

INTEGRATED UNIFIED ADMINISTRATION DECISION MAKING AND BUDGET FOR HOSPITALS, PRIMARY HEALTH CARE AND SOCIAL WELFARE AND CARE?

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FINNISH GOVERNMENTAL HEALTH AND SOCIAL CARE REFORM **AIMS 2015**

- **To ensure complete integration of hospital care, primary health care and social care and welfare together**
- **To create large enough public authorities of social and health care to ensure necessary managerial competence and financial resources**
- **To stop the increase in health and social expenditure without harming the access and quality of care services**

REFORM CHOICES

- **Create 19 (or less) new regional authorities and move the tasks, personnell and other resources of the now existing about 250 municipal social and primary health care and 20 municipal hospital district administrations and their human and other resources to the new authorities**
- **Merge the existing insurance based and municipal social and health care financing "channels" into one unified financing system**
- **Develop a Finnish model of client choice for the new comprehensive system and more room for private and third sector providers**

CARE INTEGRATION

- **Seamless care pathways**
- **Multiprofessional services**
- **Multiprovider services**
- **Comprehensive care planning and care management**
- **Personal budgets**

- **Care guidelines**
- **Incentives (economic, other)**
- **Partnerships, cooperation**
- **Organizational mergers**

FINNISH EXPERIENCE

- **Integration through decentralization – primary health care act 1972**
- **Integration through centralized planning and financing – social and health care reform 1984**
- **Integration through replacing centralized planning by economic incentive – reform 1993**

- **Decentralized public social and health care – concentration of private health and social care enterprises into big national and partly international companies (over 30 % of social care and 15 % of health care provided by the Finnish private sector)**

INTERNATIONAL COMPARISONS

- **Netherlands decentralized much of social welfare and care to municipalities in 2015**
- **Denmark and Norway have centralized hospital administration but not social and primary health care**
- **Sweden: hospitals and primary health care regional administration, social care and welfare municipal administration**
- **UK: health care one national administration NHS, social care and welfare municipal**
- **Has Finland (finally) invented the wheel?**

INTEGRATION IN PRACTICE

- **10 % of the clients of health care also need social welfare/care support**
- **90 % of the clients of social welfare/care also need treatment of their diseases**
- **Different professional power, organizational tradition & culture, public image, etc**
- **Risk for the identity of social welfare/care**
- **The clients of social welfare/care may potentially win more than the clients of health care**

COMMENTARY

Drivers for centralization:

- **High tec hospital medicine (until now)**
- **Financial and information management systems (until now)**
- **Specialization and centralization of specialists (until now)**
- **Assuming hierarchy as the most effective mode of organizing and integrating action**

COMMENTARY 2

Drivers for decentralization:

- **Assuming market as the most effective mode of organizing action (?)**
- **Assuming network (and economic incentive) as the most effective mode of integrating action**
- **Aiming at larger integration than only health and social care (education, housing, labour market, culture, local community, informal care...)**
- **Aiming at prevention and promotion of wellbeing and health rather than integrated institutional service production**

CONCLUDING REMARKS

- **Reform proposals always promise bigger changes than actual reforms make happen**
- **The challenges for social work, social care and social welfare are much bigger than those of health care. The reform is prepared with health care in mind (political debates, membership in preparatory working parties etc). Could the clients of social welfare/social care be the major beneficiaries?**
- **Do not copy the Finnish example before it's outcome can be evaluated**

Further reading

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