IX CONGRESO INTERNACIONAL DEPENDENCIA Y CALIDAD DE VIDA

Integración sociosanitaria: un balance de la realidad

IX CONGRÉS INTERNACIONAL DEPENDÈNCIA I QUALITAT DE VIDA

Integració sociosanitària: un balanç de la realitat

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Fundación Edad & Vida

Título: Integrated Care in Finland: ongoing transformation of governance, funding and service structure
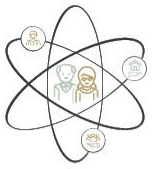
Autor: Dr Linda Soikkeli

Structure of presentation

- Overview of Finland
- Challenges facing Finland
- Structural transformation
- Funding and governance transformation
- Service transformation

Overview of Finland

- **Eight-largest country in Europe**
  - Area: 338,424 km2
- **Most sparsely populated EU country**
  - Density: 16 / km2; Population: 5,549,807
- **Parliamentary republic**
  - 309 municipalities
  - 1 autonomous region (Åland Islands: population 30,000)
- **Greater Helsinki metropolitan area**
  - Over 1.4 million people
  - Produces 1/3 of the GDP (USD 299 billion ~ USD 48,937 per capita)
- **Finnish health care, social care and social security** is an OECD "miracle" from the past 100 years
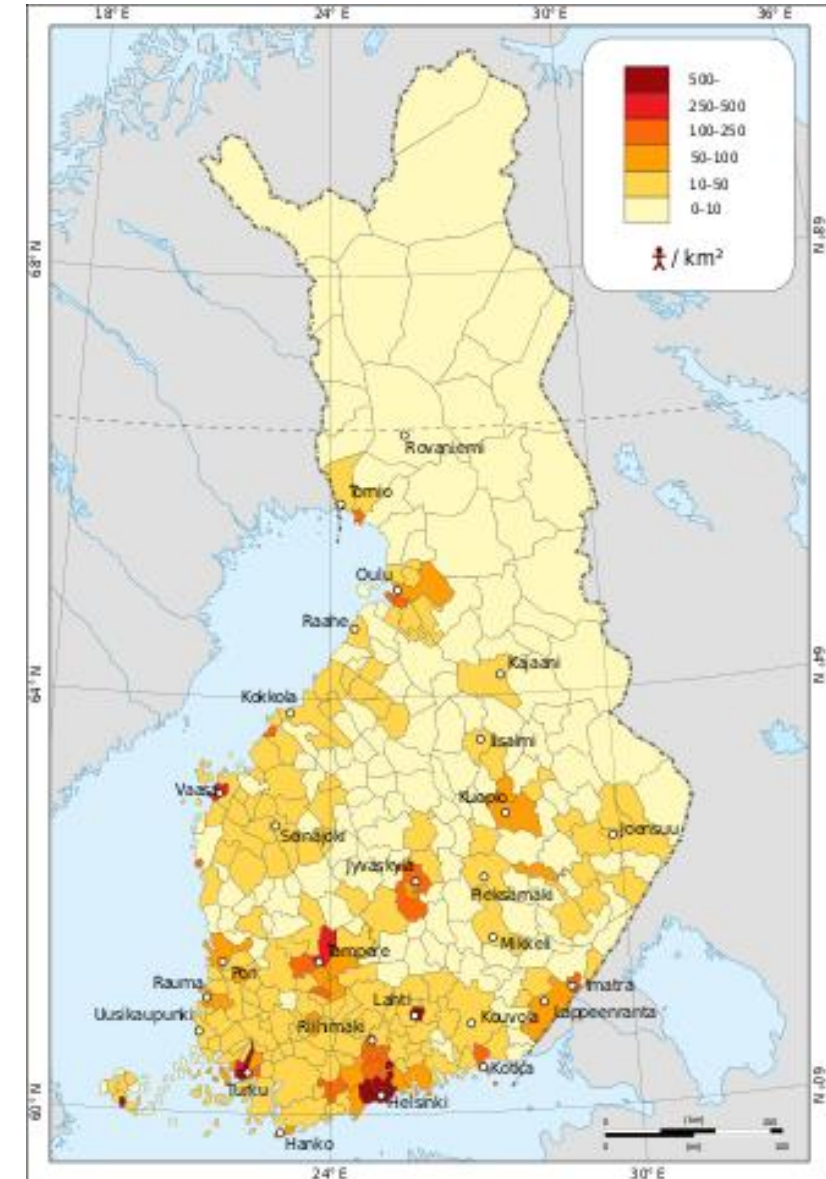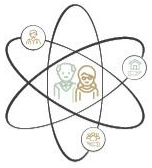
# Challenges facing Finland and many other countries

