Patient empowerment and eHealth

A challenge to health professionals in primary care?

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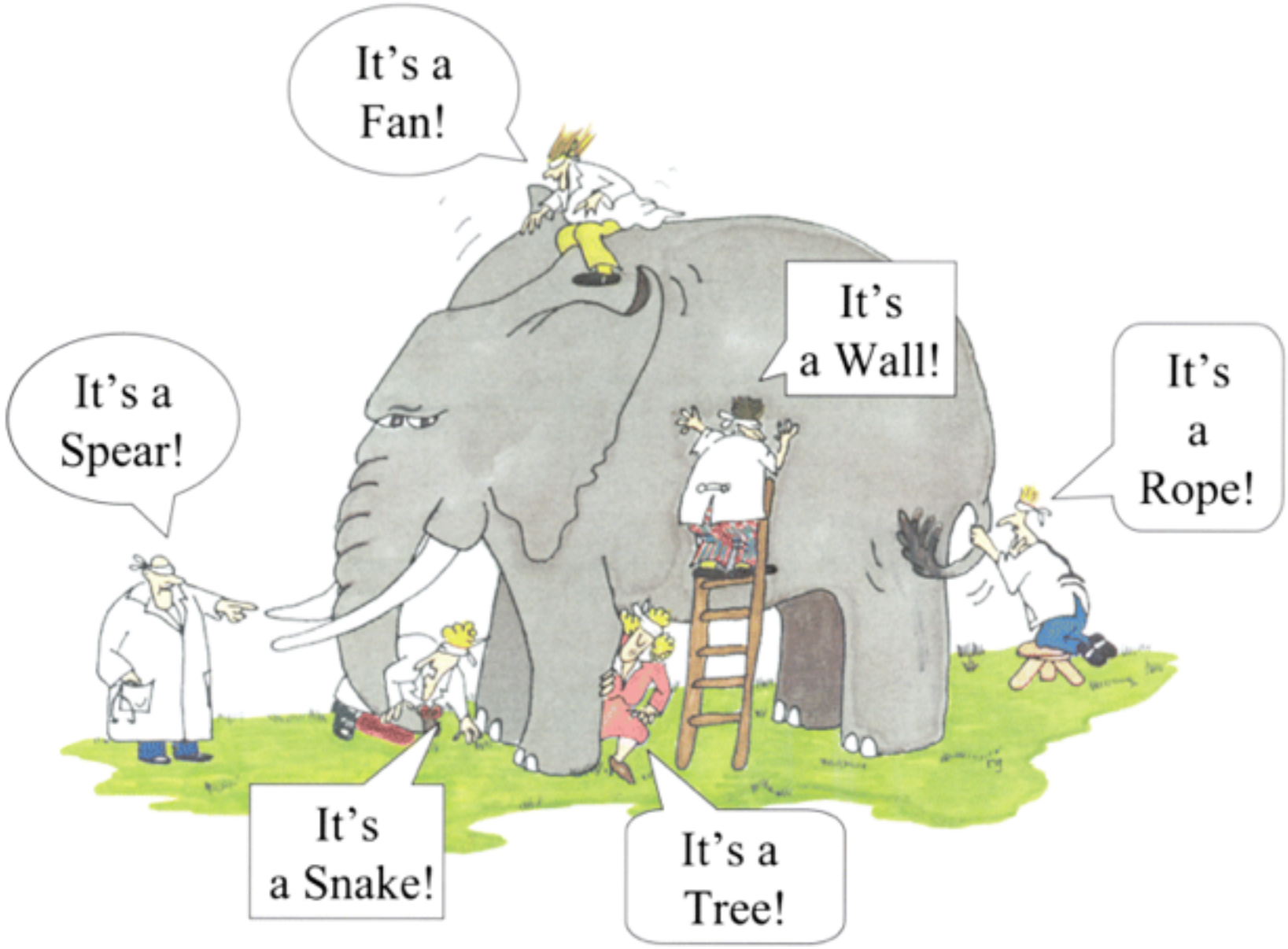
EFPC Conference Barcelona 2014

The future of European healthcare – a possible scenario?
We live in uncertain times!

But what do we mean by ‘European healthcare?’

