

PEOPLE-CENTRED HEALTH CARE

Health for all, by all

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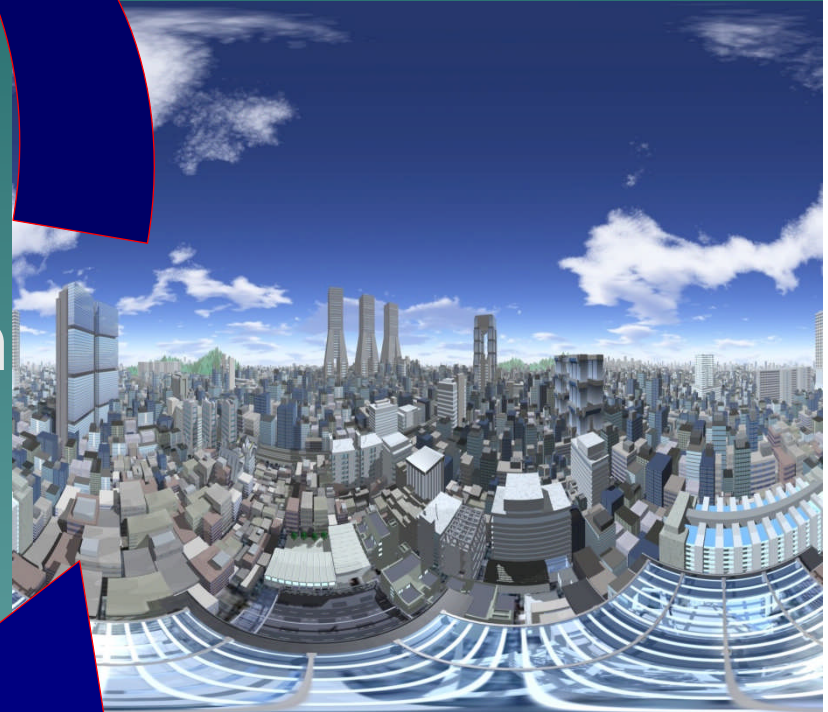
*The Singapore Disease Management
Conference 2008*
*& 1st International Conference on Health Care
Transformation: Primary Care Focus*
8-10 May 2008

Disease and Civilization



Disease

Interaction



Civilization

History of disease and civilization

| Period | Event | Disease | Place |
|---|---|---|--|
| 1 st Wave (5,000 –2,500 years ago) | Hunter-gatherers 'settled' into agrarian villages | Viral epidemics (small pox, measles, chicken pox) | Sumeria |
| | | Tuberculosis | Egypt |
| 2 nd Wave (2500-700 years ago) | Contact between different civilizations | small pox, measles "Black Death" /bubonic plague | From the Roman empire to China and other parts of Europe |
| 3 rd Wave (700 years ago and onwards) | Trans-oceanic movement of seafarers | Smallpox, measles, influenza, typhus Syphilis | From Europe to the Americas From Americas to Europe |
| | | Malaria, yellow fever | From Africa to Europe |
| 4 th Wave ? | ? | ? | ? |

Civilization & health issues

Characteristics of civilization

- Globalization
- Ageing society
- Urbanization
- Consumerism
- Pervasiveness of science and technology

Major health issues

- Environmental degradation, public health risks, including global warming
- Emergence of new infectious diseases and re-emergence of infectious diseases
- Increase of noncommunicable diseases, including mental health problems (*Issue 1*)
- Other health challenges, including performance of health systems and quality and responsiveness of health care (*Issue 2*)

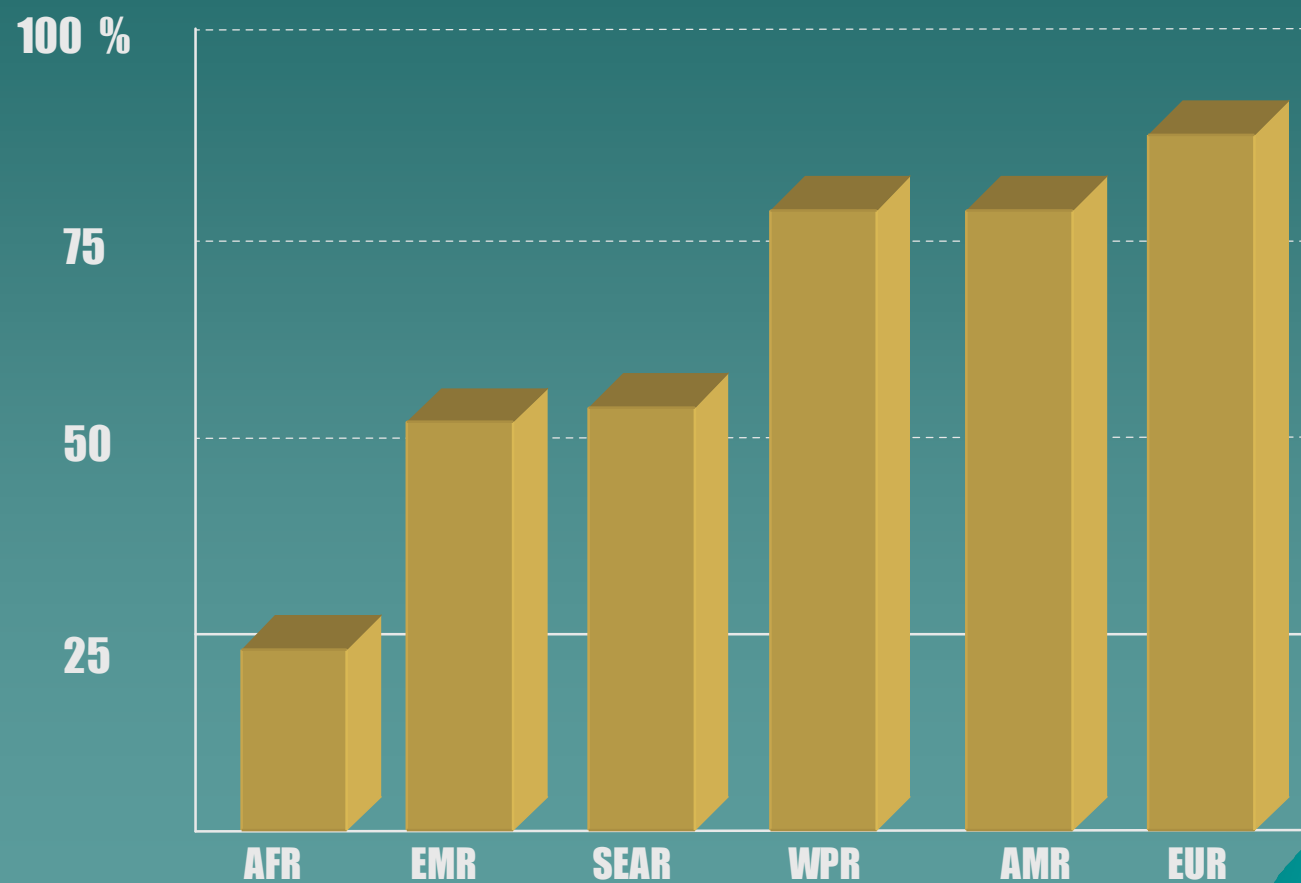
Issue 1. Increase of noncommunicable diseases

