Den digitale fordør –
en *lige* vej til et fælles sundhedsvæsen

Helle Sofie Wentzer, 1.6.2026 AAU-Kbh.

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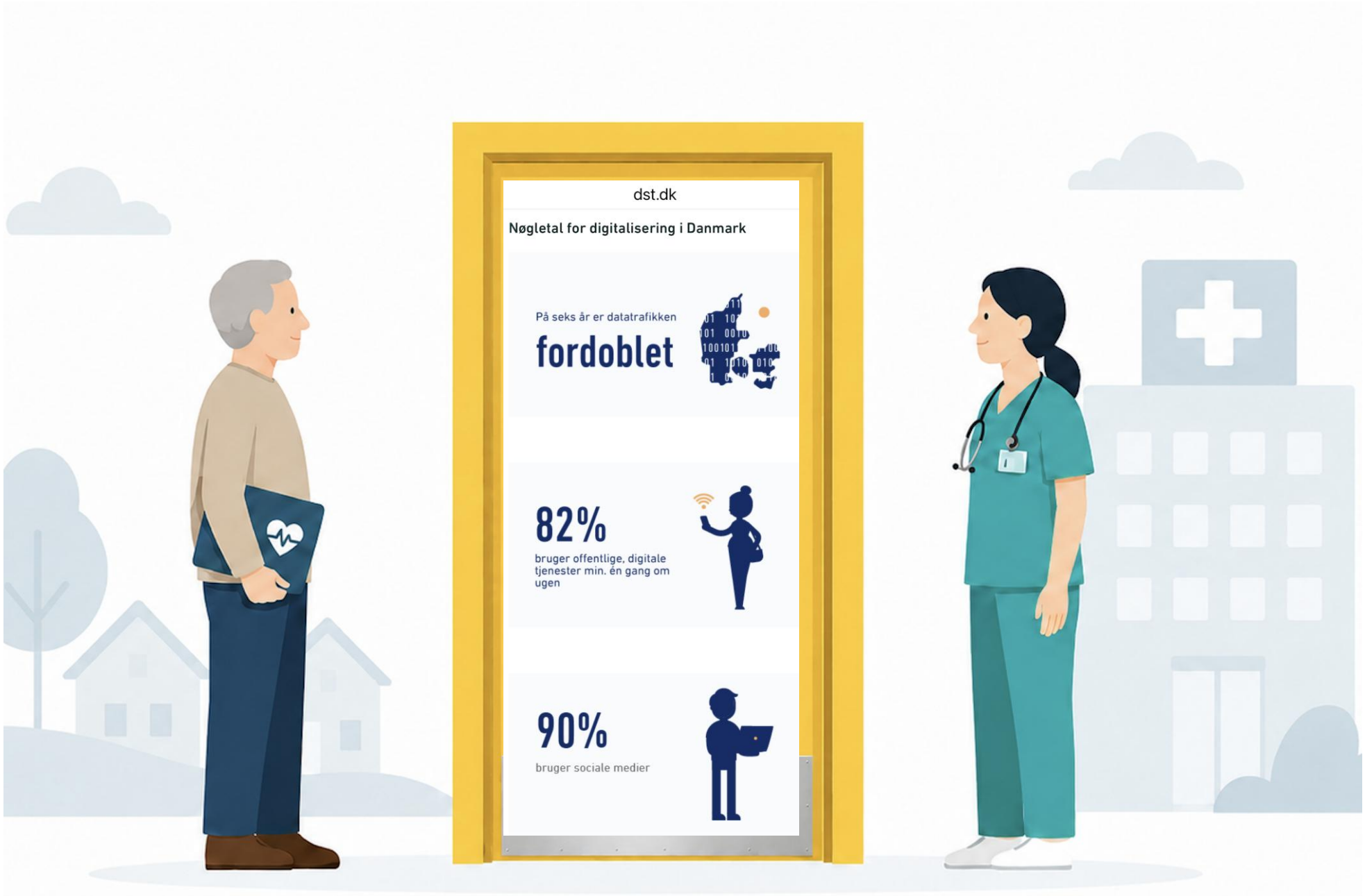
Metafor, lige adgang til sundhed

Sundhedslov §2 og sundhedspolitisk mål !

- Lighed i adgang til sundhed er et grundlæggende princip i den danske sundhedslov. Princippet sikrer, at alle borgere har ret til lige og let adgang til sundhedsydelser, og at hjælpen tildeles på baggrund af den enkeltes behov, uanset social status, økonomi eller bopæl.

