Health care in Finland
WICC meeting in Turku 14.9.2016, Open Day

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The Association of Local and Regional Authorities

• Represents as is owned by and **represents municipalities / local authorities** that provide basic public services for their residents, **the most important of which relate to social welfare and health care, education and culture, the environment and technical infrastructure**
  » Some 432,000 employees provide services for municipal residents, more than 200,000 employees working in the field of social welfare and health care

• Protects the interests and promotes development of Finnish municipalities and provides services for them and for the entire local government sector
  ▪ Co-operates with regional councils, hospital districts, special care districts and other municipal organisations
  ▪ Co-operates with national authorities such as **THL**, the Institute of Social and Welfare (in the deployment of the national strategy of eHealth, **eArchive** etc.)
  ▪ Maintains and promotes the usage of **ICPC in Finland**, and hosts the ICPC Expert Group
Contents

• Some facts about Finland
• The Finnish health care system today
• Social and health care reform in Finland
Some facts about Finland
Some facts about Finland

Population: 5 471 753 inhabitants, incl. Åland
Area: 338 424 km²

Population density: 17,6 inhabitants/km²
(0,2 inhabitants/km² − 2730,3 inhabitants/km²)

Number of municipalities: 317 municipalities
(~40 municipalities having < 2000 inhabitants;
~ 65 municipalities having > 20 000 inhabitants)

Number of tasks assigned in legislation
for municipalities: > 535

Total expenditure of local and joint
municipal authorities: 46,4 billion €
(out of which social and health care
expenses 46 %)

Number of health centers: 152
Outpatient visits to health centers:
39,3 million per year

Coverage of Electronic Patient
Information Systems
in health centers: 100 %

Source: Statistics Finland, Ruututietokanta 2009
KL/JAH 14.10.2010
# Examples of differences between municipalities

