DESIGN
FOR
GOVERNMENT

Final report
Continuity of Understanding
2026

Care as a shared practice

Exploring how healthcare systems can move from fragmentation toward unified understanding

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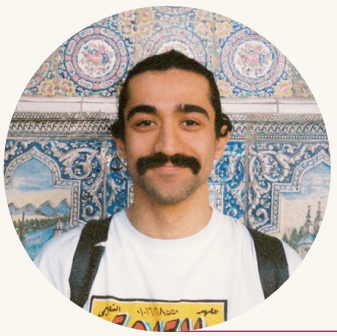

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Improving Care for Vulnerable Patients

This proposal has been written by Design for Government students in 2026 for the Finnish healthcare organisations and Kela to support their work in ensuring continuity of understanding in care. The project aims to improve bilingual healthcare services and offer better support for vulnerable patients in Finland. The project draws on the expertise and experiences of Finnish healthcare professionals, as shared through interviews.

When Information and Responsibility fall between Organisations

The topic is relevant as vulnerable patients, especially minority language speakers, are currently navigating the complexities of Finnish healthcare alone. There is an inconsistency in information flow and uncertainty around who should be responsible for the support of the patients when they are at their most vulnerable. Based on our research, miscommunication is a large issue in healthcare as institutions understand care differently and have their own ways of communicating with patients and other institutions.

Why action is needed now

It is important to start acting now as Finland has recently enacted a health and social services reform, and wellbeing services counties are organising their services independently. While the healthcare system at large is still adapting, an opportunity arises to introduce changes that strengthen continuity of care.

Our proposal

We suggest implementing a unified patient information system, which enables more continuous care through a shared patient history overview and helps healthcare providers share the responsibility of patients' long-term care paths. Smooth transitions of critical patient information supported by onboarding frameworks can familiarise new employees with care pathways and assessment criteria that affect patients' long-term care. Knowledge-sharing practices help bridge institutional silos at the employee level and help them understand other institutional practices.

These intervention points open opportunities for the future of healthcare in Finland. They help develop our understanding of care, accountability, and wellbeing as we move from fragmentation to shared understanding and responsibility. Unified patient information helps ensure patients receive care before problems escalate. Improved onboarding can reduce misunderstandings around assessment criteria, while knowledge-sharing supports continuous learning through conversation and reflection. In this way, professionals can learn from one another and create a culture rooted in listening, collaboration, and continuous improvement, ensuring continuity of understanding across organisations.

This project

In this Design for Government course project, we have aimed to find ways to improve the bilingual services in Finnish healthcare with the theme Continuity of Understanding. The project has lasted for three months, during which we have partnered with HUS, Kela, Itä-Uusimaa Wellbeing Services County and Länsi-Uusimaa Wellbeing Services County.

As the project has progressed, the focus of our work has shifted from bilingual services to the facilitation of smoother patient journeys for vulnerable people. This is because our discussions with healthcare professionals have pointed towards other, more immediate structural issues in healthcare, the fixing of which would benefit everyone, including Finnish Swedish-speakers. Through our final proposition, we aim to support the well-being of vulnerable patients and to facilitate the work of healthcare providers. We consider that it is essential that these structures are properly in place before the language issues are tackled. This is not to say that the bilingual services are not relevant, but to make it easier to implement the services when they're being supported by the overall healthcare service structure. The focus is heavily on vulnerable people, as systems are only as strong as their ability to provide for the most vulnerable. Focusing on the problems vulnerable people face in their care pathways can expose larger structural problems that we may not be aware of.

Our understanding of care

In Finland, there are many vulnerable patients who need extra help, but are left alone to navigate the fragmented healthcare system due to inconsistent information flow and uncertainty as to who is responsible for the patients' overarching care paths. In this context, vulnerable patients refer to people who are suffering from long-term mental health and substance abuse problems.

To understand the meaning of care paths, it helps if we first define care. According to the Cambridge Dictionary, care means "The process of protecting someone or something and providing what that person or thing needs." Care can also be understood through concepts of responsibility and guidance.

Why now?

With this in mind, let's return to moments of vulnerability. In reality, care pathways often extend across multiple institutions, professionals, and systems. Yet the understanding needed to support continuity of care does not always carry over between them. Finland's health and social services reform, more commonly known as the SOTE-reform, in 2023 was enacted to unify healthcare services and reduce inequalities in care (Kuntaliitto, 2022). At the same time, it has created strong momentum for system-wide structural change. Since the Finnish healthcare system is under development after the reform, it would be a fruitful opportunity to implement changes in the system.

Wellbeing Services Counties are currently developing new practices within their own organisations, for example, by shifting toward the use of a single patient information system (Länsi-Uudenmaan hyvinvointialue, 2026). However, based on our research, these efforts often remain disconnected from other healthcare institutions. Healthcare systems and workflows are also being restructured across organisations. New programs, such as the omalääkäri programme launched in spring 2025, are changing how healthcare is being delivered (Ministry of Social Affairs and Health, 2025).

