

Björn Zoëga - CEO, Karolinska University Hospital, Sweden



Being efficient and gaining knowledge and experience in [rare diseases and highly specialized care] requires higher volumes of patients, which can be difficult in a small country like Sweden

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Karolinska University Hospital in Stockholm is one of the largest teaching hospitals in Europe and a globally renowned healthcare institution. Björn Zoëga was recently appointed as its director after major investments were made in a brand-new state-of-the-art facility. He explains the challenges that lie ahead, the hospital's Patient First philosophy and shares his desire to make Karolinska a testbed for innovative clinical trials.

Over the last decade, the number of company-initiated clinical trials has more than halved in Sweden. The Stockholm Region aims to curb this trend and has pledged to increase clinical trials by 50 percent by 2022. What is the hospital's role in this endeavour?

I think the decrease in the number of clinical trials stems from the fact that authorities have been trying to get as much healthcare for the krona as possible. This has led to excessive compartmentalization of budgeting and work processes between healthcare, research and education when in reality these three areas are highly integrated into each other. If authorities aim to increase the number of clinical trials, they need to rethink these processes. Even though I

usually do not like grey areas, in this case, there needs to be some grey zone between healthcare and clinical research.

The Stockholm region has unique assets for clinical trials such as great traceability of patients compared to other countries. Moreover, the Swedish population understands the value of taking part in studies. Another advantage is the closeness between the patient population, research institutes, hospitals and companies. These are unique opportunities we need to leverage. Nothing comes from itself.

The other question is how to conduct clinical research in the future. We can either do it as we have always done or adopt a genome-based approach. I think the Karolinska hospital needs to conduct more genetics-based studies as we are increasingly focusing on rare diseases and personalized cancer treatments. We are well-positioned to be a leader in the area.

Originally trained as an orthopaedic surgeon, you previously headed other hospitals and clinics but also have international experience in the biopharma industry. Last January, you were appointed as the new director of the Karolinska University Hospital. What made you decide to take on this new challenge?

Having the opportunity to head the Karolinska University Hospital, a prestigious world-renowned healthcare institution, is an offer I could not refuse, especially at a time where there are so many interesting challenges to tackle. The hospital has been undergoing a lot of changes lately. The Solna site moved into a newly constructed state-of-the-art facility equipped with the latest cutting-edge technologies while at the same time overhauling its operating model and processes with a focus on integrating healthcare, research, education and training. The New Karolinska Solna (NKS) is fully operational and now comes the challenge of putting the entire staff to work within the flow model that has been established last year. The Huddinge site, which dates from the 1970s, is also undergoing transformation with a new building being erected containing 24 operating theatres alongside new medical imaging and maternity facilities.

The other major challenge is balancing the finances of the hospital. At first, all the services from the old hospital were transferred to NKS while at the same time the operating model was being transformed which has led to an accumulation of costs. Two years ago, it was decided to downsize the hospital and last year healthcare services worth SEK 1 billion were moved out of the hospital to other facilities in Stockholm. The objective is for the new hospital to concentrate on rare diseases and highly specialized care. Being efficient and gaining knowledge and experience in these areas

requires higher volumes of patients, which can be difficult in a small country like Sweden. It also requires large investments in cutting-edge technologies. We bought technologies for millions of dollars and formed innovation partnerships with the industry, especially in medical imaging. Now, we are ready.

The Karolinska's operating model is based on the "Patient First" principle. How does this approach benefit the care process?

The approach consists of always asking if what we are doing provides value to patients. In order to understand what patients value, we need to ask their view on how they experience the care process. We have different ways of doing that. For instance, we have a dedicated room where patients can come and give their suggestions to the nursing staff. Moreover, the architecture of the hospital is based on the Lean healthcare philosophy: the X-rays and scanning laboratories, surgical rooms and devices are designed so that the movement of the patient is reduced and patient flow is improved. This is something we are proud to do in our process.

Long waiting times, especially for specialty treatment, is a persistent challenge in the Swedish healthcare system. How is Karolinska addressing this issue?

There is no simple solution to the problem of waiting times. Reducing waiting times is a major objective of the hospital as we deal with serious conditions such as paediatric diseases and cancers for which treatment cannot wait. We have been doing much better during the last couple of years in this regard. The main obstacle is a lack of human resources: we cannot open all the beds we have space for because of a shortage of nurses.

What do you think other hospitals can learn from Karolinska?

Karolinska is a world-class reference in the field of paediatric diseases. There are only two other hospitals in the world that have more experience than us. We also have a great track record in both organ and cell transplantation. Because of the high degree of specialization, it can be difficult to get enough patients to gain experience. We should concentrate on bringing patients from abroad here who need world-class treatment not available in most other countries.

What is your vision to increase the reputation of Karolinska as a reference hospital in Sweden and abroad?

We are on a journey. Thanks to the large investments the region has made, the New Karolinska Solna is equipped to get results comparable to the best in the world in highly specialized care and treat difficult rare diseases on a larger scale. We need to benchmark ourselves against the best hospitals around the world, something we have neglected to do in the past but is standard practice in the US.

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