

**The end of the European
welfare state
- Is it a reality in European countries?**

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European welfare state has improved Mortality by cause of death, 1952–2010. Swedish National Board of Health and Welfare

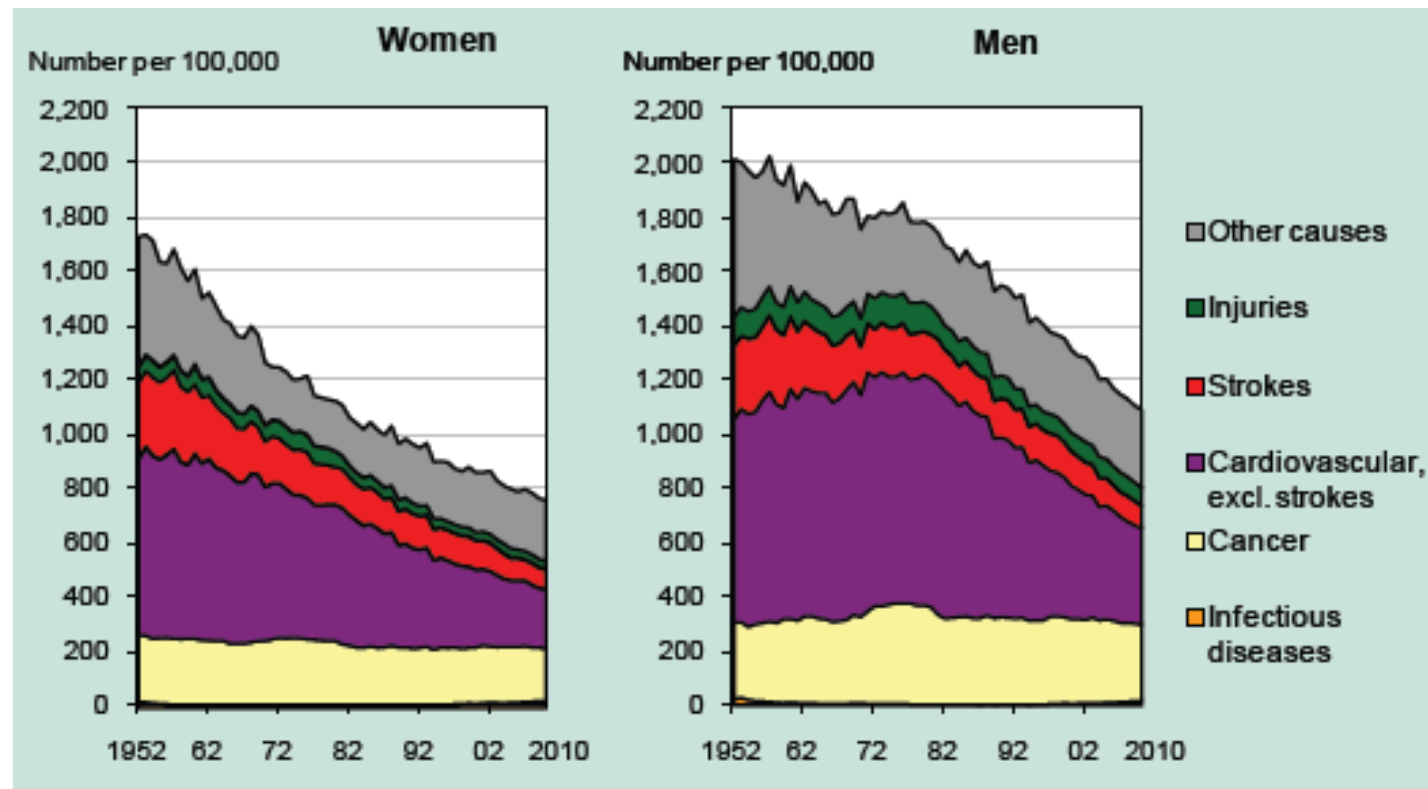
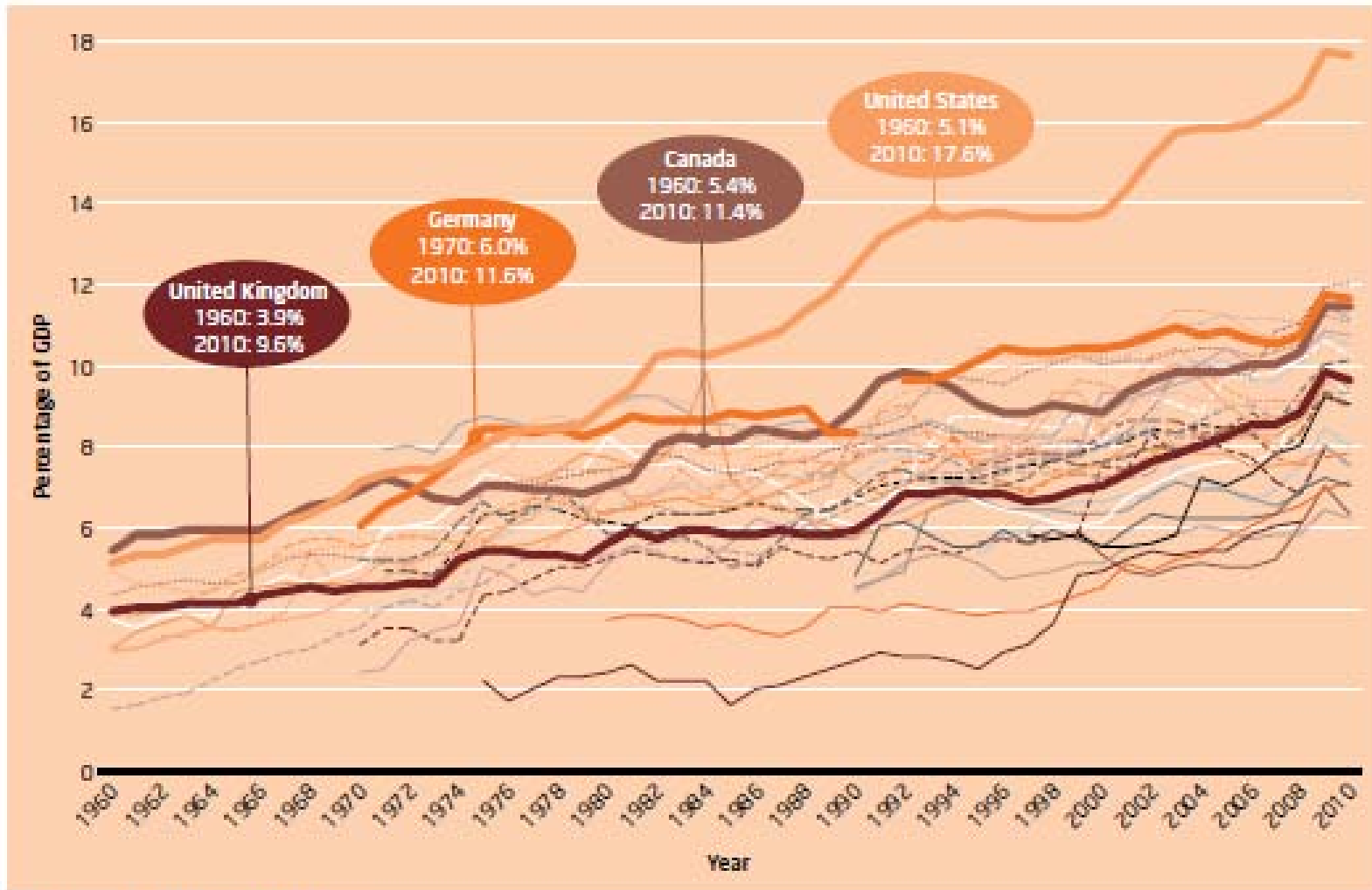


Figure 3. Mortality by cause of death, 1952–2010.

Number of deaths per 100,000, by cause of death and year. Women and men in all age groups, 1952–2010. Standardised by age.