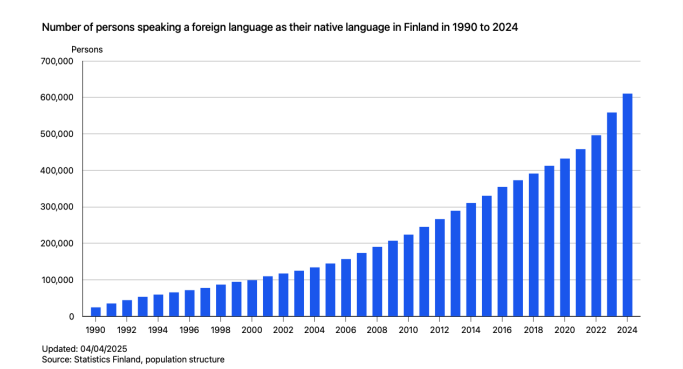


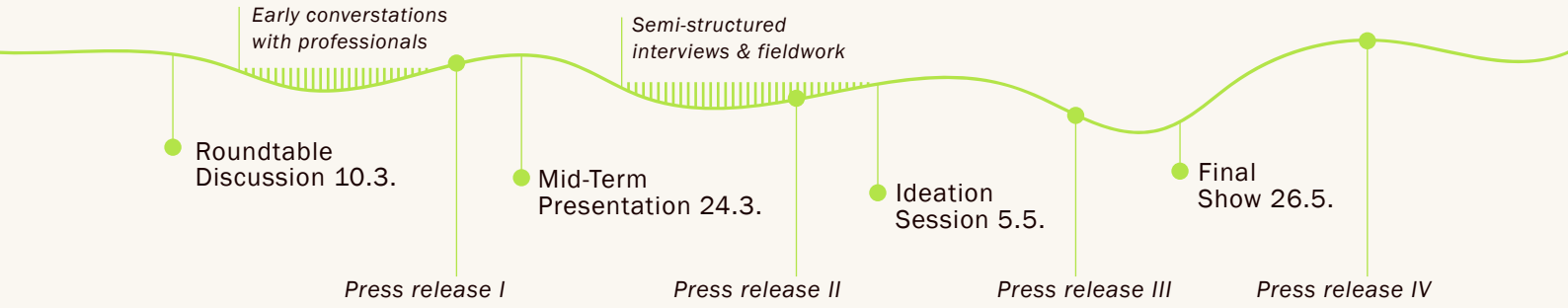
Figure 1. Number of foreign-language speakers exceeded 600,000 during 2024 (Statistics Finland, 2025a)

The changes are more than structural. The graph above shows that the linguistic diversity in Finland is increasing. It exposes gaps in communication and coordination across care pathways. The number of people in Finland who speak a foreign language as their native language increased to 600,000 by 2024.

Today, one in six people in Finland speaks a native language other than Finnish (Statistics Finland, 2025b). Together, these changes in population and structurally within organisations are creating a critical window of opportunity to strengthen collaboration and establish shared practices before new structures become fixed.

Our research process combined desktop research from a variety of sources with collaborative work involving both our project partners and other relevant stakeholders. Throughout the project, we maintained ongoing communication with our partners through meetings, collaborative sessions and updates about the progress of the project through press releases.

Project Timeline



Desktop research

At the beginning of the research process, everyone working on the topic of care was divided into three different work streams:

- **Patients' perspectives**
- **Care providers**
- **Administrative systems**

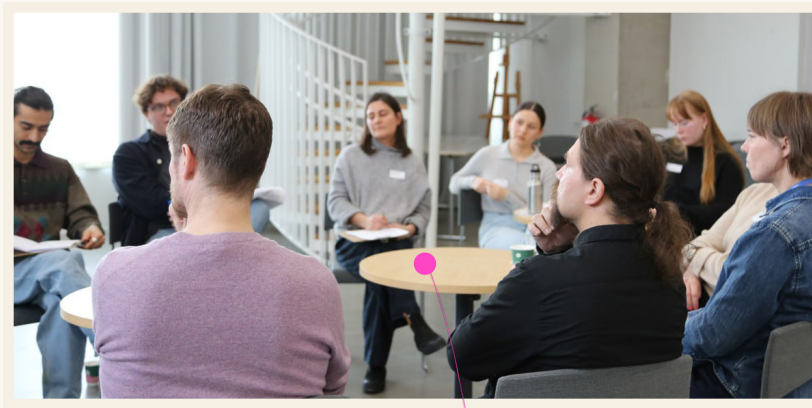
Each group approached the topic of vulnerable patients in Finnish healthcare from a different perspective. In our research, we focused particularly on Swedish-speaking minorities, people experiencing mental health and substance abuse issues, and other individuals in socially or structurally vulnerable situations.

During the initial phase of the project, we conducted desktop research to better understand the Finnish healthcare system and the challenges faced by these groups. This included reviewing healthcare and language legislation, as well as exploring existing research and discussions related to mental health, substance abuse, accessibility, and equality within Finnish healthcare services.

Collaboration with partners

Throughout the project, we collaborated closely with our partners in order to gain insights into the Finnish healthcare and to keep them informed about the progress of the project at each stage. Alongside the desktop research, we held **early conversations** with healthcare professionals to develop a broader understanding of the current situation from their perspectives. During this phase, we organised a total of ten meetings with professionals working in healthcare services as well as representatives from Kela.

