

spectra

115



Prevention in healthcare

2-3 Incorporating prevention

People in Switzerland are living longer and staying healthy for longer. However, the incidence of non-communicable diseases (NCDs) is rising rapidly, reducing the quality of people's lives and increasing healthcare costs. The NCD strategy is intended to counteract this development. One of the main objectives of this strategy is better networking between stakeholders in population-based health promotion and prevention and the healthcare system. People who are already suffering from a chronic disease or have an increased risk of falling ill will benefit from services that allow them to better manage their health. This increases their quality of life – and reduces healthcare costs.

3-4 Health coaching in Ticino – the "Girasole" pilot project

The Swiss Health Survey (SHS/SGB) for 2012 shows that the population of the canton of Ticino engages in less physical activity than the Swiss average (60.8 % versus 72.5 %). Adequate physical exercise not only keeps one healthy for longer, but also helps to prevent the occurrence of non-communicable diseases; it increases in importance with advancing age. Under the auspices of the Canton of Ticino and with financial support from the Federal Office of Public Health, the two-year pilot project "Girasole" has been developed; it is aimed at adults at increased risk of non-communicable diseases.

4 Interprofessional collaboration in the healthcare system

Increasing interprofessionality in healthcare results in higher quality and continuity of healthcare, increased stakeholder satisfaction and improved cost control. Since the expertise of a single occupational group is no longer sufficient to respond to individual care situations, interprofessionality is increasing in importance. This means that a holistic view of the patient's overall health is encouraged. Claudia Galli pointed out in her interview that interprofessional collaboration is vital, because most errors occur where coordination is not part of the everyday routine. Ms Galli is President of the Swiss Federation of Professional Healthcare Organisations (SVBG), for which interprofessionality is a particularly important issue.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

Making prevention an integral part of healthcare

Prevention in healthcare. In its Health2020 strategy, the Swiss Federal Council made the development and implementation of a strategy non-communicable diseases a priority in its healthcare policy. Strategic objectives and associated measures were drawn up, together with the addiction strategy and the mental health programme, and approved in late 2016 by the Federal Council and the National Health Policy Dialogue. Prevention and control of non-communicable diseases can be further improved thanks to these measures. One of the main issues underlying the NCD strategy is to improve integration of prevention into healthcare, in order to curb the increasing incidence of chronic diseases as well as further cost increases. But how can this be done? What has been done so far to improve it? And is it possible to estimate the future benefits?

We would all like to lead a healthy and pain-free life for as long as possible. We can make the most important contribution ourselves – by improving our lifestyle. About 70 % of people in Switzerland already pay attention to their diet and 72.5 % get enough exercise. They support their health as much as people who stop smoking and don't drink to excess. This is because many of the non-communicable diseases (NCDs), many of which are chronic, can be prevented or at least delayed – which significantly improves quality of life. The five most common (and usually chronic) NCDs are cancer, diabetes, cardiovascular disease, and chronic respiratory or musculoskeletal disease. These diseases are the primary cause of premature death and chronic complaints.

Counteracting the increase in NCDs – initiating a paradigm shift in healthcare

These five NCDs are the greatest burden of disease on society as a whole. Together with mental illness, they are responsible for 51 % of total health expenditure in Switzerland. This problem is not exclusive to Switzerland. The trend towards urbanisation, the increase in average age and the number of elderly people, as well as changes in dietary and behavioural habits, can be found in many countries. To counter NCDs, we need a paradigm shift in health care, as well as permanent incorporation of prevention into healthcare and rehabilitation throughout the medical care chain. This will make it possible to show chronically ill patients how to cope better with their complaints and alleviate their suffering. People in risk groups will be able to take advantage of a wider range of options for disease prevention. Patients need to be more involved in the treatment process and to agree on goals with the doctor – this is usually more effective than just prescribing medical procedures. The patient's participation strengthens his resolve to

take responsibility for his health. The use of interprofessional teams, consisting of doctors and other medical professionals, enables a more holistic view of the patient's (overall) health and can result in a productive enhancement of the doctor-patient relationship. It is also important to reach vulnerable populations, since the incidence of chronic disease is higher than average in such patients, who often have difficulty (for various reasons) in accessing healthcare.

What does "prevention in healthcare" mean?