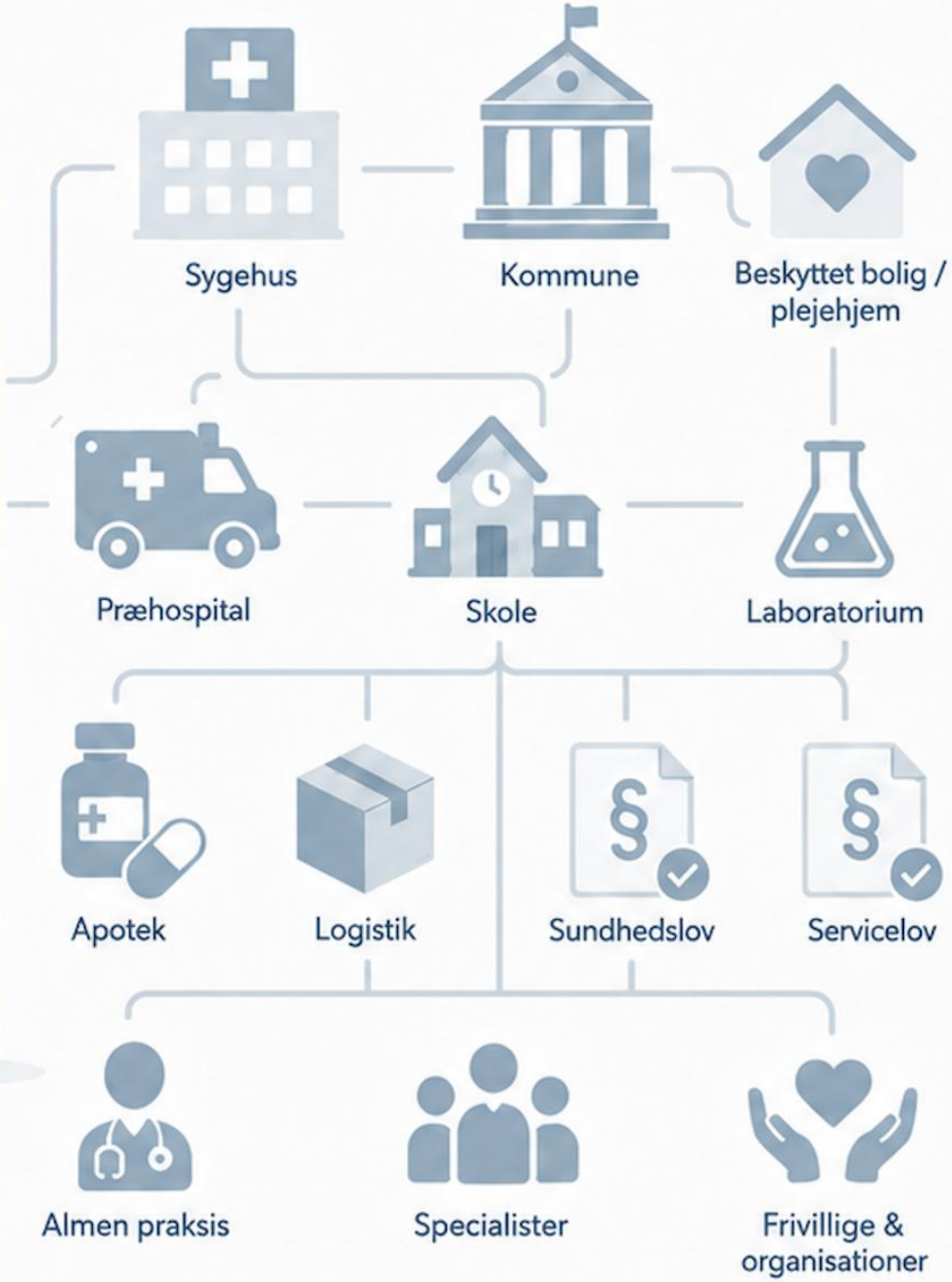

dst.dk
Nøgletal for digitalisering i Danmark
På seks år er datatrafikken
fordoblet
82%
bruger offentlige, digitale tjenester min. én gang om ugen
90%
bruger sociale medier
Patient
Kliniker

The Danish Health Data Authority
https://english.sundhedsdatastyrelsen.dk › ...

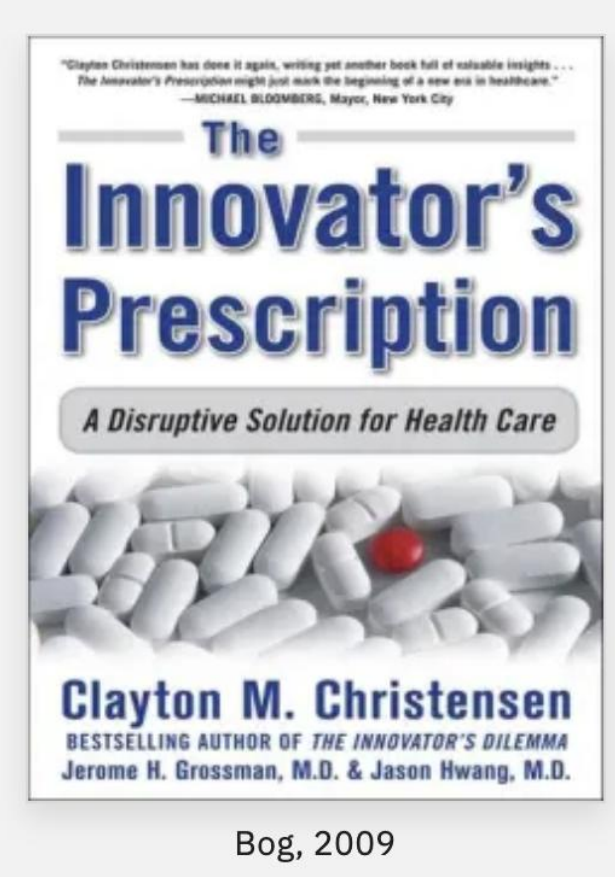
Digital Health Denmark

As part of the healthcare reform, **Digital Health Denmark** is being established as a new national organisation designed to strengthen digital development and ...

