Swedish Association of Local Authorities and Regions

Agenda		
09:00–09:30	Coffee, welcome and introduction of agenda	Karina Tellinger McNeil, SALAR Helena Palm, SALAR
09:30–10:20	• Swedish healthcare and e-health (structure and organization) • SALAR and government action plan and Vision for e-health 2025 • Legislation	Patrik Sundström, SALAR
10:20–10:30	*Short break*	
10:30–11:20	• Services for patients and citizens • What can we offer our citizens in the coming years?	Sofie Zetterström and Maria Ekendahl, Inera
11:20–12:10	• EHR systems in Sweden today and plans for tomorrow • National e-health services (National patient overview, Referrals, Sick-notes) • National infrastructure for e-health	Mikael Johansson, Inera
12:10–13:00	*Lunch*	
13:00–13:30	Data driven management in Swedish healthcare (Vården i siffror and Öppna jämförelser)	Fredrik Westander and Adam Sandebring, SALAR
13:30–14:00	Personal health account (HälsaFörMig)	Carl Jarnling, Swedish eHealth Agency
14:00–15:00	Towards new digital solutions (EHRs etc.)	Annabeth Bergqvist, Stockholm: Ralph Harlid, Blekinge och Marie Häggström, FVIS
15:00–15:20	*Coffee break*	
15:20–16:30	• Health, social services and regional government reform in Finland • The UNA project • HUS Apotti project	Vesa Lipponen, Ministry of Finance; Erkki Kujansuu, Tampere University Hospital; Jyrki Soikkeli, HUS Apotti project
16:30–17:30	Moderated discussion/workshop	Karina Tellinger McNeil, SALAR Helena Palm, SALAR

In this file

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Brief overview of health and social care in Sweden

Organisation and structure

Challenges & opportunities

eHealth and digitalization from a national perspective

Legislation

Patrik Sundström, Head of eHealth
Sveriges Kommuner och Landsting/Swedish Association of Local Authorities and Regions

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Organisation and structure

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The mission of SKL (SALAR)

- Monitor and safeguard the interests of the municipalities and the county councils/regions
- Act as an employers' organisation
- Offer services and support for operational development
- Provide an arena for dialogue between members

The composition of the Congress and the Board corresponds to the political situation in the municipalities, county councils and regions

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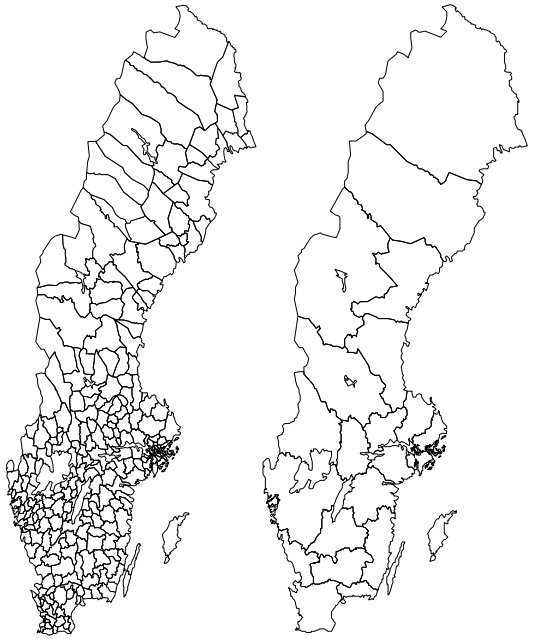
Members

- Gathering all 290 municipalities and 20 county councils (including 13 regions)
- Members pay a fee based on the tax base
- Established in 2003-2007 by a merge of Kommunförbundet and Landstingsförbundet