Early in the research process, we also hosted **a roundtable discussion** with our project partners. The purpose of the discussion was to better understand how the partners perceived the continuity of understanding within the healthcare system, as well as to identify the key challenges they encounter in their work. The session also helped us clarify which themes and issues should be prioritised in our research. Five partners attended the roundtable discussion

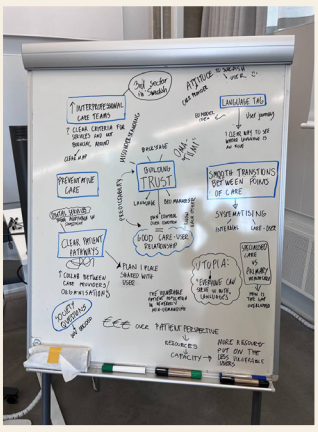


Picture 1. Roundtable discussion (Vivian Katajainen, 2026)

In the middle phase of the research process, we presented the findings from the desktop research to our partners. During this presentation, we also introduced emerging opportunities and possible directions for addressing some of the identified challenges and systemic issues.

The ideation session brought together eight partners, during which we introduced three main insights that had emerged from our interviews and collaborative research process. After presenting these insights, we organised a collaborative ideation session where the partners were able to influence the project's direction and help identify initial points of intervention for our proposal.

Picture 2. Ideation session (Vivian Katajainen, 2026)



Picture 3. Mid-term presentation (Vivian Katajainen, 2026)

Semi-structured interviews and fieldwork

As part of our interview and fieldwork phase, we conducted 9 interviews with healthcare professionals, Kela representatives, individuals with lived experience, and a representative from a foundation working on issues affecting Swedish-speaking patients within the Finnish healthcare system.

In interviews with healthcare professionals, we also carried out **journey-mapping activities** to better understand the care pathways of mental health and substance abuse patients. Using visual maps developed from our earlier research and conversations with healthcare professionals, we worked together with participants to identify bottlenecks, gaps, and points of disconnection within the healthcare system. The mapping process helped us uncover recurring challenges, better understand systemic relationships, and communicate our findings throughout the project.

Early conversations

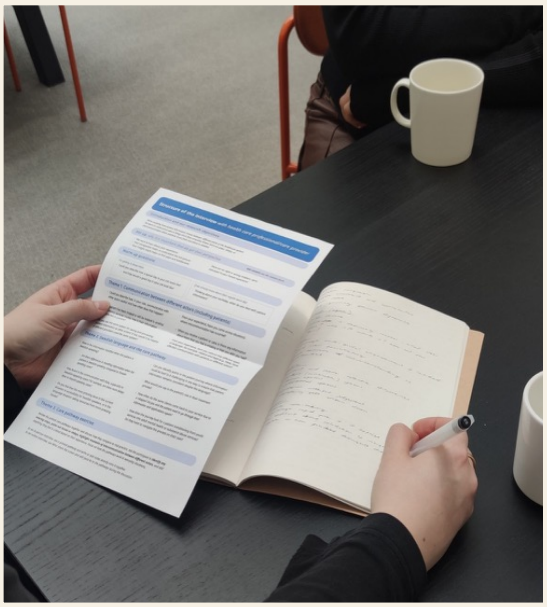
10 *meetings with...*

- Social workers and nurses from mental health and substance abuse services
- Specialists from primary healthcare
- Service managers from primary healthcare
- Nurse managers from specialised healthcare
- Professionals from customer service at Kela

Semi-Structured Interviews & Fieldwork

9 *interviews with...*

- Social workers from mental health and substance abuse services
- Specialists from primary healthcare
- Service managers from primary healthcare
- Nurse managers from specialised healthcare
- Department Head from psychiatric healthcare
- Timeout Foundation
- Sympati, Swedish-speaking psychology association
- Individuals with lived experience



Picture 4. Interview (Sara Maukonen, 2026)

Picture 6. Mapping the patient journey with an interviewee (Emma Hämäläinen, 2026)

Picture 5. Visit to Porvoo Psychosis Outpatient Clinic (Emma Hämäläinen, 2026)

Core problems and emerging opportunities

From conversations with healthcare practitioners across the sector, new perspectives were gained and first-hand insights gathered. In the following, a selection of those insights is gathered to point out some of the present challenges.

Visiting the HUS mental health facility in Porvoo hinted at a **language mismatch between medical documentation at HUS and Kela's legal requirements**, which complicates benefit applications and care continuity. Further, there is a significant question about how the patient's journey continues after the treatment has ended. Continuous struggle with finances, housing, and a lack of support networks often results in institutionalised patients.

A meeting with an IU social worker brought forward the issue of how **Swedish-language services and open group activities are still limited.** Another problem is that mental health and **substance abuse services rely heavily on patient motivation and phone-based intake,** which can be problematic for vulnerable individuals. Practical issues, like patients losing phones, often disrupt communication with authorities and lead to lost benefits.

