Building optimal models for primary child health care

EUSUHM 2017

Paul Kocken (TNO)
Nicole van Kesteren (TNO)
Annemieke Visser (UMCG)

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

Objectives workshop

- Collect factors that are important for good child and adolescent primary care services, including school health services

- Discussion on optimal models: share thinking, and obtain feedback

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Program

- MOCHA: general introduction (Paul Kocken)
- Influence of lead practitioner (Nicole van Kesteren)
- Organization of SHS (Annemieke Visser)
- (Small) group discussions (You!)

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

Participants

- Practice (well baby, SHS, AHS)
- Policy
- Knowledge and science
- End user (parent, young person)
- ….
- ….

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

Introduction of MOCHA

MOCHA: Models of Child Health Appraised

Scientific partners from 11 European countries, plus partners from Australia and USA

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

Aim of MOCHA

Compare and appraise existing national models of primary care (PC)for children to develop new, or improve on existing, approaches to prevention, primary care and treatment, and their integration into health services

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Topics

- Models of primary care delivered to children
- Delivery of care across organisational boundaries
- School health services, and direct access services for adolescents
- Identification of measures of Quality and Outcome
- Economic and Skill Set analyses
- Ensuring Equity for all children
- Use of electronic records

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Model

Describing a model of health in MOCHA is a challenging and yet a key task, which needs to take into account as many features and elements of child primary care as possible, and make judgements about the best ones to include.

We envisage that we will find different elements of each system which when combined appropriately may result in an optimum model for a particular setting.

