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EU law and E-health - Developments in Denmark

Danish eHealth Developments and EU

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Denmark with 5.5 million inhabitants and administratively divided in five regions has a dominantly public health provision with 60 public and 10 small private hospitals, 3000 primary care physicians (GPs), 1000 practicing specialists and 330 pharmacies not to mention dentists, physiotherapists etc. Home care, nursing homes, rehabilitation etc are municipal tasks that must integrate with the health care in a strict sense, the more so the sooner patients are discharged from hospital.

Eighty % of the population, all health care institutions and 98 % of GPs have access to the internet. Broadband connectivity is one of the highest in Europe.

For more than 40 years all Danish citizens have received a unique personal identifier at birth, but no chip card for citizens' access to health or health insurance has been issued.

Two or three cycles of public eHealth strategies and implementation have been on-going over the last 10-12 yrs. Today they comprise four elements:

1. Secure health data network and intersectoral communication of more than 40 standardised message types (e-prescriptions, lab orders and answers, referrals, discharge letters etc.). All patient management systems for hospitals, GPs and pharmacies have incorporated the messaging system used on the secure net after certification by MedCom. ID management and data security are handled via a 3 tier agreement system, PKI infrastructure and logging of all entries.
2. The Health Portal www.sundhed.dk can be accessed with digital signature, different for citizens and professionals. Citizens gain access to general and personal info. Professionals have access to a number of services including reading of electronic records etc. under the ruling of Danish data protection authorities.
3. The electronic patient record is still a challenge for many hospitals but not for the GP sector.
4. Telemedicine, with an increasing focus on tele-homecare. Formalized consulting across the borders of the country is rare.

The globalization of medicine as a consequence of eHealth makes the clash of principles for the free EU market and the national autonomy of health provision evident, and we are aware of the rulings of the EU Court of Justice, but the country prefers bilateral trans-border agreements with concrete partners.

Denmark respects the patients' and citizens' rights as recommended by Council of Europe, 2004 and ratified EU directives such as 95/46, 97/66 and others, but in practice many health professionals do find the rules cumbersome, and they complain.

The MedCom organization participates in many EU DG INFSO and Interreg projects leading steadily to an exploration of transsectoral, transregional and transnational interoperability and integration of services. This has been in line with documents and recommendations like "Towards Interoperable eHealth for Europe", 2005 by ESA, ITU and WHO, the "i2010" plan

and the “Connected Health” document of DG INFSO,2006. One project is “Baltic eHealth” uniting the health data networks of Norway, Sweden and Denmark and connecting to hospitals in Lithuania and Estonia to obtain daily services from each other.

These projects have shown that integration does not depend solely on the technical framework for interoperability, but solutions must also respect the semantic, conceptual, political, legal, cultural and organizational differences.

All these aspects as well as remuneration, liability, insurance fraud and other issues are to be mastered before health care can be provided across Europe irrespective of national borders. This will clearly be demonstrated by the tendered Large Scale Pilot on European interoperability for the Patient Summary and the Medication Record.