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Transition to outpatient care

What was the policy process behind the shift to increased use of outpatient specialist care in Denmark?

Transition to outpatient care

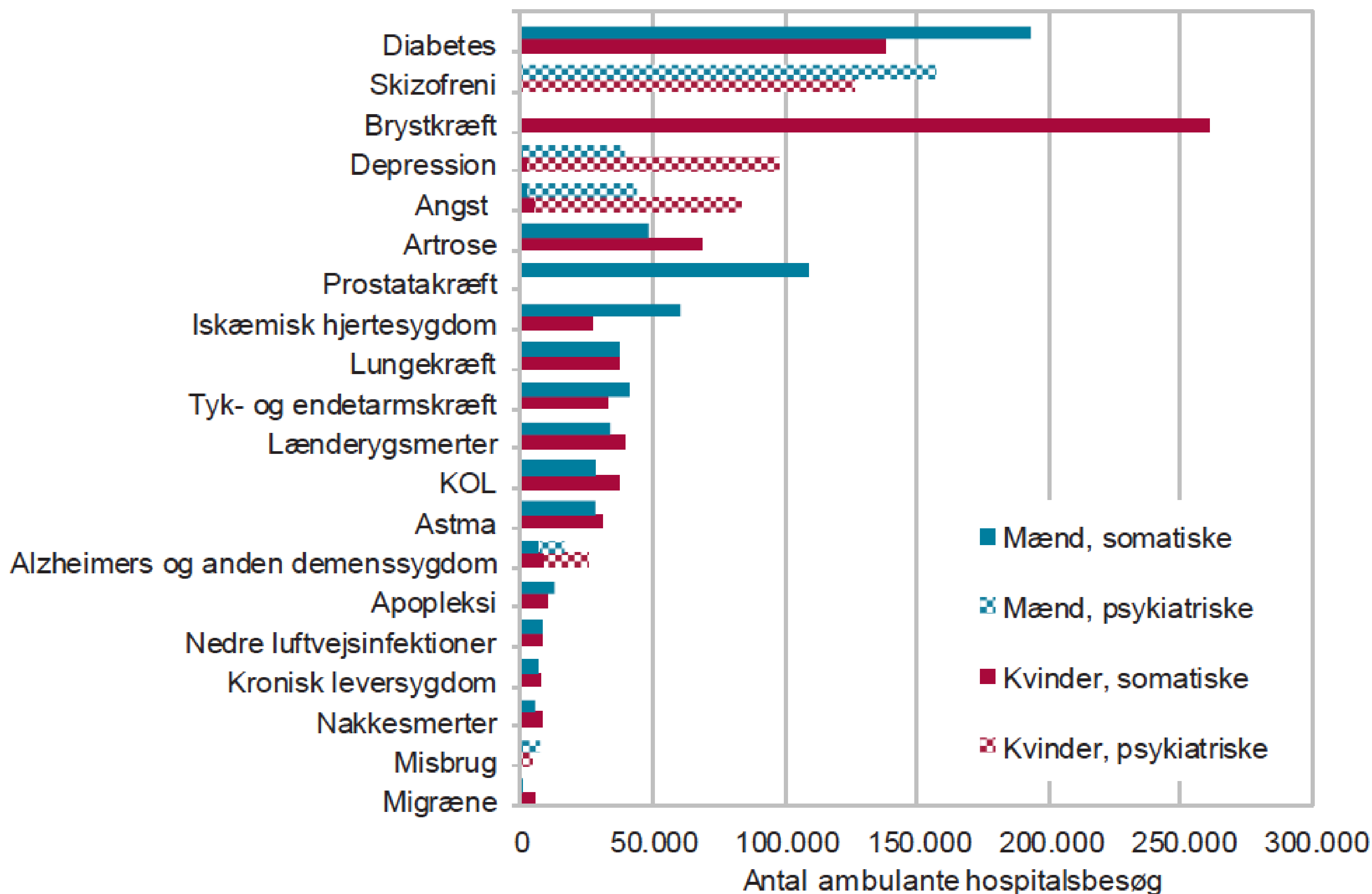
Share of operations suitable for daysurgery that are done in ambulatory settings (in pct)

