

Second Plenary Session - Best practice case studies from across Europe and beyond

Moderator: **Carrie Grant**, British Television Presenter

- **Patient empowerment:** Coping with cystic fibrosis, John Pritchard, Philips
- **Healthcare delivery:** Maccabi healthcare call centre, Galit Kaufman and Dr. Hadas Lewy Maccabi, Israël
- **Healthcare delivery:** Appointment Angels for healthcare efficiencies, Professor Cunnane, St. James Hospital and Ryan Quigley, AbbVie Ireland
- **Early intervention:** Return to work strategies for employees affected by cancer – policies and interventions, Dr. Tyna Taskila, Senior Researcher at the Work Foundation, part of Lancaster University

Printed with the consent of participants;
AbbVie had editorial control over these stories.

1 Philips Healthcare Putting Cystic Fibrosis treatment into the hands of patients.

Living with Cystic Fibrosis (CF) isn't easy. The thick mucus produced as a symptom of the condition makes patients extremely susceptible to both respiratory infections and malnutrition. To stay healthy and maintain a good quality of life, they need constant medication and a carefully managed diet, plus regular physiotherapy or exercise to prevent mucus buildup.

The good news is that modern CF management – including taking antibiotics via a nebuliser – has more than doubled life expectancy in the last 20 years. But as with all chronic conditions, adherence to treatment is not good for CF and the amount of medication a typical CF patient takes is around 50% of the prescribed doses.

Using a standard CF nebuliser typically takes around 10 minutes, up to six times a day. That can add up to a whole hour, every single day. Perhaps unsurprisingly, patients often skip doses – and if they aren't properly medicated they end up in hospital – which is distressing, even more time-consuming... and expensive.

Philips has developed a simple, effective solution that is helping alleviate this problem: a small, pocket-sized device that can deliver the right dose in just three minutes. It greatly reduces the impact on daily routine and creates a habit that is easier to maintain.

The device is smart, compiling downloadable reports for patients and healthcare practitioners. As well as making it easy for everyone to see whether the patient is taking the right medication, it can help identify problem areas that previously could have gone unnoticed.

One example was a school child who was not taking their dose in the middle of the day. Once this had been noticed, the doctor established that the child found it embarrassing to use the device in front of their friends. The physician was able to start a conversation with the school to find a solution: setting aside a room the child could use to take their medication in private.

Trials have shown that patients with this device take 20% more of their prescribed medication than the control group. Furthermore, these good habits have been shown to persist after the end of the trial.

Other lifestyle devices can monitor weight and physical activity, further providing better results for CF patients. By creating simple, manageable habits, these devices make it less likely CF patients will end up in hospital, which improves their quality of life dramatically and reduces the burden on hospitals and healthcare systems.

Of course this tool is only part of the solution, and there also needs to be a lot of work concerning motivational and behavioural issues tailored to individual patient needs. **But it's a real change for the better.**



2

Appointment Angels

St James Hospital - Ireland, AbbVie Ireland

Improving communications with patients improves rheumatology care for everyone

A report presented to Ireland’s HSE management in 2009 revealed that some patients were waiting up to six years for a routine consultation. At the root of the problem was the fact the Republic had just 23 consultant rheumatologists to serve a population over 4 million – 714,000 of whom are arthritis sufferers. As most rheumatologists spent up to or more than 50% of their time doing non-Rheumatology work, such as General Internal Medicine, the ratio of one consultant per 400,000 patients contrasted unfavourably with a WHO recommendation of 1:80,000.

In short, rheumatology in Ireland was facing serious challenges. And with the country facing the same challenges as healthcare systems across Europe in terms of an ageing population, the strains on the system were only going to get worse. The National Clinical Programme in Rheumatology has given priority to out-patient waiting lists and set targets to help reduce them significantly.

AbbVie, worked in a supportive role with St James Hospital in Dublin to launch, an Innovation Project aimed at creating an environment where arthritis patients attained the requisite care quickly and efficiently. This was done without cost to the hospital.

The project focused on four key phases in the patient journey:

- GP consultations
- Referrals by GPs to consultants
- First hospital appointment
- Ongoing treatment and support.

Missing data in referral letters lead to less-effective processes

Lack of information in referral letters was found to be a significant problem. A comprehensive, informative referral letter enables a consultant to understand the patient case more fully before meeting the patient, and assists in the allocation of appointments.

