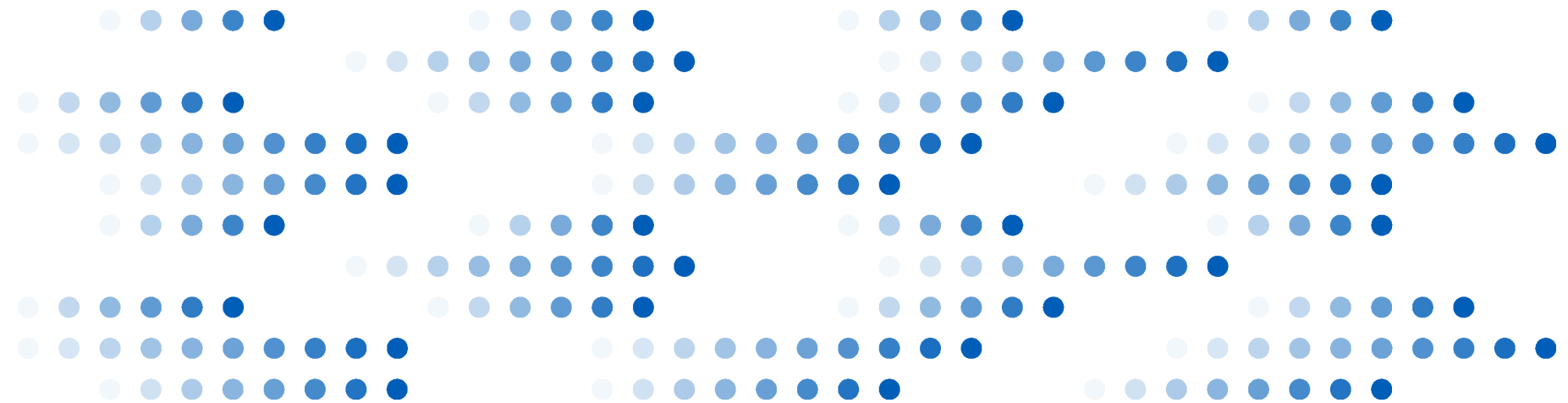


REHABILITATION AND USER INVOLVEMENT

– A Danish national perspective

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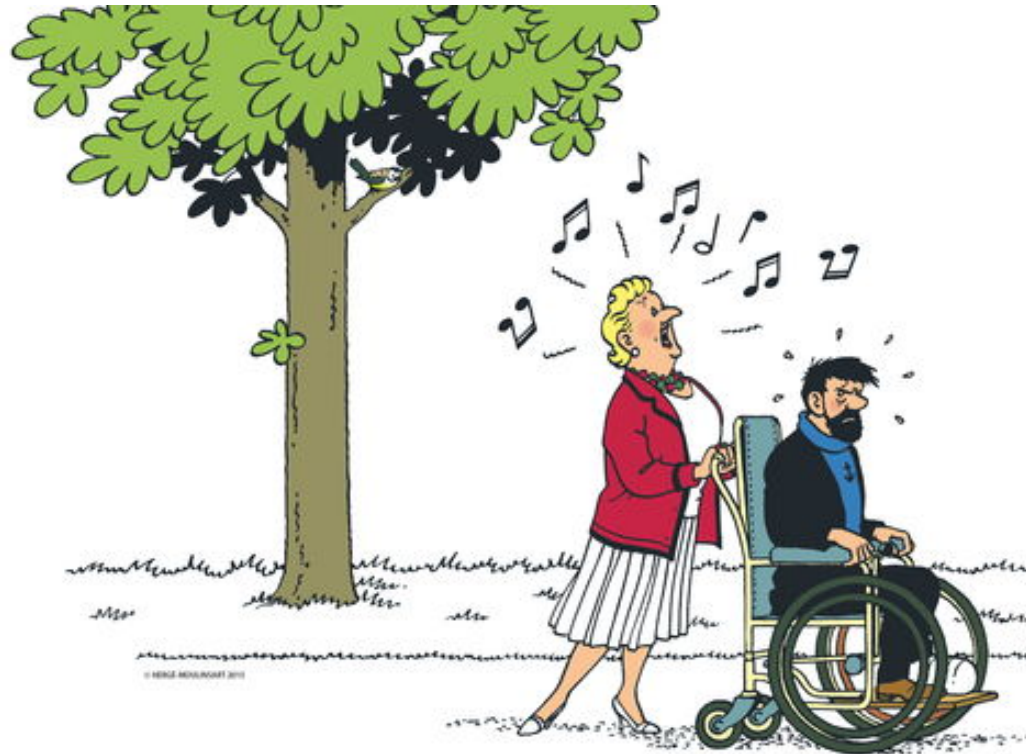


