Health Literacy and personalised medicine – an Austrian perspective

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Personalized medicine is primarily a communicative task

» „Personalized medicine“ was always the core of good healthcare
  » Individual communication between physician and patient was and is the basis to find the best diagnosis and care

» The communicative framing is decisive for patients benefit and acceptance
  » the individual psychosocial and personal processing of the patients needs to be in the center of clinical implementation
  » Support to understand, appraise, reflect and self-determine this treatment = Health Literacy

Nowak 2017
(see also Kollek/Trojan 2017)
Core questions for the success of personalized medicine

Does the doctor understand the individual person?
→ What is the patient's concern?
→ Does the doctor recognize,  
  » what the patient understood (or not)?  
  » if this makes sense in the patient's life?  
  » if the patient can handle this?

Does the patient understand the doctor?
→ What are the results of the findings?
→ What are the therapy options?
→ What they can do themselves to become healthy?

Source: Antonovsky 1979
The Case of Austria: Quality of Healthcare Communication

On a scale from very easy to very difficult, how easy would you say it is to:

- ... use information the doctor gives you to make decisions about your illness
- ... judge how information from your doctor applies to you?
- ... understand what your doctor says to you?

Percentage of persons who find it difficult to:

- 32% of persons find it difficult to use information the doctor gives them to make decisions about their illness.
- 18% of persons find it difficult to judge how information from their doctor applies to them.
- 15% of persons find it difficult to understand what their doctor says.

Status quo requires action!

Means 8 European countries
Austria

Source: HLS-EU 2012
National strategy for personalized communication: major fields of action

- Developed 2014–2015
- Approved 2016
- Implemented 2017...

Re-orienting healthcare on a broad basis towards patient-centred culture of communication!
Implementation of the national strategy 2017–2020

Modell of good practice

Development of Instruments (2017–18)
- Human resources development: Healthcare professionals
- Empowerment: Patients and families
- Organizational development

Preparing of pilots (2017)
- Best Practice Projekts & Pilots
  - Hospital wards
  - Primary health care
  - Rehabilitation
- Train the Trainer

Piloting and Evaluation (2017+)

Rollout
- Network of trainers, certificate
- Workplace-based CST
- Patient education programme
- Guidelines
- Incentives

Better health outcomes
- Comm. Compet. HCP
- Health literate patients
- HLO

Health system development

Nowak 2018
Conclusions

» Good communication is a prerequisite and central element of personalized medicine

» Good communication is crucial for the health outcome

BUT: 1/5 – 1/3 of patients do NOT understand their doctor

➔ Good communication can be taught and learnt
➔ Good communication needs the support of senior doctors
➔ Good communication requires supportive organizational processes and framework conditions
➔ Good communication needs re–orientation in the basic paradigm of medicine