Recommendations of the Health Structure Commission and the Upcoming Negotiations

June 17, 2024

Rud Pedersen *A/S*

Rud Pedersen A/S is one of Europe's largest PA and communications agencies. We help leaders in companies and organizations to navigate the complex society. We do this by making our clients active partners who engage in the development of society - for the benefit of both the company's and society's bottom line.

Our team of experts will:

- Deliver insights through experts, offering a deep understanding of trends and best practices.
- Address specific challenges and tailor strategies to your business context.
- Provide a platform for you to connect with influential figures in the Danish market, fostering valuable professional relationships.
- Establish a framework for continuous learning, providing access to webinars, industry updates, and a network of professionals for ongoing support and advise.

Team´s *CV*

Niels-Ulrik Almdal

Public Affairs Director and Head of Healthcare

Niels-Ulrik brings more than 15 years of experience and knowledge in the pharma and life science industry as a consultant, helping clients optimize their go-to-market strategy and understanding the external environment they operate in.

From his time at international pharmaceutical companies, Niels-Ulrik understands the importance of an integrated launch approach, including credible partnerships and alliances.

Previously, he worked for the Confederation of Danish Industry in Copenhagen and lived in Brussels for 3 years, where he looked after the interests of Danish companies.

Mads Koch

Senior Advisor

As the former medical director at Lillebælt Hospital and 18 years of clinical medical work, Mads has many years of experience from the Danish healthcare system.

Mads has in-depth knowledge and professional insight into the issues and opportunities of working in the public system, and he has worked at all levels of the healthcare system both nationally and internationally. Over the past few years, Mads has worked in consulting at a senior level. In addition to this, Mads has a well-developed network.

Mads has been chairman of the Danish Medical Association for 5 years, and he has experience at many management levels and in-depth knowledge of political processes and decision-making. Mads is creative and innovative and has through his many functions contributed with ideas and the creation of many new initiatives in the Danish healthcare system.

Commission's Task

Purpose: To outline and illuminate models for the future organization of the Danish healthcare system.

In its work, the commission should address the following points:

1. The regional structure of the healthcare system.
2. The framework for municipal health and prevention efforts.
3. The interaction between specialized healthcare services in hospitals and local healthcare services in municipalities and general practice.
4. Organization and management of general practice.
5. Financing and incentive structures, as well as culture and leadership in the healthcare system.
6. Coordination and quality development in the healthcare sector.
7. Organization of digital solutions and IT infrastructure.
8. Free choice and patient rights.

Guidelines for the Design of the Future Healthcare System

A **healthcare system that is coherent and collaborates** across professions, sectors, and geography, where solutions such as digitalization are developed jointly and rapidly disseminated.

A **task distribution in the healthcare system** between hospitals and local healthcare that ensures the patient is at the center and receives a comprehensive treatment plan, with a more unified responsibility for the patient journey.

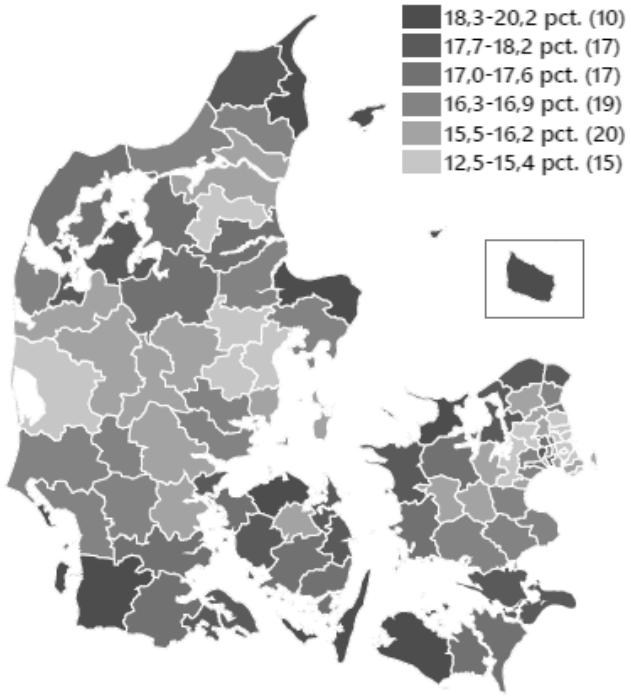
A **healthcare system with uniform, high quality**, where inequality in health both geographically and socially is reduced, providing citizens equal access to the same high quality across the entire country and social divides.

