FORUM FÖR HEALTH POLICY

Prevention- how will we cope with future healthcare?

Policy Brief – January 2023

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Preface

On October 25th, 2022, Forum for Health Policy organized a workshop together with the insurance company If, a member organization, on the topic of prevention. The Swedish Minister for Health Care, Acko Ankarberg Johansson (Christian Democrats, KD) opened the conference. Different groups and key people were represented: patient organizations, union representatives, pharmaceutical companies, pharmacies, insurance companies, experts in the healthcare system, researchers, doctors, occupational therapists, physiotherapists, nurses, entrepreneurs and many more.

The starting point for the workshop was to shed light on the issue of prevention and preventive measures. What policy decisions are needed to strengthen prevention work and thereby prevent unnecessary care, increase the well-being of patients and relieve the health care system?

This is an English version of a Swedish report, mainly based on the workshop on 25 October. The report does not claim to provide a comprehensive picture of the extensive field of primary and secondary prevention. However, several important recommendations are given that can strengthen preventive care in Sweden but may also be of international interest.

The report is addressed to everyone with an interest in strengthening and developing prevention and preventive care including decision-makers and politicians at national, regional, and municipal level.

Peter Graf
Chairman, Forum for Health Policy
January 2023

Summary

Prevention is about health-promoting measures, to actively prevent disease from occurring in a healthy individual or avoid a disease state from worsening. Investments in prevention can bring great benefits for the individual, the healthcare system and society as a whole.

There is ***evidence on the importance of health-promoting lifestyle,*** for example physical activity and diet. Research shows that 45 percent of all dementias can be prevented and 80 percent of all cardiovascular disease. It is the same lifestyle factors that are behind common diseases such as type 2 diabetes, Parkinson's, Alzheimer's, and 30 percent of cancers. Investing in prevention is something that has been in demand for a long time, not least in view of the great challenges of healthcare. The question is why there is not more focus and investment. Why are new working methods not introduced? Why is there not sufficient cooperation between health care actors as well as between health care providers and other organizations in society?

In this report, which is based on input from many different actors in the system, several recommendations are presented to strengthen prevention. These include ***patient participation, user-friendly IT systems, use of digital tools and cooperation between different actors***. The recommendations relate to the need to strengthen the patient's knowledge and the opportunity to share data, the need for strengthened primary care, more efforts for the elderly in the form of, for example, vaccination programs and health checks, as well as better conditions for working with functioning and evidence-based methods such as FAR, Physical Activity on Prescription.

A decisive point that the report highlights is the lack of financial structures that provide incentives to invest in prevention in today's reimbursement systems in health care. Capitation/fixed compensation per listed patient is expected to accommodate and motivate a focus on prevention. However, primary care providers do not receive the entire income for that work. If we had functioning preventive work in primary care, it would mean lower costs in inpatient care. Today, there are hardly any incentives for primary care to spend time on prevention. The reimbursement systems need to be renewed and developed with a focus on results. Outcome-based investments, where regions and municipalities do not bear the risk and where compensation is based on value, should be tested to a greater extent.

Building more cohesive care chains (one care provider who is responsible for the entire health care chain for the patient) increase the incentives to invest in prevention. This will increase the opportunities to invest at an early stage because there is a long-term profit. Kaiser Permanente, a healthcare organization in the United States, is an example that is highlighted. They have three parts that are linked to each other: a health plan that bears insurance risk, medical doctor groups, and a hospital system. They have a well-designed care chain with a focus on prevention to avoid large healthcare costs in the future. Procurement of cohesive care chains should therefore be facilitated. If an actor has full responsibility for a coherent care chain, there are strong incentives for prevention.

There is great potential to think innovatively and collaborate with other actors to make a difference for both young people, medical professionals, and the elderly. Several actors can contribute to strengthening prevention and relieving the burden on healthcare and elderly care. Regions and municipalities need to jointly facilitate and encourage innovative collaborative projects and let in several social actors who can contribute to better health care, for example through innovation in procurement or a joint innovation arena. Basic infrastructure and organizational changes need to be distinguished. ***Incentives need to be created for health care providers as well as companies that want and can drive change and innovation.***

Recommendations in brief

The role of patients in strengthening primary and secondary prevention

- Listen to the patient's needs and provide the patients with knowledge.
- Create conditions for the patient to share data.
- Evaluate and follow up health care processes and national guidelines.
- Simplify and digitize the planning of care.

Primary care – prevention

- Patients and the healthcare system need increased opportunities to share information with each other.
- Strengthen the conditions for self-monitoring.
- Strengthen cooperation between health care and civil society.

