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The innovation power that private enterprises have has to be used in the public healthcare system.

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Erik Jylling of the Danish Regions, the organisation charged with healthcare management for each of Denmark's five regions, outlines the advantages and challenges which persist within Danish healthcare and sounds a clarion call for faster adaptation and greater collaboration with private industry.



Can you begin by introducing yourself?

My career has spanned roles as a physician, trained anesthesiologist, intensive care physician, and various leadership positions. My personal interest in the organization of healthcare both in Denmark and internationally has guided my career towards management positions with the perspective of employer, civil servant, and politician.

Currently, I work as the Executive Vice President of Danish Regions, the interest organization for the five individual regions that manage healthcare in Denmark. As a result of my previous work experience, my aim is to develop the quality and structure of the healthcare system as well as the professional input and development of treatment with respect to the patients.

Can you explain the structure and the mission of Danish Regions?

The regions of Denmark were created in 2007 with each of the five regions given total responsibility of the healthcare management in the country including hospitals, primary healthcare with physicians' dentists, and all other healthcare services.

The organization of Danish Regions is tasked with the role of employer for all regions with negotiations conducted between nurses, doctors, and other healthcare professionals every few years. Furthermore, it negotiates the annual budget between the government and the regions every year.

The budget is then divided between the five regions and is based on a number of demographic factors concerning the welfare of the respective region's citizens.

Why was the municipal reform needed back in 2007? What was achieved by that reform and by having this structure of five regions?

Prior to the reform, the expectation was that hospitals and healthcare services should be able to service 90 percent of patients with the tax collected within the specific county. Danish citizens also had freedom of choice and the right to receive treatment anywhere.

However, due to sustainability of finance the number of inhabitants in each county was too low. The system had to be built bigger and more robust and this resulted in the creation of the five Regions. It was decided that only the government bodies would collect taxes, not the regions and the focus was placed on healthcare with 96 percent of each region's budget related to healthcare.

Services were reorganized to plan for specialization with treatments for specific illnesses awarded to certain hospitals. The government invested approximately 6 billion euros to refurbish, build, or close down hospitals. These hospitals are gradually being finished with the last hospital expected to be finished by 2024.

How do you evaluate the level of decision-making and the collaboration between the regions and its stakeholders?

The regions have excellent decision-making processes with elected political boards of directors given the responsibility for managing healthcare while prioritizing hospital patient rights. In regard to the regions, the development of the healthcare system is accomplished through friendly competition between the five regions. However, each region is able to collaborate and retain its specialties and strengths in the healthcare sector to attract patients from different regions for specific treatments in certain hospitals.

Over the last 15 years, healthcare has had a significant impact on the political agenda in the country. However, due to the organizational structure of the healthcare system, it is not possible for national parliament politicians to directly influence the system, only voice to the Danish Regions organization that they are satisfied or unsatisfied with certain aspects. The system functions as a constant constructive dialogue with the overall view of optimizing the management of healthcare and driving better treatments.

To what extent do you think Denmark is leading the way regarding the long-term care of its ageing population?

Due to a constant lack of doctors and nurses, Denmark changed its approach towards health and strictly defined healthcare under the WHO guidelines to include mental, physical, and social well-being. As a result, the healthcare system is being turned upside down to become significantly more prevention-based.

In this approach, the general practitioner should be the backbone of the healthcare system and hospitals should be more outreaching and take charge of expertise and education related to health. This is to keep the patient as healthy as possible for as long as possible while incorporating elements of digitalization for diagnosis and treatment to take place at home.

As a result, Denmark is building a homogenous healthcare system with a low power distance and a high degree of equality for healthcare across the country. Moreover, the extensive data on Danish citizens can be stratified and the population empowered to help themselves without interrupting the efforts to treat patients physically within hospitals.

This demographic shift of the ageing population requires redevelopment of the healthcare system with more standardization, sharing of data, AI, robots, automatization, and other tools available from the digital shift in the future.

What are your predictions in terms of the future of knowledge sharing in the context of the EU?

Traditionally, healthcare has not been a part of the EU discussion. However, COVID has led to a realization for further collaboration concerning healthcare. The ambition set for Europe is a common healthcare system with information, free movement of labour, and services between European countries.

Personally, I hold my reservations for healthcare becoming a core business of the EU with differences between countries too high. However, indirectly, power will move in the European direction with personalized or precision medicines requiring greater sharing of data to establish larger cohorts to service smaller groups of patients with defined results for these treatments. Consequently, I believe the future will continue to have more international integration in healthcare.

What keeps you excited about the future of healthcare in Denmark?

The organization of healthcare is like a hobby for me and the idea that there could be more optimal ways to organize the country’s healthcare system drives me. Furthermore, creating more involvement in the development of the organizational structure with both healthcare workers and patients keeps me excited for the future of healthcare in the country.

What message would you send to those in the industry reading this publication?

Due to the political influences on the public healthcare system, innovation is too slow compared to the developments within business. Therefore, new strategies for forming public-private partnerships are a priority for the future.

The innovation power that private enterprises have has to be used in the public healthcare system. As a result, we need to invite private enterprises to develop alongside the Danish healthcare system while keeping it public, maintaining the level of ethics, and securing data transparency.

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