Building optimal models for primary child health care

EUSUHM 2017

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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
Program

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

• Practice (well baby, SHS, AHS)
• Policy
• Knowledge and science
• End user (parent, young person)
• ....
• ....
Introduction of MOCHA

MOCHA: Models of Child Health Appraised

Scientific partners from 11 European countries, plus partners from Australia and USA
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.
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
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.
Examples model elements

- Type
- Objective
- Tasks
- Governance/policy
- Economic conditions
- Workforce
- Access
- Continuity of care
- Coordination of care
Sick visit for the treatment of asthma
MOCHA WORKING MODEL
Life course determinants of child health and primary care quality

**STRUCTURE**
- Facilities (including IT)
- Economic
- Workforce
- Governance (internal and intersectoral)

**PROCESS**
- Problem recognition/diagnosis
- Effective and efficient treatment and monitoring
- Empowerment & advocacy

**OUTCOMES**
- Health Status/Participation

**OUTPUTS**
- Affordable
- Accessible
- Acceptable
- Appropriate
- Continuous
- Coordinated
- Equable
- Empowering

**OUTCOMES**
- Preschool
- Primary School
- Adolescent

**Tracers**
- Preschool: Acute Illness
- Primary School: Asthma
- Adolescent: Depression/Anxiety

**Clinical Conditions**
- Preschool: Complex Conditions (LTV, TBI, Epilepsy)
- Primary School: Dental Health
- Adolescent: Emotional Wellbeing

**Health Promotion Activities**
- Preschool: Early Nutrition
- Primary School: Healthy Weight
- Adolescent: Emotional Wellbeing

**Screening**
- Preschool: Immunisation
- Primary School: Immunisation
- Adolescent: Immunisation

**Immunisation**
- Preschool: Vaccines
- Primary School: Vaccines
- Adolescent: Vaccines

**CHILD, YOUTH, CAREER CENTRED**

**SYSTEM CENTRED**

Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)
<table>
<thead>
<tr>
<th>Country</th>
<th>Gatekeeper role</th>
<th>Lead practitioner</th>
<th>Contextual factors</th>
<th>Financial organisation</th>
<th>Workforce</th>
<th>PC Monitor rank of strength of primary care 1=low; 3=high (11)</th>
</tr>
</thead>
</table>
| Austria     | 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     | 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 |

(A Study of Primary Healthcare in 30 European countries)
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?
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
Dissemination

• End of project: September 2018

• [www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu)

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