Telehealth Policy and Reimbursement Issues in the Era of COVID-19: Perspectives from Scandinavia

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Aim
Methods
About the welfare state in the Scandinavian countries
The case of Norway, Sweden and Denmark
Aims

- To give perspectives on telehealth policy and reimbursement issues in the era of COVID-19 from Scandinavia (Norway, Sweden and Denmark)
Methods

- Review of literature
- Documentary materiales (homepages, policies)
- Interviews with key persons within research and healthcare
- Log files
- COVID-19: Health System Response Monitor:
  
  https://www.covid19healthsystem.org/searchandcompare.aspx
Facts about Scandinavia

Reference: [https://www.covid19healthsystem.org/searchandcompare.aspx](https://www.covid19healthsystem.org/searchandcompare.aspx)

**Norway**
- Inhabitants: 5.4 mio
- Welfare state: The state protects and promotes the economic and social well-being of the citizens, based upon the principles of equal opportunity, health and elderly care is payed via taxes
- Policy on ehealth is established
- Video, telephone or other alternative consultations for health services were already in place, but have been scaled up during the epidemic
- Teleconsultations are being payed by government
- Lock-down strategy

**Sweden**
- Inhabitants: 10.3 mio
- Welfare state: The state protects and promotes the economic and social well-being of the citizens, based upon the principles of equal opportunity, health and elderly care is payed via taxes
- Policy on ehealth is established
- Video, telephone or other alternative consultations for health services were already in place, but have been scaled up during the epidemic
- Teleconsultations are being payed by government

**Denmark**
- Inhabitants: 5.8 mio
- Welfare state: The state protects and promotes the economic and social well-being of the citizens, based upon the principles of equal opportunity, health and elderly care is payed via taxes
- Policy on ehealth is established
- Video, telephone or other alternative consultations for health services were already in place, but have been scaled up during the epidemic
- Teleconsultation are being payed by government
- Lock-down strategy
Case of Norway

Policy

- All patients with an acute respiratory tract infection and only experiencing mild symptoms are requested to stay at home until one day after they feel well again.

- Patients with more severe symptoms, such as breathing difficulties, should call their GP. If the GP is not available or the need for help becomes more urgent, they must call the emergency out-of-hours clinic.

- A national helpline was established (tel. number 81555015) to reduce the burden of providing information on COVID-19 falling on healthcare workers.

Videoconsultations is increasing

- GP and patients meet virtually.

- Activity is going from 3% to over 90% of services at the GP’s.

- Patient do not show up at the GP’s clinic even through it is free.

Reimbursement

- Health services are payed by government.

- Triage for COVID-19 patients (at hospitals but also at the primary care level when necessary) is to follow the criteria for priority setting (utility of treatment, resources and severity of condition).
Case of Sweden

Policy
- The Regions have developed different guidelines on how the primary care units should operate when meeting patients with respiratory symptoms.

- A selection of primary care units works with sentinel sampling in order to determine how many patients with flu-like symptoms actually have the flu or COVID-19. The Public Health Agency has decided to include analysis for COVID-19 in the sentinel samples to get a better idea of the spread of influenza for improving access to COVID-19 services for vulnerable populations

- Recommendations instead of legislation

- The strategy aimed to protect its senior and/or vulnerable citizens, and to slow down the spread of the virus, in order to keep the healthcare system from getting overwhelmed and mandated by law to make the response based on scientific evidence

Reimbursement
- Health services are payed by government
Case of Denmark

**Policy**
- National guideline
- Pilot phase on video between patients and GP: backbone for way forward
- Are negotiating for a new agreement when COVID-19 lockdown starts

**Video consultations**
- An App for GP and Patient is in place and they integrate video within 1-2 weeks

**Reimbursement**
- Fee for video consultations are being implemented temporary
Antal videokonsultationer pr. dag i Min Læge app'en
Videokonsultationer under COVID-19

Kilde: Ydelsesregisteret og PLSP
References


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