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National Health Care Institute

Is there a leading patient role in implementation of integrated birth care?

(Zorginstituut Nederland)

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Glasgow, february 29

#Quality2019

#QFE3

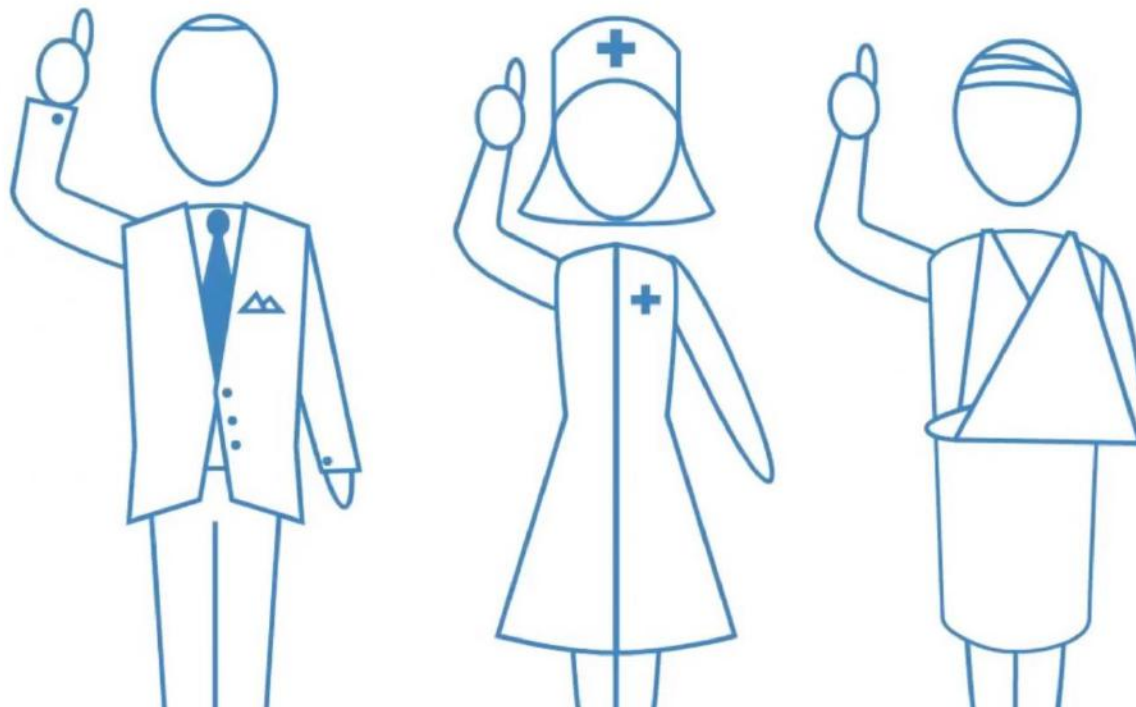


Declaration of interests

Uriëll Malanda declares that he has no personal-, organisational- or financial interests, nor interests of related parties to declare.



National Health Care Institute





Our three ambitions

These ambitions give directions to our daily activities on quality, affordability and accesibility of health care



affordable
health care
system



better care
faster available



informed
citizens



Take home messages

Getting patients in the lead means involving them throughout the whole process: from policy making to implementation.

Design patient participation together with and not without the patient.

Patient 'leadership' requires an intrinsic drive



Anne Mooij,
Dutch Patientfederation
Patiëntenfederatie Nederland



Is there a leading role for patients?