A healthcare system that supports **free choice and patient rights**, ensuring the most appropriate use of private actors as part of the overall healthcare system.

A **local healthcare system** where citizens have easy access to health services, and significantly more citizens can be met and treated in or near their homes, where local healthcare is strengthened, and hospitals are relieved, partly through the dissemination of technological solutions for new treatment forms.

A **sustainable healthcare system** where resources are used where they provide the most health for the money, where more hospital stays are prevented through a more committed, data-driven, and systematic prevention effort of high and uniform quality, where unnecessary use of specialized functions is reduced, and where the demand on staff resources for individual tasks is minimized, partly by realizing the potential of new technology.

Proportion of Citizens with Chronic Diseases per 1,000 Citizens in the Population, 2022



Note: The selected chronic diseases: asthma, dementia, chronic obstructive pulmonary disease (COPD), rheumatoid arthritis, osteoporosis, type 1 diabetes, and type 2 diabetes.

Source: Register of Selected Chronic Diseases and Severe Mental Disorders (RUKS), CPR Register, Sundhedsstyrrelsen.

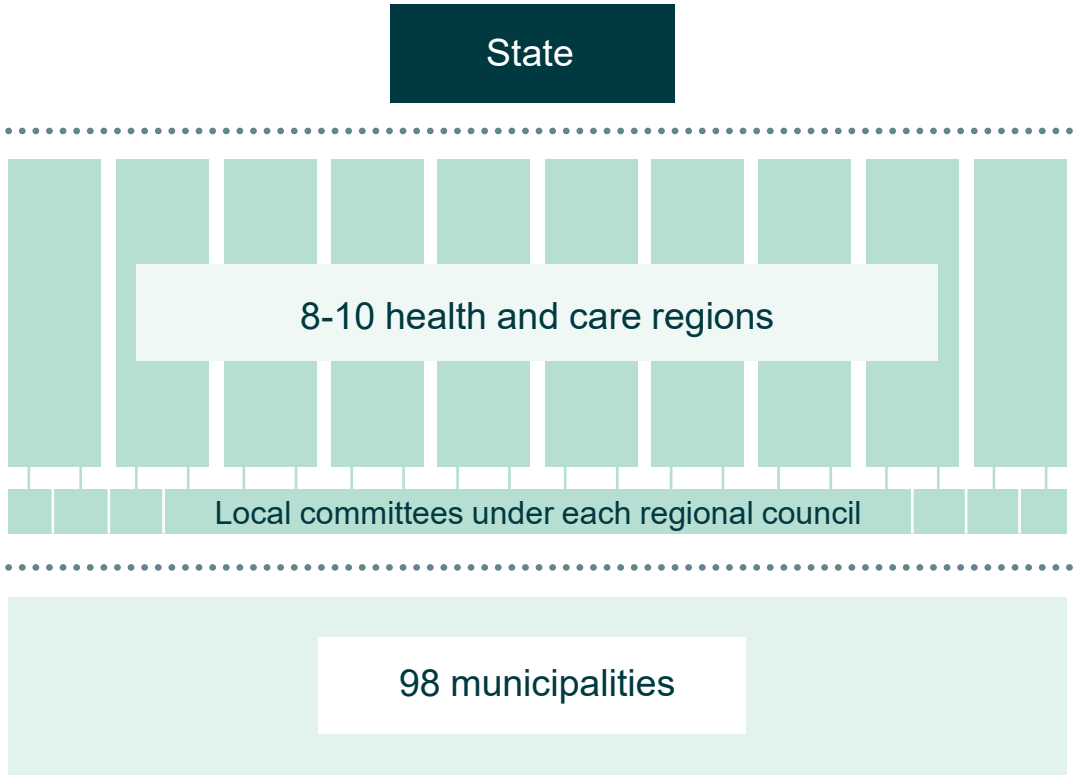
Areas with Doctor Shortages, 2021-2024

Note: Areas with doctor shortages are determined for the entire current agreement period of 2021-2024. These areas are characterized by having a large proportion of citizens associated with them, such as supply and regional clinics, a patient base with relatively high health needs, difficulties in selling a medical practice, and current doctors approaching retirement age.

Source: PLO, nationwide areas with doctor shortages.