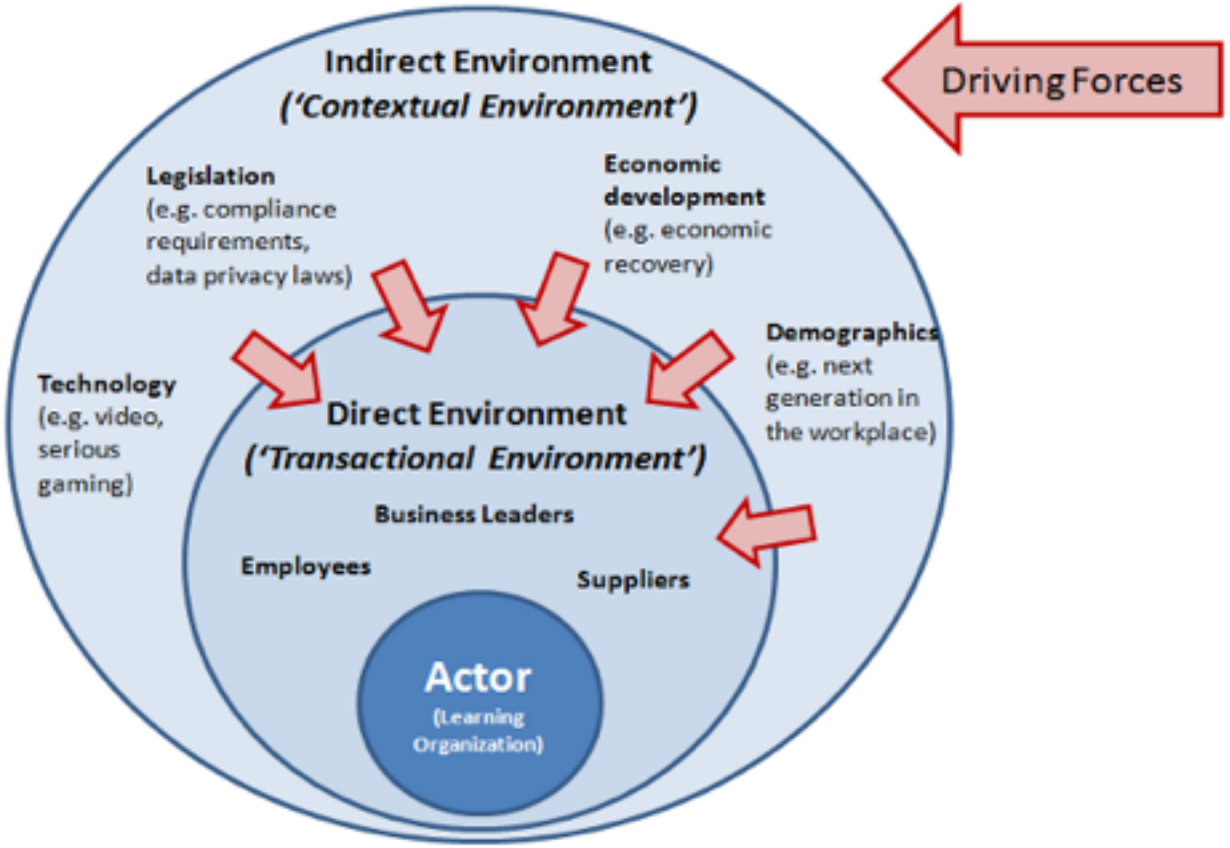
What do we mean by ‘healthcare’ for that matter?


It's a Fan!
It's a Spear!
It's a Wall!
It's a Rope!
It's a Snake!
It's a Tree!

Europe is a microcosm of the ‘global village’. Its where we live and work. If we have to start somewhere, let’s take a helicopter (European Policy) viewpoint and begin with the future of healthcare quality - because that is a common thread for all the elements - structure, process and outcomes

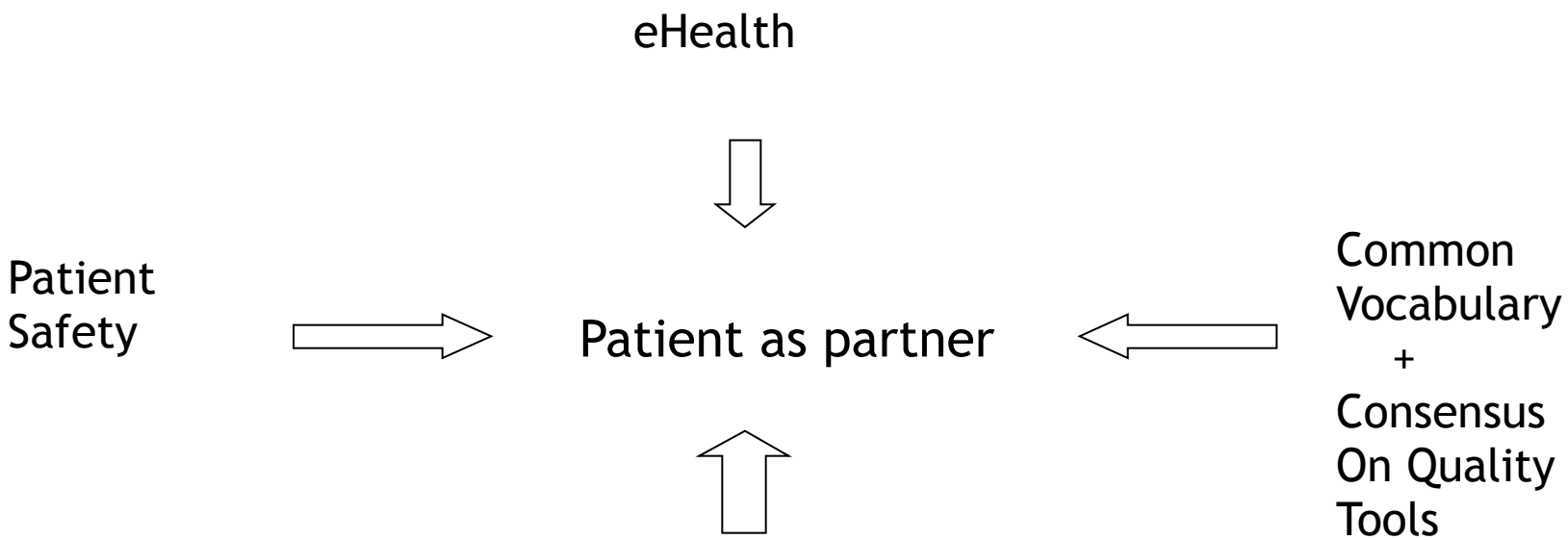
But first, the BIG picture:

