

Community Care: Understanding the system in Sweden

This country profile assesses community care in Sweden including key initiatives, best practices, and challenges. 290 municipalities are responsible for home care, elderly care and long-term care for chronic disease patients.

This profile understands community care as all care outside of hospitals including in-centres, primary and residential care.

MedTech Europe's Community Care group calls for better patient outcomes and more attention to the community setting. For more information visit www.medtecheurope.org

Health spending

11%
Of country's
GDP



3rd
Highest in
the EU



Health system

84%
County council- /
region-financed

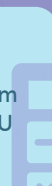


16%
Out-of-pocket
payments



Long-term care

3.2%
Of GDP spent on long-term
care, above the average EU
level of 1% of GDP



At the forefront of digitalisation

Sweden has systematically digitized the country's healthcare system to improve the quality of care, shift from hospital to outpatient care and enhance self-care for a more sustainable cost trajectory. The 2025 eHealth strategy aims to make Sweden the 'best in the world at using opportunities offered by digitalisation and eHealth'. Using previous initiatives, Sweden has built a number of successful services aimed at the public and patients, leading the country to have the smallest share of inpatient spending in the EU.

100%

Of documentation in primary care is done in electronic health care records (EHRs).

eServices

Are widely available across the country, such as Clinical Decision Support (CDS) tools which help patients prevent strokes by sharing their data to health care professionals, along with care diaries which offer to the elderly and their carers a digital tracker of their care path.



16bn € savings

By 2025 with investing in digital healthcare, which translates into a saving of 25% off its annual healthcare costs.

A 3-point action plan

Has been set out for a more rapid development of eHealth, overseeing (1) a better regulatory framework, (2) more consistent use of digital health terms and (3) technical standards to enable technical interoperability.



REFERENCES

1. Elisabetta Zanon (2015), <http://www.nhsconfed.org/blog/2015/01/is-sweden-s-model-of-integrated-care-a-beacon-of-light-for-the-nhs>.
2. European Commission (2017), https://ec.europa.eu/health/sites/health/files/state/docs/chp_sv_english.pdf
3. European Commission (2016), https://ec.europa.eu/info/sites/info/files/file_import/joint-report_se_en_2.pdf



Community Care: Understanding the system in Sweden

Policy and country-wide initiatives

Over the past two decades, Sweden has made a significant effort to shift from inpatient to outpatient care. Home care and long-term care are considered a priority, with public spending among the highest of countries part of the Organisation for Economic Cooperation and Development (OECD).

2010 choice of care

and private care provision introduced a choice of primary care for all patients and freedom of establishment for accredited primary care providers.

Self-care

dialysis programme first originating at Ryhov hospital became so successful that self-care dialysis units were built across the country.

2015 Patients Act

extended 2010 provisions to allow patients to choose who provides their primary and outpatient specialist / home care. The reform also promoted patient access to e-records. The Swedish Agency for Health and Care Services Analysis criticized the Act for not improving the patient position – indicating that accessibility and awareness continue to be problematic.

100 national quality registries

and 134 outcome indicators are used to evaluate quality and performance of care provided to patients. E.g. Senior Alert, a registry for elderly, helps care providers monitor and register results in incontinence care through IT solutions. The treatment of rheumatoid arthritis is a major success in this regard.

Remaining gaps

Key challenges in improving healthcare systems and community care services

Sweden has the lowest number of hospital beds per population (2.3 per 1000). While Sweden is a leader in telemedicine, telecare and teleconsultation, the capacities of inpatient care have been put under pressure.

Hospital care professionals have expressed growing concerns about patient safety and working conditions, as Sweden has the lowest spending on inpatient care in the EU.

On the positive side, hospitalisation per patient has been reduced from 9 to 3 days due to outpatient care developments.

A growing demand for doctors and specialists results in reliance on foreign-trained doctors.

One in four doctors (27%) are trained outside of the country, although 15% of these are Swedish nationals.

To partially address this challenge, Sweden has increasingly widened the responsibilities of nurses in primary care. Nurses are used for doctors' consultations and head medical departments in hospitals. However, the availability of specialist nurses with knowledge in specific disease areas remains low.

REFERENCES

- Ministry of Health and Social Affairs (2016), <https://www.government.se/4a3e02/contentassets/b0fd09051c6c4af59c8e33a3e71fff24/vision-for-ehealth-2025.pdf>
- McKinsey (2016), <http://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/digitizing-healthcare-in-sweden>
- OECD (2017), <https://www.oecd.org/health/bycountry/sweden/>

