

Sistema de Salut Centrat en la Persona

De la Retòrica a la Practica



Barcelona, 8 Juny 2017

Josep Figueras

European

Observatory



on Health Systems and Policies

a partnership hosted by WHO



Retòrica o Realitat?

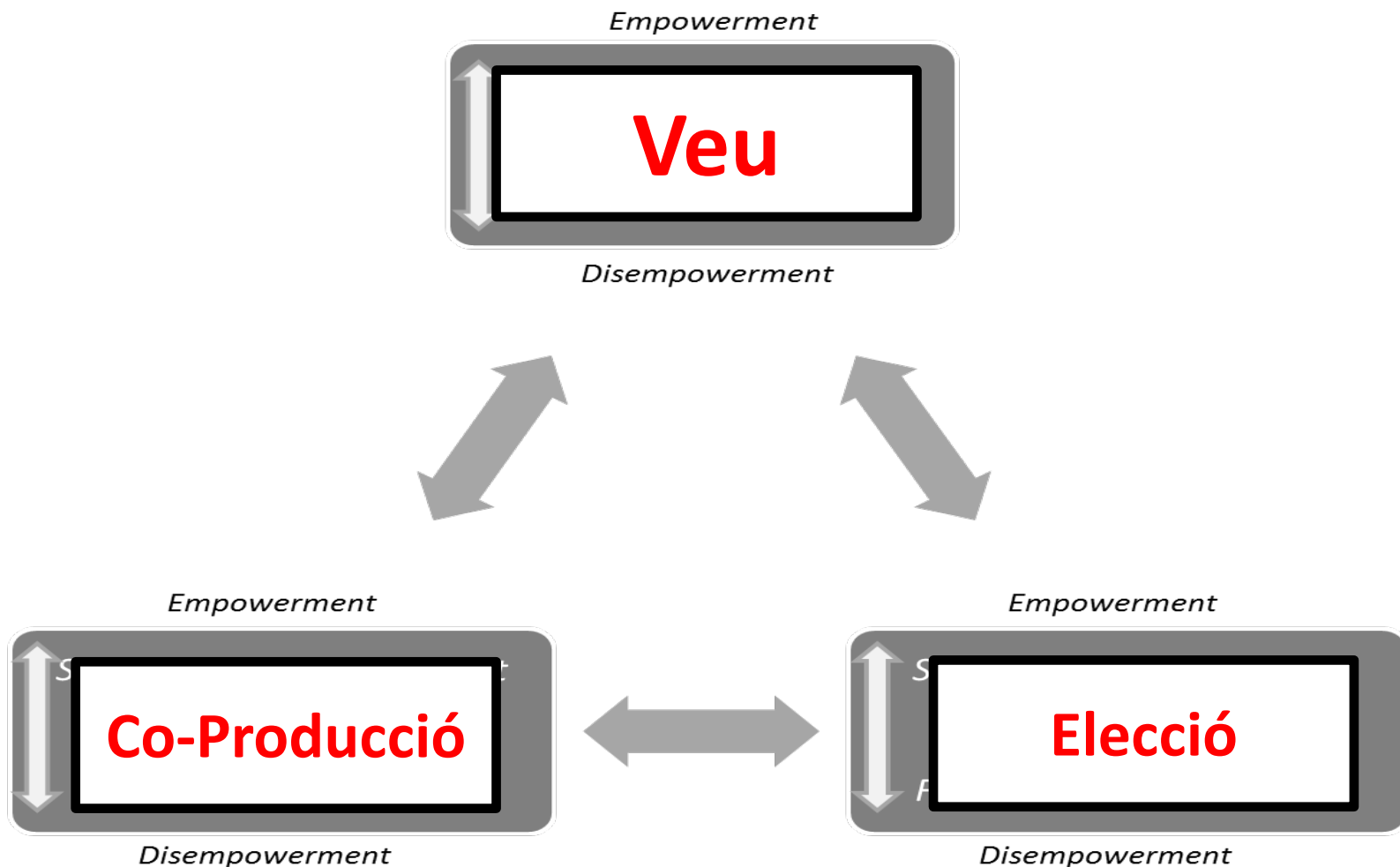
The collage features five overlapping document covers:

- Top Left:** "PEOPLE-CENTRED HEALTH CARE: A POLICY FRAMEWORK" by the World Health Organization, Europe.
- Middle Left:** "Towards people-centred health systems: An innovative approach for better health outcomes" by the World Health Organization, Europe.
- Top Right:** "Patient-centred care: Improving quality and safety through partnerships with patients and consumers" by the Australian Commission on Safety and Quality in Health Care.
- Middle Right:** "Patient-centeredness in Sweden's health system – an external assessment and six steps for progress" (Report 2012:3) by the Swedish Health Care Inspectorate.
- Bottom Center:** "Equity and Putting patients and public first: Generating the NHS" by the Department of Health (DH).
- Bottom Right:** "Ministerial Statement THE NEXT GENERATION of HEALTH REFORMS" from the OECD Health Ministerial Meeting (17 January 2017), with the subtitle "Reorienting health systems to become more people-centred".



Persona / Pacient al Centre

Marc Conceptual / Política Sanitària



Source: Nolte et al, Forthcoming European Observatory

www.healthobservatory.eu



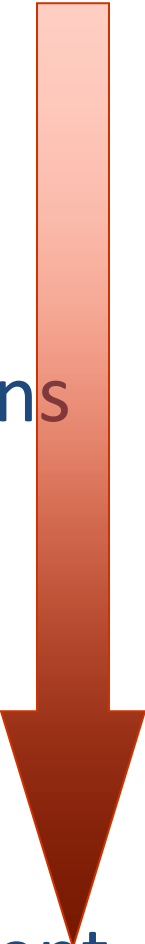
Persona / Pacient al Centre

Marc Conceptual / Política Sanitària

- Health care rights & entitlements
- Advocacy (patient & consumer) groups
- Formal representation (purchaser & providers)
- Listening to public / patients views & perceptions
- Informing the public / patient: Public Reporting
- Increasing choice (insurer, provider, treatment)
- Patients rights legislation
- Clinical shared decision making / Self Management

Collectiu - Públic

Individual - Malalt





Persona / Malalt al Centre

Marc Conceptual / Política Sanitària

- Health care rights & entitlements
 - Advocacy (patient & consumer) groups
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- 1. Listening to public / patients views & perceptions**
 - 2. Informing the public / patient: Public Reporting**
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- Patients rights legislation
- 4. Clinical shared decision making / Self Management**



1. Escoltar / mesurar les opinions i perceptions del public / patients

Patient Reported Experience Measures (PREMs)
Patient Reported Outcome Measures (PROMs)

veu
+ Incentius.....?





