Reform & practice

Perspectives on Swedish healthcare reforms

Visit of the UK Communities and Local Government Select Committee

January 14th, 2013

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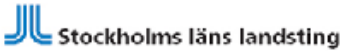
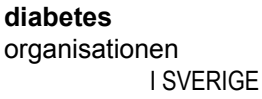
The Academic Think Tank

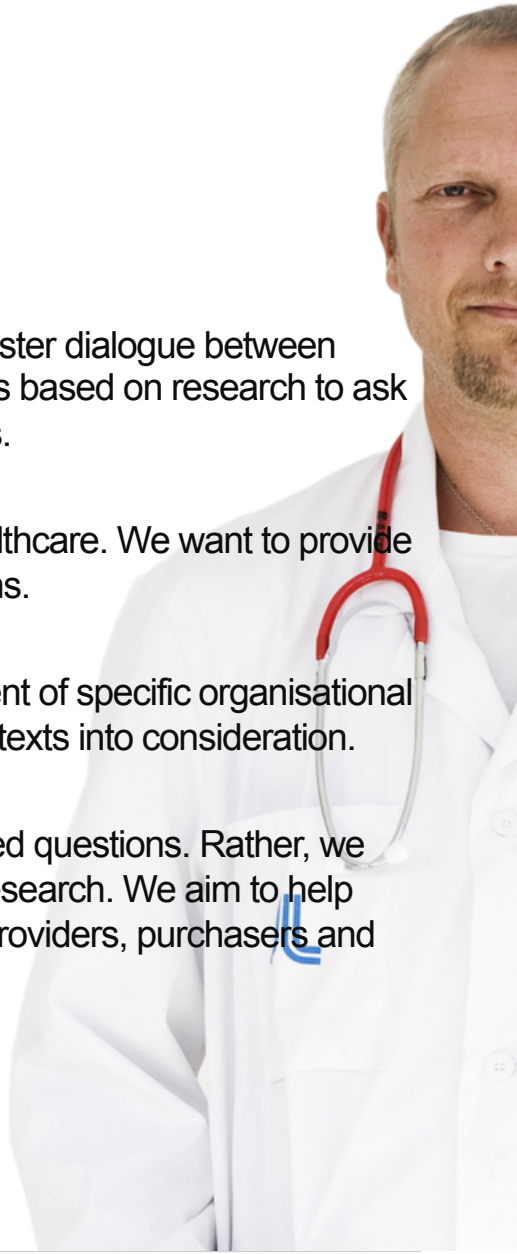
Partner network





Academic network

Leading Health Care



- Leading Health Care is an academic think tank. Academic in the sense that we foster dialogue between conflicting interests and values, and we want to foster the use of knowledge that is based on research to ask better and more relevant questions about the development of healthcare systems.

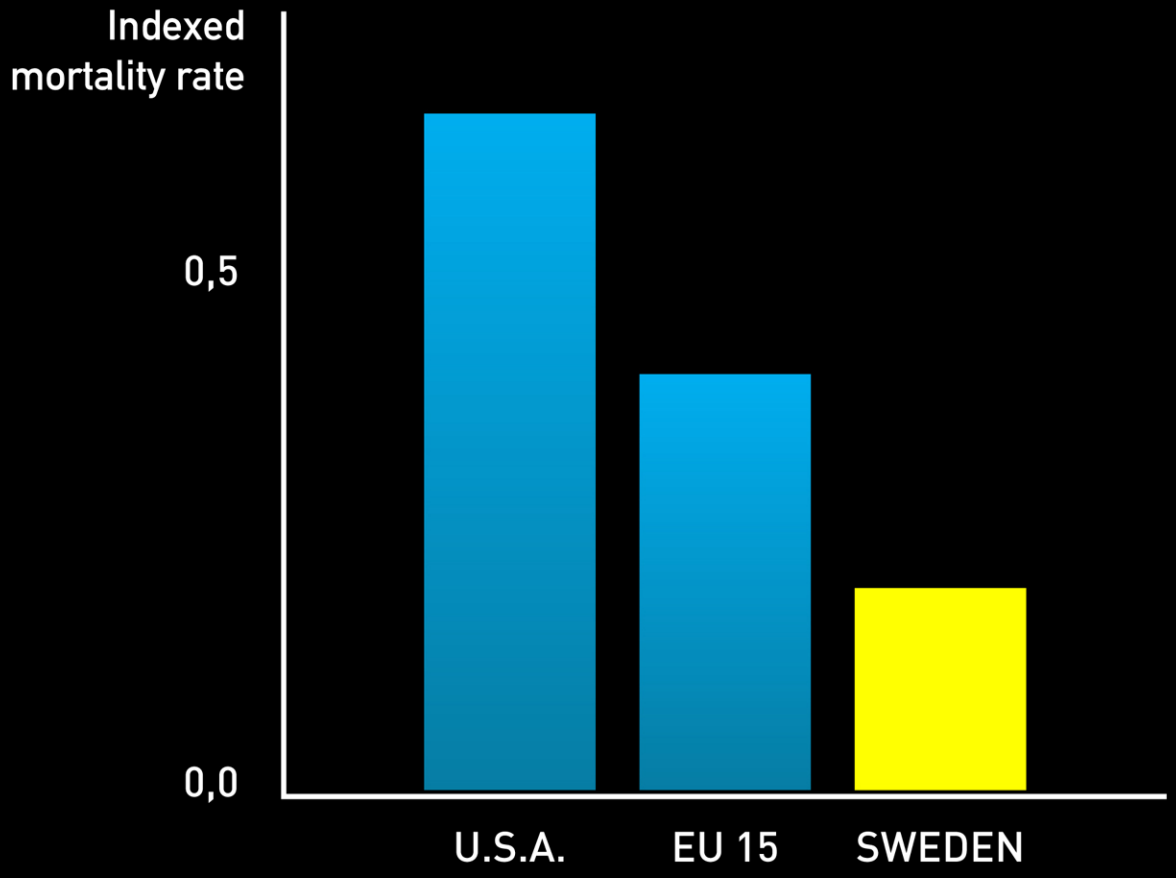
- Being a think tank means that we aim to influence the many policy makers in healthcare. We want to provide today's decision makers with informed knowledge for making tomorrow's decisions.

