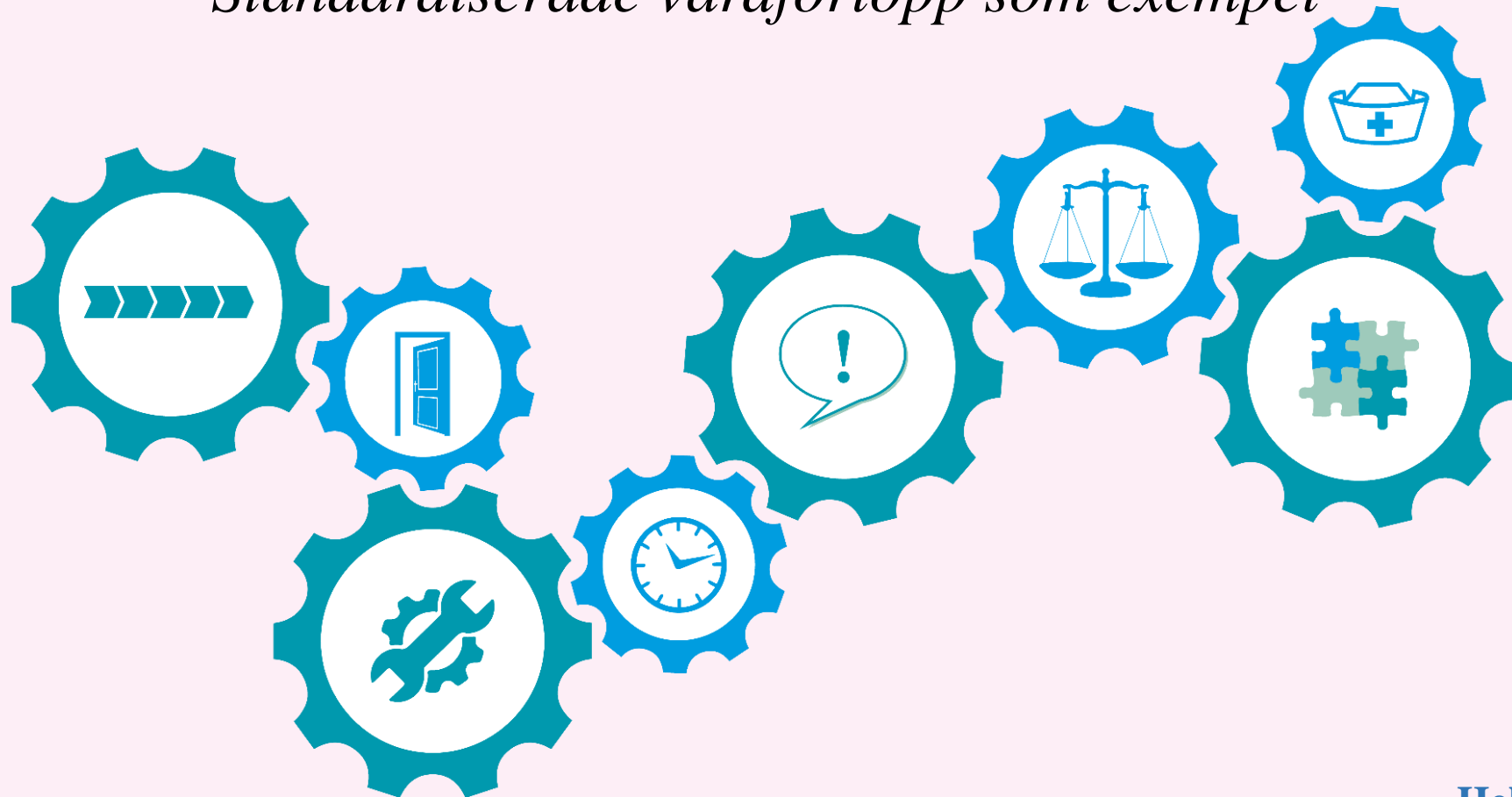


Går det att standardisera och samtidigt anpassa komplex vård?

Standardiserade vårdförlopp som exempel



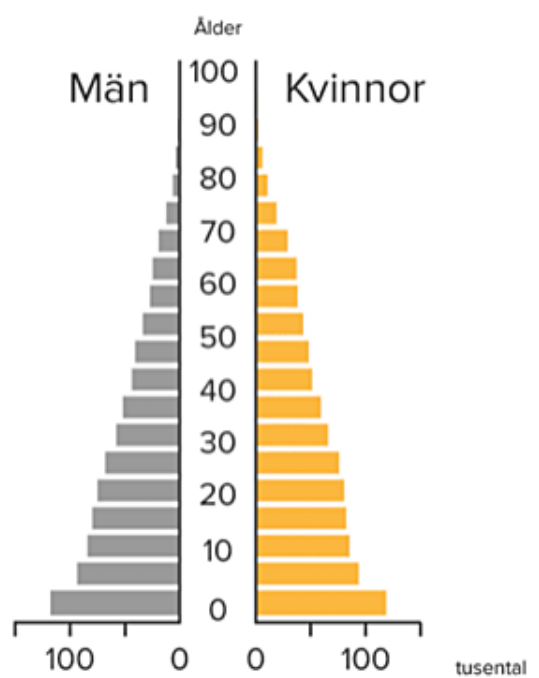
Agenda

- Bakgrund
- Syfte
- Viktiga begrepp
- Tillvägagångssätt
- Resultat & Analys
 - Standardiserade vårdförlopp som exempel
- Slutsatser

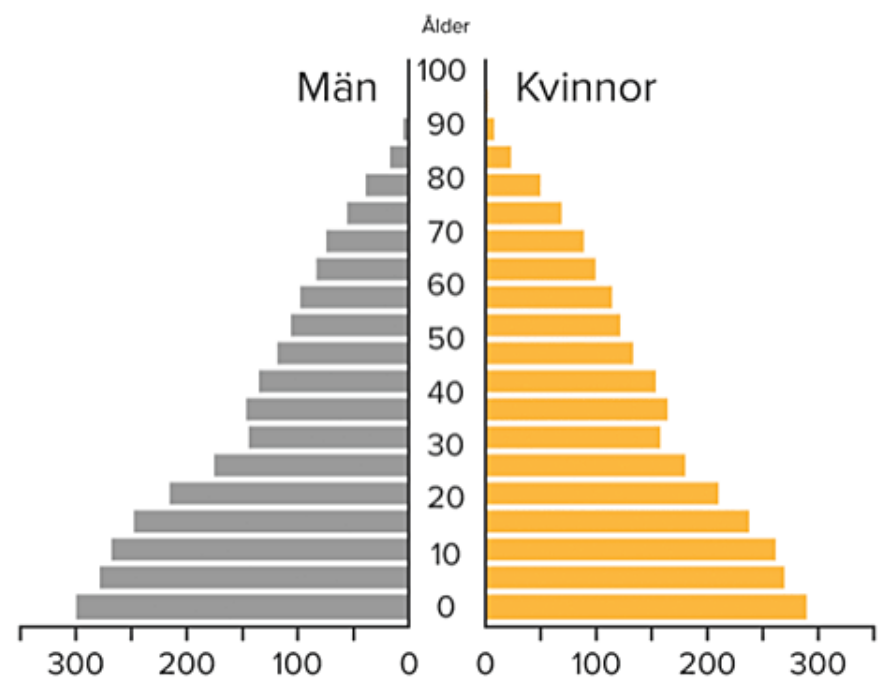
Målet med hälso- och sjukvården är en god hälsa och en vård på lika villkor för hela befolkningen