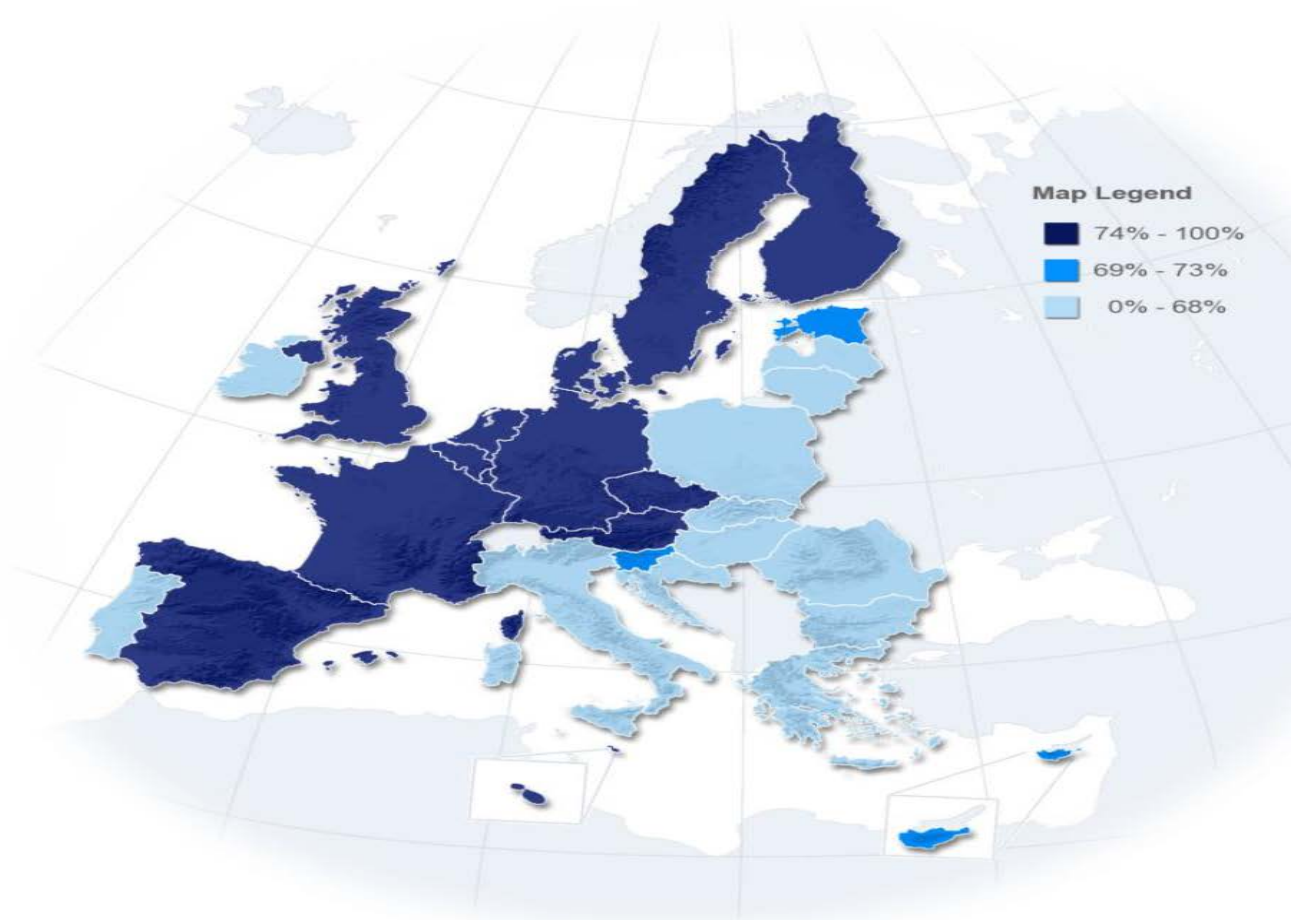
Assessing satisfaction is not easy.....

Ranking EU – Levels 2013

	BE	97%
	AT	96%
	MT	94%
	FI	94%
	NL	91%
	LU	90%
	DE	90%
	FR	88%
	DK	87%
	SE	86%
	UK	85%
	CZ	78%
	ES	77%
	SI	73%
	EE	73%
	CY	73%
	EU	71%
	LT	65%
	IE	62%
	HR	59%
	IT	56%
	PT	55%
	SK	50%
	LV	47%
	HU	47%
	PL	32%
	BG	29%
	EL	26%
	RO	25%

Question: QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

Answers: Total 'Good'



Source: Eurobarometer 2014



Assessing satisfaction is not easy...

Ranking - Improvement 2009-13

	BE	97%
	AT	96%
	MT	94%
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	DE	90%
	FR	88%
	DK	87%
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	UK	85%
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	SI	73%
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	BG	29%
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Question: QC2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?

