Summary of the Swedish IHP 2020 report

This report presents an analysis of Sweden's results from the annual Commonwealth Fund International Health Policy Survey (IHP). In Sweden, the survey was answered by approximately 2 500 people, randomly selected from the population of citizens 18 years and older. The response rate was around 30 percent. When analyzing the results, it is evident that the response rate is lower in some groups (younger people, people with lower education level, people born outside of Sweden), but we have attempted to compensate for the lower response rate by weighting the responses. The chosen method aims to represent the Swedish population as accurately as possible.

To deepen our understanding of the Swedish results, we used statistical analysis to examine how the results are connected to different socio-economic factors. We used logistic regressions to examine if the answers differ between (for example) different genders, age groups or education levels. We also examined the differences between people with different health status and between those who have a regular doctor/nurse they usually visit for their medical care, and those who do not. We include several different socio-economic and health variables, but there are most likely additional variables not factored into our analysis, which affect the results. We have, for example, no information about prior health care consumption or diagnoses. It is also important to remember that our analysis shows the correlation between different factors, and not causal relationships. The relationships between health care experiences and different socioeconomic factors should therefore be seen as a starting point for further analysis.

This report presents a number of results covering several different areas of health care. We summarize the most important findings, on which we base our conclusions and recommendations. The two questions asked in this report are:

- How do the Swedish results compare to the other countries' results?
- To what extent can the results be connected to different background factors?

Findings from the international comparisons

The overall findings from IHP 2020 are in line with the results from our 2016 surveys of the general population. The findings can be summarized as follows:

The Swedish results are poor compared to other participating countries when it comes to waiting times, continuity and coordination of care. However, the Swedish population are less likely to abstain from seeking care due to costs. In addition, Swedish respondents report positive experiences with the doctors and nurses when visiting the hospital for care. The Swedish results also show that more patients in Sweden have used digital tools to communicate with their doctor or health care provider.

More than half of respondents, 63 percent, replied that the overall quality of Swedish health care is very good or fairly good. However, the mean level of positive answers is higher for the other participating countries. For the Swedish health care system, there is potential for improvement.

The Swedish results relating to patient centered care (such as coordination of care and continuity) show no sign of improvement over time. The results of our survey show long waiting times and that coordination of care and support for people with complex health issues is sometimes lacking, despite this being a known weakness of the Swedish health care system for many years. There are many challenges ahead for the Swedish primary care system, which the results from this survey can hopefully be of help in tackling.

Sweden has the longest waiting times for non-emergency care

Compared to other countries, it is more common in Sweden to have to wait for a long time when visiting a doctor or hospital. Only 37 percent of respondents replied that they had received care within two days the last time they were ill. It is the poorest result of all the surveyed countries. Seventy percent had received care within seven days, but even more had received care within seven days in the other participating countries. Sweden also has long waiting times when requiring specialist health care or an operation. Swedish respondents are also less likely to answer that it is easy to get help during evenings or weekends without visiting the ER.

Few abstain from health care due to medical fees and other costs

Few in Sweden reply that they have abstained from seeking care due to medical fees. Around 5 percent replied that they have avoided treatment, medicine, or visiting a doctor because of the cost. Since the last IHP survey in 2016, that percentage has increased slightly. It is more common to have abstained from dental work due to the cost. In this year's survey, 23 percent have abstained from visiting a dentist because of the cost. Since 2016, this proportion has increased from 20 to 23 percent.

It is uncommon in Sweden to have a regular doctor or nurse

Around 35 percent have a regular doctor or nurse, compared to around 80 to 98 percent in the other countries participating in the survey. However, it is more common that Swedish patients have a regular place they visit for care. Around 80 percent say that they have a regular place providing them with health care. The results from IHP 2019 showed that Swedish primary care clinics often employ several different professions, such as therapists and physical therapists. Around 13 percent in Sweden have neither a regular doctor or nurse, nor a regular provider they visit when they need care.

Patients who have received in-patient treatment at hospitals are generally satisfied

Patients who have spent the night at the hospital feel that they have been able to participate in decisions about their own care (92 percent), and have had a positive relationship with the health care staff (94-96 percent). The percentage of patients who were able to participate in decision making regarding their care has increased by 7 percentage points since 2016. The Swedish results also show that the patients were treated well by both doctors and nurses during their hospital stay. The Swedish results are good compared to the other participating countries, and have improved since 2016.

Swedish health care has room for improvement regarding routines when leaving the hospital

The survey showed that Swedish health care could do more for patients leaving the hospital. Only 62 percent replied that they received written information about symptoms to watch out for after leaving the hospital. At the same time, we see an improvement since 2016. It is somewhat more common (76 percent) to receive information about any medicine prescribed when leaving the hospital. However, the percentage of people who have received this information has decreased by 10 percentage points since 2016. Among Swedish respondents, 78 percent replied that they received help with booking a follow-up visit, which is an increase of 4 percentage points since 2016.

