Sweden´s 0-7-90-90 care guarantee -

where simplicity meets pragmatism ?

Johan Calltorp, MD, PhD
Professor of Health Policy and Management
Former Director of Health Services, Western Health Services Region
Project Director of the National Care Guarantee Project 2004 – 2006

johan.calltorp@comhem.se, +46 708 327490

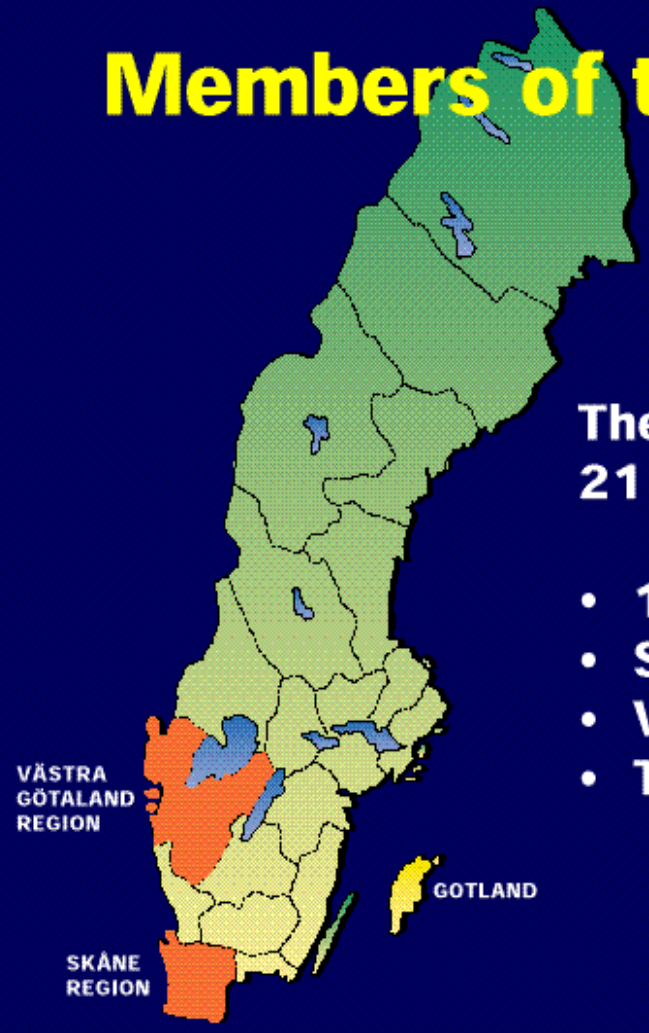
The traditional Swedish “model”

- A public system
- “Private” elements integrated in the public financing
- Local political base in county councils
- Power balance between center and periphery
- Regional planning regarding highly specialized care
- Population and public health perspective in planning
- Intersectorial co-operation for public health
- Equity and solidarity emphasis
- Salaried physicians since 1970

Structural changes from 1995 and onwards:

- Mergers between hospitals
- Structural changes within hospitals and between the levels in the system (“chains” of care, “seamless” care etc)
- Co-operation over county council borders (selective parts of the health services spectrum)
- Forming of bigger regions (in West Sweden and in the south, “Skåne”)

Members of the Federation

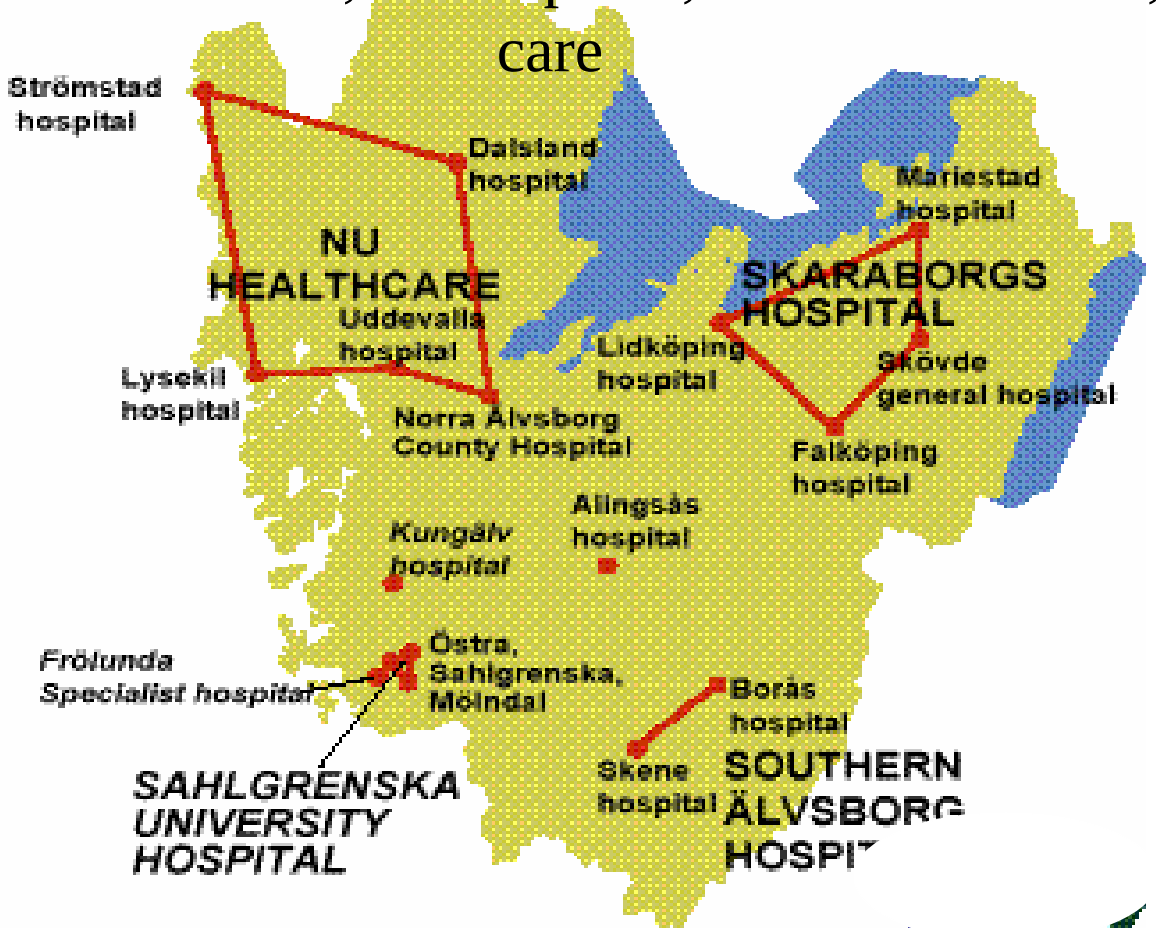


The Federation has
21 members:

- 18 County Councils
- Skåne Region
- Västra Götaland Region
- The Municipality of Gotland

Western Health Services Region

1.5 million inhabitants, 17 hospitals, 60 health centres, dental care



Ques and access problems

- Common in systems that try to combine population coverage, innovation, equity and cost control
- The phenomenon of ques is linked to specific system characteristics and steering mechanisms
- Also linked to wider cultural and social aspects of health services

Why long queues and wait-lines?

