

National Board of Health and Welfare

Equity in health care

Sweden at a glance

Agenda

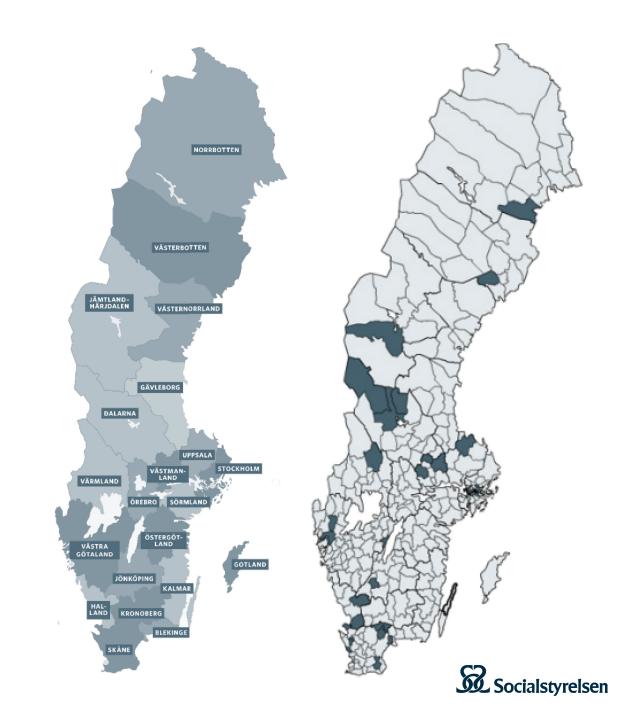
- 1. Swedish Healthcare system and regulation
- 2. Equality and equity
- 3. Examples in different areas
- 4. What can we do about differences?

The Swedish healthcare system



Sweden in brief

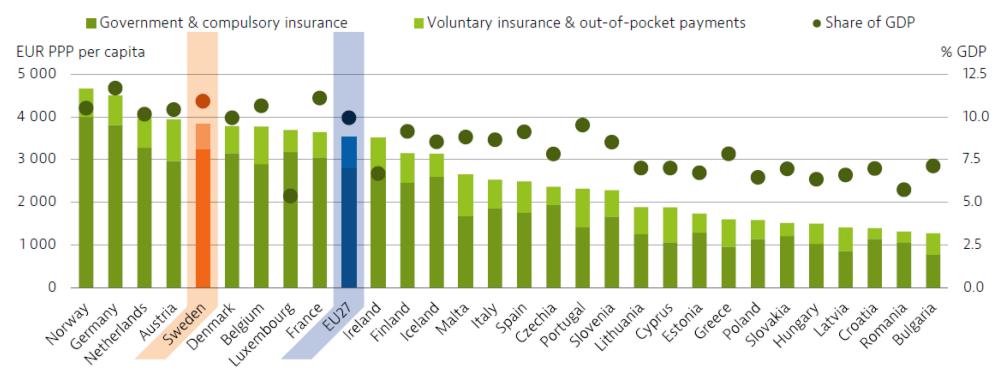
- Population: 10 million
- Monarchy and parliamentary democracy
- Decentralised governance
- Divided into
 - 21 regions and county councils
 - 290 municipalities
- Regions and municipalities have taxation rights



Rights and obligations

- The Health Care Act
- The Social Services Act
- The Act concerning Support and Service for Persons with Certain Functional Impairments (LSS)
- The Patient Safety Act
- The Patient Act

Financing



Note: The EU average is weighted.

Source: OECD Health Statistics 2021 (data refer to 2019, except Malta 2018).



The National Board of Health and Welfare

High quality health and social care is based on knowledge. This is our mission.

