Patient centeredness in the identified European integrated care programmes on multimorbidity

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Complex patients, complex needs

• Disease specific approach is not ideal
• Increased awareness that a different approach is needed
• No widely accepted, clear care model for multimorbidity

→ Towards a more integrated way of care delivery!
Integrated patient centered care

• Not merely better integration of services, but also pro-active, well coordinated and multidisciplinary. Supporting collaboration between care providers.

• Goal oriented in stead of problem oriented.

→ Care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions⁴: patient centered care!

Patient centeredness

• Important elements are¹:
  – mapping the needs of the patient including medical as well as psychosocial needs
  – respecting the patients’ illness perception, preferences and values
  – shared responsibility through shared decision making, while taking into account a patients’ skills and competencies
  – including family and informal carers in the care process
  – integration of services that are convenient and accessible

→ Today: patient centered communication, values and preferences, involvement of informal carers, patient –relevant outcomes

¹ Beach et al. The role and relationship of cultural competence and patient centeredness in health care quality
Patient centered communication

- Central care provider
- Shared decision making competencies
  - Training for health professionals in POTKU and Gesundes Kinsigtal programmes
- Patient education
  - Information materials: 59%, tailored 17%
  - Peers informing patients and their relatives on how to live and cope with chronic illness
Values and preferences

• Shared goal setting
• Personal care plan
  – In the Gesundes Kinsigtal a personal care plan is developed by the patient with their central care provider. The goals are evaluated regularly.
• Available resources
  – In the Potku project an individual health and care plan is developed, taking into account a patients resources!

→ The POTKU project is an interesting example!
The POTKU project

• Patient Profiles
  1. Self-management clientship (not complex, good resources)
  2. Co-operation clientship (complex, good resources)
  3. Community clientship (not complex, poor resources)
  4. Network clientship (complex, poor resources)

• Health and Care Plans
  1. My needs
  2. My goals
  3. My measures
  4. Follow-up and assessment
  5. Medication, diagnoses and contact person.

“Giving patients the strength to take care of their own health!”
Involvement of informal carers

• **Co-clients**
  – The Belgian ADS project structurally applies tools to gain insight in the burden of informal carers.

• **Fears and worries**
  – The Telerehabilitation programme has innovative information-kiosks in the waiting room to inform family and friends about the ICU, its staff and the technical equipment.
Barriers

• Inadequate knowledge of all involved
• Lack of time
• Inadequate funding
• Lack of managerial vision

• Inadequate support!

➔ Is everybody ready?
Implications

• The goal oriented approach: a different way of thinking and acting!

• Heavy reliance on self-management: support patients, teach them!

• Patient-relevant outcomes: how to measure “patient centered care”? 
In disease self-management, you are the most qualified expert – health care professionals provide you with the support you need.

1. Contact your health care center
   - A health care professional will schedule an appointment of sufficient duration.

2. Preparation
   - The self-management assessment form.

3. Mapping appointment at the nurse’s office
   - You and your nurse will together assess your present health status and self-management support needs on the basis of the self-management assessment form.

4. Care plan
   - You, your nurse and your physician together define your care plan's goals as well as the methods for attaining them.

5. Self-management
   - Your own role in your health care becomes clear, you know where to get help, and you know when your situation needs to be reassessed.