Disease burden in developing countries



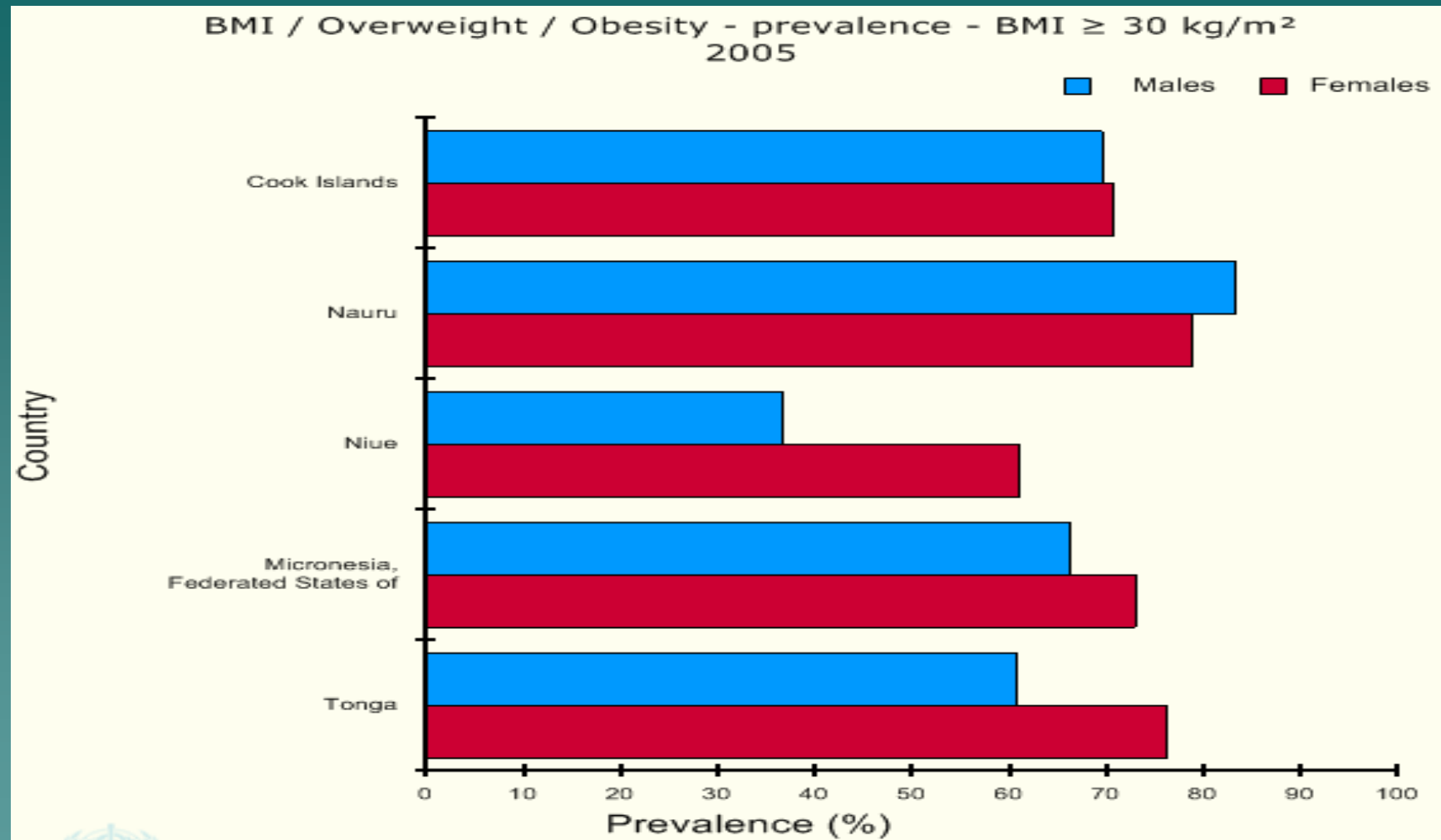
DALY = Disability-Adjusted Life Year (Source: WHO, *Evidence, Information and Policy*, 2000)

(Issue 1) Deaths due to NCDs by WHO Region, 2005



Source: *Preventing chronic diseases: a vital investment, 2005*

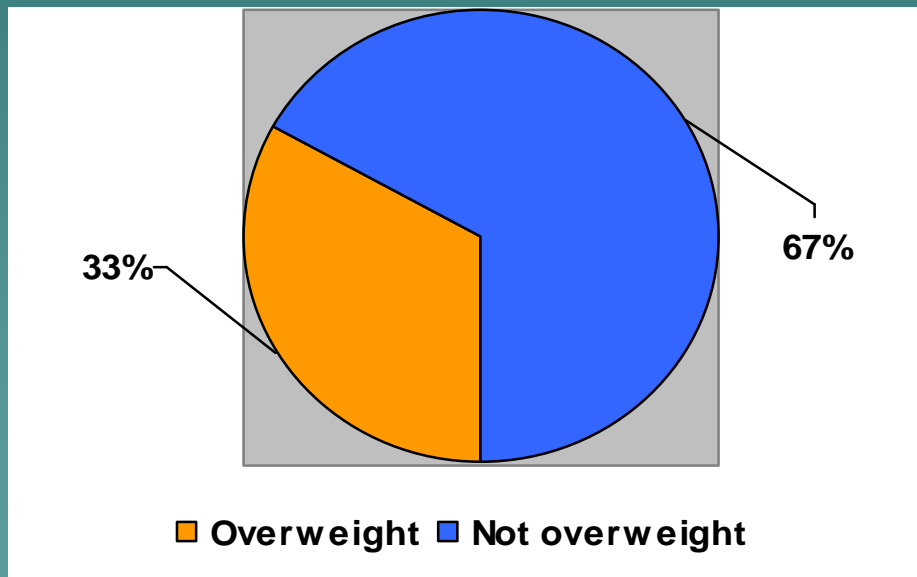
(Issue 1) Obesity: *Top 5 WHO Member Countries*



