Pioneering integrated organizational models for improving care for elderly people in Ängelholm, Sweden

Overview

The delivery of health and social services in Sweden has traditionally been divided between regional councils, responsible for primary care and hospital services, and municipal authorities, responsible for elderly and social care. However, in recent years, rising chronicity in the context of an ageing population has placed new challenges and pressures on the delivery of health services, leaving professionals unsatisfied with care being managed and delivered by separate organizations. In response, senior officials in the Municipality of Ängelholm would deliberate over the implementation of an initiative to improve care, to respond in particular to the local elderly population. After building the trust of stakeholders' through discussions across municipal, primary and hospital levels, a shared vision for change was put forward to the highest-level regional authority. Approval for a pilot initiative to explore new integrated care models was granted and a new integrated care organization known as Hälsostaden was established. Hälsostaden works to bring together primary care and hospital services, previously delivered by regional councils, with elderly and social care, previously delivered by the municipality. The organization employs 600 health professionals across these sectors. Through merging previously fragmented and separately managed professionals under one organization, Hälsostaden has created a shared organizational culture that fosters collaboration, cooperation and teamwork. Hälsostaden's health workforce benefits from additional training on palliative and end-of-life care designed to strengthen their competencies, while also allowing for a greater number of shared learning opportunities by engaging across professionals. Regional and municipal resources are pooled in a joint budget to fund Hälsostaden and several new projects are also being tested, such as the introduction of mobile care teams, electronic medical records and e-health technologies. As a pilot project, leaders of the initiative have significant freedom to explore innovative models of care, the long-term goal being to permanently adopt successful strategies across Sweden. An evaluation of the initiative is being led by Lund University to determine the organization's impact. Early results indicate reductions in unnecessary hospitalizations, increased cost savings and high patient satisfaction with services. The pilot is set to continue until September 2016 and permanent adoption of the model is a possibility based on the evaluation's results.

Problem definition

In Sweden, a growing proportion of the population is over the age of 65 years. In 2007, this demographic made up 18% of the total population, above the WHO European Regional average of 14% that same year.[1] This shift in demographic has contributed to a trend of increasing chronic diseases and multimorbidities, placing new demands on health services for the provision of more complex care.

Responsibility for the delivery of health and social services in Sweden is divided between regional and municipal governments. However, as the need for greater coordination between these services increases, this separation of roles has contributed to growing challenges related to fragmentation in the delivery of health and social services, including observed increases in hospital readmissions and a reported lack of communication between providers (Box 1). As a result of fragmentation, providers in both the Municipality of Ängelholm and the Regional Council of Skåne grew increasingly dissatisfied with the standard of care for elderly patients, sharing concerns for their ability to follow patients and manage their care and frustrations with observed duplication of services.

Box 1

What problems did the initiative seek to address?

- Changing burden of diseases following population ageing and increasing rates of chronicity.
- Fragmented services delivery resulting from split management of health and social services.
- A reported lack of communication between providers and high rates of hospital readmissions.
- Increasing provider dissatisfaction in the standard of care available to elderly patients.

Health services delivery transformations

Timeline of transformations

Growing concern regarding fragmented services delivery for elderly patients sparked discussions in 2010 on how to improve services for elderly residents in the Municipality of Ängelholm, Sweden (Table 1). Over the next three years, senior health management officials across municipal, primary care and hospital settings in Ängelholm came together to plan an initiative to improve the coordination and integration of care for elderly residents, proposing the formation of a single organization to merge services managed by the regional council with those managed by the municipality. Approval for the initiative was granted by the Regional Council for Skåne in 2013 and the proposed organization, known as Hälsostaden, was formalized.[2] While the initiative is set to run until September 2016, an extension is anticipated and the long-term goal is to secure permanent adoption of Hälsostaden in Ängelholm and scale-up of this integrated health and social services model across Sweden.

Description of transformations

Selecting services. The initiative has prioritized the delivery of a comprehensive range of health and social services for the elderly population across primary, secondary and tertiary care levels. "We had a focus on quality of life, so we didn't put in some surgical parts of the hospital, but we focused on internal medicine, geriatrics and rehabilitation." Services available to the pilot's target population include chronic disease management, home and community care services and palliative care.

Designing care. Tailored tools have been developed to support the new model of care. For example, assessment criteria have been established to direct referrals to mobile community teams where possible. Care has been reorganized to focus on meeting patient needs, with new patient-centred care models tested through a trial and error process: the idea behind Hälsostaden is to experiment with new ideas and care models to learn and grow through experience.