Identifying the driving forces



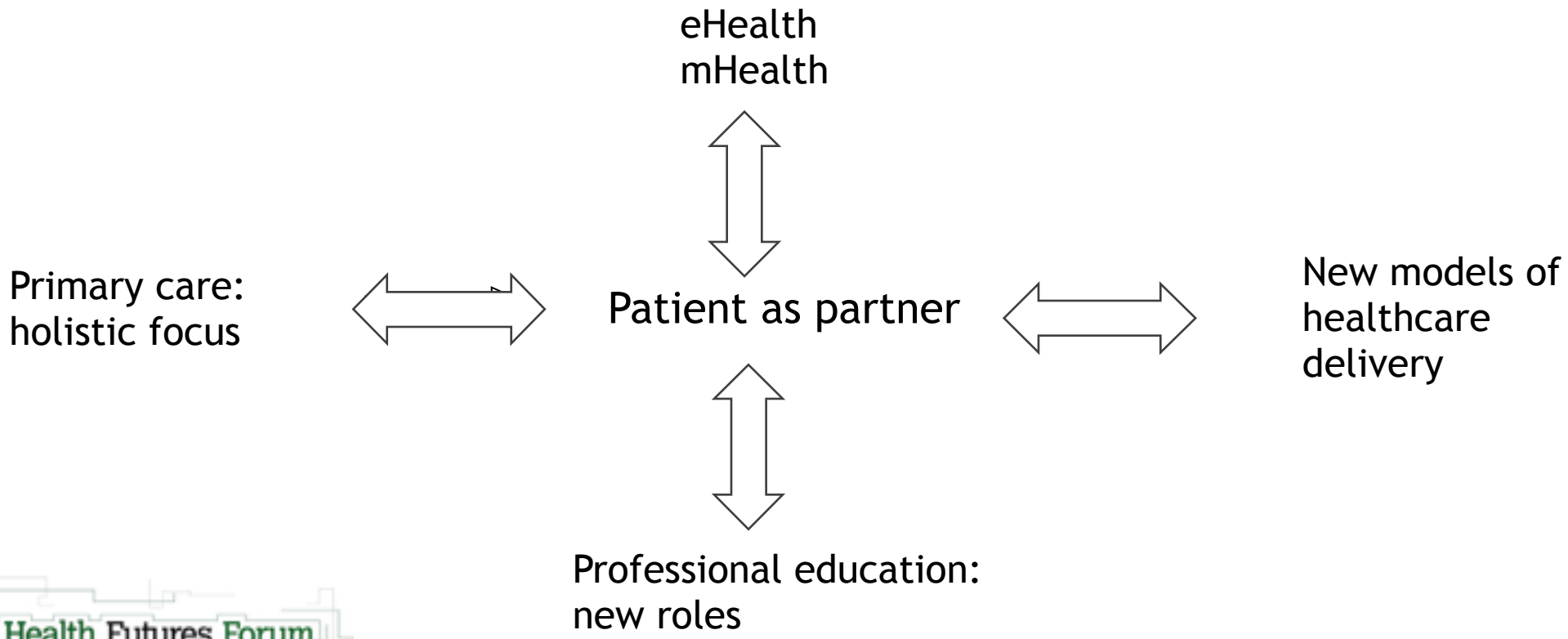
Adapted from Kees van der Heijden
Scenarios: the art of strategic conversation:
2004