Sustainability of public finances

Sufficiency and availability of competent personnel

Finnish welfare model:
effective and economically sustainable with well-functioning foundations (by international standards)

Inequalities among the population

Growing need for healthcare and social welfare services*
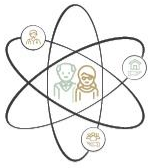
Integrated policy

- The Ministry of Social Affairs and Health is responsible for the planning, guidance and implementation of health and social policy in Finland

- The Ministry of Social Affairs and Health safeguards people's functional capacity, livelihoods and services.

Kaisa Juuso
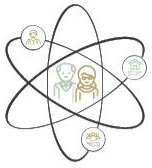
Minister of Social Affairs and Health

Sanni Grahn-Laasonen
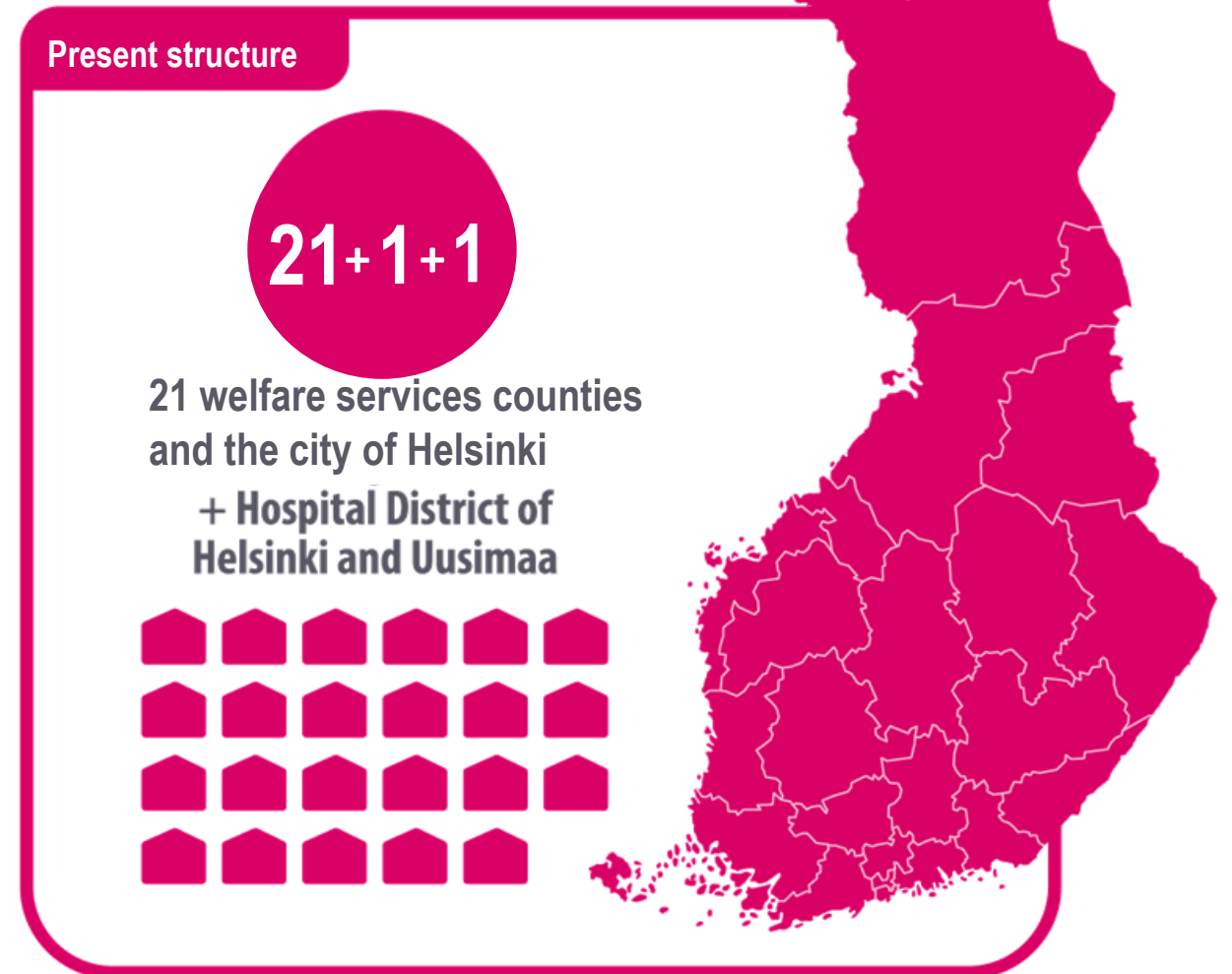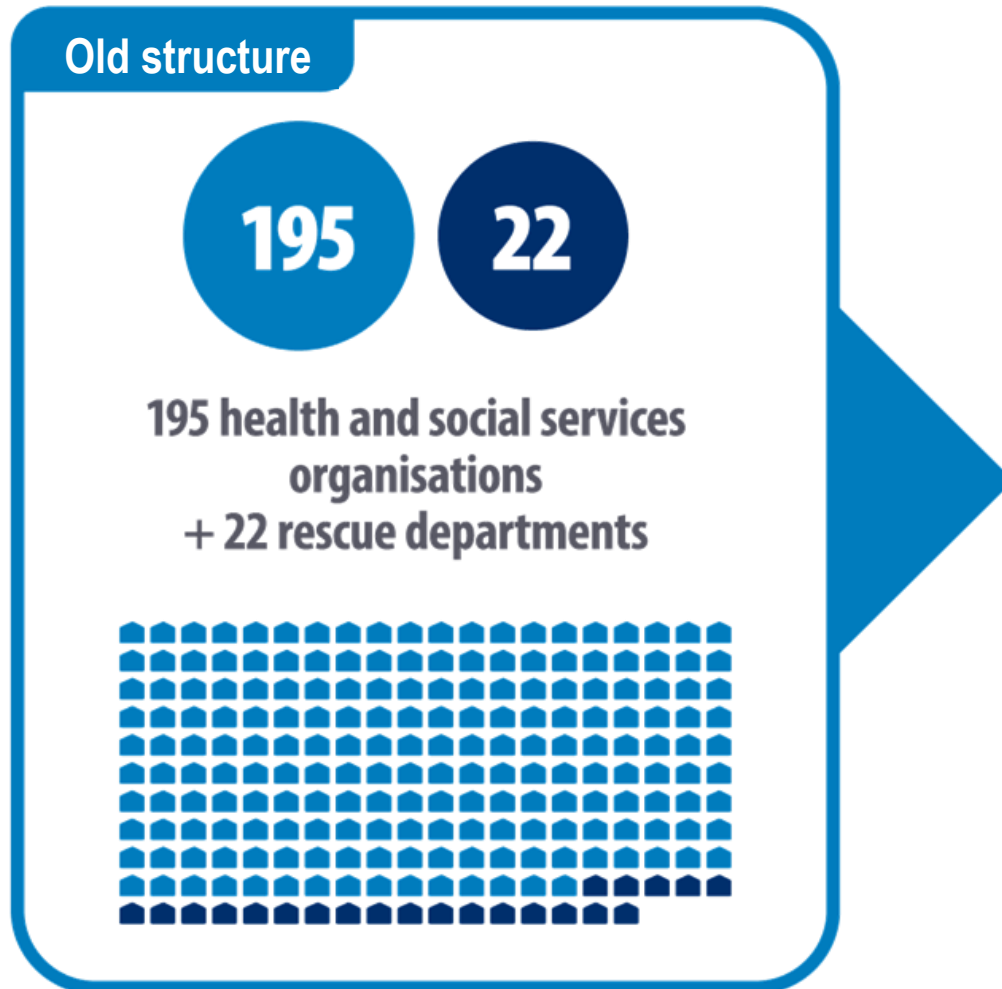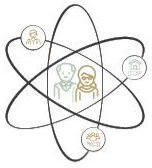
Minister of Social Security

