

# Shared SOA services and specifications for health and social care in Finland

SOA in Healthcare Sydney

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**Juha Mykkänen**

**University of Eastern Finland, Kuopio**

School of Computing, HIS R&D Unit

[juha.mykkanen@uef.fi](mailto:juha.mykkanen@uef.fi)



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# Presentation background

- R&D projects developing and applying architecture and interoperability approaches in healthcare:

**National project for social services IT - Tikesos 2006-2011**

SOLEA: Agile Enterprise Architecture using SOA and BPM 2008-2011

SerAPI: SOA and integration of healthcare applications 2004-2007

OmaHyvinvointi (MyWellbeing): personal wellness management 2008-2010

PlugIT: healthcare application integration 2001-2004

eKat / guidelines for national eBooking of health services 2008

TJSERT / Certification requirements of national health IT services, 2008

Healthcare services specification project (HSSP) / HL7 and OMG, 2005-

Integrating the Healthcare Enterprise - IHE.fi 2008-

China/Finland eHealth partnership + other projects in Shanghai 2004-2008

Various HL7 Finland and web services standards implementation guides, 2004-2009

- Dr. Juha Mykkänen

- University of Eastern Finland, Kuopio

- research director, School of Computing, Health Information Systems R&D Unit
- research line director, Kuopio Welfare Research Center KWRC

- chair in HL7 Finland (co-chair common services & IHE SIG), vice chair in Finnish Social and Health Informatics Association, HL7 SOA Ambassador 2006-2008, Finnish representative in International Medical Informatics Association (IMIA) WG HIS



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# Outline

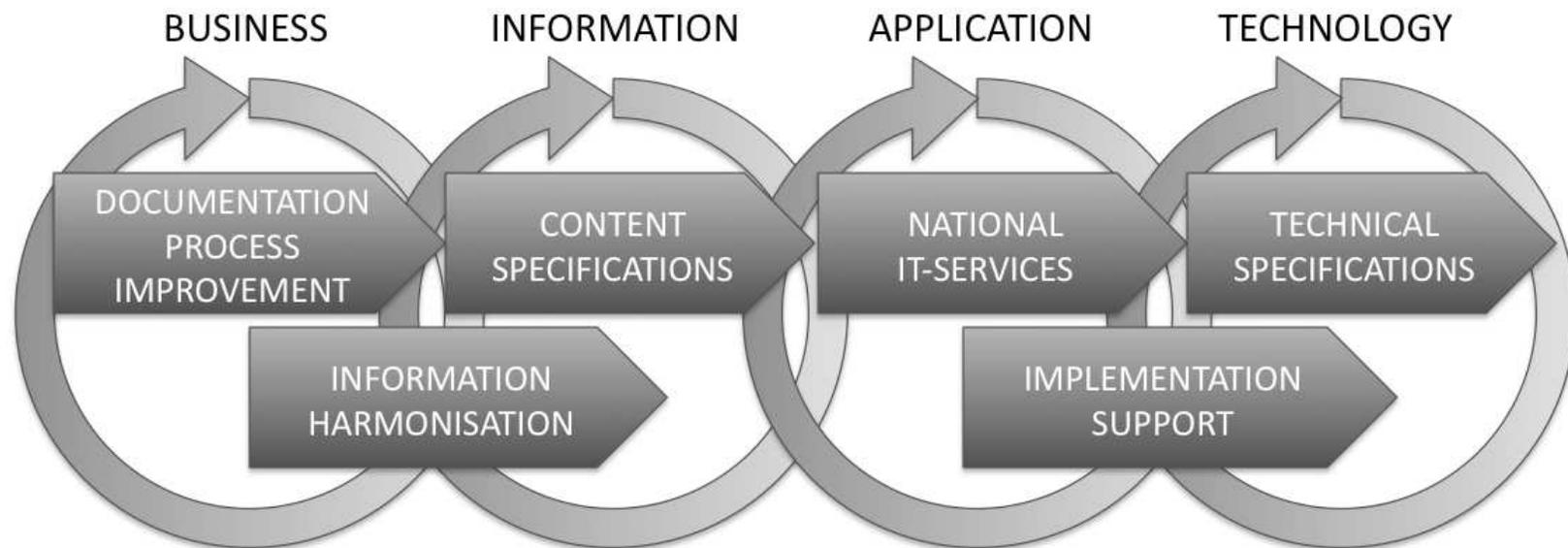
- Context
  - Finland, health and social care, health and social care IT in Finland
- Interoperability approach in the national project for social services IT
- Services: functionalities, deployment considerations and reuse across sectors
- Lessons and conclusions



