

Danish Health System

- recent reform proposals

7. januar 2025 – Professor Jakob Kjellberg

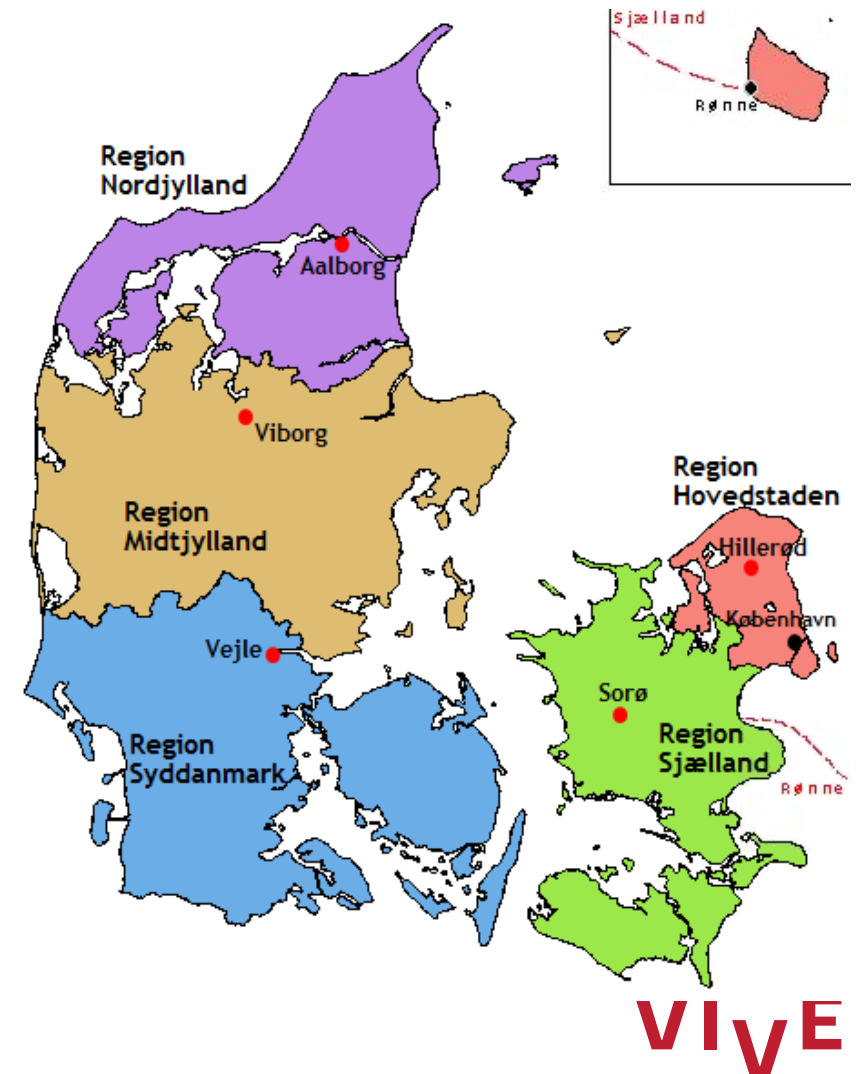
Sundhedsstrukturkommissionen

Danish health care system

- > Universal tax financed single payer health care system - app 10 % GDP
 - > App 20% co-payment (dental care, drugs in the primary care system, physiotherapist, etc.)
 - > Voluntary supplementary health insurance + co-pay insurance
 - > App 3% of total health care funding
 - > Hospitals are - with a few exceptions - public owed and managed
 - > GPs etc. are private – but publicly funded
- > High cost system in 1970 – to low cost in 2000
 - > Waiting lists and slow adaptation of new technologies – low cancer survival etc...

