European Commission

Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Sweden

Funded by the Health Programme of the European Union

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Written by Optimity Advisors
June 2018

Public Health

EUROPEAN COMMISSION

Consumers, Health, Agriculture and Food Executive Agency
Health and Food Safety Unit

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EU Health Programme (2014-2020)

2018

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Luxembourg: Publications Office of the European Union, 2018

Project NUMBER: 2018.3996				
Title: Health system performance assessment - Integrated Care Assessment (20157303 HSPA)				
Version	Support/Volume	Catalogue	ISBN	DOI
EN PDF	PDF/Volume_14	EW-03-18-215-EN-N	978-92-79-92868-0	10.2875/033621

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Sweden

Population size (thousands): 9,799 (State of Health in the EU, Sweden, 2017)[1]

Population density: 24.1 inhabitants / km^2 (Eurostat, 2015)[2]

Life expectancy: 82.2 years (State of Health in the EU, Sweden, 2017)

Fertility rate: 1.9 births / woman (State of Health in the EU, Sweden, 2017)

Mortality rate: 9.4 deaths / 1,000 people (Central Intelligence Agency, 2017)[3]

Total health expenditure: 11.0% (State of Health in the EU, Sweden, 2017)

Health financing: government schemes and compulsory contributory health insurance schemes (83.66%), voluntary health care payment scheme (1.14%), voluntary health insurance schemes (0.59%), NPISH (i.e.non-profit institutions serving households) financing schemes (0.14%), enterprise financing schemes (0.42%), household out-of-pocket payments (15.19%) (Eurostat, 2015)[4]

Top causes of death: circulatory diseases, malignant neoplasms, and respiratory diseases (State of Health in the EU, Sweden, 2017)

The Swedish healthcare system

Sweden's healthcare system is organised on three levels: national, regional and local. Sweden has 21 county councils at regional level, and the healthcare system is a highly de-centralised system, with each region managing service provision, and establishing taxes locally. The government distributes resources to provide equity in health services provision across the country, enabling universal health coverage. The state is also responsible for regulation and supervision. At the local level, municipalities are responsible for long-term care of the elderly, disabled and psychiatric patients.

The Swedish healthcare system is mainly government-funded, with public expenditure accounting for 84% of the total. For private expenditure, the great majority is out-of-pocket payment by the households, with user charges varying across regions.

The healthcare system in Sweden has very low number of acute care hospital beds (2.3 per 1000 population) and has a very high use of electronic systems both for patient records for diagnostic data and for prescriptions (European Commission, 2017l).

Integrated care policies

Sweden has a high number of integrated care policies and strategies that integrate social and healthcare, coordinate care through extensive use of eHealth systems, and integrate health pathway management (Paulus et al., 2013). Since 2015, grants have focused on care coordination, supporting actions to improve collaboration at the county council level, including, for example, investments in eHealth infrastructures.

Integrated care policies have also focused in the area of specialised care. For example, in 2015, the government allocated USD220 million over four years to build six coordinated regional cancer centres that would allow the reduction of waiting times and reduce health inequalities for patients with cancer.

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[1] https://ec.europa.eu/health/sites/health/files/state/docs/chp_sv_english.pdf

[2] Population data, Eurostat http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin-1

[3] https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html

[4] http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

Current integrated care policies and strategies in Sweden reflect the leading position that Sweden has in the integrated care field across Europe. For example, in 2016, the government set out a vision of the country as being the world leader in eHealth by 2025.[5]

