



2019 Call for Reference Sites – Candidature

Region of Southern Denmark

NOTE: This document has been produced by Funka in the context of the WE4AHA CSA, and it reflects exactly the information submitted by the candidate Reference Site using the application form of the 2019 call for Reference Sites.

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Section 1 About you

Section 1.1 About your organisation:

Contact name: **Caroline Strudwick**

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Contact email: **Caroline.strudwick@rsyd.dk**

Country: **Denmark**

Name of Region, Municipality, City (or other territorial area): **Region of Southern Denmark**

Number of inhabitants in the Region, Municipality, City (or other territorial area): **1200000**

Please describe your organisation and core activities:

The Region of Southern Denmark is one of five public administrative regions in Denmark. The main task is to operate the healthcare services within the region, and the core assignments are divided into four areas: Health, Social services, Psychiatry and Regional Development. The Region prioritises openness, dialogue and citizen involvement and works in close collaboration with the 22 local municipalities in the region, knowledge institutions and industry partners to achieve high quality care for our citizens, efficient healthcare processes and a thriving industry in the region.

Population coverage:

Number of ageing people 65-79: **197742**

Number of ageing people 80+: **62583**

Number of ageing people 65+ (with long term chronic conditions): **69560**

Relevant indicators

Health and care workforce (FTE equivalent): **25000**

Cumulative budget (€) invested in deployment and implementation of innovative solutions for active and healthy ageing (period 2016 - 2018): **94700000**

- Number of patients / citizens benefiting from the deployment of these innovative solutions (see previous question): **1200000**

Cumulative budget (€) invested in deployment and implementation of innovative solutions for active and healthy ageing (period 2019 - 2021): **70000000**

- Number of patients / citizens benefiting from the deployment of these innovative solutions (see previous question): **1200000**



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Section 1.2 Your coalition participation in the EIP on AHA partnership:

Have you been awarded Reference Site status before: **Yes**

If yes, please indicate the number of stars awarded: **4 Star**

Please identify in which Action Group/s the Reference Site will be actively participating during the period 2019-2021: **B3, D4**

Please list any EIP Action Group Commitments that you plan to submit for the 2019 Call for Commitments (September 2019):

Presently the Region of Southern Denmark is planning our commitments towards the different Action Groups for the 2019 Call for Commitments. The Region will continue to contribute to the action groups with a particular focus on contributing to B3 and D4 action groups.

The current activities in the Region listed below are ongoing and represent potential commitments for the next programme period:

A1- Adherence to prescription

There are different services available to aid senior citizens in remembering and receiving the correct medicine. Community caregivers plan their care visits to coincide with the giving of medicine to citizens that require assistance with medicine dosage and /or medicine compliance. For senior citizens who are independent but require help with their medicine, the General Practitioner can order medicine dosage packs via the Shared Medication Record (see section 2), where the pharmacy delivers 14 days' individually packed medicine to the citizen. This ensures that the individual citizen receives the correct dosage and that medicine is labelled with the correct day and time e.g. morning, midday or evening.

A2 - Falls prevention

Many municipalities have initiatives to support older citizens in maintaining or improving their physical functionality. These initiatives include balance training, osteoporosis courses and more (see appendix for examples).

A3 – Lifespan Health Promotion and Prevention of Age Related Frailty and Disease.

Initiatives such as the GERI Toolbox and the Digital Health Centre (see Section 2) and active voluntary training meetings for citizens over 65, 70 etc.

B3 Integrated care

The results of the GERI Toolbox project (see Section 2) and the rollout of the COPD programme (see Section 2) will be shared.



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C2 Independent living. The municipalities in Southern Denmark have different initiatives, such as: eHealth City Svendborg, Living Tech Aabenraa to support citizens ageing in place. Life Partners, a company from South Denmark, has developed the Life-Manager Platform, a communication, planning and knowledge system for seniors and their formal and informal carers, which won the Welfare Tech Award 2018.

D4 Age Friendly Environment

Examples are eHealth City Svendborg, where citizens select and pilot test solutions, and Rise Parken's innovative nursing home facility in Southern Jutland, where new technologies are tested, as well as Svendborg Dementia City.



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Section 1.3 Digital innovation hubs (DIH)

Do you have a DIH related to health and care in your region or geographic area: **Yes**

- If YES, what kind of DIH and thematic area of health and care are you interested in:

The Region has an extensive focus on the digital transformation of health and care and there are several Digital Innovation Hubs; such as The Health Innovation Centre of Southern Denmark, including the Plug&Play Lab, and the Centre for Innovative Medical Technology, as well as local living labs such as Living Tech Aabenraa.

The Health Innovation Centre provides knowledge, specialist consultants and project facilitators for health innovation initiatives across telehealth, digital collaboration, digital infrastructure, videoconferencing, technology development, service design, robotics interaction, AI and more, as well as public-private collaboration. The Centre has 67 employees across specialist fields.

The Plug&Play Lab for digital integrated care solutions offers state-of-the-art test and demonstration facilities along with guidance services, which support companies, public organisations, municipalities and hospitals in co-developing and qualifying digital integrated care solutions.

The Centre for Innovative Medical Technology (CIMT) unites and promotes innovation and research in new medical technologies such as telemedicine, apps, camera pills, patient-reported outcomes, robotics, video consultations, drones etc.

Several municipalities in the Region also host local living labs for assisted living technology, e.g. Living Tech Aabenraa, which focuses on digital transformation and joint value creation that supports the good life of the citizen.

- If NO, are you planning to develop a DIH for health and care in your region:



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Section 1.4 EIP on AHA conference of partners

Have you ever attended the EIP on AHA Conference of Partners: **Yes**

Will you attend the next EIP on AHA Conference of Partners that will be organised in the framework of the AAL Forum the 23-25 September in Aarhus, Denmark: **Yes**

If you are awarded as Reference Site, will you attend the Award Ceremony that will be organised on the 25th of September in the evening: **Yes**



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Section 2 Your care model

Care system. Describe the organisational context of the modernisation and transformation of your care system for

Leadership and governance:

The Danish National Government sets the regulatory framework for health services and is in charge of general planning and supervision. Five administrative regions governed by democratically elected councils are responsible for the planning and delivery of specialized services as well as specialized social care and coordination. The regions own, manage, and fund hospitals and the majority of services delivered by private general practitioners (GPs), office-based specialists, physiotherapists, dentists, and pharmacists. Municipalities are responsible for funding and delivering home care and some dental services etc. The municipalities are also responsible for general prevention and rehabilitation tasks; the regions are responsible for specialized rehabilitation.