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

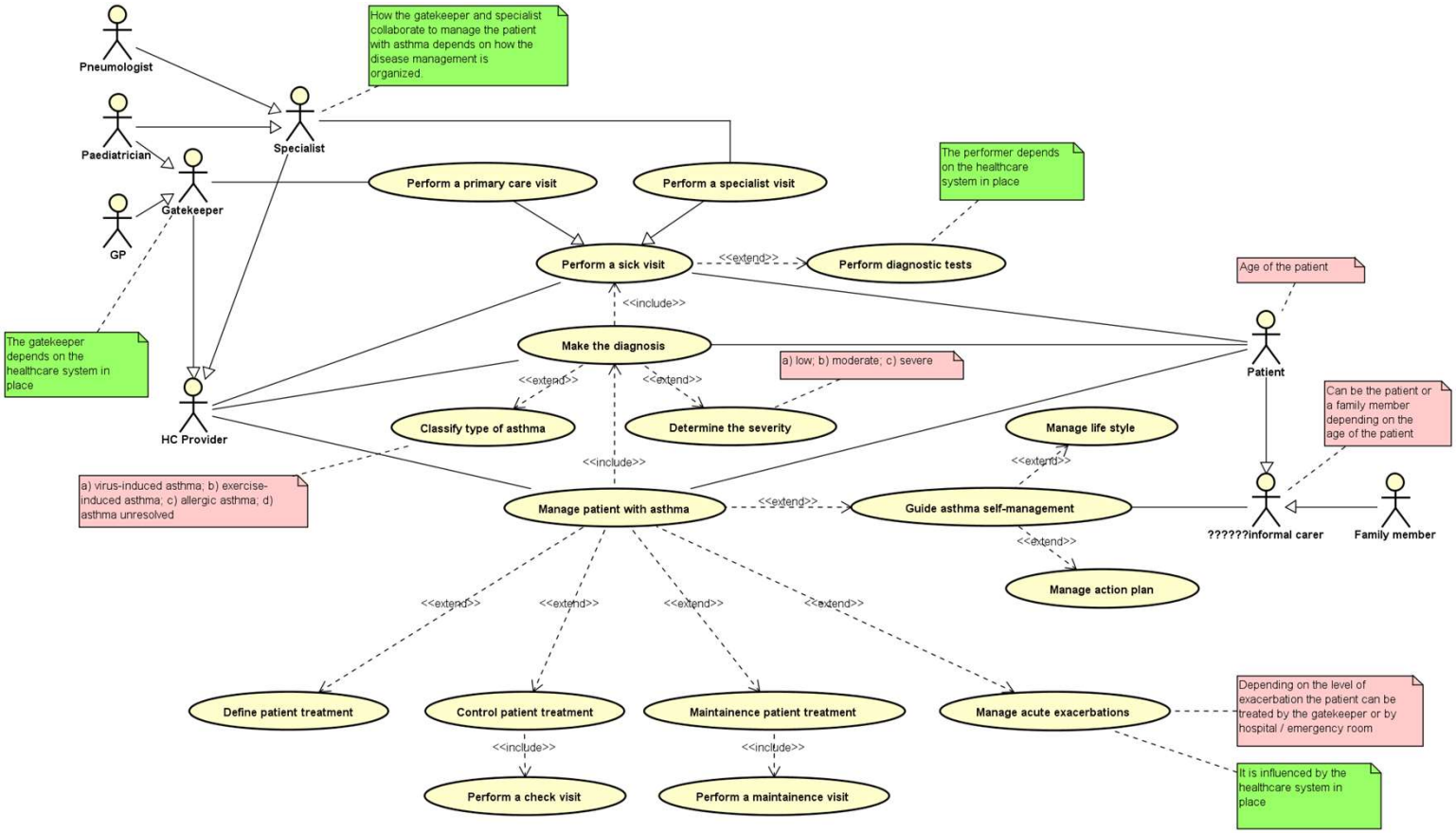
Examples model elements

- Type
- Objective
- Tasks
- Governance/policy
- Economic conditions
- Workforce
- Access
- Continuity of care
- Coordination of care

