



platform24

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The kronikerpakke logic, just in psychiatry and just ahead of law

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General practice becomes the anchor of chronic care

Anchored in general practice

The GP practice coordinates the patient's pathway across hospital, municipality and civil society.

Starts at diagnosis, never ends

An initial phase right after diagnosis, then a lifelong ongoing phase with follow-up.

Needs assessment first

Health, mental and social situation and health literacy, supported by PRO questionnaires.

Three levels of support

Self-care, proactive follow-up or extended support, set in dialogue with the patient.

One shared treatment plan

A digital overview (“MinPlan”) for the patient and every professional involved.

Rights with deadlines

A plan within 30 days of diagnosis. Prevention started within 21 days of referral.

THE FIRST FIVE PACKAGES

Rising ambitions: all five packages by 2029

Chosen where the disease burden is greatest, and brought forward since the reform was agreed.

2027

COPD (KOL) and chronic low back pain
As planned in 2024

2028

Type 2 diabetes and heart disease
Heart disease: first planned for 2029

2029

Complex multimorbidity
First planned for 2031

Funding

190m DKK in 2027, rising to 507m DKK in 2029

The same pathway logic could serve many more groups, for example:

- Depression, anxiety
- Dementia
- Osteoarthritis
- Asthma
- Hypertension
- Heart failure
- Kidney disease
- Sleep apnoea
- Child care
- Yearly check-ups
- Pre- and post-surgery
- Skin treatments
- Cancer
- ...

THE CAPACITY GAP

The packages arrive by 2029. The doctors by 2035.

5,000

GPs at least in general practice
by 2035

+43%

about 1,500 more GPs than today

2.4 bn

DKK a year, phased in up to 2030

400 a year

specialist training places in
general medicine, up from 350

30 extra

training places in GP, psychiatry
and geriatrics outside big cities

140 new

medical school places in Aalborg,
Esbjerg and Køge

2029

evaluation of whether the 5,000
target can be met

SOLVING THE BOTTLENECK

Automate as much of every pathway as possible

For as many patients as possible, with the staff we have. With tools that are allowed to act, and flexible enough for any condition.

1

MDR certified automation

Software that supports clinical decisions is a medical device. To act automatically, it must be certified.

2

Proven at volume

Run for millions of patients, not as a pilot.

3

Reliable and connected

Always on, with MitID and inside the systems clinicians and patients already use (Min Læge, sundhed.dk or own app).

4

Condition agnostic

Configured, not coded. Build pathways yourself or with us, for any condition, ahead of any national plan.

WHO WE ARE

Platform24: From first contact to follow-up

The intelligent care platform for healthcare systems, providers and insurers.

>17m

digital interactions

>11m

digital triages

>2,500

implementations

>90

active integrations

Class IIa

EU MDR certified

Front Door

Access

Digital Intake
& Triage

Automate

Digital Clinic

Interact

Care Plans
(pathways)

Monitor and automate

Connect

Integrate

SWEDEN

18 of 21 regions

plus the majority of insurance companies
and many private healthcare providers

NETHERLANDS

Providers and insurers

Private and public providers and insurers

DENMARK

Internetpsykiatrien

National digital psychiatry for all regions

OUR PRODUCT: CARE PLANS (PATHWAYS)

Automated care plans that already run the pakke logic

PATHWAYS AUTOMATES

Questionnaires and scales, sent and scored

Several conditions in one plan per patient

Intervals and thresholds set per patient

Alerts on deviations or missed activities

All patients, filtered by condition or step

Annual check-ups with forms and booking

WHAT THE PAKKE ASKS FOR

Needs assessment and PRO before the consultation

One plan for the patient with multimorbidity

Differentiated follow-up on levels 1, 2 and 3

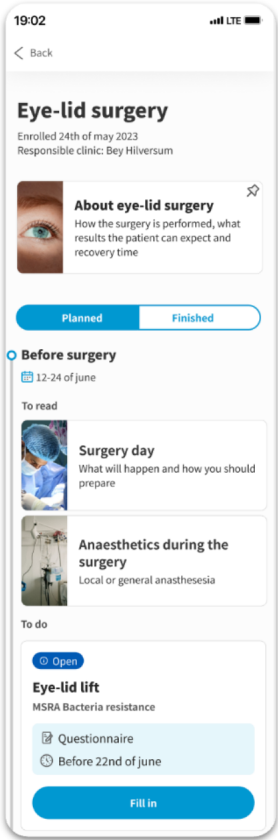
Proactive follow-up flags

Population overview for the practice

Annual status and planned follow-up

EXAMPLES OF AUTOMATED RULES

- 1. A check-in score $\geq 7/10$ automatically flags the clinician; scores < 3 auto-advance the patient to the next stage
- 2. A booking link for the next check-in is sent automatically once a milestone or date is reached
- 3. Week 2 content unlocks automatically only once week 1 is logged as complete



RESULTS WITH CARE PLANS

Time back for clinicians, better care for patients

30–45%

fewer patient calls about purely administrative errands

6 min

saved per activity per patient on administrative tasks

50%

fewer unnecessary physical visits, thanks to a more proactive approach

4.9/5

patient and clinician satisfaction, with better adherence to clinical best practice

National digital psychiatry, on Platform24

Center for Digital Psychiatry offers free digital treatment for depression and anxiety across all regions, since 2021.

Scaling ambitions by 2027

1,304 → 4,200

guided self-help courses

0 → 20,000

self-help courses, without a therapist

What we deliver

A new patient administrative system: scalable, efficient and more patient-focused.

Care plans

Triage and routing

Care Plan Studio

Video and chat

Data collect and insight

Same pakke logic, now being built for psychiatry

01

Application

- MitID login
- Triage and eligibility check with automatic accept or reject
- Validated rating scales

= Needs assessment

02

Screening

- Psychologist reviews the full application
- Patient books a video call
- Final treatment decision

= Personal plan

03

Treatment

- 12–20 weeks in MindDistrict/Fælles-offentlig Behandlingsplatform, FOB later (integration)
- Just-in-time information in Platform24
- Automatic follow-up on patients not progressing

= Timed steps

04

Closing

- Closing call booked a week before the end
- Evaluation forms sent automatically

= Follow-up

AHEAD OF THE LAW

There is no need to wait. It's possible today.

All four requirements are in place today, next to the national tools that arrive in 2027.

✓ In place

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Configured, not coded. Build pathways yourself or with us, for any condition, ahead of any national plan.

The capacity won't
only come from new
doctors. It will come
from automating the
pathways.

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