- **”Bad” tradition – lack of focus on access**
- Actors have been rewarded to have wait-lines
- Capacity and resources varies
- Indications for treatment varies considerably
- Oldfashioned routines for management of wait-times, referrals, patient-flow.

Ques in Sweden

- Acute services are working fairly well
- Access problems to elective services
- Ques and waiting lists are part of the tradition and social environment
- Discontent over this “tradition” and a threat to system stability

Waiting time Guarantee in Swedish health care – the first policy initiative

- **1992-1997**

Maximum waiting time guarantee for 12 different procedures. (Unconditional for 8 procedures, conditional for 4 procedures)

" *A patient covered by the guarantee shall be offered treatment within 3 months from the day that the decision was made to treat. Patients who can not be treated within 3 months shall be offered care at another hospital in the health services district, in another county council or through private providers*"

Conclusions in the evaluation of the first Guarantee:

- Waiting lists are a complicated interplay between demand and supply. More resources are not the only answer to a more efficient way of managing waiting lists.

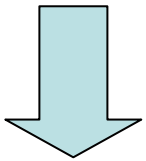
- Too much attention is given to the supply side when there is a need for better knowledge and discussion about the indications and priorities that are applied at the clinical level.

- Concentration on one “step” in the care process can create longer waits between other steps in the process, i.e. imposing limits on the waiting-time for treatment can give longer waits for outpatient visits.

- Patients’ influence and freedom of choice have increased, but few patients use the opportunity to change provider.

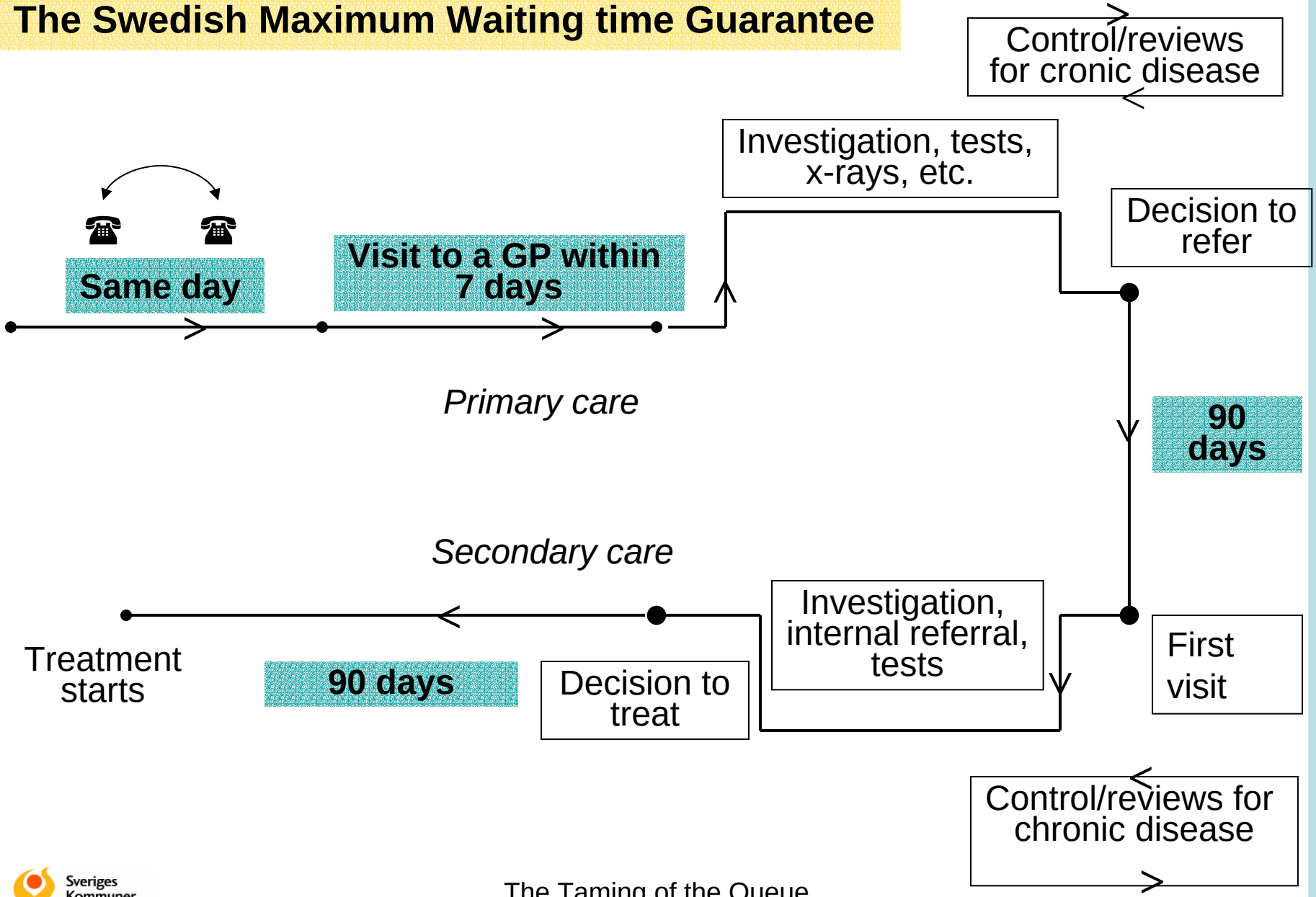
- There is a lack of common terms and rules for the management of waiting lists and waiting times in Swedish health care.

Maximum waiting times in Swedish health care



0 - 7- 90 – 90 (days)

The Swedish Maximum Waiting time Guarantee



An extended care guarantee from November 1, 2005

- The stated maximum waiting times for access are maintained.
- All medically indicated and decided treatments should be given within a maximum 3 months period.
- If not fulfilled – the patient may choose another provider (public or private), county council pays

