



Challenges of patient involvement in healthcare – a national government perspective

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Health For All in the years 2002-2010

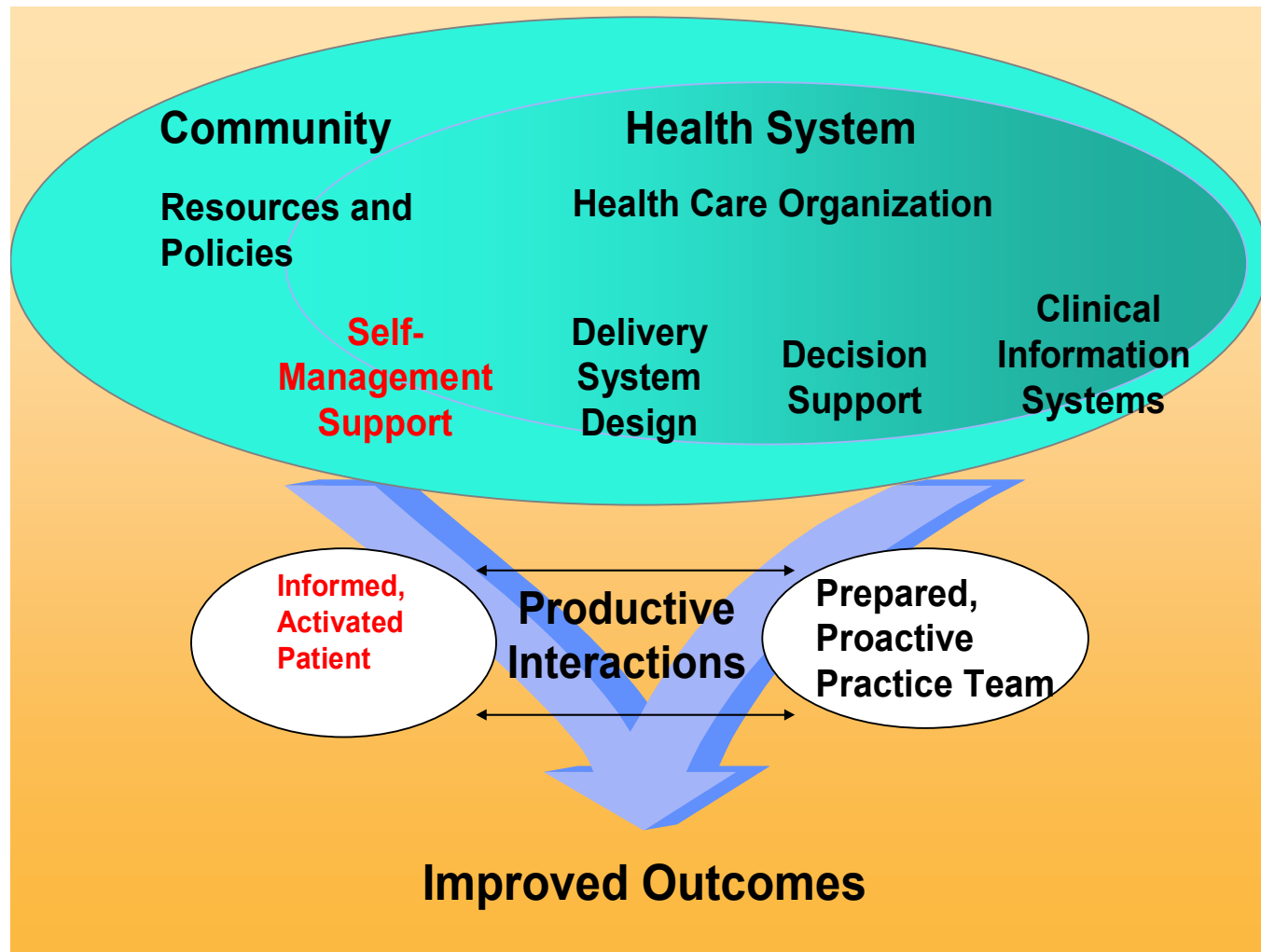
- The governments' goals and strategy for health:
- Chronic diseases are recognised as a major challenge
- Self-management and patient involvement are central issues
- Core elements:
 - Health promotion and disease prevention
 - Self-management
 - Rehabilitation



The Danish Health Act

- A new Danish Health Act entered into force on 1 January 2007 .
- The Health Act gathers and carries on the provisions of a number of acts within the healthcare sector.
- The Patients' Rights Act is part of the Health Act. It defines the right of the individual patient to have access to all information on his/her diseases, results of examinations and the treatment plan. The patient can decide not to be informed.
- Informed consent is mandatory. Thus the act demands the patients involvement in all decisions about the care.
- Patients have free access to medical records
- Doctors or medical staff have the obligation to interpret case records if the patient so wishes.

The Chronic Care Model



Our responsibility!

- The health care system has a responsibility to proactively enable accessible interactions and environments that promote health and well-being.
- Health literacy is primarily the responsibility of health systems.
- Adams RJ: Improving health outcomes with better patient understanding and education. Risk management and health care policy 2010:3, 61-72.