Increased incorporation of prevention into health care means that both prevention and health promotion (i.e. informing people on increasing their health literacy and encouraging them to take responsibility for their health at home and at work) as well as healthcare are regarded as parts of one system. Or in other words: in future, the current system of acute care and healing should be part of a single system, in which health and quality of life are central values ("from cure to care"). Practices involving prevention and health promotion should become a normal part of primary medical care.

Measures on all levels

This will be achieved with several measures. They involve basic, continuing and advanced training for the medical professions, and also activities, responsibilities and role sharing as well as collabora-

tion between health professionals and their institutions (for example by establishing interprofessional health teams or developing media that enhance communication, such as the electronic patient record/eHealth). However, these measures also involve the participation of patients and their relatives in the respective processes – such as by encouraging self-management and improving health literacy with education or digital aids – and of course the level of funding and monitoring. However, incorporating prevention into healthcare should not result in costly expansion of the programme, but rather in curbing of healthcare costs over the middle and long term. This is because inclusive and well-coordinated collaboration increases the efficiency of primary care. It should be noted that nowadays, not all preventive services that target people with elevated risks or poor health are financed sustainably in the healthcare system. With stakeholders such as the public sector, insurance companies or employers, it is important to develop new funding models that include non-medical consultation and coordination functions.

Putting people first

The Health2020 strategy, which sets the priorities of the Federal Council's health policy for the next few years, focuses on the patient: "Healthcare will need to change: with further development of the healthcare system, more thought must

be given to the patient's needs". As part of this concept, the NCD strategy aims at a healthcare system that takes into account the changing needs of the patient during his lifespan. To achieve the greatest possible impact, the NCD strategy will be coordinated with addiction prevention (National Addiction Strategy 2017-2024) as well as prevention of mental illness. The causes of addiction problems and mental illness often overlap with the causes of chronic non-communicable diseases. Approaches that are already used for people with addiction/s or mental illness could be used more often to benefit NCD risk groups.

Improvement without increasing healthcare costs

Implementation of the NCD strategy does not involve re-inventing the whole approach to prevention. However, tried and tested projects should increasingly incorporate additional risk factors if possible, including not only risk factors for NCDs but also those related to addiction and mental health. Innovative projects and programmes that demonstrate how prevention can be better integrated into healthcare need to be supported, improved and promoted more strongly (nationwide if possible) in the context of the NCD strategy.

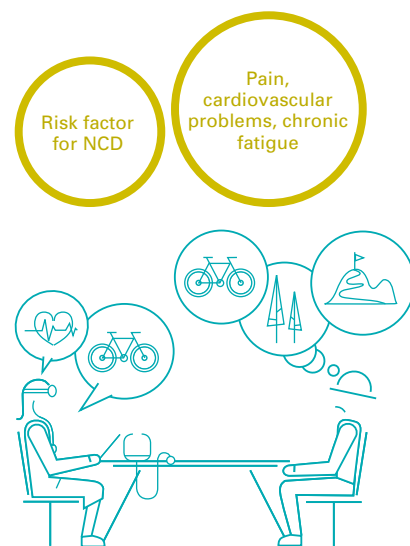
In order that healthcare providers participate in prevention covered by mandatory health insurance, financial incentives for health insurers could be created as an

Infograph

"Girasole" pilot project

Girasole (sunflower) is a pilot project jointly developed by the Canton of Ticino and the FOPH. The main aim of this project is to promote behavioural change in patients who are at increased risk for non-communicable diseases (due to a non-balanced diet, smoking or excessive alcohol consumption, or lack of exercise). Particular emphasis is placed on the promotion of physical activity. General practitioners employ the two interventional techniques of motivational interviewing and shared decision-making, permitting higher-quality interaction with patients. With the aid of these techniques, doctors motivate, support and encourage their patients to adopt a more healthy lifestyle, provided that the latter wish to achieve behavioural change of this kind. At the same time, patients' knowledge and health literacy is enhanced.

