



The Future of Health Systems in a Changing Europe

Outcomes Report

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The Future of Health Systems in a Changing Europe

European healthcare systems face shared strategic pressures – on data, resilience, digital maturity, and innovation at scale – even as they differ in governance, infrastructure, and implementation capacity. The Data2Value Executive Dialogue convened more than 60 senior leaders to confront those challenges and discuss how European health systems can adapt – and strengthen – in a continent that is rapidly changing.

Conversations focused on how cross-national collaboration can help health systems turn digital transformation, health data, regulation, innovation, and resilience agendas into practical value for hospitals, regions, and care delivery.

The event was led by senior executives from the Danish Health System in collaboration with the Lemonmint Team as well as the German and Spanish Data2Value Communities. International leaders joined from Sweden, Norway, France, Türkiye, Austria, Italy, Netherlands and Belgium. It was designed as a closed-door, peer-to-peer dialogue with panels, roundtables, plenary reflections, and informal exchange under Chatham House Rules.

Denmark as a reference point for change

The Copenhagen Dialogue showed how digital transformation, health data use, regulation, and innovation can be translated into practical value for care, research, system resilience, and implementation at scale.

Denmark's recent healthcare reform, advanced digital health infrastructure, and experience with national coordination offered concrete perspectives on how transformation can be organised and implemented in practice. The aim was not to present one model as a blueprint, but to use different national experiences to support shared European learning.



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Klaus Larsen

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Christina Roosen

Strategic Advisor, Lemonmint

Kurt Espersen

CEO, Region of Southern Denmark



The programme centred on three strategic areas

Danish healthcare reform and digital health governance

led by Klaus Larsen, CEO, Digital Sundhed Denmark

The opening programme focused on Denmark's healthcare reform and the further development of national digital health governance. Discussions addressed national coordination, investment priorities, implementation challenges, and the role of governance in translating reform into operational practice.

Resilience and civil preparedness

led by Prof. Robert Schwab, Commander and Medical Director Central Hospital Koblenz

The fireside chat and roundtables examined resilience as a structural requirement for health systems. Discussions focused on continuity of care under pressure, including crises, cyber incidents, workforce shortages, digital dependency, and broader system disruptions.

Europe's digital maturity

led by Armin Scheuer, CEO, Lemonmint

Digital maturity is a strategic requirement for future-ready European healthcare systems. Topics included governance, interoperability, cybersecurity, data compatibility, workforce readiness, and implementation capacity. The contribution from the German Federal Ministry of Health on the Digital Radar project added an important policy and operational perspective on the country's assessment of more than 1,600 hospitals.

“AI adoption will not be solved in the ivory tower of science or of politics. We can only solve this together.” –
Anke Diehl, CTO, University Medicine Essen





European healthcare systems can advance faster through collaboration.

European healthcare systems operate under different structural, regulatory, and institutional conditions. Yet many of the same challenges are emerging across countries: responsible health data use, interoperability, resilient infrastructure, workforce readiness, innovation scaling, and implementation capacity.



“We face the same challenges and we have the same view on how to solve them.” – Klaus Larsen, Deputy CEO, Digital Sundhed Danmark

That shared diagnosis does not yet translate into shared engagement across all dimensions of European health policy. Health system leaders from several countries reported that the EHDS is widely understood among health managers as focused on secondary use of data – and therefore not directly relevant to their organisations. The conclusion: The EU Commission and member state governments have work to do in re-calibrating this perception to secure broader participation in EHDS implementation.

The anticipated impact of generative and agentic AI on healthcare and life sciences was a point of broad agreement across the tables. Participants identified collaboration between health systems, university hospitals and industry as a necessary condition for realising that potential – with public-private partnerships and triple helix initiatives seen as validated models for advancing AI deployment at scale. Funding remains an essential enabler of such collaboration.

Health data must create practical value.

The impact of the EHDS will depend on how successfully regulation is translated into practice across different health systems and maturity levels.



“Foster partnerships across borders to leverage data and create value.” – Felicitas Muth, Consultant, WHO Regional Office for Europe

Bridging that gap requires broader ownership of the EHDS vision. Roundtable participants noted that the EHDS is currently perceived as the domain of specialists and civil servants, limiting the engagement needed to drive implementation across diverse health systems. The EU could address this by presenting the vision and tangible benefits of the EHDS to employees, citizens and consumers – framing it as something directly relevant to everyday experience of care. Early communication of this vision was seen as a means of promoting broader engagement and accelerating adaptation across member states.



EHDS implementation was also identified as a direct opportunity for AI deployment. Access to real-world data at scale is a prerequisite for advancing generative and agentic AI in healthcare – and participants noted that investment in data infrastructure and computing capacity will be essential to realise that opportunity in practice.

Scaling innovation remains a central barrier.

Europe does not lack ideas, pilots, or innovation projects. The challenge is moving successful approaches into routine practice. Scaling requires governance, effective procurement models, public-private collaboration, trust, workforce readiness, and implementation capacity.

Roundtable discussion pointed to procurement as a concrete lever. Participants identified the active involvement of health professionals in procurement, design and implementation phases as a critical enabler of early adoption – and of the peer-to-peer recommendation that drives broader uptake. Value-based procurement was seen as a viable mechanism, provided it incorporates change management from the outset rather than treating adoption as a downstream concern.



“The biggest barrier to healthcare innovation is scaling ideas to become mainstream.” – Jordi Piera, CEO, openEHR International

The pace of development in generative and agentic AI adds further urgency to the scaling challenge. Participants noted that initiating and fostering machine learning and large language model deployment within individual organisations is a first essential step – and one that many health systems have yet to take. Shared competence and upgraded computing infrastructure were identified as practical enablers that organisations and systems can begin to invest in now.