A national preparation project

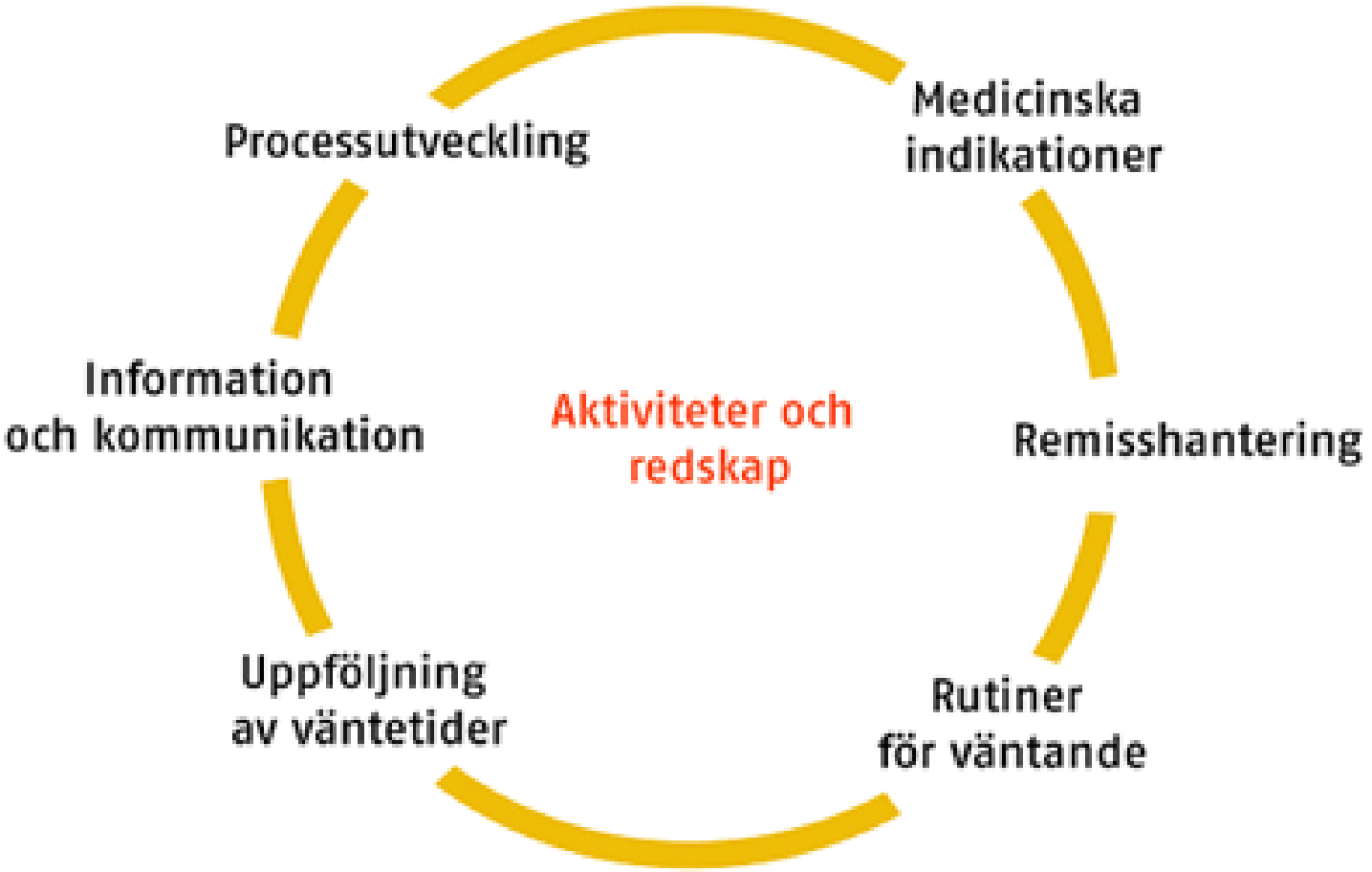
- Started during the autumn 2004
- In full effect during 2005 and 2006
- A regional organization of experts facilitating change.
- Each county council takes it´s own step and have full responsibility.
- Government provides extra funds.
- Building on earlier experiences and sharing best praxis.
- A focus on action and implementation

Vårdgaranti05

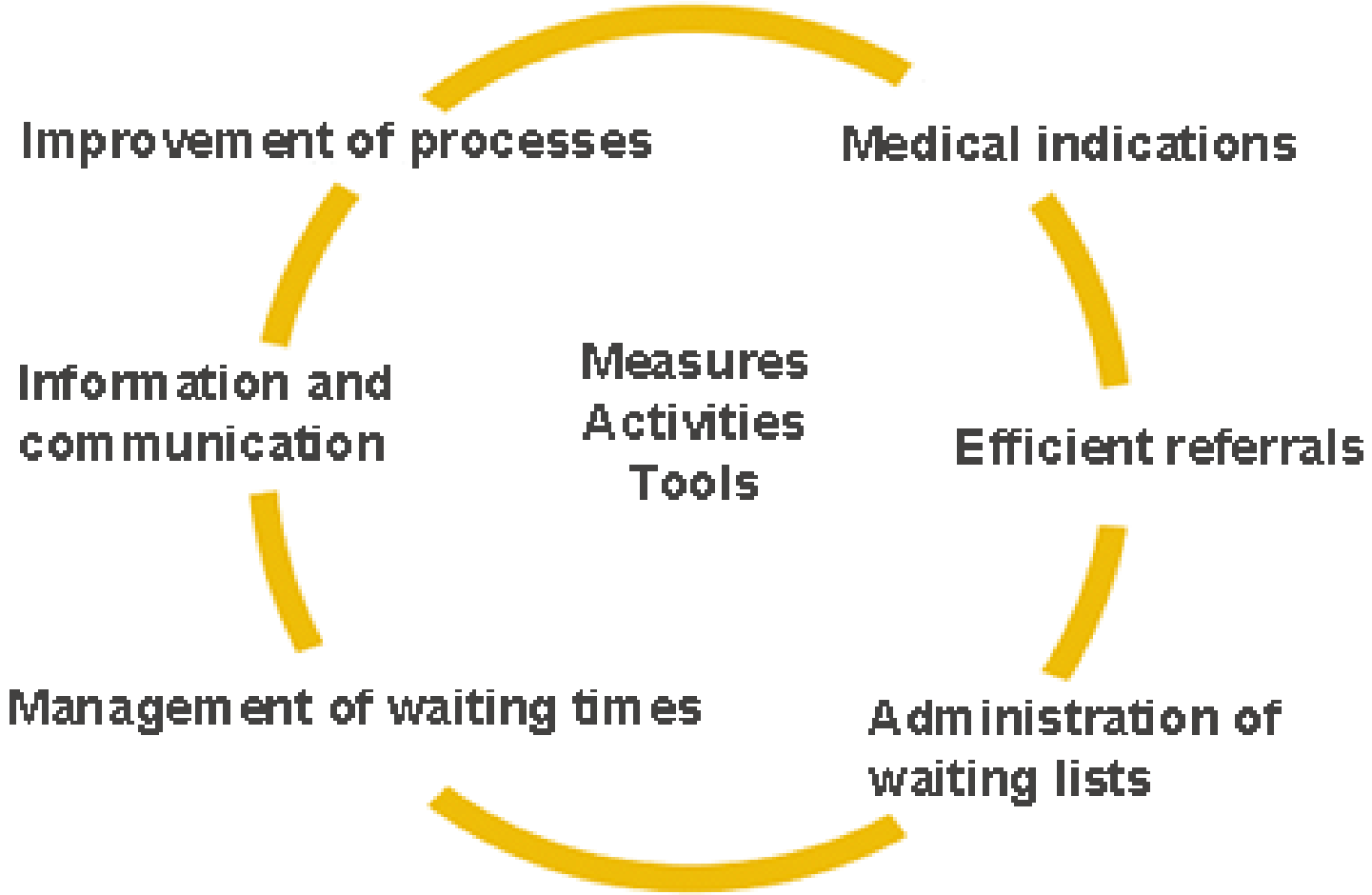
Sveriges
Kommuner
och Landsting

We know where we are going ….
”A system without waitlines”

…and we have the tools to take us there




Many forces and competences in cooperation…..
…..can move a mountain


Improvement of processes
Medical indications
Information and communication
Measures
Activities
Tools
Efficient referrals
Management of waiting times
Administration of waiting lists

Definition of medical indications (appropriateness)

- Observation of variation in medical practice is one starting point.
- The tendency to widen indications is another.
- The need to define “limits” is a third (prioritisation).
- Medical speciality groups are given the task to define criteria for a selected number of interventions

