

Turn the health care pyramid upside down

In the Swedish health care system (and probably in many foreign systems as well) the patients are typically stuck at the base of a steep pyramid. Gazing upwards and inwards to find the path to the medical help they need and long for. I have been there, my wife has been there.

In Sweden that base is called primary care and the doctors are called general practitioners. The base of the metaphorical pyramid is broad. It forms the gate to the Swedish health care system for the overwhelming volume of patients. It is often hard to get access to that base. Especially hard is to get through the base and reach the higher levels where the specialists and the specialized care resources reside.

It is no coincidence that the entrance to the system has become a bottleneck. The Swedish system is almost totally tax financed and the maximum patient fee per year is capped at approximately 200 US dollars. Therefore the demand for health care almost always exceeds the supply. Some people seem pleased with that. Just line up and wait for your turn.

I have always found that perspective quite peculiar. Is there anything more important than your own body and health - both personally and also at the societal level. In most rich countries, the way we live, the way we eat and whether we exercise are strongly related to many of the most common diseases and therefore to huge societal costs.

The demand for more health care, more efficient health care and better access to it is a good thing. Few things are more reasonable to spend tax money and private money on. But I think it will be impossible to keep the popular support for the Swedish tax financed health care system if the gap between demand and supply widens even more. With a broader gap in availability the voters will start to pay privately, which they already do via insurances and private care, even though they've already paid taxes. Such a development will undermine the support of the tax based system which I think would be a major problem. A privately financed health care system is a worse model than a tax financed/compulsory insurance system.

The health care system needs to be rebuilt

We should therefore find a better way of organizing the Swedish health care system and align it with the natural incentives of the patients who pay for it - as taxpayers, policy holders or with their private money.

As always the devil's in the details but we skip those for a rainy day. For now I stay with the visions and the perspectives. Join me.

My own passion for the healthcare field comes from many many hours of discussions with my father who is at 77 a still active general practitioner. It also comes from experiences from when my mother got a stroke. It became obvious how much of her treatment was dependent on my father being a doctor and me being an educated citizen with all kinds of resources.

The current organization in health care builds upon a logic where the human body is sliced up in parts. Eyes, heart, limbs etc. while at least my body is a connected whole. When I hand in my car the garage usually don't tell me to contact the gearbox department or the aircondition department. They definitely don't say: - I will try to find a time next month for the tires but unfortunately I don't know anything about windshields so good luck there.

Instead they say; We take care of the car and fix what is wrong with it. You can pick it up this afternoon. Otherwise, you hear from us after lunch.