Ny tilgænge-lighed



Disruption: Digital adgang med selvhenvisning



Bog, 2009

‘Digital facsimile’, ny pt. kompetence

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Access and triage in contemporary general practice: A novel theory of digital candidacy

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ARTICLE INFO

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ABSTRACT

To access contemporary healthcare, patients must find and navigate a complex socio-technical network of human and digital actors linked in multi-modal pathways. Asynchronous, digitally-mediated triage decisions have largely replaced synchronous conversations between humans. In this paper, we draw on a large qualitative dataset from a multi-site study of remote and digital technologies in general practice to understand widening inequities of access.

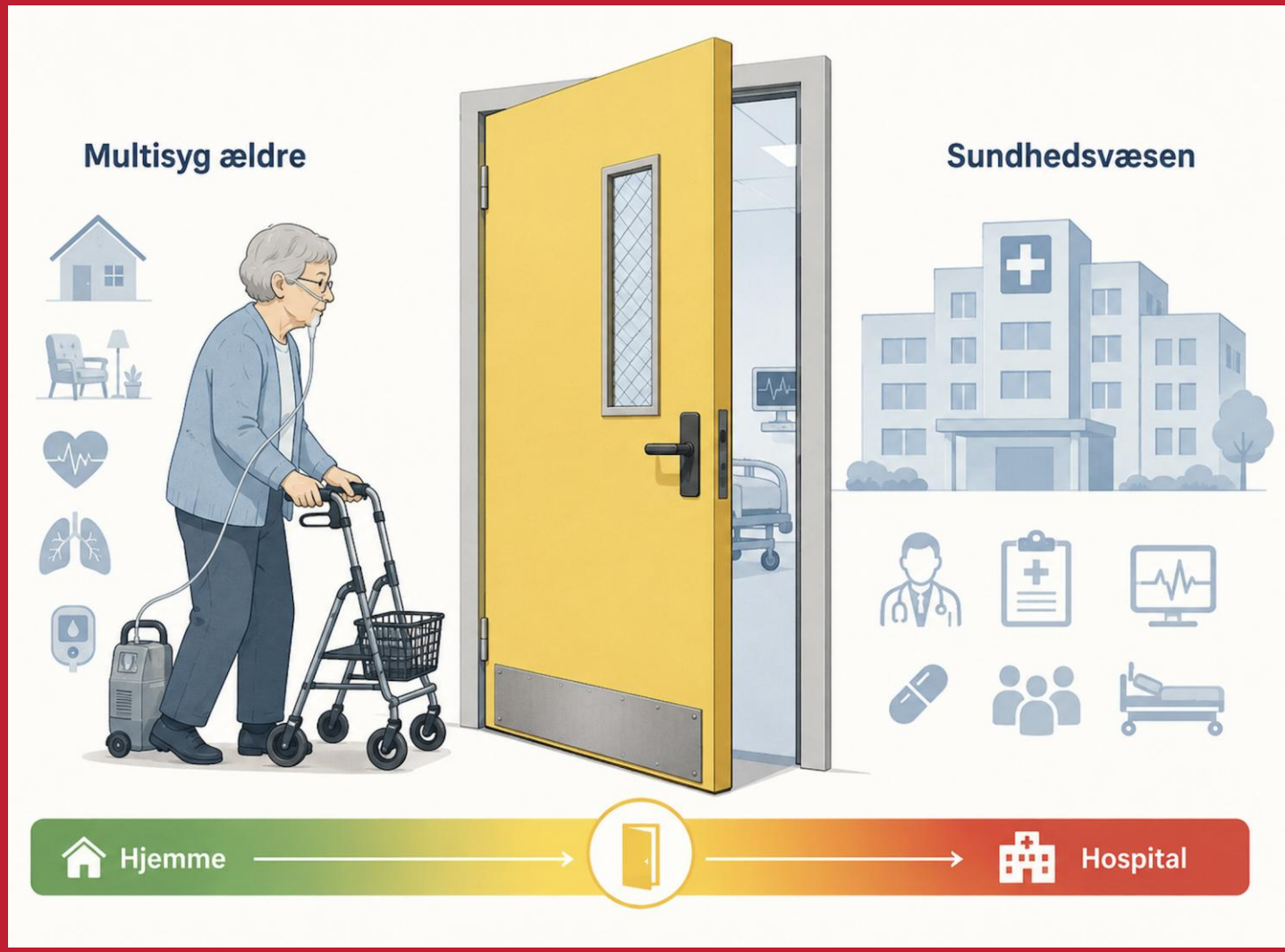
Ny kilde til ulighed

Borgeren i den digitale velfærdsstat, Pors, et al.I: *Magtudredningen 2.0.*
Kronik, *Politiken 27/5-26*

Komplekse forløb og koordinationsbehov mellem sektorer

- Ældre borgere har cirkulære forløb mellem hospital, hjem, kommunale pladser og almen praksis

(Fra Hospital til hjem, Wentzer 2020)



IV-behandling på kommunale akutpladser

AALBORG UNIVERSITET

https://www.vive.dk/da/udgivelser/erfaringer-med-fremskudt-akutfunktion-paa-kommunale-sengepladser-i-ehospitalet-qz55bmrz/

