Background information

The population of Sweden is ~9.7 Million

The Swedish healthcare system is decentralized

The total health care expenditure is ~9.5 % of GNP

Public healthcare budget 2012 was ~260 Billion SEK

Distance north-south by ground transportation is >2000 km
Timeline of Commissioning

• **1960** - Delineation of *Specialised Care* on **County** level and *Highly Specialised Care* on **Regional** level

• **1975** - Definition by the National Board of Health and Welfare (NBHW)  
  "low numbers of patients that are particularly difficult to manage, requiring multidisciplinary cooperation between highly trained specialists and/or the use of advanced and costly equipment"

• **1990** - The NBHW developed a catalogue describing the specialised services offered by the regions

• **2005** - Government proposition *National Coordination of Highly Specialised Care*, with the relevant law taking effect **2007**
Levels of care

- National
  - 1-2 Providers
- Tertiary
  - Regional Hospitals
- Secondary
  - County Hospitals
- Primary
  - Care Centres
Levels of highly specialised care

Models for delineation

• Severity of medical condition

• Selected diagnosis and intervention
  – Management of rare conditions
  – Complex interventions and/or multidisciplinary requirements
  – Costly and advanced equipment for diagnostics and treatment

• Knowledge or expertise
Balancing centralisation

Key objectives
- Quality assurance
- Cost effectiveness
- Research & Development

Care criteria
- Available
- Equal
- Safe
- Patient oriented
Highly specialised services - national licenses

- Paediatric heart surgery
- Adult congenital heart surgery
- Ocular oncology
- Severe burns
- Craniofacial surgery
- Lung transplantation
- Liver transplantation
- Heart transplantation
- Cochlear implants in infants
- Intrauterine treatments
- Glaucoma and cataract in children
- Brachial plexus injuries
The commissioning process

<The 5 year cycle>

Nominations → Prioritising

Review
“Definition” with specification and consequence analysis

Assessment
of applicants

Follow-up
annually

Evaluation
end of cycle
The commissioning process

• Review ("Definition")
  – Resources and critical competencies, caseload, referral patterns
  – Specification of inclusion criteria, indicators and follow-up parameters
  – Consequence analysis of R & D, education and patient perspective

• Assessment ("Licencing Accreditation")

• Follow-up
  – General clinical governance criteria
  – Indicators and targets
  – Compliance with terms and conditions

• Evaluation
Components of Assessment

• Structure

• Process

• Experience, results and development

• General criteria
Assessment - Structure

• Competencies
  – Specific skills
  – Team competencies
  – Availability of resources

• Research
  – Organisation and strategies
  – Research groups
  – Projects and grants
Assessment - Process

• Competence strategies
  – Competence development
  – Provision of competence long-term
  – Multidisciplinary collaboration
  – Transfer of competence

• Strategies for National cooperation
  – Continuity of care planning
  – Managing workload fluctuations
  – Contingency planning

• International collaboration
Assessment - Achievements

• Experience
  – Clinical caseload and relevant experience
  – Clinical experience on an individual level
  – International collaboration

• Results
  – Clinical outcomes
  – Research, education and development
Assessment – General care criteria

- Knowledge-based
- Patient oriented
- Safety
- Equality
- Availability
Assessment outcome

Levels of requirements:

• Mandatory (compliance non-negotiable)
• Important (will be conditioned on designation)
• Envisioned (voluntary but might count when comparing centres)

Overall assessment:

– capability to provide high quality national services
– flexible adaptation of resources
– long-term sustainability
Evaluation – General

• Definition (functionality and relevance of inclusion criteria)
• Care chain (waiting times and patients’ pathways)
• Patient and family perspective
• Children's and gender perspective
• Implementation of clinical governance
• Compliance with terms and conditions
Evaluation – Tools for benchmarking

- Self-assessment
- Quality registry data
- Indicators and targets
- Outcome data (comparison of risk-stratified data a/o defined subsets)
- Review by international experts
Evaluation – Critical functions

- Competencies (recruitment and training)
- Developments (advancements in diagnostics and treatment)
- Practice guidelines (incl. care chain aspects)
- Support to referring hospitals
- Continuity and contingency planning
E-mail: Lennart.Christiansson@socialstyrelsen.se