

Healthcare must be distributed on equal terms for everyone

Summary

Healthcare today does not meet the requirement in the first paragraph of Swedish Health and Medical Services Act, which states that care should be provided under equal conditions to everyone, despite that the problem with unequal care has been known for decades. The care given depends on factors such as what town you live in, gender and socioeconomic bracket. Changes are required in order to achieve equal care in Sweden. Unequal care will in the long run pose a threat to the legitimacy of healthcare.

This position document describes what Roche believes needs to be done to achieve a more equal healthcare system. Three important aspects that Roche would like to highlight are:

- > **Increased transparency:** quality registers and open comparisons are excellent tools that need further development.
- > **Increased access to information:** IT support, medical record systems and biobanks should be nationally compatible and useful.
- > **Approval all the way to the patient:** A national approval must be accompanied by the possibility of utilisation in the same way in the entire country.

Problem statement - equal care

Equal care is regulated in the first paragraph of the Swedish Health and Medical Services Act: "The goal for the healthcare system is good health and a care given on equal terms for the entire population." However, over the years, a number of investigations and assessments have proven that the healthcare is unequal from various perspectives such as where you live, gender and socioeconomic factor. The differences are in many healthcare areas large and permanent. Unequal care is expensive for society, which has been proven by the Knowledge Centre for Equal Care (Kunskapscentrum för jämlik vård) operated by SKL (Swedish Association of Local Authorities and Regions [Sveriges Kommun och Landsting, SKL]). This alternative cost for society, patients and relatives is a waste of resources.



Roche works with developing diagnostics and drugs that the patient needs today and tomorrow. Our main focus is the need of the patient and we believe that equal care also must focus on the patient.

The Swedish healthcare system strives to achieve an equal care for all patients; still the differences are obvious with regard to hometown, gender, level of education, age group and socioeconomic bracket.

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“Open comparisons within cancer care 2014” (Öppna jämförelser inom cancervård 2014) run by the Swedish National Board of Welfare shows for instance that the waiting time for patients with breast cancer from the first visit with a specialist to start of treatment varied between 7 to 28 days when comparing the best and worst county council. For prostate cancer, the variation ranged between 117 and 271 days between the best and worst county council.

The Swedish healthcare system generally upholds a high quality of care and the population has high confidence in Swedish healthcare. For a country like Sweden, where care is jointly financed via taxes, it is particularly important that the care is equal. Lack of strong measures to solve the problem with unequal care is in the long run a risk for undermining the legitimacy of and patients' confidence in the healthcare system.

Unequal access to medications for patients, primarily in severe illnesses, has been discussed intensively for a long time. Any major improvements have however not taken place. The organisation Swedish Association of the pharmaceutical industry (Läkemedelsindustriföreningen, LIF) appointed an independent commission for equal care in 2012, led by Ilija Batljan. The commission consisted of politicians from both political blocs, researchers, patient organisations and the medical profession. The commission has presented concrete suggestions for measurements to achieve a more equal care, which Roche supports.

The current government has set a goal for those health gaps that can be influenced to be closed within a generations time period. A commission for equal health has been appointed with the task of giving suggestions that can contribute to closing the health gaps in society. The main focus is health differences between different socioeconomic groups in society, but health differences between genders are also to be addressed.

Roche believes care can become more equal in the following way

Roche works with developing diagnostics and drugs that patients must be allowed access to. For Roche, equal care means that each patient has access to the right diagnostics and treatment at the right time. Factors such as hometown, gender, level of education, age group or ethnicity should not make a difference. This view on healthcare is very important to Roche.

Roche has identified three areas for a more equal care:

Further increase transparency

Quality registers and “Open comparisons” are excellent tools that need even further development. Structured follow-up of diagnostics, treatment and results is necessary to be able to measure the value of the efforts of the healthcare system. In this way, the county councils and the regions will be provided with tools to map and act on structural inequalities.

Increase access to information

IT support, medical record systems and biobanks should be nationally compatible. We believe that only a national perspective can create equal access to drugs and diagnostics and then the infrastructure must be adjusted for this purpose.

Approval all the way to the patient

When a drug or a medical aid has been approved by the dental and pharmaceutical Benefit Agency (Tandvårds och läkemedelförmånsverket, TLV) or is recommended by the New Therapy board (NT-rådet) operated by SKL, it should be made available for use to help patients without any obstacles in all county councils and regions. Today, a drug can be retrieved on county council level, which is a source to unequal care. A national decision must also be followed up with a national implementation process, with necessary follow-up to ensure implementation and correct utilisation.