



HEILSUGÆSLAN



Greiðslukerfi - Vorfundi SH 2015

Oddur Steinarsson

Sérfræðingur í heimilislækningum og MBA

Framkvæmdastjóri lækninga HH

## VÅRDKOSTNADER

# Kronisk sjukdom får notan att dra i väg

Andel av befolkningen 2011

Kostnad per person 2011

► Ingen kronisk diagnos

56%

7 000 kr

► En somatisk kronisk sjukdom (exkl njursvikt)

17%

22 000 kr

► Flera somatiska kroniska sjukdomar (exkl njursvikt)

20%

53 000 kr

► Psykisk ohälsa och somatisk diagnos

5%

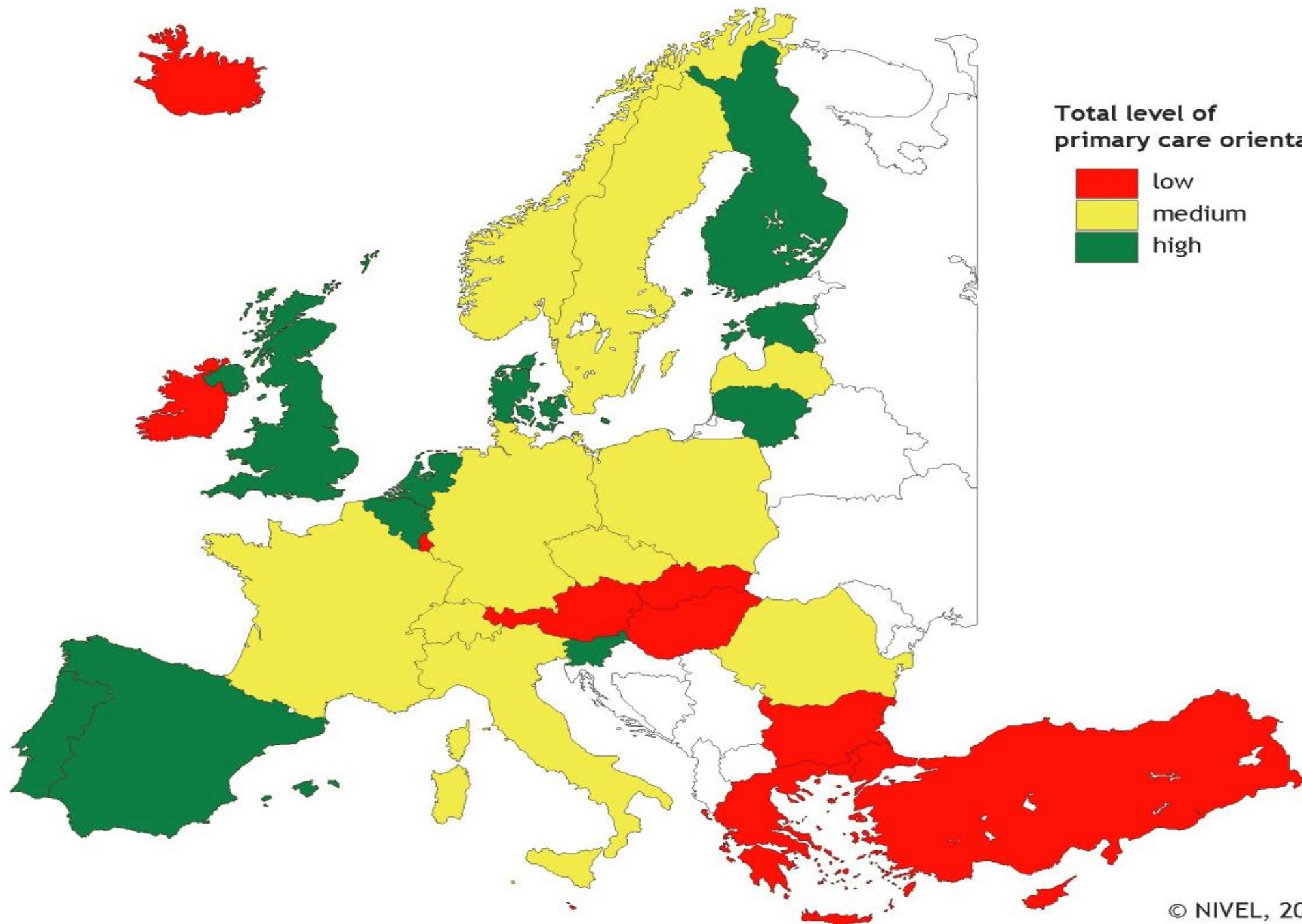
72 000 kr

► Somatisk kronisk sjukdom + njursvikt

1%

187 000 kr

**Total level of  
primary care orientation**



# Payment reform requires more than one method, you have dials, adjust them!!!



“fee for health”



“fee for value”



“fee for outcome”



“fee for process”

“fee for belonging”

“fee for service”

“fee for satisfaction”