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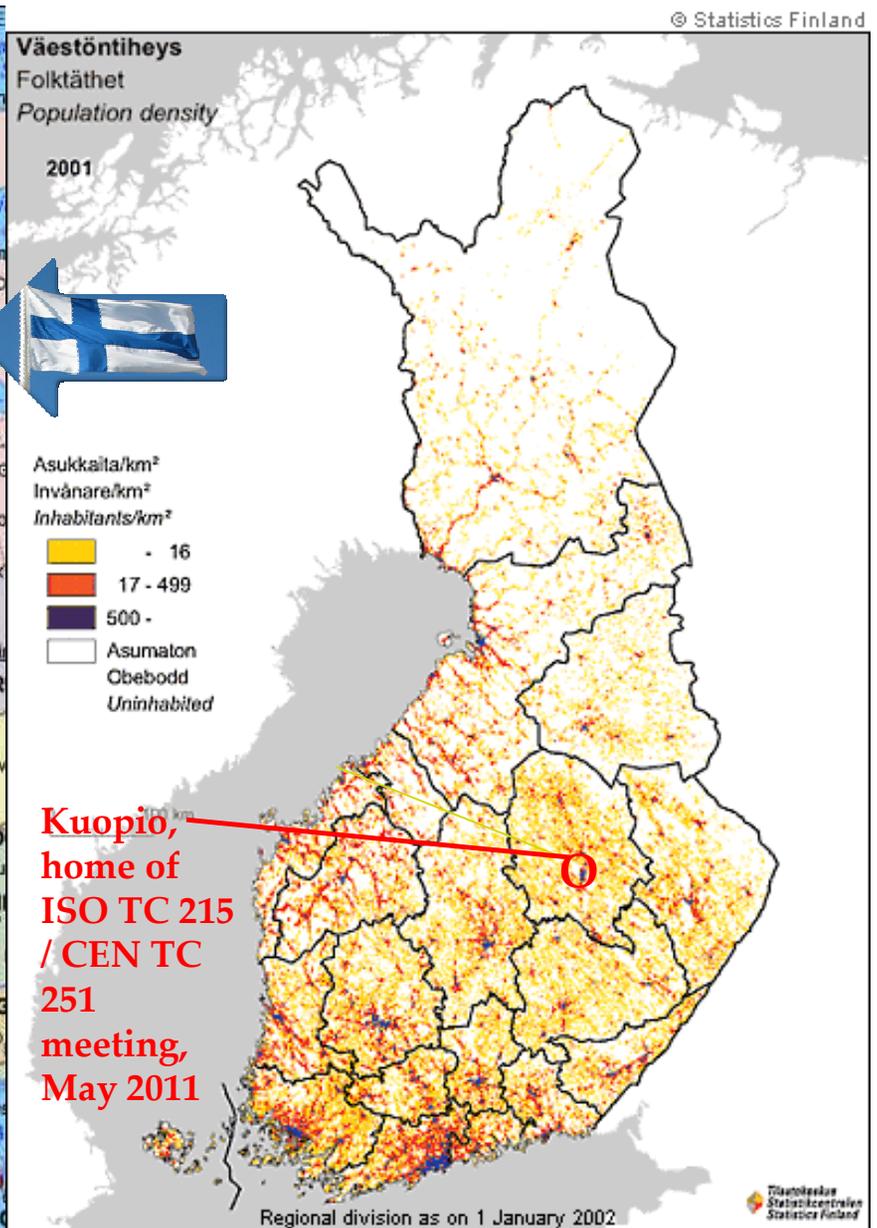
# Context

- Standards, architectures and specifications to support the national IT infrastructure for social services (Tikesos - Sosiaalialan tietoteknologiahanke)
- Focus on the information systems architecture, services and shared specifications between health and social services sector





- 1 - ANDORRA
- 2 - BOSNIA-HERZEGOVINA
- 3 - FORMER YUGOSLAV REPUBLIC OF MACEDONIA
- 4 - Gaza Strip
- 5 - Guernsey (U.K.)
- 6 - Isle of Man (U.K.)
- 7 - Jersey (U.K.)
- 8 - LIECHTENSTEIN
- 9 - LUXEMBOURG
- 10 - MONACO
- 11 - SAN MARINO
- 12 - SERBIA & MONTENEGRO
- 13 - SLOVENIA
- 14 - SWITZERLAND
- 15 - VATICAN CITY
- 16 - West Bank



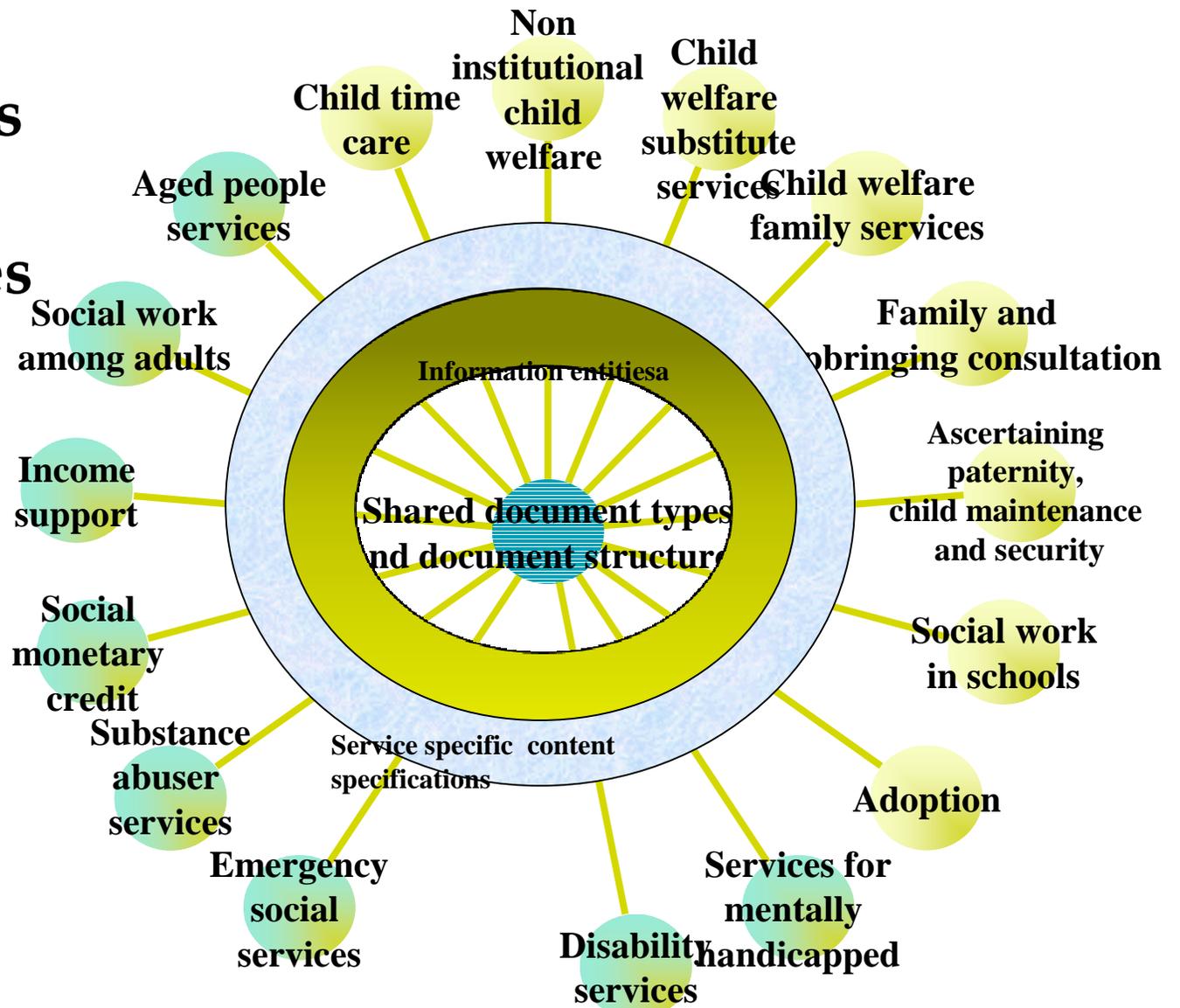
Population  
5.3 million 5

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# Social services and ICT applications

