



Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Iceland



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Contact: Anne-Marie Yazbeck

E-mail: anne-marie.yazbeck@ec.europa.eu, CHAFEA-HP-TENDER@ec.europa.eu

Directorate-General for Health and Food Safety, Directorate B — Health systems, medical products and innovation

Contact: Filip Domanski

E-mail: filip-michal.domanski@ec.europa.eu

*European Commission
B-1049 Brussels*

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Population: 332,529 (Eurostat, 2016)¹

Population density: 3.3 inhabitants / km² (Eurostat, 2015)²

Life expectancy: 84.5 years (Eurostat, 2014)

Fertility rate: 1.8 births / woman (Eurostat, 2015)

Mortality rate: 6.4 deaths / 1,000 people (Central Intelligence Agency, 2017)³

Total health expenditure: 8.8% (Eurostat, 2014)

Health financing: government schemes (52.1%), compulsory contributory health insurance schemes and compulsory medical saving accounts (29%), financing schemes of non-profit institutions serving households (1.5%), household out-of-pocket payments (17.5%) (Eurostat, 2015)⁴

Top causes of death: circulatory diseases, malignant neoplasms, and diseases of the respiratory system (European Observatory on Health Systems and Policies)⁵

The Icelandic healthcare system

The Icelandic healthcare system is a centralised publicly financed system: there is a single administrative tier in the governance of healthcare in which policy, administration and regulation are centralised at the level of the state (European Observatory, 2014). The planning of healthcare services and public health, including the management of communicable diseases, takes place centrally but is based on seven healthcare regions in the country: the regions are planning devices with no administrative authority or separate revenue streams (European Observatory, 2014). The main bodies responsible for policy, financing, planning and regulation are the Parliament, central government via the Ministry of Welfare (MoW) and the Ministry of Finance, and a combination of public and private service providers, although publicly provided care is predominant. The MoW has major policy-making and executive authority and its agencies are responsible for health policy, administration and supervision.

The country's centre of clinical excellence is the University Hospital, Landspítali, in Reykjavik, which alone accounts for 70% of the total national budget for general hospital services (European Observatory, 2014). In Iceland, the health budget is determined by Parliament on an annual basis: allocation of financial resources to government agencies is a centralised process. The MoW uses modelling in which the population and type of service are taken into consideration when allocating funds. After parliamentary approval on the National Budget for the year, the MoW has authority over the implementation of its particular budget allocation for health (European Observatory, 2014).

Primary healthcare, in principle designated as patients' first point of contact with the healthcare system, is provided in public primary care centres throughout the country and a few private primary healthcare clinics and private GPs operating in the capital region. Most primary healthcare clinics are able to offer the required services but small clinics in rural areas often cannot, and their patients are referred to larger clinics in the health region

¹ http://ec.europa.eu/eurostat/statistics-explained/index.php/Population_and_population_change_statistics

² <http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1> Population data, Eurostat

³ <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

⁴ http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

⁵ European Observatory on Health Systems and Policies (2014), Iceland – Health System Review, Health Systems in Transition, Vol. 16, No. 6

or to the nearest hospital. All hospitals providing inpatient and ambulatory care are public hospitals. Regional hospitals provide general medical care in outpatient as well as inpatient departments 24 hours a day, but availability of specialist care varies. The MoW and local authorities share responsibility for the organisation and provision of long-term care services. Palliative care is well established, especially in Reykjavik and the surrounding areas (European Observatory, 2014).

Integrated care policies

In Iceland, the term integrated care is not referenced often in policies and strategies; however, the approach can be recognised in several high-level documents on elements of care. For example, Iceland's care guidelines for managing diabetes in primary settings describe integrated care elements such as multi-specialty teams, promotion of self-management and the inclusion of secondary prevention into primary care. In the national policy for mental health in Iceland, integrated care is mentioned as an objective more specifically. An action plan was submitted in which it is proposed to offer more psychological services in healthcare centres, to establish mental health teams and strengthen the children's department in the national university hospital. The Directorate of Health, a government agency, responsible for the promotion of high-quality and safe healthcare, health promotion and effective disease prevention measures, dictates that more should be done to cooperate with the family of the patient, and more opportunities should be offered for patients to meet mental health professionals, and improve assistance after they leave the hospital.⁶ An example of 'out of hospital' care is the collaboration between healthcare and social services to provide treatment in the home. Emphasis is also placed on the compatibility of medication instructions between professionals.⁷

Moreover, Goal no. 15 in National Health Policy 2010 states that healthcare should be provided with teamwork and be integrated. The fundamental policy concerning health promotion and prevention in Iceland, the National Health Policy 2020, is currently in progress.

Implementation of integrated care in Iceland: initiatives at national level

- *Back and Neck programme of The Spinal Unit at St Franciscus' Hospital*⁸;
- *Strengthening diabetes service delivery at the primary care level in Iceland*⁹;
- *eHealth Iceland*¹⁰;
- *Joint Action on Chronic Diseases*¹¹;

⁶ A detailed description of this integrated care initiative is available at http://www.nordicwelfare.org/PageFiles/36616/island_webb.pdf

⁷ Department of General Practitioners (2014). Evaluation of quality and services of psychiatric hospitals. Reykjavik: Author.

