DATA BRIEF 23/ 2020

Outpatient care arrangements at health centres 2019 — Reception practices

MAIN FINDINGS

- The establishment of work processes that meet the customers' service needs should be included in the development work of health centres.
- The significance of the continuity of treatment has been identified at health stations, especially in the treatment of long-term and polymorbid patients, but due to the turnover of staff, particularly doctors, it is often not possible to implement it.
- In particular, large organisers offer an electronic symptom assessment and an electronic appointment for nurses' appointments to a fairly large extent. However, customers still use these services rather little.
- The majority of appointments for both non-urgent and urgent care are still made by telephone to the health station.
- Evening and/or weekend reception for non-urgent and urgent care is offered by almost 30 per cent of health stations.
- The border between non-urgent and urgent treatment is vague, which makes it challenging to separate the reception of non-urgent and urgent treatment in some cases.

Introduction

The municipality or co-operation area responsible for providing primary health care maintains a health centre, in which one or more health stations operate. The practical solutions of health station reception activities contribute to the effectiveness and customer-orientedness of the implementation of primary health care services. This publication describes the work organisation models in use at health stations, booking practices for non-urgent and urgent care, the use of electronic services and the organisation of evening and weekend reception outside of office hours.

The report is part of a survey conducted by Finnish Institute for Health and Welfare in spring 2019 on the arrangements and operating practices of outpatient care centres. The purpose of the study is to create an up-to-date overall picture of the practices of outpatient care practice nationally. The results are mainly examined at the organiser and health station level and in relation to the size of the population base of the organising area. In addition, the results are compared with the corresponding survey conducted by Finnish Institute for Health and Welfare in 2015.

Work organisation models

The doctor–nurse working pair model with its various variations is the most common model of work organisation at health stations (about 45 per cent of health stations). The teamwork model and the small area model are also commonly used. Other work models used include models based on clinical responsibilities and customer segmentation. The practices in the division of labour models are diverse, and many combinations of different models are used at the stations, which are flexible, for example, depending on the personnel situation. Some 60 per cent of the stations are satisfied with the current work organisation model, but the shortage of doctors and resources makes it difficult to implement the agreed work models at the stations.

Slightly less than 60 per cent of health centres have designated a doctor for some of their population. Correspondingly, about 75 per cent of health centres have designated a nurse for some of their population. The methods used for designating a professional to the population include models based on the customer's service needs, the customer's own choice and the customer's address or surname. It should be noted that the practice of designating a doctor or nurse does not necessarily cover the entire clientele of the health station. It is also possible that the station has agreed on a designation method that is not necessarily implemented in practice, for example due to staff turnover. The turnover of doctor resources is affected, for example, by the large number of doctors in the training phase at health centres (Syrjä, Parviainen & Niemi 2019).

How the research was conducted:

The health centres' outpatient care arrangements survey was carried out for the third time (previously in 2013 and 2015). The two-part survey was sent to all 133 Continental Finland health centres in May 2019.

The first part of the survey was directed to the management of health centres and the second to the management responsible for the daily activities of health stations. The response rate for the survey aimed at health centres was 99.2% (n 132). It was possible to reply to the questionnaire addressed to health stations with responses covering individual health stations or with consolidated responses from several stations. A little over 200 responses were received. They describe the activities of 445 health stations, which is about 87% of the health stations providing physician's appointments. In addition to the organisers' own health stations, the material includes outsourced health stations.

In addition to the responses received from the survey, the websites of the health centres were used as material. Some of the material was supplemented during the analysis phase of the study in autumn 2019.

The results of the survey are published as three results reports, of which this is the last one. The first report, **Outpatient care arrangements at health centres 2019 — outsourcing, personnel, work inputs and transfers of tasks**, was published in the Tutkimuksesta tiiviisti (Data brief) series in December 2019.

The second report, **Outpatient care arrangements at health centres 2019 — Co-operation with social services and specialised medical care**, was published in the Tutkimuksesta tiiviisti (Data brief) series in February 2020.

