

Impact of budget cuts on access and quality in Long-Term Care: Experiences from Sweden

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**Lennarth Johansson, PhD, Associate Professor, National Board of Health Welfare
&
Aging Research Center, KI/SU, Stockholm, Sweden**

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

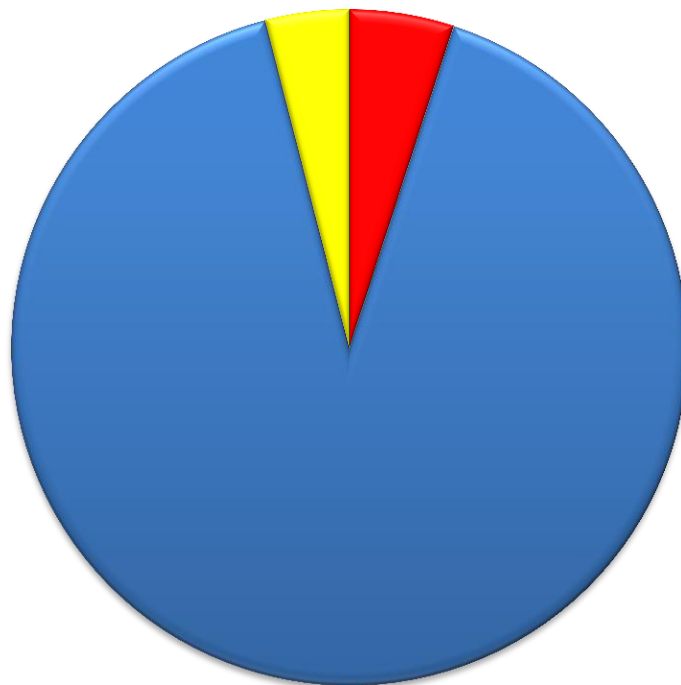
Institutional care

-Nursing homes

-Group homes

-Residential care

Sources of financing for health care and social services for older people

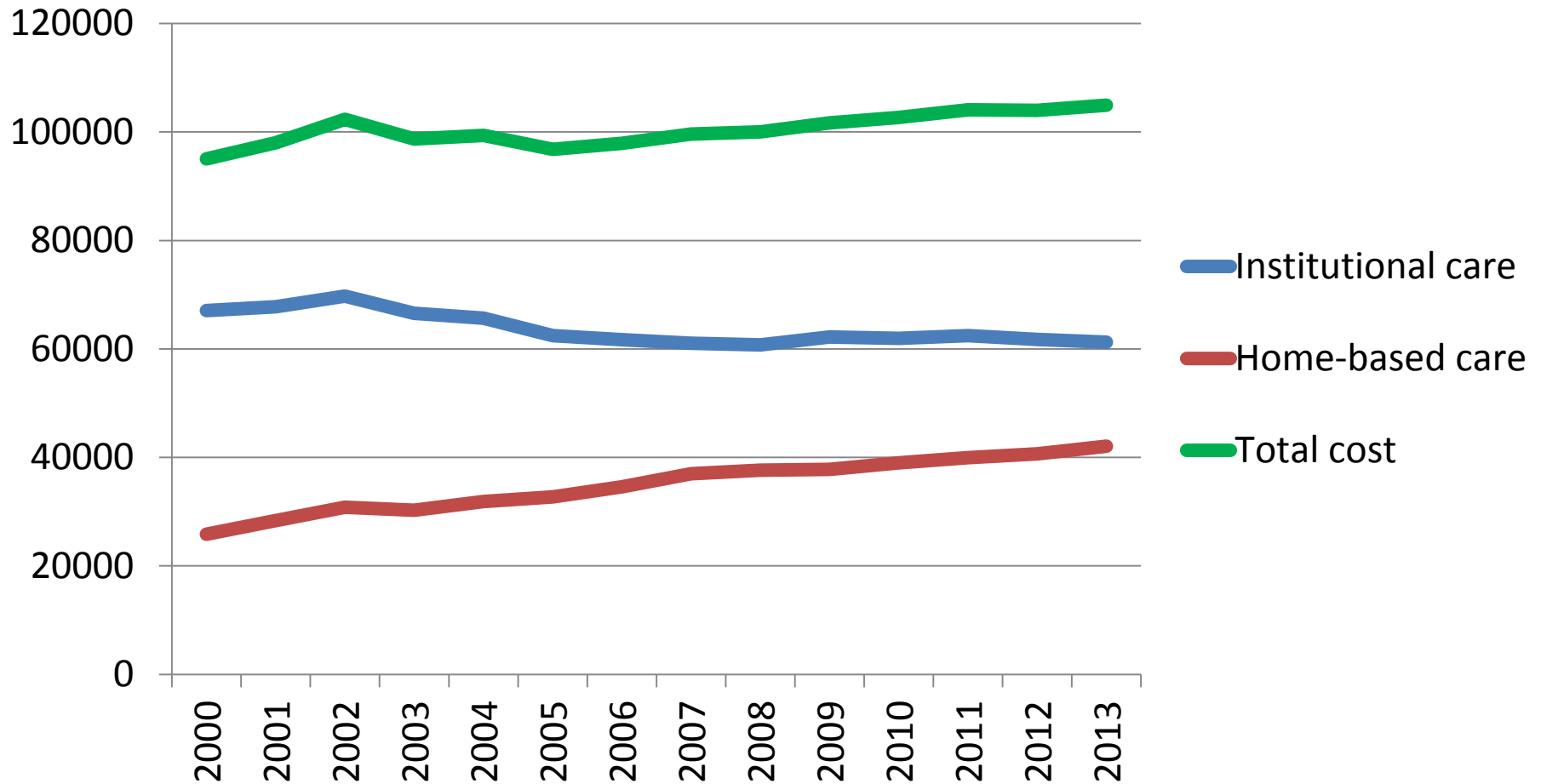


■ National taxes

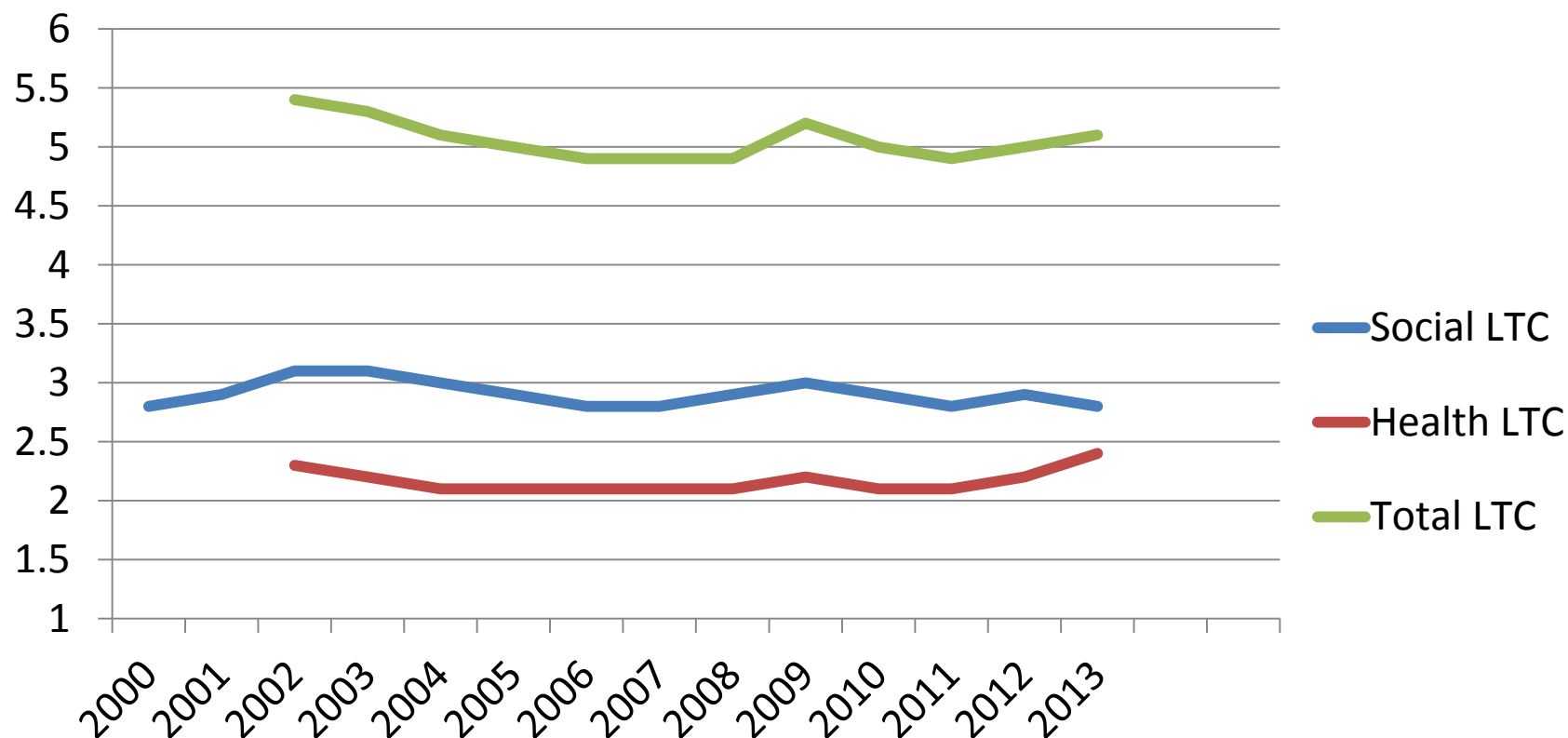
