Sweden

Highlights from
A Good Life in Old Age? Monitoring and Improving Quality in Long-Term Care, OECD Publishing, 2013.

- Sweden spent 3.6% of its GDP on long-term care, representing the second highest in the OECD in 2010, and has the highest number of care workers per 1000 population aged over 65 in the OECD. About 5% of the population over the age of 65 received long-term care in institutions in 2010, and more than one every ten received care at home in 2008, higher shares than corresponding OECD averages.
- According to OECD projections, spending on LTC services is set to double by 2050, in line with demographic ageing. About 10% of the Swedish population will be aged 80 years and over in 2050, up from 5.5% in 2011.
- While Sweden has implemented reforms to encourage LTC recipients to receive care in their homes with good trend results, the number of long-term care beds in institutions (82 per 1000 population aged over 65) is still the highest in the OECD, and the share of LTC recipients receiving care in institutions remains above the OECD average.
- Despite comprehensive LTC coverage – both financial and in terms of services offered – until recently there has been strikingly little measurements of quality outcomes and value for money relative to the large level of spending and human resource commitment on elderly care services in Sweden. This does not serve well a model of care provision that encourages competition across care providers at local level, and that allows care recipients to choose freely across care providers.
- Sweden has recently sought to address these gaps by directing financial incentives to local governments to encourage higher standards of care – a remarkable example of the use of financial incentives to drive quality improvement and reporting. Annual grants from the central government to municipalities are linked the achievements of specific targets such as reducing avoidable hospitalisation of old people for chronic conditions and other targets based on indicators derived from clinical registries (e.g., the Senior Alert and the Dementia Registry). Municipalities successfully raising the competence level of workers are granted a financial reward.
- Hospitalisations among elderly people due to certain chronic conditions are often avoidable and can be addressed through better coordination of care: the rate of Chronic Obstructive Pulmonary Disease (COPD) hospital admission rates is 862.65 per 100 000 population aged 80 and over, among the highest of all in the OECD countries.
- Sweden could also consider better standadisation of need assessment and care processes to discourage variation in the quality of services across local governments. For example, while municipalities manage needs assessment, this has not been based on nationally standardised guidelines or assessment tools as in Finland, Canada or the United States.
- A website, the Elderly Guide, developed by the National Board of Health and Welfare, proves information to older people and their families about quality of care in all municipalities and individual provider level (e.g. special housing, home-help services and day care services units).

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Key Facts

- In 2011, 19% of the Swedish population was aged over 65 (OECD average 15%) and 5.5% of the population was aged over 80 (OECD average 4%). By 2050, about 24% of the Swedish population is projected to be aged 65 and over and about 10% of the population aged 80 and over, similar to OECD average (OECD Historical Population Data and Projections Database, 2013).
- Sweden spent 3.6% of its GDP on long-term care, the second highest in the OECD in 2010 after the Netherlands (OECD average 1.6%). Most LTC is funded publicly and the private share of the long-term care is small (0.03%) (OECD Health Data 2012).
- About 5% of the over 65 population received long term care in institutions in 2010 (relative to an OECD average of 4%) and 11% of those were cared at home in 2008 (OECD average 7.9%), (OECD Health Data 2012).
- In proportion to the population aged 65 and over, Sweden has the highest number of LTC formal workers (130 LTC workers per population aged 65 and over) (OECD Health Data 2012).
- There are about 78 beds in institutions and 1.2 LTC beds in hospitals per 1000 population aged 65 and over in Sweden, the highest number across the OECD (OECD Health Data 2012).

Background

Sweden has universal and comprehensive social programmes, including for elderly care. The Social Service Act of 1982 and the Health and Medical Services Act of 1983 provide older people the right to claim and access public health and social care services (Socialstyrelsen, 2009). The majority of LTC services (85% in 2010) is financed through local municipal taxes. Government grants to the municipalities cover 11-12% of the costs of LTC. The remaining is financed through user fees (3-4%). The level of user co-payment is capped and based on income (Colombo, et al., 2011).