Agenda

1. Rehabilitation - central principles
2. Rehabilitation efforts in Denmark – a short background
3. Actual situation – challenges and solutions
4. User Involvement – a brief overview
5. Rehabilitation and User Involvement – next steps

Rehabilitation and User Involvement – two perspectives

- Rehabilitation doesn't work without a dedicated collaboration between citizens, patients, relatives **and** professionals
- User Involvement is necessary and in many ways crucial in all activities related to improve quality in health care



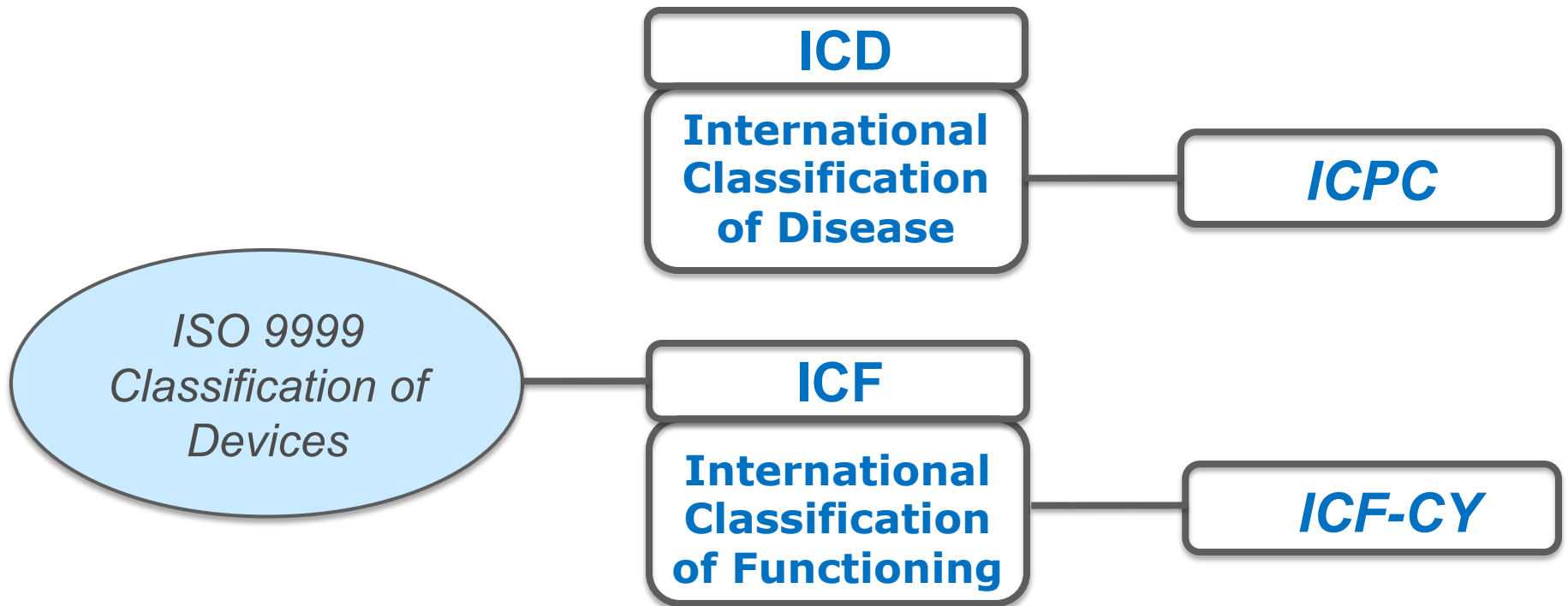
Rehabilitation and User Involvement – needs for direction



