



Ankara University

SCHOOL OF MEDICINE

The First Medical School In The Republic of Turkey (1945)

Strategies for Health Services

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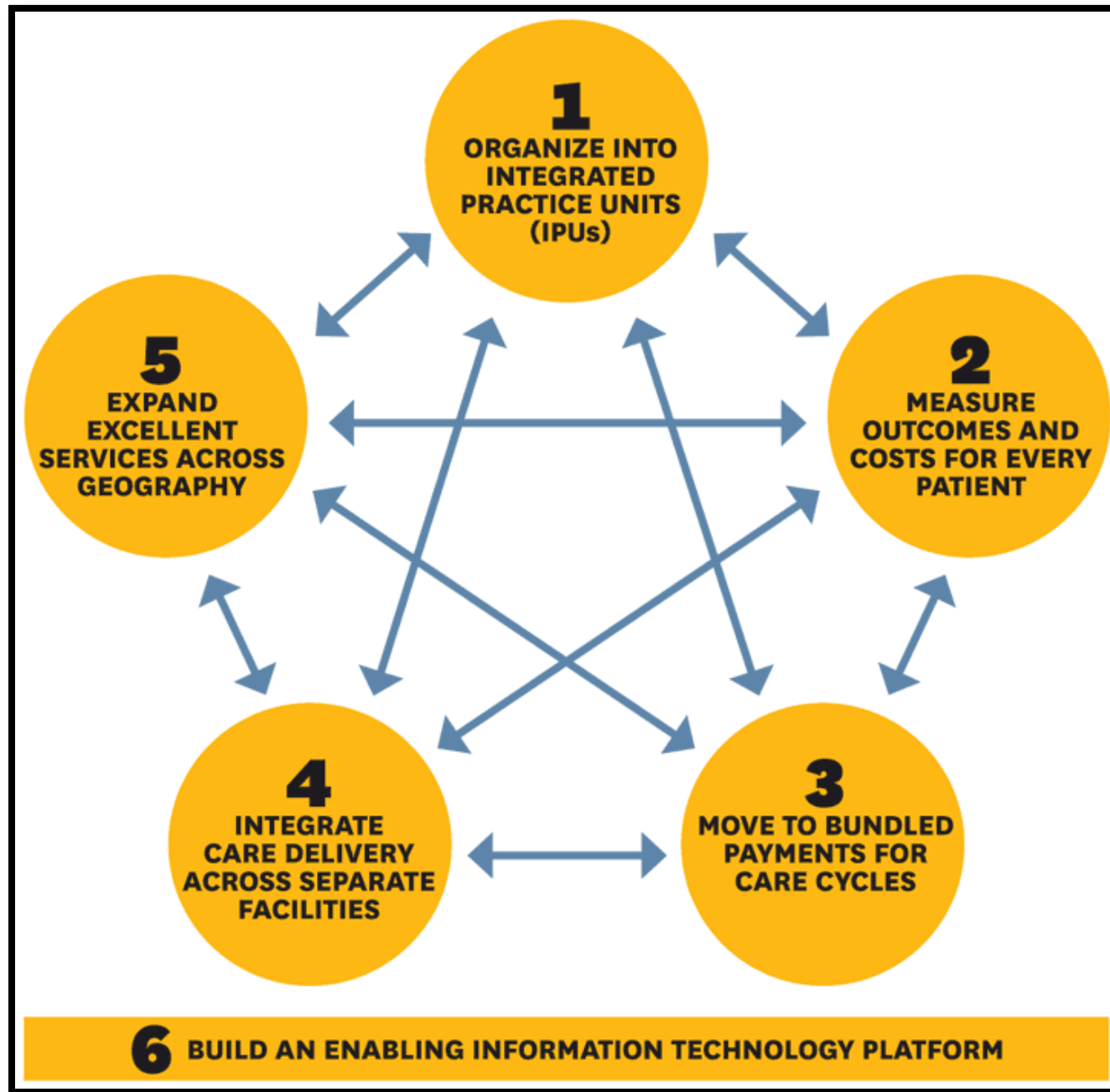
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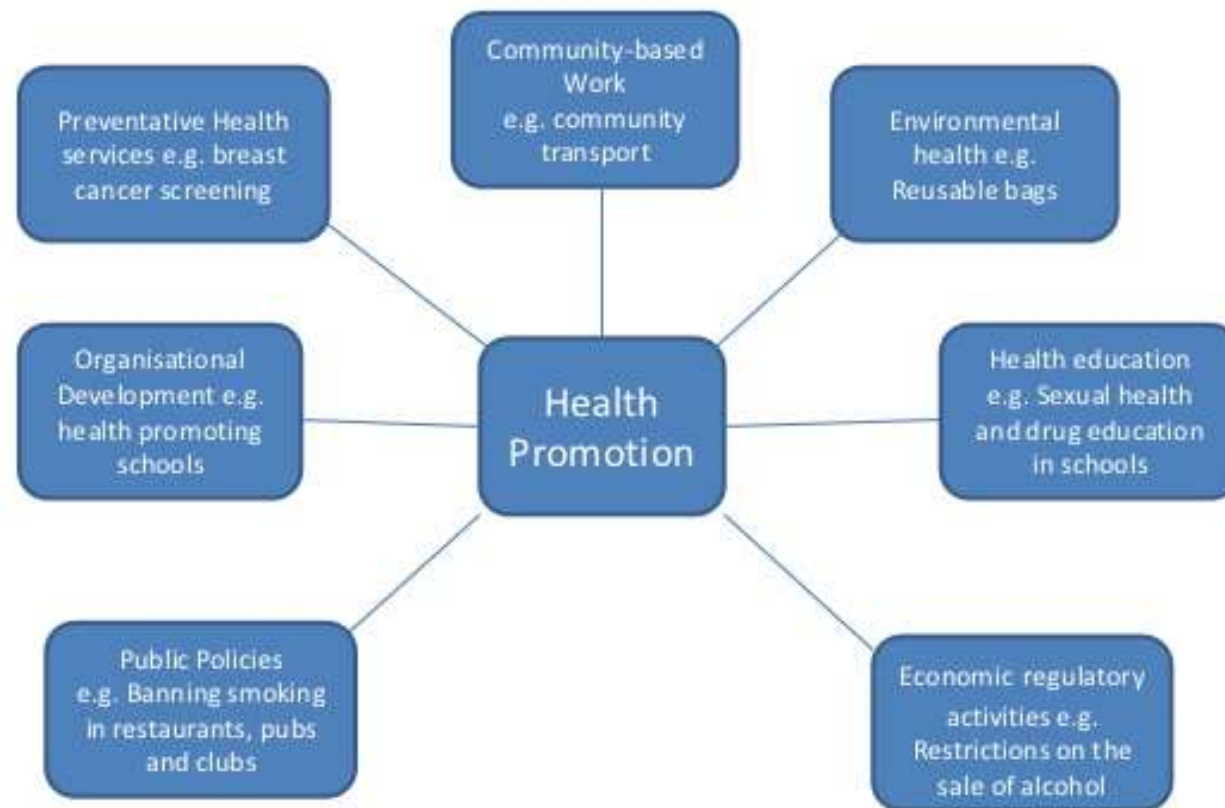