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

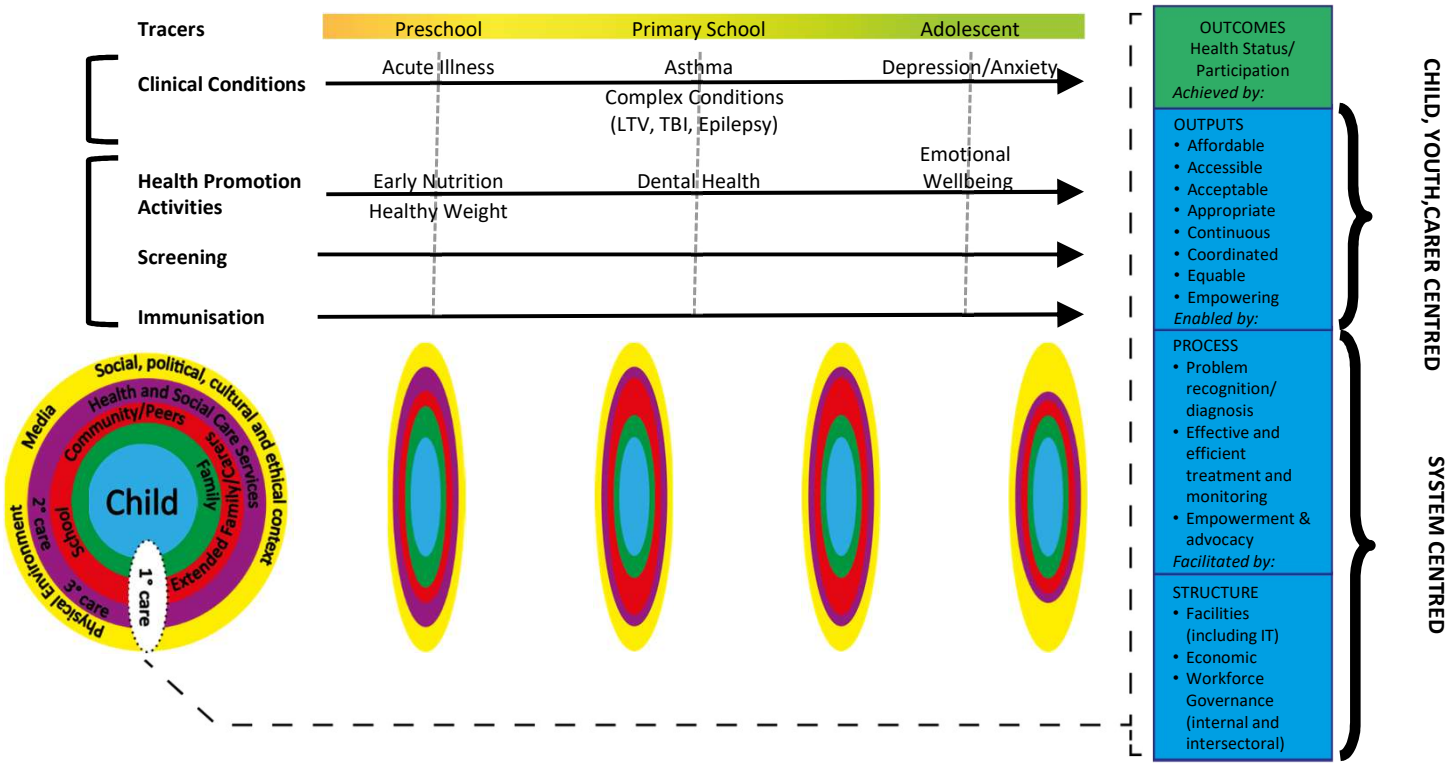
Sick visit for the treatment of asthma



Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

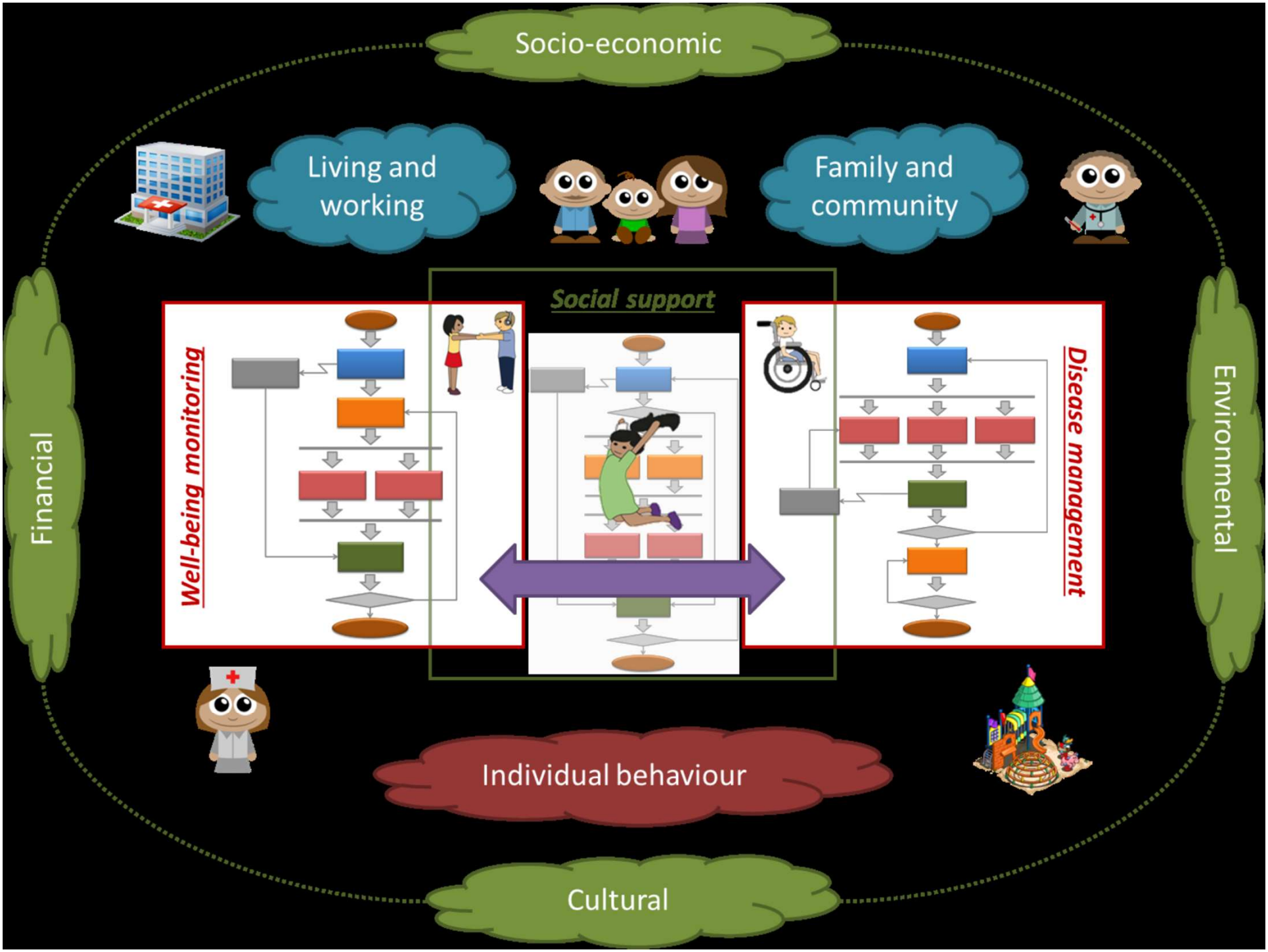
MOCHA WORKING MODEL

Life course determinants of child health and primary care quality



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)


Socio-economic
Living and working
Family and community
Financial
Environmental
Social support
Well-being monitoring
Disease management
Individual behaviour
Cultural

Country	Gatekeeper role	Lead practitioner	Contextual factors	Financial organisation	Workforce	PC Monitor rank of strength of primary care 1=low; 3=high (11)
Austria **Source: (74)**	No gatekeeper function	Mixed – GP or paediatrician	Not easy to differentiate primary care and secondary care. Access to primary care in hospital outpatients in out of hours. Can be a 'maze of options'. Fragmented service between primary and secondary care; and long term care.	Compulsory health insurance, children free up to age 18, or 21 if unemployed, 26 if in full-time education	Mix of primary care systems – outpatients' departments perform many primary care functions	Comprehensiveness:2.3 Coordination: 1.4 Continuity: 2.2 Access: 2.2