Confirmation of health risk due to lack of exercise



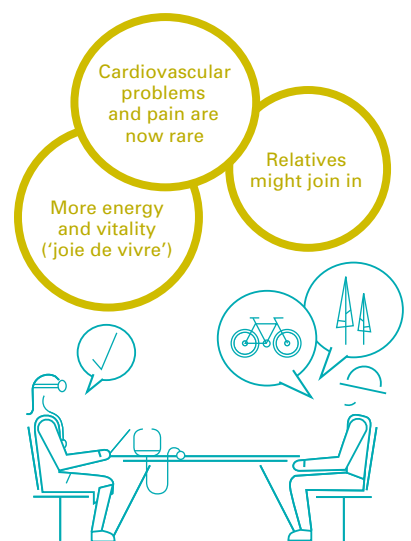
- Initial consultation with doctor and patient (motivational interviewing / health coaching)
- Design an exercise programme according to the patient's abilities and resources, taking advantage of the directory of community exercise offerings specially compiled for this pilot project

Motivating the patient to physical activity – coaching by the doctor



- Patient participates in activities
- Doctor carries out 2-3 coaching sessions during the programme
- Improvement of patient's health literacy and self-management

Physical activity is integrated into the daily routine – intervention by the doctor finishes



- Patient integrates physical activity into daily routine (lasting behavioural change), reduces the risk of non-communicable disease and/or prevents deterioration of health
- Doctor finishes intervention, continues to encourage patient during other consultations

alternative to the existing fee-for-service model. In fact, payers and healthcare providers are being encouraged to develop innovative financing models in this area. Prevention projects are currently supported by Health Promotion Switzerland, the Swiss Tobacco Prevention Fund and the Alkoholzehntel ['Alcohol 10 %' – a Swiss cantonal alcohol prevention fund].

How to integrate prevention into healthcare

How can prevention and healthcare promotion be properly integrated into the healthcare system? The Federal Office of Public Health is developing model healthcare pathways together with stakeholders from the healthcare system, service providers, educational institutions and other expert committees. At the right moment, patients are linked with the relevant professionals by means of these defined pathways. These models are derived from the chronic care model (CCM) and/or the expanded chronic care model. The model used in the care of chronically ill patients is designed to incorporate several areas in the treatment – effectively and in accordance with the patient's needs. The expanded chronic care model goes one step further, and combines prevention and health promotion more consistently with healthcare. In this case, inter-professional teams (i.e. not just clinically oriented individuals) support chronically ill people with their problems, including those that affect their everyday lives. They may clarify issues relating to healthcare, social isolation or mobility. This approach is intended to significantly improve patient health in the long term. Such continual support also makes it easier to detect signs of dementia or mental health problems. It also means that patients automatically play an active role in their treatment, which in turn improves their self-management and their ability to take responsibility for themselves.

Promotion of interprofessionalism and self-management

The increased integration of prevention in healthcare places different requirements on the training and continuing education of healthcare personnel. It is increasingly important to teach and learn interprofessional collaboration in teams – in other words, how several professional groups can work as a team. The Federal Office of Public Health is holding discussions with the providers of educational programmes in various areas of healthcare, in order to jointly define the content and core competencies required for the various occupational groups. With their involvement and participation in appropriate educational activities, patients will be able to develop a different approach to their health. For example, the Swiss Evivo Network addresses chronically ill people and their families with its course "Live a healthy and active life". For its part, the Federal Office of Public Health is planning a coordination platform for entities with an interest in self-management.

Using eHealth, mHealth, and outcome data

The electronic patient record is a key eHealth instrument that simplifies communication between primary healthcare providers – and thus facilitates the interactions of all stakeholders. If doctors, hospitals and pharmacies make patient documents available in a shared system, they can be accessed more easily in case of a subsequent treatment and any findings can be incorporated into the treatment plan. It should be mentioned that rights to the data and access to the patient's electronic health record are at the discretion of the patient. Other eHealth platforms on the issues of prevention and electronic patient files are planned (e.g. EviPrev, a programme for the promotion of evidence-based prevention and health promotion in the doctor's practice, which currently exists only on paper). mHealth tools such as health apps or digital input devices are very useful in the treatment and monitoring of chronic disease. For example, they facilitate rapid intervention in emergency situations, such as when a rapid deterioration of insulin values is observed and reported. The data collected by eHealth and mHealth tools can be used to create health profiles that allow risks to be detected and reduced more rapidly. Fur-

thermore, data on outcomes derived from programmes and projects provide insights into the population that provide a basis for further development of existing and new approaches and models.

Building on experience for the future

The experience that has been gained from the integration of preventive measures into healthcare is very promising. It gives people who are suffering from a chronic illness (or are at risk of contracting one) the ability to cope better with their disease or to reduce their risk of falling ill. They can also be involved in the treatment process and can contribute to preventing complications. They will increasingly be supported by inter-professional healthcare teams consisting of doctors and healthcare professionals. The goal is to increase the patient's quality of life and relieve the load on the healthcare system in the medium and long term, and also to make a significant contribution to curbing healthcare costs.