Hälso- och sjukvårdslag (2017:30)

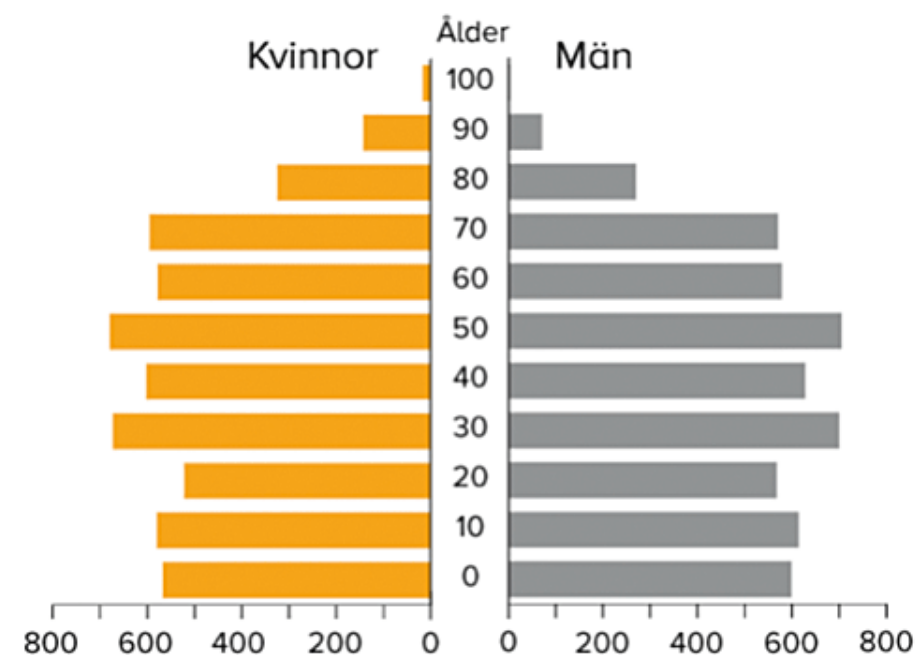
1750



1900

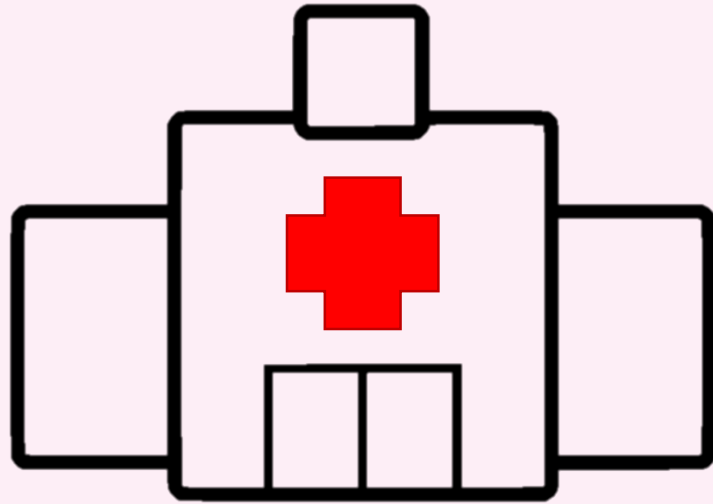


2017



Källa: SCB

Organisational challenges



Fragmentation

Medical practice challenges



Physician

Uncertainty



Patient

Variation

Vad studerades?

Hur kan vårdförlopp bidra till att skapa god vård för patienter med komplexa behov?

