

# VALUE-BASED HEALTHCARE IN SWEDEN

The need to get better value from healthcare investment has never been more important amid population ageing and the rise of multiple chronic conditions. These pressures, along with a greater focus on patient-centred care, have raised the profile of value-based healthcare (VBHC). This infographic illustrates what makes Sweden a global leader in VBHC, some of the ways in which Sweden has implemented VBHC, the areas in which it has faced obstacles and the lessons that it can teach other health systems.

The paper on which this infographic is based can be found here: <https://www.eiuperspectives.economist.com/VBHCSweden>.



## 1 The Swedish model & lessons for others

Sweden's system of disease registries makes its population one of the most well tracked, health-wise, in Europe. The country benefits from an interconnected system of electronic health records (EHRs), outcome-based reimbursement, and a decentralised health system that encourages experimentation at the local level.



The country's **quality health registries** provide a basis for clinicians to measure health outcomes. Some of these registries have been collecting data for **20+ years**.



The country's hip arthroplasty registry, for example, helps to define **international best practice**.



Sweden has experimented with different forms of **value-based pricing and reimbursement**, for example **"bundled care"** in Stockholm and parts of western Sweden.



**OrthoChoice** is an example of a bundled payment system that focuses on hip replacements and spinal surgery, for which **10%** of total payments are based on **health outcomes**.

## 2 The backlash & obstacles to further progress

While Sweden has been a leader in value-based care, it has not been immune to the challenges facing other systems that take on entrenched interests and ways of doing things.



The value-based pricing models in Sweden's VBHC pilot programmes are still largely **driven by process**, not outcomes. Many experts say these models have been less applicable in complex cases involving multiple chronic conditions.



Different IT systems have complicated the digitisation process. The country's **21 regions have 21 different IT environments**, including systems for EHRs that vary both within and between regions.



**Quality registries differ significantly** in terms of the amount of data available, completeness and utility, contributing to a **lack of data sharing**.



Efforts to **restructure care pathways** in at least two Swedish hospitals engendered a **backlash among staff** and made VBHC the focus of protests, despite the success of VBHC projects elsewhere in the country.

## 3 Overcoming limitations & potential steps forward

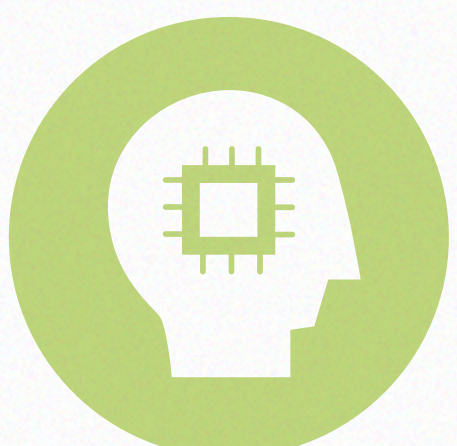
Several initiatives are helping Swedish stakeholders to overcome the barriers and limitations discussed above.



**Cross-regional co-operation** is improving. For example, the Swedish national collaboration for value-based reimbursement and monitoring of healthcare (SVEUS) platform measures health outcomes **in real time**.



**Better integration of care systems between municipal and county bodies** is breaking down silos. A major example is **mobile home healthcare** in Västra Götaland region.



**Better use of technology**, such as predictive analytics, machine learning, telemedicine, blockchain and artificial intelligence, has already been piloted in several collaborations and can be scaled up. The government's new Harmoniserer Utiliserer Between databanks.



**Stakeholder collaboration** is improving. For example, Uppsala University Hospital took a **bottom-up approach** with strong management support and engagement of different patient groups.