In the context of modernisation, the Region of Southern Denmark has established the Health Innovation Centre of Southern Denmark in 2012. The Centre focuses on bringing integrated care to the citizens of the Region as well as being an accelerator for public and private innovation partnerships, focussing on user-driven innovation, design thinking and open innovation approaches. New solutions are co-developed in close collaboration between health and care organisations and private companies. The centre also co-ordinates the Region's engagement and commitment to the EIP on AHA, and ensures that good practices and learnings from the EIP are disseminated and applied, where relevant, within the regional modernisation process.

Funding Schemes (private, public, private-public):

Universal access to health care is the underlying principle inscribed in Denmark's Health Law, which sets out the government's obligation to promote population health and prevent and treat illness, suffering, and functional limitations. The law also assigns responsibility to regions and municipalities for delivering health services.

Healthcare is financed mainly through national taxes. Revenues are allocated to regions and municipalities, mostly as block grants, with amounts adjusted for demographic and social differences; these grants finance approx. 80% of regional health activities. A minor portion of state funding for regional and municipal services is activity-based or tied to specific priority areas, usually defined in the annual economic agreements between the national government and the municipalities and regions. The remaining 20% of financing for regional services come from municipal activity-based payments, which are financed through a combination of local taxes and block grants.

The Danish Government and the regions agreed to implement a new quality management scheme for hospitals in 2017 to replace the existing



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accreditation-based model. The new scheme includes a set of national indicators that are published annually and allow more freedom for the regions and hospitals in designing their internal quality procedures and standards, based on the ideas of “permanent improvement culture” and “value-based health care.” See also “Proximity Finance Model” in Criterion 1.

Regulatory or strategic framework:

The general regulation, planning, and supervision of health services, including cost-control mechanisms, take place at the national level through the Parliament, the Ministry of Health, the Danish Health Authority, the Danish Medicines Agency, and the Danish Patient Safety Authority. The national authorities are responsible for the general supervision of health personnel and for development of quality management in line with national clinical guidelines and standards. These authorities also have important roles in planning the location of specialist services, approving regional hospital plans, and approving mandatory “health agreements” between regions and municipalities to coordinate service delivery.

The Digital Health Strategy 2018–2022 arises from financial agreements entered into by the Government, Danish Regions and Local Government Denmark. The strategy must ensure the continued momentum towards a more holistic effort to enable hospitals, municipal health services, the GP's and other public and private participants throughout the health system to cooperate in an integrated network focused around patients. The overall aim of the strategy is to support the healthcare actors in taking responsibility for interconnecting the patient pathways across the individual interactions with the health care sector. The strategy defines five focus areas for achieving the objectives of putting patient needs first and making daily workflows easier for healthcare professionals.



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Management of care processes

Describe the various tools and processes that improve the system's capacity to improve health outcomes, such as: protocols and guidelines, education and training, liaison and consultation, standardisation and interoperability, financing (insurance-based reimbursement, etc.):

Quality data for a number of treatment areas are captured in clinical registries and made available online for institutions but not for individual health providers at the hospital level. General quality and efficiency data are published regularly in national-level reports as a follow-up to national budget agreements between the state and the regions. Patient experiences are also collected through biannual national, regional, and local surveys.

The Danish Health Authority has laid out standard treatment pathways, prioritizing chronic disease prevention and follow-up interventions. Specific guidelines are developed based on National strategies by the Regions for hospitals and other organisations. The Danish Patient Safety Authority collects and analyses data regarding health procedure errors, manages patient complaints and compensation and provides information on treatment abroad

A national website (sundhed.dk) provides access to benchmarking data related to service, quality, and number of treatments performed. Users can compare performance at hospital department level but not at individual doctor level. Selected performance data are published annually by regional governments. Organised patient groups engage in policymaking at the national, regional, and municipal levels.

Regular reports are published on variations in health and health care access. These have prompted the formulation of action plans. Initiatives include:

- higher taxes on tobacco
- targeted interventions to promote smoking cessation
- further encouragement of municipal disease prevention activities
- improved psychiatric care
- a mapping of health profiles in all municipalities, as a tool for targeting disease-prevention and health-promotion activities.

Current mandatory health agreements between municipalities and regions on coordination of care address a number of topics related to admission and discharge from hospitals, rehabilitation, prevention, psychiatric care, information technology (IT) support systems, and formal progress targets. Agreements are formalized for municipal and regional councils at least once per four-year election term, generally take the form of shared standards for action in different phases of a patient's journey within the system, and must be approved by the Danish Health Authority. The degree to which the regions and municipalities succeed in reaching the goals is measured by national indicators published online.



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General practices increasingly employ specialized nurses, and several municipalities and regions have set up joint multispecialty facilities, commonly called “Health Houses.” Models vary but often include e.g. GPs, practicing specialists, and physiotherapists. GPs are encouraged to function as coordinators of care for patients and to develop a comprehensive view of their patients’ individual needs in terms of prevention and care. This principle is supported by the general national-level agreements between GPs and regions. GPs participate in various formal and informal network structures and are included in the health service agreements to facilitate cooperation and improve patient pathways. All GPs use electronic information systems as a conduit for discharge letters, electronic referrals, and prescriptions.

The regions are in charge of defining and running hospital services and supervising and paying general practitioners and specialists. The Region of Southern Denmark is constructing a new University Hospital in Odense (New OUH). The project is expected to complete in 2022 and become the largest hospital in Denmark that is built from scratch. It will consist of a total ground floor area of 212.000 m². New OUH will be integrated with the Psychiatric Department which is being constructed simultaneously and will also be physically connected to the University of Southern Denmark in order to ensure better connection between research and practice.

The Region is focused on creating and maintaining a well-performing healthcare work force. The University Colleges and the University of Southern Denmark ensure high standard education and further education for health professionals, and research is part of the daily work-life. Initiatives such as the DISH project (see Criterion 3) and Digital Competencies project as well as Education courses (Education within Innovation), HealthTech Innovator and InnoEvent contribute to empowering a healthcare workforce that is ready to tackle the challenges of the future healthcare system.

Information and communication systems

Describe the quality, availability and scope of information for management and improvement of clinical practices; the vertical and horizontal communication between and within care structures:

Information technology is used at all levels of the health system as part of a national strategy supported by the National Agency for Health IT. Each region uses its own electronic patient record system for hospitals, with adherence to national standards for compatibility. All citizens in Denmark have a unique electronic personal identifier, which is used in all public registries, including health databases.

