Final Report: Study Tour of Sweden

June 16 – 21, 2006

Alberta Health and Wellness

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Executive Summary

From June 16 to June 21, 2006 Honourable Iris Evans, Minister of Health and Wellness, and her Executive Assistant, Alyssa Haunholter traveled to Sweden on a study tour.

The Minister went to Sweden to learn about the successes and challenges within the Swedish health care system. Minister Evans met with Swedish policy makers of all levels: government and health care officials; research institutes; and independent government agencies. By sharing Alberta's experiences in health care with her Swedish colleagues, the Minister hoped to discover novel and innovative solutions to the challenges facing Alberta's health care system.

Sweden ranks second behind Switzerland among OECD countries in the performance of its health system. Sweden's extensive social welfare traditions have typically provided a supportive environment for an evolving and thriving system. While the Swedish health care system is 85 per cent publicly funded, health costs account for only 8.7 per cent of GDP, which means that Sweden's total health expenditures are lower than Canada's on a per capita basis.

The political organization of the health care system in Sweden is similar to Alberta's. Both have a central government that works with associated regional governments. The Swedish health system is governed at three levels. The central government in Sweden lays down basic principles for health services through laws, the most important of which is the *Health and Medical Services Act* of 1982. It requires that good quality health and medical services be provided on equal terms and be easily accessible to all. Under the *Act*, responsibility for health services rests primarily with the country's twenty-one county councils which levy taxes and operate almost all the services provided. At the local level, two hundred and ninety municipal authorities are responsible for elderly care, disabled care, and support for long term mental illness.

Alberta and Sweden face some similar challenges within their health systems. Access problems are common to many health systems, especially those that try to provide universal health coverage while also trying to manage costs. The goals of the Swedish health care system continue to be equitable coverage for the whole population, access to new medical technologies, and provision of resources to those with chronic illness. These goals have contributed to increased demands on the system from the population, both current and potential patients.

Overall, the Minister's tour of Sweden was well organized, comprehensive, and very informative. They were greeted warmly by all of their Swedish hosts, and learned a great deal about many aspects of the Swedish health system. The following are among the important lessons learned:

ACCESS GUARANTEES

- Access remains a significant concern for the Swedish health system. Ease of access tends to vary from day to day and from service to service. Once they gain access to the system, Swedish patients report a high level of satisfaction with the care they receive.

- The Swedish government has used wait time guarantees to manage wait times, increase access and respond to public frustration over perceived unnecessarily long waits. Growing demand for health services has contributed to increased wait times.

- Sweden's wait time guarantees have reduced wait times for the procedures they cover, but have not proven sustainable over the long term.

- A new guarantee was instituted in 1997. County councils must provide same day access to primary care; GP appointments must be offered within seven days; and specialist referrals should be within three months. In November 2005, the guarantee was extended to ensure treatment within 90 days of a decision to treat. This is known as the 0-7-90-90 guarantee.

CARE FOR THE ELDERLY

- Roughly 17.2 per cent of Sweden's population of nine million is over sixty five years of age. Those over eighty represent 5.3 per cent of the population. Sweden's population is aging. By 2020, people over the age of 65 will account for an estimated 27 per cent of Sweden's population. This is largely attributed to reduced mortality at all ages, resulting in increased average life expectancy.

- Alberta and Sweden recognize "aging-in-place", or providing options that allow people to age in their homes and communities, as an effective way to deliver services to the aging.

- Sweden has service streams similar to Alberta's long-term care, supportive living, and home care streams. Sweden's focus is on home care services; Alberta is working to develop "home-like" settings while reducing traditional or institutional care settings.

- Case officers analyze clients' care needs, and decide on the care and setting in which services will be provided. Entitlements to eldercare services are determined based on each individual's needs and assessments are conducted in consultation with the elderly person involved. Case officer care decisions can be appealed.

- Stockholm has three eldercare inspectors who systematically review the quality of eldercare and survey district councils' eldercare services (municipal and private).

- Private care accounts for approximately 11 per cent of elderly care; however, funding and supervision of elderly care are municipal responsibilities, regardless of whether activities are run by the municipality itself or by a private operator.

- No matter how expenditures rise, care of the elderly will always be a priority for the Swedish government.

ENSURING QUALITY AND INNOVATION

- Currently in Sweden, there is a movement away from a preoccupation with access to a stronger focus on quality and performance. This has resulted in increased efforts at monitoring and evaluation. New approaches include “open comparisons” among providers and public ratings of facilities. This provides a strong incentive for quality improvement.