In 1992, the Swedish government implemented a major reform (so-called Adel reform) giving municipalities the main responsibility for elderly care and financial incentives to reduce hopsitalisations of old people. County councils are responsible for providing home health services, but can transfer this responsibility to the municipalities if agreed. More than half of the municipalities in Sweden have taken over the responsibility for home health care in ordinary housing from the county councils.

Measuring quality in LTC

Sweden has a set of well-developed clinical registries in a number of specific conditions, for example:

- The Senior Alert Registry, started in 2009, gathers individual data on falls (incidence), pressure sores and malnutrition. This registry helps identifying elderly at risk that could be targeted through preventive interventions. By 2012, 274 municipalities (out of 290) reported data to the registry.
- The Palliative Registry, started in 2007, collects information on structural inputs (such as beds and access to staff, care plan) associated with end-of-care, as well as information about fatalities. In 2011, some 53 % of all deaths were recorded in the registry.
- The Swedish Dementia Registry (SveDem), started in 2007, collects information on age, gender, BMI, mini-mental status examination scores, diagnosesmedical treatment, community support, and time from referral to diagnosis.

- The Swedish Registry on Behaviour and Psychiatric Symptoms in Dementia, launched in 2010, aims to collect individual data on care and treatment of demented persons with behaviour and psychiatric symptoms.

Since 2008, national-level user satisfaction surveys measure user satisfaction with long term care services across municipalities.

Regulation and Control over inputs

The National Board of Health and Welfare is responsible for monitoring and inspection, through supervision, follow-up and evaluation of LTC services based on the minimum standards However, inspections are based solely on complaints made by recipients. From July 2013, the Inspection of Health and Social Care Board will be responsible for supervision. It will establish common quality standards and inspect all facilities providing LTC, including home care, residential care, and nursing homes. At the moment, there is no formal system of accreditation of services.

Qualification and certification of workforce

There are no requirements or qualification standards for LTC workers, and municipalities are responsible for establishing training programme. New initiatives are being implemented to upgrade and increase the skills of the LTC workers and managers, with voluntary participation by municipalities.

Needs assessment and care manager

Needs assessment

Municipal offices organise needs' assessment processes, taking into account the individual, social and family conditions of the care recipients. A "care manager" employed by the municipality determines eligibility, and the level and types of service a recipient is eligible for. Care managers assess need through interviews with the person requesting care and there are no standardised instruments or guidelines to support the need assessment process. Eligibility is based on cognitive and functional limitations, and is not means-tested. Citizens are entitled to appeal the care-manager decision to an administrative court if he/she is not satisfied with the decision.

System improvement through incentives

Pay for performance

Starting in 2010, performance-based incentives are being awarded to municipalities showing that they reach agreed performance objectives, sic has the reduction of unnecessary hospitalisations among elderly people or in the number of elderly people being re-hospitalised without 30 days after an initial discharge, and the use of inappropriate drugs. Financial incentives are also offered for inclusion of elderly patient information into the Dementia and Senior Alert registers.

Public reporting

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Sweden has set up a system of "Open Comparisons" that compares how different counties perform on a number of presents health care indicators across Sweden. Open Comparisons reports are moistly covering health care indicators, but also cover certain aspects of elderly care. The Elderly Guide is another Government initiative. It is a web-based guide providing structural data on home help services, day care and institutional care to increase the transparency of information and provide feedback on the extent to which care processes meet the needs of LTC users'. The main source of data comes from user satisfaction surveys and, to a lesser extent, from register data (NBHW, 2009).

Integration and co-ordination policies

The integration between health and social care for the elderly remains an important challenge driven by legislative differences between health and social care, the lack of shared information systems and the lack of local training and capacity. A unique identification number could be used as the basis to create an integrated information system for elderly care, although there are no standardised medical records across Sweden. Also, there is no national system for coordinating complex acute needs once they have been discharged from the hospital (Regeringskansliet, 2012). A few local projects have been successful in promoting integration, such as an initiative in Lidköping where the county and 6 municipalities started a common board to deliver coordinated care for the most fragile elderly people; the need for hospitalisation decreased by 90% after the first year of implementation.

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http://www.oecd.org/health/health-systems/good-life-in-old-age.htm