise data, we should introduce technology platforms that can simultaneously serve as archives and sources of real-time data, for example, to health care and social services units.

3 Personal wellbeing data (MyData) presents an opportunity for the digital leap in wellbeing services.

Society should promote trust and security in the opportunities MyData offers to wellbeing services in every way possible. Data should not be shared for commercial use if this is deemed insecure. To ensure the potential for the development of wellbeing data, every person should be given access to their data, their so-called MyData, and the opportunity to decide on how it is used.

- We need rules, actors and the infrastructure for moving data, i.e. for operator activities. As part of the EU's Regulation on European data governance, we should explore the possibility for MyData to engage in operator activities whereby an individual gives permission to the operator to use their data and the operator shares the anonymised data with others.
- Devices and systems must be required to fulfil certain minimum standards to ensure secure use (certification). If data is used to support decision making in health care and social services, both devices and software must comply with the regulations governing medical devices (Medical Device Regulation, MDR).
- A fast-track model for permits and data material. To guarantee agile development and adequate quality, we need a low-threshold process, similar to the one used by the FDA in the United States, for new digital solutions in the EU (approved by official regulations).