- The public authorities are to guarantee adequate social services for everyone living in Finland. (The Constitution of Finland)
- In Finland social services are
  - organised by local authorities (the municipalities) and
  - produced by both public and private service providers.
- Social services are mainly funded through taxes
- Municipal and other social services employ about 165 000 people
  - about 8 % of the employed working force
- ICT applications for client documentation are widely used in social and health care production in Finland.
  - but little exchange of information between the applications especially in social services

# Selection of social services provided by municipalities



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# Development Programme for eSocial Care in Finland (the Tikesos project)

- The Ministry for Social Affairs and Health started a national development programme to improve the utilisation of IT in social services in 2005
- Towards the production of the social services electronic
- The main goals are
  - to harmonise the client information systems (CISs) in social services
  - to develop electronic documentation and
  - to produce specifications for nationally organised electronic preservation and sharing of documents (archive)
- project specification deliverables will be finished in 2011
- healthcare national project costs 208 M€ (2006-2014), plans are to shift focus towards social services in 2014-2015

# Health and social care - similarities and differences

## Health services

- ❑ continuous and accumulative information
- ❑ patient-centric information
- ❑ summary-oriented information
- ❑ importance of screening information during care processes

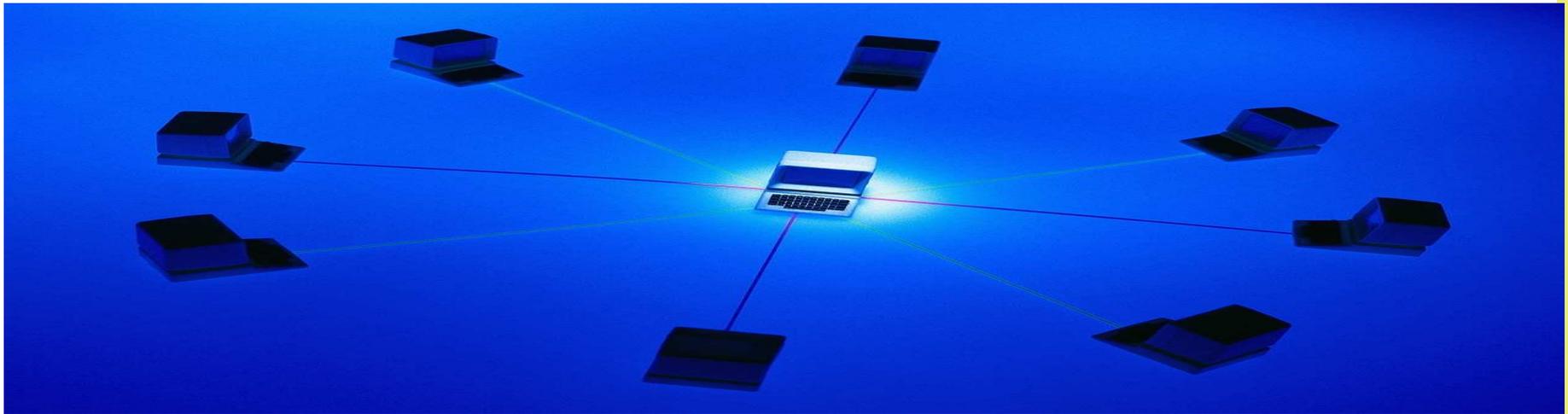
## Social services

- ❑ client or client group specific information
- ❑ function specific information (child protection, day care, elderly care...)
- ❑ accumulative information only during the service
- ❑ little summary-oriented information
- ❑ importance of screening information according to information groups / document types
- ❑ preservation and archiving according to decision making level

## Social and health services

- ❑ municipal responsibility of services
- ❑ some joint services (e.g. home care)
- ❑ responsibility of archiving documents
- ❑ availability and preservation requirements
- ❑ to most extent shared legislation and national development governance
- ❑ service provision models are being integrated to some extent
- ❑ **many shared development needs and information system requirements**

# Interoperability approach in the Finnish national project for social services IT



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# Support for interoperability levels in Tikesos

## (using European Interoperability Framework)

### Technical

- Open interfaces and technologies, connectivity services, data integration, middleware services, data presentation and messaging formats, availability and security services

### Semantic

- Terminologies, information components, structured document specifications, service functional models

### Organizational

- Legislation, goals, objectives, processes, use cases, user guidelines

- generic and domain-independent standards support all levels, but semantic and organizational levels are based on domain-specific

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# Strategic choices and starting points for national development in social services information management

- Primary goal to serve the needs of social services work and information management
  - better applications, improvements in availability and consistency
- Utilization of solutions already specified and implemented in healthcare
  - ...where applicable...
  - the national eHealth infrastructure provides many building blocks
- Nationally centralized storage of documents (KanSa eArchive), following the healthcare strategy
- Document orientation, both structured and unstructured documents
- Feasibility and needs assessment → specifications → implementation and deployment
- Enterprise architecture viewpoints in project management and results dissemination

# Example: reusability of healthcare models the national eArchive for social services

- Direct correspondence

- document preservation requirements
- functional model of information sharing and preservation services (document submission, queries)
- application architecture responsibilities
- log services
- messaging standards
- digital signature technologies
- archive management needs and solutions
- document replacement, deletion, metadata management
- eView – client view to documents
- non-structured pdf documents

- Basis for reuse, needs for adaptation

- social services specific metadata
- details of access management
- consent management model and details
- details of customer relationship management
- technical details of metadata