■ Local taxes

■ Users fees

Expenditures for municipal LTC, 2000 - 2013, billion SEK, fixed prices 2013



Social-, Health and total LTC expenditures in relation to GDP, 2000 – 2013 (%)



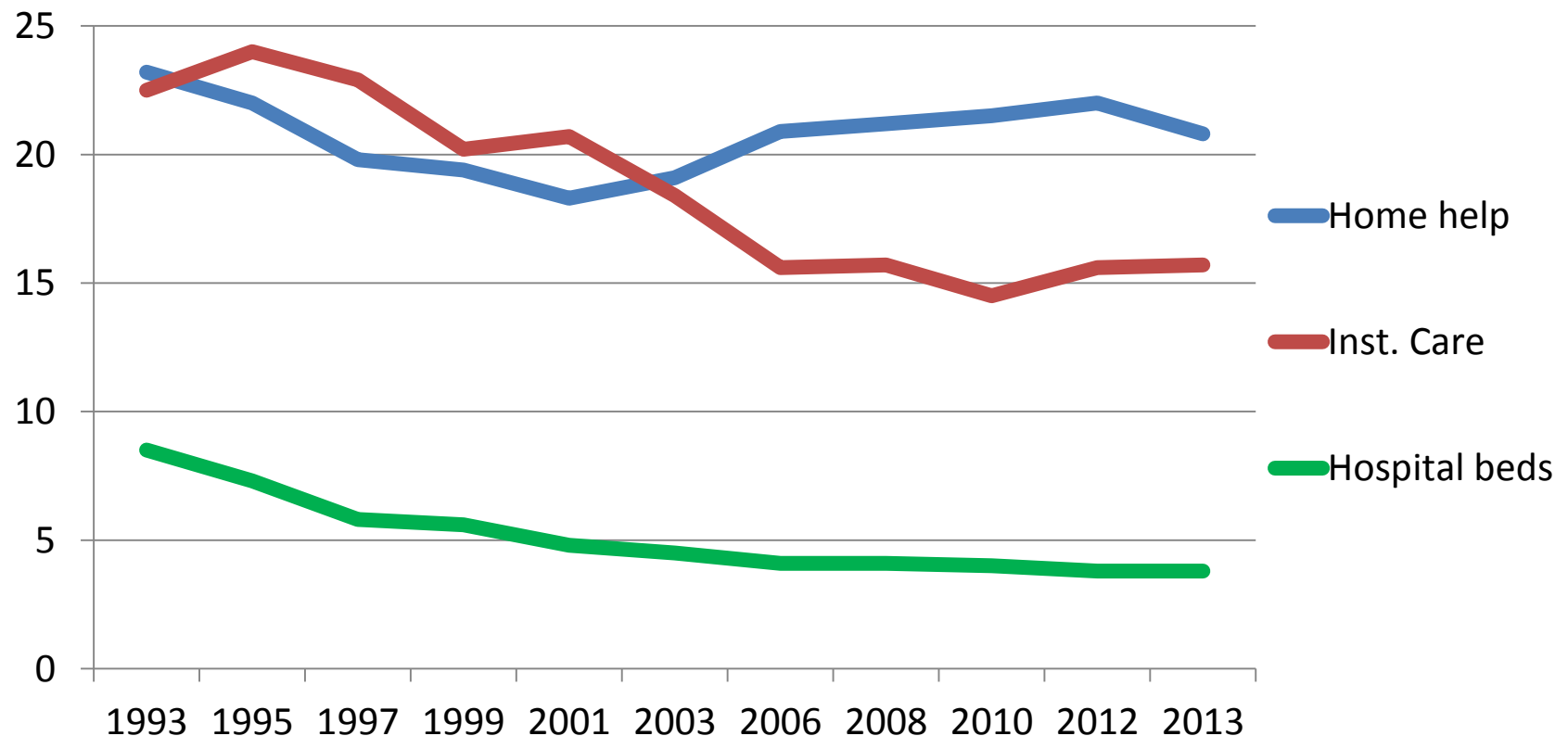
Use of different cost control strategies in LTC in Sweden

