Planning specialized health care

Søren Brostrøm, MD, PhD, MPA
Director General
Denmark ca. 2000

- Surgery colo-rectal cancer
  - 45 departments
  - median 12 per year per surgeon
  - 26 % of surgeons > 20 operations per year
  - 41 % of operations by specialists

- Surgery ovarian cancer
  - 52 departments
  - St. III: 39% optimally debulked

- Esophageal resections
  - 26 departments in 18 hospitals
  - 3 hospitals with 3 different departments
Ovarian cancer

Marx. Ugeskr Læger. 2006: 1537
Background

2001: 1\textsuperscript{st} cancer plan: capacity, rights

2005: 2\textsuperscript{nd} cancer plan: patient pathways

2006: Health Care Act; Structural Reform
‘practice makes perfect’
‘quality’ beats ‘local’
funding: 25+15 bio DKK

2007: DHA: acute services

2011: DHA: specialized services

2017: DHA: revised plan
Governance

Regions:
- Owns hospitals
- Regional planning
- Contracts private operators

Danish Health Authority:
- Approves specialized functions
- Mandated authority
- National Advisory Board on Specialized Functions
36 specialities, ca. 1,000 specialized funktions

**Basic functions** ≈ 90%

- e.g. diabetes
- or cataract surgery

**Specialized functions** ≈ 10%

- **Regional specialized functions**
  1-3 hospitals per region
  - e.g.: gestational diabetes
  - or glaucoma surgery

- **Highly specialized functions**
  1-3 hospitals in the country
  - e.g.: pre-gestational diabetes
  - or corneal transplant
2010 vs. 2016
Changes x Challenges

1-year relative survival, men

1-year relative survival, women

Smokers, age > 15, occasional/daily/total

DANISH HEALTH AUTHORITY
Too detailed?
Consolidation
- public and private

Science & technology
- e.g. precision medicine, cardio-vascular implants etc.

De-regulation
- e.g. monoclonal antibodies, cardio-CT, botulinum toxin

Precision, operability
- e.g. guidelines referrals psychiatry

De-central challenges
- e.g. pediatric anesthesia, laparoscopic surgery, recruitment