

Waiting time guarantee - an update

Extended free choice of hospital.

Socha, Karolina; Bech, Mickael

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Waiting time guarantee - an update

Country: Denmark

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Reported by: University of Southern Denmark, Odense

Health Policy Issues: Benefit Basket, Public Health, Access, Responsiveness, Role Private Sector

Current Process Stages



1. Abstract

The rule of extended free choice of hospital, in force since 2002, provides patients with an option to choose a private hospital if the public system is unable to provide a treatment within the guaranteed waiting time of one month. In June 2008 the Government declared in their yearly budget agreement with the Danish Regions a suspension of the extended free choice until 1 July 2009. This was a consequence of a force majeure situation that arose after a two-month strike of medical personnel.

2. Recent developments

The rule of the extended free choice of hospital entitles patients to be treated at private hospitals in Denmark or hospitals abroad if the public health care system is unable to provide treatment within the guaranteed waiting time (see surveys [\(2\) 2003](#), [\(3\) 2004](#), [\(10\) 2007](#), [\(11\) 2008](#)).

On the 14 of June 2008, in the budget agreement between the Association of Danish Regions and the National Government, the Government declared a suspension of the regulations providing extended free choice of hospital until 1 July 2009. This is a consequence of the force majeure situation that arose after a two-month strike - from mid-April to mid-June 2008 - of medical personnel. The strike was launched by members of the Health Confederation (Sundhedskartellet - an organization that comprises 11 professional organisations of health care personnel and social workers, except for physicians) whose main demand was an increase in wages.

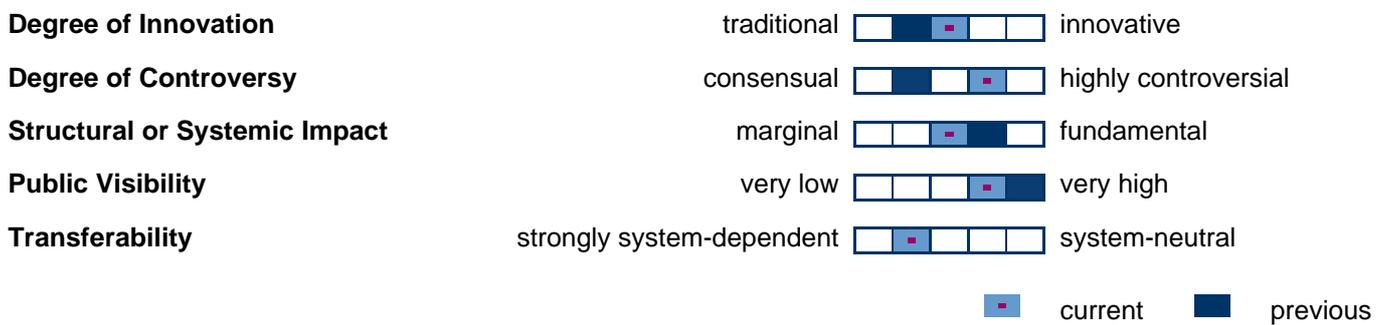
The aim of the suspension is to enable a special transitional working regime within the hospital sector in order to reduce the long waiting lists that arose during the strike. According to the Danish Patients' Association, the strike resulted in the delay of 50,000 planned operations and inpatient admissions. The suspension has been perceived as a means of reducing the overwhelming time pressure on the public hospitals and a solution to the dilemma as to whether the patients should be treated according to the referral date or the severity of their health condition. The dilemma arose in connection to the regulations providing for the extended free choice of hospital and the corresponding waiting time guarantee. Under the suspension, the physicians would hold the decision-making power with regard to the order the patients are treated in.

The suspension means that the public patients will not be referred to the private hospitals. However, the agreement between the Government and the Regions also states that the regions are obligated to make special agreements with the private hospitals so that the capacity of the private sector is utilised. There is a consensus between the parties of the agreement that the barriers for effective cooperation between the public and the private hospital sector should be analysed and eventually removed. The agreement does not include any further details on how the cooperation between the two sectors should be organised during the suspension period.

The commitment to suspend the waiting time guarantee and the extended free choice rule is also accompanied by a commitment to redesign the activity-based payment to the public hospitals. The latter is due to the fact that the two-month strike has hampered the public hospitals' activity. Hence, the funds intended for activity-based payments for the year 2008 should be transformed into block grants.

The waiting time guarantee and the extended free choice of hospital are expected to be suspended from November 2008 until June 2009. After July 2009 the extended free choice rule and the one-month waiting time guarantee are expected to be re-established.

3. Characteristics of this policy



The government's commitment to suspend the extended free choice rule and the waiting time guarantee can be seen as controversial as the suspension does not guarantee that waiting times will be shortened by June 2009. It does, however, definitely revoke some of the incentives to use the public sector capacity in the most efficient way (see reports (10)2007, (11)2008). It may also be difficult to bring the waiting time guarantee back into force.