Figure 3.1 Health promotion encompasses a range of activities

CATEGORIES	TARGET POPULATION
Older people in general population	<ul style="list-style-type: none"> • Healthy and independent old people • Older people in risk of dependency
Independent patients	<ul style="list-style-type: none"> • Poli-medicated patients • Multi-morbidity patients • Chronic diseases patients in general and for specific diseases (e.g. diabetic) • Patients in general
Dependent patients	<ul style="list-style-type: none"> • Disabled people • Nursing home patients • Terminal patients
Caregivers	<ul style="list-style-type: none"> • Formal care givers • Informal care givers • Health professionals: hospital and primary care doctors and nurses, pharmacists. • Patients' groups



Key Reasons to Integrate Physical and Behavioral Health Services in Medicaid



Medicaid pays for more than a quarter, 26%, of all behavioral health spending nationally



Beneficiaries with behavioral health diagnoses account for almost half, 48%, of total Medicaid expenditures



20% of beneficiaries have a behavioral health — mental health and/or substance use disorder — diagnosis

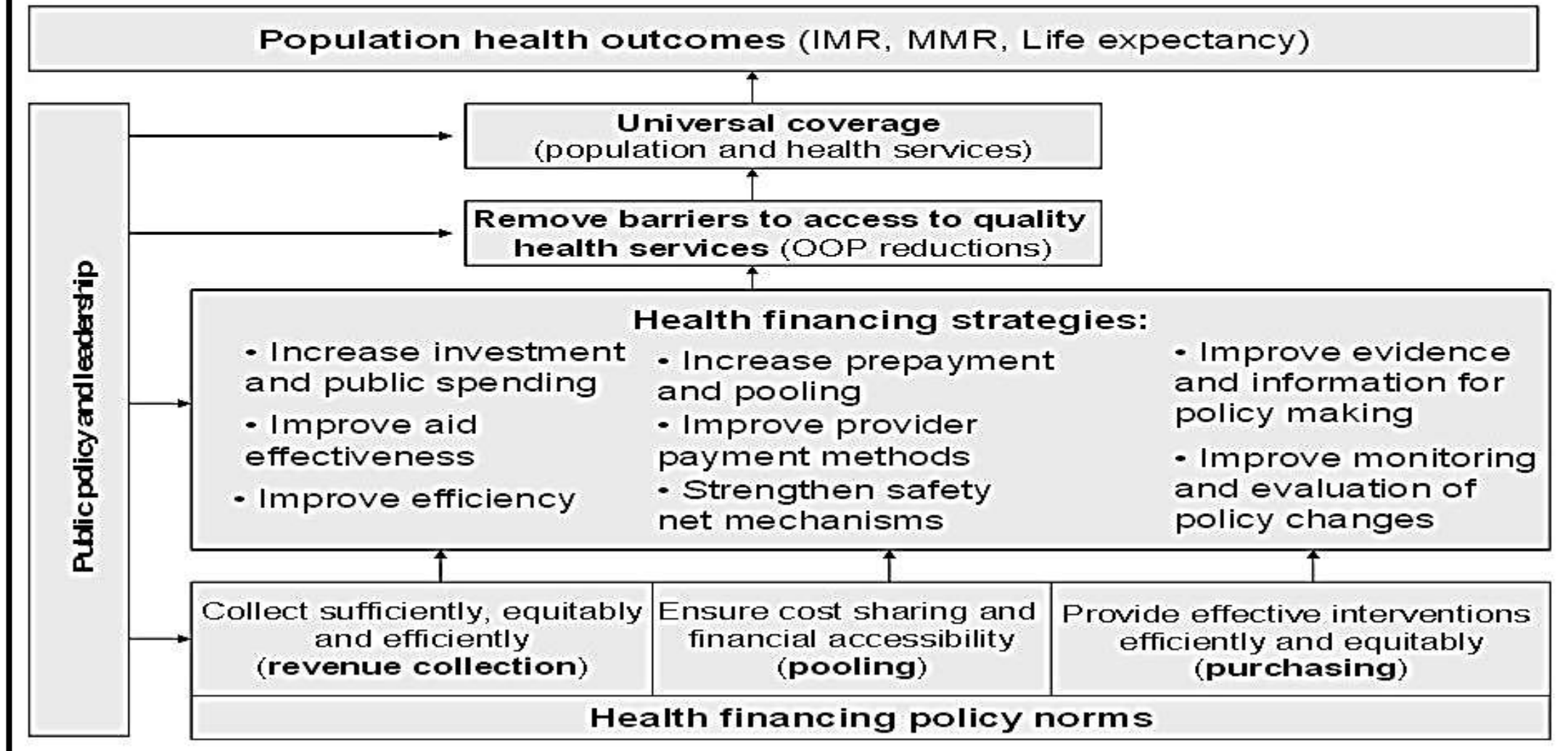


