E-Health and Telehealth Sector Profile - Stockholm, Sweden

June 2014
Produced by the Canadian Trade Commissioner Service

1. Sector Overview

Sweden is a relatively mature health care ICT market. Market demand is for improved services and efficiency in care provision rather than basic infrastructure. By most measures, Sweden is well ahead of OECD and EU averages in the deployment of ICT to support health care services.

Market Value E-Health & Telehealth in Swedish Health Care

Approximately 1.28 billion CAD (Footnote 1) (inc. HR costs)

Market Structure

The Ministry of Health and Social Affairs has the overall responsibility for policy setting, legislation and coordination of activities between stakeholders in the field of healthcare and social affairs. It is especially active in international eHealth information exchange with several collaborative initiatives within the EU, the Nordic Council of Ministers (Nordiska ministerrådet) and the World Health Organization (WHO). The Ministry of Industry, Employment and Communications is responsible for ICT development in society as a whole. Additionally the Ministry of Finance is accountable for any national funding of eGovernance and eServices within the public sector.

Also working on a national level, but with a different scope of functions, are the National Board of Health and Welfare (Socialstyrelsen) and Ehälsomyndigheten. The National Board of Health and Welfare has, as a government agency, a supervisory function. It is in charge of national strategic planning for ensuring precise, unambiguous formulation, accessibility and monitoring of patient data, which requires a common national information structure, nomenclature, classifications, quality indicators and documentation procedures. Ehälsomyndigheten’s is responsible for handling e-prescriptions, compiling national drug statistics and for the development of “HälsaFörMig” a personal online health account where citizens can have access and control over the information that the healthcare sector has about them. HälsaFörMig is also created with future innovative healthcare solutions in mind, creating the basis for interactive services such as access to information on commonly prescribed and picked up medications, immunizations or personal care and nutrition.

On a regional level, the counties and municipal Councils are in charge of investment and implementation within the eHealth sector. They decide independently for which purposes ICT is used and they also produce eHealth solutions implemented in their area. However, they must comply with information handling and reporting requirements set out by SALAR.

As a negotiating partner for the Ministry of Health and Social Affairs acts the Swedish Association of Local Authorities and Regions (SALAR). SALAR represents the governmental, professional and employer-related interests of Sweden’s 290 municipalities, 21 county councils, and campaigns for the adoption and
implementation of the eHealth strategy by all municipal and county councils. An important part of SALAR was the Centre for eHealth in Sweden (CeHIS).

The main competencies of the CeHIS lied in the fields of strategy and coordination, specification of the national infrastructure as well as procurement and implementation management. With regard to this, the responsibilities included the coordination of all national activities in eHealth, the involvement of the county councils in the national work, the follow-up and evaluation of national work concerning interoperability and cost-effectiveness, and reporting to the county councils’ CEOs. The CeHIS was financed through county council contributions and the State (“Dagmar Funds”). The “Dagmar Fund” was money made available through negotiations between the Ministry and the Federation of County Councils. Overall it was a national approach, which meant that county councils shared costs instead of funding separate and costly parallel developments.

CeHIS was absorbed into Inera which is jointly owned by the members of SALAR in late 2013. Inera AB manages and develops eHealth solutions. Inera is also represented in a number of drafting groups within the commissioning entity. In all of the official decision making bodies, stakeholders are represented in different ways depending on the administrational level. For the national level the integration of stakeholders is a main issue since the adoption of the National Strategy for eHealth. Before 2006 there has been no organised collaboration of county councils, municipalities and private providers. Now, the National Board of Health and Welfare holds special responsibility regarding stakeholder representation. It also lies in their responsibility to ensure that individual-based patient and user information is made clearer, easier to follow-up and more accessible by legislation. As the county councils have also adopted the National Strategy, the realisation of stakeholder representation is also an issue. Collaboration takes place through SALAR’s commissioning entity, and the Centre for eHealth in Sweden. For the municipalities, not all have adopted or applied the eHealth Strategy but 69% are planning to implement eHealth services by 2015.

Private health and social care providers were invited, through the Association of Private Care Providers, to take part in the work that was done in CeHIS and continued in Inera. Their contribution and especially their collaboration forms an integral part of the Swedish health and care services.

Another actor interface is the National ICT steering committee. It has been established to coordinate ongoing work including all concerned stakeholders. Additionally, the committee is composed of representatives of the Ministry of Health and Social Affairs, the National Board of Health and Welfare, SALAR and the Association of Private Care Providers.

Economy and Employment in Swedish Health Care

Healthcare stands for almost 9.4% of the GDP in Sweden and approximately 248 000 people are employed by RHA’s. (Regional Health Authorities). In 2012 the IT-costs made up 2.8% of expenditures for RHA’s and in total 8 Billion Swedish Crones was spent on eHealth that year. An important observation that can be made is that the percentage of expenditure that is spent on IT/eHealth in RHA’s have remained the stable since 2004.

National Strategy for IT in Health Care

A National IT Strategy for Health Care was adopted in 2005 and updated and expanded in 2010. Regional Health Boards and local government are committed by formal agreement to compatible technical and information solutions.
In this respect it should be noted that the National Pharmaceutical Retail chain has now been deregulated. The Ministry of Health and Social Affairs, the National Board of Health and Welfare, the Medical Products Agency and SALAR all have - each in its own area of operation - a responsibility and the need to follow-up the impact, practical application and outcome of the National Strategy for eHealth.

