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Experiences of ACG as a part of primary health care funding in a Swedish region

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May 11, 2010



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Västra Götaland

49 municipalities

Population: 1.5 million

Inhabitants/km²: 63

Distance North-South: 300 km

Distance East-West: 250 km



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Region Västra Götaland

- Created in 1999
- One of the largest mergers ever in Sweden
- The Regional Council with it's 149 members is the mightiest political decision-making body. Election every four years
- Budget 2009: SEK 44.1 billion
- More than 50 000 employees



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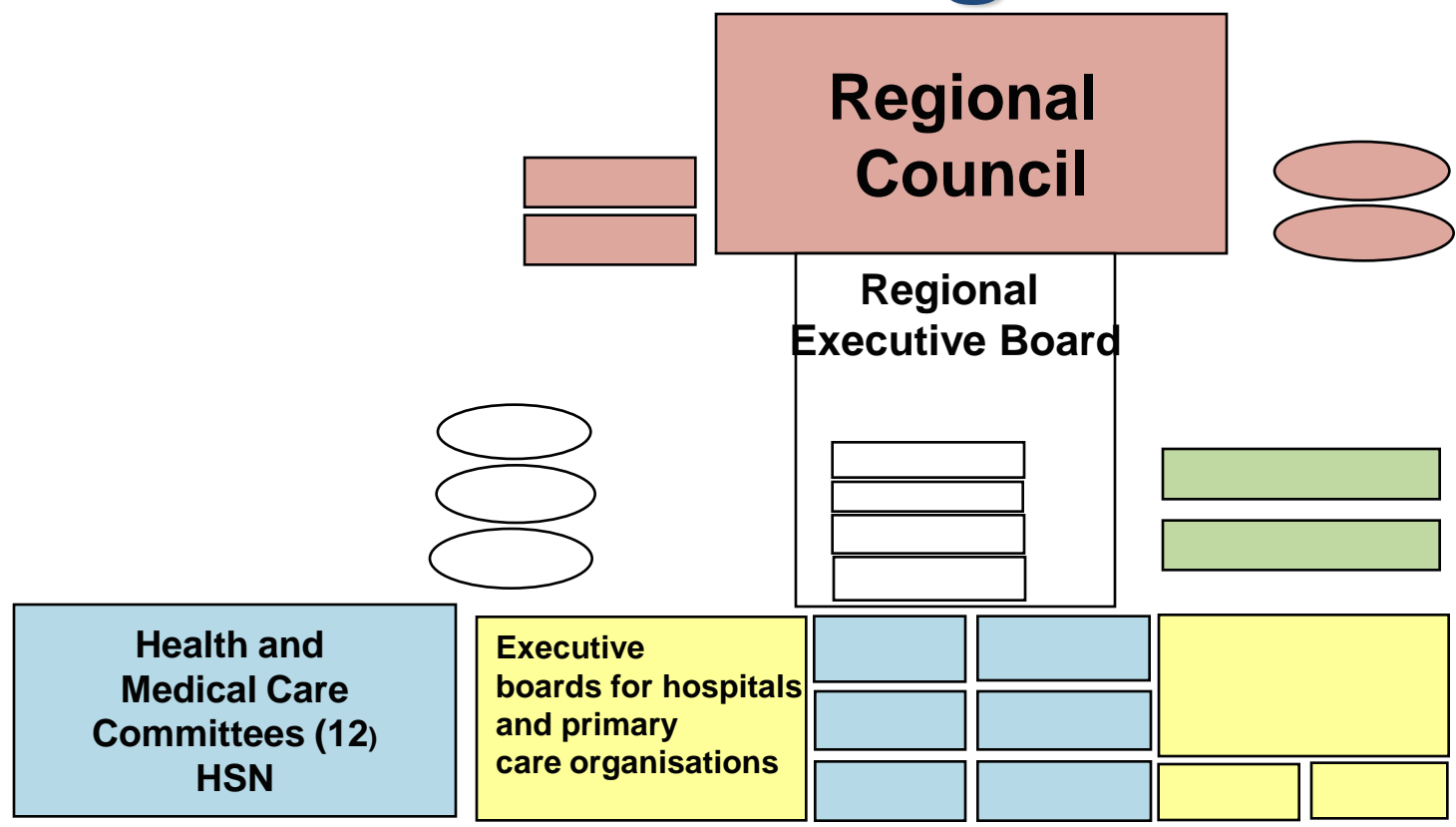
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Two major areas of responsibility

- Growth and development
- Health care

Political organization





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Four general levels of health care

- Local health care – primary health care, including medical advice by phone (1177)
- Hospitals providing specialized planned health care
- Hospitals providing specialist emergency health care
- Hospitals providing highly specialised health care



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Health care

- **Hospitals; 17 hospitals (incl. a university hospital)**
- **Primary care: 117 health care centres owned by Region Västra Götaland and 87 owned by private health care providers.**
- **Agreements with private health care providers for specialized care**
- **170 public dental care clinics**
- **Disability issues**



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Problems with primary care

- **Problems escalating during last 20 years**
- **Comparatively low reputation**
- **Difficulties in recruiting and keeping staff, especially family doctors**
- **12 Health and Medical Care Committees – different conditions for health care providers in different areas.**



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Primary care reform VG Primärvård

Reformation – new terms equal for all providers with detailed descriptions of the included primary care services

- **Patient choice of a health care center**
- **Funding related to listed persons**
- **Approval of any caregiver that fulfills the detailed criteria**
- **Started 1 October 2009, 65 new health care centers, 205 in total.**



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Effects on the funding per capita per sub region.



