

E.A.N.A.meeting in Madrid, November 28-29, 2009

Country report from Sweden.

“Free practice in a national health system”.

This written country report was also performed as a lecture for ASPROMEL, November 27, 2009 in Madrid.

In Sweden, health care has been socialized for almost a century. However, there has always been a possibility for private doctors, and corporations, to exercise health care within the system(-s).

Already in 1960, some private physicians explored the idea of working together within the same facility. There was also a growing wish among physicians to have others handle administration. The first “doctor-owned” corporation started, *Doctors service inc.(Läkartjänst AB)* . The company grew quickly. In Stockholm as well as in other major cities, Medical Buildings were developed. These outpatient clinics, have ever since harboured a variety of specialists, frequently also including physical therapists, laboratory and radiology services.

In the 1970’s, there was also an increased demand for organized family health centres, which were initially part of the public health system. Together with Finland and Portugal, Sweden is one of the few countries in Europe with employed family physicians. Today a majority of our family health centres still have public ownership. However, in Stockholm, the majority are privately owned and in other major cities there is close to a 50/50 situation. There is a strong trend towards privatization. At a public family health centre the physicians are employed. There is also (an unfortunate) development that increasing numbers of the privately owned are run by big corporations, where our colleagues are also employed (Caphio, for example, operates a university hospital in Madrid).

There is a goal in Sweden to have one full time working GP for every 1500 inhabitants. At the moment we have approximately one GP per 2000. At a family health centre in Sweden physicians normally work in teams together with nurses, physiotherapists and psychologists. Depending on the number of people living in the neighbourhood, most centres have at least three GP’s working at the facility. Many of our private GP’s however, work alone, and do not have the possibility of providing full rehabilitation or psychosocial competence at their clinics. This has proven to be a problem now that we are undergoing large structural changes in our health organisation.

In our national health system, patients pay the same fee regardless of the status of the physician, public or private. Patient fees do differ slightly between different regions. Normal fee for a visit to a GP is €10-15, to a specialist €25-30. The cost of the visit differs even more. A private GP is currently paid €65 per visit (including patient fee) a specialist in between €70-150, depending on speciality, procedure

performed and time consumed. The reimbursement shall cover all costs including salaries, taxes and pension funds for all personnel, equipment, rent and decent salary for the physician. Colleagues who has not joined a "Doctors service inc", normally have their own small company to handle business. To handle business through a company is most often a better solution due to the heavy tax burden we have in Sweden.

Most physicians in Sweden, however, are employed in hospitals. All but one of the emergency hospitals (in Stockholm) is owned by *the regions*. More than half of all health centres with GP's are also publicly owned. As a consequence, only about 2.000 out of 30.000 physicians are working in private practice. Approximately 50% of the private doctors in Sweden work under a national contract. This contract is regulated by a law; "The law of reimbursement for doctors".

For many years (1995-2009) almost no new colleagues were able to obtain a contract. In addition, private practice physicians who were retiring, were not allowed to sell their contract to successors.

The government finally produced a memorandum proposing a reinstallation of successors within the law. The new law became active April 1st 2009, after which private practice physicians are able to sell their practice at time of retirement. There is however an exception for GP's, who will not be able to obtain successors within the law. The reason is the implementation of a new system in primary health care: "The system for the patient's free choice in primary health care". The government has decided that all family physicians must work within this new system.

This new system, or rather systems, which will be in effect by Jan 1, 2010 at the latest, has already started in some regions, including the three largest cities in Sweden. We will have a variety of different systems, one for each region. Most systems will probably look alike, with a financial base in capitation rather than fee for service. Some regions will use adjusted clinical groups (ACG) as a measurement when deciding the capitation. In most systems cost of medicine and medical services (i.e. radiology, lab etc) is included in the capitation fee. Most systems also include some type of financial penalty for the practitioner, if the patient obtains a high percentage of care elsewhere, including specialist care.

There is also a suggestion to implement some of the ideas from "The system for patient's free choice" for specialists in private practice. This might increase the market for specialists in out-patient clinics, but will also give more power to the regions and less to the physician.

Even though EANA in a statement has suggested that "it is essential that the physician holds the contract as an individual", this is only applicable in our old system with national contract. We deeply regret that it has not been incorporated in the new system, making it difficult for individual practitioners to compete against the larger corporations.

Free practice in Sweden is not as free as we would like it to be. Strong political influence over health care and an economy under "global stress" are factors which will probably increase our frustration further over the next couple of years.

Gunnar Welander and Ilona Barnard , November 22,2009