- Needs for new solutions not yet specified in social or healthcare national services

- Cross-sectoral information sharing
- Research and health or social service statistics
- further consumer eServices in addition to eView

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# User needs related to information sharing 1

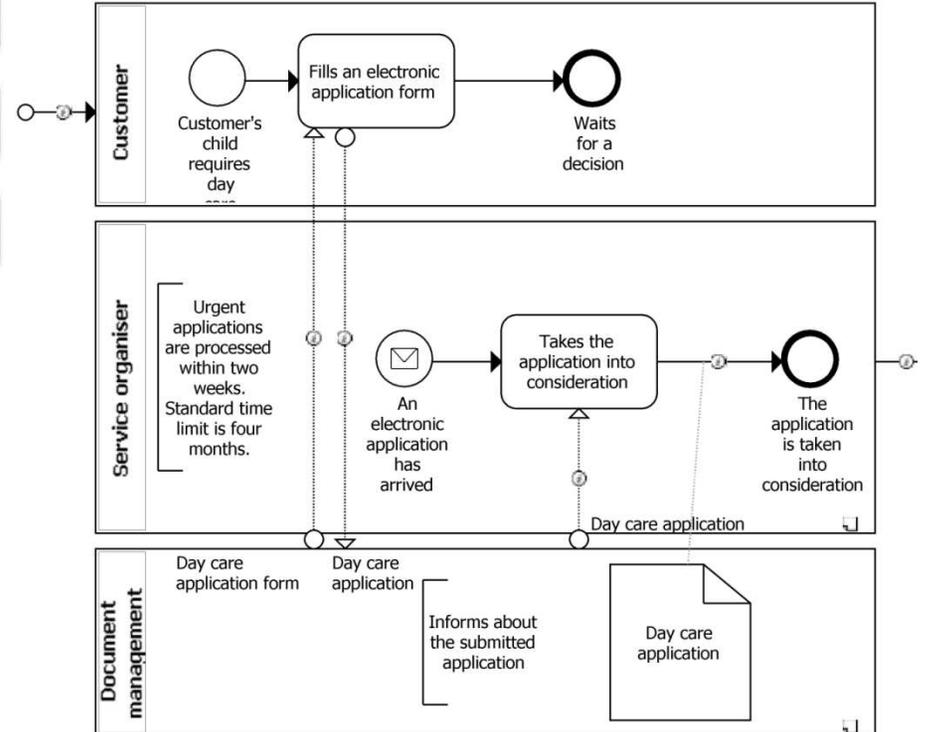
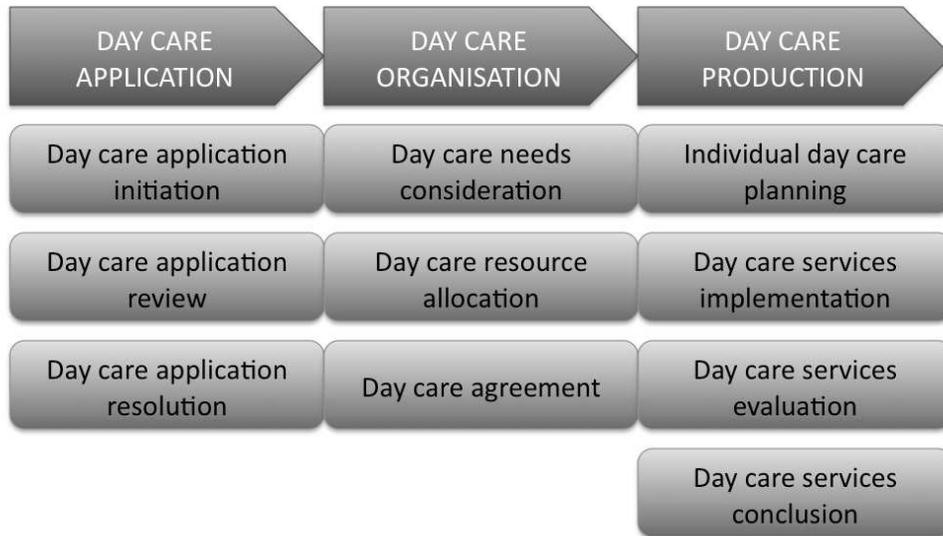
- Most important expected benefits (in order)
  - improved and faster availability of needed information
  - process improvements and efficiency improvements with both internal and external stakeholders
  - improved integrity, persistence and data protection
- Most important generic requirements for shared information (in order)
  - client services and decision documents
  - client service plans
  - status information of client service processes
  - not as much: daily entries from service provision

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## User needs related to information sharing 2

- Most important information sharing needs **between** organizations (in order)
  - information from related services of different producer organizations
  - information of previous services
  - information of service provider (person) of the same service
  - external stakeholder needs (police, national statistics, population register center, local register offices, national insurance institute, etc.)
  - information sharing between service organizers and service producers
- Process analysis and use case documentation performed for several social service processes

# Process analysis examples



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# Architectural and development decisions

