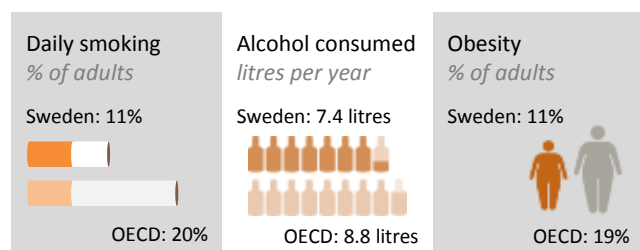


Sweden has a healthy population and its health system is high-performing in many areas. A combination of relatively generous public funding and reforms focusing on quality measurement, competition and choice has produced good outcomes, especially in the hospital sector. These approaches may be less effective in primary and long-term care, where quality is hard to measure and some outcomes such as patient experience seem poor. Improving care in these areas is a priority, but should be complemented by greater standardisation and the development of quality standards. Variable success in co-ordinating care for chronic conditions can be addressed building a robust primary care and improving data for monitoring quality.

## Swedes have healthy lifestyles and long life expectancies, especially men

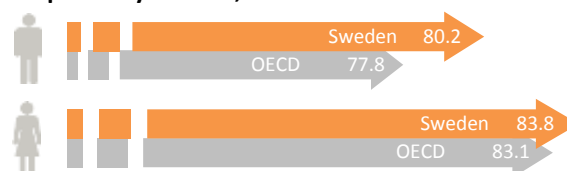
► **Sweden has the lowest smoking rate of any OECD country, below average alcohol consumption and low rates of obesity**

Rates among adults (aged 15 and over) in 2013



► **Life expectancies are above the OECD average, especially for men**

Life expectancy at birth, 2013



To read more about our work:

[Health at a Glance 2015: OECD Indicators](#)

[Tackling Harmful Alcohol Use: Economics and Public Health Policy](#)

[Obesity Update 2014](#)

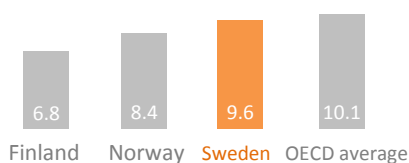
## Outcomes in acute care are good but secondary prevention is of low quality

► **Stroke care in Sweden is better than the OECD average, but there is room for improvement**

Although incidence of stroke is declining in Sweden, it remains higher than in some other countries, affecting 30,000 people each year. Outcomes for stroke patients are better than the OECD average, but lag behind some other Nordic countries.

**30-day mortality after admission to hospital for ischemic stroke, 2013 (per 100 admissions)**

Based on patient data, including deaths that occur after discharge from hospital



To read more about our work:

[OECD Reviews of Health Care Quality: Sweden 2013: Raising Standards](#)

► **Acute care following hip fracture is efficient but secondary prevention should be improved**

Early surgical intervention after hip fracture lead to better outcomes and reduces the risk of complications, and Sweden is one of the best performing OECD countries in this area. Discharge from hospital to community services is efficient, but ongoing care is less effective and only a small proportion of hip fracture patients receive preventive therapy.

**% of hip fracture patients aged over 65 being operated within two days of admission, 2013**



Fewer than one in six older women with osteoporosis receives preventive therapy following a hip fracture

### What can be done?

- Joint health and social care guidelines for ongoing care following stroke and hip fracture, along with better monitoring of community care, can drive improvements in secondary prevention

## Primary care should play a key role in improving care co-ordination

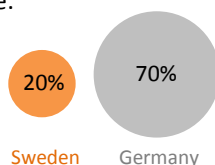
### ► A lack of clarity around the role of primary care in co-ordinating care leads to variable success

There is an expectation that primary care will play a central role in care co-ordination in Sweden, but little formal structure around the nature of this role and which professionals are responsible. Arrangements around hospital discharge are generally well co-ordinated, but ongoing co-ordination of community care is weak.

### ► Fragmented data systems in primary care prevent effective data sharing

A lack of central direction and a large number of independent providers has led to multiple data systems being used in primary care. These systems are not always interoperable and a lack of data sharing with other parts of the health system can undermine care.

**% of primary care doctors receiving necessary information to manage the patient within 48 hours of discharge from hospital**



### » What can be done?

- Work with the primary care sector and other providers to define primary care's role in co-ordinating care, especially for elderly patients
- Support primary care to take a leading role in care co-ordination, through additional training or targeted, time-limited financial incentives
- Invest in a standardised primary care information infrastructure to drive quality improvement, enhance interoperability and provide new opportunities for data sharing and co-ordination

To read more about our work:

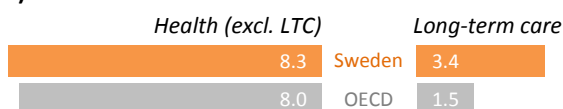
[OECD Reviews of Health Care Quality: Sweden 2013: Raising Standards](#)

## Long-term care is comprehensive but measuring quality remains a challenge

### ► Sweden places a high priority on long-term care

While spending on other health service in Sweden is around the OECD average, long-term care (LTC) spending is much higher than in most other countries and Sweden has more LTC workers per older person than anywhere else. These figures reflect a long-standing focus on LTC.

**Spending on health and long-term care as a share of GDP (2013)**

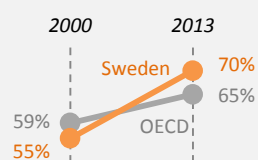


### ► Families and informal carers are a crucial part of the LTC system

Although Sweden has one of the highest concentrations of beds in LTC institutions of all OECD countries, policy in recent years has aimed to reduce this capacity and care for more people in their own homes.

Comprehensive LTC provision in Sweden helps to limit the strain on families, but with more care being delivered in the community, policies to support carers will become increasingly important.

**% of LTC recipients aged 65 and over living at home**



### ► Quality improvement in long-term care remains far behind other sectors

A lack of indicators of the quality of LTC holds back efforts to improve services. With comprehensive public provision and extensive data collection in other areas, Sweden is in a good position to spearhead efforts to measure LTC quality. This should be complemented by the development of quality standards for LTC.

### » What can be done?

- Develop new quality indicators for long-term care, and make better use of existing information by linking data sources, such as those on dementia, medication and falls
- Develop and implement quality standards for long-term care by working with providers and local governments
- Ensure that informal carers are supported and explore how they can be helped to work more effectively in partnership with formal services

To read more about our work:

[OECD Reviews of Health Care Quality: Sweden 2013: Raising Standards](#)

[A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care](#)

[Help Wanted? Providing and Paying for Long-Term Care](#)