Nyckelbegrepp

Koordinering

Anpassning

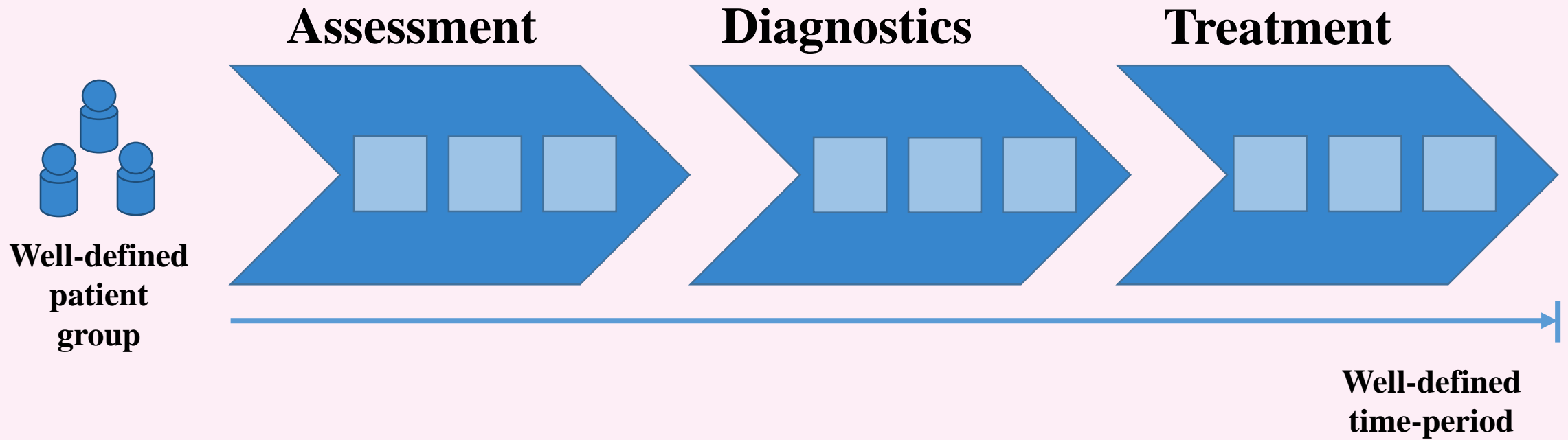
Standardisering

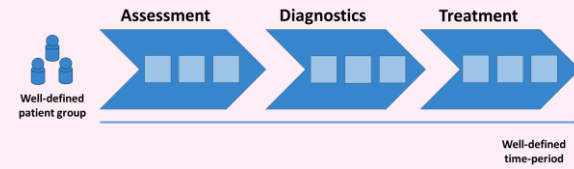
Individanpassning

Kvalitativ vård

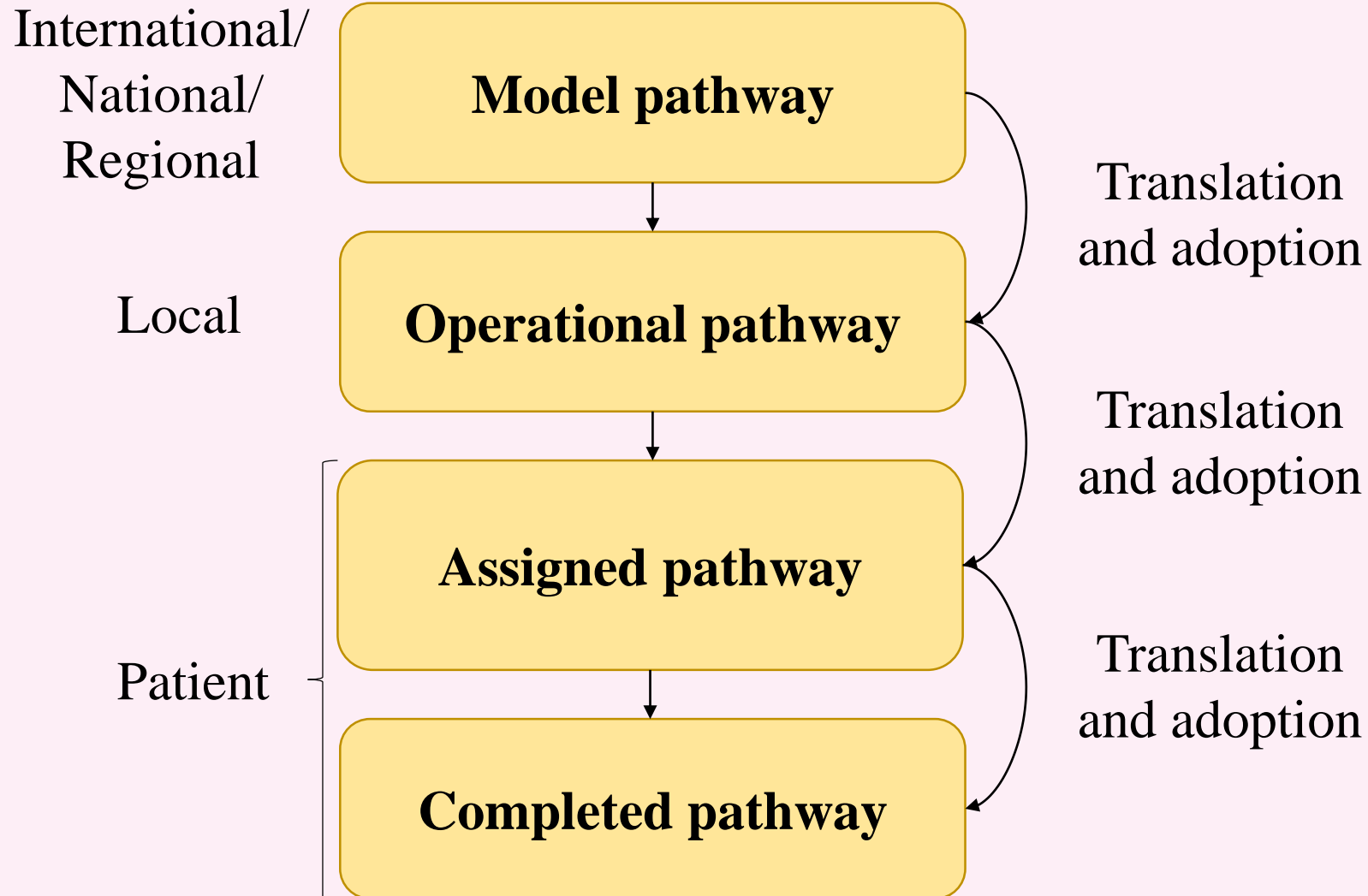
*Patients with complex care needs sometimes called
“super-utilizers” due to their multiple physical, mental,
psychosocial or practical needs.*

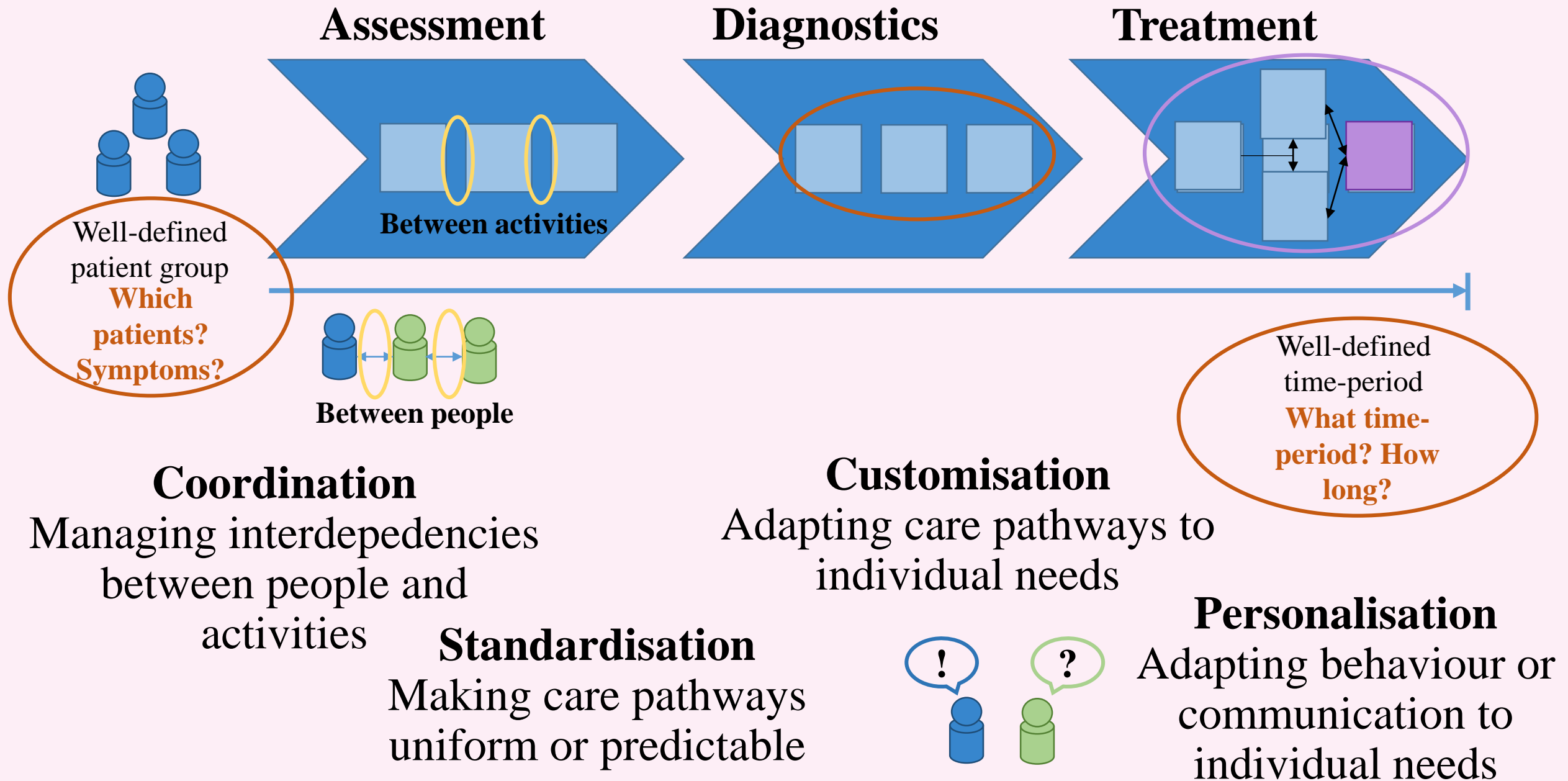
Vad är ett vårdförlopp?



