Entering Sweden's Digital Health Market

A roadmap for SMEs

🇸🇪 MARKET SNAPSHOT

Market focus: High telemedicine utilisation, with B2C teleconsultations generating a significant 20–30% of revenue.

Key players: The ecosystem is managed by regional authorities and municipalities, complemented by an active network of privately operated clinics.

Scale: The acute care infrastructure is streamlined, consisting of approximately 85 hospitals, 70 of which are publicly operated.

Reimbursement: Healthcare funding is predominantly public (85%), though the 15% private share is expanding due to the rise of employer-sponsored insurance.

Adoption pathways: A digitally advanced and scalable market, benefiting from a dynamic mix of public infrastructure and private service innovation.

- Regulatory complexity
- Reimbursement delay
- Funding gaps
- Interoperability challenges
- Market fragmentation

💡 DIGIH4A'S SME TIPS

✓ Rather than immediately aiming for large-scale tenders, **use the exemption rule** allowing local buyers to purchase solutions directly.

✓ **Budget for generating new evidence within Sweden** to demonstrate local workflow fit and cost reductions.

✓ **Adapt to regional procurements and prioritise regions/care providers with a track record** in digital solution procurement and implementation over the largest ones.

✓ **Secure a clear scaling strategy.** Time your transition from pilot to contract to align with regional financial planning, not just technical milestones.

1 Indentify the best route

- Each region should be treated as a separate market with unique decision-makers and priorities.
- The most common route is the **national HTA via TLV,** but alternatives exist: a) region-led procurement (LOU); b) municipal/region direct buys ≤ €75k for 1 year (no tender); or c) private hospitals/primary care.

2 Reimbursement process

🕐 **6-12 months**

Regional regulatory readiness

Initial requirements: MDR CE; HSL/PSA; GDPR + (2018:18) with IMY/IVO oversight; interoperability/security with regional platforms; design for 1177.se; demonstrate workflow fit.

🕐 **12-18 months**

Pilot Implementation

- A single well-developed pilot is key to building national credibility, but must address regional priorities.
- Involve clinical and administrative champions from the start in developing pilots and tailor proposals to region-specific health priorities.
- Even though operability is not a requirement, it's highly recommended to consider.

Evidence required:

- ☑ Clinical trials/pilots
- ☑ Budget impact
- ☒ User acceptance
- ☑ Cost-effectiveness
- ☒ Socio-economic eval.
- ☒ Interoperability

🕐 **6-12 months**

Successful application (early)

- Application for more permanent reimbursement: TLV HTA: QALY SEK 500k–1,000k; ~7–12 months + regional contracting 12 months.
- Other regulations may vary: LOU: ~6–12 months; use ≤ €75k/1 year direct buys; private care offers faster entry.

CONGRATS!!

🕐 **Ongoing**

3 Scaling up

- Integrate via 1177.se (if applicable to your solution); align with procurement calendars and annual budgets.
- Convert successful pilots using region-specific cost–benefit data and address municipal–region budget splits.

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