

Measurement and improvement of chronic disease management: Collaborative efforts between primary and secondary sectors in Denmark

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The Danish health care sector

- Primary sector
 - Social communities/Municipalities
 - General Practice
- Secondary sector
 - Hospitals and hospital ambulatories
 - Private specialists

GPs in Denmark



- GP practices are private enterprises
- 1/3 single handed - 1/3 2 GPs - 1/3 larger practices
- Average list size 1600
- Combination of capitation and fee for service
- GPs earn around 100,000 Euros per year and > 90% of the income originates from the public health care system

Quality measurement in primary care

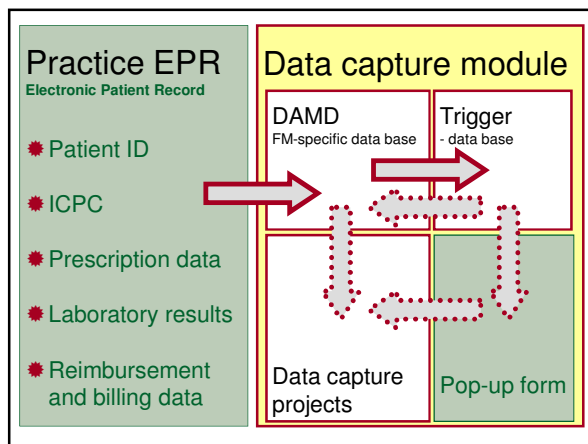
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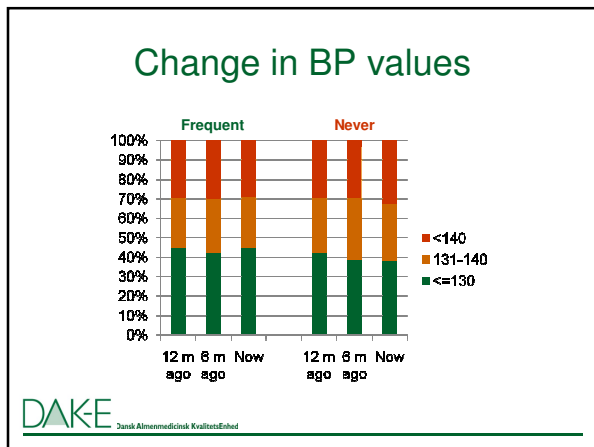
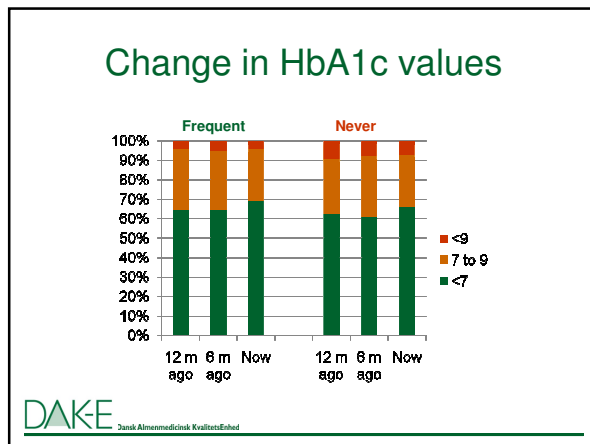
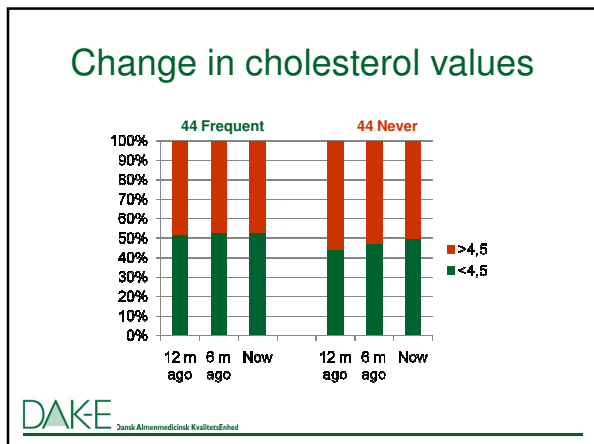


