



eHealth
week

11 - 13 MAY 2015
RIGA, LATVIA

ORGANISED BY

Ministry of Health
of the Republic of Latvia



PATIENT PARTICIPATION AND PERSONAL HEALTH RECORDS

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Marinka de Jong-Fintelman, Msc.

Program manager
Patient & Self management
Nictiz, The Netherlands



A decorative banner at the top of the slide shows a panoramic view of the Riga skyline, including several prominent church spires and buildings along the water's edge.

Learning objectives

- Patients need to participate in their care process
- Patients can only participate when they are member of the team
- Patients need tools, such as a PHR, to be a valued team member
- Alignment is needed on all levels of communication



PATIENT PARTICIPATION

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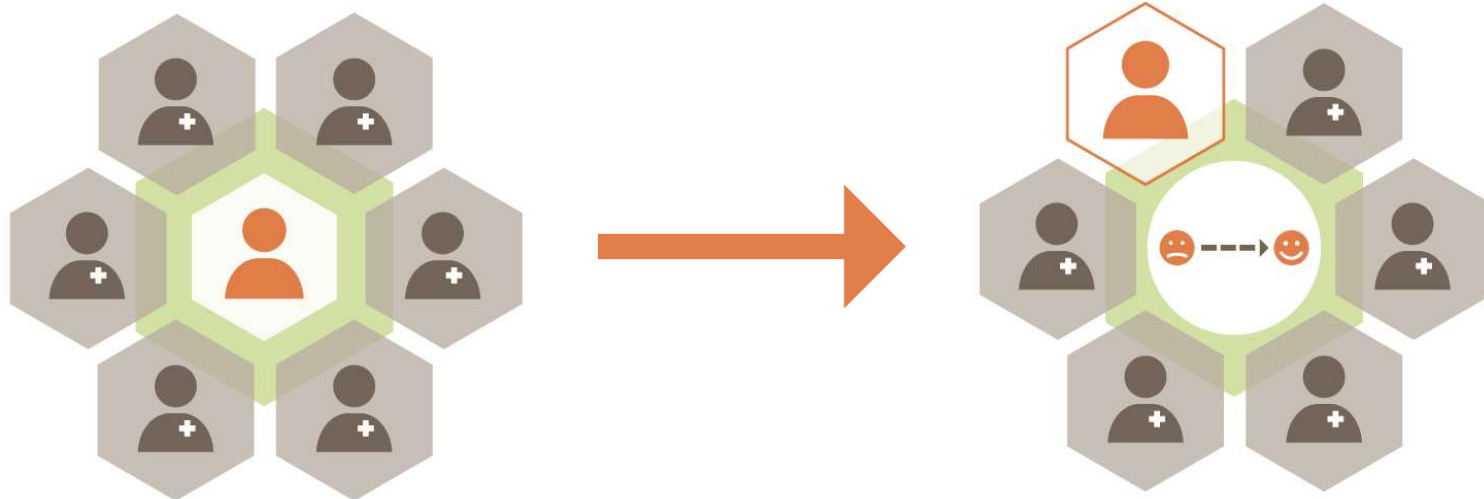
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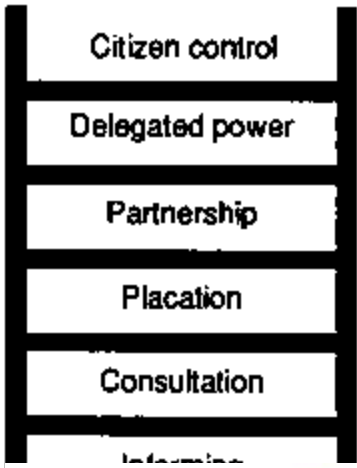


Patient

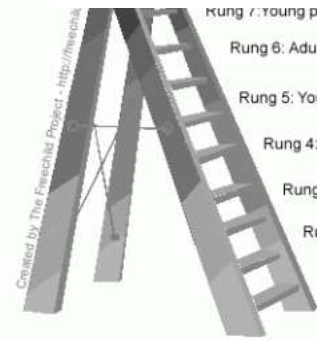


Patient at the center?