Exploring the mechanisms at Kela revealed how the **benefit system is highly specialised and siloed,** which can sometimes limit holistic support for complex patient cases. The expectation that customers apply independently, combined with limited digital services in Swedish and English, creates barriers for vulnerable clients.

From the LUVN mental health unit at Raasepori, we learned how **mental health care pathways** involve multiple professionals and administrative steps, making them **difficult for patients to navigate.** The access barriers include phone and transport issues, unclear responsibilities between healthcare and Kela and limited Swedish-language services.

4. Insights

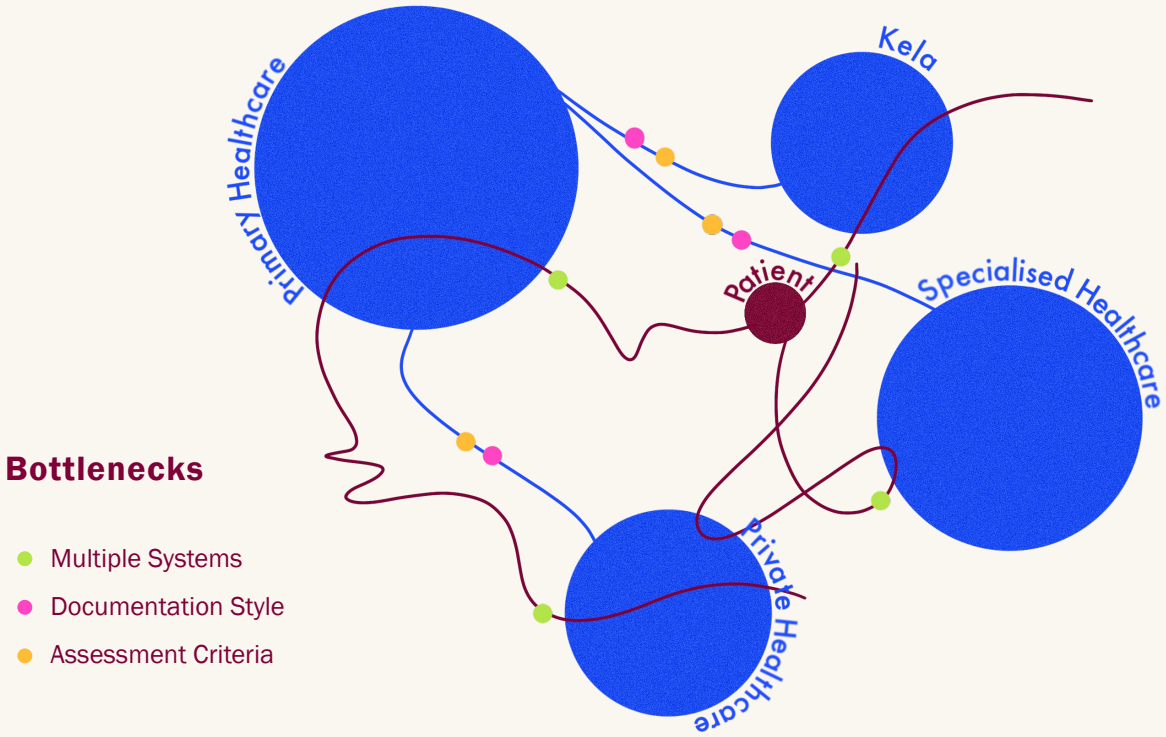
Research and expert talks painted a clearer picture of the healthcare landscape, while simultaneously revealing great complexity. Finland just experienced a major healthcare reform, but the system is still fragmented. Healthcare providers are expected to meet government mandates, with no central framework to follow. The results are points of discontinuity between the different actors in the healthcare system and vulnerable pathways for patients with intersectional disadvantages.

Several areas which can be improved and developed arose from discussions with the partners:

- **Strengthening relationships of trust between patients and providers and between the different institutions.**
- **Bringing healthcare organisations closer together, as intersectional collaboration between them is essential in better patient care.**
- **Designing clearer patient pathways or mapping out the existing ones to build the patients' trust in the health care system.**
- **Unifying the digital systems to ensure a smoother flow of information for patients and providers alike.**
- **Creating a map of the existing bilingual services to make them more accessible.**

Fieldwork insights

Building on the emerging opportunities identified, the following direction for fieldwork circled three key themes: building trust, creating smoother transitions between points of care, and designing clearer patient pathways. How does information move across different actors, and where and why does miscommunication occur?



Through mapping patient journeys, bottlenecks were made visible which break the continuity of understanding when the patient is moving through several care institutions. One is the use of multiple patient information systems, which creates barriers in accessing relevant data. Another is the use of differing styles of documenting and different assessment criteria for diagnosis or healthcare benefits, which can create additional barriers to understanding between the providers.

Further insights from fieldwork, presented in the following, highlight a broader problem of fragmented continuity across information, interpretation, and access and reinforce the bottlenecks as points of discontinuity.

1. Multiple Information Systems:

Healthcare still uses many separate data systems due to its previously decentralised structure. Even after the creation of Wellbeing Service Counties, this fragmentation remains and makes it harder to access patient information.

