

2013 Sweden Study Tour Experience

A different way of looking at Sweden's health care system

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“Good primary care benefits everyone”.
(Primary Care Model in Region Vastra Goteland)



“The goal is not to implement Lean –
Lean is our way of reaching our goals”
(Capio, St. Goran's Hospital)



“What more can I do for you today?”
(Nurse, Southern Doctor Clinic)

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Stockholm, Sweden. Opening evening meeting and dinner with Study Tour Participants
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Introduction

Sweden is well known for its excellent health care system. In May 2013, thirteen health care leaders across Canada participated in the Sweden Study Tour. The experience was amazing. We learned about Sweden's local, regional and national publicly funded health care system, which is run like a business. We learned about the differences between the Canadian and Swedish health care systems, the financial structure that drives that system, quality and safety and their focus on elder care – all have which have been topics of past emerging health leaders' reports (10) (11) (12). I would like this report to look at Sweden from a different perspective.

How does Sweden provide the right service, at the right place, at the right time? How do the social determinants of health influence and sustain the system? What are the cultural values that transpire into a healthier population? I was extremely impressed by the Swedish health care system and hope this report will shed some light on how Sweden as a nation achieves high access to services, provides high-quality care and is highly efficient, all at the same time.

High Accessibility



Key Highlights

- Patients assigned to health care centres versus a GP increases accessibility
- Optimizing each clinician's role increases services for patients
- A combination of services enables Sweden to provide 24/7 access to primary care
- Specialized clinics offer a one stop shop for pre- and post-hospital care

First Line of Care

The first line of care for the Swedish people is their primary health care centres. Each geographic area is assigned to a health center which delivers healthcare services to that population. However, because the funding follows the patients, they can *choose* their own health center. Since there is no one-to-one relationship between a patient and a General Practitioner (GP), this model increases patient access to primary care services. How? A patient has access to a team of clinicians (more availability) and is assigned to the right practitioner based on the patient's need. A typical team at each centre includes a group of GPs, nurses and district nurses; some centres also include physiotherapists or psychologists. GPs in Sweden receive a total of five years of hands-on training prior to becoming fully licensed to practice



compared to two years in Canada (1). GPs in Sweden are medical specialists in Family Medicine and are considered to be at the same skill level as other specialists including surgeons and internists (2). With more training, the health care centres offer services that we do not typically see in Canada. They include, but are not limited to:

- diagnostic investigations
- minor surgery (skin lesions, abscesses, lipomas, wounds)
- electrocardiographs
- eye exams and
- spirometry

The centres also have speciality nurses who focus on paediatrics, geriatrics chronic disease management, smoking cessation, and provide patient education and care. When a patient calls for an appointment, a nurse answers and triages the patient. The nurse will determine whether the patient needs to come into the health centre and what services they may require. Sometimes a phone call is sufficient. Other times, the patient may come in to see the nurse and/or physician. The nurses play a critical role as they are the gatekeeper for the physician. They also have the authority to prescribe certain medications, thereby helping physicians save time. In discussions with the centres, it appears that multidisciplinary professionals have a large scope and play an extensive role in patient care, which matches the patient to the right services.

Some regions in Sweden offer 24/7 access to primary care. A combination of the following options supports this practice:

- Clinics are open at least 45 hours/week
- Emergency clinics are open until 10pm on weekdays and are available over weekends and holidays
- On-call service is available (3) (4).

By providing readily available primary care services, this system mitigates and reduces the usage of emergency visits at the hospital.

Patient-centered Care

Primary care is described as the first choice of care; it is the hub of Sweden's health care system (4). Services such as lab and diagnostics are either a part of the health centres, or are located nearby. As a result of more extensive training and their focus on the patient, the GP spends more time with the patient diagnosing and testing, so when a referral is made to a specialist, the patient's condition has already been identified. When the specialist sees the patient, they often go directly to treatment options and follow-up. This demonstrates a focus on the patient and less duplication of tests or repetitive information, which reduces waste. As patients are aligned with the right clinician during their care journey, this practice overall increases availability and access to services.



Specialized Services

The next systematic layer that supports patient-centered care is the specialized clinics. Once you have exceeded the need for primary care, specialized services such as Breast or Cardiology Services are available to provide treatment and management of the disease. Surgeries are performed at the hospital and pre- and post-surgery and follow-up occur at the clinics. As past reports have reviewed the Breast and Heart Health centres, I will focus on the antenatal and reproductive centres, which play a large role in Sweden.