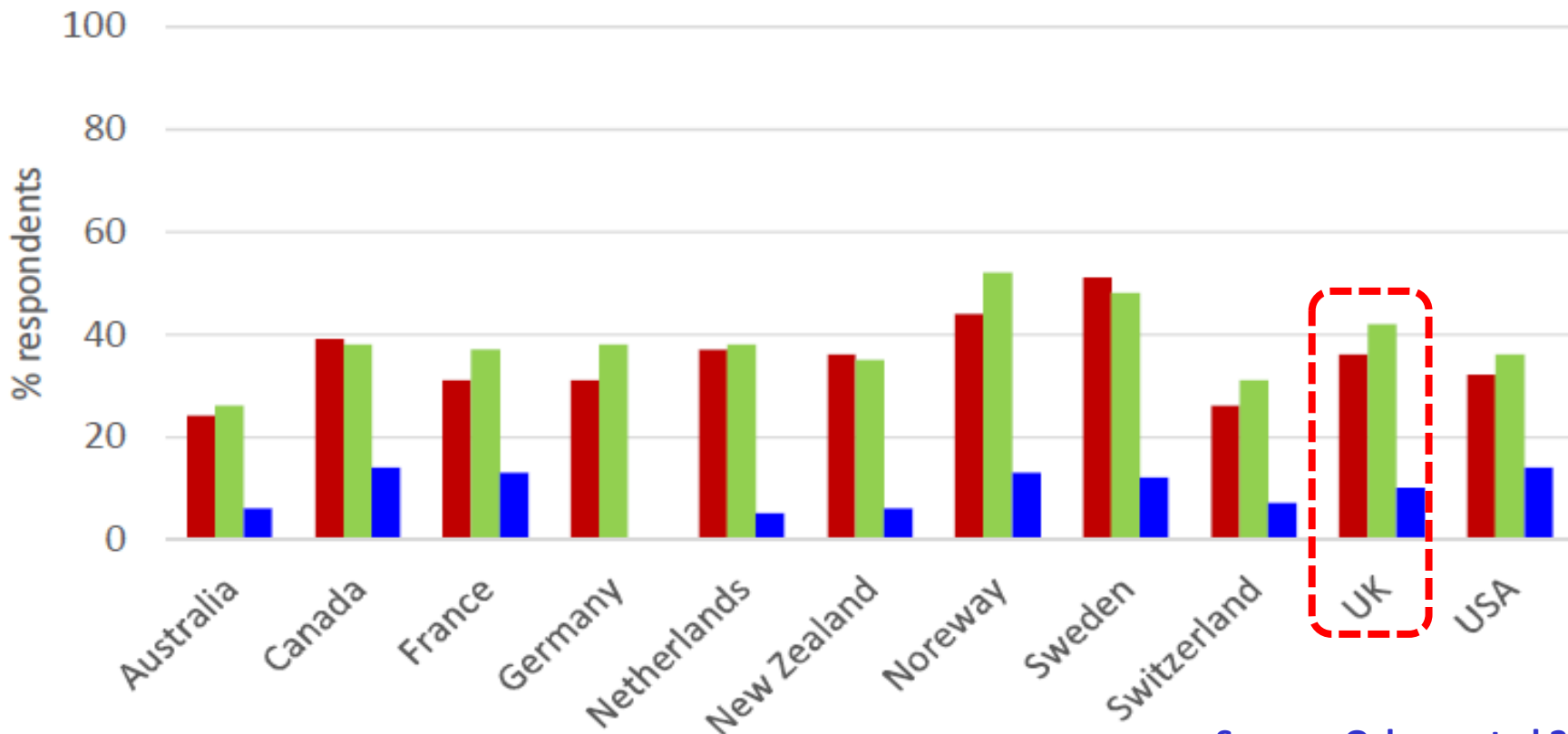
Answers: Total 'Good'



	Total 'Good'		
	EB80.2 Nov. - Dec. 2013	2013 - 2009	
	EU28	71%	+1
	LT	65%	+25
	HU	47%	+19
	MT	94%	+13
	PT	55%	+13
	LV	47%	+10
	IE	62%	+9
	DE	90%	+4
	SI	73%	+4
	EE	73%	+3
	IT	56%	+2
	LU	90%	+2
	PL	32%	+2
	BG	29%	+1
	EL	26%	+1
	AT	96%	+1
	BE	97%	=
	CZ	78%	=
	DK	87%	=
	CY	73%	=
	NL	91%	=
	RO	25%	=
	FI	94%	=
	UK	85%	-1
	FR	88%	-3
	SK	50%	-3
	ES	77%	-4
	SE	86%	-4
	HR	59%	NA