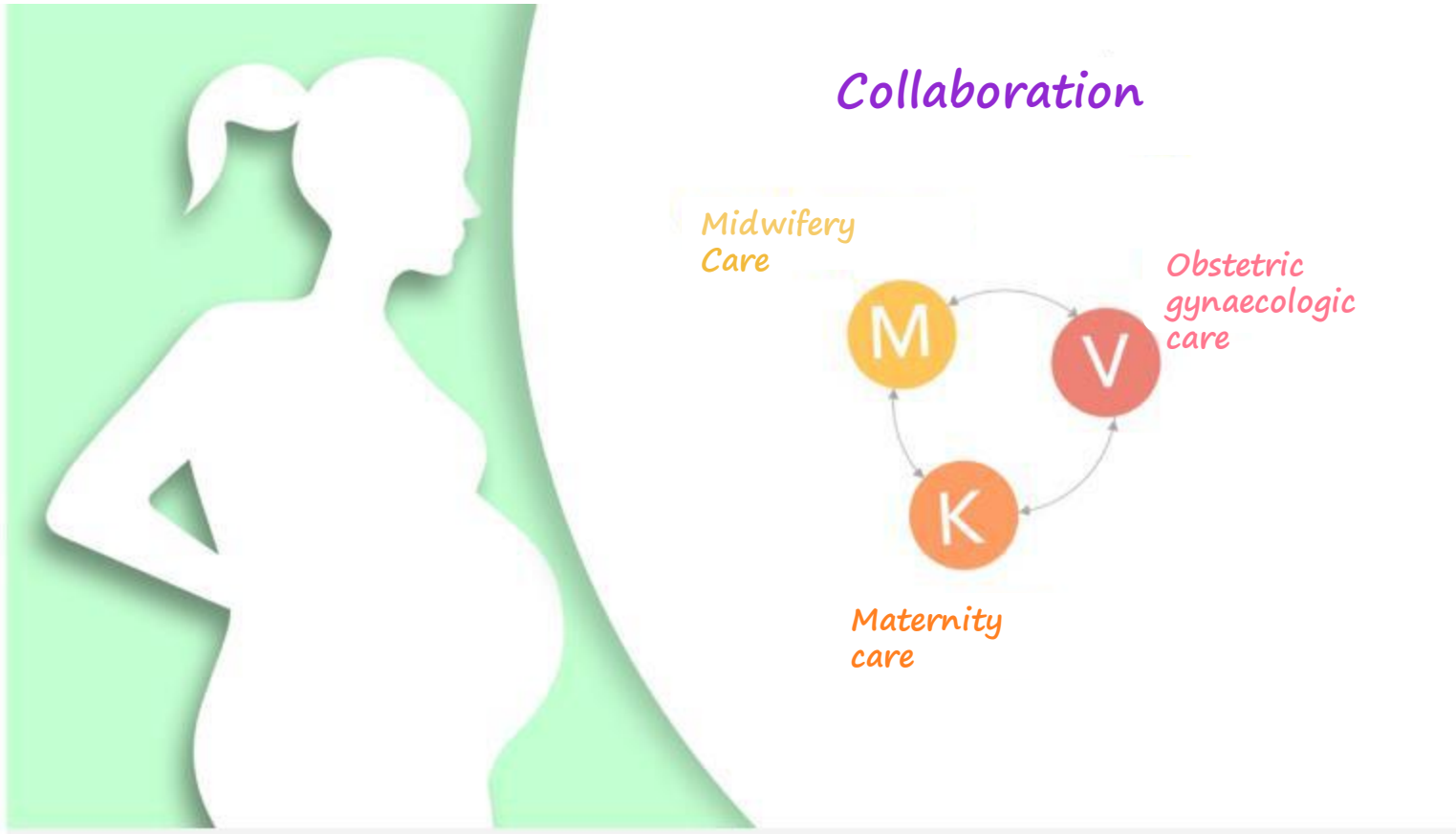
Summarized:

"If we want a leading role for patients in integrated birth care, the point of departure should be to involve patients in every initiative, project and decision."

"Somehow, patient participation does not really get off the ground."

