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Expanding choice of primary care in Finland: much debate but little change so far☆

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ABSTRACT

"Putting the patient in the driver's seat" is one of the top issues on the health policy agenda in Finland. One of the means believed to promote patient empowerment and patient centeredness is the introduction and further expansion of choice policies with accompanying competition between public and private service providers. However, the Finnish health care system has a highly decentralized administration with multiple funding sources and three different types of providers that people can seek primary care from (municipal health centers, occupational health care services, and private sector providers). This complicates the implementation of choice at the level of primary health care. In this paper, we describe the current policy debates and initiatives promoting the expansion of the choice of primary care provider in Finland. We examine the legislation and policies that have contributed to the current, complex service system in Finland. In light of this examination, we critically discuss the current debate on choice policies as well as the introduction of choice in the context of primary health care.

1. Introduction

"Putting the patient in the driver's seat" is currently one of the top issues on the health policy agenda in Finland. One of the means believed to promote patient empowerment and patient centeredness is introduction and further expansion of patient choice with accompanying competition between different service providers. At the level of primary care, formal legislation in Finland currently allows patients to choose their primary health care unit once every twelve months. The current discussion on choice has, however, been inspired by the choice reforms introduced in Sweden, which features the free choice of primary care provider for patients and the free establishment of practices for service providers.

The government appointed in May 2015 has announced that it will start a fundamental reform of the health care and social welfare system in Finland. The responsibility for organizing services is planned to be transferred from nearly 190 joint municipal authorities and local authorities to autonomous regions. From year 2019 onwards, 18 regional governments with democratically elected councils would be responsible for a wide range of tasks, including rescue services, economic development, transport and the environment, as well as the current functions of the regional councils. Health care and social welfare services are planned to be organized around 15 health care and

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social welfare regions, with three smallest regions having to merge services with larger neighboring regions.

As a part of the reform package, agreed upon in November 2015, the Government also agreed to increase patient choice. The Government outlined that in the future patients and customers will be able to choose between public, private or third sector providers. At the same time, the multi-source funding system is planned to be abolished. The actual content of the choice reform is yet unclear, but the overall aim is to tackle the serious flaws in the current service system, especially long waiting times at the level of primary health care, through enhancing patient choice and competition.

The aim of this paper is to place the early policy ideas introduced by the Government into the context of the Finnish health care system. We provide a brief history of the choice policies in Finland by examining different legislation and policies. In light of this examination, we then critically discuss the idea of choice as well as the introduction of choice in the context of primary health care in Finland. This paper builds on the on-going work of the research project [1], which addresses the current developments in primary health care in Finland.

Issues related to choice have been a topic in healthcare reforms in many countries since the 1990s. It has been previously suggested that patient choice is one option from the continuum of models – which ranges from the hierarchical organization of services to quasi-market models – to further choice and patient empowerment [2]. In Sweden, for instance, trust in the purchaser–provider split as a solution to the challenges of the health care system was diminished in the late 1990s and patient choice played a prominent role on the health care policy agenda [3].

In the literature, choice has been seen as a question of the patients' voice and rights on one the hand, and as a market mechanism on the other. Scholars emphasizing choice models accompanied with provider competition have argued that if patients had more choice and if financial reward followed their choices (i.e. providers obtained adequate resources only if they were able to attract patients), the resulting competition would provide incentives for providers to improve their services in terms of quality, responsiveness, and efficiency [4]. At the same time, choice can also be seen as a tool to empower patients, improve continuity of care, and establish good patient–doctor relationships. In this sense, choice would mean the choice of treating professional in particular. In Norway, for example, the introduction of choice in primary health care aimed at enabling GPs to better manage their patient lists and in doing so to improve access to and integration with other services, such as specialized care [5].

Finland has a health care system with a highly decentralized administration, multiple funding sources, and three distribution channels for services in first contact care (see Table 1). The complex structure of Finnish health care has a crucial effect on the dynamics of the system, and this is not often taken into account in the current proposals and debates on choice policies. In principle, municipalities are responsible for financing primary health care and specialized care. Municipalities provide primary health care services through municipal health centers, but the municipalities have also increasingly contracted out their services to the private sector. The 20 regional providers – the hospital districts – provide specialized care.

In addition to the municipal system, employers are obliged to organize preventive occupational health care services for their employees. Many employers have also decided to purchase medical outpatient services for their staff. These services are reimbursed partly by National Health Insurance, which covers all permanent residents in Finland and is financed through insurance fees collected through taxation. Occupational health care services, unlike other first contact services in Finland, are free of charge for the users and currently some 80% of employees

Table 1
An overview of the Finnish health care system.

	Municipal primary care	Specialized care	Occupational health care	Private services
Funding	Municipalities Households State	Municipalities Households State	Employers National Health Insurance	Households National Health Insurance (NHI) Voluntary private insurance
Options for provision	Municipalities alone or in collaboration with other municipalities Private providers commissioned by municipalities	Hospital districts Municipalities Private providers commissioned by hospital districts or municipalities	Private firms Municipalities Employers	Private practitioners Private firms Companies owned by hospital districts
Who is eligible	All permanent residents	All permanent residents with a doctor's referral	Employees whose employer has purchased outpatient health care services for its staff	Those who are able and willing to pay. NHI covers all permanent residents
Copayments at the point of use	Yes	Yes	No	Yes
Patient choice	Choice of provider • municipal providers • commissioned providers Choice of professional (conditional)	Choice of provider (conditional) Choice of professional (conditional)	Choice of professional	Choice of provider Choice of professional