

UNIVERSITY of OULU
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Strengthening Rehabilitation in Health Systems through Research and Educational Collaboration - the Finnish way

Comment to Prof Alex Kaehne's presentation

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Strengthening Rehabilitation in Health Systems seminar

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Healthcare system in Finland

- The Finnish healthcare system has significant socioeconomic and regional disparities in access to care, continuity of care, and health outcomes^{1,2}
- In Finland, factors related to the healthcare system are reported as reasons for unmet service needs more often than in peer countries, and long waiting times in particular emerge in surveys as a barrier to care³

Structures, resources, and funding for primary outpatient care¹ (Registry-based study)

- The fragmentation of primary outpatient care leads to the use of parallel sectors (**public healthcare, occupational healthcare, private care, student healthcare**), which in turn can complicate care coordination and weaken the quality of care for high-need patients
- The need for services and the use of services do not meet, and the system operates inefficiently as e.g. individuals with a higher socioeconomic status use services more in relation to their predicted need for services

Structures, resources, and funding for primary outpatient care¹

- The public sector is central, particularly in the care of vulnerable groups, but accessibility issues in public primary healthcare undermine the equity of service use
 - The public sector user base primarily consists of the retirement-age population and individuals from lower socioeconomic groups
- The division of labor among healthcare professionals varies significantly across sectors (public healthcare, occupational healthcare, private care, student healthcare), and resources are unlikely to be distributed optimally in relation to need

Structures, resources, and funding for primary outpatient care¹

- Multi-channel financing undermines the transparency of the system and makes it more difficult to understand
- Recommendation: **Developing the system would require, at a minimum, strengthening the public sector and several changes to the division of labor and guidance across all sectors**

The study included only care events carried out by doctors and nurses ¹

- The analysis excluded care events carried out by physiotherapists, occupational therapists, psychiatric nurses, and psychologists
- Additionally, care events related to mental health and substance abuse work were excluded from the study
- However, **most likely the same conclusions** (fragmentation, mismatch between need and use of services, suboptimal division of labor among healthcare professionals, inefficiency of the system, accessibility issues) **are also valid for rehabilitation services in Finland**