Però la realitat es que la participació dels pacients continua sent suboptima



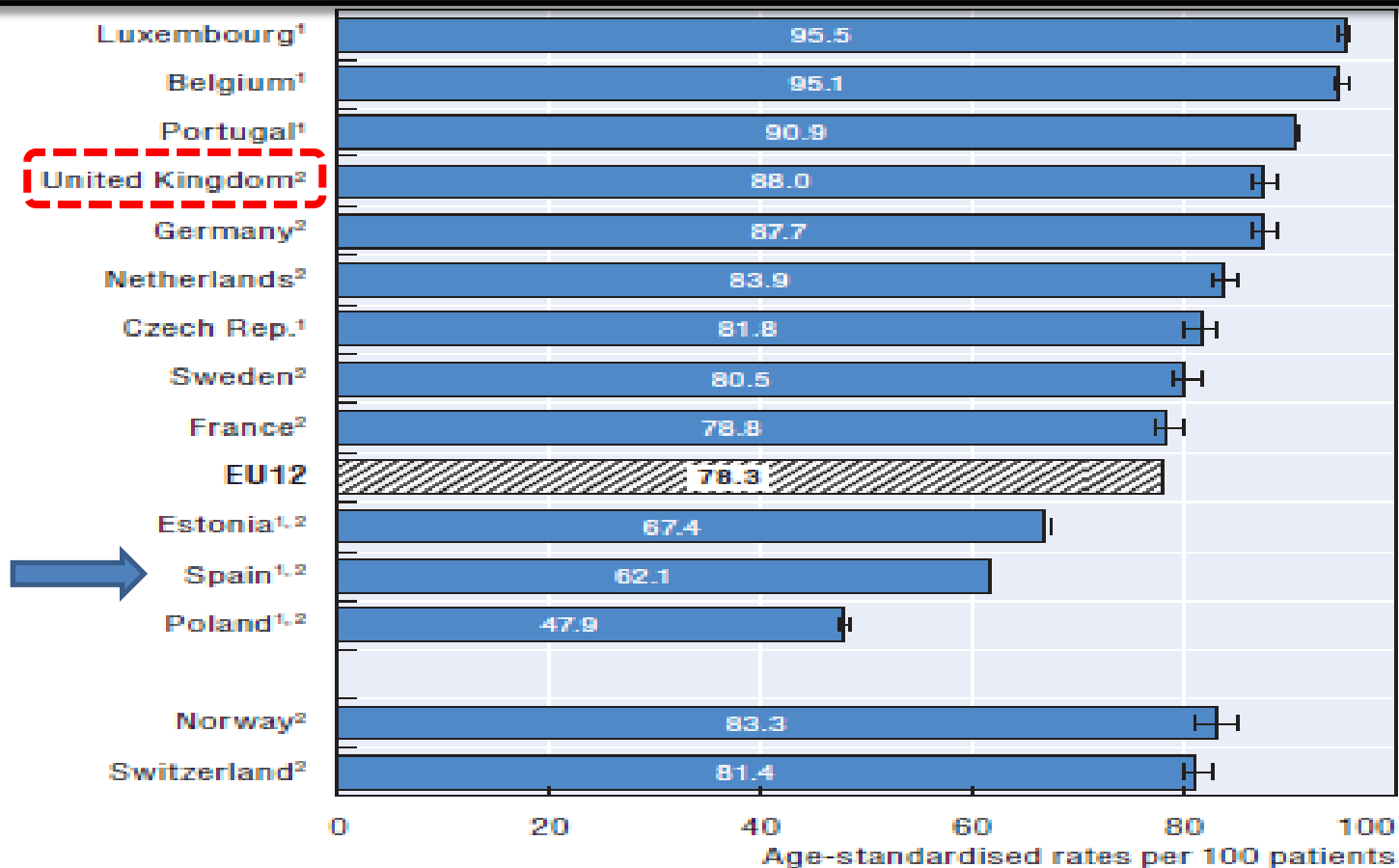
Source: Osborn et al 2016

- Did not discuss main goals and priorities
- Did not discuss treatment options incl. side effects
- Did not feel had support needed for self-management



Però la realitat es que la participació dels pacients continua sent suboptima

Doctors involving patient in decisions about care & treatment





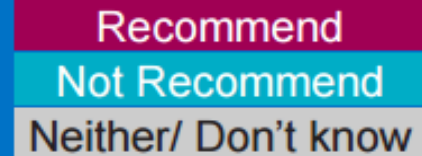
Encara que molt depèn de les mesures utilitzades

Friends and Family Test

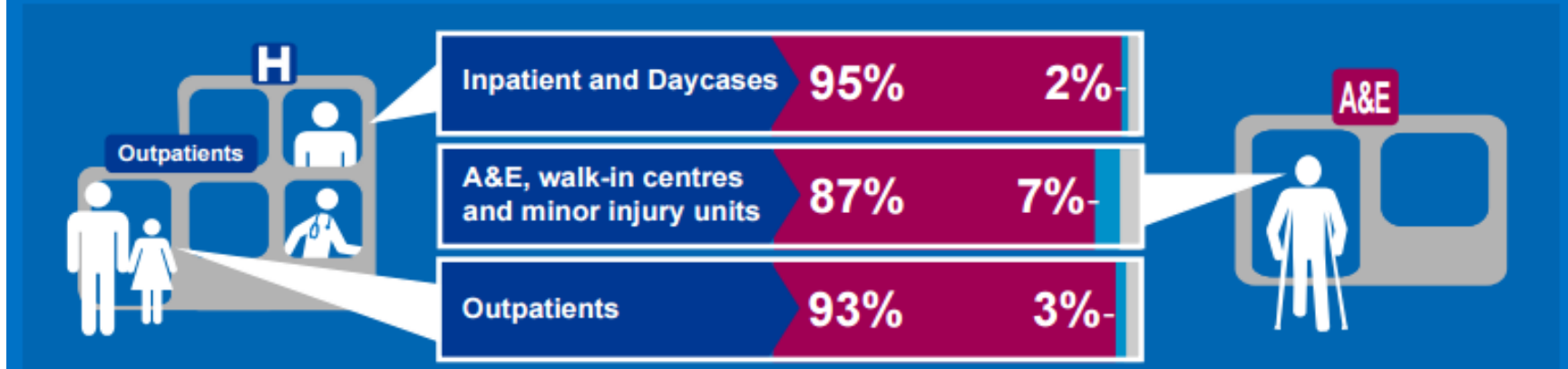
NHS
England

August 2016

Proportion of Responses
Recommend or Not recommend Services



services to a friend or family member.





2. Augment de la elecció de l'assegurador, proveïdor o tractament

Capacitat d' Elecció





Source: BMJ 2007;335:1021



Elecció de...?

- ***What:*** forms of treatment
- ***Provided by whom:*** primary care or a specialist doctor or health professional
- ***Where:*** hospital, primary care setting or diagnostic centre
- ***When:*** length of waiting time or specific times



Elecció de...?

- **What:** forms of treatment
- **Provided by whom:** primary care or a specialist doctor or health professional
- **Where:** hospital, primary care setting or diagnostic centre
- **When:** length of waiting time or specific times



Understanding the impact of choice

- Health outcomes, efficiency and equity?
- Satisfaction and responsiveness?
- Political value in itself?
- Highly context specific!
- Sufficient information to enable choice!



