

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117086](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117086)

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Poster Abstract

Expert Patient Programme Catalonia: a person-centered community perspective

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Abstract

Introduction: We are facing a paradigm shift, evolving from a paternalistic model to a deliberative model in which the person —as a patient, relative or carer— takes a protagonist, active, dynamic and directional role, encouraging responsibility, empowerment and shared decisions. In addition, we must consider the tendency to promote a focus on the individual and their environment, which is committed to a partnership between the health and social world and comprehensive care from a population and integrated vision. This change of role implies a link between the community and health systems.

In this sense, it has been implemented the Expert Patient Program Catalonia™ (EPPC), an initiative committed to taking responsibility for people with chronic health problems and to promoting self-care.

The EPPC is a multidisciplinary initiative based on patient-healthcare professional collaboration and team work. In EPPC, Expert Patient (EP) leads the process and transmits knowledge about their disease to other patients who suffer from the same health problem. The healthcare professional becomes an observer, and only intervenes if it is necessary. The Expert Patient is a

person suffering from a chronic disease who is able to take responsibility for their disease and self-care, identifying symptoms, and acquiring the skills to manage the physical, emotional and social aspects of the disease.

This program, launched in 2006, is a community activity that belongs to the Prevention and Chronicity Attention Programme. It is one of the 32 projects identified as strategic in the Catalonia Health Plan 2011-2015 of the Department of Health of the Catalan Government.

Objective: Implementation of a community activity focused on people with chronic diseases in order to promote changes in habits and lifestyles to improve their quality of life.

Methods: The EPPC consists of nine 90 minute sessions over 2.5 months, specifically designed for each chronic disease. Sessions are divided in two blocks, a theoretical and a practical one. The number of patients is limited to 10 to 12 per group, and the aim is to guarantee effective and free-flowing communication between the participants.

The evaluation of the EPPC is qualitative and quantitative. It is divided in two stages: the first stage is carried out during group sessions and at the end of the session. The quantitative evaluation is performed at the 6th and 12th month after the group sessions have ended. The improved knowledge, the change in lifestyles, the degree of self-care and the satisfaction of participants were estimated. During the second stage, there has been assessed the use of health care services related to doctor and community nurse of the emergency departments and emergency hospital admissions, making a comparative study from of one year before the intervention until one year after the end of it.

Results:

Period 2006- 2014 (1st semester)

Number of patients participating: 4000, from which 276 have been Expert Patients who have led a group. Coverage: 212 Primary Health Teams in Catalonia and 3 Hospital Units within Catalonia and with the involvement of various Healthcare providers of the Catalan Health System. Health providers : 21. Diseases: Chronic Heart Failure, COPD, Diabetes Mellitus type 2, Fibromyalgia, Oral Anticoagulant Therapy, Breaking the tobacco habit, Anxiety and Chagas disease in its chronic stage. Number of groups: 390. Number of healthcare professionals participating: Total number as observers 800: 538 nurses, 215 family doctors and 47 social workers,

Conclusions: After completing the program, a continual improvement in time, respect knowledge, habits and lifestyles, self-care and quality of life have been observed.

In heart failure provoked by decompensation and COPD, compared to a year before the start of the intervention, a more than 40% reduction and 30% reduction, respectively, in the average of visits per patient (primary, emergency and hospital admissions) is observed.

In oral anticoagulant treatment, there is, on one side, a five percentage points improvement in disease control and, on the other side, a reduction in average of visits to the doctor and nurse, and a reduction of about 10% of the average complications.

Lessons learned: Peer learning in community performances shows that the active participation of the members of a community are key to promote and create a paradigm shift in health care by building a model of integrated and holistic person-centered care.

Limitations: The different speed of Programme implementation in terms of territory, healthcare provider and the community to which each group belongs.

Suggestions for future research: Measuring the effectiveness of the Programme through a trial-and-cost effectiveness.

Keywords

expert patient programme; person centered care; community intervention; shared decision making; self-care

PowerPoint presentation

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