Source: Cause of Death Register, Swedish National Board of Health and Welfare.

Total health spending as percentage of GDP 1960-2010, all OECD countries



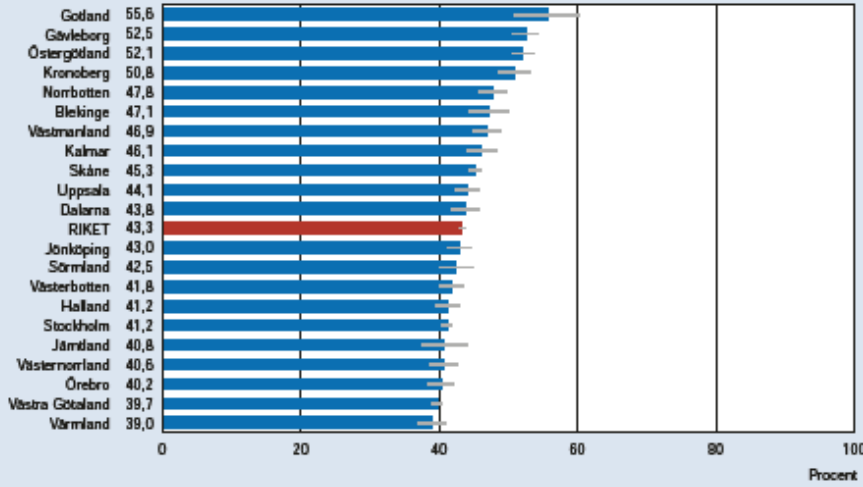
Note: GDP, gross domestic product

Source: Organisation for Economic Co-operation and Development (2012)

Use of warfarin/ OAC in AF pats with riskfactors – large variations.

Diagram C2 *Andel som behandlas med warfarin januari till juni 2008 av patienter med förmaksflimmer och riskfaktor, 2005–2007.*

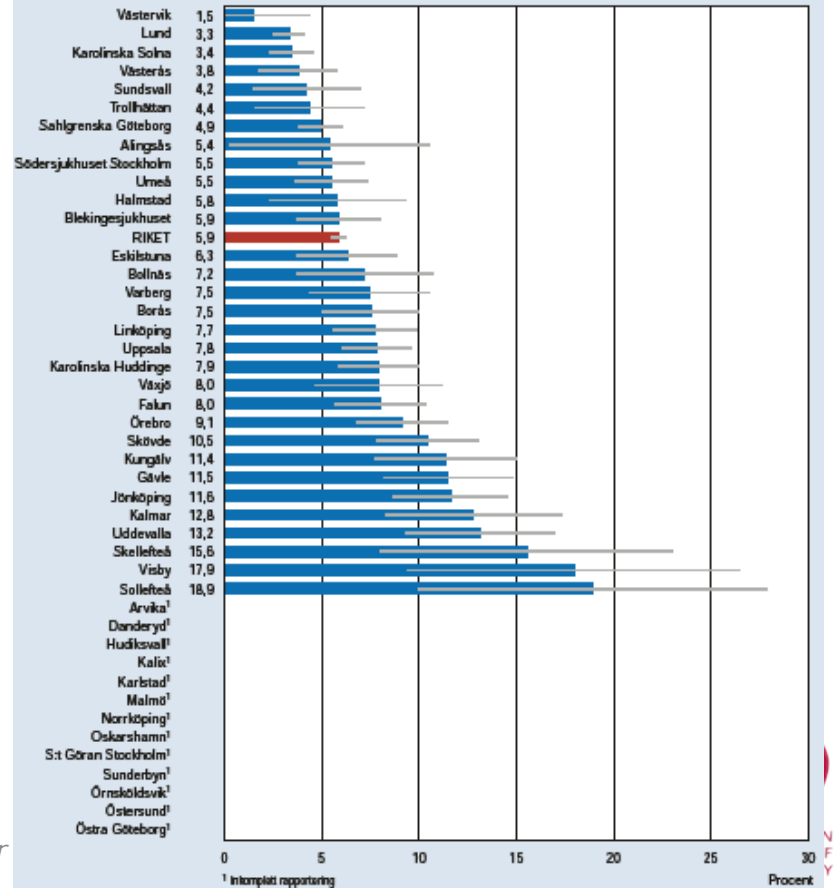
Källa: Patientregistret och Läkemedelsregistret, Socialstyrelsen