Rehabilitation – WHO as framework

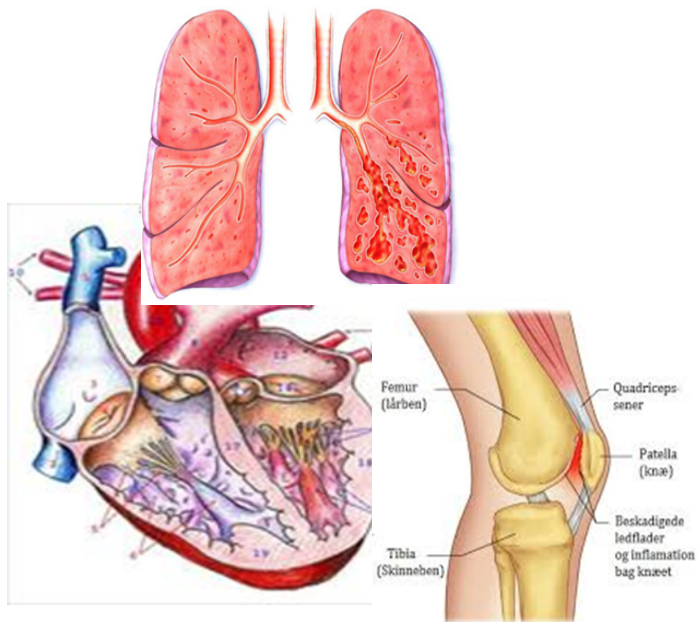
- “...a set of measures that assist individuals who experience, or are likely to experience, disability to **achieve and maintain optimal functioning in interaction with their environments**” *World Disability Report, 2011*
- **What does it mean to achieve and maintain optimal functioning?**
- The International Classification of Functioning and Disability (ICF), WHO 2001
- Medical perception based on diagnoses and illness - ICD-10
- ICF – a dynamic interaction between health conditions, environmental factors and personal factors

