

Productivity and cost-effectiveness of initiative for decentralized cancer care in Region Uppsala, Sweden

EE618

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OBJECTIVE

To address the growing demand for cancer care, Uppsala University Hospital, through a collaborative initiative between the public healthcare sector and private partners, has established a cancer treatment clinic in the Gränby shopping center, Uppsala, Sweden.

The initiative aims to improve accessibility to cancer care, alleviate pressure on the hospital's oncology and hematology units, optimize resource utilization, and increase capacity for clinical trial enrollment.

A health economic analysis has been conducted to evaluate the productivity and cost-effectiveness of the new Gränby clinic in comparison to existing cancer care units at Uppsala University Hospital.

METHOD

Productivity, defined as resource use in relation to output volume, was calculated over time for all cancer treatments, using the total number of treatments divided by available resources. The cost-effectiveness analysis was based on the assumption that treatment outcomes are equivalent regardless of location, as the only difference lies in the physical setting. Direct costs included facility rent, nurses' time, and transportation of medical supplies to the Gränby clinic.

Data was collected from the hospital's electronic medical records as well as prospectively as time spent per treatment. The Gränby treatment clinic opened in January 2024 and has gradually increased its treatment volume. Comparison between the units were performed using data from Q1 2025 and the three previous years to compare over time.

RESULTS

Since the opening in January 2024 until end of March 2025 a total of 540 patients have received 2 861 treatments at the Gränby clinic, compared to 2 669 patients receiving 18 148 treatments at the hospital. Gender and age distributions are comparable between the two units (Table 1).

Table 1: Patient characteristics (Jan 2024-March 2025)

	Gränby clinic	Hospital
Number of patients	540	2 669
Number of treatments	2 861	18 148
Gender (%)		
Female	52.0%	55.2%
Male	48.0%	44.8%
Age in years, mean [median]	64.2 [67]	64.1 [68]

The results show increased productivity in Q1 2025, both per nurse and per treatment chair, comparing to previous years (Figure 1).

In Q1 2024 a decrease in productivity was observed, which was expected in connection to the initiation of the new clinic with additional chairs added and before reaching full treatment capacity.

Comparing with Q1 2023, the productivity was increased by around 3% per nurse and 2% per chair in the first quarter of 2025.

Figure 1: Number of treatment per resource

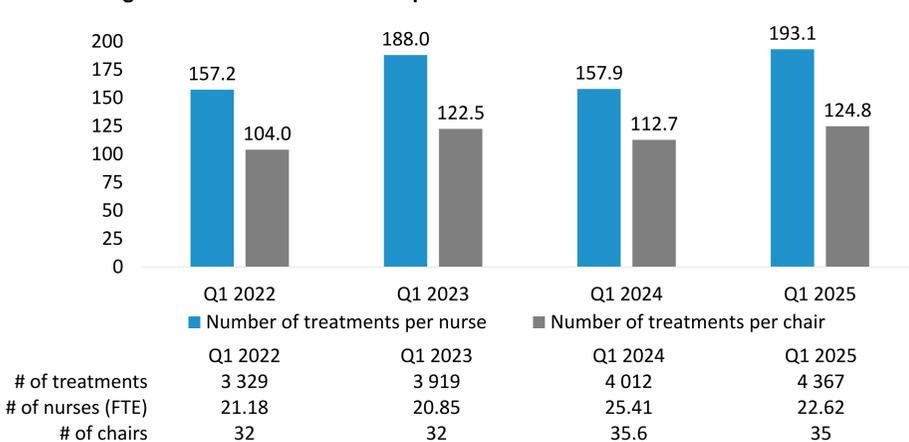


Figure 2: Number of patients enrolled in clinical trials

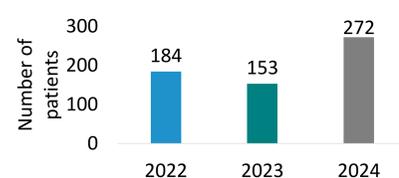
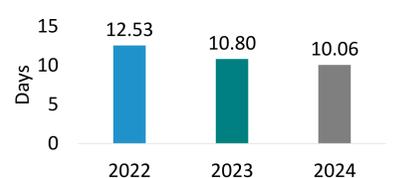


Figure 3: Average time in days to treatment initiation



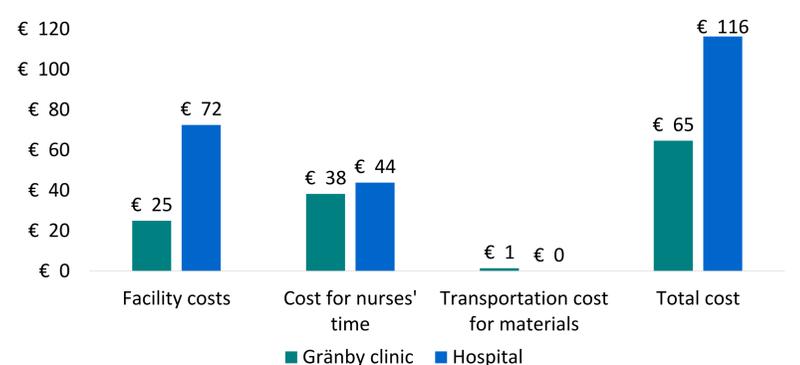
The aim to increase the capacity to enroll more patient in clinical trials was also evaluated showing a 78% increase from 2023 to 2024 and 48% from 2022 to 2024 in number of patients enrolled (Figure 2).

An alternative approach to assessing resource optimization is to evaluate the time elapsed between the initial oncology consultation and the initiation of pharmaceutical treatment (Figure 3). The results show a decreasing trend over time.

Figure 4 presents the monthly average direct costs per treatment in the first quarter of 2025, comparing the clinic in Gränby with the hospital.

The direct cost per treatment was €65 (718 SEK) in Gränby compared to €116 (1291 SEK) at the hospital, where the largest part was attributed to facility costs (Figure 4).

Figure 4: Direct cost per treatment Q1 2025 - monthly average (EUR*)



*Exchange rate EUR-SEK average 2025: 1 EUR = 11.10 SEK (Sveriges Riksbank)

CONCLUSIONS

The results show that both productivity and cost-effectiveness have improved since the launch of the decentralized cancer care initiative.

The cost per treatment at the Gränby clinic was approximately 50 percent lower compared to those at the hospital.

In 2024, the opening year of the Gränby clinic, clinical trial enrollment increased and the average time to treatment initiation decreased compared to the previous two years.

DISCLAIMER

The project was a collaboration between Uppsala University hospital, Adxto Care, Beigene AB, Bristol Myers Squibb AB, and Pfizer AB.

Karoline Wallace was working as a consultant on behalf of Bristol Myers Squibb.