EU Health Policy (quality change levers) 2015
A helicopter view



European Society
for Quality in Healthcare

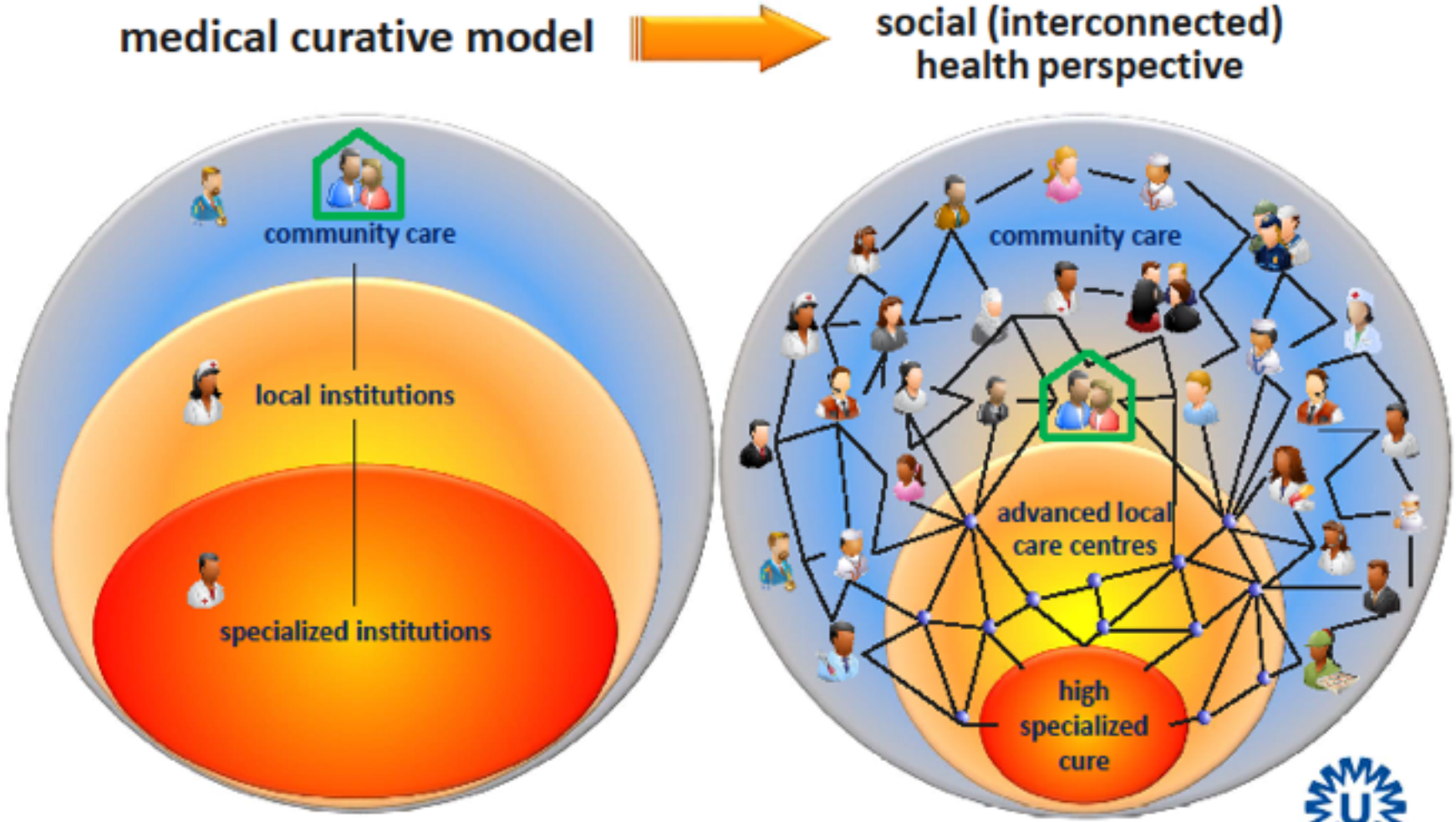
EU Health Policy (whole system change levers) 2025
A helicopter view



European Health Futures Forum

Everybody agrees that for various, well-understood reasons, the current model of healthcare delivery is not sustainable - but no-one is sure how to provide an alternative that will be effective - one of the reasons why we set up the European Health Futures Forum.
However, one thing is not disputed, and that is an important internal shift in the so-called transactional environment - a majority of the European stakeholders may not have caught up with it yet, but the context has changed irrevocably….

