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**CONFERENCE ABSTRACT****Client-centered integrated services and new competencies in health and social care**18<sup>th</sup> International Conference on Integrated Care, Utrecht, 23-25 May 2018Timo Sinervo<sup>1</sup>, Sanna Laulainen<sup>2</sup>, Salla Lehtoaro<sup>1</sup>, Laura Hietapakka<sup>1</sup>, Vuokko Niiranen<sup>2</sup>, Joakim Zitting<sup>2</sup>

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**Introduction:** In Finland large planned reform would integrate all health and social service under responsibility of 18 counties now 300 municipalities. The aim of the reform has been to comprise economic development by creating new, larger and stronger organizations as well as to build integrated services and service chains. On the other hand, one aim is to increase customers' choice of provider and to increase the number of service providers and to have competition in the market. Education of health and social care professionals is mostly based on strong professions, but new service system challenges this.

Service integration can be seen as making the process between components of services smoother using multi-professional collaboration, organizational integration or case managers. In earlier studies interpersonal communication, collaboration, systems thinking and holistic assessment have been noticed as core competences in integrated care.

In this paper we analyze service integration in three districts, which have already made their own integration reforms. Municipalities in large areas have built organizations, which are in responsibility of purchasing services as well as providing most of services. Examples of service integration, crucial elements and competencies are presented. The experiences from these forerunner organizations can be applied in future national reform as well as internationally.

**Methods:** The study is a part of a large Cope-project which aims to evaluate the competencies needed in future integrated health and social care. This paper is based on individual and group interviews of 81 top and middle managers and 26 frontline managers. The data was collected from three large health and social care districts. One district has been in action for several years, one has just launched the new organization and one is being planned. The data was analyzed using inductive content analysis.

**Results:** The first results showed that care integration is implemented using three strategies: 1 collecting services into same organizational departments from hospitals, primary care and social services, 2 improving co-operation between organizational units and professionals and 3 using care integrators or case managers. These strategies vary in different sectors and districts. Some districts may use all strategies. Market orientation and increasing number of

private firms is seen as contradictory to care integration. For example understanding the services needs of customers in more holistic way larger than view of own work and understanding the service system better is needed. There is a need to create multiprofessional work, and to build trust and understanding between professionals. Managing multi-professional groups and inter-organizational collaboration will demand new skills and new integrative management orientation.

**Conclusion:** The first results of the study showed that service integration is a strong emphasis in all participant organizations, but the means of integration differ. There are several generic competencies which should be at better level among managers as well as employees in future. In education of all professions more integrated learning between health and social care is needed. Case managers need a special training combining both health and social care. Education at work places should be integrated to development of working culture.

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**Keywords:** care integration; multi-professional team work; management; inter-organizational collaboration

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