Striving for a harmonized approach – a macro perspective

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Professor, Lund University School of Economics and Management
The democratic system in Sweden

**National level**
- Elections to the Riksdag (Swedish parliament)

**Regional level**
- Elections to the County Council

**Local level**
- Elections to the Municipal Council

21 County Councils/Regions
290 Municipalities
<table>
<thead>
<tr>
<th>Public sector in Sweden</th>
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</thead>
<tbody>
<tr>
<td><strong>State</strong></td>
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<tr>
<td>foreign policy, public order, higher education and research, labour market, social insurance and transfer payments</td>
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<tr>
<td><strong>County councils</strong></td>
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<tr>
<td>health care, support to cultural activities, public transport</td>
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<tr>
<td><strong>Municipalities by law</strong></td>
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<td>social services, schools, spatial planning and building, health and environmental protection, refuse collection and waste disposal, rescue services, water and sewerage, order and security on voluntary basis</td>
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<td>recreation activities, culture, housing, energy, industrial facilities, employment</td>
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Development of national health care systems

- Health care for all (“equity”)
- Cost containment, efficiency (i.e. cost per case)
- Performance, value for money

- New Public Management (NPM): purchaser-provider split, competition, choice for individuals, pay per case (DRG) from early 1990
- Quality improvement initiatives

Choice in primary care

• Individual choice of provider, free establishment for private providers
• National reform in 2010, but started in individual county councils 2007
• Models vary (decentralization!)
• Improved access to primary care in general ...
• ... but questions regarding impact on equity
• Future regulation of providers?

New Patient Act (January 2015)

• ”aims to strengthen and clarify patients position and increase patient integrity, self-determination and participation”
• Option to chose provider nationally (outpatient primary and specialist care)
• Information to patients (e.g. option to demand second opinion) clarified and strengthened
• Lack of compliance towards several paragraphs that have existed previously¹

The Swedish Agency for Health and Care Services Analysis (Vårdanalys)

• New (2012) government agency focusing patient-centred care

• “with the mission to strengthen the position of patients and users through analysing health care and social care services from the perspective of patients and citizens”

• 30+ reports covering all areas of health care

• www.vardanalys.se
National initiatives in Swedish Health Care

Bodil Klintberg, SALAR
Areas of national improvement initiatives

- Examples of initiatives for equal care
  - Cancer care
  - Clinical guidelines – chronic disease and primary care
  - Quality Registries

- Examples of initiatives for more person centered care
  - Better life for sick elderly
  - Flipping primary care
Cancer care

- National initiative 2015 – 2018:
  - Reduce waiting times
  - Decrease regional differences
  - Better care, more equal care, and increased patient satisfaction
Every day counts!
Standard process – without unnecessary wait

How many days do we really need from A to B?
## Differences in waiting times

<table>
<thead>
<tr>
<th></th>
<th>NOW – MEAN VALUES</th>
<th>FUTURE – MAX VALUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder cancer</td>
<td>29-70</td>
<td>9-12/31-41*</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>17-75/117-271*</td>
<td>28-60*</td>
</tr>
<tr>
<td>Head and neck cancer</td>
<td>35-81</td>
<td>31-38</td>
</tr>
</tbody>
</table>

*depends on degree of spread

Let’s see how far we can get before Gothenburg!
National clinical programs

- The National board of health and welfare makes guidelines within approximately 15 areas.
  - For prioritizing, not directly useful for clinicians
  - Not enough areas
  - Needs to be made practically usable
  - Each county council have their own process for the rest
- Since 2012 Sweden has started to build a national system with clinical programs: diabetes, stroke, Asthma/COLD, primary care
- Identify areas for common improvement and national clinical guidelines
- New initiative: a national system for guidelines specially designed for primary care
- Part of a national strategy on chronic disease
Quality registries

- 1975 knee replacement surgery
- Ongoing initiative 2012-2016
- Initiated by the medical professionals
- Annually monitored and approved for financial support by an national committee
- 88 National Quality Registries (+ 18 registry candidates)

Purposes
- Primary: Quality improvement, comparisons, better and more equal care
- Secondary: Research

National open comparisons since 2006
What is measured?

Individualized data on

- care, interventions, drugs, technologies
- complications, reoperation, death
- symptoms
- ADL capacity, dependency on care
- patient reported outcome and experiences, health related quality of life
Better life for sick elderly people 2010 - 2014

I can grow old in security and retain my independence with access to good health and social care.
How?

- Measure – quality registries
- A lot of support for improvement – national and regional
- Special leadership program – for municipalities and county councils together
What?

- 20 000 elderly people no longer treated with inappropriate drugs.
- Fewer and less severe pressure ulcers among sick elderly.
- Risk of malnutrition detected and treated - about 25,000 risk assessments each month.
- People with dementia receive the right care - anxiety and aggression decreases.
- At the end of life, a greater proportion of right relief for pain and anxiety.
Do you feel safe with your health care and social contacts? Hospitals call up

Yes: 84% (7614)
No: 7% (647)
Don't know: 9% (844)

Respondent: 9105
You can´t turn back the clock
But you can wind it up again
Flipping primary care

- Starting small and thinking big – one primary care unit in each region
- Innovation – not improvement.
  - We do want as to test, fail, fail many times and fail fast!
- Flip the meeting – what can the patient do and how can we best use the competence and resources in health care to support that
- Flip the design and ways of working – instead of trying to do best possible within current system and ways of working, design to meet the needs of the patients
Areas of national improvement initiatives

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  - Quality Registries

- Examples of initiatives for more person centered care
  - Better life for sick elderly
  - Flipping primary care
Region Västra Götaland

Västra Götaland
- 1.5 million inhabitants.
- 49 municipalities.
- 300 km long and 250 km wide.
- The largest city is Göteborg.
- The region has the largest port in Scandinavia.