Elderly - prevention

- Strengthen prevention, treatment and follow-up of the elderly and those with chronic diseases.
- Adult vaccination programs should be expanded.
- Carry out health checks on elderly people.
- Focus on reducing the number of fall injuries

Digitization and AI as support for preventive work

- Take interoperability seriously. In the long term, the ambition should be open APIs[1] and at the same time ensure personal integrity.
- Develop the methodology and use digital channels to strengthen the collaboration between different actors.
- Strengthen the preconditions to work with FAR, physical activity on prescription.

Cooperation between multiple actors

- Strengthen preconditions for cooperation between multiple actors.
- Strengthen the role of pharmacies, they can do more in the work of prevention
- Insurance companies could, within the framework of tax-financed health care, for example, participate in strengthening the health status with knowledge and funding.

Funding and reimbursement

- The regions need to strengthen the incentives for first-line healthcare (primary care)
- Facilitate the procurement process of buying a coherent care chain.
- Outcome-based investments, where regions and municipalities do not bear the risk, and where compensation is based on value/ should be tested to a greater extent.

[1] API (Application Programming Interface) - a set of functions and procedures allowing the creation of applications that access the features or data of an operating system, application, or other service.

Introduction – Prevention pays

Prevention is about actively preventing illness from occurring in a healthy individual or avoiding the worsening of an illness. Investments in prevention can bring great benefits for the individual, the healthcare system and society as a whole.

In a report[2] by the Forum for Health Policy and a number of patient associations (members of the Forum for Health Policy), prevention is discussed from different aspects. With support for self-care, early diagnostics and high availability, costly visits to the emergency room, primary care and/or hospitalizations can be avoided. An emergency visit costs an average of SEK 5,000 and a day in hospital costs between SEK 4,000 to 14,000. However, in order for patients to be able to participate and take responsibility for their health, they need to have full access to their own data and a functioning digital infrastructure is required, which has been in demand for decades.

In 2019, a survey[3] was carried out on behalf of Apoteket AB (et.al), the state-owned pharmacy company in Sweden, about the citizens' experience of how healthcare works with prevention and what they themselves are willing to do to prevent illness. The results agree well with what patient associations highlight. According to the survey, there is a strong desire among respondents to improve health with preventive measures, but also the perception that health care lacks appropriate processes to meet demand. More than half of the answers indicate that they would turn to a healthcare provider to improve their general state of health. Only a third believe that healthcare is committed to preventing disease. Respondents want to control their health and monitor their own disease. They are also willing to share this information with healthcare providers.

There has been an enormous development of knowledge about the importance of lifestyle for health, for example through physical activity and healthy living habits. Research[4] shows that 45 percent of all dementias can be prevented and 80 percent of all cardiovascular disease. It is the same lifestyle factors that are behind several common diseases such as cardiovascular diseases, type 2 diabetes, Parkinson's, Alzheimer's, 30 percent of cancers, inflammatory diseases and depression.

The purpose of this report is to discuss prevention from various aspects of health care. Human suffering and large societal economic costs can be saved if more focus is placed on prevention and health promotion measures.

What recommendations do we want to give to politicians and decision-makers to strengthen prevention? How can we pick low- hanging fruits?

[2] https://healthpolicy.se/wp-content/uploads/2022/05/Policy_Brief_patientorganisationer_prioriteringar_valet_final.pdf
[3] https://www.pwc.se/sv/pdf-reports/halso-sjukvard/fran-sjukvard-till-halsovard.pdf
[4] Professor Mai-Lis Hellénius, Karolinska Institutet, interview, Forum för Health Policy https://healthpolicy.se/det-finns-fungerande-preventiva-losningar-men-det-gar-for-langsamt/

This is an English version of a Swedish report published in November 2022, mainly based on input from the Forum for Health Policy workshop in October 2022 with around 70 participants from a range of different organisations: patient associations, researchers, doctors, nurses, pharmacists, physiotherapists, occupational therapists, pharmaceutical experts, health care experts from insurance companies, healthcare providers, businesses, entrepreneurs and many more.

The discussion at the workshop dealt with various aspects of prevention:

- Patients' role in strengthening primary and secondary prevention
- Primary care
- Elderly care
- Digitization and AI
- Cooperation between multiple actors
- Financing and reimbursement

The various areas, several of them overlap, are commented below. In each section, recommendations are provided.

The role of patients in strengthening primary and secondary prevention

Quote Workshop October 25, 2022: "Knowledgeable patients make everyone a winner."