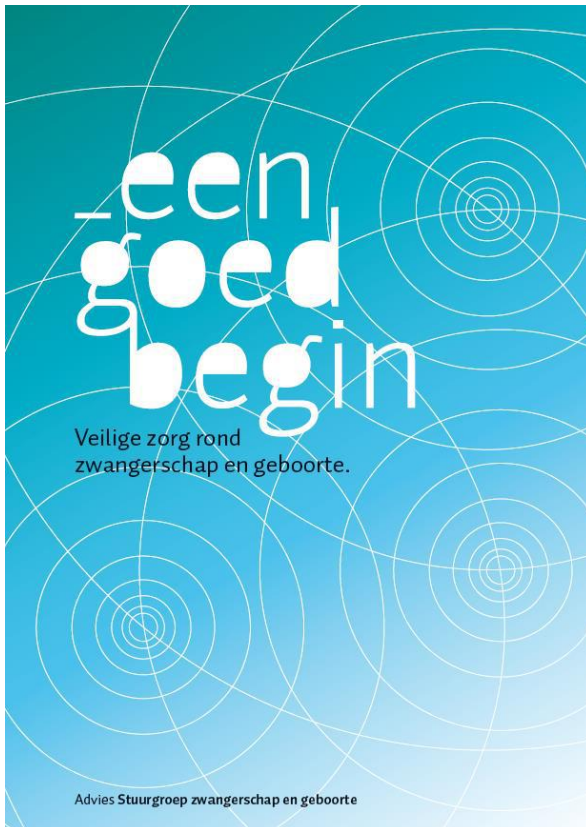


Integrated birth care in the Netherlands





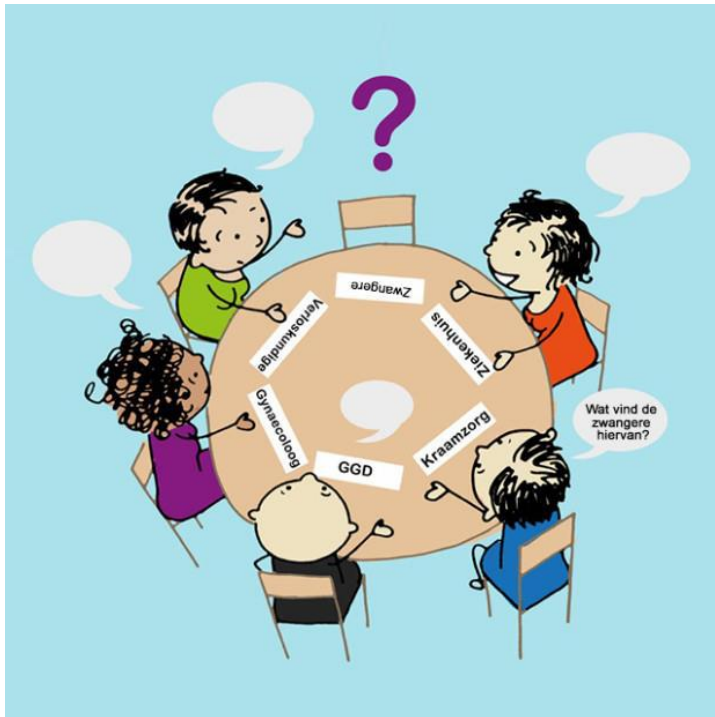
Patient participation embedded in policy



Develop a care standard integrated birth care with:

- Mother and child in a leading role
- Stimulate patient participation
- Integrated environment for learning
- Shared Decision Making

Why implement patient participation in integrated birth care?



- To build a regional perspective on patient centered care
- To learn from feedback from patients
- To get all players in birth-care involved
- To identify and act on topics that really matters to patients ¹

Source: Zelfbewustzwanger.nl

¹Groenen et al. Eur J Obstet Gynecol Reprod Biol. 2017



Types of patient participation





Implementation of patient participation

80 Obstetric collaborative regions:

- Several **mixed forms** observed
- **Acceptance** by careproviders is challenging
- Trouble **finding members** for the council
- Regular **input** from young parents is lacking



Instructions

Consult your neighbour left and right and discuss:

- What strikes you in this fragment?
- What will you take home to use in your own situation.



Cynthia van Stiphout -
Geboortehart Hoorn e.o.

Patricia Eikelenboom -
Ouderadviesraad Nijmegen



Discussion

- What strucked you?
- What will you take home?



Notable 'quotes'

Summarized:

Patient ownership is needed on how patient participation should be organised.