Here, a fragmentation of clinical visibility is identified; the patient information exists, but not in a format that travels smoothly through the care pathway.

In Itä-Uusimaa wellbeing service county, there are 11 patient and client information systems in total, and specialised medical care has its own system. IU is already working towards having a unified patient information system in the future.
- Mental health specialist in a Wellbeing Services County, 2026

There are different information systems within the Wellbeing Service County, and they are also different compared to the other areas. "Interesting, that in such a small country we have multiple systems"
- Social worker for adult substance abuse in a Wellbeing Services County, 2026

There are communication silos in social work. Information from external social workers is often unavailable to the healthcare providers.
- Expert at a healthcare institution, 2026

2. Different Ways of Communicating:

Miscommunications arise when patients receive care in multiple services because institutions have individual understandings of care and their own way of communicating with patients and other institutions.

This hints at a fragmentation of interpretation and professional culture. Even if the same patient data exists, health care providers may still assess situations differently, communicate differently, or prioritise differently. Standardisation in healthcare is often approached technically. But the fieldwork suggests it is a social and educational issue as well.

Many substance abuse patients who are transferred to HUS keep receiving services from their wellbeing service county and HUS simultaneously. The transfer from primary to specialised healthcare services can be a point of discontinuity in the information flow.

Additionally, information and care overlaps can happen if the patient is simultaneously a client of primary health care and occupational healthcare.

- Mental health specialist in a Wellbeing Services County, 2026

There is a language mismatch between HUS's medical documentation and KELA's legal requirements. Sometimes it is unclear to the healthcare professionals why the patients do not get the Kela benefits they need.

- Expert at a healthcare institution, 2026

Patients can end up being bounced around if the terminology between different specialist groups does not match.

- Mental health specialist in a Wellbeing Services County, 2026

Sometimes, the city-funded communal services for substance abuse patients and Itä-Uusimaa do not cooperate well, which leads to unclear patient paths.

"The community and IU do not get along. They told me that [I] can't be here"

- Personal experience of a substance abuser's relative, (pre-SOTE)

3. Inconsistent Digital Services:

Digital services are working well in Finnish, but are still underdeveloped in other languages. This highlights how Swedish speakers have a clear disadvantage when seeking information.

The language disparity exposes fragmentation of accessibility and inclusion. It is not possible to make a general statement about the availability of healthcare services for Swedish speakers, as those vary greatly in availability depending on the location. However, the development of digital services is lacking across the whole sector, which hints at accessibility being a collective challenge.

The patient and client information system LUVN uses is generally only available in Finnish. There are some Swedish features, but the nurses do not tend to use them.
- Service manager in a Wellbeing Services County, 2026

Patient records in OmaKanta are written in Finnish for patient safety; therefore, Swedish speakers cannot access their information in their own language.
- Expert at a healthcare institution, 2026

Accessing the Swedish-speaking services is sometimes hard to navigate, and it is hard to keep up with the changes. There is a need for centralisation and for guidance on how to access digital information.
- Timeout Foundation project with the Ministry of Justice on Swedish-speaking healthcare services (from an elderly participant), 2026

Digital Swedish services still have room for improvement. People must be able to access them, especially in regions where Swedish services are not as widely available.
- Mental health specialist in a Wellbeing Services County, 2026

Those insights describe situations where healthcare actors hold incomplete or incompatible understandings. The broader problem is underlying fragmentation across information, interpretation, and access, which can cause breaks in continuity, responsibility is not clearly divided between the healthcare actors, and patients must compensate for system fragmentation themselves.

Before the SOTE reform, healthcare actors were responsible for self-managing care, resulting in a variety of implementations which can now cause problems due to a lack of standardisation. However, this micro-level action demonstrates engagement and agency from the sides of the healthcare institution, which can be beneficial to build on for future change.

Proposal

5.1 Vision

What are the changes we envision for the healthcare system? According to the Ministry of Social Affairs and Health, Finland is striving towards "a sustainable and safe welfare society where everyone can have faith in the future" (Ministry of Social Affairs and Health, 2026).

Taking this into consideration, and with the findings from research and fieldwork in mind, we defined what we envision for the future of care as the following:

*Finland is striving toward **an equitable society** based on trust.*

Achieving this requires a healthcare system that emphasises seamless communication across institutions through standardised patient care summaries, transparent patient assessment criteria, and inter-institutional collaborations.

*Together, these practices foster a culture of care grounded in **shared responsibility** and **holistic support** for every patient.*

What is the underlying aim to achieve this vision? Or, in other words, what is the organising concept behind it? The three proposed starting points reduce fragmentation by helping different actors form a coherent and continuous understanding of the patient history, the adequate care pathways and each other's roles in it. The aim is to form an infrastructure for continuity of understanding across boundaries of the care landscape.

In combination, the three intervention points naturally reinforce each other. Shared patient data without shared interpretative frameworks leads to inconsistencies, and standardised onboarding without interinstitutional relationships still preserves institutional silos. Together, those interventions improve the healthcare system's ability to act as one continuous care network instead of isolated transactions.