Decisive for strengthened prevention is ***patients' knowledge and participation***. Research shows that active patients who increase their knowledge of their own illness and situation feel better and use healthcare services more efficiently, which in turn leads to lower costs. However, patients testify that this opportunity is not used and that there is a lack of coordination and cooperation where the various parts of the health care service do not know how other parts of the sector work, which leads to inefficiency and frustration.

Health care should be more responsive and ask the patient about her expectations, in order to better understand how healthcare can assist. "What is most important to you?" The patient has both rights and obligations. Health care needs to get better at taking advantage of ***the perspective of relatives***, especially relatives of children. This applies to both primary and secondary prevention, which is central for children and young people.

Health care processes are experienced as "culverts". The patient needs to be continuously informed during the course of care and involved early on. No patient is involved in multimodal treatment meetings. The patient often comes in when medical decisions have been made. Follow-up and interest from healthcare providers of the patients create motivation. Today, the patient/relative must connect all the different dialogues that take place; it is too much to expect from the patient/relative. ***The patient should not have to coordinate her own care.*** The testimonies of complicated care chains and inefficient care processes are numerous and are analyzed in Forum for Health Policy's reports on "Stray ways in health care".[5] Complicated care chains prolong care processes and lead to unnecessary waiting times, which leads to further inefficiency as patients must carry their medical history with them and repeat it time after time. It is also not unusual for the patient to be asked to take the same samples several times or be faced with similar medical examinations several times with different providers along a convoluted care chain.

Patients with chronic diseases often have a good knowledge of their medical conditions, which they live with and are treated for constantly. ***Structured patient education*** is needed so that the knowledge does not become fragmentary or based on incorrect sources. Knowledgeable and involved patients are a prerequisite for good care results. Knowledge should be combined with the possibility of frequent contact with health care, through easily accessible channels. Patient education and ***patient schools*** about various diseases can strengthen the patient. One way is to be connected with a "buddy", a patient who has had the same disease before, to ask simpler questions. Many Swedish patient organizations offer education about how to cope with various diseases.

Self-monitoring is an opportunity for the patient to be a co-creator of their own care and an opportunity for regions and municipalities to work more proactively. Patients can use digital technology to measure various outcomes. The patient becomes a co-creator of their care, with increased knowledge, security, control, and participation in their own care process as a result. Self-monitoring provides the conditions for a continuous relationship and a close interaction between health care and patient. The healthcare staff can work proactively to a greater extent, which leads to an increased quality of care and a better working environment. Urgent and

[5] https://healthpolicy.se/wp-content/uploads/2022/06/policy_brief_irrvagar-i-varden_web.pdf

unplanned care visits can be avoided, and the health care providers' skills and resources can be used in a better way. But as a patient who takes care of herself, she must get the right tools for this. Many patients know what has to be done, but they need support for this.

Recommendations for decision-makers and politicians:

- **Listen to the patient's needs,** engage & involve the patient and her family early in the care process. Provide information and provide the patient with **knowledge**, through structured patient education or patient schools. Establish a partnership with the patient. Clarify both rights and obligations.

- Create conditions for the patient to **share data**. The patient can own data about themselves. Governing agencies need to create a digital infrastructure with "one person one record" and the possibility for the patient to share health data seamlessly between systems. Healthcare and patients need a functioning IT infrastructure where systems can communicate with each other and where the patient's own health data can be easily used. Strengthen and **facilitate the preconditions for self-monitoring.**

- **Evaluate and follow up health care processes** and national guidelines. Too few studies have been done on how different initiatives have affected coordination and information to patients. Knowledge about the flows of health care and different care processes is scarce. This may be a reason why Swedish patients still experience problems linked to a lack of information, coordination and continuity.

- **Simplify and digitize the planning of care.** Patients experience that they receive letters from the caregivers with predetermined booked appointments where it is complicated to get a new appointment. New appointments can be months away in the future. Today, there are well-developed appointment booking systems that lead to greater flexibility, reduced waiting times and a better patient experience, and also streamlines scheduling for staff.

Primary care – integrated care

Quote Workshop October 25, 2022: "The patient must become aware of what creates bad habits and what these can lead to."

According to the new provision in the Health Care Act (from 2021), primary care must provide the health care services required to meet commonly occurring health care needs. **Primary care also has a responsibility to prevent bad health.** When the patient has an appointment in primary care for check-up on her chronic, for example (according to the National Board of Health and Welfare) it is often also appropriate to follow up on the patient's lifestyle and offer support for lifestyle improvements. Primary care also has the task of coordinating various efforts for the patient.