Arto Satonen

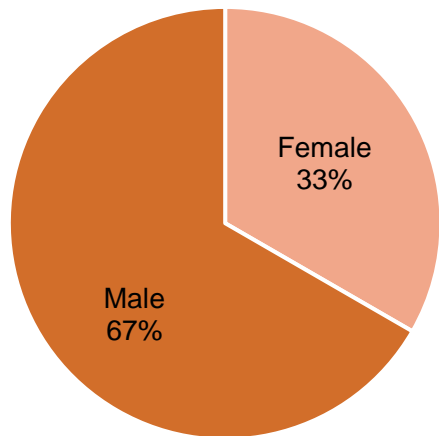Minister of Employment

Integrated organization

- Smallest municipality: population of 111
- New Wellbeing services counties: population of 68 000 - 660 000

Old structure

195   **22**

195 health and social services organisations
+ 22 rescue departments

Present structure

21+1+1

21 welfare services counties and the city of Helsinki

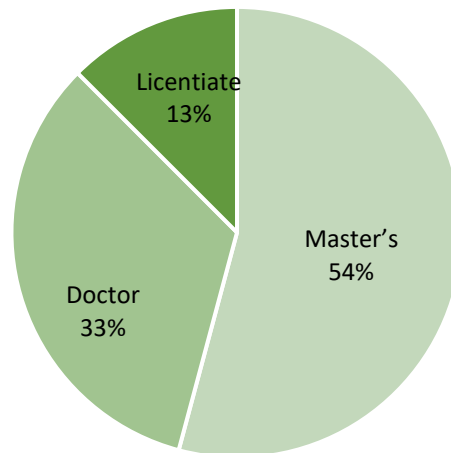+ Hospital District of Helsinki and Uusimaa

Integrated governance

- The wellbeing services counties are bodies governed by public law that exercise autonomy within their own areas.
- The highest decision-making body in each wellbeing services county is **a county council**, which **consists of 59–89 elected representatives.**
- The other statutory bodies are the county executive, the audit committee, and the national language board.
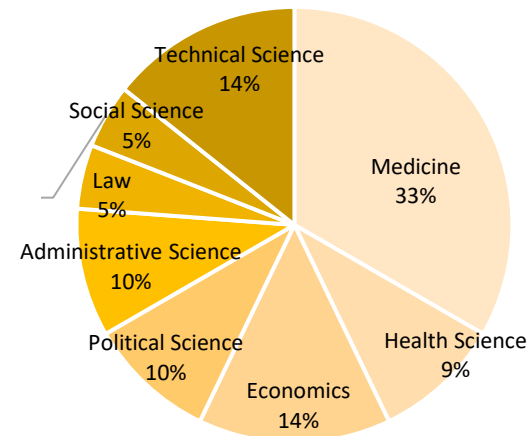- Wellbeing services counties have 4–6 management levels, including the county chief executive.

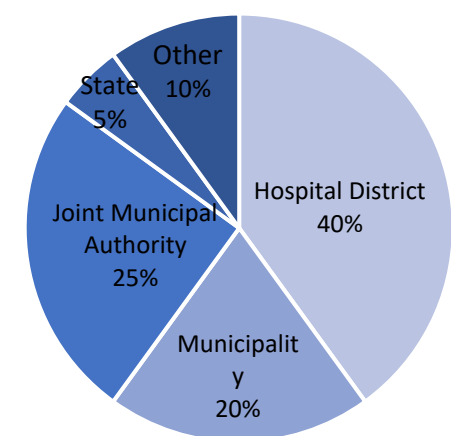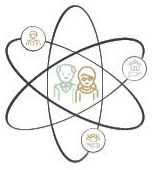## Who are the 21 county chief executives?

