The Danish hospital structure reform

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16 new hospitals will be the backbone of patient centric healthcare

- Public-private partnerships
- New innovations
- Danish design
- Green
Most “new” hospitals in Denmark were built in the 1970’s
Why build new hospitals?

- The overall aim is to merge specialized functions in fewer and larger units in order to
  - increase the quality of care through better continuity of care
  - secure faster diagnosis
  - create better learning environments
  - secure the optimal use of resources

- Increased specialization and centralisation combined with a stronger pre-hospital effort and stronger local health services

- Better treatment and patient flows => ”the specialist in front”
The master plan

• 5,5 billion Euro was put in a national investment fund in 2008
• Regional responsibility for patient treatment – and for building and running hospitals
• **The trick:**
  The ticket to money and future positions is regional reforms of the existing hospital structure
• Political courage: difficult prioritization concerning closing of hospitals and “service ceiling” for new hospitals
• Competition and expert opinion as a basis for placing hospitals geographically and for prioritizing funds and projects
The role of the MoH is to supervise progress of projects but execution mandate clearly lies with Regions.

**Organization of involved parties**

- Government
- Ministry of Health (PMO)
- Expertpanel
- Ministry of Finance

**Regions**
- Central Region
- Region South
- Capital Region
- Region North
- Region Zeeland

**Hospitals**

**Roles and Responsibilities**

**Ministry of Health (PMO)**
- Preliminary and confirmatory approval of investments from Kvalitetsfonden
- Supervise progress of hospital projects across region

**Expert-panel**
- Assess projects plans and provide view on fulfillment of criteria of quality, increased productivity and financing

**Regions**
- Detail planning, clinical design of projects
- Day-to-day management
- Securing capacity within region

**Hospitals**
- Detail promised efficiency gains (6-8% of future budget)
- Commissioning plans
16 hospital projects

- A total investment of 5.5 billion Euros
  - The Government: 3.3 billion Euros
  - The Regions finance the rest

- Largest capital investment since medieval church construction

- New structure for emergency departments (From 40 → 20)

- Approx. 20 pct. reserved for investments in ICT and medico-technical devices.

- Demands for efficiency gains of 4-8 pct. on future activity
Aims toward year 2020

• The dimensions of the new hospitals aims at
  • Outpatient treatment up with 50 percent
  • Number of beds down with 20 percent
  • Bed days down to approx. 3 days

• A unique chance for a coordinated boost of patient treatment and technology in the health care sector
• New patterns and possibilities for cooperation and task sharing
• Large scale adoption of new technology
  • Within the buildings: Logistics, tracking systems
  • Outside the buildings: Telemedicine, personal devices, home monitoring etc.
Beds and outpatient treatments

- Beds in hospitals
- Linear projection to 2020
- Projection of 20% fall from 2007-2020

- Outpatient treatment
- Linear projection to 2020
- Projection of 50% rise from 2007-2020
Development in cancer and bed days

[Graph showing the development of hospital bed days for cancer patients and treated cancer patients from 2009 to 2013. The blue line represents hospital bed days for cancer patients, which decrease over time. The red line represents treated cancer patients, which increase over time.]
Status of construction

Expenditures

Billion Euros

By 2020 more than one third of Denmark’s hospital capacity will be new build hospitals
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