



OECD REVIEW OF QUALITY OF HEALTH CARE *RAISING STANDARDS:* DENMARK

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Where is Denmark today?

- Denmark impressive quality monitoring and improvement initiatives are a good practice example
- Restructuring of hospital sector into fewer major hospitals is good for safety and quality but means that more patients will be treated in the community
- Primary and community care have a major role to play and need to modernise to deal with raising demands from ageing societies and chronic diseases



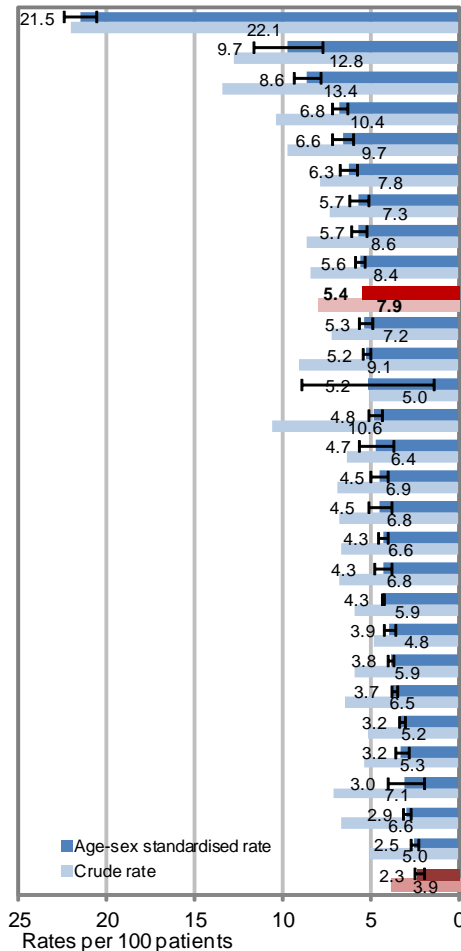
1. A VERY GOOD HEALTH SYSTEM



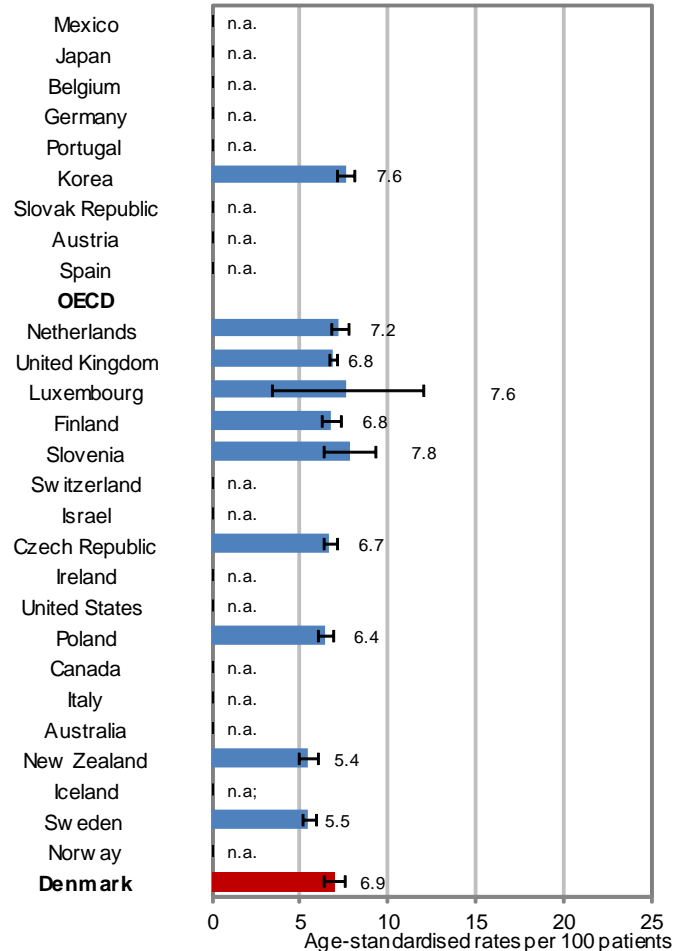
Good outcomes, especially for hospital care

Case fatality rates within 30 days after admission for AMI, 2009 (or nearest)

Admission-based rates (same hospital)



Patient-based rates (in & out of hospital)



Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>

Note: Rates age-sex standardised to 2005 OECD population (45+). 95% confidence intervals represented by H.

