Health for all and all for health • Santé pour tous et tous pour la santé
Salud para todos y todos para la salud • 人人享有健康 一切为了健康
الصحة للجميع والجميع للصحة • Здоровье для всех и все для здоровья
Session: Social protection policies: How can progress on SDGs 1, 5 and 10 be accelerated by strengthening good governance for health through action across government sectors?

Patient-oriented approach as a tool to decrease cardiovascular mortality

Professor Evgeny Shlyakhto, MD, PhD, FESC, FACC
Global world trends in healthcare

Changing patients
- More active
- Better awareness
- More critical
- New causes for poor compliance

New paradigm of medicine
- Precision medicine
- Patient-oriented care
- Values based

New technologies on the road
- Virtual reality, synthetic biology
- Genome editing, Nano robotics

New types of health management
- IT
- Telemedicine
- Big data
- System support

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Balance of stakeholders’ power (patients vs. payer)
Patient-centered care

Care that is “respectful of and responsive to individual patient preferences, needs, and values and ensures that patient values guide all clinical decisions”

_Institute of Medicine (2001)_

- Enhanced clinician-patient communication
- Health literacy
- Clinician-directed patient education
- Assessment of patient-centered outcomes
- Shared decision-making
- Collaborative care planning and goal setting
- Patient empowerment and self-management

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Walsh MN 2012
_JACC 59: 2125._
The principle of integral patient-oriented care
(Donabedian, 2005)

Structure
- Staff
- Equipment
- Standards
- Technologies

Process
- Guidelines
- Protocols
- Roadmap

Outcome
- Survival
- Rehabilitation
- Stability

Screening
- Selection and check-list
- Email communication

Consultation
- Electronic database, Labs visualization

Treatment plan
- PACS system
- Electronic case history
- Surgery protocol

Follow-up
- Registers
- Outcome registration
- QL assessment
- RPOM

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Medical care cannot be equal for everybody: *Russia as an example*

- 11 time zones
- Over 290 nationalities
- 9 different religions
- 11 cities with over 1 million population
- 9 regions with predominantly rural population

**Key strategies:**

- Cardiovascular and cerebrovascular diseases – reduction of mortality and morbidity
- General public health
- Providing better and cheaper drugs - development of local industry
Association of income and gender with cardiovascular risk factors in Russia

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Life Quality

Blood pressure control

Preventive medicine 2015. Т. 18. № 6 С. 47-52.
Association of behavioral risk factors with social determinants
(Russian epidemiological survey ESSE-RF survey, n=22 906)

Participants with high income:
- Lower fruit and vegetables consumption
- Lower fish consumption
- Higher alcohol consumption
- Higher smoking prevalence
- Higher prevalence of depression and anxiety
- More physically active

Blue-collar workers:
- Lower fruit and vegetables intake
- Higher smoking prevalence
- Higher salt intake
- Higher physical activity
- Depression and anxiety less often

Urban inhabitants:
- Lower physical activity
- Depression more often
- Lower salt intake

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Telemedicine project in resistant hypertension – possibilities to improve risk factors control

Change from baseline

<table>
<thead>
<tr>
<th></th>
<th>Telemonitoring (n=150)</th>
<th>Control (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBP (mmHg)</td>
<td>-24</td>
<td>-9</td>
</tr>
<tr>
<td>DBP (mmHg)</td>
<td>-11</td>
<td>-5</td>
</tr>
</tbody>
</table>

Achievement of target BP level

<table>
<thead>
<tr>
<th></th>
<th>Telemonitoring (n=150)</th>
<th>Control (n=50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP on target</td>
<td>11; 21%</td>
<td>19; 39%</td>
</tr>
<tr>
<td>BP not on target</td>
<td>41; 79%</td>
<td>30; 61%</td>
</tr>
</tbody>
</table>

p<0.05 for groups comparison

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Geoinformation technologies in acute cardiovascular care – St.Petersburg experience

• Simulation using open-geospatial services allows to assess and improve regional ACS networks
• Online traffic services allows to select the best route of hospitalization individually
• The aim of the regional ACS networks remain to improve patient outcomes and reduce costs

The proportion of patients with ACS undergoing PCI is increased by one third and reached 43.8%
The proportion of patients with ACS with STEMI undergoing PCI increased by 40% and reached 59.5%
The proportion of patients with NSTE-ACS undergoing PCI increased by 28% and reached 35.6%

In the case of optimal hospitalizations of ACS patients considering the traffic, the load of hospitals is uneven
Integrated health care programs in Gesundes Kinzigtal
German experience

Primary prevention
Health trainings / group activities
Club sports
Course offers (e.g. aqua fitness)
Health academy

Special Themes
- Quality indicators + Benchmarking
- Focus on evidence based pharamceutics
- „World of health“ with exercises / Fitness
- Workers health

Health programmes
- Heart failure
- Metabolic syndromes
- Back pain
- Psychic crises
- Depression
- Geriatric care

Community cooperation
Central electronic data
Public health focus

Committed network of partners + activated patients

Participants die 1.4 years later (78.9 v 77.5 control)

5.5 Mio € surplus improvement for the two sickness funds in the Kinzigtal region in 2014 against 79 Mio € norm costs

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H. Hildebrandt et al. 2016
Summary

• Health management nowadays is on the eve of new era – eHealth, precision medicine, etc. We need to prepare staff and infrastructure, we need to change social policy and prepare society to new healthcare.

• We need to move from illusion of “providing equal healthcare for everybody” to provide patient-oriented care, based on social and private demands of the patient.

• To provide really effective care we need to move from “short term repair” to “long term maintenance” and developing “value for patients and populations”.

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