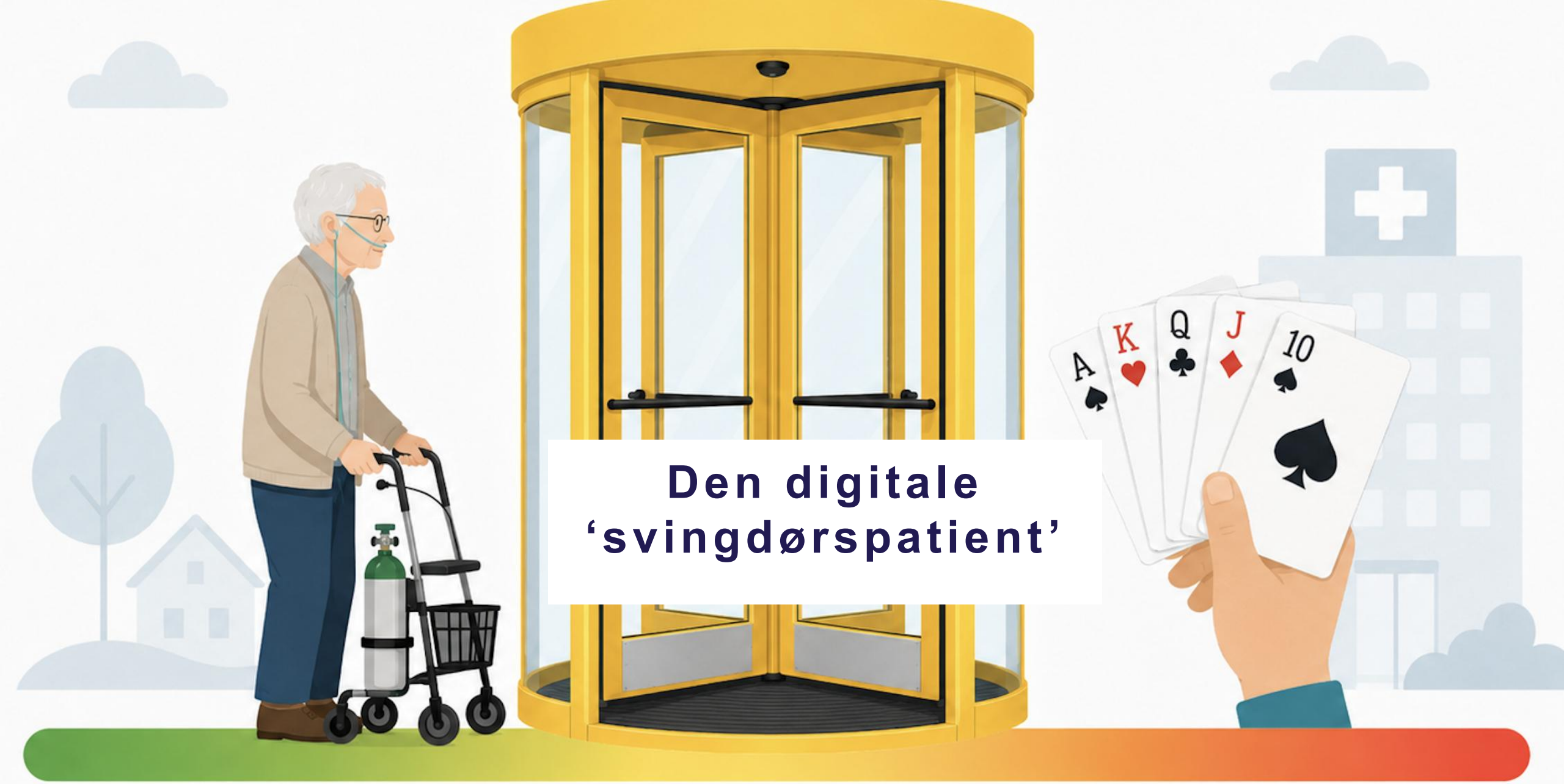
Erfaringer med Fremskudt akutfunktion på kommunale sengepladser i eHospitalet

Et beslutningsstøtteredskab til kommunalt partnerskab med Det Nære Sundhedsvæsen, Region Sjælland

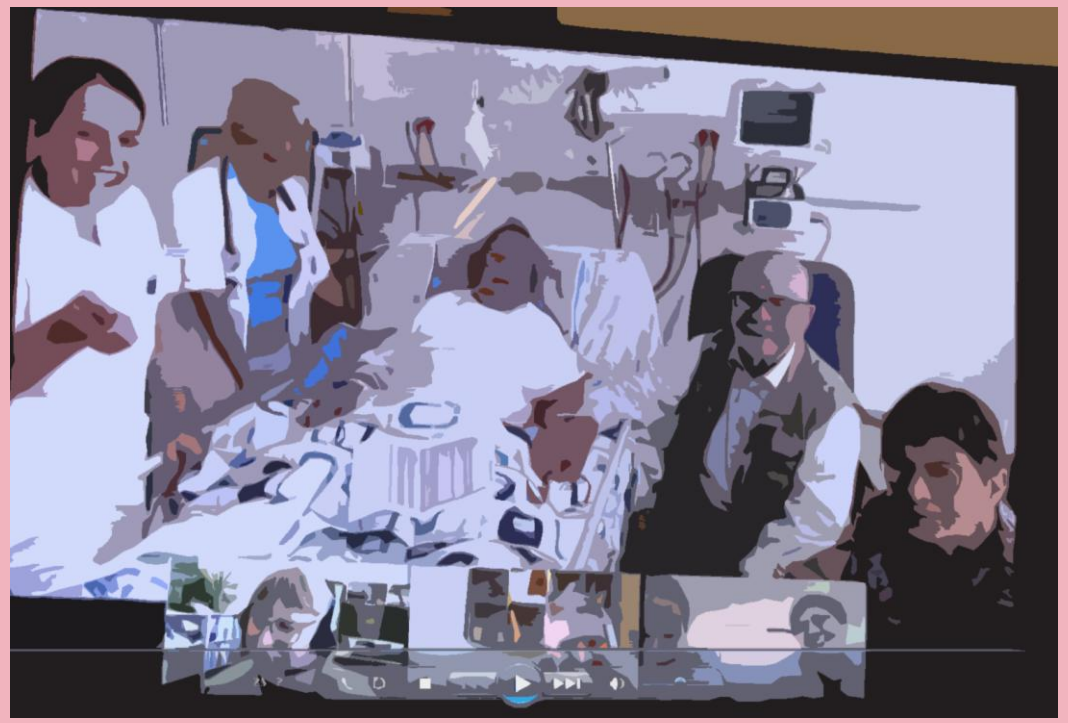
Helle Sofie Wentzer, Mette Brehm Johansen og Mathias Ruge

