Finland

Highlights from
A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care, OECD Publishing, 2013.

- In 2012, 18.5% of the Finnish population was over the age of 65 and 5% of the population was over the age of 80. This is above the OECD average of 15% and 4%, respectively. By 2050, 27% of the Finnish population will be over the age of 65 and 11% of the population will be over the age of 80, which signals faster ageing than the OECD average.

- Finland spends 2.1% on LTC as a share of GDP in 2010, which is significantly above the OECD average of 1.6%, but below figures for other Nordic countries such as Sweden (3.6%), Norway (2.36%) and Denmark (2.38%). While spending on LTC is projected to double by 2050, the growth in health-related public LTC spending in the past decade (2% per year) has been one of the lowest in the OECD.

- Finland is one of the few OECD countries to have a national quality framework for care of older people. The framework specifies key dimensions of quality of care such as prevention and early intervention, comprehensive assessment, and workforce, and standards to be met. Guidelines for elderly care published by the Ministry of Health and Social Affairs help municipalities monitor attainment of a set of targets for elderly care and reduce variation in quality across municipalities. There is also a National Curriculum for long-term care workers with a vocational education programme lasting three years. This length is similar to the training for care workers in Japan, and is one of the longest in the OECD.

- Finland is a good example, along with the United States and Canada, of how standardised assessment instruments – tools used by geriatricians to assess the needs of care recipients – can be used to derive quality indicators and plan care provision. Finland collects information on LTC quality through the voluntary participation of care providers to the RAI assessment instruments. Data covers 40% of institutionalised care and 30% of home care services. Some local authorities require RAI-based quality information as part of service procurement contracts for residential care.

- The data collected are standardised and data has been available for more than a decade enabling longitudinal analysis, showing a mixed pictures: :

    - The percentage of people with pressure ulcers in inpatient units and home care has decreased from 11.9% in 2000 to 8.7% in 2011.
    - The incidence of falls among people in inpatient units and home care has increased. This was 19% in 2003 (with a 2% incidence of fall-related fractures), while in 2011, the incidence of falls was 23% and fall-related fractures were 2.7%.
    - The prevalence of the use of physical restraints among residents has remained stable over time: 16.6% in 2000 and 16.3% in 2011.
    - In 2003, 47.4% of the people in inpatient units and home used nine or more medications, and this percentage increased to 58.6% by 2011.
    - The rate of residents who experienced an unplanned weight loss increased from a 1.3% in 2003 to 4.1% in 2011.
    - The rare of uncontrolled diabetes hospital admission rates in 2009 was 389 per 100 000 population aged 80 and over, the fourth highest in the OECD countries.

Finland

Key facts

- In 2012, 18.5% of the Finnish population was over the age of 65 (OECD average 15% in 2010) and 5% of the population was over the age of 80 (OECD average 4% in 2010). In 2050, 27% of the Finnish population will be over the age of 65 and 11% of the population will be over the age of 80 (OECD Historical Population Data and Projections Database, 2013).
- LTC spending as a share of GDP is higher than the average OECD countries. Finland's public expenditure for long term care was 2.1% of GDP in 2010 (OECD average 1.6%) (OECD Health Data, 2012); growth in public expenditure on long-term care (health) between 2000 and 2010 has been 2% per year in real terms, one of the lowest in the OECD (OECD Health Data 2012). This is projected to double (Colombo, et al, 2011).
- In 2011, 4.9% of the population over the age of 65 received long term care in institutions (4% OECD average) while 7.4% of this population received care at home (OECD average 7.9%) (OECD Health Data 2012).
- There were about 63 LTC beds available in institutions per 1 000 people aged 65 and over in 2010, growing annually at a rate of 4.3% from 2000 to 2010 (a lower growth than the OECD annual average growth of 5.1%) (OECD Health Data 2012).

Background

Elderly care policies is implemented both nationally and locally. National law contains general directions concerning service arrangements. However, responsibility for the provision of the services rests on municipalities. Funding is primarily based on transfers from the central government and the taxes raised by municipalities. Users pay fees to share part of the cost of the services received.

The 342 municipalities are obliged to arrange health and long-term care (LTC) services for their residents. They can provide services alone or in cooperation with other municipalities. Municipalities can purchase services from private or public service providers, or distribute service vouchers to the users for purchasing the services from a private provider. Long-term care is provided in older people's own homes (home care), in sheltered housing units, in institutions for older people and in the inpatient wards of health centres. The government's elderly policy aims at replacing the traditional institutional care with arrangements that allow meeting clients' need in their own homes and or in a homely environment, such as sheltered housing units with 24-hour assistance.

Framework to promote the quality of LTC

The Ministry of Social Affairs and Health published in 2008 a national quality framework for care of older people, which sets key dimensions, ranging from promoting prevention and early intervention to comprehensive assessment, ensuring sufficient staffing and pleasant, safe and private living. The fundamental value under the Finnish Constitution guarantees the right to a good treatment, informed choices, dignity, security and care recipient involvement (Ministry of Social Affairs and Health, 2008). Other policy documents such as Strategy for Social and Health Policy, the National Development Plan for Social Welfare and Health Care, and a recent working group report concerning with care on a 24-hour basis refers to quality, too.

