

Appreciating and integrating the health care system through conversations, relationships and joint actions

Simon Watson

Jens Winther Jensen

Christian von Plessen



Agenda

15:50—16:05 Christian Plessen: Perspectives on fragmentation and integration the health care system

16:05—16:35 Simon Watson: What are we learning about our health care system from merging health and social care in NHS Lothian?

16:35—16:50 You: Pick one lens and have a conversation with your neighbour to the right!

16:50—17:00 Jens Winther Jensen: Conversations that could contribute to the integration of the Danish health care system

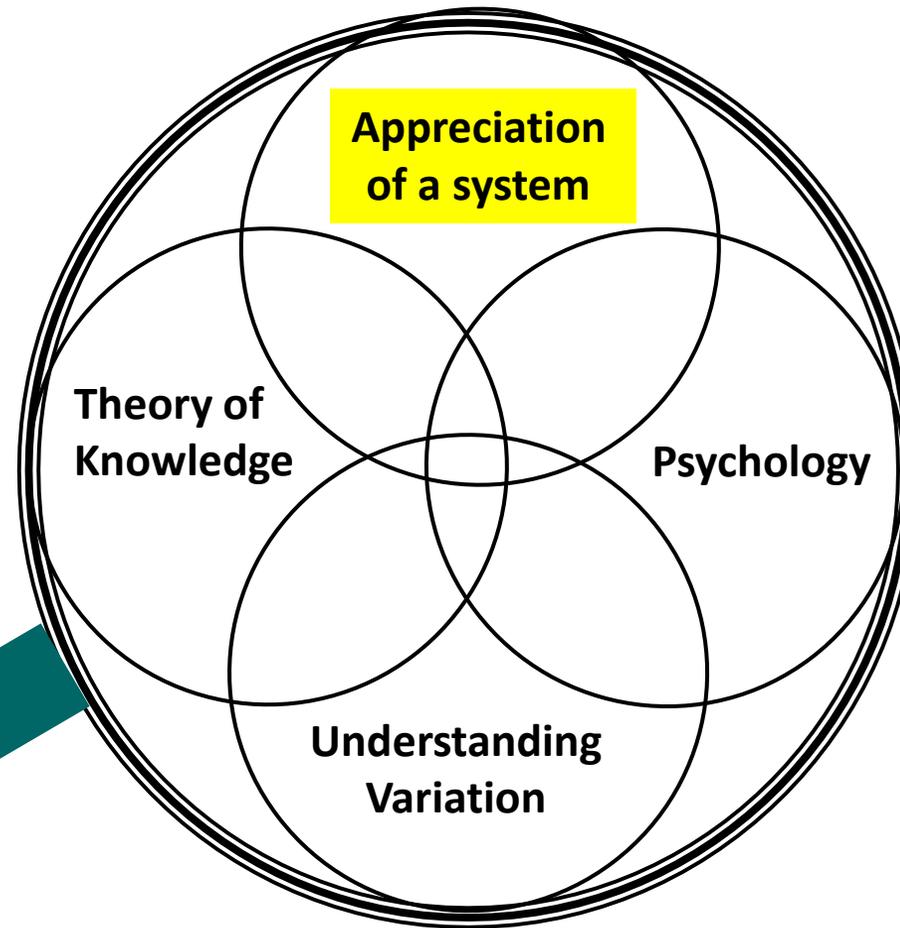
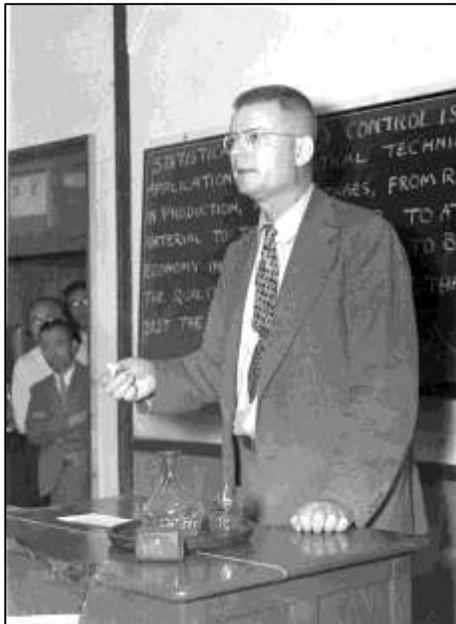
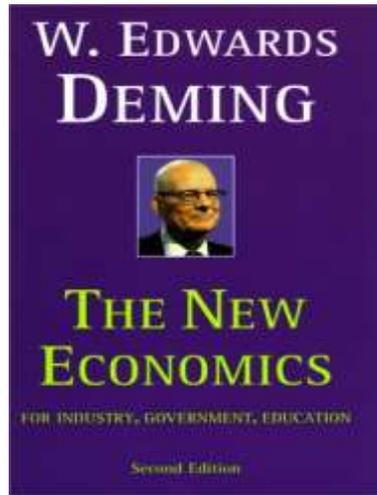
Difficult to understand health care as a system



