

International assessment of the Finnish health and social care reform – a brief commentary

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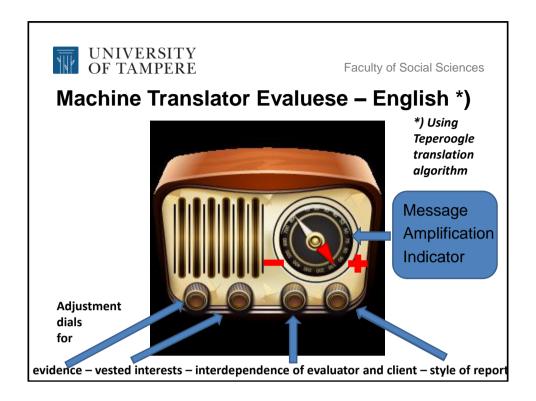
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Smaller issues

- · General quality of the evaluation exercise
- Who should be heard note on sources used
- Integration between health and social domains
- Cream-skimming or cost-shifting?

The true challenge: Understanding "Evaluese"

Amplified conclusions of the evaluation





Int'l Evaluation Report on Sote-reform p 9 para 1

Evaluese:

Finland still faces a dearth of information... [on] performance of individual providers... ... This represents a true barrier to contracting, monitoring and performance evaluation

Common language:

In a system of competing companies, contracting, monitoring and performance evaluation are absolutely necessary functions. In foreseeable future, Finland has no capacity to execute these.



Int'l Evaluation Report on Sote-reform p 12 para 2

Evaluese:

Finnish regions that have had successful pilots [on horizontally and vertically integrated care] should build on and scale up these programmes and be given autonomy to do so

Common language:

Eksote, Kainuu and other forerunner regions should not be forced to introduce company-based competition models. The existing structures should be the basis for further integration



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Int'l Evaluation Report on Sote-reform p 12 para 4

Evaluese:

There is a risk that the aims of choice and competition can undermine that of integration and coordination if applied in the same areas.

Common language:

Suggested model for freedom of choice and competition is not compatible with the aim of service integration.



Int'l Evaluation Report on Sote-reform p 16 para 4

Evaluese:

... the pace of implementation may be too optimistic and there is potential for misalignment in some areas (e.g. between integration and competition).

Common language:

The pace of implementation is unrealistic. This will lead to unwanted outcomes (e.g. when mutually exclusive goals like integration and competition are combined in a system with underdeveloped governance mechanisms)



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Int'l Evaluation Report on Sote-reform p 16 para 5

Evaluese:

... policy makers may need to start the reform process by giving the highest priority and devote the main share of the resources to... ...the new county organization structures... New county functions enable the introduction of further reforms including strategic purchasing, contracting, provider competition, freedom of choice...

Common language:

The reform has to be started by creation of strong counties with substantial resources. Strategic purchasing, competition, freedom of choice etc can only be successful when implemented as next waves of the reform



Amplified evaluation conclusions 1 / 3 (based on translation from Evaluese to common language)

- The present schedule is too ambitious, which fact threatens the realization of the reform
- The huge scale and complexity of the reform bear substantial risks of unwanted effects
- A long-term stepwise implementation plan has to be created, with
 - information system development and
- national and regional governance capacity building as first and substantial (sic!) investments



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Amplified evaluation conclusions 2 / 3 (based on translation from Evaluese to common language)

- If the investments in information and governance infrastructure are under-resourced or postponed, the interests of service production will dictate the developments
- This would be fatal to both main goals of the reform, cutting cost increase and reducing disparities in health and wellbeing



Amplified evaluation conclusions 3 / 3 (based on translation from Evaluese to common language)

- Maintaining the trust inherent to present system, as well as the results gained in regional pilot processes, should not be abandoned (in the name of maximizing room for open competition)
- If the impacts of competition are not regulated heavily, the goal of integration - and its benefits in terms of costs, quality and effectiveness - will be lost