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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
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Introduction

In late 2015 and in the beginning of 2016 two major governmental official reports concerning Sweden's health care system were presented. One of them covered the possibilities of improve highly specialised care and the other one focused upon efficiency difficulties and challenges within the Swedish health care system. These two governmental officials report will have an impact on how Swedish health care are going to be structured in the future, hence this report to AEMH are providing the reader a short summary of the two reports.

Governmental official report - Improve highly specialised care (SOU 2015:98)

Between 2014 until November 2015 a government funded Inquiry looked into different ways of improving highly specialised care in Sweden in terms of equality, access and quality assurance[1]. The Inquiry's proposal aimed at enabling progress by means of greater coordination at the national level. The report presented new statistics demonstrating that hundreds of lives would be saved every year if the highly specialised care in Sweden were more centralised.

The Inquiry concludes that the absence of a structure that assumes full responsibility for a patient's interactions with the healthcare system at all levels is the Achilles heel of the services available. (Sweden has a decentralised health care system with 21 independent county councils responsible for the services. The county councils collaborate within six health care regions.) The Inquiry recommends structuring highly specialised care at the national level which can set the stage for putting together national programmes and standardised pathways for patients. Multi professional conferences, online diagnosis and treatment, and other telemedicine approaches are additional tools that should be used to a greater extent in order to simplify a patient's ongoing relationship with the healthcare system.

The Inquiry states the following reasons that highly specialised care needs to be more clearly structured at the national and regional levels:

- Quality and safety improve when the number of patients increases per hospital and care provider.
- Practice makes perfect, and both doctors and other professionals need to maintain their skills if patients are to experience the best possible outcomes. Only if hospitals and providers can treat larger numbers of patients than the current structure of the Swedish healthcare system permits, will such a state of affairs come about.
- The inquiry's statistical analyses indicate that at least 500 deaths could be avoided every year, the number of complications decrease and wait times reduced if there were an increase to at least 100 of a particular type of procedure at Swedish hospitals. For that reason, the Inquiry suggests that hospitals at least perform 50–100 procedures and that key professionals perform at least 30 procedures every year.

[1] http://www.regeringen.se/contentassets/13c797c47802474db94fabac1b3d81c8/sou-2015_98.pdf, p. 23.

- The quality of clinical research will also improve when hospitals and care providers treat larger numbers of patients[2].

The Inquiry's main proposal is: ***a new national knowledge and decision-making structure for highly specialised care at the national level.*** The Inquiry purpose a new structure involving conscious sharing of responsibility among various hospitals and clinics for the various contributions to the care process. The idea is for the proposal to replace the current *National Specialised Medical Care (Rikssjukvården)* system and *the national structure for consolidate cancer care*. The drafting and decisionmaking process for *National Specialised Medical Care* has been timeconsuming and inefficient in relation to the number of approved authorisations. The lack of a comprehensive perspective has exacerbated this inefficiency. National coordination of cancer care has also turned out to be limited and relatively slow in the absence of a joint decision-making body for the county councils. From a management perspective, it is unfortunate that *National Specialised Medical Care* and *coordination of cancer care* have evolved along two separate tracks, the Inquriy concludes.

The Inquiry propose that the *National Board of Health and Welfare (Socialstyrelsen)* should be responsible for the knowledge and decision-making structure. Greater consolidation of highly specialised care requires a national body entrusted with coordinating and proactive decision-making authority.

According to the Inquiry representatives of patients and healthcare professionals are best positioned to identify the types of services that need to be consolidated. The Inquiry propose the appointment of *expert panels (sakkunniggrupper)* consisting of representatives of patients and healthcare professionals. During a specific period, they will review all specialized health care and determine the types of care that need to be consolidated at the national and regional levels.

The National Board of Health and Welfare (Socialstyrelsen) ought to be assigned the responsibility of determining the types of services that are to be regarded as national highly specialized care. *The Board* will then be in charge of the ongoing consolidation process for national highly specialized care by inviting the county councils to apply for providing it, suggests the Inquriy.

The National Board of Health and Welfare (Socialstyrelsen) ought to set up a special committee: *Committee for National Highly Specialized Care*. This *Committee* will make the decision as to the hospitals that are authorized to provide national highly specialized care.

The National Board of Health and Welfare (Socialstyrelsen) will turn the data collected by the *expert panels (sakkunniggrupper)* concerning regional highly specialised care over to the county councils in the form of recommendations. The recommendations will discuss the numbers of procedures and the types of expertise that are required for the services that need to be consolidated in each healthcare region. The county councils will be responsible for

[2] http://www.regeringen.se/contentassets/13c797c47802474db94fabac1b3d81c8/sou-2015_98.pdf, p. 24 f.

structuring highly specialised care at the regional level and the manner in which the recommendations are to be implemented both locally and regionally[3].

Governmental official report - Tackling efficiency problems (SOU 2016:2)

The Inquiry had a broad mission aiming at illustrate efficiency problems/difficulties within the Swedish health care system and furthermore, sketch possible areas of improvement. The inquiry's mission also included focusing how the resources of professionals can be used more efficiently and effectively.

