



Planning specialized health services - an exercise in consensus and detail

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Planning specialized hospital services in Denmark

- ERN in a Danish context
- New paradigm: centralize and specialize
- Specialization of functions and master plan
- Goal and criteria of specialty planning
- Current status
- Lessons learned



ERN in a Danish context

- Recognition and approval of specialized hospital services
- Responsibility Danish Health and Medicines Authority (DHMA)
- The Danish Healthcare Quality Programme (DDKM):
 - Generate continuous and persistent quality development across entire healthcare sector in a broad sense
 - No role in accrediting or certifying specialized hospital services

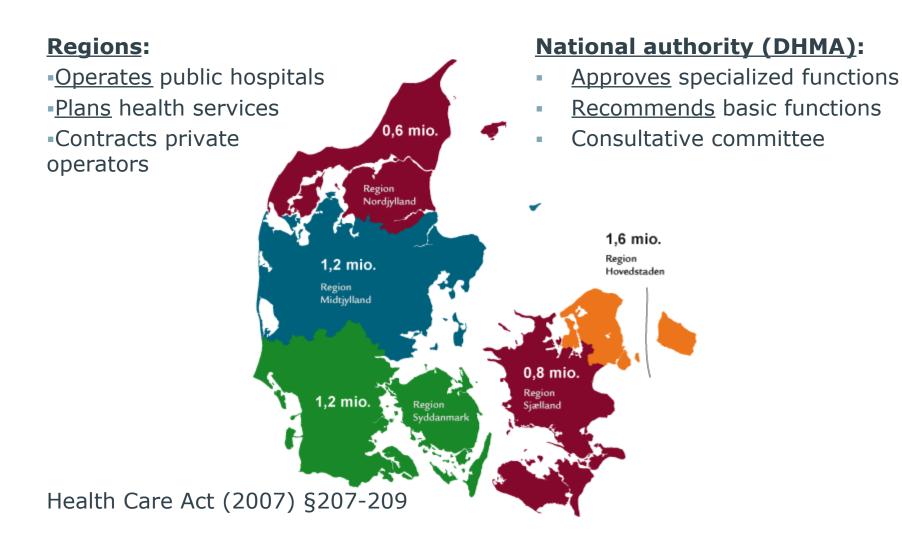


New paradigm: centralize & specialize

- Surgery for colorectal cancer:
 - 2001: 45 dep., ~12/year, 26% >20/year
 - 2012: 16 departments
- Surgery for ovarian cancer:
 - 2002: 52 departments, ST. III: 39% optimal debulking
 - 2012: 5 departments
- Sources of paradigm shift:
 - Structural reform
 - EBM & guidelines
 - Sub-specialization & multi-disciplinary teams
 - Documentation



5 regions vs. 1 national authority





36 specialities $\approx 1,100$ specialized functions

Basic functions ≈ 90%

e.g. diabetes or cataract surgery



<u>Specialized</u> functions ≈ 10%

Regional functions@ 1-3 hospitals per region

e.g.: gestational diabetes or glaucoma surgery

Highly specialized functions
@ 1-3 hospitals <u>nationwide</u>

e.g.: pre-gestational diabetes or cornea transplant



Criteria

- Complexity (skills, multi-disciplinary)
- Rarity ("practice makes perfect")
- Resources
- Core criteria
 - capacity & stability
 - volume, experience & expertise
 - collaboration & facilities
 - quality & documentation
- Secondary criteria
 - research, development & education
 - 24-7 service
 - geography





Current status

- Master plan implemented 2011
 - continuous small adjustments
 - version 2.0 in 2013-2016
- ~75 highly specialized functions in only one place
 - e.g. decompression sickness, intrauterine blood sampling, extremely dangerous psychiatric patients, Wilson's disease, retinopathy of prematurity
- A few functions not in Denmark
 - e.g. small-intestine transplant, particle radiotherapy, fetal surgery, EC-IC bypass





Lessons learned

Difficulties

- creative applications
- privatization wave
- ambitious & lost in detail

Surprisingly robust

- supported by (political) structural reform
- well-organized and mature professional environment
- path dependency
- homogeneity: public = 98% value / 96% volume
- location & organization, not tied to person

Challenges

- ICD10, real numbers, monitoring
- further centralization?
- quality indicators?