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Chataracts	77,6	82,9	85,4	88,8	91,1	93,4	93,5	96,3	97,3	97,
Sterilisation	63,0	73,8	78,6	86,0	89,8	91,9	91,4	90,8	91,7	93,5
Circumcision	77,3	82,0	86,2	88,3	89,9	90,7	91,5	90,9	92,1	93,4
Varicose veins	53,4	57,0	57,0	59,4	62,6	62,6	73,3	85,7	89,0	92,
Arthroscopi	80,5	82,4	83,6	85,3	87,6	89,0	90,0	89,8	90,6	91,4
Tooth ekstraction	81,9	84,4	83,8	86,7	88,4	89,4	88,3	88,9	89,3	89,2
Removal of osteosynthetic material	60,4	64,3	66,4	69,8	70,8	75,1	77,1	79,0	80,6	82,
Scrotal procedures	49,2	55,6	63,2	70,7	73,6	78,5	78,7	79,8	81,3	80,
Anal surgery	48,9	55,8	55,7	60,8	63,5	66,0	69,2	72,4	75,6	80,1
Curettage	58,2	60,3	61,9	65,4	66,9	72,9	73,4	74,5	75,8	75,
Hand surgery	50,3	53,3	52,6	57,1	63,7	70,1	69,7	75,5	76,1	75,
Hernia	45,3	52,8	57,4	60,6	64,3	65,9	68,8	69,9	71,9	73,9
Ear drum penetration	60,2	65,5	63,5	67,9	71,3	72,9	72,3	69,3	67,6	72,
Eye surgery (squinting)	30,8	29,0	30,3	36,7	31,6	42,3	50,2	50,3	56,6	57,1
Thorax surgery	49,6	51,6	53,0	56,1	57,7	53,7	51,4	48,0	44,9	43,1
Removal of tonsils	16,9	23,1	25,2	31,4	30,4	31,1	32,0	32,8	30,5	36,4
Laparoskopic cholecystectomi	0,7	3,7	4,4	8,8	9,6	12,6	13,3	14,8	18,3	25,0
hysterectomy	0,0	1,0	0,5	0,4	0,3	0,3	0,7	0,2	0,4	0,7
All 18 operations	58,3	63,0	65,1	69,1	70,8	73,4	75,2	77,1	78,0	79,

Transition to outpatient care

	discharges	Bed days	Average bed days	Outpatient visits
1980	897.987	8.645.347	9,6	3.154.642
1994	1.091.272	6.693.073	6,1	4.270.432
1980-1994	**21,5**	**-22,6**	**-36,5**	**35,4**

Figur 1.1.6 Somatiske og psykiatriske ambulante hospitalsbesøg i Danmark på grund af udvalgte sygdomme blandt mænd og kvinder. Årligt gennemsnit for 2010-2012



Transition to outpatient care

Jeremy Hurst: The Danish health care system from a British perspective Health Policy Volume 59, Issue 2, January 2002, Pages 133–143

Danish hospitals display many strengths. The hospital sector is economical. There is some central planning of specialised facilities, which has helped to avoid duplication. Administrative costs are low because care is offered free of charge to the patient and there is much block budgeting. Overall control of expenditure has been very effective.

Moreover, there were *striking gains in efficiency between 1975 and 1995. The number of day cases and outpatients rose by about 40% and the number of inpatients by about 15%, despite the small size of the growth in expenditure.* Many new procedures and treatments have been introduced. Denmark is enjoying the highest volume of hospital care per capita in its history and the services provided are almost certainly of an unprecedented standard, technologically speaking. Hospitals treat all emergency patients more or less immediately.

Explaining the transition to outpatient care

Policy process

Background: Governance and economics

- Denmark underwent a relatively severe economic crisis in the late 1970s and 1980s. – High levels of unemployment. Slow growth and very poor public finances
- This created a “crisis awareness” and enabled the governments to impose a number of reforms and austerity measures
- Strengthening the economic governance system
- Introducing annual budget coordination agreements between municipalities/counties and government

Adapting to austerity within health care

- Reduction in the expenditure growth rates and even negative growth in some years
- Introduction of global budgets
- Emphasizing the principle of GP gate keeping and LEON (lowest effective care level)
- Pressure on the counties/regions to constantly improve efficiency e.g. through:
- Lean and other production management techniques
- Restructuring hospital services
- Creating elective care units (assembly lines)
- Transforming inpatient to outpatient care
- Using incentives based on DRG classifications

Technology, research and practice based knowledge facilitated the transition

- Documentation of benefits of early mobilization (and risks of staying in hospitals) (cardiac and orthopedic surgery)
- Less invasive surgical procedures
- More efficient anesthesiology
- Better rehabilitation services (specialized and municipal)
- Home care and telecare

Politics and interests

- Hospital doctors in Denmark are relatively loyal to the political regime and committed to public service.

- Probably due to their position as salaried staff, and due to the perception that the Danish Board of Health and Medicines has provided a voice for health professionals into the political process

- GPs and practicing specialists are more independent, and more confrontational (conflict with GPs in 2014)

Politics and interests

- Crisis awareness has been imposed on doctors and heath care organizations since the 1980s

- Regions/hospital managers have the power to impose new administrative measures and economic steering mechanisms

Politics and interests

- Transforming from in-patient to ambulatory care does not imply a threat to jobs of medical specialists. Particularly since the overall volume is increasing in the same period

- Applying the most recent technology in outpatient settings is attractive

- Avoiding “corridor patients” and long waiting times creates a more satisfying job environment for medical specialists

Thanks for your attention