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OECD Health Care Quality Forum

Paris, 7.10.2010 Puhuttaessa muutokset mahdollisia

First of all, thank you for asking me to join this panel. Earlier in my career, I worked as the quality manager of a large central hospital. Also, I have been responsible for further education of health professionals in areas including quality management. Therefore, it is extremely inspiring for me to be in charge of these issues within the Finnish Government.

Quality measurement in Finnish health care was pioneered by professional associations already in the 1970's. Since then, the scope of quality management has increased steadily.

In the 1990's, we started to actively apply the quality management strategies developed in the industrial sector. This helped us to make quality assurance more systematic, covering all aspects of health care.

We created common health care quality management recommendations in the late 1990's. We also made significant invest-

ments in training. Since then, most health care organizations have created local quality strategies. The National Institute of Health and Welfare and its key units, including the Finnish Office for Health Technology Assessment, and the Centre for Health and Social Economics, provide tools and advice to local actors.

I believe in making quality management a part of health care infrastructure. This is the starting point of the new Health Care Act which our parliament is discussing at the moment. Every health care organization is to implement a plan for quality management and patient safety after the Act has entered into force.

There is no way you can manage quality without reliable data. Therefore, quality management has to be woven into information infrastructure. We were the first OECD country to have a 100% coverage of electronic health records both in the hospitals and primary care.

In a stepwise manner, we have created a holistic system to use our information systems as a basis for quality assurance. For many years, we have used actively the hospital register data. Benchmark data on various quality and effectiveness measures has been provided back to hospitals.

Until now, however, primary care has been our weak point. This year, we have made a breakthrough. First health centres have joined a new national data collection structure. In the new system, relevant data is extracted directly from electronic patient records automatically. No additional time or effort is required from our health professionals.

By using personal identification codes, it is possible to link these data on individual level to data from the hospitals. After the data linkage, all data is analysed anonymously. This provides us with a powerful new tool for assuring the quality over the whole cycle of care. Quality of care in primary care and hospitals is analysed as one entity. Online benchmark reports will be provided to the health care units.

It is self-evident that the data security has to be safeguarded at any cost. We do this through training, rigorous regulation and technological tools, assuring complete data security.

Finally, I want to acknowledge the importance of international co-operation in health care quality management. We have been active in the Nordic pioneer work on developing quality measurement. Needless to say, we strongly support the brilliant work done by the OECD. The undeniable achievements so far,

we believe, are just a beginning of a continuous development over the years to come.

A Question by the chair:

"Your country has already achieved a lot in health care quality management. Based on your experience, what do you see as the next big challenge for the future?"

If there is only one thing I should stress, it is cost-effectiveness indicators. I fully understand that quality measurement has to include various types of quality dimension. But what really matters is our ability to produce health, and to do it cost-effectively. Therefore, we have to become better in linking health outcome data and cost data, and use this as a stepping stone for improving our services.

I believe that the OECD work on quality measurement embraces this intention. We will certainly support any cooperation on measuring cost-effectiveness, which is vital to all developed health care systems.