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Funding models (1)

Before

- **12 Health and Medical Care Committees with budgets from the Regional Council based on age, sex, socioeconomic factors and tradition**
- **Each committee distributed money to hospitals and primary health care organisations and units in their area based on their own priorities.**



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Funding models (2)

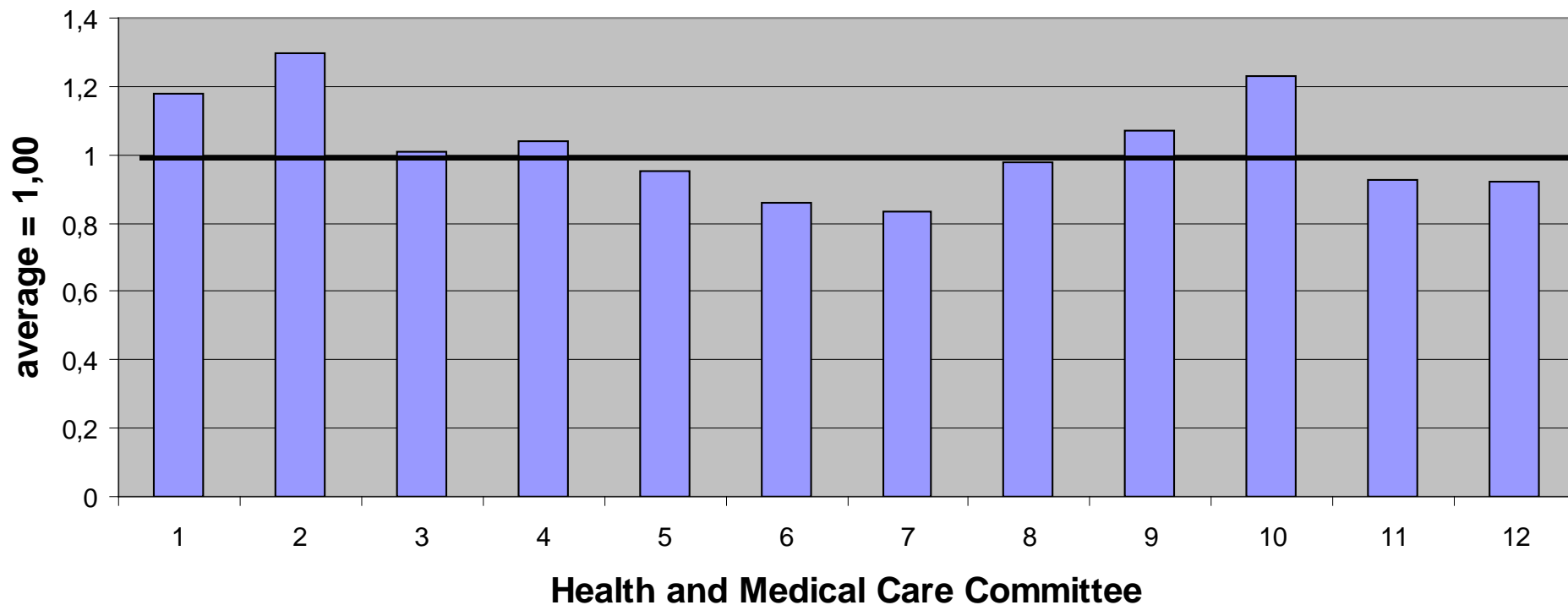
After:

A mixture of traditional and new compensation components, equal to all health centers, managed by the committees .

- Demographic 43%, Age and sex of all listed persons
- ACG 43%, ACG casemix calculated for all listed persons
- Other components including quality indexes 14%
 - ❖ Geographic
 - ❖ Socioeconomic, Care need index for listed persons (by SCB, Statistics Sweden)
 - ❖ Coverage quota, visits in primary care relative to visits in hospital outpatient care

Funding per capita, previous model

Relative resources per capita for agreed primary care services





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Expectation

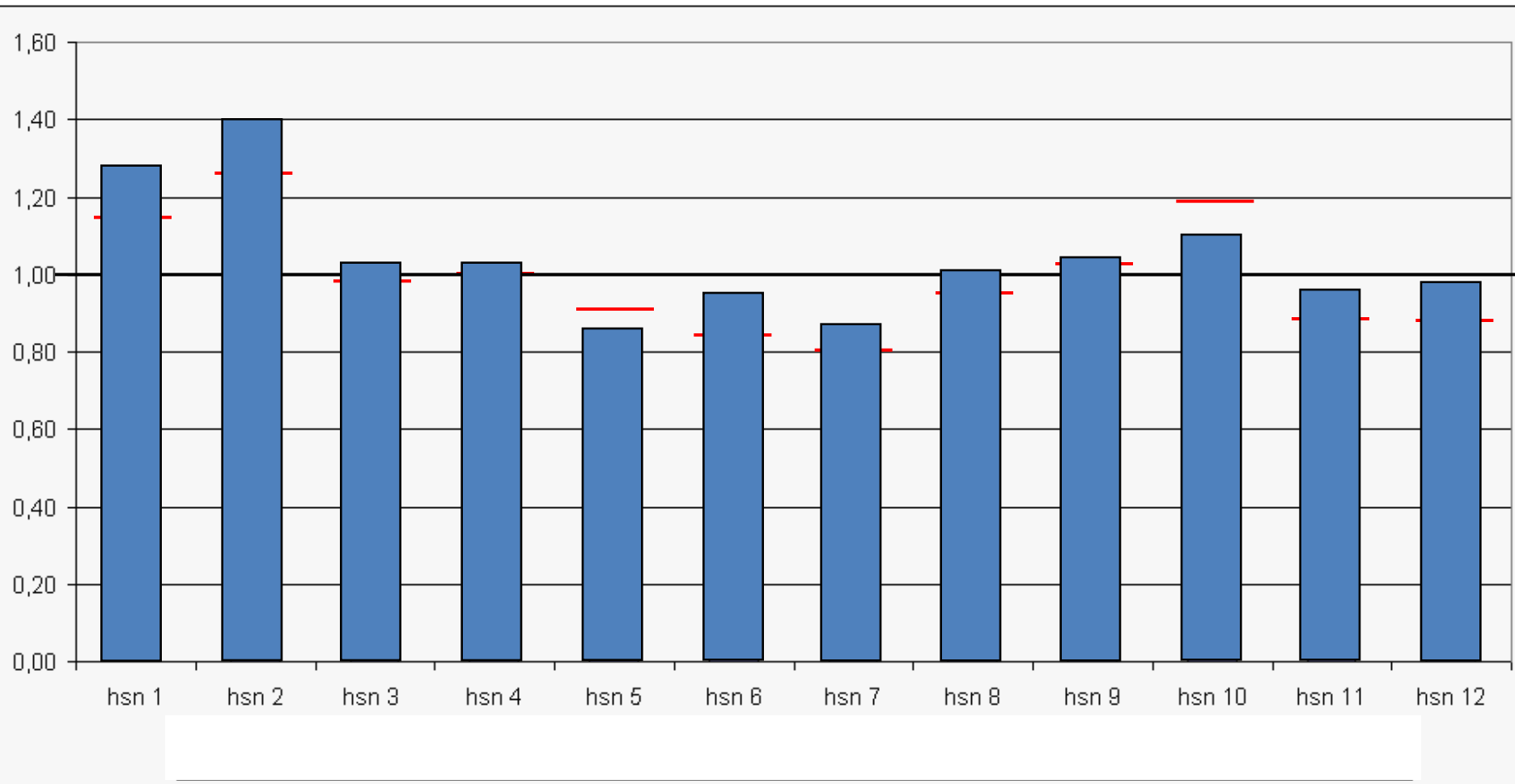
- The same terms and refunding principles for all units should lead to decreasing differences between the areas of the committees
 - ❖ the highest going down
 - ❖ the lowest going up