Difficult to integrate health care system



Need of better understanding for meaningful action



System of Profound Knowledge







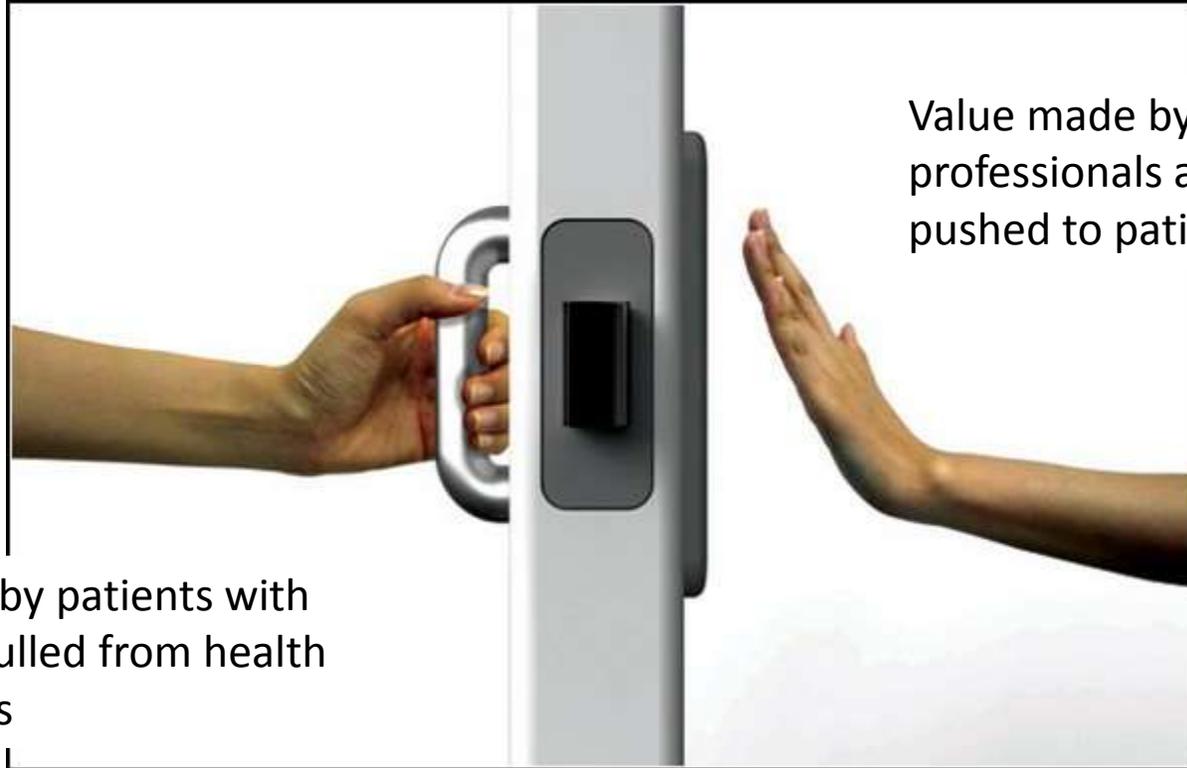






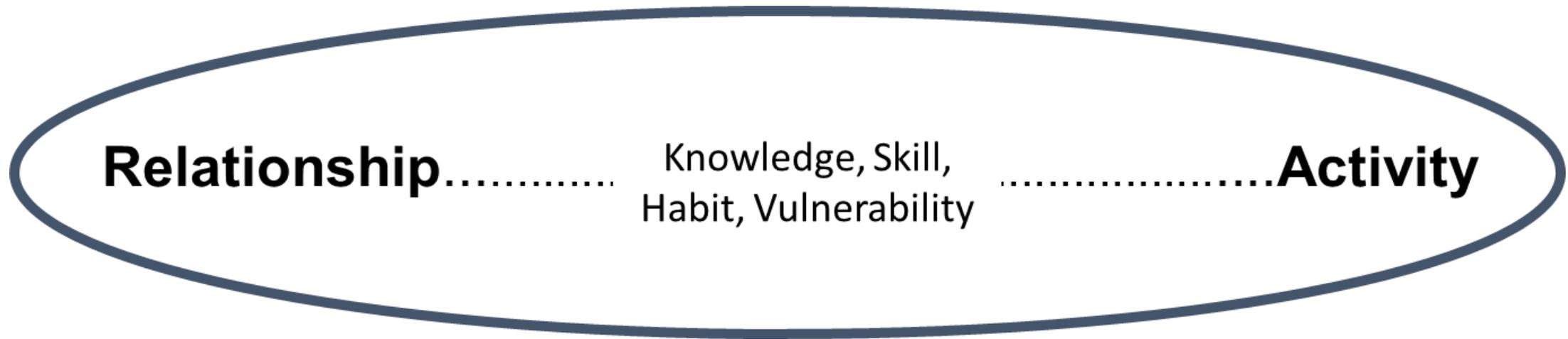


Coproduction



Value made by patients with assistance pulled from health professionals

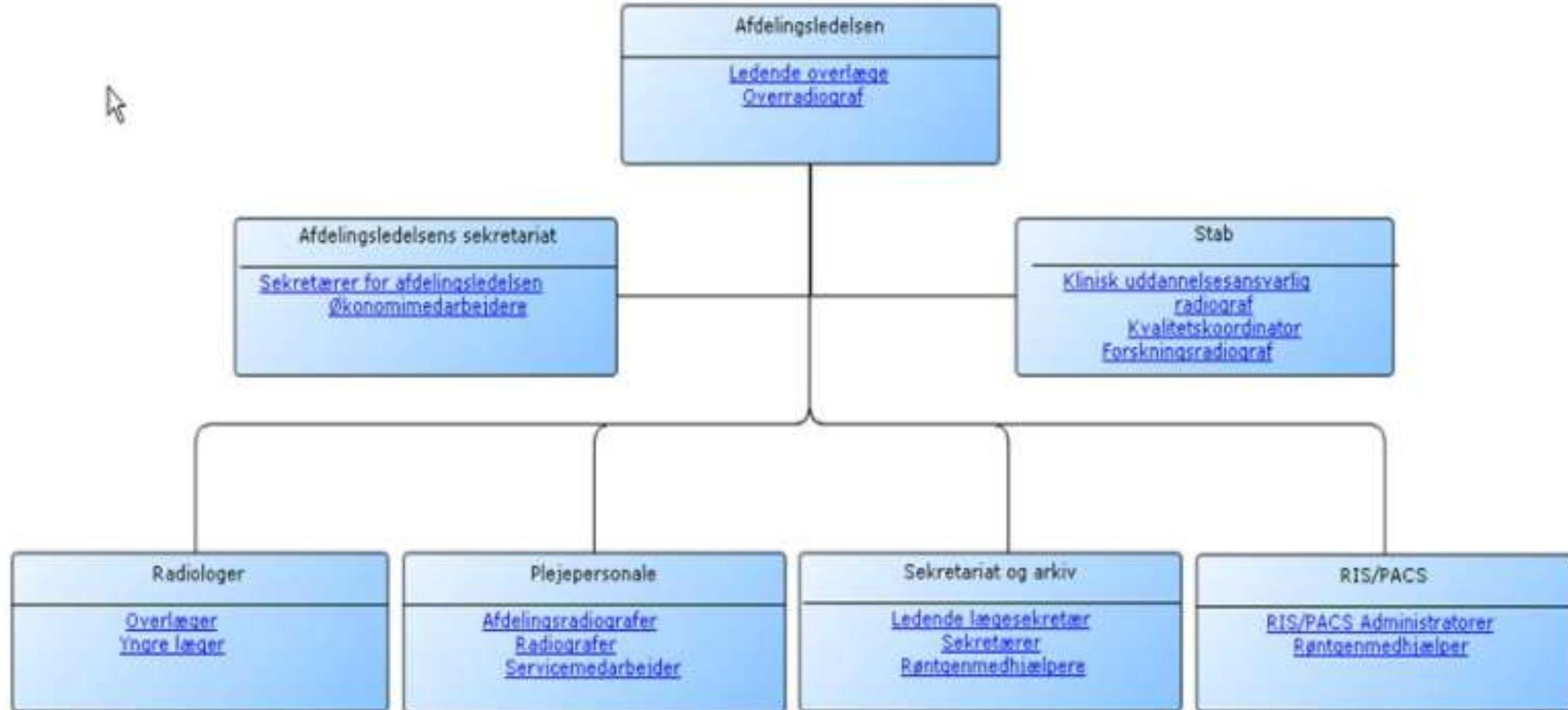
Value made by health professionals and given/pushed to patients



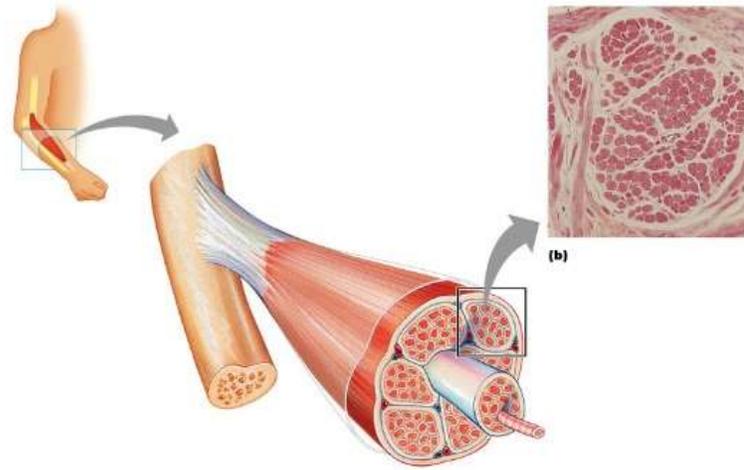
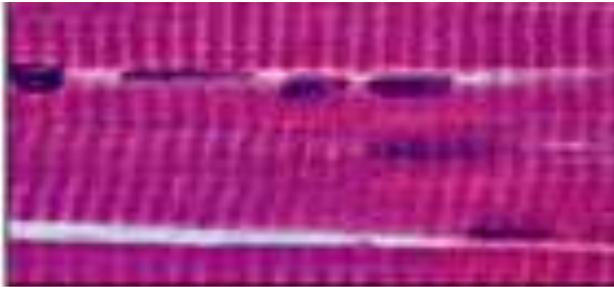


