



**FORUM FÖR  
HEALTH POLICY**

# **Unnecessary administration**



**Report 2023**

Catharina Barkman och Lisa Aasa

# Summary

## Unnecessary administration in Swedish healthcare

### Background

Forum for Health Policy is a Swedish non-profit think tank which serves as a neutral platform where policymakers, researchers and healthcare providers meet to discuss and analyze important issues concerning the Swedish healthcare system. The aim is to stimulate innovation, contribute to new ideas, and provide policymakers and politicians with more facts and knowledge and policy recommendations.

From fall 2022 to spring 2023, Forum for Health Policy mapped out unnecessary administrative tasks within Swedish healthcare. Administrative tasks are highlighted as:

- Unnecessary - they don't need to be done at all.
- Wrongly delegated - could be performed by other professional categories.
- Unnecessarily complex - could be digitalized/streamlined.

This report gives an overview of the results.



## Summary

There is always a risk that a task will expand to fill the time available for its completion. Northcote Parkinson discussed the unchecked growth of bureaucracy as early as the 1930s, and predicted that the British navy would eventually have more admirals than ships. The larger a bureaucracy, the more individuals need to communicate with each other and pass on information, which can stifle initiatives from healthcare professionals.

The purpose of this report is to discuss why administration in healthcare has increased so significantly and provide many concrete examples of unnecessary administration. The report is based on input from a sample of healthcare professionals, reports, evaluations, conversations with nearly 100 experts in the Forum for Health Policy's healthcare podcast, 400 blog articles, and more. A common reflection from these sources is frustration over bureaucracy in healthcare.

What causes the increased administration? Why is a significant part perceived as unnecessary without creating added value? Societal development has led to demands for documentation from various entities (boards, regions, authorities, etc.). Regulations, operational plans, care programs, guidelines, performance requirements, gender equality, sustainability, and equal treatment etc. These demands are piled on top of each other without any overview of the whole and, most importantly, without simultaneously reducing the administrative burden in other respects. Demands from authorities regarding quality work, patient safety work, environmental work, fire training and much else must be handled and documented. Environmental inspectors, the National Board of Health and Welfare's requirements, the Swedish Health and Care Inspectorate, all carry out their separate tasks. Administration is obviously necessary, but it's about prioritizing correctly and avoiding unnecessary and cumbersome administration that drains energy and resources from the core operations.

A politically governed healthcare system also creates specific, changing, and often detailed requirements for follow-up meetings. Fear of making mistakes and not meeting internal and external demands can also lead to over-documentation. Many have raised the issue of smoother processes in the aftermath of the pandemic. On the one hand, the suffering and deaths of the pandemic were terrible, but at the same time, it was evident that staff could finally focus on patient care and avoid a range of administrative burdens.

This report delves deep into why administration has increased and what types of administrative measures are perceived as unnecessary by staff and patients. It should be emphasized that "unnecessary" measures do not necessarily mean they are not needed at all; instead, it could be the case that the same results could be achieved much more easily or with less effort.

This is not just a Swedish problem. According to a study, American physicians would need to dedicate over seven hours of their workday to administrative tasks to comply with the guidelines for preventive care in primary care. Furthermore, if they were to follow all the guidelines for the treatment of chronic diseases and acute care, a workday of 27 hours would be required.

A Swedish district nurse at a health centre describes how remote monitoring has enabled her to follow up 50 patients each day, which would be unthinkable with physical visits at the health centre. At the same time, the work is perceived as more flexible. There is a significant risk that unnecessarily burdensome administration leads to increased waiting times, which in turn risks suffering and deaths for patients.

The report provides several concrete examples of unnecessary administration, such as double/triple documentation, excessive documentation, cumbersome and outdated IT systems, excessive documentation requirements, and different interpretations of regulations depending on the region, as well as faxing documents, dictation,

and patients acting as messengers in healthcare, having to repeat their medical history, just to name a few.

There is an important connection between unnecessary administration, which consumes too much time from core operations, and waiting times. More time for patient care can reduce queues. Insufficient accessibility, in turn, can lead to patient safety risks, loss of income, poor mental health, and decreased trust in healthcare. Leadership at various levels needs to come together to streamline processes in healthcare and care services.

