

POSTER ABSTRACT

Modular approach in managing and organising integrated care in the system-wide reform of social and health care in Finland

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An introduction: This research pre-evaluated the application of modular approach in managing and organising integrated care in the system-wide reform of social and health care in Finland. The modular approach bases on an idea where the service delivery is divided into smaller and manageable parts from which client's service package can be composed to meet his/her needs.

The system-wide reform of social and health care in Finland bases at least implicitly on the modular approach. The drivers for the reform have been weak accessibility of the primary health care, rising costs, inequality in health and ageing population with several service needs. In the reform the responsibility for organising social and health care will be transferred from the municipalities to the eighteen new counties, while the service delivery will be the responsibility of the unincorporated county enterprises, private companies and third sector organisations. If the freedom of choice will expand in the way proposed, clients can choose which health and social services centre they want to use.

Methods: The study analysed official and unofficial pre-evaluation documents concerning the suggested laws to organise and produce the health and social care services in the future in Finland. The qualitative analysis mapped and classified the possibilities and challenges of the reform defined in the evaluations in relation to integrated care.

Results: Possibilities: The counties will have several tools to direct the multiple service providers to co-produce integrated care; such as, the procedure for accepting actors for providing services, the conditions to be defined in the contracts with respect to integrated care, and the definition of capitation fees. For the service providers the common client's care plan gives an intermediary for collaboration. To a client the modular service architecture gives a possibility to choose and compose from the service modules a workable service package to meet his/her needs.

Challenges: For the counties a demanding challenge is to be able to use the tools available for directing the service production. The lack of competent employees will be evident. The system will be such a complex modular architecture that it will be challenging to enact integrated care for the clients with several needs. For a client the whole service system might look confused. It can be difficult for a client to choose the "right" service modules to his/her service package.

Discussion and conclusions: The modular architecture of the planned Finnish system takes notice of several tools for integrating care. A much of the success of the system depends on the ability of the counties to manage the service production.

Lessons learned: To translate a system-wide modular architecture into a workable practice requires a continuous collaboration and co-development between all the different stakeholders with respect to integrated care.

Limitations and suggestions for future research: This research analysed merely the pre-evaluations of the reform. New research is needed to analyse the enactments of the service wholes and chains when composing and enacting clients' service packages.

Keywords: integrated care; modularity; management; service delivery; standardization