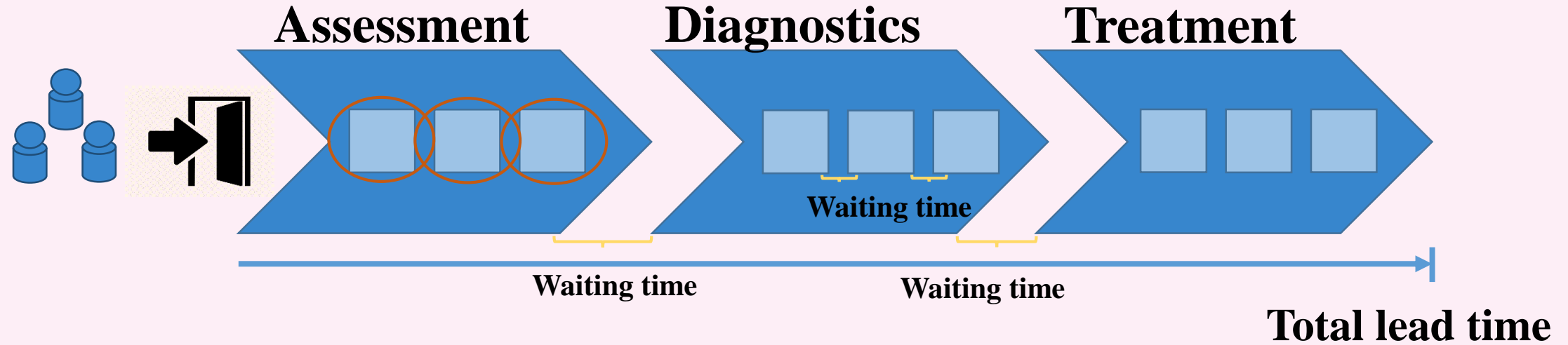


Fyra aggregationsnivåer





Vad innebär kvalitativ vård?



Accessible

Availability of and access to services

Timely

Receiving care at the right time

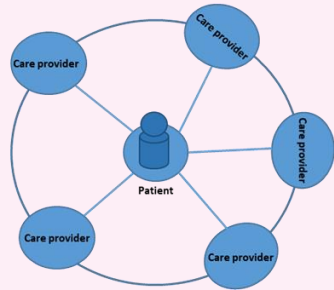
Equitable

Sufficient care provided to each patient to meet their individual needs

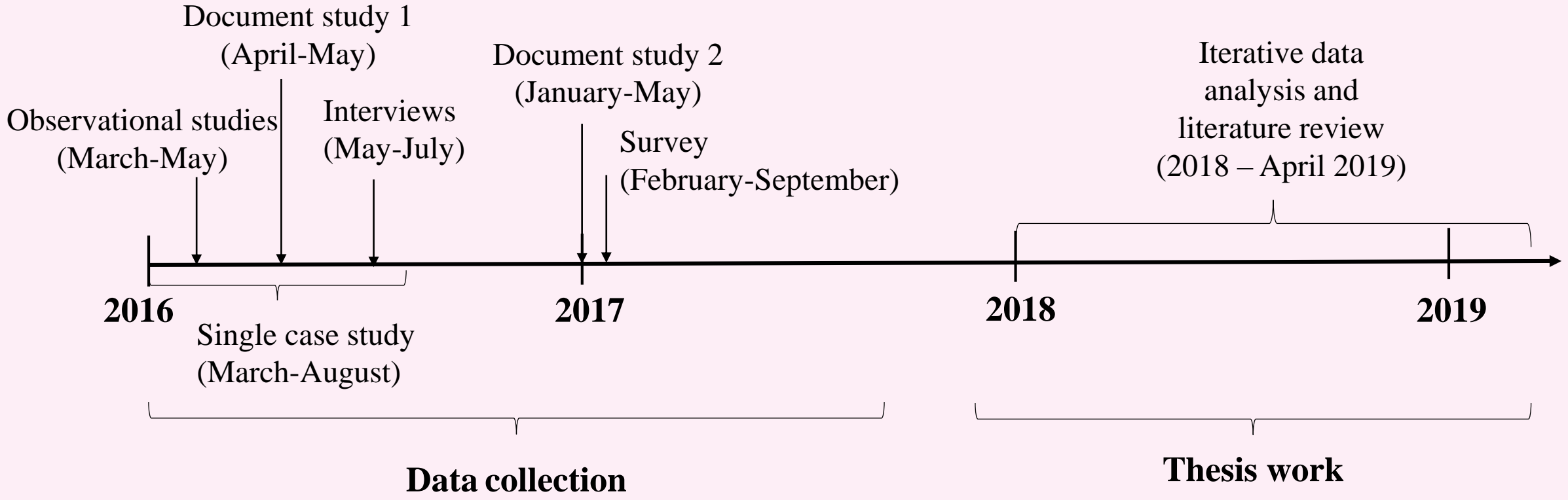


Patient-centred

Providers strive to identify, respect, and manage patient needs, invite patients to actively participate in care, and deliver individually customised information



