





Trial-and-adopt in healthcare programming

- As populations age and healthcare burdens grow, Europe faces the growing challenge of complex patients
- High quality care for these patients is a major health system challenge
 - Low quality care reduces health outcomes and quality of life for these patients
 - These patients require a major proporition of all health system resources

How can primary care for complex patients be improved at scale?





Treatment plan

Raviplaan

LÄHEDANE

Next consultation

Value

VÄÄRTUS

JÄRGMINE KONSULTATSIOON: 22.02.2024

KOOD

110

E66

Health indicators

Health indicator

Blood pressure right arm Body weight Body mass Index (BMI) Blood pressure right arm Body weight Body Mass Index (BMI)

TERVISENÄITAJAD

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ABIRITANY PRICITIVE
Kehakaal
Kehamassindeks (
Vereröhk parem ka
Kebakaal

TERVISERATIANA		
Vererőhk parem kási	120(100-140) / 80(70-90)	166/91 (03.06.2023)
Kehakaal		96 (03.08.2023)
Kghamassindeks (KMI)	18.5-25	37 (03 08.2023)
Vereröhk parem käsi	120(100-140) / 80(70-90)	115/72 (22.11.2023)
Kehakaal		93 (22.11.2023)
Kehamassiindeks (KMI)	18.5-25	35 9 (22,11.2023)

Individual goal

INDIVIDUAALNE EESMÄRK

Diseases

Disease

Hypertension, essential, primary arterial, hypertensive disease Obesity

Medications

Medicine

HAIGUSED

Hüpertooniatõbi e essentsiaaine e primaarne arteriaalne hüpertensioon e kõrgvererõhktöbi

PATSIENT

Rasyumus

RAVIM

RAVIMID	Active
KAVIIVIID	

substance TOIMEAINE

Dosage ANNUSTAMINE Disease

HAIGUS

Note

MÄRKUS

Perindoprilum+Indapamidum, 2.5mg+0,625mg

1 tablett 1 korda päevas

110

NÕUANNE JA TEGEVUSKAVA

I tablet I time a day

Helistago 112, kui Te si saa hingata, tekib tugev ákkvalu või ei saa liigutada kätt, jalga, nägu (ei saa vilistada). Muu erakorralise terviserikke korral pöörduge lähima halgla erakorralise meditsiini osakonda (EMO). Esimesel võimalusel teavitage tekkinud olukorrast pernarsti

Advice and action plan

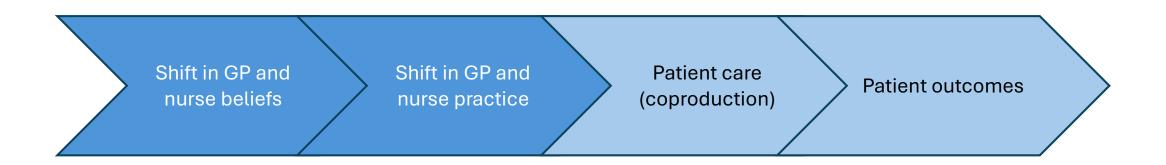
Call 112 when you can't breathe, you experience severe sudden pain or you can't move your head, leg, or face (you can't whistle), in case of other emergency health problems go to the emergency department of the nearest hospital (ER). As soon as possible inform your family doctor about the situation.

A commitment by patient and provider ...