The Management Models

Model 1: *Regional Unified Healthcare System with Health and Care Regions*



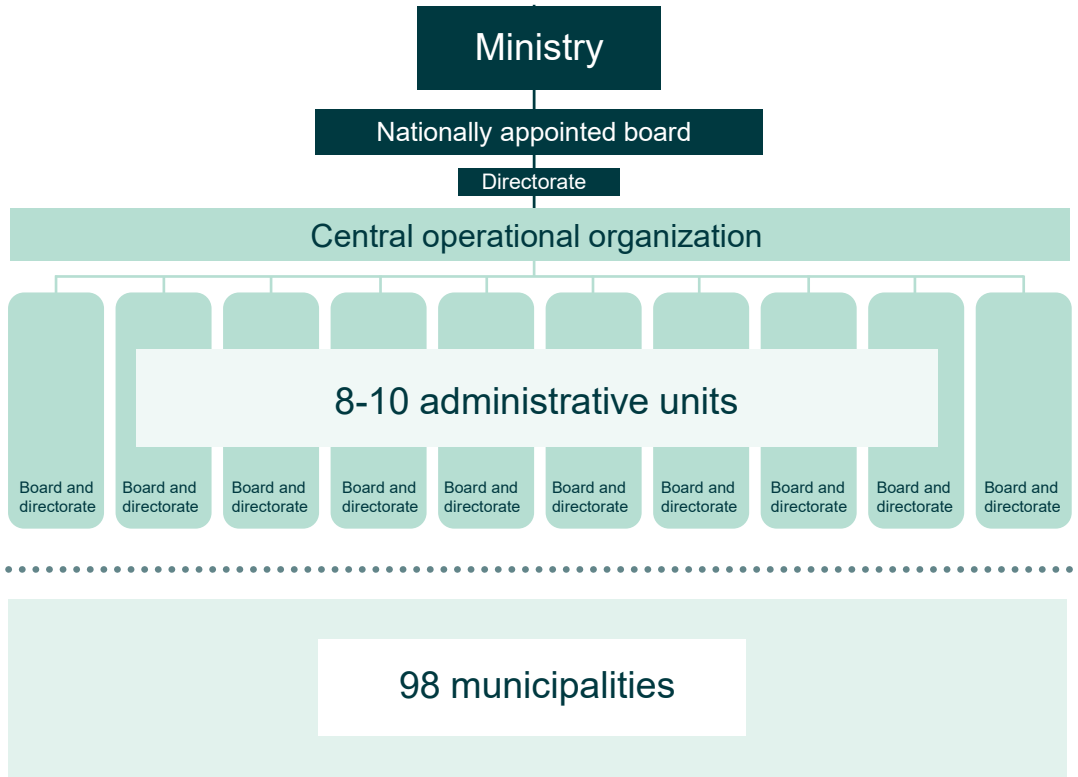
Responsibilities
- Planning of the hospital sector
- National health plan

Management
- 21-25 directly elected politicians

Responsibilities
- Hospitals and psychiatry
- General medical services
- Other practice sectors
- Large parts of the municipal health and elderly care sector

Responsibilities:
- Health visiting services
- Municipal dental care sector
- Social psychiatry
- Substance abuse area

Model 2: *State Unified Healthcare System*



Management
- Anchored with the responsible minister
- National and decentralized board structure

Responsibilities
- Planning of the hospital sector
- National health plan
- Hospitals and psychiatry
- General medical services
- Other practice sectors
- Large parts of the municipal health and elderly care sector

Responsibilities
- Health visiting services
- Municipal dental care sector
- Social psychiatry
- Substance abuse area

Model 3: *Health Regions*

State

Responsibilities
- Planning of the hospital sector
- National health plan

Management
- 31-41 directly elected politicians

Responsibilities
- Hospitals and psychiatry
- General medical services
- Other practice sectors
- Possibly selected parts of municipal health tasks

98 municipalities

Responsibilities
- Corresponding to the current municipal health and elderly care tasks, possibly with minor adjustments

Comparison of Key Features in the *Three Administrations Models*

	Model 1: Health and Care Regions	**Model 2: State Unified Healthcare System**	**Model 3: Health Regions**
Number of Units Responsible for Hospital and Practice Sectors	8-10	8-10	3-5
Placement of Responsibility for the Health Sector	Primarily within the health and care regions.	Primarily within the state	Divided between health regions and municipalities
Level of Task Consolidation in the Health and Elderly Care Sector	Medium to large	Medium to large	None to fewer
Leadership of Units Responsible for Hospital and Practice Sectors	Directly elected politicians	Decentralized governance	Directly elected politicians
Placement of Political Responsibility	Decentralized	Nationally	Decentralized

