



Volume 16 - Issue 1, 2016 - Cover Story

Opportunities to Build a Better Care Continuum: From Global to Local



[Alison Lightbourne](#)

*****@***iapo.org.uk

Policy Manager - International
Alliance of Patients' Organizations
London, UK

For staff working at the sharp edge of health services, whether in a hospital or community setting, what happens at the United Nations (UN) or World Health Organisation (WHO) can seem far removed and rather irrelevant. I would encourage you to keep in mind that in the context of delivering a truly patient-centred continuum of care, the recent agreement by 193 countries to sign up to the United Nations Sustainable Development Goals commits these nations to establish and improve universal health coverage for their citizens by 2030 (United Nations 2015). Universal health coverage means healthcare is available to all people who need it – throughout the continuum of promotive, preventive, curative, rehabilitative and palliative health services and that services are effective and safe, and affordable.

A healthcare continuum can no longer be a 'nice to have', but a specific goal that all United Nations (UN) member states will soon need to monitor and report against. By placing the care continuum firmly at the heart of global health goals, WHO reinforces its importance. More crucially, it means that all of us committed to improving healthcare quality, access, effectiveness and efficiency now have an opportunity to monitor implementation and to hold health systems to account in every country.

A high-level goal can stimulate change, but will not succeed on its own. Local improvements to care can make a difference for patients right now. A 'care continuum' for patients can often feel like a game of snakes and ladders where you never know whether you can safely advance or what risks await that may derail your wellbeing. For other patients, who have a myriad of conditions to deal with and a linear care continuum from every health service they interact with, it can feel more like a spider's web in which they become entangled. At the local, community, national and global level there is growing recognition that in delivering healthcare, the care continuum needs to cross specialty lines, and not stay purely within the boundaries of traditional 'health' or 'health and social care' services.

From the more informal starting point for the care continuum, patients need to take responsibility through increasing health literacy and building knowledge about their conditions to the extent they are able through optimal use of medicines and treatments. Patients also need to be supported to take preventive and self-management action. This support may come from health professionals, friends and family, social media and other internet-based resources, or other groups in the community. Their health can also be supported through good workplace practices and environmental management. Here we see how many other factors can influence

health, wellbeing and health outcomes, even in the very first steps along the care continuum.

When a patient begins to access hospital or community care services for a particular condition, the greatest chance for improved quality of life and outcomes is possible with a holistic approach to treatment. Too often, treatment is narrowly focused on responding to minor ailments, chronic and longterm conditions, serious acute conditions and extended or palliative care. As more and more patients have numerous and interacting conditions, the patient journey to navigate multiple health services throughout their lives becomes ever more complex, particularly when you consider that the 'care continuum' is just one part of a patient's life path and experience that must be negotiated. Despite many efforts, health services are still challenged by the practical delivery of integrated or joined-up services and support, despite good intentions in many countries over past decades.

By genuinely engaging and respecting patients' views at all stages, healthcare professionals can recognise that for patients to achieve the best possible quality of life, healthcare must support patients' emotional requirements, and consider non-health factors such as education, employment, home and family or other issues which impact on their approach to healthcare choices and management.

To us at the International Alliance of Patients' Organisations (IAPO), and our 250 member patient organisations worldwide, the essence of a care continuum is a healthcare system designed for, and delivering, genuinely patient-centred healthcare at every level, and always striving for improvement and more effective collaboration.

Key Points

- A 'care continuum' for patients can often feel like a game of snakes and ladders where you never know whether you can safely advance or what risks await that may derail your wellbeing.
- To ensure treatment responds to increasingly complex health needs, the care continuum must consider the 'whole patient' beyond traditional specialty and healthcare boundaries.
- The World Health Organisation and all United Nations member states call for universal health coverage, which includes the full care continuum.
- Patients and their healthcare team can advocate together at the national level for care that better meets patients' needs, and local changes are also crucial.

Published on : Sat, 27 Feb 2016