



riigikontroll  
National Audit Office of Estonia

# Ensuring the correctness, accuracy and timeliness of health data

*What are the problems in the documentation of health services and what have state agencies done to solve them?*

Report of the National Audit Office to  
the Riigikogu  
Tallinn, 10. december 2025

## Summary of audit results

**The correctness, accuracy and timeliness of health data are a prerequisite for quality care, as they are the basis for making reasoned treatment decisions. The National Audit Office found that the health information of patients in Estonia is often incomplete: information is inaccurate or difficult to understand, and documents are submitted to the health information system late or not at all. Whilst direct errors in treatment resulting from such deficiencies are rare, poor data quality threatens the continuity of care, causes undue hardships for people and limits access to social benefits. Additional burden and costs also fall on health professionals and state agencies.**

### Key findings

#### Did you know that...

given the increasing shortage of health professionals, the need to redistribute tasks, the greater integration of health and social services, the expansion of the use of e-consultations and the introduction of IT innovations, the need to improve the quality of documentation has become imperative.

**The documentation of health services is inconsistent and incomplete.** This jeopardises the quality and continuity of treatment. Incomplete health data, which is the basis for assessing people's capacity for work and determining the severity of their disability, also hampers people's access to social benefits and services to which they are entitled and which they may have an acute need for at a certain time. Some health care providers do not submit treatment summaries (epicrisis) at all or submit them late. There is a widespread understanding that data on paid services do not need to be submitted to the health information system, and this leads to data gaps. The content of documents is often difficult to understand and some information is missing. In 2024, 79% of epicrisis were submitted to the health information system in an outdated format, limiting data availability and usability.

**The Health Insurance Fund's oversight have been limited in scope, and supervision by the Health Board has not led to any substantial changes in the quality of documentation.** The Health Insurance Fund mainly checks whether treatment invoices and documents were submitted, but more in-depth content checks – such as thematic checks (so-called targeted checks) and assessments of treatment requirements (clinical audits) – are rarely used because they are resource-intensive. Supervision by the Health Board focuses on the activities of individual health care providers, not on checking the overall quality of health data. Overall, the control activities carried out by the state agencies so far have not helped to systematically identify and eliminate documentation problems.

**The developments of information systems have great potential but progress is slow.** Documenting is inconvenient and burdensome due to outdated systems. The information systems of health care providers differ in design and functionality, making the development of a common documentation practice difficult. A large proportion of documents arrive

in the national health information system in outdated data formats. The collection of national health statistics in its current form is also too resource-intensive, both for health care providers and the National Institute for Health Development.

**The management of digital development is unclear and fragmented.** The Health and Welfare Information Systems Centre (TEHIK), the Health Insurance Fund and the Ministry of Social Affairs share tasks, but strategic priorities, responsibilities and work plans have not been clear. State agencies and health care providers have different expectations for the development of information systems and the updating of documentation requirements, and the lack of a common leader results in unpredictability and slows down the implementation of new solutions.

**There was a long pause in the development of documentation.** The Ministry of Social Affairs has until recently treated the incompleteness of documentation as an inevitability – the requirements are not up to date, there is no clear leader in the field and no decision has been taken to move to a modern international documentation standard.

#### **Recommendations of the National Audit Office to the Minister of Social Affairs:**

- Update documentation requirements as a whole and consolidate them into a unified and clear legal framework, and decide, in cooperation with the stakeholders, which international terminology standards and classifications will be adopted in Estonia.
- Transfer to a national information system at the level of health care providers, which is modular, i.e. made up of independent but interoperable components, to reduce fragmentation, costs and duplication and to establish common data structures and standards across health care.

#### **Recommendation of the National Audit Office to the Minister of Social Affairs in cooperation with the Director of Health and Welfare Information Systems Centre:**

- Clearly define the areas of responsibility in the management of e-health development, ensure better coordination of developments and develop and extend automated controls.

#### **Recommendations of the National Audit Office to the Minister of Social Affairs in cooperation with the CEO of the Health Insurance Fund and other stakeholders:**

- Ensure that the Health Insurance Fund only pays the health care provider for treatment invoices if the service has been duly documented in the health information system.

Main  
recommendations of  
the National Audit  
Office

- Create a solution for linking treatment invoices to medical records.

**Recommendation of the National Audit Office to the Director General of the Health Board:**

Increase the focus of supervision on compliance with the requirement to submit documents to the health information system and on assessing the quality of documentation.

**Responses of auditees**

The **Minister of Social Affairs** noted that the audit's recommendations will help to improve the clinical documentation and explained that the Ministry has initiated activities to help harmonise documentation requirements and move forward with the implementation of more modern data and data exchange standards to move away from outdated document formats and reduce the burden arising from the historical design of systems.

According to the Minister of Social Affairs, the problem that has hampered development has not been the lack of a management model, but the multiplicity of priorities and the scarcity or instability of resources. The management of e-health developments has been clearly organised in the area of government and, according to the Ministry, the process of digital developments has been coordinated.

**Comment of the National Audit Office:** At the time of the audit, the Ministry of Social Affairs and other state agencies started working actively to improve the situation. The opinion of the National Audit Office was based on the experience of the different stakeholders in the field. The National Audit Office emphasises that in the context of a multiplicity of priorities and scarce resources, it is particularly important to consider which activities in the plan have the people and money necessary for implementation.

The **Director of the Health and Welfare Information Systems Centre** explained that he will continue to cooperate with the Ministry of Social Affairs and the Health Insurance Fund to contribute to the management of ICT developments in the field of health and will continue to liaise with professional associations on IT projects. The identification and establishment of the many priorities in this area must be continued. TEHIK agrees that cooperation with development partners can be strengthened in the area of developing information systems for healthcare providers. In order to make the transition to event-based data exchange, TEHIK has developed the Health Information Systems Implementation Plan 2025–2030, which focuses on areas requiring coordinated and shared input and investment over the next five years. The plan for 2026–2027 is to agree and then implement data quality metrics for as many services as possible, in cooperation with all stakeholders.

The **CEO of the Health Insurance Fund** agreed with the main conclusions made in the audit and confirmed that the Health Insurance Fund will continue cooperating with all partners to assess the recommendations made in the audit and support the development of more efficient solutions.

The **Director General of the Health Board** noted that she agrees with the recommendation to increase the focus of supervision on compliance with the requirement to submit documents to the health information system and on assessing the quality of documentation. In the opinion of the Health Board, the structure of the information system itself should also rule out gaps in the documentation of activities. It is planned to establish a separate quality centre in 2026 and one of its tasks will be to support health care providers in improving the quality of health services.