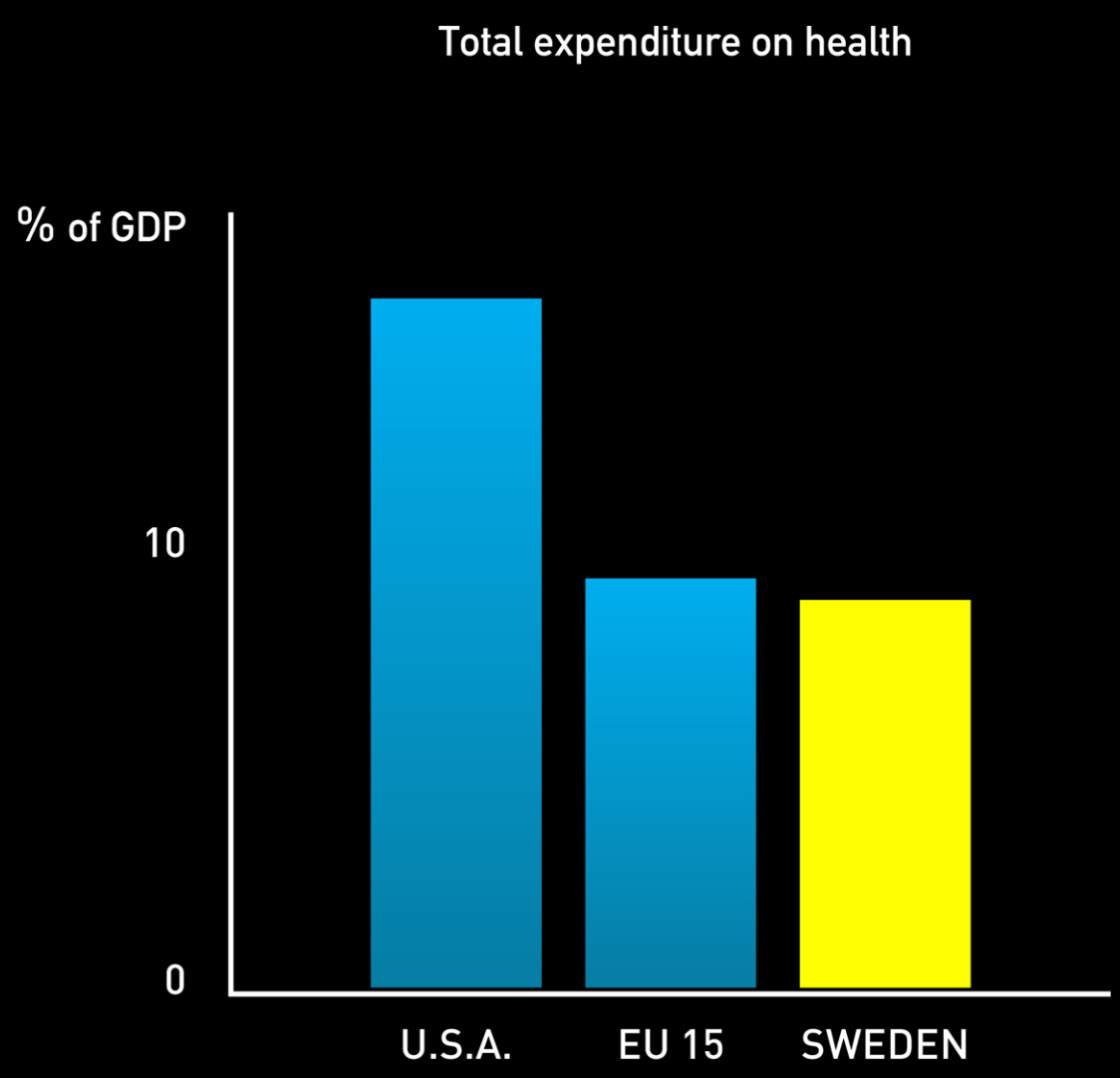
- Coming from research means that we are somewhat agnostic: we are independent of specific organisational tools and models, open for pragmatism, flexible when it comes to taking local contexts into consideration.

- The Leading Health Care concept is not to provide ready-made answers to defined questions. Rather, we help to pose better questions based on the extensive knowledge base found in research. We aim to help translating this knowledge into relevant examples for the healthcare sector – it's providers, purchasers and governing institutions.