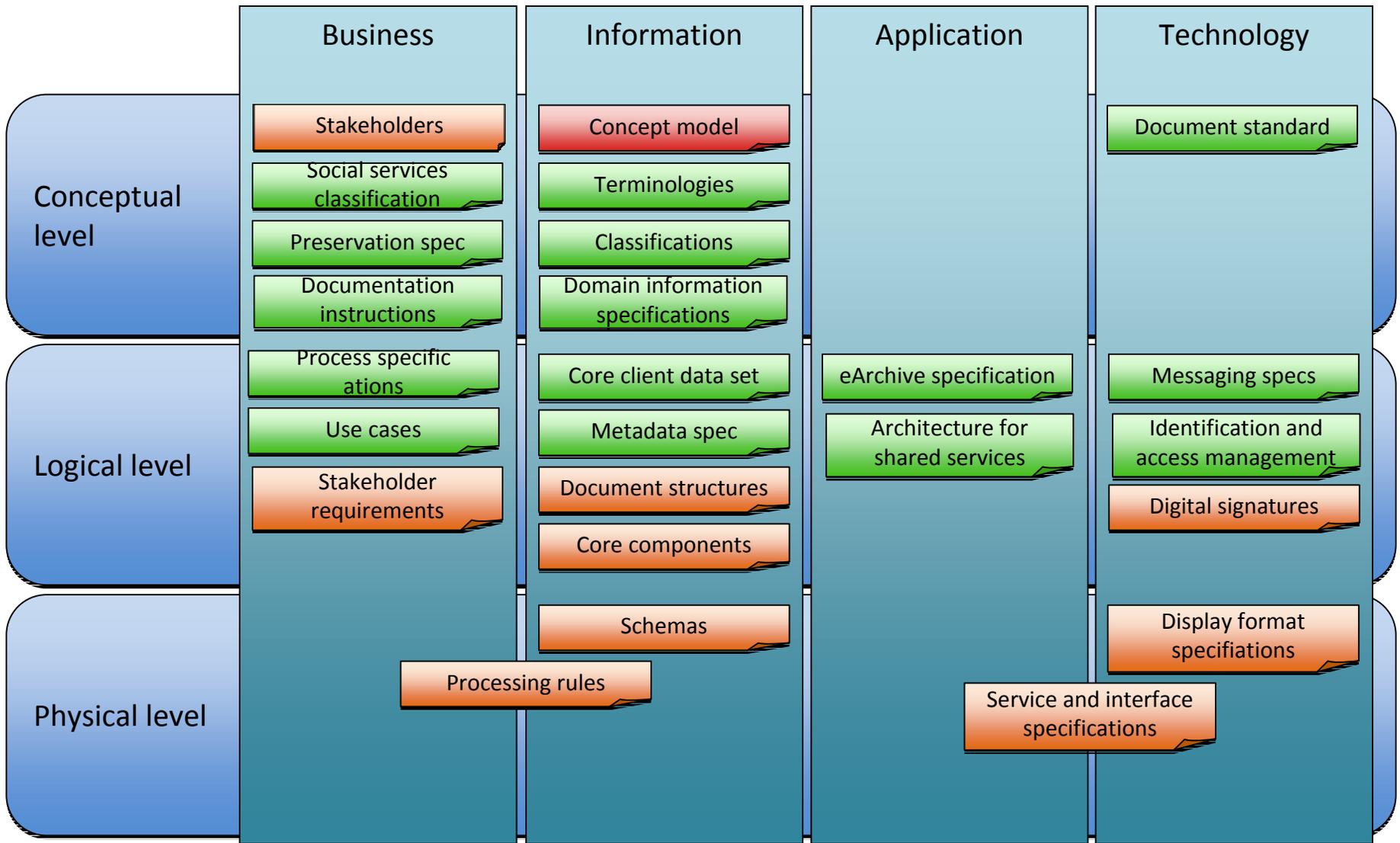
- Document orientation
  - natural for social services administration, follows national eHealth strategy
- Nationally centralized archive, separated
  - based on analysis of 8 different architectural options
  - utilizing healthcare eArchive solutions and specifications, but separated
- Connectivity to nationally shared services from local systems
  - additional shared services can be deployed locally or regionally
- Main responsibility of security, access control and consent management on local/regional level
  - according to nationally agreed specifications
  - national log services and consent repository

# Tikesos specification stack

Public versions   Internal versions   In progress

Governance and principles

- Architecture principles
- Business constraints
- Business objectives and goals
- Strategies
- Standards portfolio
- Deployment plan
- Stakeholder architectures



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# Expert groups for social care domain information specification