3. Informar el Públic/ Pacient Avaluació del Rendiment, Informació al Públic i Benchmarking

Capacitat d' Elecció





Hospital Benchmarking

OBSERVATORI DEL SISTEMA DE SALUT DE CATALUNYA

Hospitals del SISCAT amb valors més baixos i més alts de mortalitat a 30 dies per patologies seleccionades

El Clínic, el centre hospitalari més eficient de Catalunya: el rànkning dels hospitals catalans

Els informes de la central de resultats 2013 inclouen per primera vegada una classificació dels centres en funció d'indicadors com el temps d'ingrés dels pacients, les hospitalitzacions potencialment evitables o la gestió d'urgències

MARC TORO Barcelona ACTUALITZADA EL 14/11/2014 11:00



Índex ajustat

0,00

0,26

0,50

0,55

0,56

0,65

0,69

0,83

0,83

0,87

1,15

1,20

1,22

1,26

1,26

1,28

1,31

1,35

1,51

1,61

ICO Girona

Nota: els valors marcats en verd i vermell són significativament inferiors o superiors a la mitjana de Catalunya, respectivament.



Assessing Performance Beware of Bias & Vested Interests

Hospitals

Home > Health > Hospitals

Health

Hospitals

Best Health Plans

Best Nursing Homes

Diseases & Conditions

Diet & Fitness

Living Well

Women's Health

Men's Health

Children's Health

Boomer Health

Health Advice

Drug Information

Join a Community

Therapist Finder

Health Professionals

Hospitals

Children's Hospitals

America's Best Hospitals

Browse Rankings by Specialty

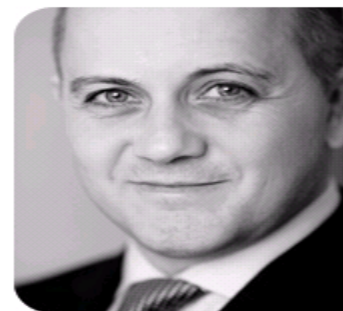
- | | |
|--------------------------------|--------------------------|
| Cancer | Neurology & Neurosurgery |
| Diabetes & Endocrine Disorders | Ophthalmology |
| Digestive Disorders | Orthopedics |
| Ear, Nose & Throat | Psychiatry |
| Geriatric Care | Rehabilitation |
| Gynecology | Respiratory Disorders |
| Heart & Heart Surgery | Rheumatology |
| Kidney Disorders | Urology |

A-Z Best Hospitals Index

Honor Roll: The Best

21 hospitals that scored big in six or more specialties.

- 1 Johns Hopkins Hospital
Baltimore, MD
- 2 Mayo Clinic
Rochester, MN
- 3 Ronald Reagan UCLA Medical Center
Los Angeles, CA



Who owns your Medical Record? Dr Foster at the Conservative conference

The public can and must learn that they will have to manage their medical records. Shadow Health Secretary Stephen O'Brien at the Conservative Conference fringe event on Information; who owns your medical records?

[Read more »](#)

Our products

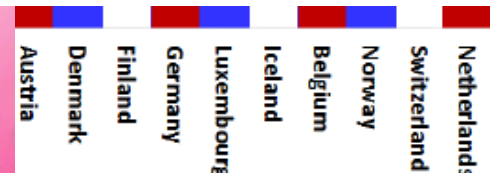
Better information can help you improve on service delivery whilst leading to better patient care. We have the tools that can help you deliver on your targets more efficiently.

- ▶ [Information for commissioners](#)
- ▶ [Information for providers](#)
- ▶ [Measuring patient experience](#)

Our services

Our integrated approach to social marketing and research provides commissioners with a range of tools to help you understand your patients and the public, reach patients and the public, and evaluate results.

Find out more about how we can help your organisation to tackle health inequalities.





Assessing Performance

Beware of Methodological Complexities

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Announcements | Shop | Health N

News | World | Sport | Comment | Culture | Business | Environment

News | Society | NHS

5 July 2013 Last up

Death da surgeon:

Surgeon death rates may

Relying upon the death rates of indi
to "false complacency", researchers

Publishing death r
will not spot poor
because too few o
study finds,

In June, the NHS in
data, including deat
with nine more spec

But **the paper says**
data was shown per

NHS England said t
transparency - not t



Medics' NHS league table mortality figures mired in confusion

Death rates for 472 vascular surgeons revised after crude estimates for initial NHS table branded 'virtually worthless'

Randeep Ramesh, social affairs editor
The Guardian, Saturday 29 June 2013 05.43 AEST



Home Ne
News Home

The s 30 tin death

- The figu
- Its publi
- Fears th

By SOPHIE BOI
PUBLISHED: 2:

f Share

Patients in li
on their surg
For the first t
major blood
The figures a
there was sp



Information / Public Reporting Impact on Patient Choice?

and Risk-Adjusted Mortality Rates (RAMR) for Isolated CABG
New York State, 2001 Discharges (Listed Alphabetically by Hospital)

0.58% CI

Hospital

- Limited impact on patients and purchasers
- Impact on providers
 - Improving Services
 - or Cream Skimming?

Albany Me

Arnot-Ogd

Bellevue

Beth Israe

Buffalo General

787

18

2.29

1.99

2.50

(1.48, 3.95)