Organisation

A common presentation of a health care organization

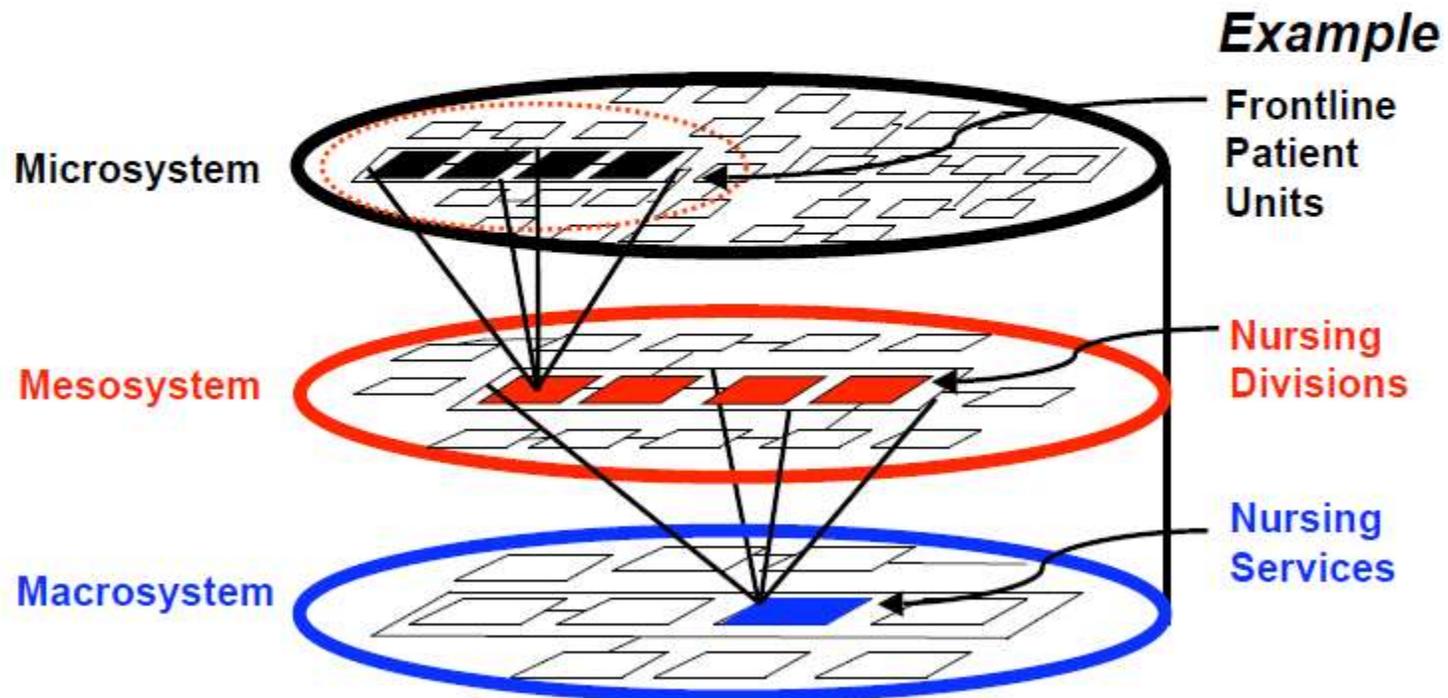
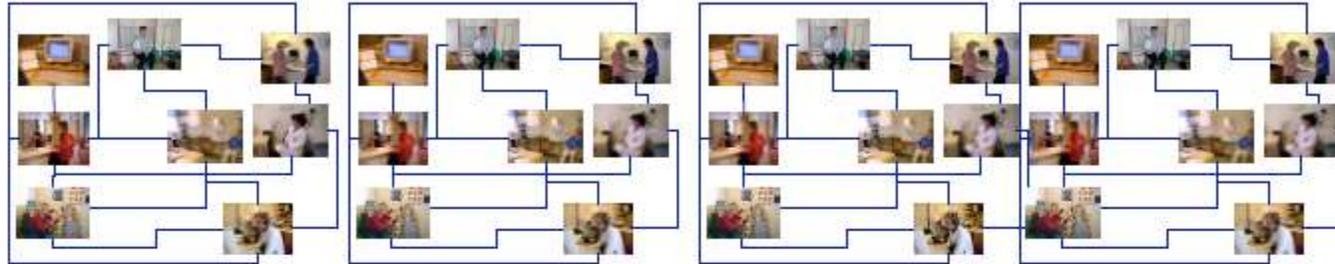


Systems within systems



Vertical

Strategic Deployment Must Engage Microsystems



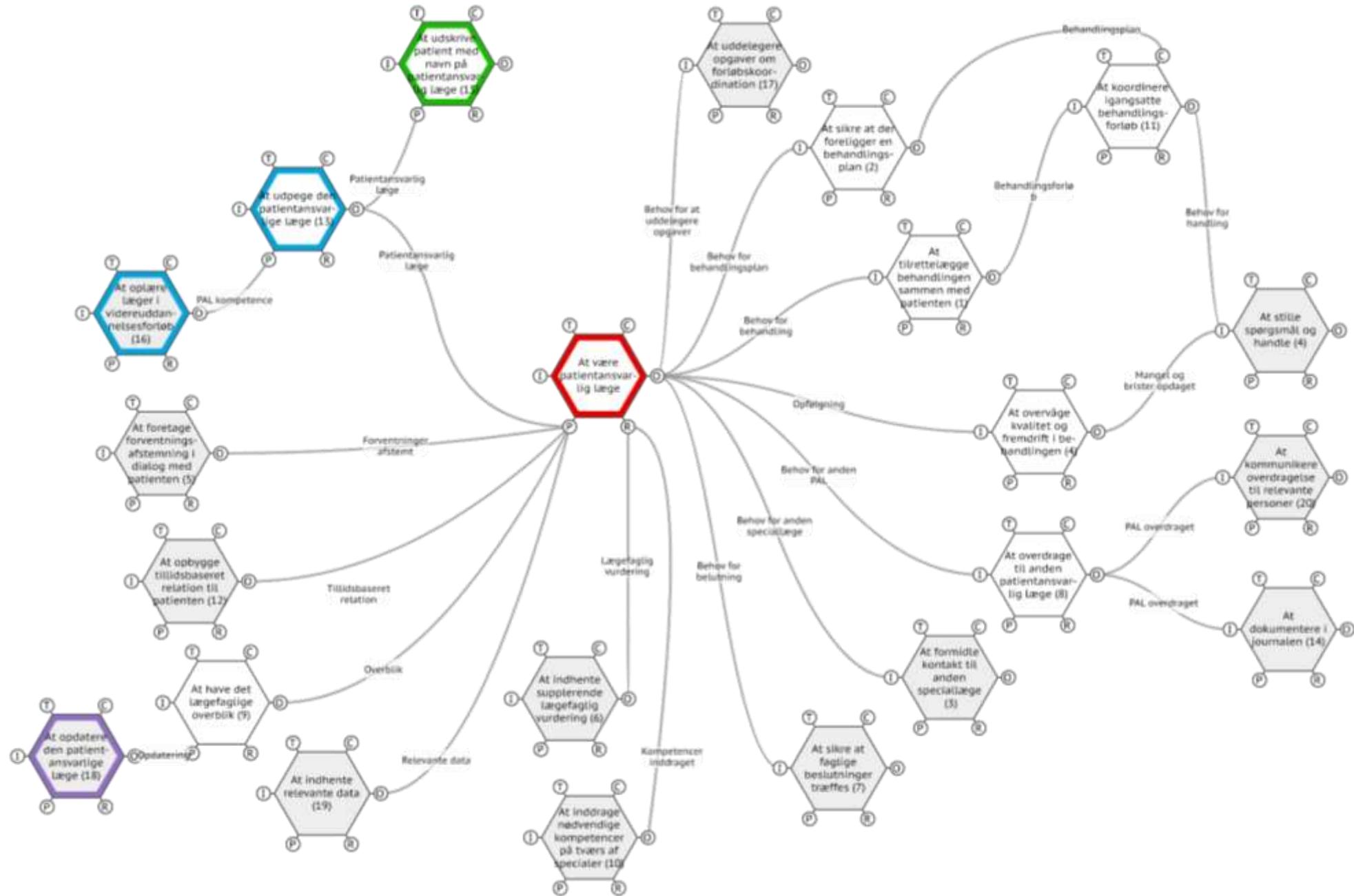
Source: Henriks, Bojestig, Jonkoping CC Sweden

