



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

Prof Maria Brenner

Models of Child Health Appraised (MOCHA)

6.8m Euro project funded by EU Commission Horizon 2020 Programme: June 2015 – December 2018.

19 scientific partners from 11 European countries plus US, Switzerland and Australia encompassing medicine, nursing, economics, informatics, sociology and policy management.

30 countries involved via Country Agents to answer questions about a number of work streams.



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 634201



Aims

Categorise models of primary care incorporating school health and adolescent services.

Develop innovative measures of quality, outcomes and cost.

Assess effects on equality, and on continuity of care with secondary care.

Systematically obtain stakeholder views.

Indicate optimal future patterns to optimise operation of the model(s).

Demonstrate the optimal model(s) of children's primary care with an analysis of factors (including cultural) which might facilitate adoption, and indications for policy makers of both the health and economic gains possible.



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The Role of Electronic
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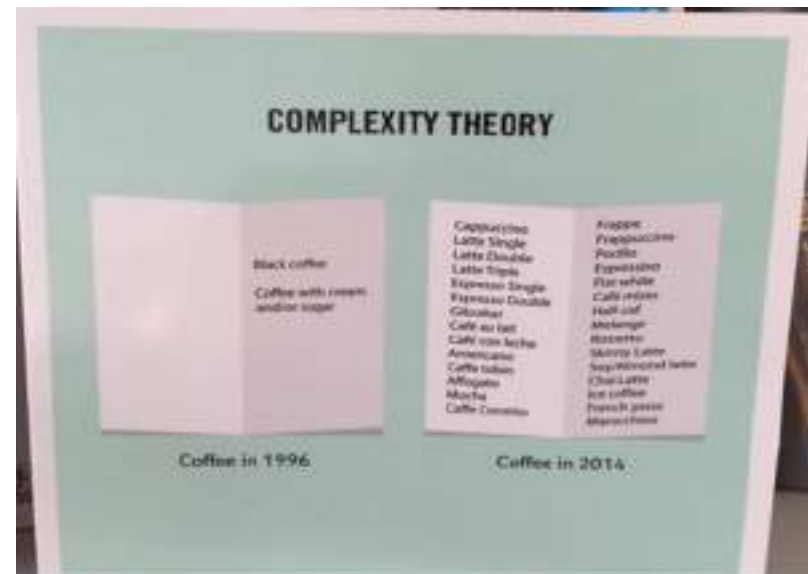
Validated Optimal Models
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Dr P Kocken, TNO



grant agreement No 634201

Models of Child Health Appraised
at Study of Primary Health Care in 2011 (mocha-pmhca)

Work Package 2: Safe and Efficient Interfaces of Models of Primary Health Care with Secondary Social and Complex Care



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Models of Child Health Appraised
of Study of Primary Healthcare in 2011 (mocha project)

Improvements in neonatal and paediatric care.

Challenges on healthcare delivery in the community.

Small proportion of the population but high cost - as much as one-third of healthcare spending for all children.

Provision of care closer to home for such children is a policy objective internationally.

Integration of health services is insufficient with wide variation in systems of care for these children internationally.



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Aim

To examine the primary physician/specialist interface, the interface between primary and secondary care for children with enduring health issues and the social care interface with families of children who have complex health needs, leading to the development of a model of complex care delivery.



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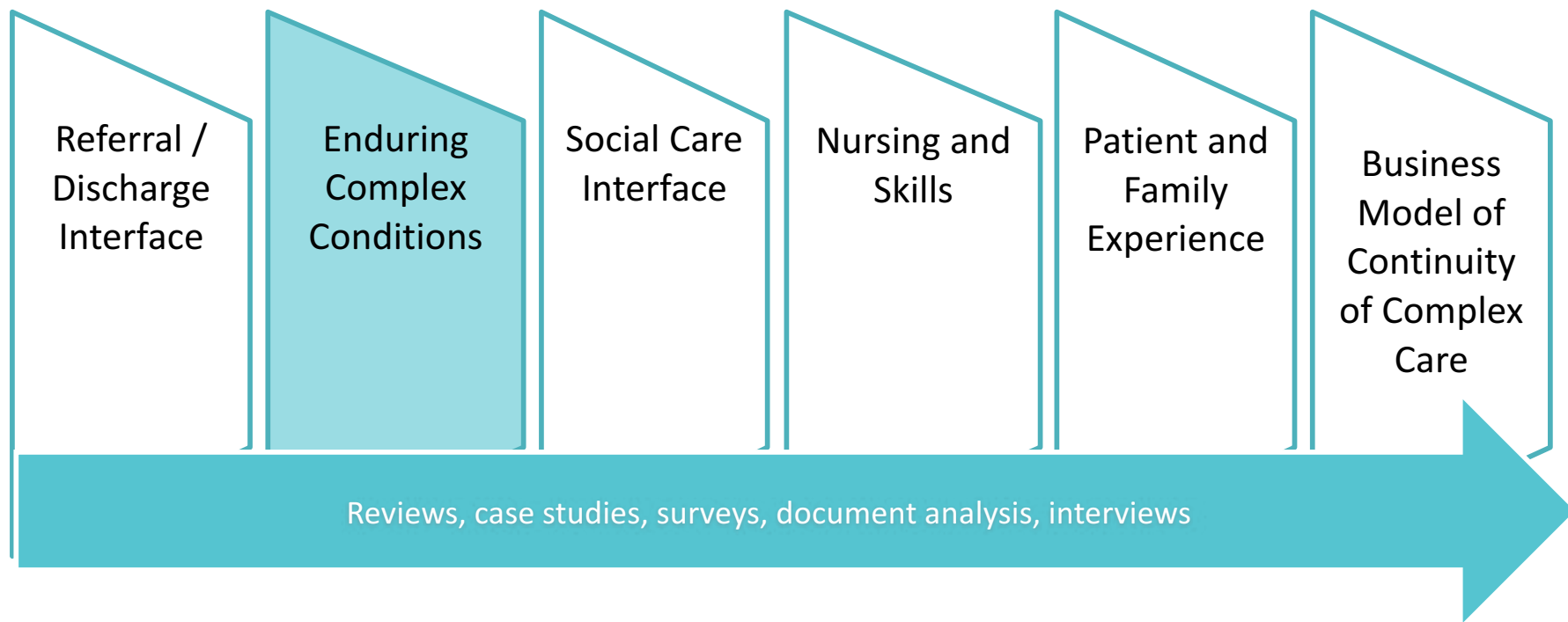
Objectives