Cross-cutting Recommendations

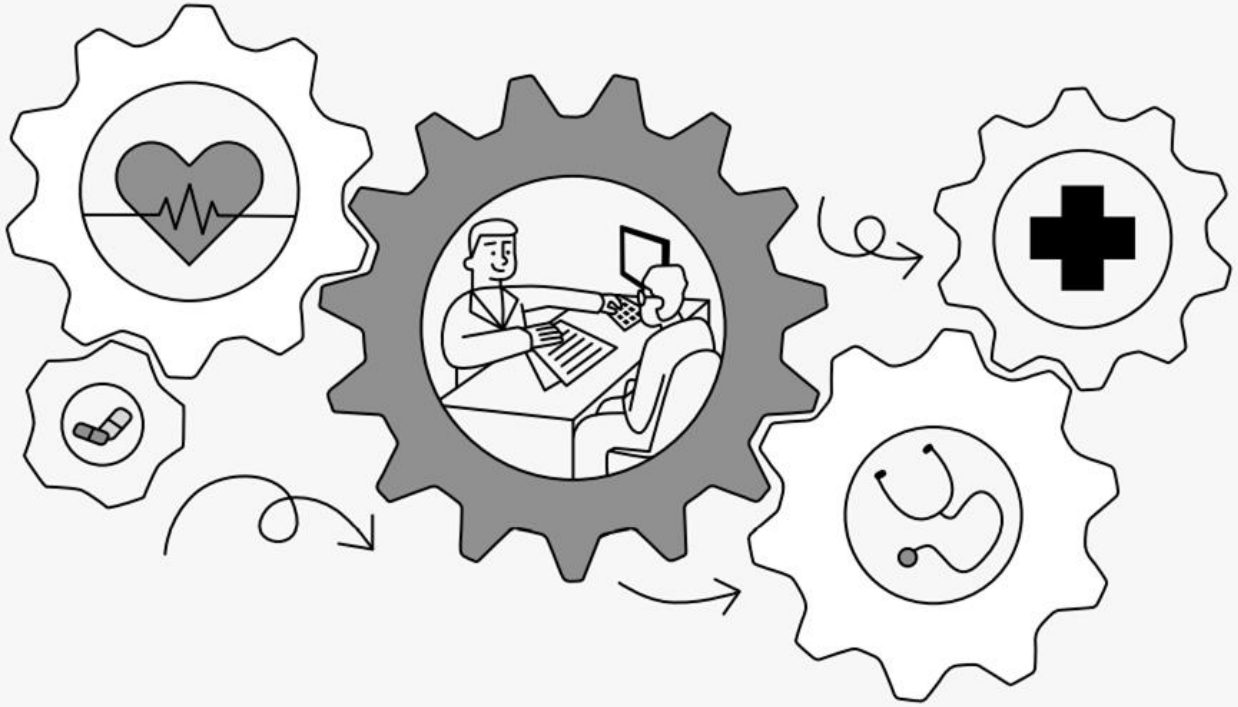
Recommendation 1:

New Organization of General Medical Services

The Health Structure Commission recommends a significant expansion of capacity within the framework of a revised organization of general medical services.

The purpose is to ensure that the development of general medical services reflects the increasing needs of patients for healthcare services and accessibility within primary healthcare.

Therefore, the competent authorities' ability to influence development should be strengthened.



Recommendation 2:
New Organization of Digitalization

The Health Structure Commission recommends establishing a new organization for digitization in the healthcare system. A new organization should contribute to greater national decision-making and execution power, as well as common prioritization and direction for digitization and data use in healthcare.