Horizontal



Improving
Population Health







Finance

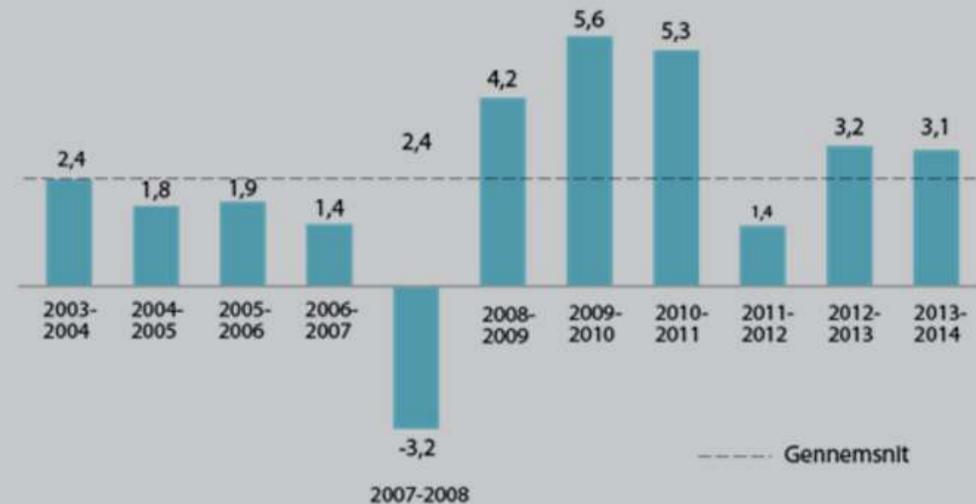


PRODUKTIVITET

Produktiviteten stiger hvert år

Fra år til år øges produktiviteten i det danske sundhedsvæsen, f.eks. ses at produktiviteten fra 2013 til 2014 er steget med 3,1 %. Dette gøres, så vi kan bruge pengene så smart som muligt, så vi får mest mulig sundhed for vores penge.

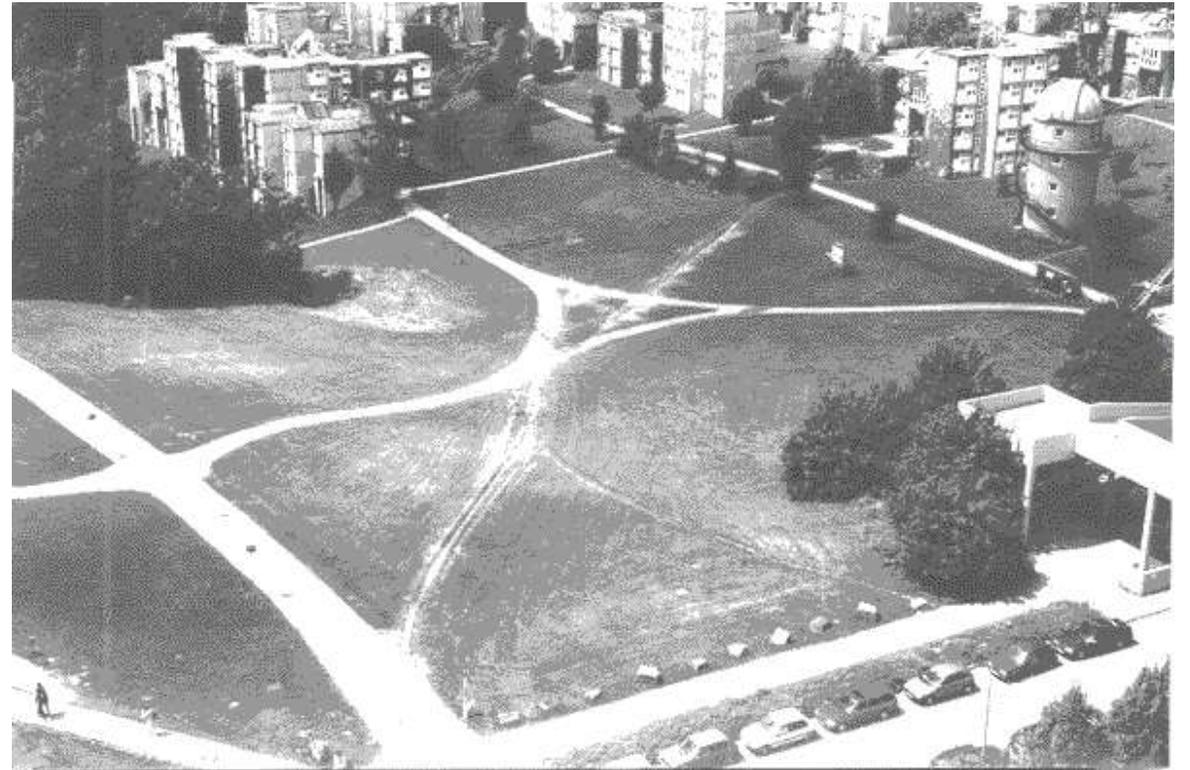
Produktivitetsudvikling, år til år, 2003-2014



Value



$\text{Value} = \text{Outcome} / \text{Ressources}$



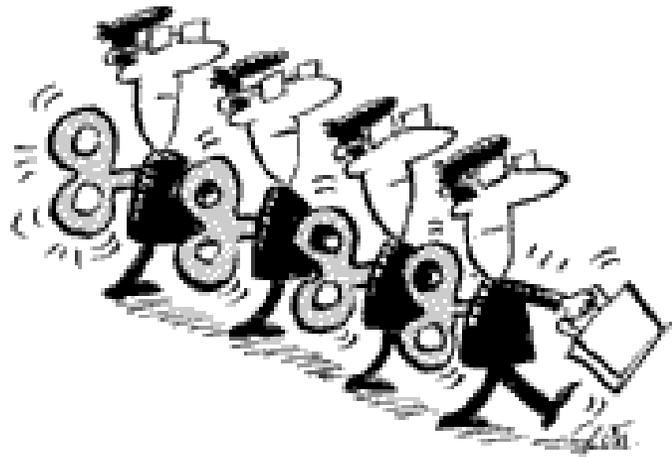
How can we measure outcomes
that propagate integration?



Time & Timing

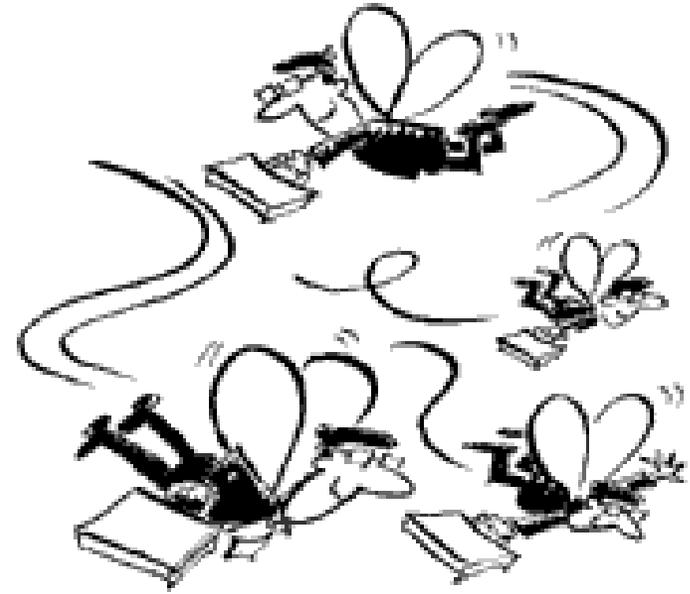
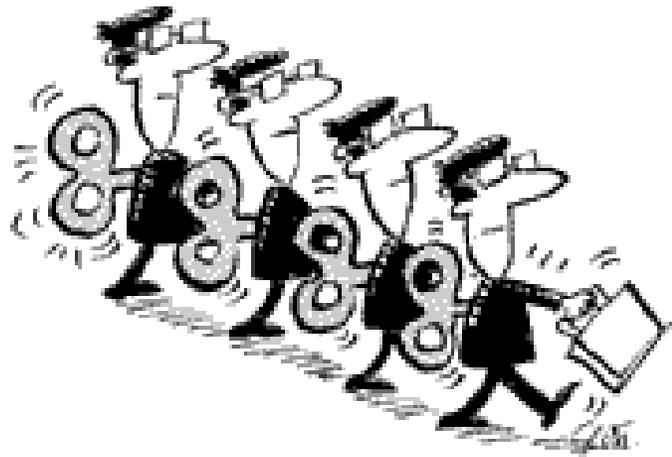
Different pace, rhythm, bar...

