

# **Integrated care of older people with complex health problems and severe needs – some experiences from Sweden**

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# The Community Care Reform (1992)

## County/region

Acute **hospital care**

Care at geriatric clinics

**Outpatient health care,**

at primary health care centres,  
by GPs, private practitioners –  
family doctors

## Municipality

Financially responsible for “bed  
blockers” in hospitals

**Home help**

**Home nursing**

Assistive devices

**Day care**

**Short-term care**

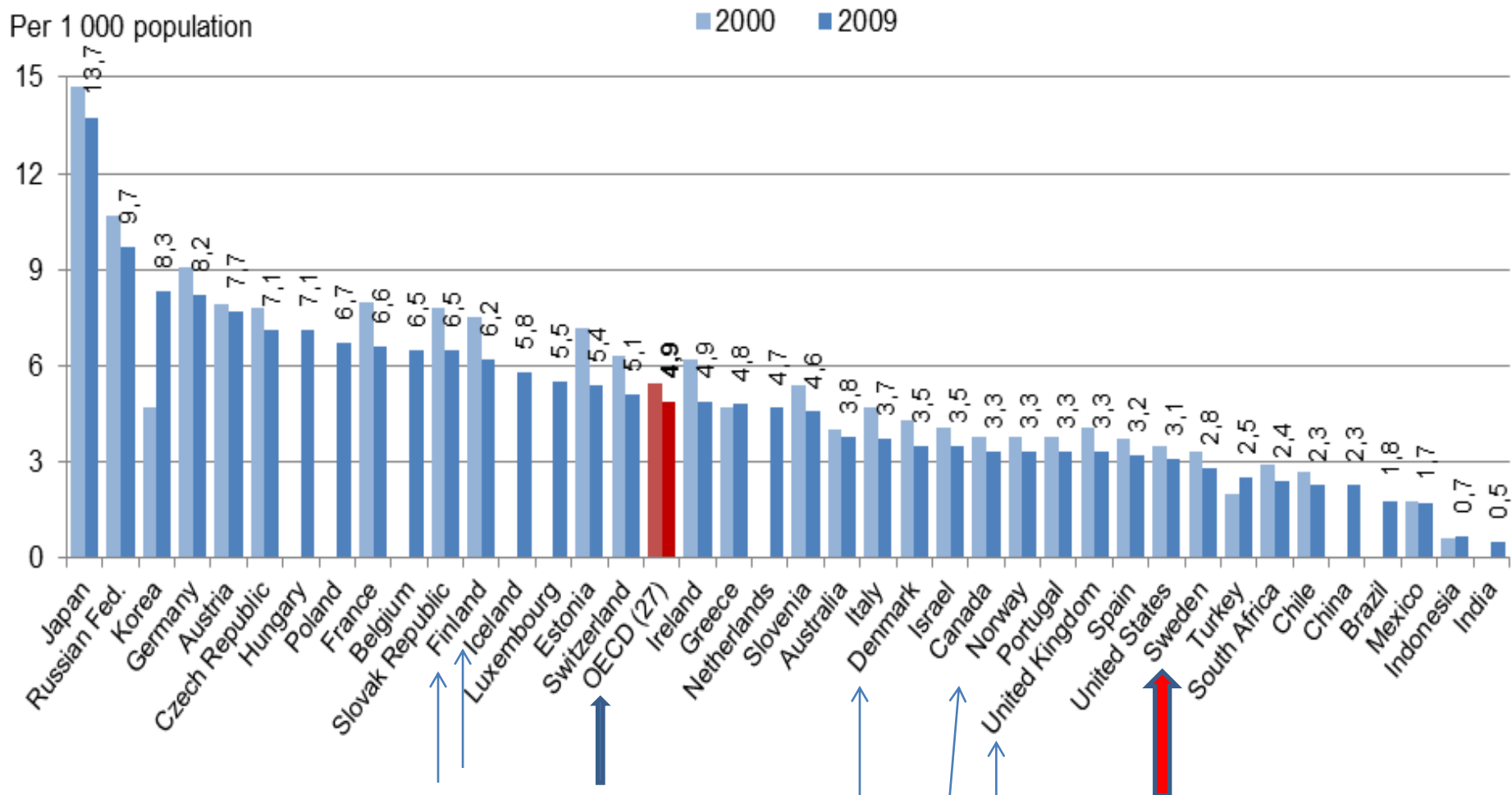
**Institutional care**

-Nursing homes

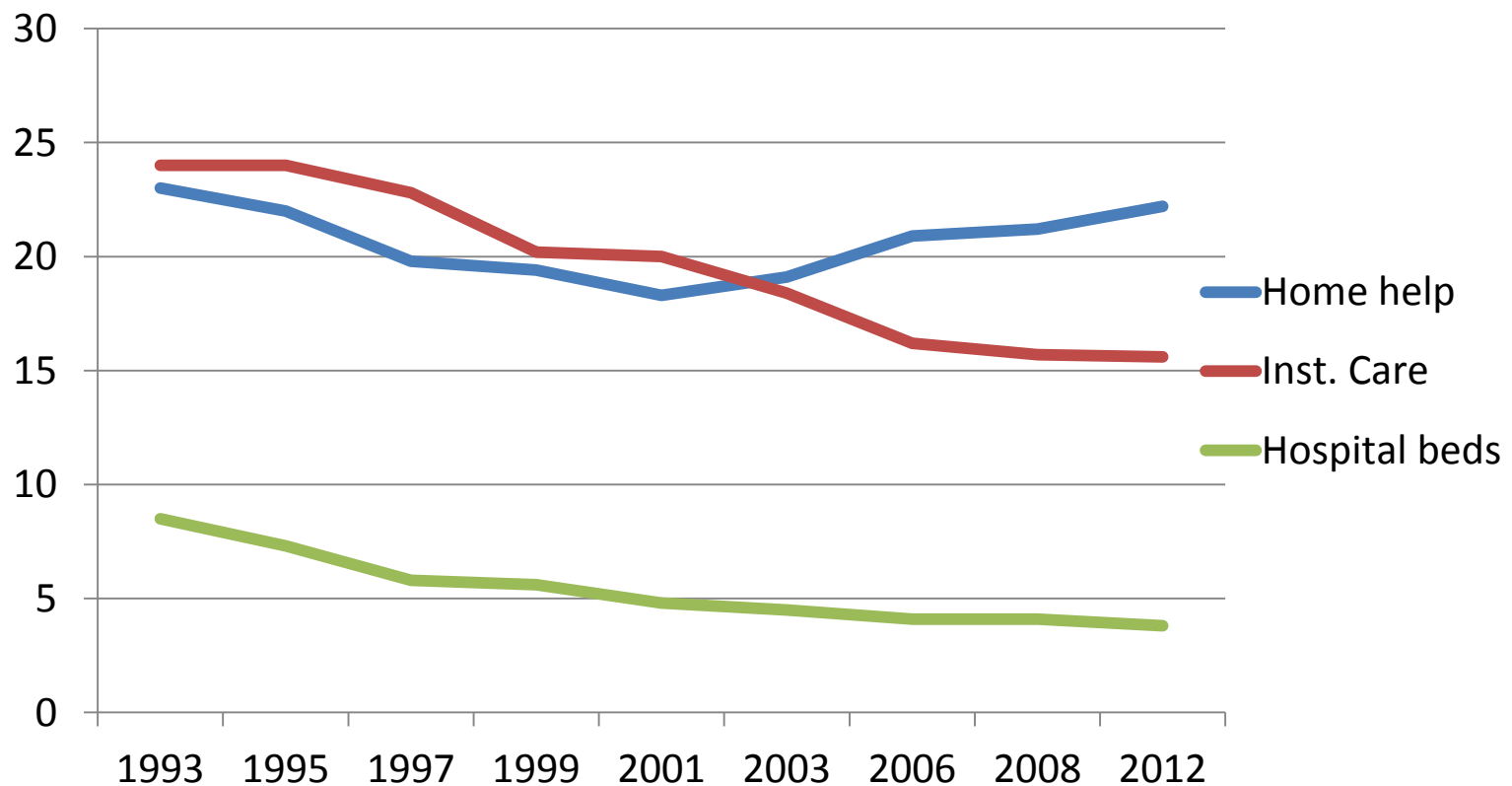
-Group homes

-Residential care

## Number of hospital beds per 1000 people in the population in OECD countries



## Development of coverage (ratio) in the care of elderly people (80 +), 1993–2012 (%)



# Current problems

- 35 % of all emergency care seekers are 65 +
- 50 % of all persons admitted to hospital are 65 +
- 20 % of all persons 65 + discharged from hospital are readmitted, often within 10 days
- 13–18 % of admissions of persons 65 + with complex health problems could be avoided

# Current debate

- “Unnecessary” hospital visits/admissions
- Unplanned return home
- Frequent readmissions
- Families overburdened
- Elderly people shunted around in the system



# Reasons behind the problems?

- Health care → insufficient municipal services and support
- Social care services → insufficient health care, services and support
- The government → poor and ineffective collaboration between health care and social services