- Regulations, advice, governance
- Dissemination of knowledge
 - national guidelines
- Official health care and social services statistics
- Licenses to practice
- Government grants
- Follow up and evaluate



Equality and equity

Equality and equity

 Equality: each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



National registers at the National Board of Health and Welfare

- National Patient Register
- CAN National Cancer Register
- National Medical Birth Register
- National Prescribed Drug Register
- National Cause of Death Register
- National Register of Care and Social Services for the Elderly and Persons with Impairments
- National Register of Municipal Support and Service for Persons with Certain Functional Impairment
- National Register of Measures for Children and Young persons

- National Register of Social Assistance
- National Register of Interventions in Municipal Health Care
- National Dental Health Register
- National Register of Care for Substance Abuse
- National Basal Cell Cancer Register
- National Register of Congenital Anomalies



National quality registries

- Contain individualized data about medical interventions, procedures and outcomes.
- Integrated into clinical workflows and have the capacity to generate data in real time.
- Each registry is supported by an organisation of health care professionals and patient representatives.
- Ca 100
 - The Swedish Stroke Register (Riksstroke)
 - National Quality Registry for Congenital Heart Disease (SWEDCON)



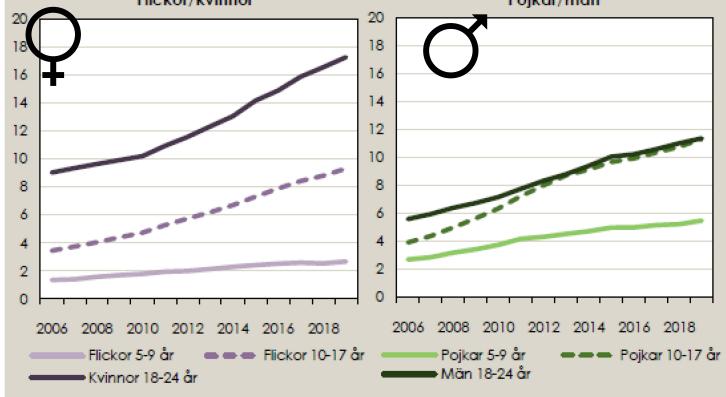
Mental illness

Differenses between genders, geografical differenses

Psychatric conditions in children and young adults

- The proportion of children and young adults with psychiatric conditions has increased in recent years.
- Figure shows the development of psychiatric conditions from 2006–2019 in children 5–9 years old, 10–17 years old and young adults 18 24 years old girls/women and boys/men.

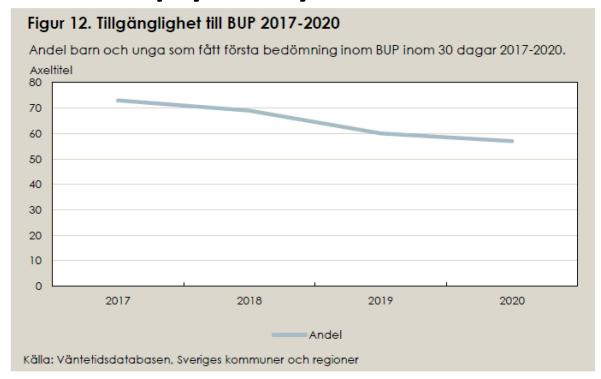




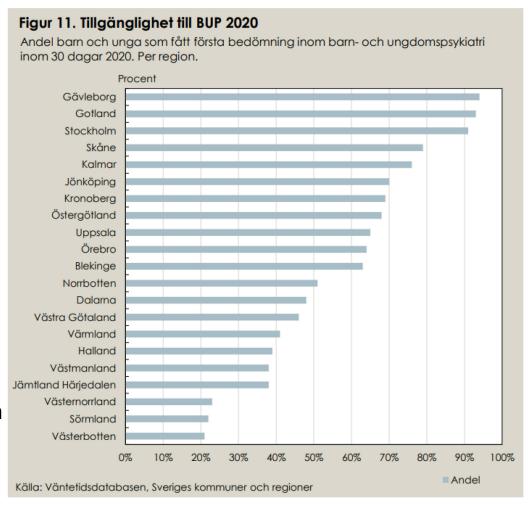
^{*} Vissa personer kan ha vårdats på en psykiatrisk klinik utan att ha fått en diagnos - de har också inkluderats i resultatet.

Källa: Patientregistret och läkemedelsregistret, Socialstyrelsen.