In primary care, doctors can prescribe physical activity and there are large amounts of information brochures to hand out. One important step for the patient is to become aware of what creates bad habits and what these can lead to. **Prevention in primary care requires better staffing and good digital tools to work with behavior change**.

Representatives of patient associations emphasize that when visiting healthcare, it is important that you are **treated in a patient-centered way**, that there is enough time for conversation, for advice and support, that the person you meet has competence, that open questions are asked, that the patient is met with respect, that realistic goals are set. Different working methods may be needed in areas depending on cultural backgrounds.

In Sweden there has been a development towards a first-line health care model, primary care closer and more coordinated for the patient ("Nära Vård"). The new primary care model, often first-line healthcare, has according to the law extensive tasks to prevent mental and physical bad health. At the same time, measurements (2015 cf. 2019 according to the National Board of Health and Welfare) show that primary care physicians are experiencing increasing stress and the patient-reported need for care has decreased (2015-2019 according to the National Board of Health and Welfare).

The development of primary care to more integrated care in Sweden is about a shift in the way of working that is based on **needs rather than the structure of the organizations**. For health care to to be effective and to be able to meet future population growth and an increasing need for care, a change in the entire care chain is required, from hospital care and primary care to elderly care. More knowledge is needed in care about how to tailor advice to individuals and reach patients who have trouble changing their behavior. Resources need to be secured so that health care has time to work person-centered and proactively.

One aim of the development of the new primary care model is to create opportunities for **residents to become more involved in their own health care,** for example through digital tools and self-care at home. Fewer people should have to visit the hospital and instead receive care at a health center or in their own home. Primary care focused on integrated care is about moving from reactive to health-promoting, preventive and proactive efforts as the most sustainable way of working.

Within the framework of primary care, it is particularly important to **cooperate between municipalities and regions, use new technology and develop working methods** in health

care and hospitals, investment in self-care, opportunities for the medical to participate in the development of online services.

Well-known examples of close cooperation between primary care and specialist care and between healthcare and elderly care, self-monitoring, digital development are the health care organizations **Tiohundra**[6] **and Borgholmsmodellen**[7]

Recommendations for decision-makers and politicians:

- **Patients and the healthcare system need increased opportunities to share data/information with each other.** Health care must be able to take part in self-monitoring, screening etc. initiated by the patient herself. Patients need a relevant comprehensive documented treatment plan including a plan for follow-up, preferably digital. The patient must be able to participate in writing the treatment plan.

- **The conditions for cooperation between healthcare and civil society need to be strengthened.** Healthcare has its own logic with evidence-based, patient safety, etc. and does not naturally cooperate with other actors. Collaboration needs to increase between health care and other actors, for example pharmacies, municipalities, employers, and civil society. Different models should be developed/tested for individuals to improve their lifestyle without the need for contact with healthcare. Pharmacies are already today a natural and appreciated place to easily get vaccinated and measure blood pressure. Pharmacies can take a greater role and thereby be a complement to primary care.

- **Strengthen the conditions for self-monitoring.** Self-screening is a support in discovering bad habits yourself early but also following your own values, for example blood sugar. Measuring instruments for chronic diseases need to be validated and, among other things, enable comparison over time. Self-monitoring (self-estimations, questionnaires, self-measurements) and well-prepared patients (where possible) increase the conditions for a more efficient encounter with health care.

[6] https://www.tiohundra.se/nyheter/podd/2021/en-vd-som-aldrig-vill-lagga-av/
[7] https://allmanmedicin.sfam.se/p/allmanmedicin/nr-2-2021/a/borgholmsmodellen-a-till-o/1919/416217/20890957

Prevention - The elderly group

Quote Workshop 25 October 2022: "The elderly are an often-forgotten group when it comes to prevention"

Both the elderly (65-79) and the elderly (80+) are often-forgotten groups when it comes to prevention. In the OECD countries, including Sweden, the proportion of older people is increasing WHO focuses on healthy ageing, 2015-2030.[8] Healthy ageing, as well as active ageing, implies a need for measures in several sectors. The aim is to enable older people to remain a resource for their families, communities and economies.

Children are taken care of at school, student health, sports clubs, vaccination programs and more. Healthy aging is left there. In other countries, for example, vaccination programs for the elderly are common. For the elderly who live in special housing, there are big differences in how the municipalities work to prevent malnutrition, pressure ulcers, fall injuries and impaired oral health in the elderly. Those who have home care also continue to encounter many different staff members, according to the National Board of Health and Welfare's open comparisons of health care and care for the elderly.