Many Swedish patients respond that their primary health care provider lacked important information about them after a visit to specialist health care

Our survey shows that 19 percent of respondents have experienced that a specialist doctor lacked basic information or test results from the primary care clinic they visited before seeking specialist care. The inverse was also common; that their regular doctor had not received information about treatments the patient had received from a specialist. Around 30 percent of Swedish respondents had experienced this, which is the highest percentage among all the surveyed countries.

However, we see an improvement regarding the sharing of information after leaving the hospital. After leaving the hospital, 79 percent reported that their regular doctor or primary health care provider had been informed about the care they had received at the hospital. The Swedish result has improved by 12 percentage points since 2016. It is

possible that this improvement is related to a recent new law aiming to improve cooperation between health care providers when patients leave the hospital.

Few Swedish patients in need of treatment for mental health problems have received treatment or counseling

It is comparatively more common among Swedish respondents to have needed counseling or treatment for mental health related problems during the last 12 months. Of these respondents, 65 percent replied that they had not received support or treatment. This suggests an area of improvement for Swedish health care.

Findings from the statistical analysis

Differences in response patterns are related to background factors: one notable example is whether the respondent has a regular doctor, as this can be affected by the health care system

For the majority of questions in the IHP, we have examined the relationship between responses and the respondents' individual background factors. This has been done through logistic regressions. The most common significant background factors were age, level of education, health status, and whether or not the respondent has a regular doctor. Of these factors, whether the respondent has a regular doctor is of special interest, as this is something the health care system can work on improving. Altogether, the results from this year's analysis show the same pattern as in previous years: positive experiences in the health care system are associated with demographic, regional and socioeconomic factors.

Patients with a regular doctor or nurse have a more positive experience than people who simply visit a regular primary care provider

In general, we can see that people with a regular doctor or nurse usually have a more positive experience than people who visit a regular provider but do not have a regular doctor or nurse. Furthermore, people with neither a regular doctor nor a regular provider have a more negative experience in several areas. For example, we can see that people with a regular doctor or nurse more frequently report that:

- The staff know their medical history.
- The staff spend enough time with them.
- They are involved in decisions about their care.
- The staff explain things in a way they understand.
- They receive help coordinating their care.
- They receive written information about symptoms to keep an eye out for after leaving the hospital.
- Their regular doctor was updated after they visited the hospital.

- They have received support on how to manage their chronic conditions.
- They have received treatment for their mental health.
- They have talked with their doctor about physical activity and a healthy diet.

In sum, there are indications that having a regular doctor or nurse is positively associated with patient reported quality. One possible explanation is that the continuity of a personal relationship makes positive experiences more common. A regular doctor or nurse may also have more in-depth knowledge about the patients' medical history and take greater responsibility for coordinating care with different health care providers.

It is less common to have a regular doctor or nurse among people living outside of cities. People living in the countryside are the least likely to have a regular doctor. Instead, it is more common to have a regular provider they visit for their health care needs.

Older patients have a more positive health care experience than younger patients – however, younger patients have more often received different types of support or care, and they use digital tools more often.

There are differences between the health care experiences of different age groups, even when controlling for differences in health. These differences exist in almost all questions we have analyzed. In general, positive experiences are more common among people 65 and older compared to those younger than 65 years old. Older patients more often report positive encounters with the health care staff when spending the night at the hospital. They more seldom report that their health care provider lacks information when receiving specialist health care. It is also more common for patients 65 and older to have a regular doctor or nurse or a regular provider compared to younger people. Having a regular doctor or nurse is least common in the age group 18-34.

It is more common for people younger than 65 to report that they have received one or more of the measured types of care or support. It is also more common for that age group to have used some form of digital tool. For example, it is more common for people younger than 65 to have received support on how to manage their chronic illness or to have received treatment for their mental health. It is also more common among people 18-49 to have been in contact with a doctor or other health care staff by using digital tools. Finally, it is more common for people younger than 65 to abstain from seeking care due to the cost.

Patients with chronic illnesses or poor health generally more often report negative health care experiences. They also report more barriers to accessing health care.

People who rate their health poorly, have chronic illnesses, or have mental health issues more often report negative health care experiences compared to people with better health. People with chronic illnesses report to a lesser degree that they have been treated well by doctors and nurses when visiting the hospital. They also report more often that the health care staff lack important information when they seek specialist health care. People with more than one chronic illness or with poor self-reported health were also less likely to

report that they received the support they needed for their illnesses compared to people with one chronic illness or better self-reported health. People with poor self-reported health generally report more problems with accessing health care. These problems include economical barriers to accessing care and difficulty getting help during evenings and weekends without visiting the ER.

People with a higher level of education or with private health insurance experience shorter waiting times

There is an association between level of education and experienced waiting times. People with university level education have a more positive experience compared to people with lower levels of education. They are more likely to respond that they waited less than 90 days to meet a specialist or to receive an operation. People with a higher level of education are also more likely to answer that health care staff spent enough time with them, that the staff explained things in an understandable way, and that they themselves were involved in the decision making regarding their care. People with a higher level of education are also more likely to use digital tools to contact their health care provider, download information or book appointments.

People with private health insurance are also more likely to report shorter waiting times. That is, however, the only occasion where we can find a statistically significant association between private insurance and health care experience.