Finland: health care indicators
Group 5: Denmark, Finland, Mexico, Portugal, Spain

A. Efficiency and quality

B. Amenable mortality by group of causes

C. Prices and physical resources

D. Activity and consumption

E. Financing and spending mix

F. Policy and institutions

Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).

In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).

In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.

In Panel F, data shown are simple deviations from the OECD average.

FINLAND

GROUP 5: Mostly public insurance. Health care is provided by a heavily regulated public system and the role of gate-keeping is important. Patient choice among providers is limited and the budget constraint imposed via the budget process is rather soft.

<table>
<thead>
<tr>
<th>Efficiency and quality</th>
<th>Prices and physical resources</th>
<th>Activity and consumption</th>
<th>Financing and spending mix</th>
<th>Policies and institutions</th>
<th>Weaknesses and policy inconsistencies emerging from the set of indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low DEA score and high inequalities in health status</td>
<td>About average health care spending per capita</td>
<td>Higher tax-financed shares</td>
<td>Less market orientation for the “over-the-basic” segment</td>
<td>Examine the reasons behind high inequalities in health status</td>
<td></td>
</tr>
<tr>
<td>Rather low output/hospital efficiency</td>
<td>More acute care beds per capita</td>
<td>More hospital discharges per capita</td>
<td>Higher in-patient share</td>
<td>Less gate-keeping and choice of provider</td>
<td>Reinforcing control on resources, priority setting and gate-keeping arrangements could contribute to shift resources from in-patient to out-patient care</td>
</tr>
<tr>
<td>Mixed scores on the quality of preventive and out-patient care</td>
<td>Less doctor consultations per capita</td>
<td>Lower out-patient share</td>
<td>Little private provision but more incentives to raise volume of care in the hospital sector. Out-patient physicians are paid on a salary basis</td>
<td>Assess whether reform of the compensation system for physicians could help to improve the quality of out-patient care</td>
<td></td>
</tr>
<tr>
<td>Low administrative costs</td>
<td>Much lower relative income level of health care professionals</td>
<td></td>
<td>Less regulation of resources, priority setting and budget constraint. More regulation of prices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>