

Co-producing high quality personalized care for persons with a chronic condition

Introduction

This poster show-cases a practice in care for persons with rheumatoid arthritis, its co-produced redesign and results as one of the exemplary cases in personalized care. Further on it highlights the most crucial founding and facilitating factors in establishing

personalized care and factors to give it a sustainable future. This poster is presented by the Dutch Society Personalized Healthcare, which unites healthcare professionals, patients, and others with the ambition to spread and develop personalized healthcare.

Practice

Referral and treatment of people with RA



Before

- GP refers to exclude RA given persistent joint complaints
- Rheumatologist's practice is flooded
- Treatment is mainly navigated by disease activity



Redesign

- Referral tool for GP
- Clinical and patient reported outcomes available in the consulting room
- Hybrid outpatient services



After

- 50% reduction of referrals
- Continuous shared decision-making in specialty care
- Better life with chronic condition



Co-creation and co-production

- Consultation is guided by what matters to the patient
- Outcome measures selected with patients and international consensus
- A three-months cycle to evaluate outcomes and attune the process



References

Scan the QR code for the references

Founding factors

Microlevel:

Address personal needs, preferences and values.

- Co-creation: redesign of the care-process
- Co-production: continuous shared decision-making, self-management
- Integration of dispersed contributions to the care and well-being of persons with a chronic condition
- Well-organized collaborative learning

Facilitating factors

Mesolevel:

Entertain a team of health professionals collaborating in the care for a (combination of) chronic condition(s)

- The team has two jobs: deliver care and improve it
- It holds responsibility for the whole cycle of care and an appropriate mandate for change
- Patient reported and clinical outcome data are suitably available in the consultation room
- Improvement techniques are available and supported
- Costing barriers are actively addressed, if necessary in collaboration with payers

Future factors

Macrolevel:

Broaden societal engagement

- Include the use of resources in the learning loop
- Find a common language among clinician, patient, management, policy-maker and payer
- Develop appreciative inquiry and genuine dialogue with stakeholders



We would love to tell you more

Nico van Weert¹, Ellen Joan van Vliet², Karin Kaasjager^{3,4}, Walter van Leeuwe Kirsch⁵ and Angeliq Weel-Koenders^{5,6}

¹Society Personalized Healthcare, ²Qualicor Europe, ³Department Acute Internal Medicine, University Medical Centre Utrecht, ⁴Julius Center, dept. Epidemiology & Health Economics, University Medical Centre Utrecht, ⁵Department of Rheumatology, Maastricht Hospital, Rotterdam, ⁶Health Technology Assessment, Erasmus University, Rotterdam

*I feel my personal experience
and my life is better addressed*

Patient experience