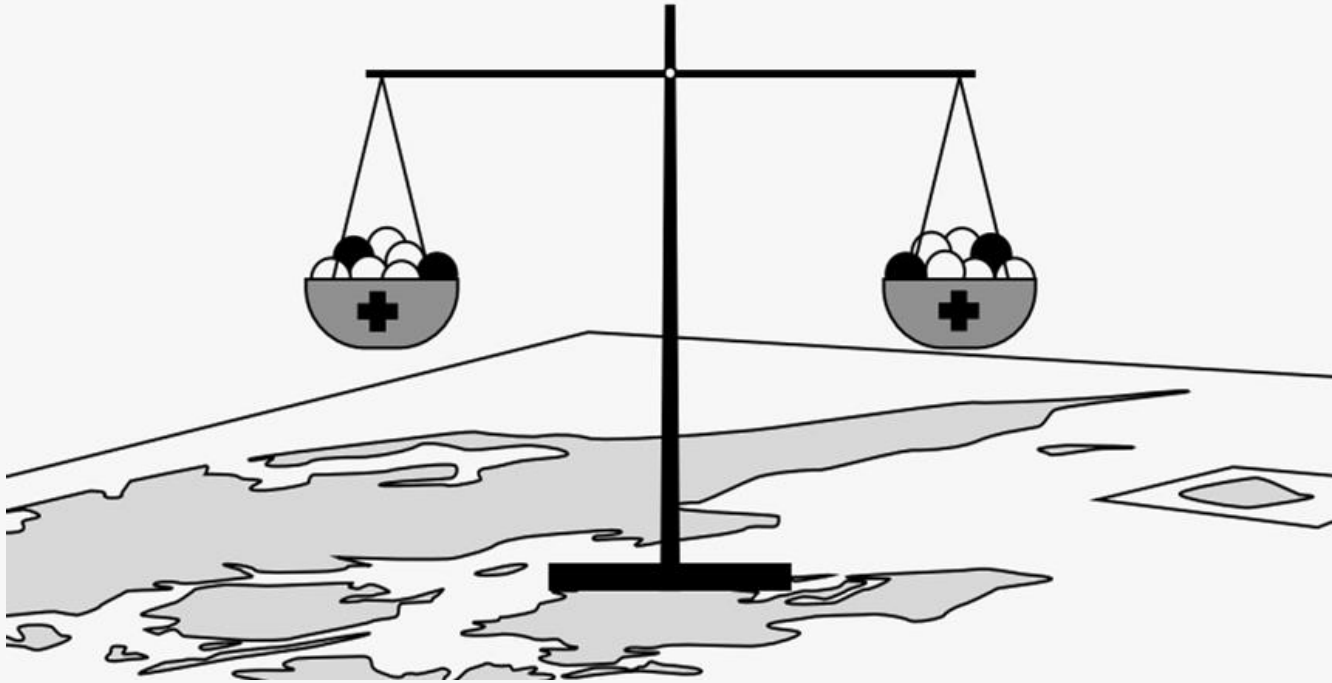
This is necessary to enhance the utilization of digital solutions and data, thereby contributing to the creation of a coherent healthcare system characterized by proximity, accessibility, and sustainability. A new organization is therefore also a means to create better conditions for local task execution closer to citizens.

Recommendation 3:

Adapted Allocation of Resources in the Healthcare System

The Health Structure Commission recommends developing a national health plan that sets a strategic direction for initiatives ensuring the adaptation of resource allocation between both primary healthcare and hospitals, and geographically across the country.

The purpose is to ensure a more appropriate balance between primary and secondary healthcare, enabling the desired transformation of the healthcare system where more citizens receive care in primary healthcare. The aim is also to support that citizens in all parts of the country have access to relevant healthcare services, thereby reducing geographic and social inequalities in health.