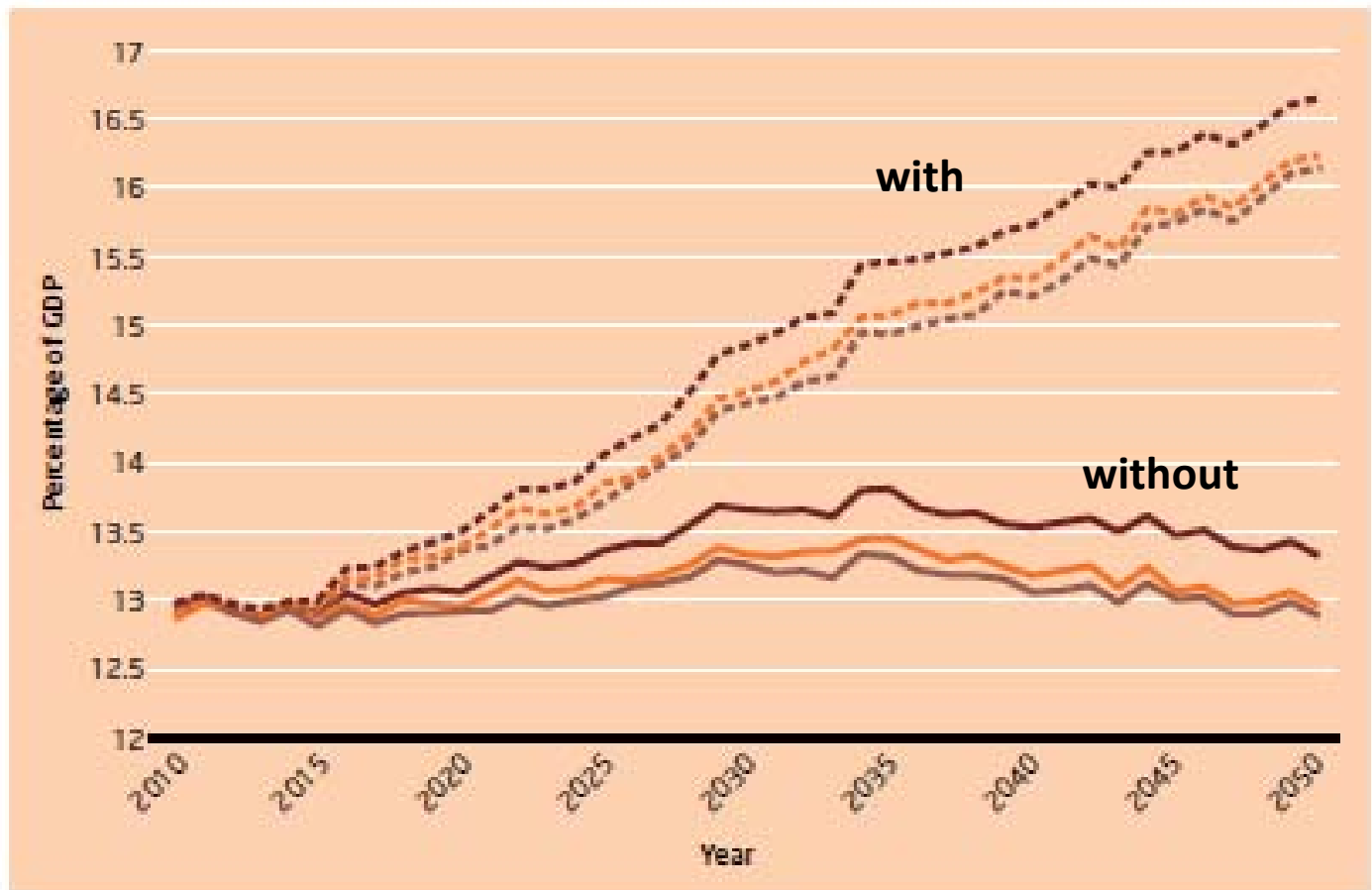
Complications related to implantation of devices (PM, ICD, CRT) - large variations.

