

Danish Personal Health Records Initiative Individual Responsibility

Section I: Summary

The healthcare system in Denmark, a publically funded system, is well known for its high level of IT support and interoperability. As part of a larger IT strategy, the Danish Minister of Health announced in 2003 the goal of implementing electronic personal health records (EHR) system in primary care practices and hospitals within two years. Although the two year goal was not met, primary care practices have made great strides at reaching full penetration (90% by 2006); however hospitals have lagged much further behind due to a lack of a centralized system and common EHR format.

Section II: Statement of purpose

Though in its infancy in many countries electronic health records (HER) or personal health records (PHR) serve as an innovative option to improve quality, efficiency, and personal responsibility in health care. Private sector companies such as Google, Microsoft and IBM have launched efforts to develop software to make it easy for individuals - with the assistance of primary care physicians - to develop and maintain their own personal electronic health record. Advocates argue that by granting individuals' ownership of their health record, they will become more aware of and responsible for their health and healthcare choices.

One country stands out in its quest to fully implement an EHR system. In 2003 the Danish Minister of Health set the goal of implementing a common electronic health system. The Danish EHR system was intended to:

- Bring together future electronic communication between patients and health care providers.
- Create a communication tool for the stakeholders of the health care service.
- Support patients in attending to his own health and his health care situation.
- Provide health care professionals with patient histories at the time and place of care.
- Promote communication among a patient and their health care team.

Building on an existing IT system, the Danish system already provides citizens with unique ID numbers and requires hospitals process reimbursements electronically – demonstrating an existing comfort level with IT services.

To facilitate adoption of EHR in hospitals and primary care practices, the Department of Health developed a Basic Structure for EHR systems (BEHR). The model captured patient information based on period of care, problem orientation and cross-professional documentation. When fully implemented, developers intended for the BEHR system to follow the interventions and assess the results achieved for a specific patient problem – regardless of which health care party provides the service.

Primary care practices generally adopted the BEHR model (reaching a 90% penetration rate by 2006); however many regional and county hospitals chose to create their own competing systems designed by private vendors. These regional programs were costly to implement and often did not communicate other regional systems. Although the government provided hospitals with benchmarking tools for planning and evaluating the EHR implementation programs, many communities did not take advantage of these services.

Section III: Outcomes

As previously stated, the Danish EHR initiative has been highly successful implementing EHR in primary care practices. While the government missed their target of 100% penetration by 2005, primary care practices had reached 90% penetration in primary care practices by 2006. The goal for hospital penetration was extended to 2008.

Penetration rates were not nearly as successful in the hospital setting. The Danish EHR-Observatory which monitors Danish EHR projects with respect to diffusion, diffusion rates and hospital owners' expectations recently concluded that EHRs would not be fully implemented in hospitals by 2008. Observatory researchers suggest that hospitals slow diffusion rates are the result of a fragmented and expensive system that permitted counties to build their own unique systems. In a 2005 report evaluating progress projected a worst case scenario that hospitals will not fully implement EHRs until 2020.ⁱ

References

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http://www.sst.dk/publ/Publ2004/National_IT_strategy.pdf

¹ Michael Appel. "Evaluation of the implementation of EPRs". *Health Policy Monitor*, October 2005. Available at <http://www.hpm.org/survey/dk/a6/1>