Organizing providers. Hälsostaden employs around 600 professionals across a range of care settings: 500 from local hospitals, 65 from primary care and 35 from municipal care. Employees include physicians, nurses, welfare officers, occupational therapists, haematologists, rheumatologists, nutritionists and biomedical analysts, among others. A significant effort has been made to create a shared identity and vision for the Hälsostaden health workforce to encourage collaboration, cooperation and teamwork, through fluid communication among the newly-formed organization. A shared electronic medical record system further helps to increase communication and coordination within the organization.

Two interdisciplinary mobile teams (one emergency, one community) have been set up to deliver care to patients in their own homes and "mobile teams are a key component in the concept of Hälsostaden" as the initiative believes "the best bed is your own bed".

Managing services. Responsibility for the provision of all health and social services in Ängelholm has been mandated under a single organization in an effort to alleviate the prior distinction between health and social care in order to improve coordination across services. Hälsostaden is organized directly under the regional council and has its own steering committee and board with representatives from both regional and municipal governments, as well as managers, administrators and other necessary personnel to oversee its functioning. Hälsostaden's budget is formed of contributions from both regional and municipal finances. However, the financing system is not yet fully integrated and some services are contracted with funds transferred from separate regional and municipal budget holders as necessary.

We have designed a system where we transfer funds between the

Table 1
What were the chronological milestones for the initiative?

Early 2013	Approval sought from the Regional Council of Skåne to endorse an initiative to improve care for the elderly, putting forth a proposal for the formation of a single organization to merge management over health and social services.
Mid-2013	Approval for pilot project granted by regional council, establishing the organization known as Hälsostaden to begin offering integrated health and social services.
2014	Series of care improvement projects and new services launched within Hälsostaden including the implementation of an electronic medical record system.
Present	Continued advancement of care improvement projects and new services. A strategy for scale-up of the initiative is in development.
Mid-2016	Planned end-date for pilot project, however, an extension is anticipated with a view to permanent adoption.

organizations. If we do something at the hospital that increases the costs for the municipality then we pay them and likewise. ... We found that it wasn't really feasible to have the joint budget yet, so we had to design another system; partly joint budgets and partly transfer reimbursements.

Access to providers has been increased by extending primary care clinic hours to include evenings and weekends. The extended-hours primary care clinic is staffed by professionals from 21 different primary care centres and is located adjacent to the emergency room, making it easy for patients to choose this setting over specialist care.

Improving performance. On-the-job trainings and ad hoc educational seminars, particularly focusing on palliative and end-of-life care have been offered to Hälsostaden employees in an effort to strengthen professional competencies. In addition, the initiative has supported expansion in the skills of nurses, aiming to encourage their role in working across a variety of settings and to perform a wider range of tasks. For example, community nurses have been given opportunities to refresh specialized clinical competencies through clinical rotations, internships and peer mentorship schemes.

Engaging and empowering people, families and communities

Hälsostaden translates to "city of health," symbolizing community links which spread beyond traditional care settings. Through this initiative, care is now organized around the needs of elderly people and feedback is continuously solicited to help improve services and ensure that care adopts a people-centred approach. The initiative also has a strong focus on improving quality of life for the elderly population, aiming "to add life to years not years to life" and so building care delivery in home and community settings has been an important area of activity.

Table 2
How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Comprehensive package of services offered to population; fragmentation between health and social services, particularly noticeable in services for the elderly population.	Focus on improving integrated delivery of internal medicine, geriatrics and rehabilitation services for the elderly population; expansion to other areas and populations under consideration.
Designing care	
Care pathways for elderly patients fragmented and undefined; care not centred on patients' needs.	Care pathways designed "based on common sense" for what is best for patients and refined through trial and error; new tools developed to guide integrated models of working.
Organizing providers	
Health providers and social care professionals employed separately within municipal primary and hospital care settings; poor communication channels between professionals increased fragmentation; lack of continuity of care often left patients lost in the system.	Hälsostaden employs a multi-profile workforce including physicians, nurses, welfare officers and therapists; collaboration and teamwork are encouraged through a shared organizational culture; an electronic medical record system connects Hälsostaden employees.
Managing services	
Care managed separately by municipal, primary care and hospital organizations; separate budgets increased fragmentation and inefficiencies between sectors.	Hälsostaden operates under a single management uniting municipal, primary care and hospital officials; a joint budget increases integration and pools resources.
Improving performance	
Professional competencies lacking in palliative and end-of-life care; professional skill set was found narrow in scope.	Series of seminars on palliative and end-of-life care organized; temporary placements and clinical rotations across settings offered to professionals to expand skill set.