Most typically, the personal doctor or nurse is determined on the basis of the client's service needs, i.e., a professional has been designated for people with a long-term illness, for certain groups of illnesses or for persons using a lot of services. This is particularly utilised in the treatment of patients with major national diseases, such as diabetes, asthma, rheumatoid and heart patients. It is more common for these customer groups to have a designated nurse than a designated doctor: slightly more than a quarter of the health stations have designated a doctor for these customer groups, while a designated nurse has been assigned at slightly less than 60 per cent of the stations.

Assessment of the need for non-urgent care and appointment

The assessment of the need for treatment laid down in the Health Care Act must be carried out for each customer making contact for a non-urgent matter. The assessment of the need for treatment can be carried out by telephone, electronically or during a visit to a health station. The health station management was asked to assess the distribution of the assessment of the need for treatment according to the contact method (Figure 1).

Figure 1. Distribution of the assessment of the need for treatment according to the contact method in non-urgent appointments (% of assessments of the need for treatment)

Approximately 80% of assessments of the need for treatment are carried out by telephone. In most cases, the assessment of the need for care is made by a nurse or a health nurse. Practical nurses are responsible for one in ten assessments of the need for care.

A centralised telephone booking accounts for 23% of all appointments for non-urgent care. Almost one third of health stations use centralised bookings, and three quarters of the bookings at these stations are realised through centralised booking.

The share of electronic service channels in the assessment and appointment of the need for non-urgent care is low (approx. 3%). The assessment of the need for treatment carried out by a doctor on the telephone is included in the section Other ways and is minor. To some extent, the Other ways group also includes an assessment of the need for treatment performed during a nurse's appointment.

Booking for urgent reception

The organiser of primary health care must organise their reception activities so that patients in need of urgent care can contact the health care professional during the weekdays at specified times and get an estimate made by them immediately. Similarly to the assessment of the need for non-urgent treatment, an emergency appointment can be booked by telephone, electronically or by visiting a health station. The health station

management was asked to assess the distribution of urgent appointments according to the contact method (Figure 2).

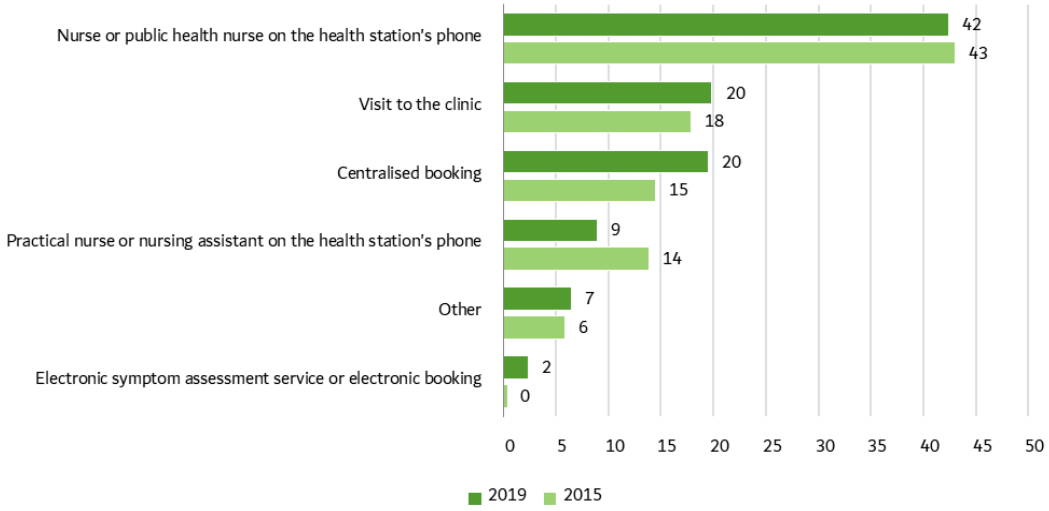

Figure 2. Distribution of appointments for urgent reception by contact method (% of appointments)

Almost half of the urgent appointments are booked on the health station's telephone through a nurse or a public health nurse. The share of bookings received by practical nurses is slightly less than 10 per cent and has decreased significantly compared to 2015. In turn, the share of centrally implemented telephone bookings has increased compared to 2015. While the proportion of electronic services has increased since 2015, their importance remains low.

