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UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS



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National Report from Sweden 2007

Sweden changed government in 2007 and the Alliance - the Moderates, the Liberals, the Christian Democrats and the Center Party- came into power. The regional political platform changed as well and some counties changed their majority from the socialistic majority to an Alliance majority. This will have a strong impact on the development of the Swedish primary care.

The Alliance majority highly stresses the citizen's right to choose your own specialist when it comes to family medicine. Of high interest to the new government is also the possibility of carrying out privately owned healthcare enterprises. There is an urge introducing the possibility of privately owned healthcare enterprises in order to increase the competition and thereby give a wider choice to the citizens.

The Swedish counties have a relatively large liberty when it comes to planning of the primary care. As a result of this liberty some specific models have been developed. These specific models have been carefully examined and have served as inspiration for other counties to create their own different models according to regional needs.

The Model of Halland has been introduced in the province of Halland. This model invited stakeholders to apply for authorization. The requirement for being able to apply for authorization is that the applicant must be a primary care unit with at least one specialist in family medicine that is attached to the unit.

The remuneration is totally built on capitation and the inhabitant has the right to choose the clinic in which he prefers being listed. The clinic has then the full responsibility for the consumption of healthcare of the listed person, like visits to: the district nurse, the doctor, the almoner, the physiotherapist, etc.

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If the listed person seeks healthcare treatment outside the clinic where he is listed, the listing clinic becomes liable for payment. The listing clinic is liable for payment for all medical service, etc. Home nursing is excluded.

Model of Halland has been in use for nine months and what is noticeable so far is that the private clinics have received an addition of patients from the clinics run by the county. The administrative workload has increased considerably.

The Model of Stockholm has also been of great interest. It is based upon free establishment and practice of authorization. A Book of Rules has been issued and in order to receive an authorization you have to declare yourself prepared to follow all the included regulations. The Stockholm Model will come into force as of January 2008.

Many have applied for authorization and the applicants are as well already existing clinics as well as totally new entrepreneurs. Many former county run clinics have at the same time applied for privatization, which is what the politicians are aiming at.

The remuneration in the *Model of Stockholm* is based on capitation (40%) and payment for consultations (60%). 3% of the total turnover will be dependent upon if the quality goals are achieved. Some parameters will come in form of a bonus while others may instead come as a reduction of the remuneration unless the goals are achieved. The contracts will run for four years but the county council has the right to change the contract - above all the level of remuneration - one time per year, preceded by a political decision. This obviously increases the uncertainty of the provider. Also in this model the provider of healthcare is responsible for all types of consumption of healthcare. The provider also pays for consultations that a patient might seek from other specialists in family medicine.

The Model of Norrbotten is yet another model that more concerns the possibility for the GP to delimit her assignment in order to obtain continuous professional development, etc. The questions regarding privatization of healthcare and the possibility of profiting from healthcare are discussed vividly in Swedish media. The Socialists are totally opposed to both privatization and profit. With certainty these questions will be high on the agenda in times to come.

Another burning issue is the responsibility for the pharmacy budget. The administrators wish to convey that on to the healthcare providers with all its uncertainty.