EU 2020 Targets - the health 2020 targets and the role of primary care and occupational therapy

Prof Niroshan Siriwardena
Overview

- Europe Health 2020 targets
- Role of primary and community care
- Role of occupational therapy
- Multidisciplinary healthcare and education
- Multidisciplinary research
- European Forum for Primary Care
• Europe Health 2020 targets
• Role of primary and community care
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Number of chronic disorders by age group

Prevalence of multimorbidity by age and socioeconomic status

Kuttner: Market based failure – a second opinion on US healthcare costs NEJM
Economic crisis

Spain

Greece

Groenewegen. Unemployment rates in Europe. NIVEL Istanbul 2013
Health 2020

People enabled and supported in achieving their full health potential and well-being

Investing in health throughout the life course

Tackling health challenges

Strengthening health systems

Creating supportive environment

Reducing inequalities

Better governance for health

Adding value through partnerships

Hans Kluge (WHO) Developing a regional action framework for coordinated/integrated health services delivery. Istanbul 2013
• 1. Reduce premature mortality in 2020.
• 2. Increase life expectancy.
• 3. Reduce inequalities in health.
• 4. Enhance the well-being of the population.
• 5. Ensure universal coverage and the right to the highest attainable level of health.
• 6. Set national goals and targets related to health in Member States.
It states (p8) that:

‘good health is an asset and a source of economic and social stability. It is key to reducing poverty and both contributes to and benefits from sustainable development. Most important, good health can no longer be seen an outcome of one sector alone: sustainable and equitable improvements in health are the product of effective policy across all parts of government and collaborative efforts across all parts of society.
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Katherine Baicker and Amitabh Chandra
Higher costs - lower quality

EXHIBIT 7
Relationship Between Provider Workforce And Medicare Spending: Specialists Per 10,000 And Spending Per Beneficiary In 2000

More specialists - higher costs

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTE: Total physicians held constant.
EXHIBIT 6
Relationship Between Provider Workforce And Quality: Specialists Per 10,000 And Quality Rank In 2000

More specialists - lower quality

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.
EXHIBIT 8
Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000

More GPs - higher quality

SOURCES: Medicare claims data; and Area Resource File, 2003.
NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.
Figure 7. Health Care Expenditures vs. Primary Care Score Rank

Australia, Belgium, Canada, Denmark, Finland, Germany, Netherlands, Spain, Sweden, United Kingdom, United States

Starfield B, Shi L. Policy Determinants of health: an international perspective
Figure 6. Primary-care Score Ranking vs. "Outcome" Indicators (rank 1 is best, rank 12 worst)

*Rank based on patient satisfaction, expenditures per person, 14 health indicators, and medications per person in Australia, Belgium, Canada, Denmark, Finland, Germany, Netherlands, Spain, Sweden, United Kingdom, United States*
Inequalities related to deprivation slowly narrowing.


In both England and the US, each additional primary care physician per 10,000 population (a 12-20% increase) is associated with a decrease in mortality of 3-10%, depending on the cause of death. This is true even after adjusting for sociodemographic and socioeconomic characteristics.
Primary care

“...provision of continuous, comprehensive and coordinated care to populations undifferentiated by gender, disease or organ system.”

The first contact
A continuous relationship
Comprehensive, coordinated, multidisciplinary

Starfield, B. Primary Care: Concept, Evaluation, New York: Oxford University Press. 1992
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Occupational therapy

“…a client centered health profession concerned with promoting well being through occupation. The primary goal…is to enable people to participate in the activities of everyday life”

Broad education: medical, social, psychological & occupational
Work with individuals, group and communities
All people including those who have impairments and the socially excluded
Community occupational therapy in Amsterdam
Jan’s aims

- “I want to roll my own cigarettes and not be dependent on my girlfriend”
- “I want to write better, I can’t read my notes”
- “I want to do things in the kitchen, make a coffee or prepare my own bread.”
- “I have problems getting out of my bed and couch, I don’t have money for a new one, can you help me out.”
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Complex issues require complex solutions
Falls prevention research

- Falls very common - 30% of 65+ year olds each year
- Falls cause injury but also reduction in activity
- £981 million spent on falls in 2010 in UK
- 40% of fallers who call ambulance not taken to A&E
- Multi factorial falls prevention interventions have been shown to reduce falls rates
Community falls prevention for people who call an emergency ambulance after a fall: randomised controlled trial

Philippa A Logan, postdoctoral researcher and occupational therapist,¹ CAC Coupland, associate professor in medical statistics,¹ JRF Gladman, professor of older persons medicine and community geriatrician,¹ O Sahota, professor of orthogeriatric medicine and consultant physician,² V Stoner-Hobbs, triage nurse,³ K Robertson, community occupational therapist,⁴ V Tomlinson, data analyst,³ M Ward, community nurse,⁵ T Sach, senior lecturer in health economics,⁶ AJ Avery, professor of primary care and general practitioner¹
Interventions
Rate of falls per year

• Europe Health 2020 targets
• Role of primary and community care
• Role of occupational therapy
• Multidisciplinary healthcare and education
• Multidisciplinary research
• European Forum for Primary Care
• Based at NIVEL, Netherlands.

• Multi-professional Advisory Board with members from Belgium, UK, Italy, Sweden, France, Slovenia, Turkey, Norway, Greece, Portugal, Romania, Hungary, Latvia, Spain, Macedonia, Austria and the Netherlands.
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<th>Name</th>
<th>Occupation</th>
<th>Country</th>
<th>Institution/University</th>
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<td>Marie Bolt</td>
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<td>Pysotherapeutiek Daan</td>
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<td>Prof. Marianne Samuelton</td>
<td>General Practitioner</td>
<td>France</td>
<td>University of Caen - Basse Normandie</td>
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<td>Prof. Val Lattimer</td>
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<td>United Kingdom</td>
<td>School of Nursing Sciences -</td>
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Main objectives

- To share the information between members
- Advocacy for Primary Care towards policymakers and politicians
- Support for research and development of a research agenda
Person centred and community orientated primary care

FIGURE 1.2: The COPC Process

Define and Characterize the Community

Monitor Impact of Intervention

Involve Community

Identify Community’s Health Problems

Develop Intervention
The core goals of the IFCHC are:

- to foster global collaboration in community-oriented primary health care and
- to expand access to Community Health Centres as the optimal way to achieve the World Health Organization’s vision for equitable access to primary health care for all.
EFPC on the Web

- www.euprimarycare.org
- Web-based database on European Primary Care
- LinkedIn discussion group “Primary Care Forum”
  Currently 3500 members from all over the world
- Twitter: (@PrimaryCare4um) 570 followers, rapidly growing
- Facebook-page: Primary Care Forum
Acknowledgments

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Thank you!