



IntegraCare M1: General introduction



IntegraCare Module 1 - General Introduction: A brief approximation to person-centred care

This module is a general overview of person-centered care concept, its main principles, benefits and challenges.

Due to its engagement with health system policies, a brief introduction to the different countries (Spain, Greece, Poland, Italy and Estonia) national health system is included, as a way to foresee the impact of the person-centered care approach in a particular context.

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Main concepts

Different contexts of application

Initial reflections

Module summary

Main concepts

Abstract

This module is a general overview of person-centered care concept, its main principles, benefits and challenges.

Due to its engagement with health system policies, a brief introduction to every partner's national health system is included, as a way to foresee the impact of the person-centered care approach in a particular context.

Learning objectives

- 1 Understand the main concept of person-centered care approach and its potential benefits for dependent people.
- 2 Identify the basic agents that involve the person-centered care approach as well as the main resources it requires for a successful result.
- 3 Describe the particular situation of dependent people with regards to their local health care system and its potential compatibility with person-centered care.

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Main concepts —

- Definition and principles
- Benefits and challenges

Different contexts of application —

- Estonia
- Greece
- Italy
- Spain
- Poland

Initial reflections —

Questions to reflect on the person-centred model.



Duration 1 hour

START

Main concepts

Person-centered care approach has been defined as:

"The one achieved when the person is placed as the axis on which the rest of the dimensions related are based: intervention based on scientific evidence, service organisation, team, interdisciplinarity and environment"

World Health Organization, 2015

This approach is an indicator that guarantees the highest possible level of personal inclusion and allows health care professionals to work with an integrated strategy, creating and maximizing synergies without losing the main goal of autonomy and inclusion.



This new vision for service delivery comes from a paradigm shift that The World Health Organization called for in its "Global Strategy on Integrated Human Oriented Health Services 2016-2026" report, regarding how health services are financed, handled and provided.

The adoption of a person-centered care strategy at international scale has been required to address some of the most urgent challenges being faced by health systems around the world, such as:

- Ageing populations
- Urbanization and the globalization of unhealthy lifestyles
- Spreading of non-communicable diseases, mental illness and injuries

- Poor access to and fragmented health systems
- Lack of accountability by service providers

Person-centered service principles:

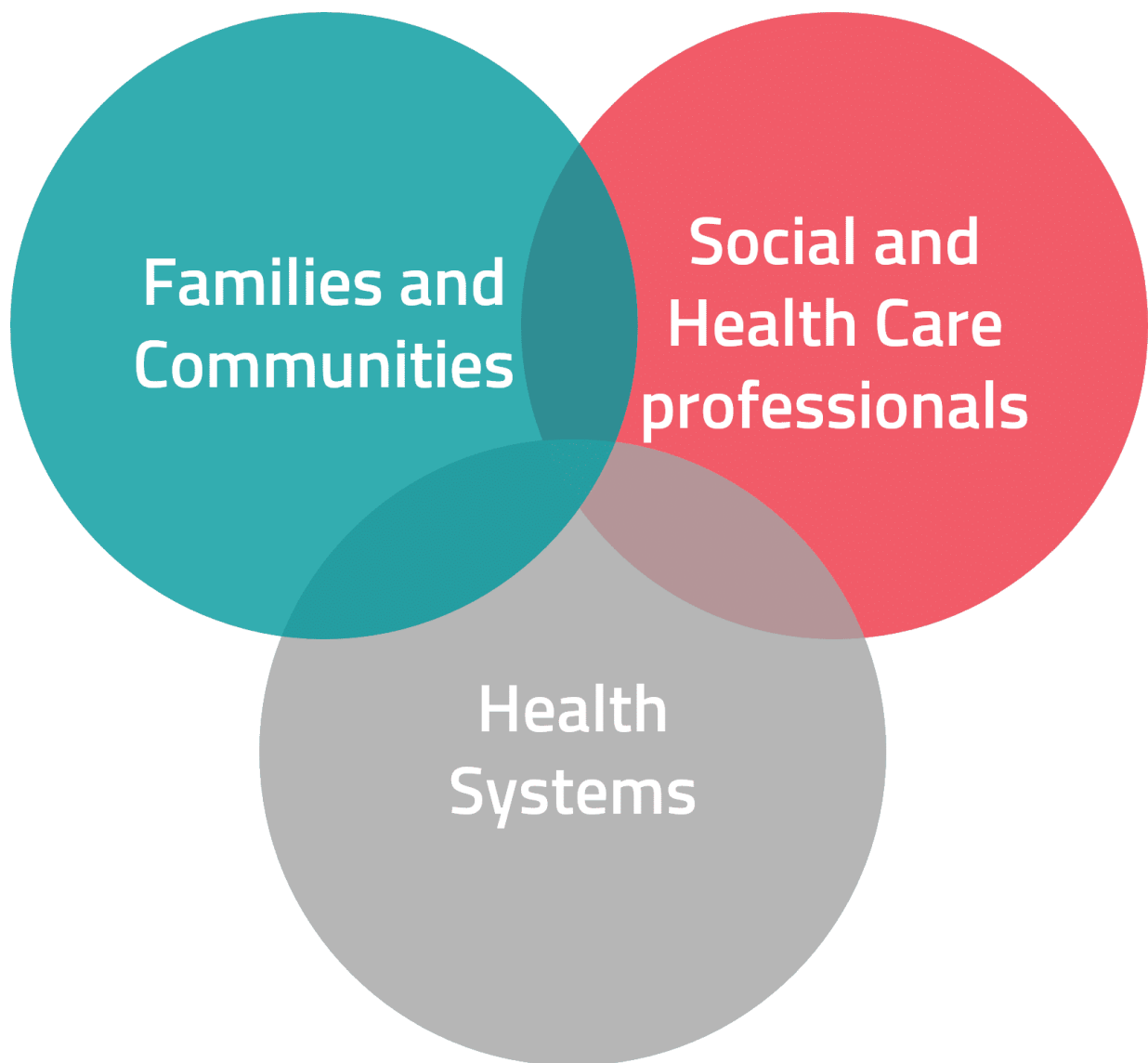
- 1 Dignity, respect and compassion.** Aimed at the achievement of the maximum independence and self-determination of the service-user
- 2 Coordinated service.** To ensure the communication of a multidisciplinary team that shares the same information to create, evaluate and adapt care plans
- 3 Personalized service.** Focused on each individual's personality, needs, experience and story
- 4 People empowerment.** As a goal for both service-users and social/health care professionals

Families and communities, Social and health care professionals, and Health systems
enjoy the benefits of person-centered care.

Benefits for individuals

- Increased satisfaction with care and better relationships with care providers.
- Improved access and timelines of care.

- Improved health literacy and decision-making skills that promote independence.
- Shared decision-making with professionals with increased involvement in care planning.
- Increased ability to self-manage and control long-term health conditions.
- Better coordination of care across different care settings.