Source: OECD Health Data 2011.



Over 20 years of leadership in clinical health care quality initiatives

- National quality strategies 1993 and 2002
- A unified accreditation system, using a single set of standards, indicators data and scoring system
- Pioneering activities on patient safety, e.g., Danish safer hospital programme and adverse events reporting



Well-established primary care professionals

	Denmark
GP as a specialisation in doctors' training	YES, but supply below OECD average
Gatekeeping	Strong
Electronic health records	Close to 100% use by GPs
Out-of-office availability of doctors	Yes



A strong primary care system

- **GPs are the trusted first point of contact for the majority of health care needs in Denmark:**
 - *patient satisfaction rates are higher than the European average*
 - *And so are a number of other quality indicators*



Performance in primary care is good in some areas, less in others

Indicators of quality of primary care:

	Asthma hospital admission rates	COPD hospital admission rates	Uncontrolled diabetes hospital admission rates	Congestive heart failure admission rates
Denmark	36.5	276.8	65.4	157.4
OECD average	51.8	198.4	50.3	227.7

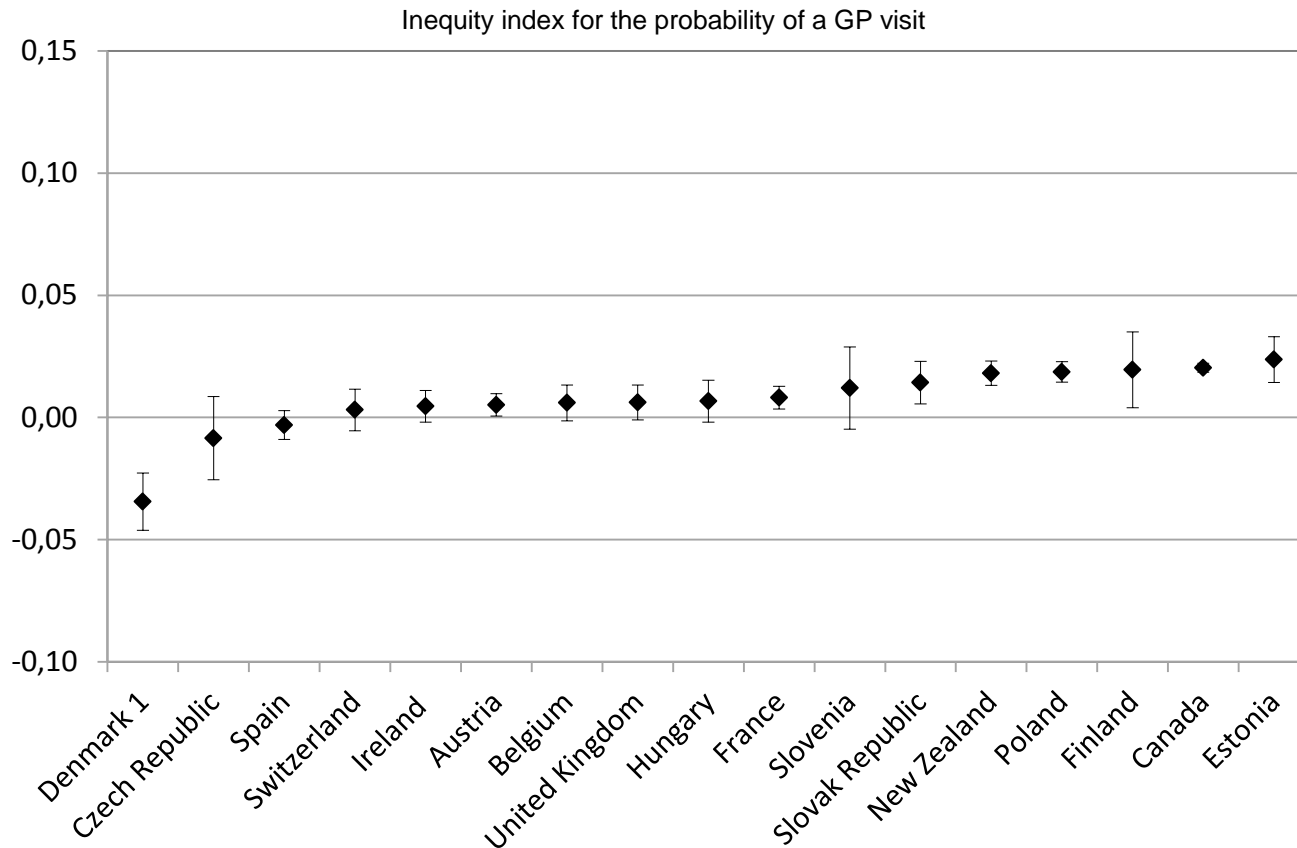
Source: OECD Health Data 2011



A system that is pro-poor and where equity is a priority and building principle

Poor patients have a higher probability of visiting a GP in Denmark, after adjusting for need

Inequity for GP visits in the past 12 months, adjusted for need, 2009 (or latest year)

