



# Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Denmark



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## Denmark

**Population size (thousands):** 5,683 (State of Health in the EU, Denmark, 2017)<sup>1</sup>

**Population density:** 132.4 inhabitants / km<sup>2</sup> (Eurostat, 2015)<sup>2</sup>

**Life expectancy:** 84 years (State of Health in the EU, Denmark, 2017)

**Fertility rate:** 1.7 births / woman (State of Health in the EU, Denmark, 2017)

**Mortality rate:** 10.3 deaths / 1,000 people (Central Intelligence Agency, 2017)<sup>3</sup>

**Total health expenditure:** 10.3% (State of Health in the EU, Denmark, 2017)

**Health financing:** government schemes (84.2%), voluntary health insurance schemes (2%), household out-of-pocket payments (13.8%) (Eurostat, 2015)<sup>4</sup>

**Top causes of death:** malignant neoplasms, circulatory diseases, and respiratory diseases (State of Health in the EU, Denmark, 2017)

### The Danish healthcare system

The Danish health system is financed through taxation and provides universal healthcare. It is a de-centralised system, with responsibilities for service delivery devolved at local level and the regulation, supervision and planning carried out at government level. Access to a wide range of health services is free of charge for all residents (European Commission, 2017d).

The system is organised according to three administrative levels: state, regional and local. The responsibility for preparing legislation and providing overall guidelines for the health sector lies with the Ministry of Health. Moreover, healthcare expenditure targets are agreed each year by the Ministry of Health, the Ministry of Finance and municipal councils (represented by Danish Regions and Local Government Denmark) (European Commission, 2017d). Each year in May and June, the national government negotiates limits to municipal taxation and expenditure, the total size of the block grants and the service level for the next year with Local Government Denmark – the block grants are distributed to the municipalities in proportion to each municipality's tax revenue (European Commission, 2017d).

In Denmark, the regions own and run hospitals, prenatal care centres and community psychiatric units; additionally, they finance GPs, specialists, physiotherapists, dentists and pharmaceuticals. Municipalities are responsible for providing services such as nursing homes, home nurses, health visitors, school healthcare, dental care, prevention and health promotion, and institutions for people with special needs, e.g. people with disabilities, treatment of drug- and alcohol-related problems (European Commission, 2017d).

### Integrated care policies

Generally, a wide variety of integrated care strategies and policies can be found in the Scandinavian countries (Norway, Sweden, Denmark), Finland and Iceland, covering a wide range of topics, e.g. integration of social and healthcare in the context of home rehabilitation for chronic patients, eHealth-driven health records integration and health pathway management, mental health, integration of social and healthcare services for

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<sup>1</sup> [https://ec.europa.eu/health/sites/health/files/state/docs/chp\\_da\\_english.pdf](https://ec.europa.eu/health/sites/health/files/state/docs/chp_da_english.pdf)

<sup>2</sup> Population data, Eurostat  
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1>

<sup>3</sup> <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

<sup>4</sup> [http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth\\_sha11\\_hf&lang=en](http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en)

young patients. Specifically, in Denmark there are two active integrated care policies and one strategy, as follows:

- *SAM:BO Cooperation of care pathways in the Region of Southern Denmark*,<sup>5</sup> which looks to establish cooperation on care pathways between GPs, local authorities and hospitals;
- *Evaluering af indsats for forløbskoordination. Midtvejsrapport - Status for regionale og kommunale aktiviteter og resultater*,<sup>6</sup> which looks to enable commissioned evaluations of the municipalities' and regions' implementation of shared care and collaborative care pathways for elderly patients;
- *Anbefalinger for tværsektorielle forløb*,<sup>7</sup> which looks to set recommendations for cross-sectoral interventions for people with chronic lower back pain, and to further enhance the quality of prevention, intervention and treatment.

### Implementation of integrated care in Denmark: initiatives in Southern Denmark

- *Integrated Care Odense*. Cooperation model focused on the elderly and people with stress, anxiety and depression using risk stratification, action plans, multidisciplinary teams and a common data warehouse;<sup>8</sup>
- *The child in the centre – the focus of the family*, run by Helene Elsass Centre. Collaboration model focused on families with children with the congenital brain injury cerebral palsy. The aim of the project has been to increase efforts in the CP area as well as to ensure cross-sectoral and interdisciplinary cooperation among the major players.<sup>9</sup>