# VG PRIMÄRVÅRD THE REIMBURSEMENT MODEL (FINANCIAL MODEL)

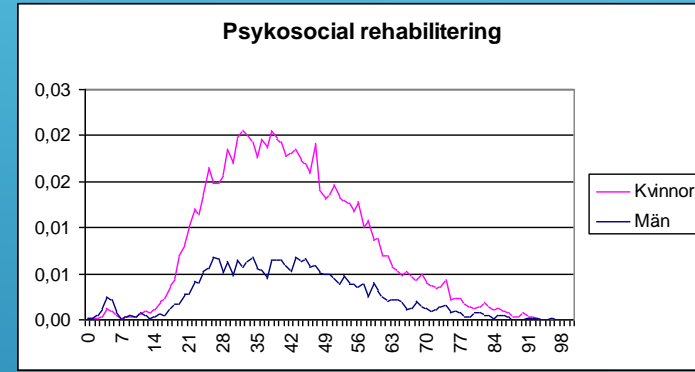
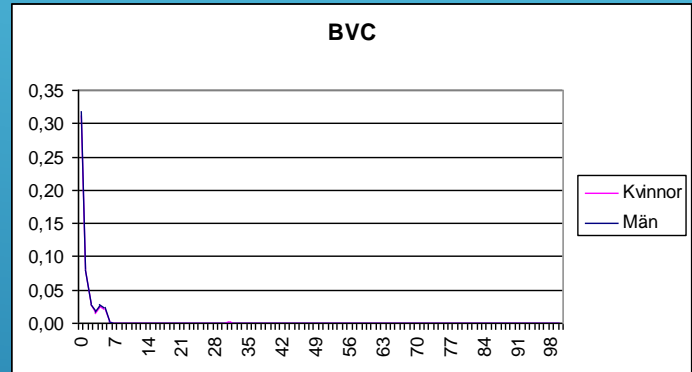
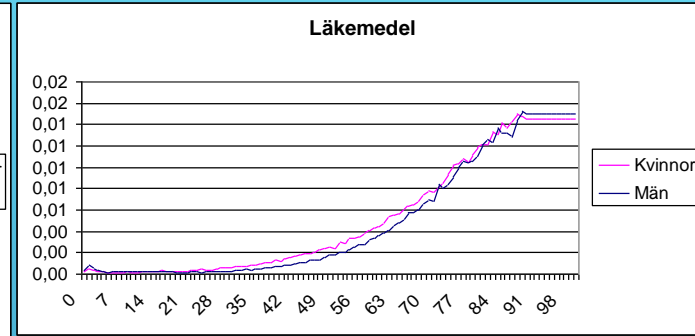
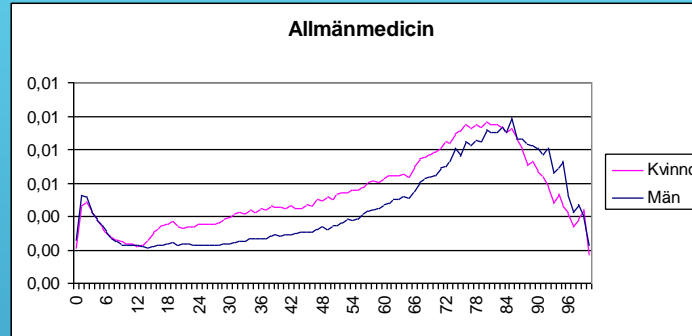
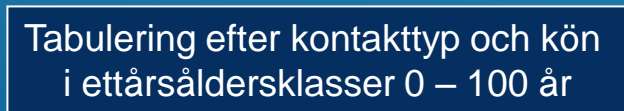
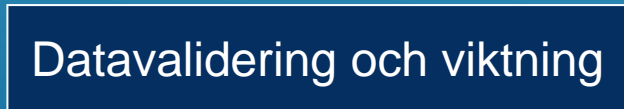
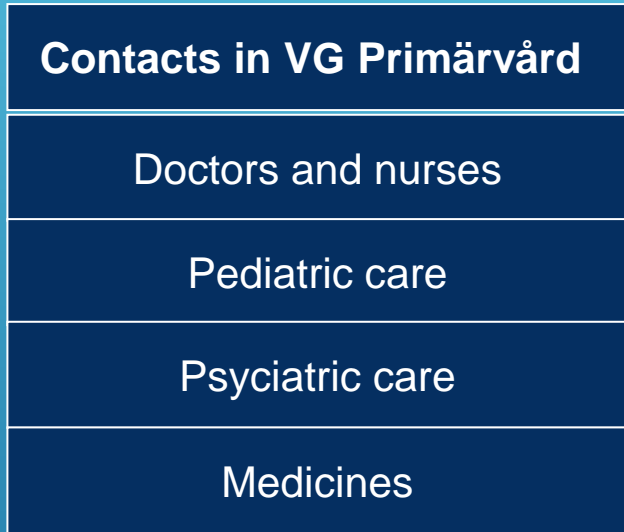
# THE OBJECTIVES WHEN CREATING THE MODEL

- ▶ The politicians asked for a reimbursement model that could contribute to
  - Strengthen the patients' position
  - Increase the availability to primary care
  - Increase the quality of the primary care
  - Increase the part of the consumption of healthcare made in the primary care
  - Equal terms for all providers in the region

# THE MODEL THAT WAS CREATED ...

- ▶ A mixture of components, equal to all primary care centers
    - A capitation (fee per person), that is almost 85 % of the reimbursement, follows each person's choice of primary care center
    - The capitation varies with the age and sex and with the ACG casemix calculated for all listed persons in each primary care center
    - Reimbursement for coverage (visits in primary care versus all outpatient healthcare)
    - Reimbursement for reaching quality goals
    - Reimbursement for socioeconomic and geographic factors and for using interpreters
    - Reimbursement for special missions
- 