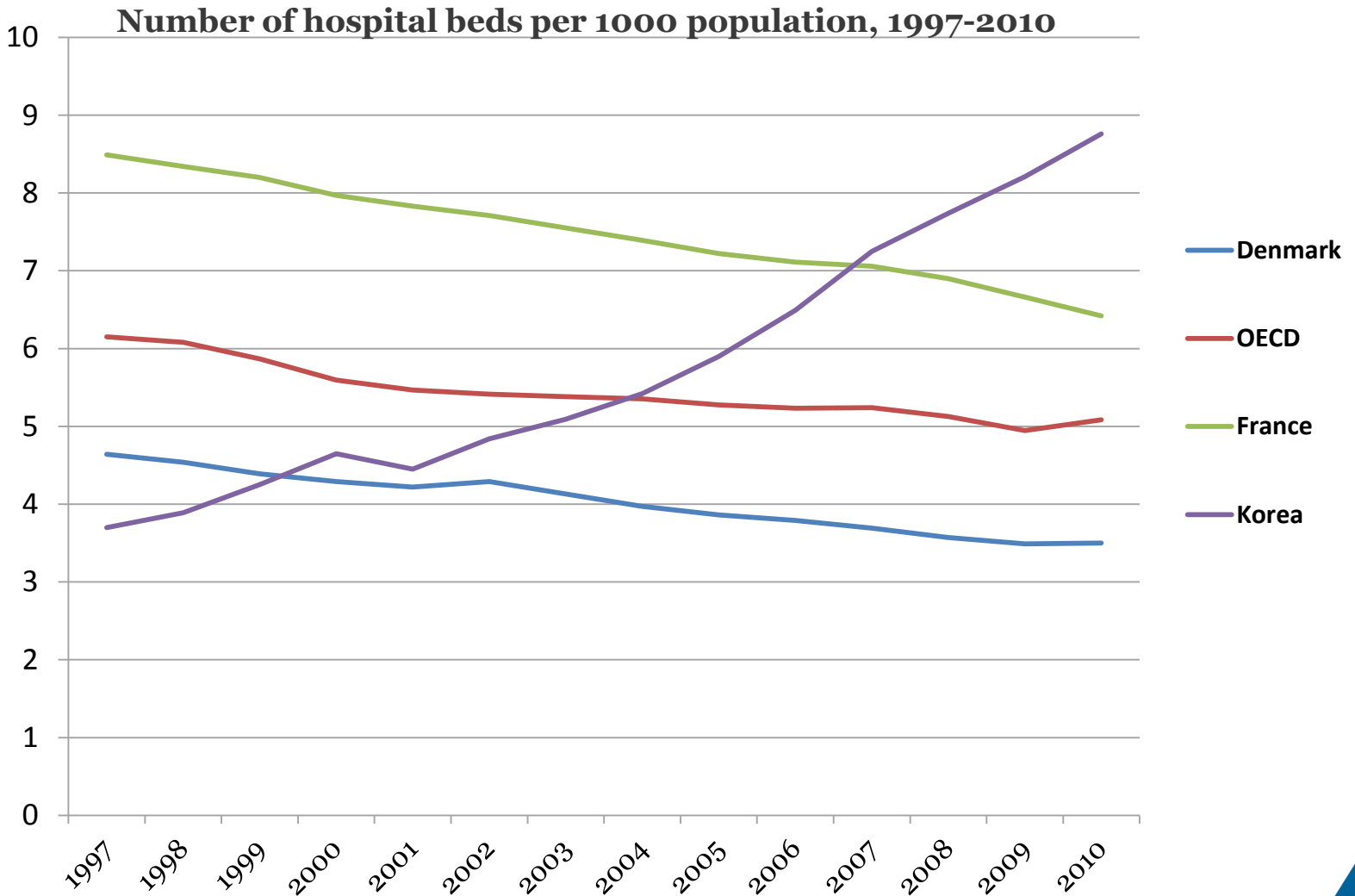


1. visits in the past three months in Denmark.

Source: Devaux, M. and M. de Looper (2012), “



An impressive record of hospital reform



Source: OECD Health Data 2012



Hospital specialisation leads OECD reforms

- Central guidance and regional delivery a good model for a decentralised system
- Clinical engagement in an area where scientific literature does not provide concrete-enough evidence to drive policy
- The plan influence extends well beyond the specialist services directly affected

