

Achieving Person-Centred Health Systems

The idea of person-centred health systems is widely advocated in political and policy declarations to better address health system challenges. A person-centred approach is advocated on political, ethical and instrumental grounds and believed to benefit service users, health professionals and the health system more broadly. However, there is continuing debate about the strategies that are available and effective to promote and implement 'person-centred' approaches. This book brings together the world's leading experts in the field to present the evidence base and analyse current challenges and issues. It examines 'person-centredness' from the different roles people take in health systems, as individual service users, care managers, taxpayers or active citizens. The evidence presented will not only provide invaluable policy advice to practitioners and policy-makers working on the design and implementation of person-centred health systems but will also be an excellent resource for academics and graduate students researching health systems in Europe.

ELLEN NOLTE is Professor of Health Services and Systems Research at the London School of Hygiene & Tropical Medicine. Her expertise is in health systems research, international health care comparisons and performance assessment. She has published widely on health systems, integrated care, European health policy and population health assessments and serves as co-editor of the *Journal of Health Services Research and Policy*. Previous books include *Caring for People with Chronic Conditions: Health System Perspective* (2008) and *Assessing Chronic Disease Management in European Health Systems: Concepts and Approaches* (2014).

SHERRY MERKUR is Research Fellow and Health Policy Analyst at the European Observatory on Health Systems and Policies, based at the LSE. She is Editor-in-Chief of *Eurohealth* and an author and editor of *HiT: Health system reviews*. Her publications include *Promoting Health, Preventing Disease: The Economic Case* (2015). With Martin McKee, Nigel Edwards and Ellen Nolte, she is co-editor of *The Changing Role of the Hospital in European Health Systems* (Cambridge, 2020).

ANDERS ANELL is Professor at Lund University School of Economics and Management, Chairman of the Board at the Swedish Agency for Health and Care Services Analysis (Vårdanalys) and a former general director of the Swedish Institute for Health Economics (IHE). He has published widely on health systems, patient choice and the role and impact of incentives in health care.



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REINHARD BUSSE Co-Director, European Observatory on Health Systems and Policies, and Head of the Department of Health Care Management, Berlin University of Technology



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Evidence, Strategies and Challenges

Edited by

ELLEN NOLTE

London School of Hygiene & Tropical Medicine

SHERRY MERKUR

European Observatory on Health Systems and Policies

ANDERS ANELL

Lund University, Sweden









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University Printing House, Cambridge CB2 8BS, United Kingdom One Liberty Plaza, 20th Floor, New York, NY 10006, USA 477 Williamstown Road, Port Melbourne, VIC 3207, Australia 314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India

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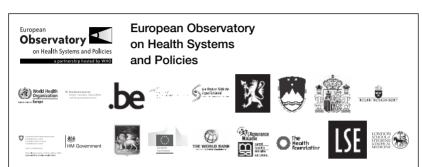
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Foreword I

Already in 2006, Council Conclusions by EU health ministers confirmed access to good quality health care as an overarching value for health systems across Europe. Next to effectiveness and safety, patient experience is considered a key component of health care quality. Historically, concern with patient safety has been the prime driver of EU-level rules on medical products. In the last decade, effectiveness has risen to the fore of health system analysis through EU-level processes such as the European Semester. In recent years, we have seen initiatives focusing on the patient perspective, assessing how health systems can draw on patient-reported experiences and outcomes. This book delivers a key contribution to this debate.

The book's very title, referring to 'person-centredness', raises some compelling questions on how to frame the current conceptual framework. Does a term like 'patient-centredness' cover dimensions which are more general in service delivery and not necessarily limited to experiences related to morbidity? How would this concept fit with areas such as prevention and health promotion, where the whole idea is to help people avoid becoming patients? These questions go well beyond 'petty semantics' and the discussions raised in this book are very timely.

The book presents valuable lessons from areas in health systems where persons (many of them patients) have already found ways of expressing choice, gaining a voice and more generally participating in health systems. In doing so, it convincingly makes the point that a more systematic move to person-centred care will support health systems in addressing the challenges they face. Obviously, there are barriers for health systems to overcome when pursuing a person-centred redesign, duly recognized in the book.

Current population health literacy levels across the EU will need to be raised if citizens are to take up a more active role in co-steering health systems. Also, health systems need to overcome the important information gap they face. The uptake of more holistic, person-centred

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health data holds great potential. The quality of care and the performance of health systems across the EU stand to gain significantly from improvements in this direction. The development of such complementary health indicators will help policy-makers and health professionals to more effectively treat patients, who are increasingly frail and suffering from multiple morbidities. The European Commission is actively supporting Member States to achieve this health system transformation.