Child welfare

Family conciliation matters

Child day care

Disability services

Adoption counselling

Ascertaining paternity, child maintenance and security

Income support

Social work among adults

The treatment of substance abusers

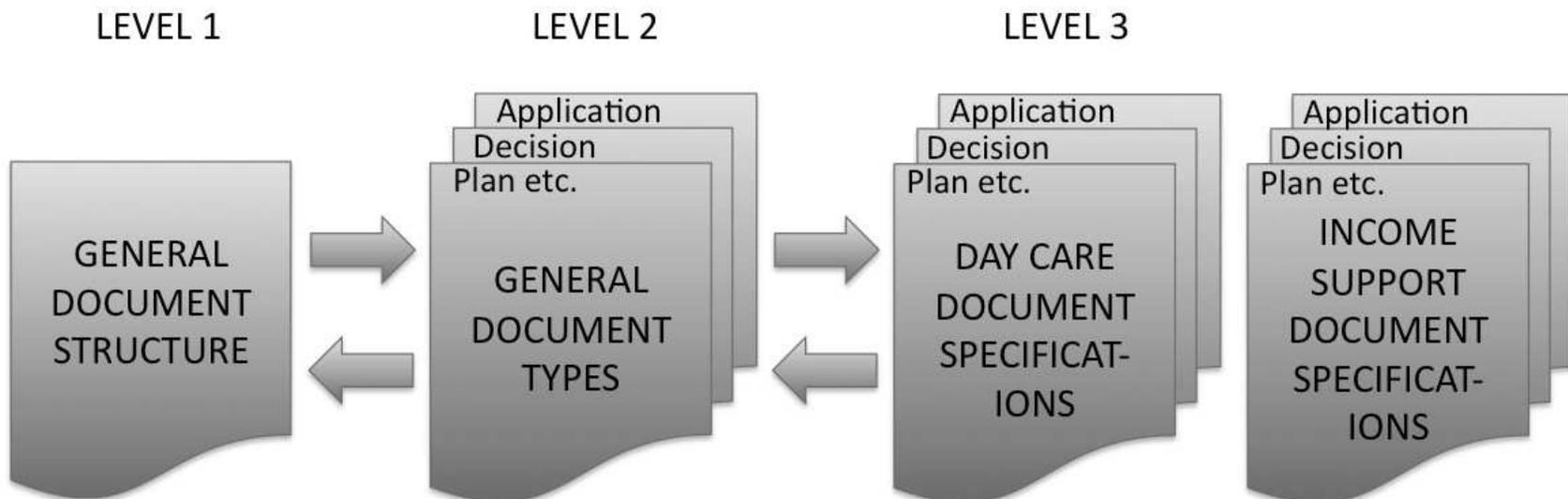
Aged people services

Social work in schools

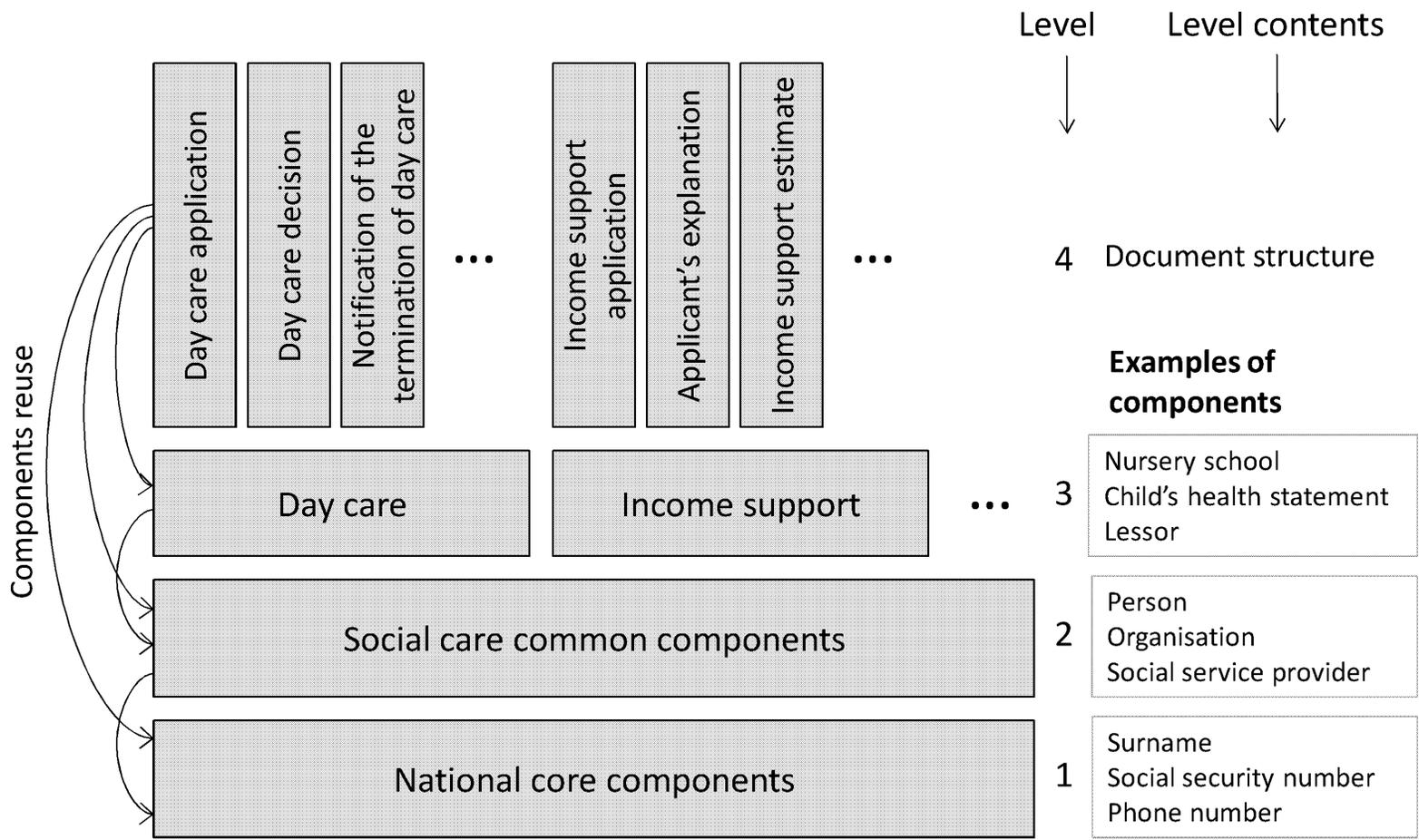
Etc.

# Documentation structure

- Structured document specifications based on the work of expert groups
- Decision in 2008: a dedicated XML format for structured social document content
  - HL7 CDA R2 was evaluated, will be used for metadata (header, increased compatibility with health sector)
  - unstructured documents use pdf/a
- CCTS-based approach and national eGovernment recommended (JHS) element naming conventions

