



THE DANISH EXPERIENCE: EMPHASIS ON PRIMARY HEALTH CARE

THE DANISH EMBASSY IN ATHENS

SEPTEMBER 2013



OUTLINE

- Main features of the Danish health care system
 - Structure of the governance system
 - The General Practitioner as 'gate keeper'
 - Freedom of choice
- Financing of health care
- Results
- Reforms of the Danish health system
 - Local government
 - Specialized functions
 - Hospital investment
 - Prevention packages
 - Challenges
- Specific areas: E-health, pricing of pharmaceuticals, generics



MAIN FEATURES OF THE DANISH HEALTH CARE SYSTEM

- A public health care system
- Free and equal access for all citizens, universal coverage
- Mainly financed through general taxes
- Decentralized organization



STRUCTURE

NATIONAL LEVEL

PARLIAMENT AND GOVERNMENT

- Responsibilities: Regulating, coordinating and advising the decentralized providers of health care services
 - Determining national health policies
 - Adopting legislation
 - Setting overall financial framework
 - General planning within the health sector
 - Defining guidelines
 - Performing control



STRUCTURE

REGIONAL LEVEL (EXECUTIVE)

5 REGIONS (AVERAGE 1,100,000 POPULATION), REGIONAL COUNCILS

- Responsibilities:
 - Hospital and psychiatric treatment
 - Primary health care / public health care scheme
 - General Practitioners (family doctors) – oversight of private GPs
 - Private practicing specialists
 - Adults dental services
 - Physiotherapy

