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Digital transformation in health systems: lessons that travel across borders

Whether funded by taxes, insurers or patients, health systems face the same digital challenges. Five lessons apply in the NHS, across Europe and beyond.

THE EIGHT-PHASE METHOD



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Changing how transformation is done

The EKSELENS360 family

Health systems are funded and organised in very different ways. Some are tax-funded and largely public, like the NHS or the Nordic systems. Others are built on social or private insurance, as in Germany, the Netherlands or much of the United States. Many, from the Gulf to Australia, combine public and private provision.

Yet the digital challenges they face are strikingly similar. Records that do not follow the patient. Clinicians spending too much time on administration. New systems that go live but are never fully adopted. Rising cyber risk. And boards asking what all the investment has actually delivered.

The lessons that work in one system usually travel well to others.

Lesson 1: Interoperability is a governance problem before it is a technical one

Standards such as HL7 FHIR have made it far easier to exchange health data between systems. The harder part is agreement: who owns the data, who may use it for what, and who pays to connect. Regional and national records programmes stall more often on governance than on technology.

The direction of travel is clear. Several European countries are moving to national electronic health records, and the European Health Data Space Regulation, in force since March 2025, sets a common framework for access to and reuse of health data across the EU over the coming years. Systems that settle data governance early move faster.

Lesson 2: Clinicians adopt what saves them time

Clinical systems succeed or fail on adoption. A new electronic record or digital pathway that adds clicks, duplicates documentation or ignores how a ward or clinic actually works will be worked around, whatever the business case says.

The organisations that get adoption right:

- involve clinicians in design from the start, not just in testing;
- measure time spent on documentation before and after go-live;
- fix the most painful workflow issues quickly after launch;
- keep local champions supported long after the project team has moved on.

Adoption is not a phase at the end of the programme. It is the programme.

Lesson 3: Prove the benefit, in terms the system values

Every health system has to justify investment, whether to a ministry, an insurer, a board or shareholders. Benefits that cannot be evidenced are quickly questioned. For each digital investment, agree:

- the outcome it should improve — such as waiting times, length of stay, readmissions or clinician time released;
- the baseline, measured before the change;
- the named clinical or operational owner;
- the point at which the investment will be reviewed.

Keep cash savings, capacity released and quality improvements separate. Capacity released is valuable, but it only becomes a saving when it is redeployed.

Lesson 4: Cyber resilience is patient safety

Health organisations are frequent targets for ransomware because disruption directly affects patient care. When systems fail, the question is not only how quickly they can be restored, but how safely care continues in the meantime.

Every clinical service should have a tested way of working without its main systems, clear decision rights for taking systems offline, and an understanding of which suppliers it depends on. Resilience plans written only by IT teams miss the clinical reality.

Lesson 5: AI needs the same discipline as any clinical change

AI is moving quickly into health: ambient documentation, triage, imaging support and operational forecasting. The opportunity is real, and so are the risks. Treat AI tools like any other clinical change:

- a named clinical owner and a clear statement of intended use;
- evidence of performance on the local population, not just in vendor studies;
- defined points where a clinician must review or override;
- continuous monitoring after go-live, with a route to report and act on problems.

Regulation is catching up. In the EU, AI used in medical devices falls under the AI Act's high-risk rules, which now apply to regulated products from August 2028. Regulators elsewhere are setting their own expectations. Building the evidence now is the safest route to scaling later.

What leaders can take from this

The most successful digital health programmes, in any system, share three traits: data governance settled early, adoption treated as the core of delivery, and benefits evidenced rather than asserted. None depends on how the system is funded. All depend on leadership attention.

Whether you run a hospital group, a regional health system, an insurer-funded network or a national programme, the same question applies: can you show, with evidence, what your digital investment has changed for patients and staff?

Want to talk this through?

Book a 45-minute discovery conversation. Bring one challenge, leave with three prioritised next steps — written up within 24 hours.

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