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**CONFERENCE OF EUROPEAN STATISTICIANS**

Joint ECE-WHO Meeting on Health Statistics  
(Rome, Italy, 14-16 October 1998)

SESSION II : The role of IT in collecting health information

**HEALTH STATISTICS IN FINLAND - DISSEMINATION WITH INFORMATION  
TECHNOLOGY**

Invited paper submitted by the National Research and Development  
Centre for Welfare and Health <sup>1</sup>

**Summary**

The Finnish health care system is based on the ideology of universal and equal availability, public financing and minimum patient fees. During the last 5 to 10 years the previous strict governmental steering and regulations have been cut to an absolute minimum and the responsibility for providing health care services has been decentralised to the 453 municipalities (population range 150 to 500 000). The market forces have not had any major impact on the Finnish model, and the need for central steering is increasing. However, there is no political will to return to the old centralised model. That is why alternative approaches have been created to secure sound development of high quality and allocatively efficient service structure.

Finland has a long history of high quality health care statistics. The problem of the data has been the limited resources and forms of publication and implementation. The standard formatted and printed

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reports do not support the rapidly changing needs of health care providers and organisers. In order to supply the needed information a statistical database, SOTKA, was built. It includes 3000 different variables from social welfare and health care services, population and economic data on municipality level. The database is accessible via public networks. In 1997 one copy of this database connection was offered free to every Finnish municipality.

The SOTKA information was complemented in 1997 with an open, free and public interface to national discharge registers for social welfare and health care services. These databases are accessible via Internet at the address <http://info.stakes.fi/nettihilmo>. The information is available in Finnish, Swedish and English. Information is distributed at the hospital district or county level. Selectable variables include: main diagnoses and operations, referring units, number of treatment periods and days, mean length of stay, mean price of treatment, mean waiting time for operations etc. In the social welfare database the most important variables are: type of service provider (municipal or private), type of service, age group. In this database the approach is more function than organisation oriented. For health care professionals and administrators we provide more detailed, password protected databases. On the data content level the scope of information will be widened to out-patient activities and data will be presented in the form of service chains or pathways based on DRG-groups. The service pathways will include both in- and out-patient services in primary, secondary and tertiary care and social welfare institutions. All the pathways are based on information on individual (unique personal identifier encrypted into a statistical identifier) level.

The databases provide an up to date and reliable basis for local and national development of social and health care systems. The local and national experts are now able to scan and study the information they need by themselves anytime they wish. This freely available data make it possible to make comparisons between health care units and to learn from each other. The databases provide the indicators for local and national officers for identifying possible targets for development processes. This kind of data collection and distribution is widely accepted by the health care professionals and population. Even the need to widen the information content of the statistical databases has arisen among the local professionals not at the governmental level.

This presentation gives you basic information on the Finnish model of collecting data from social welfare and health care services, refining them into high quality statistics and disseminating the statistics to their users both in Finland and abroad. Some examples of the opportunities offered by our register-based system in the research and development of social welfare and health care services are also given.