Coming directly to the station is clearly more common with urgent matters than with non-urgent matters. Almost a quarter of the customers come directly to the station, as there are several organisers in the group "Other ways" that have organised the urgent reception as walk-in clinics, where patients come without an appointment because of both urgent and non-urgent matters.

Electronic services

The introduction of electronic services has aimed at streamlining the use of health care services. Typical electronic services available to health station customers include symptom assessment and appointment services.

The electronic symptom assessment service is used by approximately one in three organisers (Figure 3). Slightly more than half of the Finnish population lives in an area where the organiser offers the opportunity to use an electronic symptom assessment service and, through it, to contact the health station.

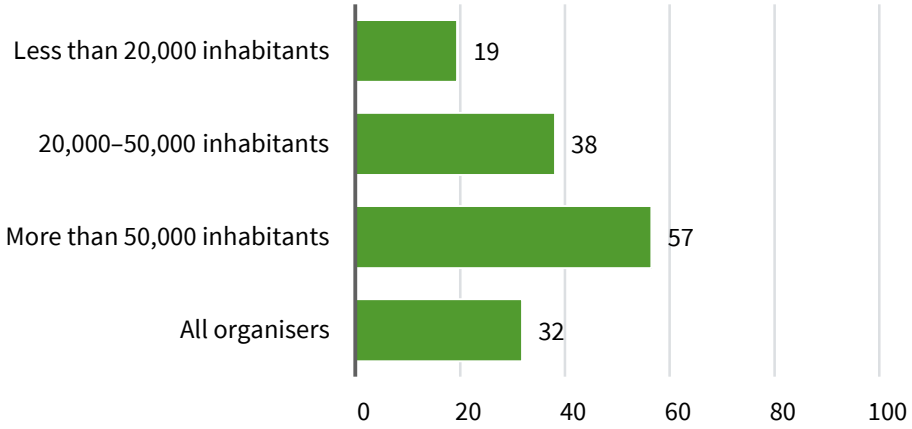

Figure 3. Electronic symptom assessment service in use according to the organiser's population base (% of organisers)

The provision of an electronic symptom assessment service is most common among the largest organisers with over 50,000 inhabitants. Problems related to the availability of appointment times and human resources probably create a need for the introduction of electronic services. In addition, large organisers have better resources to procure and maintain electronic services.

In the booking of appointment visits, the importance of electronic services remains minor, even though their use has become slightly more common since 2015. Approximately two per cent of all health station appointment times are reserved through an electronic system. Like electronic symptom assessment services, electronic booking services are most commonly used at health stations of large organisers of over 50,000 inhabitants (Figure 4).

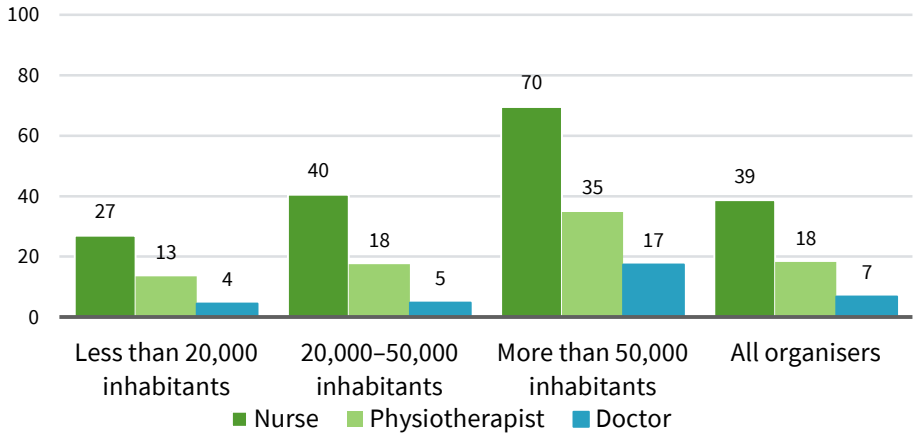

Figure 4. Customers have the possibility of booking an electronic appointment according to the organiser's population base (% of organisers)

