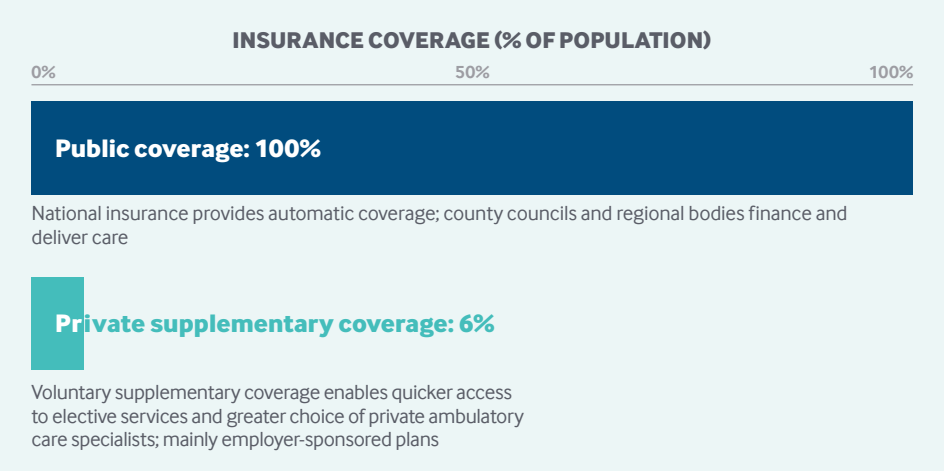
HEALTH SYSTEM OVERVIEW

Sweden

Sweden's universal health system is nationally regulated and locally administered. The Ministry of Health and Social Affairs sets overall health policy, the regions finance and deliver health care services, and the municipalities are responsible for the elderly and disabled. Funding comes primarily from regional and municipal taxes. Grants are also provided by the central government. Enrollment is automatic. Covered services include inpatient, outpatient, dental, mental health, and long-term care, as well as prescription drugs. Regions set provider fees at all levels of care, as well as copayment rates for services, such as primary care visits and hospitalizations. Dental and pharmaceutical benefits are determined nationally and are subsidized. Approximately 13 percent of employed residents have private supplemental coverage, mostly for improved access to private specialists.



HEALTH CARE DELIVERY AND PAYMENT

General practitioners (GPs) typically work in primary care teams with nurses, midwives, physiotherapists, and psychologists at primary care practices. Practices typically include four to five salaried GPs, and 40 percent are private. Practices are paid through a combination of capitation (which predominates), fees, and performance-related payments. Individuals may register with any public or private provider accredited by the local region. Most patients register with a practice rather than a GP. *Patient cost-sharing:* Copayments vary across regions, from none to USD 33 per visit.

Specialists work in university or regional hospitals and in private clinics as salaried employees. Public and private specialists are paid through global budgets as well as through per-case and quality payments, subject to price and volume ceilings. Patients can choose their own specialists. *Patient cost-sharing:* Copayments vary across regions, from none to USD 33. Higher copayments for visits not referred by GP.

DEMOGRAPHICS

10.1M
Total population

19.8%
Population age 65+

HEALTH SYSTEM CAPACITY & UTILIZATION

4.1
Practicing physicians per 1,000 population

2.8
Average physician visits per person

10.9
Nurses per 1,000 population

2.2
Hospital beds per 1,000 population

131
Hospital discharges per 1,000 population

All costs are in U.S. dollars, adjusted for cost-of-living differences. Conversion rate: USD 1.00 = SEK 9.13 (2017).

December 2020

The Commonwealth Fund

Sweden

Hospitals are a mix of public and private, nonprofit, and for-profit. Most are public community hospitals owned by the regions and are paid primarily through annual regional global budgets or, less frequently, a mix of global budgets, diagnosis-related groups, and pay-for-performance payments. *Patient cost-sharing:* Copayments vary from USD 5.50 to 11.00 per hospitalization day.

Prescription drugs on the national formulary list are covered. *Patient cost-sharing:* Patients pay the full cost of drugs up to USD 123 annually. When this threshold is reached, a subsidy kicks in to help cover costs up to an annual ceiling of USD 246, above which drugs are free.

Mental health services are provided in primary care settings and in psychiatric hospitals. Minor problems are usually addressed in the former, by either a GP or a psychologist or psychotherapist. *Patient cost-sharing:* Same as other outpatient and inpatient services.

Long-term care is provided through public and private home care and nursing home providers. Municipalities are responsible for organizing and financing long-term care (through taxation), and they also reimburse informal caregivers. *Patient cost-sharing:* Older adults and disabled people incur a maximum copayment of USD 194 per month (2016) for long-term care services. There is no means testing.

Safety nets take the form of cost-sharing ceilings. For instance, annual out-of-pocket payments for health care visits are capped at USD 120. The same spending caps apply to all individuals and families, regardless of income. In addition, children, the elderly, and pregnant women or new mothers are exempt from copayments and other user charges.

Care coordination is tied to many performance-related payments to providers. Care coordination for patients with chronic disease is the focus of a national grant initiative launched in 2015, particularly in the areas of patient-centered care, evidence-based care, and prevention and early detection.

This overview was prepared by Anna H. Glenngård.

SPENDING

$5,447
Health care spending per capita

$807
Out-of-pocket health spending per capita

$515
Spending on pharmaceuticals (prescription and OTC) per capita

HEALTH STATUS & DISEASE BURDEN

82.5
Life expectancy at birth (years)

13.1%
Obesity prevalence

4.8%
Diabetes prevalence

18%
Adults with multiple chronic conditions (2 or more)

Data: 2019 OECD Health Data except: diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data); adults with 2+ chronic conditions from the 2016 CMWF International Survey.