



Finland Health Care

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OVERVIEW

- Health Insurance Coverage (Keskimaki et al., 2019). Finland has a 3 channel provision system in first contact care: municipal system, national health insurance, and occupational health care.
- Gross Domestic Product (2019) spent on healthcare GDP 9.2%
- World Health Organization Ranking (2019) WHO rank 31

PUBLIC HEALTH INSURANCE

- The core system consists of municipalities (local authorities) and they are responsible for financing primary and specialized care.
- All citizens are covered by NHI at birth.
- Public spending accounts for 74% of overall health spending.
- Attempting to move from a multi-payer to a single payer system (Keskimaki et al., 2019).

PRIVATE HEALTH INSURANCE

- Private insurance has increased out of pocket (OOP) expenses.
- Supplemental private insurance can be in addition to NHI or can be primary insurance coverage.
- Pay full cost with partial reimbursement from NHI.
- 17% of population have private insurance.
- Private providers – 5% of hospital care activity (Keskimaki et al., 2019).

HEALTH FINANCING

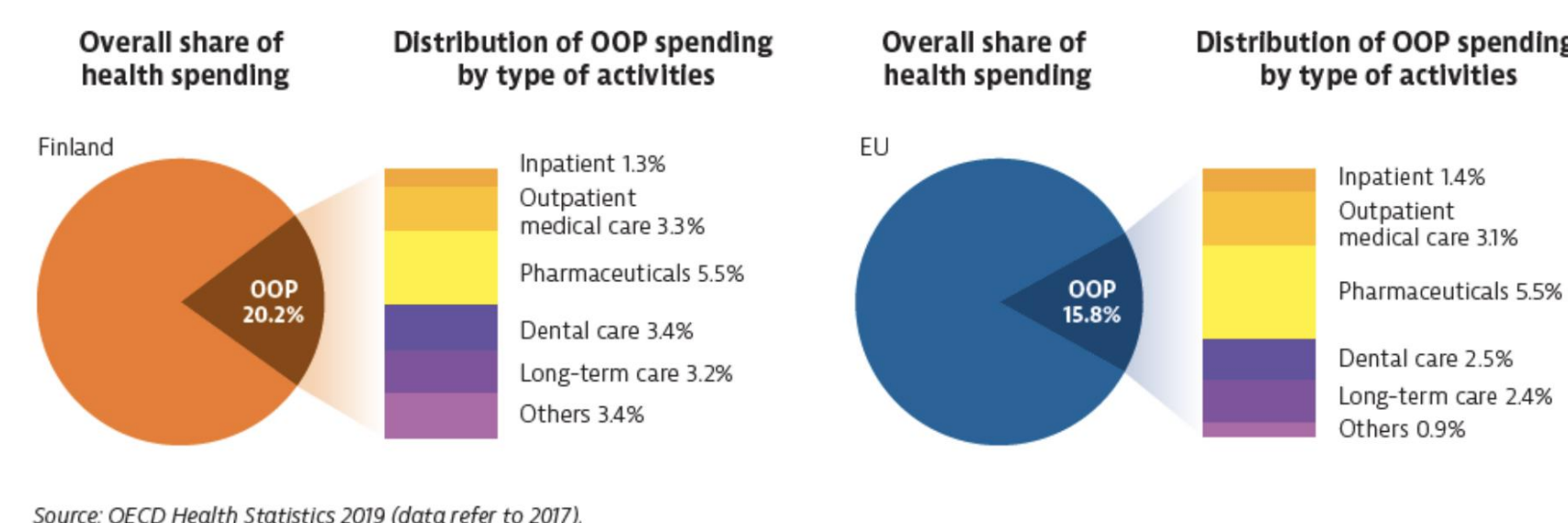
Public financing from 3 main sources; municipal taxes, state subsidies, and national health insurance (NHI) (Keskimaki et al., 2019).