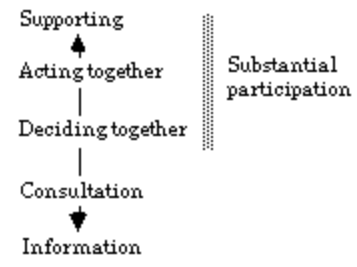




The ladder of par



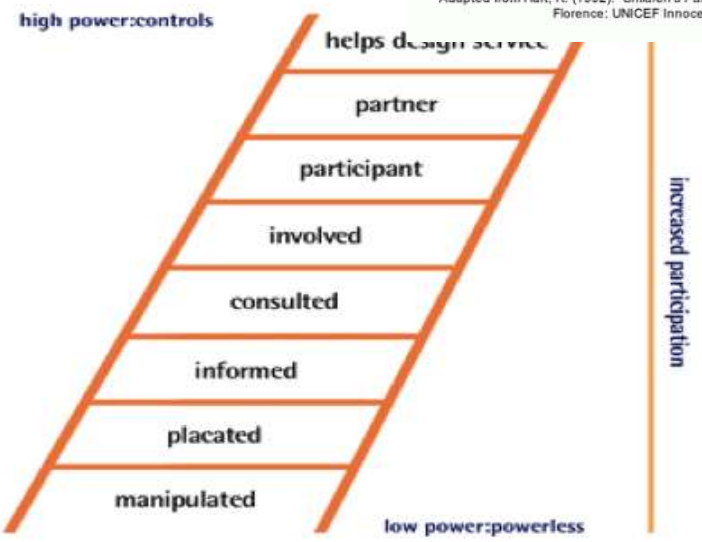
Created by The Freechild Project - <http://freechild.org>



- Rung 1: Young people are manipulated*
- Rung 2: Young people are decoration*
- Rung 3: Young people tokenized*
- Rung 4: Young people assigned and informed
- Rung 5: Young people consulted and informed
- Rung 6: Adult-initiated, shared decisions with young people
- Rung 7: Young people lead & initiate action

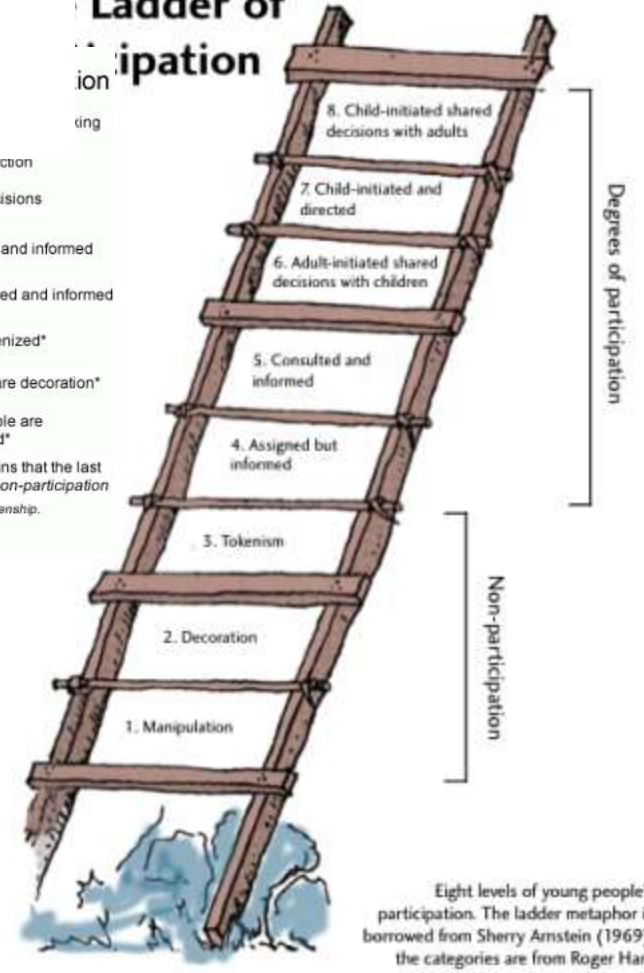
Note: Hart explains that the last three rungs are non-participation

Adapted from Hart, R. (1992). *Children's Participation from Tokenism to Citizenship*. Florence: UNICEF Innocenti Research Centre.



Thorburn, Lewis and Shemmings, 1995

Ladder of participation



Eight levels of young people's participation. The ladder metaphor is borrowed from Sherry Arnstein (1969); the categories are from Roger Hart.

Participation ladder

Patient empowerment

- Healthcare professionals do not direct, but offer advice for patients to consider. Patients make the decisions themselves based on the discussion and advice of healthcare professionals.

Delegated power

- The final decision is likely to have been set by the healthcare professional, but the resources and responsibility are passed to the patient. Two-way communication

Collaboration

- Patients are consulted and informed in decision making processes. Outcomes are the result of negotiations between healthcare professional and patients

Involvement

- Patients are consulted and informed. Patients views are listened to in order to inform the decision making process but this does not guarantee any changes patients may have wanted.

Consultation

- Patients are kept fully informed and encouraged to express their opinions but have little or no impact on outcomes.