4. Purpose and process analysis



Initiators of idea/main actors

- Government: The Minister of Health and Promotion has declared that a reduction of the long hospital waiting lists is a top priority. The Government underlines that this should be done by utilising the operational capacity existing in the private hospital sector.
- Providers: The initiative has been perceived as a means of reducing the pressure on public hospitals and as a solution to the dilemma of how to prioritise the most severely ill patients in the period after the strike.
- Patients, Consumers: There is no single opinion among the bodies representing the patients' interests; opinions range from opposing to supportive comments.
- Private Sector or Industry: The Association of Private Hospitals has criticised the government's commitment to suspend the extended free choice of hospital and waiting time guarantee.

Stakeholder positions

The National Government

The Minister of Health and Promotion has declared that a reduction of the long hospital waiting lists is a top priority. The Government underlines that this should be done by utilising the operational capacity build up over the last 2-5 years in the private hospitals. The government has not provided details on how the cooperation between the regions and the private hospital sector should be organised during the period of suspension.

The Regions

The regional governments have made a commitment to enter into special agreements with the private hospitals so that the operational capacity of the latter can still be utilised.

The regional governments aim at encouraging the public hospitals to organise overtime working regimes on a regular basis to reduce waiting times. This does not appear to be a very plausible solution, however, as the hospitals' personnel are demanding a much higher payrate for overtime work, and there have been signals from some public hospital managers that these demands cannot be fulfilled due to budget constraints. In a response to appeals from the Danish Patients' Association to retain the waiting time guarantee, some regional governments have announced the establishment of regional regulations retaining treatment guarantees e.g. the Copenhagen Region and the Region of Southern Denmark have announced the retainment of a one-month waiting time guarantee for the most serious illnesses and a general waiting time guarantee of three months for all patients.

The public hospitals

The public hospitals have welcomed the government's commitment to suspend the extended free choice rule and the waiting time guarantee. This initiative has been perceived as a means of reducing the pressure and as a solution to the dilemma as to whether patients should be treated according to referral date or severity of the health condition. The public hospitals managers are aware of the need to organise overtime working regimes on a regular basis if waiting times are to be shortened. This does not appear to be a very plausible solution, however, as the medical personnel are demanding a much higher payrate for overtime work and these demands cannot be easily be fulfilled due to budget constraints.

The private hospital sector

The Association of Private Hospitals has criticised the government's commitment to suspend the extended free choice of hospital and waiting time guarantee. In the meantime, after the agreement between the Government and the Danish Regions was announced in June 2008, there is some confusion, as many patients seem to believe that the suspension is already in force. The effect is that private hospitals are receiving fewer patients than before the medical personnel strike.

The patients

The Danish Patients' Association has requested the Government and Regions to provide a solution to the long hospital waiting times. However, the suspension of the waiting time guarantee has not been welcomed by the Patients' Association. The Patients' Association considers that the waiting time guarantee and the extended free choice of hospital should be retained at all times. The Patients' Association suggests that instead of suspending the extended free choice of hospital, this choice should be further extended to give patients the right to choose freely among public and private hospitals, independent of whether the public hospitals can fulfill a certain waiting time guarantee.

However, the various patients' associations do not share this view. The representatives of Danish Patients has never supported the introduction of a one-month waiting time guarantee and thus are not strongly critical of its suspension. They believe that a one-month waiting time guarantee is not required and that it creates a situation where moderately severely ill patients have been treated before more severely ill patients.

Actors and positions

Description of actors and their positions

Government

Minister of Health and Promotion	very supportive		strongly opposed
Minister of Finance	very supportive		strongly opposed
Association of Danish Regions	very supportive		strongly opposed

Providers

Public hospitals	very supportive		strongly opposed
Physicians	very supportive		strongly opposed

Patients, Consumers

The Danish Patients' Association	very supportive		strongly opposed
The Danish Patients	very supportive		strongly opposed

Private Sector or Industry

Private hospitals	very supportive		strongly opposed
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current previous

Actors and influence

Description of actors and their influence

Government

Minister of Health and Promotion	very strong		none
Minister of Finance	very strong		none
Association of Danish Regions	very strong		none

