Guaranteed access to treatment

Legislation guaranteeing access to non-urgent treatment came into effect in March 2005 together with guidelines on its application. This legislation did not add a new form of service to health care but spells out people's right to receive treatment based on medical criteria within a set timeframe and to receive only evidence-based treatment. In Finland the need to formalise such a guarantee was justified mainly on the basis of provisions concerning basic rights in the Constitution, but a further aim was to promote economic and employment policy objectives.

An entirely reliable estimate of how much the implementation of this legislation has cost the public sector cannot be given. This is partly because the operational effects of guaranteeing access to treatment cannot be completely separated from other municipal activities and some of the funding that has been provided for development projects in the area of social welfare and health care has also promoted access to treatment. According to a rough estimate, making existing health care systems more efficient, productive and cost-effective cost the public sector at least 800 million euros in 2002-2007, with the state accounting for over half of this amount.

The purpose of the audit was to determine whether access to treatment works in practice so that it meets legislators' expectations with regard to providing citizens equal and fair access to treatment and cutting costs.

The main question in the audit was: How well have the objectives that were set for access to treatment been met? The question was approached by evaluating equality with the help of information concerning patient queues. Fairness was assessed by studying the application of the guidelines on non-urgent treatment and by reviewing complaints received by supervising authorities concerning access to treatment. Cost-cutting was evaluated by surveying operational and financial changes in local authorities and hospital districts as well as the development of health insurance compensation

in 2001-2006. The audit focused on 10 hospital districts, 20 local authorities and specialised treatment in the fields of orthopedics, neurology and physiatrics. Mental care, dental care and preventive work were left outside the audit.

Findings indicated that with regard to objectives concerning equal and fair treatment, development was positive despite some problems. With regard to cost-cutting development was not in the desired direction, however. After legislation was enacted, compensation for private doctors and sick leave continued to rise. The costs of compensation for examinations and treatment provided by private doctors also increased. On the basis of findings, the increase in compensation for examinations was due partly to differences in guidelines concerning treatment. In the opinion of the National Audit Office, the Ministry of Social Affairs and Health should monitor how guaranteed access to treatment affects the compensation paid by the Social Insurance Institution for examinations and treatments.

The state and local authorities spent 50 million euros on shortening queues for specialised treatment in 2002-2003. The goal was to bring waiting times down to less than six months by increasing resources and improving efficiency during a period of a little over one year. Queues were in fact shortened but did not disappear. In the opinion of the National Audit Office, the Ministry of Social Affairs and Health's expectations regarding this project were unrealistic in view of the resources at the disposal of hospital districts. Furthermore money spent on shortening queues was also allocated to other purposes besides reducing the longest queues, since the Ministry of Social Affairs and Health had defined the criteria for allocating funds unclearly. This left the hospital districts room for interpretation in allocating funds in different treatment areas. The National Audit Office considers that the Ministry of Social Affairs and Health should have defined the criteria for allocating funds more precisely.

The audit indicated that guaranteed access to treatment did not speed up the beginning of the treatment chain at all. To provide faster access to treatment, in addition to direct contacts, investments should have been made to improve access to doctors at health centres, but this was not done.

Legislation prescribes timeframes for initiating treatment, i.e. handling a referral and making the necessary arrangements, but it

does not set a timeframe for concluding treatment. During the past year the Ministry of Social Affairs and Health has studied the further development of guaranteed access to treatment by stipulating a timeframe within which a patient should be able to see a specialist, but in the opinion of the National Audit Office, legislation should instead set a maximum timeframe either for concluding treatment or for access to different types of examinations and a doctor at a health centre.

Timeframes have not been set for follow-up care, either. As a result problems accumulate particularly in starting rehabilitation and post-hospital treatment. On the basis of findings, problems in arranging follow-up care also influence the achievement of timeframe objectives. In the opinion of the National Audit Office, the Ministry of Social Affairs and Health should also emphasise the functioning of follow-up care in its steering related to access to treatment.

Public discussion concerning access to treatment has paid little attention to the guidelines on non-urgent treatment. The Government bill emphasised that these guidelines would be a means to ensure that people are treated equally regardless of where they live and how old they are. Findings indicated that the guidelines do not work as planned. The guidelines contain too many recommendations, their application is voluntary, some criteria contain subjective elements, joint municipal boards and health centres in hospital districts do not monitor or control the application of guidelines, and supervision and training concerning the guidelines has been conducted poorly. Findings also indicated that in the public and private sectors the guidelines are interpreted differently in different areas when it comes to evaluating the need for treatment and deciding what type of treatment should be provided. The National Audit Office considers that the guidelines should be made more binding, training regarding the guidelines should be compulsory and training should be harmonised. Supervising authorities should also pay attention to the application of the guidelines. Furthermore the Ministry of Social Affairs and Health together with the Social Insurance Institution should investigate how private doctors apply the guidelines.

Findings also showed how certain changes that were made in the health care system influence other parts of the system and social services. The speeding up of specialised treatment was reflected in

the increased need for follow-up care in home services, home nursing, health centre wards and rehabilitation. In the opinion of the National Audit Office, when legislation was prepared and since it came into effect the Ministry of Social Affairs and Health has not paid sufficient attention to developing and arranging follow-up services in basic health care. The social welfare and health care system as a whole has not been given proper thought. The National Audit Office considers that evaluating the effects of legislation guaranteeing access to treatment requires that attention must also be paid to costs and activities in the field of social services.

In the opinion of the National Audit Office, the failure to achieve objectives regarding access to treatment is partly due to current legislation, which leaves too much room for interpretation. As a result, the letter of the law is observed but the spirit of the law is not.

Keywords: access to treatment, guidelines, basic health care, specialised treatment, patient queues, follow-up care