Informing

- Patients are merely informed of what is going on, but are not offered the opportunity to contribute themselves. Communication is one way

Working together



Working together





PERSONAL HEALTH RECORDS

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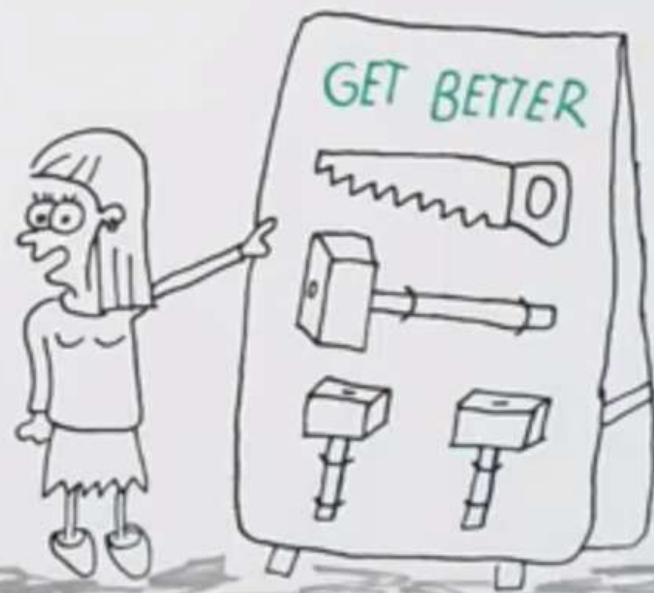
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MOA model



(Ölander and Thøgersen (1995))

Tools



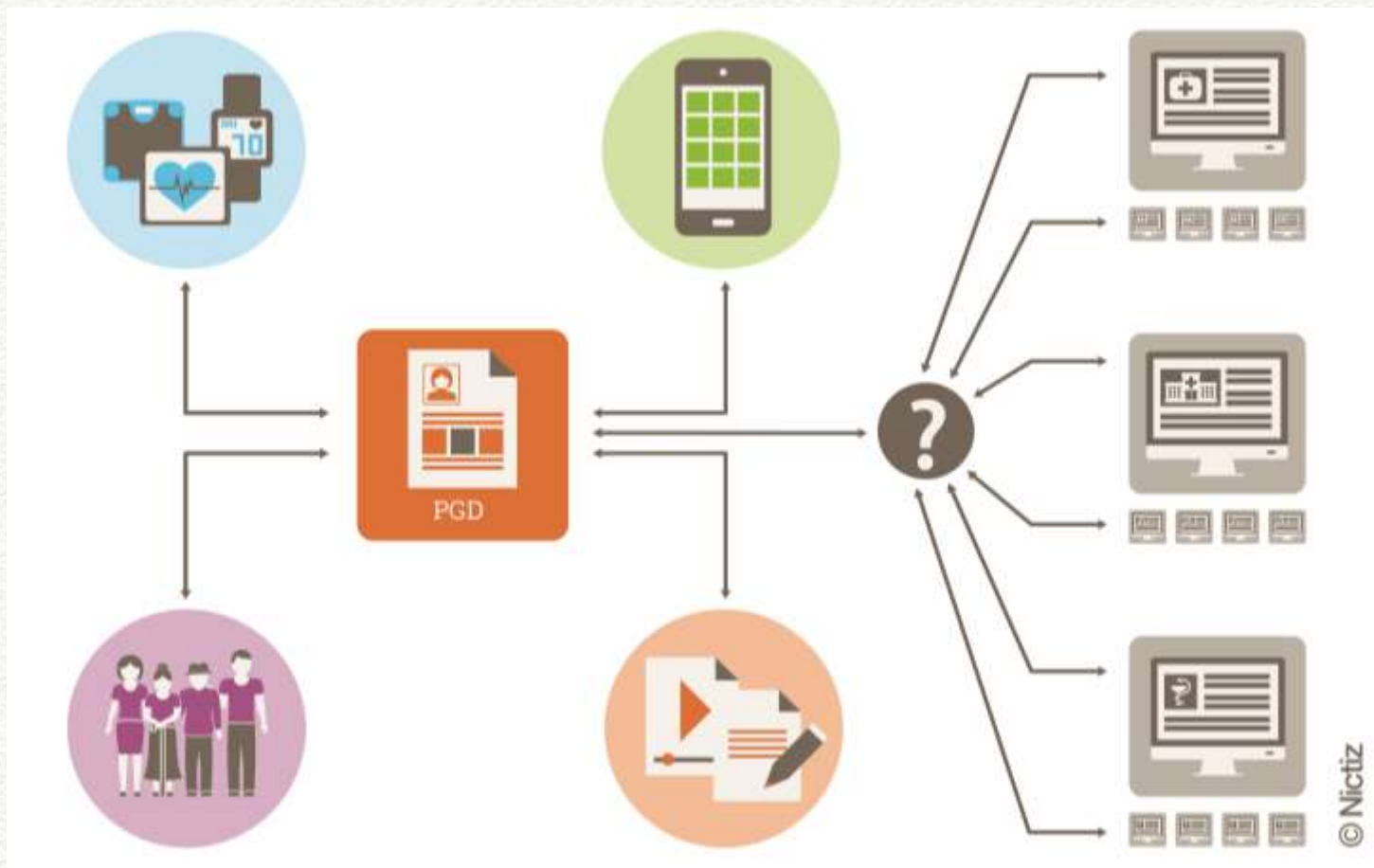


Personal Health Record (PHR)