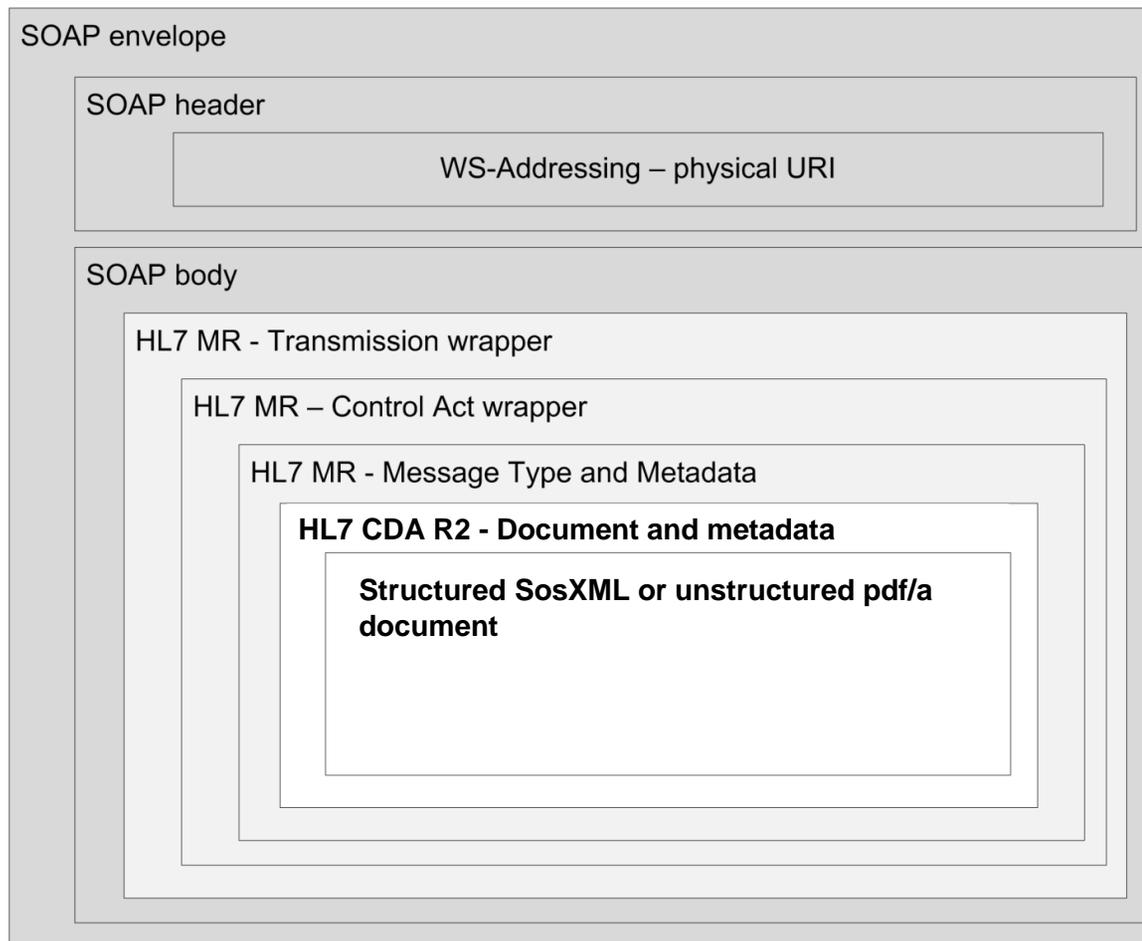


# Use of information components in documents



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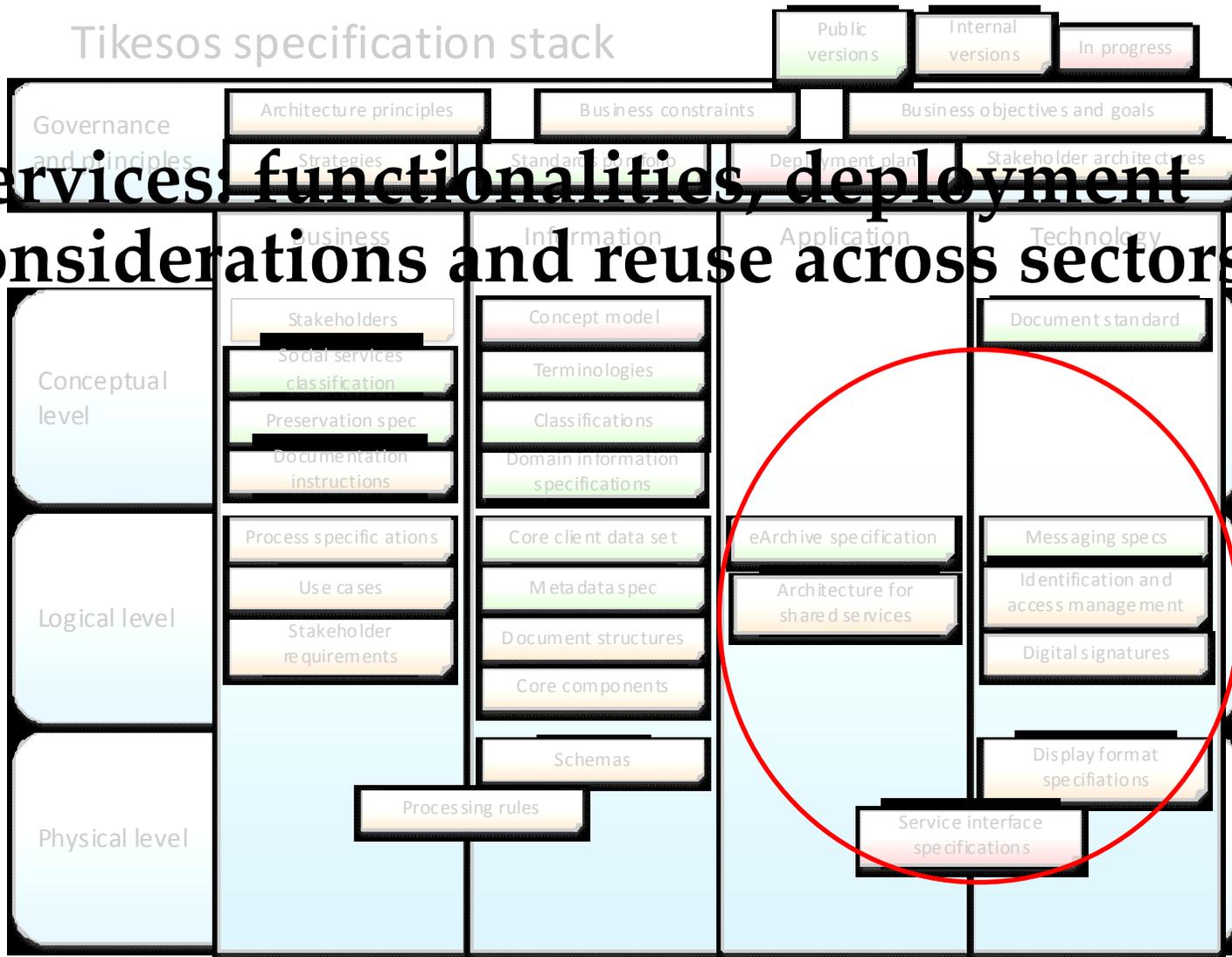
# eArchive messaging layers and standards – messaging technology viewpoint



reusing national  
healthcare eArchive  
messaging specifications

# Tikesos specification stack

## Services: functionalities, deployment considerations and reuse across sectors



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# SOA and reuse approach in Tikesos

- Selected EA architectural principles include (in order)
  - 1. Client first
  - 2. Support for social services work
  - 4. Reuse before invent
  - 5. Compatibility between health care and social services
  - 6. Compatibility between social services and related sectors
  - 14. Use SOA principles
- SOA approach
  - solutions for entire sector, many organizations, many legacy systems
  - architecture specification through functional capabilities
  - mapping of requirements to services
  - service specification using HSSP/SSF type process and templates (for new services)
  - various service implementation and deployment options