### Assessment of the maturity of the health system

Maturity Model – Denmark (Southern Denmark)	
Readiness to Change to enable more Integrated Care	
Self-assessment	4 – Leadership, vision and plan clear to the general public; pressure for change
Justification	There is a very good understanding at both the political and management level that integration of health and social care is required in order to successfully address the challenges currently faced by the health system (both at national and regional level). Moreover, Denmark is a small and homogeneous country, meaning that all regions progress at the same rate in terms of health policy implementation.
Structure & Governance	

<sup>5</sup> A detailed description of this integrated care policy can be found at <http://publications.jrc.ec.europa.eu/repository/bitstream/JRC94488/jrc94488.pdf>

<sup>6</sup> A detailed description of this integrated care strategy can be found at [www.kora.dk](http://www.kora.dk)

<sup>7</sup> A detailed description of this integrated care policy can be found at <https://www.sst.dk/da/sygdom-og-behandling/kronisk-sygdom/faglige-anbefalinger/anbefalinger-kroniske-laenderygsmerter>

<sup>8</sup> A more detailed description of this integrated care initiative can be found at <http://www.integratedcare.dk/topmenu/projektet/samarb>

<sup>9</sup> A more detailed description of this integrated care initiative can be found at <http://viden.sl.dk/media/8115/evaluering-af-samarbejdsmodel-omkring-boern-med-handicappet-cerebral-parese.pdf>

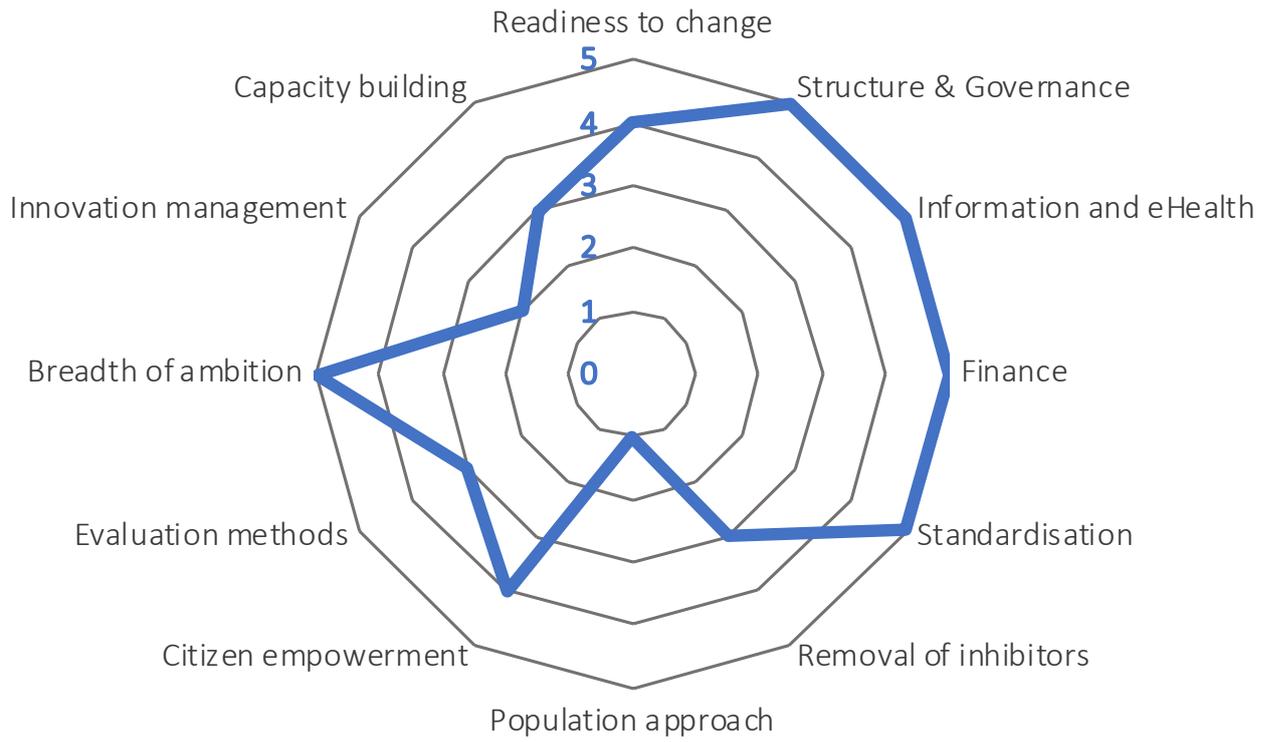
Self-assessment	5 – Full, integrated programme established, with funding and a clear mandate
Justification	There is an established management and political consensus in the region. There is a political framework that has been signed off by all the municipalities concerning the processes, technology and workflows for integrated care. Social care is also included in this framework.
<b>Information &amp; eHealth Services</b>	
Self-assessment	5 – Universal, at-scale regional / national eHealth services used by all integrated care stakeholders
Justification	There is a high level of implementation with regard to national infrastructure and standards for communication, as well as other e-tools that can be used to integrate care. Moreover, there are guidelines and protocols that have been signed off both at the political and clinical level. Citizens have access to data on their health, including health records, through a portal.
<b>Finance &amp; Funding</b>	
Self-assessment	5 – Secure multi-year budget, accessible to all stakeholders, to enable further service development
Justification	Funding schemes are tied to the investment on national infrastructure and are co-developed between the five regions and central government. Every 2nd or 3rd year there is a budget for integrated care established at national level. This process has been operating for 20 years so it can be considered stable.
<b>Standardisation &amp; Simplification</b>	
Self-assessment	5 – A unified and mandated set of agreed standards to be used for system implementations fully incorporated into procurement processes; clear strategy for regional/national procurement of new systems; consolidated data centres and shared services (including the cloud) is normal practice
Justification	Denmark is very advanced with regard to the development and implementation of standards. New professions and a higher population might require more standards to be developed.
<b>Removal of Inhibitors</b>	
Self-assessment	3 – Implementation plan and process for removing inhibitors have started to be implemented locally
Justification	Changing the structure of incentives in the health system remains a challenging task. Models for funding schemes and incentives are very difficult to change in the current landscape of health management and care delivery in Denmark. This remains the most important inhibitor in the Danish health system, and is directly applicable to the region of Southern Denmark as well.
<b>Population Approach</b>	
Self-assessment	1 – A population risk approach is applied to integrated care services but not yet systematically or to the full population
Justification	Traditionally, the Danish health system has not invested in or implemented population risk stratification approaches. Indeed, 'family doctors' do the risk stratification and act as gatekeepers to the system. Family doctors have access to patient data, but not the organisational setup to use stratification tools.
<b>Citizen Empowerment</b>	
Self-assessment	4 – Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processes about their own health