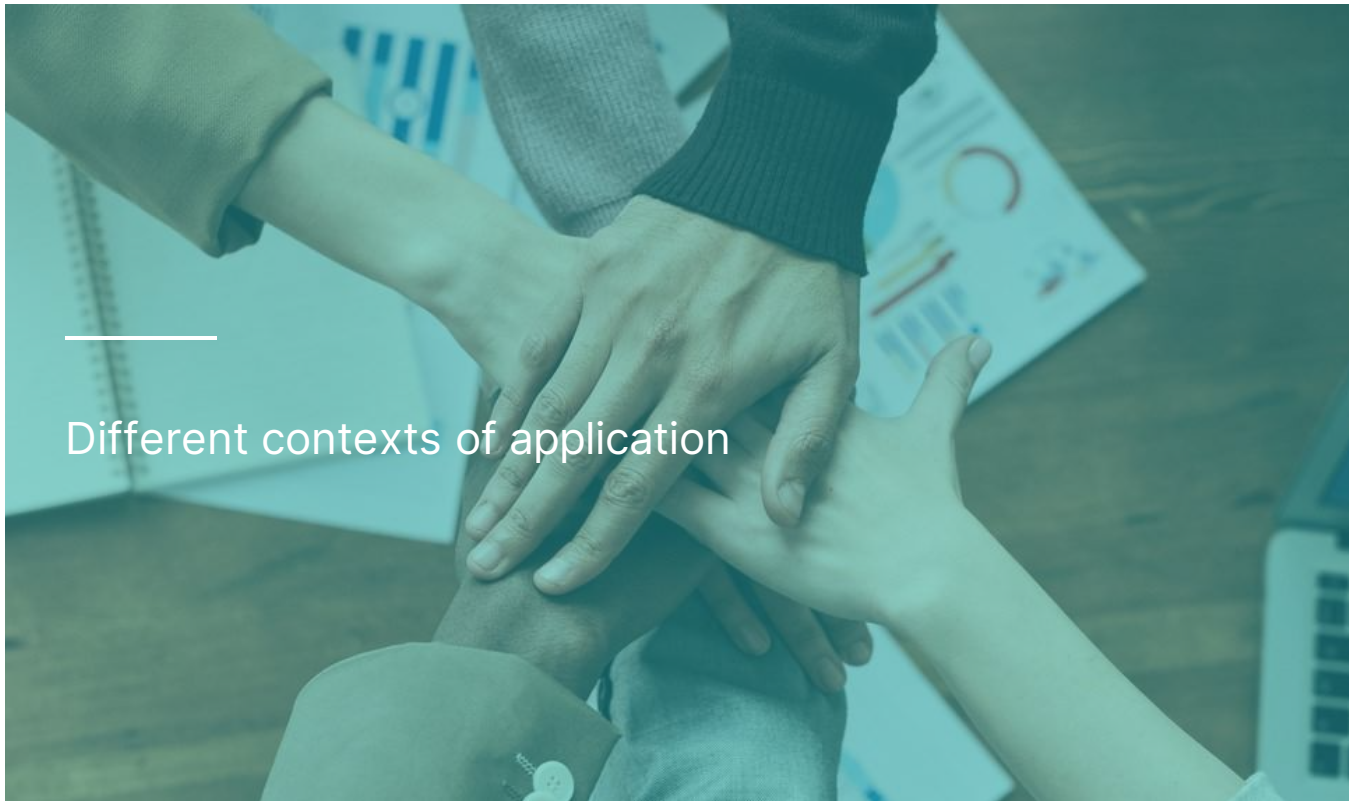


The challenges



1. Lack of human and financial resources.
2. Time restraints.
3. Bureaucracy obstacles.
4. Covid-19 pandemic derived problems.
5. Lack of training in person-centred care approach.

Different contexts of application



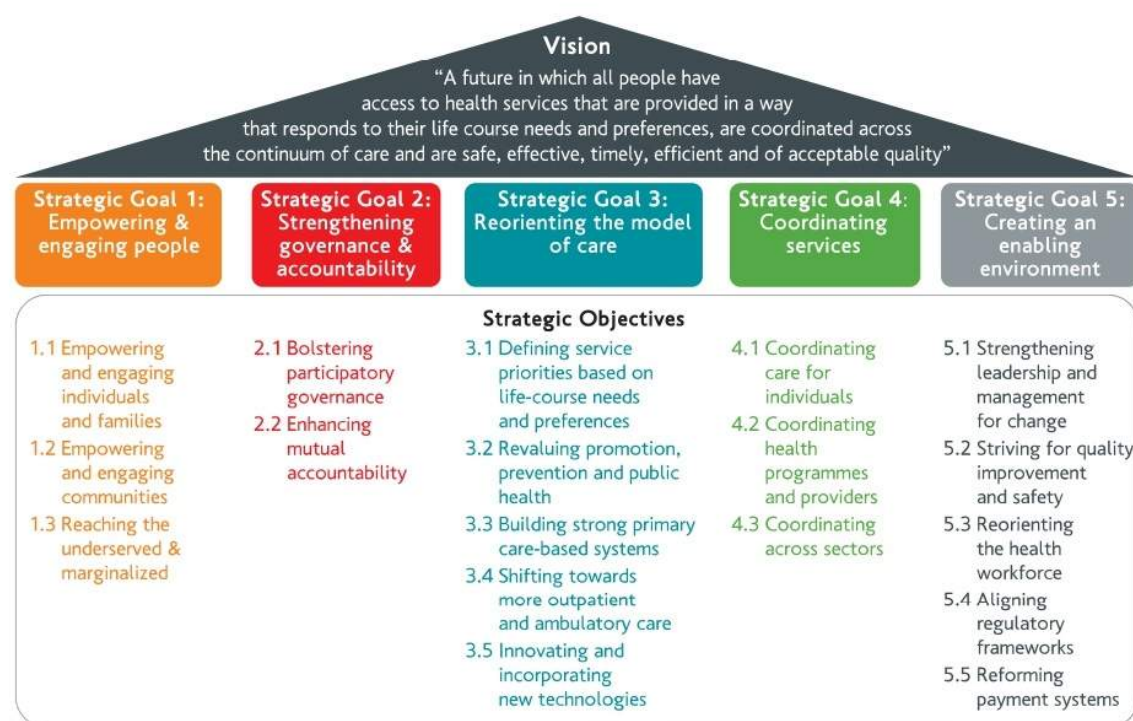
Introduction: health systems and person-centred care