Infrastructure

RHA’s are linked nationwide by a jointly-owned high capacity broadband data network, SjuNet, comparable to Canarie in Canada. Public communications networks provide the basis, or at least the potential, for the delivery of telehealth services to the home. Sweden is one of the EU countries with the highest level of broadband penetration. Sweden is rated No.1 in Europe and No.3 worldwide in terms of FTTH (fibre to the home). UMTS and wideband. CDMA networks cover the entire population. In December 2009 the first LTE fourth generation wireless broadband network was launched and by October 2013 99.9% of the population had access to LTE/4G networks. With 53.6% of the population having access to speeds of 100 mb/s under favorable conditions, however there is a stark contrast comparing densely populated areas with rural areas where only 9.2% had access to such speeds.

Technical Maturity

Most RHA's try to follow a principle of one patient - one journal, In other words the policy is one common database across all health care services within the particular region. The Association of Regional Health Authorities CTO's, known as SLIT, believes that e-health services for patients is an underdeveloped subsector. In the pharmaceutical sub-sector almost 90% of all prescriptions nationwide are sent for dispensing electronically, making Sweden a world leader in this area.

Every county in Sweden now has some sort of IT-system for health care documents and because of the imperative of one patient/one journal they are moving towards one large system to cover as many services as possible instead of different systems for each service.

General Overview:

Main Domestic Telecom Providers

TeliaSonera, (Northern Europe Market leader)
106 63 Stockholm, Sweden
Website: www.teliasonera.com

Tele2
Box 2094
103 13 Stockholm, Sweden
Website: www.tele2.com

"3"
Box 30213
104 25 Stockholm, Sweden
Website: www.tre.se (Swedish only)
TDC Song
Box 799
191 62 Sollentuna, Sweden
Website: www.tdc.se

Telenor Sweden
116 88 Stockholm, Sweden
Website: www.telenor.se (Swedish only)

Domestic Systems Integrators Present in this Sector Market

Prevas
Knarrnäsgatan
7 SE-164 40 Kista, Kista Entré
Website: www.prevas.com

EVRY
Ekensbergsvägen 113
171 79 Solna
Website: www.evry.se

Tieto
Fjärde Bassängvägen 15
SE-115 83 Stockholm
Website: www.tieto.com

Cambio HealthCare Systems
Brigadgatan 14, 587 58 Linköping, Östergötlands län
Website: www.cambio.se

Enea
Box 1033
164 21 Kista, Sweden
Website: www.enea.com

Canadian Systems Integrators Present in this Market CGI (Sweden & Northern Europe)
Linnégatan 89E
115 23 Stockholm, Sweden
Tel.: +46 8 52802000
Fax: +46 8 52802001

Foreign SIs present in this market

- CGI
- Steria
- IBM Sweden
- Cap Gemini
2. Market and Sector Challenges (Strengths and Weaknesses)

Sweden is largely bilingual in terms of Swedish and English. French is not widely spoken. In terms of business culture there are no significant barriers for Canadians. Canadian companies entering the market are advised to contact the Trade Commissioner (see above) for local introductions.

Sweden is a very open market and purchasers will go for the best deal. Government policy favours the entry of new players into the market as a means of pressing health care costs.

Canadian SME’s entering this market will require a local presence in the long term. Depending on the nature of the product or service this may be a sales office, distributor or VAR relationship. In the short to medium term, numerous Canadian SME’s have operated successfully in the Swedish market from an existing base in the UK, France or another European country.

Adoption of the Swedish National IT Strategy for Health Care (see above) has placed political pressure on Regional Health Authorities to collaborate in procurement and is expected to push ICT implementation ahead in areas that have lagged behind.

In terms of operating systems in place, Microsoft OS dominates. The market for health care documentation solutions is also in a few hands. The problem is variations in implementation and in the terminology adopted to classify information stored in each Regional Health Authority area.


<table>
<thead>
<tr>
<th>Information System</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melior</td>
<td>25.9</td>
</tr>
<tr>
<td>Cosmic</td>
<td>27.6</td>
</tr>
<tr>
<td>Take Care</td>
<td>20.6</td>
</tr>
<tr>
<td>SysTeam Cross</td>
<td>10.4</td>
</tr>
<tr>
<td>VAS</td>
<td>7.7</td>
</tr>
<tr>
<td>ProfDocJ3/DMO</td>
<td>4.2</td>
</tr>
<tr>
<td>Others</td>
<td>3.6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

3. Sub-Sector Identification

Information Systems Market Share by Health Care Sector

- Health Care Documentation - 96.4% of the market is in the hands of five systems (Cosmic is the market leader).
- Hospital Care & Psychiatry - 83% of all user of health care documentation is in the Sector, which in turn is in the hands of six systems.
- Primary Care - 98.6% of the market is in the hands of six systems. (Pmo/J3 24.2%, Cosmic 29.9%)
Dental Care - 76.2% of the journal market is in the hands of two systems (T4 and Effica), and 47.6% of the digital x-ray market is in the hands one system (Schick).

4. Brief Glossary of Terms You May Meet in Sweden

- Kommun - Local Government
- Landsting - Regional Health Authority, RHA
- SKL - Swedish Association of Local Authorities and Regions
- SLIT - Official network of CTO's within Regional Health Authorities, RHA's.

Canadian Government Contacts

**Canadian Embassy in Sweden**

**Mr. Euan Scott**

Trade Commissioner Stockholm, Sweden

Box 16129

103 23 Stockholm, Sweden

Tel.: +46 8 453 3000

Fax: +46 8 453 3016

Email: christian.ekstrom@international.gc.ca

Website: Sweden.gc.ca

**Foreign Affairs and International Trade Canada**

125 Sussex Dr.

Ottawa, ON K1A 0G2

Website: http://www.tradecommissioner.gc.ca/eng/home.jsp