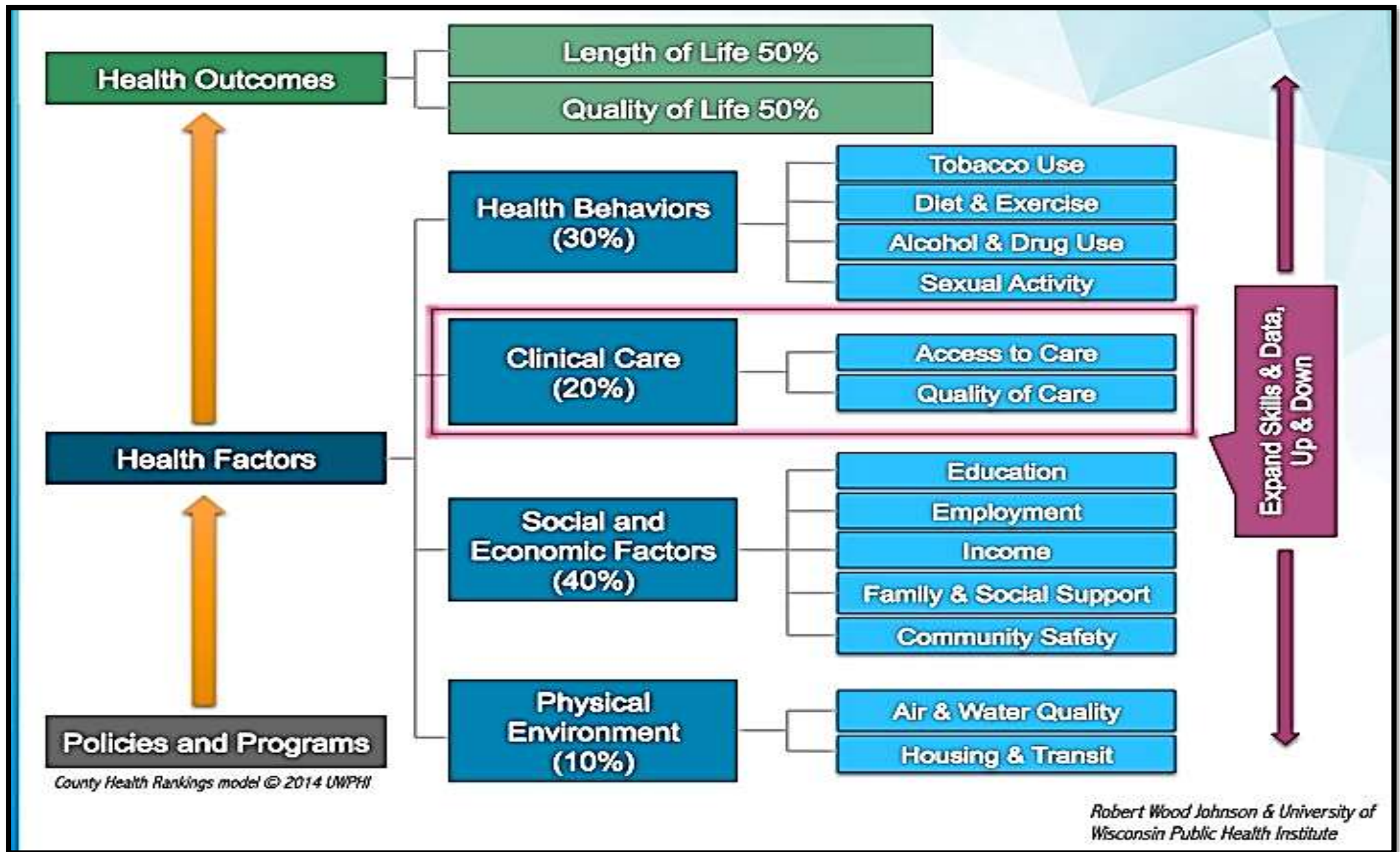
Spending can increase up to 75% when beneficiaries with a chronic physical condition also have a mental illness

www.chcs.org | @CHCShealth

SOURCES: Report to Congress on Medicaid and CHIP, Medicaid and CHIP Payment and Access Commission, June 2015; Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations, Center for Health Care Strategies, December 2010.

The relationships between strategy areas, health system strengthening objectives, the achievement of universal coverage, and improved population health outcomes





There are many consulting opportunities—from strategic planning to operational improvements



Healthcare Consulting Services

CONSULTING SERVICE

Healthcare Strategic Planning

SPECIFIC SERVICE OFFERINGS

- Strategic Health IT Planning and HIT Governance
- Advanced Concepts Development
- Health Enterprise and Segment Architecture Consulting
- Requirements Development and Management
- Knowledge and Innovation Management Support

Healthcare Informatics Consulting

- Standards Advisory and Advocacy
- Information, Analytics, and Clinical Decision Support Strategies
- Health Information Technology Planning/Adoption