VIVE

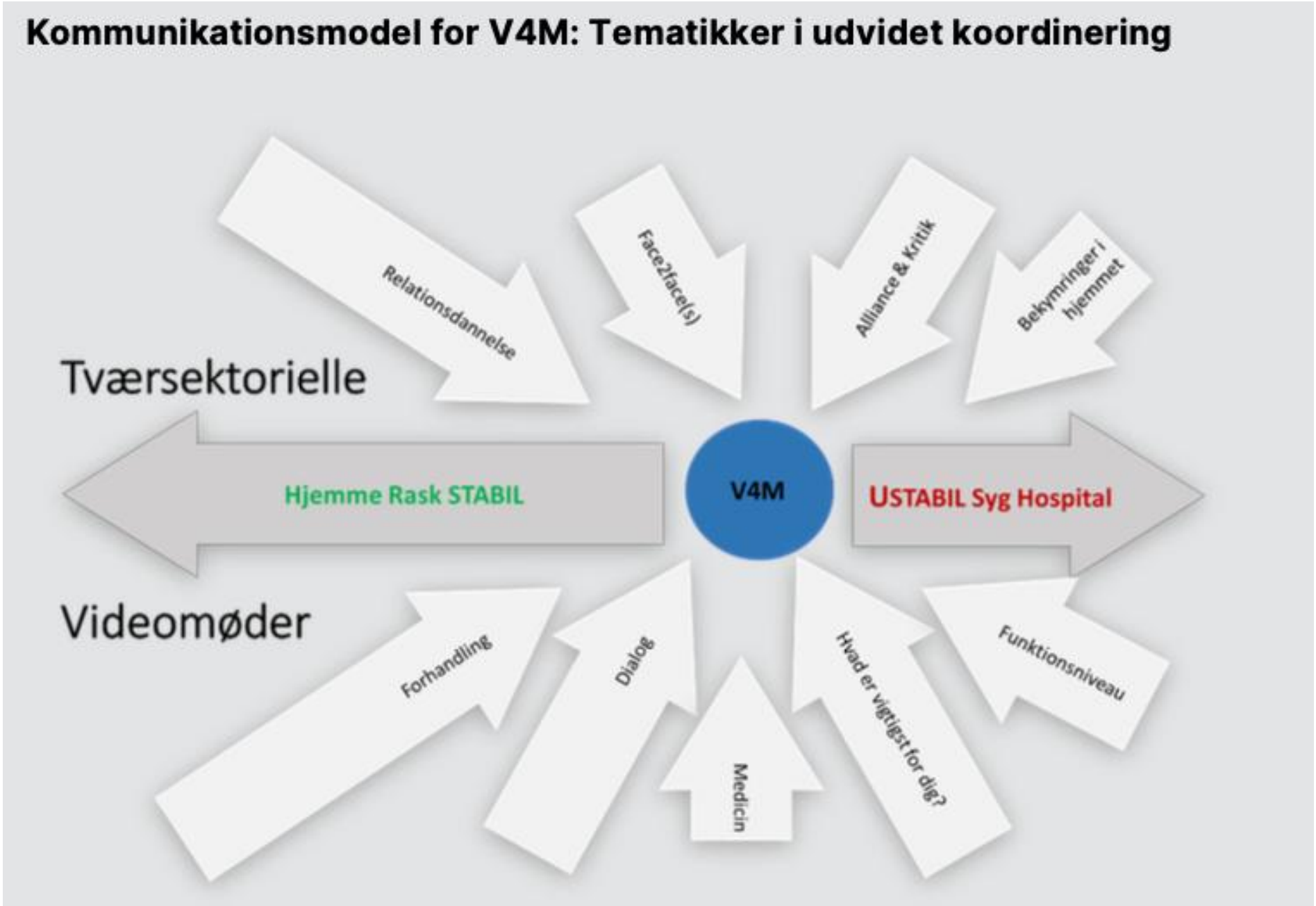
Den digitale ‘svingdørspatient’