ICF – a common language

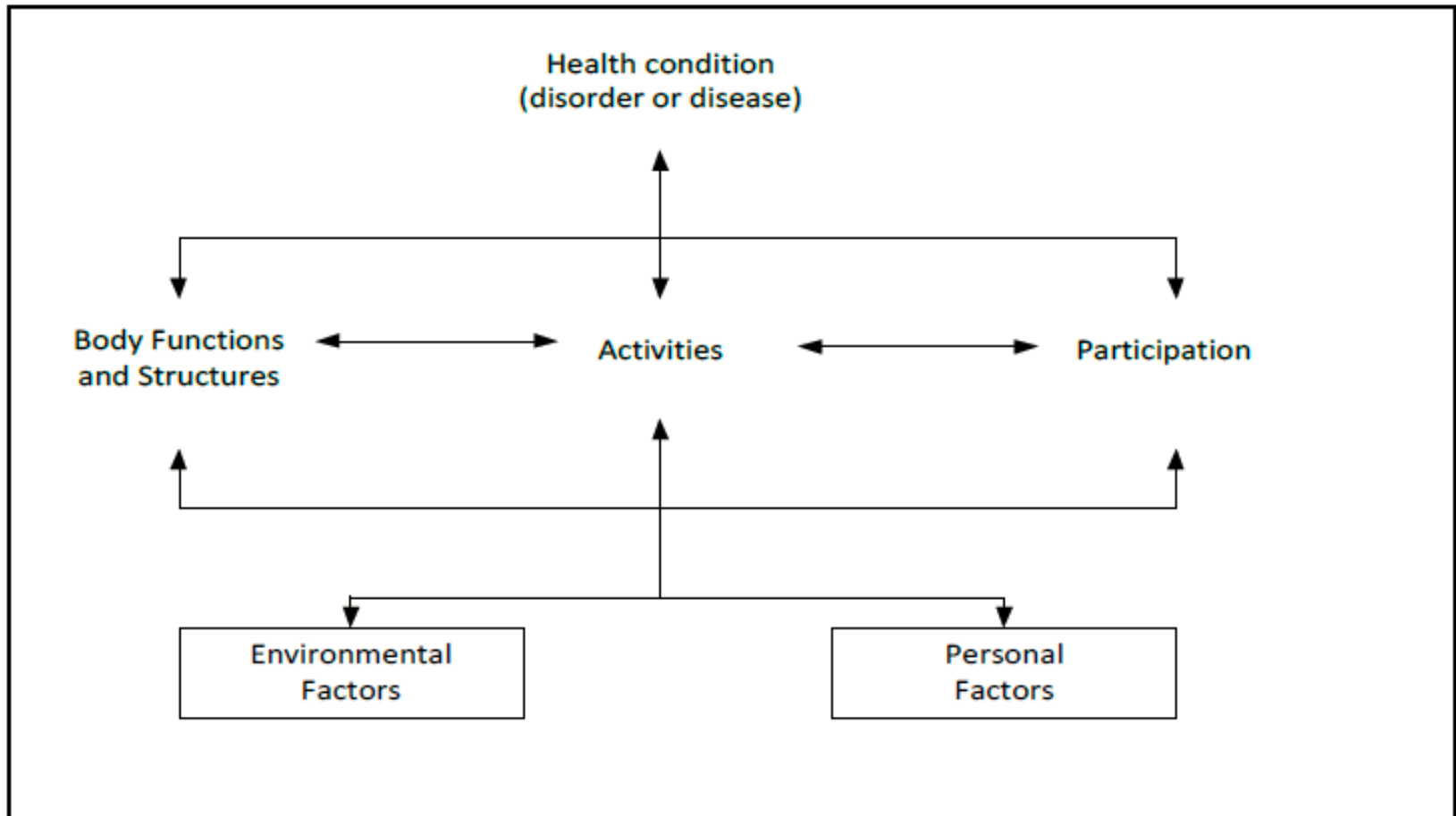




ICF – ICD10 – two frameworks



The ICF model: Interaction between ICF components



Rehabilitating – in Denmark

- Rehabilitation - not in the Danish Health Act
 - Physical training (body functioning)
 - Activity based training
 - Rehabilitation on specialized level (patients with the most complex needs)
- Rehabilitation interventions is carried out referring to several Acts (Social, educational, vocational)

Rehabilitating – a short background

- In 2007 National Reform of Local Government Structure
- Before 2007:
 - **14 Counties with 270 Municipalities**
 - The Counties were responsible for highly specialized rehabilitation services after discharge
- Current organization - since 2007:
 - **5 Administrative Regions and 98 Municipalities**
 - The social- and healthcare sector is mainly public
 - The rehabilitation efforts are mainly funded by the Municipalities

National reform of Local Government Structure - 2007

● Aims

- Moving rehabilitation closer to citizens everyday lives
- Moving the main regulatory and financial responsibilities to the Municipalities

● Evaluation 2013

- More people receive rehabilitation close to their every day life (LEON)
- Challenge in communication between sectors
- Challenge for Municipalities to meet citizens complex needs
- Recommendations – more responsibility back to hospitals for the most complex patients

