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**POSTER ABSTRACT****Development of multiprofessional teamwork in Finnish health and social service centers, achievements, and challenges**23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Timo Sinervo<sup>1</sup>, Laura Hietapakka, Salla Ruotsalainen

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In Finland all health and social services are moved from the responsibility of municipalities to Well-being service counties in 2023. The reform emphasizes service integration. At practical level Health and social service centers (HSS) are developed for the first contact points in Finland. Long waiting times, shortage of staff and lack of coordination have been major problems in primary care. As a solution, multiprofessional teams of both health and social care professionals in HSS centers and better collaboration between professionals have been built. This study explores, how the teams work and what challenges they have.

**Methods:** The study is based on 16 interviews of 25 managers and so far on 8 interviews of 10 employees (interviews are ongoing) in 5 HSS centers. The study is carried out in the territory of one future well-being services county, which launched the new organization beforehand. The county provided specialized care in the whole area. The primary care and social services were provided by the county in in two HSS centers. One HSS center was provided by a municipality, and two by a private firm. In the interviews the participants were asked about work organization and the functioning of the team model. The participants were GPs, registered nurses, psychiatric and substance abuse nurses, social workers and managers from different levels. The interviews were analyzed using content analysis.

**Results:** The core team in HSS centers consisted of GPs and nurses, but also of psychiatric and substance abuse nurses, social worker and physiotherapist. The managers saw the team work as functioning rather well. The waiting times had shortened clearly. But the team model was only a part of the changes done. Ehealth services were started at the same time by an outsourced organization, which lowered the demands in the HSS centers. An important part of the changes was the new care process which highlighted the effective telephone services. Nurses answered the phone and started the care process. It was possible to guide the client to laboratory or directly (without referral) to some other professional (such as physiotherapist) or to prescribe medicine at phone. This was possible, because one GP was working as consulting the nurses without own appointments. The new service model included the task shifting and strengthening the role of nurses.

Common facilities and close connection of all team members was seen as crucial as it enabled getting to know each other and the services they provided. In the teams the responsibility of care was on teams, not on single professionals. This raised a discussion of care continuity and due this of efficacy. The professionals saw it important to have one contact person for the client with chronic conditions.

Conclusions: Multiprofessional work can streamline and improve the treatment process, but eHealth and task shifting are needed too. Teamwork requires participatory development and getting to know each other. Easy consultation of GP's is required for task shifting. Despite the benefits of teamwork care continuity must be taken into account.