Synkron kommunikation: koordinering af komplekse forløb, V4M



Kommunikationsmodel for V4M: Tematikker i udvidet koordinering



Brugerperspektiver på 4-parts videomøder (V4M) med den multisyge patient

En evaluering med praktikere fra hospital, almen praksis og kommune samt hjemmet

Helle Sofie Wentzer, Amalie Weiss Risbjerg og Signe Boe Rayce

VIVE

Boks 1 **Samtaleemner listet efter andel, der har angivet, at der blev talt om emnet, i procent. Emnerne er gengivet efter prioriteret hyppighed.**

- Patientens indlæggelse, status på sygdomsproblemer og sygehistorie (90 %)*
- Udskrivelse, funktionsniveau og medicin i nævnte rækkefølge (68-79 %)
- Hjælp til hverdagen fra kommunen, behov for pleje** og for genoptræning (66 %)
- Bolig, hverdag og evne til at passe på sig selv (41-50 %)
- Modtagelse af kommunen ved udskrivelsen, hjælp til hverdag fra pårørende og ændringer i plejeplan (26-38 %)
- Andre emner, aftaler med speciallæge, diætist eller anden konsulent, fravalg af behandling, fx genoplivning eller anden behandling (6-17 %).

Anm.: N = 143.

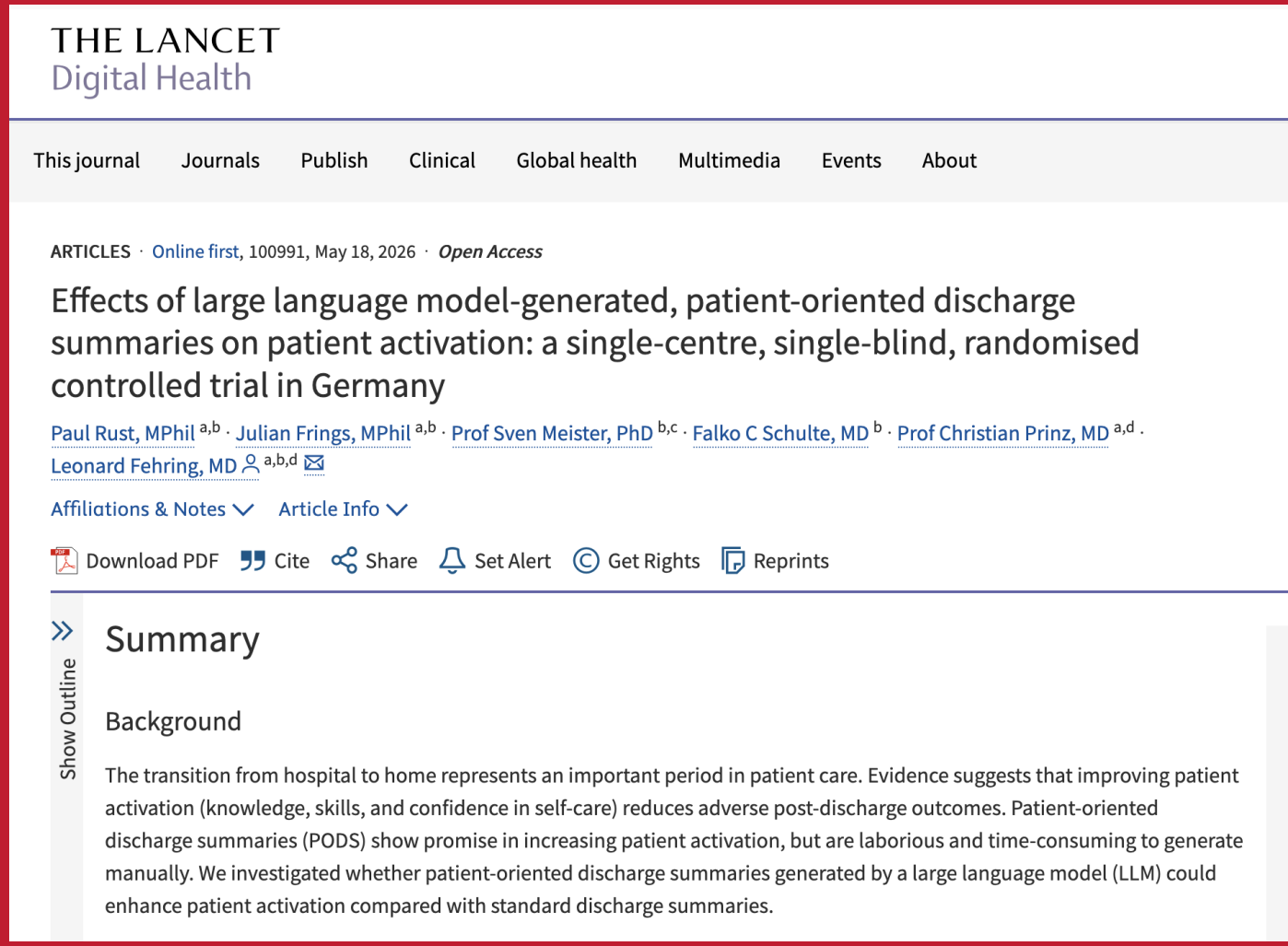
Note: * Forekommer i tilknytning til alle 46 patienters V4M. ** forekommer i 91 % af samtalerne.

Kilde: Survey udført af VIVE i oktober 2023 til september 2024.

DATA-skattekammeret for hvem?

