Out-of-hours care in European countries:

European approaches for optimizing care in times of increasing shortages of healthcare professionals

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Similar challenges across Europe



↑ demands: ageing population,
↑ multimorbidity, ↑ diagnostic - & treatment options



- Use non-urgent, consumerism?
- Task shift to primary care
- Lack of healthcare professionals

• How to maintain quality of care (& service level), with \uparrow demands & \downarrow resources





Strategies

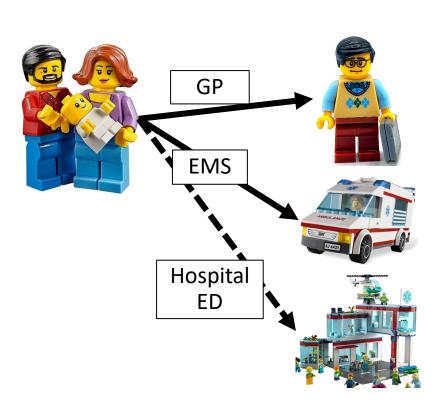
- Reorganisation of healthcare
- ↑ workforce: with task delegation/sharing
- ↓ demands: ↑ health literacy, ↑ (self)triage quality, redirection of flow to daytime & primary care





Daytime care

Unscheduled acute care



Strategies

GP practices: gatekeeper for ED?

Reorganisation:

- Municipality acute care teams
- Hospital-at-home
- Incentives for GPs in deprived areas





Daytime care: strategies

Workforce:

- Task delegation to nurses, paramedics, medical students
- Video consultations
- Video conference specialists
- Distant GP/physician (video)

Demands:

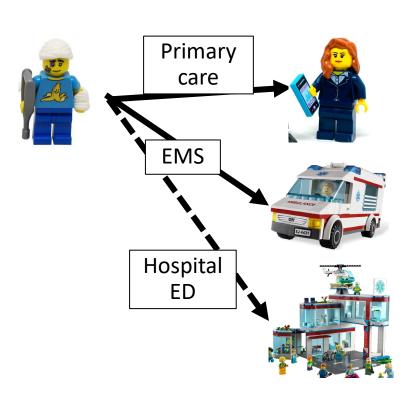
- Access: online appointments, timesame-day, walk-in slots (acute?)
- Self-triage systems
- More tailored chronic care





OOH care

Unscheduled acute care



Many models exist

- Small GP models (GP, rotation groups)
- Larger (GP) models (GP cooperatives, urgent care centers, minor injury units)
- Hospital-based models (ED, primary care at hospital)

Terminology varies!





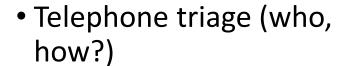
OOH care: strategies

Organisation & workforce:



- Ambulance on-scene contacts own GP
- Task delegation to nurses & paramedics
- Use of specific care tracks

Demands:





- Use of video
- Symptom checkers/selftriage
- Chatbot
- AI?





Take home messages

- Many initiatives
- Focus on reorganisation, workforce, demands
- Not one solution fits all!
 - Existing healthcare system, culture
 - Available ressources
 - Geography
- But: inspiration is key!





Any questions?



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