

The Elderly Care Initiative – effectiveness of central government investment in quality registers in elderly care

Summary and recommendations

The Swedish NAO has audited whether central government has contributed to permanent improvement of elderly care through the so-called Elderly Care Initiative. The Elderly Care Initiative ran between 2010 and 2014 and included targeted central government grants totalling SEK 4.3 billion. As a central part of the initiative the Government decided that quality registers would be introduced in municipally funded health and social care of the elderly. The Government's intention was that quality registers should be used as a basis for systematic improvement in health and social care of the elderly.

The Swedish NAO's overall conclusion is that the Elderly Care Initiative has contributed to a much needed focus on working methods in elderly care, but that the main purpose of the Government's focus on quality registers in elderly care has not been achieved: to bring about systematic improvement that will benefit everyone. Furthermore, there is much that indicates that central government has not succeeded in managing the positive results that had been achieved when the Elderly Care Initiative ended in 2015.

Effective implementation but weak management

The Government gave the Swedish Association of Local Authorities and Regions (SALAR) a major responsibility for implementing the initiative. This probably contributed to a greater impact than if the Government had chosen to act through a government agency.

The use of performance-based compensation was crucial for municipalities to begin, and then continue, to register data in quality registers. The Government's goal was that the "double registration" that quality registers entailed would decrease over time. This goal has not been achieved, and the burden of administration remains a significant obstacle to more systematic improvement based on quality registers.

The performance-based compensation also created economic incentives that initially led to poorer data quality, but it does not seem to have had a lasting negative impact on data quality. In order to further strengthen data quality and increase the opportunities for national analysis, the National Board of Health and Welfare needs to carry out

more data validation through linkage of data across quality registers and their own registers.

Central government efforts have not provided sufficient support to the municipalities for systematic improvement. Municipalities need clearer support for *how* the improvement work is to be carried out. Central government knowledge management for municipally funded health and medical care is still in need of development.

Significant quality improvements but also equality problems

The work of the municipalities to develop systematic improvement of elderly care based on quality registers came to a halt when the Elderly Care Initiative ended in 2015. Our analysis shows that some of the registers are rather used as decision support for the care of individuals. At the same time, this unintended use leads to care improvements for the registered individuals. The clearest result is that they consume significantly less inpatient care, which contributes to higher quality of life for the patient and reduced costs. At the same time, the fact that registered elderly people receive better care than unregistered people challenges the principle of equal care.

The Government needs to decide on future use of quality registers

The Government needs to decide how the positive effects of the Elderly Care Initiative's quality registers can be utilised without contributing to unequal care and unnecessary administration. Mandatory registration would probably contribute to increased administration and problems with data quality. It would be more realistic to develop the municipalities' medical records systems into adequate decision support at individual level. The use of quality registers could then be limited to systematic improvement work. This would be closer to both the intention of the Elderly Care Initiative and the legislator's intention on how quality registers may be used.

Tackling double registration requires technical solutions for secure automatic transfer of data from medical records systems to quality registers. For some years SALAR has been developing such solutions. It is in the interest of central government to closely monitor and support this work.

The Government needs to give the National Board of Health and Welfare clear instructions to support the municipalities in the systematic improvement work. The ultimate responsibility for knowledge management that provides guidance to the municipalities on how to conduct improvement work lies with central government. Management needs to be designed according to the different needs of municipalities and take into account that different levels within the municipalities are engaged in the work of improvement. Central government should therefore cooperate with SALAR in this work.

Recommendations to the Government

- Ensure that ahead of future agreements with SALAR there is a plan for how the responsible Government authority should manage the results achieved in the long term.
- Instruct the National Board of Health and Welfare, together with SALAR, to develop a proposal for how the municipalities' medical records systems can be developed so that they provide adequate support for decisions on care at the individual level.

Recommendations to the National Board of Health and Welfare

- Develop guidance for municipalities on how quality registers should be used in the improvement work in compliance with the Patient Data Act.
- Carry out more linkage of data in order to validate the quality of both quality registers and the agency's own registers.