The examples of unnecessary administration described in this report do not arise by chance. There is always someone who is responsible and should act. If unnecessary administration is due to regions having different regulations concerning the same matters, such as what should or should not be documented, the responsibility lies with the regional management to work towards coordination, and with the government or Sweden's municipalities and regions (SKR) to ensure simpler, standardized regulations. Complicated IT systems that do not allow for data sharing are the responsibility of both regional management and the government. Operational managers are responsible for achieving streamlined processes. A crucial first step towards reducing unnecessary administration is to discuss, make visible, take-, and demand responsibility. A person who took responsibility entirely on his own initiative was the doctor at Södersjukhuset in Stockholm when he initiated a project for smarter login procedures, which freed up two full-time positions per day.

What is the cost of unnecessary administration in care that could be done faster and more efficiently or not done at all? Reliable assessments are hard to find. But an example can illustrate the order of magnitude. The regions' costs amounted to SEK 421 billion in 2021. Of that, 82% are costs for healthcare, or SEK 345.2 billion. Assume that unnecessary administration takes up 10%, 20% or 30% of resources, which are not unreasonable estimates based on the studies referenced earlier. A reduction in unnecessary administration would then free up resources corresponding to SEK 34 billion (10%), SEK 69 billion (20%) or SEK 104 billion (30%). For the sake of comparison, one billion SEK corresponds to about 1,600 nursing positions. On the low end, assume that unnecessary administration only consumes 10% of resources. This would correspond to 54 400 nurses.

## The report's recommendations in brief:

- Automate where possible
  - low-hanging fruits.
- National and uniformly designed documentation and reporting requirements.
- Eliminate double and triple registrations.
- Remote monitoring provides patient independence and saves time and resources.
- Let patients own their own data.
- Implement intelligent referral systems.
- Time needed to treat.
- Scout, pilot, scale
  - replicate others' innovations.
- Task shifting.

Good leadership is crucial for achieving simpler and smoother administration at all different levels. We believe that both the regions and the state have good opportunities to address the issues related to unnecessary administration.

- The regions should mandate that numerous support functions that already exist today to prioritize the simplification of administration as their main task, with clear quantitative goals. Throughout the organization, utilize and communicate the so-called sunset principle, where every proposal for new administrative requirements or detailed routines should be accompanied by suggestions that result in overall administrative savings.

- Strengthen the proximate leadership. With a well-functioning proximate leadership, the daily improvement work can thrive, including identifying time thieves in the daily lives of employees and patients. Time thieves that cannot be addressed locally but need to be communicated upwards must be taken seriously by the management.
- One of the existing Swedish government agencies should have the task (through reprioritization, not additional resources) of determining interpretations of laws and regulations, introducing digital standards, and developing common and uniform documentation and monitoring requirements applicable to all regions. It should also be part of their mandate to continually search for best practices in the world concerning efficient tools and processes and communicate that knowledge to the regions.

We do not claim to provide a comprehensive picture in this report. There are certainly many organizations that have well-functioning administrative processes. Suggestions and concrete examples of unnecessary administration are subject to change. Development is happening rapidly such as new techniques, digitalization, AI supportive systems. Some proposals in the report may have already been implemented.

Our hope is that the report creates discussions and dialogues on how administrative burdens can be reduced for the benefit of healthcare staff, patients and taxpayers.

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Forum for Health Policy (Forum) is a Swedish think tank.  
Forum serves as a neutral platform where policymakers, researchers and health care providers meet to discuss and analyse important issues concerning the Swedish health care system. With a strong international perspective and focus on the patient experience, the aim is to stimulate innovation, contribute to new ideas, and assist policymakers and politicians with knowledge and possible policy options.

Authors: Catharina Barkman och Lisa Aasa

**Layout:** [www.annaforsbergdesign.se](http://www.annaforsbergdesign.se)

**Contact:** [info@healthpolicy.se](mailto:info@healthpolicy.se)

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