5.2 Intervention points

In order for a meaningful change to happen within the care path, we believe that listening to people who are at the core of the process is crucial. Therefore we looked into what professionals who work for healthcare institutions and patients whose health depends on these institutions experienced.

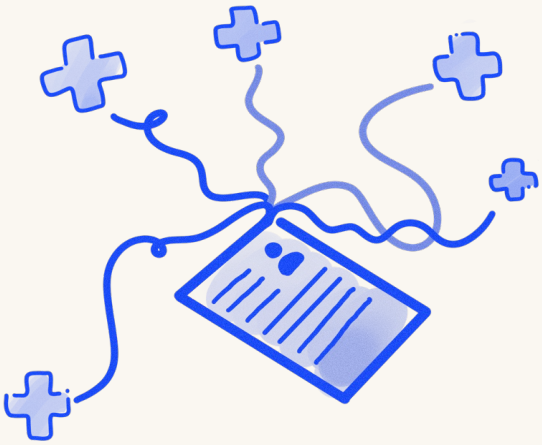
Intervention point 1

Unified patient information

One recurring theme in our research was the fragmentation of patient understanding across institutions. An expert from a Wellbeing Services County explained how patients often need to repeat themselves multiple times throughout their care journey. Similarly, from a substance abuser's relative, the experience was described as a feeling of being "bounced around" between institutions, which repeatedly told them:

"You cannot be here." - Personal experience of a substance abuser's relative, (pre-SOTE)

These experiences revealed that while patient information may move across systems, continuity of understanding often does not. This led us to develop the concept of Oma-Potilas. Inspired by the Oma lääkäri model, **Oma-Potilas** shifts continuity from an individual professional toward shared institutional responsibility across the entire care pathway. One way to support this would be through a standardised patient information summary shared across institutions. Such standardised forms can include critical information such as: active institutions involved, current care pathway and social situation of the patient and preferred language aimed to reduce fragmentation, especially for the vulnerable groups. What exactly would count as critical patient information must be defined by the healthcare providers. This would help professionals maintain a more holistic understanding of the patient throughout their care journey.



"Patients feel that they need to often repeat themselves during the process"
(Social worker for adult substance abuse in a Wellbeing Services County, 2026)

"I get bounced around between IU and HUS and I am told, you cannot be here"
(Personal experience of a substance abuser's relative, 2026)

Intervention point 2

On-boarding frameworks

Another intervention point emerged around how new employees are introduced into healthcare institutions. Several experts expressed that new employees are often placed directly into demanding roles without sufficient understanding of patient care pathways, assessment criteria, or institutional practices. This highlighted that shared understanding cannot exist if professionals are not allowed to build it from the beginning. Structured onboarding frameworks could therefore strengthen continuity of understanding by introducing employees to long-term care pathways, critical patient information, and collaborative care practices from the start.

“We don’t know based on what criteria other institutions make certain decisions”
(Expert at a healthcare institution, 2026)

“We don’t get training for the patient assessment criteria. New employees are often thrown into work immediately”
(Expert at a primary healthcare institution, 2026)

Intervention point 3

Knowledge sharing practices

Our research also showed that collaboration becomes more seamless when professionals better understand each other’s work. This led us to identify knowledge-sharing practices as another important intervention point. Cross-institutional exchange opportunities, such as shadowing practices, could help professionals gain a firsthand understanding of how collaborative care partners communicate, assess, document, and coordinate care in practice. Such practices can strengthen trust, reduce institutional silos, and support a more continuous understanding of the patient journey.

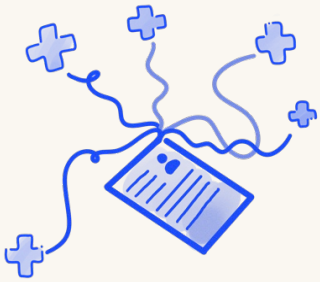
“I work with other care institutions the best because I understand their criteria the most”
(social worker at a primary healthcare institution, 2026)

5.3 Opportunities

We identified three intervention points (unified patient information, cross-sector onboarding frameworks, and knowledge-sharing practices), leading to realistic futures already emerging in the healthcare sector. They shift the healthcare system from isolated interventions to an ecosystem of continuous, connected care. These intervention points require new structures; more importantly, they lead to a shift in how institutions, professionals, and patients understand their collective role and co-creation process in supporting the patient journey.

Shared responsibility

Unified patient information across healthcare would avoid the dispersion of information across different institutions. It helps professionals have a complete understanding of the patient's circumstances, decreasing the possibility of delayed interventions and repeated assessments; it also facilitates a holistic, real-time view of patients' wants and needs, improving proactive care and identification of vulnerable groups. This, in turn, leads to more ownership and accountability in the healthcare system because decisions are made with shared responsibility for the patient journey.