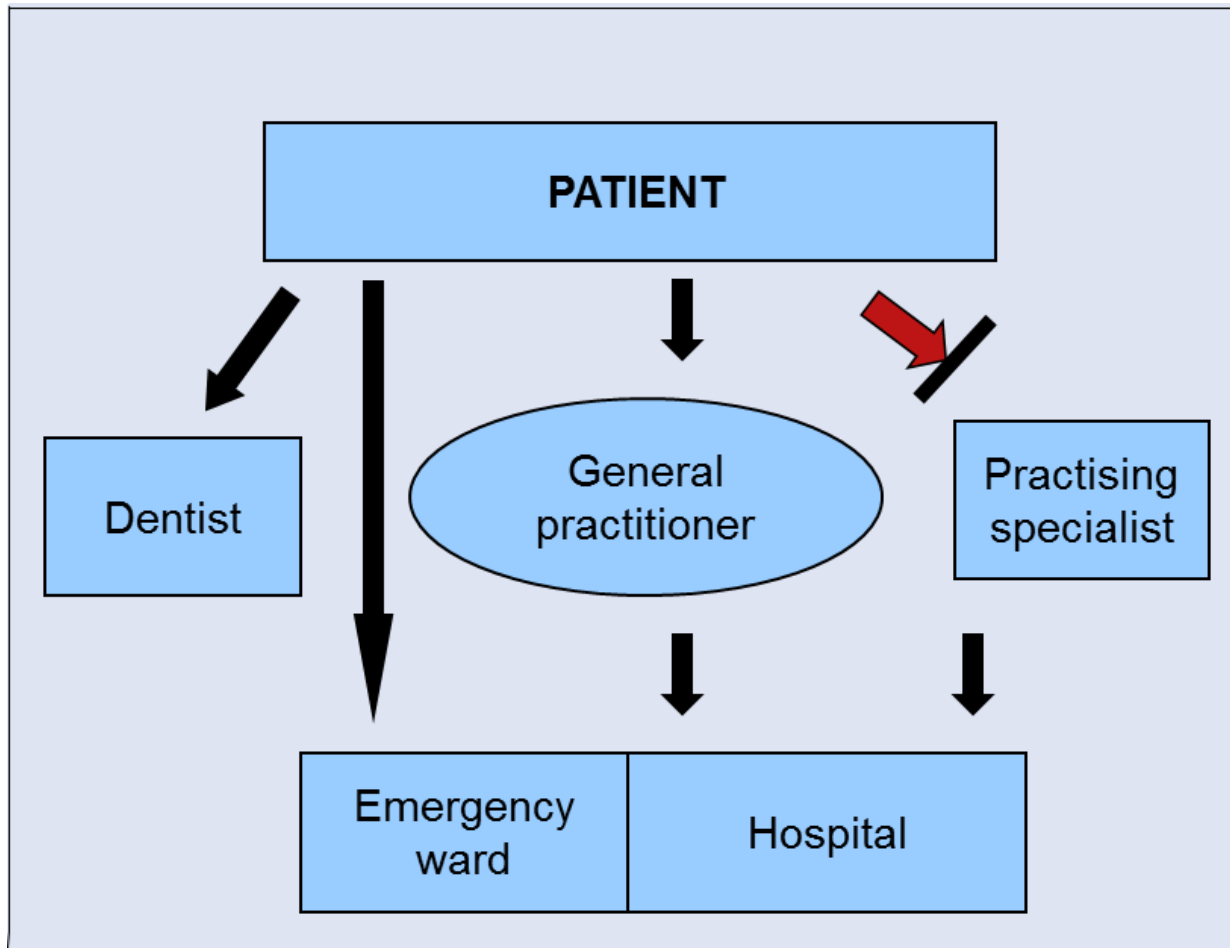


STRUCTURE

LOCAL LEVEL (EXECUTIVE)

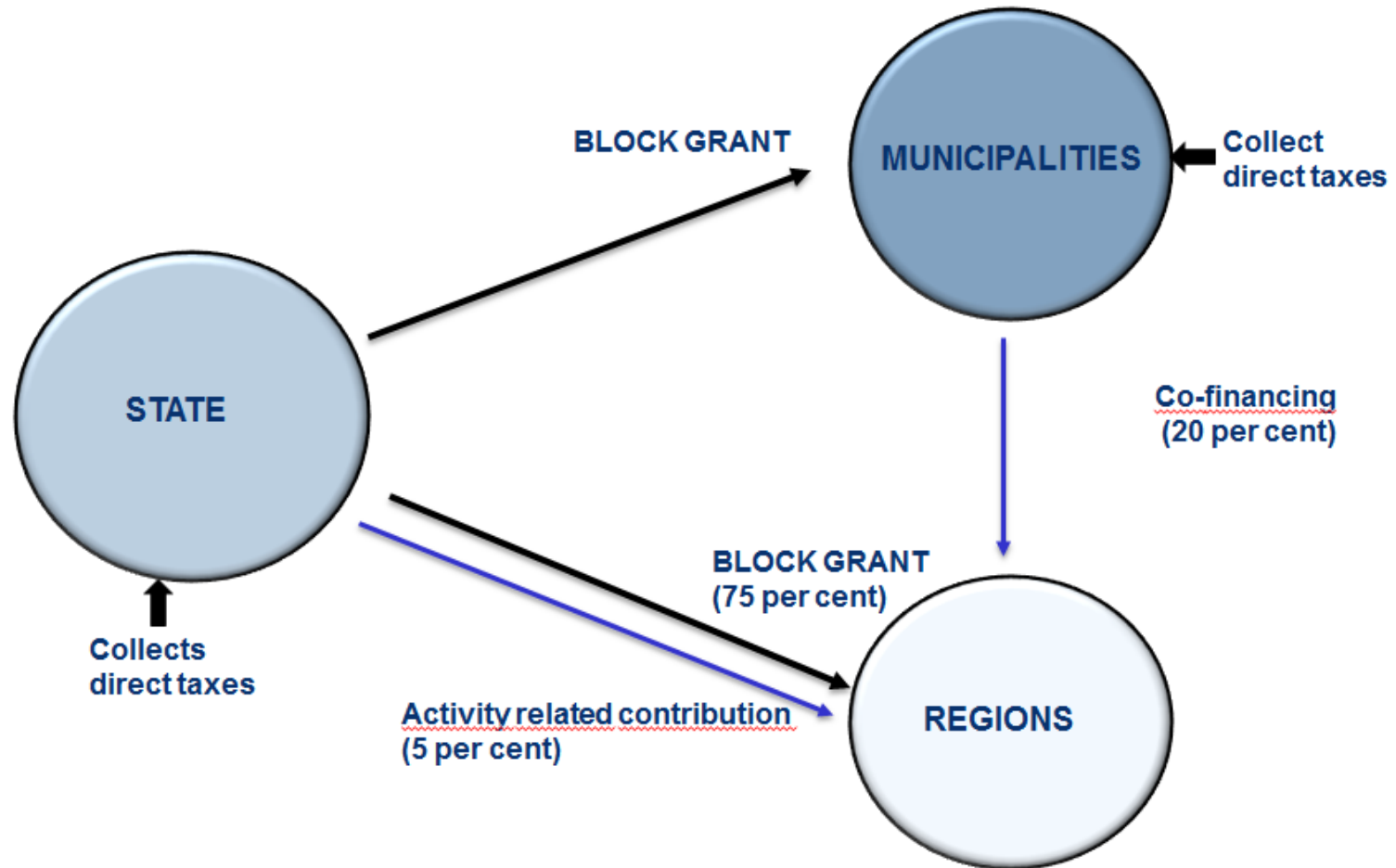
98 MUNICIPALITIES (57,000 POPULATION), MUNICIPAL COUNCILS