2007 structural reform

- > From 14 counties to 5 regions
- > Responsible for in & out patient care, GPs Pre hospital care + a few other tasks
- > 271 municipalities to 98 municipalities + responsible for elderly care + schools + roads + culture + planning.....
- > From 45 acute hospitals to 21



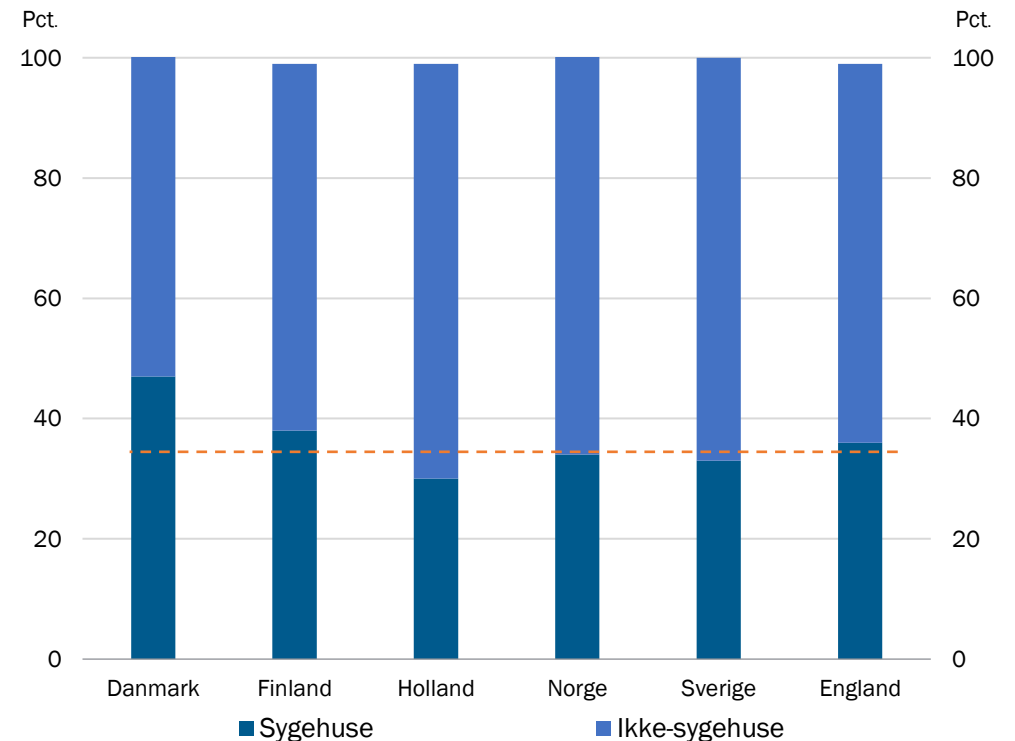
**New structural challenges in
the health sector requires new
solutions**

**Government tasked 8 experts
to draft a new health care
structure**

The healthcare system has become hospital-heavy

- The health care system in Denmark spends a significantly larger share of health expenditure on the hospital system than other comparable countries.
- The figure divides expenses into hospital-related and non-hospital-related. The latter covers i.a. over the local healthcare system (including municipalities and general practice), care for the elderly, preventive treatment and medical equipment, etc.
- The distribution indicates a potential for strengthening efforts at the least effective level of care, which is the local healthcare system.

