PORT Berlin Nov 6th 2015

Primary Care in Sweden and Examples of Local Health Centers

Gunnar Nilsson
Professor and Pro-Dean of Higher Education
Swedish primary care

- Primary care is part of the open health care in Sweden.

- According to the regulation: “…without respect of the disease, age or patient groups being responsible for the population's needs for basic medical treatment, care, prevention and rehabilitation that do not require hospital medical and technical resources, or other special skills.”

- The Swedish primary care has its roots in the old state provincial medical care from the 1600s.
Swedish primary care (II)

- The base of health care responsible for the health of the population within a geographical area, usually a municipality.

- The organization of primary care vary between the 20 county councils, by part due to various forms of care choice system.

- Approximately 1,000 clinics, in most cases operated by the county council. More and more clinics are run by private entrepreneurs, contracted with the county councils.
Swedish primary care (III)

- **Many professionals:** physicians, nurses, physiotherapists, psychologists, occupational therapists, midwives, social workers and speech therapists.

- Doctors are **specialist in family medicine** and nurses often have specialized training for district nurses.

- Primary care also deal with **home care** based on medical district nurses and assistant nurses.
Swedish primary care (III) – a holistic approach to health care

- Whole person
- Whole diagnose panorama
- Whole disease process
- Whole life
- Whole family or context
- Whole population
- ...

PORT Berlin Nov 6th 2015
Primary care in Stockholm

- The County Council aims to deliver:
  - Accessible and equal,
  - high quality and safe, and
  - cost-effective
  health care to its rapidly growing and aging population.

- Close collaboration with the local municipality/community that are responsible for domestic help and nursing homes.

- 2.2 million inhabitants in 26 municipalities
Primary care in Stockholm (II)

- Health centers belong to PC care together with, inter alia, youth and call service, as well as child care centers and maternity care.

- Usually one part time psychologist, social worker, or medical counselor, on site or contracted.

- More than half of the 200 health centers are contracted.

- Typically PC center have 12 thousand inhabitants, 5 GPs and district nurses.
Primary care in Stockholm (III) - current trends

- The introduction of New Public Management in PC since early 1990, with its latest step introducing a ‘care choice reform’, and in 2007, opening up the PC market to private service providers.

- Significant intended and unintended consequences on PC:
  - decreased gate-keeping function and less integrated care
  - increased fee-for-service payments and accessibility
  - reduced geographical responsibility
  - transition from a holistic to a specialist oriented view of health care
  - weakened role of district nurse practitioners
  - increased on-site open access to physicians
  - business oriented PC delivery
Primary care in Stockholm (IV) - current trends

- A significant proportion of diagnoses (e.g. 20% of depression) and treatment (e.g. 50% of chronic atrial fibrillation and 70% of hypertension) on PC level are still inadequately addressed.

- Several studies indicate a broad gap in the delivery of diagnosis and treatment of common public health problems.

- Changed reimbursement system with more weights on care need index and elderly.

- Network based (future) health care
Health care in Stockholm – future plans

Empowerment, patient safety and cost effectiveness are key words. Aiming to develop:

- Methods and techniques of an patient-centered care with focus on health, self-care and well-being.
- e-Health that supports the patient to be involved.
- ICT tools to support the patient to be well prepared for their visit by providing information in advance.
- Means to the caregiver to follow up the visit and support the patient to be involved in their care.
- Information materials to be distributed at discharge moment and is available via the Internet about the disease.
- Common care processes for secondary and tertiary prevention related disease.
Academic primary care in Stockholm

- Increased number of medical undergraduate medical students in primary care.
- Since 2011 a concept of academic PC centres has been established, and so far a total of 8 have been established.
- The main objectives are:
  - Developing the quality and quantity of all undergraduate and postgraduate education for health professionals.
  - Increasing and developing clinical research.
  - Stimulating high quality continuous medical education (CME) for all professionals.
  - Strengthening and increasing the work on quality improvement in clinical practice.
Academic primary care in Stockholm (II)

- An AVC is the focal point and nursery for research, education, development, inter-professional learning and care activities.

- The concept is aimed at all professionals and students in primary care.

