The Capital Region of Denmark

REGION

Cross Sectorial Collaboration in The Capital Region of Denmark

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September 21, 2018

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Program

1. Health Care in the Capital Region

2. The Practice Sector including:
   - Role of general practitioners
   - Initaives in new GP agreement

3. The Health Agreement

4. Disease management programs

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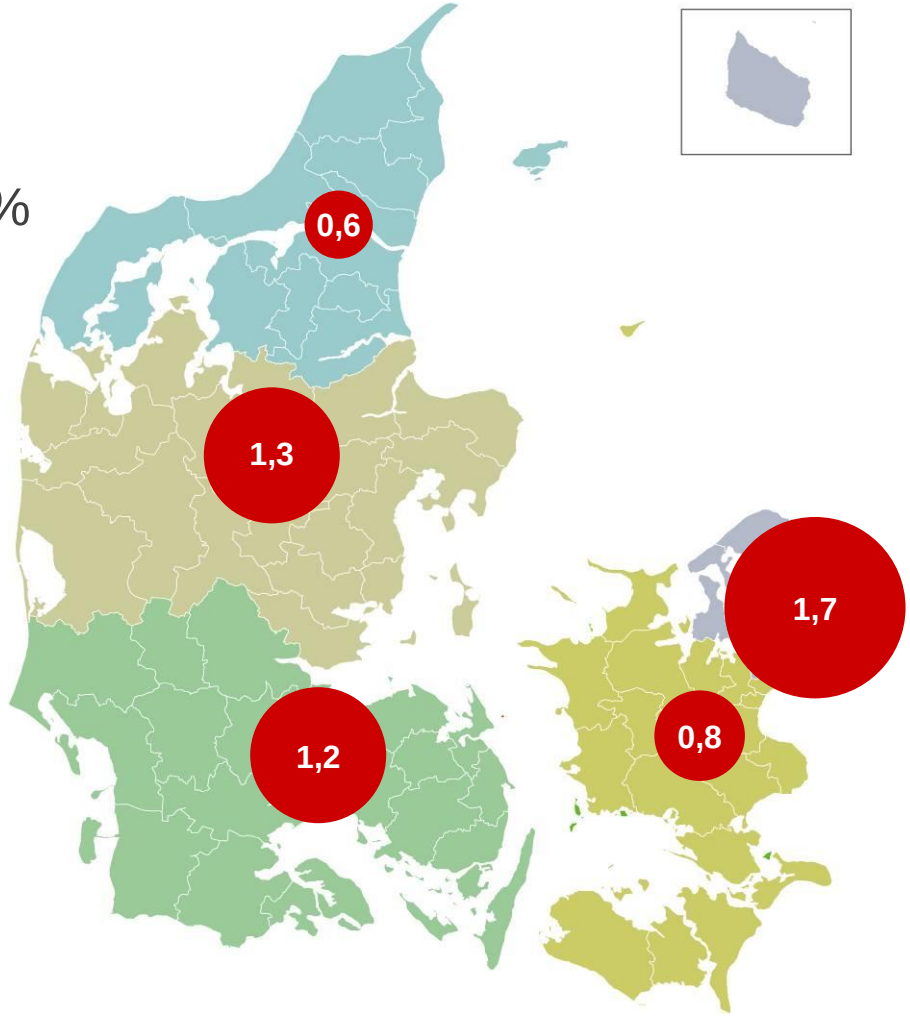
Capital Region of Denmark - facts and figures

- 1.7 mio. inhabitants
- 2,561 square km - approx. 6% of Denmark
- 29 municipalities
- Population density five times higher than country average
- Approx. 40,000 hospital employees
- Total budget approx. 6.2 bio. USD (36 bio. dkk.)



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Municipalities: Local health care

Responsible for:

Prevention, nursing homes, home nursing, preventive health care - and rehabiltation after beeing in the hospital

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Hospitals

- **6 somatic hospitals at 11 locations**
- **1 Hospital for psychiatry at 16 locations**

The practice sector

•Seven groups of private practitioners in the primary health care :

- GENERAL PRACTITIONERS (GP's)
- Specialist practitioners
- Physiotherapists
- Chiropractors
- Dentists
- Psychologists
- Podiatrists

- **Contracts with the Capital Region and regulation by national agreements**

System of collective agreement

- RLTN = Regionernes Lønnings- og Takstnævn
- RLTN: Political committee with sole purpose of negotiating collective agreements:
  - Labor organisations at hospitals etc.
  - Private provider organisations in the practice sector, ie. GPs, pracitising specialists, physiotherapists, psychologists etc.
- Members are government agencies, the regions and the municipalities.
- Danish Regions have presidency and secretary

Practice sector (continued)

- Privately owned clinics (private entities)
- Proximity as crucial as specialization
- Financing of GPs and other private clinics is mainly activity based – region pays pr. service.

