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Conference Abstract

Achieving the triple aim: how is the public involved?

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Abstract

Introduction: The financial crisis has heightened the pressure to bend the cost curve in health care. In addition, current health systems are not fully equipped to respond to the needs of populations. In response, several countries adopted population management (PM) to achieve Berwick's Triple Aim: simultaneously improving the quality of care, improving the health of the population, and reducing per capita costs.

In order to achieve the Triple Aim, it is assumed that population management initiatives should be congruent to public's need and preferences. However, insight in how this can be undertaken is lacking so far. What are the possibilities and experiences to incorporate public participation to realize population management?

Theory/ methods: This study is part of the Dutch National Monitor of Population Management (NMPM). The NMPM is focusing on nine pioneer sites, i.e. regional initiatives that rearrange health services and promote inter-organizational and inter-sectoral collaboration. These pioneer sites are network-organizations with their own boards. Sixty semi-structured interviews were undertaken, with all members of the board of the nine pioneer sites. Interviewees varied, but were mostly directors/ managers of care group, hospitals and patient-organizations. All interviews were transcribed and inductively analyzed.

Results: All nine pioneer sites included their Regional Patient and Consumer Platform (RPCP) as a board member. The organization and responsibilities given to the RPCP varied per region. All of the RPCP's reflected on pioneer site's proposals and specific interventions, which was appreciated by all board members. Yet, differences existed between RPCP's in the extent to which they created new ideas, they were responsible to measure patient experiences and they informed other patient/client platforms. Interviewees expressed their search for the best way to realize public participation. Questions were raised, for example about the public representativeness by the RPCP, competences and public's willingness.

Conclusions: Patients are slightly involved in health care decision making and organizing within the Dutch pioneer sites. Debate and insight is needed to move from patient towards public participation.

Keywords

public participation; patient involvement; population management; transitions

PowerPoint presentation

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