Health expenditure by functions, 2020



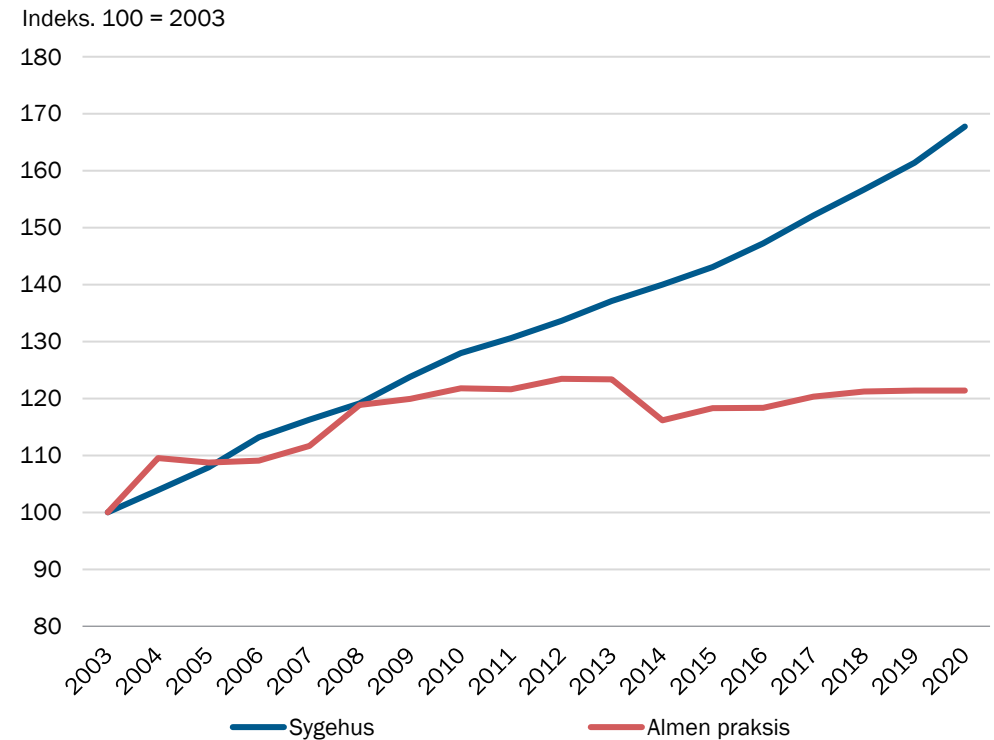
Source: OEDC (Health CareFunctions), own calculations.

Note.: The distribution of expenses is similar to the year before COVID-19 (2019) and the calculation is therefore not affected by, among other things test effort etc.

General practice has not developed at the same rate as hospitals

- From 2003 to 2020, the number of hospital doctors has increased by 68% to 19,000 and doctors in general practice by 21% to 4,400. In absolute terms, this corresponds to an increase of approx. 8,000 doctors in the hospitals, and approx. 800 in general practice.¹
- The trend in general practice is towards larger clinics, but approx. 31% are still solo practices without collaboration. This type of practice is overrepresented in the metropolitan area.²

Growth in the number of doctors employed in hospitals and general practice, 2003-2020¹



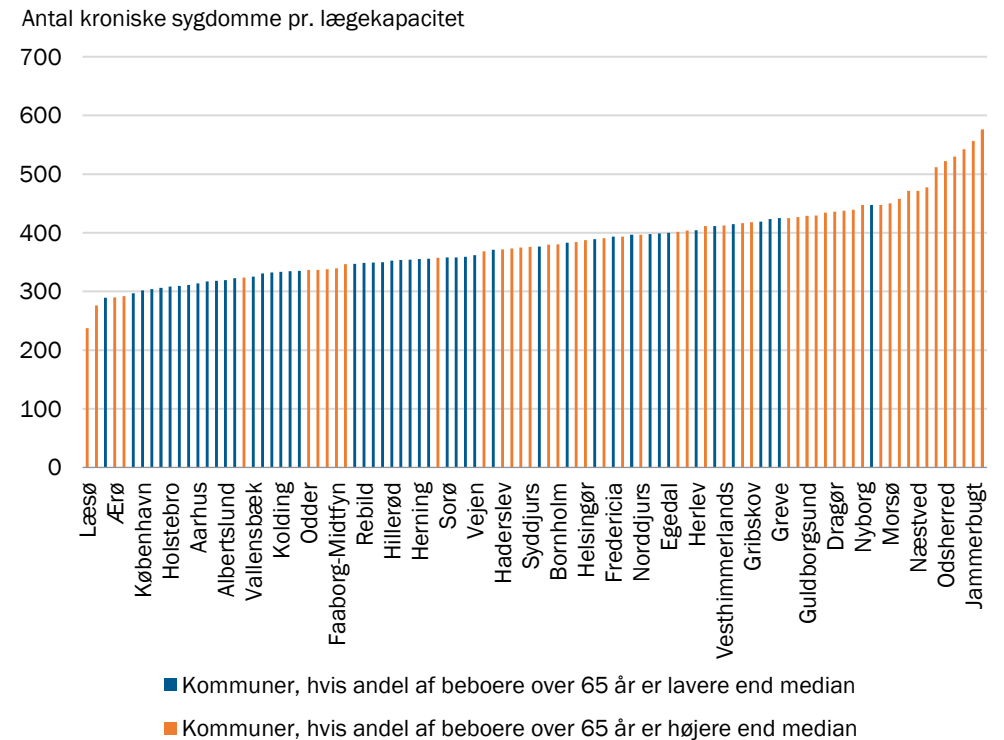
Source: 1:Ehealth (The Health Insurance Register, the External Register, the Movement Register, the Municipalities and Regions Payroll Data Office), own calculations. 2: Mapping the development of forms of practice in general practice (BDO, 2023).