Nearly 40 per cent of the organisers offer their customers the opportunity to book electronic appointments with a nurse. Almost 60% of the population live in the area of these organisers. The possibility of an electronic appointment is clearly less common with doctor's appointments, as seven per cent of the organisers have enabled electronic booking for a doctor. Typically, the division of duties between doctors and nurses at health stations is organised in such a way that a doctor's appointment can only be booked after

the nurse's assessment of the need for care has been done. This may partly explain the lack of electronic booking for a doctor's appointment.

Nearly one fifth of the organisers, or 18 per cent, enable an electronic booking to a physiotherapist. This figure is lower than in bookings for nurses' appointments, even though the increased number of direct appointments by physiotherapists (Syrjä, Parviainen & Niemi 2019) would also enable more extensive use of the electronic booking service. About one third of the entire population can make use of electronic bookings for physiotherapists.

In addition to professional groups, electronic bookings may be limited to customer groups. For example, people with long-term illnesses may have been given the opportunity to electronically book an appointment with a designated nurse.

Reception outside of office hours

The opening hours of health stations affect the availability of care and the use of services. The organisers may themselves decide on the opening hours outside of the office hours at their health stations, i.e., whether to offer non-urgent care or urgent care in the morning before the start of office hours, in the evenings after office hours, and on weekends. Almost 30% of health stations have some form of reception outside of office hours at least once a week.

Two-thirds of the organisers offer reception outside of office hours, but many organisers have reception outside of office hours at one health station only. The organiser's size has a minor impact on the provision of reception outside of office hours.

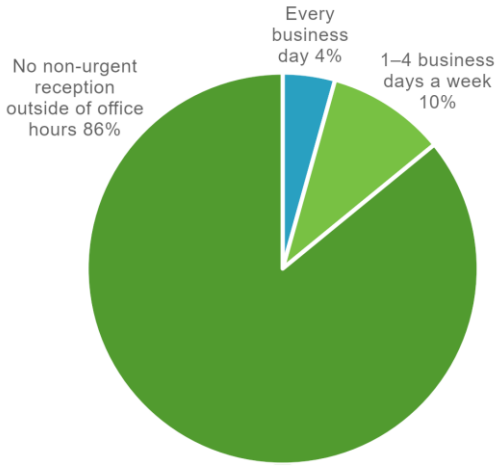

Figure 5. Regular non-urgent care reception outside of office hours (% of health stations)

Around 14 per cent of health stations provide regular non-urgent reception outside of office hours (Figure 5). The scope of receptions varies: for example, they may only be offered one night a week or every weekday evening, and the opening hours vary. Only about four per cent of the stations have non-urgent evening reception every weekday night. Occasional evening reception is also organised at health stations to undo queues. Provision of non-urgent care on weekends is extremely limited.

Arranging urgent care reception outside of office hours is more common than non-urgent care (Figure 6). About 22 per cent of health stations offer urgent reception either on weekday evenings, on weekends or both. Nine organisers have an exemption granted by the Ministry of Social Affairs and Health for organising 24-hour emergency health care services. Compared to 2015, the number of exemptions has decreased by one.

