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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 10-039
Title:	National Report Sweden
Author :	Swedish Association of Hospital Physicians
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	3 May 2010

National report Sweden 2010

1. The rehabilitation chain

Sickness absence in Sweden is higher than in comparable countries. In the last 30 years the proportion of people receiving sickness or activity compensation has trebled. October 2006 there were about 700 000 people in Sweden (pop. 9 M) who had either been on sick leave longer than three months or were being paid sickness or activity compensation. Reasons for this was that we had no timelimit in our sickness insurance, the transition from sickness to work took too long and rehabilitationmeasures were taken too late.

The conservative and liberal political parties who won the elections in Sweden 2006 had the ambitions to move people from sickness benefit to work. The goal was to implement measures to rehabilitate the patient as quickly as possible. The Government introduced a rehabilitation guarantee which entitled patients governmental help to find rehabilitation or suitable work within certain timelimits. They also introduced fixed time limits in the sickness insurance. As a rule, sickness benefit is now only payable for one year. The first three months of sickleave the persons capacity to go back to her own work is tried. After three months her capacity to another job with her employer is tried. After six months the ability to find work in the entire labour market is tried. In the case of serious illness, sickness benefit is paid for longer than 12 months.

This year the rules will disqualify 55000 people from the sickness insurance and that is currently a big issue in the political discussions. The pros and cons of the “rehabilitationchainreform” will weigh heavily in the national elections this September.

2. The Swedish pharmacy market

It has until now been Apoteket AB, a state-owned limited liability company with exclusive rights to sell medicinal products. This year reregulation allows other actors the right to sell medicinal products to the general public. The overall goal is improved accessibility, better service and a better range of products, and lower medicinal product costs, to the benefit of the consumer.

3. The National Strategy for eHealth

One shortcoming in the health care system has been that different care providers, for example hospitals and nursing homes, have not had access to the same health records for patients. The new Patient Data Act of 2008 allows the various care sectors nationwide access to each others' records. Authorised personnel can now, with the patient's consent, digitally access information held by other care providers across organisational borders. The possibility strengthens patient safety and provides scope for the development of common databases which opens up for research, follow-up and evaluations. The Patient Data Act will have the effect of renewing the information process as a whole and national groups are collaborating in information structure, terminology and IT architecture to find a common structure. Work on the national information structure is complete and will serve as a basis for the development of a common regulatory framework that will specify how information is to be described, documented and handled. The aim is to facilitate the development of efficient and effective ICT support and efficient information supply within Sweden and Europe.