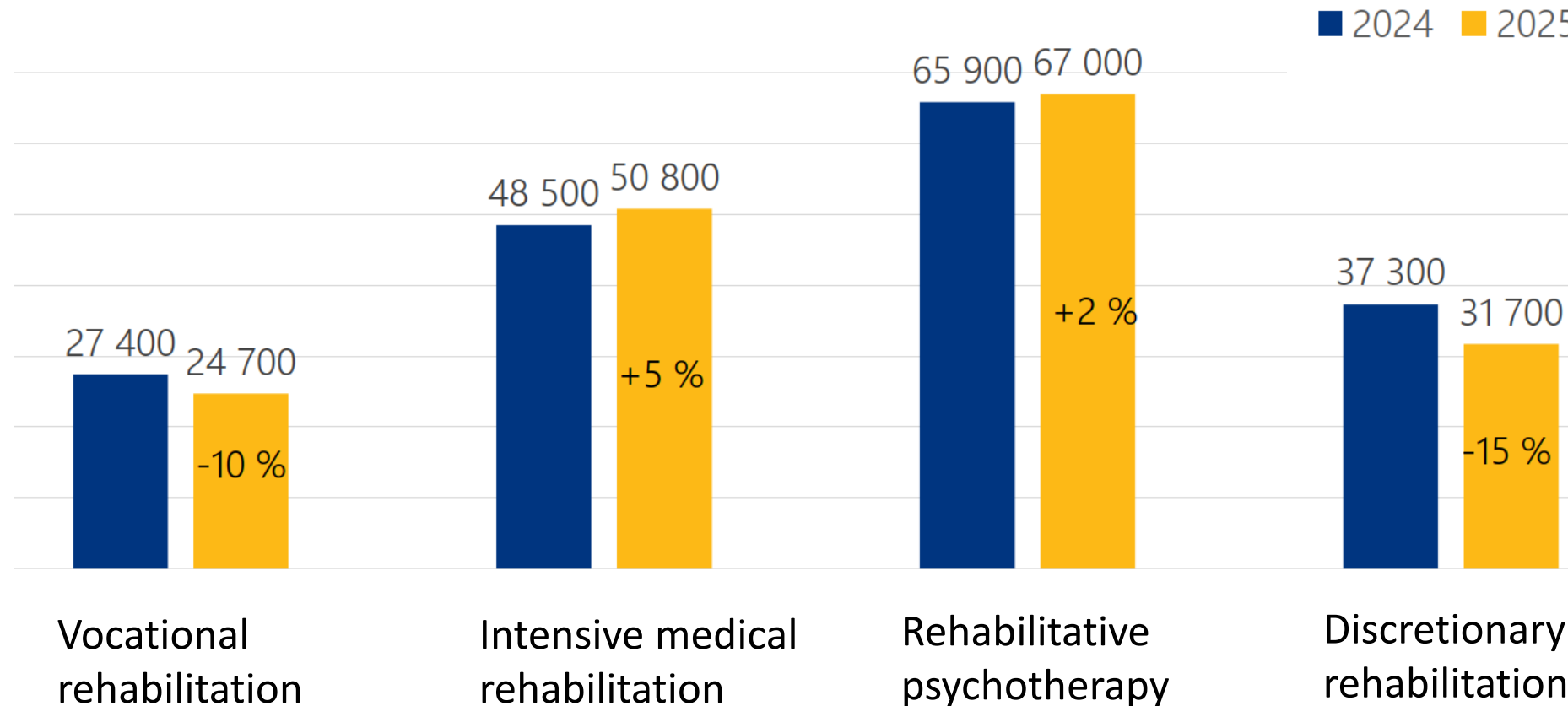
Strengthening Rehabilitation: System level facilitators

- The Finnish healthcare reform emphasizes both **assigned GP** and the **multi-professional team** models to ensure continuity of care, which is beneficial from rehabilitation perspective as well
- Rehabilitation networks
 - Network organized by the Ministry of Social Affairs and Health includes all Wellbeing Services Counties
 - The Finnish Universities Network for Rehabilitation (FiRe)
 - Volunteer networks for benchmarking between Wellbeing Services Counties



Strengthening Rehabilitation: System level facilitators continued

- The Social Insurance Institution of Finland (Kela) is a very important actor in rehabilitation field in Finland



Care pathways involving rehabilitation are being developed increasingly in Wellbeing Services Counties: **Functional disorders by Helsinki University Hospital (HUS)** as an example

Digital care pathway

Before and after the first appointment

Functional disorder as an indicator of CNS dysfunction

Psychoeducation by all professionals

Individual rehabilitation by

- Psychologist
- Social worker
- Psychophysical physioth.
- Registered dietitian

Group rehabilitation

- 5-10 x 90 minutes
- Two different options both involving body and mind exposure

• Bergen four-day treatment

(intensive)

- **Brief therapies**, psychoterapies

• Self-care programs

- Applicable **internet-delivered therapies**

- Referral to **speech therapy**

(within HUS)

• Outsourced therapy

(brief group psychotherapy)