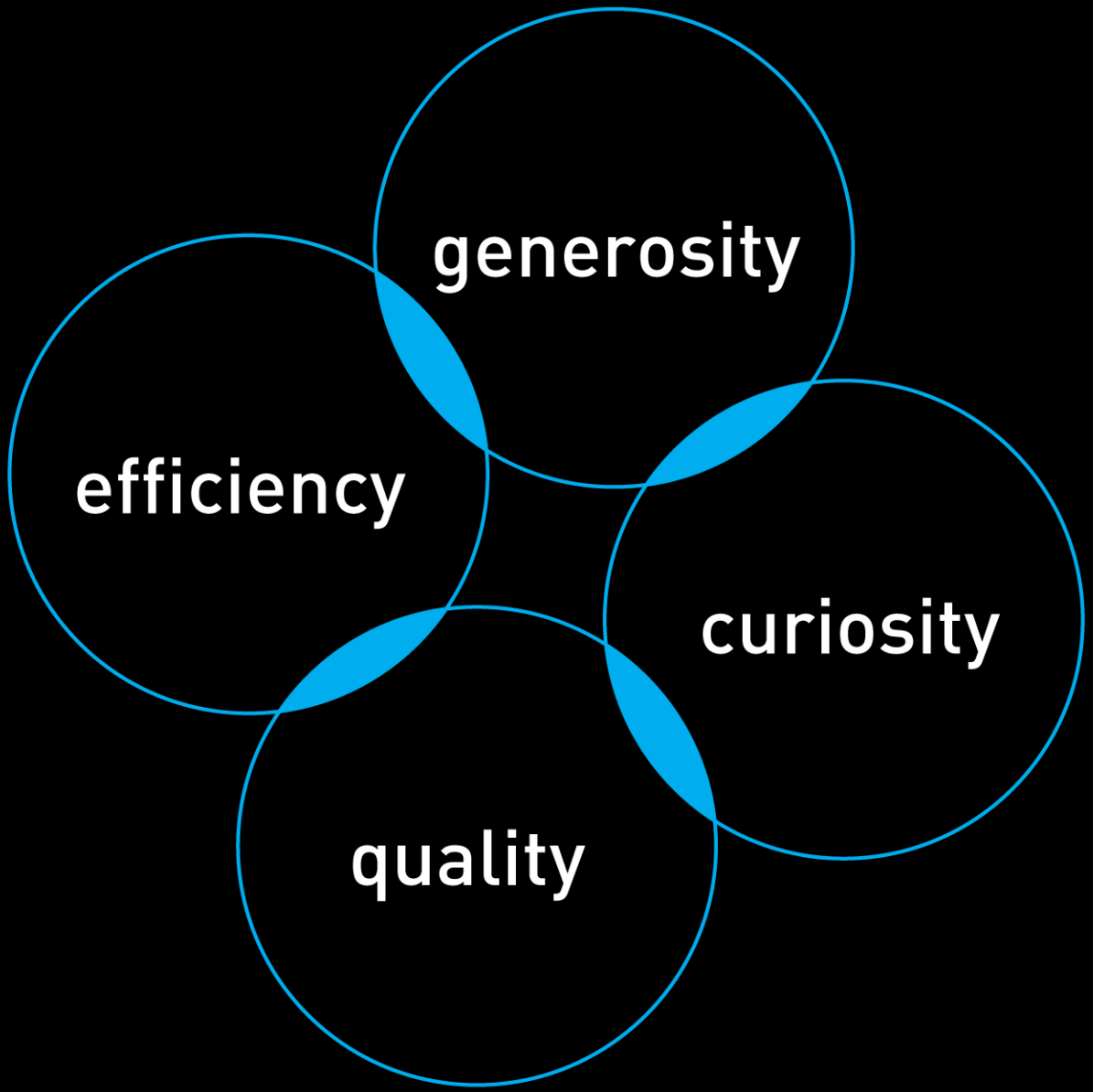
SymbioCare
HEALTH BY SWEDEN

Performance of medical results



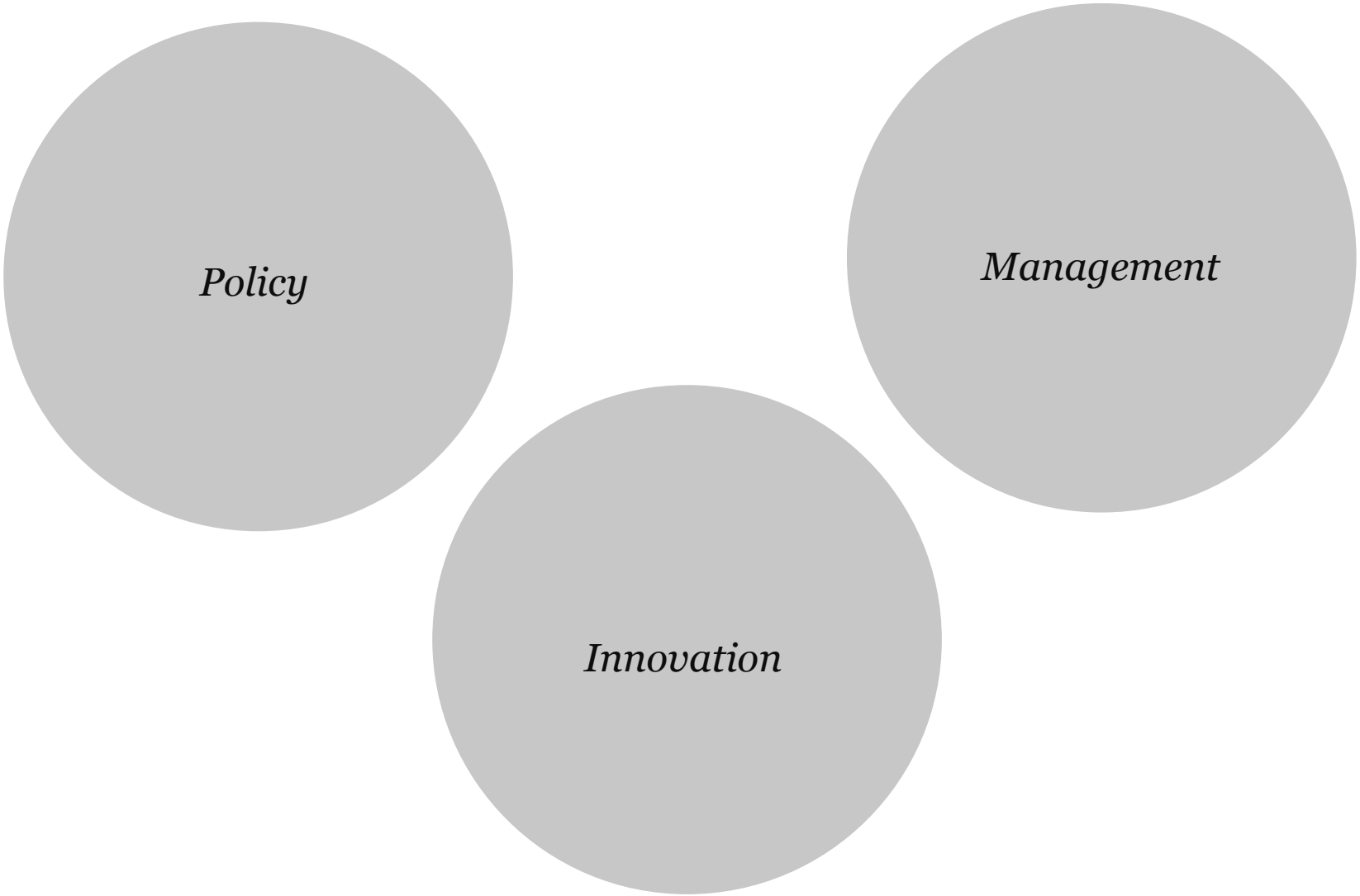

Total expenditure on health
% of GDP
10
0
U.S.A.
EU 15
SWEDEN

Core Values

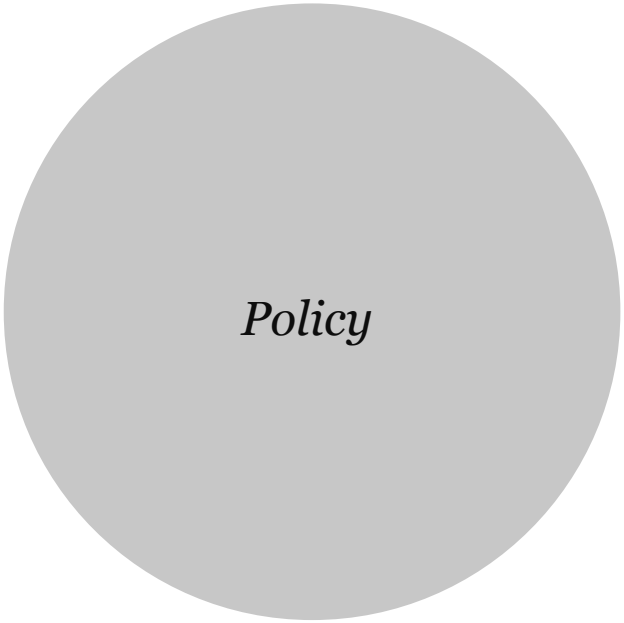


Swedish healthcare reforms revisited

Trends in three rather separate areas

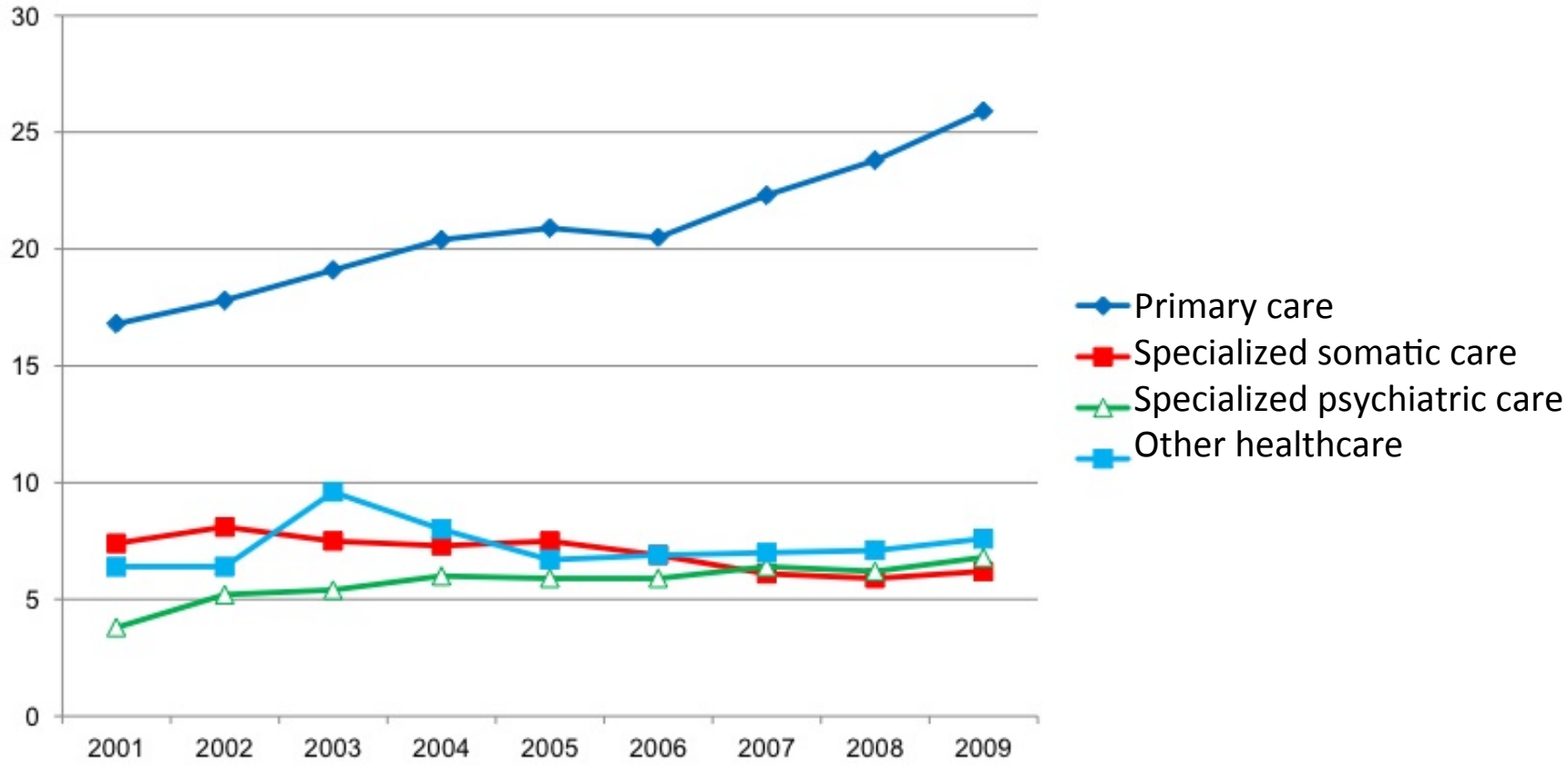


Policy trends



- Until late 1980:s: 100% public concern
- Early 90:s: Purchaser/provider model
- Mid 90:s: Free establishment within primary care, partial privatisation of care provision
- 1996: Care guarantee 1/7/30/90
- 2008 and onwards: National accessibility targets and P4P
- Central gvt initiatives within select areas (patent safety, integrated care, etc.)
- From producer to client perspective:
  - law on choice systems
  - patient power (empowerment?)

Increasing reliance on private providers… in some areas