An analysis of every referral letter sent to the rheumatology department at St James’s Hospital in Dublin over a 30 day period compared those letters against a model containing all the useful information a medical practitioner could provide to a consultant, and found several deficiencies. In fact the mean score for letters was just 5.1 (where a score of 10 means all information was provided). There was not a single letter containing all the desired information.

Better informed patients mean better outcomes

It appears that patients, too, were not properly prepared for their first consultation – a meeting into which they invest a great deal of emotional energy. This lack of preparation can mean the consultant is unable to give a diagnosis, which can lead to disappointment and disillusionment with the process.

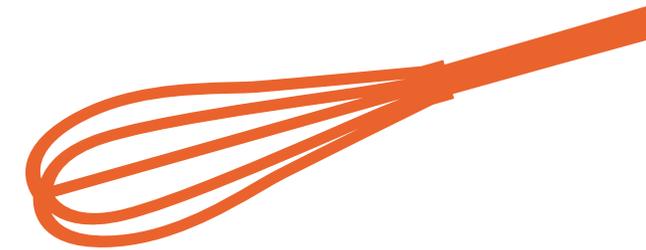
The study found that in 90% of cases patients were not fully prepared for their first consultation, which means this meeting, which ideally is an opportunity for diagnosis and initiating treatment, is often relegated to a data-gathering exercise. Furthermore, DNA (Did Not Attend) rates can be as high as 30%.

These inefficiencies at the first appointment stage can result in patients having to have more meetings with consultants than necessary, further adding to the waiting lists problem, and wasting millions of euro every year.

Appointment Angels: a practical solution

It became clear that improving the quality of referrals would help to clear a significant logjam in the system, and could be a quick, simple way to make real improvements. The concept of Appointment Angels was born. Here’s how it works:

1. The consultant receives the referral from the patient’s GP or another medical colleague
2. The consultant determines the level of urgency, and specifies the routine tests and X-rays to be completed before the consultation
3. The Appointment Angel contacts the patient with full details of the appointment and the tests they need to have beforehand
4. The Appointment Angel follows up with the patient to ensure they are ready for their first appointment.



Results so far: DNA down 19%, Discharges up 17%

When compared with patients who are not offered the Appointment Angels service before their first consultation, Appointment Angels patients are far more likely to attend: just 5% DNA against 34% in the control group. And 58% of Appointment Angels patients are discharged after their first meeting, compared with 31% in the first group.

To translate this into real terms, for every 100 patients that are entered into the Appointment Angels programme, approximately €2500 is saved through reduced DNAs – and 27 new patient appointments are generated.

Though Appointment Angels has been developed in response to a specific issue around rheumatology in Ireland, there is little reason why it could not be extended and scaled to cover all national and international referrals in almost any area of chronic care. After all, the study has shown that better-informed patients and better-informed consultants make for a more fluid experience, better outcomes... and real savings that make healthcare more sustainable for the future.

3

Maccabi

Putting healthcare in the hands of patients

Maccabi is one of Israel’s leading community healthcare operation, and operator of the largest private chain of hospitals in the country. A non-profit mutual, it has over 2 million members, 10,000 employees and links with 5,000 physicians.

Like many developed countries, Israel’s healthcare system is struggling to cope with a shortage of physicians and nurses, and an ageing population. Large numbers of Israelis are coping with chronic conditions, and a shift from caring for patients in hospitals to looking after them in the community is hampered by a large number of expensive and unnecessary admissions to the emergency room of patients whose care regime or compliance is less than optimal.

On the plus side, Israel’s healthcare system has been fully computerised for more than two decades, meaning every health transaction is recorded, and patient records are both fully available and transferable between providers.

It is this quality of record keeping that forms the basis for MOMA, Maccabi’s new multidisciplinary chronic care system. Moma is a healthcare delivery centre that allows chronic patients to become partners in their health management together with physicians, nurses and other healthcare professionals without leaving their home. Designed to offer powerful benefits for both providers and patients, it includes a web portal that enables remote monitoring and management. Integrated, embedded clinical protocols serve as the basis for the interaction between care providers and patients, while dedicated tools help care providers to know what to do when. Everything is registered on the system, which is important for risk management and is the basis for long-term patient interaction and care.