Implementation of integrated care in Sweden

- *BLMSE – Better life for the sickest elderly people*, which targets severely ill elderly people, aiming to develop a system in which it is easier to call for an ambulance and get to hospital;
- *Samordning för Linnea,* which looks to improve the care of the most ill elderly by creating multi-professional teams with employees from county councils and municipalities;
- *ViSam modellen,* which aims to create continuity and coherence in the care and care chain for the most ill elderly;
- *Äldres Bästa projekt äldrelots*, which aims to improve the care of the elderly by providing support with elderly relatives, based on the needs of the individual;
- *Pioneering integrated organisational models for improving care for elderly people in Angelholm*, which works on the introduction of mobile care teams, electronic medical records and eHealth technologies;
- *Report on the healthcare region's action plans for SVF,* which is a policy comment on the status of the regional attempts to coordinate cancer pathways;
- *Action plan for distance meeting via video,* which is the implementation of joint care pathway planning for both somatic and psychiatric care through videoconference meetings;
- *Coherent close care without unnecessary hospital stays,* which aims to avoid gaps in care;
- *Regulatory documents. A sample of documents*, which aim to coordinate health and care planning;
- *Wägledning om barns behov on national and regional level,* which aims to improve interventions for youth and children in municipalities and regions through systematic imrpvements of the coordination
- *Video- och distansmöte Handlingsplan 2013–2018,* which aims to implement video and distance meetings to enhance borderless communication across organisations, departments, authorities and even with the patients.
- *Samordnad individuell plan, SIP, insatser från både socialtjänst och hälso- och sjukvård,* which aims to train staff on how to use coordinated plans.
- *Lots of learning on IC in Nortalje Sweden,* which provides health services as well as social services to the population of Norrtälje.
- *Nntionell-samordnare-for-utveckling-och-samordning-av-insatser-inom-omradet-psykisk-halsa*, which aims to develop and coordinate interventions within psychiatric healthcare and support ongoing work across all actors;
- *Pilotproject: Cooperation between region and municipality*, which aims to test patients' records on mobile devices;
- *Coordinated care planning – simpler and higher quality,* which tests new technological tools to facilitate the coordination of care planning processes;
- *Nisseprojektet i Malmö*, which aims to set a special ward at hospitals were all districts were allocated;

[5] http://international.commonwealthfund.org/countries/sweden/

- *Jönköping County Council (Esther Model),* which aims to deliver high-quality, integrated, population-based health and care;
- *Norrtälje Integrated Organisation,* which is made up of three organisations working to provide shared models of integrated care;
- *Distance spanning healthcare*, which aims to carry out acute assessment and routine visits remotely;
- *Psychosis and schizophrenia care process,* which aims to offer to patients with mental health disorders early intervention and treatments to support them in their rehabilitation;
- *The patient journey through emergency medical care,* which aims to reduce the transportations and provide better accessibility for patients to local hospitals;
- *My plan,* which aims to empower patients in hospital in both the discharge planning process and the planning process at home;
- *Äldreomsorgens värdegrund – fundamental values in elderly care*; the aim is that all employees in the city's elderly care should know and follow the intentions of the fundamental values (dignity, freedom of choice, in control of their care);
- *Shoulder rehabilitation via distance technology,* which creates a remote communication system for patients to speak to their doctors;
- *Rehabilitation at home,* which aims to understand what frail people want from their care and deliver the best care;
- *West Skaraborg community care (through Esther Model),* which is a model based on collaborative microsystems and services primarily provided in the patient's home. The development of the model is based on a common understanding of the target group's needs rather than a more formal one. The model takes as a clear base the patient group's health status and needs. A local team consisting of a doctor (geriatrician) and two specialist nurses caters for patients with complex medical care needs and where care requires collaboration between the municipal home care, primary care and hospital care.

