

Case Study Summary Sweden

Summary

In 2012 the Swedish government introduced national legislation stating that all elderly patients using multiple medicines should receive medication reconciliation and, if necessary, a comprehensive medication review. This case study investigates how and why this legislation was developed and implemented on a national, regional and local level, with Uppsala County as the main example.

To answer these questions, factors for change were identified from a desk review and key informant interviews using the domains within the Kotter's Change Model and the Normalization Process Theory. Within all these domains both presence and absence of factors for change have been identified throughout this case study. Main facilitators were the presence of national health quality indicators and research studies showing the polypharmacy problem which led to political and public awareness, the engagement of key individuals and a broad collaboration at regional level, and investment in education and multi-disciplinary healthcare teams. Main barriers have been the lack of a common belief that medication review is an essential and effective intervention, the lack of a broadly shared view on how and by whom exactly these reviews should be performed, and the absence of a national strategy to fully implement and evaluate medication review legislation and policies.

New initiatives for further implementation should make use of change management strategies, taking into account all necessary steps for change. The identified existing barriers can act as a starting point for following measures in which the performance of medication reviews should be seen as an essential but not exclusive activity to improve the care for elderly with multi-morbidity.

Characteristics of the case study

Name of the programme

Development and implementation of medication review policies.

Locality/Region and country

In the first place, this case study takes a look at legislation and policy documents at national level in Sweden (almost 10 million inhabitants). Then it describes how medication reviews have been implemented at regional and local level within Uppsala County (about 330000 inhabitants).

Health care system overview

The aim of care for the elderly in Sweden is to guarantee equal access to healthcare and welfare. The responsibility for this care is divided between three levels of government. At national level, the government sets out policy aims and directives by means of legislation and economic steering measures. This is mainly done through the National Board of Health and Welfare (Socialstyrelsen). At regional level, the county councils or regions (21 in all) are responsible for the provision of healthcare. At local level, the municipalities (290) are legally obliged to meet the social service, nursing and housing needs of the elderly. County councils and municipalities have a very high degree of autonomy, with the right to levy taxes. Almost all care is financed by such taxes with the

user only paying a fraction of the cost with an individual payment ceiling. All healthcare institutions use electronic patient records and electronic prescribing. Although some counties have shared electronic records between hospital and primary care, no national system currently exists.

Few hospitals, nursing homes and primary healthcare centres have employed clinical pharmacists. These pharmacists are mainly responsible for assuring that the patients' medication lists are correct and performing medication reviews together with physicians and nurses. Although the number of clinical pharmacists is growing, most healthcare institutions in Sweden do not have clinical pharmacists employed at this moment. Therefore, many physicians need to perform medication reviews without such specialised resources.

Programme aims and objectives

The main objective of the particular national legislation is to increase and ensure the quality, safety and sustainability of pharmaceutical care in Sweden, with a main focus on polypharmacy in the elderly. The aim of a medication review itself is, according to Socialstyrelsen, to optimise the patient's medication treatment and to minimise the incidence of drug-related problems.

Institutions included in case study

- Socialstyrelsen: a government agency under the Ministry of Health and Social Affairs, with a wide range of activities within the fields of social services, health and medical services.
- Swedish Association of Local Authorities and Regions (SALAR; SKL in Swedish): the national member organisation for municipalities, county councils and regions.
- Uppsala County Council: the main authority in charge of healthcare, dental care, public transportation and culture within Uppsala County. The county council defines local policies and guidelines and is responsible for enforcing national legislation at regional level.
- Uppsala University Hospital (UHU): this hospital acts as a county hospital, specialist hospital, training hospital and research hospital. In different wards of the hospital, clinical pharmacists work on a daily basis, mainly performing medication reviews.

Managerial and policy highlights of the programme

Moving from importance to urgency

The development and introduction of medication review activities originated from the availability of national quality indicators and research showing the increase of (inappropriate) medication use in the elderly, making drug use in the elderly one of the focus areas within healthcare. IT-developments, such as a national registry of dispensed prescription drugs, had made it possible to get access to these data. As the issue of inappropriate polypharmacy received national attention, the general public became aware as well.

Creating teams and strategic vision

The awareness of the problem was followed by the political will to fund activities to improve the management of polypharmacy in the elderly, such as the performance of medication reviews. Several national working groups were formed to develop legislation and guidance documents about such reviews. Although national guidance and legislation was developed, some regions within Sweden decided to promote prescribing in the elderly by other means than the performance of medication reviews. This might have resulted from a disbelief in the need for and effectiveness of such reviews and the availability of other options such as education on appropriate prescribing and

medication safety. Next to that, there was no broadly shared view on how and by whom exactly these reviews should be performed. However, within Uppsala County, a broad range of key individuals within healthcare, the university and at governmental level became engaged, forming a strong collaboration to implement medication review activities at local level.

Creating practice models

In the late 1990's, several Swedish pharmacists were trained as clinical pharmacists in the United Kingdom. After this training, these clinical pharmacists were integrated into hospital-based ward teams in several parts in Sweden, performing medication reviews on a daily basis. This was initially mainly by project based funding. After a few years, a clinical pharmacy programme was started at Uppsala University, which has been a major stimulating factor within the region. Next to that, the use of a pay-for-performance model based on the national quality indicators has accelerated the introduction of reviews locally in Uppsala.

From a national perspective and within other regions several barriers have existed. First of all, there seems to be a certain scepticism amongst physicians towards collaboration with pharmacists. Next to that, there was neither an impact analysis nor implementation assessment plan performed by Socialstyrelsen upon publication of the national legislation and guidance documents. Regional and local implementation has mainly relied on the activity of key individuals.

Building sustainability

By performing a clinical study in Uppsala, it was eventually possible to show that the performance of medication reviews by a multidisciplinary team including a clinical pharmacist was effective and saved healthcare costs. Therefore, funding for these activities could be included into existing annual budgets instead of project funding. Next to that, more and more of such multidisciplinary teams were formed within this and neighbouring regions. However, at national level the implementation and quality of medication reviews have not been monitored and there seems to be no national plan to ensure continuous education and funding. Several steps need to be taken to assure national implementation. However, due to a changing political landscape and other important problems (e.g. increased inflow of refugees); the national focus on elderly care is attenuating.

Conclusions

Within all change management domains both presence and absence of factors for change have been identified throughout this case study. The most important factors identified are a presence of:

- National prescribing indicators and studies showing the urgency for change leading to public and political awareness;
- key driving individuals, champions within healthcare, university and governmental bodies leading to a broad collaboration at regional level;
- investment in education and the formation of multi-disciplinary healthcare teams at regional level;

And a lack or absence of:

- A common belief that medication review is an essential and effective intervention;
- knowledge and consensus on how and by whom exactly these reviews should be performed;
- a national strategy to fully implement and evaluate medication review legislation and policies.

This case study provides valuable insight into how and why medication review policies were developed and implemented in Sweden. New initiatives for further implementation should make use of change management strategies, taking into account all necessary steps and prerequisites for sustainable change. The identified existing barriers can act as a starting point for following measures in which the performance of medication reviews should be seen as an essential but not exclusive activity to improve the care for elderly with multi-morbidity.