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Funding per capita, new model





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Effects on the funding per capita per sub region. - Conclusions

ACG and the other main components reduce the difference in contribution per capita between the committee areas.

For two of the committee areas this effect is overridden by the geographic factor



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Effects on ACG casemix



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Patient choice of a health care center

- All people in region Västra Götaland shall have a chosen health center
- People should not be forced too chose. Together with an introduction letter too all inhabitants the Region therefore suggested a health center. If no response that health center would be considered the chosen one.



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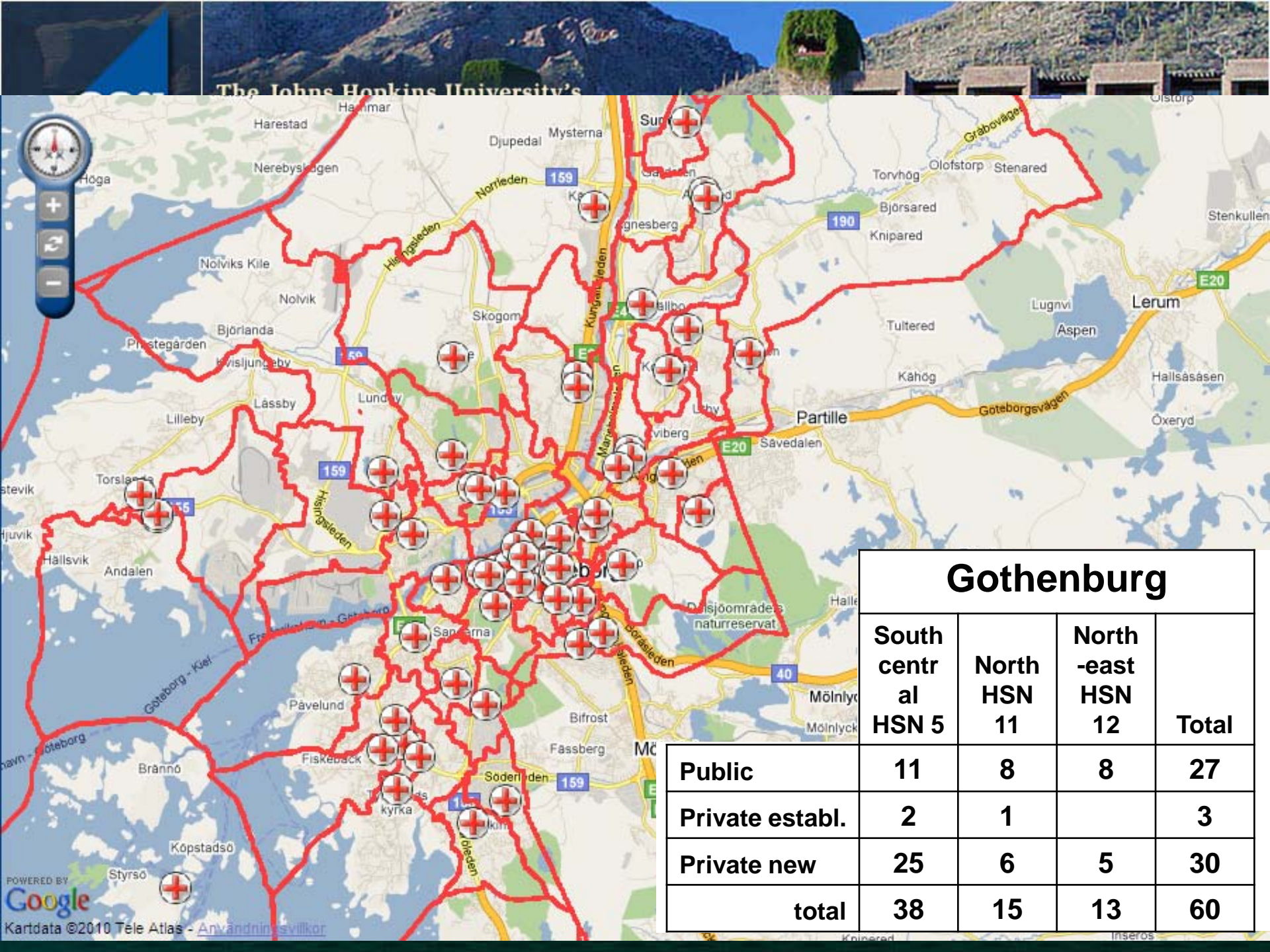


