

“TOWARDS ACTIVE PATIENTS’ INVOLVEMENT IN HEALTHCARE”

Working Group 4

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“ A STRONG PATIENTS’ VOICE
TO DRIVE BETTER HEALTH IN EUROPE ”



- Terminology has evolved: empowerment, self-care to self-management
- Self-management & empowerment: challenges the power of the HC system: patient and provider have changed, and now they will have to define their relationship
- Guided process that needs a **methodology** (patient trainers, HCPs with patients, peer to peer, etc) – guidance is key, thought through process
- There are common components of self-management, but there are great variations between e.g. diseases and the role of patients in HC systems.

1. We need an **Assertive strategy** to state that there are challenges in the HC system and that EPF can provide solutions, applicable in different countries, disease specific or not.
Take the experience and knowledge to decision makers

2. **Self-management should be presented as the solution.**

- Funding needed, standards need to be established so that patients are informed or referred to the relevant patient organizations
- Invite MPs and other stakeholders

- Various levels of training and capacity building are necessary (e.g. peer learning, professionals need to learn how to do things differently, etc)

3. Mind shift & systems change

- Mind shift needed among HCPs
- What key stakeholder (e.g. IMI) can push forward this agenda?
- *Patient navigator* to help a patient orientate through the system and secure the help they need

- Co-production system: Cooperation/collaboration with people providing the service, guided self-management, pact between HCPs and patients
- Trust and positive attitude are vital
- Medical, legal and other advice should also be made available

4. Institutions learn from data, people learn from stories

- Information sharing and dissemination of best practices so that they can be replicated in other countries. EPF could collect data and perhaps organize a conference, publication
- National framework & European activities should be

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