Contact:
Alberto Marcacci
Director Prevention in
Health care Section
alberto.marcacci@bag.admin.ch

"Girasole" pilot project

In October 2016, the first patients were enrolled in the canton of Ticino's "Girasole" pilot project. The aim of this two-year project, supported by the Federal Office of Public Health (FOPH), is to reduce risk factors for non-communicable diseases in adult patients consulting their General Practitioner (GP). Here, physical activity is defined as a key element, and motivational interviewing is central to the intervention. The project is being conducted under the new National Strategy for the Prevention of Non-Communicable Diseases (NCD Strategy), adopted by the Federal Council in April 2016.

The main aim of the "Girasole" pilot project is to promote behavioural change in patients with risk factors for non-communicable diseases (non-balanced diet, smoking, excessive alcohol consumption, lack of exercise), focusing in particular on sedentary lifestyles. According to the results of the 2012 Swiss Health Survey (SHS), the proportion of the adult population that is sufficiently physically active is lower in the canton of Ticino than

the average for Switzerland as a whole (60.8 % vs 72.5 %). This canton, supported by the FOPH, decided to make GP practices the preferred setting for encouraging patients to take more exercise and adopt healthy behaviours.

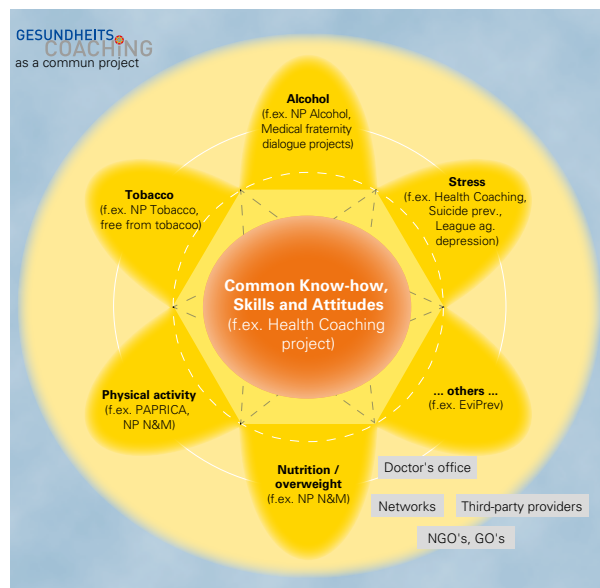
Training for the benefit of the doctor-patient relationship

As patient motivation is a key determinant, the "Girasole" pilot project has drawn on the experience and support of two existing programmes – health coaching, developed by the College of Primary Care Medicine (CPCM), and PAPRICA¹ (Physical Activity promotion in PRimary CAre). These two programmes, based on motivational interviewing, have been

The WHO estimates that more than 50 % of chronic diseases could be prevented (or at least delayed) by preventive measures. About 2 million people are affected in Switzerland. The direct healthcare costs of these diseases amounted to 51.7 billion Swiss francs in 2011, or 80 % of total healthcare expenditure – and these costs are rising. Promising results have been shown by national prevention programmes (such as campaigns related to diet and exercise or alcohol and smoking), together with projects initiated by NGOs and healthcare providers as well as regional and national associations. However, it is time to stop this increase: time for the non-communicable diseases (NCD) strategy, which is supported by the federal government, the cantons and Health Promotion Switzerland. Switzerland's expenditure on prevention amounts to CHF 1.54 billion, which is low by international standards. In 2013, approximately 2.2 % of all healthcare expenditure was spent on prevention, while the average for the OECD was 3.1 %. Of this expenditure, 37 % was funded privately, 23 % by social insurance and 39 % by the public sector. In order to curb the rising financial burden on the healthcare system and the number of patients suffering from non-communicable diseases, the Federal Department of Home Affairs (FDHA) is gradually increasing the surcharge on the health insurance premium. These funds should make it possible to diagnose and treat mental illness more rapidly, improve people's health in old age, and strengthen the role of prevention in healthcare – since this is where the benefit to patients is greatest. The measures proposed in the NCD strategy are now being implemented. Three priorities were defined in the strategy: "Population-based health promotion and prevention", "Prevention in business and the workplace" and "Prevention in healthcare." This issue of "spectra" focuses on the last of these priorities. The valuable achievements made so far in prevention in order to reduce the incidence of chronic diseases and curb rising healthcare costs will be continued and supplemented with the NCD strategy. Organisations involved in prevention will cooperate even more closely and coordinate their activities. This will make it possible to include new and promising projects. Some of these are presented here.