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Principles for the suggestion

- **1** The health center you had chosen in previous system
- **2** if none, the health center where you had 3 or more visits during the last 15 months
- **3** if none, the nearest health center within your municipality, calculated by a geographical information system



Gothenburg

	South central HSN 5	North HSN 11	North-east HSN 12	Total
Public	11	8	8	27
Private establ.	2	1		3
Private new	25	6	5	30
total	38	15	13	60



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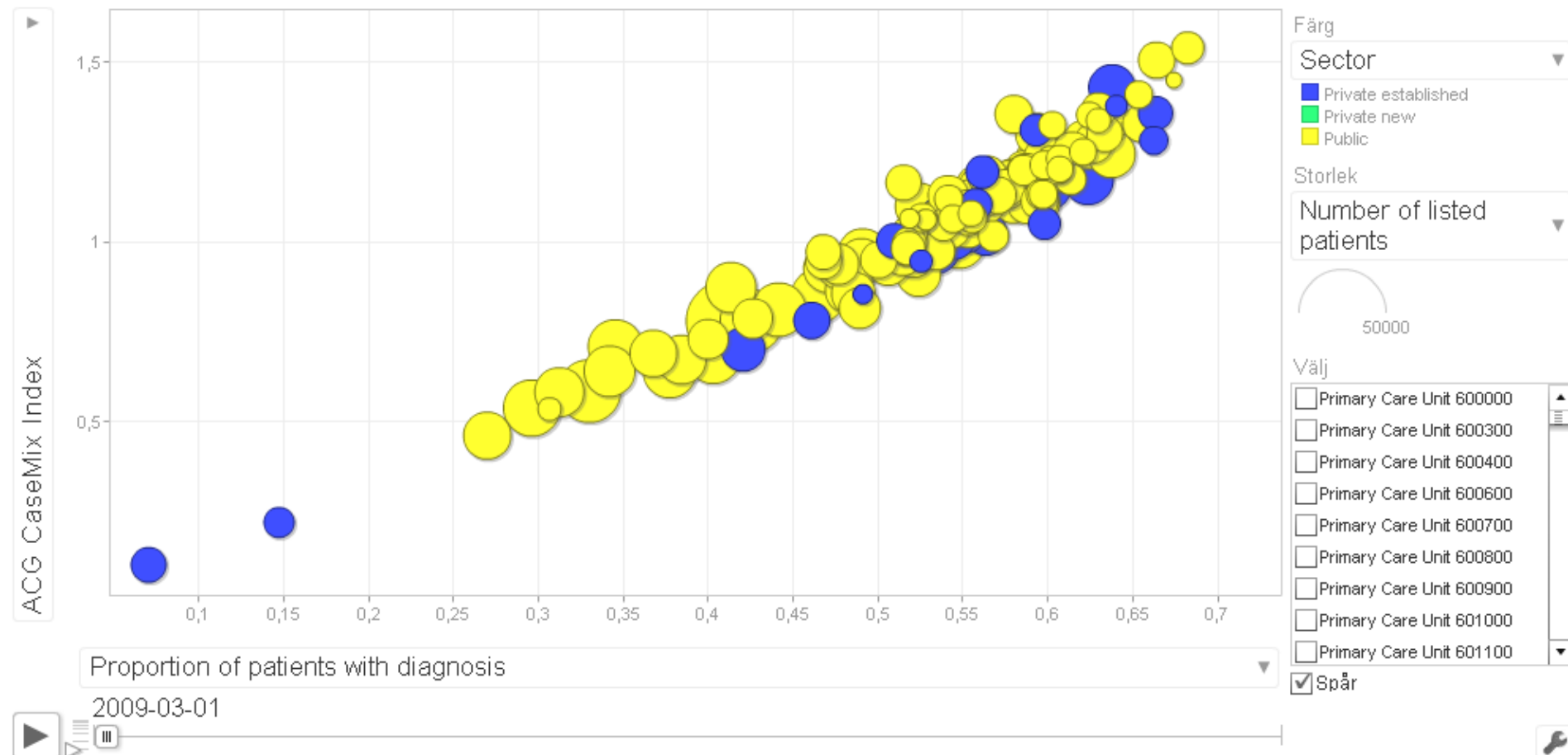
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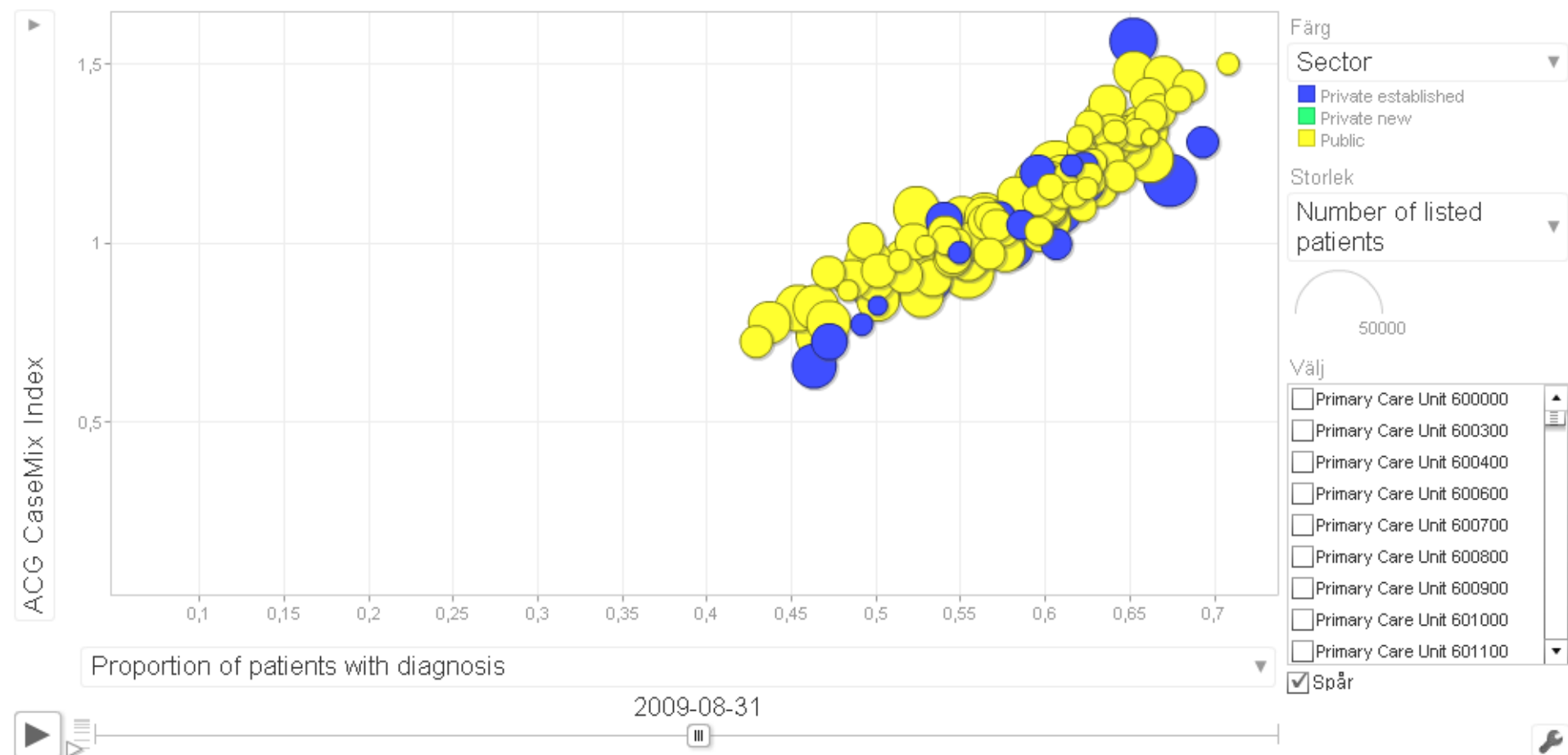
Resulting effect