National Care Guarantee 2005

Medical specialities covered

Obstetrics & Gynecology

Ophthalmology

Orthopaedics

Surgery

Rheumatology

Urology

20 different medical procedures

The Taming of the Queue
Johan Calltorp 2007-04-04

National Care Guarantee 2005

Medical indications (appropriateness)

based on

”best available scientific knowledge”

Knowledge sources for the work:

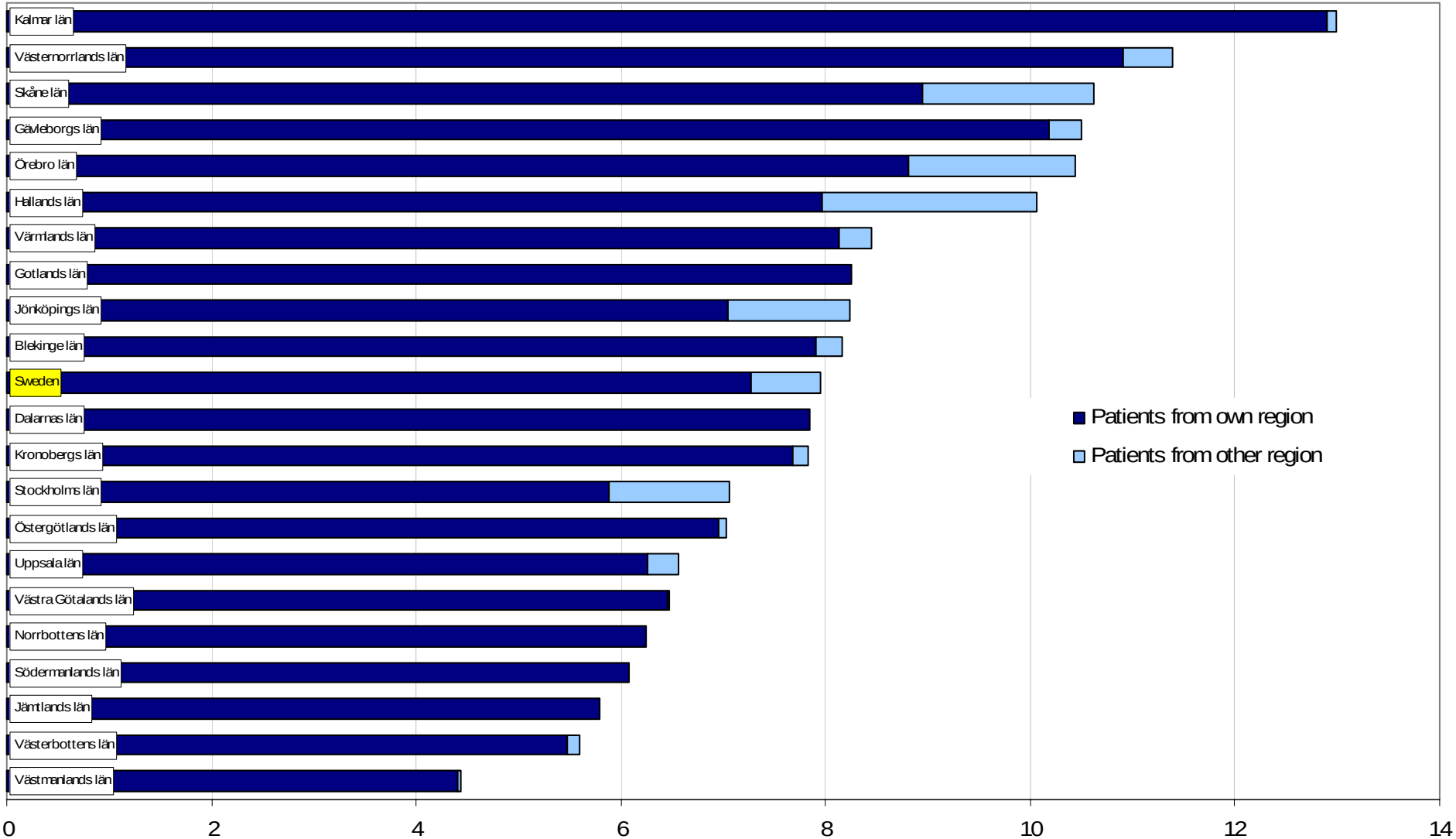
- **National medical quality registries**
- **National Board of Health and Welfare**
- **Swedish Society of Medicine**
- **International studies**

Demograhic change – orthopedics
The ”age quake”

Analyses show extensive medical practices variations (1)

Source: Swedish National Board of Health and Welfare - Swedish Hospital Discharge Register

Knee arthroplasties incl. fractures per 10 000 inhabitants 2002. Per county and in total.



Indications for orthopaedic surgery

A study from the Swedish National Competence Centre for Musculoskeletal Disorders

Commissioned by the government
through

The National Board of Health and Welfare
and
The Swedish Association of Local Authorities and Regions

Reviewed therapy areas

- Hip- and knee arthrosis (March 2005)

- Disc hernia, spinal stenos and disc generative pain (March 2005)

- Meniscus and ACL tears (March 2005)

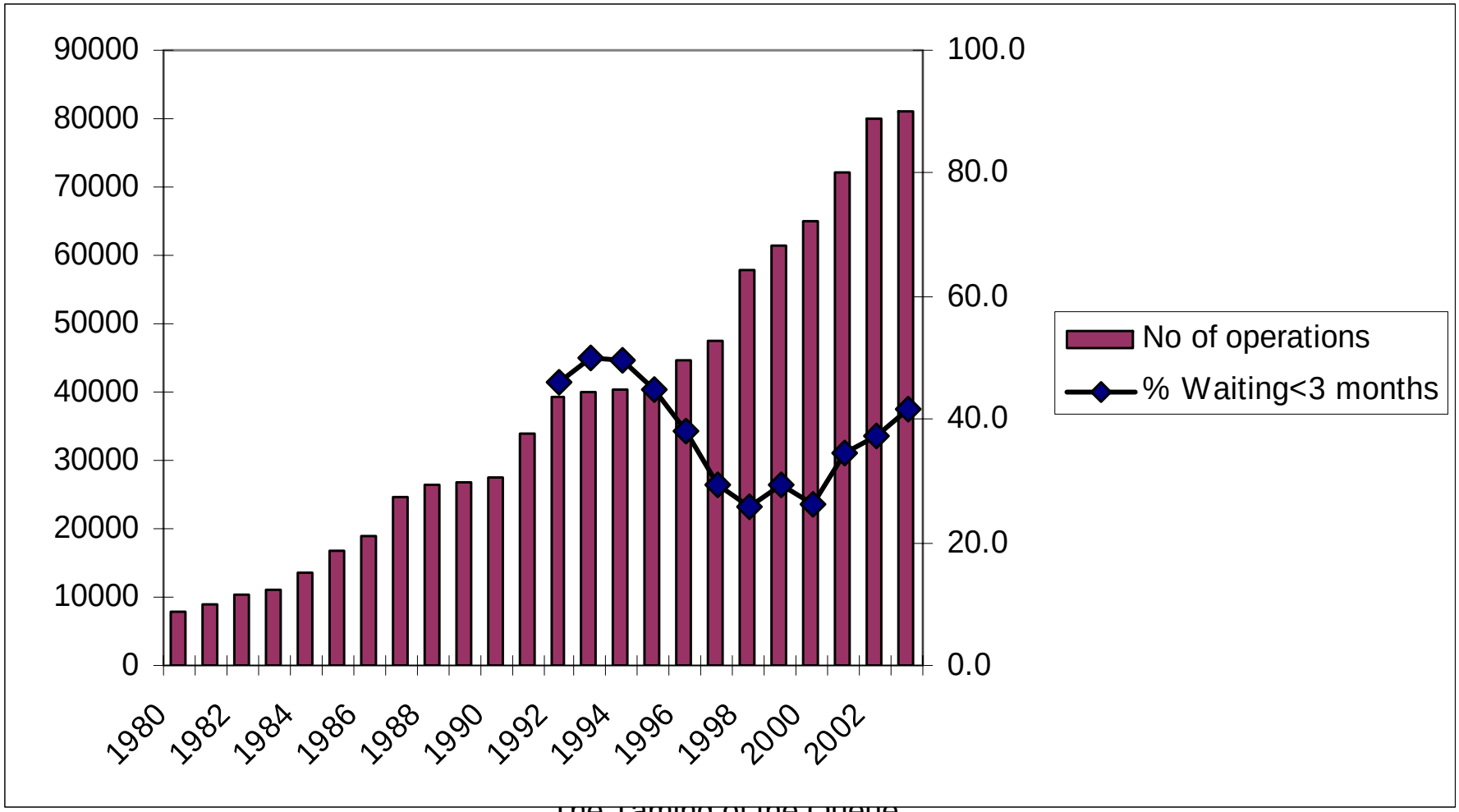
- Foot- and ankle surgery – ten different diagnoses (February 2006)