Eva Bruhin
Director
Prevention Strategies Section



combined and adapted to the local context in the canton of Ticino to offer GPs customised training, providing the tools they need to promote behavioural change – especially with regard to exercise – in their patients. To this end, a directory of physical activities, covering all the existing offerings in the canton of Ticino, has been compiled and is being made available to doctors and patients. As health coaching serves as a catalyst for the adoption of preventive measures addressing all the risk factors associated with non-communicable diseases, it has been placed at the centre of the "Girasole" model – hence also the name of the project ("sunflower" in Italian). Here, PAPRICA is the "petal" facilitating practice-based promotion of physical activity. One of the fundamental aspects of the "Girasole" pilot project is the switching of roles within the doctor patient relationship: the patient becomes the main health management actor, with the doctor serving as a kind of coach, providing

guidance and support. Together, they define the intervention best suited to the patient's resources and needs, and the goals which the patient wishes to attain in the short and medium term. The two interventional approaches utilised in health coaching – motivational interviewing and shared decision-making – help to improve the quality of doctor-patient interactions. Studies have shown that patients are more inclined to take part in a project where the doctor provides coaching rather than merely giving them instructions.

Through the practical knowledge communicated in the pilot project, GPs' skills and role are to be enhanced via their capacity to motivate, support and encourage patients who wish to adopt a more healthy lifestyle; at the same time, patients' knowledge, skills and resources are to be strengthened to improve their own health management.

Having developed a continuing education programme in cooperation with health

coaching experts, PAPRICA and a group of local GPs, the Ticino Cantonal Health Promotion Agency (SPVS) organised an initial training event on 15 and 16 September 2016 for the 19 GPs interested in participating in the project. The first patients were enrolled at the start of October 2016.

Project evaluation

An evaluation of the pilot project (2016–2018) is to be carried out by a Lucerne-based consultancy (Interface Politikstudien Forschung Beratung) in collaboration with the University of Applied Sciences and Arts of Southern Switzerland (SUPSI) in Lugano. The evaluation should provide, in particular:

- information on the interventional methodology, the continuing education of GPs, and GP and patient satisfaction (qualitative aspect);
- figures relating to patient support and the behavioural change impact (quantitative aspect);

– an analysis of the cost of the interventions (economic aspect). The goal is that at least 15 of the 19 GPs participating in the project should each support approx. 20 patients for six months. Data collection will involve two written surveys conducted in these two groups. The evaluation will also cover the patient lists completed by the GPs and the worksheets used for coaching. An initial interim report on the evaluation is scheduled for the second quarter of 2018.

Contact:
Antoine Bonvin
Prevention in Health care Section
antoine.bonvin@bag.admin.ch

¹ The PAPRICA programme is run by the Lausanne University Medical Polyclinic (PMU); the Zurich University Epidemiology, Biostatistics and Prevention Institute; the CPCM; the Lausanne University Institute of Social and Preventive Medicine (IUMSP); the Swiss Sports Medicine Society (SGSM); and the Health Leagues. The office is currently attached to the CPCM.

"Interprofessional collaboration requires that responsibilities are clarified."

Interprofessional collaboration will play an increasingly important role in healthcare and prevention. Claudia Galli, President of the Swiss Federation of Professional Healthcare Organisations (SVBG), has agreed to outline the views of the healthcare professions in her responses to our questions.

Why has it taken so long to apply this approach in the healthcare system? What are the current obstacles?

Interprofessionality is an increasingly important trend and one that is worth following. Demographic changes, such as the increase in chronic diseases and an aging population together with an acute shortage of skilled staff, are forcing the healthcare sector to consider new models of cooperation and division of labour. The Swiss government's 'Health2020' strategy and all the associated national strategies include elements of coordinated care, and thus increase the significance of the interprofessional approach.

Credits • No. 115, January 2017

"spectra – Prevention and Health Promotion" is a newsletter of the Federal Office of Public Health published four times a year in German, French and English. Some of the views expressed in it may diverge from the official stance of the Federal Office of Public Health.