<table>
<thead>
<tr>
<th></th>
<th>SMALLEST</th>
<th>MEDIUM</th>
<th>LARGEST</th>
<th>WHOLE COUNTRY</th>
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</thead>
<tbody>
<tr>
<td><strong>POPULATION (31.12.2013)</strong></td>
<td>Sottunga (Åland Islands) 100</td>
<td>5 829</td>
<td>Helsinki</td>
<td>612 664</td>
</tr>
<tr>
<td><strong>AREA (1.1.2014), km²</strong></td>
<td>Kauniainen 5,9</td>
<td>540</td>
<td>Inari</td>
<td>15 053</td>
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<tr>
<td><strong>POPULATION DENSITY (1.1.2014), resident/area km²</strong></td>
<td>Savukoski 0,2</td>
<td>10,8</td>
<td>Helsinki</td>
<td>2 866</td>
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<tr>
<td><strong>AGE STRUCTURE (31.12.2013), %</strong></td>
<td>Sottunga (Åland Islands) 0</td>
<td>7</td>
<td>Liminka</td>
<td>17 7,2</td>
</tr>
<tr>
<td>0–6 years</td>
<td>Sottunga (Åland Islands) 0</td>
<td>8,5</td>
<td>Liminka</td>
<td>18 8,9</td>
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<tr>
<td>7–14 years</td>
<td>Luhanka 49,1</td>
<td>59,9</td>
<td>Helsinki</td>
<td>70,1 60,1</td>
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<tr>
<td>15–64 years</td>
<td>Liminka 4,8</td>
<td>12,7</td>
<td>Hailuoto</td>
<td>20,6 12,7</td>
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<tr>
<td>65–74 years</td>
<td>Liminka 2,6</td>
<td>7,8</td>
<td>Luhanka</td>
<td>14,8 7,9</td>
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<tr>
<td>75–84 years</td>
<td>Kempele 0,8</td>
<td>3,1</td>
<td>Sottunga (Åland Islands)</td>
<td>11 3,2</td>
</tr>
<tr>
<td><strong>DEMOGRAPHIC DEPENDENCY RATIO 2013</strong></td>
<td>Helsinki 42,6</td>
<td>67</td>
<td>Luhanka</td>
<td>103,5 55,8</td>
</tr>
<tr>
<td>(under 15 year-olds + over 64 v./15-64 v.)</td>
<td>Reisjärvi 0,2</td>
<td>1,7</td>
<td>Vantaa</td>
<td>13,2 5,3</td>
</tr>
<tr>
<td><strong>FOREIGN-LANGUAGE POPULATION (31.12.2013), %</strong></td>
<td>Helsinki 0,2</td>
<td>9,5</td>
<td>Lestijärvi</td>
<td>37,1 3,5</td>
</tr>
<tr>
<td>Agriculture and forestry</td>
<td>Kökar (Åland Islands) 3</td>
<td>25,1</td>
<td>Pyhänä</td>
<td>43,8 22,1</td>
</tr>
<tr>
<td>Secondary production (manufacturing + constru)</td>
<td>Pyhänä 41,7</td>
<td>63,3</td>
<td>Helsinki</td>
<td>92 74,4</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>JOB SELF-SUFFICIENCY 2011, %</strong></td>
<td>Lemland (Åland Islands) 30,8</td>
<td>86,55</td>
<td>Maarianhamina (Åland Island)</td>
<td>177,8 100</td>
</tr>
<tr>
<td><strong>ECONOMIC DEPENDENCY RATIO 2012, %</strong></td>
<td>Jormala (Åland Islands) 92</td>
<td>125</td>
<td>Kivijärvi</td>
<td>234 132</td>
</tr>
<tr>
<td><strong>Persons with educational qualification 2012, % of 15-year olds and over</strong></td>
<td>Luhanka 49,1</td>
<td>62,7</td>
<td>Kauniainen</td>
<td>80,2 68,5</td>
</tr>
<tr>
<td><strong>Persons with tertiary degree 2012, % of 15-year olds and over</strong></td>
<td>Kivijärvi 10,1</td>
<td>19,8</td>
<td>Kauniainen</td>
<td>56,8 28,7</td>
</tr>
</tbody>
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Source: Statistics Finland, Land Survey of Finland
The Finnish health care system today
Health care system in Finland

- Finland offers universal coverage of a comprehensive range of health services
- Health services are mainly funded through taxation
  - Health services rely on public provision of care
- Municipalities play a key role both in the financing and in the provision of care
- Hospital services are centralized within 20 districts (5 university hospital districts) which are formally under the control of the municipalities
- All regular residents in Finland are entitled to sickness insurance benefits (paid by KELA, the Social Insurance Institution of Finland)
  - Covers daily sickness benefit and rehabilitation allowance
  - Reimburses small amount of private medical and dental fees, laboratory and treatment costs, pharmaceutical expenses, travel expenses related to treatment
HEALTH CARE SYSTEM IN FINLAND

SPECIALIZED HEALTH CARE

20 INTERCOMMUNAL HOSPITAL DISTRICTS

CENTRAL HOSPITALS
(5 of them are University Hospitals)

LOCAL GENERAL HOSPITAL

AMBULANCE SERVICE

PRIMARY HEALTH CARE

MATERNITY, CHILD AND SCHOOL HEALTH CARE, DENTAL CARE

DENTAL CARE

PRIVATE HEALTH CARE
Small Hospitals and Group Practices

OCCUPATIONAL HEALTH

HEALTH CENTRES
Municipal or Joint Municipal Boards

EL/HH 11.9.2003
Hospital Districts

- 20 hospital districts
- each municipality must be a member of a hospital district and the municipalities own the hospitals
- the decision-making body is the federation council (central council), which consists of the member municipalities’ councillors
- purpose is to provide specialized care services
- the patients go to the hospital with a referral
- the municipalities pay the patients’ costs after treatment, patients pay client fees
- responsible for the research, development and training functions with the health centers
Local authorities provide services for all their residents