When it comes to long-term care, we always lead to health systems or insurances. However, differences between countries and regions make it difficult to state a single path to follow. Person-centred care focus on differences between people and their personal circumstances and, of course, their health systems.

Fragmentation, coverage issues, waiting lists, data protection... are some of the problems the service users usually face when they ask for a certain treatment. On this section, different European health systems are explained, as well as a global strategy from The World health Organization for an integrated people-centred health services.

WHO global strategy on integrated people-centred health services: an overview





Our research

During the research stage, we have reached a great variety of health care professionals from each of the IntegraCare partner countries.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide

A total of 25 professionals have been interviewed, including:

Nurses	Care and Social workers
Psychologists	Neuropsychologists
Institution directors	Social health operators
Social educators	Entertainers
Occupational, Physical and Speech therapists	Coaches

CONTINUE

Scene 1 Slide 2

Continue → Scene 1 Slide 3



Based on the information we collected

we will proceed to explain our partners' countries' health systems

START OVER



Scene 1 Slide 3

Continue → End of Scenario

Estonia



- Separated social and healthcare systems:
 - Social system ruled by the Social Welfare (organizational, economic and legal bases).
 - Healthcare system ruled by Health Services Organization Act (requirements regulation, management, finance, supervision).
- Mandatory health insurance: financed by the State budget, municipalities budget and the patient himself.
- Retirement and disability pensions.
- Coexistence of public and private nursing homes.
- Disabled people homes: action+rehabilitation plan, prepared by professionals and the client.

Greece

Mixed system: national health system provides services and benefits through a network of public and private providers, financed by the state budget, social insurance contributions and private payments.

- EOPYY: National Organization for the Provision of Health services, manages the acquisition of private health services to ensure the national insurance.
- PEDY: public network of state hospitals and health centres.
- Private sector: profit-making and NGOs' services, increasing.

State social benefits for dependent people.

State network for medical visits at home (rural areas, mobility issues): "Help at home" program.



Italy



- Regionally based national health service provides free of charge universal coverage. Facilities vary in terms of quality depending on the region.
- Financed by regional taxes, supplemented by co-payments for pharmaceuticals and outpatient care.
- Private hospitals with extra services and comfort but similar quality care.
- Long term care has a high level of institutional fragmentation (local-regional-national benefits, social-sanitary policies, different modalities in every region)

Spain

- Decentralized universal health and social care service that provides citizens with: medical care, emergencies, rehabilitation and medicines.

- There are both public and private organizations to support people with disabilities, their main sources of funding are taxes and private companies.
- The state protects dependent people through the law of dependency, so they can access a variety of services and education for free or with a reduced cost, depending on the degree of their dependency.



