Per E. Jørgensen – Deputy Director, Rigshospitalet, Denmark



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Per Jørgensen, deputy director of Copenhagen University Hospital (Rigshospitalet), discusses pandemic management, clinical trial collaborations with private industry, translational research, and the demands that the hospitals of the future will need to adapt to.

Can you begin by introducing yourself to our international audience?

I am the deputy chief executive at Rigshospitalet, Copenhagen University Hospital, which is a highly specialized hospital that has approximately 10,000 full-time positions. My 15 years of executive experience began after working as an MD and a specialist in clinical biochemistry. The most important role for me at Rigshospitalet has been to support the hospital through the continued development of its clinical functions and research activities.

Looking at the last year, what do you identify as the key reasons why Denmark has managed the COVID-19 pandemic so successfully?

The challenge of COVID-19, at least initially, was a new experience as normal supply chains were strained, and it was neither possible to buy the necessary amounts of protective equipment such as face masks, nor the necessary amounts of reagents for COVID-19 testing on our automated

analytical systems. One of the strengths in the Danish system related to COVID-19 is its structure as a public system with all hospitals and GPs referring to the five healthcare regions of the country. Therefore, it was possible for the government and the Danish Health Authority to coordinate the efforts nationally between doctors, hospitals, and municipalities.

Furthermore, significant help from the Danish pharmaceutical company Novo Nordisk elevated the testing capacity for COVID-19 through the development of our own COVID-19 tests, which in turn assisted in the management of the crisis.

It has probably also been important that the Danish population in general has a high level of confidence in the authorities and their recommendations.

How is Rigshospitalet positioned in Denmark?

The Danish Health Authority has the power to decide at which hospitals specialized procedures can take place. Rigshospitalet is a tertiary hospital for many specialties and has been given many of the highly specialized functions. For example, Rigshospitalet is the only location in Denmark for children’s heart surgery and liver, pancreas, and lung transplantations.

What was the impact of Denmark restructuring and centralizing its national hospital network a few years ago?

The restructuring followed two principles: quality is more important than vicinity and practice makes perfect. As stated above, the Danish Health Authority has got the power to centralize and determine where rare and complex procedures can take place. Denmark is a relatively small country, and the restructuring has led to a rise in the quality of specialized treatments and procedures, and the outcome for the patients have improved accordingly.

How is Rigshospitalet collaborating with private industry on clinical trials?

Clinical research is crucial for our hospitals with 150 professorships and more than 200 PhD students. It is important for us to have an infrastructure that is well suited for collaborating with the private industry on clinical trials. We have a phase 1 unit for oncology, and there is also a lot of direct contact between research groups and pharmaceutical companies. Additionally,

Rigshospitalet is collaborating with Trial Nation to increase the number of clinical trials performed. Trial Nation offers a single, national entry point for global companies wishing to conduct clinical trials in Denmark.

The most important aspect of Rigshospitalet's involvement in clinical trials and research is to be at the frontier of healthcare development. Big and specialized hospitals in Denmark such as ours are in a unique position to continue conducting clinical trials due to the relatively high number of patients in relation to the size of the country and the established infrastructure on-site.

What are the demands that hospitals of the future should keep in mind?

I would point to three associated areas that we think are important at our hospital: Artificial intelligence, big data, and personalized medicine. Furthermore, stem cell therapy is probably also going to provide important new opportunities in the field of healthcare.

However, the difficulties of the future will be the demographic burden with increasing numbers of patients with cancer, cardiac diseases, chronic diseases and other ailments of an ageing population such as multimorbidity. The number of new patients must be managed more creatively than just increasing the number of beds or the size of hospitals. Collaboration will be very important between the different hospitals, GPs, and patients at home to allow for monitoring outside of the hospital, e.g. through new healthcare technologies such as wearables.

To what extent is Rigshospitalet leading the way when it comes to elderly and long-term care?

Rigshospitalet is focusing on better integration of patient surveillance and recovery outside of the hospital. One of the major aspects for our hospital is to develop, to test, and to improve new technologies in order to make it possible for patients to stay at home instead of having to go to the hospital – a kind of "hospital at home". A recent count from our hospital shows that we have implemented more than 35 types of home treatment for patients who prefer to stay at home as much as possible.

Can you discuss Rigshospitalet's international medical collaborations?

Doctors, nurses, and researchers at Rigshospitalet have a strong international collaboration with colleagues at big hospitals in the USA, Europe and China. We have a special focus on the European Reference Networks dealing with rare diseases. I believe that the European Reference Networks will help promoting collaboration among experts at European hospitals – and that patients with rare diseases will benefit from this.

Can you tell us about Greater Copenhagen Health Science Partners (GCHSP), and how it promotes translational research?

GCHSP is a collaboration between the University of Copenhagen, the Danish Technical University, the Region of Zealand and the Capital Region of Denmark. The concept is to create a new research collaboration between clinical researchers and basic researchers through clinical academic groups. GCHSP wishes to strengthen translational research by taking ideas from basic research to the clinic and returning problems or questions from the clinic back to basic research. Every research group must make an application by describing their research project and its benefit to patients with a clear focus on the outcome. These applications are evaluated by an international panel. We believe it has been a success and through the 18 clinical academic groups created, it has tied the contributors closer together and improved translational research to the benefit of the patients.

What are your priorities for the future?

An important priority is to meet the demand for highly specialized hospital services in the future to give Danish patients the option to remain in Denmark for these treatments without the need to travel abroad. To do this, we need to collaborate both nationally and internationally. Additionally, we must be able to recruit highly qualified employees, ensure state of the art equipment, and, last but not least, listen to the patients' voices and ensure true patient involvement.

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