# Elderly people with complex health problems

- **24/7**
- **Need both health care and social services**
- **Difficulty accessing health care and social services**
- **Take many drugs**
- **Dependent on family**



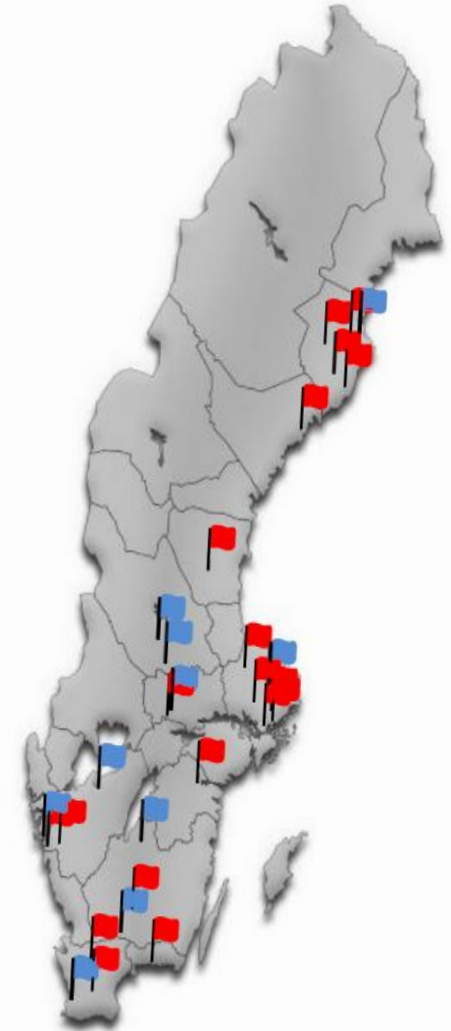


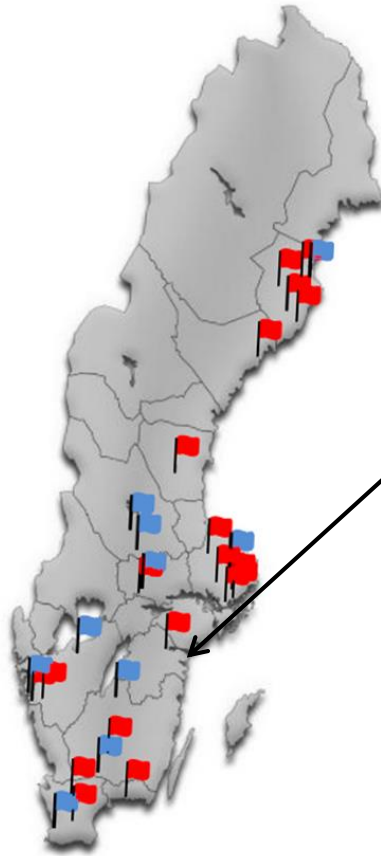
# Financial incentives

- **Payment for participation:**  
local developmental projects
- **Payment for registration:**  
the Swedish Dementia Register,  
Senior Alert, Register of Palliative  
Care
- **Payment for performance:**  
reduction of unnecessary hospital  
admissions, readmissions,  
inappropriate use of drugs

# Local projects

- Government grants 2010–2013
- To develop integrated care for elderly people
- New and innovative models of organising eldercare for people with complex health problems & severe needs
- Over 90 applications – 19 project sites selected
- National evaluation: Aging Research Center & Stockholm Gerontology Research Center





**The Norrköping project: Team-based intervention – health check-ups at geriatric clinic and home visits (n=200).**

**After 12 months:**

Health-related quality of life (EQ-5D) in the intervention group did not differ from that in the control group.

But fewer admissions to hospital, more visits to outpatient care, more hours of municipal help, more transfers to institutional care.

**After 24 months:**

18 % in the intervention group and 28 % in the control group had died.

## Conclusions (1)

- Primary health care must be expanded, and in collaboration with municipal social care services, health care and social services must be provided 24/7
- Routines for detection of “elderly persons at risk”
- Mobile teams for proactive, early interventions
- Support for family carers

## Conclusions (2)

- Improved targeting and a proactive approach results in the identification of more health problems and service needs
- Older people who live at home and are provided with integrated health care and social services support will live longer
- Will “doing the right things right” increase costs?
- And are we sure we know what the right things are?

# Policy reflections

## Ageing in place – An option

**Moving service and care to people instead of people to service and care.**

## Ageing in place – A forced choice

**Not moving necessary services to people, and not moving needy people to service and care?**