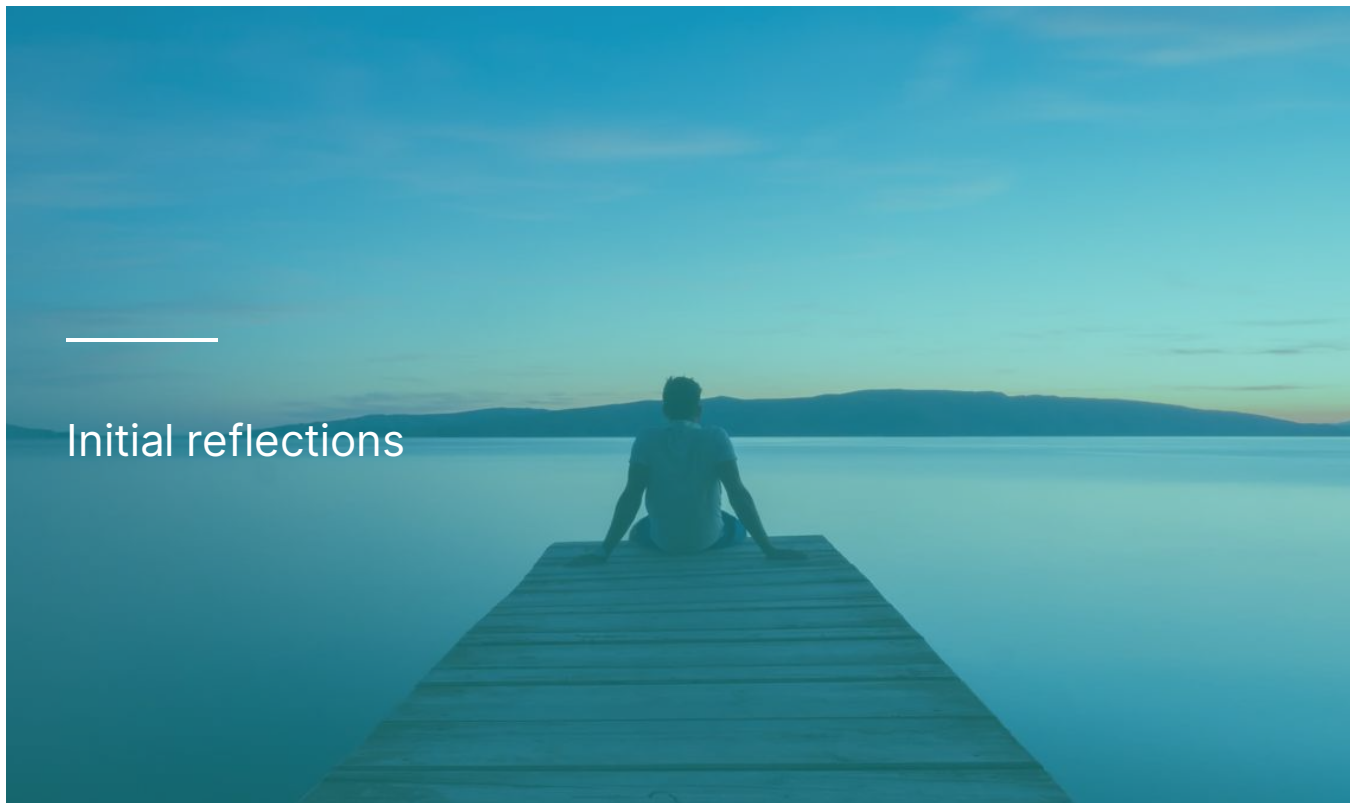
Poland

- Insurance model based health care system, financed from public funds.
- The National health Fund finances public health services provided by public and non-public health care institutions.

- Public social welfare organized by governmental administration bodies and local government administration.
- NGOs play an important role (+20%) in the health and social care system in Poland.
- Care and support to dependent people is offered by public sector, private sector and social sector.



Initial reflections



**Now that we know the main goals and challenges of
person-centred care...**

... lets reflect about daily work

Step 1

How do you think this approach can be useful for the people you take care of?

Do you use it already?

How does it make the difference?

Step 2

How do you think your health system supports the autonomy of dependent people?

How would you improve it?

Step 3

Do you think that health care professionals agree with this approach?

Do they practice it?

Module summary



Module summary

What is person-centred care?

Care approaches and practices that see the person as a whole with many levels of needs and goals, with these needs coming from their own personal social determinants of health.

Key words

Care coordination

A proactive approach in bringing care professionals and providers together around the needs of service users to ensure that people receive integrated and person-focused care across various settings.

Integrated health services

The management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, through the different levels

The process of supporting

Empowerment

people and communities to take control of their own health needs resulting, for example, in the uptake of healthier behaviours or the ability to self-manage illnesses.

Continuity of care

The degree to which a series of discrete health care events is experienced by people as coherent and interconnected over time, and consistent with their health needs and preferences.

With this introductory module we have explored the person-centred care approach as well as its benefits and challenges.

As a personalized model of care, it requires a solid knowledge of the service users' goals, circumstances and, of course, their health system or insurance. Even though the differences between them might make it difficult to implement, there are some basic topics that we can use as a key to successful models on person-centred care.

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Person-centred care
training program for
multidisciplinary
professionals

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**Identification of successful
models and case studies on
person-centred care**

Leaders:

Athens Association of Alzheimer's Disease and
Related Disorders – AAADRD
Tallinn Health Care College



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