Note: 1: Index = 2003. It should be noted that the figure is calculated in terms of the number of people employed in the sector in question, and not in full-time employees/medical capacities.

Greater demands and new tasks for general practice

- There are large differences in the composition of patients in general practice across the country.
- There is a marked bias in the distribution of financial and medical resources in general practice relative to the number of patients requiring treatment, with the consequence that patients in some parts of the country will experience relatively less access to medical care.

Number of chronic diseases per medical capacity in general practice, 2022



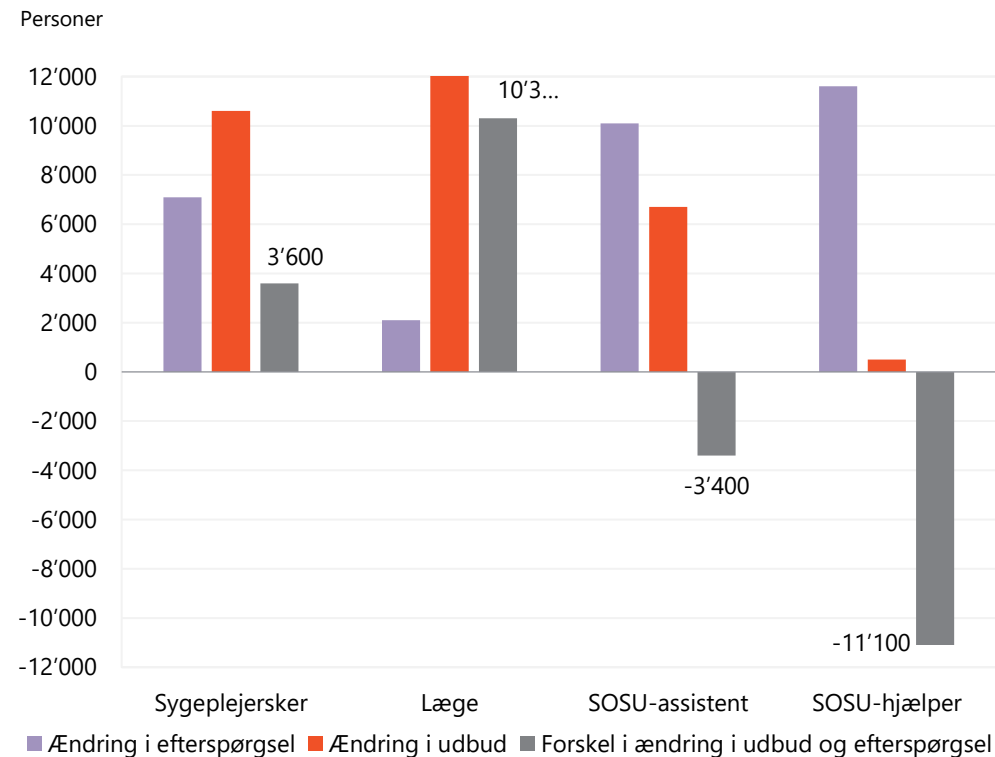
Source: Esundhed (RUKS, Yderregisteret), own calculations.

Note: Chronic diseases are calculated here as asthma, dementia, chronic obstructive pulmonary disease (COPD), rheumatoid arthritis, osteoporosis (brittle bones), schizophrenia, type 1 and 2 diabetes.