- Reports on quality are published by the National Board of Health and Welfare (their role is similar to that of the Health Quality Council of Alberta).

- This open reporting has revealed obvious differences among different regions and variations in performance. This, in turn, has led to a strong demand for national equivalence in terms of quality and standards. This creates the challenge of maintaining common standards while allowing local self-government.

- Sweden currently has more than 60 medically based quality registries for health and medical services, with an additional 30 to 40 registries being planned. Similar registries exist in Canada under the Canadian Institute for Health Information and the Institute of Clinical Evaluative Sciences.

- The Swedish registries are used for the purpose of learning through research, improving quality for the benefit of the patients and they provide benchmarking data. These registries are developed and administered by the medical profession, which also has primary responsibility for performing analyses and disseminating results.

- A high quality of care is also ensured through health technology assessments. Health Technology Assessment (HTA) in Sweden is performed by the Swedish Council on Technology Assessment in Health Care (SBU).

- SBU is responsible for examining the scientific basis of medical innovations, existing routines, and practices in health and medical care. Information is disseminated to health professionals, health policy makers, decision-makers, information brokers, patients, and industry.

- Minister Evans met with Dr. Stefan Blomberg, the developer of an innovative approach to pain management. The STAYAC (short for Stockholm Clinic – Stay Active) method is inclusive of all aspects of pain. It combines evidence-based methods with reasonable, empirically supported pain treatment modalities.

- The STAYAC method emphasizes a collaborative team approach to comprehensive patient care. It takes a pragmatic approach to pain management that entails educating and motivating patients within a strong team environment.

PATIENT-CENTRED HEALTH

- Under the *Health and Medical Services Act*, health service providers in Sweden are obliged to strengthen the patient's role in their own care by providing individually tailored information, the freedom to choose among treatment options, and a second opinion in the case of life-threatening or other serious diseases or injuries.

- The importance of patient-oriented care and the human aspects of health care delivery was a recurring theme throughout the tour. Professor Norrby of the Royal Swedish Academy of Sciences expressed concern that new technologies overshadow the importance of a good bed-side manner. Professor Sjonell of the Matteus Medical Centre emphasized the importance of treating the patient rather than treating the disease. Representatives of the Karolinska University Hospital discussed the importance of creating patient-friendly environments.

PUBLIC/PRIVATE HEALTH CARE

- The proportion of private providers delivering publicly funded health care increased in Sweden in the 1990s. It now accounts for about 10 per cent of total health costs. Private providers offer health services through agreements with county councils and are concentrated in primary care (e.g., running health centres and some hospitals). About 25 per cent of Sweden's primary care centres are privately managed.

- A small percentage (about 2 per cent) of the population has supplementary voluntary health insurance. Private health insurance is often provided by employers and may pay for faster access to treatment.

Ministry of Health and Social Affairs

Minister Evans visited the Swedish Ministry of Health and Social Affairs. The Ministry is responsible for economic security, social services, health and medical care, public health and the rights of children and people with disabilities. The main task of the Ministry's welfare policy is to reduce the gaps between different groups in society while offering people security and the opportunity for development.

The Minister for Social Affairs, and the head of the Ministry, is Berit Andnor. The Minister for Public Health and Social Services is Morgan Johansson and the Minister for Health and Elderly Care is Ylva Johansson.

Presentations were made by the following officials:

- Ms. Ann-Christin Filipsson, Director and Special Expert, International Secretariat and Director of International Forum on Common Access to Health Care
- Mr. Henrik Lundstrom, Deputy Director and Acting Chief, Health Care Division (IT, Dental, Strategies)
- Mr. Mats Nilsson, Deputy Director, Health Care Division (Mental Health, Public/Private)
- Mr. Niclas Jacobson, Deputy Director, Social Services Division (Elderly Care)

GOVERNANCE OF THE SWEDISH HEALTH SYSTEM

- The Swedish health system is governed at three levels. The central government in Sweden lays down basic principles for health services through laws, the most important of which is the *Health and Medical Services Act* of 1982. At the regional level, the health system is government by Sweden's twenty-one counties. At the local level, the health system is governed by two hundred and ninety separate municipalities.

- The *Health and Medical Services Act* requires good quality health and medical services to be provided on equal terms to all Swedish residents. Services provided are to be based on respect for patients' integrity and right to make decisions. Services are organized and performed in consultation with the patient.