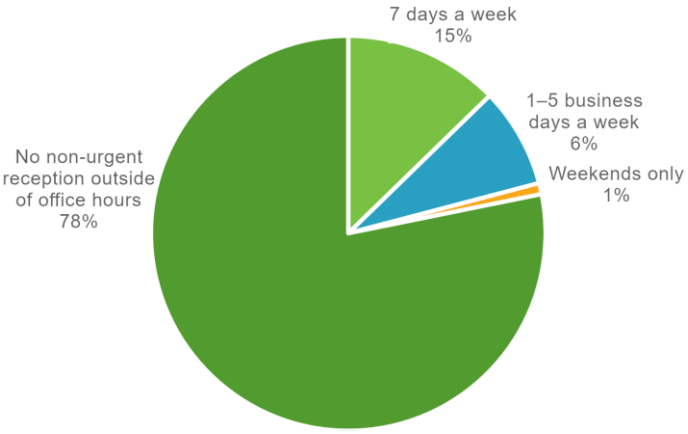

Figure 6. Urgent reception outside of office hours (% of health stations)

Approximately 60% of the population live in the area of an organiser offering urgent reception outside of office hours. In 2015, this figure was slightly over 40 per cent. The change is explained in particular by the increase in the number of urgent receptions outside of office hours in a few large cities and the decrease in the number of organisers as a result of the establishment of regional joint municipal authorities. On the other hand, in some areas, offering reception outside of office hours has been discontinued after 2015.

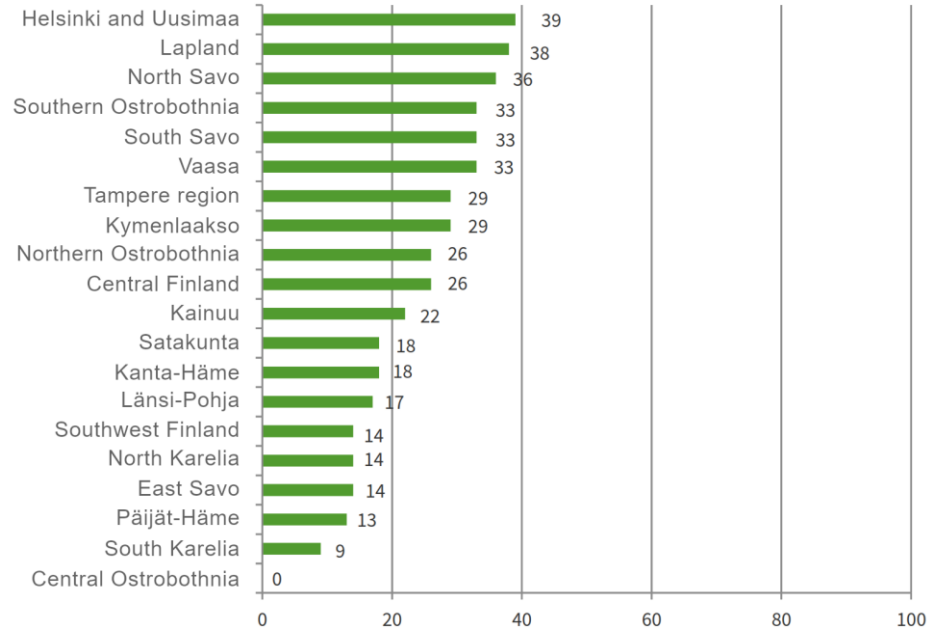

Figure 7. The share of health stations providing reception outside of office hours of all health stations in the hospital district (% of health stations)

There are regional differences in offering reception outside of office hours (Figure 7). The largest number of evening and weekend appointments outside of office hours in proportion to the number of health stations is offered in the hospital districts of Helsinki and Uusimaa and Lapland (almost 40 per cent of the health stations in the area). Extending the reception beyond office hours may not be necessary in all areas if the periods of access to treatment remain reasonable. At health stations in the vicinity of joint emergency clinics, it may not be appropriate to offer urgent reception outside of office hours.

On the other hand, patients are also referred to joint emergency clinics during office hours because of the limited number of appointment times. According to estimates by the health station management, approximately one in three health stations had to refer patients to

the joint emergency clinic during office hours because of the limited number of appointments for urgent care.

When examined at the organiser level, approximately one in four organisers referred patients to the joint emergency clinic during office hours due to the limited number of appointments for urgent care (Figure 8). Patient referral to joint emergency clinics due to limited appointment times for urgent care varies by the size of the organiser. This so-called overflow problem seems to be particularly relevant for large organisers, almost 60% of whom have had to refer patients in need of urgent care to joint emergency services because the reception capacity of health stations has not been sufficient.

