



The Prioritization of Health Care Services in Finland

Reima Palonen, Consulting Officer, LL.M.
The Council for Choices in Health Care in Finland
Ministry of Social Affairs and Health





Contents

- The Council for Choices in Health Care in Finland
- Current Health Care System in Finland
- Social and Health Care Reform 2020
- The Constitution of Finland
- Principals for defining Service Basket
- Equity in Health Care
- Does Constitution obstruct Priorisation?





The Council for Choices in Health Care in Finland

- Founded 2014
- Patient Directive 2011/24/EU in background
- Cross-Border/domestic health care
- Issues recommendations on services that should be included in the range of public health services (or excluded out)
- A permanent body appointed by the Government
- Works in conjunction with the Ministry of Social Affairs and Health



Current Situation: Organising Social and Health Services in Mainland Finland

Health services

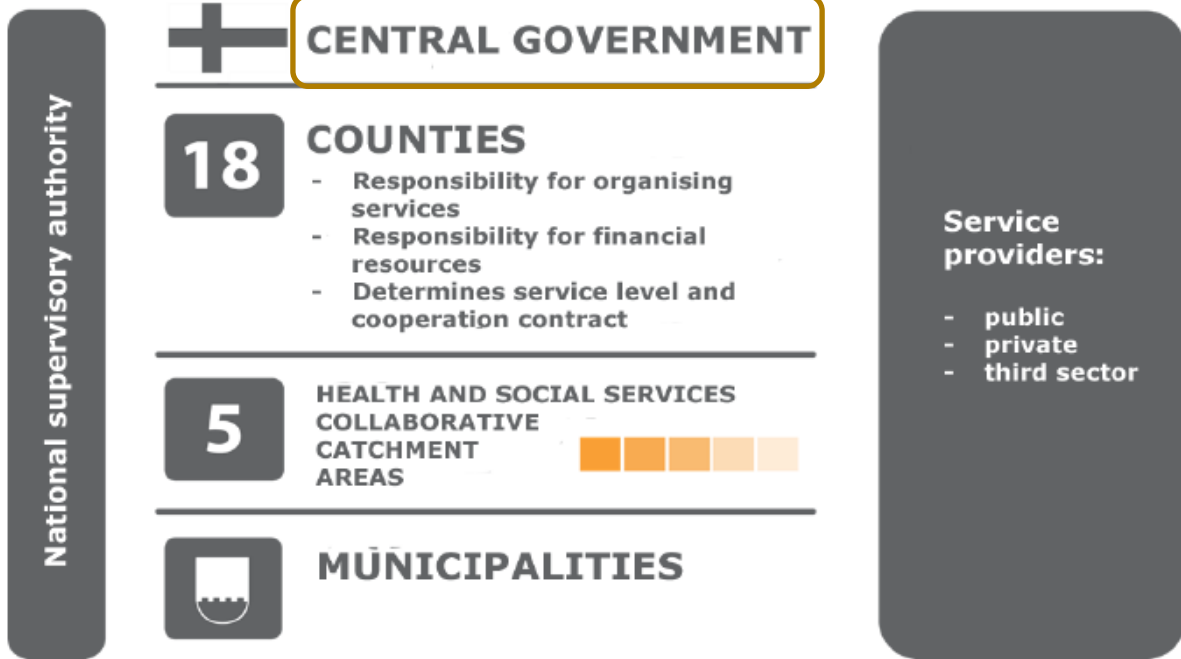
- **Municipalities** (local authorities, 295 in mainland Finland) are responsible for arranging health services
- **Hospital districts** (20 in total) are responsible for specialised medical care. A municipality has to be part of a hospital district to arrange specialised medical care.
- **5 specific catchment areas** are responsible for arranging highly-specialised medical care

Social services

- **Municipalities** (local authorities) are responsible for arranging social services
- Municipalities are members in joint municipal authorities of **special welfare districts** (15+1 in total) that arrange services for people with developmental disabilities.

Financing from national taxes

New structure of health and social services




Wide Freedom of Choice within the Country

What will change 2020?