⁸ A detailed description of this integrated care initiative is available at <https://www.nivel.nl/sites/default/files/bestanden/Rapport-CHRODIS.pdf?>

⁹ A detailed description of this integrated care model is available at <http://www.integratedcare4people.org/practices/333/strengthening-diabetes-service-delivery-at-the-primary-care-level-in-iceland/>

¹⁰ A detailed description of this integrated care initiative is available at http://ehealth-strategies.eu/database/documents/Iceland_CountryBrief_eHS_FinalEdit.pdf

¹¹ A detailed description of this integrated care policy is available at http://chrodis.eu/wp-content/uploads/2014/10/JA-CHRODIS_Iceland-country-review-in-the-field-of-health-promtion-and-primary-prevention.pdf

- *Communicable Disease Control*¹²;
- *Child Protection*¹³;
- *Health Policy to year 2010*¹⁴;
- *Integration of mental health*¹⁵;
- *High risk pregnancies and choice of where to give birth*¹⁶;
- *The State Diagnostic and Counselling Centre*¹⁷;
- *Virk (ACTIVE) – vocational rehabilitation.*¹⁸

Assessment of the maturity of the health system

Maturity Model – Iceland	
Readiness to Change to enable more Integrated Care	
Self-assessment	2 – Dialogue and consensus-building underway; plan being developed
Justification	The need to integrate health and social services as well as different levels of health services has been discussed for a long time in Iceland, although there is still not a clear policy statement in relation to integration.
Structure & Governance	
Self-assessment	2 – Formation of task forces, alliances and other informal ways of collaborating
Justification	Some work has already taken place. For example, the home care nursing services in Reykjavik were moved out of the community health centres and integrated with the social services under the municipal authority in Iceland. Similarly, there is an ongoing project focusing on integrating home care nursing and outpatient clinics for people with heart failure in the metropolitan area.
Information & eHealth Services	
Self-assessment	4 – Mandated or funded use of regional / national eHealth infrastructure across the healthcare system
Justification	Public institutions are mandated to use a single type of system for health records. However, private sector institutions can use their own systems. Moreover, the Icelandic health system is divided into regions, and there is one database of health records per region. The databases and underlying systems are interconnected, and data can be pooled from one region to another. This is

¹² A detailed description of this integrated care organisation is available at http://www.vhpb.org/files/html/Meetings_and_publications/Presentations/COPS27.pdf

¹³ A detailed description of this integrated care initiative is available at <http://www.bvs.is/media/forsida/Child-Protection-in-Iceland-and-the-role-of-the-Government-Agency-for-Child-Protection.pdf>

¹⁴ A detailed description of this integrated care policy is available at <https://www.velferdarraduneyti.is/media/Skyrslur/htr2010.pdf>

¹⁵ A detailed description of this integrated care policy is available at <http://www.althingi.is/altext/pdf/145/s/1217.pdf>

¹⁶ A detailed description of this integrated care organisation is available at <http://www.landlaeknir.is/servlet/file/store93/item2818/3304.pdf>

¹⁷ A detailed description of this integrated care organisation is available at <http://www.greining.is/is/tungumal/english>