- Municipalities financed 35.6% of total health expenditure
- The state financed 24.6%
- 12.6% by social health insurance
- 20.4% out-of-pocket payments from households
- 2% from VHI (voluntary health insurance)
- 2.2% from employers

FINLAND HEALTH

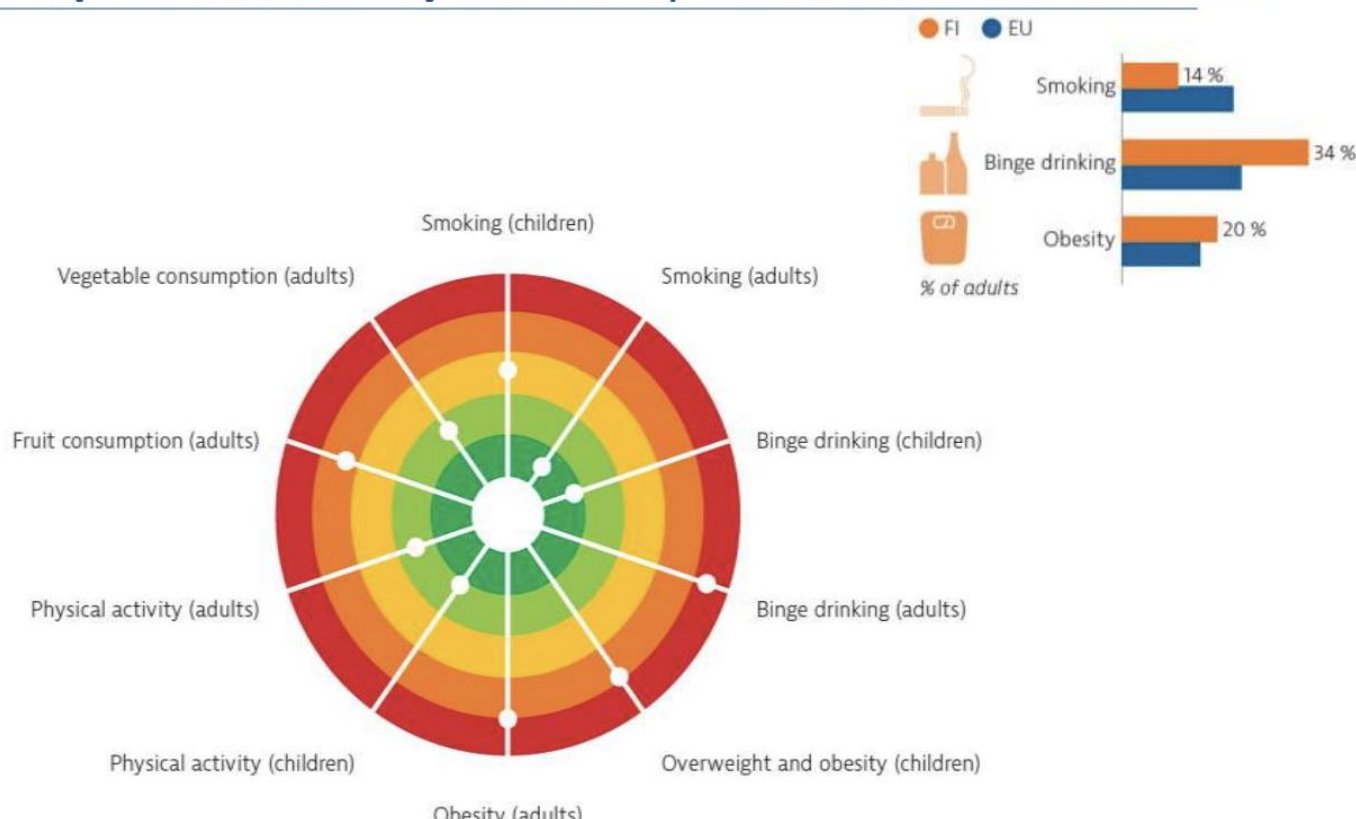
Per Capita Expenditures on Health Care Per Person in USD (2019)	4,516
Per Capita GDP in USD (2019)	48,782.79
Infant Mortality Rate per 1,000 live births (2019)	1.592
Percent of alcohol use (2019)	34
Percent of Obesity (2019)	20
Percent of Smoking (2019)	14
Life Expectancy (2019)	81.7
Practicing MDs per 1,000 (2019)	3.3
Practicing Nurses per 1,000 (2019)	16

20% of health spending in Finland is paid out-of-pocket by households, mainly on pharmaceuticals, dental care and outpatient care



Source: OECD Health Statistics 2019 (data refer to 2017).