Providers

Public hospitals	very strong		none
Physicians	very strong		none

Patients, Consumers

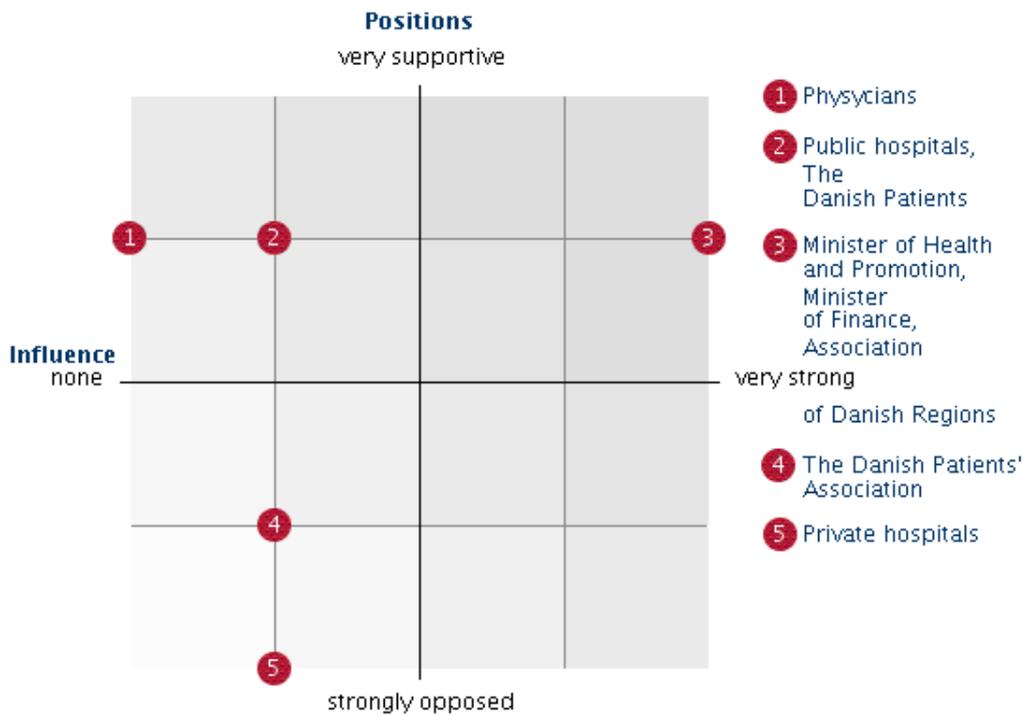
The Danish Patients' Association	very strong		none
The Danish Patients	very strong		none

Private Sector or Industry

Private hospitals	very strong		none
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current previous

Positions and Influences at a glance



5. Expected outcome

The likely impact of the suspension of the extended free choice rule and the waiting time guarantee is very difficult to predict. The suspension can be seen as controversial as it does not guarantee that waiting times will be shortened by June 2009. It does, however, definitely revoke the incentives to treat as many patients in the public hospitals as possible (see reports [\(10\)2007](#), [\(11\)2008](#)). There is a need to organise overtime working regimes on a regular basis in the public hospitals if the waiting times are to be shortened effectively. This may be difficult, however, due to relatively high costs of the overtime manpower and the budget constraints faced by the public hospitals. Moreover, the details of special cooperation agreements between the regional governments and the private hospitals will be crucial. These are as yet unknown.

It can also be difficult to bring the waiting time guarantee back into force.

Following the agreement between the Government and the Danish Regions announced on the 14th of June 2008, there appears to be some confusion, as many patients seem to believe that the suspension is already in force. The effect is that private hospitals are treating fewer patients than before the strike. Such an effect is undesirable with regard to the aim of reducing waiting times as quickly as possible.

The effect of the suspension is also uncertain due to difficulties in assessing the impact of the medical personnel strike on waiting lists. In August 2008 the average waiting time for all kinds of treatments was 24 weeks, which makes it nearly five times longer than the guaranteed waiting time of 1 month. The length of waiting times for many general treatments remain unchanged, however. This is probably a result of many patients choosing to be treated in the private sector during the period of the strike.

Quality of Health Care Services

marginal fundamental

Level of Equity

system less equitable system more equitable

Cost Efficiencyvery low  very high current previous

The likely impact of the suspension of the extended free choice rule and the waiting time guarantee is very difficult to predict. Nevertheless, the decision can be perceived as a potential threat to the efficient use of resources, as some of the major incentives to treat as many patients in the public sector as possible will be absent until the end of the suspension period. The suspension might also be seen as a temporary decrease in the quality of health care since patients will most probably face waiting times of longer than one month. The latter can also be seen as an effect of the medical personnel strike, however. Even with the extended free choice rule in force, waiting times would most probably exceed the guaranteed waiting time of one month.

6. References**Sources of Information**

- Danske Patienter (Danish Patients). Vedr. udkast til forslag til Lov om ændring af Sundhedsloven - suspension af det udvidede frie sygehusvalg (Letter presenting the stance towards the proposal of suspension of the extended free choice of hospital). September 2008. www.danskepatienter.dk
- Indenrigs - og Sundhedsministeren (Ministry of Health and Promotion). Aftale om regionernes økonomi for 2009 (Agreement on the Regions Economy for 2009). June 2008. www.sum.dk
- Lægeforeningen (Danish Medical Association). Suspender ventetidsgaranti (Suspend the waiting time guarantee). May 2008. www.laeger.dk
- Patientforeningen (Danish Patients' Association). Nyheder (News). www.patientforeningen.dk
- Region Syddanmark (Region Southern Denmark). Syddanskerne får deres egen behandlingsgaranti (Southern Denmark sets its own waiting time guarantee). press Release. September 2008. www.regionsyddanmark.dk/wm251536
- Sundhedsstyrelsen, Informatik og Sundhedsdata: ventetider (Ministry of Health and Promotion, Informatics and Health Care Data, Waiting Times), www.sst.dk

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Author/s and/or contributors to this survey

University of Southern Denmark, Odense

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