Political organisation

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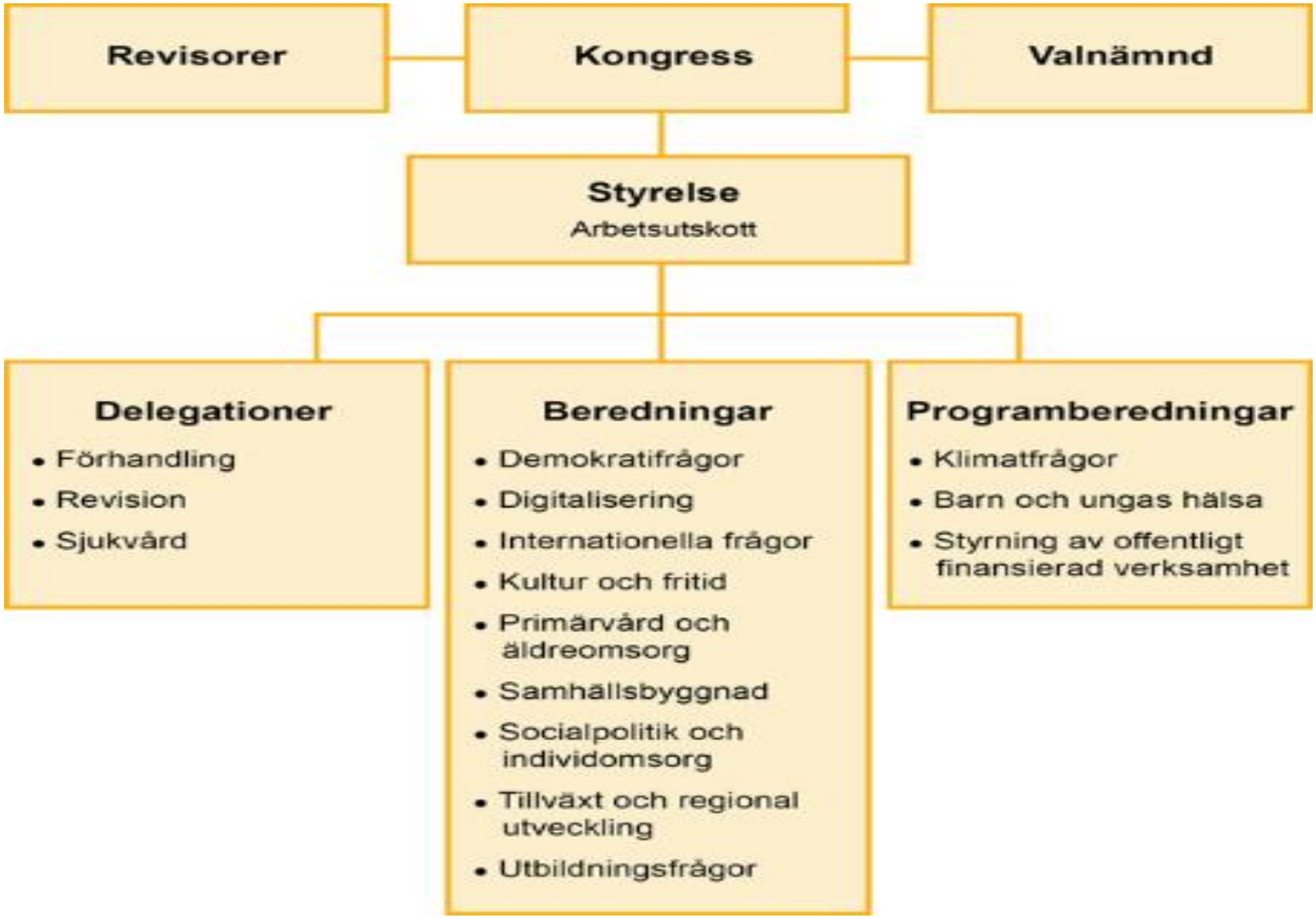

Administrative organisation

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inera

- Owned and governed by SKL, all county councils/regions and appprox. 200 municipalities
- Coordinates, owns and offers national architecture and infrastructure, national digital solutions etc.
- Big portfolio including several services for healthcare professionals and patients
- Recently got a broader mission including digitalization for welfare sector in general

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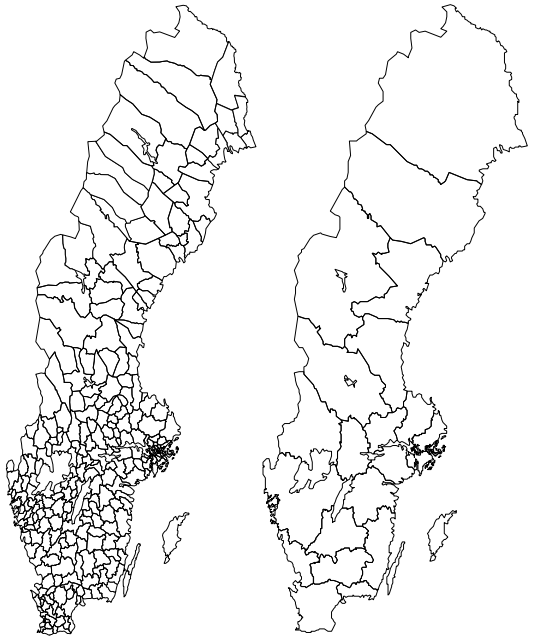
Regional and local authorities

- 290 municipalities – population between 2 450 and 936 000 inhabitants
- 20 county councils/regions – population between 129 000 and 2 269 000 inhabitants



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Local self-government

- Municipalities and county councils/regions are responsible for much of the public services
- Strong local self-government
- Right to levy taxes on incomes and charge users for their services
- Financing of services:
  - Income taxes ~70 %
  - State grants (general and targeted) >15 %
  - Fees and charges (county councils/regions ~4 %, municipalities ~6 %)
- System for local government financial equalisation

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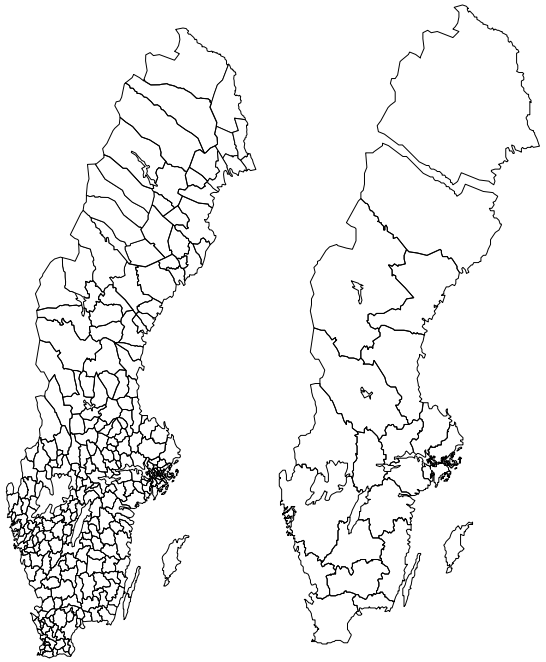
Regional and local authorities – different responsibilities

- Municipalities:
  - healthcare in regular or special housing (up to nurse level)
  - social care and service
  - social assistance
- County councils/regions:
  - health and medical care
  - dental care (free dental treatment for children and young people aged 3 to 21)