The inquiry concluded the following as the five main causes of efficiency problems:

- *The way Swedish health care is managed and planned creates inefficiency*
  In Sweden, hospitals are financed by county councils with own taxation rights and the health care system is characterized by its decentralized structure where 21 county councils and 290 municipalities are responsible for health care. Hence, there is a large degree of local autonomy concerning decisions about healthcare management and planning which creates a fragmented health care and to some extent inefficiency.
- *The structure creates inefficiencies*
  The Swedish health care is different from many other comparable countries through its hospitals heavy structure. Many patients visit the hospital emergency room instead of primary care, with the result that patients often find themselves on the wrong level of care.
- *Organisation and working methods lead to inefficiency*
  An industrial logic characterizes the Swedish health care today, in that organization and flows normally are the same regardless of the patient's needs. The health care in Sweden is based on a "value chain", regardless of the patient 's needs.
- *Shortage of hospital beds and constant bed occupancy rates higher than 100%*
  The number of hospital beds is reduced every year in Sweden. According to OECD statistics Sweden has the lowest number of hospital beds per 1000 population in the European Union. (approximately 2.6 per 1000 population including psychiatric care beds, the EU average is 5.2). The shortage of hospital beds is getting more extreme each year, leading to bed occupancy rates higher than 100% in many hospitals. This put together creates inefficiency and emerge as a national problem.
- *The composition of staff creates inefficiencies*
  Staff composition is very important for the efficiency of care. The decrease in the number of nursing assistants has meant that nurses are increasingly performing basic nursing care. The Inquiry has the impression that the reduction in the number of nursing assistants has resulted in increasing pressure on the physicians. Another clear trend is the reduction of the number of care-related administrators[4].

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[3] Ibid, p. 26 ff.
[4] http://www.sou.gov.se/wp-content/uploads/2016/01/SOU-2016_2_Hela4.pdf, p. 19 ff.

The Inquiry's overall conclusion: ***It exists a large overall efficiency potential (in the Swedish health care system) and the lack of resources is not the main issue when it comes to improve efficiency***. Instead the Inquiry suggest that the greatest efficiency potential lies in overcoming the following challenges:

- A change in the organization of care for the chronically ill and other patients with extensive needs, which require the efforts of many actors. This will require care providers increase their ability to plan on the basis of patients' needs rather than individual diagnoses and medical specialties. Care providers need to enhance their ability to manage complexity, moreover, they need to improve cooperation on a horizontally level.
- Appropriate support systems based on the professional's needs and with the ability to simplify the work load of the professionals.
- A changed approach in everyday healthcare is needed, hence: staff with the right skills/education should perform the right tasks. Moreover, the patient ought to be seen as part of the team and should be supported in performing their own care. Digital and other technologies is an important prerequisite for this to be realized[5].

The Inquiry's most important suggestion is that the primary care should be the base of the Swedish health care system (insetad of hospital care as the case often is now). Hence, the primary care should be people's first contact with the health services and the primary care ought to be responsible for prevention, diagnosis, treatment and rehabilitation for most health care needs, as well responsible for emergency health care that does not require hospital care and referrals to other care takers if needed. The primary care should also coordinate the care offered to the patient and ensure the patient's overall situation and needs. Consequently primary care should be readily available to the population at all hours and the primary care ought to get a clear emergency mission.

Consolidation of county councils

Parallel with the work of the two Inquiries a governmental *Classification Committee* has been working on the possibility of consolidate Sweden's 21 independent county councils in to larger regions. Something that was recommended by the Inquiry covering highly specialised care to enable their main proposal creating a new national knowledge and decision-making structure for highly specialised care at national level.

In the beginning of 2016 the *Classification Committee* presented a new regional structure for Sweden, entailing the country's 21 county councils being merged in to six larger regions. The aim for a future merging was set to be:

- Equal strong regions
- Capacity building structures for regional development
- Ability to be responsible for the health care system, including regional healthcare

[5] Ibid, p. 28.

- Existing patterns of interaction should be considered[6]

Electronic-health strategy and a complete list of patients' medicament

The first e-health strategy, on a national level, was approved in 2006 and updated in 2010. In march 2016 a new strategy for e-health was launched by the Swedish government in collaboration with the *Swedish Association of Local Authorities and Regions*. Its motto is:

"In 2025, Sweden should be best in the world in the use of digitization and e-health opportunities in order to facilitate people to achieve good and equitable health and welfare. Furthermore, the use of digitization and e-health ought to strengthen the citizens own resources for increasing their independence and participation in society[7]."

The Swedish government has correspondingly taking on the initiative of making it possible for physicians to view a complete list of patients' medicament (something which hasn't been possible previously).

[6] http://www.sou.gov.se/wp-content/uploads/2016/02/Delredovisning-Indelningskommitten-160229.pdf

[7] http://skl.se/download/18.1562820d15385874ca811995/1458549343494/Vision%2Beh%C3%A4lsa%2B2025.pdf, p. 5.