Health policy in Finland

January 2016 www.oecd.org/health

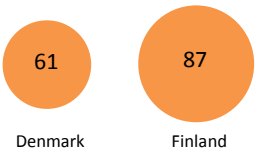
Finland appears to have a high performing health system, with remarkable good quality in both primary and hospital care. The country also achieves good health status at relatively low level of health spending. Life expectancy is famously long, at 81.1 years compared to an OECD average of 80.5 years, whilst health spending is at 3440 USD PPP per capita per year (slightly lower than the OECD average). Despite these advances, there are specific areas where improvements can be made such as promoting access to care, long-term care and appropriateness of care, as well as preventing the spread of obesity and addressing gaps in mental health.

Promote greater access to care

Waiting times for some planned surgery still remain fairly long

The median waiting times for cataract surgery from specialist assessment to treatment was 87 days in 2013.

Mean waiting times for cataract surgery (in days)



Although Finland still has relatively long waiting times for elective surgery compared with other OECD countries, substantial progress has been achieved in reducing waiting times for some interventions since the introduction of the National Health Care Guarantee in 2005. The reduction in waiting times has been important for cataract surgery, but it has been more modest for knee replacement and hip replacement.

Unmet care needs for medical examination are important

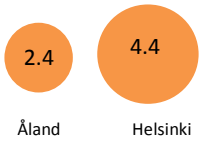
The country lags behind many other OECD countries in having high rates of unmet needs for medical examinations. In 2013, more than 4% of Finnish people reported unmet medical care needs due to cost, travel distance or waiting lists. This proportion is significantly higher than in Denmark, Norway, Sweden and the Netherlands.

Unmet care needs (% of the population)

The geographical distribution of doctors is unequal

Shortage of doctors in remote and sparsely populated areas can increase travel times or waiting times for patients, and result in unmet care needs.

Physician Density (per 1 000 population)



What can be done?

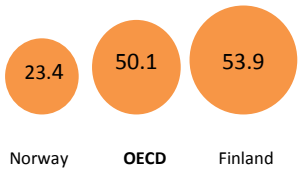
- Continue efforts to reduce waiting times for elective surgery through National campaigns such as the National Health Care Guarantee.
- Promote strategies to improve access to care for disadvantaged or underserved populations by tackling both financial and non-financial barriers.
- Develop group-practices that can contribute to staffing underserved areas.
- Continue to set-up medical education policies and implement suitable financial incentives to foster a better geographical distribution of physician.
- Develop new provider roles such as nurse practitioners and expand the scope of practice of existing roles such as the role of pharmacists.

To read more about our work:
Health at a Glance 2015
Waiting Time Policies in the Health Sector, What Works? (2013)
Measuring and Comparing Health Care Waiting Times in OECD Countries (2013)

Develop more co-ordinated package of health and social care

Functional limitations to perform daily tasks are among the highest in the OECD

Limitations in daily activities (% of the elderly population)



Functional limitations to perform daily tasks most often suggest needs for long-term care. Individuals affected with long-term conditions require complex packages of health and social care to maintain their health and well-being. These packages need to be well co-ordinated to minimise harm, delay and waste.

What can be done?

- Build long-term care alternatives away from inpatient settings and innovate in service delivery to provide more co-ordinated and integrated care.
- Assess more systematically local needs, especially focusing on frail elderly and people at risk of hospitalisation, and aim to provide appropriate care at home or at the community level.

To read more about our work: Health at a Glance 2015

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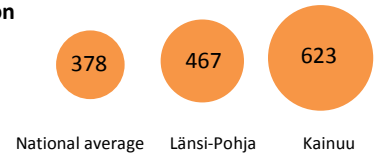
Promote appropriateness of care

Large variations across Finland are found for revascularisation and diagnostic tests, while there are smaller variations for caesarean sections and knee replacement

Geographical variation in health care, once differences in need are accounted for, might suggest that unnecessary care is being delivered in areas of high activity, or that there is unmet need in region of low activity.

Catheterisation rates (per 100 000 population[1])



Over time Finland has seen an increase in variations for coronary revascularisations and a decrease in variations of knee interventions.

Although geographic variations of health care delivery are observed in Finland, they are much larger in other OECD countries such as Canada, Portugal and Spain.

What can be done?

- Continue to promote measures that aim to tackle practice variations, such as the establishment of comprehensive health care registers, the production of performance indicators, and the development of national clinical guidelines and common criteria for treatments.
- Raise awareness through public reporting around variation of health care activity across relevant geographical areas.
- Target providers through promoting clinical guidelines, giving feedback to providers and setting targets for specific health care activities and financial incentives.
- Patients could be better engaged in the decision-making process about treatment options, and measurement of outcomes after surgical procedures.

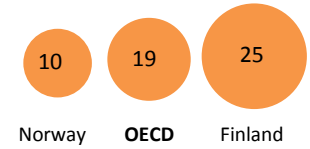
To read more about our work: Geographic Variations in Health Care - What Do We Know and What Can Be Done to Improve Health System Performance? (2014)

Prevent the spread of obesity

The prevalence of obesity has increased over the past decade in Finland

In 2013, one in four adults was obese in Finland. Obesity means higher risk of chronic illnesses (hypertension, cholesterol, diabetes, cardiovascular diseases, etc.) and is a known risk factor for some forms of cancer.

Prevalence of obesity (% of adult population)



Rate of overweight among boys are also important, meaning higher risk of being an obese adult. In 2013, 24% of young boys are overweight or obese in Finland.

What can be done?

- Make progress in nutrition labelling (using front-of-package guideline daily amount labelling) to improve consumer literacy around nutritional information.
- Combine high effective interventions in a comprehensive prevention strategy, targeting different age groups and determinants of obesity.
- Implement awareness campaigns to improve nutrition habits of children and their physical activity.
- Implement fiscal and pricing policies to reduce the consumption of unhealthy foods and beverages.

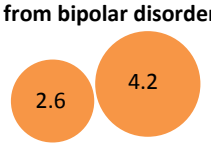
To read more about our work:
www.oecd.org/health/economics-of-prevention.htm
www.oecd.org/health/obesity-update.htm

Address gaps in mental health

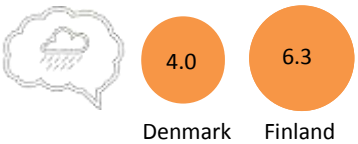
Although Finland is committed to tackle mental ill health and improve quality care for mental disorders, major gaps remain. Excess mortality from mental health disorder is among the highest across OECD countries.

Excess mortality

from bipolar disorder



from schizophrenia



Lower access to and use of mental and physical health care, chronic disease related to risk factors (smoking, drug and alcohol abuse), side effects of psychotropic treatment and poorer quality of care for these patients are leading causes of excess mortality.

There are also large regional variations in mental health service supply and delivery, as well as observable differences in access across different socio-demographic groups.

What can be done?

- Promote primary care prevention of physical ill health among people with mental disorders.
- Focus on improving integration of care, including between mental health and physical health care.
- Make care for mild and moderate disorders like depression more widely accessible.
- Reduce regional and socio-demographic inequalities in access to mental health services.

To read more about our work:
Mental Health Analysis Profiles (MhAPs): Finland; *Health at a Glance 2015*