- Identify ‘in-principle’ complex health issues that would be representative of population trends across childhood.
- Adapt tools to gather data on systems of care for children with complex healthcare needs.
- Explore the structures and processes of care in place for children with complex healthcare needs, identifying those which are part of primary care services.
- Identify facilitators and barriers of optimum integration of care at the acute community interface for children with complex healthcare needs.



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Methods

Challenge: develop a research approach that could help facilitate comparative research, by providing a data collection method that could be used across 30 states.

Non-experimental descriptive study with a qualitative element – a pragmatic and pluralist approach.

Development of vignettes and survey.



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Vignette 1

Max is an eighteen month old boy with a diagnosis of chronic lung disease due to bronchopulmonary dysplasia. Max was born at 26 weeks gestation weighing less than 1kg. He had a diaphragmatic hernia, a gastrostomy tube placement at three months of age, and a Grade IV intraventricular haemorrhage requiring a cerebrospinal fluid ventricular shunt. Max has been ventilator dependent since he was born and is considered to have a life-threatening condition. A tracheostomy tube was placed at six weeks of age due to the need for ongoing ventilation. Max spent the first three months of his life in intensive care, followed by four months in a step-down/transitional care unit. At present Max has the following: impaired pulmonary function, developmental delay in fine and gross motor skills, and speech and language difficulties. His prognosis for weaning off the ventilator does not seem favourable at the moment and ideally he requires the healthcare input of the following healthcare professionals: community nurses, specialist consultants (respiratory, paediatrician, neurology), community general practitioner, pharmacist, speech and language therapist, physiotherapist, occupational therapist, social worker, dentist, home care nursing team and respite care services. He lives with his two sisters, aged 5 and 7 years, and his mother and father. He lives 120kms from the main children's hospital and 40kms from his nearest regional hospital which has a small paediatric unit.



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Vignette 2

Lara is a 7 year old girl who lives at home with her mum, dad, and younger brother, aged 18 months. Lara has developmental delay and initially presented with infantile spasms. The infantile spasms resolved with treatment, however, Lara has been presenting with generalised seizures for the last three years and has intractable epilepsy. She is currently on a ketogenic diet administered through a gastrostomy tube but is not responding to it. She is waiting surgery for insertion of a vagal nerve stimulator. Lara has seizures at least three times a day and has presented in the Emergency Department more than 20 times in the last year. She is confined to a wheelchair and has significant physical and emotional care needs and requires the input of the following: epilepsy specialist nurses (inpatient and community), community nurses, specialist consultants (neurology, paediatrician), community general practitioner, pharmacist, speech and language therapist, physiotherapist, psychologist, occupational therapist, and social worker. Lara's parents are non-EU migrants who settled in your country 9 years ago. Her Dad only speaks his native language while her Mum has basic knowledge of the official language of your country.



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Vignette 3

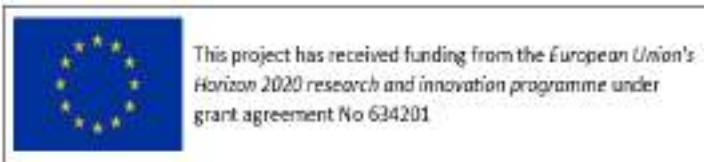
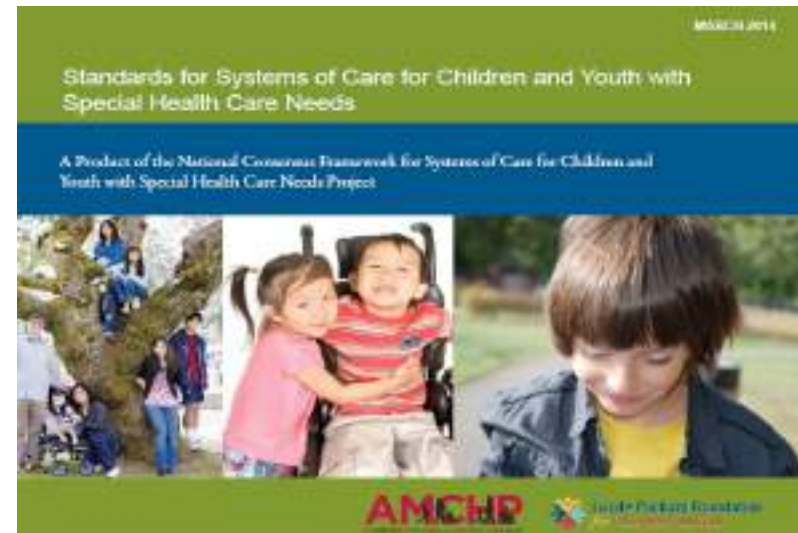
Luke, a 15 year old previously healthy adolescent, suffered a head injury in a skateboard accident. Initially he had no loss of consciousness but fifteen minutes later he was unresponsive with dilating and slow reacting pupils bilaterally. Following initial assessment in the ED he was transferred to the Paediatric Intensive Care Unit where he was ventilated and sedated. An MRI showed a left-sided extradural bleed with no midline shift and he had surgery for evacuation of the bleed on Day 2. He did not have any spinal injury. He was extubated after 6 days and was discharged to the neurological ward. After four weeks in hospital he was transferred to a rehabilitation centre where he spent five months. On his recent discharge to home he has ongoing right-sided weakness and has facial palsy, which is slowly improving. He is very anxious and is aggressive towards his parents and his twin sister. His care involves input from a large number of multidisciplinary healthcare professionals. In the coming months it is hoped that he will resume his education and in the coming years he will need to transfer to adult care services.