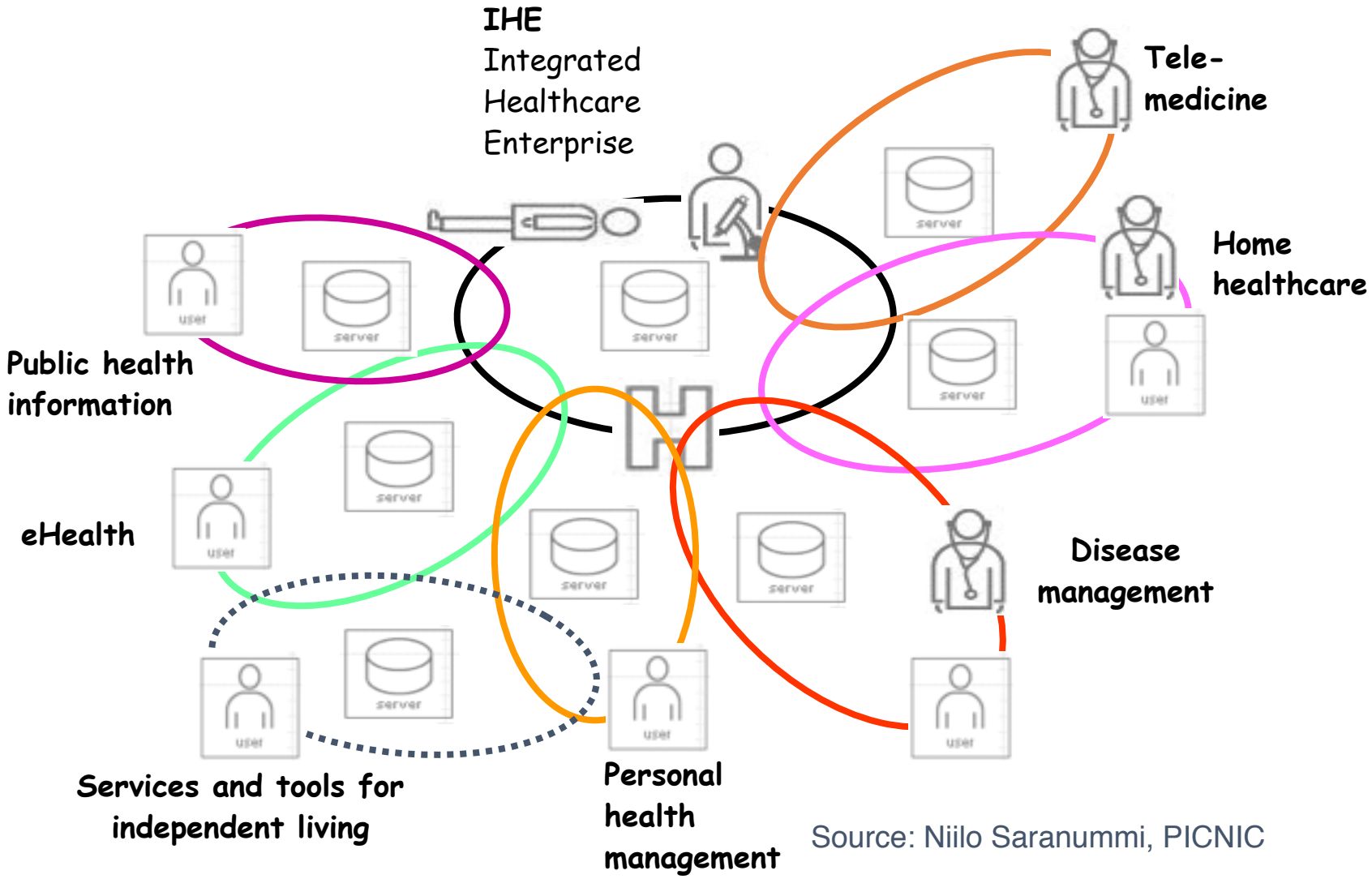
Paradigm shift



Dr. Nick Guldemond

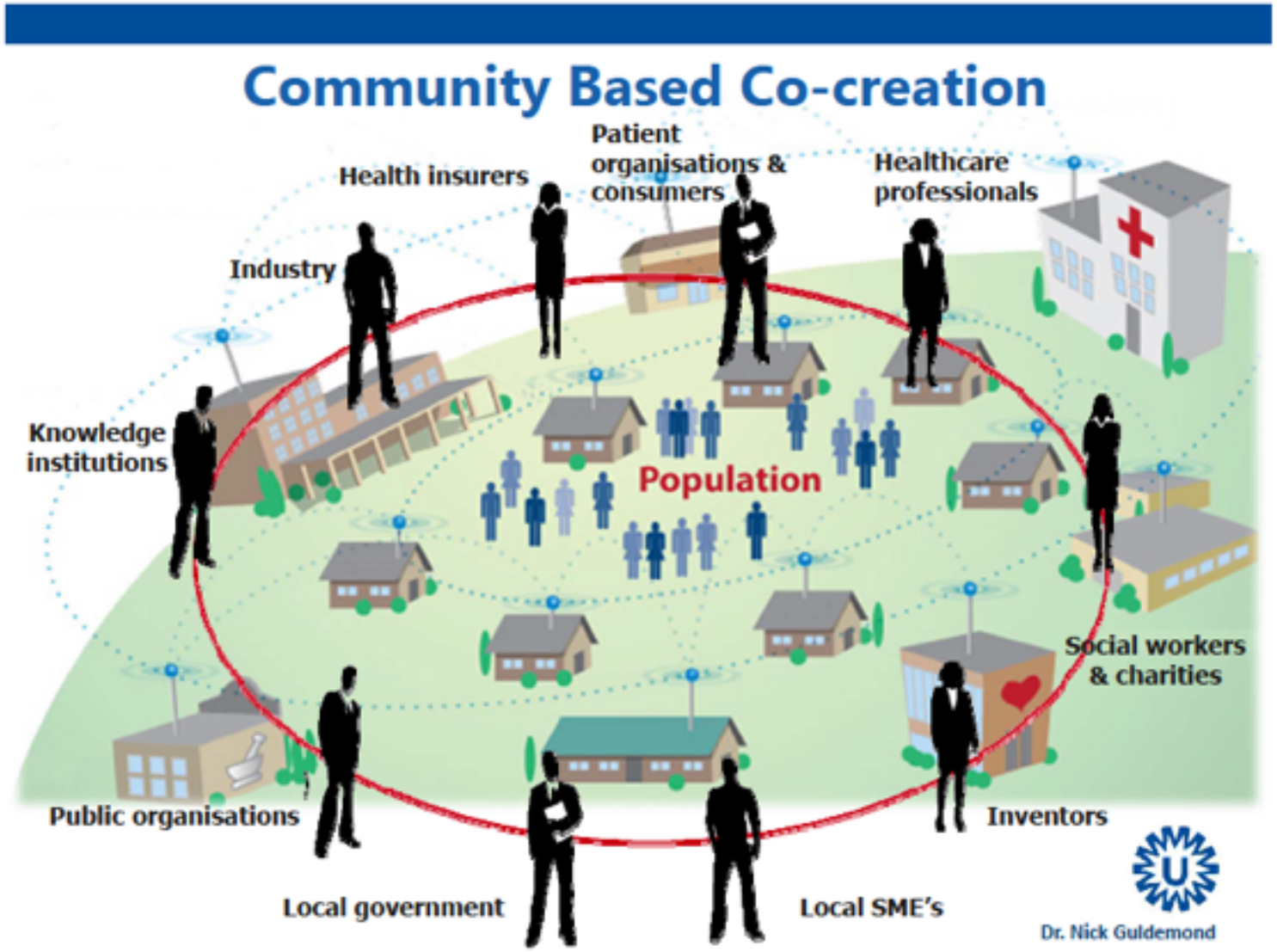
This is the EFPC annual conference. Therefore I've chosen to concentrate on two of the change levers that I believe have particular relevance to healthcare activity in the Primary care setting - patient empowerment and eHealth

Why eHealth -to overcome structures?



Source: Niilo Saranummi, PICNIC

Martin Denz
Vice-President
EHTEL



Athens, May 2014

EXPH Definition of a frame of reference in relation to primary care (with a special emphasis on financing systems and referral systems (consultation document 2014))

