

ACTION-PD

ACcellerate The Implementation Of Networkcare for Parkinson's Disease

KEYWORDS

Parkinson's disease, Person-centred care, Care pathways, Multidisciplinary decision support, Continuous learning network, Acceleration of implementation, Economic impact

DURATION

24 months

ABSTRACT

Our healthcare systems are not designed optimally to meet the needs of the many patients living with a chronic medical condition. Care is fragmented, with poor interdisciplinary collaboration and lack of timely access to services and therapies. Furthermore, care is typically reactive, and complex problems are managed inadequately due to lack of disease-specific expertise and insufficient use of non-pharmacological interventions. Treatment plans tend to focus on the disease rather than the individual living with it, and patients are insufficiently involved in clinical decision making. Finally, there will be increasingly fewer young people to care for this ageing population. New models of care are therefore urgently needed. Innovative and cost-effective solutions are beginning to emerge, but scaling proves very difficult, and local successes are rarely being implemented elsewhere. Moreover, successful innovations developed for one medical condition are rarely extrapolated to other chronic medical conditions. One example is Parkinson's disease, which is the world's fastest growing neurological condition. Parkinson's disease is also a very debilitating disease for affected individuals, and its management is associated with substantial costs for society. In the Netherlands, an integrated and patient-centred model of network care (ParkinsonNet) has been developed that was associated with fewer disease complications and substantial cost savings in clinical trials. There is now a substantial evidence base that demonstrates that this ParkinsonNet model successfully addresses all elements of the Quadruple Aim: enhancing patient experience, improving population health, reducing and improving the work-life of clinicians. Stimulated by the positive experience in the Netherlands, elements of this ParkinsonNet model have been introduced successfully in other European countries (Norway and Luxembourg). There is considerable interest to also introduce elements of this model in other areas of Europe, and to introduce a similar concept for other chronic medical conditions, but the speed of scaling is hampered by several rate-limiting factors. Here, we propose an innovative approach that will greatly facilitate the speed of scaling, and enable the effective introduction of integrated, patient-centred and cost-effective network care in other European countries. Key elements of this new approach include: (1) a centralised training of national implementation teams (train-the-trainer concept), each of which will subsequently oversee the introduction of the innovative care model in their respective countries; (2) professional training and harmonised care delivery according to an international, dynamic and multidisciplinary management guideline which be continuously updated based on emerging new evidence; and (3) the formation of an international network for continuous innovation and research, thus ascertaining a process of lifelong learning and healthcare improvement, and to facilitate a process of learning from different best practices. Concrete products of this project include: (1) the contours of an effective scaling model for innovative healthcare solutions, which can be used primarily for Parkinson's disease, but which can be extended readily to scale

other successful healthcare innovations; (2) the introduction of an integrated, patient centred and cost-effective model of network care in five European countries, initially for a regional catchment area of 5,000 Parkinson patients; and (3) an international consortium for continuous innovation and research.

PARTNERS

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