



Extract from the report to the
Public Accounts Committee on
the Danish regions' management
of out-patient treatment of adult
patients with mental illness

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1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the Danish regions' management of outpatient capacity in the Danish hospital psychiatry and practice sector for providing treatment to patients with mental illness.

2. Over the past years, the demand for treatment of patients with mental illness has increased significantly and has become a challenge for the psychiatric treatment capacity of the hospital psychiatry as well as the practice sector. The hospital psychiatry is best at providing care for certain patients, whereas general practitioners (GPs), psychiatrists and psychologists working in the practice sector may be better suited for treating other types of patients. When resources are limited and demand increasing, it is imperative that the regions manage the available resources effectively in order to provide patients with the treatment they need at the lowest costs.

3. According to the Danish National Institute of Public Health, approximately 20 per cent of the Danish population will, in the course of one year, experience symptoms that correspond to the diagnostic criteria of one or several mental illnesses. However, far from all of these 700,000 to 800,000 adults will be diagnosed or treated. Moreover, it is assumed that mental illnesses are the cause of 35 to 45 per cent of all sickness absenteeism in Denmark. The costs of sickness absenteeism, both to the society and to the sick person, are significant. According to the Danish Health Authority, psychiatric illness account for 50 per cent of all long-term absence from work and is linked to 48 per cent of all early retirements.

4. The regions have responsibility for securing that both the hospital psychiatry and the practice sector are providing patients with the treatment they need. It is largely up to the regions to decide how they want to manage capacity in the hospital psychiatry. However, the regions' planning of capacity needs to take into consideration that patients with mental illness have a right to be examined and treated within 30 days. In the practice sector, the regions only have access to adjust the use of capacity in agreements negotiated with the relevant parties in the sector, which, in this study, are the GPs, psychiatrists and psychologists. This means that the regions' management of capacity in the practice sector is governed by the agreements they negotiate. In the practice sector, patients are entitled to an appointment with their GP within five days, but they are not entitled to being examined and treated within a specific time limit.

The treatment provided to the patients and the cost of treatment are not the same in the hospital psychiatry and in the private sector. Generally, the hospital psychiatry offers the highest level of specialized treatment and the most expensive one, whereas general practice treatment represents the lowest level of treatment and the least expensive.

Outpatient treatment capacity indicates the number of patients that a health care unit can offer treatment, with the staff available.

Hospital psychiatry provides treatment to both inpatients and outpatients.

The practice sector covers eight health care areas. In this report, the focus is on general practitioners, specialist consultants in psychiatry and practicing psychologists.

5. The purpose of the study is to assess whether the capacity for treatment in the hospital psychiatry and practice sector is managed cost-effectively by the regions and supports that patients with the same diagnosis are offered equal access to treatment. The report answers the following questions:

Referral includes assessment of patients' need for medical examination and treatment and their referral to appropriate specialist examination and treatment.

- Are the regions managing the hospital psychiatry in a manner that ensures cost-effective use of resources and supports consistent referral of patients with mental illness to outpatient treatment?
- Are the regions managing capacity in the practice sector in a manner that supports cost-effective treatment of patients with mental illness?

Three of the five regions in Denmark are included in the study of whether the regions' management of the hospital psychiatry supports consistent referral of patients with mental illness to outpatient treatment and cost-effective use of capacity. All five Danish regions are included in the study of whether the regions' management of capacity in the practice sector supports cost-effective treatment of patients with mental illness.

CONCLUSION

Over the past years, the regions have experienced a positive development in the hospital psychiatry; more patients have received treatment and the waiting times for examination and diagnosis have been reduced. It is, however, Rigsrevisionen's assessment that the regions can improve their management of the overall capacity for outpatient treatment in both the hospital psychiatry and the practice sector in order to 1) facilitate that patients diagnosed with the same illness are offered the same access to treatment and 2) support cost-effective use of capacity.

The examination of the three regions shows that two of them are not using specific guidelines to ensure consistency in the referral of patients to outpatient treatment in the hospital psychiatry. Nor do these two regions follow up on the correctness of their referral of patients. None of the regions define targets for the effect of the treatment provided in the hospital psychiatry, and none of the regions estimate the costs associated with the various courses of treatment. This means that none of the three regions has an adequate basis for determining whether the capacity is used cost-effectively.

The examination of all five regions shows that they generally have limited possibilities of ensuring that patients with mental illness receive the treatment they need in the practice sector, in a cost-effective manner. One reason for this is that the regions operate under different framework conditions regarding, for instance, recruitment of GPs and psychiatrists, which limits some regions' possibilities of increasing and managing capacity to provide treatment to more patients with mental illness. Moreover, the regions have had difficulties negotiating local agreements with the practice sector, and finally, none of the five regions have sufficient knowledge of the effect and cost of courses of treatment provided in the practice sector.

None of the five regions have a clear basis for prioritising resources within and across the hospital psychiatry and the practice sector.

Rigsrevisionen finds it positive that the Ministry of Health will address the issue of the overall management of mental health care in 2016. The purpose of this work will be to enhance the quality of treatment, increase the level of knowledge and transparency in the area and reduce unintentional differences in the use of resources and capacity.

In the opinion of Rigsrevisionen, it is crucial that progress does not take place at the expense of the quality of treatment. It is therefore essential:

- that the regions use specific guidelines when they refer patients to the hospital psychiatry, and that the results of the referrals are followed up by the regions
- that the Ministry of Health and the regions have more knowledge of the effect of outpatient treatments provided in the hospital psychiatry and in the practice sector, and define joint performance targets for various courses of treatment.