



Models of Child Health Appraised

(A Study of Primary Healthcare in 30 European countries)

STAKEHOLDERS' VIEWS ON SCENARIOS ON EUROPEAN CHILD HEALTHCARE SYSTEMS AND HOW POTENTIAL CHANGES MIGHT BE ACHIEVED

Eline Vlasblom - TNO, Leiden, Netherlands

Gaby de Lijster - TNO, Leiden, Netherlands

Magda Boere-Boonekamp - University of Twente, Enschede, Netherlands

Paul Kocken - TNO, Leiden, Netherlands



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Introduction

MOCHA AIM:

Describe and appraise various models of primary child health in Europe and make recommendations as to optimal components of provision of child health care.

CURRENT STUDY AIM:

Analyze stakeholders' views on imaginary scenarios of child healthcare systems' components in the future, and how potential changes might be achieved.



Methods

Online Questionnaire: 80 stakeholders of 30 EU/EEA countries
policy makers, nurses, paediatricians, GPs, researchers
representatives of end-users

Age group (yrs)	Function of healthcare system	Tracer	Scenario	Key components
0-4	Prevention of communicable diseases	Comprehensive infant measles vaccination coverage	1. Specialized preventive health services	Access Comprehensiveness Continuity of care Coordination of care
4-12	Treatment and monitoring of a chronic condition	Asthma care Care for children with complex needs	2. Working in multidisciplinary teams	Coordination of care Workforce Continuity of care
12-18	Problem recognition/early diagnosis	Early identification of mental health disorder	3. Confidential access for adolescents	Access

Online Focus Groups: 13 stakeholders of 8 EU countries



Country classification

- **Open access countries:**

countries with an open access referral process and any lead practitioner
Austria, Belgium, Cyprus, Germany, Iceland, Luxembourg, Malta, Slovakia.

- **Gatekeeper and mixed led countries:**

countries with a partial or usual gatekeeper and either a paediatrician led primary care, or a mix of paediatrician led and GP-led primary care
Croatia, Czech Republic, Finland, France, Greece, Hungary, Italy, Lithuania, Norway, Poland, Portugal. Slovenia. Spain.

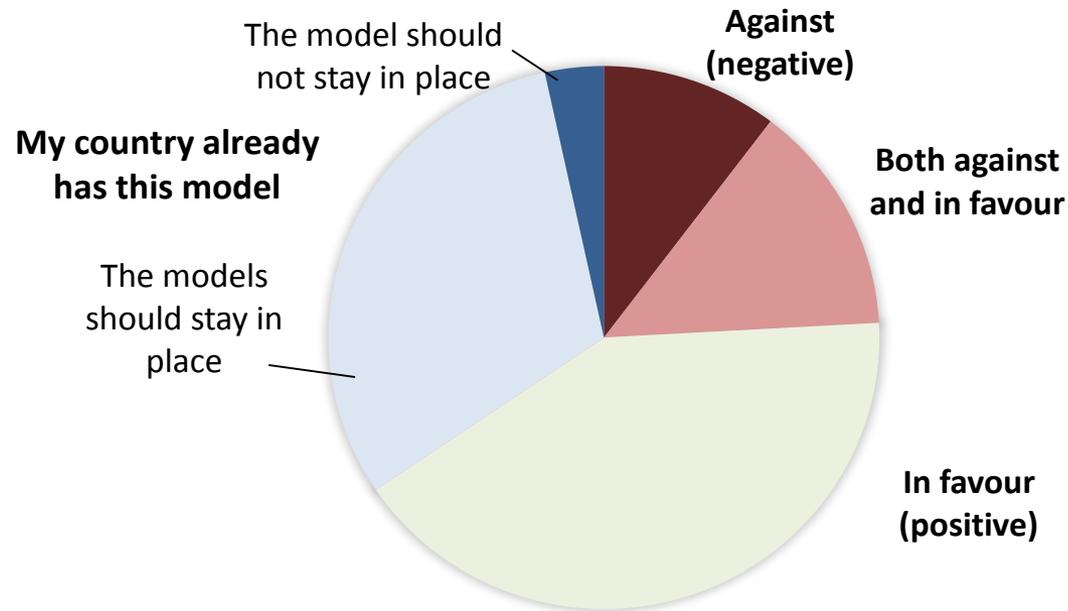
- **Gatekeeper and GP-led countries:**

countries with a partial or usual gatekeeper, and primary care led by a GP
Bulgaria, Denmark, Estonia, Ireland, Latvia, Netherlands, Romania, Sweden, United Kingdom.



Results Scenario 1

Specialized preventive health services for infant measles vaccination.

