

Summary

Healthcare from the perspective of primary care physicians

- a comparison between Sweden and nine other countries

Results from The Commonwealth Fund
2015 International Health Policy Survey of
Primary Care Physicians

The *International Health Policy Survey* (IHP) is carried out annually in a number of countries. In this year's survey, General Practitioner Specialists or General Practitioners under specialist training work and work at a primary care centre or the equivalent (referred to in this report as a primary care physician) have been allowed to present their view of the care provided to patients and the conditions under which they perform their work.

More than 2,900 Swedish primary care physicians have responded to the survey. Nine other countries participated in the survey: Australia, Canada, Germany, the Netherlands, New Zealand, Norway, Switzerland, the United Kingdom, and the USA.

The report presents the results of the survey and thereby the primary care physicians' perspective of healthcare based on the questions in the survey. The results are an important element in understanding how healthcare is working and the conditions under which physicians work, but do not provide a full picture of the state of healthcare. The aim of the survey is to contribute to a better understanding of strengths and weaknesses in Swedish healthcare and to initiate discussion and more detailed analyses that could contribute to its development.

Results of the survey

In summary, the primary care physicians' responses show that there is a lack of the prerequisites for working in a patient-centred manner and taking a coordinating role, compared with the other countries in the survey. At the same time, for many of the survey questions the results are similar to those in the other countries and there have also been certain improvements since the last survey in 2012 with regard to, for example, access, coordination and functionality of the IT systems. In some areas, Sweden has strong results in international comparisons, including functionality of the IT systems, surveys of patient satisfaction and physicians receiving feedback on the clinical performances of their practices.

The primary care physicians experience a lack of prerequisites for patient-centred care

The physicians' responses in this year's survey confirm other surveys that have indicated that Swedish healthcare has several shortcomings when it comes to being patient-centred.

Not all primary care centres can offer continuity in the form of letting patients choose a permanent personal doctor

In this year's survey 64 percent of the physicians state that the patients in their primary care centre always or often have the option of choosing a permanent personal doctor. Despite the legal requirement that all county councils must organise their work so that patients are given the option to choose a permanent personal doctor in primary care, 15 percent of the physicians state that patients rarely or never have this option. There is no international reference point because this question was not asked in the other countries. Previous years' IHP surveys have shown that Swedish patients had a permanent personal doctor to less of an extent, compared with patients in the other countries. However, the percentage of physicians who state that they contact patients between visits to monitor their conditions is on a similar level to in other countries and the Swedish results have also improved in this respect.

The Swedish primary care physicians experience that their practices are not well-prepared to manage care for patients with multiple chronic conditions

The broad remit of primary care requires being prepared to deal with different groups of patients. The physicians' responses show that, in Sweden, there is potential for improving preparedness for handling patients with severe mental health problems and patients with multiple chronic conditions in relation to how often the practices see patients with such problems. At the same time, 85 percent of the Swedish physicians report that their health centre uses special personnel to manage care for patients with chronic conditions, which is similar to countries.

As in last year's IHP survey for patients 55 and older, it also shows that Sweden can improve its structure for self-help and partnerships with patients with chronic conditions; only a small proportion of the physicians answer that they give their patients written instructions about how to manage their own care at home and that they register the patient's self-management goals in their medical records.

Swedish primary care physicians are less likely to think coordination is effective compared to physicians in other countries

In order for primary care to be able to take responsibility for coordinating care for their patients, it needs a clear remit, but also resources and information systems that support this way of working. The Swedish physicians were allowed to state to what extent they feel that they have the tools for coordinating and planning care for their patients. The results show that six in ten feel they have the required mandate and four

in ten feel that they have the time and IT support they need to coordinate and plan the care for their patients.

Among the physicians 34 percent state that their practice often coordinates follow-up care with hospitals for patients being discharged. More than half of the Swedish physicians communicate with the municipality about nursing and home-care services, which is by and large similar to other countries. Sweden performs poorly compared to other countries when it comes to physicians receiving a report back with all relevant information after their patient has been seen by consultant/doctors in specialist health care – only 56 percent say that they get this. From an international perspective, the Swedish physicians also say to less of an extent than physicians in other countries that information from specialist healthcare is available when it is needed.