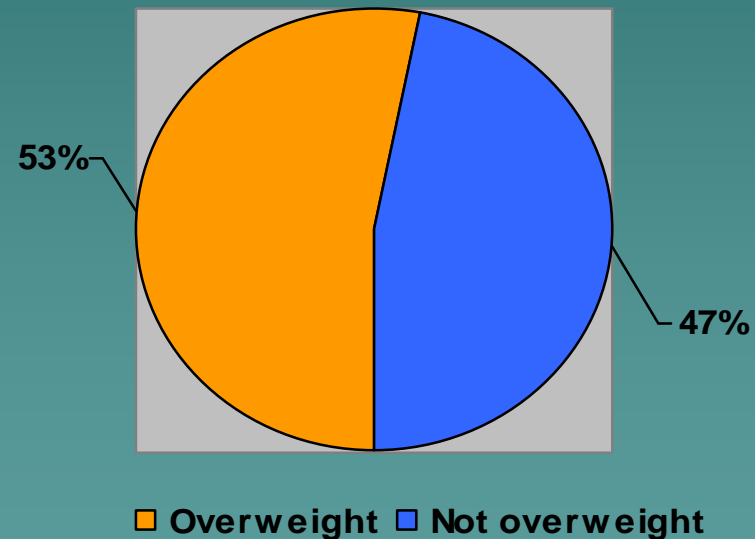
Source: Ono T, Guthold R, Strong K. WHO Global Comparable Estimates, 2005 (<http://www.who.int/infobase> IBrEF: 199999)

(Issue 1) Projected prevalence of overweight (BMI > 25), Western Pacific, men aged 30 years +

2005

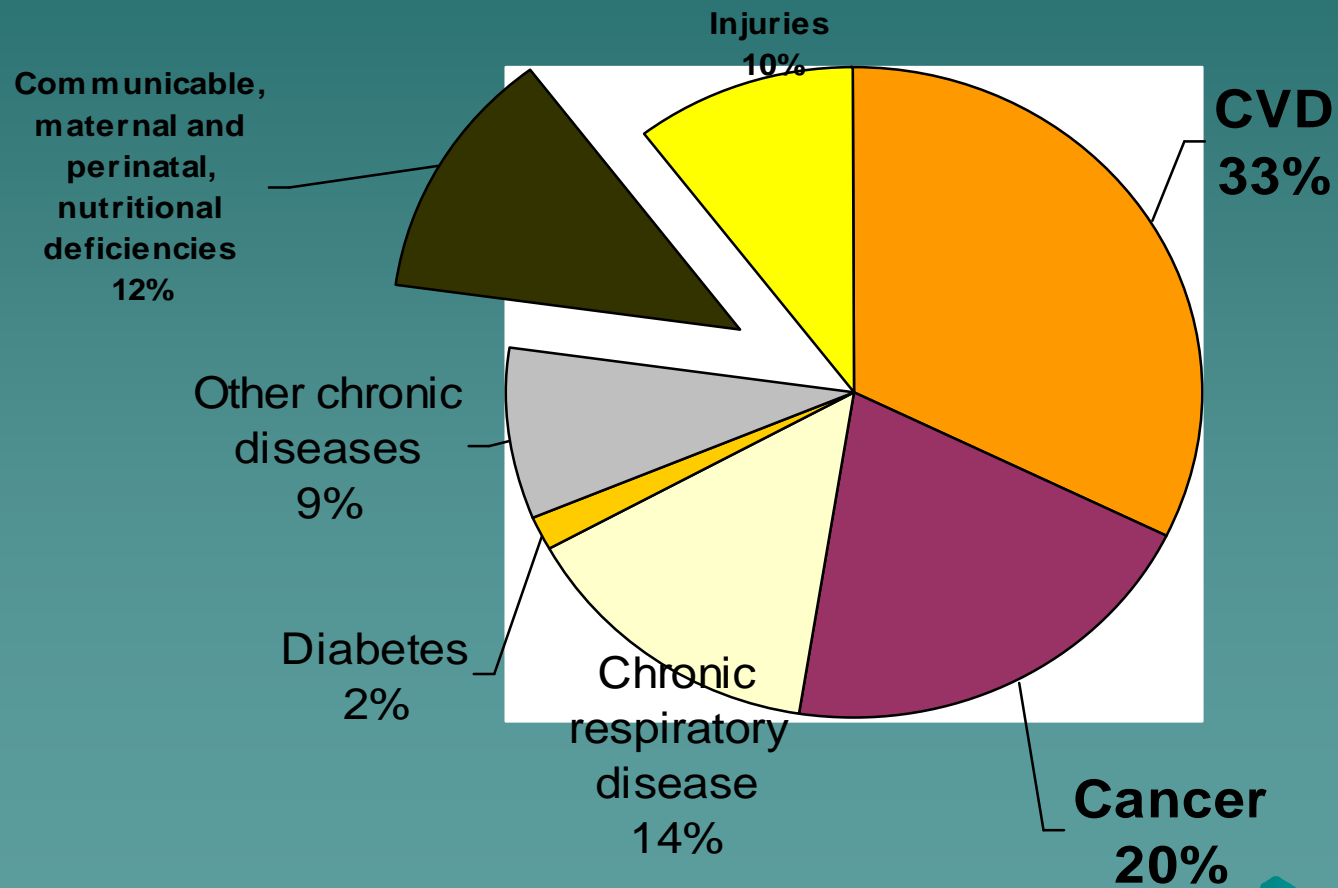


2015





(Issue 1) **Cause of death in the Western Pacific, all ages, 2005**
(total deaths: 12,397,000)



(Issue 1) Increase of
noncommunicable diseases



- Urbanization, globalization
 - sedentary lifestyle
 - unhealthy diet
 - tobacco/alcohol use

I used to be fatter!