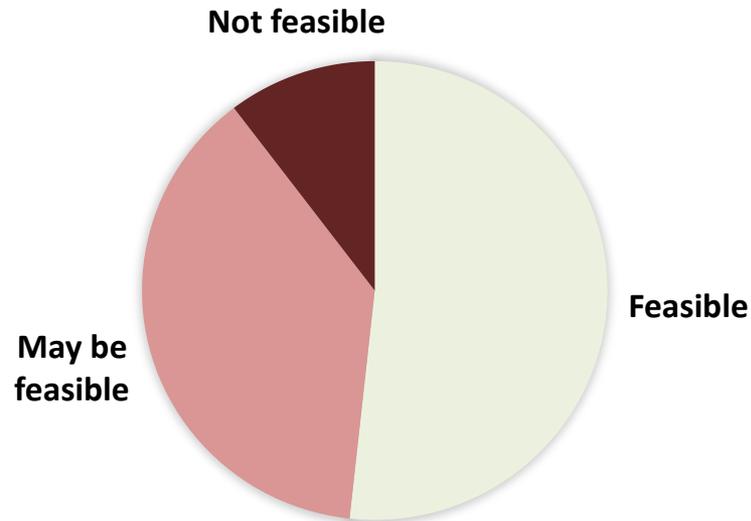


N = 29



Results Scenario 1

Specialized preventive health services for infant measles vaccination.



N = 29



Results Scenario 1

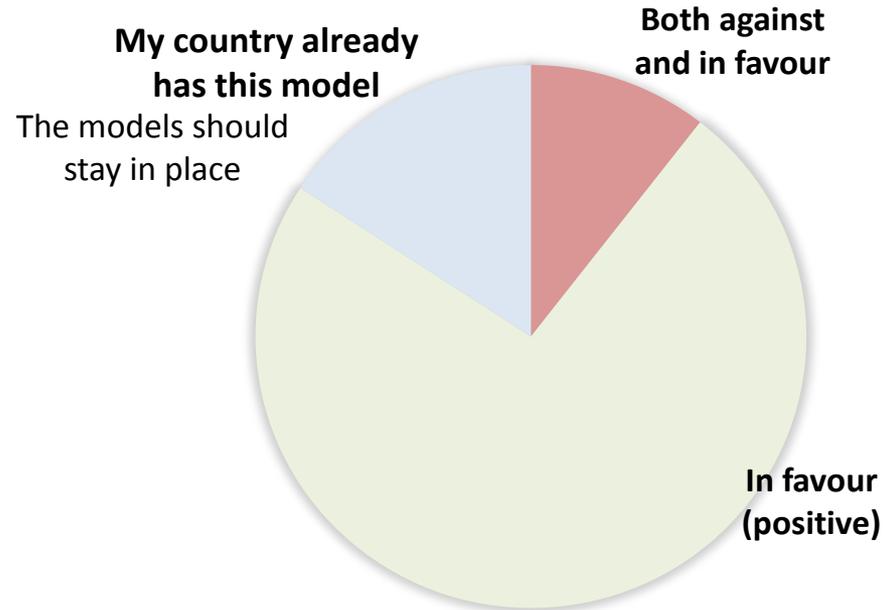
Specialized preventive health services for infant measles vaccination.

“In addressing the issue of declining vaccination rates, communication to vaccination hesitant parents is more important, than changing characteristics of the primary care system, including the availability of a specialized preventive service.”



Results Scenario 2

Working in multidisciplinary teams in the chronic care for children with asthma and complex needs



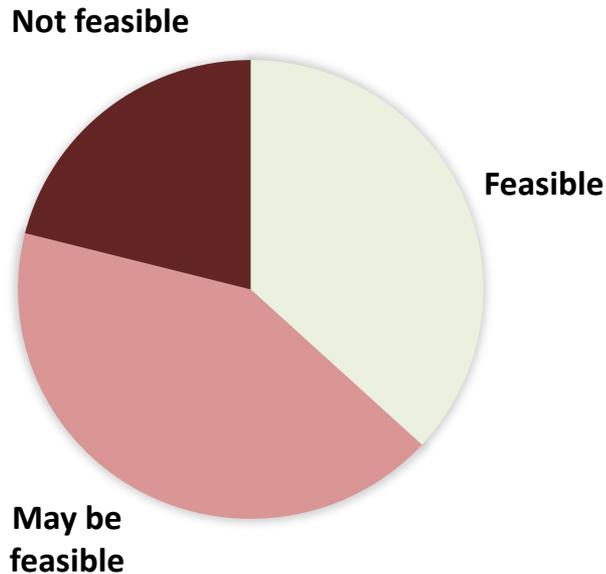
N = 19



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Results Scenario 2

Working in multidisciplinary teams in the chronic care for children with asthma and complex needs