Columbia Presbyterian

486

18

3.70

2.05

3.93

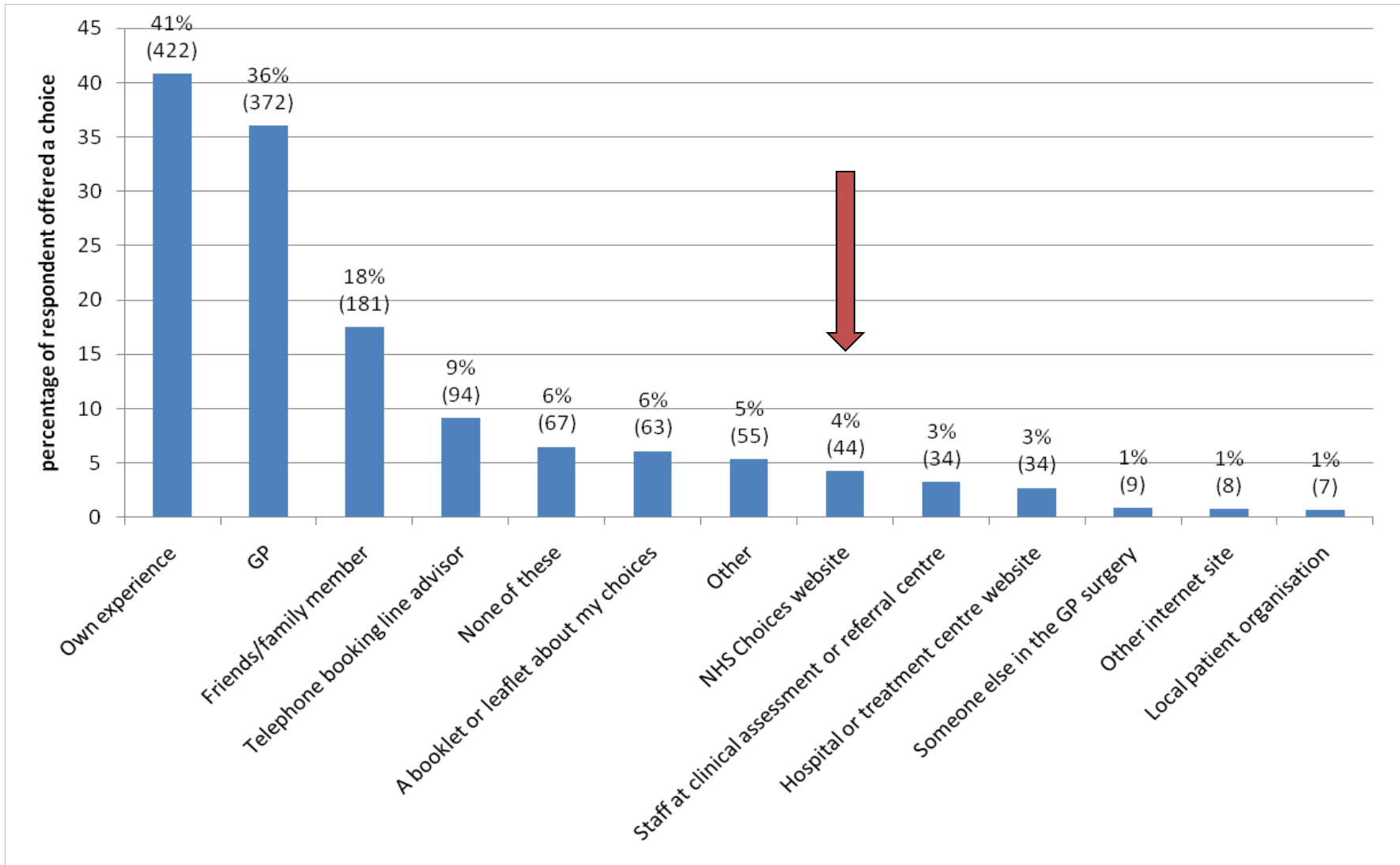
* (2.33, 6.21)

* Risk-adjusted mortality rate significantly higher than statewide rate.

