Policies and Strategies on eHealth in Denmark

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Introduction to Danish health care: foundational principles and goals

- Equal and free access to healthcare
- ☐ High quality of care
- Freedom of choice
- □ Expenditure 2008:

Public 125 mia. Dkr.

private 22 mia. Dkr.



Danish Health Care

- □ Regional health care
 - Somatic and psychiatric hospital services
 - Public Healthcare Reimbursement Scheme
 - □ General practitioners (3400)
 - □ Practising Specialists (1200)
 - Physiotherapist, chiropractors, dentists
- Municipality health care
 - District nursing
 - Rehabilitation
 - Health promotion and prevention
 - Children's health



IT in Danish health care today

Denmark has come far ...

- National infrastructure of communication between primary and secondary healthcare
 - Dissemination of the use of IT in primary care 98% of GPs, 85% of specialists, all pharmacies, 100% of municipalities and all publicly owned hospitals exchanges point to point structured patient specific messages in a closed network
 - Main areas of communications are: referrals, discharge letters, prescriptions, laboratory request and results, notifications
 - 40+ different IT-systems involved
- Sundhed.dk The national Danish ehealth portal
- ... but can improve ...



Central components in the information backbone

- Unique identifiers at national level:
 - Persons -CPR
 - Companies -CVR
 - Buildings -BBR
- National registres maintained by central authorities
- □ In operation for more than 30 years
- Cancerregister
 - Established 1943
 - Modernasized 1978



National initiatives

- □ Danish Health Data Network
- □ EDI standards
- Common standards, concepts and classification
- Communication hospitals and home care
- National Personal Medicine Profile
- Prescription Server



Danish Health Data Network

Danish Health Data Network

- 99% of GP's
- 85% of specialists
- all pharmacies
- all municipalities
- all publicly owned hospitals
- Medcom
- Sundhed.dk The national Danish e-health portal

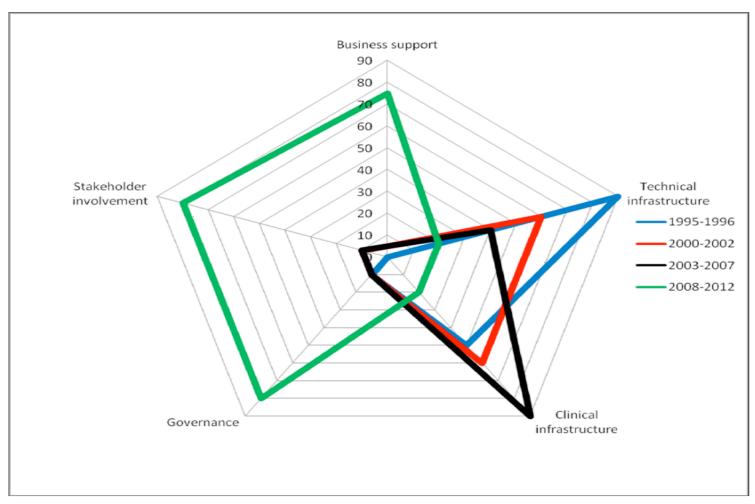


Danish IT strategies for the Health Sector

- 1995: IT political action planHealth Care Network
- 1996: Action plan for EHRDecentralized initiatives, central funding
- 1999: National strategy for IT 2000-2002
 - Electronic Health Record
 - Communication of patient related data
 - Technical and organizational challenges
- 2003: National IT strategy for the Health Sector 2003-2007
 - Electronic Health Record
 - Clinical infrastructures
 - Standardization and interoperability
- 2008: National Strategy for the digitalization of Health Care
 - Governance
 - Stakeholder involvement
- Business orientation



Strategic focus profiles





Principles

- Enhanced cooperation through management, administration and coordination
- Stepwise development of digital communication
- Stepwise convergence of local solutions
- Clear projects and development based on demands
- ☐ IT for the entire health care system
- Utilization of the international dimension
- Continuous development and adaption



Strategy Three Main Elements

- An instrument for the employee to create quality and productivity
- □ Better service to and involvement of citizens and patients
- Cooperation and connection



1: An instrument for the employee to create quality and productivity

- Use of data and technology
 - User friendliness, minimization of manual input, reuse of data, access and sharing across time and place
- Development of quality and research
 - Monitoring by use of quality indicators, support of the Danish quality model, support of research
- Management and administrative information
- Efficient implementation and secure IT