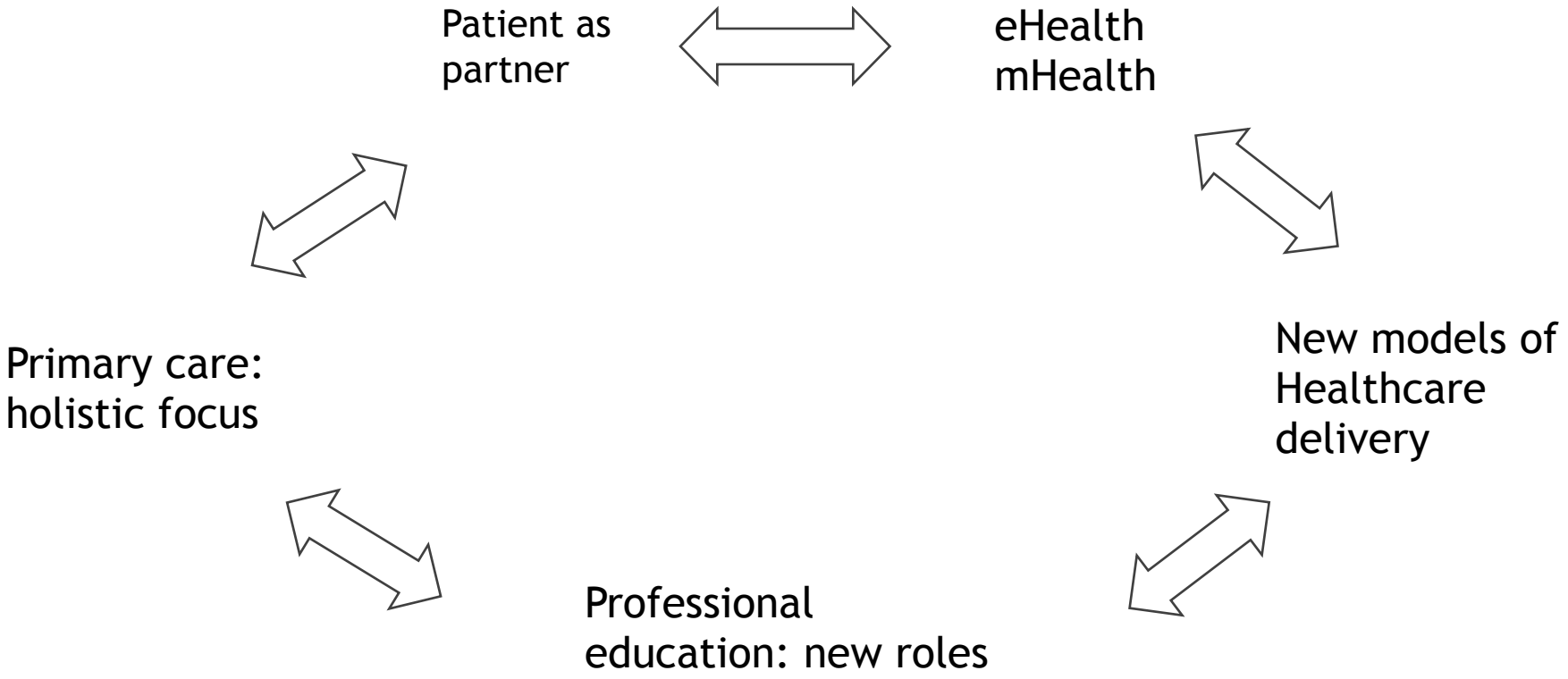
“In this opinion the Expert Panel on effective ways of investing in Health (EXPH), considers primary care to be the provision of universally accessible, person-centred, **comprehensive health and community services, provided by a team of professionals accountable for addressing a large majority of personal health needs. These services are delivered in a sustained partnership with patients and informal care givers,** in the context of family and community and play a central role in the overall coordination and continuity of people's care.”