Percent of net cost. *Source:* A Anell, Konkurrensens Konsekvenser, SNS 2011

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Large differences in privatisation between counties

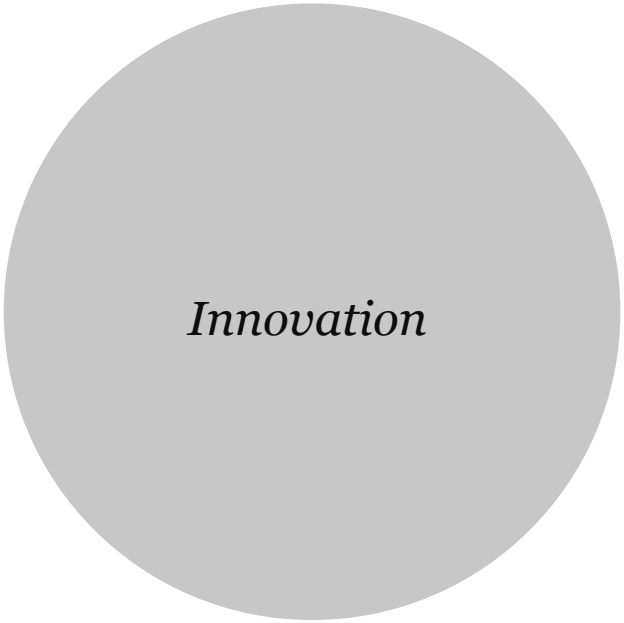
County	Primary care	Specialised somatic care	Specialised psychiatric care	Other health care	Health care including dentistry
Stockholm	47,9	16,1	14,6	24,5	22,9
Halland	34,8	5,8	1,0	0,9	10,9
Väst-manland	40,2	2,2	2,9	9,1	10,2
Skåne	29,7	4,5	8,5	13,1	10,1
Jönköping	7,4	1,4	2,0	7,3	3,3
Kalmar	11,5	1,0	1,6	0,6	3,1
Dalarna	4,6	1,2	4,4	1,9	2,3

Percent of net cost 2009. *Source:* A Anell, Konkurrensens Konsekvenser, SNS 2011

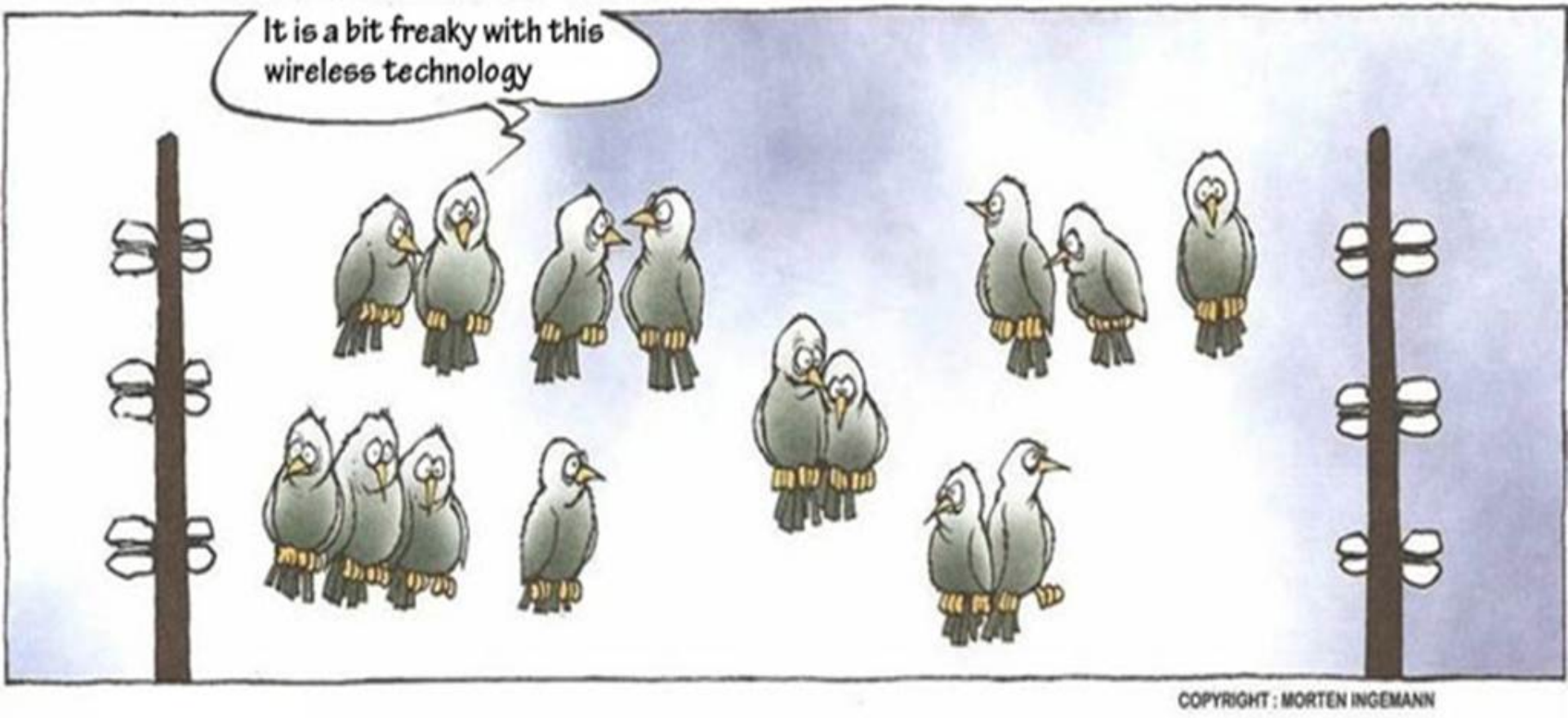
Management trends

- 80:s: Profit centers (unit-based economic responsibility)
- 90:s: Quality movement
- 1992: First standardised management protocol
- Leadership training (individual)
- 2006: Open comparisons through quality registers
- Process orientation – Lean
- Evidence-based management?