Belgium (75)	No referrals, free choice of practitioner	Paediatrician or family doctor	Three organisations for children – French, Flemish and German. Primary care keeps 'global medical file' to improve continuity.	Mixture of state social security and private health insurance. Fee for service	Small growing number of group practices, most solo GPs with medical secretary	Comprehensiveness: 2.51 Coordination: 1.75 Continuity: 2.4 Access: 2.1

Workshop

- Introduction case
- Creating subgroups
- Discussion in subgroups
- Plenary

- What are the most important factors in school health services affecting children's/young people's health in your country?

- What has to be changed in your country in school health services?

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

Examples model elements

System components

- Type: lead practitioner
- Objective: prevention, acute care, chronic and complex care
- Tasks: immunization, mental health screening, health behavior advice, asthma care
- Level: child (micro), family, community (meso), health and social care services (exo),

Structure:

- Governance, policy
- Economic conditions
- Workforce

Processes:

- Workforce development/training
- Access
- Continuity of care
- Coordination of care

Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Dissemination

- End of project: September 2018
- www.childhealthservicemodels.eu
- **Leaders:** Prof. Mitch Blair, Prof. Michael Rigby
  Scientific Coordinator: Denise Alexander
  d.alexander@imperial.ac.uk
- **WP leader optimal models**: Paul Kocken
  paul.kocken@tno.nl

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)