Health system enabling factors

Responsibility for health and social care in Sweden is divided between 20 regional councils responsible for primary care and hospitals and 290 municipalities, responsible for elderly homes and social care. Hälsostaden has bridged oversight for services delivery between the Regional Council for Skåne and the Municipality of Ängelholm to support improvements in care (Table 3). A memorandum of understanding at both the regional and municipal government levels was granted for the initiative, which has allowed significant freedom for the exploration and testing of new integrated care models. Amendments to medical data sharing laws were also taken in order to permit the exchange of information across municipal, primary care and hospital settings within the Hälsostaden organization.

The political leadership from the region and municipality made a joint decision that they wanted to go through with this and they put together a memorandum of understanding that they would collaborate. … The paper they signed gave us almost complete freedom to explore what we thought was the best for the patient. If there was anything we have learned from this, it is that there are a lot of good thoughts; people working in both systems know what has to be done, but they aren't given the liberty to actually change the system. So here we were given that freedom. That was a big step.

Hälsostaden has also created a valuable pool of health resources. The merging of municipal, primary care and hospital settings under Hälsostaden generated a hub of diverse professional competencies and expertise under one roof. Furthermore, formal continuing education programmes for professionals are currently being developed.

One of the best things about integrating the hospital and the municipality is that a lot of the competencies that we need we actually have in house; we just had to put the right people together. So we just had to figure out what competencies we had and then how to spread the knowledge to the people who need it.

In anticipation of future professional needs as Hälsostaden grows and care shifts further into municipal and home settings, universities in the region are developing a new municipal home care programme to equip health professionals with the new skills needed to manage these responsibilities. Universities are also playing a key role in researching new technologies and e-health solutions which may prove useful for improving care for the elderly population. The Centre for Ageing and Supportive Environments at Lund University is supporting research on the impact of Hälsostaden and is charged with conducting an evaluation of the initiative to determine if the quality of health services in Ängelholm improves as a result of the pilot.

Outcomes

While evaluation of the initiative is ongoing, it is anticipated that Hälsostaden will generate improvements such as reduced hospital stays, fewer emergency admissions and increased financial efficiency over the long term. After only a year of implementation, several positive outcomes have been reported (Box 2).

Table 3
How has the health system supported transformations in health services delivery?

System enablers	Example
Accountability	• Regional Council of Skåne and Municipality of Ängelholm have joint responsibility and oversight for Hälsostaden. • Memorandum of understanding passed to allow the initiative significant freedom to explore new integrated care models. • Laws adjusted to allow medical records to be shared across care settings within Hälsostaden.
Competencies	• Merging of multiple organizations and professionals under Hälsostaden has created a rich pool of professional competencies. • New municipal home care programme being developed by universities in the region in cooperation with Hälsostaden.
Innovation	• Research on information technology-based health care solutions being conducted by universities with the aim of expanding e-health. • Lund University is leading an evaluation to understand the impact of Hälsostaden to date.

Box 2

What were the main outcomes of the initiative?

- Over 90% of patients were seen within government-set waiting time targets; Hälsostaden waiting times compared favourably with other hospitals and ranked among the top 10 nationwide.
- Within its first six months of operation, the emergency mobile care team made 334 visits to 188 patients; in 94% of cases an unnecessary visit to the emergency room was prevented and 73% of unplanned inpatient hospitalizations were avoided.
- Cost savings have been demonstrated within the initiative; for example, the emergency mobile team saved €600 000 from reducing unnecessary hospitalizations, while only costing around €130 000.
- Feedback from patients about Hälsostaden has been positive, and 100% of patients reported satisfaction with care from the emergency mobile team.

Change management

Key actors

Hälsostaden is implemented across several organizations and involves many stakeholders (Box 3). The idea for the initiative emerged out of informal discussions between local leaders in health and social care in the Municipality of Ängelholm. Motivated by a common desire to improve care for elderly residents in the region, these leaders lobbied the regional council to grant permission for the initiative. The regional government, recognizing the upcoming challenges in delivering health and social services to an ageing population, were open to change and proved forthcoming in developing the necessary legal framework for the initiative. A multistakeholder steering committee and board for Hälsostaden oversee its management and the organization is developing a strong ethic of teamwork among its employees.

Box 3

Who were the key actors and what were their defining roles?