- Under the *Act*, responsibility for health services rests primarily with the county councils. They levy taxes and provide almost all health services.

- At the local level, the two hundred and ninety authorities are responsible for elderly care, disabled care, and support for long term mental illness.

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- Some health regions are too small in terms of population to deliver needed services. They do not have a sufficiently large tax base and require subsidization from the richer regions. Consideration is being given to reducing the number of regions from 21, to 9 or 6.

ENSURING ACCESS

- Access remains a significant concern for the Swedish health system. Ease of access tends to vary from day to day and from service to service.

- Public concerns about access lead to discussions about the way health services are organized and managed.

- Sweden’s network of localized systems for primary care results in different organizational structures. Once they gain access to the system, Swedish patients report a high level of satisfaction with the care received.

- There is increasing emphasis on evidence-based care and universal best practices.

ELECTRONIC HEALTH RECORDS

- In Sweden, electronic health information systems vary with each local authority. There is even variation and incompatibility among systems within a single facility.

- There have been attempts to develop a national strategy for e-health. Progress, however, has been slow.

WAIT TIME GUARANTEES

- In Sweden, the standard for wait times is outlined by the 0-7-90-90 rule. County councils must provide same day access to primary care; GP appointments must be offered within seven days; and specialist referrals should be within three months. In November 2005, the guarantee was extended to ensure treatment within 90 days of a decision to treat.

- This standard has been applied on a national level and has been supported by additional funding grants to the county councils. The National Board of Health and Welfare is responsible for evaluating compliance with the access standard. The first such report will be released in November, 2006.

PUBLIC/PRIVATE HEALTH CARE

- Direct consumer charges are made for doctor visits and for prescription drugs.

- Swedish county councils do not operate all health services. Some of the urban county councils have chosen to contract for some services with private health service providers.

- Private health care exists only to a limited extent. A small percentage (about 2 per cent) of the population has supplementary voluntary health insurance. Private health insurance is often provided by employers and may pay for faster access to treatment.

- Private health care providers are mainly found in urban areas.

- In Stockholm, approximately 60 per cent of primary health care is delivered by private providers.

CARE FOR THE ELDERLY

- Roughly 17.2 per cent of Sweden's population of 9 million is over sixty five years of age. Those over eighty represent 5.3 per cent of the population.

- The Swedish population is aging. By the year 2030, the 65 + group will compose 22.6 per cent, and the 80 + group will compose 7.4 per cent of the total population.

- Care for the elderly is provided at the municipal level in Sweden. Elder care represents 3 per cent of the GDP and is financed through local taxes (80 per cent), state grants (10 – 15 per cent), and use fees (4 per cent).

- Long term planning for elder care in Sweden is focused on 6 areas of development:
    - Improved care and social services for the seriously ill
    - Adequate living arrangements for single people and couples
    - Social services
    - National equivalence and local development
    - Illness and injury prevention

    - Health workforce

- No matter how expenditures rise, care of the elderly will always be a priority for the Swedish government.

Swedish Federation of County Councils

The Swedish Federation of County Councils (FCC) represents the governmental, professional and employer-related interests of its members in the twenty-one county councils. The federation's mandate is to work together with its members in strengthening regional vitality and welfare and regional democracy. The federation is committed to developing regional democracy, to working in the interests of improving public health and the development of health and medical care, and to supporting members in their development of operations and leadership.

In 2005, the FCC united with the Swedish Association of Local Authorities (SALA) to establish a new headquarters with joint administrative units - The Swedish Association of Local Authorities and Regions (SALAR). In 2007 the two organisations (SALA and FCC) will merge and form a new, joint federation.

Minister Evans met with Dr. Johan Calltrop, MD, PhD, Professor of Health Policy and Management, and Former Director of Health Care with the Western Health Services Region Association of Local Authorities and Regions.

- Sweden's health system is evolving towards a more centralized system with fewer regions.

- Innovation is a very important part of the renewal of the health system, particularly, in the area of funding and financing. Sweden's citizens are highly taxed so increased taxation is not an option.

- The two major issues are:
    - Reducing wait times
    - Determining the role of for-profit private care

- There is a need to derive greater efficiency from the public health system.

- Problems with access and long wait lists are common in systems that try to combine coverage of the entire population with an emphasis on innovation, equity, and cost control.

- It is surprising to people in Sweden that the Canadian fee-for-service system has problems with wait times. A fee-for-service system should be an incentive for greater productivity. By contrast, Swedish physicians are on salary and they do not have financial incentives to increase their productivity.