Tillvägagångssätt

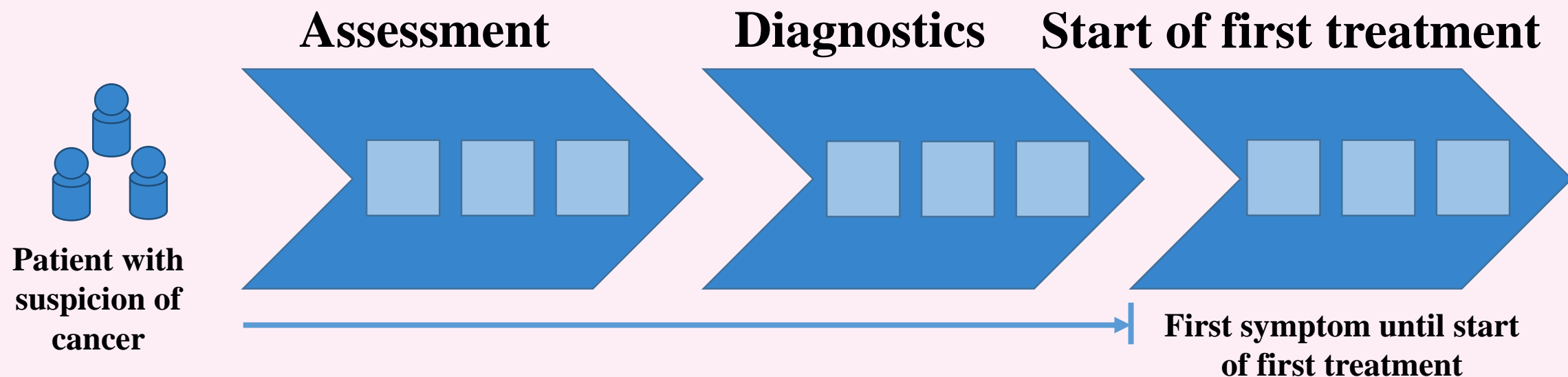


VARJE DAG RÄKNAS!

© Fotomax/Alamy.com

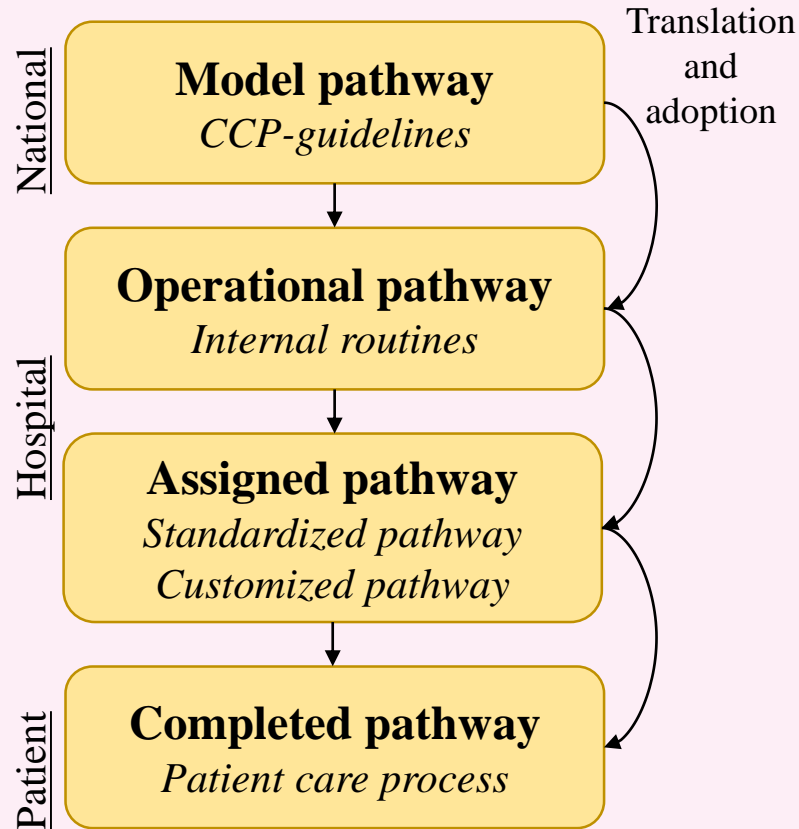
Standardiserade vårdförlopp

Standardised cancer care pathways (CCPs)



- 31 CCP-guidelines for individual cancer diagnoses
 - alarm symptoms
 - list of tests and examinations to be performed
 - Maximum waiting time limits: specified waiting times between activities in the CCP
- CCP-coordinators
- Pre-scheduled appointments

SVF – Fyra aggregationsnivåer



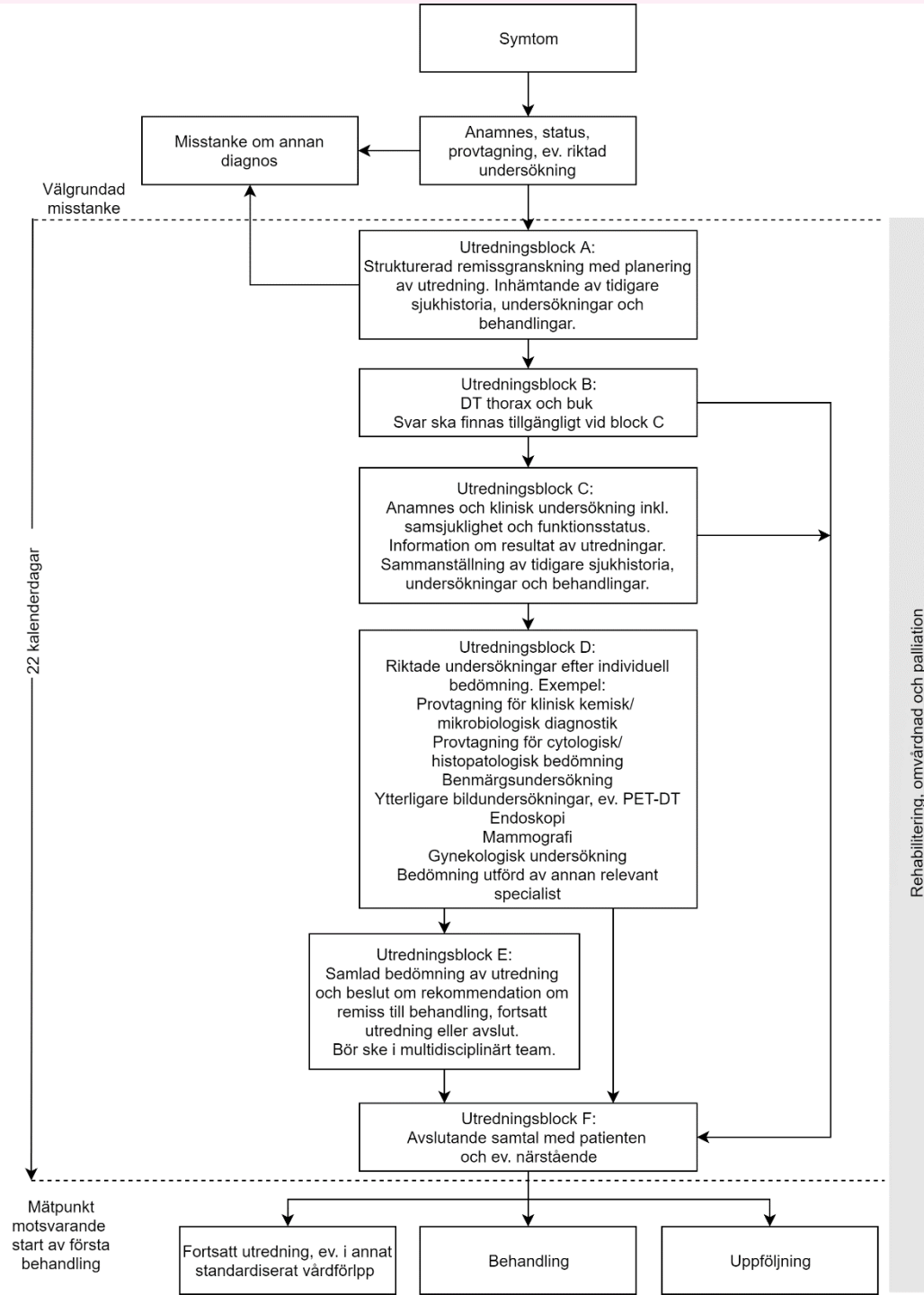
Model pathways

Two types:

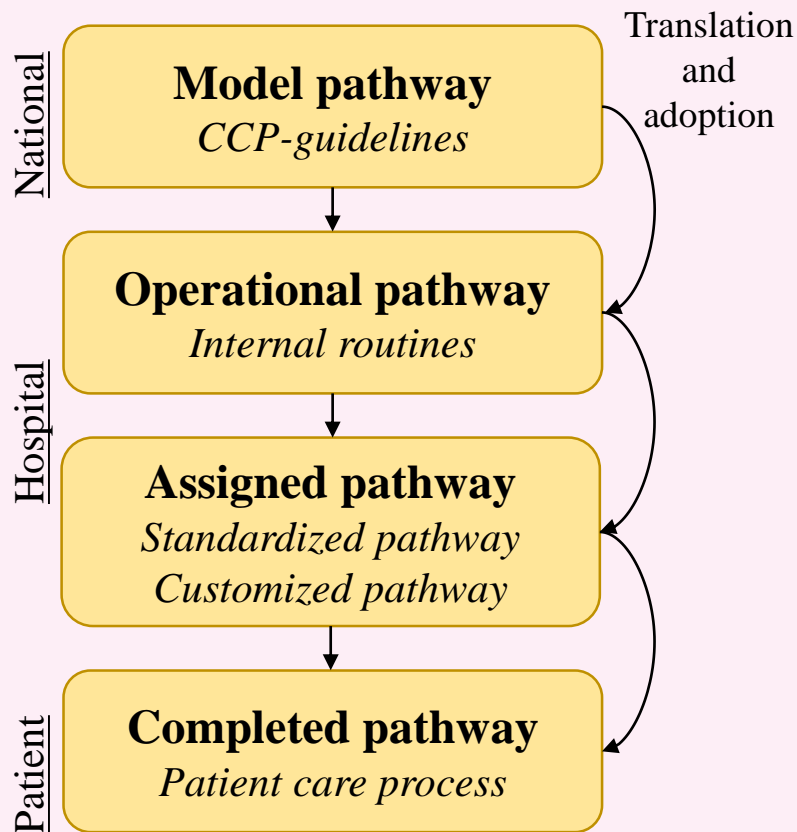
- With symptoms indicating a specific cancer
- With ambiguous symptoms not indicating a specific cancer

Vad gör man när det inte går att urskilja cancer typ?

Diagnostiska centrum



Hur kan SVF förstås i termer av vårdförlopp?

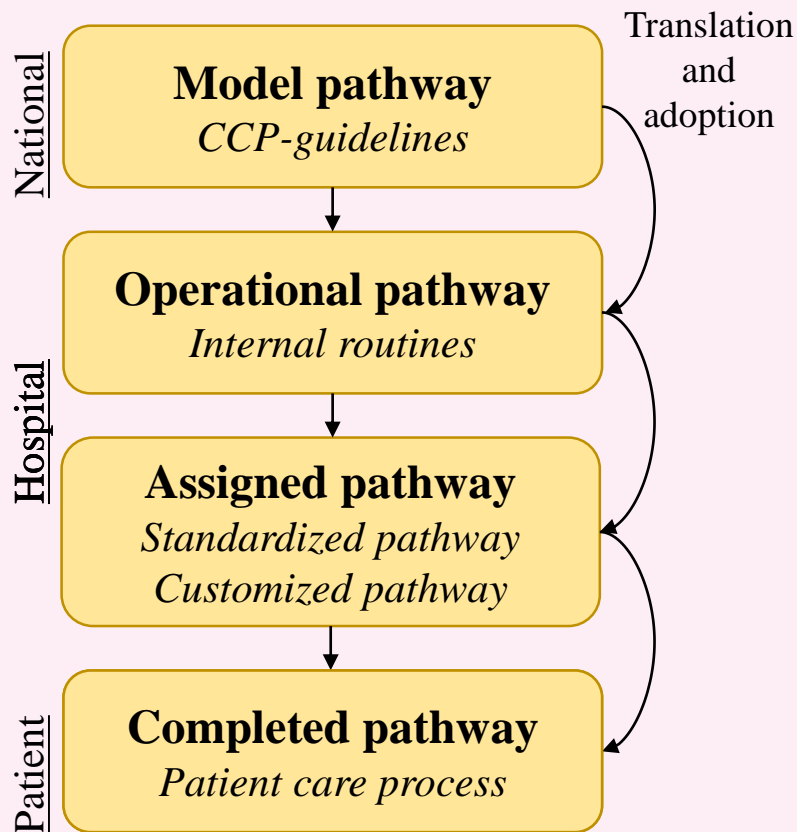


Internal routines

- Coordination need between different care levels and units, within units and with the patient
 - CCP-guidelines used to divide responsibilities
- Coordinators apply personalisation to enable customisation

Characteristics	Horizontal coordinator	Unit or pathway coordinator	Patient coordinator
Coordination focus	Holistic and patient	Provider and patient	Patient
Level of appointment	Hospital/region (centralised)	Care unit/pathway (s) (decentralised)	Care unit/pathway (s) (decentralised)
Type of continuity	Management (Informational)	Informational	Relational (Informational)
Role towards patient	<ul style="list-style-type: none"> Initial needs assessment Initial urgency assessment Assign standardised or customised pathway Initial information sharing and communication 	<ul style="list-style-type: none"> Key contact person for administrative needs Follow up on waiting times and compliance to standardised or customised pathway Provide contact information to new care providers 	<ul style="list-style-type: none"> Key contact person for emotional support and medical needs Continuous needs assessment Continuous adaptation and customisation of care pathway Continuous information sharing and communication
Role towards providers	<ul style="list-style-type: none"> Interfunctional and interpersonal transferral of patient information Uphold effective communication and cooperation in CCPs 	<ul style="list-style-type: none"> Interfunctional and interpersonal transferral of patient information 	<ul style="list-style-type: none"> Patients advocate at multidisciplinary conference Uphold effective communication and cooperation in care pathway Interfunctional and interpersonal transferral of patient information

Hur kan SVF förstås i termer av vårdförlopp?