# Reimbursement based on age and sex



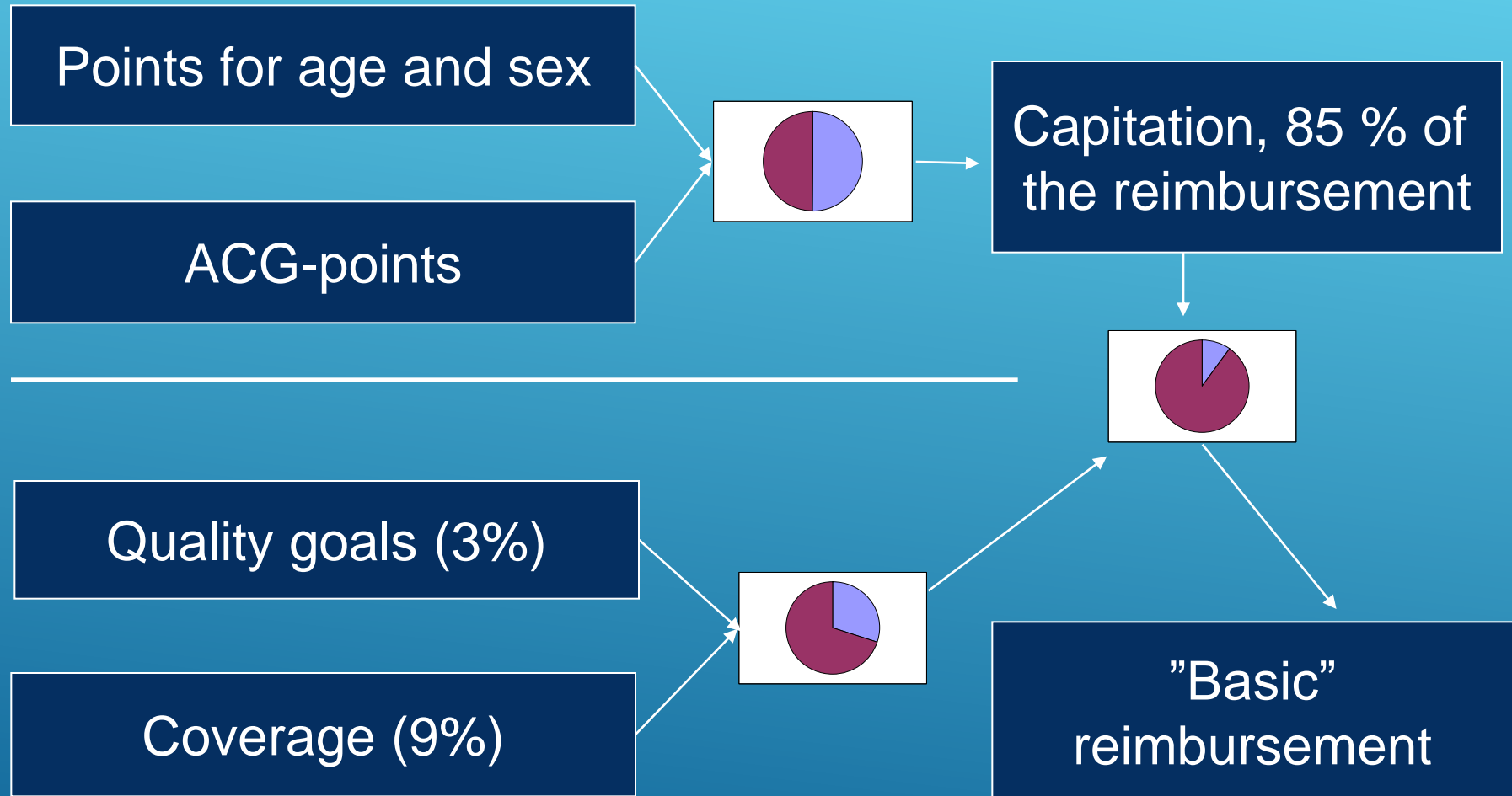
## Viktlista för VG Primärvård

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Ålder	Kvinnor	Män
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# The reimbursement model



# Reimbursement for coverage

The overall aim is to increase the number of outpatient contacts that take part in the primary care out of all outpatient contacts in the healthcare system.

A number of exclusions in the calculation have been made over time, due to the mission that the primary care centers have been given and due to poor registration.

One of the factors in the model that has been most tampered with over time ...

From 2015 some of the telephonecontacts made from the primary care centers are included in the calculation, but with a lower weight than a visit. The weight for homevisits increase over time...

# Reimbursement for reaching quality goals

The overall aim is to pay the primary care centers that deliver better care more, and to increase the overall quality in the primary care

What indicators to use and what result the primary care centers should reach is discussed in a group of professionals, mainly doctors

# REIMBURSEMENT FOR GEOGRAPHIC FACTORS

- ▶ Based on a selfmade system
  - ▶ distance from the primary care centre to the nearest hospital with emergency unit (0-6 points)
  - ▶ distance from the primary care centre to the nearest town >5000 inhabitants (0-6 poäng)
  - ▶ inhabitants/km<sup>2</sup> in the municipality where the primary care centre is situated (0-6 poäng)
  - ▶ if the primary care centre is situated on an island without a bridge to the mainland (med bilfärja 2 poäng, utan 4 poäng)



# REIMBURSEMENT FOR SOCIOECONOMIC FACTORS

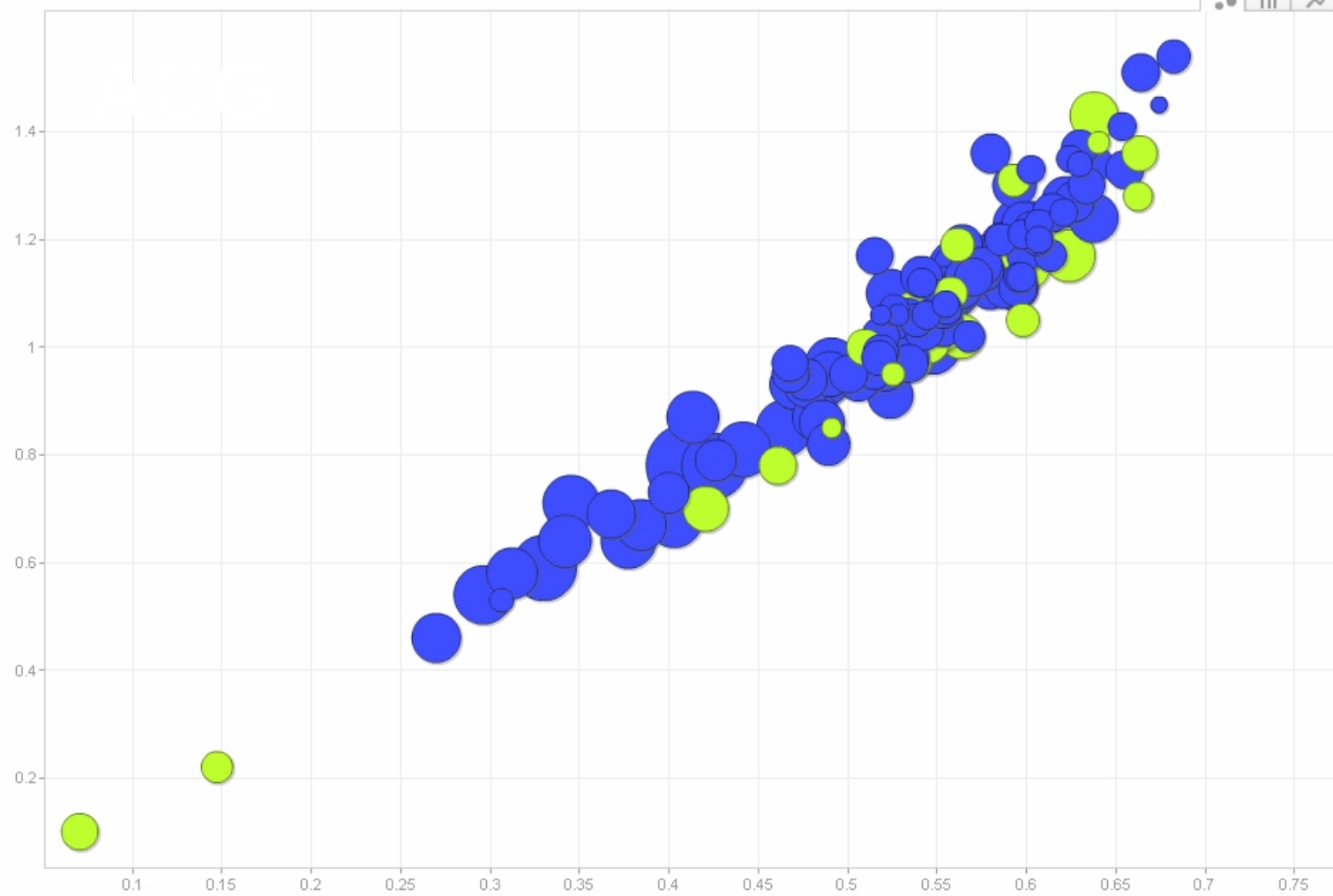
elderly (>64 years) living alone	6,15
born abroad (Southern or eastern Europe, Asia, Africa and Southamerica)	5,72
Unemployed	5,13
lone parents	4,19
individuals who have moved during the latest year	4,19
poor education	3,97
children <5 years	3,23