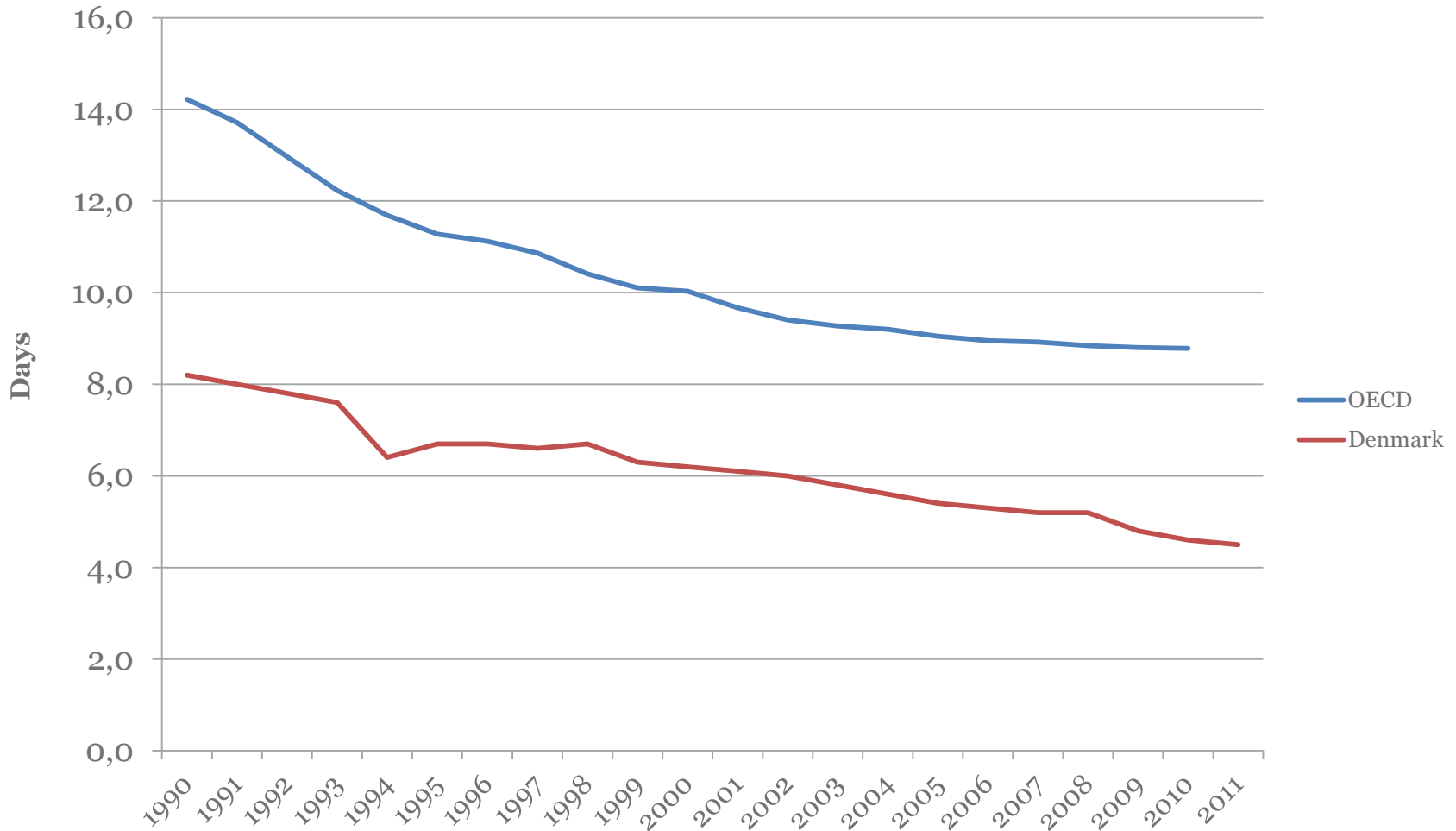


2. THE NEXT CHALLENGES TO TACKLE WILL BE...



Hospital reorganisations means patients discharged earlier in the community

Average length of stay for acute care across OECD countries, 1990-2011 (or earliest)