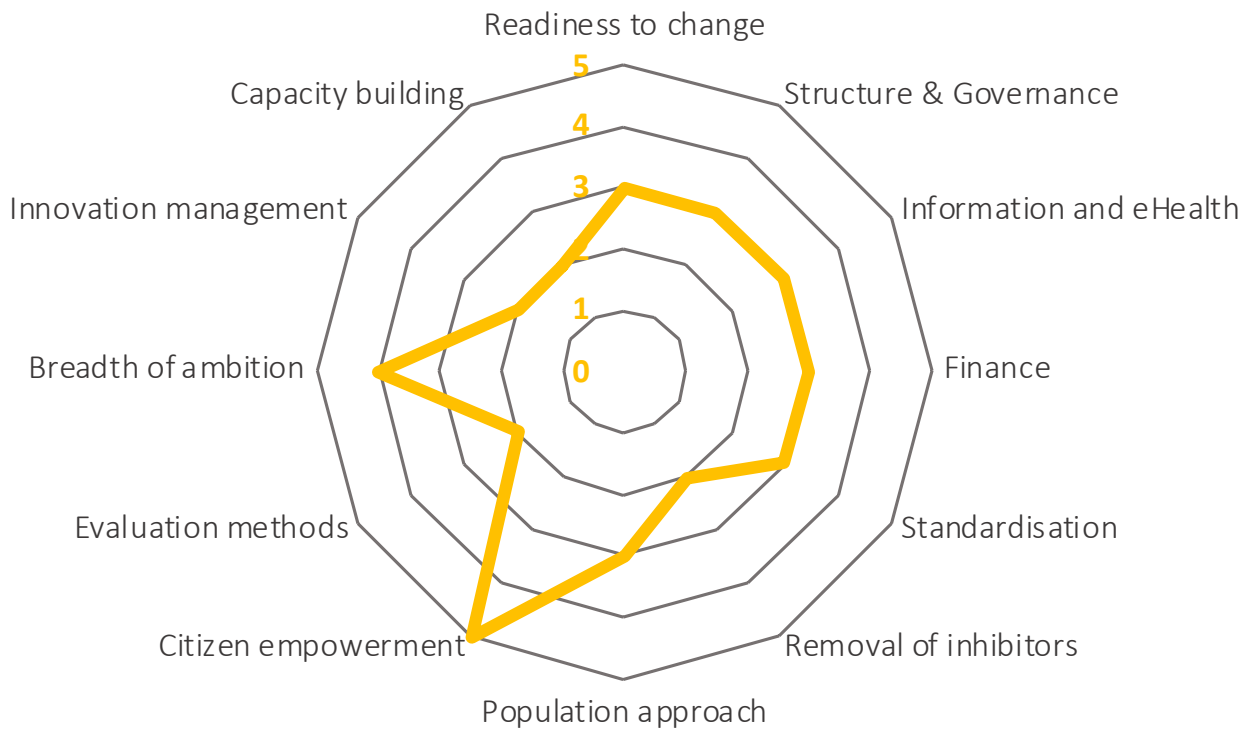
Assessment of the maturity of the health system

Maturity Model - Sweden (Norrbotten)	
Readiness to Change to enable more Integrated Care	
Self-assessment	3 – Vision or plan embedded in policy; leaders and champions emerging
Justification	
Structure & Governance	
Self-assessment	3 – Governance established at a regional or national level
Justification	
Information & eHealth Services	
Self-assessment	3 – Voluntary use of regional/national eHealth services across the healthcare system
Justification	
Finance & Funding	

Self-assessment	3 – Regional/national (or European) funding or PPP for testing and for scaling-up
Justification	
Standardisation & Simplification	
Self-assessment	2 – A recommended set of agreed information standards at local level; a few local attempts at ICT consolidation
Justification	
Removal of Inhibitors	
Self-assessment	1 – Awareness of inhibitors but no systematic approach to their management is in place
Justification	No specific model used for projects or scaling up support can be found to overcome known inhibitors. Different models have been used with different results.
Population Approach	
Self-assessment	2 – Individual risk stratification for the most frequent service users
Justification	Population risk stratification is not used in a systematic way.
Citizen Empowerment	
Self-assessment	5 – Citizens are involved in decision-making processes, and their needs are frequently monitored and reflected in service delivery and policy-making.
Justification	Everyone has access to their own electronic health records, lab-results, open comparisons, quality registers, and specific national registers. Personalised approach strategy and action plan for citizens involved.
Evaluation Methods	
Self-assessment	1 – Evaluation takes place, but not as a part of a systematic approach
Justification	No common/systematic approach. Fragmented evaluations when services are implemented.
Breadth of Ambition	
Self-assessment	5 – Fully integrated health & social care services
Justification	
Innovation Management	
Self-assessment	2 – Innovations are captured and there are some mechanisms in place to encourage knowledge transfer
Justification	The innovation management process is not very formalised. No functions which can work in all parts of the process. Procurement is currently very much removed from the process.
Capacity Building	
Self-assessment	2 – Cooperation on capacity building for integrated care is growing across the region
Justification	

The maturity of the Swedish integrated care healthcare systems is amongst the strongest analysed in terms of breath of ambition and citizens' empowerment (scored, respectively with 4 and 5), and the weakest in terms of innovation management, evaluation methods and removal of inhibitors (all scored with 1). The rationale of these low scores was the acknowledgement of a lack of models and structure to drive innovation, evaluations services and growth of integrated care initiatives.

Sweden | Norbotten



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EW-03-18-215-EN-N

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doi: 10.2875/033621