- Patients and hospitals
- Health and social care
- Doctors and nurses
- ...





Synchronising



Convening the co-producers for conversations

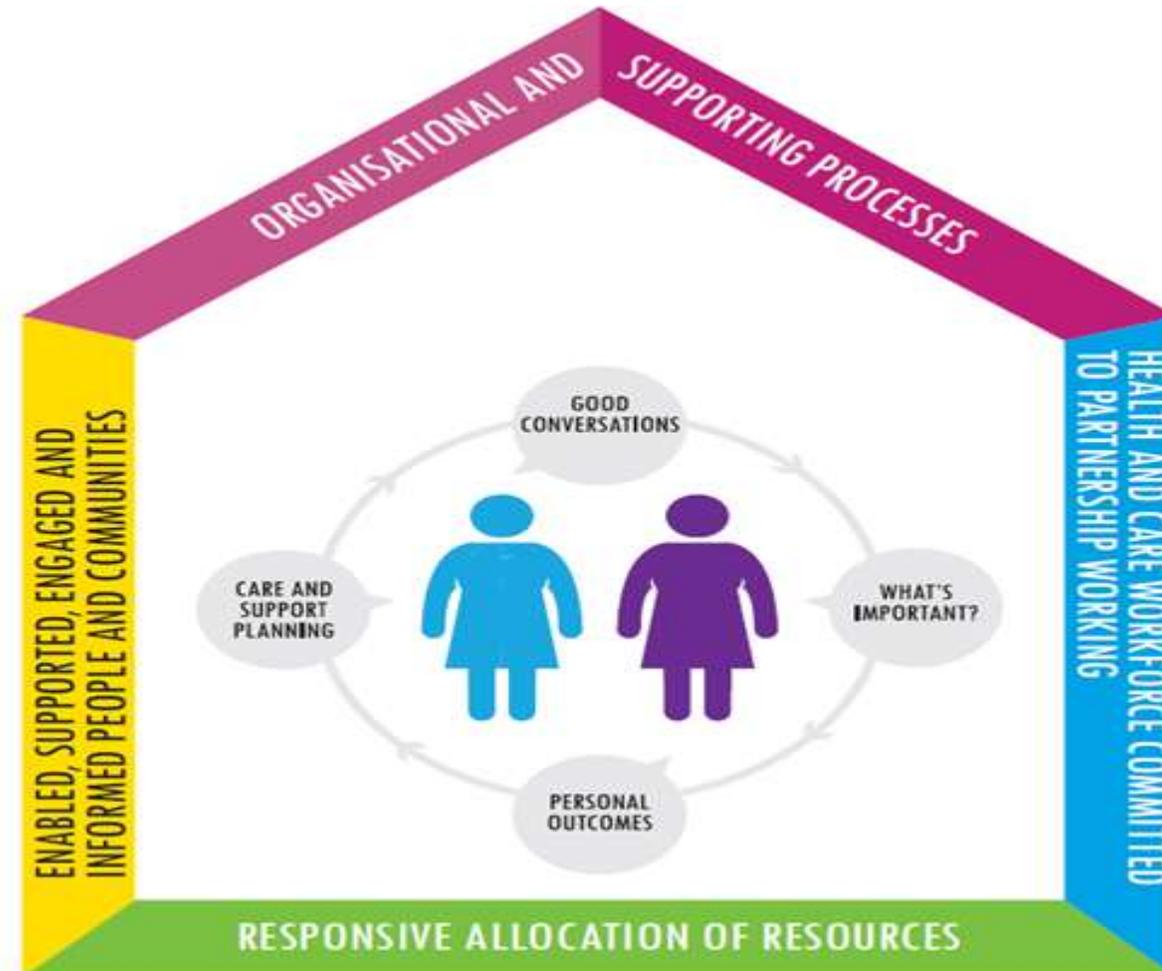


Modified from: Brian Robson, HIS

What is a conversation?

- Civilised dialogue
- Get to know each other
- Interesting and relevant
- Enjoyable, entertaining, engaging
- Coordinated management of meaning (CMM)

Relationships are at the heart of making integration work



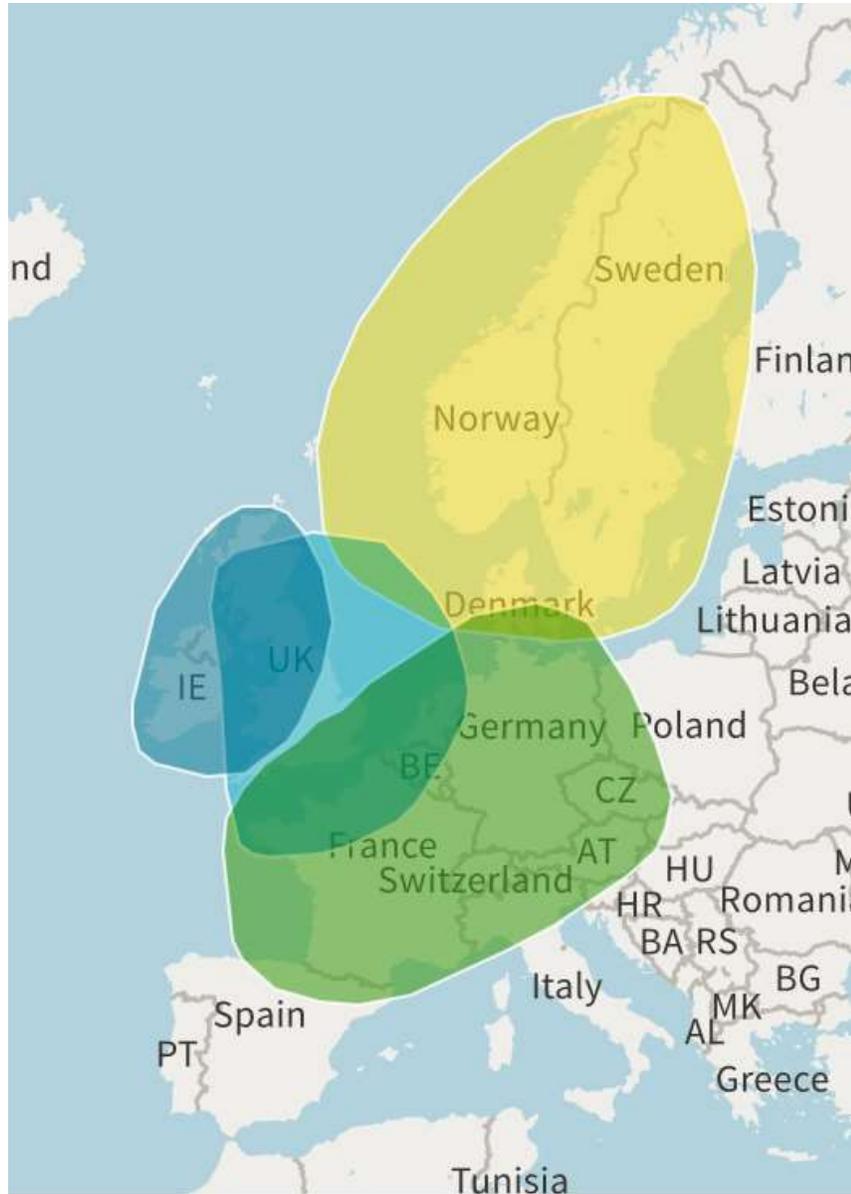
Source Brian Robson, HIS

Who said integrated care was easy?

