
CONFERENCE ABSTRACT

Measurement of social- and health outcomes in integrated settings

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Pentti Itkonen, Merja Tepponen, Katja Klemola

South Karelia Social and Healthcare District, Finland

This document describes those actions which are the most important to measure the regional system and provide more “out – of – hospital” services as well as some social services. This is due the fact that during recent years we have seen a plethora of new management approaches for improving organizational performance. So far all these approaches in social and healthcare have only meant providing great volumes, measuring and prizing single products, supervising of contracts, controlling and calculating budgets and adding regulation. In spite of that the costs continue to rise at an unsustainable rate in all countries.

Social- and healthcare organizations in different countries are focused on costs, not social and health outcomes and values. This calls for a new and more holistic measurement of health outcomes and wellbeing in society and also more understanding of digitalized services. To-day the systems reward those providers, public or private who shift costs and bill for more services, not those providers who deliver the most value. In the care chain the focus is on minimizing the cost for each piece of intervention and limiting services rather than on maximizing value over the entire care cycle. Moreover, without integrated organization structure and comprehensive outcome measurement, it is hard to know what improves value and what does not.

The measurement is possible to implement especially in Finland and in South Karelia Social- and Healthcare District (EKSOTE) because every Finnish resident has a personal identity code. This means that the measuring system has unique personal identifiers to link multiple sources of data- such as episodes of care, visits to doctor or expert nurse, visits to emergency room services, labor input and compensation that currently exists in multiple databases. The possibility of linking the various data sets in this fashion has the potential for creating a holistic view of outcomes and system costs, both direct and indirect, across the entire care-delivery pathway.

It is possible to investigate weather investing in preventive care in order to avoid higher treatment costs at later points in value chain. In practice this means for example to invest more in home rehabilitation to keep patients in good condition and then have less service needs in other parts of the pathway. The other example is to invest in a new kind of emergency care model to avoid patient transportation to emergency room services. Also following questions have answers: Do patients/customers come back to other services? Where are customers after certain period of time? What is the service utilization (and costs) of different customer

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groups and are there any changes? How the customer groups care/service pathways have gone (processes)? Aid in decision making: What are the options and what are the effects (to customer and costs) on longer term.

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