- CNI (Care Need Index) have been developed with inspiration from a British rolemodel –Jarmans index
- Swedish GPs have valued to what extent a number of circumstances influence the workload of the primary care centres
- Primary care centres that have CNI>2,5 per listed person are reimbursed for socioeconomic factors

▶ The reimbursement payed is to cover all the costs of the primary care centres, including

1. personell, rent, medical equipment, prevention and health promotion, cooperation with other healthcare providers as well as authorities, medicines and medical diagnostic
2. Visits made by persons listed on the primary care center to another GP or primary care center anywhere in the country
  - Visit to a GP 500 kronor
  - Visit to other medical personell 300 kronor
  - More if homevisit and in some cases during the summermonths

ACG CaseMix



Color

Sector

- OB
- ON
- PB
- PN

Size

Number of listed patients

50000

Select

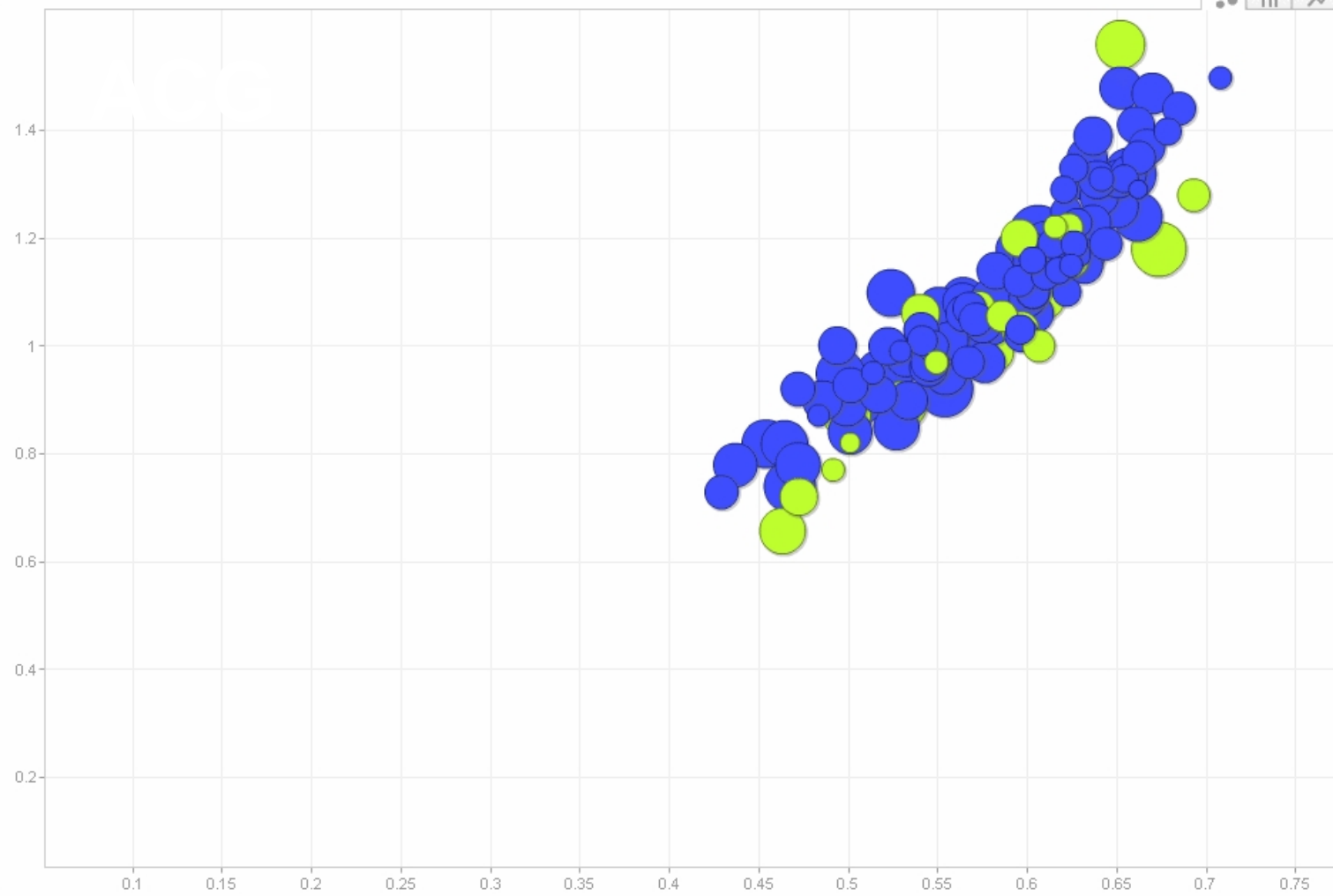
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- Akutläkarna Västra Frölunda
- Aleris Torggatans Läkarbot...
- Allemanshälsan vårdcentra...
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- Allemanshälsans vårdcentr...
- Allékliniken Sleipner Vårdce...
- Ånnereds Läkarhus
- Trails