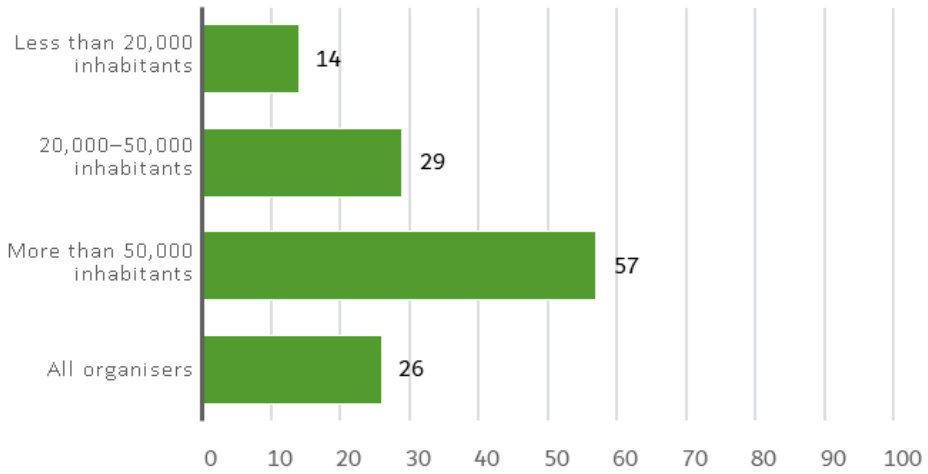

Figure 8. Referring patients to joint emergency clinics during office hours due to lack of urgent appointment times according to the size of the organiser (% of organisers)

Conclusions

Outpatient care reception activities have been organised in different ways at different health stations, and practices related to the organisation of work, appointment and opening hours vary considerably from one station to another. There are also differences in practices within health stations. This may make reception activities vulnerable, especially at stations with high staff turnover. On the other hand, undefined and unclear work processes can be one reason for staff turnover. Work processes that meet the customers' service needs should be standardised and established at health stations.

The continuity of treatment is beneficial to both the health care client and the system as a whole. Most of the health stations in Finland have a practice for designating a doctor and nurse for at least some of the population. Dealing with a familiar, designated nurse or doctor, especially with customers who use a lot of services, streamlines the treatment and improves its quality. However, the continuity of care and the use of different work models that have been experienced as good, such as the doctor–nurse work pair model, are often not realised due to staff turnover. This is also affected by the large number of doctors in the training phase at health centres (Syrjä, Parviainen & Niemi 2019).

More than half of the population lives in an area where the organiser offers the opportunity for an electronic symptom assessment or an electronic booking for a nurse's appointment. However, the use of electronic services in assessing the need for care and in making appointments remains low, and the share of these services has not increased significantly in the booking of reception activities since 2015. The widespread utilisation of electronic services requires that both customers and professionals find their use useful and streamlined in the care process. The integration of electronic services as part of primary health care reception activities should be promoted, and work processes should be developed to support the use of electronic services.

The extended reception of non-urgent and urgent care outside of office hours is not only customer-oriented but also a means to undo health centre queues. For the time being,

reception activities outside of office hours are relatively limited but, according to the survey, some health centres are increasing the number of evening appointments. On the other hand, there may be no need for a reception outside of office hours if the customers can be taken care of during office hours. The age structure of the population may also affect the need for evening reception, and there may be more demand for reception outside of office hours in areas where the share of the working-age population is large. It should also be noted that extending the reception beyond office hours does not necessarily increase the total number of reception times if the provision of evening reception correspondingly reduces the reception offered during office hours. Reception outside of office hours in the evenings and at weekends may also incur additional costs for the organiser.

In practice, it may be difficult and partly artificial to separate the reception of non-urgent treatment and the reception of urgent treatment from each other in the reception work of a health station. At some of the health stations the evening receptions handle both patients who need urgent care and patients who need non-urgent care at the evening reception.

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