



Atenció sanitària basada en valor (VBHC) Llums i ombres.

Aarhus University Hospital Jørgen Schøler Kristensen, Chief Medical Officer, D.Med.Sc. Hematology Chairman, Danish Medicines Council (HTA institute for medicines) 21 April 2022

Aarhus University Hospital



Presentation of Aarhus University Hospital

Facts about Aarhus University Hospital

The Danish Healthcare System

• How is Value Based Healthcare Integrated in Patient Care?



The New Hospital City



AUH is committed to treatment, education and research with a wholeperson approach

- Local hospital for the 350,000+ citizens of Aarhus. Specialised hospital for the region with 1.3M and in some cases national hospital for 5.7M citizens
- All medical specialties at the same location, including psychiatry
- AUH hosts the only national facility offering particle therapy (proton beam radiotherapy) in Denmark
- Largest workplace in Aarhus with > 10,000 full time staff
- Close collaboration with Aarhus University



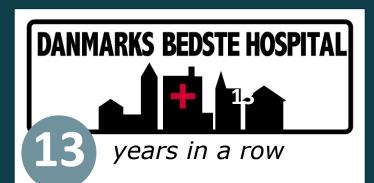
Aarhus University Hospital Facts:

Number of beds	857
Admissions	83.000
Outpatient visits	890.000
Births	5.000
Full-time employees	10.600
Doctors	1.700
Nurses	3.750
Budget	1 billion euro
Average length of stay	3.6 days
Size sq m	460,000m2



Aarhus University Hospital Rankings











Agenda

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The Danish Healthcare System

Division of Labour in the Healthcare System

National Level

Regional Level



Ministry of Health:

- Legislation
- National health policies
- National targets
- Overall economic framework
- Structural planning
- Planning of medical specialties across regions and hospitals
- Clinical guidelines
- Auditing (patient safety etc.)



- 5 regions:
- Hospitals
- Psychiatric care
- General practitioners (family doctors)
- Adult dental care
- Other private practitioners

Local Level



98 municipalities:

- Preventive care and health promotion
- Elder care
- Non-hospital rehabilitation
- Treatment of alcohol and drug abuse
- Child nursing

Values and Principles – get to know the Danish healthcare system

We are on a mission based on:

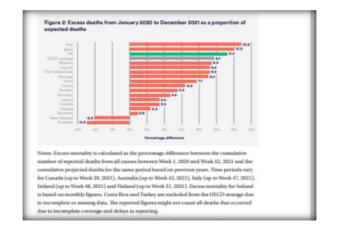
- Universal coverage
- Free and equal access
- Financed by general national taxes run by 5 regions
- A high degree of decentralisation but specialised treatment granted by National Board of Health
- Only few small private hospitals, primarily radiology and orthopedics

Covid-19

- Early goverment decision: lockdown **11.3.2020**
- High degree of testing: 126M = **21 test per citizen**
- Vaccination completed: **82,3%**
- Deaths: 0.2% = 6,000 citizens
- Confirmed cases: 2.9M out of 5,8M = 50%

We were at high risk due to low number of beds and short length of stay – but were saved by relatively few cases