- For each AVC is linked to a network with 12 to 15 health centers, other actors in the neighborhood, education coordinator, co-opted clinical instructors, clinical lecturers and researchers.
Stockholm County Council - academic R&D centers

Co-creating, collaborative Research and Development units Integrated to health care
Academy of Stockholm County Council, Health Care Services

University Collaborations

- Karolinska Institute
- Red Cross University College, RKH
- Sophiahemmet University, SHH
- Ersta Sköndal University College, ESH
- University of Stockholm, SU
- Uppsala University, UU
- Stockholm School of Economics, HH
- Royal Institute of Technology; KTH
- Swedish School of Sport and Health Sciences; GIH

Centres:
- Academic Primary Healthcare Centres/Centre for Family Medicine
- Centre for Psychiatric Research
- Centre for Occupational and Environmental Research
- Centre for Research and Development in Care of Older Persons
- Centre for Epidemiology and Social Research
- Centre for Health economy, Informatics and Society
Stockholm County Council - academic R&D centers (II)

26 Municipalities

Academic Primary Healthcare Centres/Centre for Family Medicine

Centre for Psychiatric Research

Centre for Occupational and Environmental Research

Centre for Research and Development in Care of Older Persons

Centre for Epidemiology and Social Research

Centre for Health economy, Informatics and Society

Industry

Patients Associations

Patients

A Network for Co-creating Health Care Value Innovations in Health Care
Academic PC aims

- **Future primary care** from an academy and healthcare joint perspective

- **Clinical training** for doctors, nurses, physiotherapists, occupational therapists, specialist nurses, social workers, psychologists and others close to the patients and close to the population.

- Clinical and **patient-oriented research** in areas such medicine, nursing, rehabilitation, public health and prevention.
Academic PC aims (II)

- **Training** of health care providers, teachers, trainers and researchers.

- **Development** with the aim of securing and enhancing the quality of the patient care.

- Academic **chains of care** and evidence-based care programs / guidelines for different categories of patients - an important prerequisite for education, research and care development.
Challenges in Swedish primary care

- Changes in health care organization and funding system
  → Challenge patient orientation and continuity
- Intensive workload and limited secondary care resources
- Seamless care organization
- Lack of general practitioners
- Increasing field of knowledge and new technologies
- Aging population and new patient groups
- Undergraduate education
- Research and development
Challenges in Swedish primary care (II) – general aspects

- Safe and good health care
- Economically effective
- Equal delivery
WS 1) Integration of academia with primary care
2) Integration of preventive and social services with medical and nursing care

- Stakeholders core activities
- Interaction points
- Values in co-work and integration
- The integration ladder
- Activities to improve integration
  - Organization
  - Regulations
  - Funding
  - Practical's
Workshop overview

- Specialist training
- Cont. prof. education
- Clinical care
- Development
- Education
- Research education
- Research

PORT Berlin Nov 6th 2015
Integration as seen by Ronald Harden

Trans-disciplinary
Inter-disciplinary
Multi-disciplinary
Complementary
Correlation
Sharing
Temporal co-ordination
Nesting
Harmonization
Awareness
Isolation
Medical education in Sweden

- 5.5 years (11 terms) - University
  The Swedish Higher Education Ordinance 2007
  Regulated by National Board of Higher Education

- 18 months of “Internship”
  6 months internal medicine; 6 months surgery;
  3 months general practice; 3 months psychiatry

- Licensed by the National Board of Health and Welfare

- 5-6 years of specialist training
Primary care – an arena for medical students in Stockholm

- About 1300 students
- 4-8 days in PC per term
- 180 PC clinics
- 270 supervisors
- 5% of the program
Uni, multi or interprofessional education

- The specific goals and the context of learning should be considered

  - **Uniprofessional**: when students learn within their own specific health professional programs with minimal contact with other students – the traditional model.
  
  - **Multiprofessional**: when students are brought together, to learn in parallel. They may work on or try to solve a specific problem but they do so within their own profession-specific paradigm.
  
  - **Interprofessional**: when students of two or more professions learn with, from and about each other, to improve collaboration and the quality of care.
Specialist training in family medicine in Stockholm

- 507 doctors at current
- About 10 including (2%) research training for 2 years

- ST doctors divided into seven different ST forum
  - Organizing and designing their own education.

- Each ST-forum has a steering committee of ST representatives, supervisors and representatives of studies.

- ST doctors have training time one afternoon a week
  - Arrange their own training activities, either minder base groups or a large group of invited speakers.

- Tutor/supervisor network.
  - Once a year a common boarding is arranged with the resident physician and the supervisor together.
A letter from King Karl XIII to the *Collegium Medicum* in 1810 authorized the immediate establishment of a "college for the corps of field surgeons".