Patient involvement

- National objective: To establish a framework for patient involvement
- The patient should be involved at all levels
 - from legislation to individual initiatives
- Organisational and individual involvement
- Co-operation with all parties involved.
 - Regional health care, municipalities, patients' organizations.

Chronic Disease Management - A National Strategy

- Nationally and regionally adapted disease management programs for major chronic diseases.
- Self-management support, patient involvement and activation of the patients resources are key elements.
- The Stanford Chronic Disease Self-Management Program has been introduced, pilot tested and disseminated on a national scale.
- Disease specific patient education undergoing systematic development.
- Patients active involvement in monitoring and treatment of the disease is seen as a mean to patient involvement and quality improvement.

Disease Management Programs

- Nationally and regionally adapted disease management programs are being implemented for the major chronic diseases.
- A framework for these programs (a generic model) identifies the issues to be included in the program.
- Self-management support, patient involvement and activation of the patients resources are key elements.
- As part of the programs the need of patient education is identified and patient education programs are being set up.
- Patients active involvement in monitoration and treatment of the disease is seen as a means to patient involvement and quality improvement.

Self treatment in chronic diseases

- Many patients are able to monitor disease parameters as pain, functional status or specific biologic parameters as blood pressure, blood sugar, coagulation status (INR) or respiration capacity.
- Self treatment results in improved quality of care and better compliance.
- Self treatment motivates the patients to relevant behaviour.
- Evidence is available in diabetes, hypertension, asthma, heart failure.

Self-management in long term anti-coagulation

Time in therapeutic level

	Conventional treatment	Self-management	No. of patients
Ansell	68%	89%	20
Horstkotte et al	59 %	92 %	75 + 75
Körtke	54 %	80 %	600 + 600
Hasenkam	53%	77 %	20 + 21

