OPTimized eHealth for Individuals with Multi-morbidity And Long-term needs – OPTIMAL

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People with multiple long-term conditions (multi-LTC) typically face multiple care processes, specialties and organizations over longer periods. Current care often meet their needs poorly, due to a profession centric, reactive and fragmented design.(1) See figure 1.

Aim: To develop a generic care model for people with multi-morbidity and / or long-term, complex care needs.

Methods

We combined knowledge from:
- Patient experiences
- Health professional experiences
- Literature review

We added:
- Feedback from a broad spectrum of stakeholders.
- Service re-design + implementation of "active ingredients".
- Effect studies of the resulting intervention.

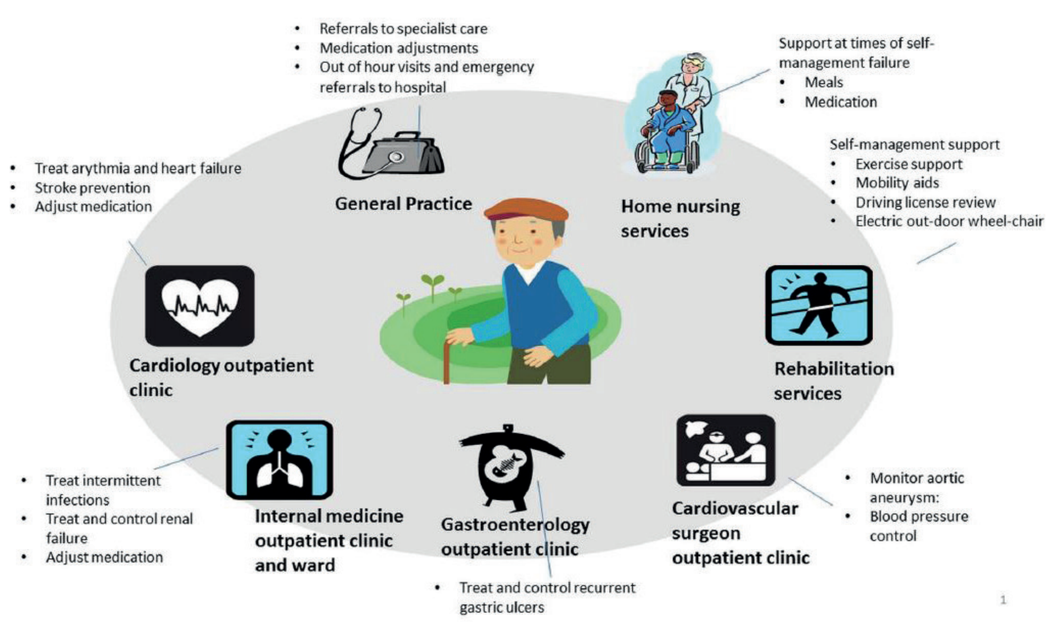

Figure 1: *The health services involved in 'Alfred`s' individual patient trajectory (iPT) and the main focus of care according to the electronic medical record at the hospital and with the general practitioner, Tromsø Norway, 2012. (2)*

Results

The core product of healthcare is the individualized patient pathway. Active ingredients of OPTIMAL care (see figure 2):

A person-centered approach

1. The patient pathway produces value, when it meets the patient's goals.
2. Goals formulation starts with the person's answer to: "What matters to me?"
3. "What matters" to the patient, is translated into relevant and realistic goals for care in a negotiation process.
4. Patient driven evaluation and adjustment of plans, in alignment with goals

Integrated care

Recruitment of the team that holds the core set of competences needed to cover the goals set for the pathway.

Planned and proactive care

- support for self-management
- linkage to community resources
- plans for evidence-based elective and emergency care

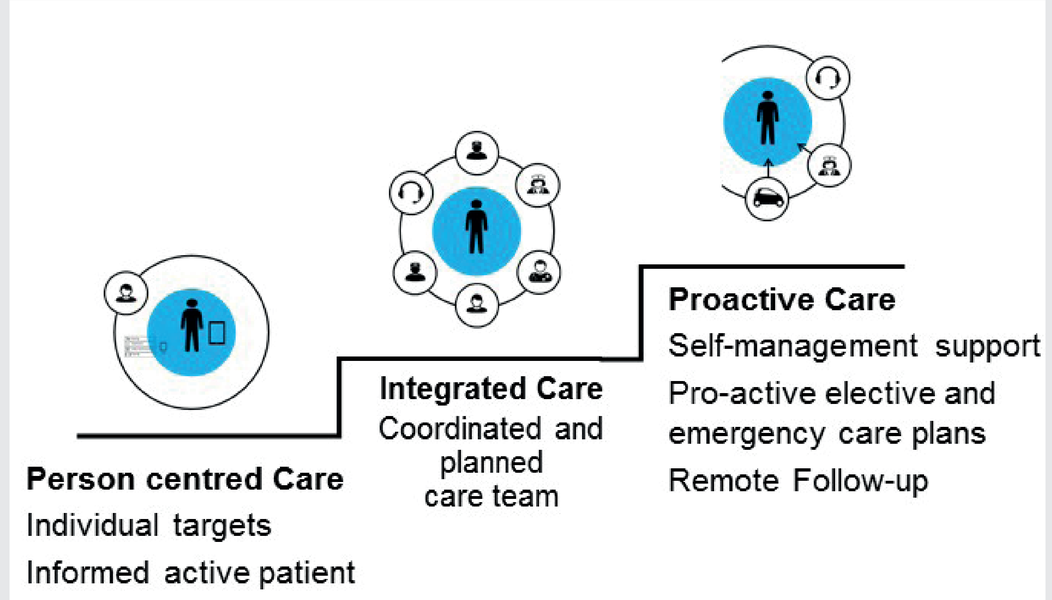

Figure 2*: Active ingredients of OPTIMAL care.*

Digitally leveraged

1. A virtual team environment that supports (a)synchronous dialogue to share, develop and update the care-plan.
2. Digitally optimized service-resource planning for plan implementation.
3. Pro-active remote follow-up in the home-environment for support of care delivery and early detection of preventable undesired events.

Conclusion

The OPTIMAL care model will fit both the most complex multi-LTC and the simplest episodic single disease pathway.

OPTIMAL requires e-Health, regulatory, economic and professional settings to recognize the personalized goal oriented pathway as health-care's core product.

References

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