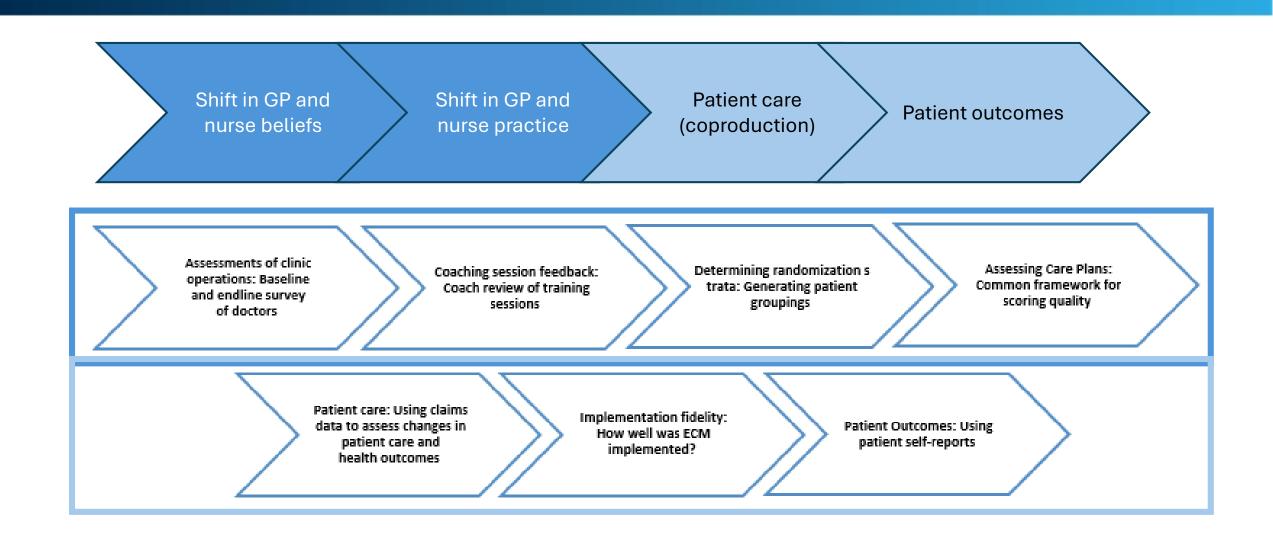
I eat regularly and in small amounts, in the evening I limit eating large amounts of food. I continue to exercise daily to lose weight. I swim 3 times a week. I measure and monitor my blood pressure at home. I try to walk 6000 steps a day. I take medicine regularly I reduce the content of salt, sugar and hard fats in food. I try to lose 1-2 kg of weight per month. 1 kg already dropped Weight lost 3 kg in 3 months, normalized with RR treatment, RR at home within 115/75 mmhg, swims once a week. limited the amount of food in the evening. Continues to lose weight. Check after 3 months. If I notice changes in how I feel (chest pain, headache, etc.), I immediately inform my family doctor/family members. In the event of an emergency hospitalization, I will also inform my family doctor/family nurse IMPORTANT CONTACTS Family doctor's centre Family doctor family doctors Family doctor Assistant doctor Family nurse Family nu Mon-Frt 8:00-16:00

24-hour family doctor advice line 1220

Shifting health outcomes



Shifting health outcomes ... with trial-and-adopt



Trial-and-adopt in healthcare programming

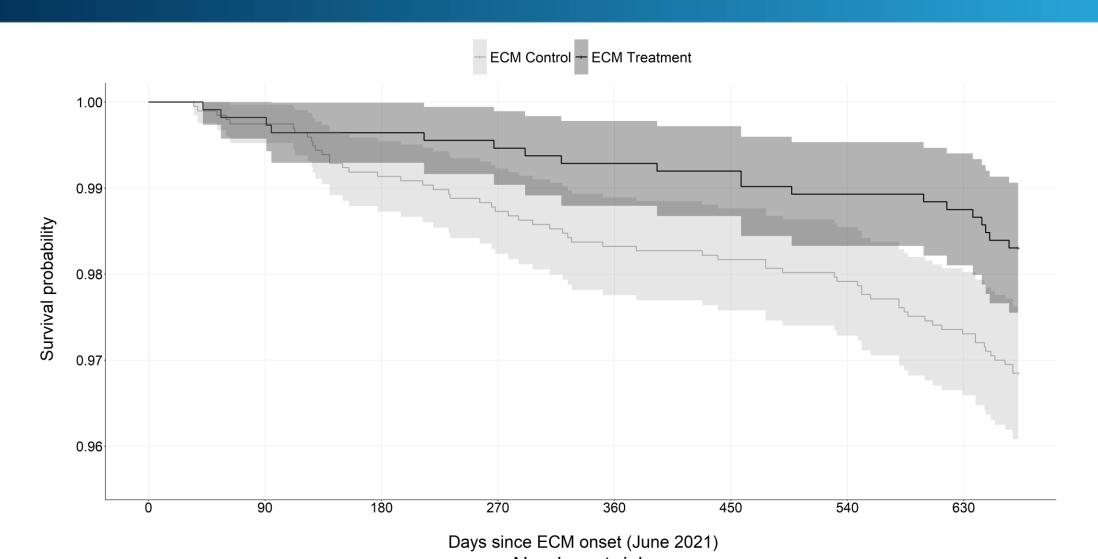
- Began with pilot in most willing health practices
 - Studied closely the behavioral challenges of provider **and** patient
- Scale-up using randomization was fair and enlightening
- Capitalized on Estonia's great administrative data
 - Close relationship between Bank team and Estonia's health analytics team
 - Embedded all our work in a broad view of the health system
 - Tried to influence adoption in multiple ways
 - Complemented with surveys of providers and in-person focus groups when necessary