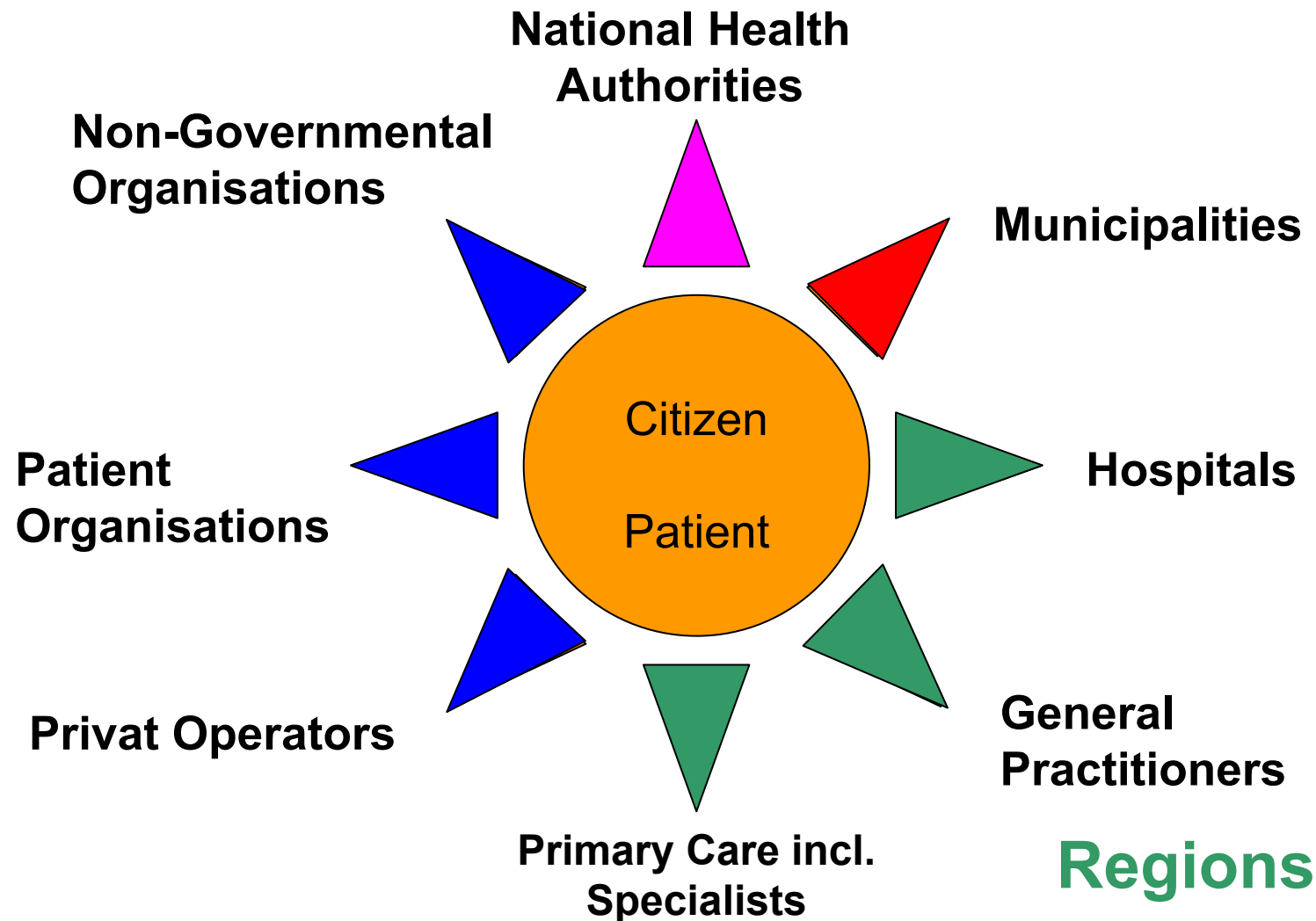
Self-management in chronic conditions

- Involvement of patients in supported Self-treatment is a systematic intervention.
- Patient self-management of long term anti-coagulation therapy is actually being organized in all regions in Denmark.
- Glucometer and strips for self-monitoring in Diabetes are publicly funded.
- A working group under the National Board of Health is now analysing the appropriateness of self-treatment in other conditions.

Health illiteracy - The frail or weak patient

- Patient self-management can not be handled by all patients
- Resources liberated by self-management may be allocated to frail, weak and illiterate patients.
- Health illiteracy is a responsibility for the health care system.
- Illiterate patients benefit from patient education.
- Social inequity may be reduced through patient-involvement and patient education

Operators involved in health care in Denmark

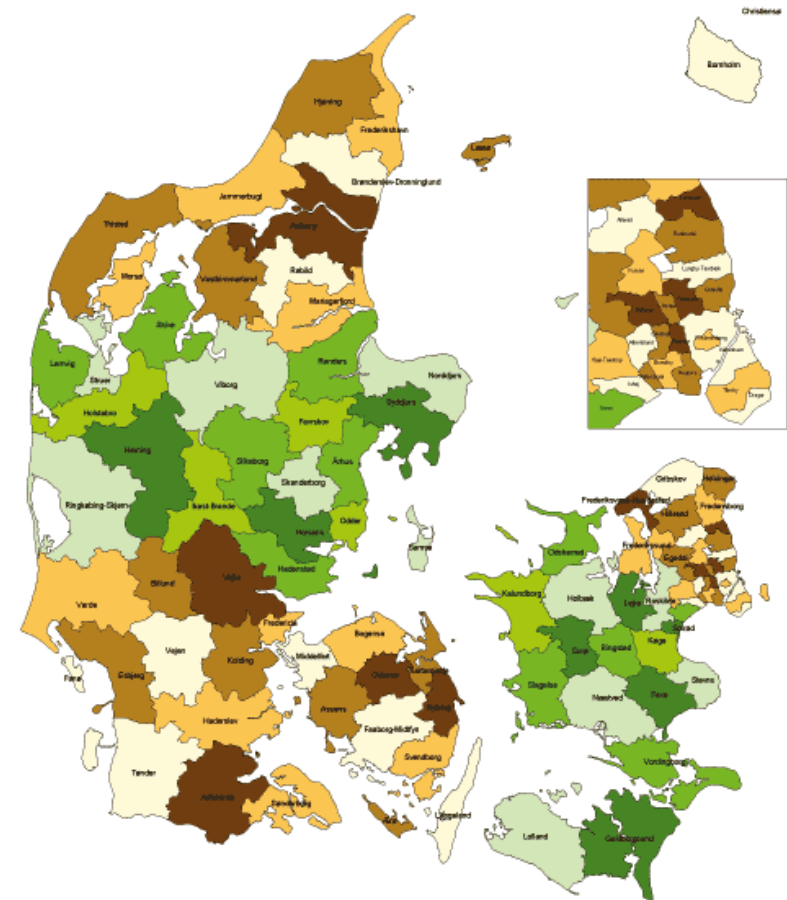


Thank you for your attention



The Health Act

- **Section 119, subsection 1:**
The city council is responsible – when carrying out the responsibilities in relation to the citizens - for creating environments for healthy living
- **Section 199, subsection 2:**
The city council offers health promotion and prevention activities for all citizens
- **Section 119, subsection 3:**
The Regional Councils offer patient oriented prevention in the hospital sector and in the private practice sector and supervision in relation to the activities of the municipalities



Two kinds of prevention

Patient-oriented prevention

To prevent sickness from developing further and to prevent complications and relapse

Population-oriented prevention

To maintain healthy citizens, promote healthy environments, and prevent diseases in the population at large

Out of 5,5 mio. Danes, 1.5 mio. have a chronic disease

In a typical municipality with 50,000 inhab.:

- 2-3,000 citizens with type 2 diabetes
- 2,000 citizens with heart disease
- 2,000 with COL (chronic obstructive lungdisease)
- 2,300 with cancer
- 8,000 citizens with muscle-skelaton disease
- 2,000 citizens with depression

