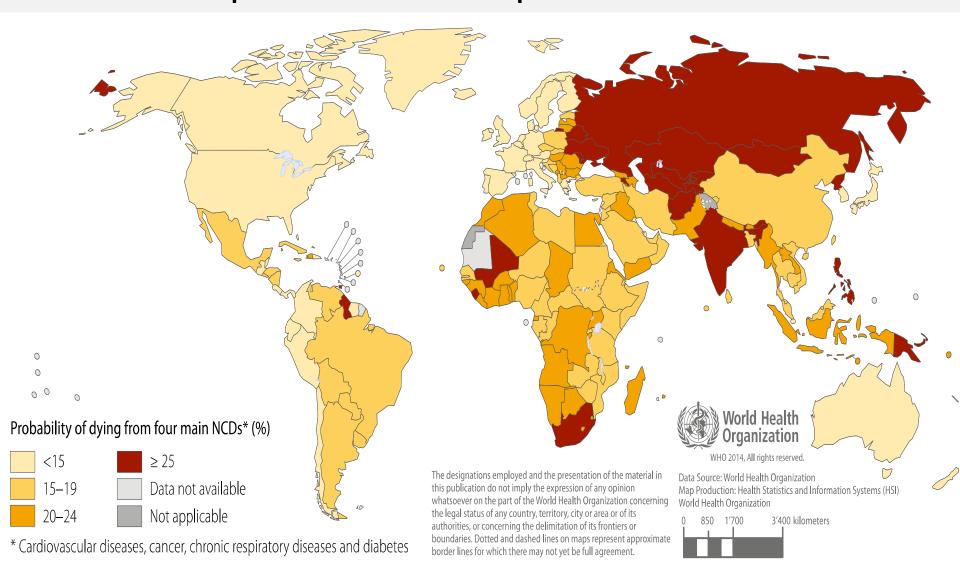
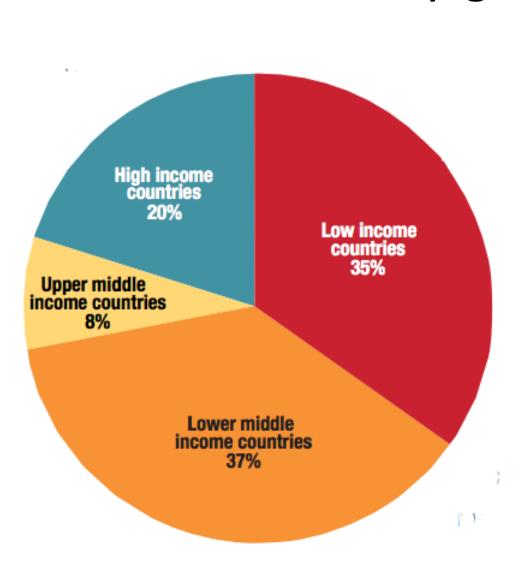
Care and Management of NCDs in Primary Care - Professional priorities versus patient needs.

