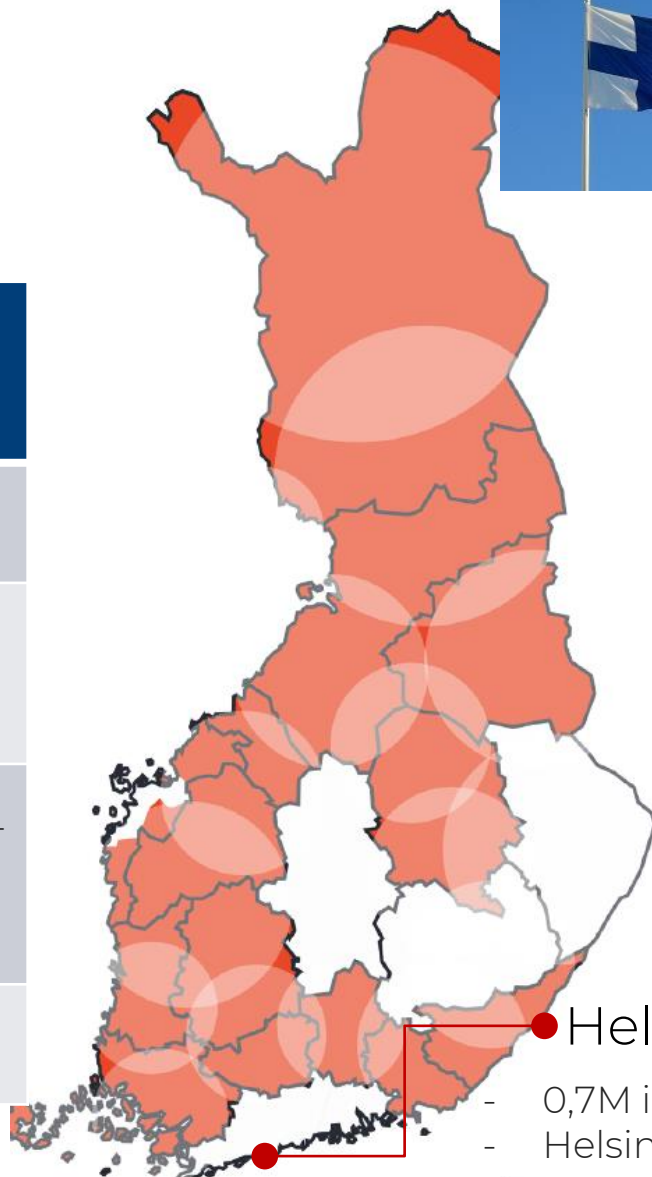


The Healthcare Reform in Finland

**Establishment of wellbeing services counties
and reform of the organisation of health, social
and rescue services**

Country at glance



Country Organization

309 Municipalities

21 Hospital districts
5 University Hospitals
PLUS Private Care operators

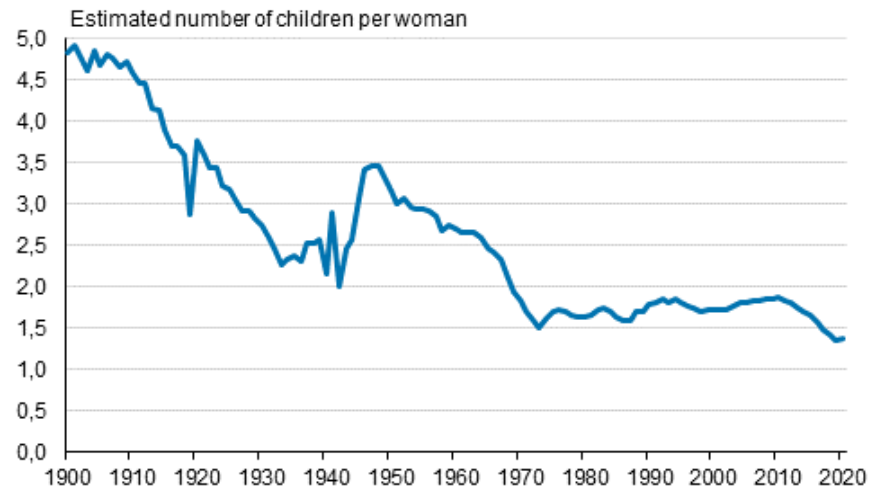
6 Major cities 1,9 M inhabitants
(Capital region Helsinki, Espoo, Vantaa-
Major regional cities Tampere, Oulu,
Turku)