Digital maturity requires more than technical infrastructure.

It depends on leadership, culture, workforce involvement, trust, and the ability to embed new ways of working into everyday practice. Healthcare professionals need to be actively involved in transformation processes from the beginning.



“We have to remember to involve healthcare professionals so they are not afraid of all the changes that are coming.” – Dorte Boe Danbjørg, President & Chief Representative, Danish Nurses' Organization

A recurring theme across the tables was that countries differ in how digitalisation is perceived and prioritised – with some health systems asking what the cost of not digitalising is, while others focus on the cost and rationale of going ahead. Against that backdrop, participants underlined the role of health professionals as a critical variable.



Where healthcare professionals are actively involved in innovation, procurement and implementation processes, their willingness to adopt new approaches increases – and with it, the prospects for sustainable transformation.

The emergence of generative and agentic AI sharpens this requirement considerably. Participants agreed that boards and senior management need to develop fluency in these technologies – both in theory and in practice. Governance and compliance with the EU AI Act were identified as priorities, not only as regulatory obligations but as a means of building public trust. The need to develop competence and ensure compliance simultaneously was seen as one of the defining management challenges of this period.

Resilience must be built before crises occur.

Preparedness was discussed as a system capability, not only as an emergency response function. Resilient health systems require secure infrastructure, trusted relationships, civil-hospital coordination, clear governance, and the ability to maintain care delivery under pressure.

Perspectives from the floor produced a cautious assessment of whether current reforms are sufficient. Participants identified two structural gaps. The first is the absence of a shared European vocabulary for different categories of threat and consequence – one that resonates with health professionals, managers and patients, not only technical specialists. The second is governance and funding: European governments need to take a more active role in setting standards and ensuring that the costs of implementing comparable safeguards across member states are shared. On both counts, current reform efforts were seen as directionally correct but insufficient.

The dual-use potential of health system investment was raised as a further consideration. As European countries increase investment in civil and military readiness, participants noted that health systems have a role to play in that broader preparedness effort – and that the infrastructure, data capabilities and organisational resilience being built for healthcare purposes carry strategic value beyond the sector itself.



A Forum for Exchange Among Health System Leaders

Following the programme at Rigshospitalet, participants gathered for an evening reception at the German Embassy in Denmark. Deputy Head of Mission **Markus Bollmohr** delivered the welcome address, opening the reception to participants that included **Kurt Espersen**, COO of the Region of Southern Denmark, and Erik Jylling, Executive Vice President of Region East Denmark, alongside delegates from across the continent.

Bollmohr reflected on Denmark's standing as a global leader in the digitalization of public services — noting that the country's integrated digital health infrastructure, including universal digital patient records accessible via CPR number, represented a model worth understanding in depth. He also pointed to Denmark's track record of health system reform over the past two decades, which he said had contributed to financial stability, operational efficiency, and improved patient care.



"Coming to Denmark is somewhat of a journey into the future for everyone who comes from another country." – Markus Bollmohr, Deputy Head of Mission, Embassy of the Federal Republic of Germany, Copenhagen

Shared Challenges Across European Health Systems

Drawing on Germany's own scale — with health-related expenditure exceeding 500 billion euros in 2025 and the sector accounting for approximately 12.5% of the national economy — Bollmohr underscored the shared challenge facing European health systems: maintaining financial sustainability and quality of care while advancing digitalization and innovation.

Building on a Dialogue That Began in Berlin

The reception followed a full day of closed-door roundtable sessions held at Rigshospitalet and marked the continuation of an Executive Dialogue series that began in Berlin in October 2025. Bollmohr closed his remarks by expressing hope that the evening would serve its intended purpose: providing a space for health leaders to exchange perspectives and draw inspiration from one another's experience.

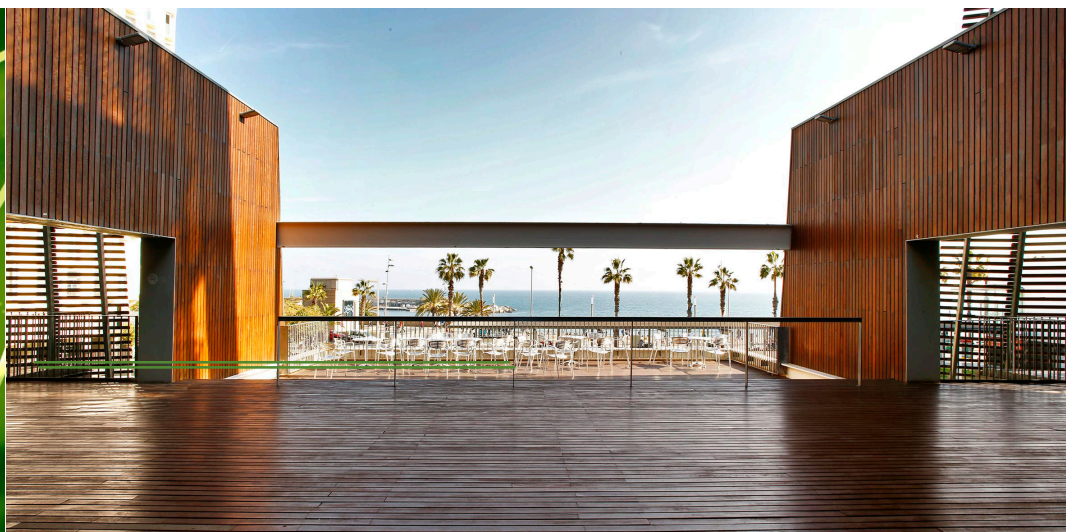


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The Data2Value communities from Spain, Denmark, and Germany invite you to their annual leadership summit to share what actually works: best practices, real experiences, and concrete steps to accelerate AI deployment in European healthcare.

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