Sweden is good at measuring patient satisfaction with healthcare, compared with the other countries

In order to be able to make healthcare better from the perspective of patients, the healthcare professionals need to understand how it is perceived by patients. In Sweden and the United Kingdom, 88 percent of primary care physicians – a much larger percentage than in other countries – say that they routinely receive and review surveys of patient satisfaction and experiences with care.

Swedish primary care physician's experience that the availability of primary care is poor compared with other countries

Compared to other countries, Swedish physicians estimate that the availability of appointments at primary care centres is poor. Physicians in most countries, including Sweden, find the availability of specialist healthcare poor, but access to primary health care outside office hours is improving. Swedish physicians are among those who think to the greatest extent that their patients receive too little healthcare.

The physicians experience that the availability of primary care is poor but the opportunity for healthcare outside office hours has increased

The Swedish primary care physicians estimate that there is considerably less of a chance of their patients getting a doctor's appointment the same or the next day than their colleagues in other countries. Only four in ten answer that all or almost patients that request a same- or next day appointment can get one – in several other countries, the proportion giving the same answer is more than eight in ten. The results confirm the patients' responses in last year's survey, which also demonstrated moderate or poor results in the international comparison with regard to the availability of appointments at the primary health centre.

On the other hand, three in four physicians state that their practice has an arrangement where patients can see a doctor or nurse if needed when the practice is closed, which is on a similar level to in other countries and also an improvement since 2012. The IHP survey that focused on patients 55 and older showed, however, that

only a third of those who needed to seek healthcare outside office hours said that this was easy.

Patients' access to specialist healthcare is a problem in several countries

The physicians in Sweden and several other countries in the survey experience that the transition to specialist healthcare with respect to waiting times and availability of diagnostic tests is difficult for patients. Compared with the patients' experiences according to last year's survey, Swedish physicians think that availability of specialist healthcare is even worse than the patients themselves.

Swedish primary care physicians have the longest routine visits but are least satisfied with the time they can devote to the patients

The primary care physicians' answers confirm other analyses that show there is potential to make the use of the physicians' time more effective.

Swedish primary care physicians spend the smallest percentage of their working hours meeting patients

Swedish and Dutch primary care physicians stand out in international comparisons because they spend the smallest percentage of their working hours on face-to-face contact with patients – median value of 60 percent. On average, Swedish physicians also meet fewer patients per week, while their routine visits last longer. Although routine visits are long compared to other countries, only a small percentage of the Swedish primary care physicians are satisfied with the time they have to spend per patient. In international comparisons, Sweden and the United Kingdom are the countries where most physicians say that their job as a primary care physician is stressful – more than half answer that their job is very or extremely stressful.

The reporting of data is a problem in their work - but Swedish physicians receive feedback on the clinical performance to a greater extent than in other countries

The Swedish physicians spend more time on administration and indirect patient contact than their colleagues in other countries. Many physicians also believe that some of the patient-oriented tasks they currently have could, to some extent, be performed by other professionals, to make greater benefit of their skills as doctors. As with physicians in other countries, 25 percent state that reporting clinical or quality of care data is a major problem in their work. At the same time, Sweden is in a strong position compared to other countries, with 55 percent of all physicians regularly receiving feedback on how the clinical performance of their practice compares to other practices.

Key IT solutions have been established but Swedish physicians are least satisfied with their electronic medical record systems

Compared with other countries in the survey, Swedish healthcare is, to a great extent, digitalised. Sweden has strong results internationally when it comes to IT support in primary care, but at the same time, Swedish physicians are least satisfied with their electronic medical record system.

Swedish primary care is digitalised to a great extent

The functionality of the Swedish IT systems appears quite good – for example, basically all physicians use electronic medical records and are able to electronically transfer prescriptions to a pharmacy.