Simon Watson

Chief Quality Officer & Consultant Physician

NHS Lothian Health Board, Scotland





Simon Watson PREMIUM

Physician & Chief Quality Officer (Exec Director of Quality)

Edinburgh, City of Edinburgh, United Kingdom | Medical Practice

Current NHS Lothian, NHS Lothian Health Board, The University of Edinburgh

Previous Healthcare Improvement Scotland, The Health Foundation, NHS Lothian Health Board

Education The University of Edinburgh

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420 connections

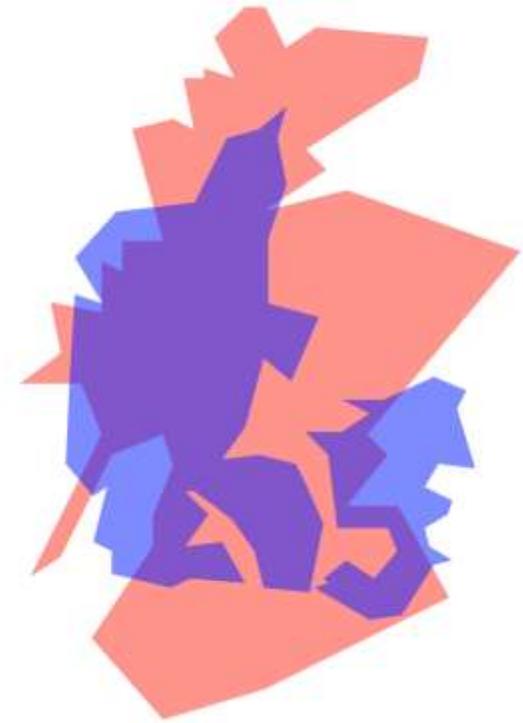
<https://uk.linkedin.com/in/simonwmedic>

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Scotland & Denmark – siblings?



Some of our biggest challenges

NHS faces 'humanitarian crisis' as demand rises, British Red Cross warns

Senior doctor calls health service 'broken' after deaths of two patients left to wait on trolleys at Worcestershire Royal hospital



Woman dies after farewell to horse at Wigan hospital

7 November 2014 | Manchester

Share



Poor diet is one of the most significant causes of ill-health in Scotland. Picture: Matt Morton/PA Wire

Challenges seen through different lenses

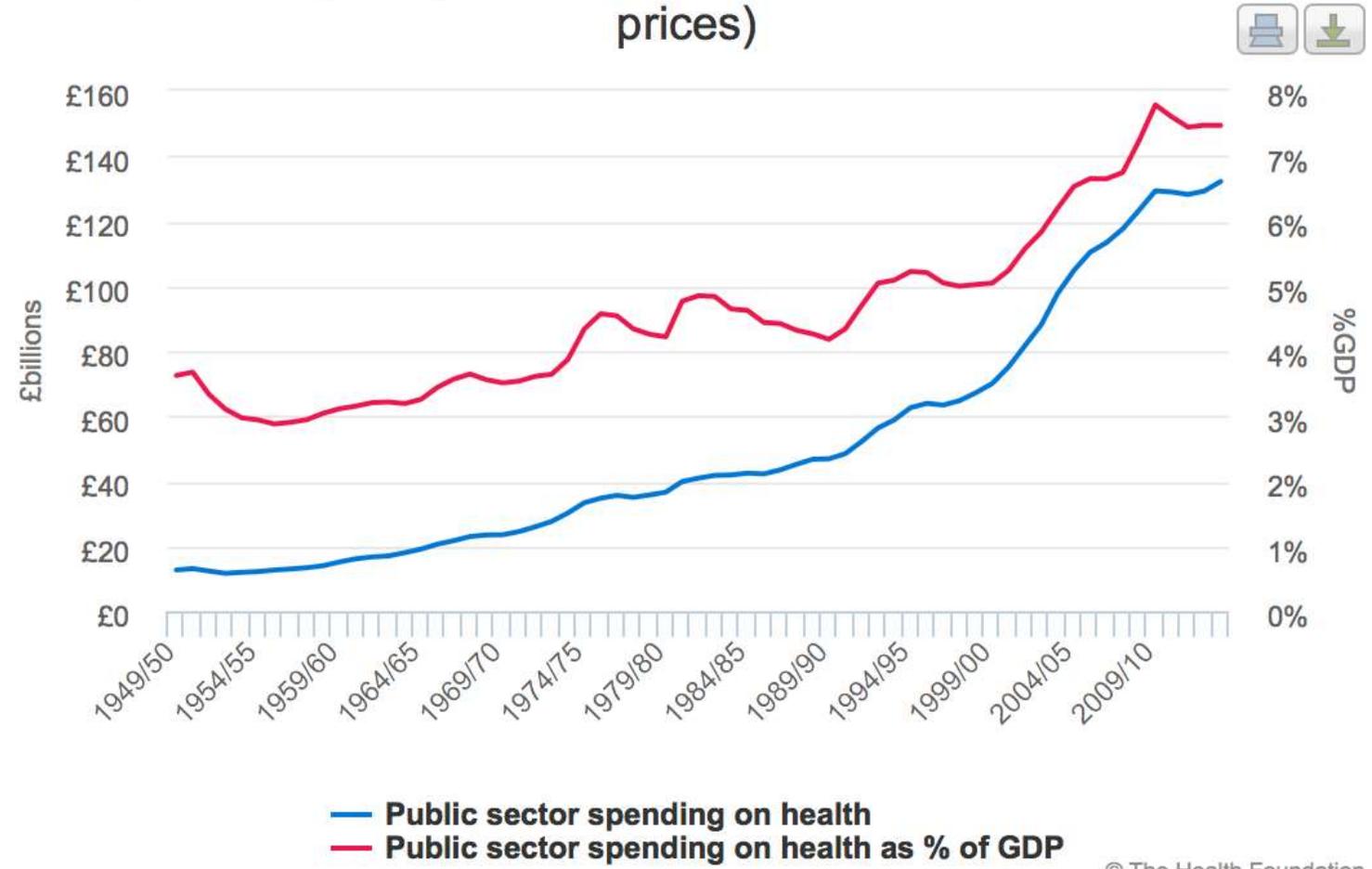


1. The financial lens





Public spending on health in the UK, in real terms and as a percentage of gross domestic product (GDP) (2014/15 prices)



© The Health Foundation

DK = 10.4%
OECD=8.9%

The UK figures INCLUDE £25.5 BN spent on private healthcare (by individuals and The State)