Sundhed.dk is a national eHealth portal with differentiated access for health staff and the wider public. It provides general information on health and treatment options and access to individuals’ own medical records and history. For professionals, the site serves as an entry to



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medical information and guidelines. The portal also provides access to available quality-of-care data for primary care clinics, all of which use IT for electronic records and communication with regions, hospitals, and pharmacies. A Shared Medication Record (SMR) is a national service in Denmark which provides a digital overview of a patient's current medication to prevent medication errors and hospital admissions.

The electronic communication between the three health care sectors in the region consists mainly of national standards for electronic messaging. These standards secure that the various IT systems and organizations can reuse the data which is exchanged. The messages cover the most frequent text-based clinical messages in the Danish health care system, e.g. discharge letters, referrals, lab test orders, e-prescriptions and reimbursement from public health insurance and are all in the high 90's percentile when it comes to usage.

SAM:BO is the agreement that merges the Health Agreement and the electronic standards in the Region of Southern Denmark. In it is a description of which messages are to be sent at which point of the care pathways, which guides the sectors in setting up the correct communication procedures. The success of this system has largely been due to the long haul of organizational collaboration, which is then translated into electronic communication.

Although most electronic communication is made through the SAM:BO system, and the other before mentioned IT-solutions, there are cases where more than standard information is needed and where the Region has digital health projects with the focus of even more cross-sectorial communication, including but not limited to:

Tele-COPD

In the project 22 municipalities, 4 hospitals and a large number of GP's are included in the Region of Southern Denmark. The approximately 2.600 patients are offered devices to measure oxygen levels, pulse and weight at home. The collection and distribution of the information will be in line with the national procurement of telemedicine with a range of 5 suppliers for the citizens' view.

Virtual Guide to Rehabilitation

A platform that allows rehabilitation therapists in the hospital or municipality to design a training program from a range of exercises to fit the patient. The exercises are short videos of trained therapists showing how to do the exercise and the patients can access these videos on their mobile devices and register their pain level when they have finished. The solution is used in a number of the Region's hospitals and municipalities – and has a positive business case as well as satisfied users.

Digital Health Centre



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The Digital Health Centre is a partnership between 5 municipalities, the Diabetes Association, Heart Association and the Region of Southern Denmark through the Health Innovation Centre and the department of cross-sectorial cooperation. The aim of the Digital Health Centre project is to develop and integrate digital solutions in the healthcare centers. Patients can join from home, where they can see pre-recorded information, participate in webinars gain knowledge by reading short texts, and chat with both health care professionals and other patients.

Geriatric Toolbox

With the aim of reducing acute admissions, the homecare nurse uses the GERI Toolbox for early detection and timely intervention for elderly citizens with multi-morbidities and loss of functional capabilities. The GERI Toolbox equipped with blood pressure, pulse, blood analysis, urinalysis and bladder scanning transfers data to a common IT platform (Generic Telemedicine Platform) which homecare, the GP and the hospital can access. This allows GPs to receive basic objective health information that supports early clinical decision-making.



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Coalition partners. Please name the other partners of the coalition separated by a comma (e.g Regional Health Board, City Hospital etc.) and following the 4 categories of the Quadruple Helix.

Government/Health providers:

he Region of Southern Denmark: Regional Development

- Health Innovation Centre
- Odense University Hospital
- Hospital of Southern Jutland
- Hospital of South West Jutland
- Lillebaelt Hospital
- Psychiatric hospital
- Psychiatric Services
- Cross-Sector Collaboration Department
- General Practice Department.

Municipalities:

- 22 municipalities
- the NIMS Network for International Employees in South Denmark municipalities

Others:

- WHINN – Week of Health and INNOvation

Industry:

South Denmark European Office

- Welfare Tech
- Healthcare Denmark
- Enterprise Europe Network
- MedCom

Research and academia:

University of Southern Denmark

- University College Lillebaelt



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- University College Syd
- Center for innovative Medical Technology

Civil society:

eHealth City Svendborg

- Multiple User panels (patients and relatives)



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If you do not cover the 4 categories at this stage, explain your plans to cover the missing partners and the time scale.

Plans for completing the coalition:

Time scale for completing the coalition:



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Specify how you have participated or plan to participate in the Blueprint of digital innovation of health and care updates and to what extent you have been/will:

Be aware of the overall Blueprint objectives, approaches and tools:

The Region's initiatives are aligned with the objectives of the Blueprint in supporting investments in innovation and identifying key relevant user scenarios for large scale deployment.

A large focus area for the Region is developing and improving integrated health care services between general practitioners, the hospital sector and municipalities' health and social services through a patient-centred approach. The Region has invested in a sustainable digital communication infrastructure within the health area, as outlined in Section 2.

The Region has identified several user scenarios for large scale deployment, in which digital solutions are being developed and rolled out for e.g. monitoring of COPD patients (see Section 2) and tele ulcer assessment for diabetes patients, as well as the GERI Toolbox for early detection and prevention of acute admissions for senior citizens (see Section 2).

The innovation approach in the Region for developing and implementing digital solutions is to involve end-users (patients, relatives, citizens, employees) and stakeholders throughout the innovation process. Building on design thinking and participatory design approaches, the Health Innovation Centre and Centre for Innovative Medical Technology focus on co-creating solutions for the future healthcare sector, e.g. through supporting public-private collaboration. The Health Innovation Centre, CIMT, the CoLab Programme, the Plug&Play Lab and eHealth City Svendborg (see Sections 1 and 2) are good examples of organisational set ups to support this co-creation between users, stakeholders, research institutions, public and private partners.

The Region of Southern Denmark collaborates with the other Nordic reference sites, through the NoRS (Network of Nordic Reference Sites) and the RSCN, to contribute to the Blueprint, e.g. in relation to "business models", patients as resources, GDPR, open EHRs and interoperability.

NoRS has been established within the framework of EIP on AHA and focuses on common challenges, opportunities and strategies from a Nordic perspective.

HTA experts in the Region have developed the MAST – Model for Assessment of Telemedicine to assess impact of interventions (see below in this Section).

Actively participate in the update and development of the tools (personas, scenarios, etc.)

As a member of the B3 action group, the Region of Southern Denmark has actively contributed to the development of the personas and scenarios, e.g. in workshops in Brussels.



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The Health Innovation Centre frequently employs personas to represent the needs and preferences of different groups of people and have provided experiences and advice on the use of personas. The Region will also be contributing to the further development of the Blueprint personas and user scenarios.