Consumers international World Congress

(Issue 1) Top Risk Factors for NCDs



**<<<Physical
inactivity**

Unhealthy Diet >>>



<<<Smoking

**Harmful use
of Alcohol
>>>**

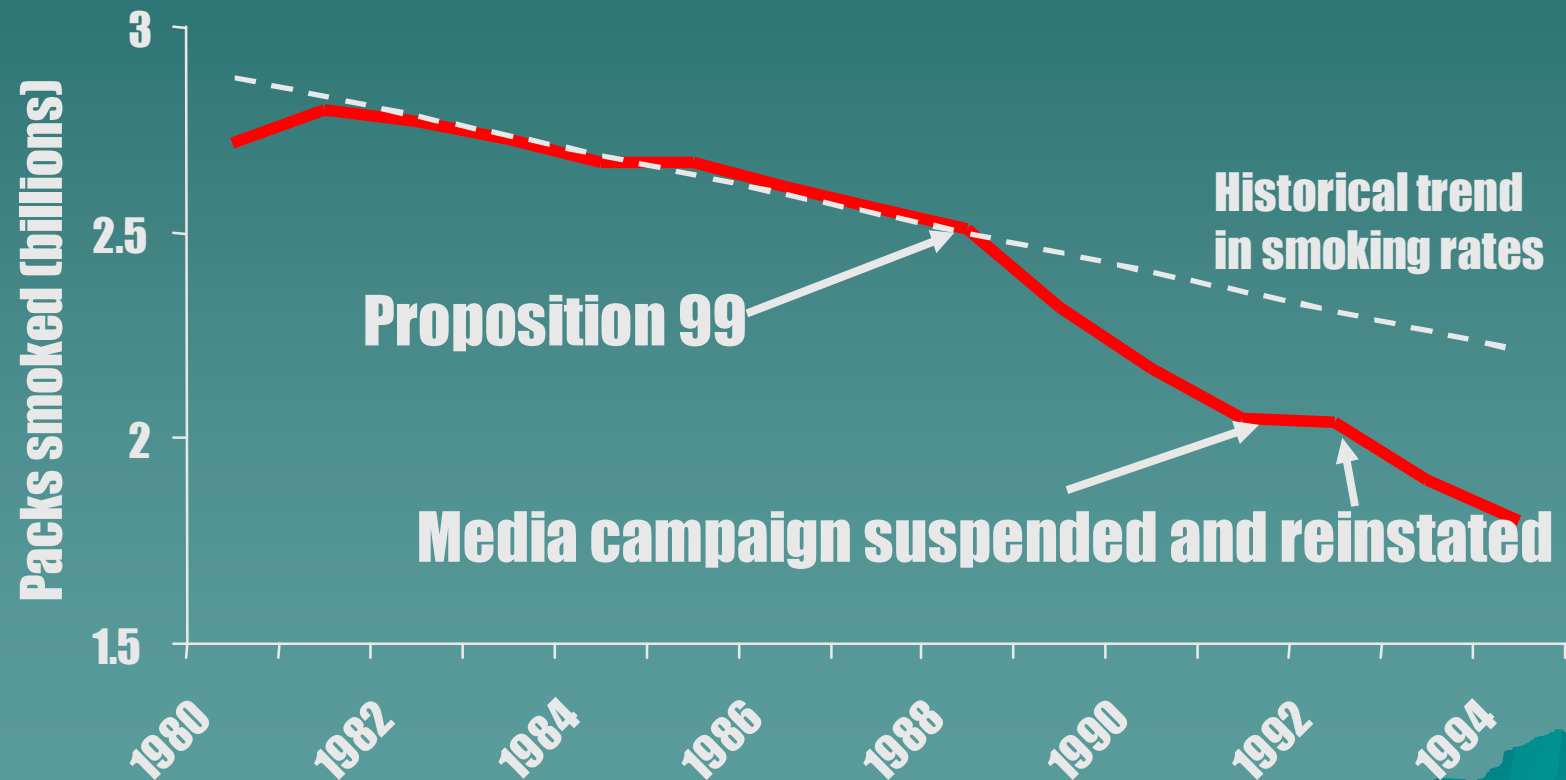


(Issue 1) Smoking levels, California

1988: Tobacco Tax and Health Protection Act

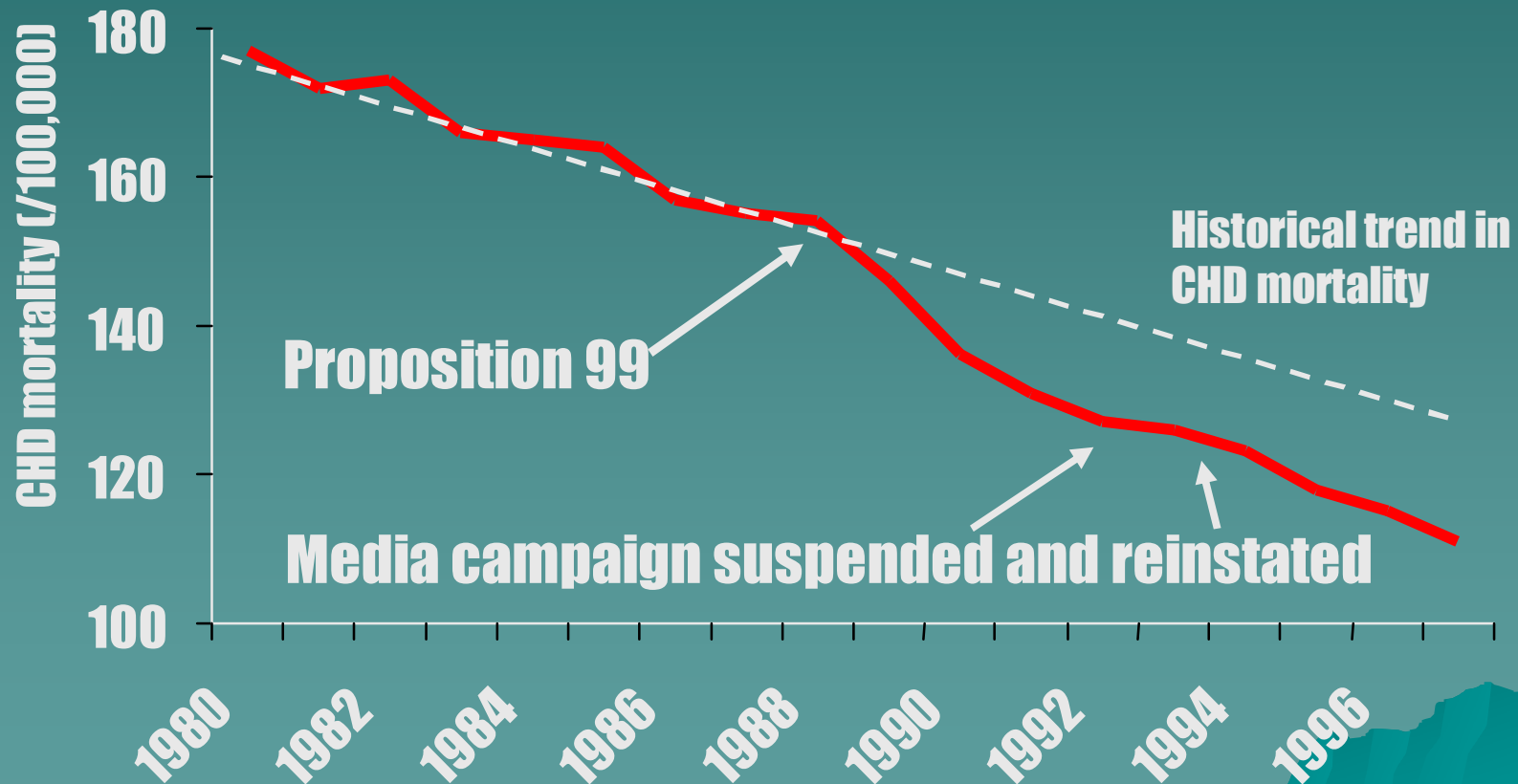
*25 cents are added as tax for every cigarette pack purchased