	Very rarely	rarely	sometime	often	Very often
Controlling eligibility:					
- Home-based care		X			
- Institutional care					X
Means testing	X				
Higher out-of-pocket charges	X				
Modify supply side			X		
Adjust policy mix:					
- Cash vs service	—				
- Home vs institution					X
“Systematize” LTC system	X				

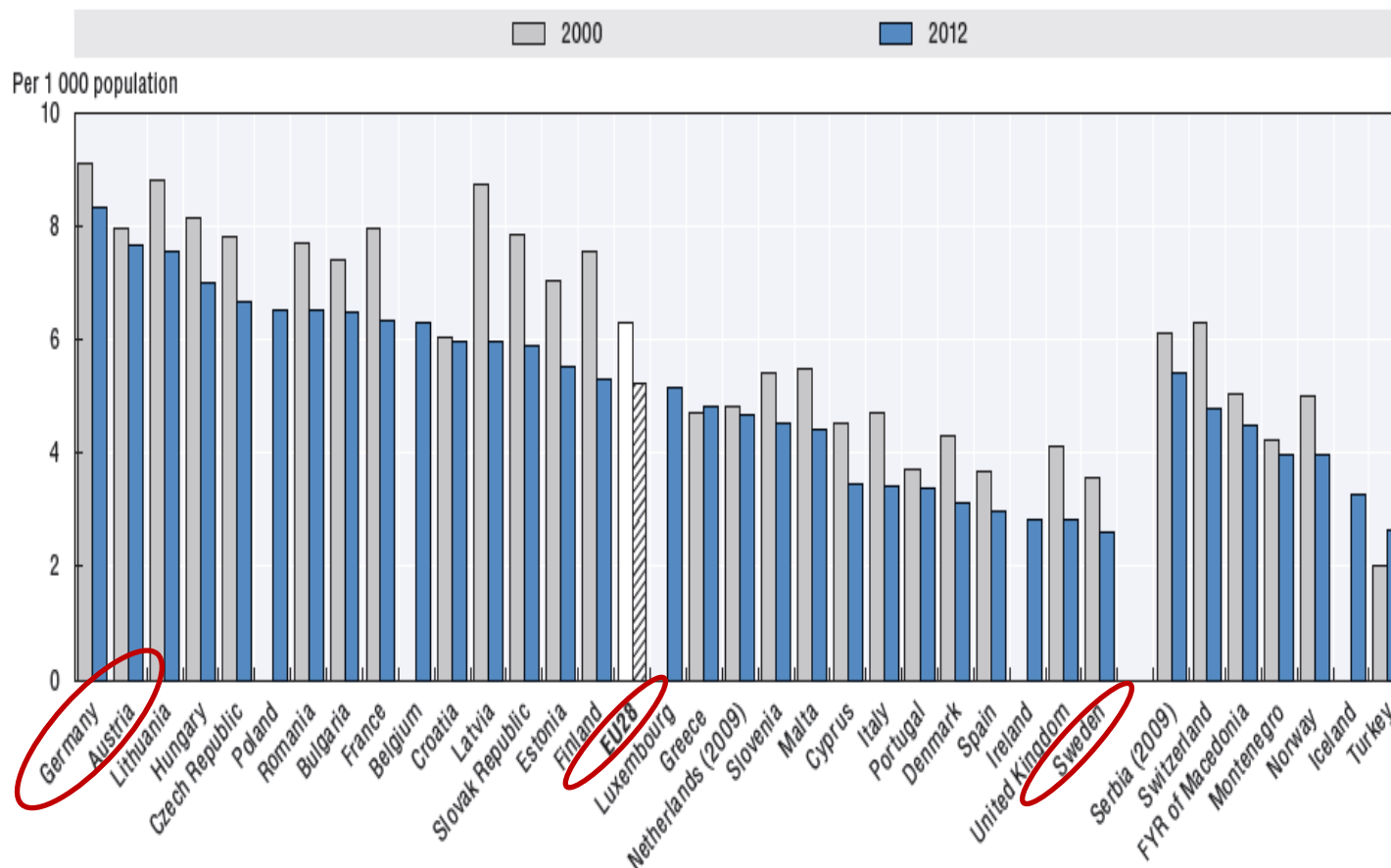
Adapted from : Gori, C., Barbabella, F., Campbell, J., Ikegami, N., D’Amico, F., Holder, H., Ishibashi, T., Johansson, L., Komisar, H., Theobald, H. **How different countries allocate LTC benefits to users: Changes over time.** In Fernandez, JL, and Gori, C, eds., *Long-Term Care Reforms in OECD Countries: Successes and Failures*. London: Policy Press, forthcoming in 2015.