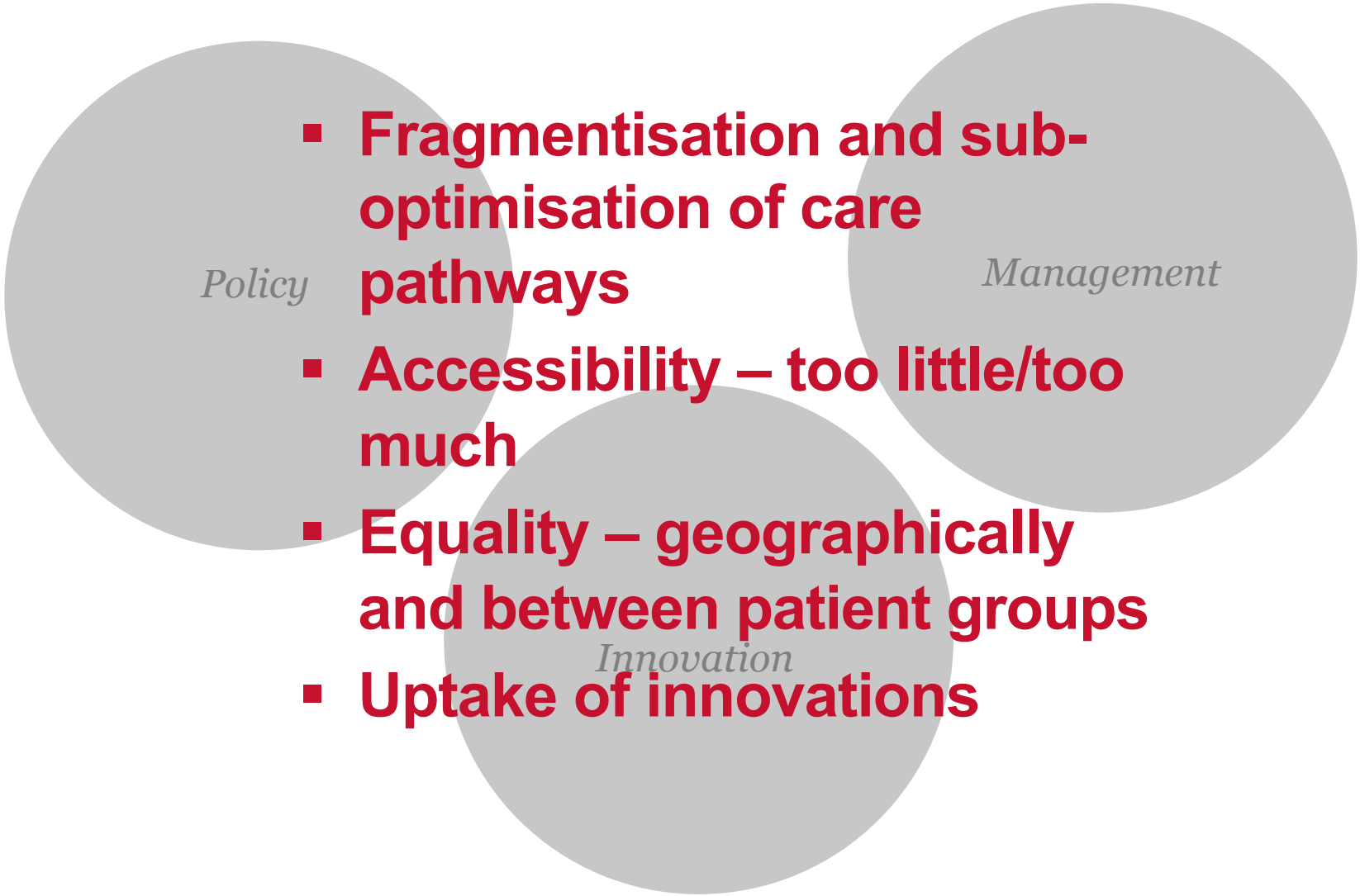
Innovation trends



- Since the 60:s: Inventions and products – rich Swedish history
- 90:s: Less clinical research
- Past 10 years: Significantly fewer clinical trials
- Widespread use of IT:
  - Electronic records
  - Electronic prescriptions
  - Telemedicine
- E-health?