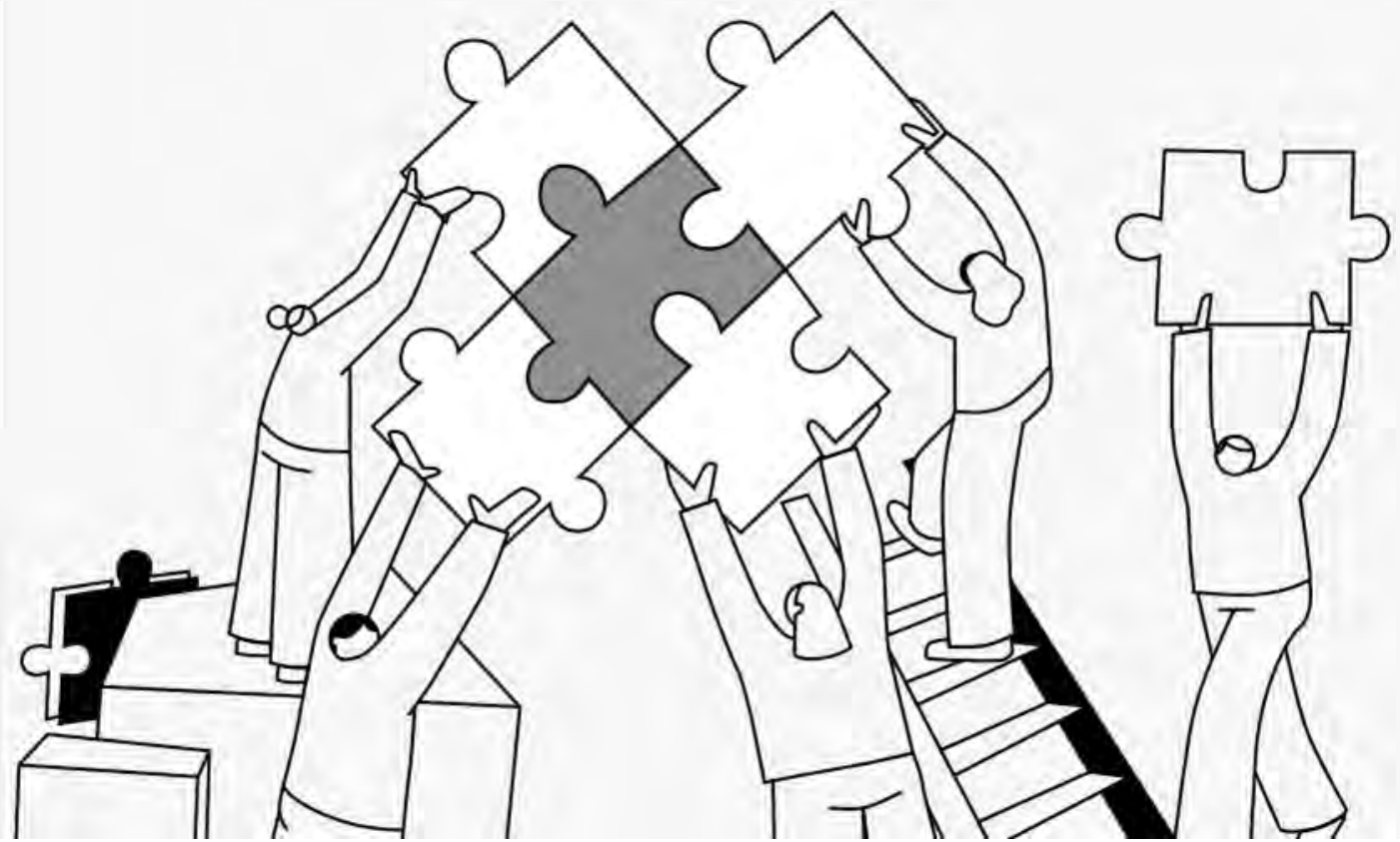


Recommendation 4:

Enhanced Efforts for People with Mental Disorders

The Health Structure Commission recommends changes to the organization and collaboration within the psychiatry sector, including the integration of psychiatry organizationally with the overall hospital system.

