



Extract from the report to the
Public Accounts Committee on
coherent patient pathways

February
2009

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I. Introduction and main findings

1. This report is about the work performed by the Ministry of Health and Prevention and the regions to support coherent patient pathways across the general practitioner, hospital and municipality. Rigsrevisionen initiated the examination in April 2008.

2. Coherent patient pathways have for a number of years been a focus area for the Danish health care sector. The first government report on the subject was published in 1985, "Co-ordination in the health care sector", and several subsequent examinations have pointed to coherent patient pathways as being one of the large challenges facing the health care sector.

3. Coherent patient pathways are a significant prerequisite of achieving high quality and efficiency in the health care sector. Amongst other, the coherent patient pathways can minimize the risk that patients' diseases are aggravated by unnecessarily long hospital stays. Besides, coherent patient pathways can also contribute to prevent unnecessary readmissions into hospital and ensure better utilisation of the resources in the health care sector.

Many patients' route through the Danish health care system stretches across the general practitioner, hospital and municipality, and thereby involves many parties, including:

- The Ministry which is setting the overall framework for the cooperation across the health care sector.
- The regions, being responsible for the running of the hospitals.
- The municipalities, being responsible for the nursing and rehabilitation of discharged patients.
- The general practitioner, being the patient's primary point of entry into the health care system.

4. The structural reform¹⁾, which took effect on 1 January 2007, placed renewed focus on coherent patient pathways. As part of the structural reform, the Folketing decided to revise the Health Care Act in June 2005. It appears from section 2 of the act, that the Health Care Act prescribes the requirements to the health care sector, for instance compliance with the requirement for cohesion between the services provided.

It appears from the notes to the Health Care Act that the services provided by the health care sector to the individual patient shall be characterized by continuity, cohesion and security. According to the notes, the health care legislation shall provide the best possible framework for coherent patient pathways to ensure that the individual patient receives the exact service or treatment required, at the exact time when it is required, no matter whom the responsible authority is.

Example of patient pathway across sectoral boundaries

A GP receives a call from the home care assistant concerning a woman – age 75 – who has been found in her home, confused and with swollen legs. The GP makes a house call and decides to hospitalize the woman acutely at the nearest hospital. The woman is hospitalized for two weeks. The municipality is involved when the woman is being discharged, because she will require home care service twice a day in the future and she will also need assistance to administer her medicine. The hospital discharges the patient for GP follow-up.

¹⁾ The structural reform transferred the responsibility for prevention and rehabilitation from the regional to the local level.

5. The objective of Rigsrevisionen's examination is to assess whether the Ministry of Health and Prevention and the regions have provided a framework for cooperation, communication and financing of health care services which supports coherent patient pathways across the general practitioner, hospital and municipality. The examination answers the following two questions:

- Has *the Ministry* provided a framework for cooperation, communication and financing which supports coherent patient pathways?
- Has *the regions* provided a framework for cooperation, communication and financing which supports coherent patient pathways?

With respect to the framework for cooperation, it is being examined whether the Ministry has provided an overview of the extent to which the patient pathways are coherent, and whether it has established complaints options for the patients. Furthermore, it is being examined whether the regions have specified the distribution of responsibilities and tasks, and follow up on whether patient pathways are coherent.

With respect to the framework for communication, it is being examined whether the Ministry has laid down requirements to the exchange of information between the general practitioner, the hospital, and the municipality, and whether the regions are complying with these requirements. Finally, it is being examined whether the Ministry and the regions contribute to the IT support of communication.

With respect to the framework for financing of health care services, it is being examined whether the Ministry and the regions have ensured that the financial incentives support coherent patient pathways.

6. The examination is in particular focused on elderly medical patients and it concerns the period January 2007 - October 2008. The information included in the report is primarily collected in the period mid-April - October 2008.

MAIN FINDINGS AND CONCLUSIONS

Coherent patient pathways are a significant prerequisite of achieving quality and efficiency in the health care sector. The structural reform has placed renewed focus on coherent patient pathways, and one of the objectives of the Health Care Act is to create "cohesion between the services provided".

The examination shows that the Ministry of Health and Prevention, with the health care agreements entered between the regions and municipalities, has established an excellent starting point for coherent patient pathways.

However, both the Ministry and the regions should strengthen IT communication in order to promote coherent patient pathways. Furthermore, the Ministry and the regions can promote coherent patient pathways by strengthening the financial incentives.