The Region will be proactive in discussing results collected through the digital mapping tool and conclude on ways that could contribute to developing the personas in creating a deeper understanding of determinants that can affect health and life choices of the personas e.g. behavioural, environmental factors etc.

Contribute to enrich and extend the Blueprint reach with specific activities at regional level (using personas in a project, using scenarios in policy documents, organising events around the Blueprint, etc):

The Region has, among other things, contributed to the Blueprint via its commitment and membership of EHTEL, in which the Vice President is a Region of Southern Denmark employee. EHTEL has contributed to the Blueprint process by organising member consultation resulting in input for the Blueprint.

Several projects and initiatives support the Blueprint priority areas. Please see selected examples below.

Data analytics for predictive risk stratification and prevention

E.g. the GERI Toolbox, in which data analytics are used for early identification of people in risk of an acute admission, e.g. through the MATURE predictive algorithm.

Proactive prevention through empowerment, self-management, monitoring and coaching

E.g. telemedicine training for people with COPD, the My Hospital app (see Criterion 5), video conferencing at scale and the Digital Health Centre (see Criterion 6).

All knowledge gained from the approaches and the tools of the blueprint will be assessed as to how we can incorporate them in future projects. Also knowledge of commonalities can be used to identify digital solutions that can benefit many rather than few. Determinants identified as having a role or barriers to personas' choices and/or compliance to health prevention and treatment will be considered in future health strategies with the aim of overcoming these barriers.

A roadmap approach has been used at international forums in explaining the Region of Southern Denmark's ICT solutions using personas to exemplify a turn off the main health roadway for specialised health treatment at different health services in their life course and how the Region's ICT approach supports integrated care across different healthcare services in the region. This was an informative visible approach for easier understanding of how ICT can work within complex healthcare systems.



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Specify how you have participated or plan to participate in the EIP on AHA Innovation to Market (I2M) implementation plans and to what extent you have been/will:

Be aware of the overall I2M plan objectives and related activities:

The Region of Southern Denmark acknowledges the necessity of public- private partnerships to transform the way that health and care is delivered and contribute to the Digital Single Market.

The Region has therefore invested in initiatives that support public-private innovation (see Section 1), such as the Health Innovation Centre, which is a driver for public-private innovation partnerships, as well as the previously described living lab constellations in the Region (see Sections 1 and 2).

Actively participate in the surveys and events related to the elaboration, update and implementation of the I2M plan:

The Region of Southern Denmark intends to contribute to surveys and events regarding the I2M and will contribute with the extensive experiences gained from participation in multiple PPIs and PPPs as well as the pioneering efforts within international PCPs through the SILVER project (see Section 4).

The Region is actively involved in open market consultations and innovative procurements, e.g. through the EURIPHI project. Seeking methods in advancing procurement of innovation practices, the objectives of the 25 partners in the EURIPHI consortium is to: establish a sustainable Community of Practice concentrating on value-based procurement of innovation and integrated solutions in health and care system; adapt the existing tools, perform market consultations and deploy cross-border Value Based PPI/PCP testing as learning cases in the field of rapid diagnostics for infectious diseases, and new models of patient-centred integrated care; developing a EURIPHI Network, a network of representatives of (regional) health authorities, policymakers,

and payers who, in collaboration with other key stakeholders, will further prioritize investments and foster the deployment of Value Based PCP/PPI. The objectives are designed to build a foundation for future EU cross-border PCP/PPI.

The Region has also been involved in a value-based procurement for hip and knee implants. The criterion for the tender was improved patient outcomes (ref. 11/27104). Private companies were informed of minimum standards for a successful tender. The tender process has been shared as a case study example within procurement organizations in Europe. The first preliminary results of the procurement regarding patient outcomes are expected in September 2019.



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Contribute to organise related activities to enrich and extend the impact of the I2M plan at regional level:

The Health Innovation Centre is known as the entry for public-private collaboration within the Region – through an official role as one-point-of-entry. The Health Innovation Centre will support the outreach of the I2M plan at regional level.

Among other initiatives, the Region of Southern Denmark's involvement in programmes such as Patient@home and CoLab Denmark (see Criterion 4) as well as ongoing projects leads to increasing knowledge as well as sharing experiences, knowledge and best practice within I2M.

As part of the Patient@home Programme a model was created with several tools and methods to support the different phases of the innovation process. The programme was the largest project concerning research and innovation in Denmark to date.

Welfare Tech – an ECEI Gold Label cluster and hub for innovation and business development in healthcare, homecare and social services, with a national reach - hosts matchmaking events for SMEs and public procurers as well as issuing a guide for public-private innovation (OPI-Guide). Welfare Tech advises and aids SMEs from idea to market.

The Region has invested in Healthcare DENMARK, a public-private non-profit partnership. It is the international gateway to Danish healthcare and life science expertise and innovation. Healthcare DENMARK organise delegation visitor programs for foreign decision-makers and press delegations with an exclusive opportunity to experience innovative solutions in practice.

Other examples are the ACCESS and ACCELERATION project and ProVaHealth – Proof and Validation in Health (See Criterion 3) supporting health solutions across borders.

The Region of Southern Denmark remains committed to I2M and seeking new innovative solutions that promote active healthy ageing and independent living, alongside value based procurement of innovation and integrated solutions.



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Specify how you have participated or plan to participate in the MAFEIP' community and to what extent you have been/will:

Be aware of the potential use and benefits of the MAFEIP tool for estimating the impact of specific EIP on AHA interventions:

MAFEIP is linked to the work from the MAST model (developed by HTA experts at OUH) and is also related to the work in the ImpleMentAll project.

MAST – Model for Assessment of Telemedicine takes a broad view and analysis of the factors and areas to consider when introducing and implementing eHealth and telemedicine interventions in an existing healthcare setting.

As a first step, a number of preceding considerations are made regarding legislation, reimbursement, and maturity of the application. This step enables explicit decision-making regarding the implementation of the targeted innovation.

The second step concerns a multidisciplinary assessment of outcomes and is designed to take into account the factors e.g. social, ethical, safety, economic etc., found to be relevant when implementing complex interventions in healthcare settings.

The final step addresses the transferability and scalability of the implemented services to other healthcare contexts. In this step, relevant contextual information of the outcomes of the multidisciplinary assessment (step 2) is provided in order to enable others to determine the applicability of the findings to their contexts.