Healthcare professionals have access to a system of alerts based on data gathered from devices measuring levels such as blood pressure, or from questionnaires completed by patients on the web, using voice recognition or with nurses. If a score is out of the ordinary it raises an alert.

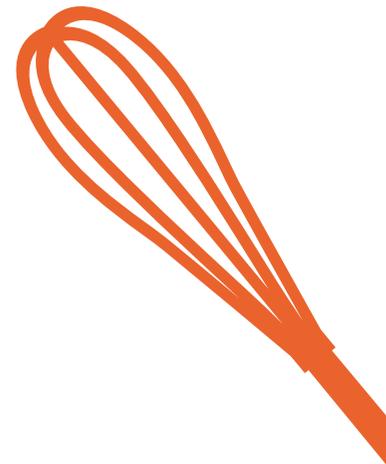
But the system is not designed simply to be reactive: it offers the chance to examine a patient’s entire medical history, including hospital and consultant visits, test results, allergies and so on. Goals, history and records are always available, allowing the identification of trends to inform better care. The program offers a treatment plan and goals and includes proactive treatment.

Moma is a multidisciplinary call centre, which can treat a range of chronic conditions in conjunction with primary care providers and community health resources. Currently running as a large-scale trial to 10,000 patients, it’s a new approach to dealing with large numbers of patients with chronic conditions, offering better accessibility to medical advice. It empowers patients to make decisions that improve their outcomes, as well as better coordinating health services.

The largest target is divided into two categories: firstly, people living with complaints like chronic heart failure and chronic lung disease and chronic stable patients with diabetes, stoma and chronic wounds. Oncology is due to follow shortly, and Maccabi sees excellent opportunities to help these patients.

By providing a support network for primary care physicians, Moma allows them to coordinate care, thus reducing pressure on hospitals and emergency services. Patients get care and support day and night, offering them a higher quality of life, achieving higher compliance and satisfaction rates and preventing both complications and hospitalisations.

The call centre is manned by doctors, nurses, specialist nurses, pharmacists and social workers, using both phone and video. It’s still early days, but initial results are promising. For example, flu vaccination compliance is up to 80%, compared with just 60% for Maccabi patients as a whole. If this trend continues throughout the trial it is clear that Moma offers a real opportunity to cut costs, reduce pressure on overstretched resources... and improve patient care.



4

The Work Foundation

Getting recovered cancer patients back to work

Cancer is a serious illness. But as well as its effects on health, it can also have a devastating effect on other aspects of life, including employment, relationships and income.

With recent advances in cancer treatment, more and more people are recovering from cancer – and many of them are able to return to work. As the Work Foundation has discovered however, the return to work is often not as easy as we might imagine.

“It scares me to return to work, because I’ve been absent for over a year. What frightens me most is how my colleagues are going to take my return. I guess they never expected me to come back.”

53 year-old breast cancer survivor

Getting cancer survivors back to work is a complex phenomenon involving multiple stakeholders, all with their own motives – and the longer a person is on sick-leave, the more difficult it is for them to return. But how do we improve this situation?

Every stakeholder has a role to play. Employers can facilitate a gradual return to work, making allowances for the employee such as adjusting work hours, tasks and responsibilities to fit the needs of people who are working their way back to full health and effectiveness.

But the employer is only part of the equation. Colleagues and others who deal with the returning employee also need to understand and support them.

Employers must work to create a positive, understanding work atmosphere – and they can be aided in this by healthcare providers, who can

produce guidelines and information leaflets for employers, occupational physicians and other interested parties. Campaigns are working in many EU member states to educate both stakeholders and the public of the needs of cancer patients re-starting their employment.

On a policy-making level, there are several initiatives around Europe that have a measurable benefit in returning cancer survivors to work, lessening the burden on healthcare systems.

Sickness absence management

- In the UK, primary care doctors will, from 2014, refer patients to a specialist support service when their sick leave lasts more than a month. This service aims to prepare and help patients to return to work.
- In Finland, partial sick leave allows people to fulfil both care and work commitments, or return to work gradually after a period of illness.
- In several European countries work is now incorporated into rehabilitation programmes.

In a world where people will be working longer, it is likely that more and more employees will be dealing with – and recovering from – a chronic condition. It is in their interest, and that of society as a whole – that their return to work is as smooth, rewarding and enduring as possible.