- In Sweden, public expectations play a role in determining wait times. Swedish citizens expect not to have to wait. Care guarantees are important politically.

- There can be problems in calculating the exact number of people on a wait list. Wait lists can be subject to manipulation in order to make the case for increased funding. Wait lists tend, also, to attract media attention.

- Access problems seem to be associated with elective services rather than emergency services.

- The Swedish people believe that if a service is needed urgently, they will get it.

- The Swedish wait time standard of 0-7-90-90 is not consistently interpreted or applied.

- Care guarantees are a step forward because they put pressure on the system to operate more efficiently and be more patient centered. They reduce the tendency to have people wait too long for surgery. Despite initial skepticism, Swedish doctors have responded favourably to wait time guarantees – possibly because it is helping to focus on quality indicators as well.

- A key milestone is making the treatment decision. From that date, the requirement is to provide treatment within three months.

- In the long run, it will be important to develop efficient booking systems instead of focusing on wait times alone.

- The kind of change required for access guarantees takes time. It is important to persevere and achieve a fundamental change of thinking.

Swedish Council on Technology Assessment in Health Care

Minister Evans met with the following officials:

- Dr. Kerstin Hagenfeldt (Chair)
- Dr. Helena Dahlgren
- Dr. Bo Freyschuss (Evidence Based Medicine)
- Ms. Agneta Pettersson (Ambassador Program)

- The Swedish Council on Technology Assessment in Health Care was established in 1987. It is an independent government-financed agency with its own board. It operates an annual budget of 32 million US dollars. It has thirty-two employees, two hundred contracted researchers, forty “ambassadors”, and two scientific bodies.

- The role of the Council is to promote the rational utilization of health technologies and to conduct research into the clinical, economic, social and ethical implications of these technologies. The Council serves as a contact point for assessment of new technologies.

- The Council operates an Ambassador Program to promote knowledge dissemination and exchange in the health system. While the Ambassador program came about with good intentions, it did not prove successful over the long term and was discontinued.

National Board of Health and Welfare

Minister Evans met with the following officials:

- Dr. Kjell Asplund – Director General and Medical Officer of Sweden
- Dr. Mans Rosen – Professor, Director National Centre of Epidemiology
- Kristina Eklund – Project Coordinator, Medical Guidelines and Priority Setting
- Torbjorn Malm – Project Coordinator, Medical Guidelines and Priority Setting

- The National Board of Health and Welfare is legally mandated to contribute to healthcare and social services and ensure that they are:
    - Safe and appropriate
    - Based on needs and perspectives of the people served
    - Based on sound knowledge and evidence
    - Reflect clear priorities
    - Open and accountable

- The Board's role is to provide surveillance of the delivery of social services, health care, and health protection services. The Board plays a role in establishing legal requirements, standards, and guidelines and disseminates knowledge in a variety of ways:
    - Evaluation and follow-up of initiatives
    - Evidence-based review of practices
    - The development of treatment and research methods

- Dr. Mans Rosen gave an overview of Sweden's history in maintaining complete population records. Since 1947, every Swedish citizen has had a personal identification number. Sweden's National Cancer Registry has existed since 1958. This was followed by the establishment of other disease registries throughout the 1960s.

- Sweden also has a variety of other health registries that cover many aspects of the health system, including population health.

- Currently, the Board publishes reports comparing the performance of hospitals; however, they do not go as far as the British by applying "star ratings".

- Sweden's approach to medical guidelines focuses on the needs of patients rather than on clinical practice. They support decision making for priority setting and resource allocation.

- Board guidelines contain recommendations but do not impose strict limits on what should be excluded or included. The emphasis is on evidence-based care.

- The role of the Board is to report to central government on the use of guidelines and their impact on medical practice. The ethical principles reflected in the guidelines include:
    - Respect for human dignity
    - Solidarity
    - Need
    - Cost-effectiveness
- The development of guidelines follows a very thorough process and is a lot of work.

Royal Swedish Academy of Sciences

Established in 1739, the Royal Swedish Academy of Sciences is an independent, non-governmental organization, and as such, is a free scientific forum. The Academy participates actively in many organizations and associations around the world and contributes to the development of strategies for global issues.

Minister Evans met with Professor Erling Norrby, Secretary General of the Academy and former chair of the Nobel Assembly.

- Personal health is an individual matter. While individuals have a responsibility to be as healthy as they can, only they have the power to achieve this. In reality, there are limits on the extent to which government can intervene.