It is a bit freaky with this wireless technology
COPYRIGHT : MORTEN INGEMANN

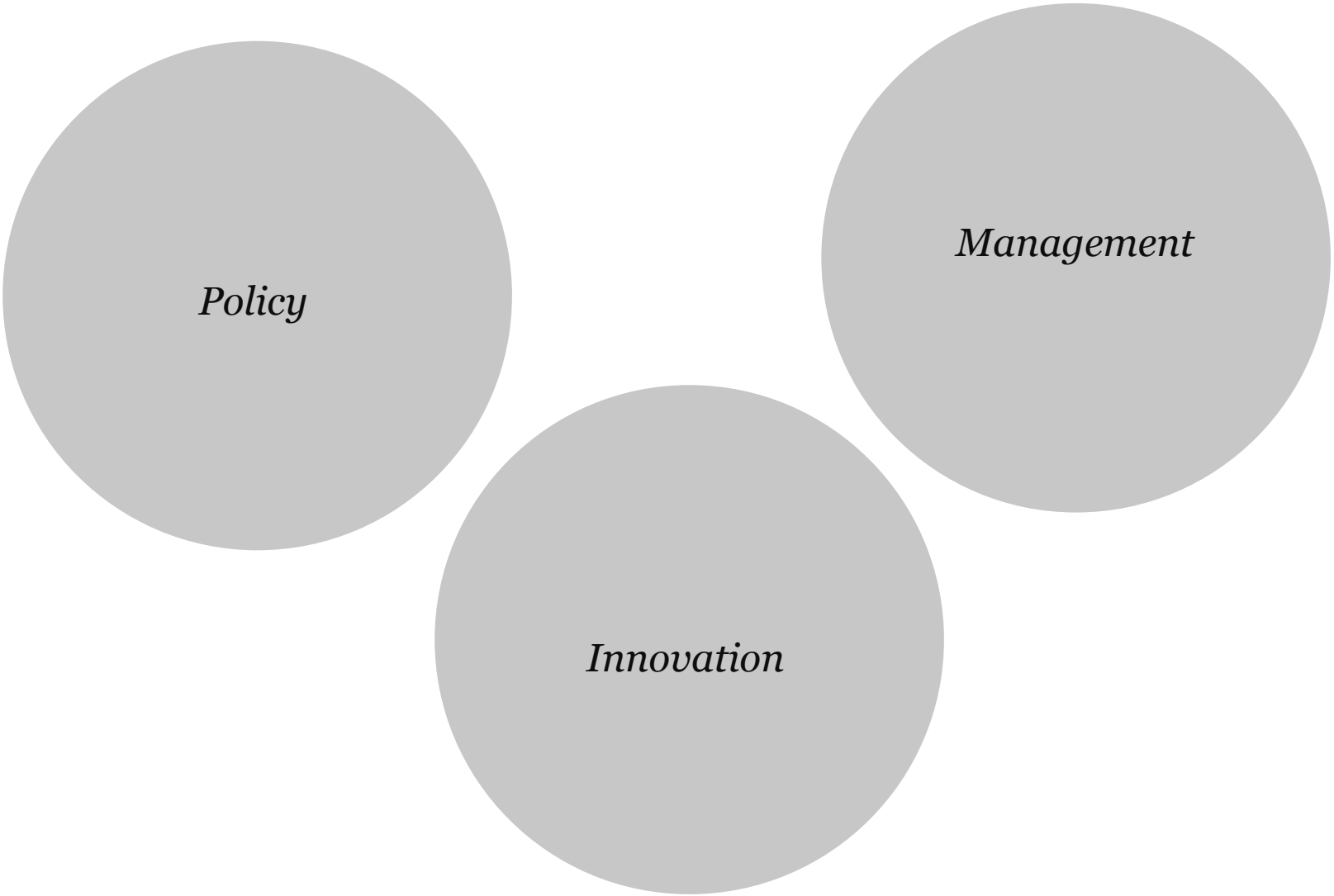
Challenges



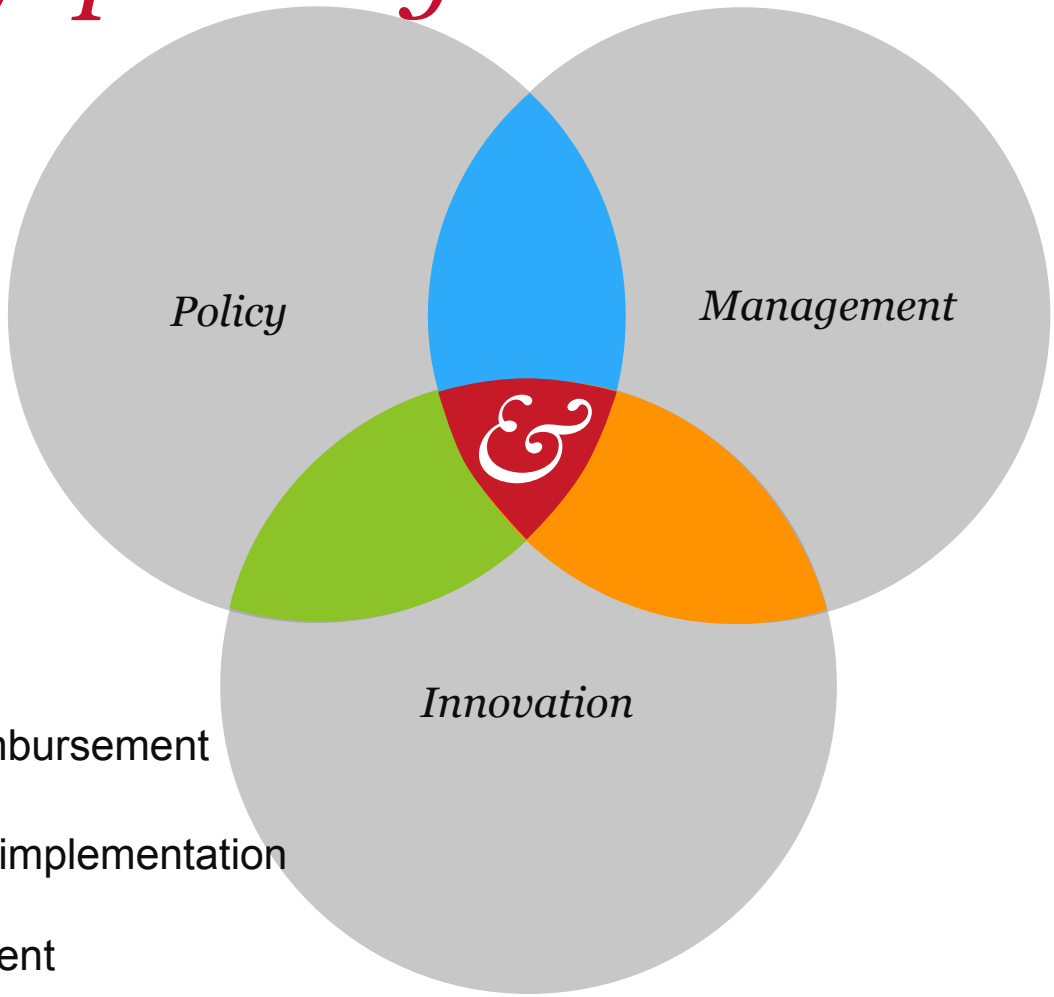
- **Fragmentisation and sub-optimisation of care pathways**
- **Accessibility – too little/too much**
- **Equality – geographically and between patient groups**
- **Uptake of innovations**

We need
a new story!