Patientrettet information ved udskrivelse med Large language model (LLM)

- RCT studie (n 64 pt. standart udskrivelsesbrev/ 64 pt. LLM brev) til at øge patientens 'compliance', selvomsorg og deltagelse i egen behandling
- Significant higher PAM-score (95%)



THE LANCET
Digital Health

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ARTICLES · Online first, 100991, May 18, 2026 · *Open Access*

Effects of large language model-generated, patient-oriented discharge summaries on patient activation: a single-centre, single-blind, randomised controlled trial in Germany

Paul Rust, MPhil [a,b] · Julian Frings, MPhil [a,b] · Prof Sven Meister, PhD [b,c] · Falko C Schulte, MD [b] · Prof Christian Prinz, MD [a,d] · Leonard Fehring, MD [a,b,d]

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Show Outline

Summary

Background

The transition from hospital to home represents an important period in patient care. Evidence suggests that improving patient activation (knowledge, skills, and confidence in self-care) reduces adverse post-discharge outcomes. Patient-oriented discharge summaries (PODS) show promise in increasing patient activation, but are laborious and time-consuming to generate manually. We investigated whether patient-oriented discharge summaries generated by a large language model (LLM) could enhance patient activation compared with standard discharge summaries.

Eksempler på standart udskrivelsesbrev vs LLM-generet

Panel: **Edited example vignette of a discharge summary and the corresponding large language model-generated patient-oriented discharge summary (not part of the study dataset)**

Discharge summary vignette	Large language model-generated patient-oriented discharge summary
Diagnoses • Gastric ulcer with upper gastrointestinal bleeding **Epicrisis** Mr. [XX] was admitted on [date] with suspected upper gastrointestinal bleeding, presenting with coffee-ground emesis and melena. Initial hemoglobin was [XX] g/dL. The patient received transfusion of [XX] units of packed red blood cells (PRBCs), resulting in an appropriate increase in hemoglobin to [XX] g/dL. An EGD performed on [date] demonstrated a gastric ulcer (Forrest [1a]). Endoscopic hemostasis was achieved with 2 clips and adrenalin injection therapy. Subsequent hemodynamic status and hemoglobin remained stable. On follow-up endoscopy performed on [date], coagula were present without evidence of active bleeding (Forrest [2b]). **Medications at Discharge** • Pantoprazole 40 mg: 1-0-1 for 4 weeks, then 40 mg 1-0-0 until follow-up endoscopy. **Follow-Up and Recommendations** 1 Follow-up EGD in 6–8 weeks to confirm ulcer healing and exclude malignancy (appointment scheduling via [contact information]). 2 Immediate return to the emergency department for hematemesis, melena, syncope/collapse, or progressive symptoms of anemia. 3 Avoid medications associated with increased bleeding risk (NSAIDs, systemic corticosteroids) unless specifically approved by a physician.	**Why you were in the hospital** You were **admitted because** you had **signs of bleeding** in your stomach. This showed up as: • Vomit that looked like wet coffee grounds. • Very dark, tar-like poop. These are warning signs that blood is coming from the upper part of your digestive system (your food tube, stomach, or the first part of the small intestine). **What we found** • We **looked inside your stomach with a camera** during a test called an upper endoscopy (also called EGD). o We passed a thin, flexible camera through your mouth to look at your food pipe, stomach, and the first part of your small intestine. o This procedure also allows us to use medical instruments inside your stomach. • We **found a stomach ulcer** (a sore in the lining of your stomach) that **was bleeding**. • Your **blood count** (called hemoglobin) **was low** because of the bleeding. o Hemoglobin is the part of your blood that carries oxygen. When it is low, you can feel tired, dizzy, short of breath, or faint. • Your report lists "Forrest grade [1a and 2b]". o This is a medical scale to describe how much an ulcer is bleeding. o 1a means it was actively spurting blood at the first scope. o A later check showed 2b, which means there was a clot sitting on the ulcer and no active bleeding. **What treatment you received in the hospital** • **Blood transfusion:** You received packs of red blood cells (PRBCs) to bring your hemoglobin back up. o This helps your body carry oxygen again and improves symptoms like dizziness and fatigue. • The camera test (endoscopy) showed the bleeding ulcer. • We **stopped the bleeding right away** by: o Placing tiny clips on the ulcer to close the bleeding spot.

Modtagerrettet kommunikation fra hospital til hjem

Data er præsenteret I en struktur og med formuleringer, der er målrettet patientens Verden

Modtagerrettet DATA = INFORMATION = HANDLING

How you are doing now

- Your **bleeding has stopped**.
- Your vital signs (blood pressure, pulse) and blood count stayed steady.
- You were **safe to go home** with medicine and a plan for follow-up.

Medication you need to take at home

- **Pantoprazole 40 mg** (reduces stomach acid)
- **How to take it:**
  - For the first 4 weeks: 1 tablet in the morning AND 1 tablet in the evening.
  - After those 4 weeks: 1 tablet in the morning only until your next camera test.
- **Missed dose:** if you forget a dose, take it when you remember **unless** it is close to the next dose.

What you need to do next

- **Schedule your follow-up camera test (endoscopy) in 6–8 weeks.**
  - This checks that the ulcer has healed and also **rules out cancer**, which is a routine safety check
  - Please book the appointment using: **[contact information]**.
- **Take pantoprazole exactly as prescribed.**
- Avoid medicines that **raise bleeding risk such as** ibuprofen, naproxen, and similar pain pills u they are safe for you.

