Creating an integrated health care strategy in Denmark

Karsten Vrangbæk
Department of Political Science and Department of Public Health
University of Copenhagen
Background: Denmark and Danish Health Care

One of five Nordic welfare states
Population 5.6 million
GDP/Capita (current USD): 56,364 (Canada: 51,206): World Bank

- **Universal health care system:** Tax financed and free at the point of delivery (co-payments for pharmaceuticals, dentistry, physiotherapy etc)
- **Regions** own and operate hospitals
- **Municipalities** in charge of home care, prevention, rehabilitation outside hospitals, elderly, infant and school health services, social care, employment services etc.
- **GPs and practicing specialists** contract w/regions
Financial flows

Source: European Observatory on Health Systems. HiT report
Major reform in 2007

Structure and tasks:
- From 271 to 98 municipalities (average size 55K, 7 below 20K): - Integration of non specialized long term care, home care, prevention and rehabilitation at the municipal level
- From 14 to 5 regions (0,6-1,6 mill inhabitants): - Regions in charge of specialized care

Financing:
- Regions financed by a combination of state grants, municipal co-funding of hospital services and some activity based funding
- Municipalities financed by state block grants and municipal income taxation
What facilitated the reform?

I. Parliamentary situation:
- Strong government with de-facto majority
- Change in internal power balance in major government party (from localism to central steering).
- Coalition party and support party both had a weak power base at the regional/local level

II. Creation of an advocacy coalition:
- "Danish Industry", "Local Government Denmark" and key ministers and ministries (Finance, Economics and Interior)
- Reduction in number of local governments (and mayorships) outweighed by more tasks, and stronger position
What facilitated the reform?

III. Management of the policy process:
• Tight control of government commission created arguments for change and framed the policy choices
• Government did not reveal its intentions until late in the process. This created little scope for resistance from weak opposition and weak association of counties
• All local/regional government staff guaranteed a job after the reform

IV: Macro trends
• Weaker support for localism and local democracy in the population (from participation to output focus)
• Strong belief in “benefits of scale” in specialized health care
  Concerns about quality and “sustainability” in smaller municipalities
• Demographic transition necessitates a stronger emphasis on services for elderly, chronic care patients and multimorbity
• Long term financing of the welfare state
Instruments for policy coordination and integration of care

State and regions/municipalities

- **Budget law and annual agreements** b/n municipalities/regions and government. - Determine expenditure targets and tax levels. Provide an arena for negotiating new policy initiatives

Regions and municipalities

- **Health agreements** entered between regions and municipalities in every election term (4 years)
- Structure of joint committees and working groups locally and regionally
- Supported by national guidelines, standards and indicators for monitoring progress
3rd generation health agreements

Mandatory topics:
1. Prevention
2. Treatment and care (admission and discharge procedures)
3. Training and rehabilitation
4. Health IT and work processes

General issues:
• Division of labor
• Knowledge sharing and training
• Coordination of capacity
• Involvement of patients and relatives
• Equity in health care
• Documentation, research, quality development and patient safety
Integration of care:

**Patient pathway programs and standards** (across specialized and primary care)
- Cancer, heart diseases, Diabetes, COPD etc, prevention

**E-health**
- *E-referrals and prescriptions (all GPs, pharmacies and hospitals)*
- *Integrated portal for patients and professionals: Sundhed.dk*
- *Electronic patient records (not fully compatible yet)*
- *National e-medicine card (not fully implemented)*
Municipal integration of care:

Municipal efforts to integrate home care, rehabilitation, prevention, social care, employment services etc

Home care:
- *Sustaining citizen functionality in own home for as long as possible*
- Medical devices and aids. Personal care, and assisted living
- Telemedicine, home based dialysis, IV drug, blood sampling etc

Local level institutional care:
- Acute/temporary care (prevent admissions and readmissions, facilitate rapid discharge)
- Integrated health centers combining prevention, rehabilitation and general support
- Various types of housing and assisted living facilities for elderly
For at ændre "Enhedens navn" og "Sted og dato":
Klik i menulinjen, vælg "Indsæt" > "Sidehoved / Sidefod". Indføj "Sted og dato" i feltet for dato og "Enhedens navn" i Sidefod.