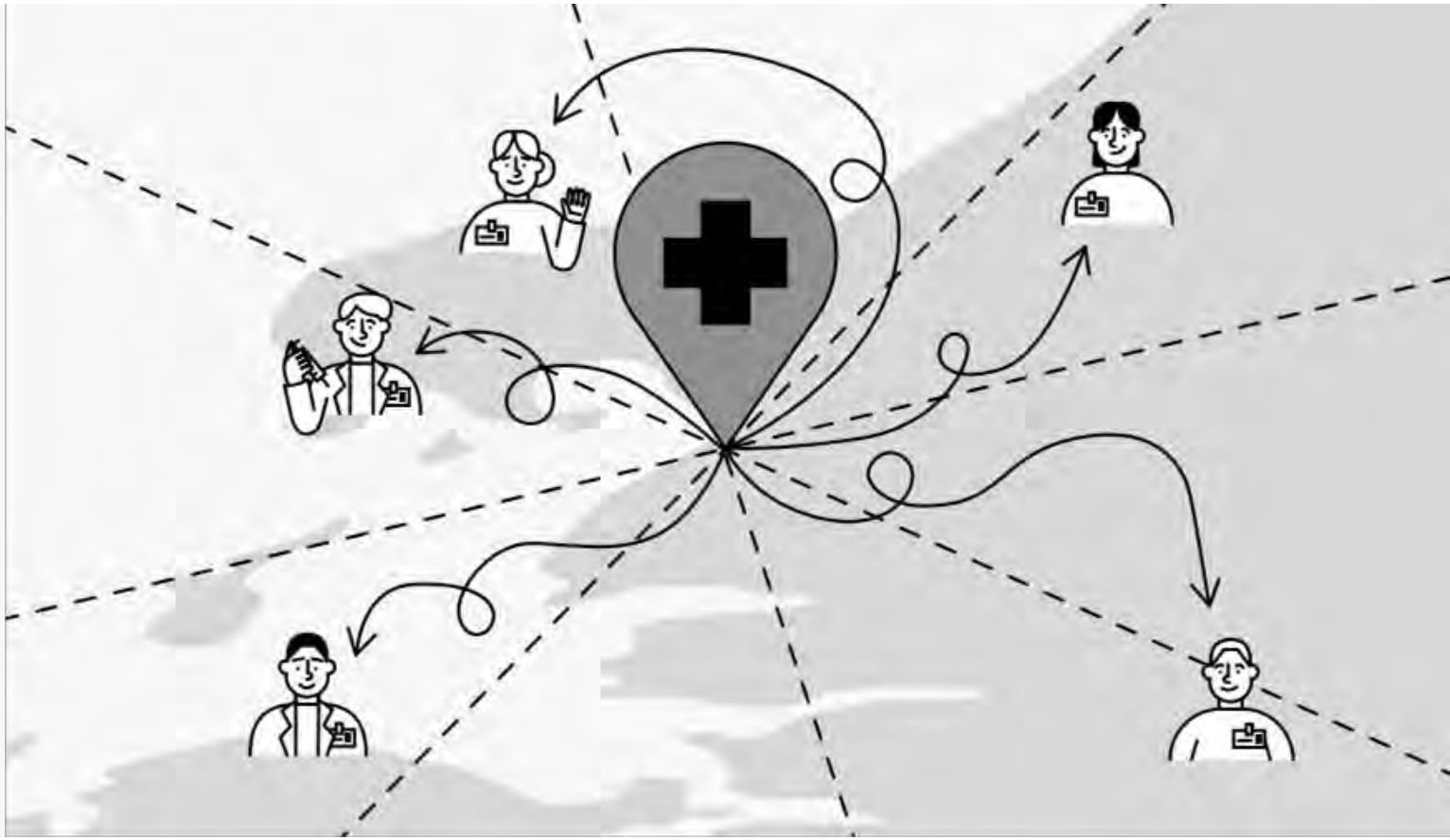
This integration aims to support improved coherence for individuals and enhance the quality of cross-disciplinary efforts for people with mental disorders.



Recommendation 5:

Adaptation of Frameworks for Practicing Specialist Physicians

The Health Structure Commission recommends adjusting the organizational frameworks for practicing specialist physicians to support an efficient use of the total specialist physician resources in the transformation of the healthcare system.