The Swedish antenatal clinics are located in the primary care centre or close to one, have doctors and midwives who work as a team. They provide education, contraception, cervical cancer prevention, sexually transmitted disease detection/prevention/treatment and antenatal care and post-partum care. There is universal coverage and patients can obtain these services for free. The services are midwife-centered and provide an accessible program for pregnant women. They focus on many areas including:

- preventing harm to the fetus in cases of alcohol consumption, tobacco smoking, legal and illegal drug usage
- screening for HIV, hepatitis B, syphilis
- routine ultrasounds
- education and support for parents
- routine visits (up to nine)

These clinics offer care during and after pregnancy. The actual “delivery” occurs in the hospital ward and is performed by a midwife. Natural birth is the preferred choice of delivery. It is uncommon to have a caesarean section. Sweden is one of the top five countries with the lowest caesarean sections, while Canada ranks 18th place (5).

To ensure continuity of care, the antenatal clinic offers check-ups with contraception counselling a few weeks after delivery. The midwife plays a significant role in this area. Upon receiving four and half years of university education, midwives are experts on normal pregnancy, delivery and contraception, and they undertake cervical cancer screening. They are regarded as the health care professional with the highest credibility among the general public (6). Again, the wider scope of practice for clinician increases access to services.



High Quality



Key Highlights

- You cannot improve what you cannot measure – data are the foundation to quality improvement
- Quality and patient safety is the highest priority for the Capio Hospital in Sweden
- Sweden’s high quality of life plays a key role in supporting and sustaining their health care system

National Registries

Quality improvement is a key driving force for Sweden’s health care and is an essential aspect of service delivery at the local, regional and national levels.

Unless you can measure your performance, you do not know what to improve and whether success has been achieved, so efforts to improve systems or processes is driven by reliable data. Sweden has over 70 national registries on patient-based data containing medical information. The data are useful at the local level, supporting planning and management. At the national level, information is used for research, priority setting and continuous improvement to health services. Hospitals and clinics are able to access their data to monitor their effectiveness. The data from the registries are public, transparent and reported regularly. Patients can access reports of how their health care centre is performing compared to others. Some examples of registries include hip replacement surgery, heart surgery, cardiac intensive care and diabetes (7) (8).

Putting Quality First

Capio, one the largest hospitals in Sweden, focuses on quality and patient safety. “The goal is not to implement Lean – Lean is our way of reaching our goals” (9). This hospital looks at continuous improvement from a patient perspective. They engage, educate and empower their staff to make improvements as a part of their everyday work. A culture of mentorship and knowledge sharing is created. This is all supported by access to real-time data, use of improvement boards, daily team meetings, and ongoing clear communication. High quality to them means good medicine, good information, kind treatment and a nice environment. Involved patients have information about their diagnosis and treatment. Their information is linked with the primary and specialty care centres, so as patients’ transition from one type of service to another, it is seamless. There are also transparent open registries, which the public can look up on health service performance of Capio. Trained and involved employees have front-line driven initiatives, clear roles and responsibilities, receive continuous training and development; creating a continuous improvement culture. This hospital has one of the lowest care-related infections across Sweden, was the first hospital in Stockholm to achieve no waiting times for planned care and received the highest



percentage of “patient-perceived quality” in comparison to other hospitals. Their quality agenda is outlined in the table below (9).

Capio, Quality Agenda

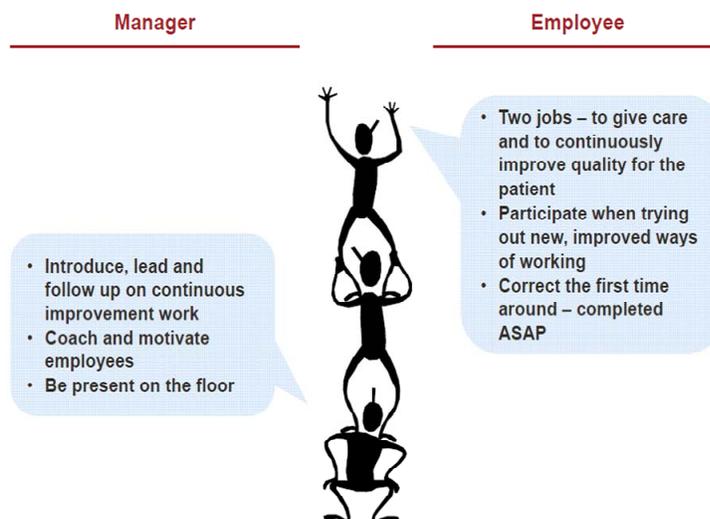
| | |
|---------------------|---------------------------------------------------------|
| General activities | 1 Strengthen patient involvement |
| | 2 Improve patient safety culture |
| | 3 Standardized and evidence based work procedures |
| | 4 Lean based systematic improvements |
| | 5 Clear and safe communication |
| | 6 Develop KPI:s, management and follow up |
| | 7 Strengthen staff knowledge and competence |
| | 8 Implement the Capio model for development of know how |
| Specific activities | 9 Action plans for prioritized quality areas |

9 Prioritized quality areas

- a) Infections
- b) Use of pharmaceuticals
- c) Surgery quality
- d) Fall injuries
- e) Pain
- f) Malnutrition
- g) Pressure wounds
- h) Suicide

A key finding that impacts both improvement culture and the health of the work place setting is having clear roles and responsibilities between the manager and the employee as outlined with Capio’s model below:

Roles and responsibilities



Quality of Life

On many of the site visits, I observed common themes with respect to the culture, work/life balance and a focus on youth.