Unified patient information

- **Earlier support** instead of waiting for problems to escalate
- **Quicker recognition** of patients who may be at risk
- **Reduced repetition** of assessments and administrative work
- **Greater shared accountability** in institutions, leading to consideration of holistic wellbeing

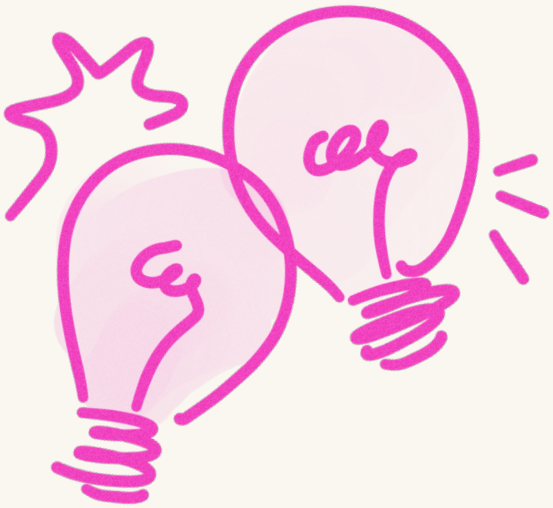
Shared responsibility

Shared understanding

Our second opportunity is the development of onboarding frameworks: the aim is to introduce healthcare professionals to the wider healthcare ecosystem from the start of their careers. Onboarding is often focused only on integrating the new employee into its own institution. A more system-oriented approach would help in understanding the patient journey across different services and healthcare roles and how they interact; the assessment criteria and awareness of one's own actions on the patient's path would also improve. This ultimately creates a shared understanding of healthcare rather than an understanding of separate healthcare institutions. This is also in line with Roger Martin's (2009) concept of the need for institutions to embrace abductive reasoning and develop new ways of thinking that cross current boundaries, challenging current ways of doing in favour of alternative paths to address current challenges instead of just improving current practices.

Onboarding frameworks

- Professionals are **trained to understand different care systems from onboarding**
- **More complete understanding** of patient pathways across time and place
- **Greater understanding** of each other's roles for the patient
- **Reduced misunderstandings** about assessment criteria



Shared understanding

Continuous learning

The third opportunity is about creating stronger cross-cutting knowledge-sharing practices between healthcare institutions. While professionals may have advanced expertise within their own institutions, there is a lack of structure for learning across boundaries. For this reason, more frequent shared reflections, dialogue, and opportunities to grow together may bring better knowledge of each other's challenges. With time, this can create trust, collaboration, and a culture where learning is continuous and collective rather than confined to single institutions. This opportunity reflects Boyer, Cook, and Steinberg's (2013) idea of creating change from within the system rather than imposing new top-down ways of doing; creating change by gently building new models instead of fighting the current one. In this way, meaningful change can emerge through new interactions inside the system, as we can see in this third opportunity.

- **Continuous learning** through open conversation and reflection
- **Stronger empathy** between professionals
- **Knowledge sharing** helps professionals learn from each other
- Creation of a health **culture based on listening and growing together**

These opportunities are particularly critical in the Finnish healthcare system since responsibility and accountability are distributed across different government levels and bodies (Johanson et al., 2023; Pekkola et al., 2023). We envision possibilities for it to become more coordinated and human-centred, creating a better environment for both patients and professionals.

Our project encouraged us to critically reflect on the assumptions underlying public healthcare management.

Looking Beyond Service Delivery

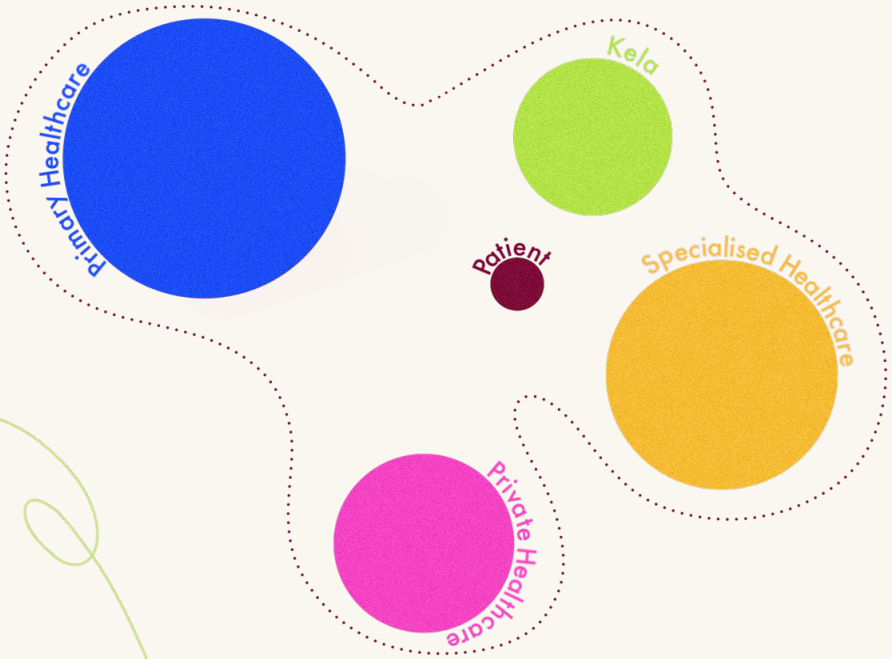
First, the project fundamentally shifted our understanding of healthcare provision. At the beginning, we focused on identifying issues in healthcare delivery at the intersection of vulnerability and bilingualism. However, through our research, we came to realise that the quality of healthcare extends beyond individual services and providers. Ultimately, quality of care depends on how knowledge is shared, interpreted, and acted upon throughout the system. One of the most important reflections from the project is that issues in healthcare do not primarily arise because professionals lack commitment, enthusiasm, or dedication to their work. Rather, both professionals and patients carry the burden of fragmented understandings of the patient's healthcare situation, which often leads to discontinuities in care. At the same time, we recognise the shortcomings of our investigations; interviewing vulnerable patients comes with ethical limitations, which is why we got little firsthand perspectives during our fieldwork. Through this process, we learnt to distinguish between symptoms and deeper underlying structures, connections, and relationships, reflecting Meadows' concepts of leverage points and systems thinking (Meadows, 1999; Meadows, 2008). Consequently, our proposal shifted from improving the quality of individual services to strengthening continuity of understanding.