Sex

- Female 33%
- Male 67%

Education level

- Master's 54%
- Doctor 33%
- Licentiate 13%

Field of Study

- Medicine 33%
- Technical Science 14%
- Social Science 5%
- Law 5%
- Administrative Science 10%
- Political Science 10%
- Economics 14%
- Health Science 9%

Background organisation

- Hospital District 40%
- Joint Municipal Authority 25%
- Municipality 20%
- State 5%
- Other 10%

Integrated funding: merged budget

FUNDING
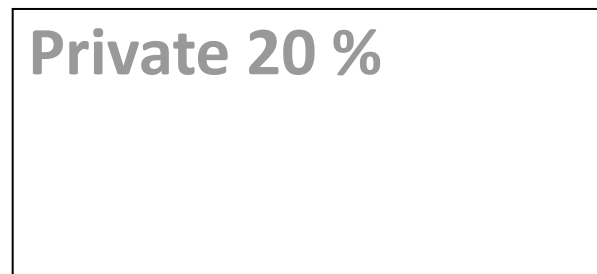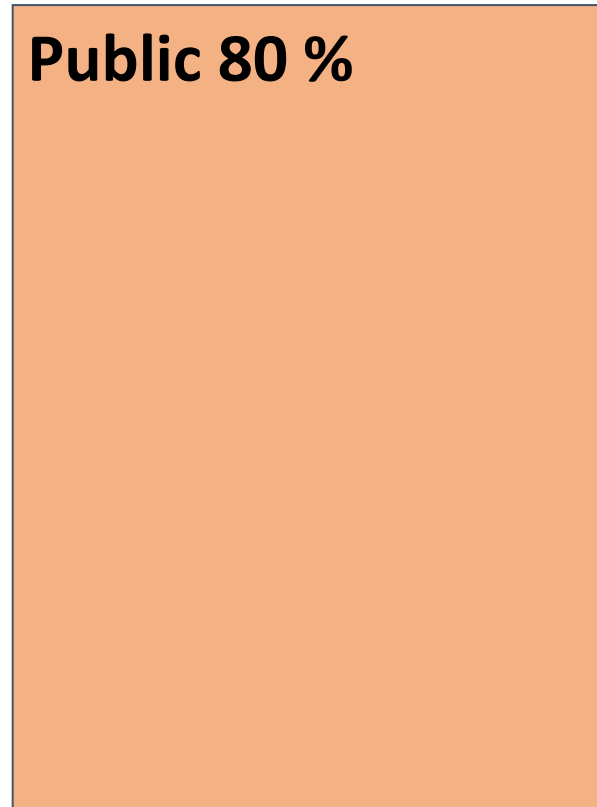
GOVERNANCE

SERVICES: 29 b€[2]