- All previously active patients were suggested to existing health centers
- New centers got the less active patients and the non-patients.
- This gave a big difference in ACG-casemix between new and old health centers

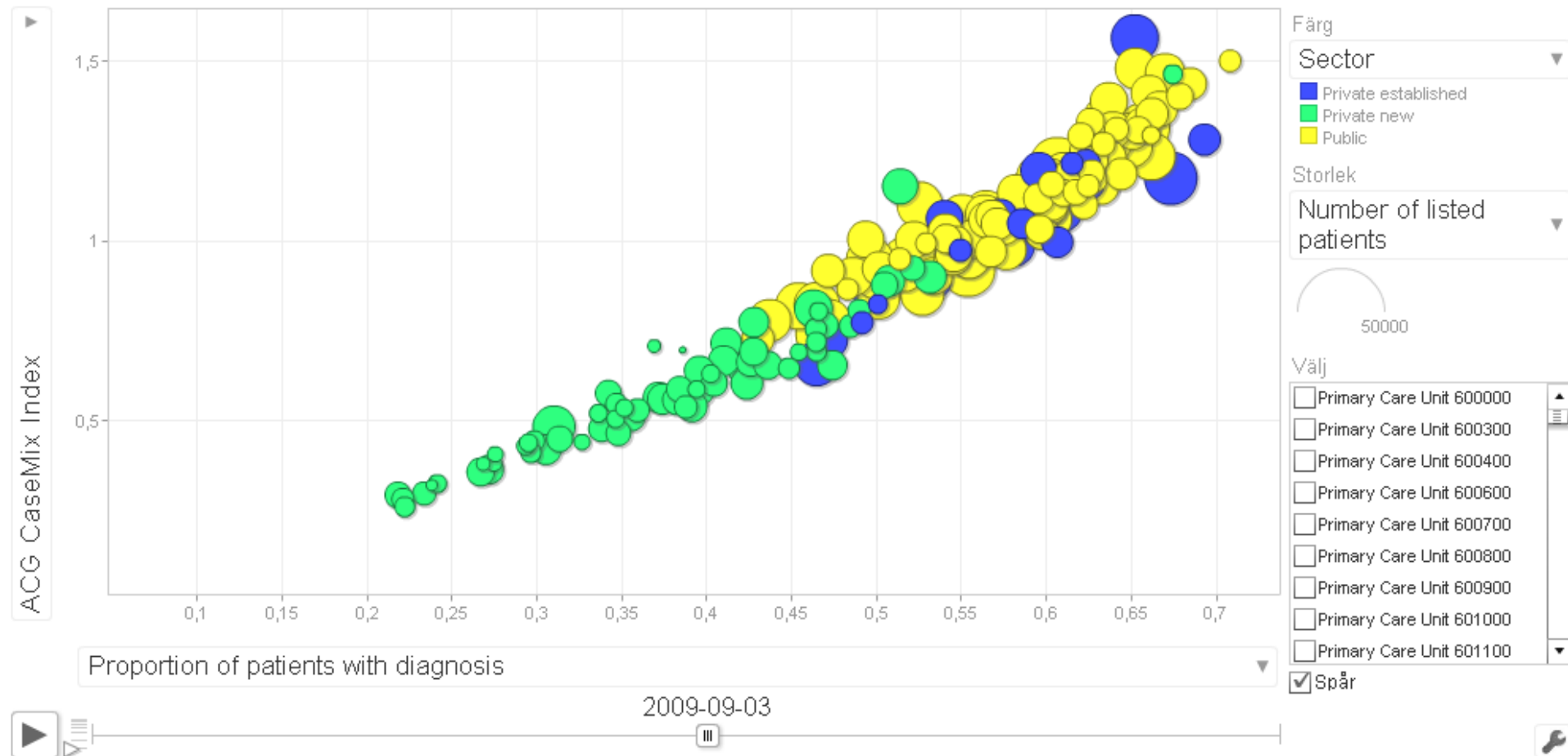
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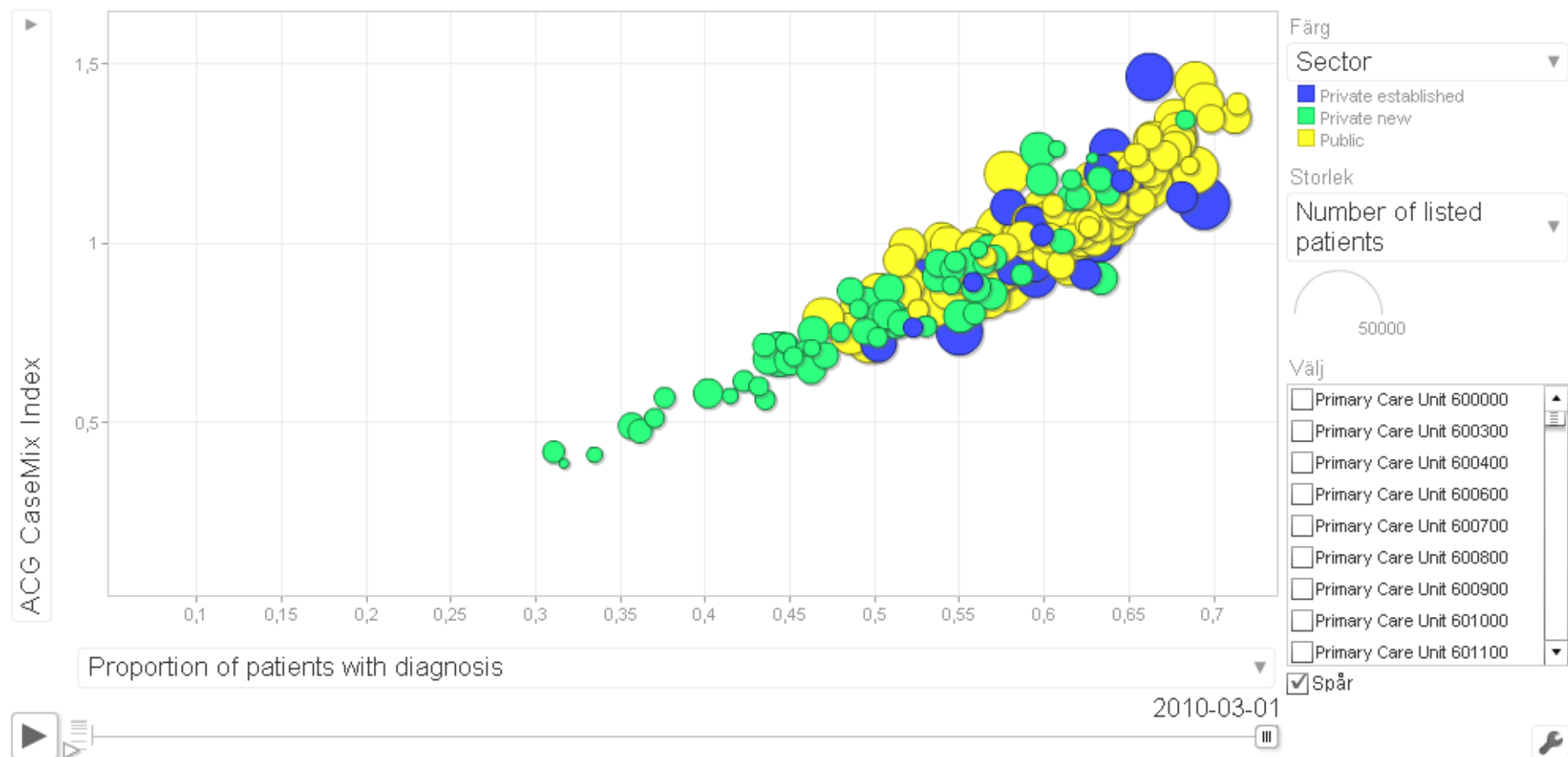
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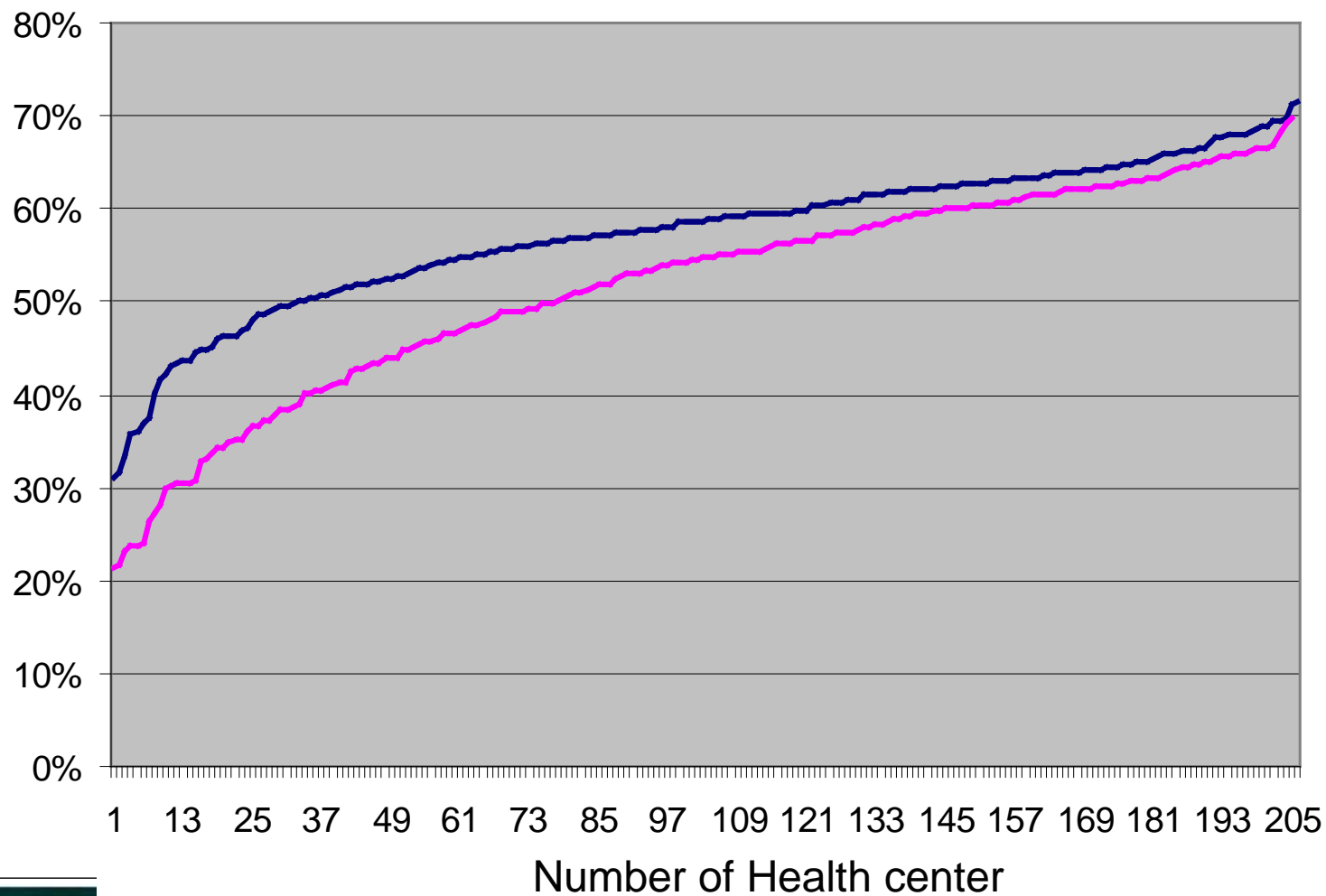