Source: Paul G. Shekelle, RAND



Sources of information used by patients to help them choose



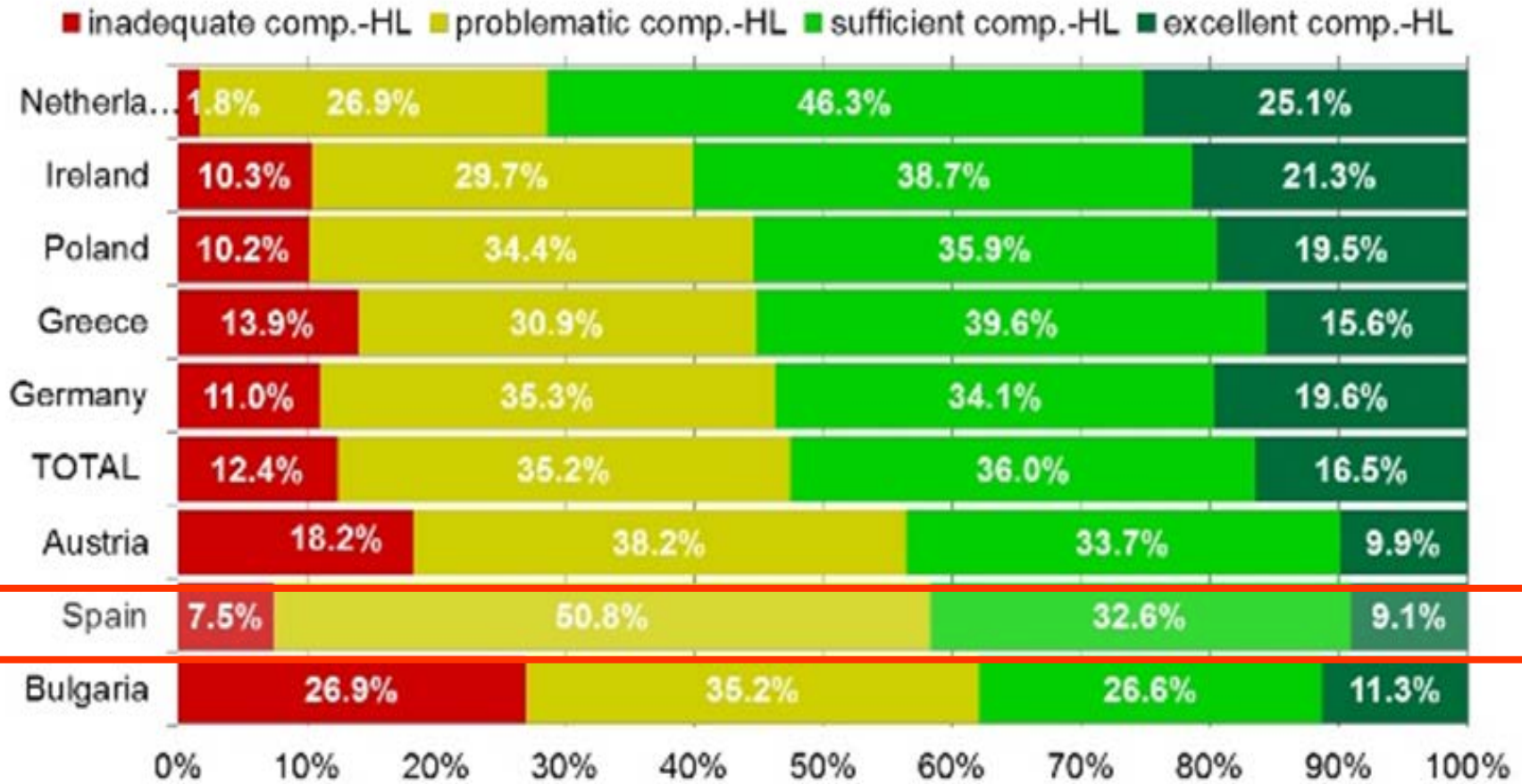


4. Decisió Clínica Compartida Suport a la Autocura

Co-Producció

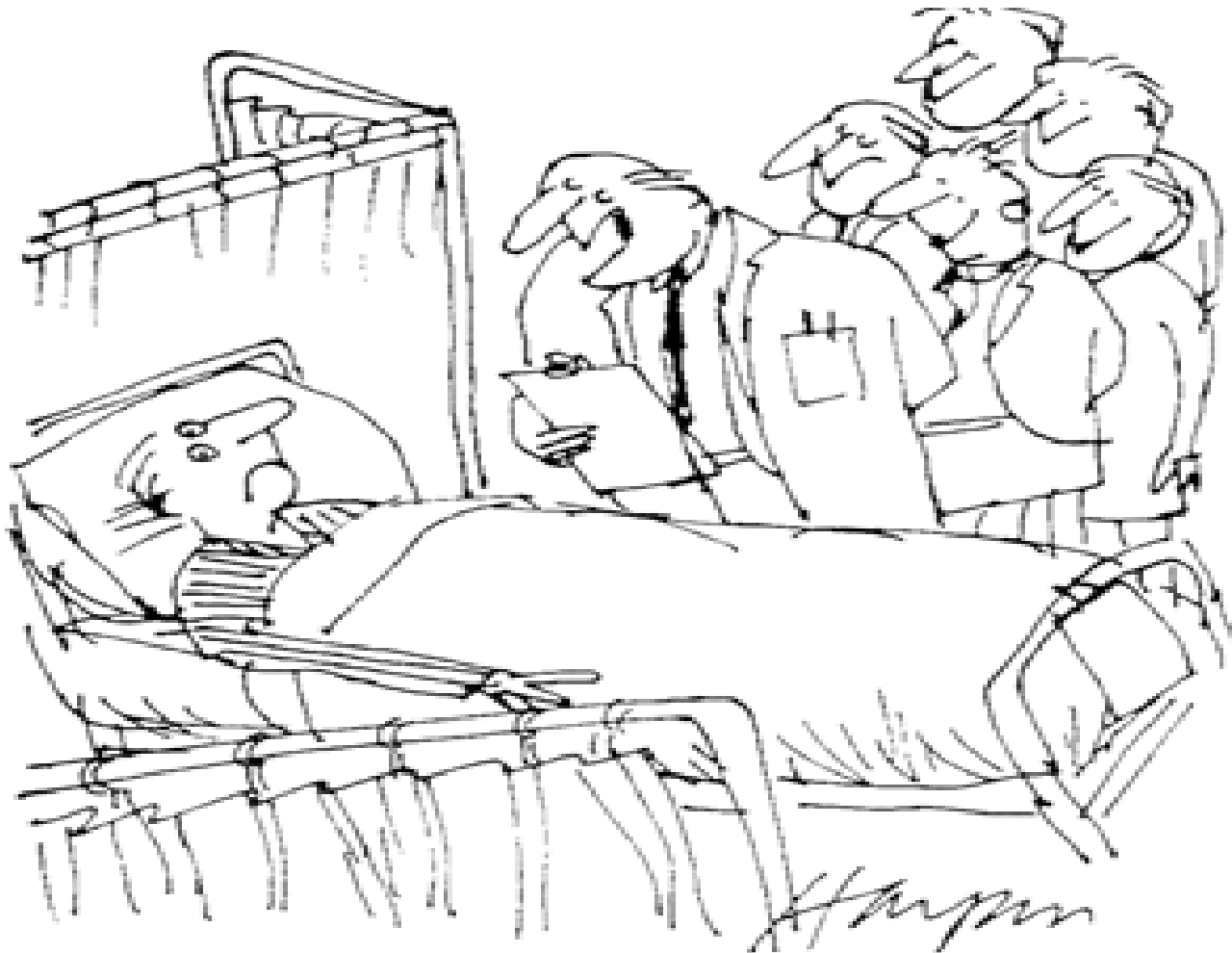


Low health literacy levels constitutes a challenge





But Doctors literacy may be even a bigger problem?



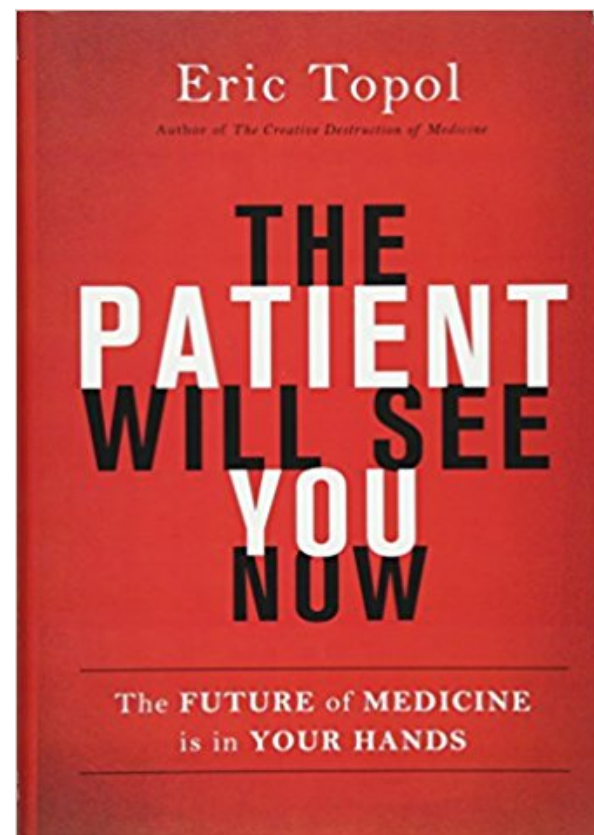
*"When we want your opinion,
we'll give it to you"*



But Doctors literacy may be even a bigger problem?