Standardized care pathway

- Well defined patient groups
- Follow CCP-guidelines
- Lower coordination and support need

Customized care pathway

- More undefined patient groups
- Adapted sequence of care
- Higher coordination and support needs

Care pathways for patients with complex care needs	Standardised pathway	Customised pathway
Input	Clear symptoms agreeing with alarm symptoms for a certain disease Less complex care needs	Ambiguous symptoms unknown underlying disease or disease agreeing with alarm symptoms for e.g. SUS or CUP More complex care needs
Course of or activities in care pathway	Predictable	Undefined or changing
Resource and knowledge intensity	Explicit knowledge and limited resources linked to specified needs or diagnosis	Tacit and specialised knowledge and resource- intense organisation for problem solving or linked to multiple needs or diagnoses, e.g. multidisciplinary teams and diagnostic centres
Management	Standards or routines e.g. CCP-guidelines	Standards or routines e.g. CCP-guidelines for CUP or SUS Problem solving, iterations
Coordination and support	Lower need, mostly	Higher need, for patient and within care

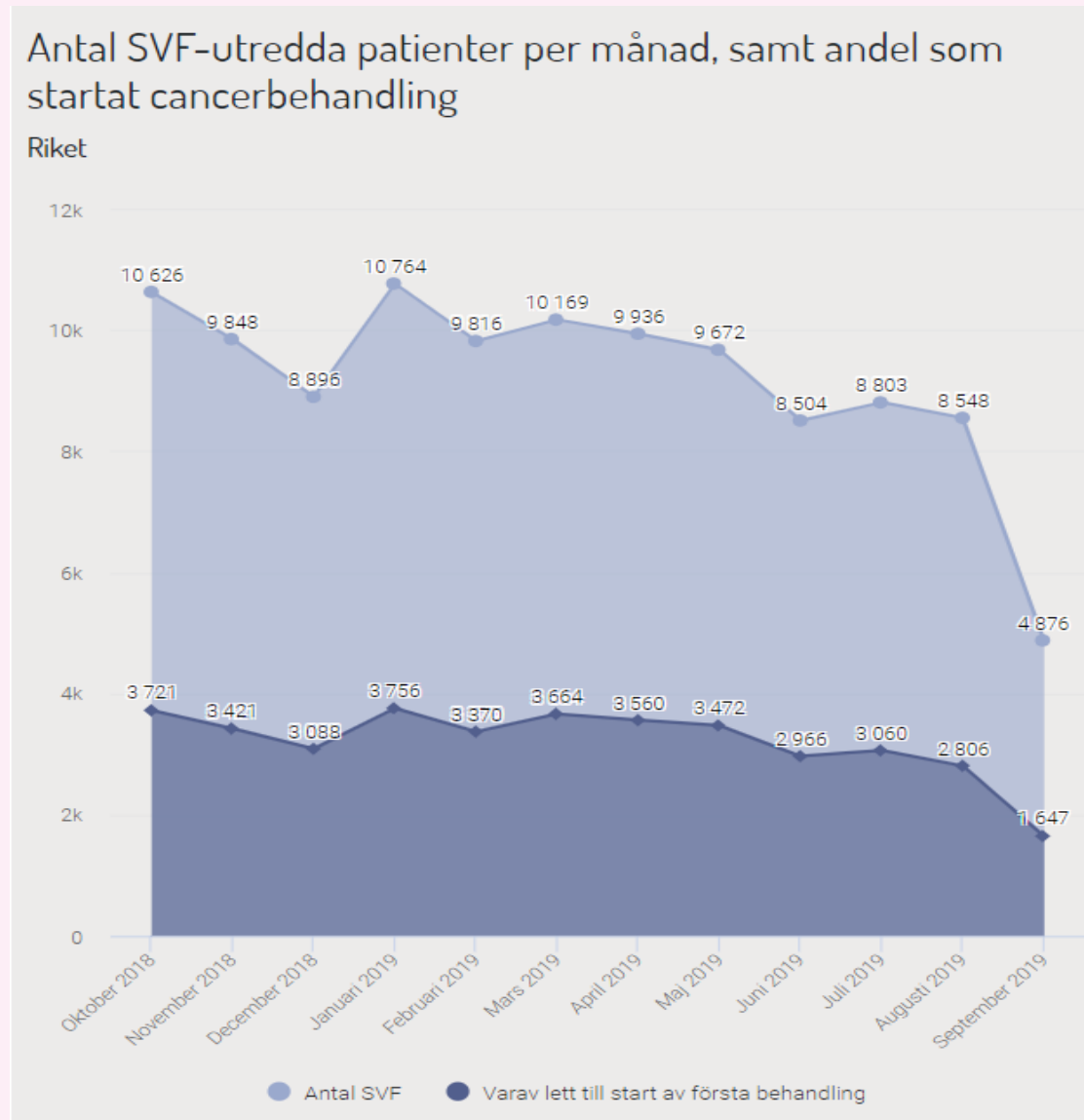
Exempel: Enheten för samordnad cancerutredning i Region Östergötland

Vid intresse maila författaren

Hur kan vårdförlopp bidra till mer kvalitativ vård?

Practice / dimension	Accessible	Timely	Equitable	Patient-centred
<i>Standardised care pathways</i>	Negative – Misassignment might worsen outcomes			Positive – shift focus from what to do to how to do it
<i>Standardised sequence of care activities</i>	Positive – access to services and resources		Positive – equal chance to sufficient care	Positive – information to patients
<i>Alarm symptoms</i>	Positive – who should get access Negative – includes non-cancer	Positive – early detection and diagnosis Negative – non-cancer causing crowding out	Positive – equal access Positive – inclusion effect	
<i>Maximum waiting time limits</i>		Positive – indicate urgency of care Negative – too quick for patients	Positive – medical need as discriminator	
<i>Pre-scheduled timeslots</i>		Positive – quick access to appointments	Negative – non-cancer patients get precedence	
<i>Customised care pathways</i>	Positive – availability of additional resources	Negative – patient-chosen-waiting or incapable of fast diagnostics		Positive – focus on individual patients
<i>Personalisation</i>				Positive – performed by coordinators
<i>Coordinators Smeds (2019)</i>		Positive – Reduces waiting times	Positive – act as advocates	Positive – information to patients and patient participation

Accessible care



Hur kan vårdförlopp bidra till mer kvalitativ vård?

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Timely care

Bidrar SVF till undantränings effekter?