Development of access to LTC

Coverage (ratio) in the care of older people (80 +), 1993–2013 (%)



Hospital beds per 1000 persons, 2000 and 2012



Source: OECD Health statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database; WHO Europe Health for All Database

Current problems in LTC

- 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

Financial incentives to stimulate quality in LTC

- ***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

System to monitor quality in LTC – “Open comparisons”

TABELL 1: Kommunresultat område 1, del 1. Uppgifterna avser personer som är 65 år och äldre och år 2014 om inget annat anges.

Kommunnamn	Ordinärt boende											
	Trygghet, hemtjänst			Bemötande, hemtjänst			Tillräckligt med tid, hemtjänst			Hänsyn till önskemål och önskemål, hemtjänst		
	Procent	Rank	Jämf. till reg. år	Procent	Rank	Jämf. till reg. år	Procent	Rank	Jämf. till reg. år	Procent	Rank	Jämf. till reg. år
Min-max (åter)	23-66			59-95			69-97			67-96		
Vägen medel (åter)	43	206		76	206		82	206		87	206	
Median (åter)	45			78			84			88		
Jämf. till reg. år (åter)			↘			→			→			↗
Nyköping	69	67	↘	82	54	↘	84	124	↘	91	45	↘
Oxelösund	29	284	↗	66	279	↗	77	244	↗	83	241	↗
Srängnäs	45	126	↘	81	69	↘	84	124	→	90	65	→
Trosa	52	96	↘	85	21	↘	94	5	↗	95	3	↗
Vingåker	42	187	↘	82	41	↗	85	101	↘	88	120	→
Länsmedel (väg)	45			78			82			86		
Östergötlands län												
Borholmen	39	236	↘	88	11	↗	92	14	↗	92	25	↗
Finspång	48	81	↘	77	150	→	84	124	↘	90	65	↗
Kinda	52	96	↘	85	21	→	97	1	↗	93	12	↗
Linköping	45	126	↘	75	192	↘	83	148	↘	87	146	↘
Mjölby	39	236	↘	80	89	↘	86	82	↗	85	199	↗
Motala	49	67	↘	85	21	↗	89	39	↘	94	6	↗
Norrköping	39	236	↘	72	224	↗	78	237	↘	84	222	↘
Söderköping	54	23	↘	78	127	↘	85	101	↘	91	45	↗
Vadstena	38	247	↘	79	111	↘	82	148	↘	85	199	↗
Valdemarsvik	51	48	↗	76	168	↘	90	25	↗	89	95	↘
Västerås	41	207	↘	82	54	→	86	82	↘	87	146	↘
Årvidaberg	55	16	↗	77	150	↘	80	210	↘	87	146	↘
Ödeshög	52	36	↗	88	11	↗	90	25	↘	89	95	↗
Länsmedel (län)	44			76			82			87		

36 Quality indicators

Structure, Process & Outcome

Derived from

- National statistics
- National surveys
- Quality registers

Presented annually at
municipal level

Quality of drug use

Drugs Aging
DOI 10.1007/s40266-015-0242-4

REVIEW ARTICLE

National Indicators for Quality of Drug Therapy in Older Persons: the Swedish Experience from the First 10 Years

Johan Fastbom · Kristina Johnell

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Abstract Inappropriate drug use is an important health problem in elderly persons. Beginning with the Beers' criteria in the early 1990s, explicit criteria have been extensively used to measure and improve quality of drug use in older people. This article describes the Swedish indicators for quality of drug therapy in the elderly, introduced in 2004 and updated in 2010. These indicators were designed to be applied to people aged 75 years and over, regardless of residence and other characteristics. The indicators are divided into drug specific, covering choice, indication and dosage of drugs, polypharmacy, drug-drug interactions (DDIs), drug use in decreased renal function and in some symptoms; and diagnosis specific, covering the rational, irrational and hazardous drug use in common disorders in elderly people. During the 10 years since in-

Key Points

The Swedish indicators cover both drug- and diagnosis-specific aspects of quality of drug therapy in elderly persons.