Government	Republic
Population (Total) Male/Female Urban Median age/growth rate Birth/Mortality rate Ave. life expectancy Religion	5,5M (2020) 2,7M/2,8 M 87% (notice average 18,2 inhab/square km) 43,4 (2020)/ 0.32% 0,08%/0,1% 81,8 68% Christian (Lutheran)/non religious
GDP / Growth%	271 bn \$ / 2,1%
Inflation%	2,1% (August 2021)
Expenditure on Health (%xGDP) Per capita (\$) Private (% of total) Public (% of total) Out of Pocket (% of total.)	9,2% (22bln €) (OECD 2019) 4464\$(2019) 33,1% (2019) 76,9% (2019) 17%
N. Hospitals Public/Private N. Beds (x1.000 inhabit.)	Public 5+17+65, private about 10 50/5 (municipal small units not included) 1,8
N. PCC	170
OTHER RELEVANT INFORMATION	People older than 65 22,7 % (2020) Health and social care reform 1.1.2023 Universal public health and social care system- guarantee social, health and medical services for everyone

The Big Picture

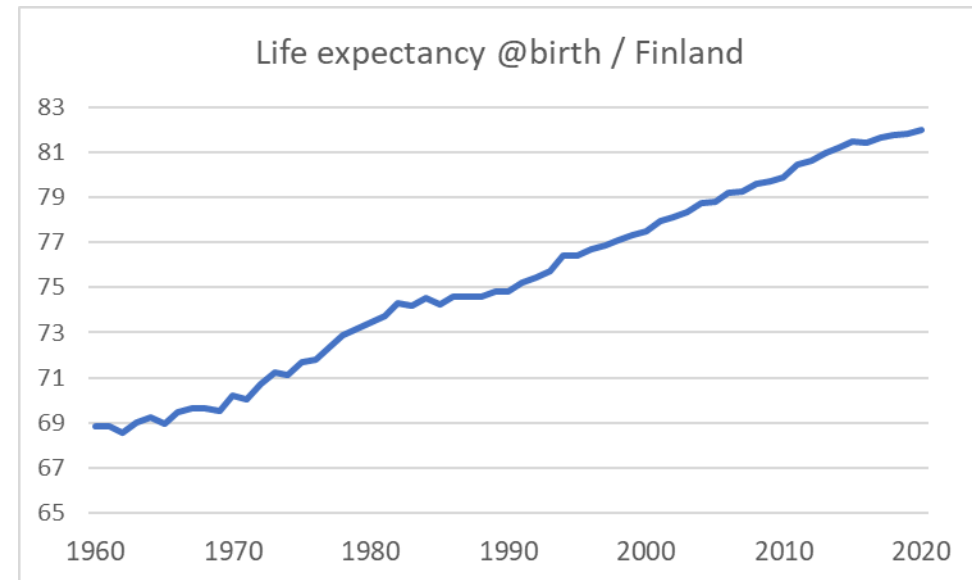
- Children 

Total fertility rate in 1900 to 2020

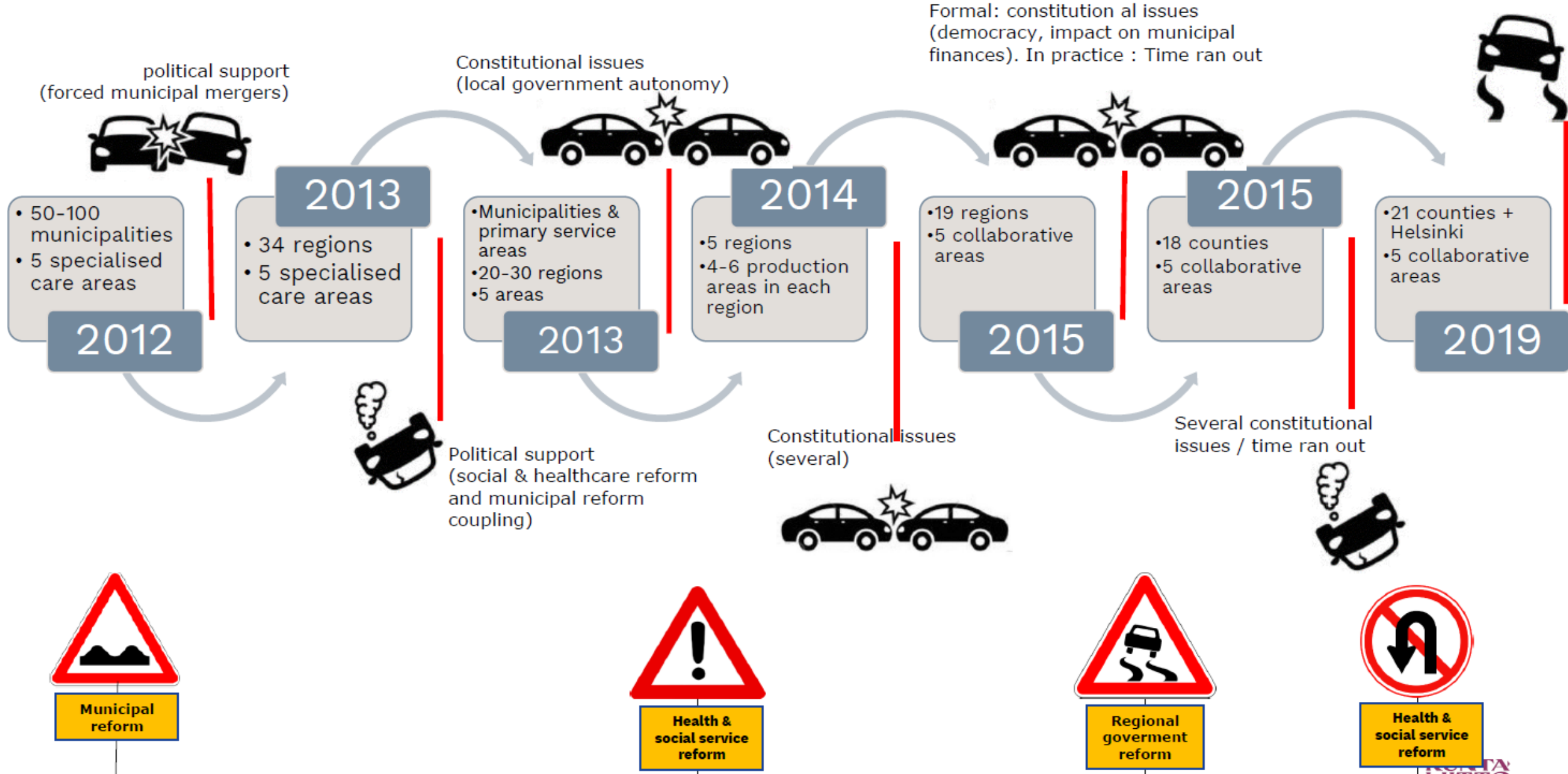


© stat.fi

- Life expectancy 



Health & social service reform – easier said than done



- The legislation on establishing wellbeing services counties and reforming the organisation of healthcare, social welfare and rescue services was adopted by Parliament in June 2021
- The new 22 wellbeing service counties responsible for all healthcare, social welfare and rescue services will start in January 2023.



Scope of the Reform



Structural Reform: Reform of the organisation of health, social and rescue services

Health and Social care reform

FROM 310 Municipalities to 21 Counties

Current operators

195

22

195 sosiaali- ja terveydenhuollon organisaatiota
+ 22 pelastuslaitosta



New Structure 2023

22+1

21 + HELSINKI

+ HUS



Finnish Health and Socialcare reform

Which services will the wellbeing services counties organise?

PUBLIC HEALTH AND SOCIAL SERVICES INCLUDE:

- primary healthcare
- specialised healthcare
- hospital services
- dental care
- mental health and substance abuse services
- maternity and child health clinics
- social work for adults
- child welfare
- services for people with disabilities
- housing services for older people
- home care
- rehabilitation.