Proportion of patients with diagnosis

3/31/09



ACG CaseMix



Color

**Sector** ▼

- OB
- ON
- PB
- PN

Size

**Number of listed patients** ▼

50000

Select

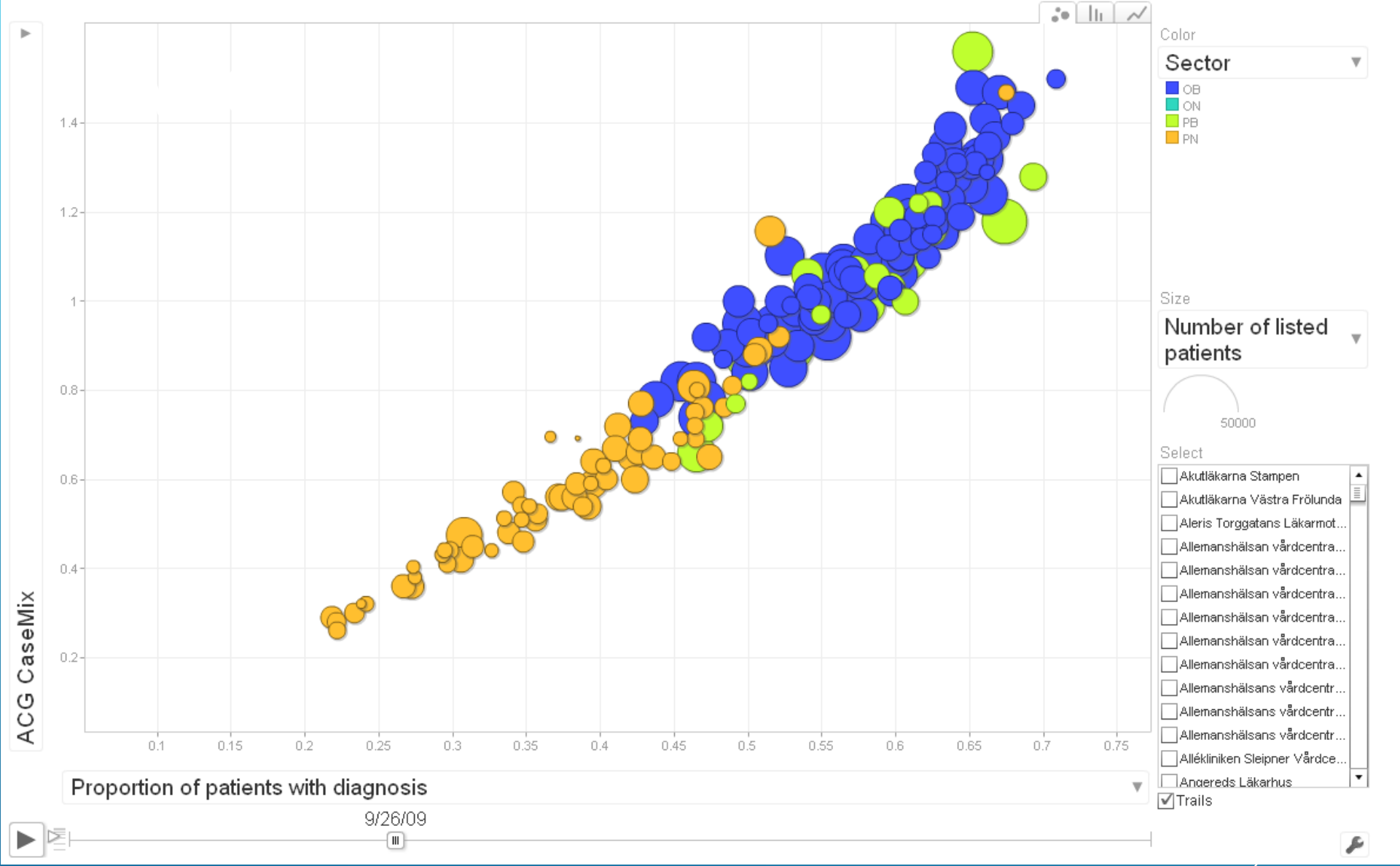
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- Aleris Torggatans Läkarmot...
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- Allékliniken Sleipner Vårdce...
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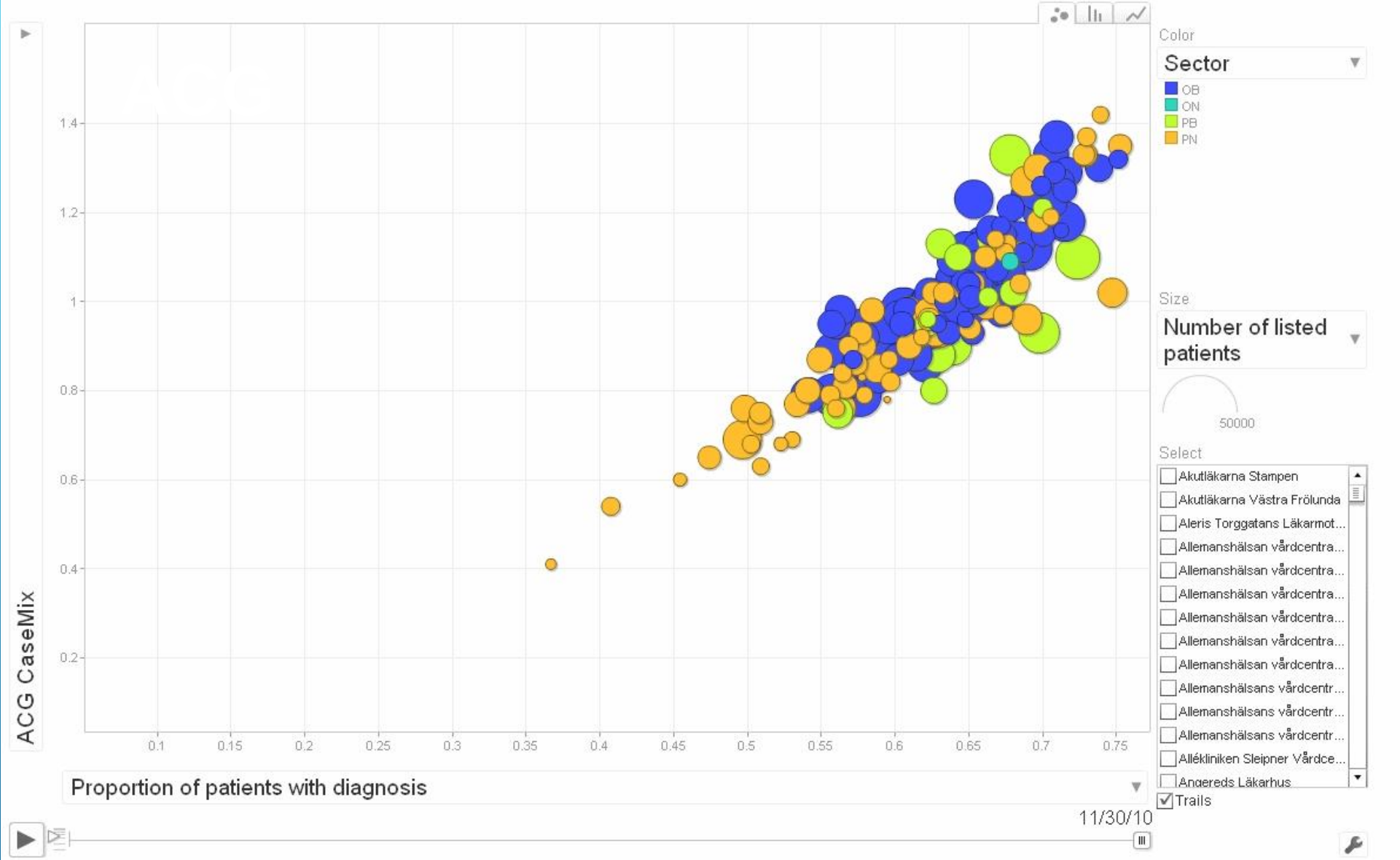
Proportion of patients with diagnosis