*tax is earmarked for environmental and health care programmes

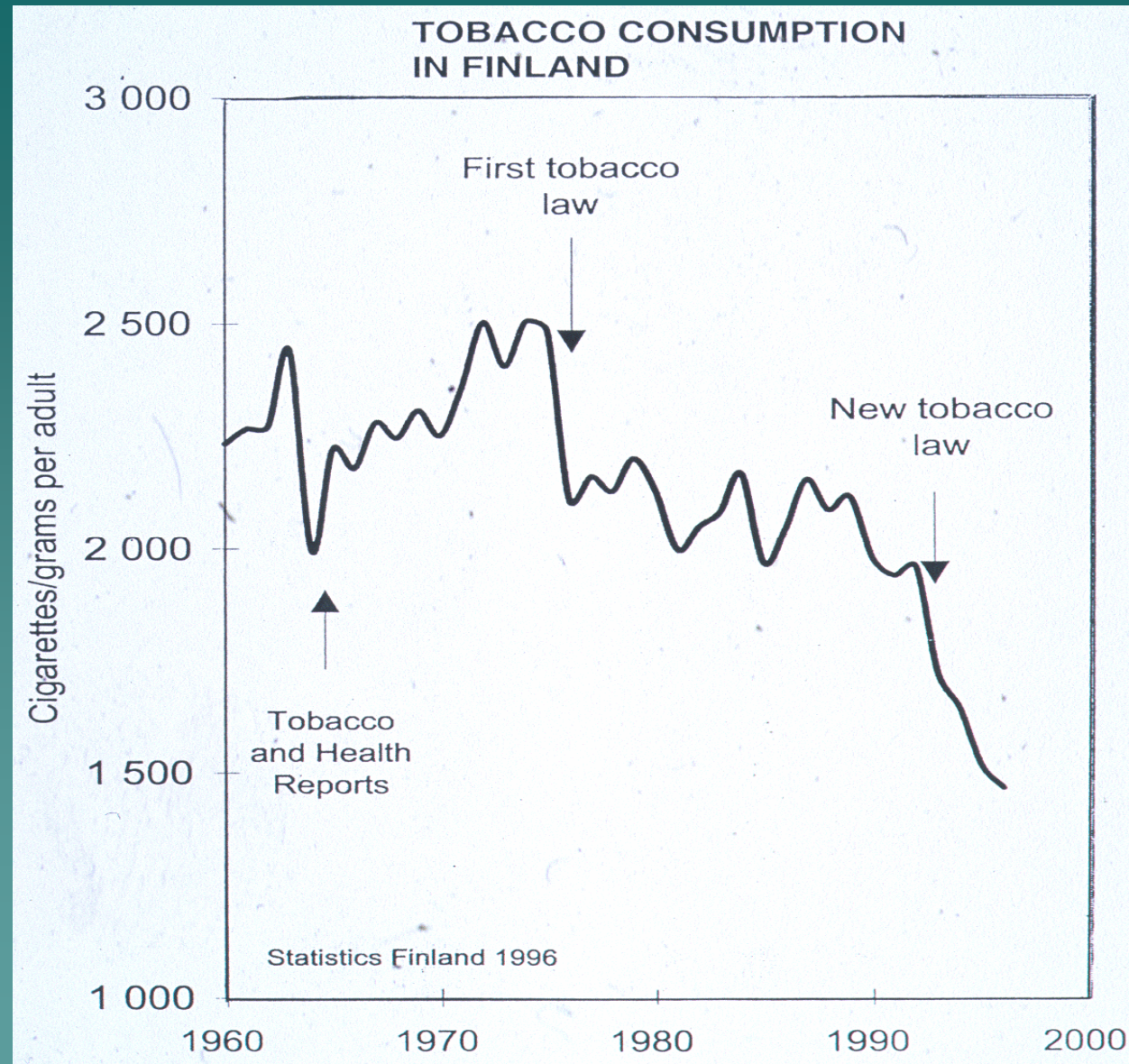


Stan Glanz Tobacco Wars

(Issue 1) Coronary mortality, California

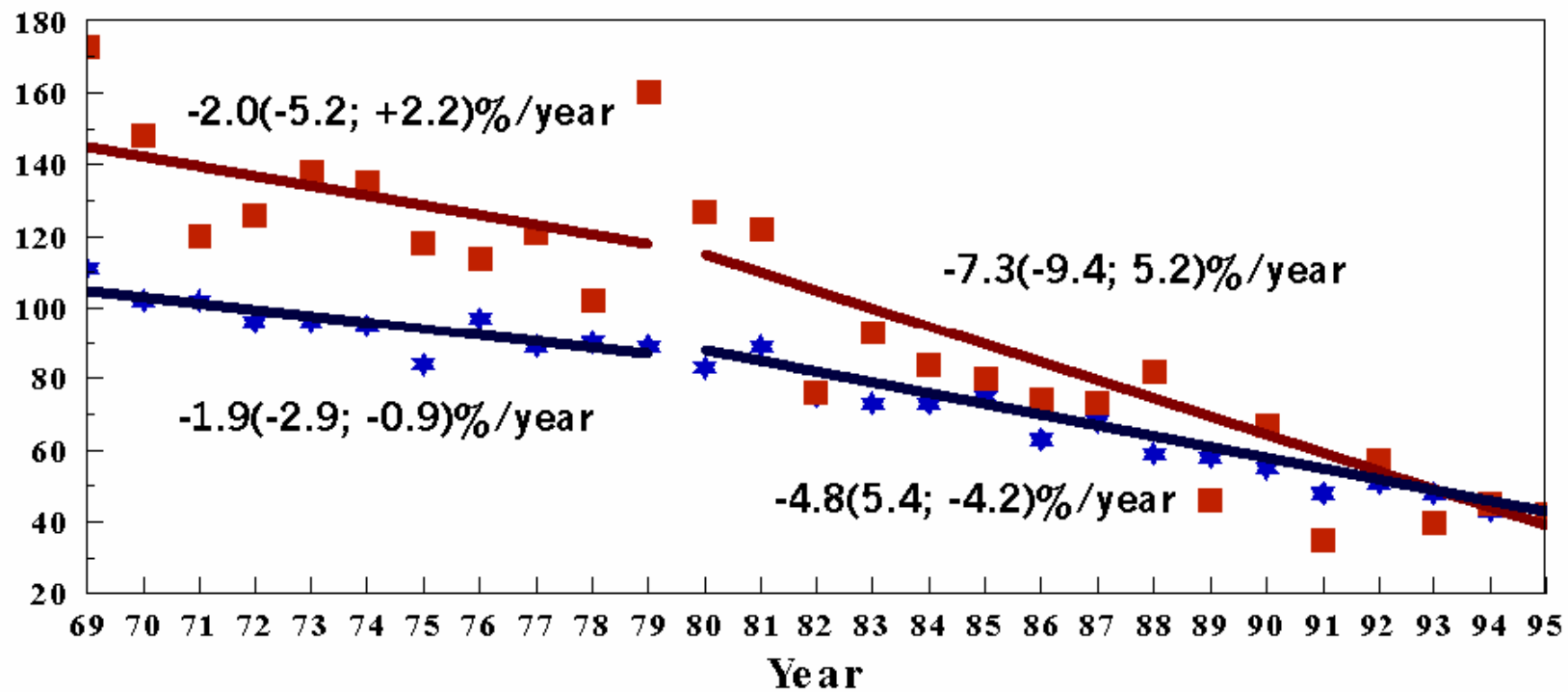


(Issue 1) Tobacco policy/consumption in Finland



(Issue 1) Mortality, Finland and North Karelia

Mortality/100 000

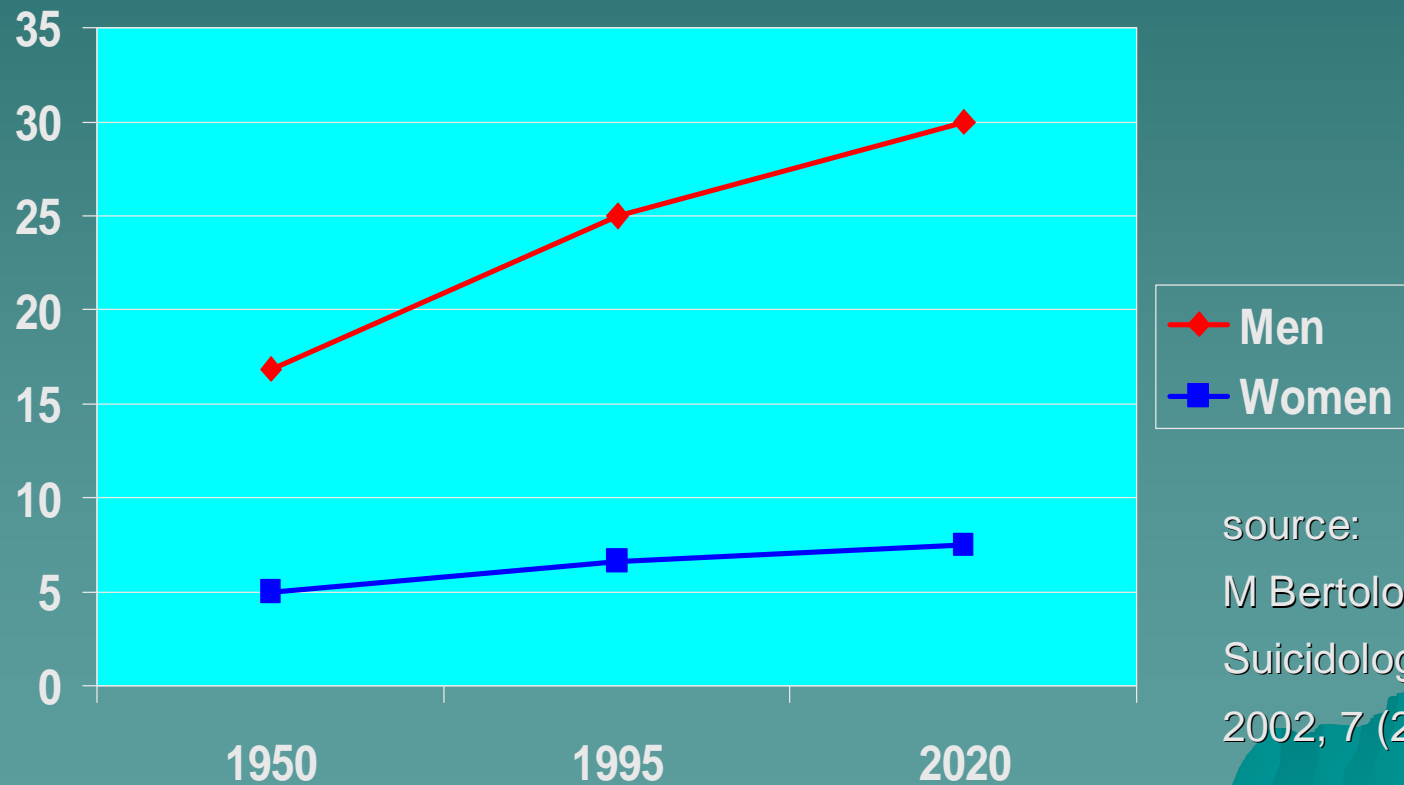


All Finland North Karelia



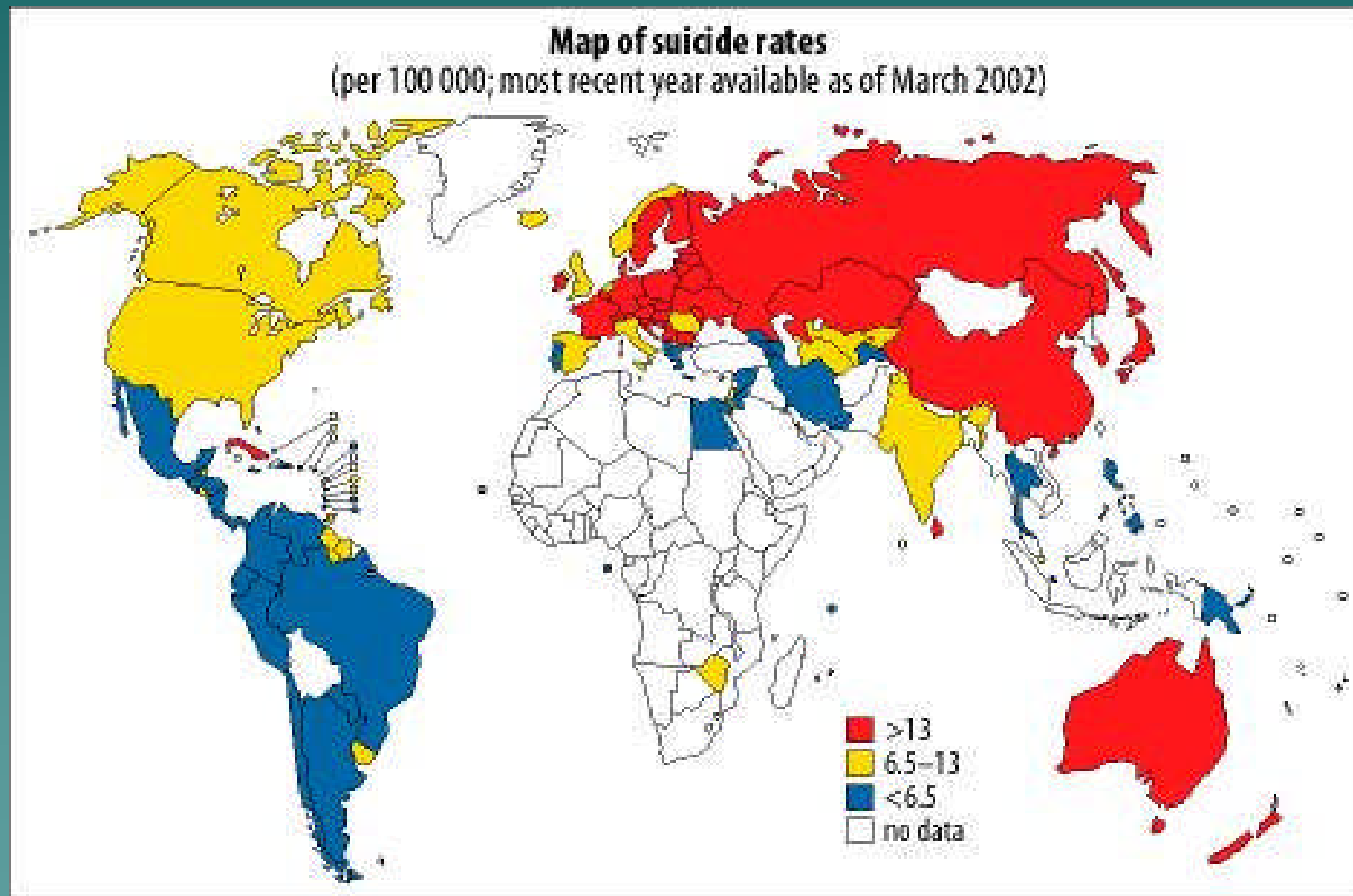
(Issue 1) Mental health problems

Global Suicide Rates from 1950 to 2020 (per 100,000)



