

282: THE EVALUATION OF CHOSEN STRATEGIES OF THE PRIMARY HEALTH CARE ORGANIZATIONS OF TWO LOCAL COMMUNITIES IN FINLAND (PART II)

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Objective:

To evaluate the achievement of two chosen strategic aims in subsequent years 2000-2001 in two local primary care health centres by using the balanced score card (BSC) technique (a continuation of a cross-sectional preliminary study of the year 2000 presented in ISQua conference, Buenos Aires, Oct 2001).

Methods:

BSC as developmental tool (a short summary):

The chosen two common strategic aims to be evaluated :

- A) sufficient primary health care (PHC) medical services for the population
- B) adjustment of local primary health care services to secondary health care (SHC) and social services and the cost-containment of the total service

Over 30 common performance indicator factors were measured representing the four perspectives of the BSC (financial/effectiveness, customers, internal processes, learning and growth/staff) in the two local communities, Kerimäki and Lieto.

Results:

A) By and large, in both the local communities the total supply, coverage and use of the medical services continued staying on equal and reasonable level, but the perceived differences in structure of demand remained unchanged.

Due to worsening supply of the regular medical labour force in both health centres, the proportion of medical services being used during the out of office-hours did not decrease as wished.

B) The total structure of health and connected social services and the use of different services remained largely unchanged in both the communities, the difference between the two communities staying equal, too. The productivity decreased markedly in both the communities.

Conclusions:

The two year comparison did not prove out significant changes within or between the two organizations, but there were signs indicating that increasing difficulties are to be expected in achieving the two prioritized strategic aims only by means of the two organizations alone. Concentrated efforts in cooperation between PHC, SHC and local social services are needed in future, perhaps under the umbrella of a commonly administrated regional health and social network.