Social welfare and health care services:
- 39.3 million outpatient visits to health centres
- 5.7 million care days in health centres
- 8.1 million outpatient visits in specialised health care
- 4.7 million care days in specialised health care
- 209 000 children in municipal day care
- 17 400 child welfare clients placed outside the home
- 81 500 children in child welfare open care
- 36 000 older people in municipal sheltered housing
- 64 000 older people receiving regular home care
- 128 000 service recipients under the Services and Assistance for the Disabled Act
- 39 500 recipients of informal care support
- 239 200 households receiving social assistance.

Organisation of primary care and social welfare services 2015

Municipalities total, mainland Finland 301

Municipality arranges the services 89 municipalities, 56% of the population

Local gov’t co-management areas, total 63,212 municipalities, 44% of the population

Health centres, total 152
Maintained by municipalities 89
Maintained by joint municipal authorities 31 (128 municipalities)
Maintained by host municipalities 32 (84 municipalities)

Health centres
Fewer than 20,000 residents 76
Over 20,000 residents 76
Special Catchment Areas (5) and Hospital Districts (20) in 2015, population 31.12.2014

**HYKS erva**
- Helsinki ja Uusimaa
- Etelä-Karjala
- Kymenlaakso
- 1 904 062 inhabitants, 39 municipalities
- 1 599 390 inhabitants, 24 municipalities
- 131 764 inhabitants, 9 municipalities
- 172 908 inhabitants, 6 municipalities

**KYS erva**
- Pohjois-Savo
- Etelä-Savo
- Itä-Savo
- Keski-Suomi
- Pohjois-Karjala
- 816 405 as. 67 kuntaa
- 248 407 inhabitants, 19 municipalities
- 103 873 inhabitants, 9 municipalities
- 44 051 inhabitants, 4 municipalities
- 251 178 inhabitants, 21 municipalities
- 168 896 inhabitants, 14 municipalities

**OYS erva**
- Pohjois-Pohjanmaa
- Kainuu
- Keski-Pohjanmaa
- Lapin
- Länsi-Pohja
- 741 897 as. 68 kuntaa
- 405 635 inhabitants, 29 municipalities
- 76 119 inhabitants, 8 municipalities
- 78 395 inhabitants, 10 municipalities
- 118 145 inhabitants, 15 municipalities
- 63 603 inhabitants, 6 municipalities

**TAYS erva**
- Pirkanmaa
- Etelä-Pohjanmaa
- Kanta-Häme
- Päijät-Häme
- 1 110 996 as. 67 kuntaa
- 524 447 inhabitants, 23 municipalities
- 198 242 inhabitants, 19 municipalities
- 175 350 inhabitants, 11 municipalities
- 212 957 inhabitants, 14 municipalities

**TYKS erva**
- Varsinais-Suomi
- Satakunta
- Vaasa
- 869 477 as. 60 kuntaa
- 475 842 inhabitants, 28 municipalities
- 223 983 inhabitants, 19 municipalities
- 169 652 inhabitants, 13 municipalities

**Mainland Finland**
- 5 442 837 inhabitants, 301 municipalities

**Åland**
- 28 916 inhabitants, 16 municipalities

**TOTAL**
- 5 471 753 inhabitants, 317 municipalities
Expenditure on Health and Funding of Health Care

- The total health expenditure was 18.5 billion euros (2013)
  - Specialized health care 6.8 billion €
  - Primary health care 3.8 billion €
  - Consumption of pharmaceuticals and other medical nondurables in outpatient care 2.4 billion €

- Financing (2013)
  - Costs for health care 8.6 % of the Gross National Product
  - Public financing 75.6 %
    - 24.3 % State (tax)
    - 37.7 % Municipalities (tax)
    - 13.6 % Social Insurance Institution of Finland (KELA)
  - Private financing 24.4 %
    - 18.2 % households
    - 6.2 % other contributions (private insurance, accident insurance, employers)
Organisation, funding, provision and supervision of health services in Finland

*The Regional State Administrative Agencies, National Supervisory Authority for Welfare and Health (Valvira) and The Finnish Medicines Agency (Fimea) supervise healthcare. The following expert institutes are in charge of information guidance: the National Institute for Health and Welfare (THL), the Finnish Institute of Occupational Health (TTL) and STUK - Radiation and Nuclear Safety Authority, Finland.