- Shoulder surgery – subacromial pain syndromes, instability and glenohumeral arthrosis/arthritis (February 2006)

The reports can be downloaded from www.nko.se

Observations in cataract surgery:

Number of operation and percentage of patients that have a waiting time of three months (90 days) or less.



Indications for cataract surgery

Priority groups in the 1992-year MWG

Group I: Best corrected visual acuity in the better eye of 0.2 or less.

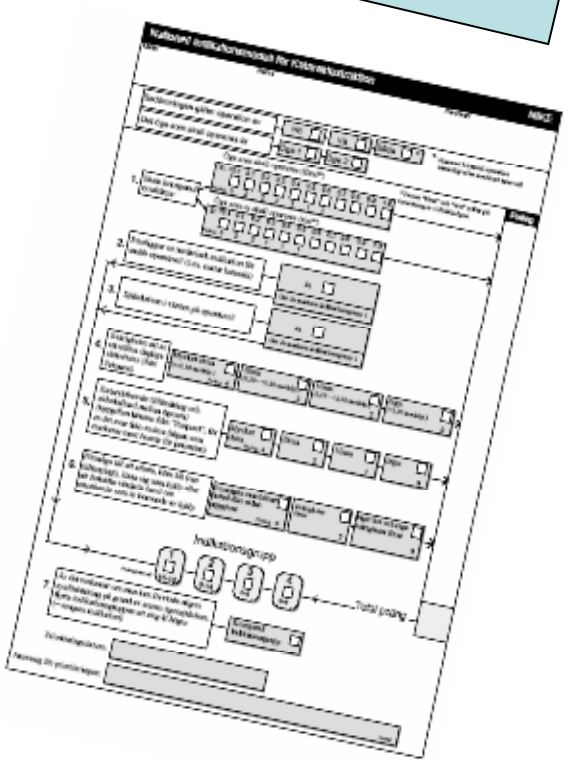
Group II: Best corrected visual acuity in the better eye of 0.3 to 0.5.

Group III: Best corrected visual acuity in the better eye better than 0.5.

Group I and II were covered by the Guarantee as well as patients in group III with “special medical and social reasons”

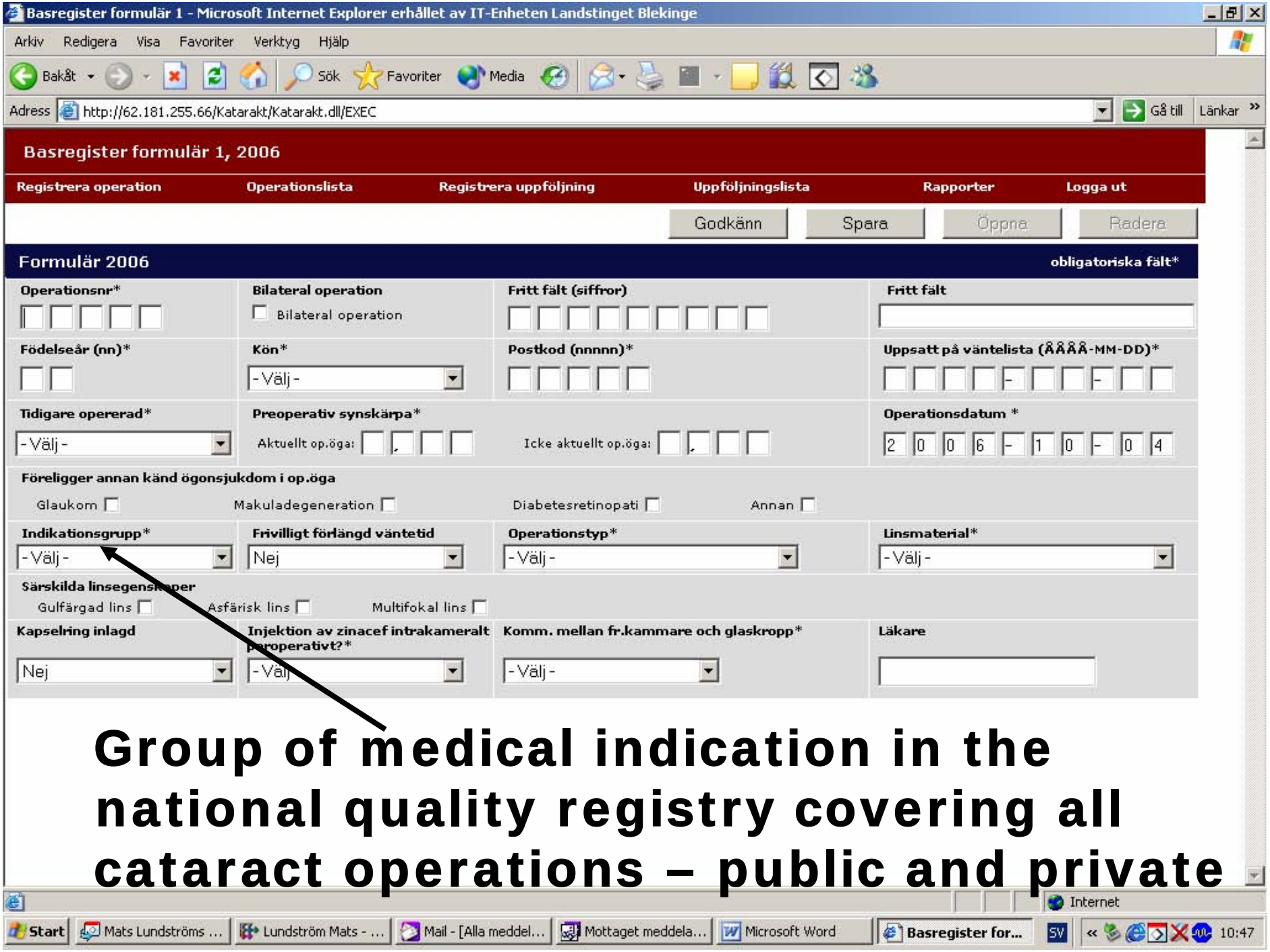
National indications (appropriateness criteria) for cataract surgery