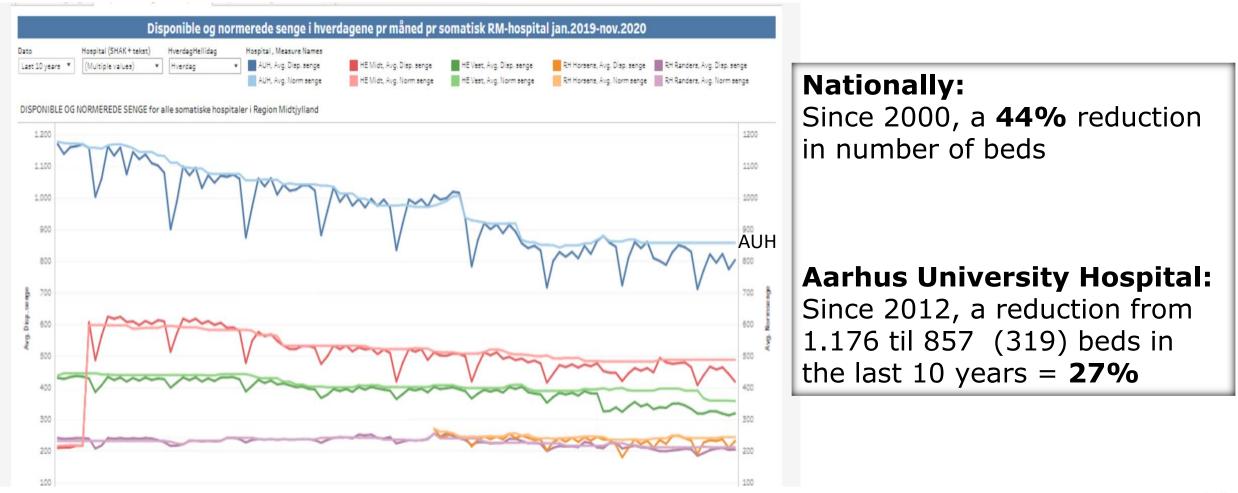
Rearch report March 2022 Health system recovery	
from Covid-19 International lessons for the NHS	
Sarah Reed, Laws Schlepper and Nigel Edwards nufficial CITUS?	







Number of beds in Denmark and at our hospital - last 20 and 10 years



The Digital Transformation of Healthcare Communication, coordination and coherent treatment

Common IT standards has enabled the digitisation of communication between healthcare sectors and partners

Туре	Digital, pct
GPs keep electronic health records (EHRs)	100
Exchange of the records between GPs	98
Laboratory test results from the hospitals to GP	100
Prescriptions to the pharmacies	99
Coverage of EHR at hospitals (2-4 systems)	100
Referrals to hospitals	97
Referrals to medical specialists and psychologists	100



an Entire Country is a Cohort

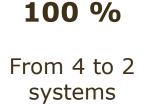
THE EPIDEMIOLOGIST'S

NFN

RFAM:

The Epidemiologist's Dream: Denmark

Loss Fueld^{*}



Electronic health records in hospitals





National Data Agency

STYRELSEN					
BORGER	STRATEGIER OG PROJEKTER	RAMMER OG RETNINGSLINJER	REGISTRE OG SERVICES	AFREGNING OG FINANSIERING	FIND TAL OG ANALYSER
♠ → English				🖆 Del 🖂 M	fail 🔹 Læs højt 🖶 Udskriv
English Health data and registers	We	work to ensure better health through the through the sector.		e in the	
Digital health solutions	~ >	Health data and registers	> Digital health solu	tions > Cyber s	ecurity
Cyber and information security	~				
Health finance					
About us	<u> </u>	1 11 11			
		Danish health data is collected, stored and managed in national health registers at The Danish Health Data Authority.	The Danish Health Data develops digital solution Danish healthcare secto	s for the coordinates	Health Data Authority cyber and information the Danish healthcare



Clinical Databases – Made by Clinicians

- 86 National Clinical Registries
- Oldest: 1978. Youngest: to be established in 2022
- Examples:
 - Danish Ocular Oncology Database 75 patients a year
 - The Danish Database for Acute and Emergency Hospital Contacts 1.8M hospital contacts
 - The Danish Adult Diabetes Registry GP and hospital care
 - Danish Cardiac Rehabilitation Database primary and secondary care
 - Some with focus on implantation safety (The Danish Pacemaker and ICD Register) - others on a procedure (Danish Anesthesia Database) – most disease specific (stroke, depression, lung cancer)