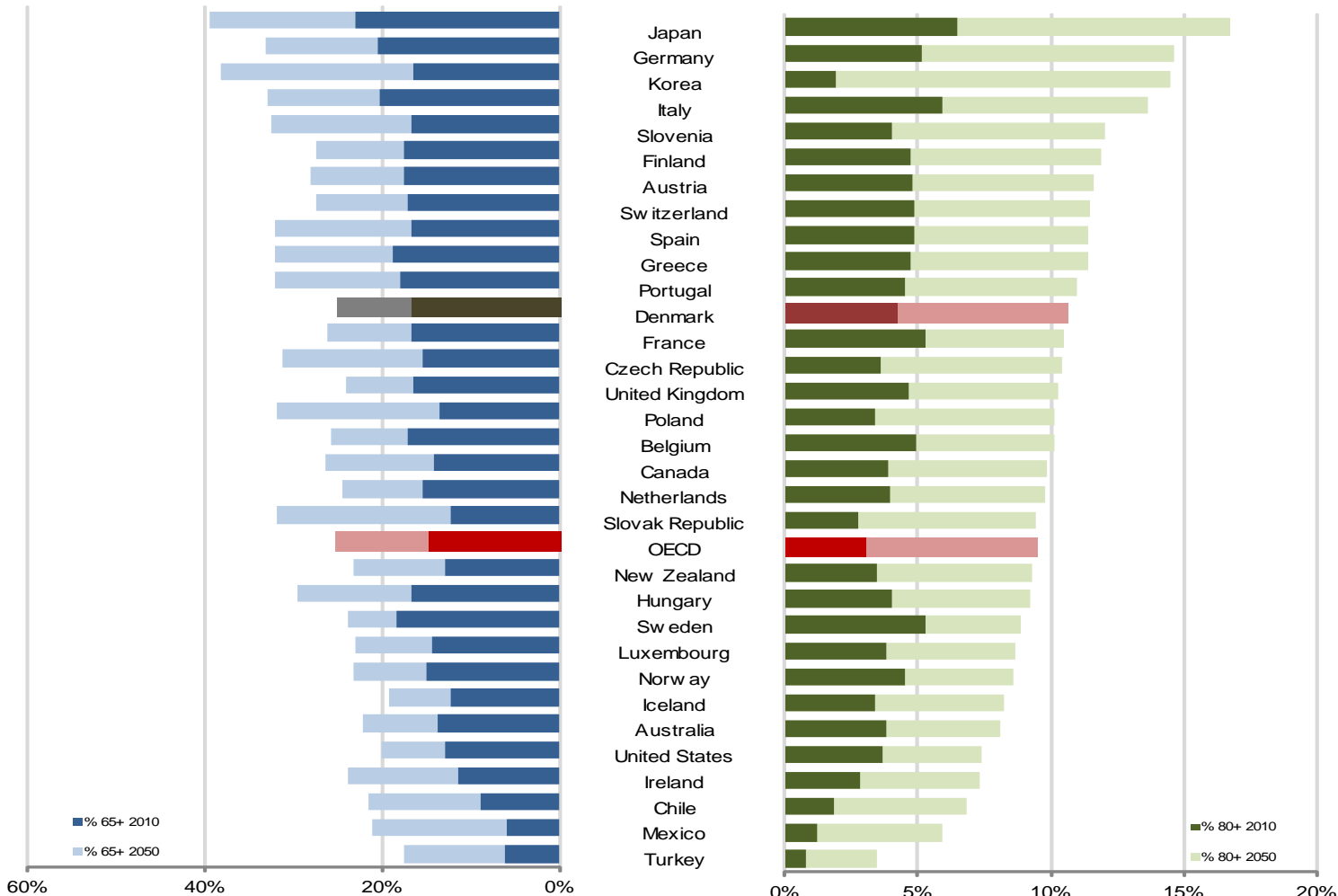


Source: OECD Health Data 2012



Ageing populations and patients expectations place new demands

The shares of the population aged over 65 and 80 years in the OECD will increase significantly by 2050