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Screening, assessment and referral
Access to care
Care coordination
Community-based services
Family-professional partnerships
Transition to adulthood
Quality assurance and improvement



CA in each of the 30 countries - a local expert in child health services, who acts as the informant for obtaining data requested by the principal scientists in the project, from local indigenous sources

(<http://www.childhealthservicemodels.eu/partnerlisting/country-agents>).

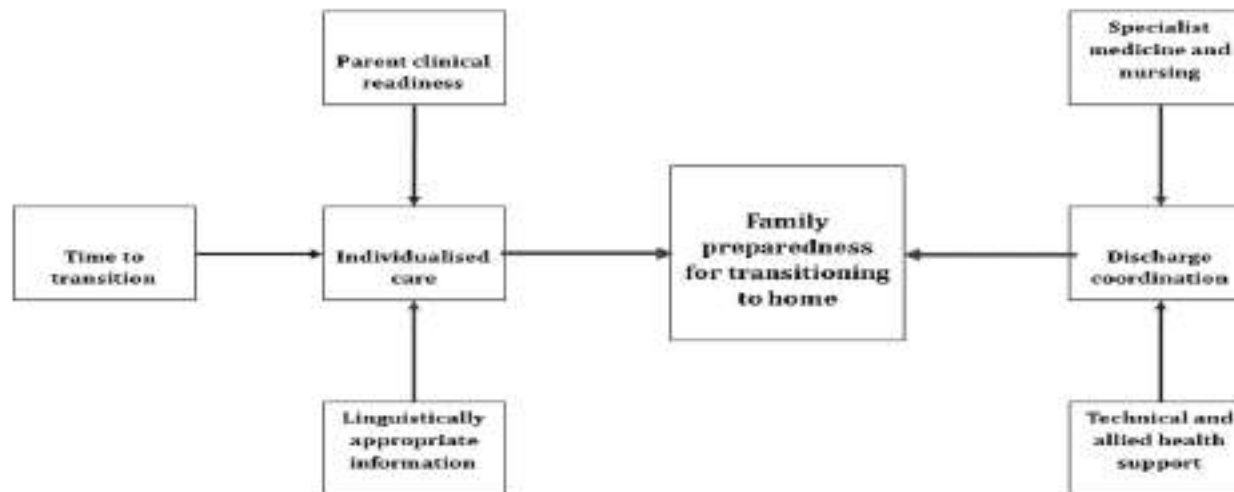
Stakeholders: clinical experts in acute and community settings; health care managers and discharge coordinators; European patient advocacy groups.



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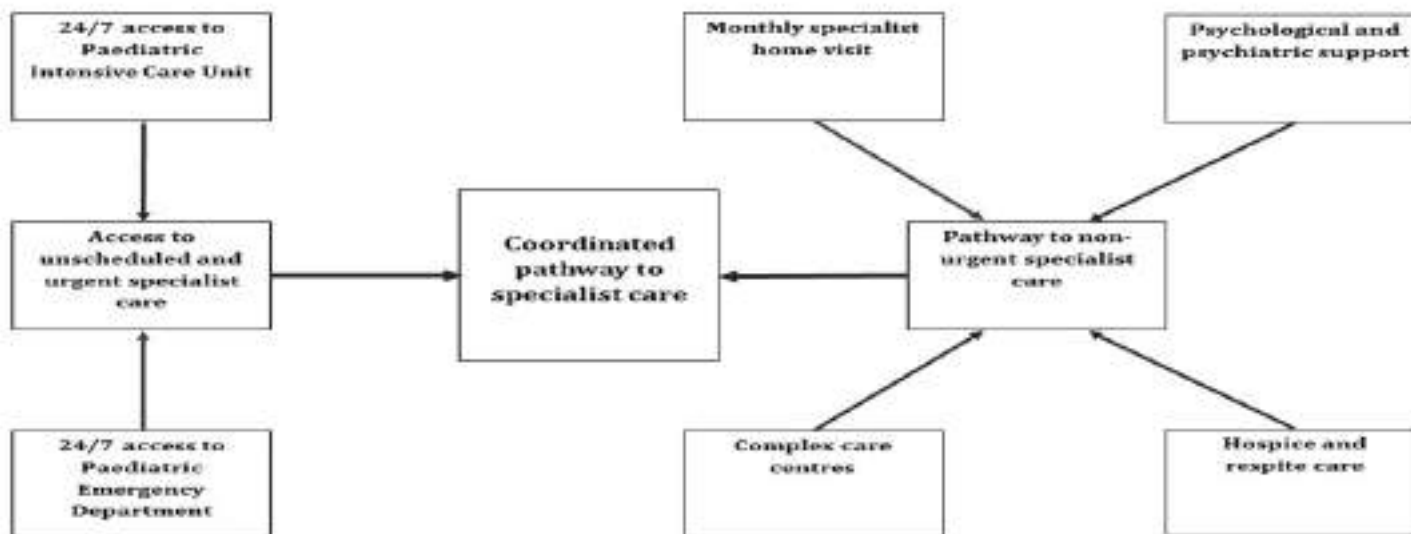