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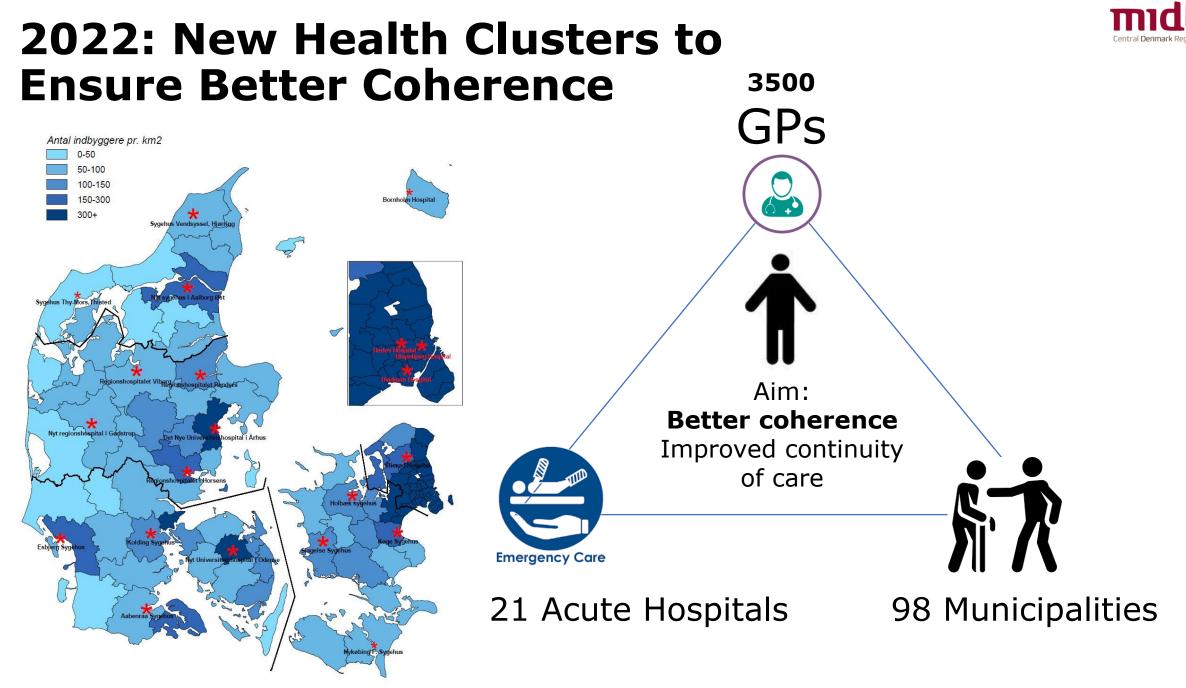
Management of Healthcare in Denmark

- 2004
 - 14 counties running hospitals, with taxation ability
 - 5 regions from 2007 without taxation ability
- 2004 2018
 - National model DRG (Diagnose Related Group) and normally a yearly demand for a 2% partly unfinanced increase in output
- 2018
 - New model based on national trials value based goals for healthcare with 8 target areas



Goals of The Danish Healthcare System

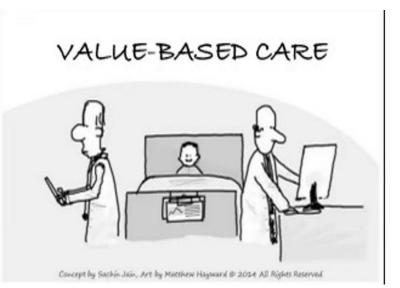






Value Based Health Care:

- Ambition
- PREM at AUH
- Benefits and Challenges (Luces y Sombras)
- Recommendations
- Conclusion from Denmark on VBHC



Our Ambition: 24/7 Counselling and Availability



- Our ambition is to be the most demanded provider of evidence-based healthcare information and treatment
 - Health professional and independent counselling 24/7
 - Follow-up and at-home treatment
 - Health data storage provider

Using Data to Improve Health



New Governance from 2019

- Fixed budgets replace activity based funding
- A minor proportion of funds app. 1 pct. are depending on new criteria
- The news criterias are supporting the nescesarry transition of the healthcare sector



Reduction in hospital courses



Reduction in hospital visits for patients with chronic diseases



Reduction in readmissions (within 30 days after discharge)



Increase in virtual hospital contacts



Patient Reported Experience Measures (PREM)

Every second year, nationally, public result, out- and inpatients, all hospitals and departments.