- Priquest – a questionnaire for the patient



- NIKE – a national indication instrument

Available on paper and digital



Group of medical indication in the national quality registry covering all cataract operations – public and private

NIKE – a new instrument for cataract surgery

NIKE: a new clinical tool for establishing levels of indications for cataract surgery

Mats Lundström,[1] Susanne Albrecht,[1] Ingemar Håkansson,[2] Ragnhild Lorefors,[3] Sven Ohlsson,[4] Werner Polland,[5] Andrea Schmid,[6] Göran Svensson[7] and Eva Wendel[1]

[1]EyeNet Sweden, Blekinge Hospital, Karlskrona, Sweden
[2]Department of Ophthalmology, Lund University Hospital, Lund, Sweden
[3]Department of Ophthalmology, Sunderby Hospital, Luleå, Sweden
[4]Department of Ophthalmology, Malmö University Hospital, Malmö, Sweden
[5]Department of Ophthalmology, County Hospital, Ryhov, Jönköping, Sweden
[6]Department of Ophthalmology, County Hospital, Halmstad, Sweden
[7]Department of Ophthalmology, Helsingborg Hospital, Helsingborg, Sweden

ABSTRACT.

Purpose: The purpose of this study was to construct a new clinical tool for establishing levels of indications for cataract surgery, and to validate this tool.

Methods: Teams from nine eye clinics reached an agreement about the need to develop a clinical tool for setting levels of indications for cataract surgery and about the items that should be included in the tool. The tool was to be called 'NIKE' (Nationell Indikationsmodell för Kataraktextraktion). The Canadian Cataract Priority Criteria Tool served as a model for the NIKE tool, which was modified for Swedish conditions. Items included in the tool were visual acuity of both eyes, patients' perceived difficulties in day-to-day life, cataract symptoms, the ability to live independently, and medical/ophthalmic reasons for surgery. The tool was validated and tested in 343 cataract surgery patients. Validity, stability and reliability were tested and the outcome of surgery was studied in relation to the indication setting.

Results: Four indication groups (IGs) were suggested. The group with the greatest indications for surgery was named group 1 and that with the lowest, group 4. Validity was proved to be good. Surgery had the greatest impact on the group with the highest indications for surgery. Test-retest reliability test and interexaminer tests of indication settings showed statistically significant intraclass correlations (intraclass correlation coefficients [ICCs] 0.526 and 0.923, respectively).

Conclusions: A new clinical tool for indication setting in cataract surgery is presented. This tool, the NIKE, takes into account both visual acuity and the patient's perceived problems in day-to-day life because of cataract. The tool seems to be stable and reliable and neutral towards different examiners.

Key words: cataract extraction – indication – priority – outcome – clinical tool – validity – reliability

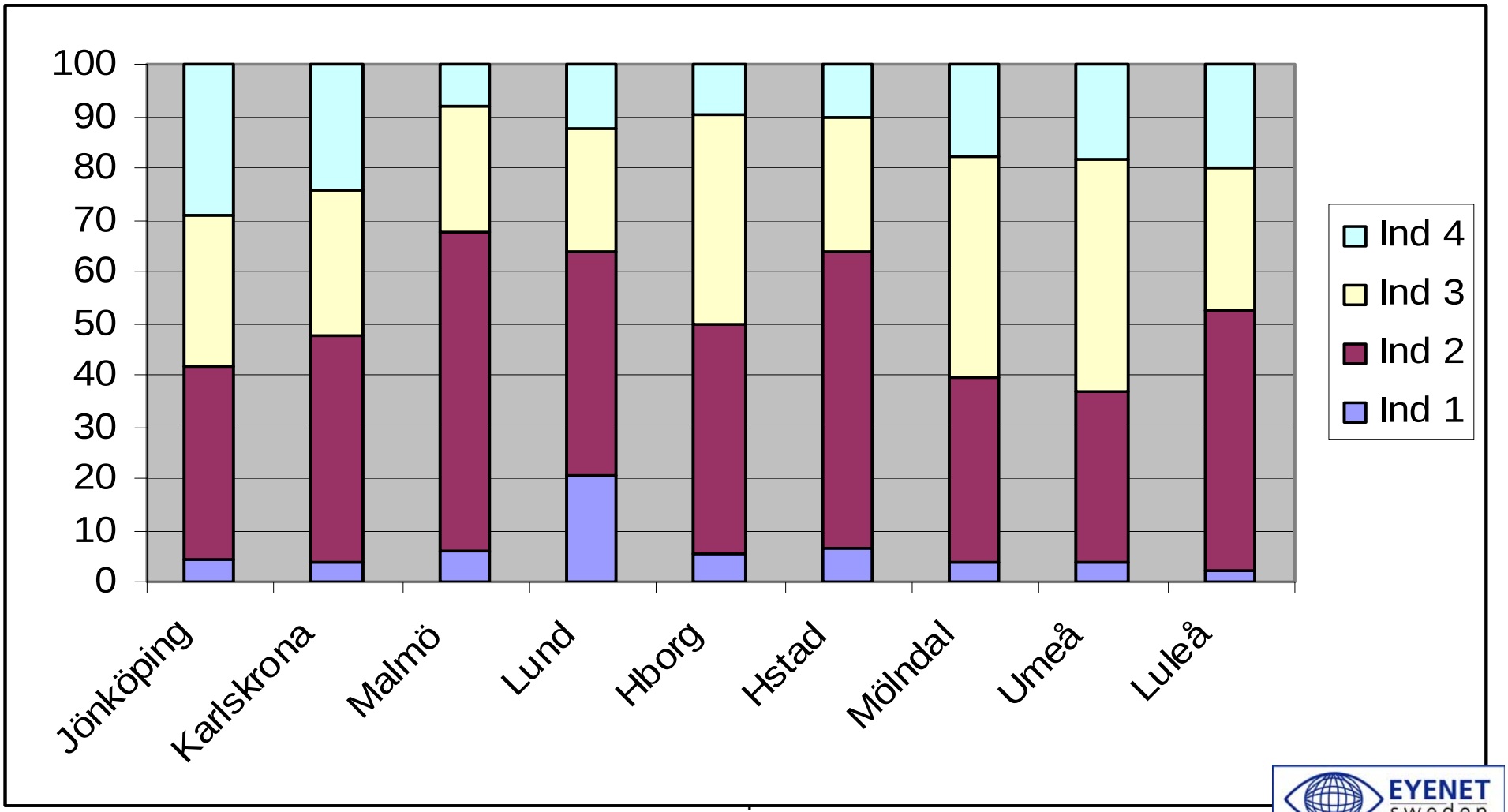
Acta Ophthalmol. Scand. 2006: 84: 495–501

Published in
Acta Ophthalmologica Scandinavica
augusti, 2006.

ming of the Queue
Calltorp 2007-04-04

EYENET sweden

Distribution of indication groups for nine clinical departments in a validation test



EYENET sweden

Management of waiting list

- Most waiting lists include approx. 20-35 per cent patient that for different reasons not need or want the treatment when called.
- A very concrete “hands-on” tool for better managing waiting lists has been developed.
- All county councils, and all clinics, should apply this.
- A long – term goal is to develop “booking systems” instead of waiting lists.