Documentation for the right to treatment

GP's role

- Generalist
  - "Family doctor"
  - The GP is the primary contact
  - Gatekeeper
- "Coordinator" across the health care sector
- The practice plan (2015-2018)

New GP agreement

Main elements:

- Increase of budget of 8,3 %
- New model of quality
- Considerable investment in treatment of chronic disease
- New incentives to improve coverage of GPs to all areas in Denmark

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Larger responsibility for diabetes type 2 and COPD

- Transfer of responsiblity from hospital to GP's
- Aim is to strenghten GPs ability to diagnose and treat patients with these diseases
- Support by specialized hospital phone counseling
- Before hospitalization/referral to a hospital the GP has to contact the hospital counseling

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New program for development of quality in GP

- Cooperation of GPs in clusters in order to develop quality on the basis of data
- Development of quality indicators for general medicine on the basis of national quality goals
- Patient population of minimum 30.000 pr. cluster
- New quality model will replace accreditation of GP clinics

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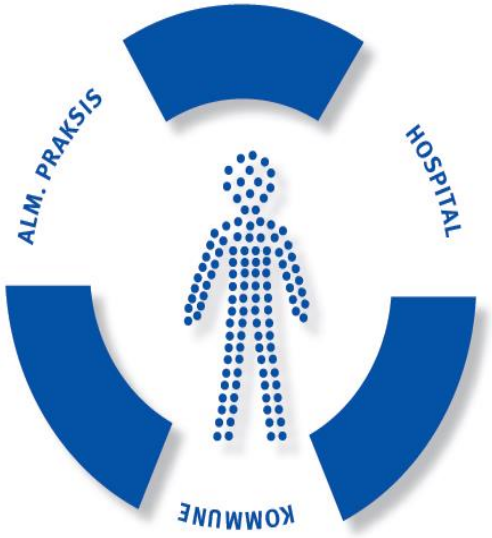
Danish Health Care System – responsibility



Region/hospitals: Specialised treatments

(Prevention, diagnosis, treatment, specialised rehabilitation).

Municipalities: Local health care

(Prevention, home care, basic health care, basic rehabilitation)

General Practitioners* (GPs): Local health care

(Prevention, diagnosis, treatment)

***** Regions are responsible for the generel practitioners. Regulated via special agreements.

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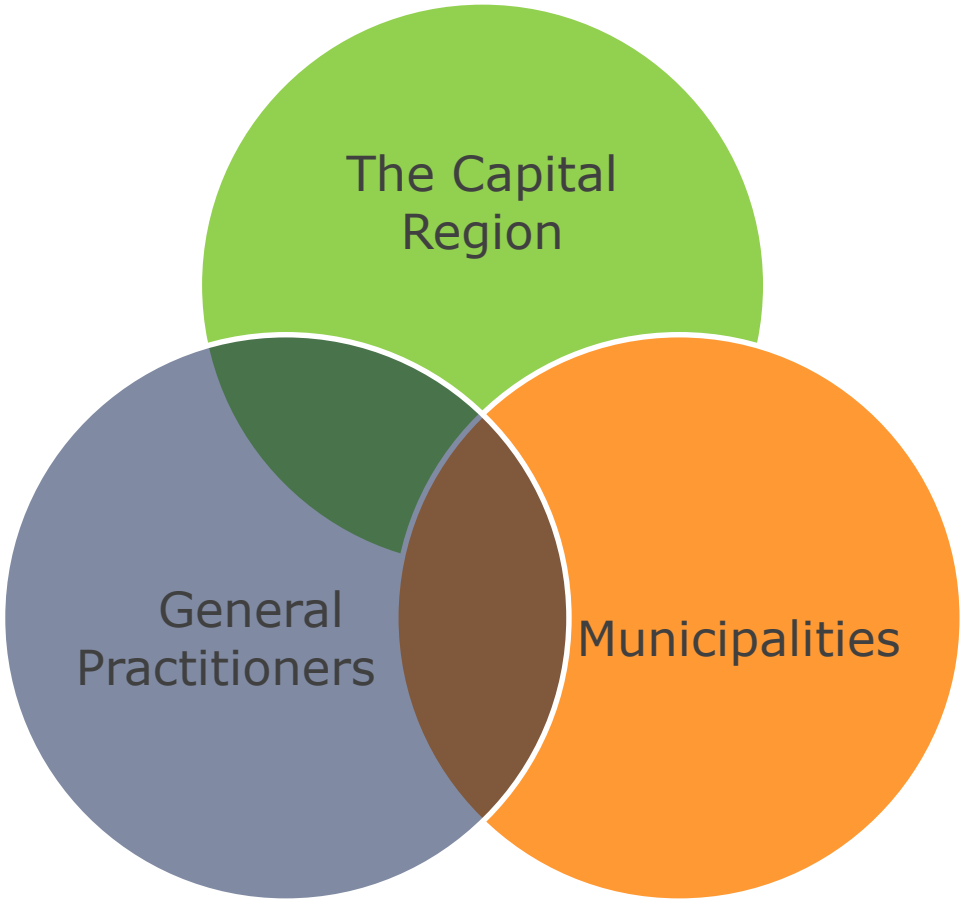
Cooperation for whom and why?