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Proportion listed persons with at least one diagnosis

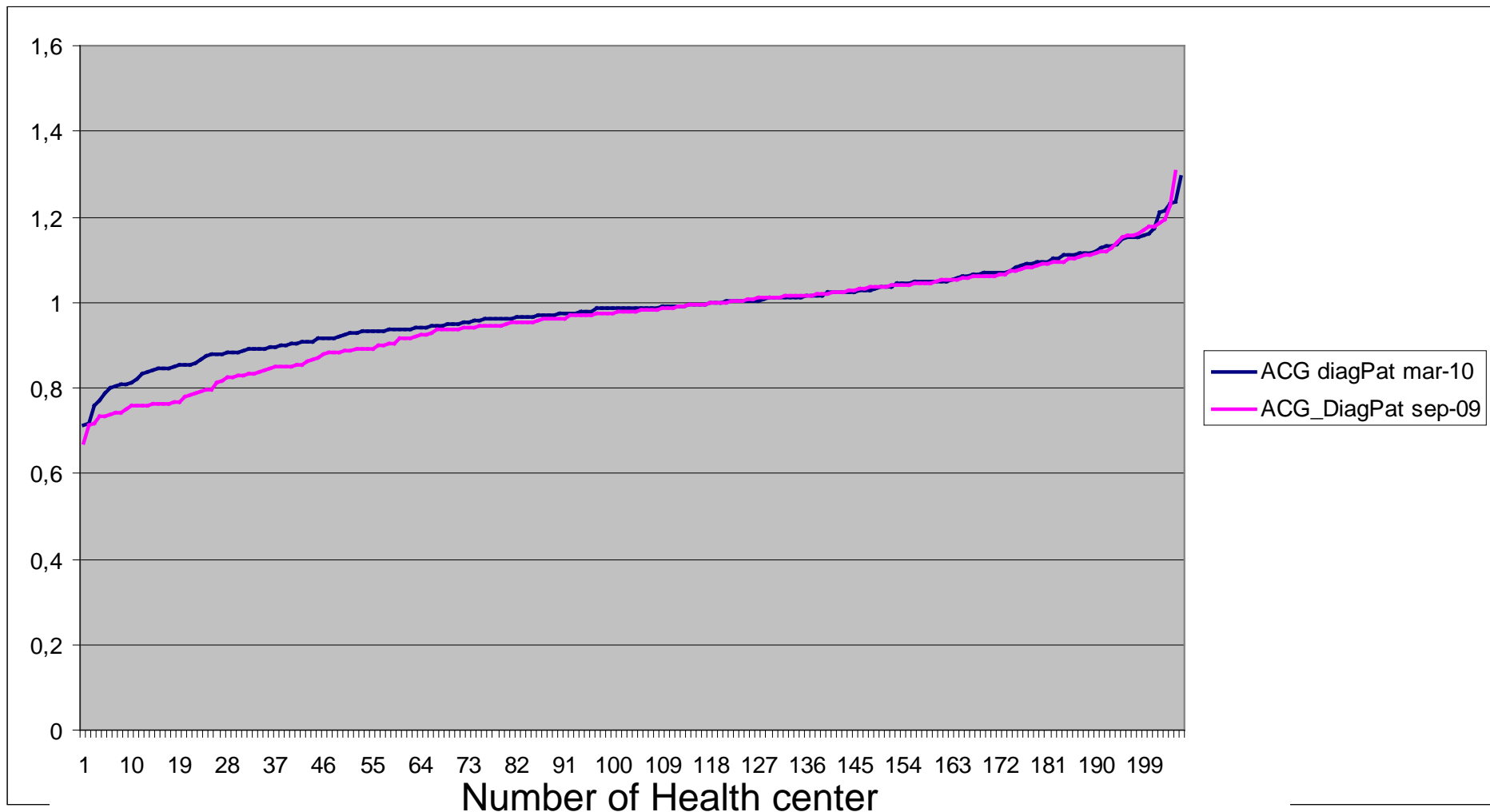




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Distribution of ACG Casemix related to listed with diagnosis

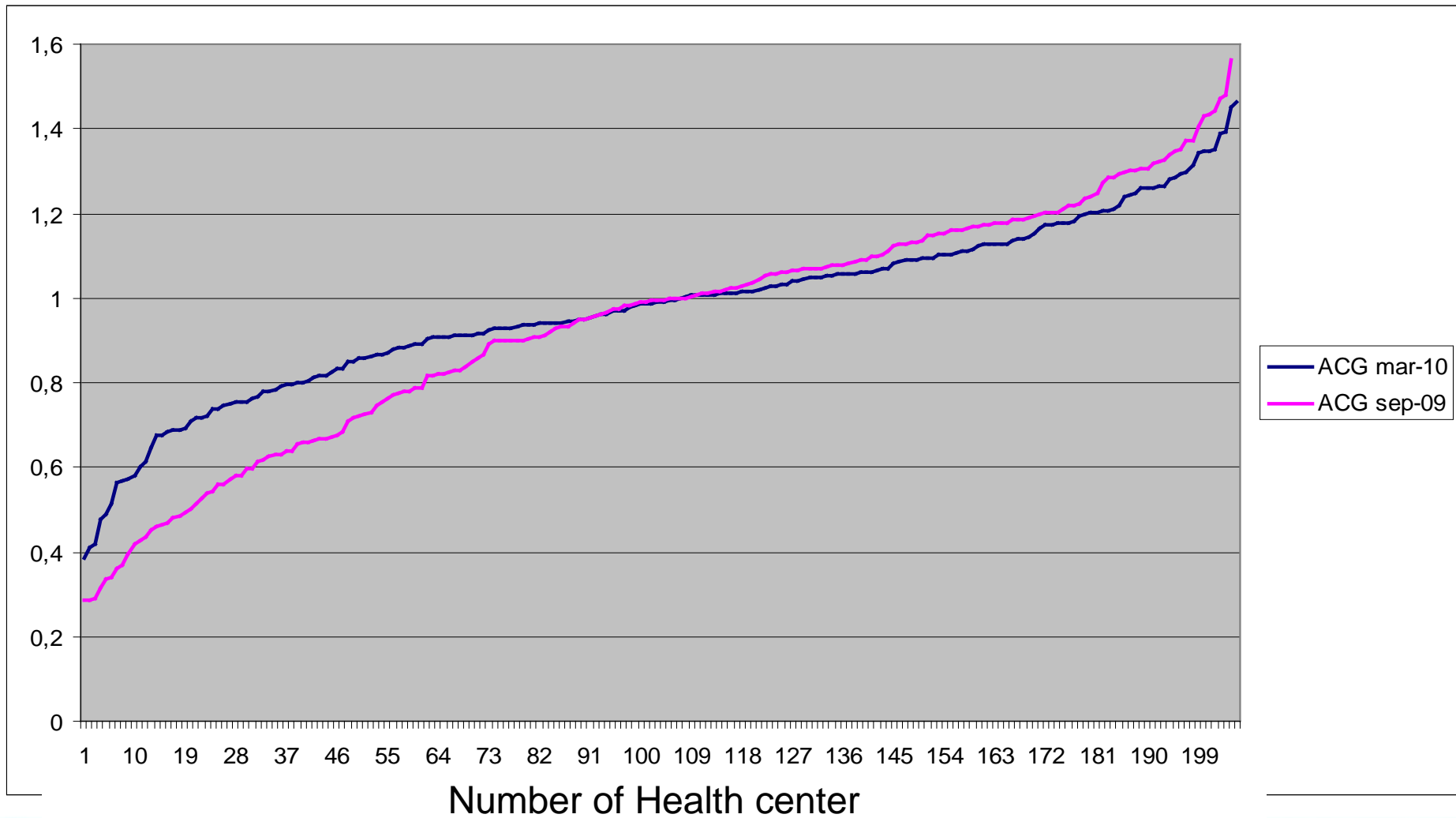




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Distribution of ACG Casemix related to all listed persons





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Effects on ACG casemix - Conclusion

The initial listing procedure combined with 65 new health centers introduced big differences concerning the proportion of listed with a diagnosis.

The spread in ACG casemix widened, those with higher than average proportion increased, the others decreased.

During the first six months the proportion of listed with diagnosis has increased and the gap is reduced.