What is ‘person-centred care?’

‘……some common elements can be distinguished(from the different definitions available). These include empathy/compassion (dignity); patient engagement/participation; and the patient experience of care. Shared decision-making, self-management, and information/health literacy are also commonly mentioned**. Overall, patient-centred care is seen as an *approach* to health care that affects “the entire health care sector and … requires the involvement of all health care stakeholders.”’**

(*Expert Panel on effective ways of investing in Health (EXPH): preliminary opinion, for consultation, on Future EU Agenda on quality of health care with a special emphasis on patient safety (2014))*

EU Health Policy (change levers) 2025
A helicopter view (2)



Possible implications for role definition of professionals in Primary Care: how one potential driver (patient empowerment) might impact on others

- If more than half the clients served suffer from long-term conditions, might a significant part of the role of professionals change from the delivery of care to coaching patients in self- management?

- If this change starts to become more apparent, doesn't this imply that the whole framework in which care is delivered needs to come under scrutiny?

- If this is so, wouldn't it be sensible if the training of professionals involves looking forward (having alternative, feasible scenarios for future activity) as well as looking backward (sustaining the established models)

- What implication might this have both for disease prevention and for fostering greater health literacy? In other words, who does what within the new models?

A similar argument can be made for eHealth and mHealth and their impact on primary care practice:

- If patients have their health data on their mobiles, how does this change the nature of their interaction with the health professionals?
- If machine-based diagnostics or internet-based triage becomes the more likely first phase of interaction, how does that change the nature of face-to face consultations and the associated logistics?
- How is the primary care team's role in promoting health and preventing disease modified by extensive use of internet and mobile technology by citizens?

First steps in exploring self-management as an EU policy investment

- Call for tender EAHC/2013/Health/04 concerning empowering patients in the management of chronic diseases

- Call for tender SANCO/2013/D2/027: Pilot project on the promotion

of self-care systems in the European Union. Platform of experts.

Content of Tender on empowering patients in their management of chronic diseases

- WP1. To identify models of best practices for patient empowerment
- WP2. To perform an analysis of the models of patient empowerment via focus groups and an on-line survey across MS and present a clear identification of advantages and barriers to empowering patients
- WP3. To develop a method to validate transferability of good practices, taken into account the context of other diseases, patient characteristics and specificities of health systems
- WP4. To develop scenarios of EU future collaboration on this subject

Key issues from WP3 on transferability of good practices

- No-one has adequately studied the reasons why the transferability of good practices is on balance very weak
- Although the importance of context was recognised (e.g. in the definition of ‘patient safety culture’ within organisations) there has been insufficient study of the context where the practice was successful, linked to the organisational context to which the practice is to be transferred
- In studies of empowerment, insufficient attention has been given to potentially disempowering behaviour by professionals
- Soft systems versus technology: the more you analyse issues around patient empowerment and the active role of patients in the care, the more you recognise the importance of human relationships as a central issue for success or failure

Four models of physician-patient relationship (from Reach, 2014)