ICT/IT- plays a vast role in daily practice



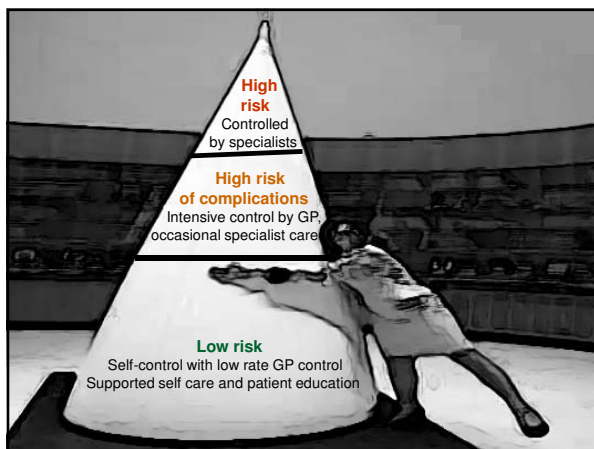
- All patients have a personal unique identifier
- Using EHR is compulsory for GPs
- E-mail consultations, e-based booking systems
- E-based communication with;
 - Pharmacies, specialists, hospitals (referrals and discharge letters), municipalities, regional health insurance – e-based accounts only
- **ICT is a crucial tool in Danish GPs quality management**





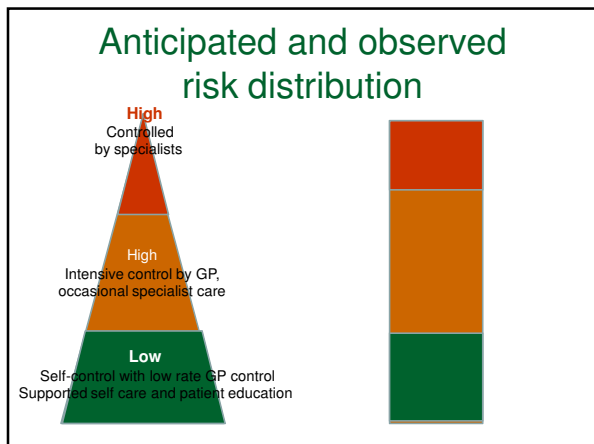
Risk stratification

- Patients are divided into 3 levels depending on the risk of complications and ANTICIPATED need for specialised care.

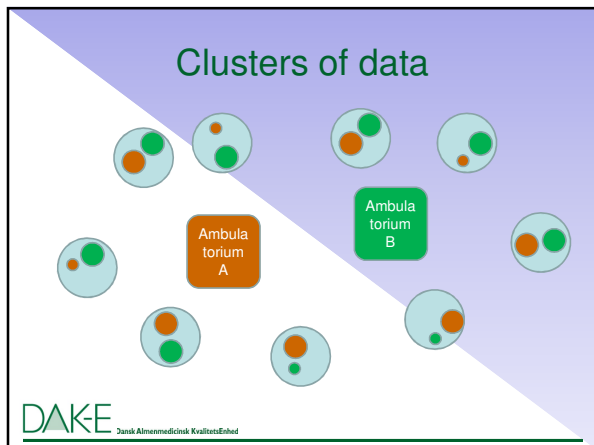



Common risk stratification criteria for GPs and specialist care

	Level 1	Level 2	Level 3
HgbA1c	< 7%		HbA1c > 9 %
Blood pressure	<130/80		>160/90 despite treatment
Diabetic foot	No	Wounds	Arterial insuff., gangrene or amputation
Retinopathy	No/ simplex	Oedema	Proliferative retinopathy
Metabolic problems	No	Insulin resistance	Hypoglycaemic incidents Insulin resistance
Nephropathy	No	Micro alb.	Macro alb./ nephropathology
Cardiovascular dis.	No		Yes



- ### Reasons why there are differences between risk and treatment levels
- Well regulated patients
 - The specialists do not trust primary care
 - The reimbursement systems do not support release from the ambulatory
 - Patients prefer specialist care
 - Poorly regulated patients
 - Patients do not want to go to specialist care, because of transport, waiting times, frequent changes in clinical staff
 - Specialized ambulatories release patients because of non-compliance or other not accepted behavior
- DAKE Dansk Allmenmedicinsk KvalitetsEnhed



- ### Take home messages
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- Quality measurement in general practice should be AUTOMISED as an integrated part of the EPR and the clinical process
 - Indicator sets should be developed in coordination between the sectors
 - Common data sets create new views on collaboration between sectors
 - Risk stratification is complex – there are lessons are to be learned