

Sari Nissinen^{1*}, Timo Leino¹, Tuula Oksanen¹ and Kaija Saranto²

¹*Finnish Institute of Occupational Health, Finland*

²*University of Eastern Finland, Finland*

***Corresponding author:** Nissinen S, Finnish Institute of Occupational Health, Finland, Tel: +358438252435; E-mail: sari.nissinen@ttl.fi

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Abstract

Objective: To examine which data on patients' primary care visits are considered relevant for documentation in the electronic records of occupational health services, to enable health information exchange between occupational health care professionals, the employee, employer, other health care professionals, and social insurance system actors. **ubišerimarsë**

records are in widespread use, and essential patient data are almost exclusively handled in electronic form [8]. Health information technology provides new opportunities for HIE, which allows all stakeholders to appropriately access and securely share employees' health data electronically. Data protection and privacy is essential. OH professionals have to carefully consider how much private information on individual employees to release to employers and others, and in what situations they can do so [9]. The HIE of patients' own data among different health care service providers is generally accepted, as it improves the quality of care and patient safety. However, a condition for approval is that patient privacy is respected [10,11]. HIE with the employer is limited and mainly takes place at a group level (e.g.

The OH professionals rated the individual action plan and its follow-up as the most important primary care visit data to be documented. This is an excellent choice, provided the plan is properly structured and documented. It can be a powerful tool in care and the return to work if it is shared and used systematically. It is not only for the OH expert, employee and employer to share, but should be used with all health and social insurance system actors. The data considered the least important for documentation in the EHR for HIE were related to working conditions. This result reflects the fact that, in Finland, data on exposures, strains and stress factors at work are recorded in OH units' client organization data bases, separate from patient records.

The individual action plan and its follow-up was also selected as the most important patient data in HIE with an employee. The plan includes the objectives set by the employee together with the OH professional, whose role is to provide advice and guidance on healthy working and living habits, and also to support employees in situations in which their health and work ability is compromised [7]. Planning the treatment together with the employee improves commitment and participation in the action plan and also the employee's self-confidence and motivation to make behavior changes that could impact their health [26].

The top three types of data to be exchanged with the employer were work-related primary care visits, work-related diseases and symptoms, and the assessment of work ability. These data are available to the employer in anonymous form only, so that no individual employee can be identified. These data interest employers greatly, as sickness absence and work disability costs can be substantial [27,28]. Good management of the above data can also give an OHS provider an edge in the market. Client organizations are more likely to be satisfied with OHS that offers good cooperation and professional knowledge regarding the health and work ability of employees and working conditions at workplaces [3].

The most mentioned items in the HIE between OHS and other health care professionals were data on work-related diseases and symptoms, individual action plans and their follow-up, and work ability. The results were parallel to the information that general practitioners need from OH physicians, namely employees' diagnoses, and OH physicians' advice on the timing and adjustments of return-to-work plans [4]. Multiprofessional cooperation and planning patient care together ensures that all aspects are monitored and evaluated, and that the control of employees' diseases improves [26].

The data on work ability and work related diseases and symptoms

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