Justification	Citizens can access most of their health data through a national web portal. In the region of Southern Denmark there has been a debate regarding how digital tools can create a more active role for patients, providing them with the tools to proactively empower themselves. Indeed, this topic is considered a high priority on the political and management agenda of the region.
<b>Evaluation Methods</b>	
Self-assessment	3 – Some integrated care initiatives and services are evaluated as part of a systematic approach
Justification	Health technology assessments are done regularly, in a thorough and systematic manner. The region has also developed the MAST model for assessing implementation and maturity of telemedicine implementation.
<b>Breadth of Ambition</b>	
Self-assessment	5 – Fully integrated health and social care services
Justification	There is great overlap between the delivery of primary care and social care in the region of Southern Denmark (and generally at national level). Stakeholders in the region across clinical, management and policy-making levels realise that the delivery of healthcare in the future will require full integration of primary and secondary care.
<b>Innovation Management</b>	
Self-assessment	2 – Innovations are captured and there are some mechanisms in place to encourage knowledge transfer
Justification	In Denmark, there is an online portal for information sharing and knowledge transfer (i.e. across health managers, practitioners and policy-makers), but it is not widely used. The most important need in this domain is to implement a more efficient procedure to scale up processes and solutions to regional and national level, which is more about management and less about tools and portals.
<b>Capacity Building</b>	
Self-assessment	3 – Systematic learning about integrated care and change management is in place but not widely implemented
Justification	As with dimension 11 (i.e. Innovation Management) a management perspective is required to turn this rating into a 5. Clearer goals and objectives in terms of capacity building must be established, as well as determination on building up from existing knowledge and information.

The current level of integrated care implementation in Denmark is advanced in most of the dimensions covered by the Maturity Model Assessment. This is reflected in the self-assessment ratings, with more than half of the assessment dimensions being rated as 5 or 4. Generally, the progression of integrated care implementation in Denmark over the past decade has been uniform across the different regions (including Southern Denmark), given that there is a fully implemented integrated care programme at national level and a supporting political consensus.

Moreover, the Southern Denmark region has made considerable progress on the enablement of shared health records and the development of common health standards to be used within the region. Interestingly, the region does not use a systematic approach to population risk stratification. This is still carried out by 'family doctors', who act as gatekeepers in the Danish health system.

## Denmark | Southern Denmark Region



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