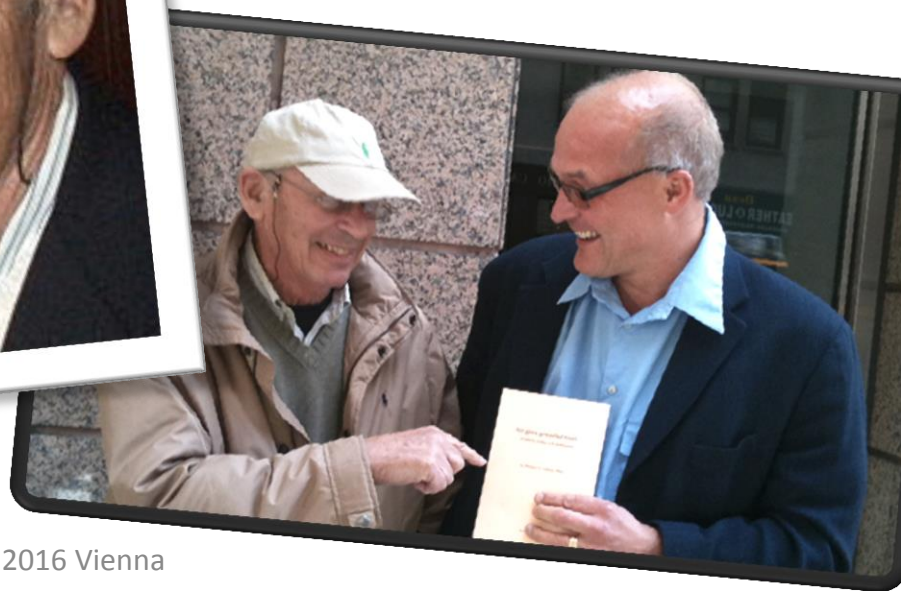
# Thanks for inviting me!


- Hans Thulesius, Associate professor,
- Primary care physician, Sweden

# Highlights from Swedish Primary Care

# Paul Lazarsfeld's legacy: Barney Glaser and grounded theory




(Vårdcentral
= primary care centre)

# Austria vs Sweden

(comparisons Wikipedia, CIA, etc 2012-2016)

- Population: 9 / 10 million
- Population density: 105 / 22 per square km
- Population age: 44 / 41 years, median
- Urban population 66% / 85%
- Immigrant population 18% / 18% (foreign born)

# Austria vs Sweden

(comparisons Wikipedia, CIA, etc 2012-2016)

