Primary Health Care in Sweden 2015
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Basic demographics
Sweden has 9.8 million inhabitants, of which 85% live in urban areas. Since many decades Sweden has a high rate of immigrants and almost 16% of the population is born in another country. Common native countries beside Sweden are Finland, Poland, Germany, Turkey, former Yugoslavia, Iran, Chile, Iraq, Eritrea, Somalia, Afghanistan and Syria. When it comes to religion, about 63% of the population is members of the Swedish (Lutheran) Church, 15% are Roman Catholics, and 15% are Muslims.

Sweden has a low Gini index at < 0.3, which means that income is fairly equally distributed. However, the socioeconomic gap increases as well as differences of inequity in health due to socioeconomic differences. Unemployment rate is 7%, but higher among younger people and immigrants.

Health system design
Health expenditure in Sweden is 9.6% of the gross domestic product (GDP). Health care is provided with universal access and comprehensive cover, funded by central and regional taxes. Everyone has a health insurance for free. However, private health insurances, with possibility of health check-ups, quicker appointments to doctors and some elective surgery, is becoming more common, and 12% of Swedes have private health insurance, often connected to their employment.

Health care in Sweden is decentralized in 21 counties or regions, responsible for the health care in each region. The county councils are politically managed, with elections every four years.

The proportion of generalists/specialists is low, with 16% generalists and 54% specialists, the remaining 30% under specialist training (which may be in a generalist field), immigrant doctors pursuing Swedish qualification or recently graduated doctors(1). Since 1991 the number of hospital beds per 1000 persons has decreased from 11.9 to 2.7 in Sweden(2). An effect of this is task shifting from hospitals to primary care. The average Swede sees a physician three times per year, and 50–70% of this constitutes visits to GPs.

Access to primary health care
Primary care is often provided in group practices. In Sweden there are about 1200 primary health care centers (PHCs) with on average 4 GPs per PHC, ranging from one to 20 GPs per PHC. Most often primary care is provided in multidisciplinary teams, with at least a GP and a nurse, but often with social workers, psychologists and physiotherapists working at the PHC. Specialist nurses are responsible for well child clinics including children’s immunization programs and check-ups for children’s development. Specialist nurses also provide care for patients with diabetes, chronic heart failure and asthma/COPD.

A shortage of GPs
In 2012 there were 6105 GPs employed in health care in Sweden. However, according to a report from the doctors’ trade union, the number of GPs in 2012, recalculated into full time working GPs,
was 4784. According to this report the shortage is 1400 full time working GPs if the goal of 1500 registered patients per GP should be reached. In other words, there is a need for 30% more GPs in Sweden (3). In addition, half of the GPs in Sweden are aged 50 years or more.

The low proportion of GPs, and often a heavy workload, has led to a shortage of GPs in many PHCs. This has led to a growing market for rental doctors. Approximately 20% of GP consultations in Sweden are performed by rental doctors, and on a normal day 41% of the PHCs in Sweden report that a rental doctor work at the PHC during that week (3). A rental doctor can stay at a PHC from one day up to several months, and is in 20% of cases not a specialist trained GP. A high rate of rental doctors is bad for continuity and patient-centered care, and may lead to inequity, since rental doctors are more common in poor and rural areas. There are no geographical restrictions on where to start new PHCs, which leads to higher concentrations of GPs in affluent areas and in cities.

How GPs provide care
A normal GP visit lasts for 15-30 minutes, and a GP sees approximately 10-18 patients per day. Patients must register at a PHC to get care (except for emergency cases), however there is no obligation of listing with a certain GP. The health care law requires PHCs to offer same day contact with a nurse, and an appointment with a GP within one week. Many GPs reports difficulties in meeting the demands from task shifting from specialist care. The demands are usually met by building multidisciplinary teams for patients with multiple or complex diseases. The health care providers are developing a national website with guidelines on responsibility for tasks and better collaboration between primary and secondary care. Such a website has been running in Stockholm county for several years and is useful for GPs who are coordinators of the patients’ care.

Who pays what?
Sweden has co-payment of 15-25 euros up to 120 euros per year for seeing both primary and secondary care physicians except for children up to 18 or 20 years. Patients pay a maximum of 230 euros per year for approved medications depending on evidence of effect, side-effects and costs. The PHCs are funded by regional taxes and capitation funding ranges between 40-90% (4). There is also funding based on care needs and pay for performance.

Internet and telephone “care guides” for patients
Patients can contact “care guides” on the Internet or by telephone to find out if their symptoms indicate need for a visit to hospital or PHC and also receive medical guidelines, when professional care is not needed. For big cities care guides have probably reduced some of the information burden from PHCs. However, GPs working in rural areas claim that it leads to more health care visits, since the care guides are more prone to suggest visits to physicians than the local district nurses.

Benefits and drawbacks of the health care system
Almost everyone in Sweden is registered at a PHC. High capitation together with multidisciplinary care and reasonably enough time for visits enables holistic person-centered care and good medical outcome. Drawbacks are shortage of GPs and high rate of rental doctors at some PHCs leading to poor continuity and inequity of primary health care.
Impact of healthcare system
The health care system in Sweden enables good primary care, including management of chronic disorders, high patient satisfaction and few visits to hospital. However, PHCs with low continuity due to a high degree of rental doctors have a worse outcome.

Growing health care burden
All European countries have to face the health care burden of a growing elderly population. This is also the case in Sweden withdrawing socio economic gaps and unfortunately, growing socioeconomic health gaps. Differences in life expectancy are increasing between people with low versus high education(5). There is a consensus that this health gap must be addressed. In 2015 the Swedish Commission on Equal Health was launched by the government with a mission to propose measures in 2017 for decreasing inequity of health in Sweden.

Lessons for other countries’
Primary health care in Sweden can provide patient-centered care with good outcome thanks to high capitation and multidisciplinary care.