Involvement and advice of patients in policy making is valued by all parties

An intrinsic drive to represent the patients perspective is essential



Take home messages

- Getting patients in the lead means involving them throughout the whole process: from policy making to implementation.
- Design patient participation together with and not without the patient.
- Patient 'leadership' requires an intrinsic drive



Anne Mooij, Patiëntenfederatie Nederland



Thanks to:

This presentation was not possible without the input of:

Patiëntenfederatie Nederland



Moederraad Geboortehart



Ouderadviesraad Nijmegen





Questions?

Thank you for your kind attention

Email: umalanda@zinl.nl



Source: Zelfbewustzwanger.nl



Mats Bojestig, Anette Nilsson
Region Jönköping, Sweden



***“Health is in joy be
occupied by doing
your life tasks”***

- Inspired by the German philosopher
Gadamer



Every primary care

- Risk factors
- Life habits
- High risk
- Socio-economic facts

Vårdcentralsprofil för Vrigstad Läkarmottagning

Baseras på genomförda hälsosamtal för 40-, 50- och 60-åringar under 2014 (n=75). Värden som redovisas i fet stil är antal personer och i parentes redovisas andelen.

	1	2	3	4
Fysisk aktivitet kcal/vecka	11 (12 %)	30 (42 %)	19 (26 %)	12 (17 %)
Mat kostpoäng	28 (41 %)	21 (30 %)	20 (29 %)	2
Alkohol glas/vecka	62 (84 %)	3 (4 %)	7 (10 %)	2 (3 %)
Tobak cig/dag (snusning)	62 (83 %)	11 (15 %)	2 (3 %)	0 (0 %)
Livssituation poäng	72 (96 %)	2 (3 %)	0 (0 %)	0 (0 %)
Psykisk ohälsa poäng	49 (65 %)	13 (17 %)	13 (17 %)	1 (1 %)
Ärftlighet diabetes	51 (69 %)	19 (26 %)	4 (5 %)	0 (0 %)
Ärftlighet hjärtkärl-sjd	36 (50 %)	22 (31 %)	10 (14 %)	4 (6 %)
BMI kg/m2	40 (54 %)	31 (42 %)	3 (4 %)	0 (0 %)
Midjastusskvot	13 (17 %)	15 (20 %)	23 (31 %)	34 (46 %)
Blodtryck mm Hg	31 (41 %)	29 (39 %)	13 (17 %)	2 (3 %)
Kolesterol mmol/liter	23 (31 %)	47 (63 %)	5 (7 %)	0 (0 %)