9/24/09

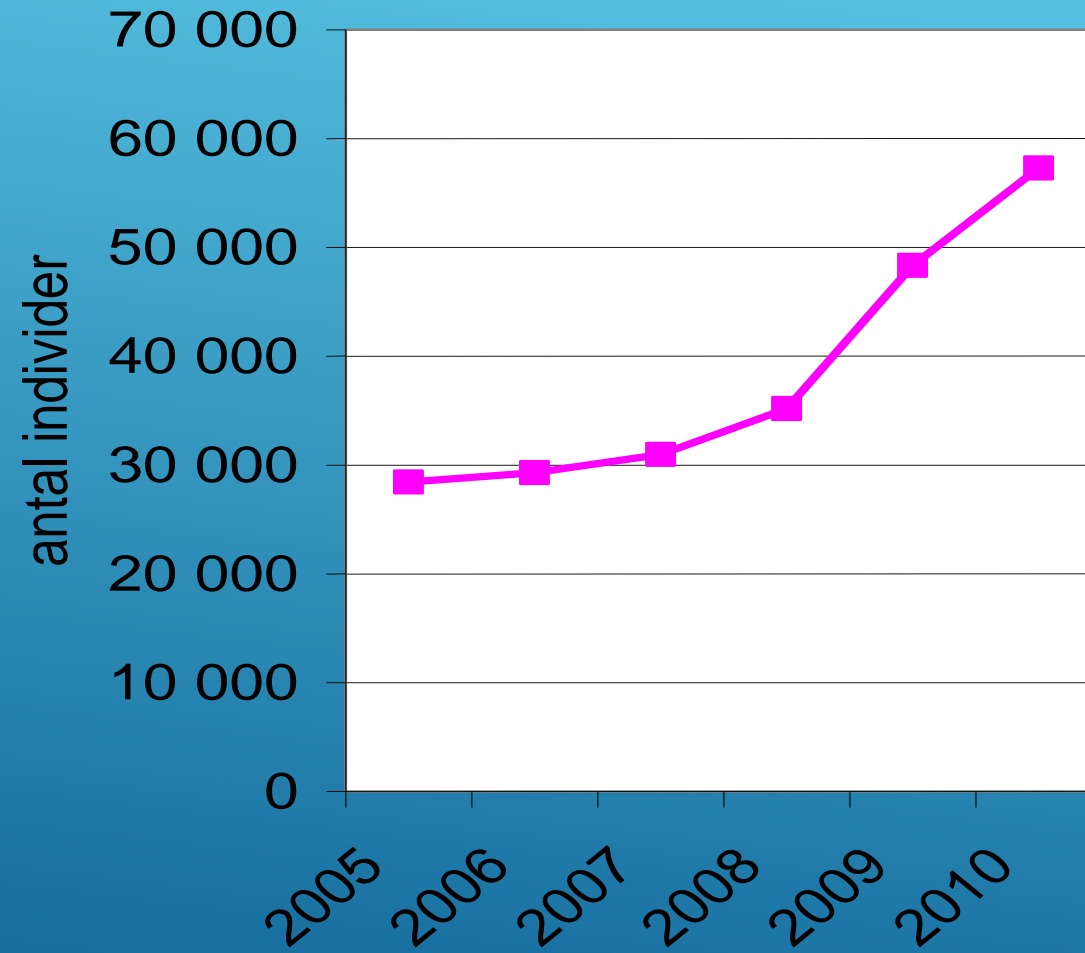




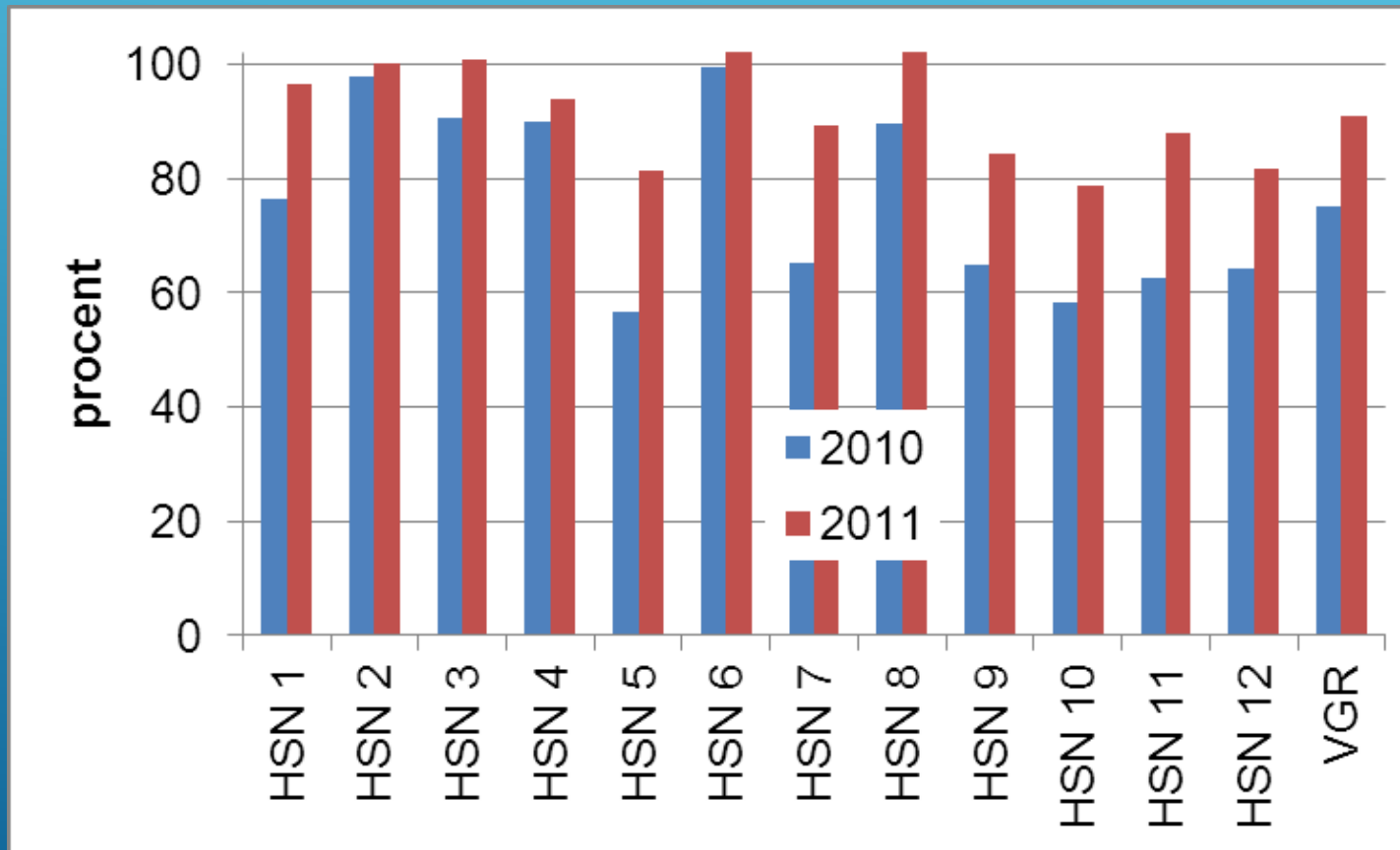




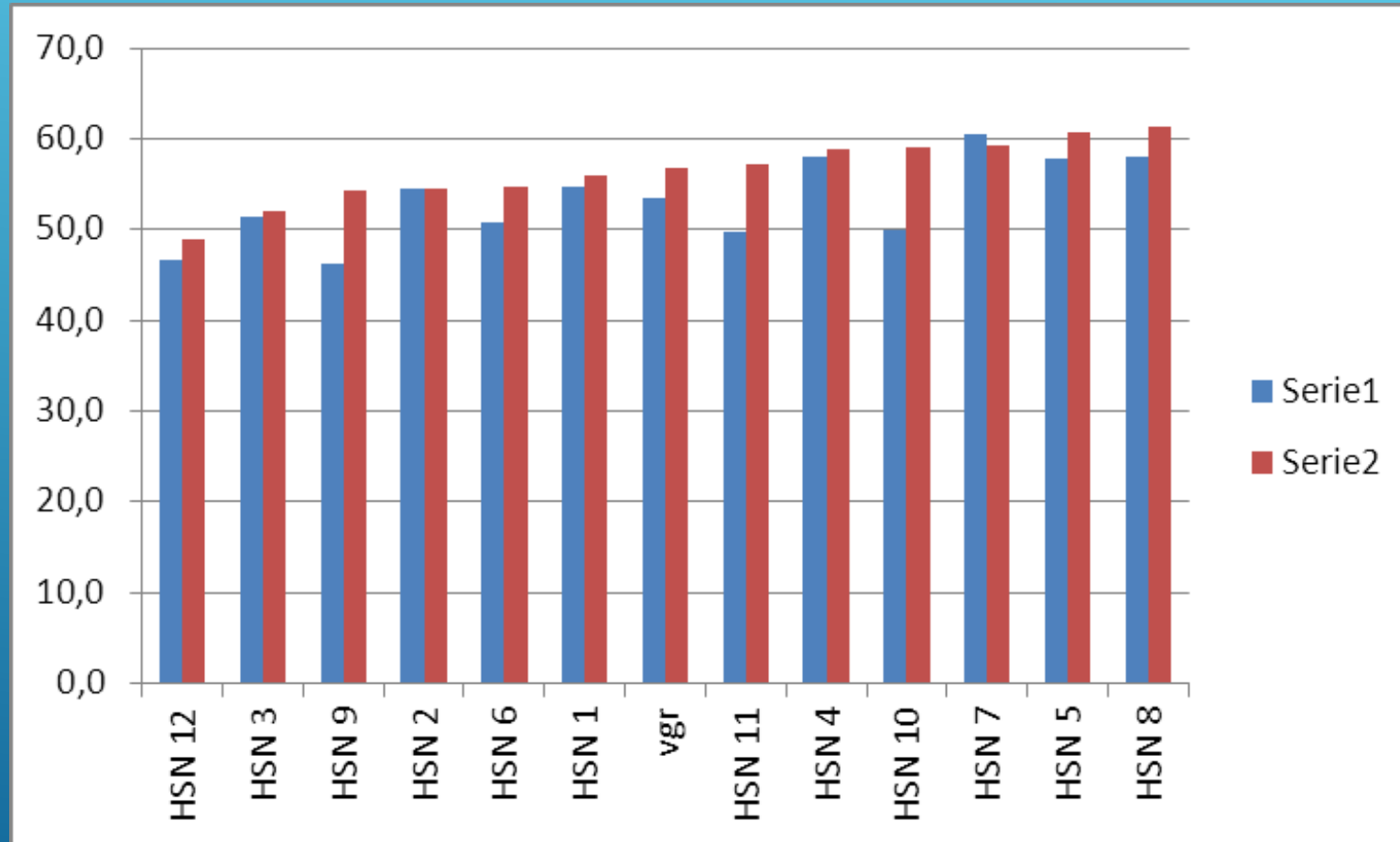
# ANTAL VÄSTRAGÖTALÄNNINGAR MED DIABETESDIAGNOS I PRIMÄRVÅRD 2005 TILL 2010



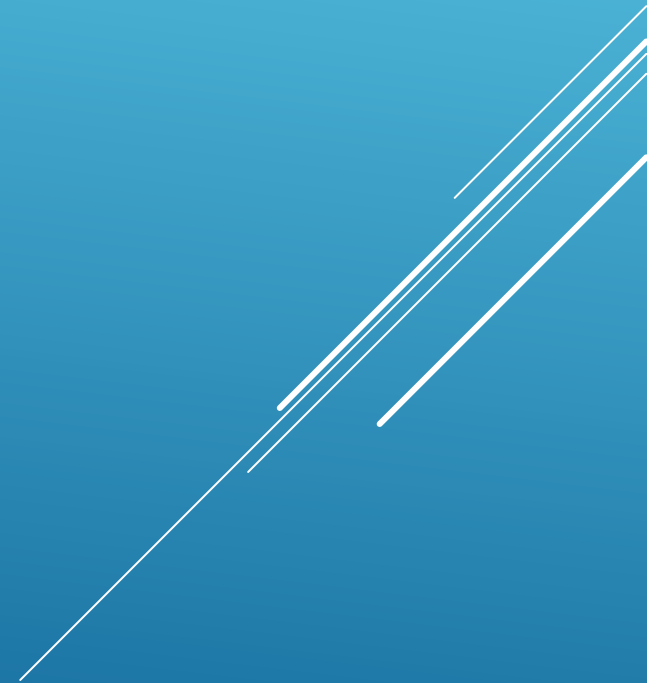
# TÄCKNINGSGRAD I NDR I PROCENT FÖR VÅRDCENTRALER I DE OLIKA HSN-OMRÅDENA 2010 OCH 2011.



ANDEL AV PATIENTER MED DIABETES, PRIMÄRVÅRD, SOM UPPNÅTT BEHANDLINGSMÅLET