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# Options of national social services information sharing and preservation / 2008

1. The adaptation of KANTA healthcare e-Archive
2. The utilization of KANTA services, models and specifications where possible, but separate national archiving service for social services
3. New cross-sectoral shared national archiving service for all municipalities
4. A new centralized national archiving service dedicated to social services
5. A central registry with document repositories on regional or local level
6. The development of norms and requirements to advance document archival based on current systems on local level
7. A new nationally developed information system for social services

# Results of the evaluation

Alternative	Functional requirements	Information mgmt attributes	Quality attributes	Architecture	Cost Efficiency	Risk management	Total
Weight	2	1	1	1	1,2	1,2	
Maximum points	20	7	7	6	12	7,2	<b>59,2</b>
<b>1</b>	12,0	4,0	5,0	<b>5,5</b>	<b>8,4</b>	<b>6,6</b>	<b>41,5</b>
<b>2</b>	15,0	<b>4,5</b>	<b>5,5</b>	<b>5,5</b>	7,2	4,8	<b>42,5</b>
3	10,0	4,0	3,5	5,0	<b>10,2</b>	4,2	<b>36,9</b>
4	<b>18,0</b>	3,0	4,5	3,5	4,8	1,2	<b>35,0</b>
5	13,0	2,5	4,0	3,0	<b>2,4</b>	1,2	<b>26,1</b>
6	<b>7,0</b>	<b>2,5</b>	<b>2,0</b>	<b>0,5</b>	6,0	2,4	<b>20,4</b>
7	19,0	3,0	5,5	4,0	6,6	<b>0,6</b>	<b>38,7</b>

- extension and utilization of Healthcare KANTA eArchive specifications (options 1 and 2) was decided

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# Shared services

- roadmap for 28 SOA services / service domains to support information sharing and management on national level
  - service specifications for some of these already available, some produced by the end of project
  - service implementations in national projects, regional projects or local product development
  - varying degrees of service granularity
  - integration with health care and eGovernment roadmaps
- deployment options and sector considerations as part of the roadmap
  - **local:** organizational (organizer / producer) or application-specific
  - **regional:** covers several service organizers and producers, shared use
  - **national:** nationally centralised deployment, one service for all users

# Information sharing and preservation (eArchive) services

N-national, R-regional, L-local

S-social services specific, H-health and social shared, C-across sectors

Service	Depl	Sect	Phase
KanSa eArchive for social services	N	S based on h	1
National code service (operational)	N/r	H	1
Document validation service	L/R/n	S	1
Display format generation service	N/r/l	S	1
UI services for municipal archive management	N	H/s	1
UI services for lightweight EA access	N	S	2/3

# Infrastructure and security services

N-national, R-regional, L-local

S-social services specific, H-health and social shared, C-across sectors

Service	Depl	Sect	Phase
Message delivery service	N/R/l	H/c/s	1
Document signature services	L/R/n	s/H/c	1
Consent management service	L/R/N	H/s	1
Timing services	R/N	C	2
Role management service	N/R/L	S/C/h	2
Professional eIdentification service	L/R/n	S/c/h	1
Certificate services	N/r	h/c	1
Access management services	R/L	S/h/c	1
Log services	N/r/l	H/s/c	1

# Resource and service management services

N-national, R-regional, L-local

S-social services specific, H-health and social shared, C-across sectors

Service	Depl	Sect	Phase
Wellbeing services directory	N/r	H/s	2
Case management services	l/R	s/c	2
Eligibility services	R/l	s/h	3
Scheduling services	R/l/n	S/H/c	3
Statistics services	N	H/s	2
Services for scientific research	N	H/s	3
Stakeholder eView portal	N	S/h	3

# Consumer eServices

N-national, R-regional, L-local

S-social services specific, H-health and social shared, C-across sectors

Service	Depl	Sect	Phase
eView to KanSa (view personal documents)	N	s/h	2
Consumer eIdentification and eSignature services	N	C	2
Service portals	R/l/n	c/s/h	2
Personal service account	N	C	2
Contact information services	N	C	3
Delegation services	N	C/s	3
Scheduling services	see prev.	see prev.	see prev.

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# Observations from the standards field: two directions towards social services standards and large-scale IT deployments?

- Health care → Social care
  - France: principle on following the use of HL7/CDA standards from health care
  - England / NHS: Logical Record Architecture for Health and Social care (LRA): unified information modeling method and standards
  - Sweden / national standards: one electronic health record standard for health and social care, CEN/ISO 13606
  - requirements from social care in Patient Administration Committee in HL7
- eGovernment → Social services
  - e-GIF (e-Government interoperability framework): in England NHS study to be required for cross-sectoral information sharing
  - Healthnet / Norway: goal to use ebXML Messaging (OASIS) standards for social services information sharing
  - Germany: OSCI and Xmeld specifications for registries, buildings and social services
  - USA: HHS recommendations on NIEM for health/justice interface



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# Summary and lessons learned

- many pitfalls have been avoided by not rethinking what can be reused
  - promoted by SOA, separation of content semantics from functionality
- tendency in national programmes to overestimate national IT services and underestimate support for local change management?
- cost estimates of architectural choices and central services should have been made early in the process
  - including cumulative cost of "doing nothing"
- inclusion of social service aspects and requirements in healthcare specifications where mutual functionality and content
- gray areas between health and social services: e.g. home services, child welfare
- requirements for convergence and reuse ACROSS sectors - are we ready?
  - move towards individual-centred care and self-help
  - increasing need for holistic service management for people
  - move towards unified government interoperability frameworks and standards portfolios

# Kiitos

“We must learn to live together as brothers or perish together as fools.”

-Martin Luther King Jr.  
(1929 - 1968)



[juha.mykkanen@uef.fi](mailto:juha.mykkanen@uef.fi)

More info: Chapter - National interoperability approach for social services information management in Finland, in Charalabidis Y, ed. *Interoperability in Digital Public Services and Administration: Bridging E-Government and E-Business*, p. 254-278. IGI Global, 2010.

  
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