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Medicines in healthcare in Finland

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Finland is a sparsely populated country with a population of 5 million. It has embraced the Euro and high technology, in particular the electronics industry, in which Nokia is a world leader. The largest cause of mortality is cardiovascular diseases (42.7% in 2002) but this has being tackled successfully by the North Karelia Project [1], which used a combination of different intervention strategies. The number two cause of mortality is cancer (21.3 %) and after that dementia is now the 3rd most common cause of death (8.3 %), as people live longer.

Health services in Finland

Finland has a public health care system that covers the whole population; there are also private sector providers. The country is divided into about 450 municipalities which bear the greatest responsibility for public health services. Specialised medical care is provided by five University hospitals. Total healthcare costs were 7% of the gross domestic product in 2001 (WHO 2003), 75% of funds coming from the government and 25% from the private sector. The private sector acts mainly to complement the public sector in medical, dental and occupational health services.

One of the biggest challenges in the future will be the widening gap between demand and provision of services, a multifaceted problem. The scenario is familiar: an ageing population, growing obesity and a movement of people from rural to urban areas.

Finland has prepared for these and other changes by launching a National Health Care Project to examine critical issues of quality. A number of targets have been identified for public health care. For example, patients should be seen by a specialist clinic within three weeks of referral and all healthcare professionals have a legal right to spend 3 - 10 days a year on appropriate continuing education.

Public health concerns and drug consumption

The three most common chronic diseases are hypertension, asthma and chronic obstructive pulmonary disease, and coronary heart disease, but the increase in type II diabetes is worrying. Changes in the prevalence of common chronic conditions are reflected in the drug consumption statistics [2]. In 2003, sales of medicines of ATC group C (i.e. cardiovascular medicines) were overtaken by those of group N (nervous system) due to the use of new, expensive antipsychotics.
The public drug reimbursement system was introduced in 1963. Under it, the insured person can be reimbursed 50% for the cost of acute medicines and 75 or 100% for the cost of chronic medicines, over a certain threshold. There is an annual cap on prescription charges above which all medicine costs are reimbursed. Following a ruling by the European Court of Justice in 2003, Finland introduced legislation to improve the transparency of decisions on pricing and reimbursement.

Hospital pharmacy

Finland is divided into 20 hospital districts, each providing specialist medical treatment. Hospitals and other healthcare establishments may apply to the National Agency for Medicines (NAM) to open a hospital pharmacy or a medicines centre. At the moment there are 24 hospital pharmacies and 224 medicines centres employing 473 pharmacists in total. 71 have an M.Sc.(Pharm) while the rest hold the B.Sc.(Pharm) qualification.

Major activities in hospital pharmacy include drug procurement, dispensing, compounding and providing information. Ward pharmacy services are provided in a growing number of hospitals. Drugs are provided free of charge to outpatients on certain conditions. Pharmacists have a duty to advise patients about their medication.

Community pharmacy

Finland's privately owned network has around 800 outlets covering the whole of the country. In addition, Helsinki and Kuopio Universities have the right to run a pharmacy to support teaching and research in the Faculties of Pharmacy. The Helsinki University Pharmacy consists of 17 large branches in major cities and in total dispenses about 10% of the annual volume of all private pharmacies [3].

Finland has a special tax called the pharmacy fee, under which the smallest community pharmacies do not pay, but the largest pay a 10% levy on their

turnover. This system is designed to make retail pharmacy viable in remote areas. The introduction of generic substitution in 2003 made an obvious temporary dent in drug costs, which had been rising at 10% per year. However the government is still seeking ways of curbing the rising drug cost and cutting the pharmacy fee to half of the current status. This is thought as achieving savings for the state without endangering the small pharmacies of the rural areas.

Pharmacies have a monopoly over prescription and non-prescription drug sales and are mandated to focus on dispensing and patient counselling. As a result, over 90% of the turnover comes from sales of medicines. Only pharmacists with a master's degree may own a pharmacy and a licence is required from the NAM to operate a retail pharmacy.

Community pharmacists are now regarded as drug experts, consulted by patients and other healthcare professionals. A four year project (TIPPA) promoting the role of community pharmacy was launched in 2000 in order to offer new tools and continuing education to pharmacists and to promote and strengthen the drug expert role of the pharmacists. Phase two of the project has started, intending to offer new more sophisticated service models, e.g. medication review procedures.

Wholesale pharmacy

The Finnish wholesaling system is based on single channel distribution. This means that a wholesaler only supplies the products of the manufacturer with which it has an agreement. The Finnish Competition authority has accepted the system as cost effective, and indeed margins have been kept on a low level.

The pharmaceutical industry

According to Pharma Industry Finland [4] the industry invests around 17% of its turnover in research and development annually. In recent years, Finland has invested heavily in biomedical research, supported by the state. Currently around 50 extensive national technology programmes are under way [5]. Two names to look out for are Leiras and Orion Pharma; however most companies are small and the Finnish balance of trade is negative in this sector.

Pharmacist education

Two faculties of Pharmacy, in the University of Helsinki and the University of Kuopio, bear the main responsibility for providing qualified pharmacists [6]. In addition the Åbo Academi educates a small number of Swedish speaking students to bachelor degree standard. The main pharmacy qualifications are bachelor's and master's. Kuopio specialises in hospital pharmacy courses. The undergraduate course may include a voluntary three months' work in a hospital pharmacy, while the master's level includes a thesis which is designed to take six months' work on a research topic. Elements of social pharmacy and pharmacy practice research are playing a more important role than previously, as are the principles of evidence-based practice and the use of IT resources. As a part of the Bologna Process, the core competencies needed by pharmacists were evaluated in 2004 and this information was used to redefine study goals.

Finland has developed a well-organised system of continuing pharmaceutical education (CE) since the 1980s. Most pharmacists have adapted well to the principle of life-long learning and actively update their professional skills. A system of counting credits is not in force, although keeping up to date is required by law. Most pharmacists and their employers regard it as a responsibility shared between them, although access to continuing education is a problem for about 20% of community pharmacists.

Future trends

As a member of the EU, many of Finland's policies are common to other Member States. However the drug distribution and reimbursement systems are decided at national level. The Ministry of Social Affairs and Health recently published national pharmaceutical policy objectives for the present decade [7]. Priorities include good access to medicines throughout the country and safety of medicines. The most controversial proposal was the abolition of the progressive pharmacy fee. The Ministry ordered the NAM to study this and gradual abolition of the fee is proposed. The political decisions have not been taken.

Rational prescribing and the rational use of medicines are also being considered. The drug reimbursement scheme will be examined with a view to clarification and simplification. Hospital pharmacy is not covered by the plan, so hospital pharmacists are campaigning to be included. The Ministry has now set up a working group whose task is to prepare new national guidelines for implementing drug therapy in hospital and health centre settings. It is believed that ward pharmacy will emerge from this paper with better formal status than at the moment.

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