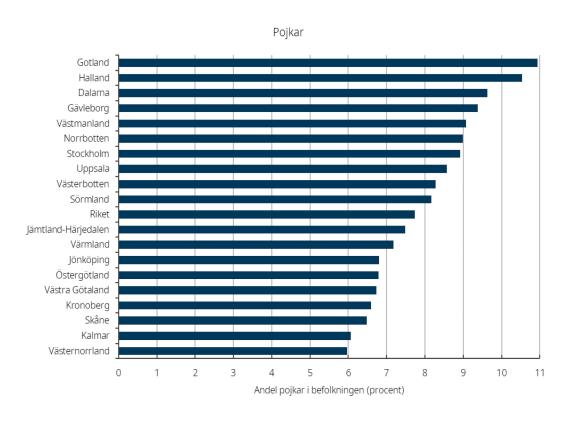
Pediatric psychiatry

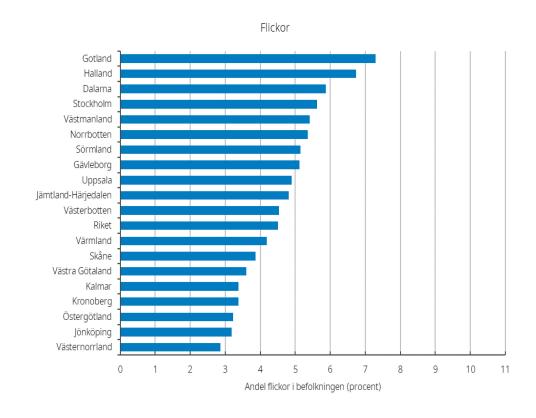


- Proportion of children receiving their first assessment within 30 days, 2017 2020.
- Declining slope.
- Large regional variations.



ADHD – Pharmacotherapy in girls and boys





- Proportion of boys (0-17 years old) that picked up at least one prescribed medicine for ADHD, 2022.
- Regional variations.



Patients with disabilities

Rights and obligations

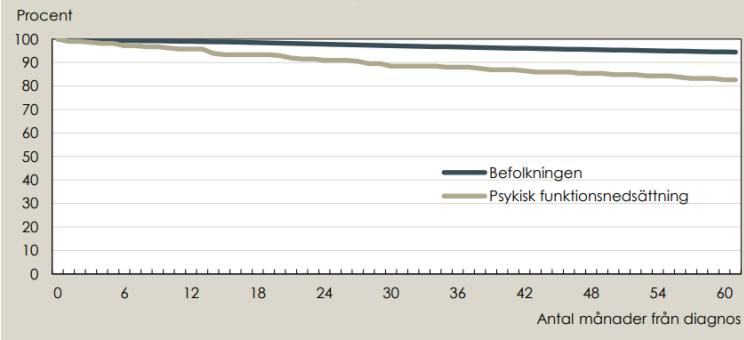
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Health conditions in people with mental disability Breast cancer – 5-year relative survival rate

- 5-year relative survival rate for women, 40–74 years old, that were diagnosed with breast cancer 2010–2017.
- After 5 years, approximately 5 % without mental disorders die specifically from breast cancer.
- Whereas approximately 20 % women with mental disorders die from breast cancer.
- 3,5 times higher relative risk for women with mental disorder to die of breast cancer.



Överlevnad fem år efter ställd bröstcancerdiagnos någon gång mellan 2010-2017 bland kvinnor 40-74 år med eller utan psykisk funktionsnedsättning.