The Leading Health Care challenge



The challenges - and opportunities - are boundary spanning

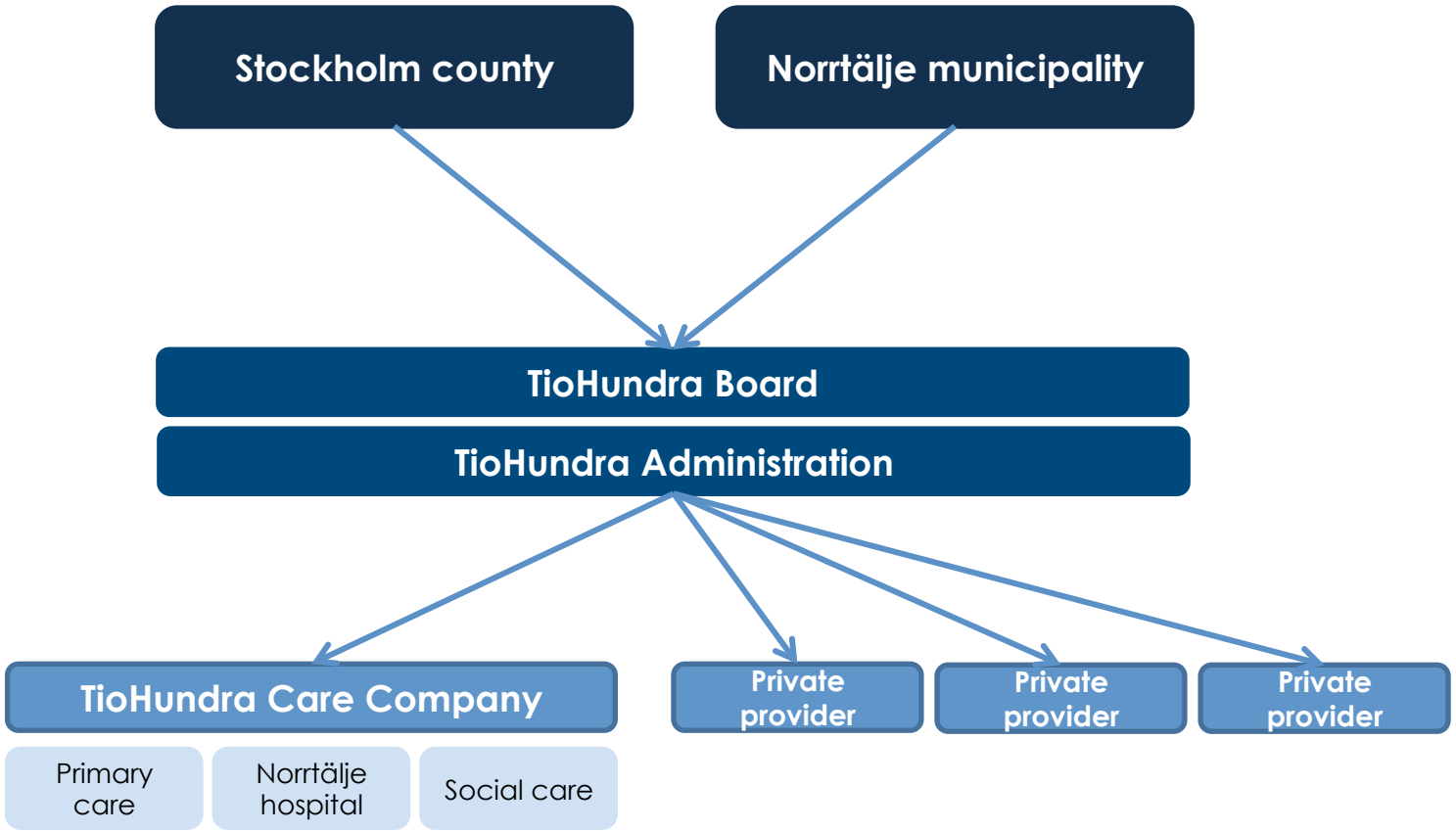


- Leading Health Care
- Procurement and reimbursement
- Innovation policy and implementation
- Operations management

Recent and ongoing LHC projects

- Process orientation within cancer care – what are the obstacles?
- Spread of innovations – learnings from organisation theory
- Rare diseases – challenges for patients, providers and governing institutions
- National guidelines on management systems – (how) do they work in practice?
- Horisontal economics? Development of reimbursement systems for integrated care of the elderly
- TioHundra: Evaluation of a local attempt at county and municipal purchaser + provider integration

The TioHundra project – an organisational reform aimed at the integration of health and social care



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Tools for fostering integration

- Boundary-spanning commissioning contracts, e.g. bundling of home-based health and social care for the elderly within one system of client choice
  Boundary-spanning care units, e.g. the “family house”, an integrated care clinic targeted at young patients with special needs, and their parents
- Boundary-spanning evaluation (pilots), by multidisciplinary teams
- Boundary-spanning reimbursement systems??

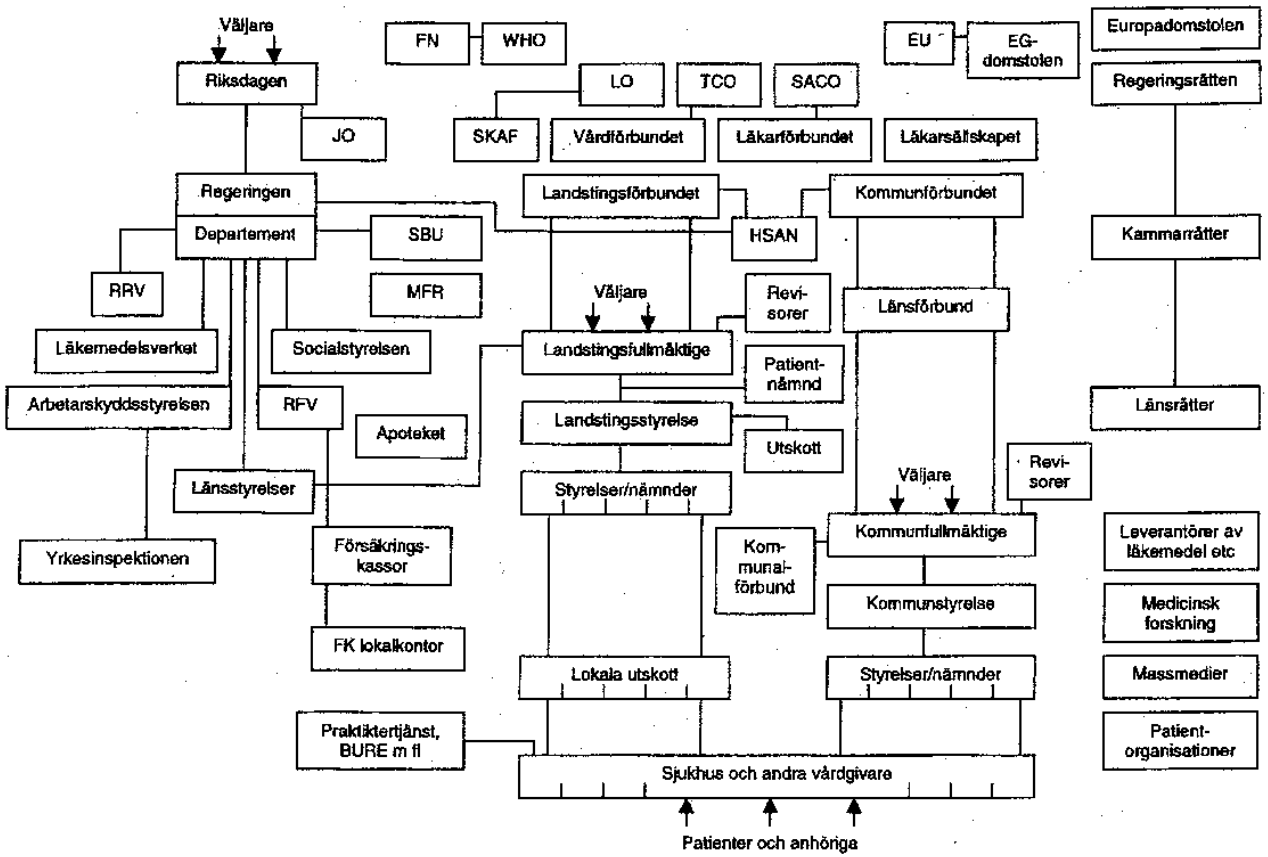
Conflicting policy signals – a challenge for survival of the project

- Increasing political emphasis on user choice, competition and diversity between providers – at the expense of integration?
- National law on patient choice within primary care (and primary care only…?)
- Growing numbers of private providers – increasing challenge to find tools for integration across organizations
- Integration with Stockholm County central functions, or an "isolated island"?