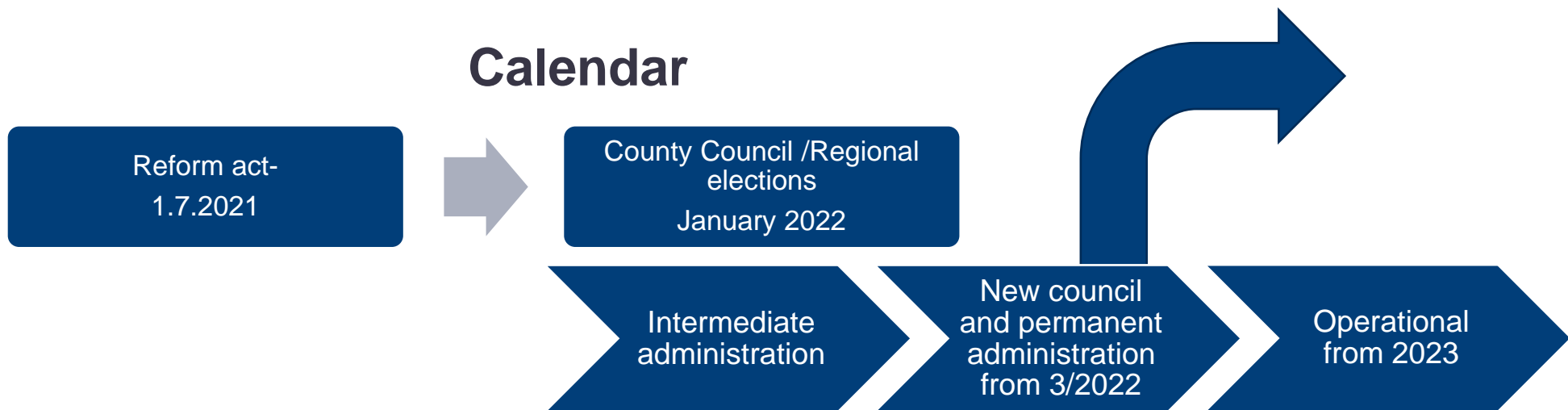
Most of the services provided by the wellbeing services counties will be public services financed with tax revenue. The counties may either provide services themselves or purchase them from private service providers.