- 18 Hospitals
- 200 Primary care units
Priority must be to create more value for patients
How can we create value?

- **Engage the professionals** – why are we doing this? Can it be done in a better way? What do others do with better results?

- **Engage the patients** – what does really matters to you

- Find better ways of **measuring outcomes** both clinical and patient experiences
web-based presentation systems

**Medical quality**

- **Kvartalen**
  http://registercentrum.se/sv/kvartalen
- **Verksamhetsanalys**
  http://analyshsa.vgregion.se/#/2013
- **Kompassen**
  http://www psykiatrikompassen.se/
- **Munin**
  http://munin.vgregion.se/
Quality of hospital care are shown in web-based system

- Covers all hospitals in Region Västra Götaland
- Wide range of quality indicators
- Comparisons between hospitals possible
- Updates four times a year
- Open to the public
Swedish National Diabetes Register

- Diabetes data available on the Internet – open to everyone
- Every Swedish hospital and care centre can follow their results
- Great tool for improvements
- Improvements also in most other measures
- Patient outcome measures
Diabetes treatment is a postcode lottery

Treatment for diabetic patients is a postcode lottery with a massive variation in quality of care from one region to another, a report has revealed.

“This has resulted in people with diabetes developing avoidable complications, in a high number of preventable deaths and in increased costs for the NHS.”

Nationella Diabetesregistret, Registercentrum VGR
Example of a regional improvement project: results after focusing on patients with diabetes and HbA1c over 70 mmol/mol, during year 2014
Acute myocardial infarction: a comparison of short-term survival in national outcome registries in Sweden and the UK (Lancet 2014)
50% reduction in AMI mortality in one year
Changes in clinical practice following national publication of hospital outcomes data

Before

- Ranked #43 of 73 hospitals
- Care cycle redone
- PCI\(^1\) - unit established
- Emergency care expanded to 24/7 coverage

After

- Quality index\(^3\) raised from 1 to 8
- 30-day mortality reduced by 50%
- Ranked #22

1 year mortality 20%, ranked #68 of 73 hospitals

- Care aligned with national treatment guidelines\(^2\)
- New specialist departments for specific coronary conditions started
- Staffing improved

Quality index raised from 1 to 4
Mortality reduced by 50%
Ranked #45
Control

• In all countries, patients, health professionals, payers and policymakers should ask how outcomes in their health systems compare with others

• Policy initiatives are required to identify, understand, and reduce gaps between treatment use and outcomes in different health systems
Margareta

Internal medicine

ICU

Emergency care

Home service

Primary care

Radiology

Laboratory

https://www.youtube.com/watch?v=HKK_WsBu1Is&list=PL7CFcUxbLr4bJ2h6Sr3Fq_kuYigW0_epp
Transformation of health care from organisation focus to individual focus

• Special care for the most fragile elderly

• Focus on what matters to patient

• Example from the Region Västra Götaland– 3 teams around the patients – home based care at three levels
  - Palliative care team
  - Geriatric care team
  - Primary care team
Seniors who seek medical care if necessary

Individuals stable chronic diseases handled through the usual care.

Risk groups in need of proactive efforts

Multi Sick individuals in periodic stable conditions

Individuals in need of advanced palliative care and interventions

The individual's needs

Hospital

Primary care

Community care

Mobile Palliative care team

Mobile Health Care Team

Mobile home care doctor (GP)

Seniors who seek medical care if necessary
FROM "patient in focus"

- Emergency visits hospital
- Home services
- Home Health Care
- Health center
- Hospitalization
- Short time elderly home

TO "patient's focus"

- Mobile palliative care team
- Mobile Primary Health Care Team
- Mobile home care doctor (GP)
- Home services
- Home health care
- Direct admission hospital
- Direct admission short time elderly home
Results

• Increased quality with a greater security and satisfaction
• Involves individual and family, eg. Patient-centered care
• Drastic reduction in emergency room visits and unscheduled admissions
• Significantly lower consumption of inpatient care
• Efficiency, Resource Saving - partnerships between different care providers
• The right care at the right level - Mobility, proximity
• Symptom and situational care that is given in the right way – “what matters to you”
Conclusions

• The delicate “interaction balance".
  • Mobile devices in conjunction Microsystems.
  • Explicit build on home care, supplemented - Resource efficient with high continuity

• Seamlessly governance and management responsibilities.
  • Joint ownership between the care providers

• Insight and choice of the best "relay logic".
  • From reception logic to mobile logic.
  • From the system-centered to person-centered

• Delimited form of care.
  • Symptom rather than diagnosis managed care for the limited high prioritize groups
  • Very good agreement between the target group's needs and services delivered

From "What is my responsibility?" to "How can I contribute?"