Prevention in healthcare

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.

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.

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.
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 (NCD) 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 these habits 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 healthcare 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 health 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 collaboration 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

Infographic

“Girassole” 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 and support their patients to adopt a more healthy lifestyle, provided that the patient wishes to achieve behavioural change in this way. 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 specifically compiled for this pilot project

Motivating the patient to physical activity – coaching by the doctor

- 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 participates in activities
- 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
Making prevention an integral part of healthcare

Third-party providers

They may clarify issues relating to health-promotion activities, and thus facilitate 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 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 requires treatment. 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. Furthermore, 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 contract- ing 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 interprofes- sional healthcare teams consisting of doctors and healthcare professionals. The goal is to increase the patient’s qual- ity 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.

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"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 behavio- rial 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 en- couraging patients to take more exercise and adopt healthy behaviours.

Training for the benefit of the dependent patient

As patient motivation is a key determi- nant, the “Girasole” pilot project has drawn on the experience and support of two existing programmes – health coach- ing, developed by the College of Primary Care Medicine (CPM) and PAPRIC (Physical Activity promotion in Primary Care). These two programmes, based on motivational interviewing, have been successfully used to change patients’ 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 exist- ing and new approaches and models.

Straight from the source

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 5.1 billion Swiss francs in 2011, or 80 % of total healthcare expenditure – and these costs are rising. Promising results have been shown by national prevention pro- grammes (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 pati- ents suffering from non-communicable diseases, the Federal Department of Home Affairs (FDHA) is gradually increasing the healthcare premium 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.
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, was 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 identified as a central area of the ‘Girasole’ project – 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 theswitching 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 member needs to reflect in how some attain in the short and medium term. The two interventional approaches utilised in health coaching – motivational interviewing and shared decision-making – are performed by 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.

Interprofessional collaboration will play an increasingly important role in healthcare and is being encouraged. Clauda 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.

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