Current organization

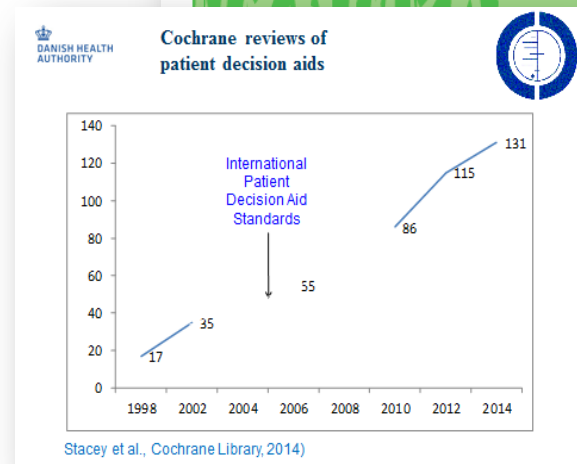
- **Levels of specialization**
 - Regional:
 - Highly specialized
 - Regional (1 – 4 in every Administrative Region)
 - Basic – every hospital
 - After discharge – Municipalities:
 - Specialized
 - Advanced
 - Basic
- The **prescribed plan** for rehabilitation indicates the level of specialization after discharge: basic and specialized

Work in progress - challenges and solutions?

- Implementing levels of specialization
- Using ICF, as common language – standards for communication (MED-COM), Core-sets
- Monitoring:
 - No common data from municipalities
 - Agreement on measures
 - Project – on acquired brain injury (cross sectoral - needs, interventions, results, PRO)
 - Tools for needs appraisal - one tool? Validated
- Working on coherence across different ministerial resorts
- Using Health Agreements

User Involvement – WHY?

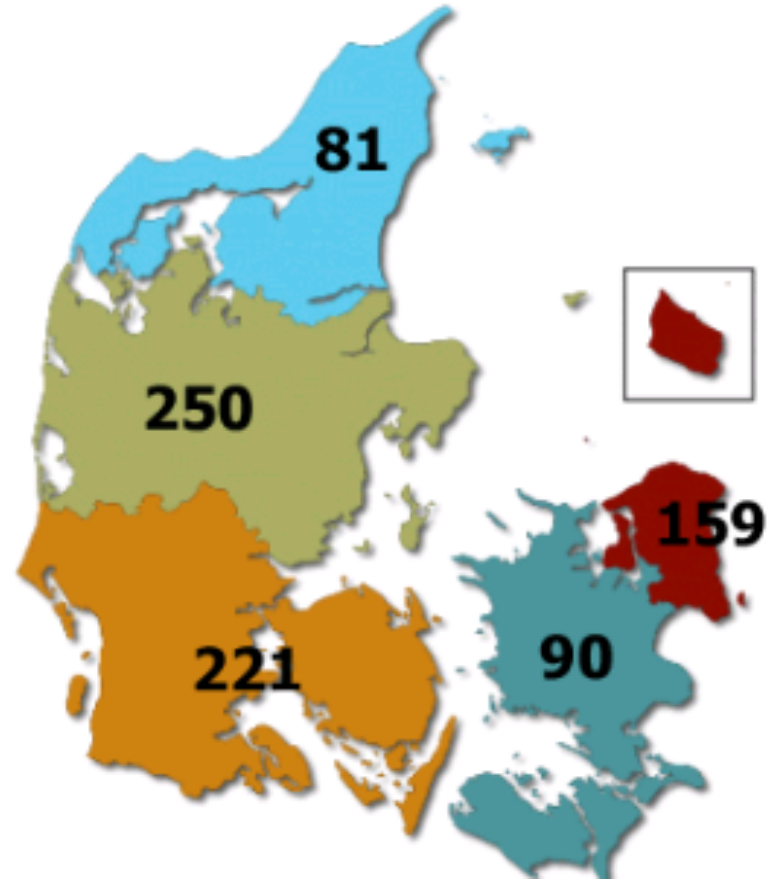
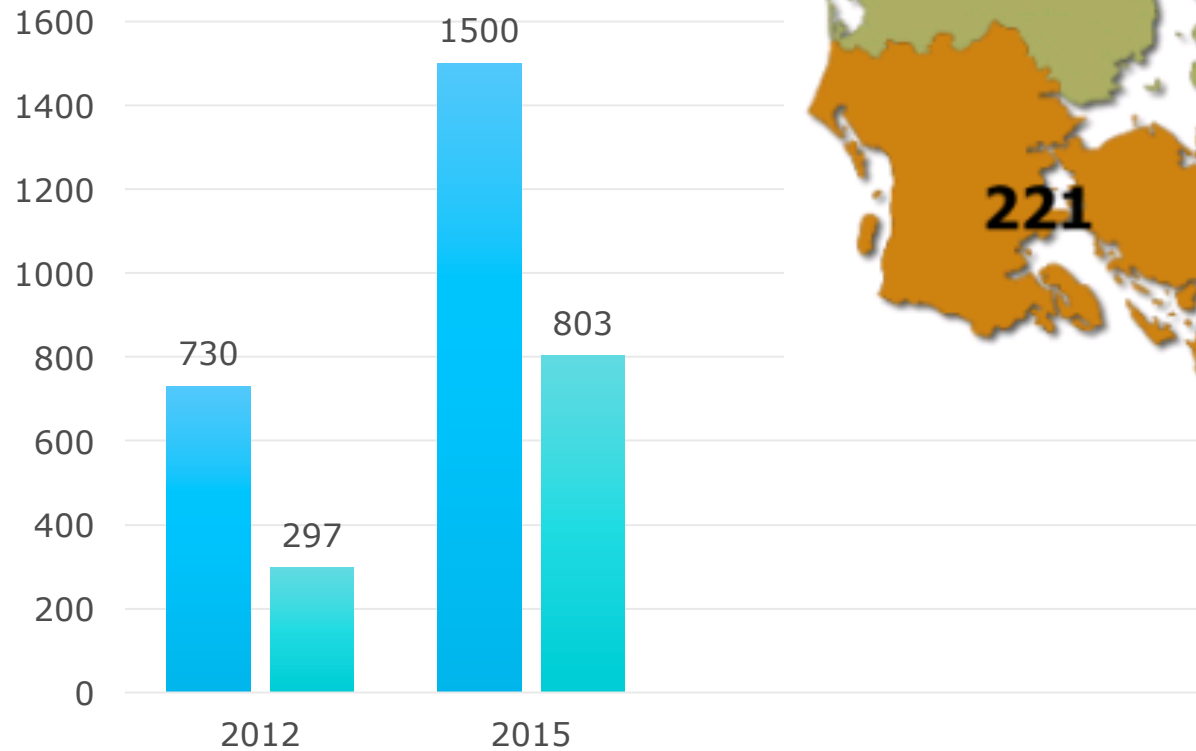
- Better quality in health efforts
- Targeted and effective use of the resources of the health care system
- Opening of possibilities for developing new and more effective treatment and care offers





