

International experiences – care goals in Sweden

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An ethics platform for priority setting

- 1997 – The Ethics Platform accepted as legislation by the Swedish Parliament
- Three principles:
 - Human – dignity principle
 - Equal treatment – not discriminate based on socio-economy, chronological age, gender, previous life-style etc
 - Needs-solidarity principle
 - Greater need – more of resources
 - Health and care equality
 - Cost-effectiveness principle
 - Reasonable relationship between cost and effect
 - Valid for all type of interventions at all levels within the health-care sector

The platform operationalized

- The platform is operationalized in a number of different aspects (the national model):
 - Severity of condition
 - Benefit of treatment
 - Cost-effectiveness
 - Evidence
 - Rarity
 - The severity aspects is supposed to have a somewhat higher weight – but used in a qualitative balancing to result in a decision / ranking
 - Yes/no; 1-10, not to do; 1-3; Etc
- Priority setting should take place in a transparent way

Priority decisions at different levels of the health-care system

- Highly decentralized health care system – with 21 self governing county councils – taxation and decision-making power – in the end politicians decide at this level
- State – govern by legislation or by specific financial incentives
 - Pharmaceutical benefit – decided by Dental and Pharmaceutical Benefits Agency (TLV) and subsidized by the state – following specific legislation
- State authorities – can issue guidelines
- National initiatives to harmonize health-care – new knowledge management organization /recommendations on new challenging therapies

Priority decisions at different levels of the health-care system

- National Board of Health and Welfare – issue national guidelines within different diagnoses that have a great impact – cancer / heart disease / diabetes/ dementia etc.
 - Identify new treatments, treatments that are not equally distributed or ethically problematic treatments – and rank these in relation to conditions from 1-10 – with a not-to-do and a R&D list
 - Set up quality and goal indicators for the most central recommendations
- TLV – decide on whether prescription drugs should be part of the benefit package or not – patient will pay at most a fixed sum during the year – yes and no decisions (maybe with different restriction concerning indication etc.)

Priority decisions at different levels of the health-care system

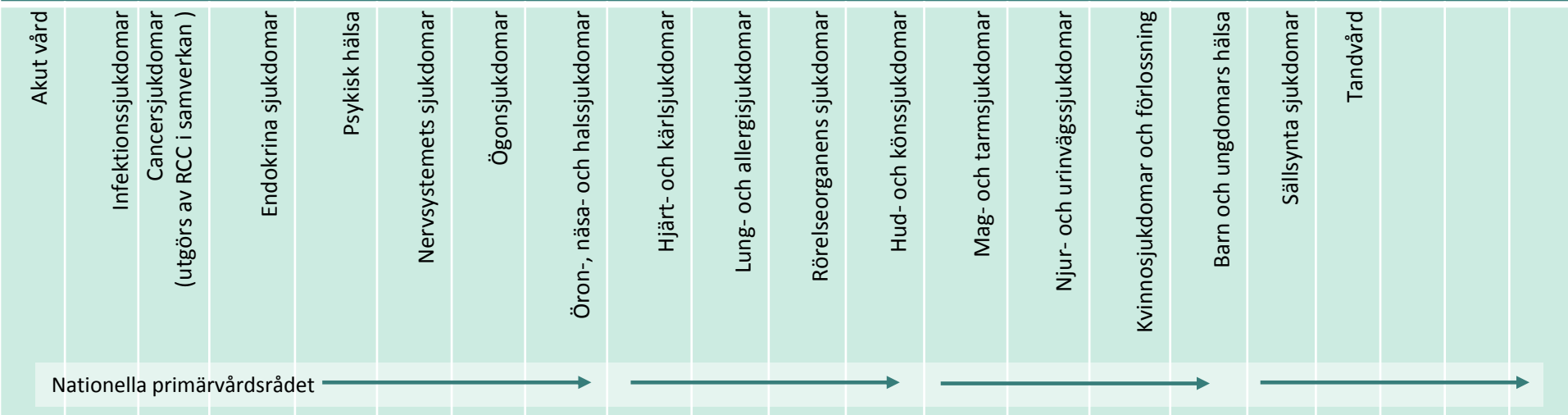
- New Therapies Council – a county councils initiative – issue recommendations on drugs administered within the clinic (also starting to issue recommendations on medical technology) – mainly drugs that are expected to be expensive or be a challenge in other ways (i.e. orphan drugs) – should use / can use / should not use
- New national knowledge management organization – with different program areas covering most of health-care – issuing national care programs /manage quality registers / follow up etc.

National knowledge management organisation

Nationella Programområden (NPO)

(Regionalt värdskap)

Respektive NPO speglar hela vårdkedjan: prevention, primärvård, specialistvård, rehabilitering, omvårdnad etc.



Nationella samverkansgrupper (NSG)

Metoder för kunskapsstöd

Kvalitetsregister

Uppföljning och analys

Läkemedel/medicinteknik

Forskning/Life Science

Patientsäkerhet

Tillfälliga satsningar

Priority decisions at different levels of the health-care system

- At the county council level – more or less well-organized process for structured introduction and implementation of new therapies – e.g. Västra Götaland Region – a process with introduction financing if prioritized following the platform
- Also – local political initiatives – e.g. more home-based consultations, screen for unhealthy life-styles etc. – sometimes seen as not in line with the platform

Patient perspective and influence

- New patient law in 2015 – clarifying the “rights” of the patient
- Strong trend to implement person centred care at the clinical level
- Patient representation:
 - National guidelines
 - TLVs decisions on the benefits package
 - NT-council
 - Not in the knowledge management organisation
 - Probably less at the county council level
 - Continuous dialogue with patient organisations

Some challenges

- Prevention – prioritized at the political level – but not explicitly supported by the ethics platform and generally given a somewhat lower priority (given lower severity)
- Discrepancies between the state and county council levels – e.g. cost-effectiveness thresholds not adapted to county councils budgets
- Political initiatives that are at odds with the platform – e.g. time limit guarantees etc.
- No structured processes for disinvestment when new therapies are introduced
- Equal access – given geographically dispersed country and socioeconomic differences

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