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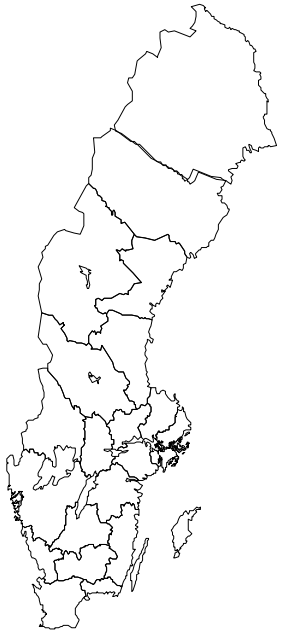
The Swedish health care system (1)



- Tax-financed and decentralised
- 21 county councils/regions finance almost all health care and also provide most of the services
- Covers all residents – very few have an additional private health care insurance (dental care for adults aged 22 and over is mainly financed by the patient)
- Each county council/region decides on
  - its own income tax rate (~70 % of the budget)
  - patient fees (however national high cost protection/ maximum fees)
  - Reimbursement systems for paying providers
- The share of private providers with public financing varies significantly between different county councils/regions

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The Swedish health care system (2)

- Every county council/region must provide its residents with health care of good quality and promote good health in the entire population

- Sweden has
  - ~ 1 200 primary care centres
  - Many small health care units (doctors, physiotherapist etc.)
  - ~ 60 county/district hospitals with emergency ward (day and night)
  - 7 university hospitals

- Responsibility and mandate for the State
  - legislates and establishes principles/guidelines
  - distributes responsibilities
  - supervises
  - allocates government grants
  - decides on local government financial equalisation
  - decides on national high cost protection/maximum fees

Some structural changes in Swedish health care

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In the last years we have seen:

- reduction of full scale emergency hospitals and hospital beds
- increase of health care centres
- development from inpatient care to outpatient care and from hospital care to home care
- increased differentiation and specialization
- growing proportion of elderly people – but many are active and healthy
- increased opportunities for patients to choose provider
- increase of private providers

Social care and services

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- Municipalities are responsible for providing social care and services
- Any support or assistance is to be based on the needs of the individual
- Support and assistance is based on authority decision in every single case, which is possible to appeal by the individual (this kind of rights law is a difference compared to health care)

- The social services include
  - individual and family care (children, families, drug abuse, homelessness etc.
  - elderly care
  - support to people with disabilities (education, special housing, assistance etc.)

Elderly care

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- Elderly care and care of the disabled account for about 30 % of municipalities' budgets
- Care and assistance is provided in regular or special housing
- Support and services for elderly in regular housing:
  - meals on wheels
  - transportation service
  - personal safety alarms
  - home help
  - short-term housing
  - day activities
  - support for family/informal carers
  - Rehabilitation
- Many elderly in need of care and services also need healthcare
- An increasing share of the services is provided by private providers

Increase of private providers

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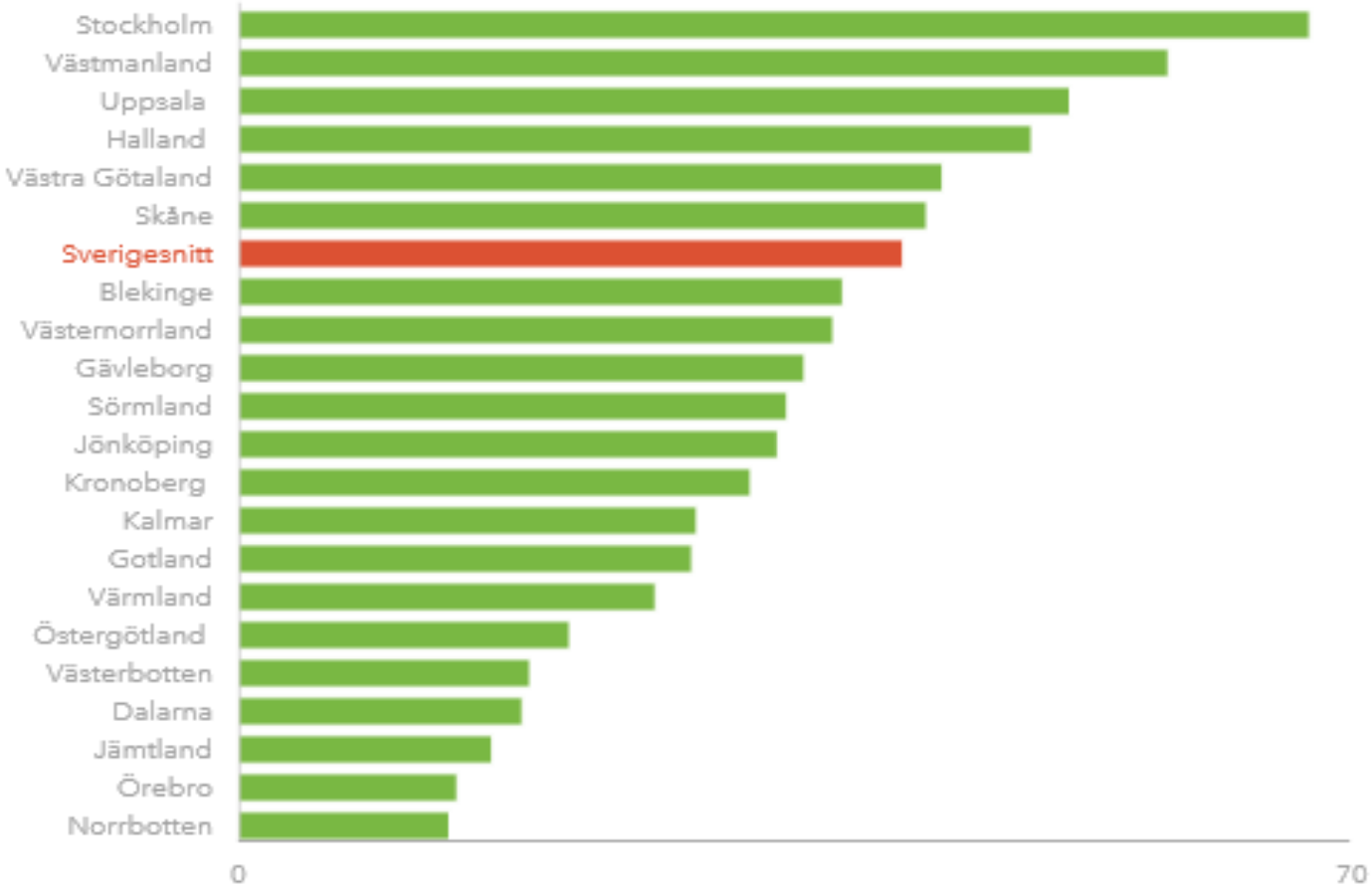
- The private production of public financed welfare services has increased since the 1980s
- Today about 15 percent of the tax-financed welfare services are provided by private providers
- In several cases, national reforms have been preceded by local initiatives
- Large differences between different municipalities and county councils/regions:
  - many small municipalities have almost all production under its own management
  - some municipalities have only private provision of some services (*Nacka*: home-help, *Staffanstorp*: special housing for elderly people)

