When great healthtech is not enough

Sweden is full of healthtech innovation, but new digital healthcare solutions do not always become part of everyday care. This thesis explores why promising companies often struggle to enter the Swedish public healthcare system, and what it actually takes to become part of it.

Many people imagine innovation as a simple journey: a company identifies a problem, develops a smart solution, proves that it works, and then sells it to those who need it. In healthcare, the reality is far more complicated. A digital tool may save time, support clinicians, or improve patient care, but that does not mean it can easily be introduced into public healthcare.

Our thesis studies how small and innovative healthtech firms try to become embedded in the Swedish public healthcare system. Sweden is often described as an innovative country with strong digital competence. At the same time, public healthcare is under pressure from ageing populations, staff shortages, waiting times, and increasing demands on efficiency. Innovation is therefore often presented as part of the solution. But between an innovative product and actual use in healthcare, there is a complex system of actors, rules, routines, and responsibilities.

The main finding of the thesis is that entering public healthcare is not a straight market-entry process. Success depends not only on the technical quality of the product, but also on whether the company can build trust, understand healthcare needs, navigate regulations, and connect to the right people at the right time.

One important challenge is that Swedish healthcare is decentralised, where each region has responsibility for organising and financing care. This means that a solution accepted in one region may still need to be explained, adapted, or validated again in another. Another challenge is that healthcare actors must balance several priorities at once. They need to encourage innovation, but also protect patient safety, follow procurement law, manage limited budgets, and respect professional responsibility. This creates tensions. A start-up may need speed and flexibility, while the healthcare system often requires evidence, formal processes, and caution.

The study also shows that legitimacy is crucial. Companies often need clinical references, trusted partners, or support from established actors before public healthcare organisations are willing to adopt their solutions. In some cases, working with a larger supplier or entering through private healthcare can become an alternative path into the public healthcare system. A surprising insight is therefore that "being innovative" is not enough. In healthcare, a good product must also become understandable, trustworthy, and usable within an already crowded system.

The thesis is based on interviews with actors from public healthcare, private healthcare, healthtech companies, MedTech firms, and industry experts, combined with analysis of relevant documents and research. By bringing together these perspectives, the study maps the barriers, pathways, and critical stages that shape how healthtech firms become part of Swedish public healthcare.

The findings can help entrepreneurs better understand what to prepare for before entering the healthcare sector. They can also help healthcare decision-makers and policymakers see where current structures may unintentionally slow down useful innovation. If Sweden wants digital health solutions to move from promising ideas to real healthcare practice, the system needs not only better technology, but also better ways of connecting people, rules, resources, and needs.