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## CONFERENCE ABSTRACT

### Regional approaches for integrating health and social services in Finland

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#### *Introduction*

Government policies in Finland have supported administrative and operative coordination of health and social care to create larger authorities for organising services and to strengthen integration of social services, and primary and specialised care. While nationally the policies have led to attempts to reform and consolidate the service system, in several areas, regional joint health and social care authorities have been established to boost administrative integration and to facilitate the implementation of innovative forms of integrated care (IC). Although the governments' reform proposals for health and social care system have failed, within the preparation, many regional authorities have drafted new operations for strengthening integration of health and social services. The paper explores and systematises these regional plans to identify feasible models for developing IC in the Finnish context.

#### *Methods*

The study draws on extensive collection of administrative and planning documents on regional health and social services within 20 hospital care authorities in Finland. The documents collected in May-June 2019 included the annual reports of the authorities, service organisation plans and agreements between the authorities and local governments (municipalities), and regional preparatory plans for the health and social care reform. The data were complemented with interviews of regional decision makers and managers. In analysis, we identified conceptual approaches to IC, and operational preconditions and governance models of IC applied regionally.

#### *Results*

The authorities varied substantially in approaches to IC. Some had formed a regional IC authority for managing health and social services or decided to establish such an authority. Administrative integration did not, however, determine directly operational IC approaches, of which we identified four broad categories: 1) designers of IC-preconditions, 2) developers of IC-models, 3) IC-investigators and 4) rookies. While all authorities had established at least some preconditions for integration, such as case management, multi-professional collaboration, and integrated care pathways, the stages of their development varied and in some areas plans to proceed with integration were unspecified.

### ***Discussions***

For policy development, our findings indicate a wide preparedness to implement comprehensive regional IC models in Finnish health and social care. Established tools to improve integration have particularly focused on primary and specialised health care and designated care pathways. IC schemes between health and social services are less frequent, often local and focusing on multi-professional teamwork. Integration has also encompassed services for the elderly, families, and young people drawing on case-manager models and joint facilities with professionals from multiple sectors. More investment is needed for mental health and substance abuse services.

### ***Conclusions***

While the delay of the national health and social care reform has impeded the development of a common IC framework in Finland, local approaches proceeding out of step have emerged requesting collaboration between regional health and social care authorities for identifying good IC practices.

### ***Limitations***

While the study is based on policy and planning documents complemented with interviews, the actual implementation of IC models has not been comprehensively analysed.

### ***Suggestions for future research***

Research on good practices to improve care integration is needed to support the implementation of IC models.