Sweden is also in a strong position internationally when it comes to the possibility of, for example, electronically exchanging patient clinical summaries and laboratory and diagnostic test results with doctors outside their practice.

Despite the largely good results with regard to the functions, only 37 percent of the Swedish primary care physicians are very satisfied or satisfied with the medical record system they use. This is the smallest proportion of all countries and, in the United Kingdom, which has the highest percentage, 86 percent of physicians answered that they were very satisfied or satisfied.

The use of e-services for patient involvement differs between the countries

A prerequisite for patients to be able to participate in their own care is that important information can be shared between healthcare providers and patients, and that the information is available prior to patient appointments. The use of different e-services for patient involvement differs between the countries in the survey. For example, more than 60 percent of the Swedish physicians state that their patients can e-mail them about a medical question or concern, which is a greater percentage than in the majority of other countries in the survey – in Canada, the corresponding figure is 15 percent. With regards to the possibility of providing a clinical summary for each visit to give to the patient using a computerized system, and patients' ability to download information from their medical record online, the answers vary greatly between the countries: downloading your medical records is easiest in the USA, at 60 percent, least in Norway, at 3 percent, and, in Sweden, 20 percent of the physicians state that the patients can download their medical records online.

The Swedish primary care physicians are less positive towards the health care system and quality development in healthcare

Like physicians in other countries, Swedish primary care physicians are quite satisfied with practicing medicine, but Sweden is one of the countries with the greatest percentage of physicians thinking that the quality of medical care has become worse compared to three years ago. Compared with the 2012 IHP survey, which also focused on general practitioners, the percentage of physicians who see that on the

whole the health care system works pretty well, has reduced from more than 40 percent to just fewer than 20 percent.

Sweden, the United Kingdom and Germany stand out with patients 55 and older being considerably more positive towards the health care system than the physicians are. In most countries the answers from physicians and patients are more similar.

There are few differences between the answers from physicians working in the private and the public sector respectively

It is not possible to draw any clear conclusions on the prerequisites facing physicians at private or public primary health centres have, for working in a more patient-centred manner. There is no difference for most questions we studied. However, physicians at privately owned primary health centres experience greater opportunities to offer patients the option of a permanent personal doctor and an appointment the same or the next day. They are also more positive when it comes to the development of quality of medical care over the last three years. They are, on the other hand, more critical of data reporting constituting a problem in their work. Their answers regarding questions relating to the IT systems are often more critical than for physicians at publicly owned health centres, which could possibly be explained by the fact that their systems are to a lesser extent connected to systems in other areas of healthcare.

General conclusions and reflections by the Swedish agency for Health and care services analysis

The results of this year's IHP survey, combined with results from other surveys, lead us to some general conclusions and reflections.

- ▶ *There is much potential for improvement when it comes to a patient-centred approach – both between the county councils and in comparison with other countries*

In several respects, the results of the survey confirm the picture from the 2014 IHP survey of patients 55 and older. Then Sweden stood out through, for example, patients feeling to a lesser extent than in other countries that physicians or healthcare personnel coordinated their healthcare and were aware of their case history. The Swedish patients also more rarely had a permanent personal doctor and Swedish healthcare performed worse regarding providing patients with information to enable them to make well-founded decisions about their healthcare and health.

The physicians' responses in this year's survey demonstrate shortcomings in the coordination with other elements of healthcare, a lack of support for self-care, poor conditions in terms of time, mandate and IT support for coordinating healthcare and far from all primary health centres can offer patients the option of a permanent personal doctor, despite this being a legal requirement. Both the 2014 IHP patient survey and this year's physician survey demonstrate the value of a permanent

personal doctor. The patients who have a permanent personal doctor experience that the coordination of their healthcare is more effective, and the physicians who have answered that they can often offer the option of a permanent personal doctor experience to less of an extent that their patients encounter problems resulting from shortcomings in coordination.