Finland

Measuring Quality in LTC

Quality indicators

The Finnish official service provision statistics are based on mandatory notifications on hospital care and residential care (including institutional care and 24h sheltered housing facilities) and an annual cross-sectional data collection of regular home care clients. These data are collected and reported nationwide, but they do not include safety and quality indicators. The most informative quality indicators are derived from a voluntary quality development network using the RAI assessment instruments which has a coverage of about 40% for institutionalised care and 30% for home care. Some local authorities require RAI-based quality information as part of the service procurement contracts for residential care.

In 2007, the so-called TOIMIA national network – a broad collaboration of partners and clinical institutions and research – was founded. The network aims at improving the quality of the measurement and harmonising measures and terminology. Expert groups collect and evaluate measurement tools used in disability assessment in special areas, e.g. among the elderly, severely disabled persons, and at the population level. An open database has been created to distribute the information on measurement tools and harmonise measurement in Finland.

Regulation and control over inputs

Regulations and inspections

The responsibility for regulating LTC quality relies on the central government for accreditation and supervision, and on municipalities for implementation and funding. Municipalities and the National Supervisory Authority have the responsibility for monitoring compliance and controls, but inspections are conducted upon request following complaints and inspection.

Care quality and elderly protection legislation

In Finland, while there is separate legislation for both the rights of patients (in health care) and LTC recipients (in social services). Both stipulate that hospitals, health care providers and social service providers must have a local patient/client ombudsman. Finland also has a parliamentary ombudsman service and a Chancellor of Justice service with good reputation in assessing and enforcing users' rights. These rights are stipulated in the Act on the Status and Rights of Patients, the Act on the Status and Rights of Social Welfare Clients, Health Care Act, and the Act on Services for the Aged (presented to the Parliament in Oct 2012).

Quality assurance

Accreditation and certification of providers and organizations

Accreditation is mandatory and a condition for public reimbursement. The organisation in charge of accreditation is the National Supervisory Authority for Welfare and Health (Valvira). Accreditation is mandatory for institutions, assisted living, and home care services providers. There are also national acts concerning the requirements for licensing of private health care and private social services.

Qualification and certification of workforce

Finland

Minimum quality standards are related to personnel, facilities, management system and self-regulatory procedure. Finnish legislation covers the professional standards for social and health care personnel trough the Act on Qualification Requirements for Social Welfare Professionals. This Act promotes the right of social welfare clients to quality care and to good treatment; it requires social welfare professionals to have the necessary education and training, as well as be familiar with the area of their work. There is a National Curriculum for long-term care workers. It consists of a vocational education programme that last three years, with 120 credits in total and at least 29 credits of on-the-job training. Municipalities and care organisations in Finland are free to choose their quality assurance mechanism and the most popular quality management systems used are the Total Quality Management and the Balanced Score Care.

Monitoring and standardisation of processes

Needs assessment and care planning

While there is a national quality framework, local municipalities are responsible for needs assessment and eligibility criteria. Professionals involved in needs assessments are trained social workers or care managers. Finland collects data for each resident in nursing home at admission, every six months, or when conditions change. The Resident Assessment Instrument (RAI) has been used by many municipalities since 2000. RAI enables to record basic physical, functional and psychosocial information about LTC users' needs and their evolution and then generate indicators of the quality of care. Public reporting of LTC quality remains voluntary in Finland. There is a system for public reporting through InterRAI data collection for both residential and home care, which is not mandatory for all providers.

Practice guidelines

In 2001, national quality guidelines for elderly care were published by the Ministry of Health and Social Affairs to help municipalities monitor attainment of a set of targets for elderly care. These quality guidelines were reduce the considerable variation across municipalities in the type of services provided and concerns that the level of quality in nursing homes was poor in some municipalities (Vuorenkoski et al, 2008).

System improvement through incentives

User direction and choice

Finland has encouraged the use of voucher systems that entitle care recipients to a subsidy to choose among competing providers (Colombo et al., 2011). The thrust of this system is to allow users freedom of choice and incentivise providers to compete on quality and responsiveness. Handbooks have been distributed to service recipients and their families, describing the rights and obligations according to the health and social services legislation, and providing practical instructions (such as applications, decisions and complaints). There are no national initiatives for paying providers for their performance. However, several municipalities have adopted pay-for-performance-like contracts when procuring services.

References

OECD Questionnaire on Long-term Care Quality, 2012.

OECD Health Data 2012.

Finland

OECD Historical Population Data and Projections Database, 2013.

Colombo, et al. *Help wanted? Providing and Paying for Long-term Care*, OECD, Paris.
Ministry of Social Affairs and Health (2008), *National Framework for High-Quality Services for Older People*, No. 5, Ministry of Social Affairs and Health, Helsinki.

Vuorenkoski L, Mladovsky P and Mossialos E. Finland: Health system review. *Health Systems in Transition.* 2008; 10(4): 1–168.

Contacts

Francesca Colombo: + 33 1 45 24 93 60, francesca.colombo@oecd.org
Yuki Murakami: + 33 1 45 24 98 23, yuki.murakami@oecd.org

http://www.oecd.org/health/health-systems/good-life-in-old-age.htm