N = 19



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Results Scenario 2

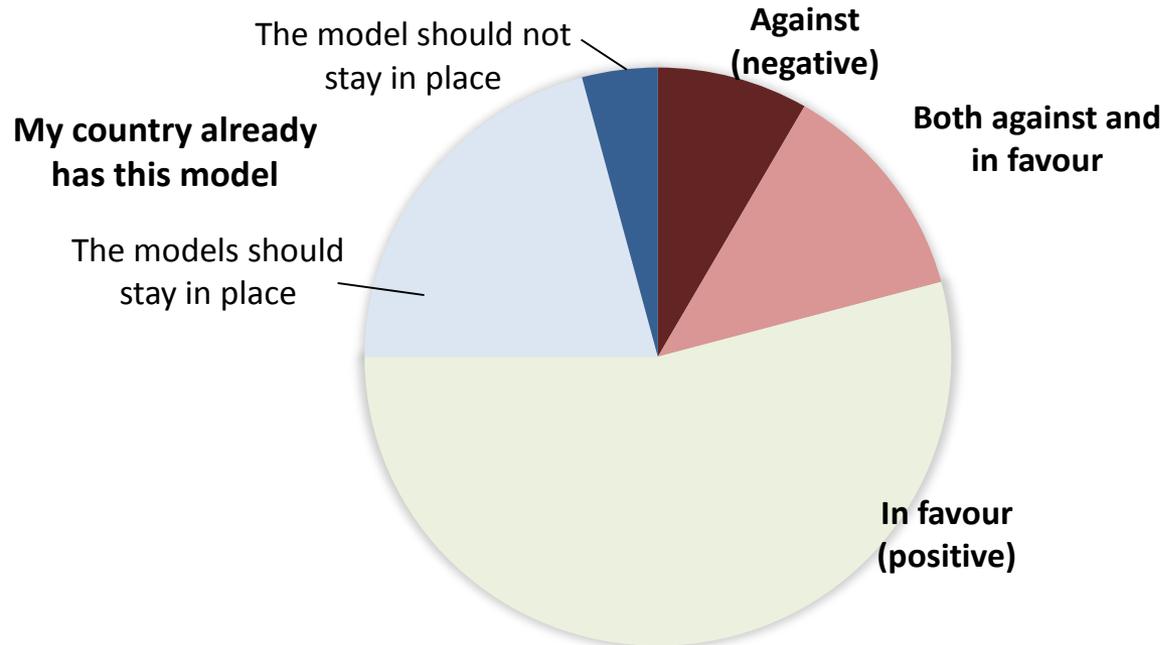
Working in multidisciplinary teams in the chronic care for children with asthma and complex needs

“Working in multidisciplinary teams is important. Clear task descriptions of team members working in the same setting/centre are important. Despite a willingness to cooperate and work in MDTs, a barrier might be the funding.”



Results Scenario 3

Confidential access for early identification of mental health disorders in adolescents

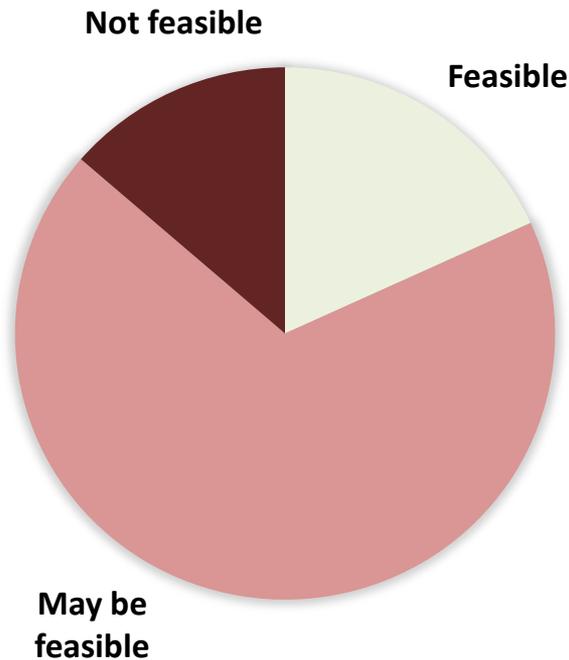


N = 24



Results Scenario 3

Confidential access for early identification of mental health disorders in adolescents



N = 24



Results Scenario 3

Confidential access for early identification of mental health disorders in adolescents

“Exchange of examples and good practices in the EU on open access to services for children with mental health problems helps to bring forward the harmonization of legislation and practices with regard to confidentiality.”

N = 24



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Conclusion

Specialized preventive health services	Working in multidisciplinary teams	Confidential access for adolescents
Quite positive	VERY positive	Quite positive
Quite feasible	Quite feasible	Not very feasible

- Need for improvements to the child healthcare system
- High level of agreement on three potential scenarios for improvement
 1. public access to information about vaccination
 2. open access to services for adolescents and confidentiality until treatment is in place
 3. coordination and continuity of care
 4. continuity of information on children's health status
 5. increase and training of the workforce.



Conclusion

- Primary care systems with open access seemed to have the highest demand for changing system components.
- GP-led gatekeeper systems, generally rated as strong primary care systems, felt the least urgency for transforming system components.
- Clear policy making and increase of resources could benefit systems' changes.