Effect	Affected	CC or Region	Cancer care pathways
Longer waiting times for patients with non-cancer diseases	Other patient groups in general Serious illness or multimorbid Chronic Patients in need of cancer screening	C, D, E, G, I, K, M, O, S, U, W, X, Y, Z, AB, AC, BD T, Y, Z, AC, BD K, M, Y, Z, AC, BD O, S, AB	<hr/>
Longer waiting times for patients with cancer or diagnosed for cancer	Patients within “the same” CCP Patients within different CCPs First visits and doctors’ appointments Later parts of CCPs Quick diagnostics, but long wait for treatment Follow-up visits Follow-up visits for patients with risk for relapses	E, F, Y, AB, AC, BD E, AC O, T, U, BD K, U, W E E, F, I, K, M, O, S, U, W, Y, Z, AB, AC, BD K, M, S, U, W, AB	
“Crowding out” from CCPs due to serious illness	Patients with serious illness outside of CCPs	E, F, W, H	
“Crowding out” due to sociodemographic attributes	Vulnerable patient groups	E, F, O, X, Y, AC, BD	
Reduction of “crowding out” due to standardised criteria for referral	Vulnerable patient groups	E, W	

Table III.
Overview of effects

Hur kan vårdförlopp bidra till mer kvalitativ vård?

Practice / dimension	Accessible	Timely	Equitable	Patient-centred
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<i>Personalisation</i>				Positive – performed by coordinators
<i>Coordinators Smeds (2019)</i>		Positive – Reduces waiting times	Positive – act as advocates	Positive – information to patients and patient participation

Equitable care

“those patients who we have in [the unit] now, who are really sick, have to wait a long time for their [test] response. ... they are not prioritized [in the healthcare system] because there is not a clear suspicion of breast cancer or colon cancer, they [the symptoms] are a bit diffuse but they are super sick. Why should the sickest be pushed away just because they are not identified?”

Hur kan vårdförlopp bidra till mer kvalitativ vård?

Practice / dimension	Accessible	Timely	Equitable	Patient-centred
<i>Standardised care pathways</i>	Negative – Misassignment might worsen outcomes			Positive – shift focus from what to do to how to do it
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<i>Coordinators</i>		Positive – Reduces waiting times	Positive – act as advocates	Positive – information to patients and patient participation

Patient centered care

“[the patients are] very grateful that I call and inform about the next care step, [I] perceive that they are relieved when I call and also can provide them with a phone number to call me anytime in case they have any questions, it is nice to have a [phone] number to someone when additional questions arise afterwards”.

Patient centered care

"sometimes you get to talk to the patients and yes, they are, they are very upset sometimes, crying and such and so you have to take it a little easy with them if you say so".

Till sist

Går det att standardisera och samtidigt anpassa
komplex vård?

Det inte bara går, i många fall är det **nödvändigt!**

Standardisering handlar i första hand om förutsägbarhet och
samsyn inte om att skapa 'robot-beteende'!

Anpassning av både genomförandet och
bemötandet av patienter

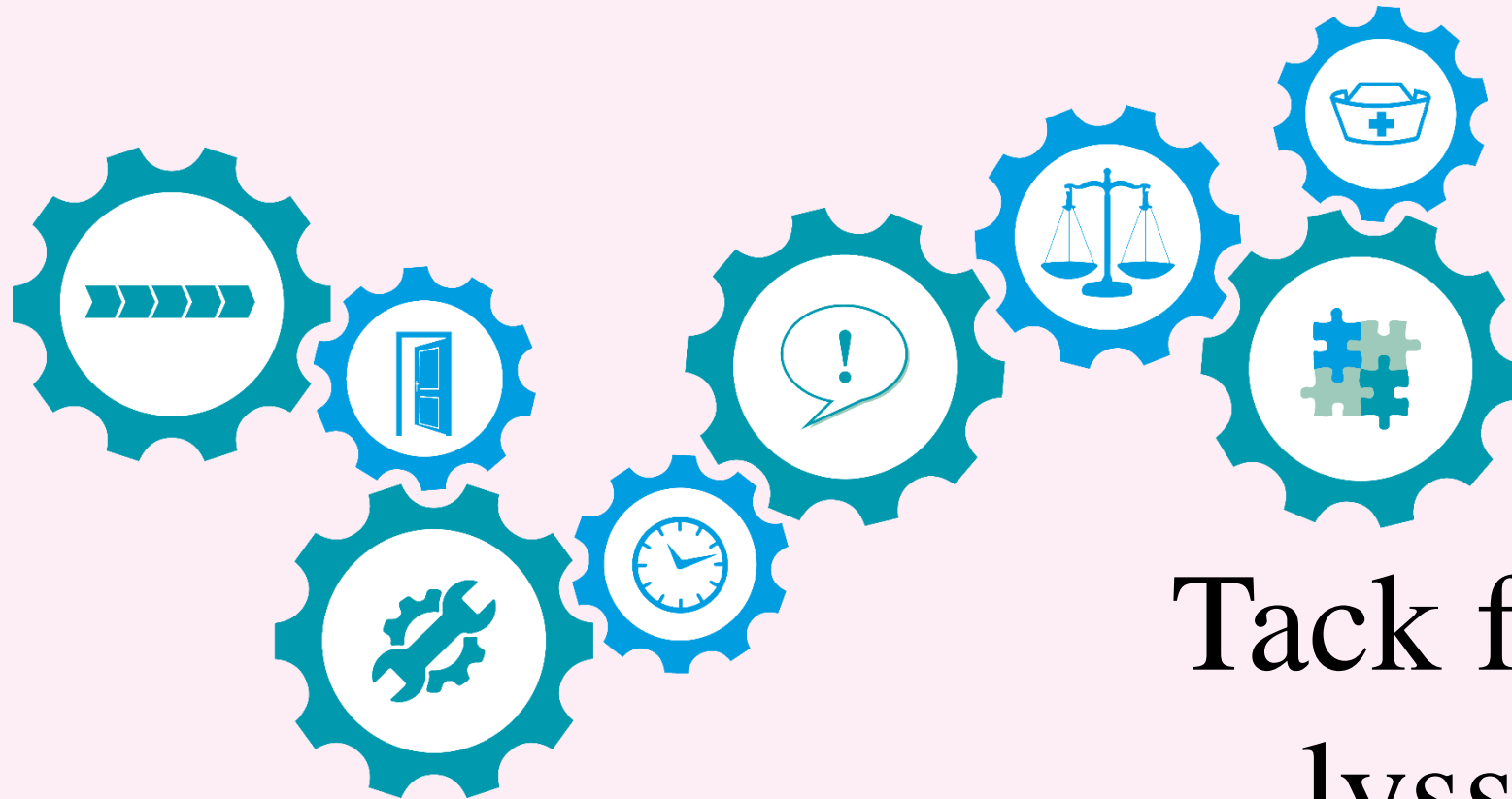
Hur bidrar standardisering och anpassning till kvalitativ vård?

Standardisering och anpassning i 'rätt' sammanhang möjliggör ökad tillgänglighet, jämlikhet och patientcentrering samt vård i rätt tid.

Men! För mycket fokus på ett område kan också betyda mindre fokus på andra.

Går det att standardisera och samtidigt anpassa komplex vård?

Ja det gör det!



Tack för att ni
lyssnade!