Varying proportion of private primary care centres

Proportion of private primary care centres (2015)



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Some challenges & opportunities

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Some challenges on the political agenda

- Reduce the health gap
- Reduce the amount of people on sick leave
- Waiting times in healthcare
- Integrated health and social care
- Shift from hospital to primary care/home care
- Knowledge-based and equal care
- Reception of asylum seekers and refugees
- Digitalization for better welfare
- Antimicrobial resistance
- Recruitment, retention and education of employees
- Longer life with chronic disease – comorbidity

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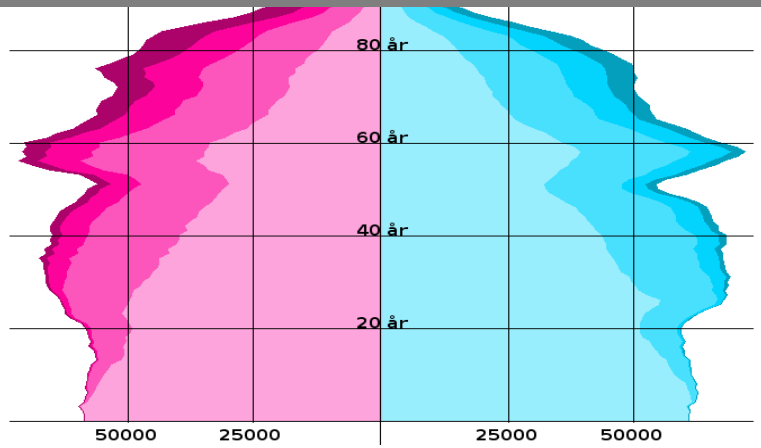
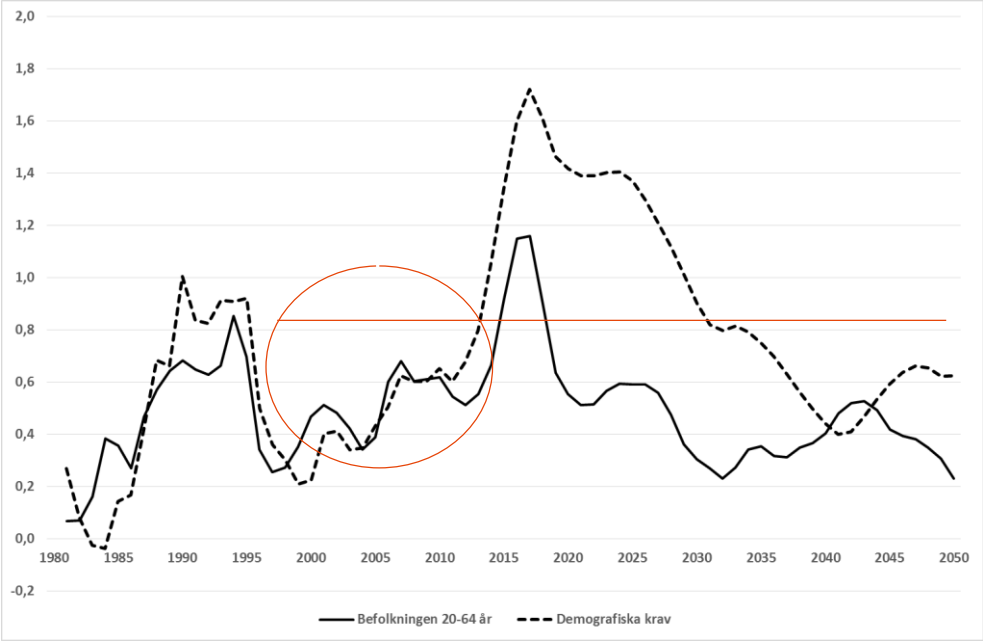
530 000 new employees are needed until year 2025 if no changes are made in the way we deliver welfare

To finance welfare in 2035 demands 13 SEK more in taxes – if no other transformation