Published by: Federal Office of Public Health, CH-3003 Berne, tel. +41 (0)58 463 87 79, fax +41 (0)58 464 90 33

Head of Editorial Board: Adrian Kammer, adrian.kammer@bag.admin.ch

Contributors: Jolanda Heller and other members of staff of the FOPH, as well as external authors

Photos: FOPH, authors, Fotolia (p. 1)

Layout: Federal Office for Buildings and Logistics FBL, 3003 Berne

Printed by: Bütetiger AG, 4562 Biberist
Print-run: German: 6 400, French: 3 400, English: 1050

Individual issues and free subscriptions to "spectra" can be ordered from: Bundesamt für Gesundheit, Sektion Kampagnen, 3003 Bern

Next issue: April 2017

www.spectra-online.ch

Of course, the previous debate on managed care also made us think increasingly in terms of networks. In fact this had a strong interdisciplinary focus from the start, in the form of cooperation between various specialists in the same profession. So the initial developments in the outpatient sector were basically physician networks. 'Interprofessionality' has only become important in recent years. It involves several professionals with different areas of expertise collaborating with one another as well as with patients, their relatives and the local network.¹

Interprofessional collaboration is particularly important in challenging situations where a single profession doesn't have all the expertise necessary to satisfy complex requirements. But it involves more than just recruiting additional experts to treat the same patient. Different professional cultures come together in a team that believes in the importance of communicating with one another and achieving common goals. This means that each team member needs to reflect on his concept of himself as a professional, to re-examine existing hierarchical structures, to familiarise himself with the skills of other team members, and to act in the best interests of the patient. It goes without saying that this takes time.

Apart from any mental barriers, lack of funding is the greatest problem: as yet, no funding is available for coordination, communication, or the development of a new form of collaboration – particularly in the outpatient sector of healthcare.

Another issue that makes it difficult to introduce interprofessionality into the healthcare system is the marked segmentation of training. Although there are interprofessional modules in the universities of applied sciences and individual training projects that involve the medical schools, where case-oriented ('problem-based') learning is increasingly common, there are still strong divisions between higher vocational schools, universities of applied sciences, and other universities.

Firm establishment of interprofessionality as part of the professional identity of all health professionals would be a significant improvement. The Health Professions Act recently established this concept as part of the expertise required of health professionals graduating from universities of applied science.

Interprofessionality also means that more people are working for the patient's benefit. Doesn't this mean that costs will rise, or even that the patient's health could be jeopardised?

I can understand the concern that "too many cooks spoil the broth". But costs and error rates increase just when coordination is not part of the normal routine. Interprofessional collaboration requires that responsibilities are clarified, that communication between the relevant professionals is effective, and that they apply and coordinate their skills for the patient's benefit.

At the outset, this requires the investment of time and money. But the initial effort is worthwhile and all parties gain: quality and continuity of care are increased, collaboration is coordinated, the people who are involved are more satisfied and cost control is increased.²

What do you think is the ideal way to apply interprofessional collaboration in the early diagnosis of dementia, mental illness or other non-communicable diseases?

The Interprofessionality Platform mediates collaboration among a variety of healthcare professionals, and has developed criteria for the assessment of interprofessional projects: for example, all participating professional groups and the patients must be involved right from the start.

In an ideal world, decisions on the implementation of prevention guidelines or standards would be made jointly by stakeholders such as counselling centres, health associations, primary healthcare provid-

ers, home care organisations and patients. The following questions would need to be answered: Where can patients, their relatives or employers find help or advice when they notice early signs of mental illness or other non-communicable diseases in someone? Under which circumstances should healthcare providers inform others about a problem they have noticed, and to whom? How can one guarantee privacy for this information? When should healthcare professionals meet for discussions? Who should take the leadership role, or is this decided on a case-by-case basis? Which measures should be suggested to the patient, and by whom? Ideally, interprofessional networks function across borders, such as those between outpatient and inpatient entities or between prevention and healthcare.

The full interview is available online at www.spectra-online.ch.



Personal details

Claudia Galli is President of the Swiss Federation of Professional Healthcare Organisations (SVBG) and has directed the European MSc programme in Occupational Therapy at the Zurich University of Applied Sciences (ZHAW) since 2012. She completed her training as an occupational therapist in 1991, and obtained a degree in psychology from the University of Zurich in 2002. As president of the SVBG she represents the interests of the health professions in various committees.

¹ World Health Organisation (2010). Framework for action on interprofessional education and collaborative practice. Geneva, Switzerland: WHO.

² World Health Profession Alliance (2013). WHPA Statement on Interprofessional Collaborative Practice (2013). Ferney Voltaire, France: WHPA.