

Quality and cost-effectiveness in long-term care and dependency prevention



POLICY SUMMARY: SWEDEN

Integrated care: a national policy goal

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Policy theme	Integrated care
Design and implementation level	National policy goals, regional and local implementation level
Policy objective	To provide integrated care to older people with complex health problems
Start date – End date	1 January 2006. Ten years later, 1 January 2016, the project became permanent

Aims

Improve efficiency, quality and coordination in delivery of health and social care services for older people with complex health problems and severe needs while still controlling the costs.

Integrated care has been politically promoted in order to improve quality of care, efficiency, enhance continuity and avoid fragmentation in care provision. The objective of integrated care is present in several Government Bills' and policy reports

Implementation

In January 2006, a project for integration of health and social care services was initiated by Norrtälje municipality and the county council of Stockholm – TioHundra. TioHundra comprises the general population (divided into three age groups: 0–18; 18–64; 65+. Here we focus on 65+).

TioHundra operates as one comprehensive health and social care organisation, owned, financed and managed jointly by the Norrtälje municipality and the Stockholm County Council. Although the process started in 2006, the work of full integration has been continuously improved along the way and is still ongoing.

Target group

The most severely ill older people. The National Board of Health and Welfare define the most severely ill as “persons aged 65 years or older who have substantial reductions in their functional state as a result of ageing, injury or illness”.

Eligibility criteria

Eligibility is decided on the basis of a needs assessment.

Resources

No extra resources or state grants. This local project has been financed by the local authorities, Stockholm County Council and Norrtälje municipality restructured their resources, i.e. pooled budgets.

Performance assessment and monitoring

Robust evaluations of integrated care systems or models are rare (Goddard & Mason, 2017; Hopman et al., 2016). Although several reports have evaluated the organizational process as well as the

satisfaction among staff and users and to some extend even utilization of certain services, there has been little focus on health outcomes and quality of care.

Evidence of success (outcomes, quality, satisfaction, awareness)

Examples of positive achievements are:

- Simplified financing through the joint organisation has facilitated the coordination of care.
- Introduction of an innovative customer choice model that improved cooperation and integrated care services (home-help services, home care and home rehabilitation as a unit) which offered older people the opportunity to get all their home based care services from one provider.
- Coordinating patient's discharge from hospital and following-up care planning in the home has been successful.
- A joint organisation gave an opportunity to organise, prioritise and make follow-ups from a bottom-up perspective, i.e. the older persons themselves.
- The Norrtälje project is probably the most promising attempt in Sweden to develop a kind of integrated 'one-stop-shop' organisation.

On the negative side it was found that extensive cost-savings and thorough restructuring of the elderly care was not an optimal start to involve the personnel. The introduction of new social reforms, including increased competition, freedom of choice and diversity led to increasing numbers of service providers which complicated the integration process.

The goals of integrated care and freedom of choice can be seen as two potential conflicting goals. Further, the reform may not lead to cost-saving, but to increased cost-effectiveness.

These results emanate both from quantitative assessment and interviews with key persons at different organisational levels. The results build on ex post impact assessment (Schön, Hagman, & Wånell, 2011).

Transferability/Uniqueness.

Given the right circumstances the reform, contextually adjusted, ought to be possible to implement in many other countries/regions.

Is this an emergent practice? (degree of innovation)

Sustainability

The Norrtälje model is considered to be a prime example of a well implemented integrated care system. According to the literature, the Norrtälje model is unique in its kind, both in Sweden and elsewhere

(Øvretveit, Hansson, & Brommels, 2010). The ten first years TioHundra was carried out as a project, in 2016 the project became permanent.

Critical assessment

Academic literature on this action

Goddard, M., & Mason, A. R. (2017). Integrated Care: A Pill for All Ills? *International Journal of Health Policy and Management*, 6(1), 1.

Hopman, P., De Bruin, S. R., Forjaz, M. J., Rodriguez-Blazquez, C., Tonnara, G., Lemmens, L. C., . . . Rijken, M. (2016). Effectiveness of comprehensive care programs for patients with multiple chronic conditions or frailty: A systematic literature review. *Health Policy*, 120(7), 818–832.

Schön, P., Hagman, L., & Wånell, S. E. (2011). *Kan två bli en? TioHundraprojektets effekter på vård och omsorg för målgruppen de mest sjuka äldre. [Can two become one? Implementing an integrated health and social care organization for the oldest old with complex health problems]*. Rapport 2011:06. Stiftelsen Stockholms läns Äldrecentrum [Stockholm Gerontology Research Center].

Øvretveit, J., Hansson, J., & Brommels, M. (2010). An integrated health and social care organisation in Sweden: creation and structure of a unique local public health and social care system. *Health Policy*, 97(2), 113–121.

Documents