Healthcare Operations Analysis

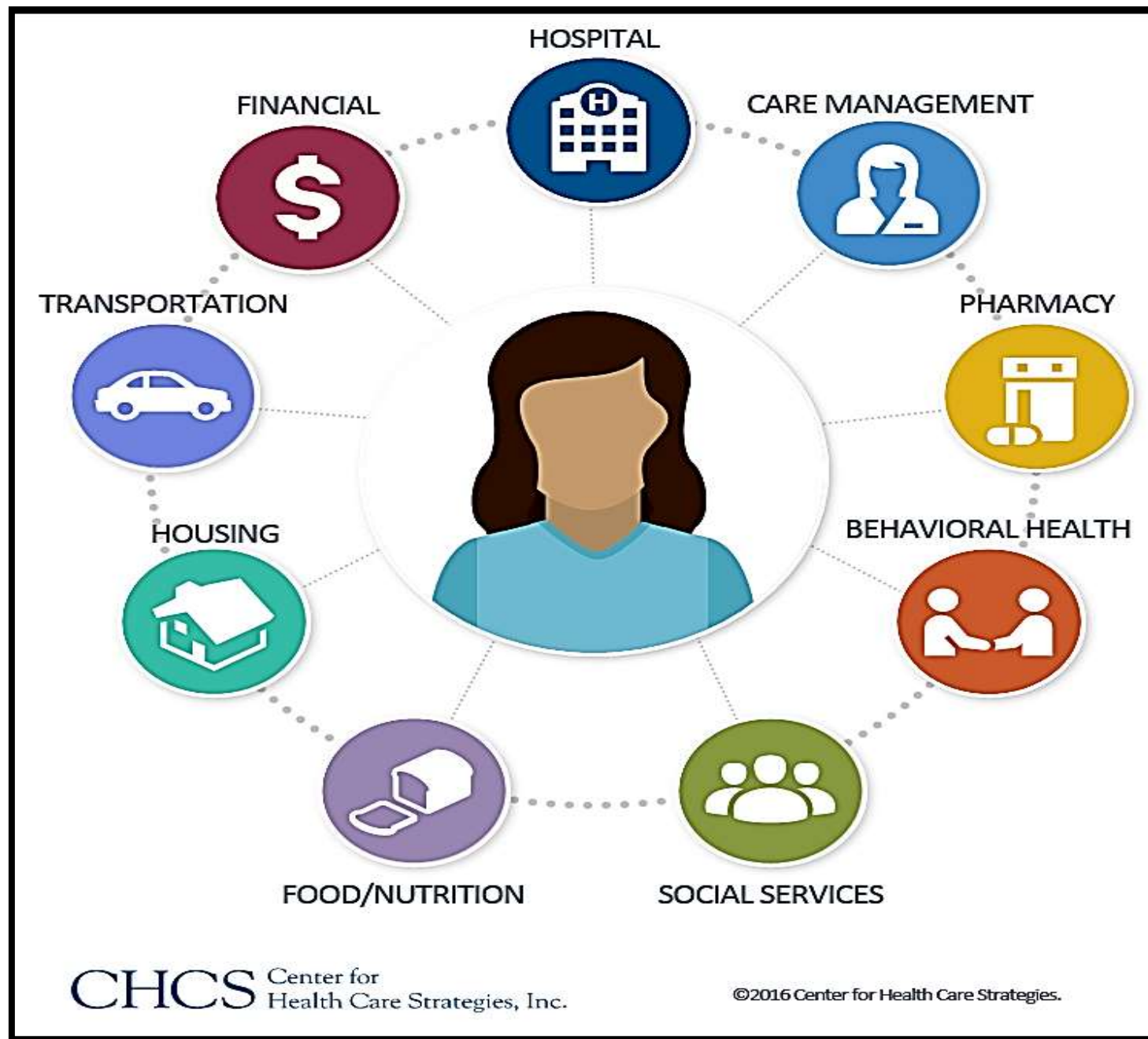
- Workflow/Process Modeling and Optimization
- Health Care Operations Simulation and Intelligent Hospital (e.g., RTLS application)
- Process Improvement Consulting and Training (e.g., Lean Six Sigma)
- Organization Design and Health Workforce Management
- Program Management, Portfolio Management, and Quality Governance
- Medical Logistics, Capacity Planning, and Utilization
- ICD 10 Program Support

THIS IS A PARTIAL PREVIEW
You can download the full document at <http://PPTLab.com>.
PPT Lab is a crowdsourced presentation design service.