For many years patient groups have rightfully demanded from policy-makers 'nothing about us without us'. Now it is time to push this principle to a higher level. Inspired by this book, we should strive for a person-centred redesign of health systems that will include all patient groups, as well as the wider population that health systems aim to keep healthy.

ISABEL DE LA MATA European Commission



Foreword II

Centring health systems around people remains a major challenge for all countries. Traditionally, a fragmented landscape of health providers has determined what services to offer and how they are delivered, while patients have had limited options to choose, participate or even co-produce.

People demand now a more active role in their health care and a better response to their expectations as social values have progressed and information asymmetries have shrunk with the advent of new forms of communication and participation. Hence, it has become a health systems practitioners' mandate to walk the talk of valuing choice and the preferences of individuals, de-institutionalizing services for increased community-based care closer to home, involving individuals and their caregivers in managing long-term care needs, engaging multiple care disciplines, promoting the exercise of personal choice, and extending services beyond physical limits into virtual modalities.

This book provides a comprehensive and necessary analysis of the multi-pronged concept of people-centredness to set a common background to health reformers, practitioners and researchers. Its editors and chapter authors explore what health strategies and innovations can contribute to effectively make health systems more people-centred, empowering community participation, measuring people's perceptions and enabling choice of providers and payers. They also provide evidence-based guidance on how health services can be more person-centred by engaging patients in decision-making, empowering them as managers of their own care and, overall, fostering self-management.

It comes at a timely moment when health systems celebrate historical landmarks like the foundation of the World Health Organization in 1948. In 2018 we also commemorated the 40th anniversary of the Declaration of Alma Ata and the 10th anniversary of the Tallinn Charter that shape modern health policies aiming to achieve health for all underpinned by the vision put forward by Health 2020. They all share

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the vision of people-centred health systems based on the principles of equity, social justice, community participation, health promotion, the appropriate use of resources and intersectoral action.

Against this backdrop, 21st century health systems need to be rethought and strengthened to successfully face a changing world context characterized by ageing societies, globalization, climate change and technological progress. People-centred health systems based on strong primary health care and integrated health services across the life-course are vital to reach the Sustainable Development Goals and achieve universal health coverage by 2030 and this book is an accurate compass to guide the way forward.

DR HANS HENRI P. KLUGE WHO Regional Director for Europe



Foreword III

Modern medicine has contributed to tremendous achievements in terms of expanding life expectancy, curing diseases that previously were fatal, finding new ways of alleviating pain and suffering, and improving patients' quality of life. However, when we ask patients about their experiences of the health services they use, the results are not always as positive. Patients do not always feel that they have been respected and listened to, that their needs and preferences have been taken into account and that their experiences and knowledge are valued.

Studies that compare patients' experiences in different countries show us that some countries are ahead when it comes to delivering health services that are person-centred. Person-centred care essentially entails services where patients feel that they are treated as persons, with respect and dignity, and that their needs, wants and preferences are considered. It is therefore of great value to explore how different countries, and providers in these countries, have attempted to change the way they deliver health care. The Swedish Agency for Health and Care Services Analysis has collaborated with the European Observatory on Health Systems and Policies in an attempt to shed light on possible strategies that can contribute to making our health systems more person-centred. This work rests on the assumption that it is not enough to increase person-centredness in the patients' interaction with nurses, doctors and other health professionals, but that all tiers of the health system need to consider the perspective of the user and the wider public. Managers and policy-makers at different levels need to create incentives, eliminate obstacles and show leadership in order to create services that will meet individuals' varying needs and include them in the care process. This volume has brought together some of the most experienced researchers in the field, coming from a range of disciplines, in order to outline and analyse what we know of the effectiveness of different strategies that could contribute to transforming our health systems.

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Respecting patients' wants and preferences, and involving them in the care they receive, can potentially lead to better medical results. More research is, however, needed in this area to create a more comprehensive understanding of the effects of person-centred care. What is more, and perhaps more importantly, person-centredness should be seen as an important value in its own right. The process of participation, in its many different forms, has an intrinsic value as a democratic principle.

Involving patients in their own care, and in designing the health services they use, is a much overlooked resource that we, in light of the pressures our health systems face, can no longer afford to ignore. Learning from patients and their families and letting their voices be a core feature when we design, reform and evaluate our health systems sends an important message to both health professionals and policymakers. This book can guide and inspire decision-makers, nationally, regionally and locally, in their attempts to create sustainable and inclusive health systems.