The Challenge of System-Wide Coordination

Second, once we recognised that continuity of care is closely linked to continuity of understanding, new questions emerged. What initially appeared to be isolated operational issues increasingly revealed themselves as symptoms of broader systemic challenges. The current healthcare system often lacks structures that support a shared understanding of patient care and holistic wellbeing across institutional boundaries. During discussions with our project partners, the question of accountability became particularly prominent: who should coordinate and drive change towards greater continuity of understanding?

This question reflects a longstanding characteristic of Finnish healthcare. Historically, healthcare providers have maintained a high degree of autonomy, resulting in diverse practices and ways of working. While this can contribute to fragmentation, it also demonstrates the strong agency, expertise, and motivation that exist within individual organisations. These challenges can also be understood through Meadows' concept of policy resistance (Meadows, 2008). Healthcare institutions often develop policies

aimed at improving local practices and addressing local needs; however, these efforts can unintentionally overlook the needs of the healthcare system, thereby reinforcing fragmentation. The challenge, therefore, is not a lack of willingness to improve care, but rather the absence of mechanisms that coordinate efforts across institutions. For this reason, we believe that governance structures and dedicated coordination roles could play an important role in aligning healthcare providers around shared practices, goals, and understandings of care. This aligns with Martin's (2009) perspective on design thinking as a way of creating new value by integrating different and sometimes opposing perspectives.



When understanding is continuous, care can be continuous as well.

References

Boyer, B., Cook, J. W., & Steinberg, M. (2013). Case 1: Rebuilding Constitución. In Legible practices: Six stories about the craft of stewardship (pp. 25–41). Helsinki Design Lab.

Cambridge Dictionary. (2026). Care definition. [Website]. Retrieved 18.5.2026 from: https://dictionary.cambridge.org/dictionary/english/care

Johanson, J. E., Kujala, E., Moilanen, T., Pekkola, E., & Pekonen, O. (2023). The Finnish politico-administrative system. In E. Pekkola, J. E. Johanson, & M. Mykkänen (Eds.), Finnish public administration: Governance and public management. Palgrave Macmillan.

Kuntaliitto. (2022). Finland's health and social services reform - The Situation in Spring 2022. [PDF-document]. Retrieved 3.6.2026 from: https://www.kuntaliitto.fi/sites/default/files/media/file/Finland%27s%20health%20and%20social%20services%20reform.pdf

Liebkind, K., Moring, T., & Tandefelt, M. (Eds.) (2007). The Swedish speaking Finns. (International journal of the sociology of language; No. 187/188 (Special issue). De Gruyter Mouton.

Länsi-Uudenmaan hyvinvointialue. (2026, March 12). Yhteisen asiakastietojärjestelmän käyttö alkaa 17.3. [Website]. Retrieved 3.6.2026 from: https://www.luvn.fi/fi/uutiset/2026/03/yhteisen-asiakastietojarjestelman-kaytto-alkaa-173

Martin, R. L. (2009). The design of business: Why design thinking is the next competitive advantage. Harvard Business Press.

Meadows, D. H. (1999). Leverage points: Places to intervene in a system. Sustainability Institute.

Meadows, D. H. (2008). Thinking in systems: A primer. Chelsea Green Publishing.

Ministry of Social Affairs and Health. (2025). Personal physician, personal nurse, care team or independent practitioner? The many models of continuity of care. [Website]. Retrieved 3.6.2026 from: STM

Pekkola, E., Johanson, J. E., Kujala, E., & Mykkänen, M. (2023). The structures of the Finnish public administration. In E. Pekkola, J. E. Johanson, & M. Mykkänen (Eds.), Finnish public administration: Governance and public management. Palgrave Macmillan.

Statistics Finland. (2025a, April 4th). Number of foreign-language speakers exceeded 600,000 during 2024. [Website]. Retrieved 20.5.2026 from: https://stat.fi/en/publication/cm1jg8tr20lco07vwvoif9s6i

Statistics Finland. (2025b). Väestö ja yhteiskunta: Väestötietoja 2021–2025. [Website]. Retrieved 3.6.2026 from: https://stat.fi/fi/tilastot/tietoa-teemoittain/suomi-lukuina/vaesto-ja-yhteiskunta