



Swedish Ministry of Health  
and Social Affairs

OECD

### **Swedish input to OECD Ministerial Conference 7-8 October**

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The core work of the OECD – collecting, sharing and comparing information on efficiency, equity and quality in health systems is central to the development of health systems in the OECD countries. It not only keeps countries informed on the trends and challenges that we face, but also stimulates countries to analyze their systems, learn from each other and improve efficiency and equity, in order to improve health care delivery in the long run.

OECD's work on measuring quality in health care is the basis of our national systems to measure quality. Providing correct information is key, if the information is to drive improvements in health care. Measuring indicators and reporting is time consuming especially when indicators are numerous and there exist different and sometimes overlapping reporting systems.

It is therefore important to strike a balance between wanting to find out as much as possible and the amount of resources countries can invest in reporting. In this regard, it is important to create systems that are easy to report to, for example using electronic systems. Also, it is important that organisations such as the OECD, the EU, the European region of the WHO, the Observatory and the Commonwealth Fund are well coordinated and do not build up parallel reporting systems.

#### *Quality of care*

*How can countries strengthen their information infrastructure for measuring quality of care?*

Information structure, a common medical terminology and standards are required to ensure that all information registered and managed in the healthcare can be utilised as a long-term resource. A personal identifier

(PID), a unique number for each patient is helpful to follow the patient in the health care system. A coherent regulatory framework is required to describe how information shall be structured in order to be able to develop effective decision support for care, treatment and needs assessment as well as for governance, activity monitoring, open comparisons and research.

Relevant information needs to be made accessible to authorised staff in different parts of the healthcare and social services, across geographical, technical and organisational boundaries, as well as to individuals themselves. The added value of being able to transfer information does not materialise unless the information itself is of a high quality and can be interpreted by the staff who need to use it.

To fully realize the potential of health data, the information needs to be structured, well defined and presented in different ways for different target groups. The main problem today is not a lack of collected data but the fact that the information is not accessible or usable when it is most needed.

To achieve efficient information supply in healthcare and social services, coordinated national efforts are needed. These needs formed the basis of the Swedish National Strategy for eHealth launched in 2006. In Sweden, the National Board of Health and Welfare has been commissioned by the Government to define the basis for a well structured health documentation.

The National Board coordinates this long-term effort in two projects: *National Information Structure* (2007-2009) and *National project for an interdisciplinary terminology* (2007-March 2011). The result will form the foundation for future regulation on structured documentation in healthcare and for procurement of ICT that makes information available in an efficient and reliable way.

Apart from the above mentioned work regarding eHealth solutions, Sweden also has National quality registers which are run by clinicians. They are mostly focused on diagnosis and creates unique opportunities to improve both healthcare and research.

*What policies work best in ensuring high quality throughout the health system?*

The Swedish Government strongly believes that quality improvement can be made by benchmarking based on outcomes and process data. Therefore, a continuous work with developing indicators is done in collaboration between authorities and the county councils. Sweden also supports the work with the OECD Health Care Quality Indicators Project.

In order to make well-based decisions on eHealth investment and to offer better and safer care for the individual, decision-makers on the political or civil servant level must have access to information that clearly demonstrates the benefits of eHealth.

Therefore, the need for quality indicators measuring the impact and benefits of eHealth investments are needed on a Global level. The OECD could here provide a clear added value to all Member States by continuing its efforts to develop eHealth indicators that captures not only the technical implementation, but the added-value for healthcare when fully implementing and using eHealth throughout national healthcare systems.

### *Health System priorities when money is tight*

*In times of budgetary restraint, how can governments continue to improve health outcomes and access to high quality of care?*

The most efficient and over the long run only solution to improve health outcomes is to constantly improve productivity and efficiency. New technologies have to be combined with new working methods. The government should ensure that the suppliers of healthcare have relevant competencies as well as an infrastructure to do, and to improve their work. In time of distress, sound governmental finances is the guarantor of financial and over all stability in the healthcare sector as well.

*What are the most promising directions for achieving improved health outcomes at lowest cost?*

In the Swedish setting, the county councils are responsible both for financing and delivering healthcare. The government has the over all responsibility and also finance the county councils with governmental block grants. If the county councils face deficits, they have either to cut down costs, increase taxes or become more efficient. This system together with publicly available comparisons of quality and efficiency, gives incentives towards increasing efficiency. Lately, one of the more promising mechanism for governmental management control in Sweden is outcome based incentive systems. The first serious example of this aimed at cutting waiting times and turned out to be very successful. The Government now expands the usage of this type of incentive system to other areas of interest, e.g. patient safety.

### *Healty Choices*

*Should governments be spending more on prevention than they currently do? What degree of interference with people's lifestyle choices is appropriate, given the health benefits of prevention?*

Major benefits are being achieved, both for the individual and the society, when working in order to prevent deceases and to promote health. From a demographic point of view, noticing that less people in the future will have to support more, it is of course important to invest in peoples health. A effective preventive work will also, among other things, reduce the demand for health care.

An important starting point for the preventive work is to make the healthy option available and attractive. Regulation and fiscal measures that interfere with people's lifestyle choices might, under certain circumstances, also be motivated. However, the possible restriction in the individual's choice must be related to the health benefits. Sweden has, for example, formed a restricted alcohol policy, including the use of taxation and sales monopoly, in order to reduce harm related to use of alcohol.

*Healthy lifestyles can be promoted by policies not traditionally considered the responsibility of health Ministers. Are there good ways of ensuring that health concerns are taken into account when policy is made elsewhere?*

The health promoting work is about forming a society where we, as citizens, feel involved and part of contexts that we consider meaningful. Due to this perspective it is clear that the issue of promoting health can not be handled solely by the health ministries. In order to become effective, the health promotion work must be a concern basically for all areas in the society. For example, it is of great importance to form an inclusive labor market and to promote stable and secure families.

A interdepartmental perspective on health promotion demands a change in attitudes. A important prerequisite, in order to ensure that health concerns are taken into account when policy is made elsewhere, is to institutionalize the coordination and cooperation between the ministries.



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