In June 2019 CIMT's HTA consultants contributed to the World Congress Health Technology Assessment international (HTAi) in Cologne, Germany. For HTA expert, Kristian Kidholm, this type of congress shows that health technology assessment has evolved: "Previously, we were asked to explain how to assess health technology, but today, we more often tell how health technology assessment can be used as a tool to choose the right digital solutions".

The ImpleMentAll project is a true multidisciplinary, international collaboration that unites key experts in clinical practice, health, innovation, clinical research, and implementation science. The project consortium has been built with the aim of improving eHealth implementation in all nations regardless of their economic status.

ImplementAll focuses on how to successfully implement telehealth solutions in an effective way to promote the success of full scale implementation.



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Actively use the MAFEIP tool for assessing the impact of your innovation in terms of health outcomes and use of resources:

esides MAST and ImpleMentAll the Region of Southern Denmark will also in the future look into and incorporate MAFEIP in assessing potential innovative solutions as well as introducing MAFEIP in future projects with new international collaborations.

Participate in the development of use cases and/or their publication in the MAFEIP website:

Centre for Innovative Medical Technology (CIMT) intends to establish links and synergies between the MAST model and MAFEIP.

Where the MAFEIP model takes a macro level approach to assessment, the MAST model has a more micro level approach, focusing on the individual organisation. The MAST can therefore provide input that can inform the MAFEIP.



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Section 3 the six key criteria (1-2):

Criterion 1. Political, Organisational, Technological and Financial Readiness

Please describe the current situation:

The Region is highly dedicated to delivering digital transformation in health and care and have put in place several policies and strategies and shaped the organisation optimally to achieve this. The technological and financial foundations are in place to support this transformation.

At the political level, the Region has had an Innovation Strategy since 2017, which coordinates the direction of the joint innovation efforts in the region, focusing on the use of innovation to improve health and care services for the citizens of the region (see Criterion 2). The Region has also published its Digitalisation Strategy for 2019-2021, which replaces the 2015-2017 Health-IT strategy and underlines the Region's dedication to digital transformation (see Criterion 2).

The Region's Health Vision states that the Region is there for the citizens, to support them with prevention and treatment for the improvement of the citizens' health. The focus is on dialogue, equality, integrated pathways, timely interventions, high quality and shared responsibility. The Region has a longstanding agreement between the region, municipalities and GPs to improve the services for the increasing number of people with chronic conditions, aiming to improve their quality of life, whilst using our resources optimally, based on the LEON principle (Lowest Efficient Cost Level).

The Region's Smart Specialisation Strategy was evaluated in 2014 by COWI, revealing that economic growth and employment was significantly higher among companies that received structural funding compared to those who did not.

At the organisational level, the focus of the regional Innovation Strategy is underscored by the appointment of a Regional Innovation Group with Innovation Managers in the region. The group's purpose is knowledge sharing, joint initiatives and scaling up innovative solutions. Similarly the regional Digitalisation Strategy is supported by four thematic work groups within data and digitalisation that have representatives from the main hospital areas in the region. Their purpose is to spread good local innovative ideas and develop new joint initiatives that will ensure that the Region is a frontrunner when it comes to innovation and digital solutions.

The Region has a Regional Committee on AHA (DRU) which supports the activities in the South Denmark ecosystem for eHealth, as a part of the ECHAlliance. Ecosystem activities and events are coordinated by the Health Innovation Centre and Welfare Tech.



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From 2014 to 2018 the region invested in the organisation of CoLab Denmark Programme, a living lab network with 5 local cross-sector living labs to support the public-private development and test of digital integrated care solutions. The hospital units now continue the efforts of the local living labs to support local cross-sector innovation.

The significant technological readiness level in the Region is among other things strongly enabled by the SAM:BO agreement based on the MedCom standards for electronic messaging adopted by all hospitals, municipalities and most GPs in the region. This backbone for digital communication as well as the Shared Medication Record and the ehealth portal Sundhed.dk and regional projects make up the foundation for the strong interconnected digital communication (see Section 2).

The Region has also developed the 2018 Silver Economy Award-winning Generic Telemedicine Platform, which is used for piloting projects to securely share data across sectors (see Essential Criterion 2).

The substantial financial readiness in the Region is underlined by the major investments in innovation and digital transformation outlined in Section 1. Besides the investments to implement the Digitalisation Strategy and Innovation Strategy, the funding available for initiatives within regional growth, public-private innovation and crossborder-collaborations (Interreg and AAL) effectively supports the innovation efforts across the region (see Section 1).

The regions and hospitals are changing their financial models to a so-called "proximity finance model", with a focus on local and integrated healthcare services for citizens, including telehealth services.

Please describe the situation within the next 12 months:

The political, organisational, technological and financial readiness described above will still be relevant within the next 12 month period.

Additionally, The Region of Southern Denmark has identified the challenges that the region faces in the coming years. As many others, the Region is experiencing trends of a growing older population and fewer young citizens. Also cities within the Region are becoming larger while there is demise in smaller towns and country life. The foreseeable challenges are maintaining workforce numbers, attracting qualified workers, as well as providing high quality health services for all citizens in reducing health inequalities. Climate change is also a focus area within the development strategy with commitments to reduce the negative effects of climate change on society.

Therefore the regional council has incorporated initiatives in accordance with the Sustainable Development Goals when forming the new Regional Development Plan 2020-2023. The Development plan aims to contribute to target areas within the SDG 3, 4, 5, 6, 7,



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9, 10 and 13. The strategy also includes the new initiative Healthy Living Condition in addressing health and aging challenges.

Criterion 2. Sharing learning, knowledge and resources for innovation

Please describe the current situation:

The Region has a strong collaborative infrastructure that enables knowledge transfer, learning, improvements and scaling of innovative practices. The foundation for innovation and improvement is among other things strongly anchored in the Region's Innovation Strategy and Digitalisation Strategy combined with the organisational set up behind them, and the South Denmark Improvement Model.

The purpose of the Innovation Strategy is to coordinate the direction of the joint innovation efforts in the region, in which innovation is utilised as the mainspring of improving health and care services for the citizens of the region. One of the main aims is to share and employ knowledge from other regions, nationally and internationally, as well as collaboration with industry and research partners. The Strategy outlines 5 agreed main thematic areas: integrated care, data and digitalisation as the foundation for innovation, medicine, patient-experienced value and quality, and efficient healthcare services. The Region has also established a Regional Innovation Group with Innovation Managers across the main hospital units and psychiatry in the region, with the purpose of sharing knowledge, establishing joint initiatives and scaling up innovative solutions.