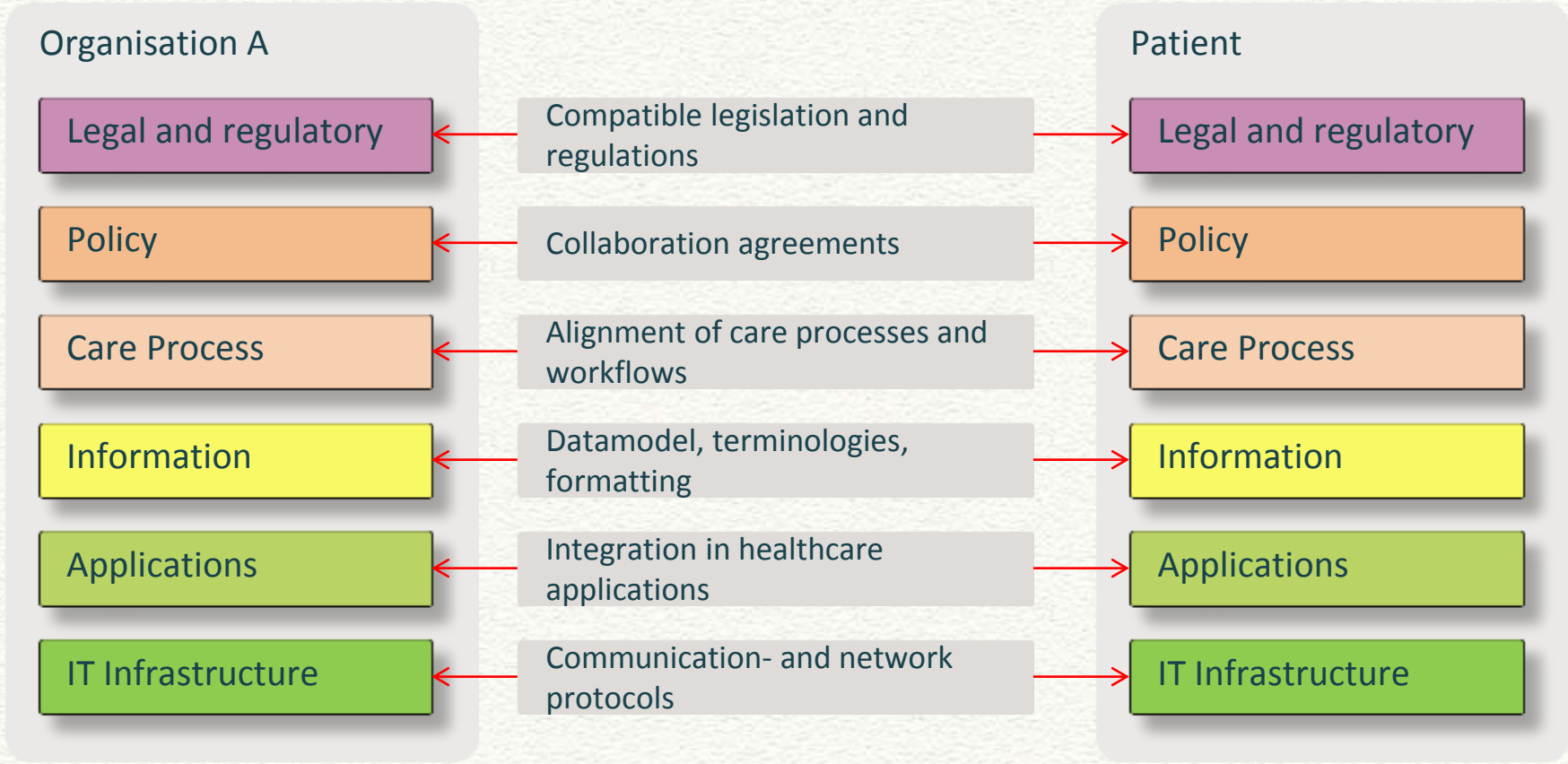
- A life long tool for patients to gather, manage and share health information with the goal to take control and to support self management. The tool is chosen by the patient.

A patient portal is NOT a PHR

Sources of information



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A stylized illustration of the Riga skyline, Latvia, featuring several prominent church spires and buildings along a waterfront with a few sailboats. The scene is set against a light blue sky and a white, curved foreground that suggests a hill or a wave.

Take home message

- Make sure and collaborate in any way possible to provide patients with tools such as a PHR which they can use to be a valuable partner in their own health care process.



THANK YOU

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mdejong@nictiz.nl

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