Key Facilitators and Barriers to Care Integration - LTV



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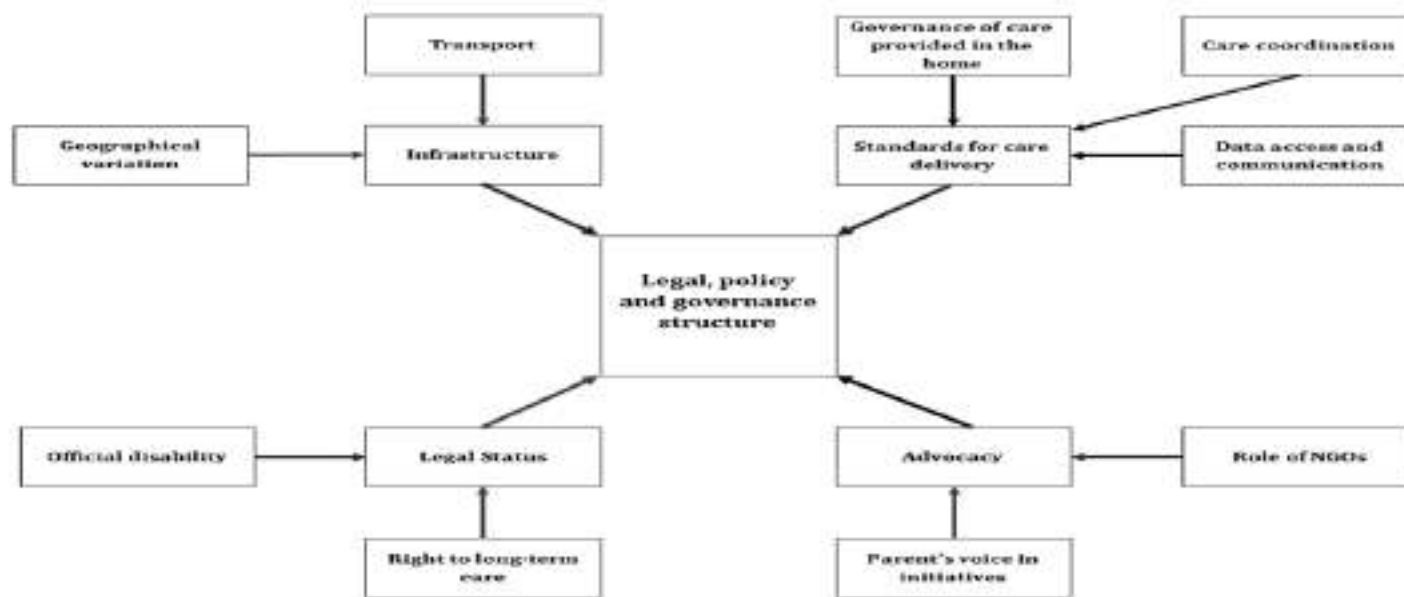




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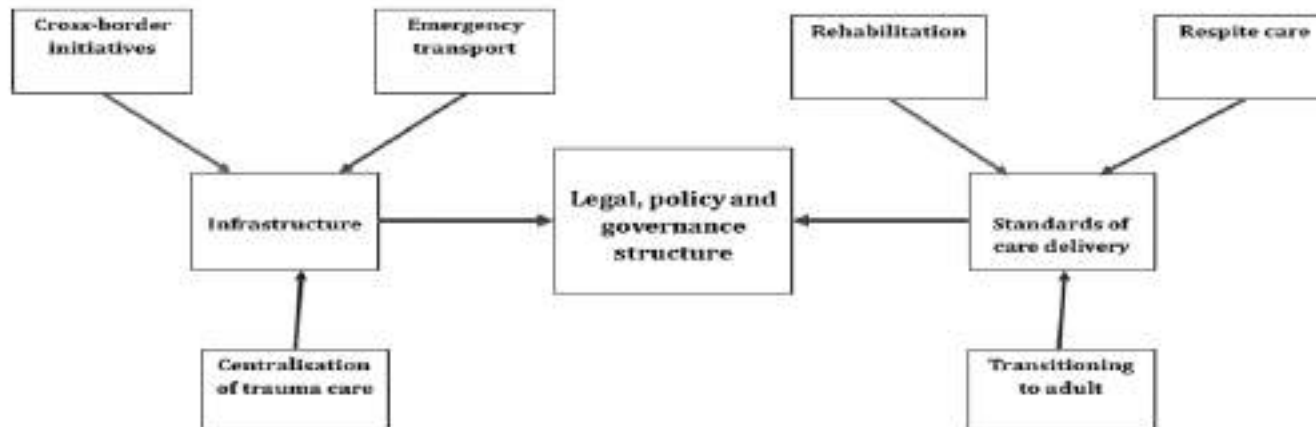
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Key Facilitators and Barriers to Care Integration - TBI