Instilling Family Values

One of my major observations was of the Swedish culture of work/life balance. Generally, the office hours are 0900 to 1700 hours. Staff leave on time to be home for family dinner. When you turn on the television, ads are about family activities, such as hiking, biking, skiing and picnics. When you walk around the streets, fast food chain stores are not readily available. In fact, what you will see are many kitchen stores – the popular souvenir is tea towels! The retail stores are open from 0930 to 1800 hours. The consumer tax rate is high at 25% compared to the Canadian HST at 12-13.5% (depending on province) but their income tax rates are similar to Canada. So the conclusion drawn is you only buy what you need. The North American culture of consumerism and a sedentary lifestyle was not observed. The emphasis was on family time and living a healthy lifestyle.

Investing in their Future

Swedish laws ensure that children are highly protected. Any beating or spanking is a criminal offense. By focussing on children, the government creates a population that has the foundation to live healthy. They provide free health and dental services from ages 0-18. A significant amount of resources are directed at pre and post-natal care. Government policy allows maternity/parental leave of up to eighteen months.

All Swedes receive free education starting from Kindergarten to post-graduate degrees for any profession. The pursuit of a medical occupation is well supported by their current education system. High school graduates do not need to complete “pre-med” to go into medical school; they can pursue it in undergraduate studies. There are no barriers to education nor are there student loans. Sweden’s investment in education results in a highly literate population with a good portion of citizens working in the health care field. This further supports prevention and health promotion. The government’s focus on children as a foundation for their future allows them to pass on the right values from one generation to the next. It is an extremely proactive culture in prevention with an emphasis on well-being.

The overall focus on family, children and living an active lifestyle reduces stress compared with the hectic North American lifestyle.



High Efficiency



Key Highlights

- The physical design of workplace environments is appealing and welcoming
- The Swedes run health care as a business; maximizing the types of services offered while driving quality and efficiency

All in the Design

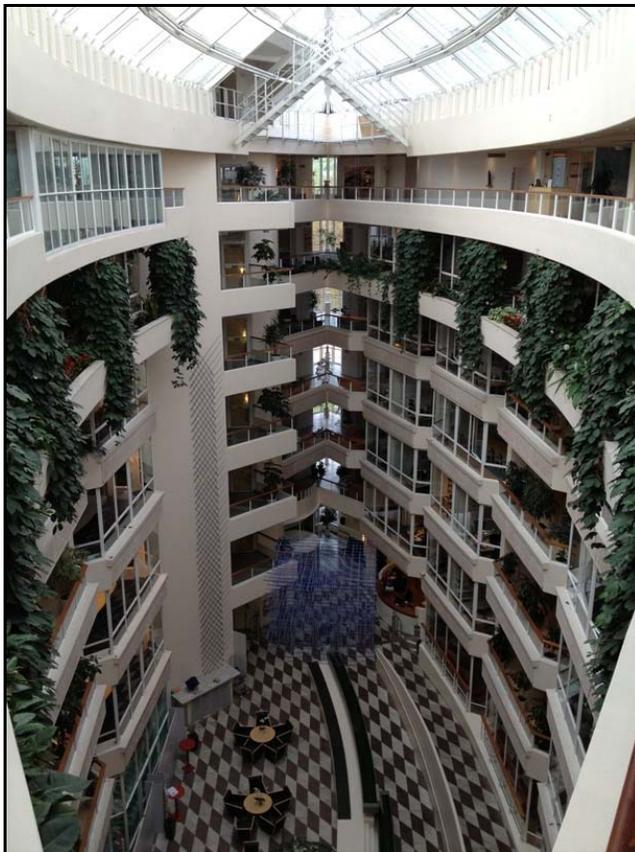
What struck me on the site visits was how well and efficient the physical space was designed and utilized. Swedish employers focus on the workplace setting, staff wellness, education and staff satisfaction. These concepts extend to the patient world, where they apply Lean design to the patient space. The quality of the room is critical to recovery, so they ensure natural lighting is available and surround settings with healing elements such as art work, plants and candles. Throughout the study tour, the sites visited were welcoming and appealing. Many of the staff lounges were well designed and senior management spends breaks together with their staff to get to know how they are doing. Some employers provide daily breakfast and lunch. Why? The meals provided serve a few purposes: healthy choice of food for staff, a break for the staff to get to know management, saves staff time from having to leave work for lunch and return (ie, efficiency), and it creates an engaged culture.