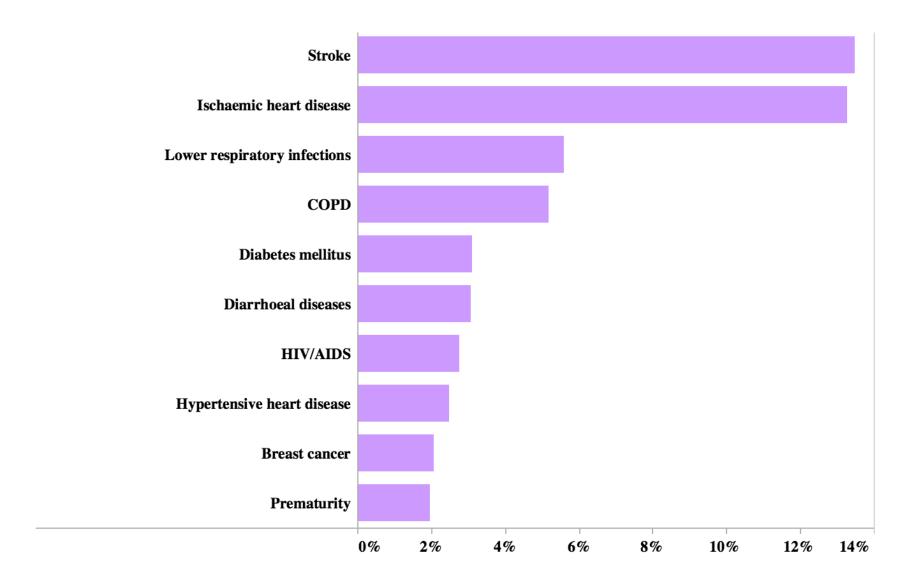


Distribution of NCD-deaths per country-group





Top ten causes of Death in women (2012)



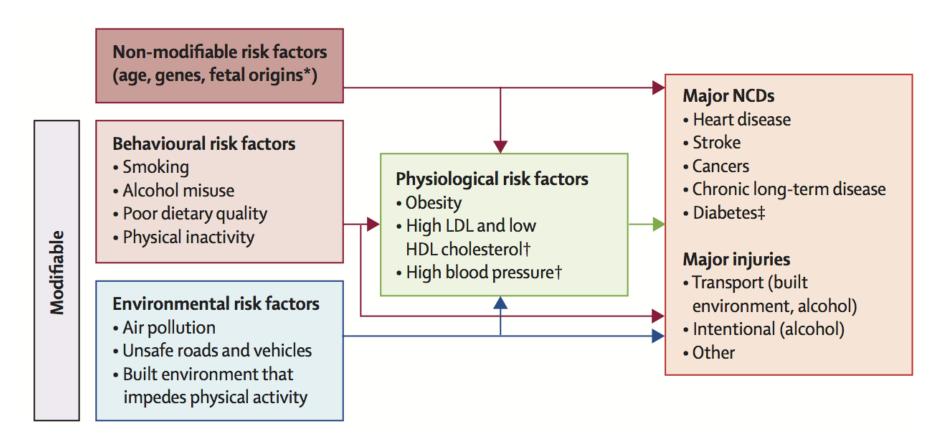
Transition in Health

- "At present, lifestyle and behaviour are linked to 20-25% of the global burden of disease. This proportion is rapidly increasing in poorer countries.
- "By the year 2020, non-communicable diseases are expected to account for seven out of every ten deaths in the developing regions, compared with less than half today…"
- "It was previously thought that, as countries develop, no communicable disease replaced communicable disease as the main source of ill-health. However, there is now evidence that the poorest in developing countries face a triple burden of communicable disease, non-communicable disease and sociobehavioural illness."

The problem - context

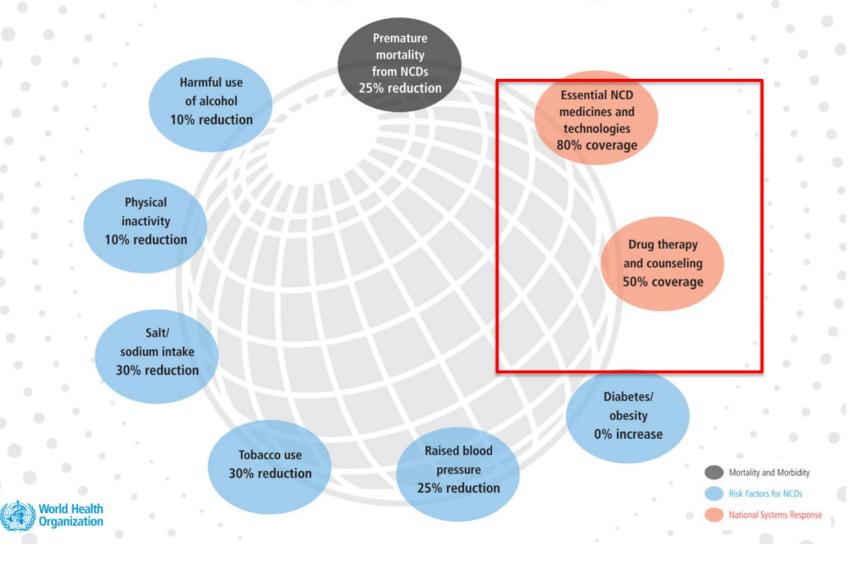
- An ever aging population with complex health and social needs;
 2 billion people above age 60 worldwide in 2050 estimated by WHO
- Quality of Care only 50-70% of patients receive recommended treatment for chronic conditions. Recommended treatments may have adverse effects in multimorbidity situations,
- Lack of patient information accross provider systems, leading to duplication, and health risks due to overmedication.
- Fragmented health services due to differentiation following advances in medical technology,
- Focus and treatment rather than disease prevention and risk based disease management