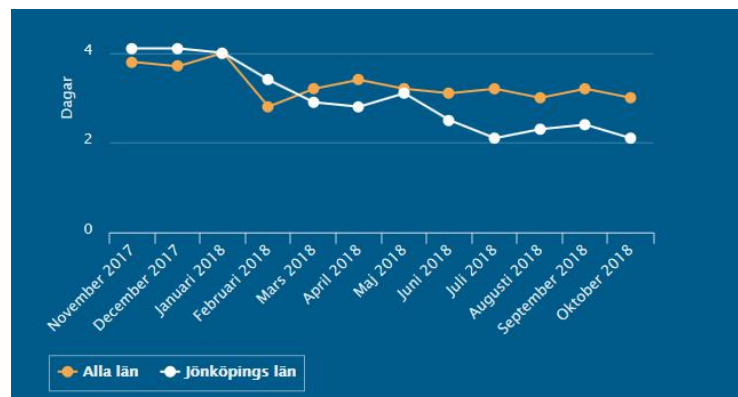
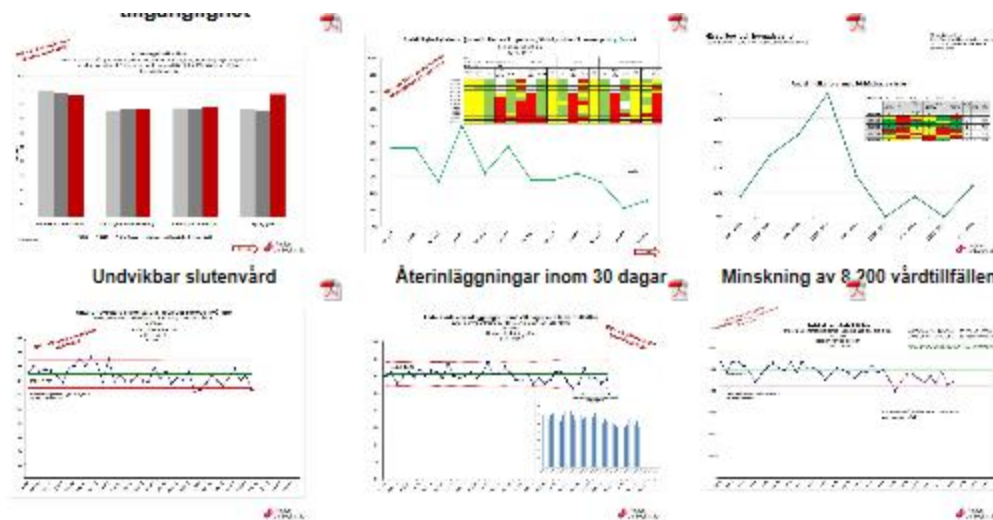
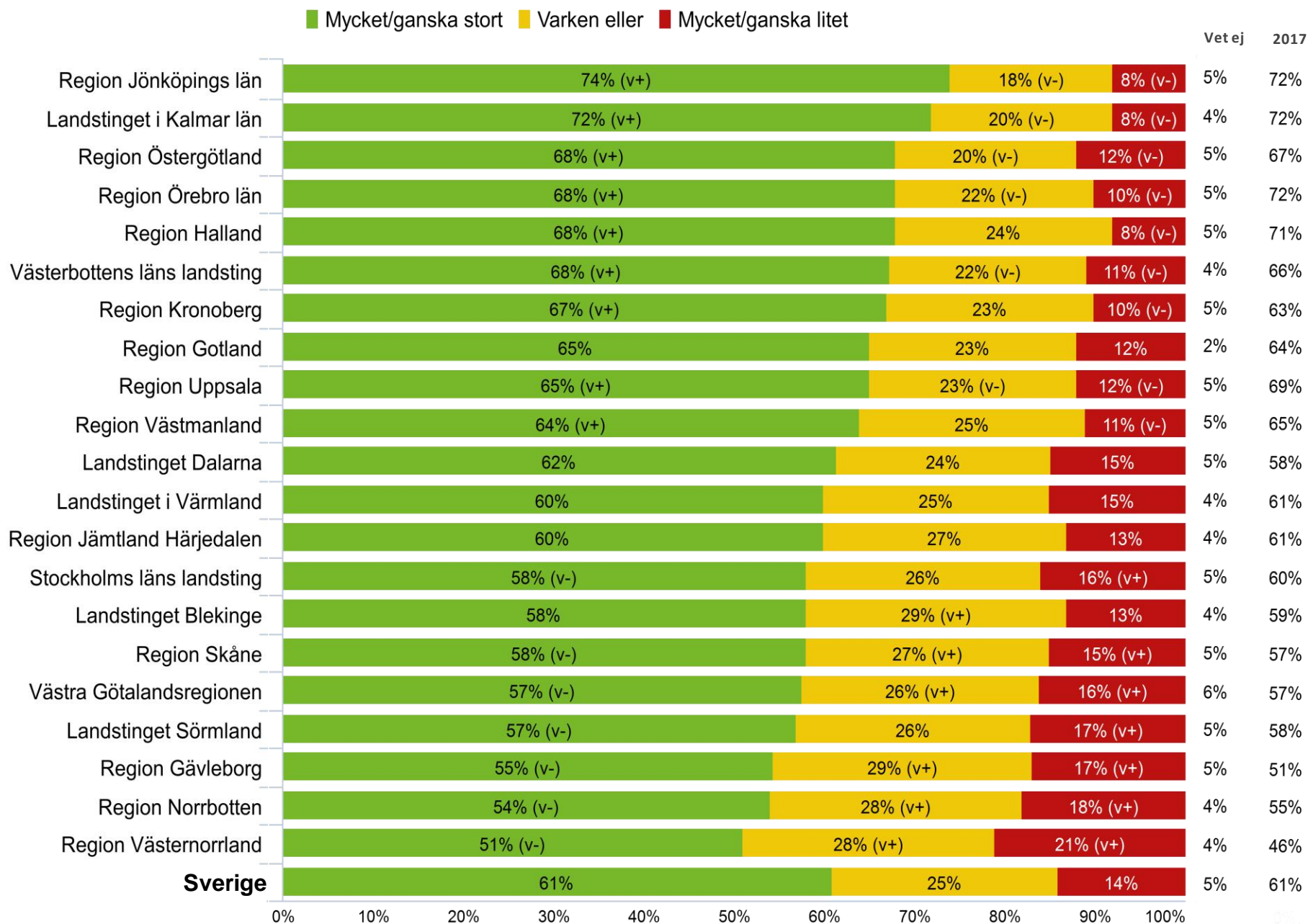


