Eric Wahlberg – CEO, Uppsala University Hospital, Sweden

I understand how doctors and nurses think, and what their worries are. Therefore, it is quite easy for me to help them get the correct support to be able to focus on patients

18.07.2019

Tags: Sweden, Research, Uppsala, Digitalization, Clinical Trials

Eric Wahlberg, CEO of Uppsala University Hospital, Sweden´s oldest university hospital, explains his strategic vision of hospital management and how Uppsala is utilising e-health, precision medicine, clinical trials, small biotech companies and the use of IT systems in hospitals.

Having trained as a vascular surgeon and worked in many different hospitals in Sweden, what made you decide to take on this new managerial challenge?

Most hospital managers were originally from the healthcare sector. As you said, I was formerly a medical doctor, however, I believe that I can also help patients by being a good hospital director.

When a close relative of mine was suffering from some severe diseases a few years ago, I began to notice that certain parts of the Swedish healthcare and hospital system were not functioning optimally. This influenced my decision to move into management, as did my experiences working in the US, as a doctor at UCSF in San Francisco for instance, which gave me some ideas on how to manage and run an academic hospital.

I have thus tried to realign the hospital organization and administration; moving back towards more operationally straightforward or in-line governing of the various departments. There are no big clinical departments in this hospital; every single specialty has its own department, a model

that contrasts with that of Karolinska.

All department heads report to me, so I receive many direct reports. Managing all of these reports is not easy, therefore I have tried to strengthen the lines of communication. Previously the department management was mixed together with the administration, with several managers performing in-line management. What I have tried to do is cut this back altogether and create one leadership group, all in line with patients, and make the administrative part more of a support function. Furthermore, I have appointed two deputy managing directors; one for quality and medical results, the other as an operational hospital director who looks at optimizing surgery, waiting times, ward allocation etc. They were both previously doctors and have worked in management for a long time.

How has your practical experience as a medical practitioner helped you in your position as CEO thus far?

I have been working in the university hospital system for a long time, for instance at Karolinska. I understand the different personnel types. I understand how doctors and nurses think, and what their worries are. Therefore, it is quite easy for me to help them get the correct support to be able to focus on patients.

It is a large hospital and in general, the quality is good. Being able to manage a system like this a great honour. I always enjoy visiting the wards and the clinics and seeing the patients because this is where I come from.

Jenni Nordborg of the Office of Life Sciences Sweden told us that while ten years ago Sweden was a frontrunner in digitalization in healthcare the country has fallen behind. How is Uppsala Hospital embracing digital tools in order to improve diagnosis and treatment?

Uppsala is quite a big hospital in quite a small region, so 30-40 percent of our revenues come from other regions. That is unlike hospitals in regions such as Stockholm, Vasternorrland, and Gothenburg.

A few years back there were discussions both about whether to get rid of the small regions to create six new ones, and also to make the IT system nationalized, but they never came to fruition.

In Sweden we were early adopters of electronic medical records but each region has its own IT system, which is our main challenge. We have not been strong in business intelligence for a long time and we are not really able to use the data from registries to the extent that we want to.

What are some of the opportunities hospitals can capitalize on when adapting or implementing eHealth into their operating systems?

We would like to improve several areas regarding eHealth. One is being able to reduce the manual labour of entering data into the system. We are also starting to implement an organization, a structure and a platform which are actually able to use the business intelligence data. We have a matrix organization throughout the departments here and we are looking into the major care processes. Moreover, we have created our own business intelligence system, but eventually, another hospital will create a different system whereby we will not be able to compare, which in turn will create problems.

The personalized medicine revolution also has to be considered. Especially in Uppsala, most patients with severe diseases are sent to us because smaller regions do not perform very specialized and complex procedures. Therefore we have quite a large number of very complicated patients who do not live here. This is why we have a great need for an IT structure which gathers the data from MRI, CT scans, blood samples, genetic testings and panels. This preparation helps us for the big conference where we make the decision on treating the patient before we actually get him/her here.

The implementation of precision medicine is one of the key goals of the Swedish government’s life science strategy. What challenges are you facing when it comes to the implementation of precision medicine?

The system is not set up for precision medicine. We need to discuss having the support of the other IT systems for this. In Uppsala, we usually have one patient in one room as the major care processes and basic surgical procedures of most patients are often not performed here but in other hospitals. We treat severe cases which require special needs, lots of nurses and staff, and optimizing care processes that are simple is less of a challenge than optimizing complex procedures. The other thing is that most patients in a university hospital like this are old. Among politicians and worldwide, there is a tendency to think about how IT systems will help patients with

chronic diseases, but these are outpatients. 60-70 percent of the patients who occupy our beds and need our staff, cost a lot of money to care for and are over 70.

Adapting the way in which the hospital works is an ongoing process. We have been reducing the number of beds and put more and more resources to the outpatients. For example, chemotherapy patients come in and we give them the treatment as outpatients, we don't admit them anymore. Furthermore, we have a large number of intensive care beds in this hospital, more than in regular wards proportionally.

What new innovations are you excited to see more of in the hospital?

There are always new innovations. We particularly need innovation in IT systems; this is an area in which we are actually currently working with some pharma companies. We try to be very transparent and have long-term collaborations with them. There is no money involved, only mutual interests and contracts. For example, we have a joint project for giving chemotherapy from home, and that is the kind of innovation I am looking at right now. We have another project with GE healthcare which is located in Uppsala, looking at platforms which we have discussed for multi-disciplinary conferences for patients.

Uppsala University Hospital is a frontrunner in numerous areas as one of the region's oldest and most prestigious hospitals. The areas we are nationally strong in are type one diabetes, centre of excellence, oncology, radiology, and haematology.

How are you ensuring your doctors have more time to conduct clinical trials?

Pharma companies are focusing a lot on attracting large clinical trials to Swedish hospitals but that is the wrong way to go. I would rather see them focusing on expertise. If we are extremely good at pancreatic imaging, for instance, we should focus on doing a phase 2 trial, a proof of concept trial with very good imaging. We should combine our strengths in research and clinical trials with the global companies, thus focusing on large ones to be part of the entire system. When I was at Novartis for instance and looked into the clinical protocols, it is also marketing questions to get the license. Sweden is a small country and we are part of the EU system, so big pharma companies don't need to place trials here. There is difficulty in getting baseline groups or placebo group because we already have offered patients many medicines, the focus should be much more on proven concepts – phase 2 from B to A.

You are on the board of several small biotech companies. What advice do you give them from the hospital perspective?

From the hospital perspective, this is very difficult. The issue for small biotech companies is the discovery phase and being realistic about marketing and financing potentials. They lose money all the time so it is really a financing issue. The hospital does not finance small private biotech companies, but in Sweden, it is possible if you are an innovator and you find your own protein or antibiotic. This is a strong incentive and it is thus very common in Sweden that innovators or researchers start their own companies, which is a strength. When I was doing research in the US, all was left at UCSF. But what is very difficult here is to move on to being attractive as a partner.

What is your vision for the future of Uppsala University Hospital? Where do you see the future for innovation in medicine?

In general terms, I would like to be able as a CEO to further strengthen the capacity in the areas in which we are strong at and I really look forward to this new discussion on nationalization on the key disease areas because that would give us the opportunity to gather more patients for research. In addition to this, I look forward to continuing to improve things like the IT platform, the multi-disciplinary conferences, and precision medicine.

See more interviews