Citizens' expectations:
- digital when possible, physical when needed

The relation between demographic demands and number of citizens in the workforce



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Digitalization is the key driver for change as it holds possibilities both to meet challenges and improve quality in welfare sector

Digitala vanor 2-4-åringar

8 av 10 har tillgång till surfplatta

74% använder internet

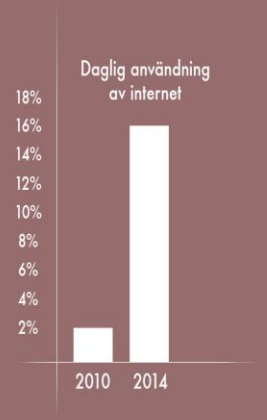
13% av föräldrarna känner ofta oro över att barnet har för mycket skärmtid

38% av tvååringarna har regler för sin skärmtid

1 av 10 har en egen surfplatta

Hälften brukar rita & måla på dator eller surfplatta

brukar 64% spela spel på dator eller surfplatta



1 av 3 använder internet varje dag

Källor: Småungarna och medierna 2015 (Statens medieråd), Barnen och skärmarna (Digitala livet/Aftonbladet 2015)

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Digitala vanor 65-75-åringar

97% har mobiltelefon

Hälften har smarttelefon

82% använder internet

39% av de som har en smart telefon använder dagligen internet i telefonen

59% använder kart- & navigerings-funktionen i sin mobiltelefon

44% genomsnitt i EU

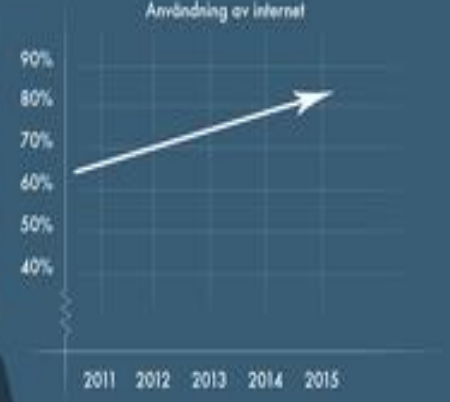
64% tycker att internet är viktigt i vardagslivet

26% använder Facebook dagligen

18% använder Spotify

1 av 4 redigerar video-, bild- eller ljudfiler

33% söker dagligen efter nyheter på internet



21% Söker efter skämt, serier och humor på internet

49% Har e-legitimation

16% E-handlar varor minst en gång i månaden

27% Söker efter hälso- och medicinsk information minst en gång i månaden

13% Använder Swish

7% Tycker att de tillbringar för mycket tid på internet

57% Deklarerade elektroniskt 2015

Källor: Svenskarna och internet 2015 (iis), Privatpersoners användning av internet 2015 (SCB), Sverige betalar 2015 (Insight Intelligence), Den digitala doktorn kan komma (PWC)

Sveriges Kommuner och Landsting

Invånarnas inställning till digitalisering i välfärden

2 av 3
tycker att det är
hög tid
att kommuner och landsting
förbättrar
den digitala servicen

72%
är positiva
till den ökade
digitaliseringen
i samhället

68%
är positiva till
vård, konsultation
& behandling
med hjälp av digital teknik

71%
är positiva till
digitala
pedagogiska
verktyg i undervisningen

3 av 5
är positiva till
vård och omsorg
med stöd av digital teknik
i hemmet

3 av 4
är positiva till att
kommuner
och landsting erbjuder
digital service

87%
tror att
digitalisering
och digital service kommer att
påverka
samhället framåt

2 av 10
tycker att kommuner
och landsting lever upp
till deras digitala
förväntningar

Uppgifterna kommer från en enkätundersökning utförd av TSN Sifo på uppdrag av SKL i mars 2016.

Sveriges Kommuner och Landsting

2 av 10

tycker att kommuner och landsting

lever upp

till deras digitala

förväntningar

Conclusion:

We can’t meet the future with yesterdays logic

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eHealth and digitalization from a national perspective

Some starting points from a Swedish point of view

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- Development in eHealth requires action on all political levels
- A lot of initiatives are ongoing, but the coordination has to be better
- We became electronic early, but hasn't changed the way we work and deliver care
- We have a big legacy with investments and development in old digital solutions
- We have a long tradition of working together on national level – let's build on that
- The national initiatives should support ongoing development on local and regional level

Many organisations involved – eHealth is a team work

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– County councils/regions
– Municipalities
– Private health and social care providers
– SALAR
– INERA AB
– The National board of Health and Welfare
– The Swedish eHealth Agency
– Several other government agencies
– Professional organisations for doctors, nurses etc.
– The industry
– Patient organisations
– The academic institutions
– and many more…

One key question:
What should be done together?