Figure. Reduction of days in hospital

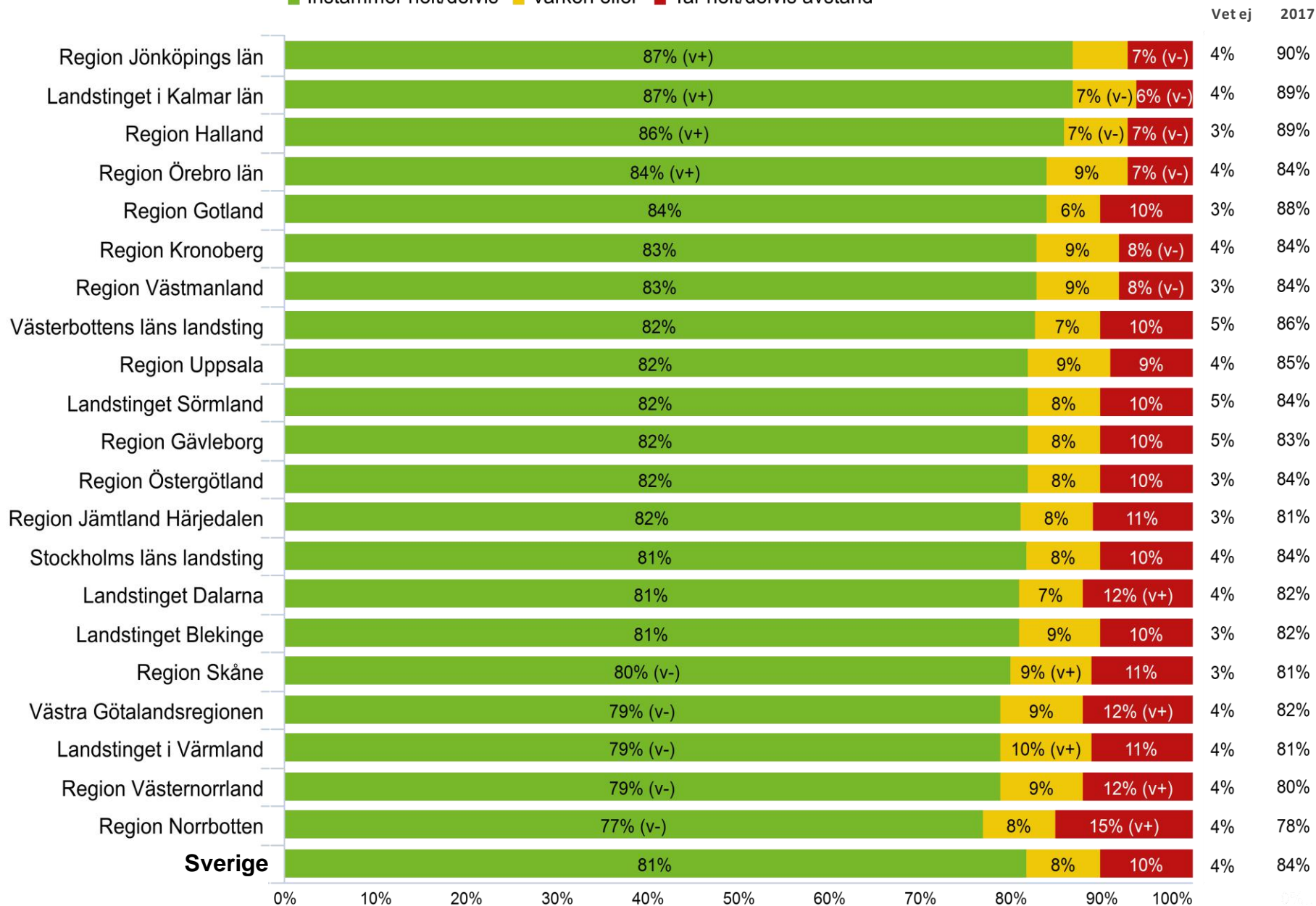
Hur stort eller litet förtroende har du för hälso- och sjukvården i sin helhet i din region/ditt landsting?