Healthcare is a complex service

In a complex context

Källa: Ekonomirådets rapport 2000, *Politisk makt med oklart ansvar*, sid 89



FIGUR 4.2. *Den svenska hälso- och sjukvårdens organisering (förenklad skiss).*

Bilaga Hälso- och sjukvårdens organisering

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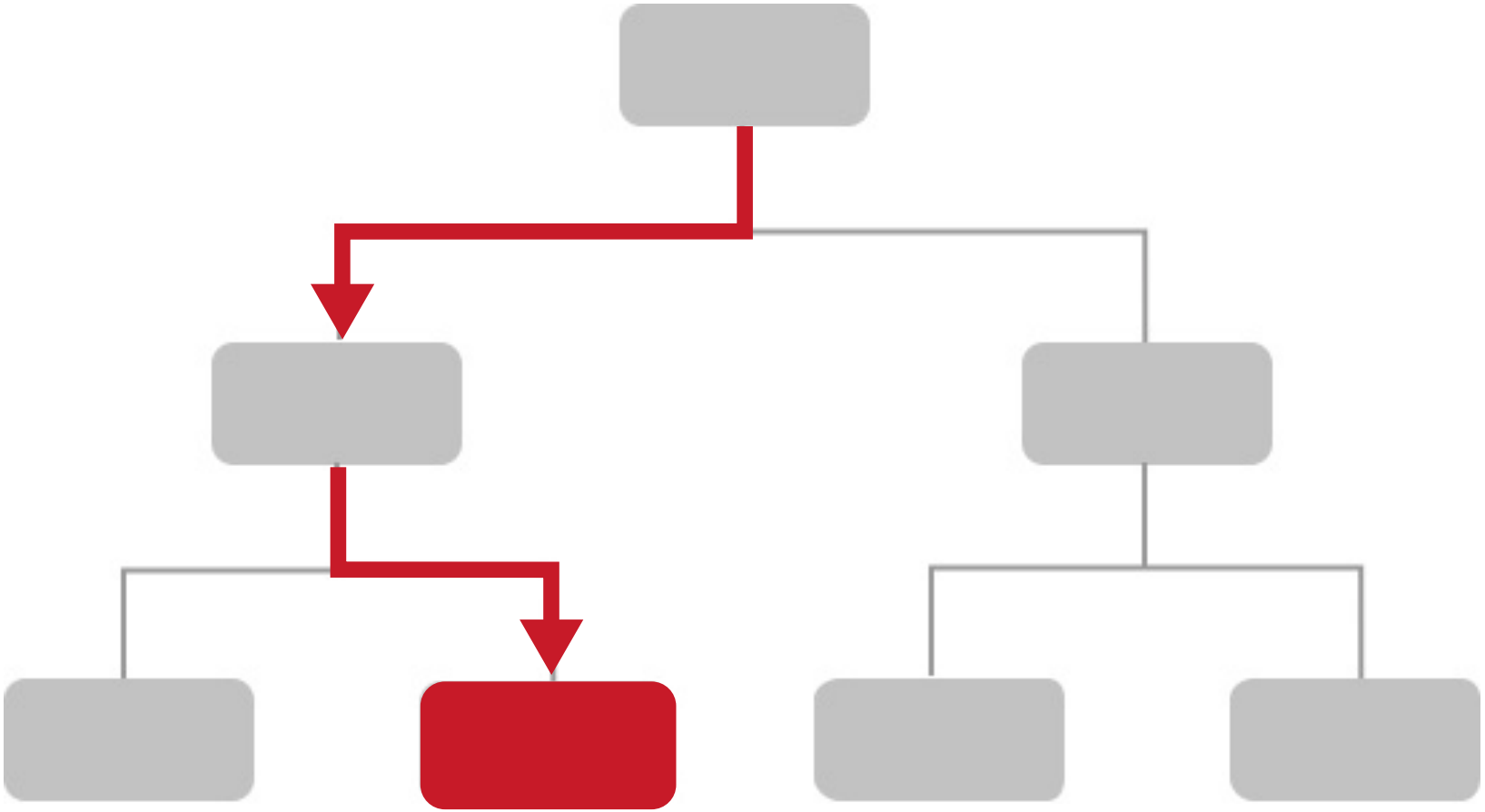
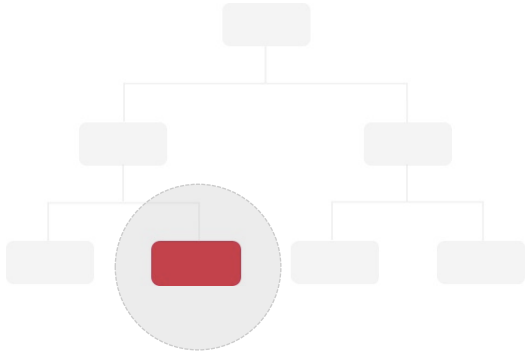
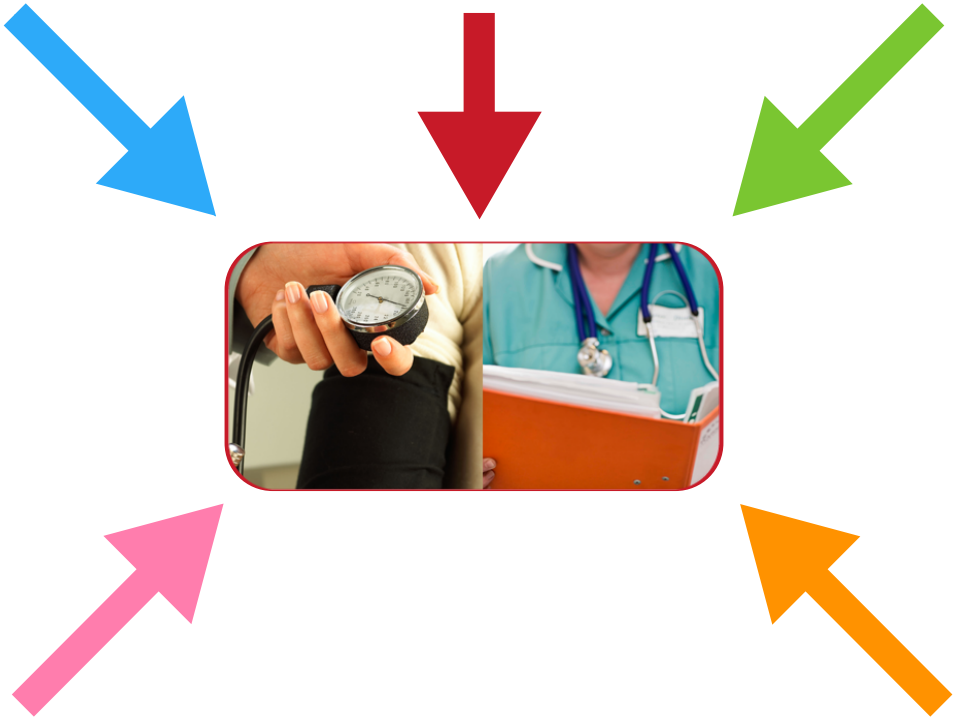
Classic bureaucracy – vertical logic

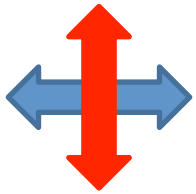


Multiple control systems



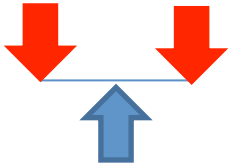


Points for consideration



- Within most organisations – and in particular, in between them - there is a tension between a **vertical steering logic** and a need for **horisontal integration**

- Steering initiatives and organisational reforms are situated in a broader context characterized by **multiple governance and control systems**



- Every attempt to change and improve practice must consider and balance **several legitimate requirements and values** as regards the content and organisation of care

Thank You!