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

ISO 9999
Classification of Devices

ICD
International Classification of Disease

ICPC

ICF
International Classification of Functioning

ICF-CY
ICF – ICD10 – two frameworks
The ICF model: Interaction between ICF components
Rehabilitering – 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)
Rehabilitering – 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

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
  – 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

• **Indivduel**
  • Tools – shared decision making – common language
  • Tools – systems that support coherence
Thank You!

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