- Responsibilities:
 - Preventive care and health promotion
 - Rehabilitation outside hospital
 - Treatment of alcohol and drug abuse
 - Co-financing regional health care
 - Child nursing
 - Child dental services and special dental care
 - School health care
 - Home nursing





FINANCING OF HEALTH CARE





RESULTS

- Increased productivity
- Shorter stays in hospitals
- Waiting time for operations gone down
- More outpatient surgery, less readmissions
- Improved life expectancy

REFORMS OF THE DANISH HEALTH SYSTEM



- Reform of the structure of local government
- Planning of specialized functions
- Hospital investment
- Prevention packages
- Challenges



E-HEALTH

MEDCOM MESSAGES – DIGITAL EXCHANGE OF HEALTH DATA

- Practically all frequent documents in the health care sector are transferred electronically between health care professionals.
 - Discharge letters from hospitals to GPs
 - Referrals from GPs to hospitals
 - Lab results from laboratories to GPs
 - Lab test orders from GPs to laboratories
 - E-prescriptions from GPs to pharmacies
 - Etc.



E-HEALTH

SUNDHED.DK – OFFICIAL WEB PORTAL OF THE PUBLIC HEALTH SERVICES

- Access for patients to personal health data
- E-services: making appointments, prescription renewals
- Info on waiting times at hospitals
- Handbook
- Also data for professionals, handbook etc.



E-HEALTH

E-journal

- Digital access to electronic medical records at hospitals
- Introduced 2007. Now data on 85 pct. of population
- Info on diagnosis, treatment, sample results, medicine
- Weaknesses: GP's do not fully use

Shared Medication record

- Under implementation – card containing all info on medicine prescribed to a patient.

Telemedicine

- Long-distance monitoring, video conferencing, digital exchange of photos



E-HEALTH

PREREQUISITES FOR E-HEALTH IN DENMARK

- An ICT ready society – 78 per cent of Danes use the Internet on a daily basis; 90 per cent of households have internet access
- A unique personal identifier - the civil registration number, provided at birth. Digital signature and NemID.
- Long tradition of health registries and databases. More than 50 national databases on more than 60 different areas of disease. Health statistics and clinical quality data.
- Danish Health Data Network for secure data exchange
- Legislation: Accommodating, but also protecting. Patient control of own health data.