Knowledge of elderly care needs to be increased. The healthcare that is carried out within the municipalities and for which the municipalities are responsible, above all nurses, physiotherapists and occupational therapists, is mentioned to a very small degree in the debate. Elderly care accounted for 18 percent of the municipalities' costs in 2019. The total cost was SEK 129 billion.[9] Future forecasts point to different results, depending on level of ambitioń, demographics and more. But with the current level of ambition and the demographic development, the costs in fixed prices for care for the elderly may increase by more than SEK 40 billion in 10 years.

Digitization is an untapped force within municipalities and care for the elderly. It's not just about alarms, surveillance cameras, floors that detect falls and more, but also about overhauling the entire administrative process, which can release time and resources. In a report from the National Board of Health and Welfare10, it appears that the use of welfare technology is increasing, but that many municipalities have difficulties in widely introducing the technology. For example, only a small part of the municipalities (15 percent) has secured all systems where personal data is processed. Few municipalities join NPÖ (a data platform, the National Patient overview) to share medical record information. Obstacles that are highlighted are: lack of financial conditions, lack of competence, fear and resistance to new technology, the municipalities' organization and working methods, lack of technical interoperability and more.

Consequences of falls constitute a major health problem in society. Even cases without bodily harm result in a reduced quality of life. Every year, close to 70,000 people need to be

[8] https://www.who.int/initiatives/decade-of-healthy-ageing

[9] SKR, Sektorn i siffror, www.skr.se/ekonomijuridik/ekonomi/sektornisiffror

admitted to hospital for care due to an injury following a fall accident, with the majority of those admitted being 65 years of age or older. The risk of falling increases with increasing age. Falls are the most common cause of injury among the elderly and are one of the ten most common causes of death among Swedes over the age of 70. Society's costs in specialized care and elderly care in the municipalities for fall accidents were over SEK 10 billion in 2014.[10]

Recommendations for decision-makers and politicians:

- Take note of the Health and Medical Care Act, which also deals with health. All sectors of society have a responsibility to work to prevent ill health. Within the health care sector, primary care has a particularly important role in preventive work at the population level, given its proximity to people's everyday lives. **Strengthen prevention, treatment and follow-up of the elderly and those with chronic diseases.** This leads both to an improved quality of life and a reduced burden on healthcare.

- **Adult vaccination programs should be expanded.** There are recommendations at a regional level, but there are no national guidelines. There is a lot of evidence that major costs and suffering can be avoided by expanding vaccination programs. **Regular health checks for the elderly** increase the chances of defining problems in time and ensuring that measures are taken to avoid deterioration. For children, checks take place to a large extent and according to a plan.

- **Focus on reducing the number of fall injuries.** Different parts of the Senior Alert quality register show that investments in better health and well-being also create better financial conditions. Much work remains to be done when it comes to falls, oral health/malnutrition and bladder dysfunction. **By using the knowledge in the Senior Alert register** and analyzing how the various parts are connected, much could be improved.

[10] https://www.folkhalsomyndigheten.se/folkhalsorapportering-statistik/tolkad-rapportering/folkhalsans-utveckling/resultat/halsa/fallolyckor-bland-aldre/

Digitization and AI

Quote Workshop October 25, 2022: With digital tools, we can avoid people ending up in the emergency room.

Digitization and technology development with the support of AI can increase patient safety and raise quality, both in terms of diagnostics and self-care. Digitization has led to improved accessibility through remote care, not least for patients with mental illness. Remote monitoring/self-monitoring has enabled increased independence and time saving for patients. Self-monitoring is a national priority to realize the e-health vision 2025[11]. Self-monitoring is a support both for patients and the healthcare system. But what happens next? It is essential that the methodology is developed to connect the results from self-monitoring with the health care.

The rapid development of innovative and digital solutions means new nudging, treatment and follow-up possibilities, but also opportunities to **capture people's health status** at a certain moment. Here there are opportunities to **promote and prevent**, **to streamline** and to achieve good solutions for self-care and good perceived health.

Digital solutions and methods can support **early detection**, identifying risk groups and behaviors. Today, digital tools are becoming increasingly common in healthcare. With digital tools, we can avoid having people ending up in the emergency room. Digital tools also play a big role as we move **from reactive to proactive care**. Through the right digital support, it is possible to create more health, i.e., stay one step ahead with both early detection and, for example, support for patients with chronic conditions through precisely "self-monitoring" - here are examples from Regions of Östergötland[12] and Västerbotten (to name two). These good examples need to be scaled more widely.