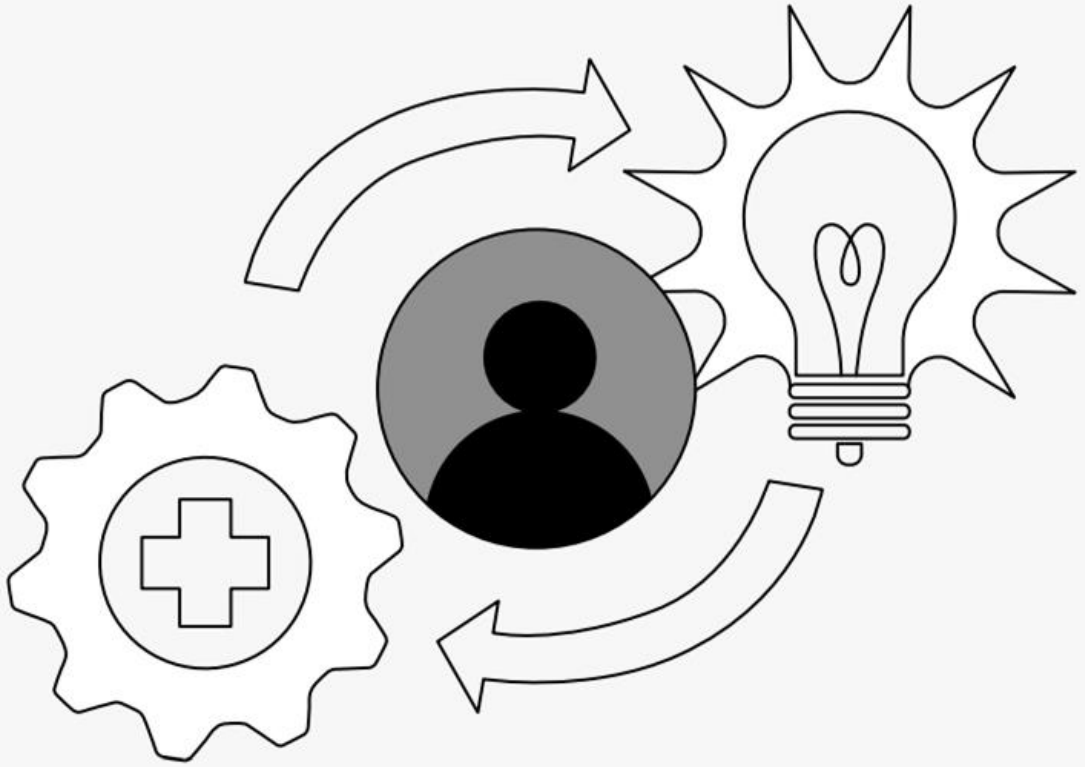


Recommendation 6:

A Reform Secretariat to Monitor and Support Implementation

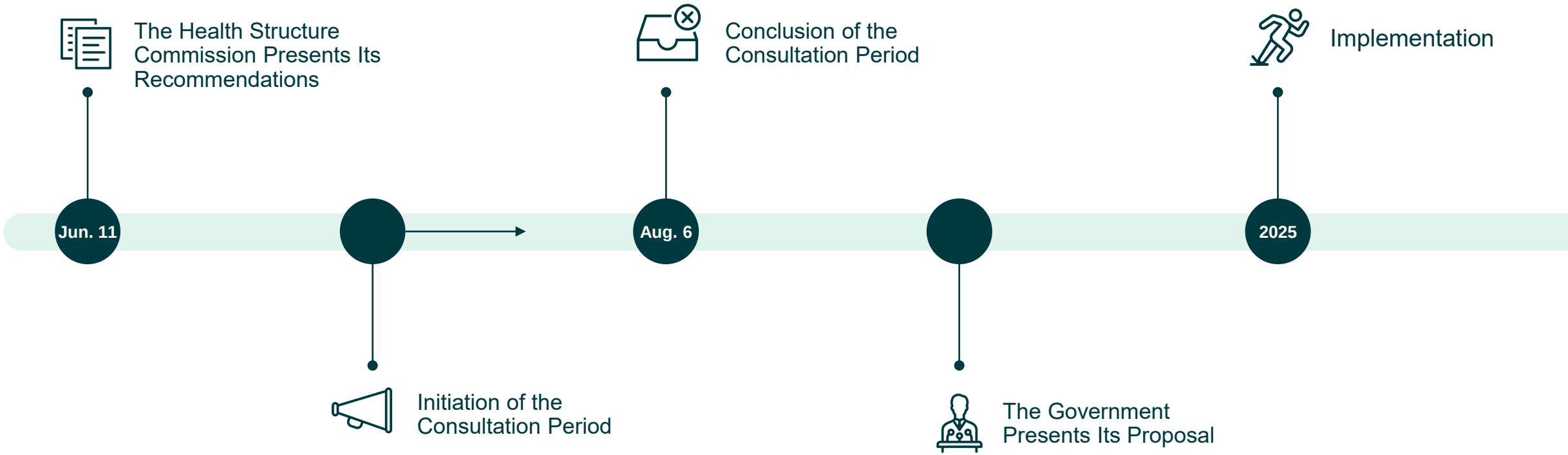
The Health Structure Commission recommends establishing a reform secretariat under the Ministry of Interior and Health based on political decisions regarding the future structure of the healthcare sector. This secretariat will be tasked with monitoring the implementation of individual initiatives and supporting decentralized implementation, guided by a national implementation plan.

The national implementation plan should include ambitious goals, clarify implementation responsibilities among relevant stakeholders, and set timelines for implementing various parts of the healthcare reform.



Upcoming Process

Proposal for the *Upcoming Political Process*



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