- The most powerful a government has in public health is education. It is the only way to move society forward. In providing education, it is important also for governments to respect cultural approaches to wellness and to recognize the significance of gender in health care.

- Early childhood education also plays an important role in fostering health. Teachers and child care workers need to be recognized for the important work they do.

- The National Academy of Sciences promotes health issues through initiatives developed for teachers in math, chemistry, and biology. A strong education in these areas is necessary to prepare students for careers in health technology research and development.

- The role of the "human touch" in medicine and healing still needs to be recognized, however. A bed side manner is required more than ever – pain is more important to understand than chemistry and biology. Care should always be patient-centered.

- Wait times continue to be a problem for the Swedish health care system. Current resources need to be used differently. Concerns with health care tools and evidence for best-practice should take a back seat to personal communication.

- Even though technology risks stealing focus from human relationships in the delivery of care, electronic health records have great potential to generate efficiency and organization.

Karolinksa University Hospital and Astrid Lindgren Hospital for Children

Karolinksa University Hospital is Sweden's largest hospital. It has 1600 beds, 14 500 employees, and performs, on average, 7 surgeries per hour, three hundred and sixty-five days a year. The hospital is a treatment facility, a teaching institution, and a research centre. As part of Karolinksa University Hospital, the Astrid Lindgren Children's Hospital delivers a full range of pediatric care.

The Minister met with Ms. Britt Marie Ygge – Head of Child Health Care Development at the Karolinska University Hospital, Peter Graf, Divisionschef at Karolinksa, and Dr. Bo Lundell. The Minister also toured the Astrid Lindgren Hospital for Children.

- The Karolinska University Hospital has the only children's unit in Stockholm, serving a population of about 2 million. The hospital also takes referrals from other parts of the country and internationally. The unit has approximately 200 beds.

- Sweden achieves significant success in children's health. Facilities provide a gold standard in cancer care for children and have the best outcomes worldwide in 14 year follow-ups.

- This success is, in part, attributed to a horizontal organizational model within the hospital. Physicians are considered be equals with other health professionals. Treatments are decided by consensus. This approach is similar to those used in other Scandinavian countries.

- It is important in paediatrics that children remain the focus of care. At the Astrid Lindgren hospital, they stay together in mixed wards. The professional teams go to the children to treat and consult instead of having children to come to them.

- It is also important that the hospital environment be child friendly. While it can be a challenge to integrate inviting and hospitable children's wards into larger hospitals, every effort should be made to achieve this as much as possible.

- Appropriate use of pharmaceuticals is important within the hospital and contributes to better managed care. Their use results in lower costs and shorter stays in hospital.

- Wait times are an issue for children suffering from certain illness. Children diagnosed with cancer receive treatment immediately. Wait times can be more significant for other areas such as mental health. There is a need for psychologists/psychiatrists to work inside children's units.

- The Minister's Swedish hosts noted that Sweden still faces many challenges with programs that deal with mental health, family health, and family violence.

Matteus Health Care Centre

Minister Evans met with Professor Goran Sjonell, CEO of the Matteus Health Care Centre and former President of the World Family Doctors Association.

- A patient-centered approach to care can be achieved most easily through primary care. At this level, health care professionals can treat patients, rather than treating disease. This kind of relationship is more difficult to foster with specialists.

- To ensure personal and sustained care, Professor Sjonell suggests that each physician have a list of patients that he or she is responsible for. This may encourage physicians to maintain their practices in their communities over the long term.

- Financial incentives may be necessary to solve Alberta's workforce shortage. One strategy could be to develop a program that pays new physicians' student loans for the period of time spent working in rural parts of the province.

- Professor Sjornell is skeptical about the role of pharmaceutical companies in primary care. He suspects that the population in Sweden is overmedicated.

Stockholm Clinic STAYAC (Stay Active)

Minister Evans met with Dr. Stefan Blomberg, M.D, PhD. Dr. Bloomberg, is the founder of the STAYAC method and the medical head of the STAYAC clinic. He is a specialist in pain and musculoskeletal medicine.

- The STAYAC program, developed in Sweden, is comprised of a combination of evidence-based and reasonable empirically supported pain treatment methods. This method works with all aspects of pain.

- This method takes a comprehensive and holistic team-based approach to patient care. The method includes eclectic, multi-modal treatments. It entails a pragmatic approach that employs a strong team environment which strives to create educated and motivated patients.