2013 figures for UK and DK

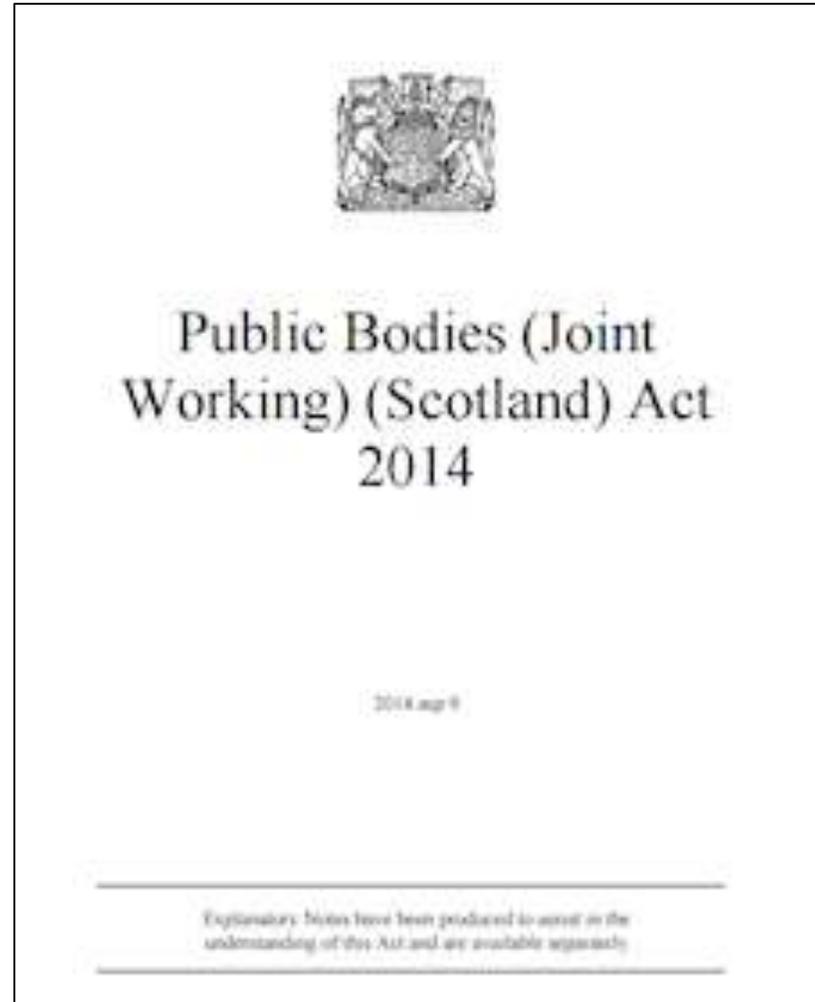
Spending accelerated from 2000 until 2010 but will now stagnate

Since late 1980s, national governments have been constantly 'tinkering' with the NHS

'Tinkering' = 'Lappelsninger'

Sources – The Health Foundation & Nuffield Trust, UK

Forced integration of health and social care



Example – Liberton Hospital closure



Wester Hailes Healthy Living Centre



2. The co-production lens







Care and support
through terminal illness

Marie
Curie



Relationship Counselling

Even the best relationships have hard times.

2. The lens of conversation



THINKSTOCK



Challenges of Integration



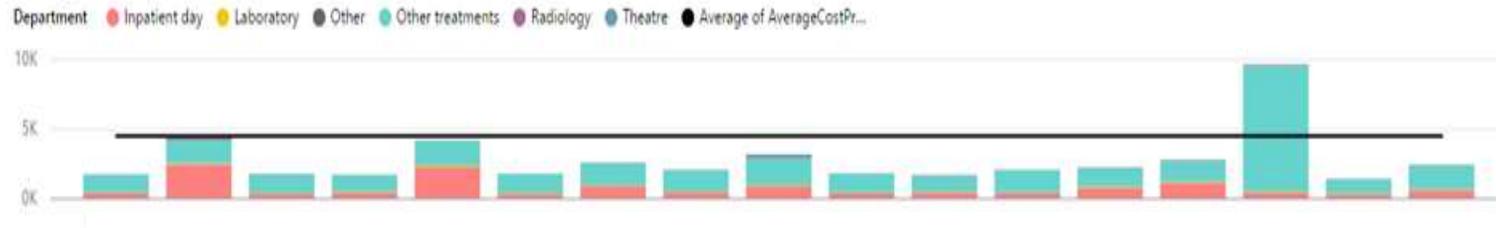
Consultant variances

SpellICD	SpellICDDescription	SpellSurgical	Redo	TotalCosts	SpellSurgical	Readmission28Days	TotalCosts	SpellLaparoScopicId	TotalCosts	SpellSurgicalId	TotalCosts	Readmission7Days
I251	Atherosclerotic heart di...	NonSurgical	NoComplication	2,738,068.84	NonSurgical	NoReadmission	2,666,755.18	Laparoscopic	3,658.80	NonSurgical	2,674,851.53	NoReadmission
I251	Atherosclerotic heart di...	Surgical	NoComplication	50,240.50	NonSurgical	Readmission	71,313.67	NonLaparoscopic	2,784,650.54	NonSurgical	63,217.31	Readmission
Total				2,788,309.35	Surgical	NoReadmission	50,240.50	Total	2,788,309.35	Surgical	50,240.50	NoReadmission
					Total		2,788,309.35			Total	2,788,309.35	