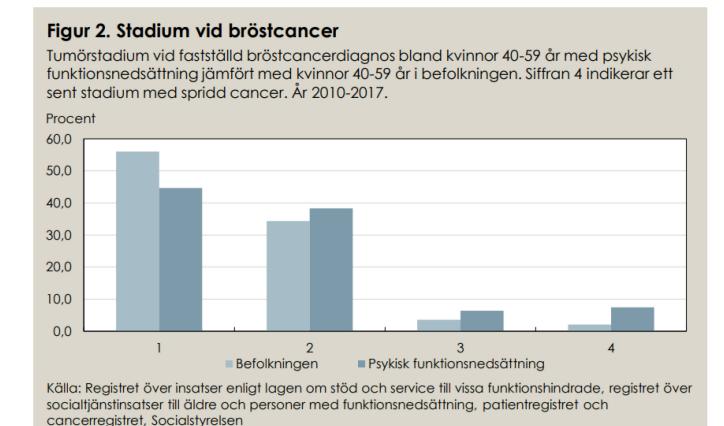


Källa: Registret över insatser enligt lagen om stöd och service till vissa funktionshindrade, registret över socialtjänstinsatser till äldre och personer med funktionsnedsättning, patient- och cancerregistret, och dödsorsaksregistret, Socialstyrelsen



Health conditions in people with mental disorders Breast cancer

- Breast cancer stage, women 40-59 years old. Comparison with women in the Swedish population 2010–2017.
- More common that women with mental disorders suffer from a later and more severe breast cancer stage.
- Also seen in women 60-74 years old (data not shown).





Health conditions in people with mental disorders Areas for improvement

- Three main areas identified
 - Knowledge and competence
 - Adjustment
 - Synergies and collaboration
- Increased knowledge in the psychiatric conditions and in their physical and mental manifestations.
- Necessary adjustments in the health care to account for differences in patients with mental disorders.
- Combined/mixed access may be a more beneficial alternative for these patients. Today
 the somatic and psychiatric care are separated which makes it more difficult to
 collaborate effectively.



Equity in prevention

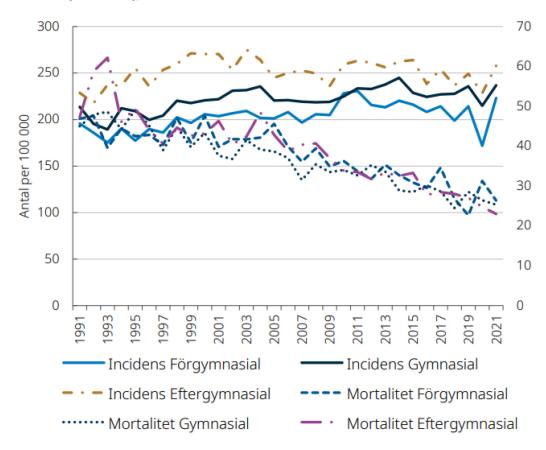
What matters?

Breast cancer screening - Impact of educational level

- Incidence and mortality per 100 000, women, 1991-2021 depending on educational level
 - Elementary school
 - Upper secondary school/high school
 - Post upper secondary school/high school
- Women with higher education more often get diagnosed than women with lower education.
- The incidence is approximately 20 % higher in womer with post upper secondary school/high school education compared to those in the elementary school group.
- Between 2017–2021 the mortality in the age span of 35–74 years was approximately 7 % higher in the elementary school group compared to the other groups.

Figur 8. Incidens (vänster axel) och mortalitet (höger axel) per 100 000 i befolkningen fördelat på utbildning, kvinnor, år 1991–2021

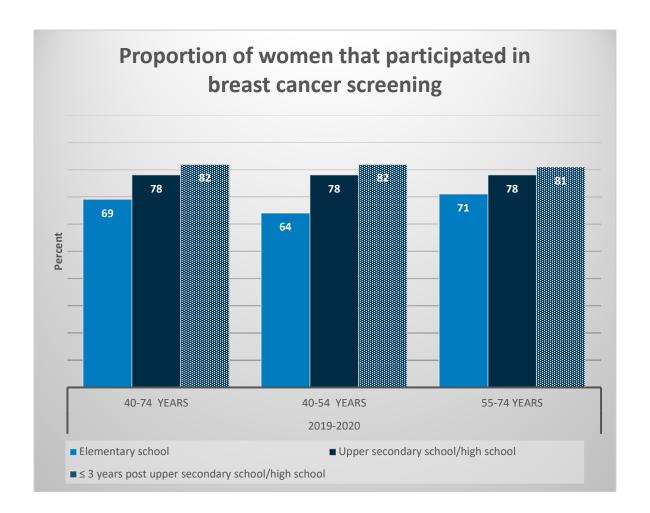
Åldersstandardiserade tal, högsta uppnådda utbildning året innan diagnos (incidens) och vid dödstillfället (mortalitet), kvinnor 35–74 år