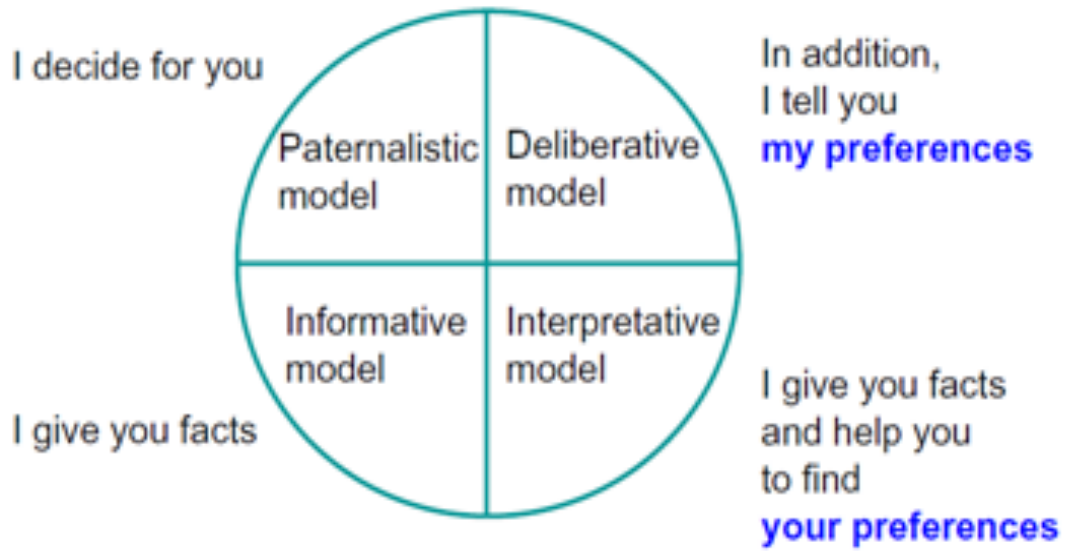


Figure 2 Four models of the physician–patient relationship, definitions from Emanuel and Emanuel.[35]

The role of Education and respect for Autonomy in the physician-patient relationship

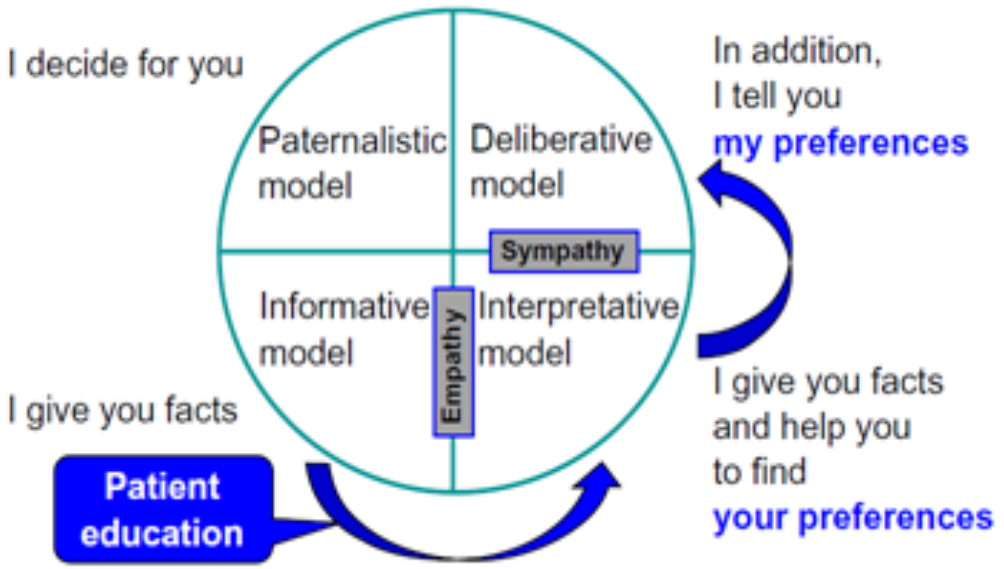


Figure 3 A model of care in chronic diseases: patient education as an ethical pathway. A definition of patient education: patient education is the empowering process that in chronic care not only provides information to the patients but also leads them to an interpretation of their own preferences and a deliberation between their, and the HCP's, preferences.

Content of Tender on promotion of self-care in minor and self-limiting conditions

- WP1. Guideline on the promotion of self care.
- WP2. Guideline on the development and production of communication tools.
- WP3. Report proposing actions and collaborations on self care at EU level.
- WP4. Closing/concluding conference.
- WP5. Creating a platform of experts in self care.

This tender raises interesting questions of potential relevance to the practice of primary care: for example

How best can stakeholders with very different vested interests work together in a productive collaboration?

How likely is it that the central question of promoting better health literacy (crucial for effective self-care even with minor, self-limiting conditions like indigestion or sore throat) will be adequately addressed?

If community pharmacies across Europe take on more of a role in promoting health, treatment of minor ailments and giving advice (at the moment the trend is much slower than some experts in the US had predicted) what implications does this, like the growth of mHealth (if indeed it does continue to grow –we haven't yet had a definitive study of the impact of health apps on either general health or on behaviour) have for primary care practitioners?

And finally ….. Do you as primary care professionals think that any of this will have an impact on you personally during the next ten years, given the apparent imbalance between current resources and demand, continuing financial uncertainty and other more immediate causes for concern?

food for thought

The working environment:
When today's senior practitioners began to gain their experience

The working environment now:
And for the foreseeable future!

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