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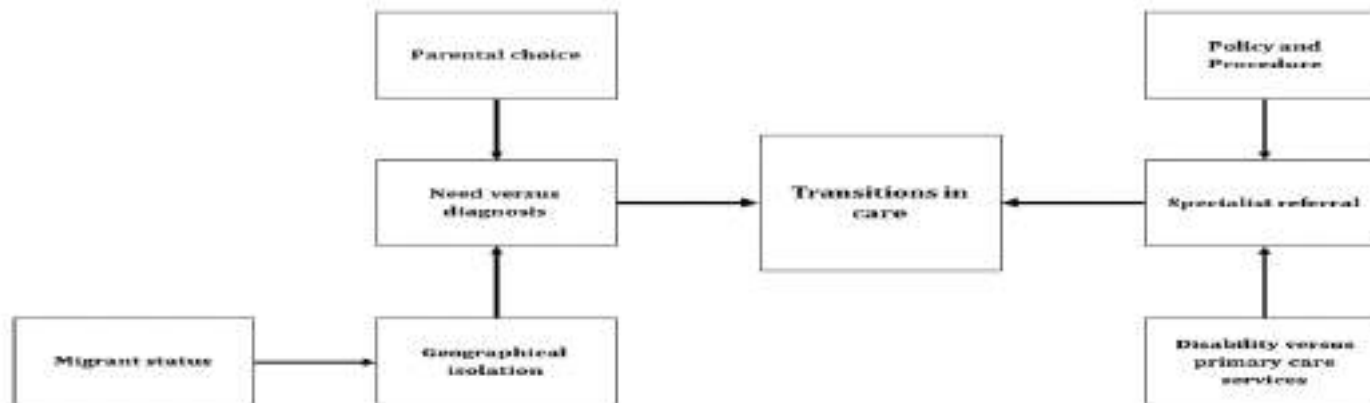


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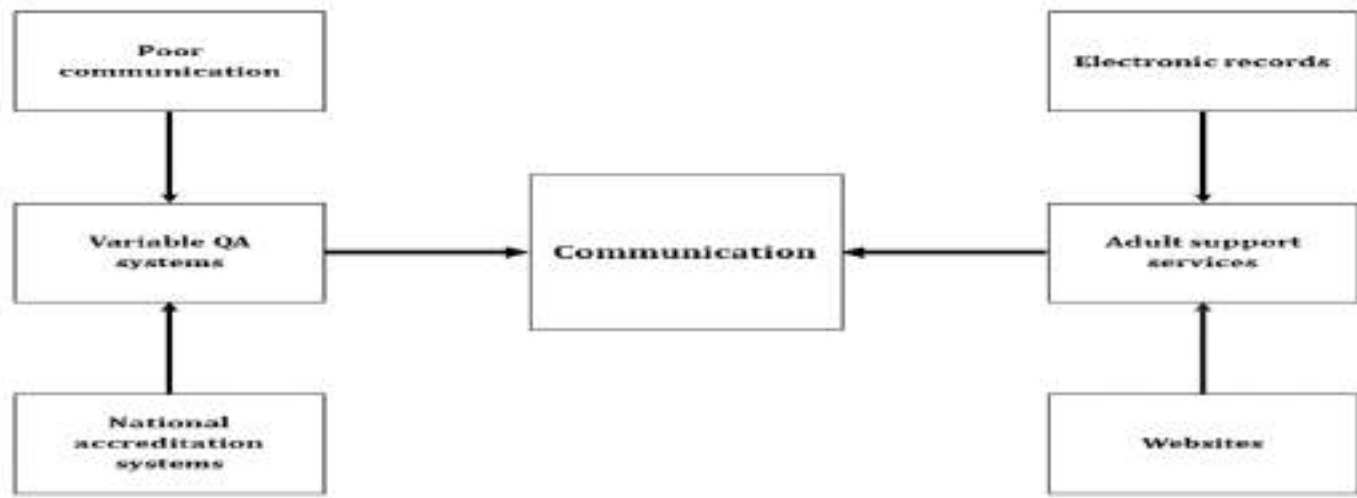
Key Facilitators and Barriers to Care Integration - IE



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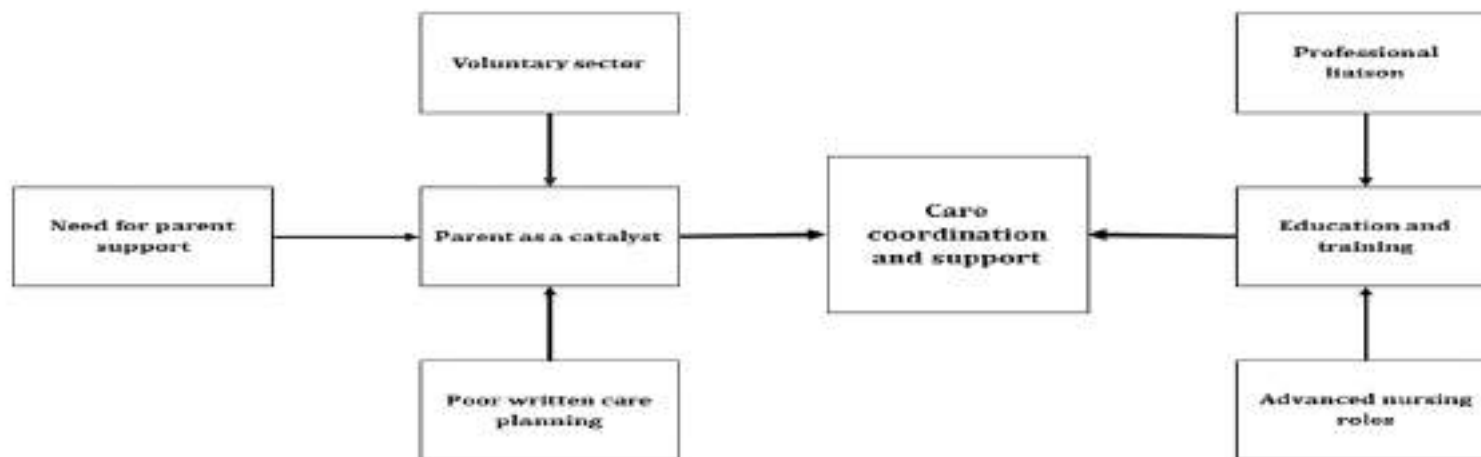
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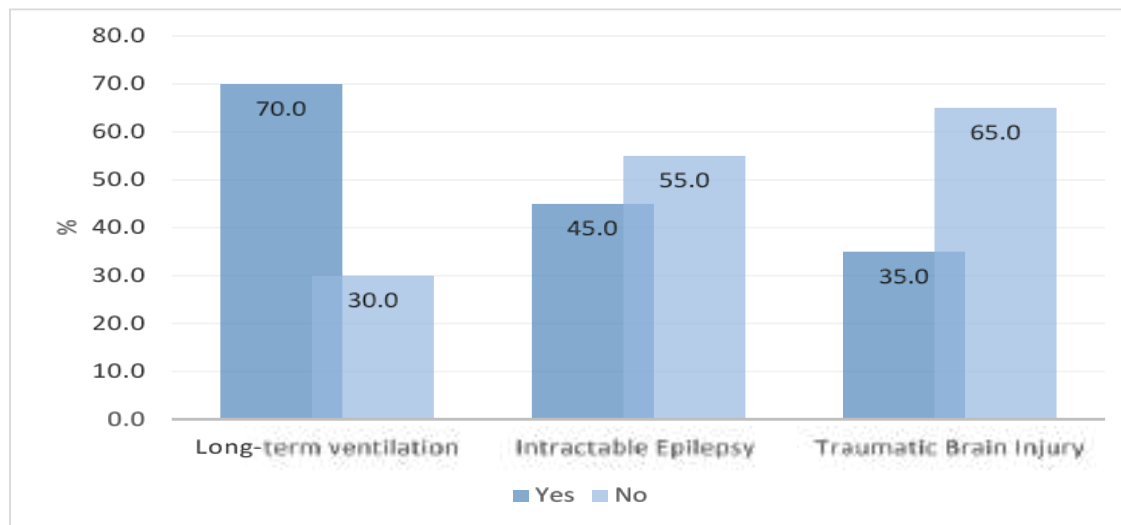