The main aim of the region's Digitalisation Strategy is to provide more and better digital solutions for the citizens of the region. Citizens should have access to new, secure digital solutions when they come into contact with the healthcare system. The Region is currently working on two major, complex system implementations throughout the region, a new EHR system and combining 4 different diagnostics systems into 1. The strategy has 5 main focus areas: 1) the citizen's right to digital contact, 2) simplification, efficiency improvement and development, 3) cross-sector solutions and knowledge sharing, 4) IT security, data and digital competencies, and 5) IT landscape, principles, ownership and control. With the Digitalisation Strategy follows a substantial investment (see Section 1) and the establishment of four thematic network groups within data and digitalisation to support knowledge sharing, joint initiatives and scaling of strong innovative solutions.

The South Denmark Improvement Model was developed with the Virginia Mason Institute and focuses on value creation and centres on the needs of the patients. Work procedures should be more efficient and standardised where relevant, with a continued focus on the patients. The model employs systematic bottom-up processes driven by the frontline employees.

One of the main drivers of innovation and collaboration in the region is the Health Innovation Centre, established in 2012, in which 67 innovation specialists support the



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innovation efforts across the region, under the headline of co-creating the solutions for our future healthcare system. The Health Innovation Centre aims to be a centre for excellent health innovation and acts as a knowledge centre, specialist consultancy agency as well as carry out project and programme management, within innovation. As a knowledge centre the Health Innovation Centre hosts several thematic events a year (e.g. 11 in 2018, 9 so far in 2019) with altogether 500 participants in both 2017 and 2018, and welcomes delegations from around the World who come to learn from the experiences and best practice in the region. From 2017 to 2018 the Centre received 500 international visitors. The European Health Commissioners Tonio Borg and Vytenis Andriukaitis also visited the Region in 2014 and 2018, respectively.

The Centre collaborates with Welfare Tech to host thematic open ecosystem events in South Denmark within the ECHAlliance network.

As a shared research- and innovation centre between the University of Southern Denmark and Odense University Hospital, CIMT contributes to sharing knowledge between research and clinical practice.

The region has established many different types of living lab setups within and across health sectors, such as the CoLab Denmark Programme (see Criterion 1).

Every year since 2015 the region has hosted the WHINN – Week of Health and INNOvation – Conference, which shares knowledge, inspiration and insight in the newest research and international trends to national and international participants. From 2015-2018 the conference has welcomed 1,200 international participants.

Odense University Hospital also actively contributes to the European Telemedicine Conference.

Please describe the situation within the next 12 months:

The same infrastructure and initiatives described above will apply for the next 12 months as well.



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Section 3 the six key criteria (3-4):

Criterion 3. Contributing to European co-operation and transferability

Please describe the current situation:

The members of the reference site in the Region have a strong history of active collaboration in EU projects and networks.

The University of Southern Denmark led the Interreg project HANC - Healthy Ageing Network of Competence, which collects and shares knowledge within the field of healthy ageing, and leads WIPP, which establishes a new welfare innovation model within primary prevention to promote active and healthy ageing. WIPP aims at developing innovative strategies to i) maintain functional independence and social inclusion/participation for community-dwelling older citizens and ii) promote good practices within public and private health care frameworks. See also H2020 projects SITless and PROMISS in appendix.

The Region led the European CIP project, Mastermind, MANagement of mental health disorders Through advanced technology and services – telehealth for the MIND, assessing the impact of telepsychiatry services across 10 EU and Associated Countries. The project hosted a webinar with EIP on AHA to share project knowledge.

The H2020 project, ImpleMentAll, a European collaboration towards faster and more effective implementation of eHealth interventions, which the Region leads, shares knowledge regarding the implementation of IT solutions in healthcare. Similarly, the MAST model was developed in the EU project MethoTelemed.

The Region is a partner in the H2020 CSA project EURIPHI, in which 25 partners in Europe collaborate to introduce innovation and integrated care solutions in Europe's health and social care systems through cross-border value-based innovation procurement.

In the EU project ACT@Scale, the Region has been a partner in knowledge sharing and dissemination of innovative services in active and healthy ageing, e.g. transferability workshops. The focus in the region is on monitoring the effect of integrated care services for the older population.

Along with 24 other European regions, RSD participated in the SmartCare project aiming to test and document the effect of ICT on integrated care pathways, feeding information about deployment guidelines and learnings to a B3 AG webinar.

The Region also leads the ERASMUS+ funded project, DISH – Digital & Innovation Skills Helix in Health, which investigates the current and future needs for skills to successfully implement digital solutions within healthcare.

The Erasmus+ project, EDEN Embracing DEmentia, focuses on embracing dementia as a community challenge and community-based care.

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The Region participates in Interreg collaborations such as ACCESS & ACCELERATION focusing on overcoming barriers in development of innovative health technology, and ProVaHealth – Proof and Validation in Health, which stimulates cooperation among health laboratories in the Baltic Sea region, which test new products and technologies in real-life contexts (see Essential Criterion 2).

The Region has a Memorandum of Understanding between the Region and Scotland (signed 2017) to provide a structured frame for collaboration.

In December 2018, the Region participated in the Market place on best practices on digitally-enabled, integrated, person-centered care in Ispra, Italy, to share our best practice: a Digital Roadmap towards an Integrated Healthcare Sector, which was later selected as one of four best practices to be shared in EU Joint Action on implementation of integrated care in June 2019. Based on the sharing of this practice, in 2019 the Region of Southern Denmark was contracted by the EC to support 2 Spanish regions in planning the rollout of telemedicine services.

In March 2018 in Brussels the Region's Brussels office organised Regional Reference Site Workshop with the theme "what has made the 4 star reference sites into 4 star reference sites?", where we shared our experiences and best practices and discussed potential collaborations and scaling of solutions.

The Region actively participates in the EIP on AHA, Conference of Partners and Action Groups and also actively participate in and share our knowledge through European networks such as RSCN, CORAL, ERRIN, ECHAlliance, EHTEL and NoRS (the Network of Nordic Reference Sites).

The Welfare Tech cluster also engages in several cluster-to-cluster collaborations – e.g. bringing delegations between countries to share knowledge and best practice.

The Health Innovation Centre shares extensive knowledge, hosting frequent visits (see Criterion 2), and a national Visitor's Centre is under construction at the facilities.