v+ = Värdet är med 95 % säkerhet högre än rikssnittet v- = Värdet är med 95 % säkerhet lägre än rikssnittet

Jag har tillgång till den hälso- och sjukvård jag behöver

■ Instämmer helt/delvis ■ Varken eller ■ Tar helt/delvis avstånd

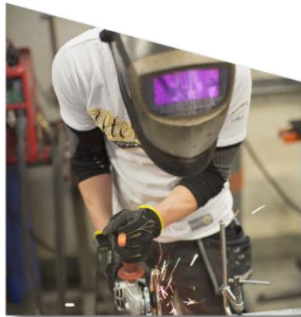


v+ = Värdet är med 95 % säkerhet högre än rikssnittet v- = Värdet är med 95 % säkerhet lägre än rikssnittet



Together – for best possible health and equal care

Tillsammans för bästa möjliga hälsa
och jämlik vård



Vardagsliv



Stöd för kropp
och själ



Primärvård



Specialiserad
vård



Passion for life – social movement

- To incite senior citizens to take their own responsibility for preventive work for as rich and healthy life as possible
- To find messengers who can communicate knowledge and methods and spread ideas

<https://www.youtube.com/watch?v=BJ7TZ-n-044>



2014 - Passion for life won first prize in EU contest "Social innovation in ageing – The European Award"



The prize is awarded by the Belgian royal family fund, the King Baudouin Foundation for the renewal of work in the area of the elderly.

Healthcafé

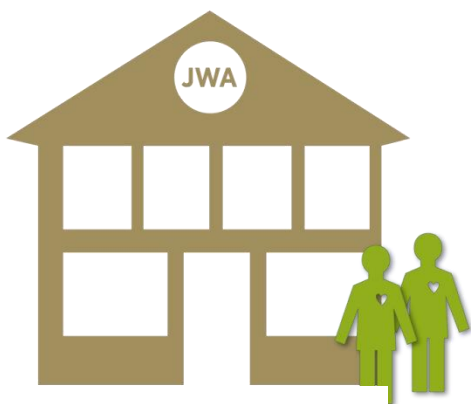
Create meeting points for people to support each other...



Here, people who live with chronic diseases and their relatives are able to meet and create a network that gives support and knowledge to support health.



- House of heart
- Live for living
- Café brain
- Living library



Work place



Digital support



Care

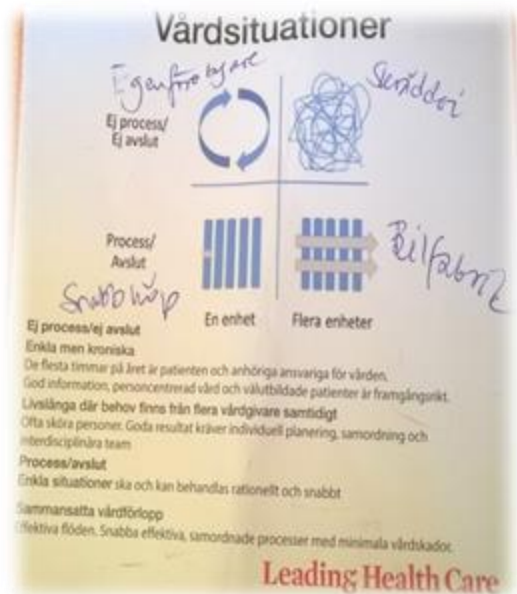


Community



School

One size doesn't fit all!