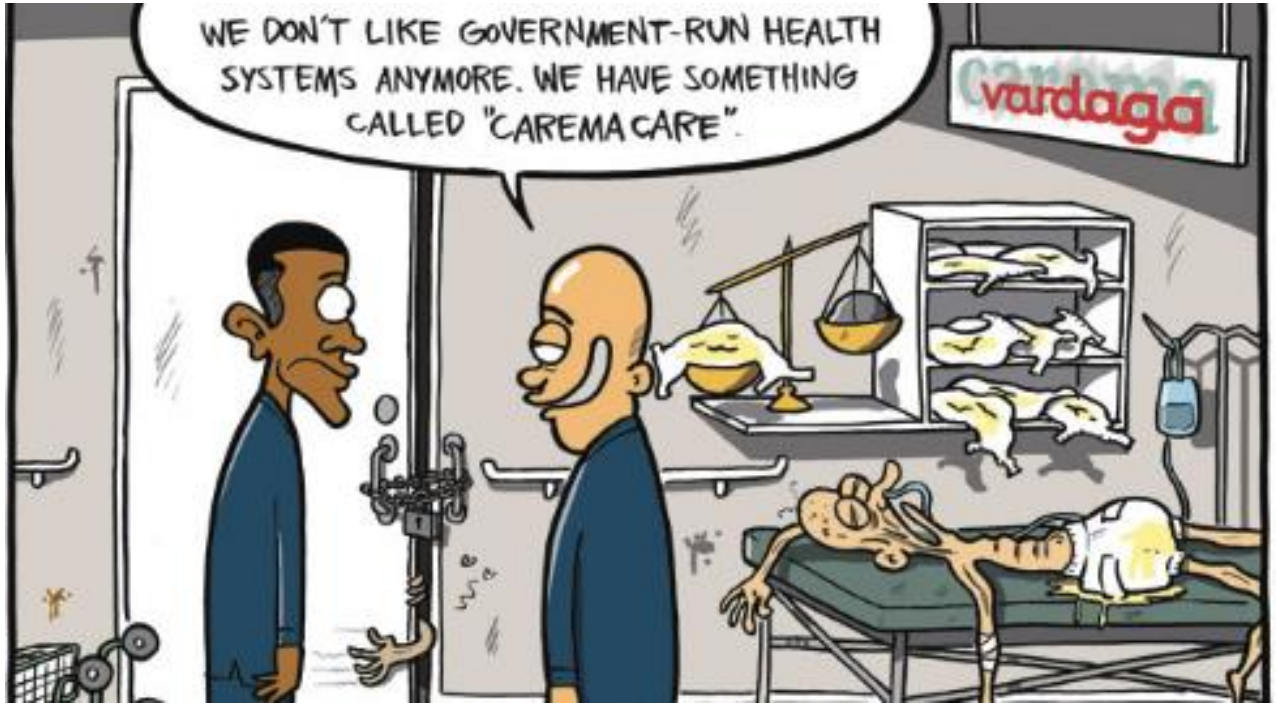
- Life expectancy: 82 / 81 years
- Cancer incidence: 254 / 270 per 100,000 (age adjusted)
- GDP per capita: 44,000 / 44,000 USD
- GINI (income distribution) : 29 / 25
- Health care cost per capita: 5600/ 6800 USD
- Military cost per capita: 250 / 500 USD

# Swedish health care

- Decentralized = 21 regions responsible for all health care.
- Universal access + comprehensive cover. Every citizen has health insurance “for free”.
- Co-payment 15-25 euros up to 120 eur / year for primary care physicians (PCP) + secondary care physician visits
- Politically steered, 4 year election cycles
- Patient satisfaction high, hospital visits few compared to Austria.

# Swedish health care

- Lowest number of hospital beds in the OECD countries.
- 15% have private insurance = faster access + elective surgery – often connected to employment.



# Swedish primary health care (PHC).

## 1. History

- 1744-1973: ’Provinsialläkare’ (= provinzarzt) appointed by king.
- 1970’s: ’Vårdcentral’ (=care centre) for ≈10.000 people = Multiprofessional /team based care – physicians, district nurses, nursing assistants, physiotherapists, social workers, secretaries
- 1978: Primary care = all care outside of hospitals
- 1993/94: Law - choosing own PCP (’husläkare’ (Hausarzt))
- 2010: Law - choosing outpatient health care (’vårdcentral’) – ’Vårdval’ – listing at PHC centre

# Swedish PHC.
## 2. Finances and management

- 95% of PHC publicly financed
- Share of health care budget = 20%
- 2/3 publicly managed by 21 regions
- 1/3 privately managed by care corporations, some self-employed PCPs
- Most PCPs = public employees, others employed by private providers, staffing agencies or self employed.
- High capitation = mostly fixed remuneration regardless of nr of patient visits. Some regions have ’ pay for performance ’.
- Quality indicators also included in some regions’ remuneration

# Swedish PHC
# 3. Quality and services

- Multiprofessional /team based care. Patient-centered = good outcomes thanks to multidisciplinary care + chronic disease management by specialist nurses + PCPs
- No strict gate keeping to secondary care - invitation to see PCP first
- Bundle of services to be provided defined by ‘Vårdval’ law differ between 21 regions
- Electronic patient records everywhere – in some regions together with hospitals
- Telemedicine growing in remote areas