HBA1C < 52 MMOL/MOL 2010 OCH 2011, INDIVIDER < 80 ÅR. PER HSN.

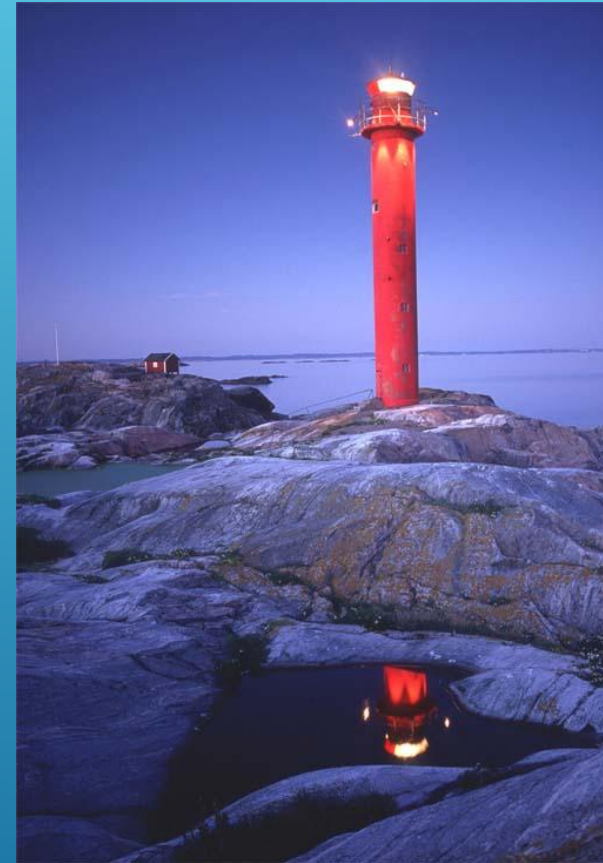


A few thoughts about  
further development  
of the model...



# WHAT WE HAVE LEARNED...

- The reimbursement model makes a difference
- It is difficult to measure the quality of healthcare
- Follow-up and medical revision is important – mission to support as well as to inspect



# FUTURE CHALLENGES...



- Continue to develop a systematic monitoring that stimulates and secures good quality of healthcare
- Continue to develop the reimbursement model to make sure that it rewards care with good quality to the people who need it
- Minimize the friction in the interface to models used to reimburse other healthcare providers – for instance the hospitals



▶ Gæðapaettir

▶ [www.munin.vgregion.se](http://www.munin.vgregion.se)

