

Steering the volume of services – the Swedish perspective

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Today's talk

- The health care system in Sweden
- Mechanisms of steering volume of services
- Challenges before Corona
- Coping with Corona
- Changes to come

Sweden – a heterogenous country?

Sveriges län, 2007-



- Sweden - about 10 million inhabitants
- About 11% of GDP spent on healthcare \approx 550 billion SEK \approx 54 billion €
- 21 self-governing regions
- Rationale: adapt to the populations needs in their region
- Main bulk of healthcare is publicly financed through taxation at regional and state level
 - 85% public spending
 - 14% private fees
 - 1 % private insurance etc. (2019)

Governance

- Swedish government / parliament – rule by legislation and state funding
- Guidelines from Swedish healthcare authorities – often followed – but the regions can decide differently
- Regions – collect taxes for the main bulk of funding for healthcare – decide on what should be offered – political bodies /in co-operation with the administrative/professional level
- Volume of services – formally decided at the regional level
- BUT – there are some mechanisms to reduce the potential heterogeneity of the system

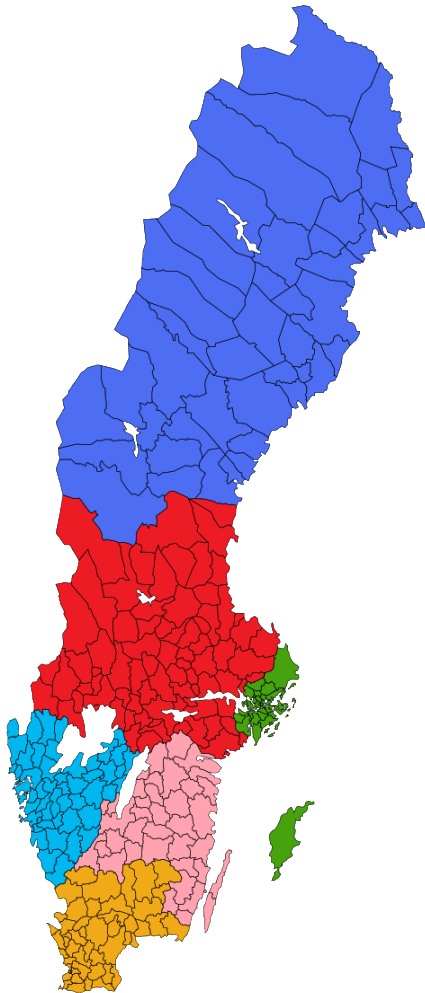
Priorities – ethics platform

- Ethics principles for priority setting – 1997 part of healthcare legislation:
 - *Human Dignity: All humans are equal and have the same right independent of social standing or position*
 - Defines what we cannot take into account:
 - Social situation/ Economic situation/ Chronological age/ Previous life style
 - *Needs-Solidarity: Resources should be spent on the persons with the greatest needs*
 - *Cost-Effectiveness: Reasonable relation between cost and effect of a treatment*
 - Rank – ordering of principles

A special case for (some) pharmaceuticals

- Dental and pharmaceuticals benefits agency
 - Make reimbursement decisions for prescription drugs
 - Use the ethics platform – operationalized:
 - Severity of condition
 - Effect of treatment
 - Cost-effectiveness
 - Thresholds: 1 000 000 SEK/QALY \approx 100 000 €/QALY (conditions with high severity)
 - Orphan drugs: 2 000 000 SEK/QALY \approx 200 000€/QALY

Sweden – towards national equality



- National guidelines for different disease areas at National Board of Health and Welfare – 2004
- Failed regional reform 2007 – still led to 6 healthcare regions to increase equality and effectiveness
- Patient Act – right to seek (some) healthcare in other regions – 2014
- New Therapies council – joint regional guidelines on new and challenging pharmaceuticals - 2015
- New system for national knowledge management with ≈ 25 different disease/professional areas – mapped at the regional level - 2016
- MedTech council – regional guidelines on new medtech – 2019
- National expert group for horizontal priority setting - 2020

Challenges before the corona

- Resources in relation to needs and demand
 - Staffing situation
 - New therapies – gene/cell-therapies
- Sub optimal (?) primary care – a strong incentive to move towards close care (care in the vicinity of people) - from hospital /specialist care
- Availability (at least when it comes to primary care - chronic conditions)

Coping with corona

- Fairly open society – no hard lock-downs
- High spread and mortality in elderly care
- Lack of crisis preparation – we discontinued much of our civil defence and crisis preparation in the beginning of 2000 – turning to just-in-time philosophy
- Small number of intensive care beds in an international comparison – managed to increase that capacity
- Total mortality until now: 14 000 – 15 000
- Developed priority guidelines for intensive care and routine care to handle redistribution

Coping with corona

- Redistribution of resources to covid-care + disease containment – led to postponed healthcare:
 - Surgery – orthopedics, “QoL-surgery”
 - Cardiology
 - Primary care
 - Screening program
 - Etc.

Challenges ahead?

- Postponed healthcare needs – health effects?
- The move towards close care
- Horizontal priority setting – new therapies, new initiatives from the national knowledge management structure – given resource situation
- Creating a more resilient healthcare system – for crises

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