Risk factors: modifiable and non-modifiable



Jamison et al 2013

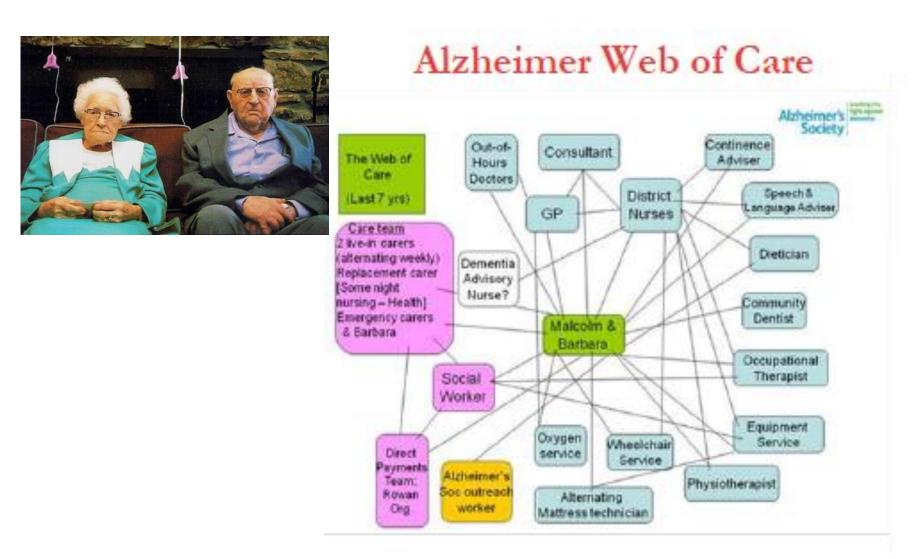
Set of 9 voluntary global NCD targets for 2025



Promoting health

- Raising Awareness and incentivise action
- National BCC activities
- Community health
- Preventive Care
- Role of local authorities
- Increase Quality of Care

Designing Better Care for Malcolm and Barbara



Frontier Economics (2012) Enablers and barriers to integrated care and implications for Monitor

Continuum of Care



Continuum of Care – who is managing?

Levels of Care: Hospitals, GPs, Nurses, External parties, Self-care
What is the role of local authorities ???



Reorganising Care

Chronic Care Model



Agency for Healthcare Research& Quality: http://www.ahrq.gov/professionals/systems/primary-care/businessstrategies/busstratintro.html