Lack of key employees

- Today, SOSU assistants and helpers make up the majority of employees in municipal nursing and elderly care. Especially for the oldest age groups, which will grow in the coming years, these employee groups carry out the majority of nursing care, care, preventive and rehabilitative efforts.
- A mechanical projection shows that already towards 2030 there will be a lack of 3,400 and 11,100 SOSU assistants and helpers.
- Conversely, the supply of nurses is expected to follow demand, while the supply of doctors will increase significantly relative to demand.

Projection of supply and demand for selected welfare workers, 2021-2035F



Source: Economic analysis: Recruitment of welfare workers now and in the future (Ministry of Finance, 2023).

Note.: The projections cannot be interpreted as forecasts, but only mechanical projections based on current behaviour, service level, staff composition and a number of assumptions.

The Health Structure Commission

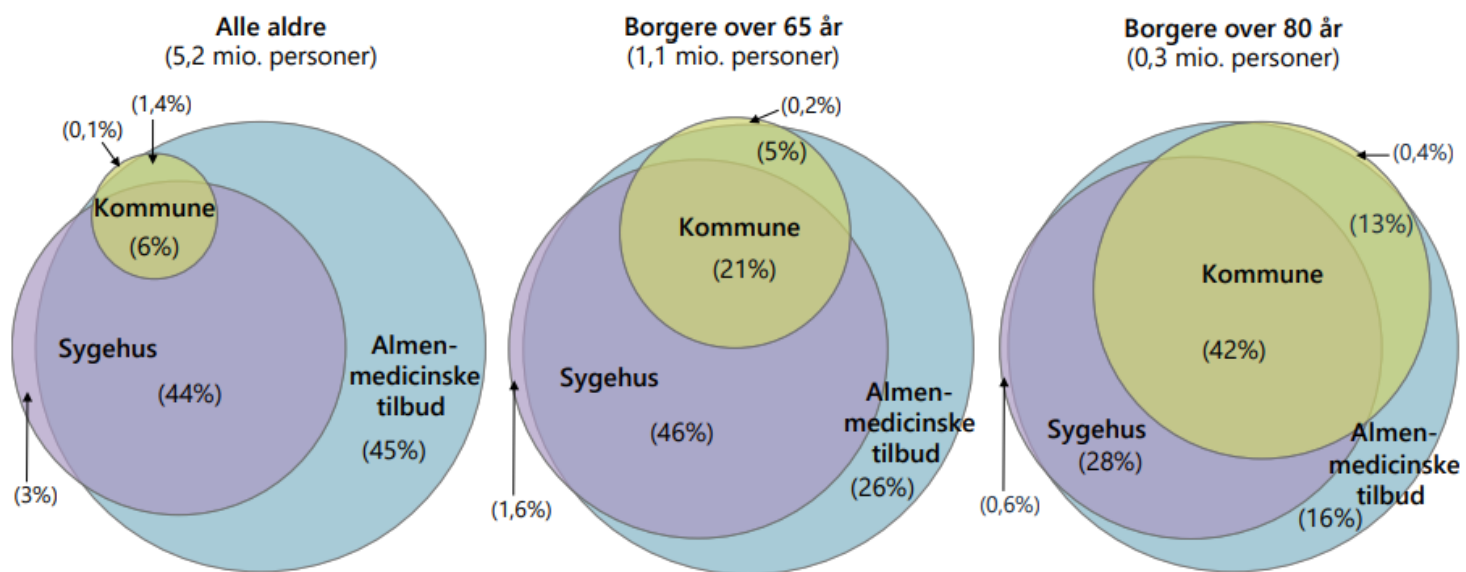
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Sundhedsstrukturkommissionen