Hospitals leadership discus results for each department, regional dialogue as well.

Acute patients answered surveys 1.272, response rate 54%

Outpatient answered surveys 6.427, response rate 60%

4. Personalet er venligt og imødekommende (6248)	3 32		64	0 /
1. Personalet er forberedt på min ankomst (6213)	6	39	53	0 /
15. Der er rent i ambulatoriets lokaler (5512)	4	49	47	o →
7. Jeg har mulighed for at tale med en relevant sundhedsfaglig person (5713)		35	54	0 >
28. Jeg er tilfreds med plejen (3059)	1 7	38	52	0 →
20. Den mundtlige information under besøget er forståelig (5950)	7	42	50 •	0 →
6. Personalet har tid til mig (5941)	9	39	51	0 /
30. Jeg er alt i alt tilfreds med mit besøg (5955)	3	37	52	0 /
5. Personalet har sat sig ind i mit sygdomsforløb ved mit besøg (5866)	2 10	38	50 •	0 /
21. Jeg får svar på de spørgsmål, jeg stiller under besøget (5701)	9	41	48 •	0 /
29. Jeg er tilfreds med behandlingen (4959)	2 9	39	49 •	o →
25. Personalet informerer tilstrækkeligt, så jeg er tryg efter besøget (5608)	2 11	38	48	0 7
17. Ambulatoriets åbningstider passer til mine behov (5641)	2 12	44	42	0 →
27. Jeg får de informationer, jeg har behov for (5832)	2 14	43	4.	o →
33. Mit samlede forløb af indlæggelser/besøg er godt tilrettelagt (3684)	3 14	42	-0	0 /
16. Der er tydelig skiltning til ambulatoriet (5796)	3 16	42	09	0 /
8. Personalet spørger ind til min beskrivelse af sygdom/tilstand (5679)	2 2 15	38	42	0 /
24. Jeg får den information om sygdom og undersøgelse/behandling, jeg har brug for (5214)	2 3 15	40	40	0 →
9. Jeg er med til at træffe beslutninger om undersøgelse/behandling ved behov (3970)	3 3 16	38		0 /



Value Based Healthcare: Benefits (luces)

- New framework for the measurement of value
- Elaborate on quality and the strong culture for improvements
- Actively apply quality data
- Apply PRO and invite patient involve into the governance
- Build upon the strong culture for comparison and improvements
- It makes sense for clinicians big engagement
- Supports the cross sectorial work
- Possibility to reduce "waste"
- A new forum for leadership



Value Based Healthcare: Challenges (sombras)

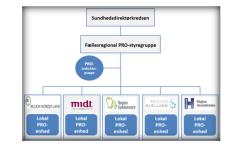
- Few goals and fragmented prioritisation
- Focus on the discussion on methodology
- Danger to create new bureaucratic system
- Effect goals versus possibility to influence the wards
- Barriers in legislation with respect to data sharing
- Quality governance versus finansial governance?
- Demonstrate effect within short time frame

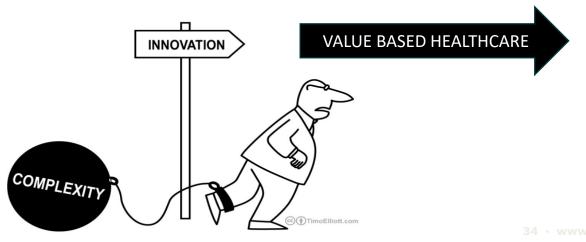
Value Based Health Care:

How is VBHC measured and implemented in Denmark?









VALUE = Outcomes Cost





Thank you. Time for dialogue



Aarhus University Hospital