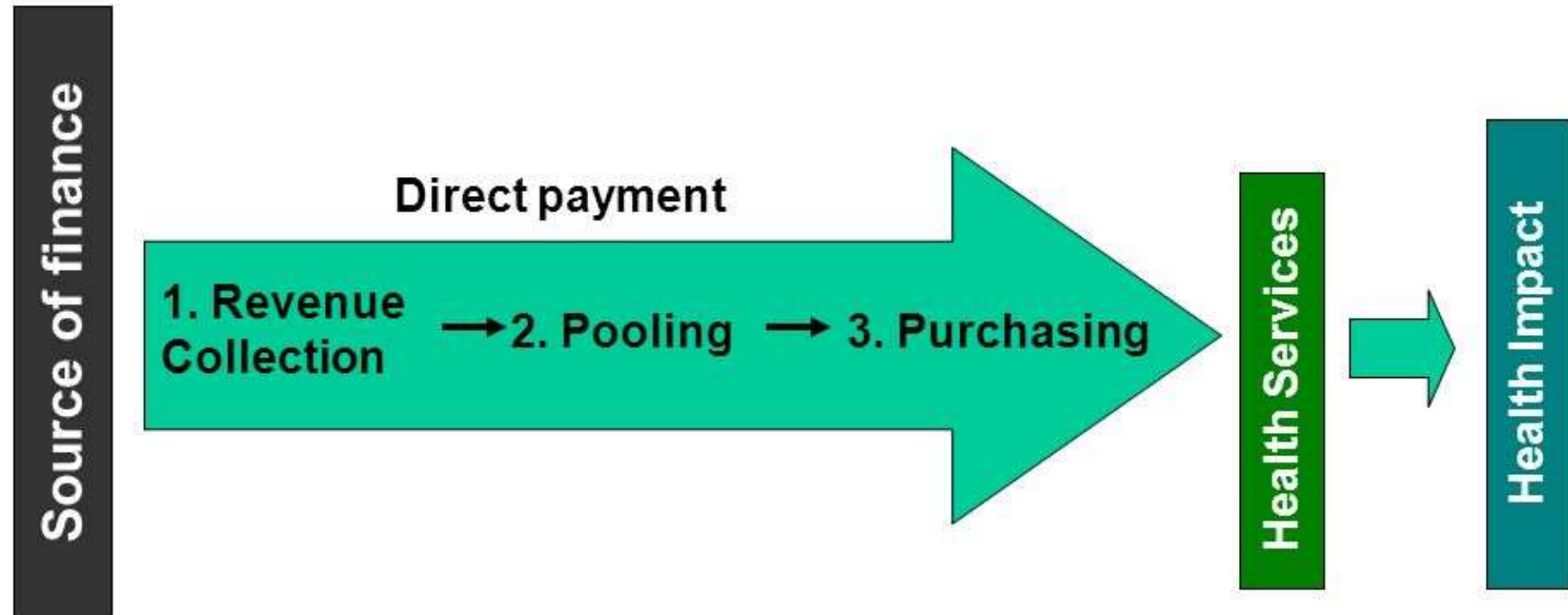
Source: Whitley, Bradley, & Brown

PPT Lab (www.PPTLab.com) – Crowdsourced Business Presentation Design Service

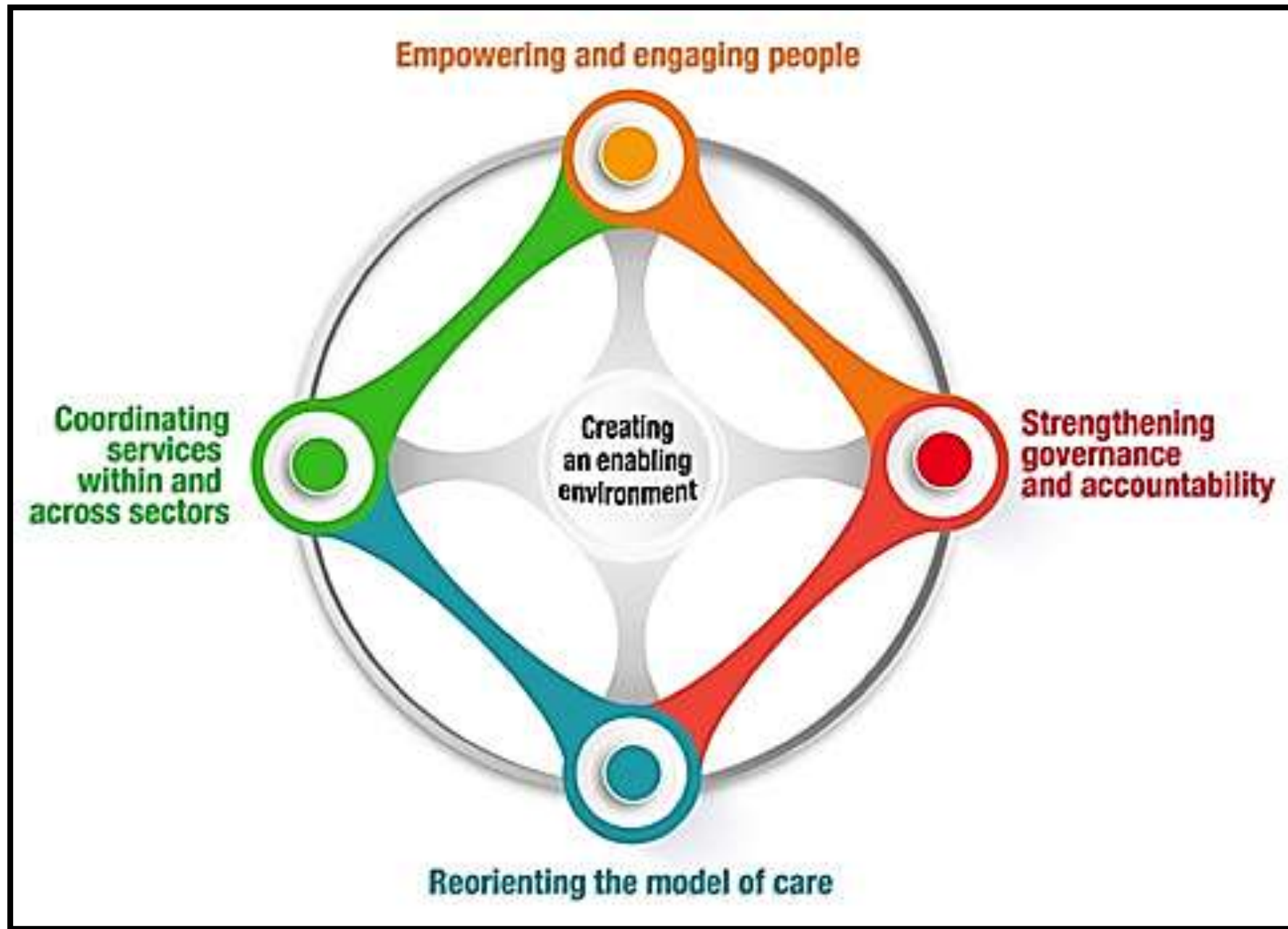
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Definition, Scope and Functions of healthcare financing



A process of funding health care system



Hidden Barriers to Communicating with Patients

Clients/Patients:

- ✓ Education/Literacy/Language

Health Literacy: The capacity to

- Obtain, process, understand basic health information and services
- Make appropriate health care decisions (act on information)
- Access/navigate health care system

Box 1 The *Ottawa Charter's* five key strategies for health promotion¹

- 1 Build healthy public policy
- 2 Create supportive environments
- 3 Strengthen community action
- 4 Develop personal skills
- 5 Reorient health care services: increasingly in a health promotion direction, beyond their responsibility for providing clinical and curative services

THE FIVE MAJOR AREAS/STRATEGIES IN HEALTH PROMOTION (OTTAWA CHARTER)

5. *Reorient Health Services*

- ➔ Shift of emphasis from provision of curative services.
- ➔ Health care system must be equitable and client-centered.
- ➔ May necessitate reengineering and organizational change, especially in the areas of professional education and training, management, recruitment and deployment of health personnel, and planning, development and delivery of services,

The Ottawa Charter as an effective health promotion framework

The WHO conducted the first International Conference on Health Promotion at Ottawa in November 1986. A document, titled the Ottawa Charter for Health Promotion, was produced as a result of this conference.