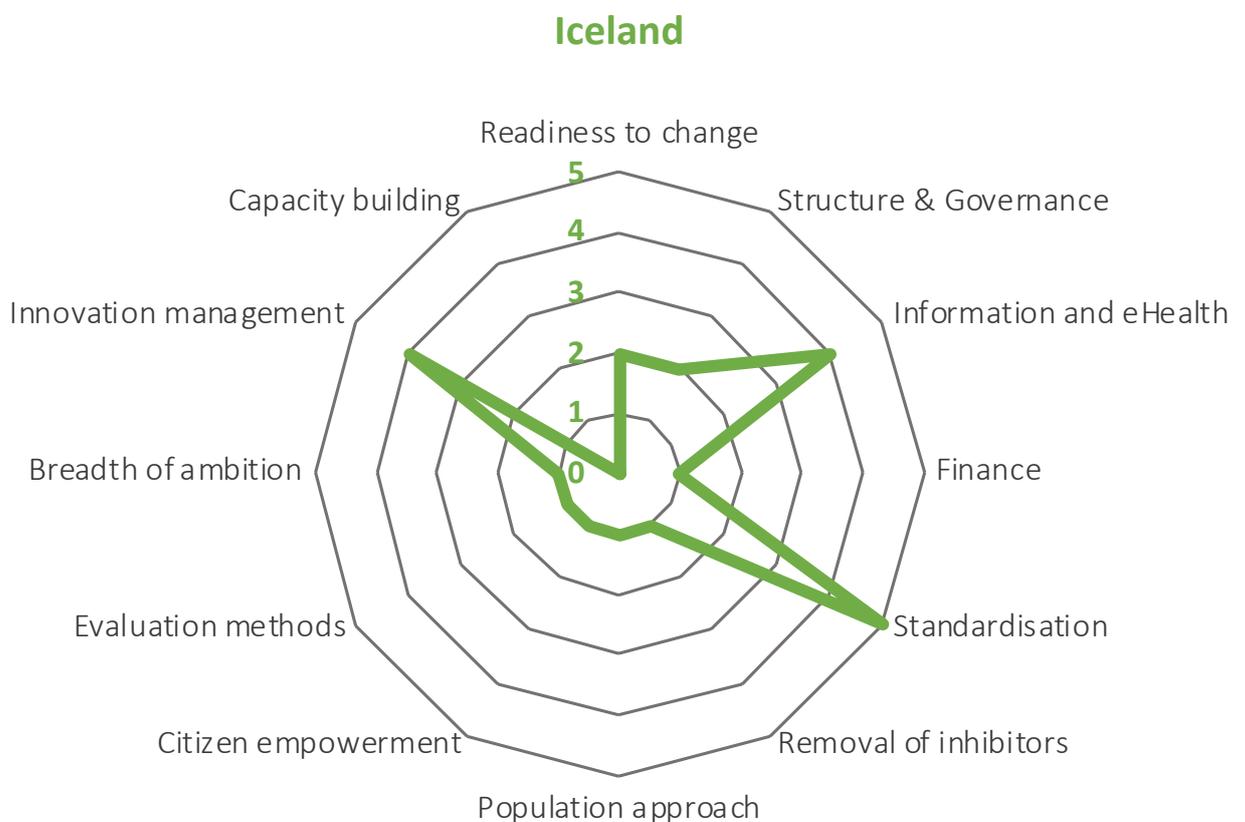
¹⁸ A detailed description of this integrated care initiative is available at <http://www.virk.is/is/english/mission-and-activities-of-virk>

	not the case within the private sector, which is more loosely coupled and not mandated to follow the rules governing management and accessibility of health records.
Finance & Funding	
Self-assessment	1 – Funding is available but mainly for pilot projects and testing
Justification	The interviewed stakeholders were not confident in this ranking.
Standardisation & Simplification	
Self-assessment	5 – A unified and mandated set of agreed standards to be used for system implementations is fully incorporated into procurement processes; clear strategy for regional / national procurement of new systems; consolidated data centres and shared services (including the cloud) is normal practice
Justification	The Icelandic health system has its own standards, which are not always in accordance with international standards. Every data centre in Iceland must comply with these national standards.
Removal of Inhibitors	
Self-assessment	1 – Awareness of inhibitors but no systematic approach to their management is in place
Justification	It is the opinion of interviewed stakeholders that the Icelandic health system is still at a stage where individual practitioners decide on what the inhibitors are and how to overcome them.
Population Approach	
Self-assessment	1 – A population risk approach is applied to integrated care services but not yet systematically or to the full population
Justification	The interviewed stakeholders pointed out that current population risk stratification projects are ongoing, specifically focusing on people with heart failure as well as COPD and neurological difficulties in home care.
Citizen Empowerment	
Self-assessment	1 – Citizen empowerment is recognised as an important part of integrated care provision but effective policies to support citizen empowerment are still in development
Justification	There is considerable emphasis on accountability for patients. Person-centredness is a big issue in Iceland, as in other countries. There is considerable discussion on empowerment, but not at policy-making level.
Evaluation Methods	
Self-assessment	1 – Evaluation of integrated care services takes place, but not as a part of a systematic approach
Justification	The interviewed stakeholders were not confident on this ranking.
Breadth of Ambition	
Self-assessment	1 – The citizen or their family may need to act as the integrator of service in an unpredictable way
Justification	The interviewed stakeholders were not confident on this ranking.
Innovation Management	
Self-assessment	4 – Formalised innovation management process is in place and widely implemented
Justification	There is considerable mobilisation in terms of the development of tools and applications to help manage nursing and maternity care. The design and implementation process underlying this development consists of having a group of specialists from hospitals, universities, clinics, and computer programmers to co-design the applications and tools. There is an AGILE and user-based research approach to this development process. This approach is quite simple to implement in Iceland, given its small size.
Capacity Building	
Self-assessment	0 – Integrated care services are not considered for capacity building

Justification

The interviewed stakeholders were not confident on this ranking.

The Icelandic health system has been progressing consistently toward integrated care over the past two decades, but without establishing policies that make specific use of the 'integrated care terminology'; instead reference is made to 'consolidation of primary and secondary care', and 'establishment of multidisciplinary teams'. As a result, Iceland does not have a formal political consensus or specific policies around integrated care, although legislation is currently being drafted. This is reflected in the Maturity Model Assessment, where the assessment dimensions unrelated to information technology and eHealth were rated between 1 and 2. Conversely, the implementation of information technology and eHealth tools was categorised by interviewed stakeholders as advanced, e.g. use of electronic health record systems is mandated by law; systems for patient management are co-designed with users, and there are well-defined and widespread Icelandic standards for use of systems and data.



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