This overall assessment is based on the following:

The Ministry of Health and Prevention has taken a number of initiatives in support of the regions' and municipalities' work with coherent patient pathways, and in particular the work with the health care agreements. The Ministry should increase the focus on IT communication across sectoral boundaries and thereby improve the framework further. Rigsrevisionen finds it positive that the Ministry is planning to analyse how activity-based financing of the hospitals and the municipal co-financing can support coherent pathways even further.

Cooperation

- The Ministry has taken a number of initiatives in support of the regions' and municipalities' work with coherent patient pathways, including the work with health care agreements, treatment programmes for the chronically ill, and the "Fælles Medicinkort" (internet based personal medicine profile which makes updated information about patients' medication available across the health care sector).
- The examination has shown that the Ministry has not yet provided a clear overview of the extent to which there is cohesion between the services. The Ministry has stated that it is striving to achieve a better basis for the evaluation of patient pathway coherence across sectors.
- The patients have several options to file complaints about lack of coherence in patient pathways. The Ministry has stated that a new patient complaints system is being planned which will provide easier access to file complaints about errors that are related not to a specific person, but to the health care system as such, and errors related to lacking coherence across sectoral boundaries.

Communication

- The Ministry has issued a promulgation order according to which the parties shall ensure exchange of information between the general practitioner, hospital and municipality in order to promote coherent patient pathways in connection with the discharge of weak, elderly patients, the admission process, and rehabilitation.
- The examination has shown that the MedCom standards are not yet fully implemented which, in Rigsrevisionen's opinion, represents a significant barrier to coherent patient pathways. The Ministry contributes to ensure that communication across sectoral boundaries can be supported by IT, amongst other through its MedCom chairmanship.
- The Ministry has initiated the development of the "Fælles Medicinkort" in order to raise the level of security and efficiency related to the exchange of medicine data.

Financing of health care services

- The DRG system, which is used for activity-based financing of the hospitals, can be adjusted in a number of areas to ensure that it, to a larger extent than now, also supports coherent patient pathways. Rigsrevisionen is aware that the DRG system was not originally established in order to support coherent patient pathways across sectoral boundaries. The finance agreement with the regions for 2009 calls for an analysis of the DRG system.

- According to the examination, it is doubtful whether the municipal co-financing is providing the financial incentives required to support coherent patient pathways. The Ministry has stated that as follow-up on the agreement concerning the regions' economy for 2009, a working group will be established to assess the possibilities of changing the current set-up for municipal co-financing. Rigsrevisionen finds this satisfactory.

The regions have, for instance through the elaboration of the health care agreements with the municipalities, tried to specify the distribution of responsibilities and tasks among the sectors. The regions should promote the implementation of common standards for the communication between the IT systems used by the general practitioners, hospitals, and municipalities. Moreover, Rigsrevisionen finds that patient pathways will benefit if the regions are provided with improved possibilities to commit the general practitioners, for instance in respect to treatment programmes.

Cooperation

- In cooperation with the municipalities, the regions have elaborated health care agreements which, among other things clarify the division of labour. In addition, the regions have elaborated interface catalogues, treatment programmes, and laid down strategies for chronically ill patients which specify in detail the distribution of responsibilities and tasks among the general practitioner, hospital and municipality.
- The examination has shown that the regions follow up on the coherence of patient pathways every second year in the National Patients Experiences Survey. Several regions have also conducted regional surveys. In the future, the National Patients Experiences Survey will be conducted every year.

Communication

- After they were established, the regions and municipalities had only limited time to submit the health care agreements. The examination has shown that none of the 1st generation health care agreements entered between the regions and the five selected municipalities complied with the promulgation order in respect of the requirements to exchange of information and follow-up. By 1 October 2008, the regions and municipalities had submitted revised health care agreements, and they have all been approved by the National Board of Health.
- Service goals are used by the regions to a varying degree to follow up on the information which is exchanged between the general practitioner, hospital and municipality in connection with hospital admission, discharge and rehabilitation. Moreover, the regions are expecting to conduct audits to assess the quality of the information which is exchanged between the general practitioner, hospital and municipality, which Rigsrevisionen finds positive.
- All five regions have in cooperation with the municipalities and the general practitioners elaborated plans for the transition to electronic communication based on the MedCom standards. Rigsrevisionen is of the opinion that the regions should speed up the implementation of the MedCom as much as possible.

Financing of health care services

- The agreement entered with the general practitioners includes only few elements which support coherent patient pathways.
- The regions have entered a varying number of supplementary agreements (section 2 agreements) with the general practitioners which rewards activities that are promoting coherent patient pathways.
- Rigsrevisionen is of the opinion that the cooperation between the sectors will be strengthened, if the regions are provided with better possibilities of committing the general practitioners, for instance with respect to treatment programmes and supplementary agreements.