The charter provides a framework for the implementation of health promotion in five specific areas:

- develop personal skills
- create supportive environments
- strengthen community action
- reorient health services
- build healthy public policy.





Australian Government

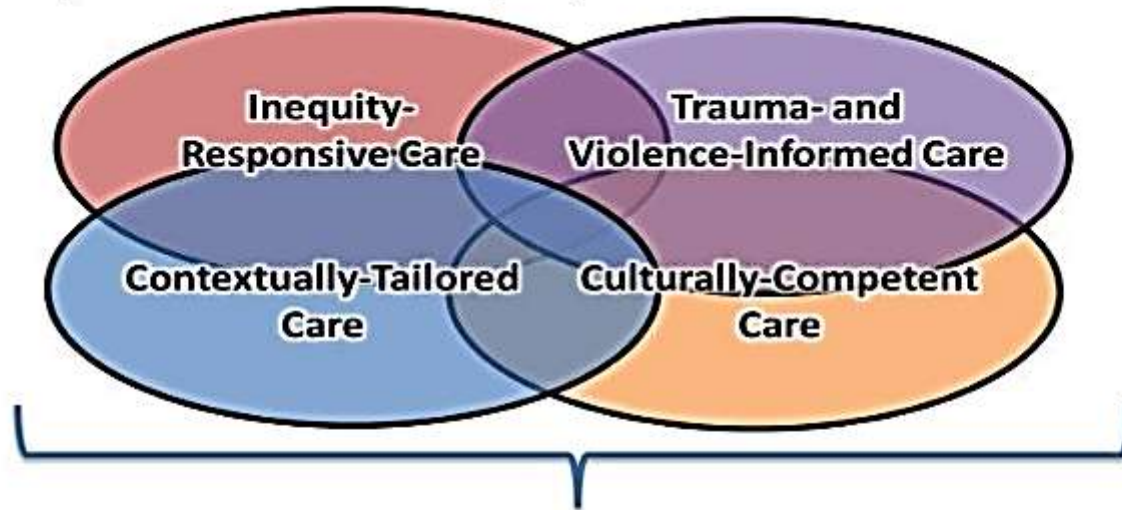
Australian Institute of Health and Welfare

Australian Institute of Family Studies

Closing the gap clearinghouse

Cultural competency in the delivery of
health services for Indigenous people

4 Key Dimensions of Equity-Oriented PHC Services



10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Make an explicit commitment to equity
- Develop supportive structures, policies, and processes
- Revision use of time
- Attend to power differentials
- Tailor care, programs and services to context
- Actively counter oppression
- Promote community + patient participatory engagement
- Tailor care, programs and services to histories
- Enhance access to social determinants of health
- Optimize use of place and space

Outcomes

Shorter term:

- increased effectiveness of services
- increased 'fit' between people's needs and services
- increased access to health care and social resources
- increased patient capacity to manage health

Longer term:

- improved health and quality of life
- reduced health inequities at population level

Service Delivery Model

Pathway of integrated allied health to improve learning and engagement outcomes for Indigenous children in remote schools

School Identify need for Allied Health services

- Allied Health professional development session to staff
- Referral and communication pathways established between school and Allied Health providers

Entry and exit point of teachers and school staff

- Students at-risk identified by teachers and referred to Guidance Officer (or Case Worker) for referral to Allied Health team

Entry and exit point of care provided by allied health team

- Classroom screening: childhood developmental needs assessment conducted

school setting

- Individual/group child developmental needs assessments conducted

- Individual/group targeted therapy / intervention provided to student as required

Teacher discussion and mutual identification of learning goals based on curriculum needs including social-emotional learning

- Identified strategies suitable to the classroom and home environment are implemented
- Professional development around identified whole-school strategies may be provided

home setting

- Learning goals shared with parents and carers and identified strategies suitable to the classroom and home environment are implemented

- Connection made with local health providers

usual pathway to care



Contextual factors, including

- Health policies
- Socioeconomic development

Socioeconomic position:

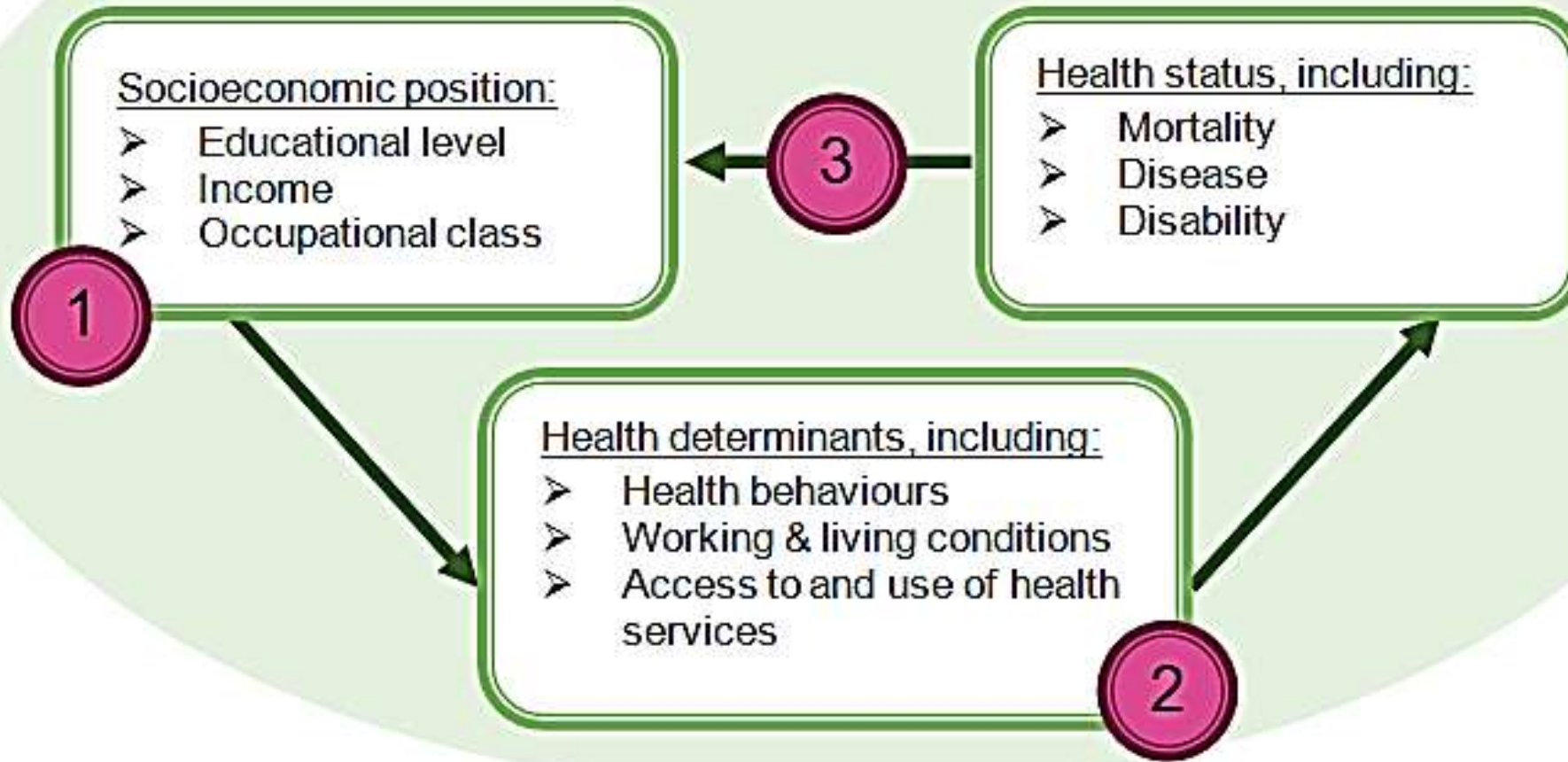
- Educational level
- Income
- Occupational class

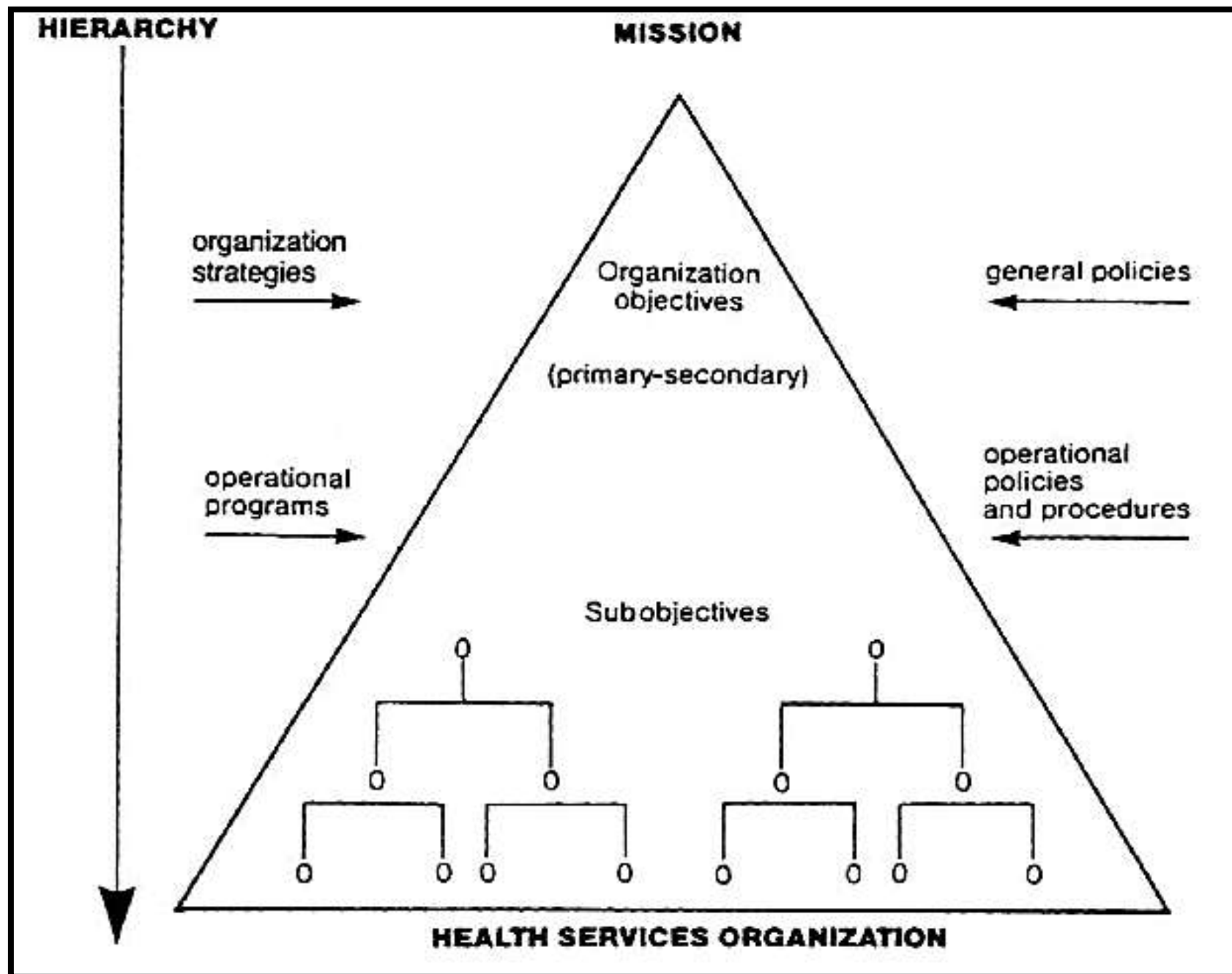
Health status, including:

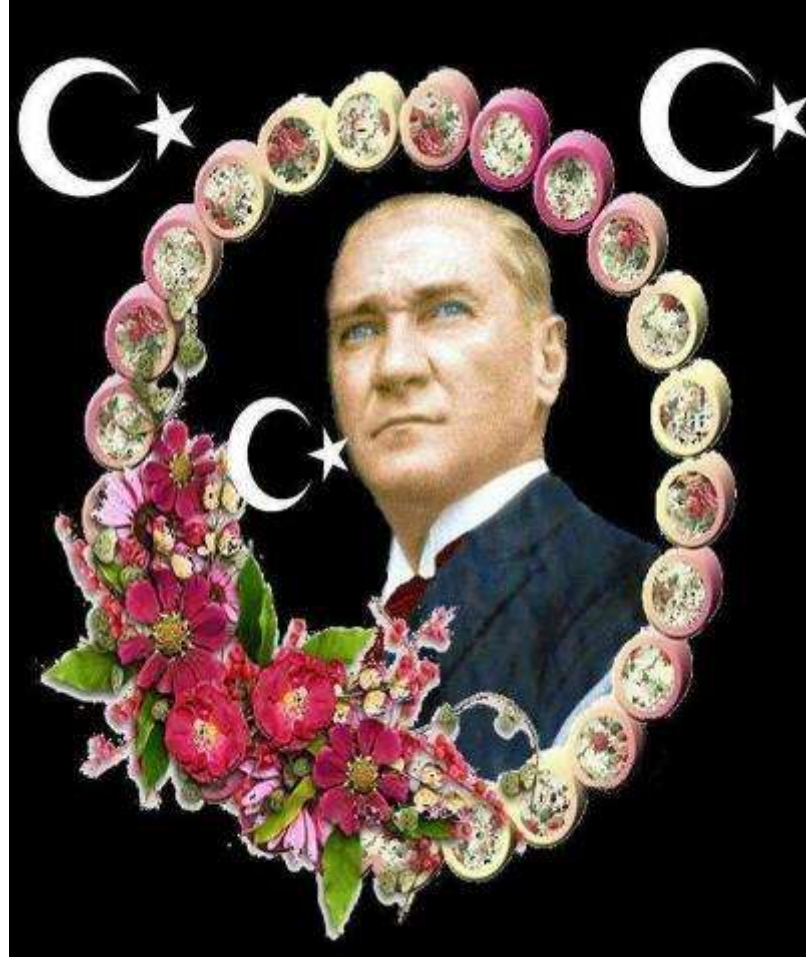
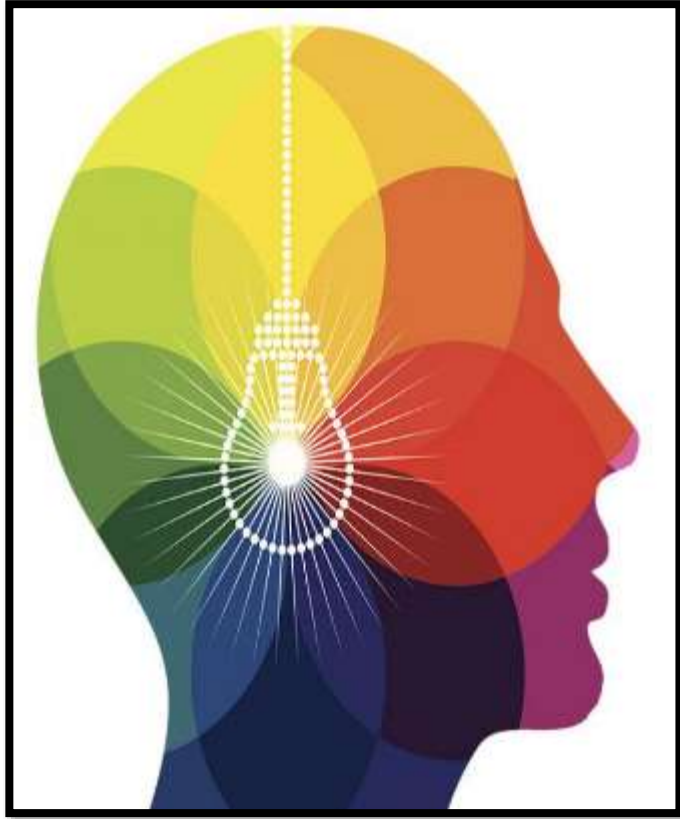
- Mortality
- Disease
- Disability

Health determinants, including:

- Health behaviours
- Working & living conditions
- Access to and use of health services







***Labor is the
supreme
value.
Respect to
labor is the
chief
condition of
being human.***

«The burden of medical responsibility is a heavy profession above all, even then death.»

Mustafa Kemal ATATÜRK / Founder of Turkey