Elderly is Health

- + 80 are common citizens to a particular extent

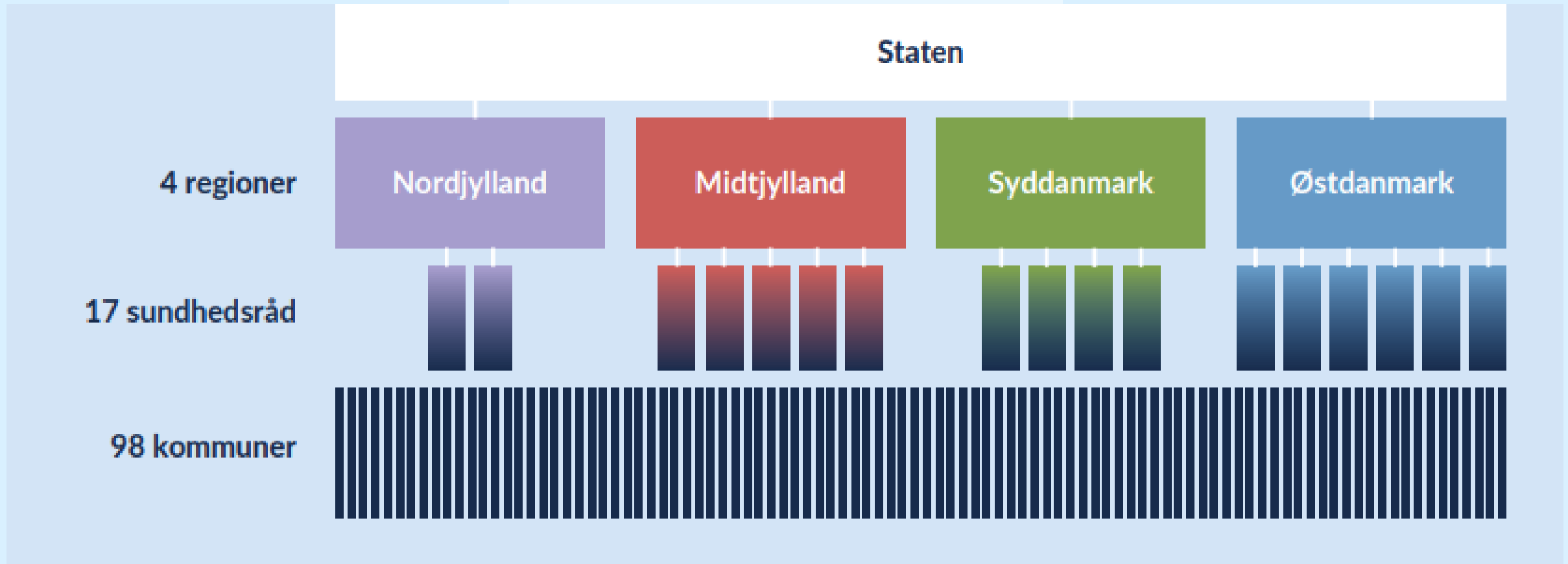
Borgere med kontakt til sundhedsvæsenet fordelt på sektorer, 2022



Anm.: Figuren viser andelen af borgere med kontakt til sundhedsvæsenet i 2022, fordelt på de tre sektorer (alment praktiserende læger, kommune og sygehus). Det er ikke muligt at vise en nøjagtig proportional fordeling af overlap i kontakter mellem sektorer, og diagrammet er derfor en approksimation. Derfor kan overlappet mellem sygehuse og kommuner ikke vises grafisk i diagrammet. Overlappet mellem sygehuse og kommuner udgør hhv. 0,1 pct. for alle aldre, 0,2 pct. for borgere over 65 år og 0,3 pct. for borgere over 80 år.

Kilde: Sundhedsdatastyrelsen (Landspatientregisteret, Sygeforsikringsregisteret, Plejehjemsdata, Elektroniske omsorgsjournaler og Det Centrale Personregister).

Fewer regions + but 17 new health council in charge of the local health services



Multiple reforms with in the reform

Closely aligned with white paper recommendation

- > GP – reform
 - > More power to the purchasers
 - > 3500-5000 GPs – Focus on education & research, geographic allocation on GPs, List size...
- > Cap on Hospital Staff and Hospital Spending
 - > Min 75% of all new health funding must be used outside hospitals
- > Structural reforms
 - > Health Council, Task reallocation – rehab. beds from municipalities to regions etc.
- > Digital infrastructure reform
 - > Transfer of power from regions to state – new funding
- > New Patient rights for patients with chronic diseases
- > Organizational and economic merger of psychiatric and somatic care. ...

**Now – It all about
implementation!**

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Sundhedsstrukturkommissionen