There is a great difference between the county councils in the physicians' responses to many of the questions regarding how effective healthcare is and whether the prerequisites for working in a patient-centred manner exist. At the same time, the patients do not appear to notice geographical differences to the same extent – the responses in last year's survey of patients 55 and older were consistently similar between the county councils. There are also several questions where, compared with the physicians, the patients view healthcare more positively, even if the results are poor from an international perspective.

All in all, the survey shows great potential for improvement, both in comparison with other countries and between the county councils. But it also shows that the physicians' and patients' opinions of healthcare differ in several respects and that the physician survey alone cannot provide an overall picture of the state of healthcare.

► *The electronic medical record system does not cater for the needs of primary care physicians*

In an international comparison, the Swedish physicians are least satisfied with the medical record system they use. There are also great differences throughout the country with regard to how satisfied the physicians are. Although the county councils use different IT systems, the IT system on its own does not appear to be able to explain the degree of satisfaction. Nor can this be solely explained by the functionality on the basis of what is measured in this survey – the Swedish physicians' responses indicate rather good functionality in several respects. Other explanations could, for example, be how the system has been implemented in the county councils, the opportunity for competence development or that there are other types of functions the physicians need. We need to better understand what characterises needs-based and user-friendly IT systems for primary care.

► *The physicians' time could be better used to free up time for meeting patients*

Swedish physicians spend the longest time with each patient, but spend a small proportion of their total time on direct patient contact and are least satisfied with the time they can devote to each patient. At the same time, Swedes go to the doctor more rarely in comparison with the population in the other countries in the survey and there is less doctor continuity. This may be the reason why appointments are longer and physicians – and also patients – are less satisfied with the time spent on appointments. A large percentage of the Swedish physicians also say their work is

very stressful. These results confirm the conclusion from the report *Ur led är tiden* (2013) by The Swedish Agency for Health and Care Services Analysis, which demonstrated opportunities for making the use of physicians' time more effective.

► *The physicians' reduced confidence in the healthcare system is worrying but needs to be better understood*

Primary care in Sweden has undergone major changes over the past decade with the introduction of the "care choice" and increased focus on appointment productivity. At the same time, primary care's responsibility for patients discharged from inpatient care has increased, as a result of shorter treatment times. There is also an ongoing and accelerating staffing problem in primary care. There has also been a lot of debate about the consequences of controlling spending in healthcare.

We do not know whether and how this ties in with the physicians' picture of healthcare and the quality of medicine but we can state that the major changes in primary care have been followed by major changes in the results with regard to how the primary care physicians view the health care system and quality of medical care. Barely one in five physicians in primary care thinks that the health care system works well and the proportion has halved in three years. An increased proportion also think that the quality of medical care has deteriorated and that their patients receive too little healthcare.

At the same time, it should again be emphasised that the physicians' responses alone cannot provide a complete picture of the state of healthcare, although the physicians' opinions are a very important piece of the puzzle. The physicians' responses need to be weighed up against the patients' view and with the medical results being developed.

► *The question is whether primary care is able to live up to the expectations with regard to coordination and continuity*

The results of this survey have shown that far from all Swedish primary care physicians experience that they have the mandate, time and IT support needed to coordinate and plan healthcare for their patients. This is despite the fact that primary care is expected to take great responsibility for coordinating healthcare for patients and users. But the organisation of healthcare in Sweden differs from other countries in the survey. Sweden has a smaller percentage of specialists in general medicine than the average for the IHP countries. Swedish primary care is also characterised by a very broad remit with several professional categories and far-reaching responsibility for treatment and diagnosis. Primary care in many other countries is based on smaller practices with mainly general practitioner competence. The Swedish population also goes to primary care considerably less frequently and there is less doctor continuity.

Swedish primary care physicians have, therefore, somewhat different conditions in their work than physicians in other countries when it comes to both resources and organising primary care. We need to ask ourselves to what extent these differences

influence factors such as facilities for coordination, continuity, participation and a holistic view.

More of the population need to have contact with various elements of nursing and healthcare, including as a result of more people developing chronic illnesses. Is it reasonable to expect primary care, with its current organisation, to fulfil the increased need for coordination and continuity resulting from these factors?