

Planning for the most vulnerable..

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Programme for Chronic Diseases - why?

- Patient groups
- Professional communities
- The population
- Turn the hospitals attention

Programme for Chronic diseases

- Diabetes
- Habilitation/Rehabilitation
- Rheumatology
- Geriatrics

The Diabetes Programme

- Type 1 Diabetes; 25 000 in Norway
- Type 2; more than 150 000 in Norway
- Regional Plan of Action for Diabetes
- Approved in december 2007

Diabetes

- Strengthening services offered

- Charted the available treatment
- Systemisation of treatment offered children and adults
- Forming expert group
- Coordination function

Diabetes

- Building up competence

- Offers a separate education module (Bodø university college)
- Collaboration Norwegian Diabetes Association

Habilitation/Rehabilitation

- Plan of Action for Habilitation and Rehabilitation 2004-2010
- Approved December 2004
- All the hospitals ;
 - Bed-based rehabilitation
 - Day services
 - Utpatient clinics
 - Ambulant services

Habilitation/Rehabilitation

- Strengthening services offered

- Has not increased the numbers of beds
- Added positions in ambulant rehabilitation and children habilitation service

Habilitation/Rehabilitation - Building up competence

- Competence programme, 11 modules over two years
- Professional networks strengthened
- Study programme for doctors in specialisation

The Rheumatology programme

- Regional Plan of Action for Rheumatology
- Approved december 2007
- Quality and accessibility

Rheumatology - Strengthening services offered

- Proposed to establish multidisciplinary teams in each hospital
- Focus on rehabilitation institutions

Rheumatology

- Building up competence

- Study programme for doctors in specialisation
- Develop competence programme 2008-2013
- Regional conference
- Put efforts into Patient Schools

The Geriatrics programme

- Plan of Action approved in December 2004
- Strengthen the field of geriatrics in our region
- Establish multidisciplinary geriatrics team in hospitals
- Stimulate and support education/training/research

Handlingsplan for geriatri 2004 – 2010

*”Helse Nord prioriterer geriatri –
for gammel vil vi alltid bli...”*

Geriatrics

- Strengthening services offered

- New Geriatrics teams 2005; Bodø, Narvik, Sandnessjøen, Hammerfest og Tromsø
- The Mid-Troms team strengthened 2007
- Functional profile differs;
 - bed-based(Bodø,Hammerfest)
 - Outpatient (Mid-Troms, Tromsø, Narvik, Sandnessjøen)
 - Ambulant (Mid-Troms, Tromsø)

Geriatrics

- Building up competence

- Scholarship funds (NoK 150.000,-)
- Competence programme, longitudinal, two year, multidisiplinary (70 + 110 participants)
- Study programme for doctors in specialisation
- Established professional network in Geriatrics, annual conference and (??) electronic professional network 2009

Programme for Chronic Diseases

Money spent

- 2005: 10.mill Nok, 1,0 mill £
- 2006: 21.7 mill 2,2 mill £
- 2007: 26.75 mill 2,6 mill £
- 2008: 26.75 mill (+ 6.15??)

Geriatrics programme

Money spent

- 2005: 4.6 mill Nok 0,5 mill £
- 2006: 11.6 mill 1,2 mill £
- 2007: 12.6 mill 1,3 mill £
- 2008: 12.6 mill (+ 0.45)

Results

- New services offered
- More customised follow-up
- New positions
- Provide education/training
- Valuable contribution til national plans
- Enthusiasm!

Results

- Still fragile
- Unable to follow up plans in 2007/2008 because of regional finances
- Disillusioned or impatient?
- Need more specialised doctors, maximize their educational pathways

Cooperation about Frail Old People

- Talk about- or do??
- Regional task force – make a policy memo!

Cooperation about Frail Old People

- Important realisations;
 - Greater variety of transfers
 - Distinguish "frail old" from other old
 - Direct competency where it is needed!
 - Push or Fetch ?

Cooperation about Frail Old People

- Ten patient casuistries
- Categorised challenges into four main phases of patient process
- Policy memo to hearing
- Choose areas of priority

- Anchored
- Adapted

Further information
www.helse-nord.no/kronikersatsingen

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