- **Hälsostaden.** New health and social care organization jointly managed by a steering committee and board with oversight from the Municipality of Ängelholm and Regional Council for Skåne; employs 600 health and social care professionals, as well as a full administrative staff.
- **Local health and social care management.** Leaders of municipal, primary and hospital care in Ängelholm; met to discuss potential service improvements and first conceived the idea for Hälsostaden.
- **Municipal government.** Serves on Hälsostaden's steering committee and board; allocates portion of its budget to fund the initiative.
- **Regional government.** First approved the initiative and passed memorandum of understanding granting significant regulatory freedom for activities; serves on Hälsostaden's steering committee and board; allocates portion of its budget to fund the initiative.

Initiating change

Broad consensus that better care could be delivered for elderly patients provided strong motivation for the initiative, prompting managers from hospital and primary care to begin building relationships with municipal officials in an attempt to resolve challenges of service fragmentation. "There was a lot of groundwork" needed for building trust between these two groups.

We just sat and drank coffee and built trust. We discussed joint patients that we are both responsible for, but that no one was taking responsibility for. We started forming a joint vision of what we could do. ... We figured that to collaborate we would have to build trust and see whether it was even possible to have a relationship and a partnership.

While it took time for both sides to develop a shared understanding, the idea for the initiative gradually took shape as each party considered what they could contribute to achieve the common objective of improving care for elderly patients.

It is scary for the health care system to change and, in this case, to be releasing power to the municipality. The municipality was afraid that maybe we would drain their resources. To overcome this you have to build trust and you have to find a common ground. The best way to do this, we found, was to look at examples from real life. We extracted real cases that we had a joint responsibility for and we looked at them objectively, examining the way things turned out for that patient. We asked ourselves "is this how we want it to be?" and in each case we agreed that this was not in fact the case.

Having formed a joint vision for change, the initiators bypassed hierarchical channels and went directly to top political leadership at the regional level to pitch the envisaged model. "That is what we did because we thought it was right and then the top leadership supported us. When you do things like this you are challenging people's status quo and there is always a balance of power to strike." Timing was opportune as growing awareness of emerging demographic challenges made political leadership more open to change. "Usually when

you put forward ideas like this they don't really go anywhere, but in this case I think the political leadership saw the challenges and the pressures on the economy for health care; they saw this as an interesting experiment."

Implementation

With approval from the regional government and a memorandum of understanding giving freedom to explore new care models, leaders of the initiative set about designing Hälsostaden and deciding which parts of each individual organization would contribute. During this time there were many discussions with stakeholder groups and leaders "listened to what the workforce thought was the best way forward" and engaged with the unions. Again, focusing on what was best for patients was the uniting factor across stakeholder groups.

We asked them "if you or your parents were admitted to the hospital, how would you like it to be? What kind of care would you like? What kind of communication would be important?" Once you ask people that then they knew what they wanted and this largely aligned with exactly what we wanted to do. Once they verbalized this it was very easy for them to adopt this behaviour.

Once Hälsostaden was up and running, efforts were focused on improving information and communication among professionals and developing a strong organizational culture to support teamwork. For example, a printed magazine "Hälsobladet" is distributed quarterly to Hälsostaden staff to strengthen their identity as one unit. There was also a large one-year anniversary event for Hälsostaden that brought all staff together in celebration. "If you want to lead a system of integrated care it has to be based very much on values and you have to find a common value base. … This could be a key to breaking down cultural differences."

Moving forward

As a dynamic and exploratory project, Hälsostaden is constantly evolving. The initiative is approximately halfway through the planned pilot phase, yet expected to be extended and "there are good prospects of expanding to eventually make Hälsostaden permanent". There are plans for expansion into other care areas, such as mental health, as well as to spread the project to other municipalities and regions. The initiative has generated considerable outside interest and "every week we have visitors from regional councils and countries who are curious what tomorrow's care for the elderly might look like". Discussions with several municipalities about implementing similar projects are already "pretty far along" and a strategy for scaling-up the initiative is currently being developed.

Highlights

- Organizational change to integrate health and social services for the elderly improved coordination across these sectors for the target population.
- Early investment in strengthening stakeholder relationships and building trust was essential for securing the future development of the initiative and developing a foundation based on teamwork.
- A uniting objective enabled participating organizations to find common ground and move forward with planning and implementation.
- Political and legislative support for the initiative created a strong, yet flexible, framework on which the initiative could grow.
- Identifying organizational strengths and pooling resources from each institution minimized required investments and supported in-house development of activities.

1 World Health Organization. (2015). *European health for all database.* Retrieved from data.euro.who.int/hfadb
2 Skåne region. (2015). *The project Hälsotaden Ängelholm: care and nursing without borders.* Retrieved from http://www.skane.se/sv/Webbplatser/Angelholm-samlingsnod/Angelholms-sjukhus/Sjukhuset/Valkommen-till-Halsostaden/Nyheter/