Public 80 %

Parliament

Government

Ministries

22+1 Counties

Imputed universal funding model

Municipalities

Integrated public provision

13 b€ Primary, secondary and tertiary **health care**

10 b€* **Social care**

5 Collaborative areas

Private 20 %

Private and non-profit providers 6 b€
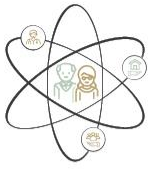
Integrated and interactive government guidance
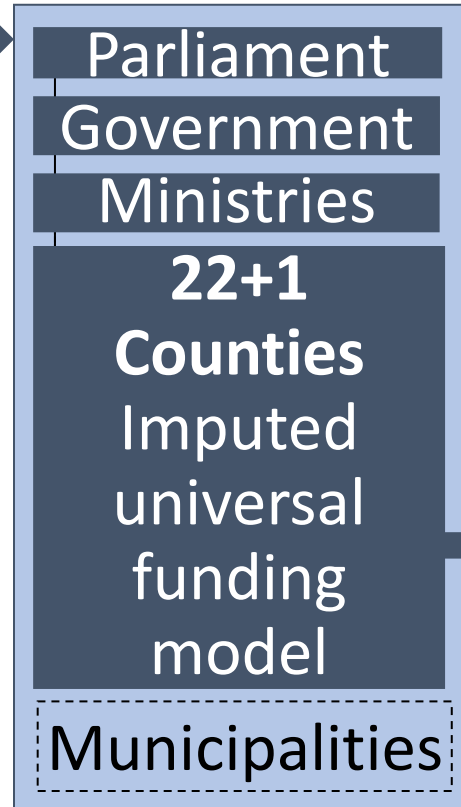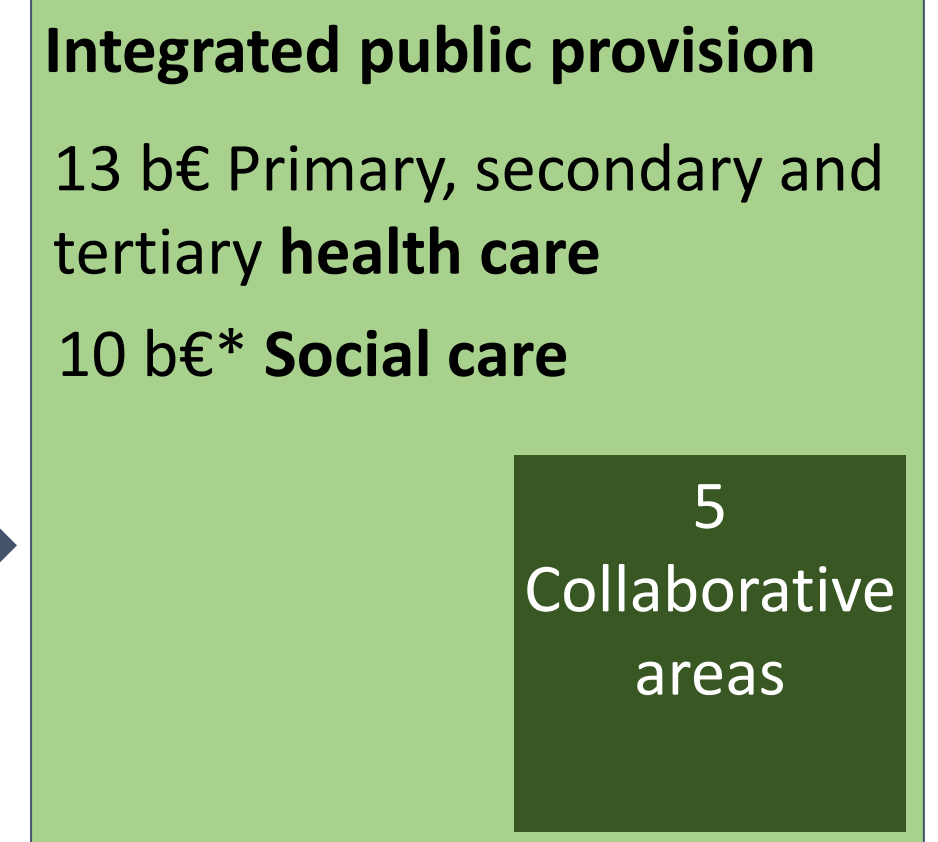
Changes in the operating environment

Service needs of the population

Self-governing areas

Overall local strategy

Integrated wellbeing plan (counties and municipalities)

Service-specific strategies
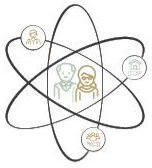- Health and social care
- Rescue services

Advisory boards, negotiations and other interaction

Unified Government

Binding legislation

Government Programme

Guidance in line with national strategic objectives
- Fiscal policy targets
- Health and social care
- Rescue services

Integrated objectives and monitoring

NATIONAL OBJECTIVES

LOCAL STRATEGIES AND PLANS

Local strategy for healthcare and social welfare
Advisory Board on Healthcare and Social Welfare
Negotiations with the counties
Investment plans
Monitoring and evaluation obligations
Cooperation agreements

Coherent, outcomes-based information management and analysis at national and local level