- Existing municipalities and new counties are autonomous → Government has only limited possibilities to influence on services they provide
- Constitution: "guarantee adequate services" = guarantee minimum level
 - some municipalities give better services or free services (acute debate: free contraception to young people?)
- In the Future
 - Financing of the Counties comes from the Government
 - Wide Freedom of Choice where to get services (but not how to be treated)
- Requires centralized national steering of the Service basket
 - Not only minimum level but also maximum level harmonisation in order to achieve equity
 - Freedom of Choice allows patients to go to another County for treatment
 - Possible to travel to another EU/EEA-country for care and claim for reimbursement





Practical priority setting in health care entails distributing the services' resources to certain areas and interventions rather than others.*



PALVELUVALIKOIMA

Tjänstebudet | Choices in health care

29.9.2017

*Principles for priority setting in health care: Summary of a white paper on priority setting in the Norwegian health care sector. 2017. Norwegian Ministry Of Health and Care Services

The Constitution of Finland 2000



Section 19 - The right to social security

“The public authorities shall guarantee for everyone, as provided in more detail by an Act, adequate social, health and medical services and promote the health of the population.”

- in the last resort this means an individual judgment about need for services

Section 6 - Equality

Everyone is equal before the law.



How to steer Services to achieve proper Balance?

No one shall, without an acceptable reason, be treated differently from other persons on the ground of sex, age, origin, language, religion, conviction, opinion, health, disability or other reason that concerns his or her person.



Defining Service Basket: section 7a of the Health Care Act §

Main rule:

“The service range in health care comprise medically and dentally justified disease prevention, examinations to detect an illness, and diagnosis, treatment and rehabilitation.”

Exceptions:

“The service range do not, however, include such health and medical care procedures, examinations, treatments and rehabilitation that involve

- an unreasonably high risk for the patient’s life or health in view of the health benefits to be gained or
- whose effect is limited and whose costs are unreasonably high in view of the health benefits to be gained and the therapeutic value.”





Further definitions from the Council

1. Health problem must be significant enough to be treated using means of medicine and public funding
 - Only adequate services → prevention of medicalisation
2. Medically and dentally justified
 - proportioning effect and safety of the method and seriousness of the health problem
3. Ethicality and economy as a whole
 - publicly funded health care must be based on values generally approved in society
 - resources should be shared fair between those in need of services



Equity in Health Care



- “No one shall, without an acceptable reason, be treated differently from other persons on the ground of ... age, sex, ... health, disability or other reason that concerns his or her person.”
- Patients in a same situation should be treated the same way → equity within a patient group
- The individual need as a starting point → size of a patient group or total budget effect in National level is irrelevant (e.g. Orphan diseases)
- Equity between different patient groups (with different severity or disease)?
 - Maximum price per QALY (Quality Adjusted Life Year)?
 - No: different treatments have different prices
 - But €/QALY is useful tool when comparing different treatments for same group



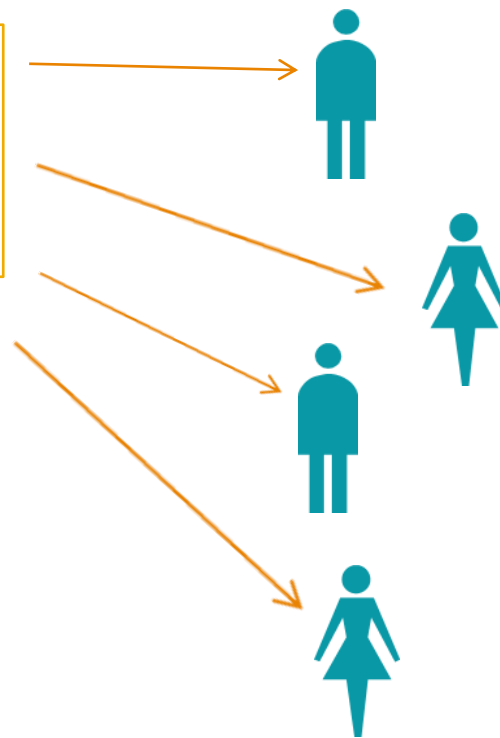
Does Finnish Constitution obstruct Priorisation?



Constitution
guarantees adequate
(in the end individual)
services for individuals

NO!

Priorisation guarantees
efficient and safe services
with reasonable cost and
equity within a Patient
group and population



But...

We have to have rules how to guarantee that a single patient gets proper treatment

**Recommendations,
not legally binding norms**

What kind of evidence we can demand to be sure that the patient really needs treatment not included in the Service basket?



A photograph of a man and a young child looking out a window together. The man is on the left, and the child is on the right, both looking towards the right side of the frame. The child is holding a small object, possibly a piece of paper or a toy, and the man is looking at it with interest. The background is slightly blurred, showing what appears to be an indoor setting with a window frame.

Summary:

**The Finnish
Constitution does
not obstruct
priorisation, but it
gives some
preconditions**



Thank You!

palveluvalikoima.fi/en

reima.palonen@stm.fi



PALVELUVALIKOIMA

Tjänstebudet | Choices in health care

29.9.2017