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INSPEKTIONEN FÖR
SOCIALFÖRSÄKRINGEN

Rapport 2011:13

Uppföljning av sjukskrivningsmiljarden 2010

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En rapport från Inspektionen för socialförsäkringen

Stockholm 2011

Summary

On 11 December 2009 the Swedish state and the Swedish Association of Local Authorities and Regions (SALAR) signed an agreement for 2010–2011, the so-called *Sjukskrivningsmiljarden*, which intends to provide Sweden's 21 county councils and regions[1] with financial incentives to continue their efforts to enhance the quality and efficiency of the sickness certification process.

The Swedish Social Insurance Inspectorate (ISF) was asked by the Swedish Government in 2011 to follow up and examine how the *Sjukskrivningsmiljarden* works in practice. This ISF study describes the implementation of health care policies and measures during 2010, how the financial incentives have worked in practice, and how they can be developed further in a possible future agreement.

The *Sjukskrivningsmiljarden* 2010–2011 consists of two parts, and it can give one billion Swedish kronor (SEK) per year at most to all of the county councils. One part of the agreement is variable and linked to changes in sickness absence in each county council. The number of sick days decreased by 1.5 per cent for Sweden as a whole, and all but two county councils showed a decline between 2009 and 2010. In accordance with the agreement, the part linked to changes in sickness absence (495 million SEK) was divided between the county councils. The second part of the agreement is subject to specific requirements that each county council should meet in order to receive disbursement (referred to as the conditional part). In 2010 nine of the 21 county councils met all four requirements and thus received the maximum disbursement for the conditional part. The remaining county councils met the requirements in varying degrees. For the conditional part a

[1] Hereafter referred to as county councils.

total of 219 million SEK was paid out to the county councils, which is 44 per cent of the possible contribution of 500 million SEK.

The ISF's study shows that the requirements set up within the framework of the *Sjukskrivningsmiljarden* have resulted in a stronger central control of the county councils' work in the sickness certification process. Most county councils believe that the requirements have contributed to giving more focus on the area of sickness certification and have resulted in more efficient and qualitybased work on a long term basis. The policies and measures taken by the county councils concern both structural and more practical measures, such as policy documentation and education. Although the *Sjukskrivningsmiljarden* has had positive effects, there are gaps in and questions about the requirements and structure of the agreement.

The part linked to changes in sickness absence is problematic in several respects. Firstly, this part entails competition between the county councils in order to reach as low sick leave rates as possible. Such a competition is not necessarily consistent with the efforts intended to enhance the quality and efficiency of the sickness certification process. Secondly, sickness absence is a blunt measure that is influenced also by factors outside the control of the county councils. Thirdly, sickness absence has declined for several years and the former regional disparities have decreased. In the future it may therefore be more relevant to work with qualitative rather than quantitative targets. Finally, the construction benefits the county councils that had a relatively high level of sickness absence prior to the agreement compared to county councils that had or maintained a lower level of sickness absence during 2010. This part can thus be questioned and it is reasonable to discuss the relevance of using reduced sickness absence as a target in such an agreement.

One of the requirements in the conditional part is divided into two parts. Both the requirements for a health care management system and an action plan for a more equal sickness certification process must be met in order for the county councils to receive disbursement for this part of the agreement. Subsequently, a county council that has not been approved for its management system has no financial incentive through the *Sjukskrivningmiljarden* to develop an action plan for a more equal sickness certification process and vice versa.

For the requirement concerning the improved quality of medical certificates, many county councils were of the opinion that the

breakpoints of 50 and 70 per cent for approved medical certificates were too high. No county council reached the level of 70 per cent approved medical certificates in 2010, and for 2011 the breakpoint will increase to 80 per cent. Subsequently, county councils that are aware that they will not reach the breakpoints have no financial incentives to try to increase the proportion of approved medical certificates. A similar problem is found with the requirement for electronically transmitted medical certificates.

Regarding the requirement for delivering in-depth medical examinations to the Social Insurance Agency, the construction of the agreement has resulted in unreasonable disparities in the disbursement to the county councils per completed examination. In 2010 the disbursement to the county councils per completed examination varied between 26,000 and 308,000 SEK.

For a possible future agreement the following proposals should be considered:

- The part linked to sickness absence should be removed from the *Sjukskrivningsmiljarden*. The financial resources dedicated to this part could, for instance, be moved to the conditional part of the agreement in order to increase the incentives for the further development and quality assurance of the sickness certification process.
- The requirement for a health care management system and an action plan for a more equal sickness certification process should be divided into two independent requirements in order to increase the county councils' financial incentives to work with respective areas.
- Regarding the requirements for the improved quality of medical certificates and electronically transmitted medical certificates, the evaluation system should be changed to a proportional system or a system of progressive fulfillment of each requirement in order to receive disbursement.
- The model for disbursement for in-depth medical examinations should be examined to see how it could be adjusted because of the unreasonable disparities in disbursement that currently exist between the county councils.