We visited the Swedish Association of Local Authorities, SALAR. The offices surrounding the building have an amazing view of Stockholm city. What about the offices that do not have an outside window? Look at the atrium photo below. While the offices are located inside, they are still flooded with natural light because the windows look into the atrium. As a result, offices located in this organization have a pleasant and welcoming work environment. Creating a desirable work setting increases overall mood and morale, which, according to the staff, increases productivity and efficiency.





Exterior window view from the SALAR offices



Interior window view from internal SALAR offices

The photos below showcase a couple of the health care clinics visited. When you walk into the lobby, you feel as though you are in a spa or yoga studio, but in fact, you are at the doctor's office. Some clinics have lit candles on the window sill which create a calm and serene feel.





Stockholm Breast Center, Specialty Clinic, patient waiting area



Southern Doctor, Primary Health Care Center, patient waiting area

The space is well utilized and there is no clutter.

Computers are strategically located in areas where they would be used. A photo of a coat rack and fan below show a few of the Swedish accessories. Talk about design and efficiency!



The empowerment of staff, engagement with the health care team and a well-designed and appealing work place creates an environment where staff enjoy and excel at work.

Understanding the Business You Are In

The Swedes understand the business they are in and they know how to run it. They have designed a health care system that finds the most appropriate level of services and aligns it with the right competency of staff, and puts the patient in the right setting according to their needs. Appropriate care levels matched to the right patient need enables them to achieve quality and efficiency while driving costs down at the same time.

The formula:

- 1) Focus on quality
- 2) Answer the question, "Where should the patient be?" Align to cost and the right setting.
- 3) Eliminate waste by applying Lean
- 4) Invest in the people through education, learning, physical environment while embracing work/life balance

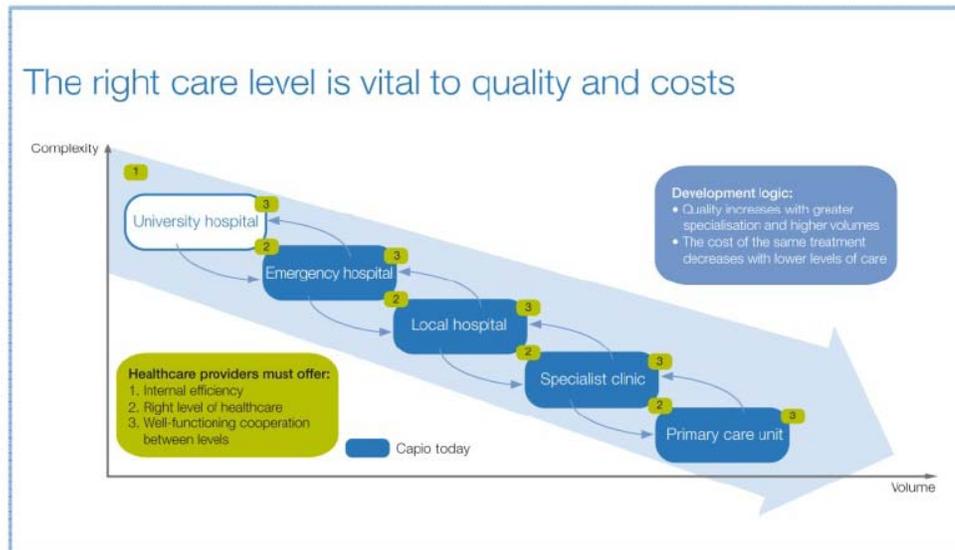
There are five types of settings:

- University Hospital
- Emergency Hospital (Canada's acute care hospitals with emergency department)
- Local Hospital (with no emergency department)
- Specialist Clinic
- Primary Care Centre

Care that does not require the competence and resources of an acute hospital is transferred to the appropriate care level.



The diagram below shows the types of care levels, against the complexity of the patient and the right setting the patient should reside in for that level of care. By ensuring patients are in the right setting, the right care is provided and it allows clinicians to do what they do best and what they are trained for. This model introduces a new mentality, from “doing a little of everything” to economies of scale for quality and productivity (9).



Summary

Primary care is the foundation for the Swedish health care system. When combined with specialization at different levels, the best outcomes are achieved, resulting in centres of excellence. Sweden has focussed on the right things. Having the right alignment between the service and patient, leads to quality and efficiency. Continual data collection and analysis drive improvement and the Lean way of thinking is embedded in the culture, where the mentality is to “solve it before it happens”. Emphasis on work/life balance and family values, investing in child care, empowering staff and creating inviting work environments are strategic investments that have contributed to their sustainable health care system. The nurse that I spoke with at a primary health care centre explained that, before her patient is ready to leave the clinic, her last question to him is, “What more can I do for you today?” Focussing on the patient is the forefront of providing the best care.

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