Progress has been achieved in reducing smoking, but alcohol consumption and obesity remain important risk factors in Finland

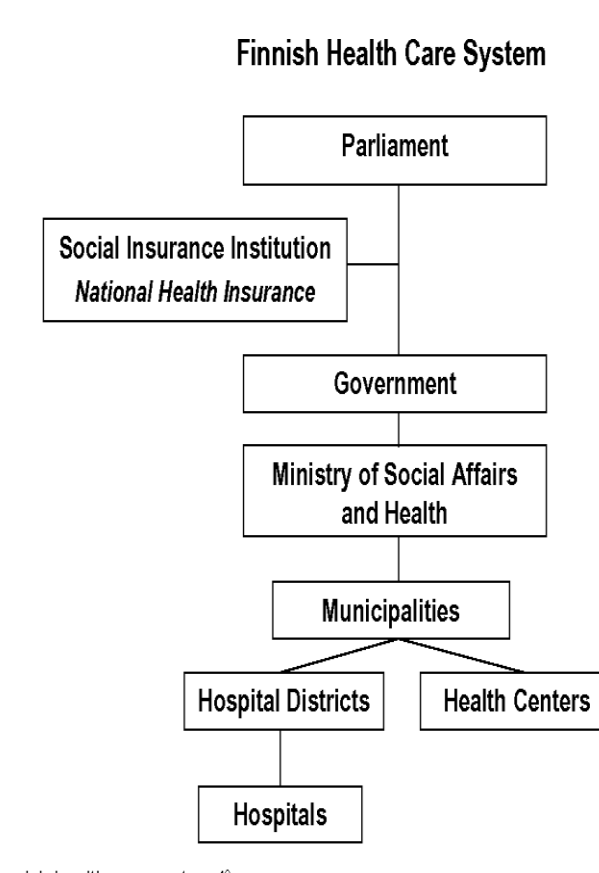


Note: The closer the dot is to the center, the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas.
Source: OECD calculations based on ESPAD survey 2005 and HBSC survey 2013-14 for children indicators; and EU-DECS 2002, EHIS 2004 and OECD Health Statistics 2009 for adults indicators.

PRODUCTION

Municipalities, health care districts and private care providers.

- Municipal health care centers, regional health care districts, central district hospitals (20).
- Municipalities contract a small amount of primary care to private hospitals (40 for-profit).
- Occupational health and specialties are also handled by municipalities and hospital districts (Keskimaki et al., 2019).



CHOICE

- Option to choose between municipal, private, or occupational health care.
- 2010 Health Care Act – residents can choose a health center within their municipality annually. But Do not necessarily get to choose their doctor.
- Everyone qualifies for Primary care organized by municipality and Specialist care by region (20 total).
- Can choose Private providers with increased OOP expense.
- Employers required to provide occupational health services and many offer additional outpatient medical care – employer chooses the doctor, but services are free to employee.
- Insurance chooses provider for more costly treatments and hospitalizations (Keskimaki et al., 2019).

REIMBURSEMENT

Services covered by NHI are only partially reimbursed .

- The services covered by NHI includes: prescribed outpatient medicines, partial reimbursement of all private health care costs, and transport costs to health care units (including ambulance service)
- Private sector payers pay full cost but can claim partial reimbursement from NHI
- Private health care reimbursement differs but also includes: dental care, private GP services, pregnancy and childbirth, as well as diagnostic tests, physio- and radiotherapy (Keskimaki et al., 2019).

CHALLENGES

Financing and healthcare delivery is fragmented, with very little national oversight (Keskimaki et al., 2019).

- Everyone covered by municipal healthcare, but availability varies upon location (Keskimaki et al., 2019).
- Out-of-pocket cost sharing is 20% of total expenditure (Keskimaki et al., 2019).
- Closure of multiple hospitals since 2000 (Keskimaki et al., 2019).
- Long wait times for low-income and unemployed people (OECD, 2017).
- Healthcare spending per capita \$4,516 U.S. dollars, higher than EU average (OECD, 2019).

REFERENCES

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Don't you realize that your body is the temple of the Holy Spirit, who lives in you and was given to you by God? You do not belong to yourself, for God bought you with a high price. So, you must honor God with your body.(1 Corinthians 6: 19-20. NLT)