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Proportion of Countries with Systems in Place to Identify all Healthcare Providers

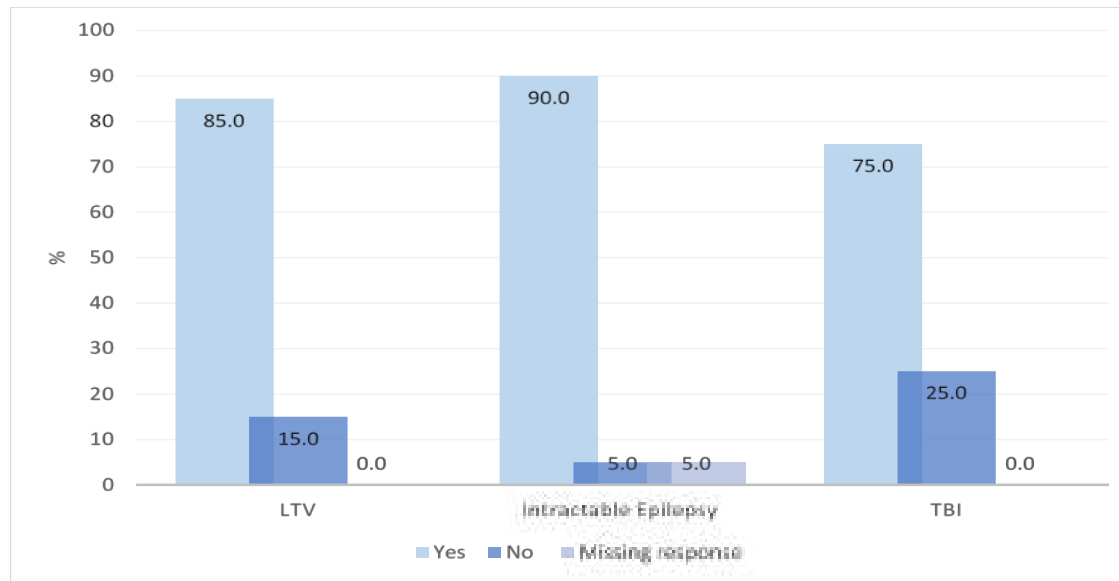


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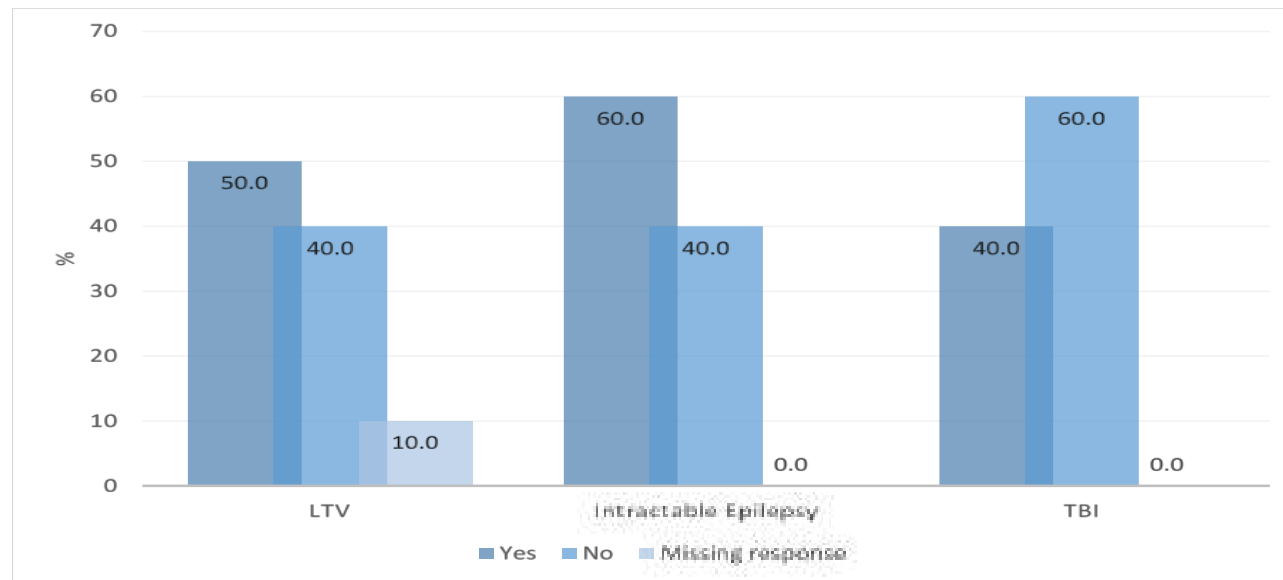
Access to Psychological Support for Families