Being able to share data is requested by many, not least patient organizations. But it doesn't work today. **Interoperability is the basis** for an effective use of digitization, i.e., that the data (for example, disease history, vital parameters, lab, and X-ray results, and with today's advanced care all so-called "omics") are available in formats and standards so that the data can be moved between different bodies/functions for processing, treatment and support for the individual/patient. When interoperability is lacking, healthcare professionals experience a poor work environment and pose direct patient safety threats, for example when we cannot access patient records (which may also be due to regulatory barriers).

FAR[13], physical activity on prescription, is a method to promote physical activity based on health care. FAR exists but lacks compliance and can be developed further. Different regions have different structures for FAR. Regions highlight obstacles[14]: lack of knowledge, lack of time in the patient meeting, lack of routines and complicated electronic record systems and follow-up systems. **Prescription of physical activity needs to be sharpened** and could be made easier to use and scaled up in the form of different payment models.

[11] https://ehalsa2025.se
[12] https://vardgivarwebb.regionostergotland.se/Startsida/Verksamheter/CVU/Aktuella-projekt/Ekosystem-for-e-Halsa/Egenmonitorering/
[13] https://www.folkhalsomyndigheten.se/livsvillkor-levnadsvanor/fysisk-aktivitet-och-matvanor/fysisk-aktivitet/fysisk-aktivitet-pa-recept-far/
[14] https://www.folkhalsomyndigheten.se/contentassets/043ae7266dc248e395f62622db9f8dee/far-i-sverige.pdf

How is the **knowledge captured from successful digital projects** that are ongoing around the country. The usual process involves the state and regions investing in a series of projects, but when it comes to implementation and scale-up, it stops.

Co-creation also means new ways of working and changes that require special leadership. Digital transformation requires transformation resources. It is often perceived as difficult to add money to a regular operating budget. Development of innovative systems requires new payment models. Innovation procurement needs to be developed.

Recommendations for decision-makers and politicians:

Take interoperability seriously. Create a common and uniform infrastructure in healthcare and elderly care that provides the conditions for interactivity between the digital systems (important with benefits for the user, staff, care flows, early detection, support for self-care, feedback loop with doctors/medical staff, etc.). Information and communication between health care providers and patients, between care providers both within and between regions should be enabled. In the long term, the ambition should be open APIs[15] and at the same time ensure personal integrity.

Develop the methodology and **use digital support/channels to strengthen the collaboration between different actors.** Pharmaceutical companies and pharmacies also have the goal of improving health. Responsiveness and openness for increased cooperation is important in order to use the knowledge that exists among different actors and thereby strengthen prevention and relieve the burden on the healthcare system.

Strengthen the conditions for work with FAR, not least user-friendly health record systems and follow-up systems. Integrate FAR into the electronic medical record systems with AI support in the form of push notifications for training, return visits, follow-up and more. In a follow-up study from the Public Health Authority[16], several obstacles are presented. It is important that the regions exchange experiences with each other and with other knowledgeable actors in order to develop the FAR work and for preventive health care to become more equal**.**

[15] I princip innebär öppna APIer (Application Programming Interface) att någon, en myndighet eller ett företag, låter andra använda utvalda delar av sin data. Till exempel kan ett bussbolag låta andra använda tidtabeller för att göra mobila appar. p

[16] https://www.folkhalsomyndigheten.se/contentassets/043ae7266dc248e395f62622db9f8dee/far-i-sverige.pdf

Cooperation – different social actors

Quote Workshop 25 October 2022: "Chronic diseases can be prevented, but more focus on prevention is needed"

Several studies show **deficiencies in the coordination between the actors that people with major health care and elderly care need to rely on.** Patients as well as the medical staff are dissatisfied with the coordination. Lack of coordination leads to large costs and potentially lower quality of care and to a poorer experience and quality of life for patients. The challenges are not diminished by a complicated structure with three constitutional levels, the state, 21 regions and 290 different municipalities. There is great potential to think innovatively and collaborate both within healthcare and elderly care but also with other external actors.

Several organizations and various professional groups can contribute to strengthening prevention and relieving the burden on healthcare and elderly care. Physiotherapists, occupational therapists, pharmacists can take on greater responsibility, just to name a few examples. Improved conditions for a collaboration between health care and elderly care on the one hand and external actors on the other hand make room for innovation and development. There is also a need for a platform for dialogue that captures all groups including vulnerable groups in society, when it comes to prevention work, for example through forums where more civil society groups can communicate to strengthen the conditions for a better health care chain for all patients.