Warning signs—go to the Emergency Department immediately if you have:

- Vomit that is red, bloody, or looks like coffee grounds.
- Poop that is black/tarry or maroon/red.
- Fainting, passing out, or feeling like you will.
- Severe dizziness, chest pain, fast heartbeat, shortness of breath, or new/worsening belly pain.
- Pale skin, worsening tiredness, or weakness that is getting worse.

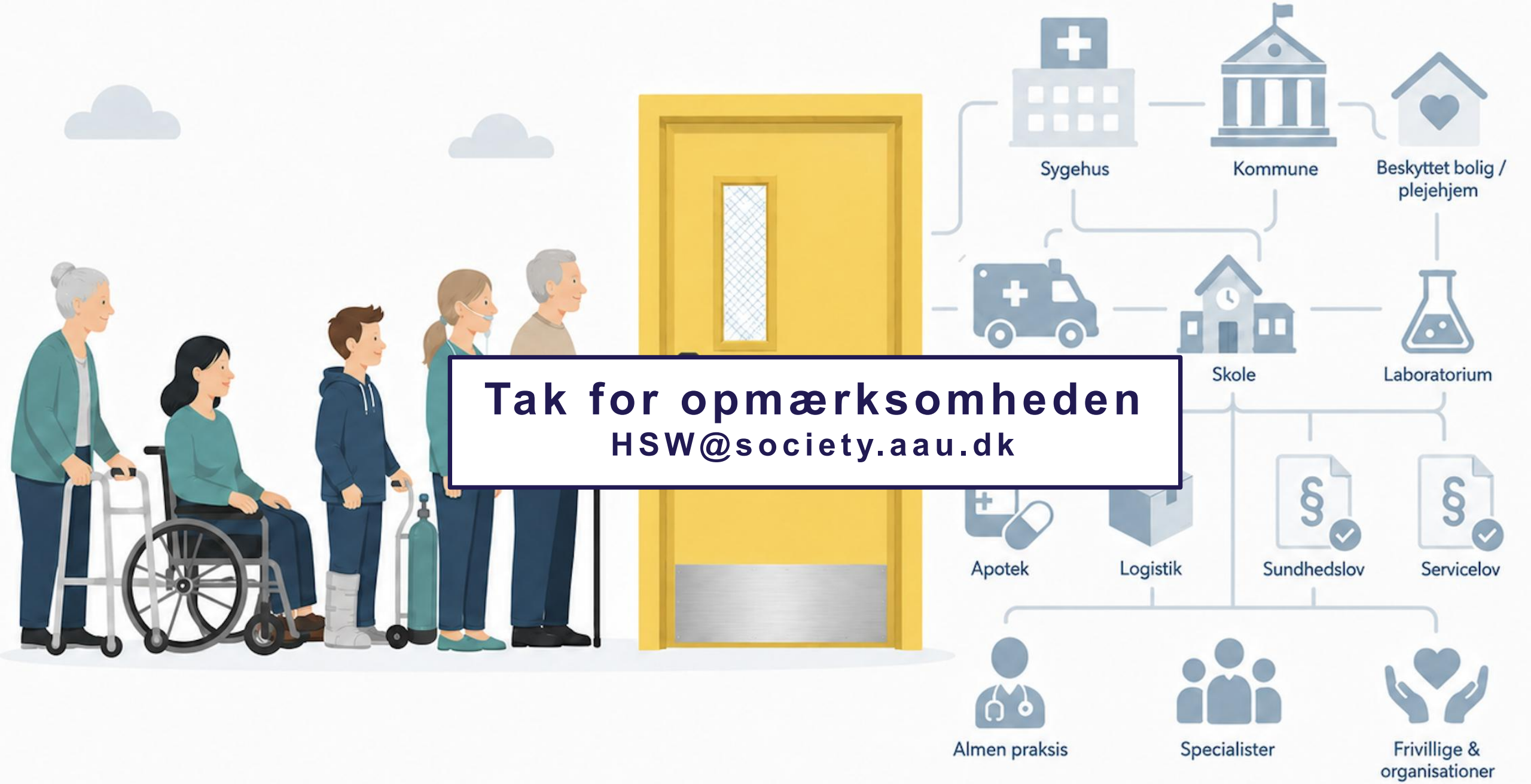
Do **not** wait. These may mean bleeding has started again.

Summary of how everything connects:

- **Ulcer forms** → can **bleed** → you lose blood → low hemoglobin (anemia) → symptoms like diz
- In the hospital, doctors **found the ulcer** with a camera, **closed the bleeding** with clips and m **blood** to bring hemoglobin up.
- **Pantoprazole** lowers stomach acid so the ulcer can **heal** and not **bleed again**.
- **Avoiding certain medicines** (like ibuprofen/naproxen/steroids) lowers the chance of re-bleed
- **Follow-up endoscopy in 6–8 weeks** confirms the ulcer is healed and checks that there is no

Practical checklist for you

- ☐ Take pantoprazole as prescribed (twice daily for 4 weeks, then once daily).
- ☐ Do not take ibuprofen, naproxen, or high-dose aspirin unless a doctor says it's okay.
- ☐ Arrange your 6–8 week follow-up camera test.
- ☐ Know the emergency warning signs.



Tak for opmærksomheden

HSW@society.aau.dk