Primary Health Care through local health centers - the Finnish Experience

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Facts on Finland

- Nordic sparsely populated country, neighbour of Sweden and Russia
- Population 5.3 million
- Belief and adherence to the Nordic principles of welfare state: Strong public sector with broad responsibilities in the sectors of health, social and education
- Anchoring to local democracy in the 415 municipalities (the number is to be reduced in the near future)
Health services in Finland

- Hierarchical arrangement of services: primary, secondary and tertiary care - all funded through the municipalities
- The municipalities collect local taxes and receive state subsidy according to a needs based formula
- Finland is a low spender (GDP percentage currently around 7); still ambitious goals of providing modern care in the whole country
- Health services under continuous reforms since the early 1990's
- "Modern" pattern of health problems; communicable diseases under control; non-communicable (cardiovascular) currently around the European average - but there was a very sharp reduction in occurrence in 1970-90's
Primary Care through health centers

- Concept created in 1972
- Broad range of services assembled under one administrative (and often also a physical) roof
- The law of 1972 is about (literally translated) "Public Health Work" - i.e. combination of local level public health action with curative primary medical and nursing care
- The local municipalities maintain and fund; 245 health centers (415 municipalities); changes ahead
- In addition to the health centers, there is private and workplace based care available
Tasks of Finnish health centers

- Mental Health outpatient services
- Rehabilitation
- Home nursing
- Health protection
- Health centre hospitals
- Preventive services
- Dental care

Primary medical services (by GPs and nurses)
Developments during the 35 years

- First 10-20 years were a time of growth, building the infrastructure, adding new services to the palette.
- Primary medical services by the general practitioners were not first satisfactory: long waiting to get appointments, too often impersonal care with low commitment and continuity.
- Personal doctor program from the late 1980's on: list based service seemed to offer the solution; although some friction appeared between generalism and sector-based expertise within the health centers.
Developments during the 35 years (II)

- In the 2000's, unexpected shortages of doctors and dentists developed for no obvious reasons – both in rural and in problem sites of urban health centers
- Response: expansion of the tasks of clinical nurses, both common acute problems and management of chronic illnesses
- The scene of daily care is now rapidly changing; telephone and electronic services
- The work of the general practitioners is becoming harder, since the lighter elements are moved away from their hands
- Challenges of the demographic changes ahead (the fastest growth of the numbers of the elderly in the whole Europe in 2020-2025); changing patterns of health problems, expansion of high tech medicine