We need to work in co-production and develop deeper understanding for how we interact and develop services together

People are different, have different needs and expectations in different situations

Independent
and committed



Worried and
committed



Traditional and
not worried



Vulnerable
and worried



What is a service?

- Co-creation of activities and the value they create together
- Cooperation between producers and consumers
- Created and consumed at the same time

“In co-production a service occurs that none of the people involved had been able to create by themselves”



Strategy to make it happen



A lot of prioritised identified areas

1. Patientmiljarden delprojekt 1- Tillgänglighet
2. Patientmiljarden delprojekt 2- Patientkontrakt
3. Psykisk hälsa delprojekt 2 – Primärvård
4. Psykisk hälsa delprojekt 3- Barn och unga
5. Psykisk hälsa delprojekt 4- Brukarsamverkan
6. Psykisk hälsa delprojekt 5- Asylsökande och nyanlända
7. Psykisk hälsa delprojekt 6 – Ungdomsmottagningarna
8. Cancervården
9. Barnhälsovården
10. Goda förutsättningar för vårdens medarbetare delprojekt 2- Mer tid till patienten

11. Kvinnohälsa och förlossning
12. Digitala lösningar och automatisering av förstalinjens vård
13. Jämlik hälsa
14. Kroniska sjukdomar
15. Trygg och säker vård och omsorg
16. Utveckling av rehabkedjan
17. Hälsa för livet
18. Barnskyddsteam
19. Habilitering
20. Vaccinationer 70-åringar
21. Center för prostatacancer
22. Kunskapsstyrning
23. Somatisk hälsa vid psykisk sjukdom

Three overall system change

Patientkontrakt

Överenskommelse
Gemensam överenskommelse
mellan patient och vårdgivare



Delaktighet

Fast vårdkontakt
Person med
samordningsansvar



Samordning

Överenskommen tid
Bokade tider i samråd



Tillgänglighet

Sammanhållen plan
Planering, överblick och stöd
för koordinerade insatser



Samverkan

Värdegrund som genomförandekraft

Mer tid till
Patienten



SVF
VARJE DAG
RÄKNAS!



Big scale transformation

- Concept – change package
- Collaborative
- Coaching and digital support for different needs

Model for Improvement



Region
Jönköpings län

Patient compact: a concept in four parts



Values make it happen

Shared responsibility

- Improve health and care
- Empower the patients to believe in their own capability and use it from the perspective of what matters to them.
- Empower the patient and create possibilities for a partnership with health care.
- Both patients and caregivers care for time spent
- Co-production – patients and caregivers



What will your patient compact look like?



How we build a learning platform for transformation of a whole Health and Care system that revolves around the patient

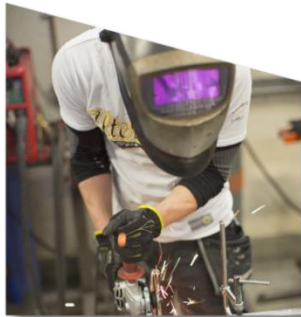


- We always start with "What matters for Esther?"
- Leadership at macro level tells the direction, gives support and asks for and follow-up results.
- Employees together with patients design new way of working
- Standardised QI support to work systematically and visualise the movement
- Learning by doing – catch learning – research
- Meetingpoints – pieces and whole picture – deeper understanding for the need for cooperation and co-production.
- Joy gives energy to the journey

All this is a challenge in big system and needs humility and an ongoing dialogue to support trust and power for action.

Together – for best possible health and equal care

Tillsammans för bästa möjliga hälsa
och jämlik vård



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