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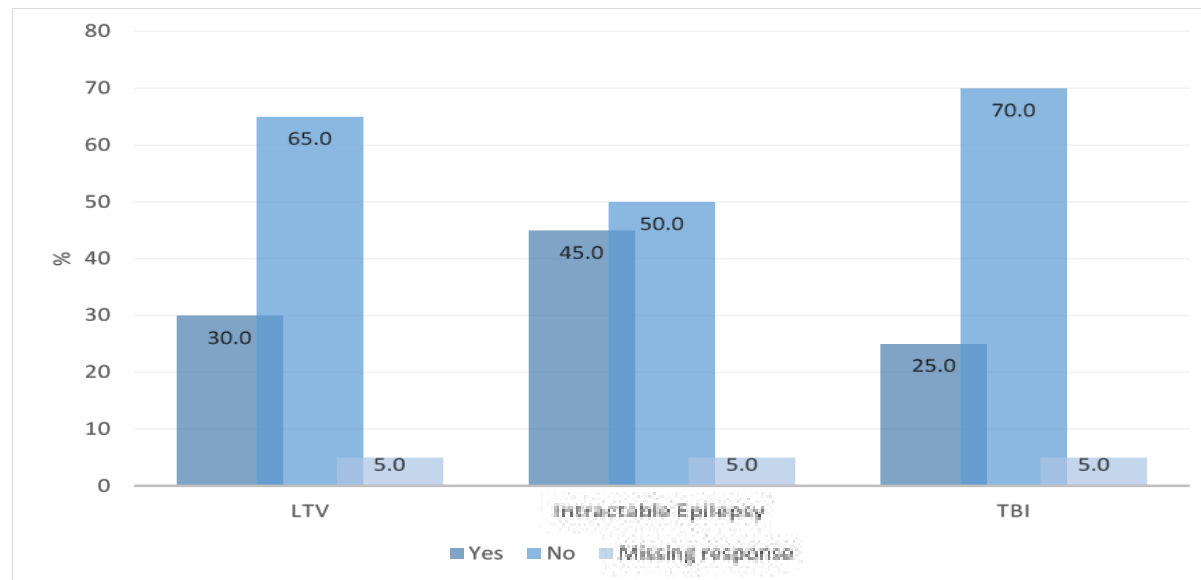
Families Invited to Participate in Development of Policies



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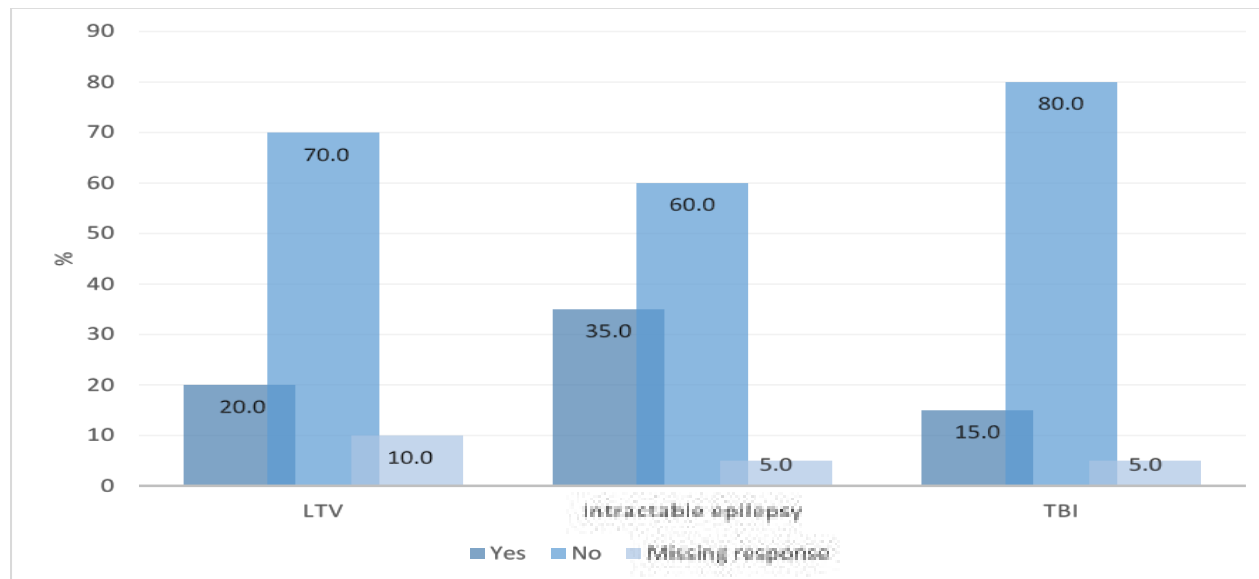
Families Invited to Participate in National Quality Improvement Initiatives



