

# What doctors can do in their daily work

Actions of Danish Medical Association addressing social determinants and health equity

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DANISH MEDICAL ASSOCIATION



# Indications of a problem

## Social bias in hospitalized patient outcome

- Readmission
- Rate of death +10% points 5 year (cancer)
- Drop out of rehabilitation programs
- Exit from job marked

No need for further description  
- a tool for action



# What can the doctors do?

Where can doctors make a change

## In the clinic

- Day to day patient contact – holistic approach
- Routines, ambulatories, planning schemes

## Hospital management

- Values of the organisation – clinical & human
- Goals, management's focus - quantity & quality

## Research

- Fact finding
- Establish platform of knowledge for changes

## In the clinic

- Holistic record: Somatic status, mental status, education, occupation/ employment, social resources,
- Involving the patient: Shared decision making, what matters?
- Supported dialogue: Folders etc adapted to patient needs - easy access to translators
- Standard programs: With option for extra support pn.
- Walk in clinics: Lower admission threshold



# Hospital management

- Include populations' social status i hospital budgets
- Include patients´ social status/ social complexity in ward budgets
- Set up goals for equity at all levels of hospital organisation – e.g. completion of out patient care programme
- Formalised co operation between psychiatric wards and somatic wards
- Expert clinics for migrants' health problems and Multi disease clinics



# Research – impetus for change

National documentation of health care behaviour by social parameters

Drop out / completion of planned admission, care, rehabilitation

Health services research focused on

- Early detection and contact
- Compliance during care
- Completion during rehabilitation



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