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ROUND TABLE HEALTHCARE OF THE FUTURE IN FRANCE AND DENMARK

21st of May 2024

Which innovative models for local and regional authorities?





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ROUND TABLE. HEALTHCARE OF THE FUTURE IN FRANCE AND DENMARK

WHICH INNOVATIVE MODELS FOR LOCAL AND REGIONAL AUTHORITIES?



SPEAKERS

Lars Bjørn Holbøll, Minister Plenipotentiary, Embassy of Denmark - Philippe Mouiller, Chairman of the Senate Social Affairs Committee - Marguerite Cazeneuve, Deputy Director of the Caisse Nationale de l'Assurance Maladie - Erik Jylling, Executive Medical Director of the Capital Region, Denmark - Benoit Elleboode, Director of Agence Régionale de Santé Nouvelle-Aquitaine.
Moderated by Rémy Bañuls, Head of Integrated Health, City and Eurometropolis of Strasbourg

In continuation of the Declaration of Intent on health signed in 2023 between France and Denmark, the Danish Embassy organised a round table at SantExpo to discuss innovative models in the two countries. The aim was to share approaches, current trends and best practices to provide mutual inspiration. This discussion was in line with the theme of this year's conference, 'Building the healthcare of tomorrow', which is also a priority for the Danish government. The Danish authorities plan to update the major healthcare system reform from 2007, which led to the creation of five regions responsible for hospitals and the transfer of prevention, medical social services and rehabilitation to the 98 municipalities. Denmark and France face the same challenges in their healthcare systems, such as access to healthcare professionals, coherent care structures, the challenges of transforming healthcare provision for the elderly and the growing number of chronically sick people.

Highlights

Denmark and France share the same vision of the importance of local coordination in healthcare, but the approaches are different. The Danish healthcare system is mainly decentralised, with the regions and municipalities responsible for primary and secondary care and for prioritising their budgets, while the government is responsible for national health policy and the overall framework of the health economy. France, for its part, is working to find the best way of combining a centralised, national strategy with close local cooperation, wishing to strengthen collaboration between hospitals, towns and cities, health associations, local authorities and regional health agencies in their funding and regulatory role.



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At SantExpo 2024, at the stand of the Fédération Hospitalière de France (FHF), Lars Bjørn Holbøll, Minister Plenipotentiary at the Danish Embassy, introduced the round table as well as the moderator Rémy Bañuls, who is in charge of integrated health at the City and Metropolis of Strasbourg.



Strasbourg was the first French city to join the 'Cities for better health' network, initiated in 2014 between Copenhagen, Houston, Mexico City, Shanghai and Tianjin, under the auspices of Novo Nordisk, the Steno Diabetes Centre in Copenhagen and University College London. This network, which now includes almost 50 cities, focuses on collaboration and prevention, providing an example of innovative local collaboration models highlighted at this round table.

Inspiration from Denmark



'The Danish model cannot be transposed as it stands, but it can serve as an inspiration for France'

Philippe Mouiller, Chairman of the Senate Social Affairs Committee

Upon his return from a study trip to Denmark in April 2024 with a delegation from the Social Affairs Committee in the Senate, Philippe Mouiller shared the highlights of their trip. These included the major reform of the Danish healthcare system in 2007, characterised by a high level of public confidence in the changes and respect for the need to use public funds efficiently. In particular, this reform involves delegating a large part of the organisation to local authorities, with hospitals and GPs managed by the regions, and prevention and rehabilitation by the municipalities.

The structural organisation of regions in the healthcare system of the future

How will the structural organisation of our healthcare systems evolve in the future, with particular emphasis on the role of the patient ?

Over the last 15 years, the Danish healthcare system has moved from a hospital-centred model to the development of local primary care, as Erik Jylling explained. This transition was based on three key strategies: territorial and structural reform, multilevel collaboration and digital transformation. Whereas twenty years ago, patients' rights were at the centre of concerns, today it is their participation that is considered essential.





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Right after, Benoit Elleboode stresses the need to correct disparities between regions and to respond more effectively to patients' requests. He insists on maintaining the quality of care, regardless of variations in supply and accessibility, and stresses the importance of partnerships with local authorities to enhance efficiency.

Marguerite Cazeneuve reinforces these ideas by highlighting the importance of a solid structure for primary care. She highlights three fundamental pillars: the primary care physician, the nurse and the pharmacist, while noting that each local level is responsible for prioritising care.



Rémy Bañuls illustrates the importance of cooperation between players in the healthcare and prevention systems, using the example of Strasbourg, where historic skills, in school health for example, can be combined with the work of the university hospitals or the Territorial Professional Health Communities in an integrated approach to healthcare and responsibility for the population.

The patient as an actor in the healthcare system

Patients are first and foremost citizens. How can they become a resource for their own health and actively participate in the development of the healthcare system?

Erik Jylling initiated the discussion by sharing examples from Denmark, where patient representatives are integrated into a number of health boards and committees - for example, regional patient participation committees or regional medical councils. Denmark's aim is to reorganise the patient pathway, for example diabetes, by proposing that consultations should only take place when necessary. This approach aims to ease the pressure on hospitals.

Benoit Elleboode introduces the concept of the 'expert patient': patients who become experts in their field, able to help other patients, particularly those with chronic illnesses. It is essential that the healthcare system not only takes account of patients' needs, but also supports their caregivers. Organising the healthcare system around these elements has become an increasingly pressing demand from users.

For Benoit Elleboode, healthcare democracy, which aims to involve the public in the decisions and orientations of the healthcare system, thereby ensuring that the needs of society are taken into account in a fairer and more representative way, is an important approach, and he emphasises that good ideas do not always come from above. He equally points out that access to healthcare is the second most important issue for citizens in France.



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Marguerite Cazeneuve then gives some concrete examples, such as the 'Sophia' support system for chronically ill patients run by the French National Health Insurance (Assurance Maladie). It helps patients learn more about their illness (asthma, diabetes) and adapt their habits. Sophia is a personal, secure digital service where patients can play an active role in monitoring and maintaining their health. There is also the 'Asalée' scheme, an outpatient network for chronically ill patients. It brings together around 1,500 nurses who work closely with GPs to provide therapeutic education.

Conclusion

France and Denmark share many challenges, and both have very different organisations. In order to find solutions to our common challenges, sharing experiences and comparative analyses are key elements; the quality of the exchanges that took place during this round table confirms this.

We would like to thank the speakers and the Fédération Hospitalière de France (FHF) for welcoming us.

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