What explains regional differences in Swedish healthcare?

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Studies from several countries have found substantial geographical differences with regard to medical treatments, surgical procedures, hospital admissions, physician visits and total healthcare expenditures within the same healthcare system. But is regional variation in healthcare necessarily a problem or is it just as normal as the fact that the consumption of snowmobiles, electric bicycles or seafood varies across geographical areas due to differences in demand and supply?

Since healthcare is primarily financed by common resources, there is an element of equity in how these common resources are allocated. The Swedish Agency for Health and Care Services Analysis has defined variation in healthcare as being a case of unjustified inequality if this variation cannot be explained by differences in medical needs, medical conditions or patient consent. In other words, variation in healthcare depending on where you live or based on individual income, age, gender, etc. is not consistent with the goal of healthcare on equal terms in the Swedish healthcare system. From an economic perspective, it is also a question of efficiency and that scarce resources should be spent where they yield the most utility.

In the empirical literature, regional variation in healthcare due to differences in health or medical needs is seen as unproblematic. However, regional variation is unwarranted if caused by, for example, a misallocation or inefficient use of resources. The main research question is thus: Which factors cause regional variation in healthcare? This question has proved difficult to answer and researchers are debating whether regional variation is primarily determined by individual needs and demands or by differences in the supply of healthcare. A limitation in analyses of regional variation in healthcare concerns the difficulty in measuring healthcare needs and the production of healthcare.

In both Johansson, Jakobsson and Svensson and Johansson and Svensson, we study which factors may explain regional variation in healthcare. Despite a large number of studies documenting regional variation in healthcare, often with a focus on a specific disease or treatment, only relatively few of these have studied the causes of regional variation. We study regional variation on an overall, structural level, which allows us to draw conclusions regarding our healthcare system as a whole. There is, to our knowledge, no previous study looking into regional variation in Swedish healthcare as a whole (on an overall level). Further-

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In order to draw a comprehensive picture of regional variation in healthcare, other measures of the healthcare production also need to be analyzed, such as total healthcare expenditures, use of inpatient care and use of all healthcare professionals, not just physicians. However, there is no national register of primary care utilization, and the national register for outpatient specialized care only covers physicians, not other healthcare professionals, which means that it is difficult to study these outcomes.

**References**


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9. See, for example, Kopetsch and Schmitz (2014).