Please describe the situation within the next 12 months:

The Region's involvement in the following above-described projects continues in the next 12 months:

- WIPP
- SITless
- PROMISS
- ImpleMentAll



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- MAST
- EURIPHI
- DISH
- EDEN
- ACCESS & ACCELERATION
- ProVaHealth
- Scotland memorandum
- Sharing best practice examples in EC contexts
- Participation in EIP on AHA action groups, Conference of Partners etc.

We are also currently working on proposals for more EU projects to continue our fruitful international collaborations.

Contribution of knowledge and learnings to the horizontal initiatives, Blueprint, MAFEIP and I2M will also be a part of the next 12 months' focus.

Criterion 4. Delivering evidence of impact against the triple win approach

Please describe the current situation:

The Region's main aim with our innovation efforts are achieving better quality care for our citizens and an efficient healthcare system, whilst enabling growth for the companies in our region.

As described in Section 2, the coordination of care and services in the Region has a strong foundation in the SAM:BO agreement, building upon the Health Agreements and electronic standards, as well as the Shared Medication Record and eHealth portal. The Region is currently finalising the Health Agreement for 2019-2023, between the region, municipalities and GPs, in which the public draft version underlines the purpose of contributing to integration and coordination of patient pathways across sectors with the goal of ensuring consistent and high quality of care and patient satisfaction.

Telemedicine solutions have been implemented widely within several patient groups, and the results and preliminary findings are promising. Within the Digital Health Centre (see Criterion 6), for example, 62 % of patients with diabetes reported healthier eating habits after participating in Digital Patient Education and the solution is more cost-effective than traditional patient education. Another strong example is the COPD telemedicine project, which is currently being rolled out nationally, in which the readmission rate dropped 14 % after 28 days and the length of readmission was reduced by 1.43 days. Similarly the telepsychiatry solution from the EU funded Mastermind

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project showed that 29 % of patients were reported to experience a reduction in depressive symptoms.

CIMT was in charge of the development of the MAST evaluation model on behalf of the European commission and the region has a strong focus on evaluation of the impact of innovative solutions through e.g. MAST, MAFEIP, HTAs etc.

The Region conducted a 2018 evaluation of the structural funds engagement in the Region from 2007-2013 based on data from Statistics Denmark, through a data tool by Danish Business Authority and Danish Regions. This evaluation showed significant results, e.g. 1,600 new FTEs and a turnover increase of 2.1 bio. Euros after 3 years.

The South Denmark Public-Private Innovation funds have generally proved to provide important support for companies to test and further develop new solutions with their customers. E.g. the Odense-based company Mobil Industrial Robots (MiR) received support from the funds in 2014 in collaboration with the Southern Jutland Hospital. In 2018 the company was sold for 250 mio. Euros to American Teradyne.

From 2012 to 2018 the Region invested heavily in the Patient@home Platform, a total investment across partners of 46 mio. Euros. The key coalition partners in the Region's Reference Site were key players in the Platform, which was led by the University of Southern Denmark. The Platform supported research and development within health and care technologies by establishing a unique ecosystem for development, test and evaluation of innovative solutions for health and care.

Over 100 initiatives were a part of the Patient@home Platform and the success rates for Patient@home solutions was 40-50 % of all initiated solutions became final solutions that entered the healthcare market, of which 50-60 % of them are currently in use within the healthcare sector. The Patient@home solutions led to an estimated growth of 200 new FTEs and a turnover increase of approximately 37 mio. Euros between the industry partners with initiatives within the platform. The strong ecosystem and collaboration between the key partners in the platform has established a long-lasting foundation for health innovation collaboration and public-private collaboration in the Region's ecosystem.

The CoLab Denmark Programme (see Criterion 1) is another example of a strategic decision to establish stakeholder partnerships across sectors to drive innovation and the upscaling of good practices. Furthermore, the Innovation Strategy and Regional Innovation Group support the upscaling of good practices and drive innovation forward in the region.

The Region is keen to share information with other European regions in order to compare health data and effects for the purpose of learning from each other and increasing quality of care. E.g. the EU-funded project SmartCare, where the objective was to collect similar data



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from different European regions in relation to introducing Integrated Care Technology and comparing the results, both in terms of healthcare outcomes and patient satisfaction.

Please describe the situation within the next 12 months:

As previously described, the triple win aim is at the core of the Region's innovation efforts. The Region will continue to invest in initiatives that deliver impact against the triple win, e.g. through the innovation investments outlined below.

The cumulative budget for deployment and implementation of innovative solutions from 2019-2021 consists of a large number of smaller and larger investments within different sectors. Examples of planned region-wide investments from 2019-2021 are:

- 23 mio. Euro for the regional Digitalisation Strategy from 2019-2021
 - 1 mio. Euro for data-driven development projects for integrated care from 2000-2020
 - 24 mio. Euro (8 per year) for innovation, development and research at Odense University Hospital from 2019-2021.
 - 20 mio. Euros (6-7 per year) expected for innovation support and activities at the Health Innovation Centre from 2019-2021.
 - 2 mio. Euro for regional public-private innovation projects (OPI-pulje) from 2019-2021
 - 11.6 bio. Euros are invested in the construction of somatic and psychiatric hospital facilities in the Region between 2008 and 2023, for specialized hospital services.
- = 70 mio. Euros, excluding hospital construction budget, based on the current knowledge of planned investments. The amount is likely to increase as new investments are approved throughout the programme period.



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Section 3 (cont.) the key criteria 5-6:

Criterion 5. Contributing to the European Digital Transformation of Health and Care

Please describe the current situation:

The Region of Southern Denmark is very conscious of the role of digital transformation in delivery of health and care services, prevention and health promotion. Therefore the Region provides and develops digital solutions that support health professionals as well as deliver high quality healthcare to its citizens in accordance with the national Strategy for Digital Health 2018-2022 (“One Safe and Integrated Health Network for All”) and the regional Digitalisation strategy (see Criterion 1 and 2). The Region is focused on advancing and developing integrated care solutions to move in the direction from hospital-based to community/home-based treatment.

Patient empowerment is in focus, where My Health App is under development with the goal that the health system is easy to access and available when the citizen needs it. The app will give citizens the choice of online consultations with GP’s and hospitals, booking appointments, as well as giving citizens access to their electronic health data and pathways. The app is expected to be ready during 2019. Similarly, the My GP app, My Medicine app and My Hospital app, are available for citizens within each health area, respectively.