Integrated social and health care

Now ➡️ Future

Social care + Health care

Fully Integrated social and health care system

Focus on preventative primary care at scale
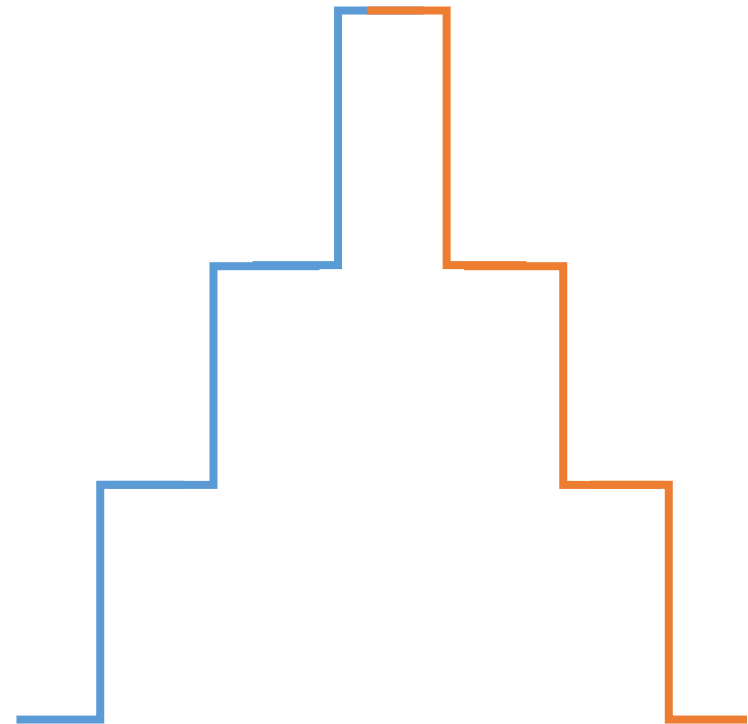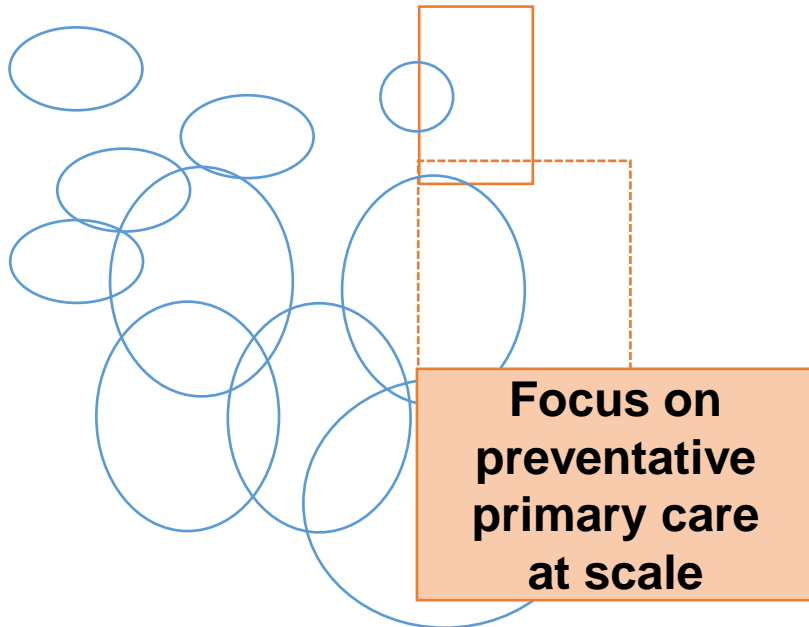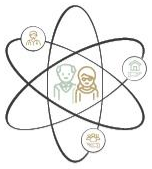
Integrated and personal care coordination

Community services: Limited social and health care resources can stretch further when all society and community resources are utilized (incl. municipalities (incl. health, social welfare and safety promotion, sports, culture), businesses, civil society organisations). The future care system extends beyond traditional social and health care services.

Client/patient

Cross-sector integration

Personal contact

Digital or physical: **Assessment of need for care or services and care plan**

Horizontal integration and continuity of care

Primary services

Comprehensive primary care services for people of all ages primarily by own family foctor or nurse

Not urgent need/out-of-hours or emergency

If needed: named multi-disciplinary team of specialists supports in a tech-assisted manner

- Services for children, young people and families
- Occupational health, social care, comprehensive rehabilitation, mental health and substance abuse services, oral healthcare
- Senior centre

Vertical integration

Tertiary services
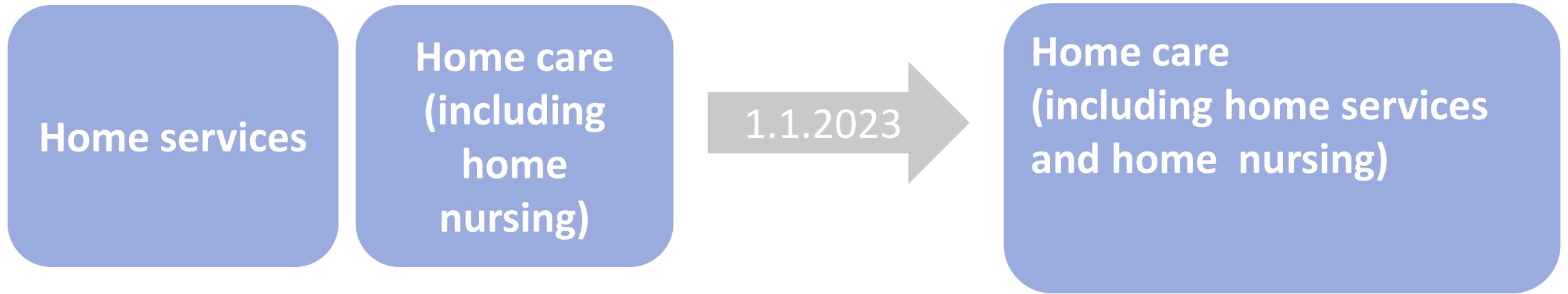
If needed: referral and collaboration