Productivity, efficiency and process development

- Stimulate use of techniques for better functioning of the health services.
- Many “tools” are available for this but their use differs considerable
- Managers on different levels of the system have to demonstrate, combine and implement the instruments.

National wait time registry:

Total number of patients waiting for treatment, all county councils per March 31, 2006

Landsting/	Gynelkologi		Hjärtsjukvård		Kirurgi		Ortopedi		Plastikkirurgi		Urologi		Ögon		ÖNH ej hörapp.		Hörapparat	
Region	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar	Väntat totalt	Väntat > 90 dagar
Blekinge	0	0	19	0	196	74	250	75	13	0	30	0	414	70	15	0	66	0
Dalarna	129	8			476	216	298	34	117	61	226	124	438	80	383	217	93	8
Gotland	13	0			107	74	93	54	1	1	12	2	38	0	23	3	37	1
Gävleborg	121	17			1040	539	346	86	123	85	66	11	186	7	206	74	1382	879
Halland	152	15			370	64	560	4	19	17	30	16	397	8	233	63	320	3
Jämtland	59	4			339	160	337	88	18	9	50	15	239	51	10	0	646	566
Jönköping	38	0	39	0	94	0	405	219	30	0	31	3	310	0	162	31	302	2
Kalmar	43	0			198	33	338	0	44	25	14	0	74	0	63	0	99	0
Kronoberg	13				40		113		4		0				12	0	73	
Norrbotten	81	10			485	233	413	137	35	24	57	22	444	35	243	104	95	0
Region Skåne	219	24	90	3	395	96	1204	134	103	9	7	0	2981	1912	512	193	2754	1153
Stockholm	495	98	120	47	1114	408	2639	1106	610	144	116	3	349	3	1760	700	2225	908
Sörmland	102	15	12	0	295	132	443	142	22	19	38	6	513	179	133	27		
Uppsala	242	146	100	0	36	6	274	86	52	31	13	3	332	0	291	0		
Värmland	185	0			486	183	968	61	33	23	18	0	391	42	152	80	626	353
Västerbotten	93	7	190	4	208	25	621	225	129	82	63	9	502	23	203	77	811	474
Västernorrland	127	11			387	0	277	40	5	0	33	3	156		123		291	
Västmanland	78	16			551	191	527	328	7	6	27	0	1	0	412	137	77	2
VG Regionen	634	413	155	6	1566	579	3236	1745	461	302	360	143	2237	230	1233	627	3444	1274
Örebro	90	0	42	2	319	87	456	165	15	14	32	0	545	193	364	209	270	0
Östergötland	93	0	37	1	469	212	851	243	164	121	90	13	525	4	364	122	445	131
Hela riket	**3007**	**784**	**804**	**63**	**9171**	**3312**	**14649**	**4972**	**2005**	**973**	**1313**	**373**	**11072**	**2837**	**6897**	**2664**	**14056**	**5754**

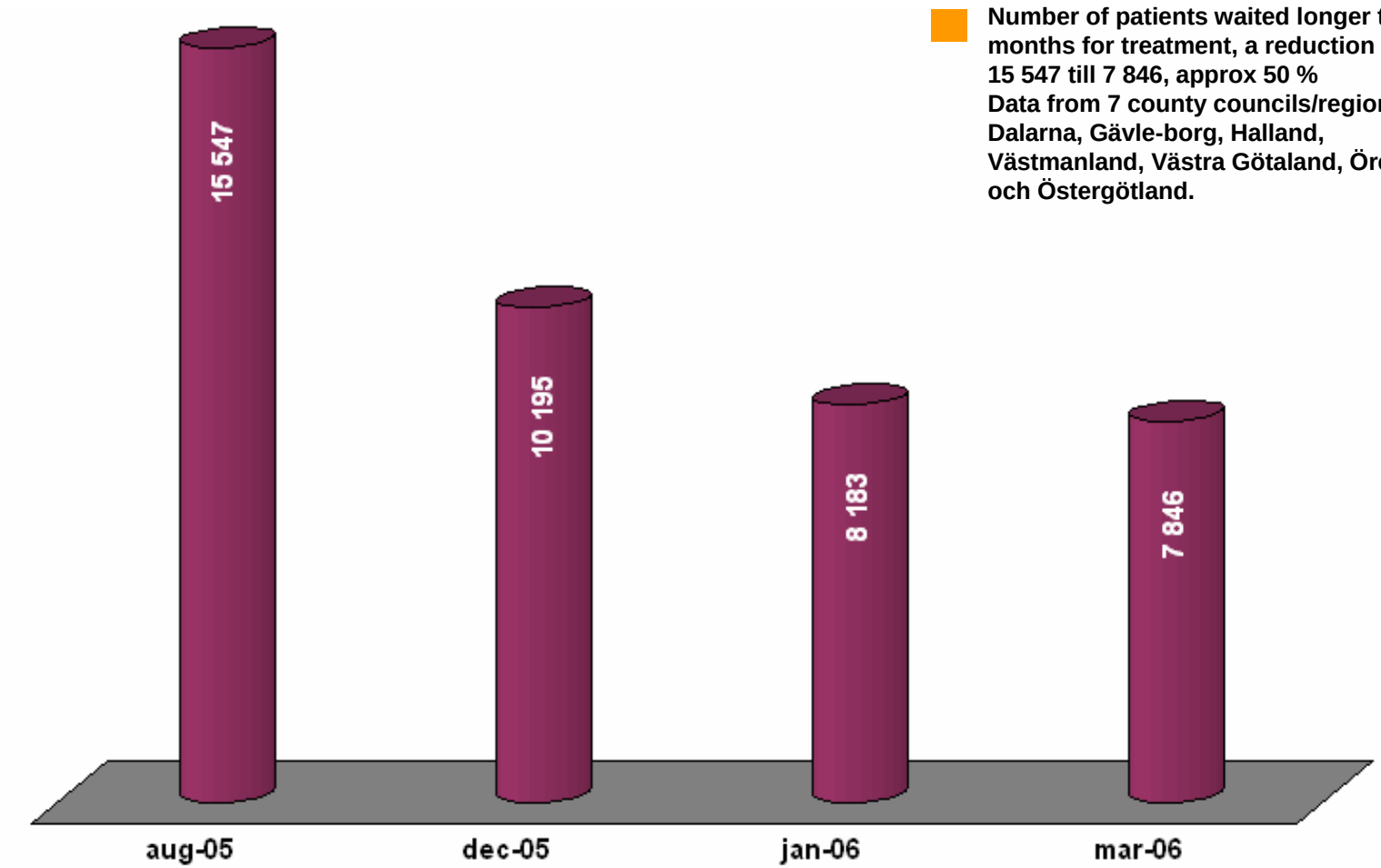
Totalt antal väntande patienter i hela Sverige		**62 974**
exkl hörapparater		**48 918**
Totalt antal som väntat >90 dagar	**34%**	**21 732**
exkl hörapparater		**15 978**
Hänvisade pat. utanför egna landst. (30 april)		**3 600**

Ej inrapporterat

Utförs ej

The Taming of the Queue
Johan Calltorp 2007-04-04

Number of patients waiting longer than 90 days for treatment, August -05 to March -06, seven specialities. A reduction by 50 percent. Seven county councils



Information functions developed in each county council to guide patients where to go for treatment – different approaches (telephone, oral, written information etc)

Where ?