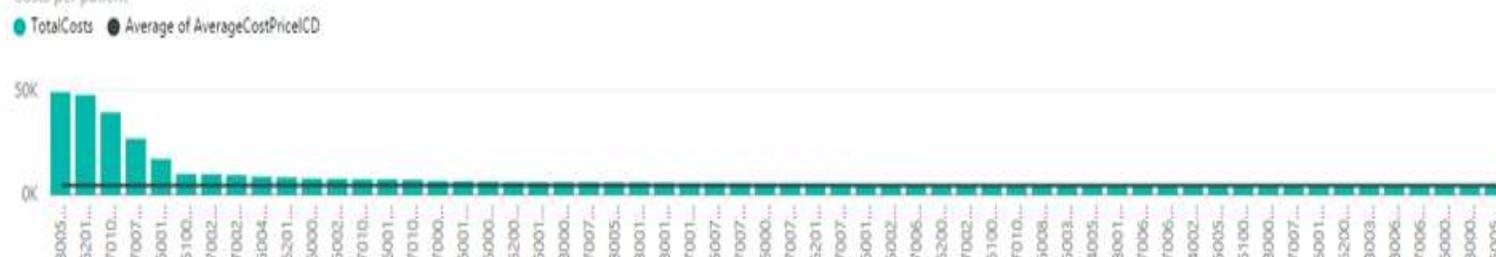
Patients by Consultant



Average costs by Consultant

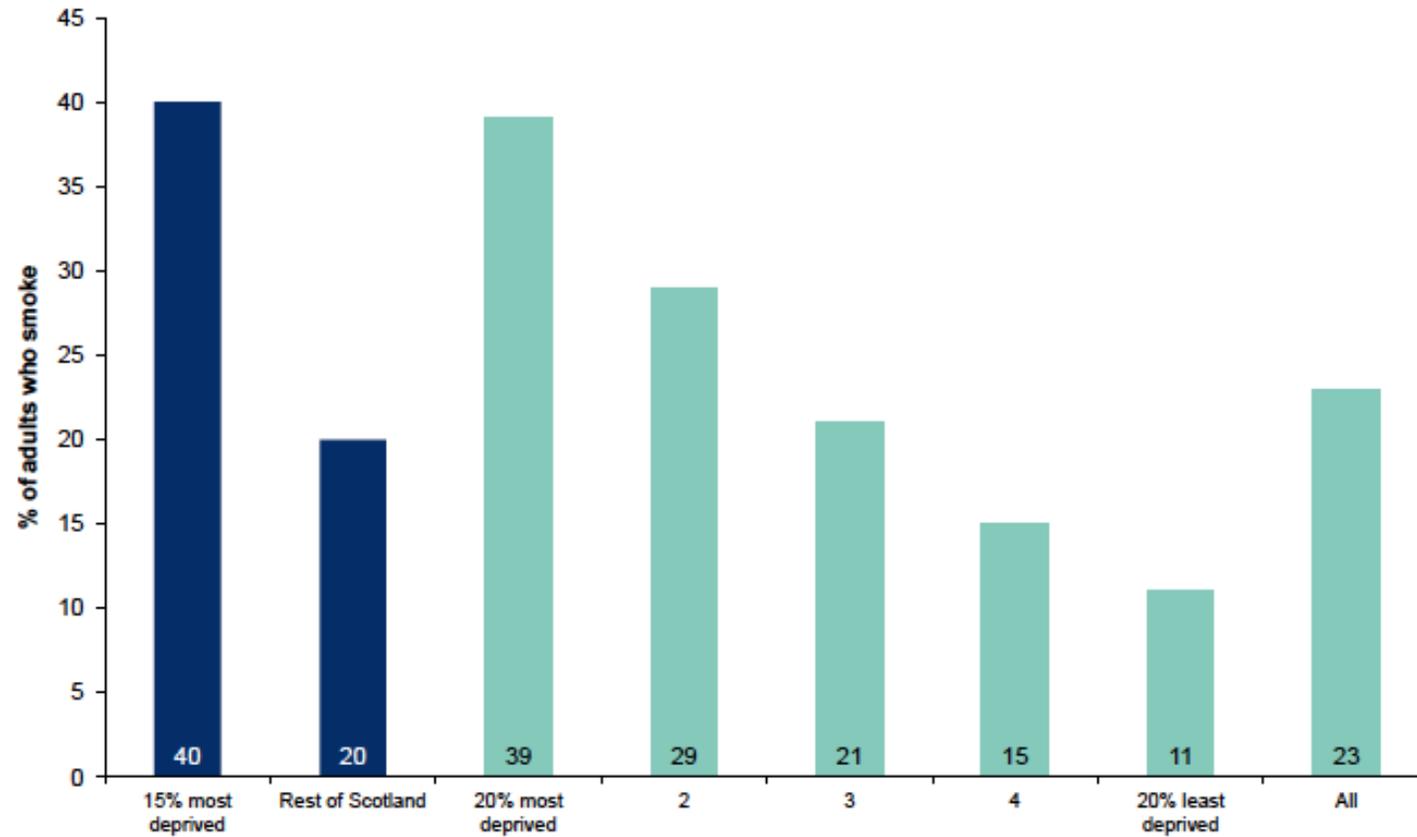


Costs per patient



- ICDFirst...
- 1
- Year
- 2013
- 2015
- Consultant
- Dr AD...
- Dr AJ ...
- Dr Ca...
- Dr CC...
- Dr D ...
- Dr JS ...
- Dr M ...
- ...
- SpellICD
- I251

Smoking and deprivation in Scotland

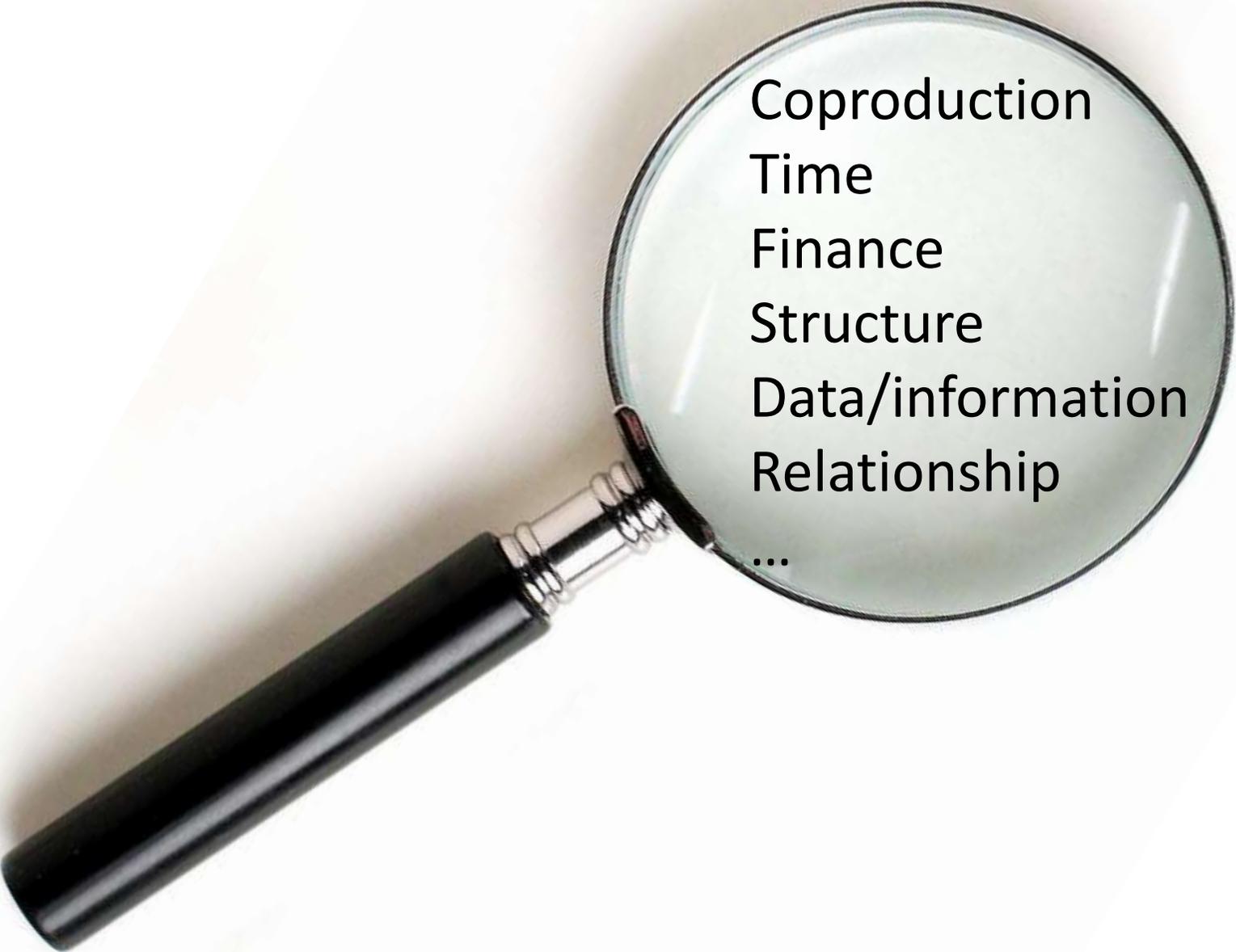


Scottish Government 2015



Pick one lens and have a conversation with your neighbour to the right!

1. How do our colleagues in Scotland try to improve the integration of their health care system?
2. Which conversations should we have to further integrate the Danish health care system?



Coproduction

Time

Finance

Structure

Data/information

Relationship

...

Challenges for system integration in Denmark

- a. Inequalities in health
- b. Lack of appreciation of health care as one system
- c. Lack of coproduced health care across sectors
- d. Lack of whole system measures of whole system quality



Conversations that might be helpful to deal with these challenges in our health care system in Denmark:

- a. How do we make sure the current value focus will benefit the entire population?
- b. How can we improve coordination across sectors on all system levels and avoid that patients are 'lost in the Bermuda triangle'?
- c. How do we reduce variation in healthcare?
- d. Which measures would reflect whole system quality?



Current examples to start with

- a. Evaluation of safety across sectors (home to hospital and return)
- b. Variation in rehabilitation services by referring hospitals and municipalities
- c. Increasing productivity in Danish health care will not necessarily increase value of health care for health of population
- d. The National goals as whole system measures

IHI Whole Systems Measures

Whole System Measure	IOM Dimension of Quality	Outpatient Care	Inpatient Care
1. Rate of Adverse Events	Safe	X	X
2. Incidence of Nonfatal Occupational Injuries and Illnesses	Safe	X	X
3. Hospital Standardized Mortality Ratio (HSMR)	Effective		X
4. Unadjusted Raw Mortality Percentage	Effective		X
5. Functional Health Outcomes Score	Effective	X	X
6. Hospital Readmission Percentage	Effective	X	X
7. Reliability of Core Measures	Effective	X	X
8. Patient Satisfaction with Care Score	Patient-Centered	X	X
9. Patient Experience Score	Patient-Centered	X	
10. Days to Third Next Available Appointment	Timely	X	
11. Hospital Days per Decedent During the Last Six Months of Life	Efficient	X	
12. Health Care Cost per Capita	Efficient	X	X
13. Equity (Stratification of Whole System Measures)	Equitable	X	X