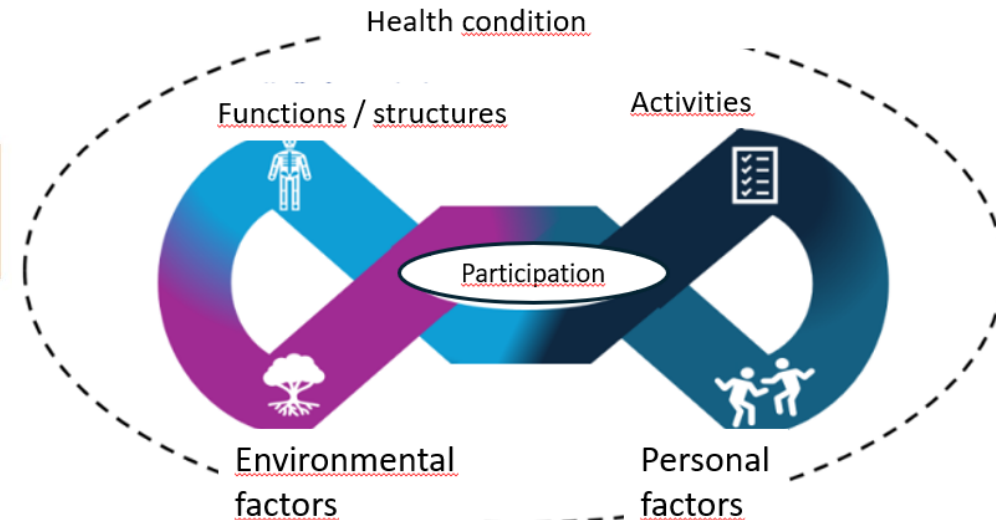
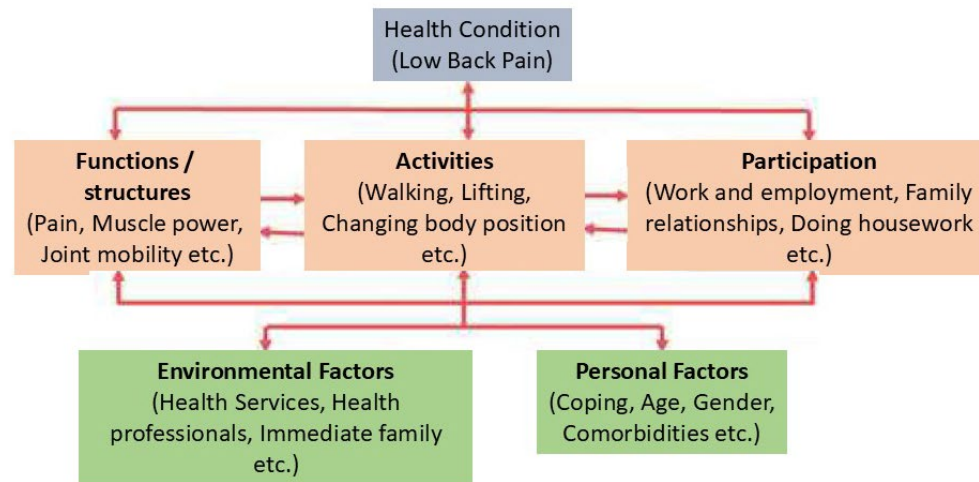
Strengthening Rehabilitation: Current Care Guidelines

- The Finnish Current Care Guidelines (developed by the Finnish Medical Society Duodecim in association with medical specialist associations) are independent, evidence-based clinical practice guidelines, and they hope for the **inclusion of rehabilitation perspective in all guidelines**
- The Current Care Editorial staff comprises part-time editing doctors and since year 2024 also one part-time editing physiotherapist (and one registered dietitian)
- In addition to the Editorial staff, top experts on the health issue in question participate in every Current Care guideline working group without pay

Percentage of remote rehabilitation is increasing: % (number of visits in whole Finland)

	Physiotherapy	Speech therapy	Occupational therapy
2023	7.2% (133 207)	15.4% (25 829)	17.4% (28 900)
2024	8.7% (163 393)	18.4% (34 816)	20.2% (37 391)

Functioning (and disability) with ICF as the context is increasingly acknowledged also among other healthcare professionals (than those working in rehabilitation services)



Modified from Cieza et al. *J Rehabil Med* 2004; 44
Suppl: 69-74.

Modified from WHO 2001 by Finnish Institute for Health and
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Thank you for your attention