Vårdgaranti05

Norrbotten: (Vårdsluss)

Västerbotten: Vårdlots

Västernorrland: Info-telefon

Gävleborg: Vårdvägvisare

Jämtland: Vårdgarantiuppföljning

Uppsala: Vårdgarantienhet

Dalarna: Väntetidskansli

Stockholm: Vårdgarantikansli

Värmland: Vårdlots

Sörmland: Valfri- rättighetskansli

Örebro: Vårdslussen

Östergötland: Info-linje

Västmanland: Vårdinformatör.

Jönköping: Verksamhetsinfo

Västra Götaland: Vårdslussen

Kalmar: Verksamhetsinfo

Halland: Vårdgarantiservice

Kronoberg: Vårdlots

Gotland: Planeringsenhet Vård

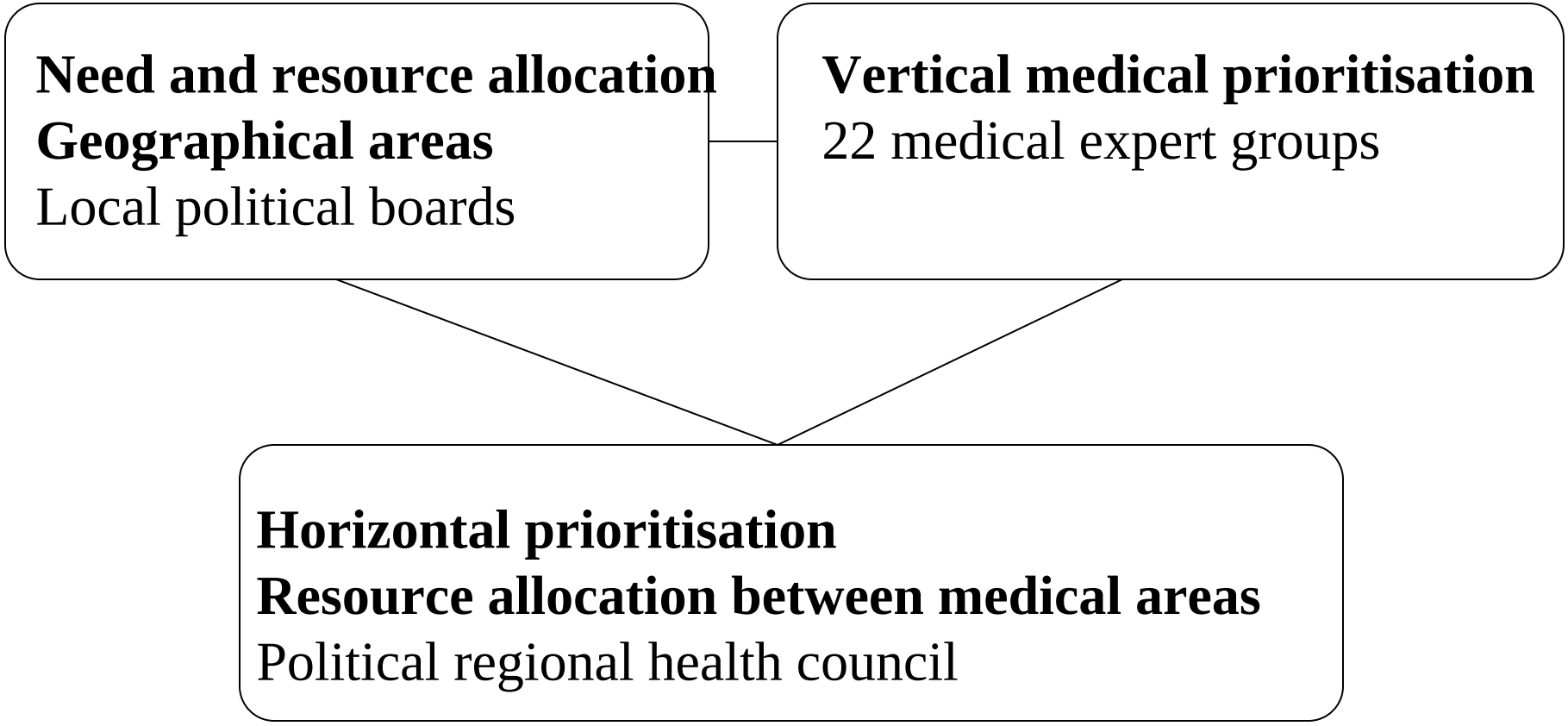
Region Skåne: Vårdlots

Blekinge: Linjeansvar med central info-telefon för hänvisning

Side effects of a care guarantee

- A risk that less visible conditions are neglected?
- Chronic long term conditions and psychiatric disorders can be set aside?
- To articulate all patient groups of need and to link the need to resource distribution is essential.
- The prioritisation models under development are helpful for this.

Western Health Services Region Model for Prioritization



Vertical prioritization process

Each medical speciality has listed it´s activity according to **a common framework.**

Distinct groups of patients categorized according to:

Need of care

- national 4 level grouping (prio)
- a detailed 10 score list (prio)

Methods for intervention

- preferred method of intervention
- medical acceptable waiting time
- effectiveness according to common clinical understanding
- scientific proof of evidence (if accessible)
- cost/effectiveness (if accessible)

Example from vertical priority list

Indication	Treatment	Prio I - IV	Prio 1 - 10	Acceptable waiting time Amulatory Weeks	Level of care	Acceptable waiting time Operation Weeks	Effectiveness/ benefit	Evidence
Gallbladder cancer	Operation	1	2	2	L, R	2	A, B	
Gallstone								
with symptoms	Lap/open operation	III	5	12	L, R	12	B	
without symptom	Expectancy	IV	8	26	L			
Obesitas								
BMI>40	Operation	I	5	26	L, R	26	C	
BMI>35								
Soft tissues overflow								
disabling	Operation	III	5	26	L,R	52	D	
cosmetic	Operation	IV	9				D	
Menopausal dysfunction								
severe	Medical treatment	III	3	2	P		B	Good
medium	Medical treatment	III	6	6	P		B	Good
light	Medical treatment	IV	8	12	P		D	Good
	Expectancy			12	P		D	

It takes time to change direction …

A continous focus on access

The responsibility and focus of the leaders

Developmental and change activity with all tools

To stay on for a longterm result

Local, regional and national cooperation

Further information

Health Care Trends in Sweden –

A review paper on system changes and a description of the care guarantee work can be sent on request to:

johan.calltorp@comhem.se

(as well as references to appropriateness work in different speciality areas)