

Specialistläkargruppen in Växjö: a Unit with Many Specialist Areas

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Steinar Sjöborg is a MD Dermatologist and owner of Specialistläkargruppen in Växjö that started in 1984. This article has been produced after an initiative by the Swedish PDF (Private Dermatologists Society) and is sponsored by Merck-Serono. PDF will also in the future choose different clinics suitable to be highlighted in Forum.



In 1984, while defending his thesis in dermatology at the University of Lund, Steinar Sjöborg set up the clinic Specialistläkargruppen in Växjö, Sweden. He had a particular interest in creating a dermatology unit with a broader aspect and a great variety of other connecting specialities, in addition to company healthcare.

Neighbouring the central hospital of Växjö, the Specialistläkargruppen is situated in a 100-year-old patrician villa with a beautiful garden, which is illuminated at night. The basic idea of the clinic is not to be ashamed of its existence as a complement, and sometimes a competitor, to public healthcare. "We have shone light on ourselves – and our unit will be illuminated around the clock".

One of the basic ideas was to bring together several medical disciplines in order to improve the patient's access both to dermatologists, with no queues, and to specialists associated with outpatient care. The Specialistläkargruppen currently has ten specialities and some 30 specialist physicians. In addition, the clinic has a company healthcare unit serving approximately 1300 companies.



Fig. 1. The old entrance, early summer. Photo: Ingemar Ohlsson.

A multidisciplinary clinic

We wish to provide an easily accessible alternative for patients in our region, including those in neighbouring counties. The dermatology unit concentrates on surgical procedures, but also on laser therapy, where we currently assist the public healthcare system in our county, Kronobergs län, but also in the counties of Blekinge, Kalmar and Jönköping.

Most patient visits to the dermatology unit are financed through the public healthcare system. A considerable number, about 4000–5000 visits/year, are to dermatology care, which is completely paid for through private means. The dermato-



Fig. 2. Steinar Sjöborg, dermatologist and owner. Photo: Roy Himsel.

logy unit has a collateral aesthetic medical activity including Restylane/Perlane treatments, aesthetic surgery, and Botox treatments.

A large number of patients visit the Specialistläkargruppen; in 2007, 49,900 visits were registered. The majority of these visits were to physicians and nurses within the dermatology unit. The dermatology unit has ultraviolet (UV)B, UVA, psoralen-UVA (PUVA), Bucky, photodynamic therapy (PDT) and laser treatment within the fields of hair and skin.

The most common diagnoses within the unit are skin tumours, actinic keratoses, and common skin diseases such as psoriasis and eczema. Approximately 30 malignant melanomas are detected each year at Specialistläkargruppen. Since the doctors of Specialistläkargruppen see a number of patients from other counties, the Kronoberg is the county with the highest detection rate of malignant melanoma per inhabitant.

Botox treatment for hyperhidrosis has become a treatment option where we see about 300 patients per year. Patients from Umeå in the north to Malmö in the south find their way to our clinic for this treatment. Hair laser treatment is also performed on many patients from other counties. For example, we have successfully treated increased hair growth around pilonoidal cysts, resulting in favourable healing of the cysts.

Sources of income

There has been a reduction in the financing of private clinics through the public healthcare system in Kronobergs län during



Fig. 3. Linda Fransson, one of the 25 happy nurses. Photo: Roy Himself.



Fig. 4. "Snow-white - The cat" by Ulrica Hydman Vallien.

the last 15 years, and a clinic such as Specialistläkargruppen thus has to look for other sources of finance.

Company healthcare, which initially constituted only a few percent of our clinic's income, has now grown to constitute more than half of the clinic's income. Private payment, i.e. patients paying for their healthcare, for example, for laboratory tests, X-rays, etc., totally by private means, has increased considerably during the last years, as have the number of patients sent to us from insurance companies.

Considering these sources of income, which vary from one time to another, the economic basis of development for our clinic has been wide.



Fig. 5. "The life journey" by Bertil Vallien.

“Vårdval Kronoberg”

By 1 March 2009 the Specialistläkargruppen intends to develop a health centre affiliated to the “Vårdval Kronoberg” system. We will offer primary healthcare, including specialist care such as dermatology, to a substantial part of the population of the county of Kronoberg.

Six dermatologists work at Specialistläkargruppen in Växjö. The total number of physicians is 30, of these most non-dermatologists are also employed elsewhere. The total number of employees is 70. Furthermore, a network consisting of psychiatrists, speech pathologists, physiotherapists, naprapaths, psychologists and engineers are part of the clinic’s concept.



Fig. 6. Skin examination by Ingrid Munksgaard. Photo: Roy Himsel.

Due to increased volumes at Specialistläkargruppen, we have established a clinic in the near-by town of Värnamo. During 2009, clinics will be established in 1 or 2 other towns.

Engaged owner and manager

The company manager and founder is, to a great extent, active as a dermatologist as well as being responsible for development. Since the owner and the manager themselves work at the healthcare unit, ideas and demands can be applied quickly and healthcare systems can be changed swiftly based on new ideas from colleagues and staff.



Fig. 7. Orchides and art in the stair-walking. Photo: Roy Himsel.

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