# Swedish PHC
# 3. Quality and services

- Staff of  typical primary care centre (’vårdcentral’):
  - 5-8 Primary care nurses (PCN)
  - 3-6 Trained PCP specialists
  - 2-4 Physicians in training for MD licence or PCP specialists
  - 2-5 Secretaries
  - 2-3 Nurse assistants (for bloodworks, ECG, audiogram etc)
- Other common resources :
  - Well child clinics (’barnavårdcentral’)
  - Maternity health (’mödravårdcentral’)
  - Physiotherapists, occup therapists, psychotherapists, social homeworkers, rehab staff at nursing homes, palliative care services

# Swedish PHC

## 3. Quality and services: PCN training

- Nursing school = 3 years after high school
- Many PCNs have 1-year district nurse (DN) specialisation
- Most DNs have drug prescription license
- Many DNs specialized in diabetes or COPD/astma or child care.
- PCNs work in care centres (vårdcentral) or home care

# Swedish PHC

## 3. Quality and services: PCP training:

- Medical school = 5,5 yrs + 2 years paid internship
- Primary care = important part of medical school curriculum
- PCP specialist training = 5 years
- PCPs = 16% of Swedish physicians (25-50% in other countries.

# Swedish PHC
## 4. Challenges

- Shortage of trained PCPs = 30% of all Swedish PCP consultations provided by ’rental doctors’ from staffing agencies giving low continuity of care.
- Anticipated shortage of PCNs

# Swedish PHC
## 4. Challenges

- PCP work tough = complaints in surveys
- PCPs working in privately managed sector more satisfied
- PCPs paid less or same as hospital physicians
- Organizational gaps = different providers of elderly care vs regular PHC + hospital care

# Three primary care centres

- Storuman in north Sweden
- Saltsjöbaden near Stockholm
- Bergsjön near Göteborg

# Storuman health center

- Owned by region
- Population: 6 000 = 0.8/km$^2$
- Internet in remote areas
- 33% are older than 65 years
- Many Sami minority group patients
- Snow scooter transportation most of year
- Hundreds of refugees recently moved to Storuman
- Patients normally come to clinic only with serious health condition
- “Virtual clinic” by nurse or social worker - digital stethoscope, electrocardiography. Telemedicine to hospital.

# Storuman health center



- Open 24/7.
- Out of office hours care for half the size of Belgium.
- Patients can live 300 km away. Distance to hospital 100 km
- Ambulances stop at health centre for physician assessment before hospital. Helicopter service.
- Defibrillator, ultrasound, x-ray in emergency room.
- 24 hour ward with 8 beds. Some patients never need hospital. Others come from hospital for rehab or palliative care.
- Rural Medicine Centre for R & D attracts physicians & PCPs in rural profile training.

# ’Familjeläkarna’ Saltsjöbaden

- Owned by physicians
- Seaside suburb of Stockholm, 10 000 inhabitants, among Sweden’s richest. High education level, low unemployment, high life  expectancy.
- Most patients make appointments by internet or phone
- Many patients very old but healthy and often “order” investigations or referrals.
- Multiprofessional / Team based care – physicians, nurses, occupational therapists, physiotherapists, psychologists

# Bergsjön vårdcentral


- Owned by staff. New building
- Low income suburb of Göteborg, 16 000 inhabitants, 60% born abroad
- 140 nationalities. Low education level, high unemployment, low life expectancy.
- Walk-in clinic – no booked appointments
- Many smokers, high diabetes and cardiovascular disease prevalence
- Multiprofessional / Team based care – physicians, nurses, physiotherapists, psychologists and 6 interpreters

# Small group / beehive discussion

- Pros and Cons of Swedish PHC?
- What could Austrian PHC learn?
- What could Sweden learn from Austrian PHC?

# Pros & Cons of Swedish PHC

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- …

- …
- …

# What can Austria learn?

- …

# What can Sweden learn?

- …
- …
- …

# Thanks for your attention!