Those who offer health care should "stop acting like hosts to patients and their families and start acting like guests in their lives"

Don Berwick





Clinical Shared Decision Making Impact



- Improved satisfaction, efficiency & outcomes
 - Health literacy
 - Patient safety
 - Treatment decision making
 - Self management (chronic diseases)

Source: Coulter A



Technologies to empower citizens



THE (LIMITED) POWER OF APPS

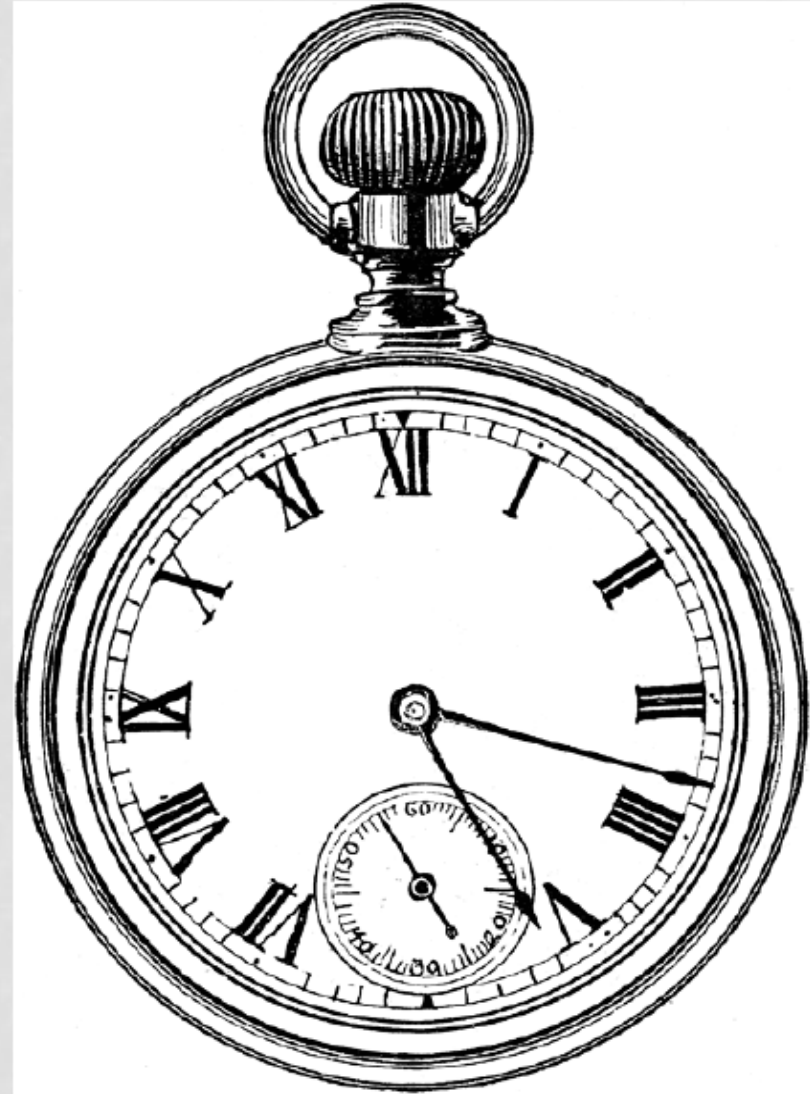


Suport a la Auto Cura

Professional care –
5 hours per year

Self-care –
8,755 hours per year

Source: Coulter A





Suport a la Auto Cura

Figure 1: continuum strategies to support self management

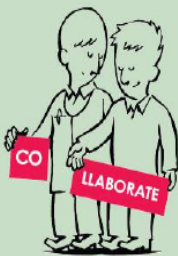


Evidence:
Helping people help themselves



A review of the evidence considering whether it is worthwhile to support self management

May 2011



Identify Innovate Demonstrate Encourage

s Source: Goodwin 2014



Clinical Shared Decision Making *Strategies*

European Experience with Shared Decision Making

Angela Coulter, Martin Härter, Nora Moumjid-Ferdjaoui, Lilisbeth

Perestele Perez, Trudy Van Der Weijden

► To cite

Angela Cou
Der Weijden
38. 2015. <

1. Research evidence
2. Medical leadership
3. Patient demand
4. Incentives for clinicians
5. Training and support
6. Availability of decision aids
7. Integration into EMR
8. Institutional support
9. Certification / Quality Assurance schemes
10. Measurement and feedback



Active leadership by the patients

What is Best for Esther?

The Basic idea

What is best for Esther ?



Esther... no matter where,
we will be there!

The Esther Project

“Esther” is not a real patient but her persona as a grey-haired, ailing, but competent elderly

Swedish woman with a chronic condition and occasional acute needs has inspired impressive improvement in how patients flow through a complex network of providers and care settings in Höglandet, Sweden

ESTHER
Network for health and care
collaboration

 Region
Jönköpings län

“What is best for Esther?”



Persona / Malalt al Centre

Marc Conceptual / Política Sanitària

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OBSERVATORY VENICE SUMMER SCHOOL

Placing the person at the
centre of the health system:
Concepts, strategies, results

San Servolo
Venice
23-29 July
2017