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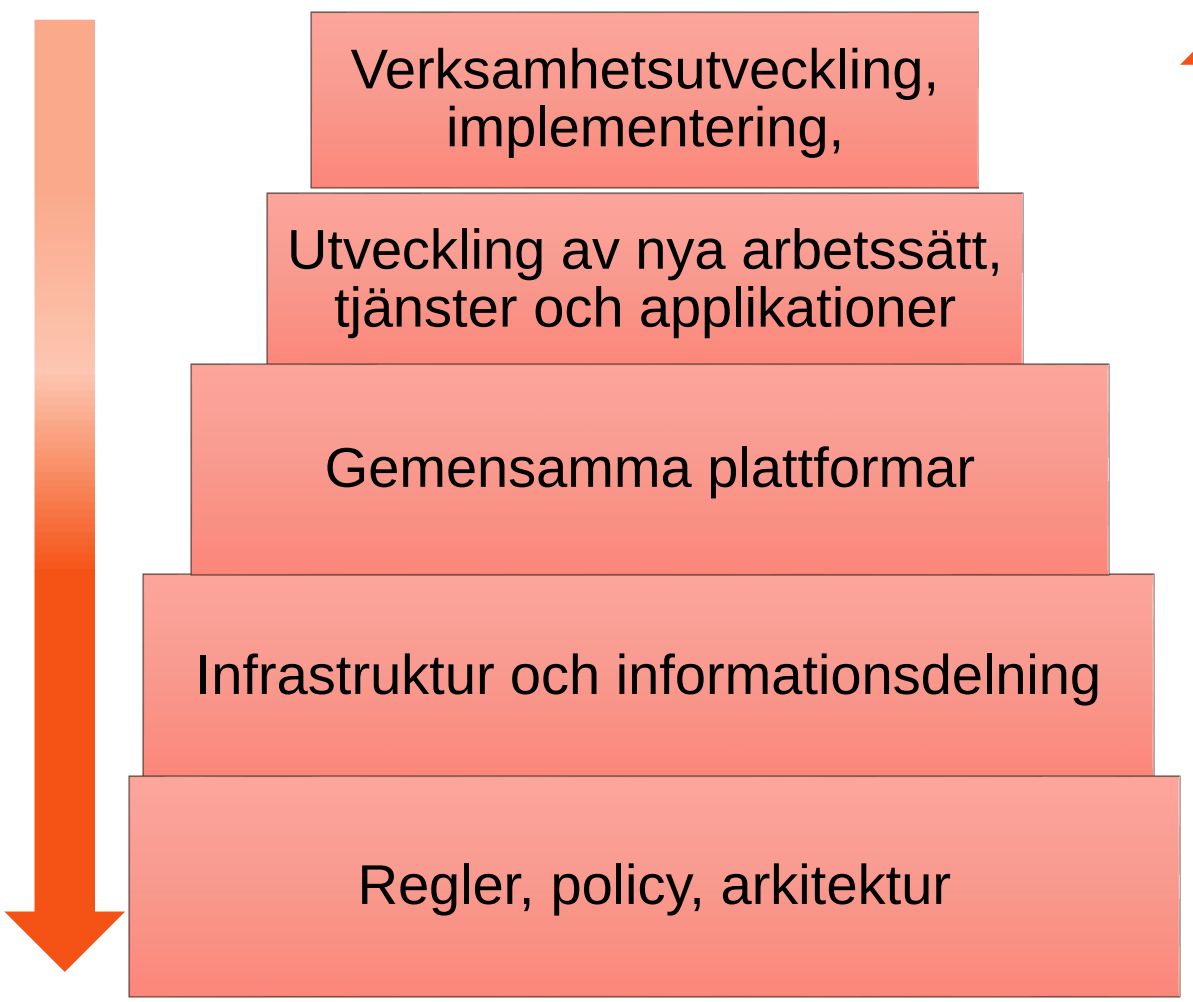
Mindre behov av gemensamma lösningar och samordning



Starkt behov av gemensamma lösningar och samordning

Tydligt direkt värde, t.ex.
- Bättre resultat
- Tillgänglighet
- Effektivitet
- Arbetsmiljö

Visst mätbart värde

Otydligt direkt värde

What should be done at which level?

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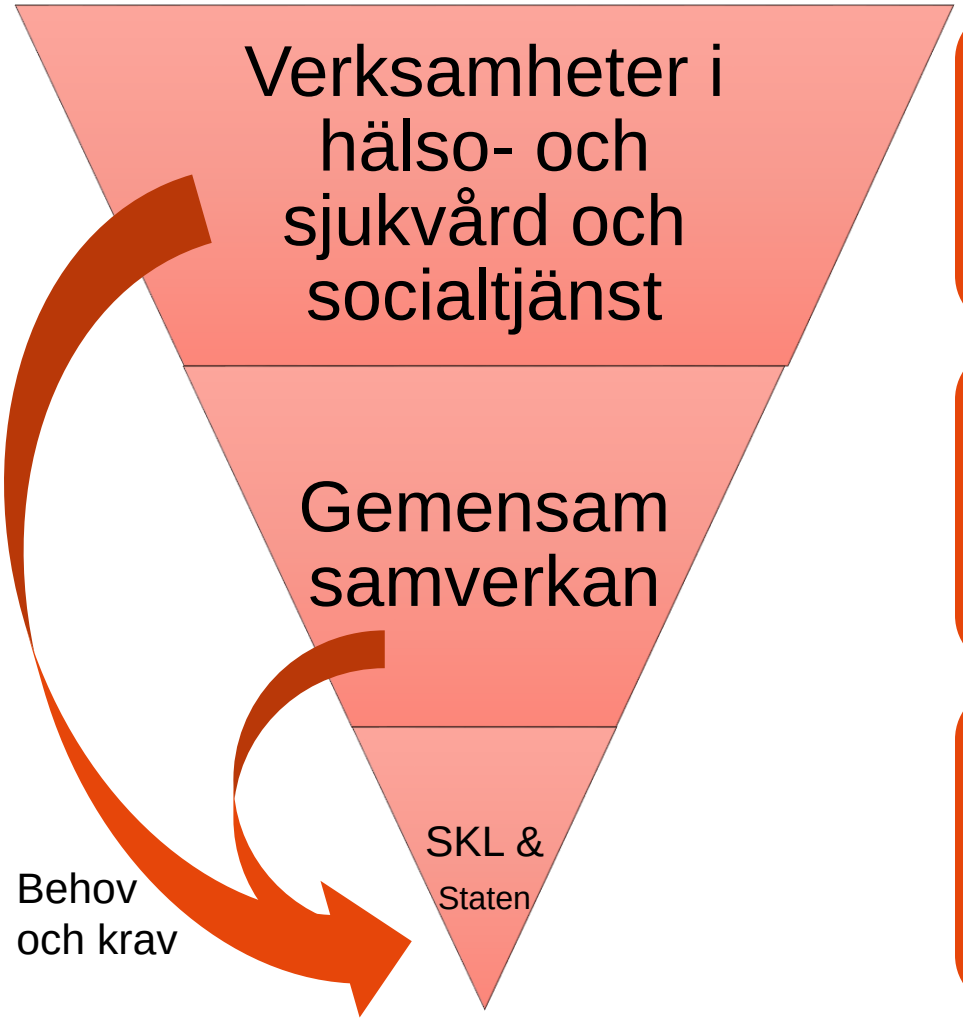