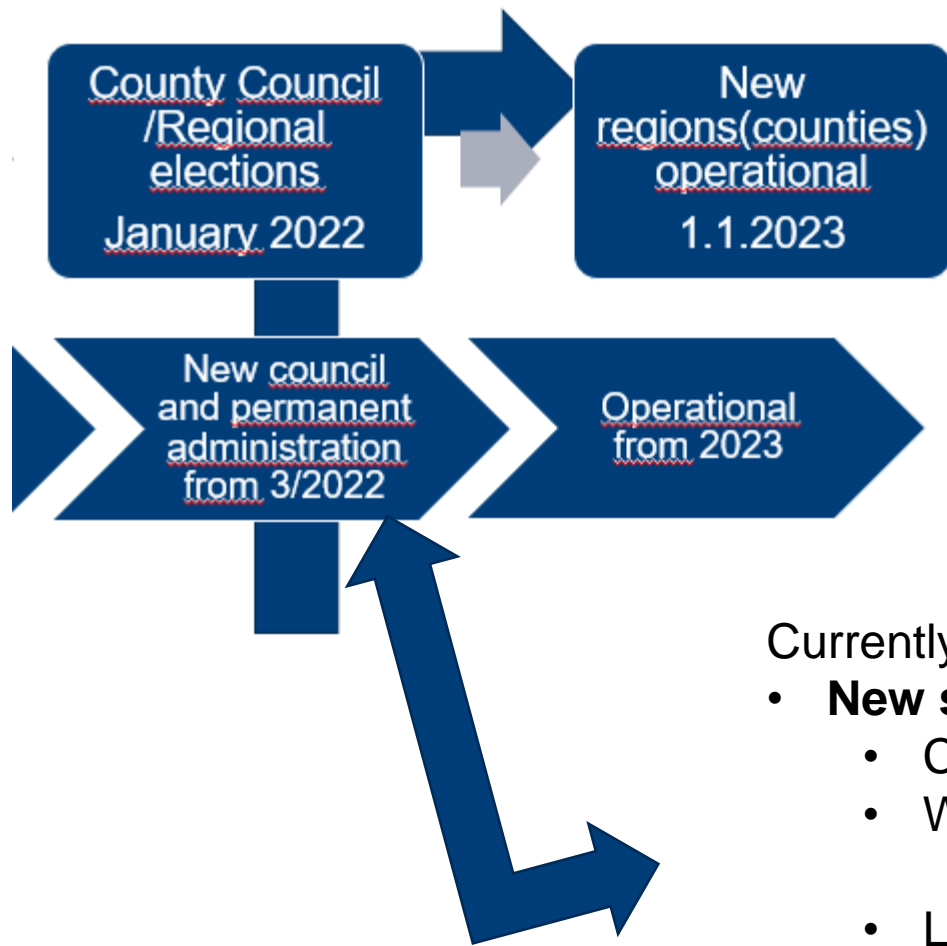
Finnish Health and Socialcare reform

Financing

- First stage –financing from central government –
- Financing model based on county specific service production costs
Calculation model, current costs plus ” health status indicator”
- 2023 and 2024 costs growths covered , 2025 80 % of the growth
 - From the current municipalities tax cut about 50 – 70%
 - Eventual regional tax – decisions on the coming years ?

Calendar





Northern Ostrobothnian wellbeing county:

- From 19 municipalities to one county
- Governed by the politically selected regional county council

Currently in the administration is working

- **New service and care plan**
 - Combined specialized and primary plus social
 - Weight on primary care service strenghtening
 - Specialist to primary care centers –less tarvelling patients
 - Less resources –more care operations !
 - Digital -remote care service deployed to cover whole county
- Work has started - people are requited –
- now it is time to start a process of change !

Current needs in Health IT – Ministry of Health survey

NEEDS – MoH Survey 06/2021

Response was collected from Public and Private Health and Social care service providers and from IT experts.

The Survey Identified six major short term core focus areas:

- **Digi Services for citizens** (incl. Scheduling, Messaging, Self evaluation of Health)
- **Social care patient/customer common data structures** and Kanta communication
- **Ensuring of the Patient data mobility** – Public – Private –Occupational Health
- **The necessary requirements due the Reform** - basic ICT systems, operational/user control, registry keeper changes..
- **The New Data structures in Health Care and for the Kanta connections**

Source:

[Yhteistyöllä ja vuoropuhelulla kohti suunnitelmallisempaa tiedonhallinnan ohjausta sekä parempia sote-palveluita](#)

THE Reform Drivers and Challenges on the market

DRIVERS

Health and Social care reform:

New structure from 1.1.2023 with 20 regions responsible for health and social care. The Regions. "MOH statement" : The renewal of HC and SC requires functioning ICT system solutions and new data management with information-based production steering, The development of current national, regional and local ICT systems is necessary

The generation change of EHR and information systems in HC;

Current systems aging , the age normally more than 10 years.

- New poresces in HC and SC
- Old systems at the end of their lifespan
- Not integrated
- Expensive to develop furthers

From Data to Information:

Long history in storing and making the data intef´grated. Now increasing demand to be able to utilize the data in management and production steering. s

National Initiatives and governmental funding:

The different national ICT initiatives are governed by different public authorities. The future regions will receive their funding from central government and the acceptance of the modernization of the ICT is high.

Digital services for citizens:

The HC and SC system is increasingly deploying digi services connecting citizens and patients into care process, Current solutions are not built for this purpose –they are built for professionals only use,

Flexible ICT supporting the changing service processes:

The current systems have been diffult to modify. The modern requirements for flexible and continuous change requires new structures ifor the coming ICT systems..

The reform will at first phase focus on "federation" of the current systems:

The new counties will get funding during the transfer period to support the integration of the existing ICT solutions. The procurement of the new solutions not allowed . Major strategy is to make the current systems interoperable and start the operations using the existing solutions.

Saturated market ? :

_EHR
_ Med tech
-Digital service ´s ...

Insufficient budget:

The Ministry of Finance has budgeted for the ICT integration 50 m €. The Western Uusimaa county has evaluated the change costs to be for them alone 70 m€ !

Governing structures:

The regions authority in selecting the ICT solutions not clear. Government has had initiatives trying to govern the regional and municipal ICT solutions towards unified national solutions. In new structure the central government has much stronger

Health care and Social care integration:

The unequal level of the use of the IT solutions . Social care is lacking very heavily behind in the IT systems. The first investments may have the strong focus on Social care update instead of the total system development...

CHALLENGES

The reform is huge – first year will be "survival"



- Kalevi Virta
- kalevi.virta@ewell.fi
- +358445515602