We want to thank the Observatory and the World Health Organization for this collaborative process. We are also grateful to the authors of the different chapters and to the editors for their hard work, and we lastly send our thanks to all other participants who have contributed to the book. As a next step, we intend to summarize the most important lessons from the anthology and analyse them in the context of the Swedish health system – thus hoping to increase knowledge and capacity among Swedish policy-makers.

JEAN-LUC AF GEIJERSTAM

General Director

The Swedish Agency for Health and Care Services Analysis



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Contributors

Anders Anell is Professor, Department of Business Administration, Lund University, Sweden

Andrew Barnes is Associate Professor, Department of Health Behaviour and Policy, University of California (UCLA), USA

Peter Beresford OBE is Professor of Citizen Participation, School of Health and Social Care, University of Essex, UK and Co-Chair of Shaping Our Lives, the UK disabled people's and service users organization and network

Helmut Brand is Jean Monnet Professor of European Public Health and Head of the Department of International Health, School for Public Health and Primary Care (CAPHRI), Maastricht University, the Netherlands

Timo Clemens is Researcher, Department of International Health, School for Public Health and Primary Care (CAPHRI), Maastricht University, the Netherlands

Angela Coulter was chief executive of Picker Institute Europe from 2000 to 2008 and is now an independent consultant based in Oxfordshire, UK

Alizon K. Draper is Reader, School of Life Sciences, University of Westminster, UK

Marianna Fotaki is Professor of Business Ethics, Warwick Business School, University of Warwick, UK

Martin Härter is Chair of the Department of Medical Psychology, University Medical Center Hamburg-Eppendorf, University Medical Center, Hamburg, Germany

France Légaré is Tier 1 Canada Research Chair in Shared Decision Making and Knowledge Translation and Professor, Department of Family Medicine and Emergency Medicine, Faculty of Medicine, Université Laval, Québec, Canada

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List of Contributors

Andrew McCulloch was chief executive of Picker Institute Europe from 2013 to 2017 and is now an independent consultant based in London, UK

Sherry Merkur is Research Fellow and Health Policy Analyst, European Observatory on Health Systems and Policies, London School of Economics and Political Science, London, UK

Ellen Nolte is Professor of Health Services and Systems Research, London School of Hygiene & Tropical Medicine, London, UK

Herman Nys is Director, Centre for Biomedical Ethics and Law (CBMER), KU Leuven, Belgium

Willy Palm is Senior Advisor, European Observatory on Health Systems and Policies, Brussels, Belgium

Giuseppe Paparella was research officer at Picker Institute Europe and is now visiting scholar at the Hoover Institution, Stanford University, USA

Wilm Quentin is Senior Research Fellow, Department of Health Care Management, Berlin University of Technology, European Observatory on Health Systems and Policies, Germany

Thomas Rice is Professor, Fielding School of Public Health, University of California (UCLA), USA

Susan B. Rifkin is Adjunct Professor, Colorado School of Public Health, USA

Jasna Russo is Deputy Professor of Gender Studies in Rehabilitation and Education, Faculty of Rehabilitation, Technical University, Dortmund, Germany

David Shaw is Senior Researcher, Institute for Biomedical Ethics, University of Basel

Martin Smatana is General Director, Institute for Health Policies, Slovakia

Dawn Stacey is Research Chair in Knowledge Translation to Patients and Professor, School of Nursing, Faculty of Health Sciences, University of Ottawa, Canada and Senior Scientist, Ottawa Hospital Research Institute, Centre for Practice Changing Research, University of Ottawa, Ottawa, Canada



List of Contributors

xix

Anne M. Stiggelbout is Professor of Medical Decision Making, Department of Biomedical Data Sciences, Leiden University Medical Center, Leiden, the Netherlands

Richard Thomson is Professor of Epidemiology and Public Health, Population and Health Sciences Institute, Newcastle University, Newcastle upon Tyne, UK

David Townend is Professor of Law and Legal Philosophy in Health, Medicine and Life Sciences, School of Public Health and Primary Care (CAPHRI), Maastricht Universty, the Netherlands

Ewout van Ginneken is Hub Coordinator, European Observatory on Health Systems and Policies, Berlin University of Technology, Germany

Nick Verhaeghe is Post-doctoral Researcher, Department of Public Health and Primary Care, Ghent University, Belgium

Ruth Waitzberg is Researcher, Smokler Center for Health Policy Research, Myers-JDC-Brookdale Institute, Israel



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