

Integrated care from the Danish experience.

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Health care and long-term care systems face the challenge of ensuring at the same time access for all regardless of income or wealth, a high level of quality of care and financial sustainability of care systems.

Denmark has 5 million inhabitants. 15% are 65+. Denmark has since the 1950's built up an integrated care system; but with deficiencies and shortfalls.

The target group is all elderly people. The complexity of health status associated with comorbidity, disability and frailty necessitate effective coordination of care between social and health care providers and between sectors.

The actors are the client (patient), his or her relatives; from the municipality: the homehelper/home nurse, the case manager and the family doctor; from region/county level: the geriatric team.

Services

Denmark has more than any other EU countries given explicit policy priority to community care over residential care, promoting older people's living in their own home. Community care services have developed alongside rather than after institutional care. Denmark is also outstanding in Europe in the assessment for level of service. It is not only individual-oriented, but do not put a care-burden on the family (you get help according to need whether you have a spouse or children). Individual needs are assessed according to a special Danish system ("Common language") which have several shortcomings compared to RAI. The assessments are mainly performed by nurses with input from home helpers but family doctors opinions may be asked for, occupational therapists may do home visits and physical therapists suggest training. Denmark's five completely new regions (2007) and bigger municipalities need time to develop structures that can secure any patient a smooth course of treatment and rehabilitation across sectors. There is great need of common IT-systems as the hospital, family doctors and home nurses use three different systems.

Municipality level: 20% of all 65+ year olds have homehelp/home nursing Dwellings are offered, especially equipped for disabled people with possibilities for increasing amount of help. Only 4% live in care intensive "nursing home like" institutions.

Region/county level: Acute care hospitals with geriatric clinics, covering a background population of 100.000 inhabitants. They have a dimension of 0.02 geriatric beds/100 inhabitants (all ages). That usually equals 20% of the total medical wards. The mean stay for diagnostic work-up, treatment and a rehabilitation plan is 20 days.

All costs are tax paid

Denmark with other Nordic countries have made the choice for formal care over informal care. (as opposed to Mediterranean countries). We have practically no voluntary associations (as in Germany) The public sector is the major provider of long-term and home care for older people, but the present government favors the development of competitive private agencies..

Still hospitals and family doctors are paid by regional tax money and home helpers/nurses and dwellings for the elderly are paid by municipality tax money.

Altogether you have a "four-part system":

Family doctors/home nurses/nursing homes/hospitals belonging to primary care or secondary care and paid by regional or municipality tax money.

Between health and social care workers in these four compartments develop waiting lists, discussions, lack of necessary information in time etc, against the interest of the client/patient.