Planning specialized health services
- an exercise in consensus and detail

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Planning specialized hospital services in Denmark

- ERN in a Danish context
- New paradigm: centralize and specialize
- Specialization of functions and master plan
- Goal and criteria of specialty planning
- Current status
- Lessons learned
ERN in a Danish context

- Recognition and approval of specialized hospital services
- Responsibility - Danish Health and Medicines Authority (DHMA)

- The Danish Healthcare Quality Programme (DDKM):
  - Generate continuous and persistent quality development across entire healthcare sector in a broad sense
  - No role in accrediting or certifying specialized hospital services
New paradigm: centralize & specialize

- Surgery for colorectal cancer:
  - 2001: 45 dep., ~12/year, 26% >20/year
  - 2012: 16 departments
- Surgery for ovarian cancer:
  - 2002: 52 departments, ST. III: 39% optimal debulking
  - 2012: 5 departments

- Sources of paradigm shift:
  - Structural reform
  - EBM & guidelines
  - Sub-specialization & multi-disciplinary teams
  - Documentation
Danish Health and Medicines Authority

5 regions vs. 1 national authority

**Regions:**
- Operates public hospitals
- Plans health services
- Contracts private operators

**National authority (DHMA):**
- Approves specialized functions
- Recommends basic functions
- Consultative committee

Health Care Act (2007) §207-209
36 specialities ≈ 1,100 specialized functions

**Basic functions** ≈ 90%

- e.g. diabetes or cataract surgery

**Specialized functions** ≈ 10%

- **Regional functions**
  - @ 1-3 hospitals per region
  - e.g.: gestational diabetes or glaucoma surgery

- **Highly specialized functions**
  - @ 1-3 hospitals nationwide
  - e.g.: pre-gestational diabetes or cornea transplant
Criteria

- Complexity (skills, multi-disciplinary)
- Rarity ("practice makes perfect")
- Resources

Core criteria
- capacity & stability
- volume, experience & expertise
- collaboration & facilities
- quality & documentation

Secondary criteria
- research, development & education
- 24-7 service
- geography
Current status

- Master plan implemented 2011
  - continuous small adjustments
  - version 2.0 in 2013-2016

- ~75 highly specialized functions in only one place
  - e.g. decompression sickness, intrauterine blood sampling, extremely dangerous psychiatric patients, Wilson’s disease, retinopathy of prematurity

- A few functions not in Denmark
  - e.g. small-intestine transplant, particle radiotherapy, fetal surgery, EC-IC bypass
Lessons learned

- **Difficulties**
  - creative applications
  - privatization wave
  - ambitious & lost in detail

- **Surprisingly robust**
  - supported by (political) structural reform
  - well-organized and mature professional environment
  - path dependency
  - homogeneity: public = 98% value / 96% volume
  - location & organization, not tied to person

- **Challenges**
  - ICD10, real numbers, monitoring
  - further centralization?
  - quality indicators?