Diagram C4 *Andel patienter som får komplikation vid insättning eller byte av standardpacemaker, sviktpacemaker (CRT) eller implanterbar defibrillator (ICD), 2006–2007.*

Källa: Svenska Pacemaker- och ICD-registret



Projected spending on health & elderly care as percentage of GDP; with and without assumptions about improvements in technology



Source: Ministry of Health and Social Affairs Sweden (2010)

Sweden - Redefining health care

Creation of “value-based” health care;

- Value = the health outcomes achieved per dollar spent.

“Health outcome”



Cost

Value-based health care (VBHC)

- Re-focus towards “value” rather than “volume”
- Focus on “health outcomes” rather than focus on “process”.
- Patient management organised according to disease states, including concomitant diseases, instead of focus on subspecialties or interventions.
- Medical conditions handled by multi-disciplinary teams, with different specialties and levels of care.
- Includes care stakeholders to interact across care boundaries, ex nurses responsible for clinical history interview or physical investigation and discharge evaluation (orthopedic ward Uppsala, surgical ward Linkoping).
- Learn from registries, use data from long-term follow-ups to guide suitable treatments.

Porter and Teisberg; “Re-defining health care”

HEALTH CARE REFORM



**Physicians
has become
outsiders**

Education / Academy status in Sweden

From 2015; no longer industry sponsored congresses or meetings, .

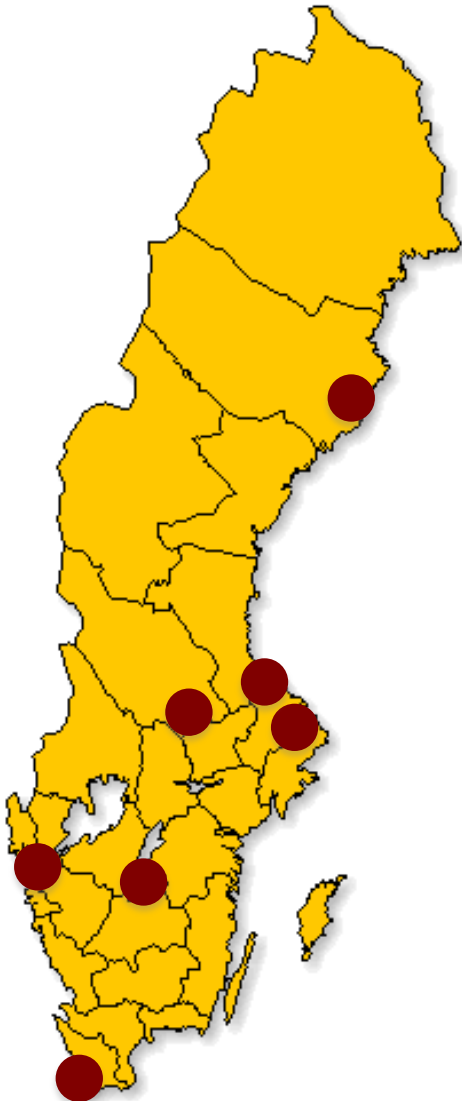
- No planned hospital, community or state budget for continuous medical education replacing industrial support for physicians in Sweden;

No formalised Examination in Cardiology

- Voluntary via Swedish Society of Cardiology

No formalised subspecialty training, no CME scores.

Education / Academy status in Sweden



Cardiology chairs at University Hospitals

- Zero professors.

- Shift in power from physicians to admin. personel/ politicians

Health care mistakes made – only a few analysed



Conclusions

- The end of the European welfare state
- Is it a reality in European countries?
- It is not the end - But of great concern, at least in Sweden



Speaker