2: Better service to and involvement of citizens and patients

- Easy accessible, connected and efficient channels of communication
- □ Involvement forwarding and maintenance of own health data
- Access to services for everyone
- Secure and safe handling of data



3: Cooperation and connection

- In the health care system
 - Binding cooperation at all levels
 - Binding decisions for all participants
 - Division of labour between state, regions and municipalities
 - Cooperation across sectors on standards
 - Suppliers
 - Private suppliers of health services

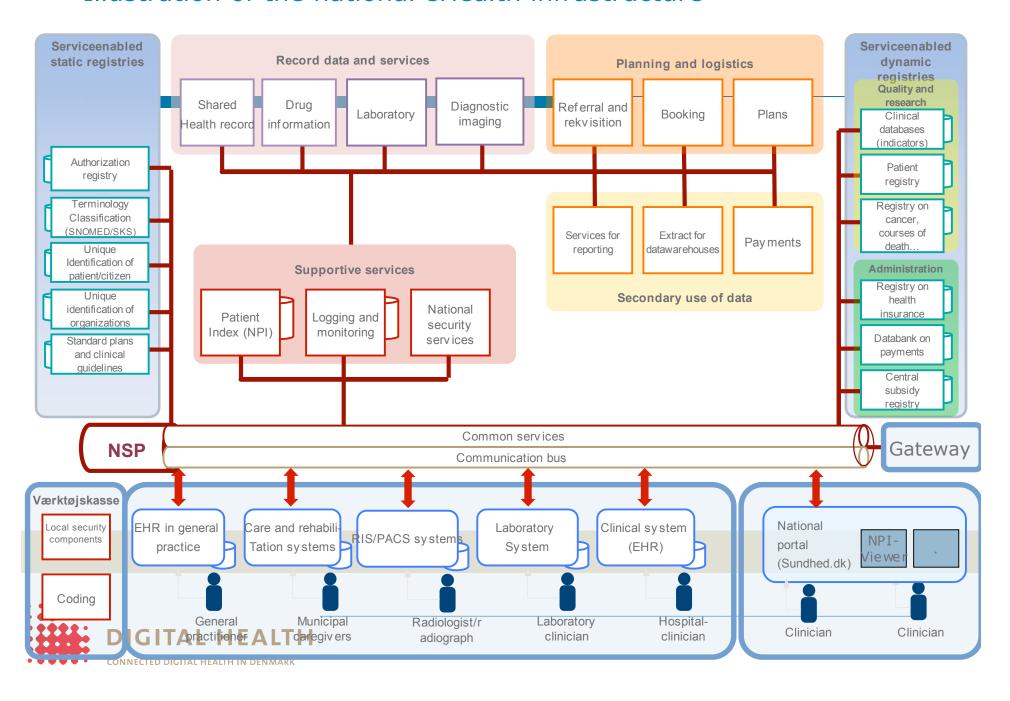


Plans of action

- An instrument for the employee to create quality and productivity
 - Programme 1: National Patient index
 - Programme 2: Joint Medical card
- Better service to and involvement of citizens and patients
 - Obtained indirectly through Patient index and Medical card
 - Telemedicine
- Joint infrastructure
 - Programme 3: IT Architecture and security
 - Programme 4: Standardization
- Monitoring of the digitalization at each participant



Illustration of the national eHealth infrastructure



Agreement on e-health 2010 (1)

- Overall development has to be coordinated and prioritised on national level
- Clear division of labour, connexion and progress
- New advisory board to the ministry
- Digital Health closing down



Tasks on state level

- Consolidate national health registers
- □ Increase services for participants in e-health
- Common and effective exchange on information about patients



Task on regional level

- Consolidating e-heath on hospitals
- Establish an common it regional unity (RSI)
- convergence to common e-health solutions
- common purchase and tender
- coordinate regional data through the national infrastructure and standards



Milestones (1)

- □ Total consolidated HER and connected it-work of place including common log-in before end of 2013
- □ IT support of panning of productions in hospitals for example acute functions before end of 2011



Milestones (2)

- National Patients index
 - Common Medical information end of2011
 - Information on patients (e-healthrecords in hospitals end of 2010
 - Information on vaccinations medium 2011
 - Information on imaging on a common scale 2012
 - Access to information in the national patient register



Milestones (3)

- □ All communication on patients in a digital way 2012
- □ Patients interpretation on video conference in all hospitals 2012
- Common model to send and receive data from national registers
- Review juridical barriers to effective chairing of relevant data