source:
M Bertolote et.al.
Suicidology
2002, 7 (2): 6-8

(Issue 1) Map of suicide rates



(Issue 1) Increase of people suffering
from mental health problems



Urbanization, globalization

- highly competitive society
associated with excessive stress*
- lack of connectedness due to the
breakdown of communities and
families*

Issue 2. Other health challenges, including performance of health systems and responsiveness of health care

(Issue 2) What patients experience (1)

Studies done in 2006 by the International Alliance for Patients' Safety showed that:

- ◆ **48% of patients are not satisfied with current health care**
- ◆ **54% expect no significant improvement in health care in the next 5 years**
- ◆ **27% expect health care to decline**

Moreover, studies in the USA and in UK revealed that:

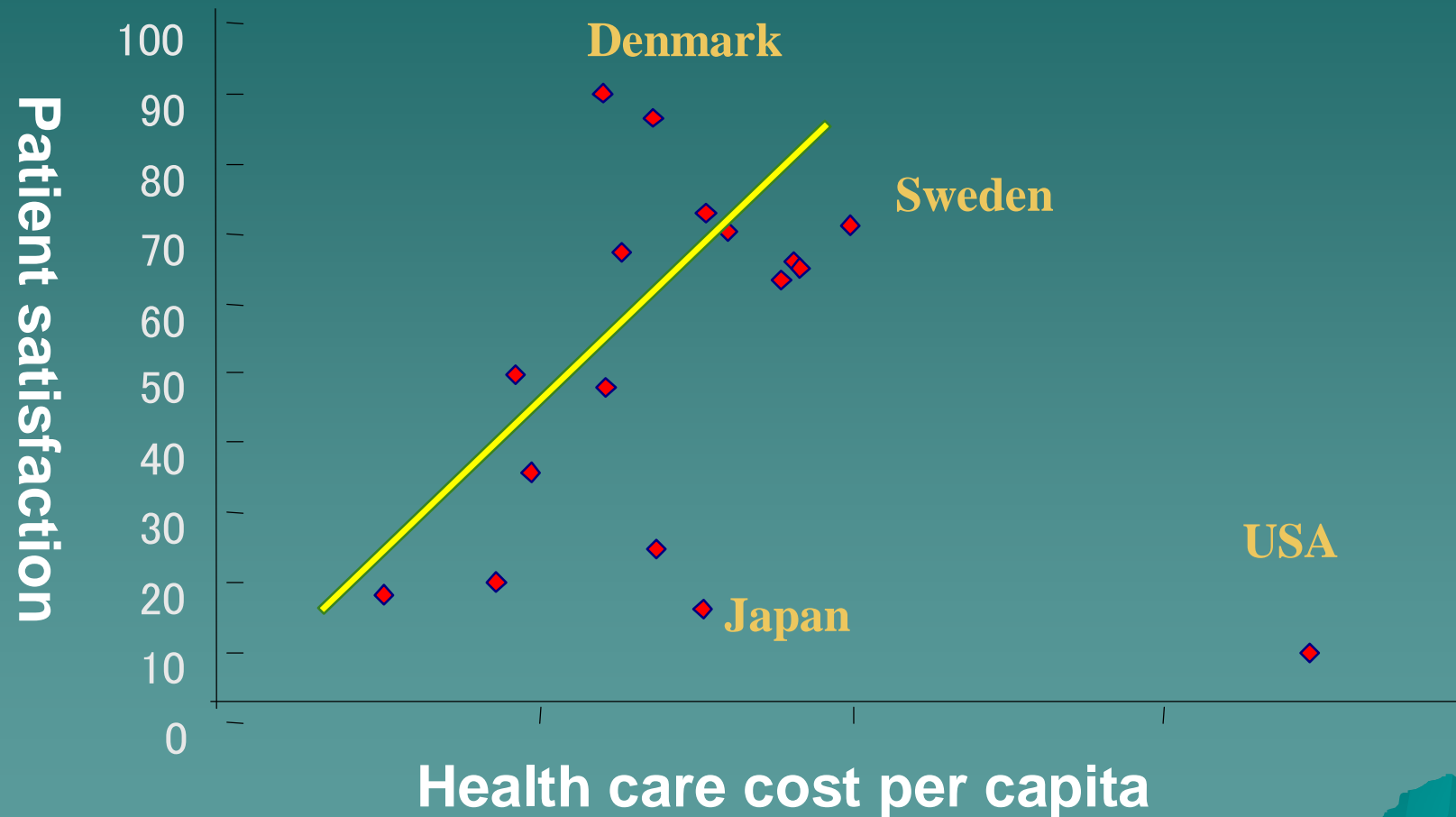
- ◆ **Only 55% of patients are diagnosed and treated adequately and up to 98,000 deaths per year are due to medical errors (USA)**
- ◆ **10% of hospital patients suffer adverse effects (UK)**