Enskilda verksamheter
Kommuner & landsting

- Verksamhetsutveckling
- Förändringsledning
- Tjänster och användargränssnitt
- Anpassning m h t lokala behov

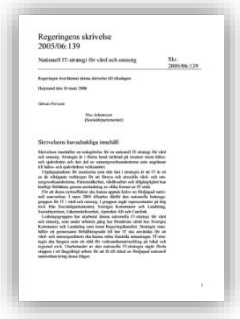
SKL/Inera

- Gemensam arkitektur
- Samsyn kring informatik, juridik, regelverk, informationssäkerhet osv.
- Förutsättningar för informationsutbyte
- Forum för samverkan

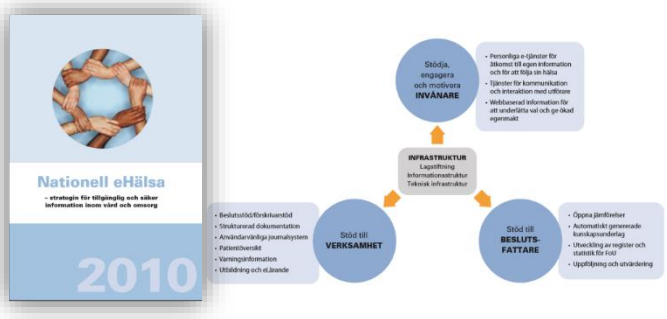
SKL & Staten

- Grundläggande förutsättningar: Enhetlig begreppsanvändning, teknisk standardisering, lagstiftning

National e-health is a long-term strategic job



National IT-strategy for healthcare



National e-health strategy

Vision for eHealth 2025 – common starting points for digitisation of social services and healthcare

2005 — 2010 — 2017

Vision e-health 2025 - a joint vision between government and SALAR

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In 2025, Sweden will be the best in the world at using the opportunities offered by digitisation and eHealth to make it easier for people to achieve good and equal health and welfare, and to develop and strengthen their own resources for increased independence and participation in the life of society.

To notice

- It's about <u>using</u> eHealth
- Includes both health and social care
- Main goal is to promote health and independence for people

Strategic areas for action 2017-2019

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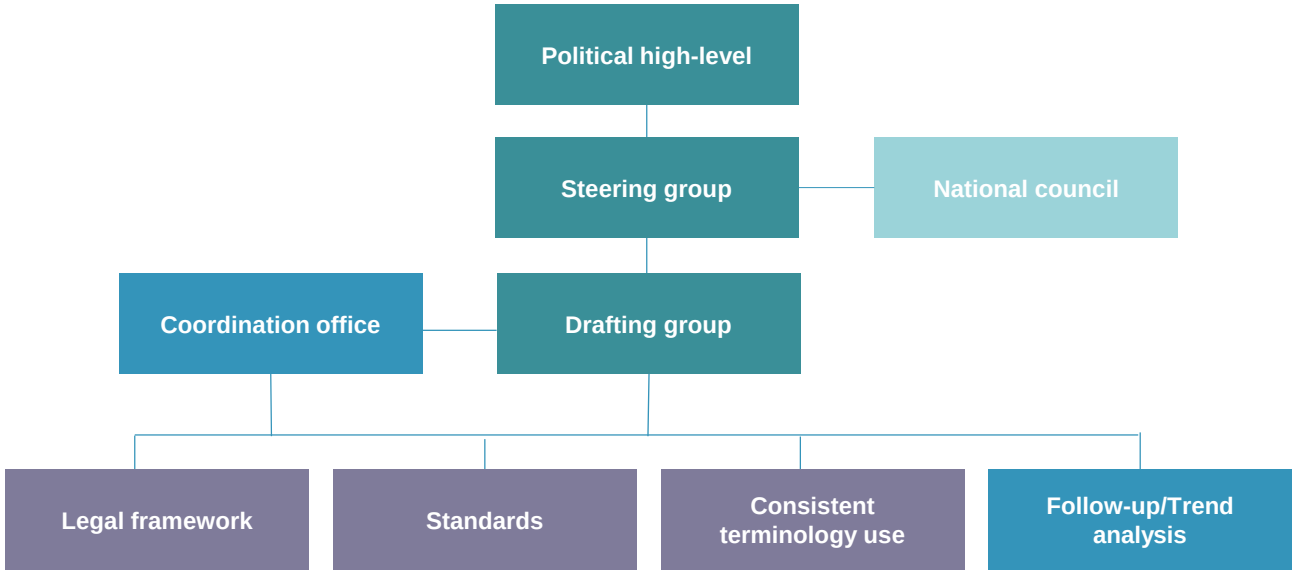
Legal framework
Does legislation allow the digitalization needed? Do we need common interpretations? How to ensure privacy?