Since introduction in 2004, the Swedish indicators are widely implemented and have several applications in healthcare and research.

Since 2005, there have been several signs of improvement of the quality of drug prescribing to the elderly population in Sweden.

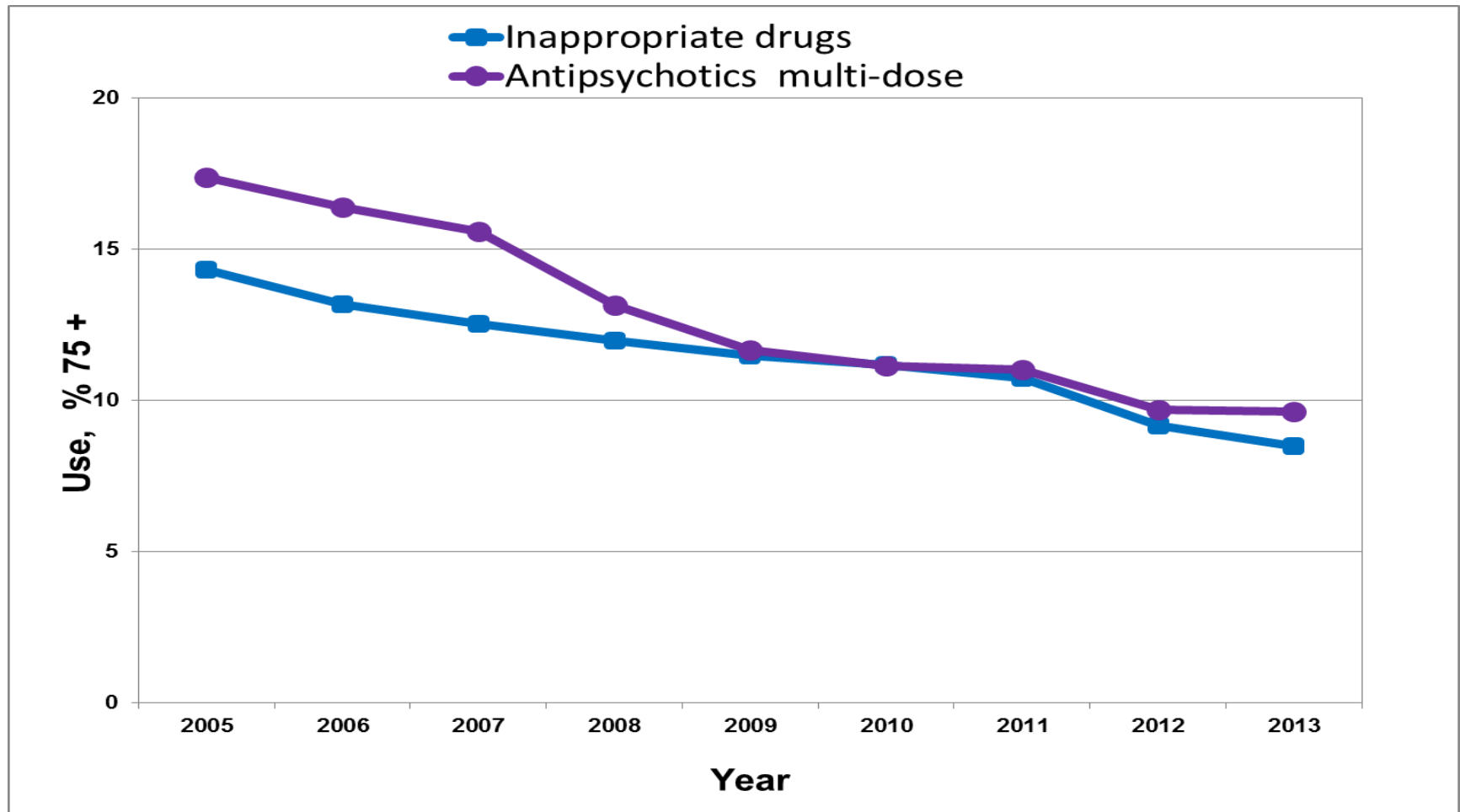
2004 Quality indicators

2005 Swedish Prescribed
Drug Register

2010 Updated quality
indicators

2012 Regulations on drug
utilisation reviews

Improvements in drug use in the elderly



Strategies to promote ageing in place

- **Information and communication technologies (ICT)**
- **Prevention**
- **Support for families**
- **Collaboration between health and social care**



But...

- 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 and ICT 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?