

The future governance of Swedish healthcare

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Summary

THE MAIN PURPOSE of this report is to contribute to a fact-based discussion on how the governance and financing of Swedish healthcare should evolve. The report not only describes future challenges and opportunities, but also how governance in healthcare has developed in the past. In addition, it also discusses how governance at the regional and state level can be improved and how future financing should be designed.

The greatest challenge concerns how Swedish healthcare can become more efficient while also improving the work environment for healthcare professionals. Such a development requires innovation and new working methods rather than increased productivity within existing frameworks. A key recommendation is thus that regional governance and management need a new focus on improving and developing new services, which include better utilizing digital opportunities and knowledge management as well as an increased focus on person-centeredness. Healthcare professionals and their clinical managers need to have a greater influence over developments as well as being subject to transparent audits and feedback creating motivation for change. Another key recommendation is that the state level should take greater responsibility for the long-term financing of healthcare. This change should also have implications for state-level governance, which should to a greater extent focus on long-term investments and support for change.

This report is primarily aimed at decision-makers at various levels in Swedish healthcare. It is also intended to be used by healthcare researchers and in education. The report is broad in scope and includes a historical overview of how governance in Swedish healthcare has developed up until now while also offering a background to several current problems.

Significant challenges, but also great opportunities

Swedish healthcare, according to several international comparisons, is and has been world-class when it comes to public health and medical results. At the same time, there are recurring problems with long waiting times, poor continuity, lack of coordination between providers, and limited person-centeredness. A fundamental problem is an under-funded primary care sector with few general practitioners. Future demographic developments will place great demands on healthcare. With an ambition to maintain quality and keep up with medical and technological developments, productivity must thus increase. There are few opportunities to develop productivity within existing working methods. Hence, major productivity gains can be achieved by developing new ways of delivering services.

Several indications suggest that many doctors, nurses, and other healthcare professionals have in recent times experienced a deteriorating work environment. To some extent, this deterioration can be traced to imbalances in resources – such as a lack of general practitioners and problems in terms of recruiting and retaining nurses in hospitals – but these problems are also related to the ways in which healthcare is governed and managed. Difficulties in relation to recruitment and a lack of motivation are serious problems. Without motivated employees, it is difficult to take on all the challenges facing the healthcare sector. Luckily, the future also holds great opportunities. Medical developments continue and provide opportunities to work in new ways with better quality and increased productivity. Digitalization offers opportunities to develop new ways of providing services and creates better conditions for increased person-centeredness. Person centering in itself can also develop working methods by systematically collecting and utilizing the experiences of patients and relatives with regard to the redesign of care. However, development and change will not occur automatically.

There is a need for governance and management promoting learning and innovation

From the early 1980s, there has been an increase in bureaucratic control as well as, starting in the 1990s, more market mechanisms in healthcare. The reforms introduced, however, have not been successful when it comes to supporting the development of working methods and contributing to a good work environment. As a result, there are reasons to develop

new forms of governance and management that explicitly contribute to creating innovation and new working methods while at the same time improving the working environment. State-level governance models with targeted grants for special initiatives and projects have contributed to short-termism and a fragmentation of regional governance and management. There are tendencies for the state level to address problems that the regions ought to solve. At the same time, the regions are together trying to solve problems that should primarily be a national matter.

The state needs to take greater responsibility for future financing

Increased government funding is probably the simplest and most reasonable way to solve the long-term funding problems facing Swedish healthcare. An increased share of state-level funding should have implications for state-level governance of healthcare, which should focus more on long-term investments and supporting structural changes in healthcare. National long-term investments can, for example, refer to digital infrastructures, national systems for knowledge management and audit and feedback, as well as the educational system. At the same time, the state should spend less energy, time, and money on short-term earmarked investments. A reasonable development as a result of increased levels of state funding is that conditions for patients and the population as a whole are made uniform throughout the country. It is also reasonable to have a greater degree of accountability so that regional investments and initiatives benefit from opportunities for collaboration.

Simplifying problems and populist solutions are unlikely to lead to success

Governance and management in healthcare is undoubtedly a complex issue. Seemingly simple but radical solutions are typically poorly supported in science, difficult to implement, and have the wrong focus. The recommendations in this report are instead in the form of “many changes within the current institutional framework.” This does not prevent the changes from being major for the population, healthcare providers, authorities, and, in particular, healthcare politicians. The proposed change in state-level government and financing should be determined through nonpartisan long-term decisions and administered through government agencies offering sustainability over time.

About the author

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