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The 29 municipalities in The Capital Region

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Some key challenges:

- Decreasing economic resources compared to increasing demand:
- The population older than the age of 65 is increasing
- The number of people with chronic diseases is increasing:
  - 27 % of the population have a chronic disease*
  - 2 % of the population have more than three chronic disease
- Shorter length of hospitalization (<4 days) and transfer of tasks between sectors => increasing demand for coordination and cooperation to ensure integration and quality of health care
- *Based on a register analysis including 11 common chronic diseases

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Tools to cross-sectorial collaboration

- Health Agreements between municipalities and region
  - Disease Management Programs
- Plan for General Practice

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Health Agreements

- It is decided by law that every region and all municipalities in Denmark should make these agreements and the agreement must be approved by The Danish National Health Board
- Include all citizens in all ages who need a coherent, interdisciplinary action from different sectors in the health system on the same time or in elongation
  - Older people/people with chronic diseases/the elderly medical patient have been central
- The aim is that all citizens receive an action of high quality and that the quality is uniform across the region
- Also an efficient use of resources should be supported

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Health Agreements (the third)

Areas included in the Health Agreements 2015-2018:

1. Patient centered prevention and health promotions
2. Treatment and care
3. Rehabilitation
4. Health IT

5. Documentation, research and patient safety
6. Coordination of capacity
7. Equality in health
8. Patient empowerment and involvement
9. Counseling between sectors

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The existing Health Agreement

- Political part: Goals and visions
- Administrative part: description of initiatives
- Appendix: guidelines etc.

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4 political visions…

That the citizens experience to be an active part in their own patient pathway and participate in the development of a coherent healthcare system

To develop and disseminate new forms of cooperation

That the health care system helps to create more equality in health

That the citizens experiene high quality and consistency of care

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Implementation and follow- up on the initiatives in the HA

- 73 initiatives – divided in themes
- 9 central commitees (cross sectorial)
- Local commitess around each hospital - bring the initiatives into practice

- Follow- up on the implementation at both administrative and political level
  - Health Coordination Commitee

Experiences with the current HA

- Too many initiatives – described at a too detailed level
- Too locked – changes in laws, political focus and other healths issues are difficult to incooporate
- The politicians find that they have too little influence during the agreement period
- Ressources have been missing at the working level, especially from the municipalities
- To little room for local decisions

The next Health Agreement (2019-2023)

- We are in the proces of making af new HA (expected approved summer 2019)

- Based on new intructions, it should focus on common aims for improving the health of the population in the region and for specific target groups

The next Health Agreement

- Background - the same overall challenges……..
- Main themes (expected)
  - Elderly and patients with chronic diseases
  - Patients with psyciatric disaeses
  - Prevention – for patiens and ?
  - Health of children and youth

- The proces
  - Broad wide participatory – large meetings ..
  - Involvment of patients/citizens
  - Close collaboration between politicians and administration

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Disease Management Programs

"The disease management programs describes every cross sectorial intervention and communication involving a specific chronic disease".

Main focus of the programs

> "*is to improve quality and integration of provided care in hospitals, general practice, and municipalities. The aim of the programs is to deliver evidence based health care services in the correct setting (…)"*

Diseases for which a disease management programs have been developed:

- Dementia
- Chronic Obstrutive Pulmonary Disease (COPD)
- Diabetes
- Cardiovascular diseases
- Lower back pain
- Cancer: Rehabilitation and Palliation
- Acquired brain injuries for adults and children - rehabilitation

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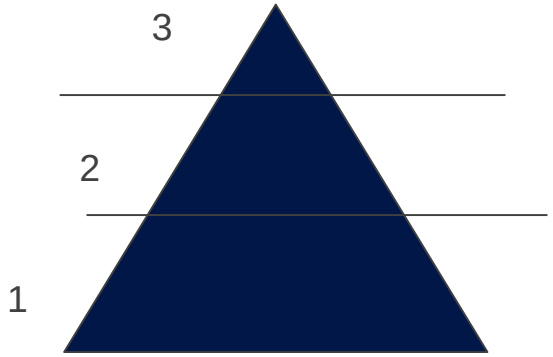
Disease Management Programs

Some of the central elements

- Stratification on severity of the disease



- Rehabilitation
  - Phyical traning, diet and smoking cesseation

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Thank you for your attention