**Municipalities are responsible for organising the health services required by the population. Primary healthcare should be arranged in municipalities, or local government joint services areas, with at least around 20,000 inhabitants. In fulfilling its responsibility for organising specialised medical care, each municipality must belong to a hospital district.
Developments in Health Centers

• Rising role of nurses
  » Responsible for the care process (coordination of services for chronic patients)
• Services for chronic patients developed
  » Coordinated, planned care, self management
• Segmentation of clients
  » Patients with chronic conditions vs. short episodes
• Several ways to keep the patients out of doctor’s appointments
  » E-Health (own lab results, communication...)
  » Group practice, groups for dietary or lifestyle changes
  » Virtual consultation
• Many different models of work organization
  » Process development
Social and health care reform in Finland
Social Welfare and Health Care Reform

• There is wide political agreement on the necessity of the reform
• We need to guarantee the population’s constitutional rights to social protection and access to healthcare
• The overall economic development and particularly the situation of the municipalities are facts that can’t be ignored
• After reform, **18 counties are responsible for organising integrated social and health care services** instead of municipalities
Reform package for healthcare, social welfare and regional government

The reform will even out differences in health and wellbeing, and curb cost increases

Healthcare and social welfare services will be transformed into customer-oriented entities

Basic services will be strengthened

The sustainability gap will be reduced by EUR 3 billion

The projected 2.4% annual real growth in healthcare and social welfare expenditure must be curtailed to 0.9% over the 2019 to 2029 period

Digitalisation improves the processes

Government reform packages
The Finnish model for organising health and social services and county government in the future:
Healthy people, fluent services and strong economy

- Responsibility to organise health and social services transfers from municipalities to 18 counties
- Multisectoral county that has elected council and possibility for citizens to participate
- The Act on organising the health and social services, the Counties Act, The Act on Implementation, The Act on Financing of the Counties, Acts on Central Government Transfers etc.
New functions of the counties as of 1 January 2019

**Government**
- Decisions on healthcare and social welfare services: nationwide work division, division of duties over county borders, policies for service provision, broad-based investments, other measures needed to safeguard availability of services, steering of information management and ICT

**Counties**
- Healthcare and social welfare
- Rescue services
- Duties of the regional councils
- Regional development duties and tasks related to the promotion of business enterprise
- Environmental healthcare
- Planning and steering of use of regions
- Promotion of regional culture and identity
- Other statutory services organised on a scale that is larger than a municipality that require deliberation

**Collaborative catchment areas**
- Centralised duties in most demanding services
- Streamlining of service structure, Investments and services
- Development and centres of excellence
- Emergency medical service unit
- Collaborative tasks and forum
- Cooperation agreement

**Service providers**
- Public, private and third sector service providers

**Municipalities**
- Promotion of health and wellbeing
- Local democracy and dynamism
- Statutory duties – local tasks
- General mandate

**18 counties**
- Responsibility for organising services
- Responsibility for financial resources
- Determines service level and contract for arranging services

**5 collaborative catchment areas**

**12 units with extensive service around the clock**
- (incl. 5 university hospitals)

**Municipalities**

Ministry of Finance
Ministry of Social Affairs and Health
References:

- Information to support well-being and service renewal. eHealth and eSocial Strategy 2020, [http://julkaisut.valtioneuvosto.fi/handle/10024/74459](http://julkaisut.valtioneuvosto.fi/handle/10024/74459)