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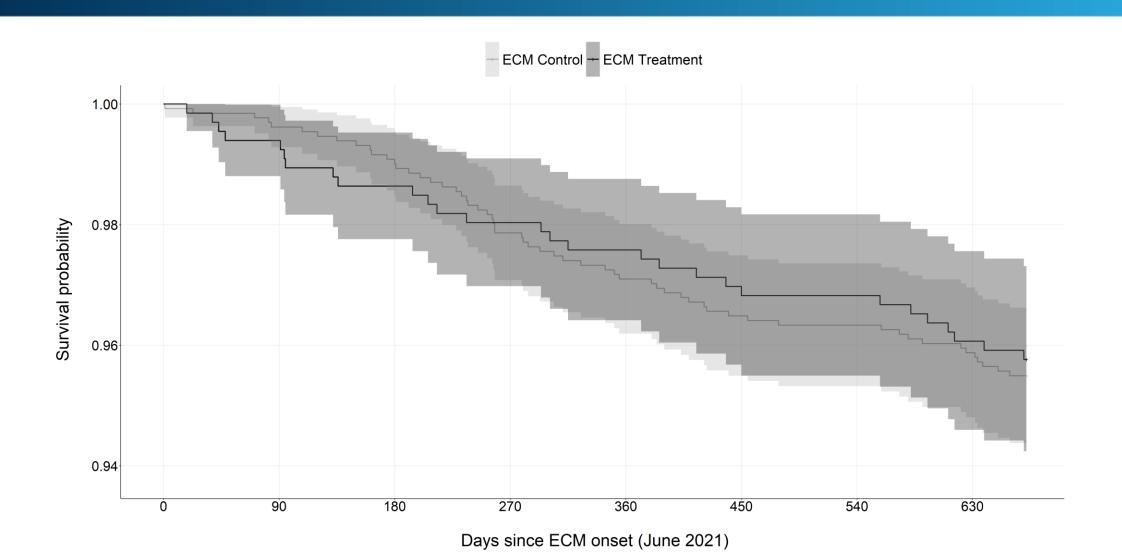
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The scheme resulted in substantial reductions in mortality for patients not yet critically ill ...



... but not for those already critically ill ...



What happened? The admin data can tell us!

- The scheme worked through making doctors generate care plans, and nudging their teams to have more contact with focus patients
- This resulted in a range of monitoring procedures being implemented for a group that wasn't otherwise being effectively monitored
 - Treatment patients were more likely to be diagnosed with (e.g.) heart failure than control patients
 - Treatment patients were then more likely to receive needed prescriptions
- More primary health care led to less hospital care
- All together, these activities seem to lead to a reduction in mortality risk for mild-risk patients

Key messages

- Trial-and-Adopt is a complement to programs, policies, and reforms
- In Estonia, Trial-and-Adopt built on government admin data demonstrated how a new policy reduced all cause mortality by 50%, but only for "healthy" patients
- Long-term partnership lays the foundation for successful collaboration between government and researchers to solve realworld problems

Thank you!