Consistent terminology use
The need to enable information exchange through the use of uniform terms and structures

Standards
The need for common standards to reach interoperability and promote innovation and sustainable solutions

Governance – Vision e-health 2025



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Legislation

Patient Data Act

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Purpose

- Information management in the healthcare sector should be organized to ***meet patient safety and quality while promoting cost-effectiveness***
- The patient's personal data must be designed and treated to enhance ***patient integrity and security.***
- Enable ***digital access*** to a person's EHR by care providers at different levels of the health system and ***strengthens citizens' engagement and participation*** by enabling citizens to determine, upon mutual consent, who is to be given access to their overall medical record.

Aim

- ***Complete picture*** of the patient's healthcare documentation, no matter how many or which caregivers the patient has.
- The ***patient is entitled to know*** which care unit has read the journal and can decide which care units are allowed to use the patient data.

Caregivers responsibility

- ***Protect information security and internal privacy***.
- Only be given access to the information that is required for ***good and safe care*** to be given to an individual patient. Completely unauthorized to look into a journal out of pure curiosity.
- Responsibility ***to inform the patient*** about the rights he or she has.
  E.g.
  - possibility of direct access to the journal
  - right to see where and when someone read the journal
  - possibility of blocking data for other health care providers and healthcare providers.

The patient act

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- Freedom and right to choose healthcare provider in primary care and ”open specialist care”, all over the country

- The county council/region where the patient is living has responsibility for financing

- A joint reimbursement system between county councils/regions for patients choosing health care providers outside their own county council/region

Some experiences and trends so far

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- 2/3 of the population have one or more visits in primary care every year
- Citizens experience low acces to primary care
- Citizens has limited knowledge of the Patient Act and the rights for patients
- No visible effects of the patients right to choose healthcare provider in other county councils/regions
  - The obstacles seems to be a combination of geography, administration, economy and lack of information to be able to choose (quality, acces etc.)
- Within the county councils/regions many citizens seems to choose primary care center based on geographic aspects (close to home, close to work etc.)

Freedom of choice and ”digital doctors”

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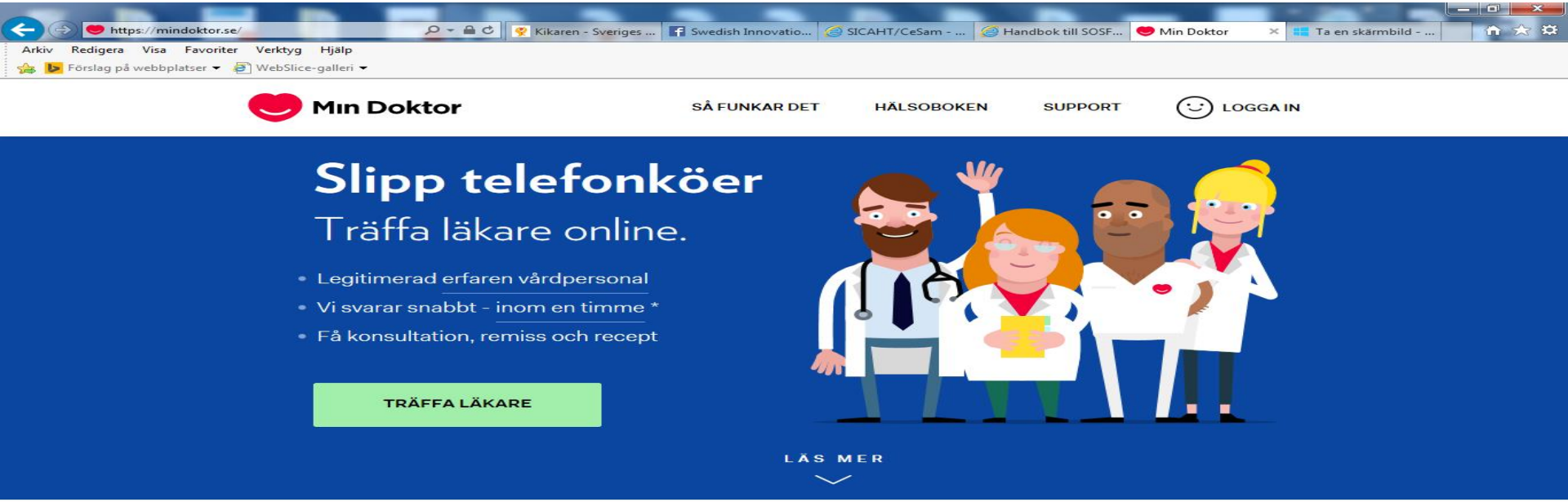

Some interesting points regarding digital doctors

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- The joint reimbursment system is developed for traditional visits, meaning one patient is travelling to another county council/region to get healthcare
- When patients outside Jönköping uses Kry or Min Doctor their own county council/region was to pay the same amount as if a traditional visit had been done: 2195 SEK (later reduced to 1200 SEK)
- 73 % of digital visits/contacts came from Stockholm, Skåne or V Götaland
- 43 % of digital visits/contacts came from Stockholm
- SALAR has now established a joint recommendation for the county councils/regions to reimburse digital visits/contacts with 650 SEK
- Almost all county councils have projects or pilots aiming at offering their own patients digital visits and contacts