(Issue 2) What patients experience (2)

- ◆ **At least 62% of patients said that their doctor did not consider possible emotional factors coming into play.**
- ◆ **Up to 33% of health care providers did not discuss other medications taken before hospitalization.**
- ◆ **More than 1 out of 3 patients were not informed or involved regarding care and treatment choices.**

*(Source: Davis, et al, 2007 – based on a comparative study of **Australia, Canada, Germany, New Zealand, United Kingdom and United States of America**)*

(Issue 2) Patient satisfaction vs. health care cost/capita



(OECD Data, 2002)

Change must beget change!

- ◆ Changing health needs
- ◆ Growing clamor for more responsive and responsible health care governance

Change or perish!



The future health agenda



People-centred health care

People-centred health care

Guiding principles:

- ***Harmonizing mind and body*** - not only physical but also psychosocial and cultural dimensions of the individual
- ***Harmonizing people and systems*** – complex interplay of social, economic and environmental factors

Why people, not just patients, at the centre of health care and health systems?

Patients - *focus limited to:*

the sick

treating disease and medical conditions

providing services in clinical settings

- + **Other health consumers and the general public**
- + **Health care providers, managers, policy makers and other supply side players in the health system**

People-centred health care: *the domains*

- ◆ Individuals, families and communities
 - *informed and empowered*
- ◆ Health practitioners
 - *competent and responsive*
- ◆ Health care organizations
 - *efficient and benevolent*
- ◆ Health systems
 - *supportive and humanitarian*

People-centred health care, Domain 1:
Individuals, families and communities (1)

- ◆ **Increasing health literacy**
- ◆ **Providing communication and negotiation skills that lead to meaningful participation in decision-making**
- ◆ **Improving capacity for self-management and self-care**
- ◆ **Increasing capacity of the voluntary sector, community-based organizations and professional organizations to extend mutual assistance**

People-centred health care, Domain 1:
Individuals, families and communities (2)

- ◆ **Promoting social infrastructure that supports community participation in health services planning and facilitates greater collaboration between local governments and communities**
- ◆ **Developing community leaders who advocate and support community involvement in health service delivery**

People-centred health care, Domain 2:

Health practitioners

- ◆ **Increasing capacity for holistic and compassionate care**
- ◆ **Enhancing commitment to quality, safe and ethical services**
- ◆ **Equipping for patient-centredness as a core competency**
- ◆ **Ensuring that values, needs and overall well-being of providers, as people, are also considered (*as we advocate the same for patients to be treated as people with multidimensional needs*)**

People-centred health care, Domain 3: *Health care organizations (1)*

- ◆ **Providing a conducive and comfortable environment for people receiving and providing health care**
- ◆ **Ensuring efficient and effective coordination of care**
- ◆ **Establishing and strengthening multidisciplinary care systems**
- ◆ **Strengthening the integration of patient education, family involvement, self-management and counselling into health care**
- ◆ **Providing standards and incentives for safe, quality and ethical services**
- ◆ **Introducing and strengthening models of care**

People-centred health care, Domain 4: *Health systems (1)*

- ◆ **Developing and strengthening primary care and the primary care workforce**
- ◆ **Putting in place financial incentives that induce positive provider behaviour and improve access and financial risk protection for the whole population**
- ◆ **Building a stronger evidence base on ways to improve health care and the health system itself to achieve better health outcomes**
- ◆ **Ensuring rational technology use**

People-centred health care, Domain 4: *Health systems (2)*

- ◆ **Strengthening the monitoring of professional standards**
- ◆ **Instituting public accountability measures for health services organization, delivery and financing**
- ◆ **Monitoring and addressing patient and community concerns about health care quality**
- ◆ **Assisting people who have experienced adverse events in the health system**
- ◆ **Ensuring protection of patient information**

Focus on PRIMARY CARE (1)

Where do patients usually seek help for medical conditions?

◆ **Six of 10 patients go to a family physician:**

56% - atherosclerotic CVD, stroke

58% - asthma

60% - cancer

62% - COPD, anxiety/depression

63% - hypertension

67% - diabetes

(1996 Medical Expenditure Panel Surveys)

Focus on PRIMARY CARE (2)

- ◆ People who receive care from primary care physicians have *better health*.
- ◆ Primary care is associated with a *more equitable distribution of health* in populations.
- ◆ *Health is better* in areas with more primary care physicians.
- ◆ Primary care physicians can achieve better *population health at lower costs*.

(Starfield, Shi and Macinko, 2007)

People-centred health care: the framework and blueprint

- ◆ *PEOPLE-CENTRED HEALTH CARE: A Policy Framework*
- ◆ *People at the Centre of Health Care: harmonizing mind and body, people and systems*

Available online at:

www.wpro.who.int/sites/pci/publications.htm

Take home messages

- Depart from narrow or tunnel vision, fragmented approach and turf mentality.
- Shift emphasis from economy-driven to human-centred society and **people-centred health care.**
- Be bold in creating the better - towards **health for all, by all.**