Källa: Cancerregistret och Dödsorsaksregistret, Socialstyrelsen; Utbildningsregistret, Statistiska Centralbyrån

Breast cancer screening – Participation

- The 21 regions are obliged to offer breast cancer screening to women between 40 and 74 years old every 18-24 month, free of charge.
- Women with lower educational level are less prone to participate.





What's done to promote participation in screening program

- Information in various languages
- Information in simpler Swedish language
- Mobile screening units
- Extended opening hours, late evenings
- Second invitation
- Cooperation with immigrant societies
- SMS reminders
- Targeted campaigns in social media

















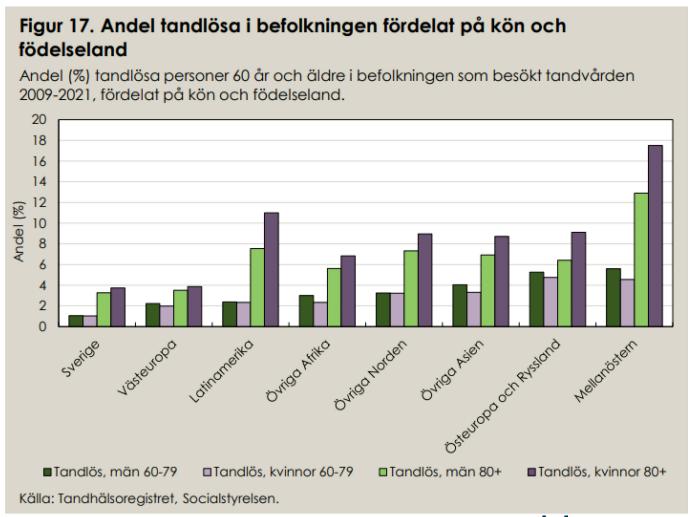


Dental Care

Costs matter

Dental care – total tooth loss

- In the 60–79 year group it is more common that men have total tooth loss and it's more common among those that are born in the Middle East, Eastern Europe and Russia.
- In the group 80 years and older more women then men have total tooth loss. Differs also depending on country of birth.



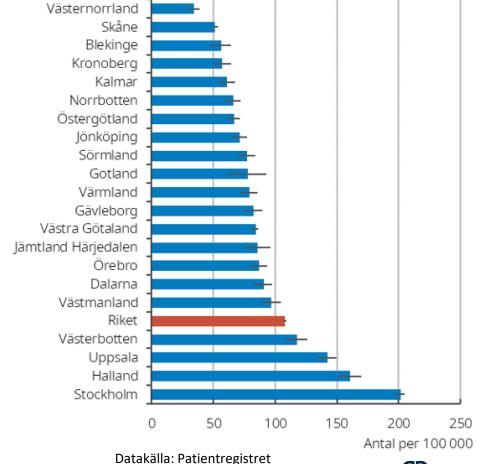
Need of care?

Knee arthroscopy

- According to our national guidelines, knee arthroscopy should not be performed in arthrosis, degenerative meniscus tear and knee pain.
- Since the effect on pain, function and quality of life is not better than placebo.
- Expensive and risk for complications

Diagram 8. Artroskopisk kirurgi vid degenerativ skada i knä

Antal artroskopier i knäled vid misstänkt degenerativ meniskskada med eller utan artros per 100 000 invånare, genomsnitt för åren 2020-2022. Avser personer 18 år och äldre.



What can we do about the differences?

Political agenda of health and medical care

Geografical differences:

- Comparison and learning
- Follow national rekommendation based on evidence and consensus

Patients different needs:

- Health literacy of system
- Adoptation of system
- Individual based health care

Other:

- Government grants
- Direct agreement between government and regional councils



Thank you