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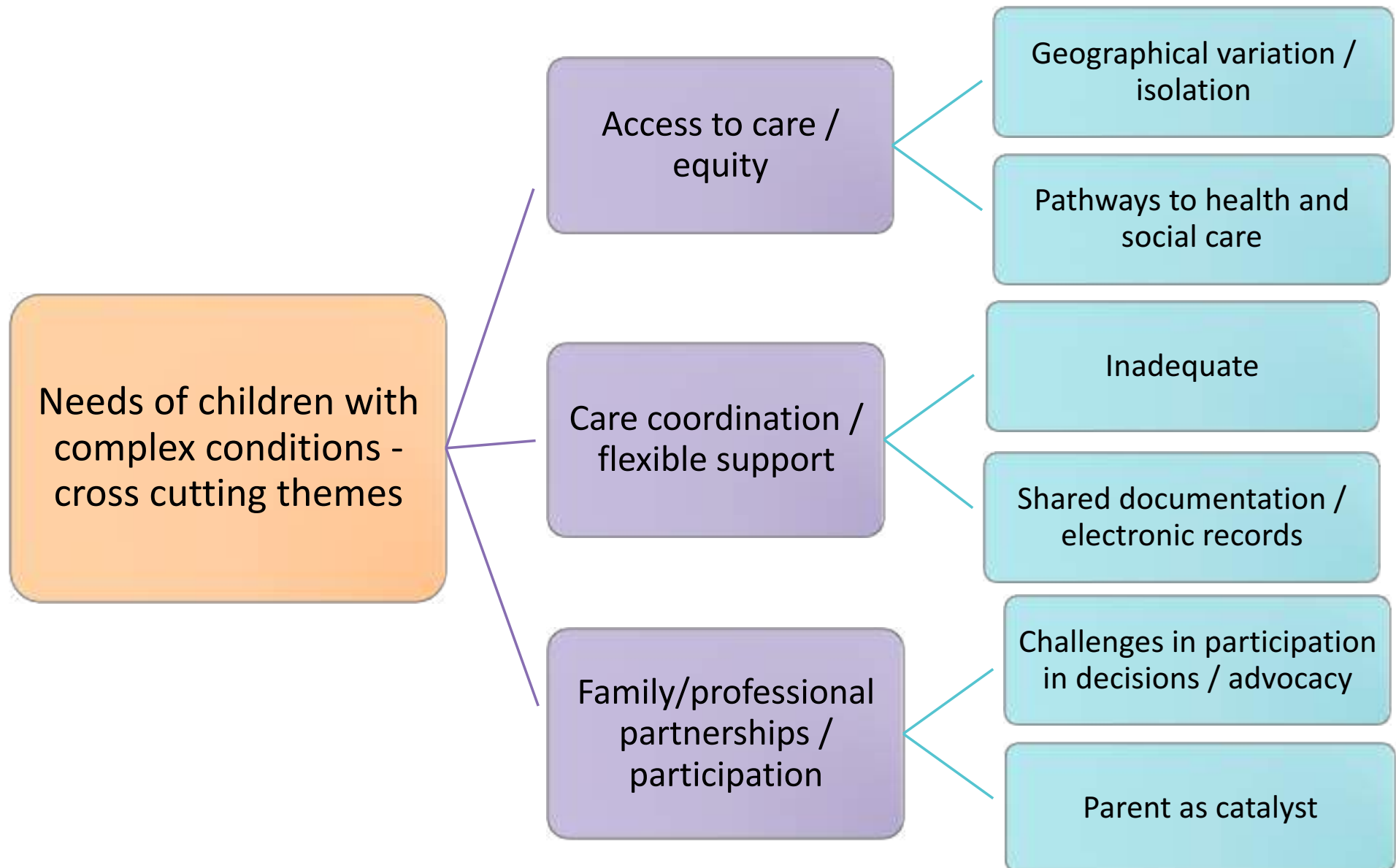
Family involvement in Reviews of Culturally and Linguistically Appropriate Information



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Optimal Models of Child Health Care

Work package distilling key elements for a range of condition types and situations reflective of primary care functions (Lead Paul Kocken TNO NL)

Early diagnosis

Chronic care quality

Preventive care coverage

School and adolescent health services

Vulnerable children – migrants



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www.childhealthservicemodels.eu

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Models of Child Health Appraised
MOCHA

Planning a healthy future for Europe's population
"Healthy ageing starts here"
The MOCHA project will appraise the differing models of child health that are used across Europe.

Why? Children's health is important for Europe's future. Today's children are citizens, future workers, future parents and future voters. Children depend on good health services, but these are structured differently throughout the European Union, and there is little research into what works best. To help every child benefit from optimum health care, the MOCHA project will perform a systematic, scientific evaluation of the types of health care that exist.

How? The MOCHA scientists are from 11 European countries, and will be joined by experts from Australia and the United States. We will use expertise from national research centres, previous children's health projects and knowledge from local agents in different European countries to build a picture of what type of health care for children exists in all 33 EU/EEA countries.

The disciplines encompassed by the project include medicine, nursing, economics, information, sociology and policy management. Emphasising prevention and an holistic view of it.

✔ Organize the models, and school health and adolescent services

Latest News
MOCHA invited to important European meeting
On 1st and 2nd October 2015, Dr Maria Egermark will represent MOCHA at the meeting of the coordinating committee of the European Association of Children in Hospital (EACH) in Stockholm, Sweden.

MOCHA first annual meeting
On the 29th and 31st October, the first meeting of all partners in the MOCHA project will take place in London.

New research to...
investigate models of...

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Thank You

<http://www.childhealthservicemodels.eu/>