In order to ensure digital transformation it is important that citizens are confident with using digital solutions and/or devices in maintaining their health. To name only a few current initiatives that the Region of Southern Denmark has initiated to empower citizens in using digital health technology;

The IT- Assistant (IT-Assistenten) is a new initiative at Odense University Hospital where patients can get support with IT.

ALTAS (Assistive Living Training and Skills) is an Erasmus+ project that provides training and development of skills in technological support to citizens with chronic conditions and/or handicap in promoting independent living.

My Hospital app also supports patient empowerment (see Criterion 6).

For citizens to use digital solutions they must trust IT systems, digital technology and be confident that their personal data is secure and used appropriately. This is also a focus area for the Region of Southern Denmark’s Digitalisation Strategy (see Criterion 1 and 2). Health data is crucial for healthcare delivery, research institutions and innovation institutions/companies and where Big Data can be used to predict and advance personalized medicine, prevention, diagnosis and treatment. However, there are many factors that influence the collection, safety and use of this data. The strategy outlines how data can be collected, stored and used, ensuring secure, sharable and high



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quality data that can be used across the sectors, for research in and development of innovation solutions. Knowledge gained from this process may give insight into potential methods for cross border sharing of data by secure and accessible means.

The Region also investigates new methods in predictive and preventative medicine and has become the first place in the world to implement a complete system for monitoring hospital-acquired infections and developing a Hospital Acquired Infection Registry (HAIR). Together with SAS® a system was developed with Visual Data Mining and Machine Learning Artificial intelligence (AI) that helps predict which patients have an increased risk of developing hospital-acquired infections during hospitalization. The system is expected to prevent 1/3 of hospital acquired infection, significantly increasing patient safety.

The new AI Centre established between Odense University Hospital and the University of Southern Denmark will research and develop further ways to use AI in health, regionally, nationally and internationally.

The Region progressively works towards advancing digital transformation in health and care and welcomes knowledge sharing in this area and will continue to contribute knowledge, best practices and provide advisory services to advance European digital transformation in health and care in the future. Also the Region is open to the possibility of working with other European regions on research and/or developing a solution for cross border health data sharing.

Please describe the situation within the next 12 months:

As outlined in the national and regional strategies within digitalisation, described in the previous criterions, as well as the ongoing initiatives to bring digital solutions to the citizens of the Region, the Region remains strongly committed to the digital transformation of health and care.

Criterion 6. Scale of demonstration and deployment of innovation

Please describe the current situation:

SAM:BO

The electronic communication between the three health care sectors consists mainly of national standards for electronic messaging. Developed in 1995 the messages cover the most frequent text-based clinical messages in the Danish health care, e.g. discharge letters, referrals, lab test orders, e-prescriptions and reimbursement from public health insurance and are all in the high 90's percentile when it comes to usage. For example:

- All GPs keep electronic health records (EHRs), and 98 % exchange records electronically
- GPs receive all laboratory test results from the hospitals electronically
- 99 per cent of all prescriptions are sent electronically to the pharmacies



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- 97 per cent of all referrals to hospitals are made electronically
- All referrals to medical specialists and psychologists are made electronically

SAM:BO is the agreement that merges the mandatory Health Agreement between the sectors and the electronic messages. It includes a detailed description of which messages are to be sent at which point of the care pathways. The success is largely due to the long haul of organizational collaboration, which is then translated into electronic communication. This constellation was first implemented in the region in 2009 and includes all hospitals and municipalities and all patients admitted to and discharged from the hospital sector in the region.

My Hospital

“My Hospital” is a mobile app developed at Odense University Hospital to facilitate digital communication between the hospital departments and patients. More than 37.000 patients with 152 different pathways use the app as a support tool in their communication with the hospital. In the app patients can read information, see pictures and videos, keep a journal of condition and symptoms, communicate with the hospital via chat messages, pictures and video, enter health data and optionally share with the hospital and keep an overview of appointments at the hospital.

My Hospital is patient empowerment put into practice and the advantages of the app include that texts are written by healthcare professionals, which means that the patient will find professional verified information. The patient can talk to the hospital via a safe video connection and thereby avoid transportation. The chat function enables communication with the hospital in a new and flexible manner; the patient can write whenever the question occurs and the hospital staff can answer when they have the time, resulting in fewer interruptions. The app meets the patient where they are; online anytime and anywhere via the smartphone in their pockets.

Digital Health Centre

The main tasks of the municipal health centers are to provide health promotion and disease prevention aimed at the citizens. This is e.g. done through guidance and counselling on a healthy lifestyle. They also support rehabilitation after interventions at the hospital and offer preventive home visits to citizens above the age of 75.

The current challenge for the health centers are the increase in the number of at-risk citizens, difficulties engaging the citizens in patient education (for geographic, economic, physical or time reasons) and maintaining lifestyle changes.



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The Digital Health Centre is a partnership between 12 municipalities, the Diabetes Association, Heart Association and the Region of Southern Denmark through the Health Innovation Centre and the department of cross-sectional cooperation.

The vision of the Digital Health Centre project is to develop and integrate digital solutions in the courses of the healthcare centers. Patients can join from home, where they can see pre-recorded information, participate in webinars gain knowledge by reading short texts, and chat with both health care professionals and other patients. The systematic use of digital solutions results in flexibility, motivation and resource optimization and patient empowerment. Since the smaller municipalities can join together to produce content to the online-platform and therapists can be used to a wide range of citizens from different areas resources can be better used. Patients that do not like to be in physical sessions with others can join and they have the possibility to go back and revisit the information when they are motivated to implement a change.

An example from the evaluation report is that 62 % reply in a questionnaire that using the Digital Health Centre services has helped them eat healthier.

Please describe the situation within the next 12 months:

The above-mentioned initiatives are all ongoing and in the process of further development, and the Region is actively sharing experiences and solutions within different contexts across Europe, not only the three examples above but also other initiatives and solutions.

Besides our engagements in EIP on AHA, the Region actively shares initiatives and solutions through our participation in networks such as CORAL, ERRIN, ECHAlliance, EHTEL, RSCN and NoRS.

If you have any further questions or need for documentation of the descriptions throughout the sections above, feel free to contact us. All documentation is ready at hand.



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Future contact:

I hereby give my consent for Funka (as coordinator of WE4AHA Coordination and Support Action (CSA)) to contact me as a representative of my organisation with the sole purpose of keeping me informed about the results of the Call for Reference Sites, any issue related to my application and for the provision of support services within the context of the WE4AHA CSA up until December 2020. I am aware that I can withdraw my consent at any time by contacting we4aha@funka.com.