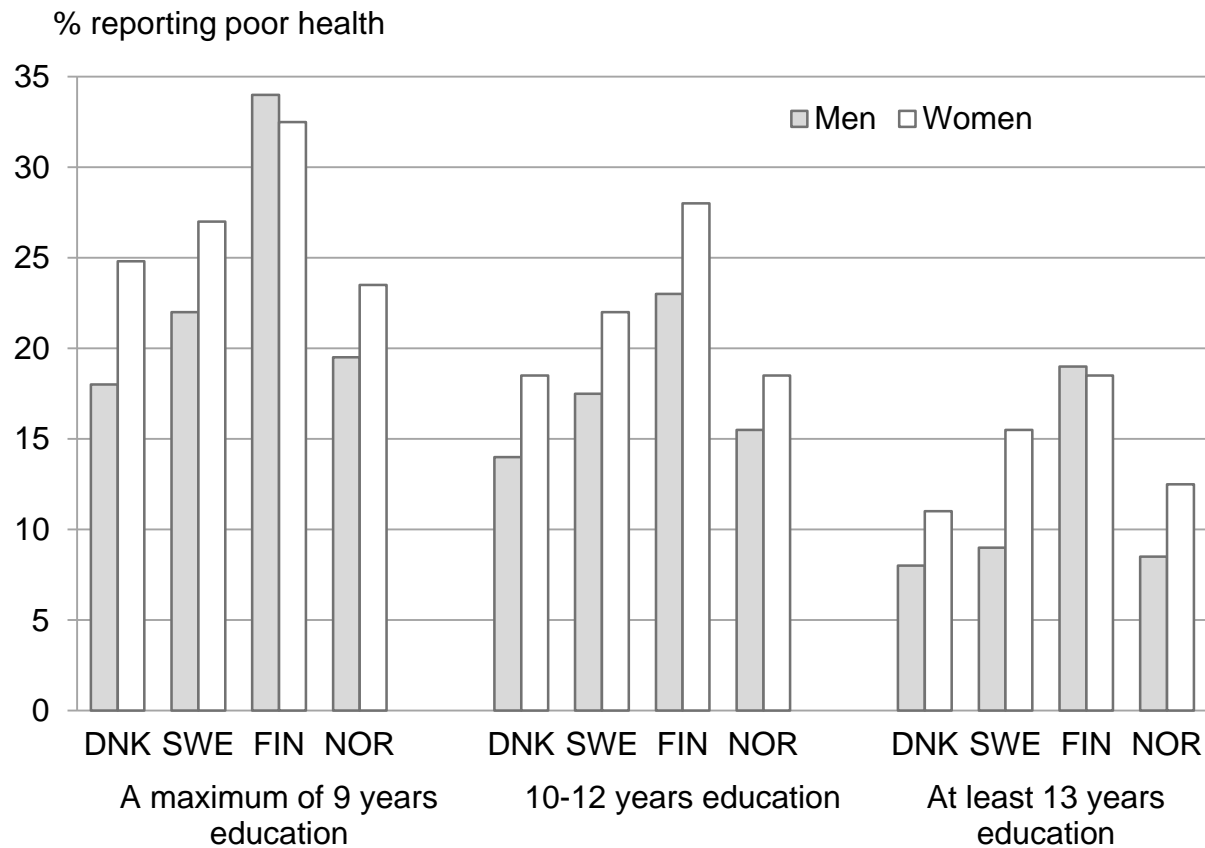
A stronger primary care sector has yet to emerge

- Reform of the primary sector has been cautious and incremental.
- The independent contractor status of GPs can make consensus on reform difficult
- Few mechanisms to reward quality and continuity of the care that GPs provide
- A comprehensive picture of primary care activity is not yet available



Emerging evidence of inequalities

The share of people reporting poor health is higher the lowest the educational level



Source: de Looper, M. and G. Lafortune. (2009)



WHAT DENMARK COULD DO...