Civil society, with non-profit associations and others, often has solid knowledge and constitutes a supporting part. Patient associations such as the National Heart and Lung Association, the Rheumatism Association, the Network against Cancer and others are strong voices for patients. Other examples in Sweden are Tilia, Mind, BRIS, Suicide zero, Save the Children and the Red Cross, which work to promote and prevent health, suicide prevention, inclusion, safety and more.

Pharmacies that have experienced and knowledgeable pharmacists could have a stronger role with a focus on prevention, health, lifestyle and self-care and thus be a supplement healthcare providers. Pharmacists have solid pharmaceutical education and their knowledge and competence in customer meetings can be better utilized. Pharmacy staff are highly trusted by the public and are continuously trained in recommending self-care or healthcare to customers based on an assessment of their problems. The pharmacies are also easily accessible and are open even when health care centers have closed. In addition to the pharmacy's basic mission, to ensure good drug use, there is the opportunity to contribute with other services. If pharmacies can become integrated with healthcare providers' and laboratories' digital systems, the possibility opens up for more patient-friendly services, for example in the form of self-monitoring of major public diseases. This can strengthen public health and reduce the pressure on healthcare. At the same time, it is important to take into account potential risks, for example to avoid overprescribing medicines.

Insurance companies have good knowledge of risk management and have extensive experience with health care insurances, processes for effective health care interventions, prevention and rehabilitation to reduce the risk of illness, incapacity for work and long sick leave. Health insurance focuses, among other things, on care through early interventions.

More than 50% of the smallest companies have health insurance for their employees to reduce the risk of long sick leave resulting from long waiting times for public care. Cooperation with patients, employers and care providers facilitates an efficient flow of care and a reduction in the need for care.

Recommendations for decision-makers and politicians:

Strengthen preconditions for cooperation between more actors. There is great potential to think innovatively and collaborate with other actors to make a difference for both young people, professionals and the elderly. Several actors can contribute to strengthening prevention and relieving the burden on healthcare and elderly care. Regions and municipalities need to jointly facilitate and encourage innovative collaborative projects and let in several social actors who want and can contribute to better health for example through innovation procurement or a joint innovation arena. Basic infrastructure and organizational changes must be in place for a collaboration. Incentives need to be created for companies that want and can drive change and innovation.

Confirm and strengthen the role of pharmacies. Today, an experimental activity is underway within the framework of the Dental and Pharmaceutical Benefits Agency's government mission, which aims to test and evaluate pharmaceutical services. Something that is a natural part of many neighboring countries' pharmacy operations and where these are considered important for public health and therefore receive government subsidies. A natural next step is to continue developing services to make better use of pharmacists' skills, both physically and digitally. This could mean easier on-site diagnostics, rental of diagnostic tools for remote monitoring on referral and different types of home testing possibilities. Pharmacists' responsibilities could also be strengthened by making them responsible for digital compliance programs around drug treatment. When a patient/customer comes in with, for example, diabetes, the pharmacist could have direct knowledge, via relevant support systems. If pharmacies can become integrated with healthcare providers' and laboratories' digital systems, the possibility opens up for more patient-friendly services, for example in the form of self-monitoring of major public diseases. This can contribute to preventive health work and strengthen public health, which in turn reduces the pressure on healthcare.

Insurance companies could, within the framework of tax-financed health care, for example, **participate in strengthening health with knowledge and funding.** Insurance companies could be actors when it comes to outcome-based financing models, as in the already ongoing project in Region Stockholm[17] targeting people in the risk zone for type 2 diabetes. With its knowledge of risk management and risk sharing as well as damage prevention efforts, the insurance industry could also take a greater role with a focus on among other things, early and preventive health interventions and efficient and close patient coordination.

[17] https://www.regionstockholm.se/verksamhet/halsa-och-vard/nyheter-halsa-och-vard/2022/01/uppfoljning-halsoobligation/

Financing and reimbursement for prevention

Quote Workshop October 25, 2022: " Sweden may not be there yet. But in the US, they invest a lot in prevention and have low premiums - can we do something similar?"

The need for prevention has been discussed for a long time, both primary prevention and secondary prevention. These two concepts are important to distinguish. The concept of **primary prevention** refers to efforts aimed at preventing disease from occurring, while **secondary prevention** refers to efforts to prevent disease from worsening. Reference is often made to a lack of resources for prevention and that preventive measures are not prioritized in the regions' healthcare budgets.

It is important to **distinguish between financing and reimbursement systems**. Health care and elderly care are primarily tax-financed in Sweden. However, "production" of health care and elderly care is carried out by both public and private actors. Reimbursement system is a description of how healthcare providers are reimbursed by the regions and municipalities. Healthcare centers, for example, may receive a fixed remuneration (so-called capitation) per listed patient with the addition of a smaller variable payment depending on the number of visits.

