



What can we expect from health care reform? Icoh, Cancun, 21.3.2012

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Community-based
Comprehensive Occupational
Health Services in Finland
The goal of occupational health services

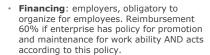
The employer, the employee and the OHS provider should in cooperation promote:

- · healthy and safe work environment
- · well-functioning work community
- prevention of work-related illnesses and accidents
- maintenance and promotion of the employees' ability to work.



(OHS Act 2001)

OHS in Finland 2010



-reimbursement money comes from employers (73%) and wage earners(27%),NOT from taxpayers pocket

- Coverage 92% of salaried workforce
- Multidisciplinary team provides services, public municipal HC centres 36%, integrated and private OHS providers 64%



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OHS in Finland 2010

- Content of the Finnish OHS:

 both primary prevention (of ODs, W-R diseases and promotion & maintenance of work ability, return to work, rehabilitation(=secondary & tertiary prevention, curative services)
- Change in paradigm: from risk oriented services to supporting work ability.
 Both – and: primary prevention & secondary prevention – both are needed.
 Re: P. Loisel's Disability prevention concept
- · Min.of Health: Work is best social security



Disability prevention

"Work disability is a public health issue, but innovative ways of addressing it must be found if we are to shift from a continuing focus on disease prevention to a focus on disability prevention. This does not mean we should cease our disease prevention efforts, but rather that disease prevention has no real bearing on disability prevention."

Developing a new paradigm: Work disability prevention. Patrick Loisel, Université de Sherbrooke, Quebec, Canada, Key note lecture, ICOH 2009, Cape Town



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Questions in Finland/HC-reform 2012-2014

- Health of the workers should be considered in HC reforms? Yes
- Dialogue needed with social partners? Essential
- In formation available and/or needed to measure whether PHC can tackle W-R health problems and access to preventing them? Occupational diseases, injuries, sick leaves, disability pensions etc.
- Actions to be undertaken at macro-, meso- and microlevels to fill knowledge gap? Finnish OHS ACT: Advisory Board on OHS, triparties+strong research Inst.=FIOH + providers of OHS services. Problems in cooperation with PHC, hospital care, rehabilitation, social insurance



Vai Murmar

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Discussions about OHS vs. HCreform in Finland

- Equality/OECD-report 2005: quality and access to OHS is good, PHC-not so good and OHS-no charge, PHC-small charge at entrance to services
- OECD's remedy: improve PHC; eg. more incentives for GPs, Finnish discussion: finances from OHS to PHC and lower the quality of OHS?
- Best doctors & other staff move from PHC to OHS
- Double care system, fragmentation of OHClevel care



From occupational health to workers health



Important:

- Collaboration between primary health care and OHS
- Work in health care system, both PHC and tertiary, hospital care – how to heed customers work in different sectors of health care
- · Province/Region as a functional entity
 - national dimensions
 - sharing good practices





Ouestions for discussion today

- OHS vs. health care reform: what can OHS offer to the Health of the nation? What is the main goal/need of OHS interventions in different countries? Low-medium-high income settings?
- Contribution of OHS to universal coverage and patient choice
- Financing of OHS as part of health care financing; public – private?
- Role of OHS: should it be IN health care ore OUT of HC-system? (eg.part of labour inspection system?)



Essential OH interventions for PHC



- Advice for improvements in working conditions
- Early detection of W-R health problems
- Basic support for return to work



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