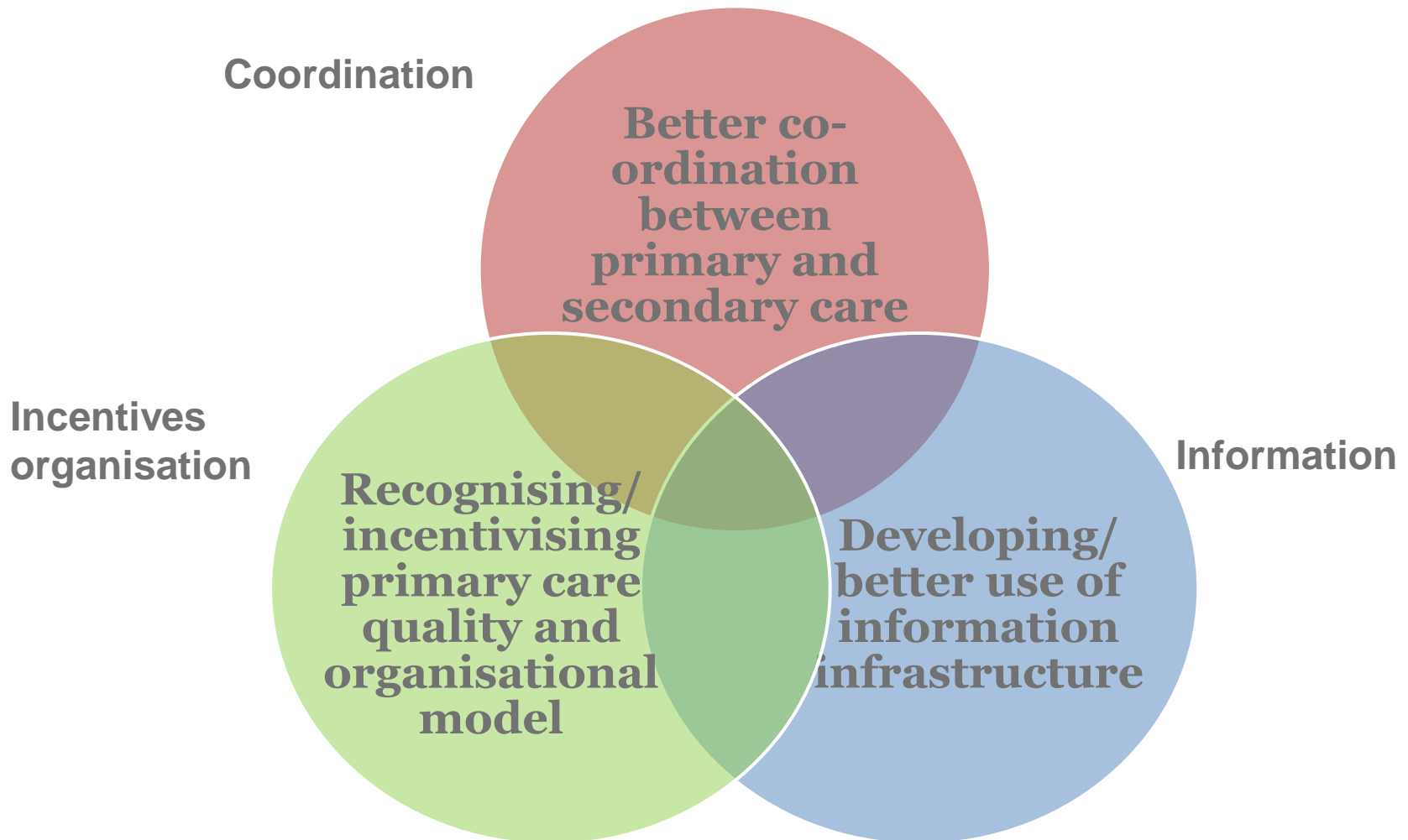


Building coherence in quality assurance

- Move from quality assurance of specific services in hospitals to:
 - Accreditation of pathways and integrated delivery plans
 - Indicators of quality of integrated care
 - Guidelines for patients with multiple long-term conditions
 - Better linkages of data clinical data and to inform policy



Encourage GPs to adopt a leading role in assuring quality and outcomes





Some examples...

- Develop broad disease management programmes spanning patient pathways
- Develop the PKO role
 - Support/require GPs to make regular use/share DAK-E quality reports
 - Quality indicators for municipality-led care
- ✓ Open comparison of data on GPs' quality of care
- ✓ Structured continuing professional development
- ✓ Encourage team work beyond solo-practice
- ✓ Consider advanced roles for nurses



Using specialisation reforms to drive quality

- Encourage hospitals to track individual clinician performance
- Make the most of the opportunity for medical research
- Driving new models and collaboration
 - Better integrating care for highly complex patients, e.g. tertiary specialist lead teams (e.g. cancer)
 - Dissemination of best practice becomes more important – between regions and within regions



Moving from a stated priority to initiatives to monitor and address equity in health

Focus on prevention and health promotion

- e.g. Child health examinations in schools and primary care

Monitoring inequalities in the health system

- e.g., exploit good data infrastructure; monitor travel times for patients

Ensuring access to services for disadvantaged groups

- e.g., review exemption criteria; intelligent cost-sharing



TO CONCLUDE...



Key policy recommendations

1. Improving linkages and quality for the system as a whole
2. Strengthening continuity of care and modernising the primary care sector
3. Tracking individual doctors performance in hospitals
4. Monitoring equity in health and health care more systematically



Want to read more?



www.oecd.org/health/qualityreviews