The reimbursement systems in health care provide little if any incentive for prevention. Admittedly, capitation/fixed compensation per listed patient is expected to accommodate and motivate a focus on prevention, which is part of the mission of primary care. Capitation basically promotes preventive work. But primary care providers do not receive the entire income for preventive work. If we have well-functioning primary and secondary prevention in primary care, it means lower costs in inpatient care. Today, there are different budgets, which reduces the incentive for primary care to spend time on prevention.

Despite the obvious value creation that preventive care can entail, the rate of innovation within the care system and politics has been relatively low in this area. To enable a transition, the question is how alternative funding models can create incentives to strengthen prevention. **Our current reimbursement system does not sufficiently reward outcomes and results.**

One **example** is new **outcome-based methods** and forms of financing.[18] Outcome-based financing means that capital is earmarked for the implementation of a specific work method with measurable economic and social outcomes (linked to return/payment). These investments are aimed at early interventions that create direct financial savings, greater cumulative savings over time and prevent or reverse the development of social societal problems at the individual level, such as the risk of developing a lifestyle-related disease, as early as possible. One example is the effort against type II diabetes that Region Stockholm implements through a so-called social impact bond. Experience of social impact bonds is growing With greater

[18] An example, blog post Forum for Health Policy

https://healthpolicy.se/betalning-for-resultat-starker-prevention/

occurrence, "portfolios of investments" can be created which can lower financial risks, increase capital volume and enable larger capital owners to participate.

Responsibility for a whole health care chain (a health care provider who takes care of the entire patient), there is increased incentive to invest in preventive care. Then the opportunities to invest in the future at an early stage increase because you profit from this over time. Kaiser Permanente, a healthcare organization in the United States, has a well-designed health care chain with three cornerstones; prevention, health promotion and screening to avoid large healthcare costs in the future. The healthcare organization has overall responsibility for its patients and employees, from preventive health work to hospital care. Therefore, a lot of money is invested at the beginning of the healthcare chain, what is called »upstreams«, in order to reduce costs »downstreams«. For example, all health care insurance holders are offered regular health checks. It's a bit like a car inspection; if a patient has high cholesterol, certain tests are done. For a middle-aged woman with a high BMI, other samples are taken, etc.

Recommendations for decision-makers and politicians:

The regions need to strengthen the incentives for first-line healthcare to work with prevention. First-line healthcare is of great importance for the right treatment, care at the right level in the care chain, prevention and coherent care process and follow-up of the patient, etc. International surveys show, however, that patients and doctors are dissatisfied with both coordination and information transfer. Today, there is a lack of incentive for first-line healthcare to take on the extensive responsibility that rests with them. Primary care today has both a preventive, coordinating and follow-up responsibility for the patient, but is not rewarded for keeping patients healthy and avoiding unnecessary hospital visits and end-of-life care hospital admissions.

Facilitate the procurement of coherent health care chains. If an actor has full responsibility for a coherent health care chain, there are strong incentives for prevention and preventative work. An example could be that the patient/user gets a "backpack" with money and can choose to register with one of several options. Kaiser Permanente, described above, is an interesting example where a strong focus is placed on person-centered prevention at an early stage.

The financial incentives in Sweden do not keep up with the digital development and the need for coherent care. Reimbursement models need to be developed. Outcome-based reimbursement is one tool among many. The aim is not to replace current financing systems in the public sector. But for certain complex societal problems, new and complementary tools are needed. **Outcome-based investments where regions and municipalities do not bear the risk, and where compensation is based on value, should be tested to a greater extent.** Focusing on outcomes increases the chance that activities will lead to results. With payment for results, the actors involved can focus on a common goal, which is continuously followed up and then results in payment based on the outcome.

Conclusion

Investing in prevention and early interventions in healthcare is a win from many perspectives. Health care is facing major challenges in the short and long term and different solutions are needed to cope with our future welfare. Sweden has the opportunity to be a leading country in several areas of healthcare, including prevention. A care model that prevents mental illness and lifestyle-related illness is an important step towards a sustainable society. In this report, which is largely based on an extensive dialogue with many different actors, recommendations are given to strengthen prevention and preventive care. Forum for Health Policy's report will form the basis for continued discussions with various actors and not least decision-makers within the state, regions and municipalities.

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Forum for Health Policy is a non-profit and politically independent think tank with the aim to strengthen and improving health care and elderly care policy in Sweden and stimulate innovation and new policy alternatives.

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