Dissemination

Danish Knowledge Centre for User Involvement, 2014



User Involvement – short background

- Patientcentered Care an objective for decades
- There has been a greater emphasis the past 5 years
 - **National Knowledge Centre for User Involvement, ViBIS (2011)**
 - Joint initiative
 - **National Conference 2012, 2014, 2016**
 - The Danish Health Authority - policy regarding User Involvement, 2013
 - Health Act - Committee for patient involvement, 2013
 - National strategy for involvement of patients and relatives, 2013
 - 2015 - 200 Mio. DKK (26,5 EUR) put into different activities
 - A number of activities



Steps forward - direction

- Organizational level
 - Partnership – planning the third National Conference on User Involvement
 - Cultural change – improving competence
 - PRO – Patient Reported Outcome (ICF – quality of life measures)
 - Leadership at hospitals / Municipalities
 - Involvement in committees
 - National recommendations
- Individual Level
 - Tool for Shared Decision Making – funds 40 mio. DKK (5 mio. EUR) 2016
 - User managed treatment
 - Tools for identifying needs – dialog

The two perspectives – next steps

- Organizational
 - Education – cultural change - leadership
 - Common language - ICF
 - Valuebased health care – PRO – national indicators
 - Collaboration with many partners
 - IT – systems – municipalities
 - Health Agreement
- Individuel
 - Tools – shared decision making – common language
 - Tools – systems that support coherence



Thank You!



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