Specialized services (e.g. hospitals, diagnostics, assistive equipment) are centralized physically or virtually either at county-, area- or national level based on the needs of the local population, the resources realistically available and outcomes-data

Case example: Integrated care within elderly care setting

Home services

Home care (including home nursing)

1.1.2023 →

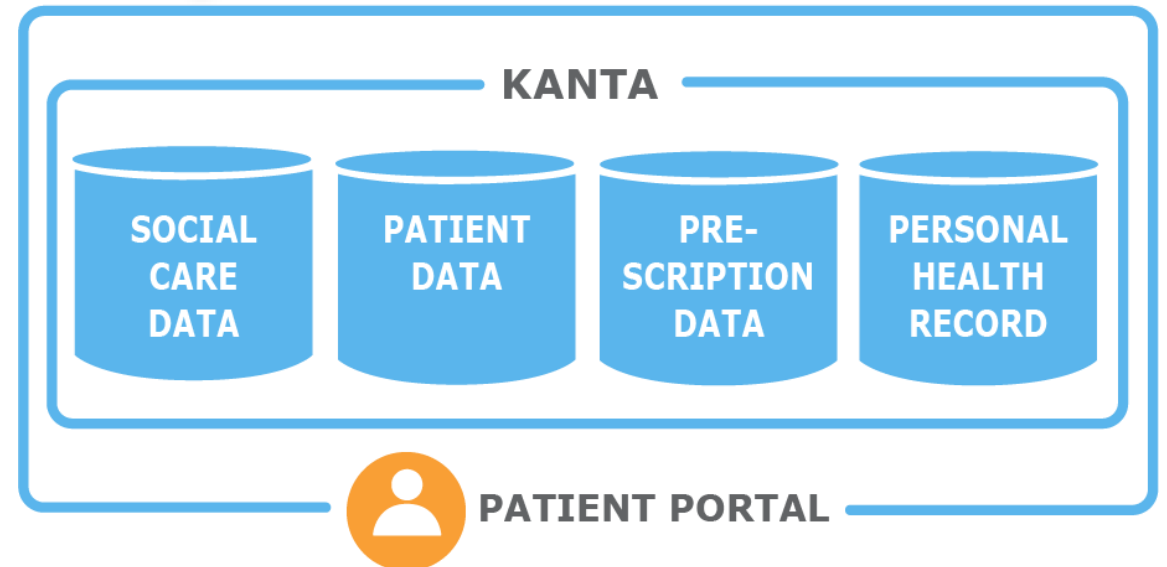**Home care (including home services and home nursing)**

- Home care is by nature a joint service of social and health care: **home care refers to a service that ensures that a person can perform the activities of everyday life in their home and living environment.**

- In order to improve client and patient safety, new legislation (1.1.2024) will improve access to information in joint social and healthcare services, e.g. by a joint data register for social services data and health care data. For example, the availability of home care information to the health center and hospital, and vice versa, will be improved.

Case example: 100% electronic medical records (Kanta)

- Patient, social care and prescription data gathered in a national databank.
- Healthcare professionals can access the needed data nationwide, store patient records and make prescriptions.
- Citizens can browse own medical records and prescriptions and order repeat prescriptions in the online service.

KANTA is an entity of digital services, which brings benefits for citizens, pharmacies and the social welfare and healthcare sector

KANTA

SOCIAL CARE DATA

PATIENT DATA

PRE-SCRIPTION DATA

PERSONAL HEALTH RECORD

PATIENT PORTAL

Gràcies!

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