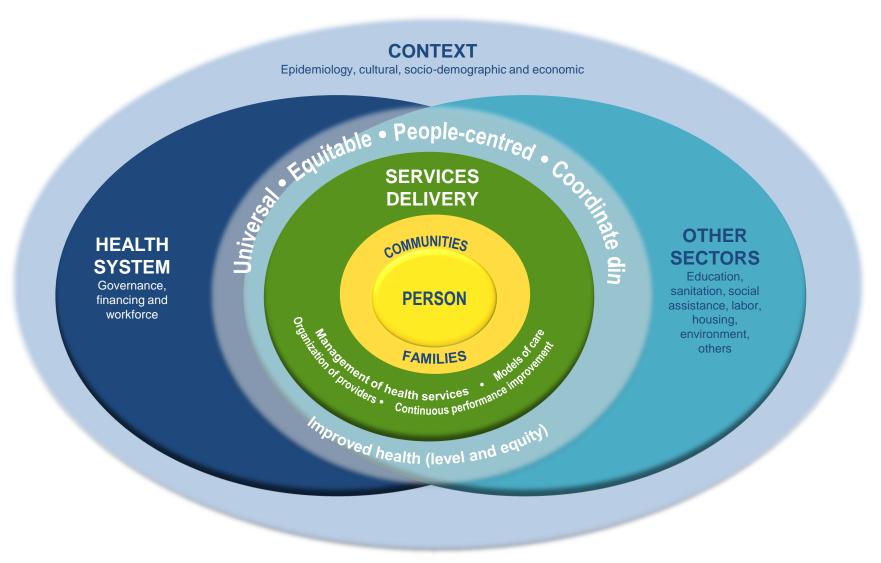


Disease based treatment models vs integrated models enhancing quality of life, (WHO framework on integrated, people-centred health services - WHA 69 May 2016);

Some Definitions of Integrated Care

- "coherent set of products and services, delivered by collaborating local and regional health care agencies" to multi-problem patients." 1999 Hardy et al,
- "The search to connect the healthcare system (acute, primary medical and skilled) with other human service systems (e.g. longterm care, education, and vocational and housing services) to improve outcomes (clinical, satisfaction and efficiency)" 1999 Leutz et al
- "Integrated care seeks to close the traditional division between health and social care. It imposes the patient's perspective as the organising principle of service delivery and makes redundant old supply driven models of care provision. Integrated care enables health and social care provision that is flexible, personalised and seamless." 2009 Lloyd et al,

Whole-of systems and health in all policies approach for integrated care



Provider

Coordinate services, tasks and patient care across professional, organizational and system boundaries

Policy-maker

Design integration-friendly policies, regulation and financing arrangements; develop appropriate
care systems, processes and quality standards; support holistic evaluation of integrated systems and programmes

Regulator

Register integrated providers; assess care provision; monitor joined-up care; eliminate poor quality and safety

Care professional

Advocate for service users; provide and coordinate health and social care

Integrated care

Evaluator

Measure integration against national and local measures; contribute to evidenceinformed integration

Manager

Build and sustain shared culture and values; maintain oversight of pooled resources and funding streams; coordinate joint targets; supervise diverse staff; manage complex organizational structures and relationships

Service user/carer

Experience improved access and navigation across elements of care, including informationsharing

Community

Help to shape local services

Literature

- Dennis L. Kodner, Cor Spreeuwenberg, Integrated care: meaning, logic, applications, and implications a discussion paper; Int J Integr Care. 2002 Oct-Dec; 2: e12.
- Gröne O, Garcia-Barbero M. Integrated care: a position paper of the WHO European Office for Integrated Health Care Services. International Journal of Integrated Care. 2001 Jun 1;1 Available from: URL: http://www.ijic.org/index.php/ijic/article/view/28/56
- <u>Hardy B</u>¹, <u>Mur-Veemanu I</u>, <u>Steenbergen M</u>, <u>Wistow G</u>. Inter-agency services in England and The Netherlands. A comparative study of integrated care development and delivery. <u>Health Policy.</u> 1999 Aug;48(2):87-105.
- WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013
 2020
- Lloyd J, Wait S, Integrated Care A Guide for Policymakers, 2006, International Longevity
 Centre UK
 http://www.ilcuk.org.uk/index.php/publications/publication_details/integrated_care__a_guide_for_policymakers
- Leichsenring K, Providing integrated health and social care for older persons A European overview; Report to the EU Commission 5th FP: Quality of Life and Management of Living Resources on the PROCARE program 2004

Further information

- WHO: http://www.who.int/ncds/en/
- WHO: <u>www.who.int/servicedeliverysafety/areas/people-centred-care/en</u>
- Institute of health metrics and evaluation: http://www.healthdata.org/
- IFIC: https://integratedcarefoundation.org/