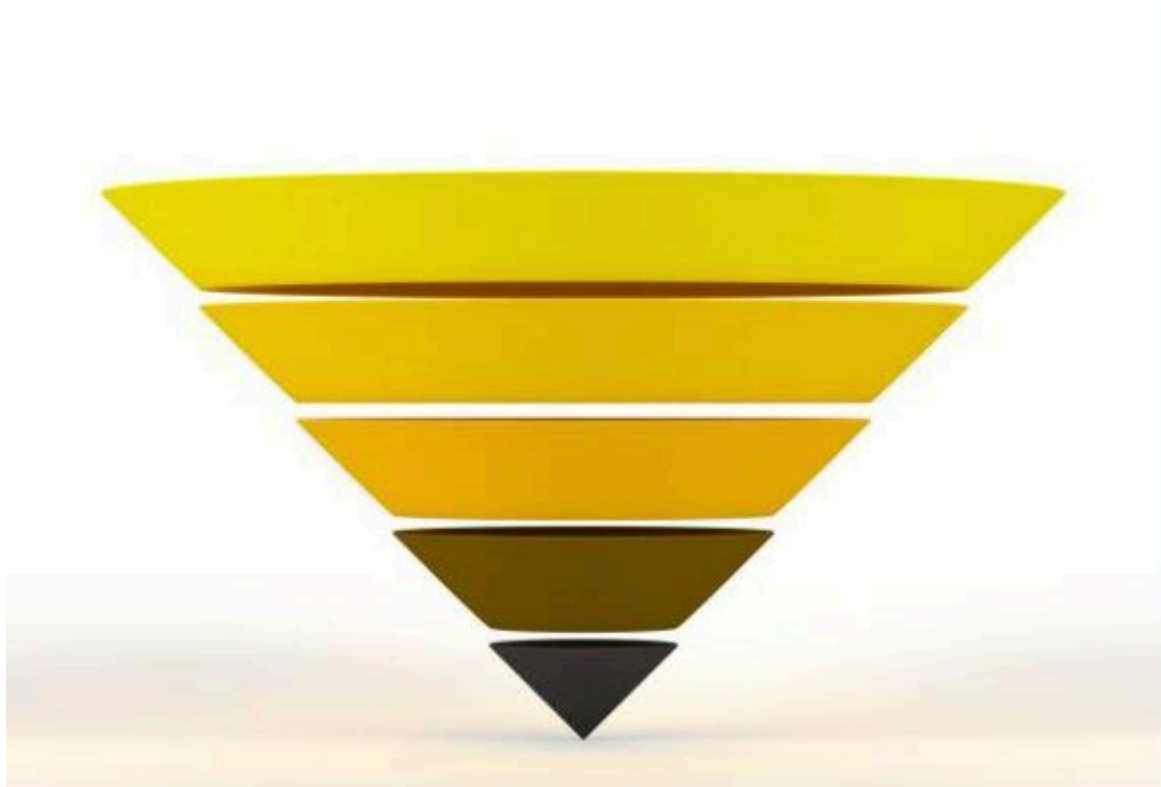
Obviously there are a whole bunch of differences between a human being and a car. One of them is that human beings are much more important. That's why I can't accept the current malfunction of the healthcare system. I wouldn't care that much if the garages did not work as they should.

So what do I think should change?

Using the metaphorical pyramid again the change could be described as turning the pyramid upside down. The patients who today get stuck in the broad base before hopefully finding their way upwards in the health hierarchy should change places with the specialists and all

advanced functions and infrastructure. The patient should be at the center and all the paths through the system should be more accessible and function more on the patient's terms.

A total turnaround



But how do we turn the pyramid around? It isn't just to switch sides like in tennis or move one step sideways like in volleyball.

My solution gives the general practitioner the resources. Specifically they should have at their disposal my legal rights to health care and "my public money check" which they use on my behalf to finance the treatment I need. That is, the public money follows the patient and the general practitioner helps the patient through the care chain. Your "own house doctor" should be your guide, adviser and sometimes, frankly, your bodyguard in the health journey and care chain.

That is, the specialists' and the whole healthcare infrastructure's funding should be much more dependent on the patients. No cure, no pay. They should be held accountable and should be paid for the results they deliver, not the treatment activities they pursue. Obviously, it is not always easy to relate the treatment to the outcome. It may take a long time for the outcome to materialize or the outcome might be influenced by other factors. Therefore, intermediate KPI:s will be necessary. Another way could be to measure in relative terms. That is, if the result is for example in the top decile for the age group the pay could be higher than a result in the ninth decile.

The payment structure must be connected to age and specific disease but also to other dimensions such as socio economic status since that is tightly connected to health and health outcomes.

In practice it should work something like this:

At birth everybody takes compulsory insurance which is tax financed up to 18 years. Thereafter it is paid for by the individual (the fee is probably income related and tax subsidized for certain groups). At birth everybody chooses a house doctor which typically will follow the client further on but it can obviously be changed.

Insurance companies cannot deny anyone an insurance. Big risks cancel out small ones. That is why the insurance has to be compulsory. Otherwise the public system ends up with only the bad risks.

All expenses up to for example 1000 dollar a year per person is financed by the individual (deductible).

The specialized care (hospitals, clinics, technique etc) has a base finance from the insurance which is sufficiently connected to the results of their treatments to create the right incentives.

Another improvement when moving resources and power to primary care is the perspective shift. Taking the whole person, the whole body into account should move the balance somewhat from illness care to pre illness care. That is to prevent illnesses from occurring at all via better lifestyle incentives.

In sum, by turning the pyramid upside down and moving the power and the resources where it belongs citizens could get much more for their tax money. The welfare gains by broadening the perspective to the whole body and to pre-illness should potentially be huge.