

Socio-sundhedssystem

Et pilot projekt

Hvem er jeg?

Studier

En vision

Disputats til Bog



If one were to pool all of the resources tied to health and social services in a given community and had the opportunity to plan the delivery of health and social services with no limitations on the way these were planned except the sum total of resources, would the resulting system look like anything we know today? Although this

may sound like a preposterous proposition, thinking this way is nonetheless the only way to achieve movement towards an optimal system. The author has not met one individual with whom he shared this thought who did not immediately recognize the potential for seriously positive development based on such a strategy. The question then arises, "What are we waiting for?" This book is designed as a manual for moving in that direction with sound argumentation for most aspects of what this strategy could come up against from opponents who think that tradition should prevail.

"Worldwide, the demand for health care services is rising inexorably at the same time available resources are being constrained. This book provides a practical and compelling roadmap to all those facing the myriad challenges of balancing care, cost and social conscience. Health care policymakers, managers and clinicians everywhere should read this book for its many lessons and insights!"

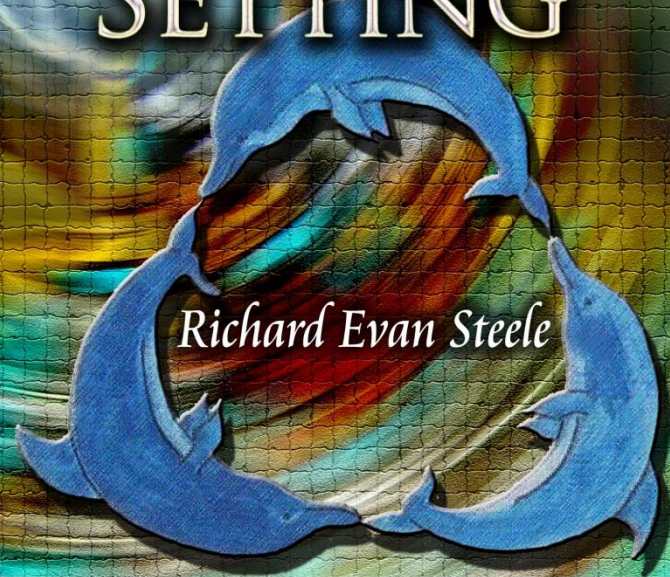
Jonathan P. Weiner, DrPH

Professor of Health Policy and Management,
The Johns Hopkins University, Baltimore, Maryland, United States.

Richard Evan Steele, MD, MPH, PDC, BCSPHM is the Medical director of the clinic "Klinikken Livet" in Silkeborg, Denmark with vast experience and knowledge used in his holistic view on medicine and health.

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MANAGED CARE IN A PUBLIC SETTING



Richard Evan Steele

Health and Human Development
Joav Merrick (*Series Editor*)

Novinka

Managed Care in a Public Setting



Steele

Novinka

Reviewed Prof. Jonathan P. Weiner

”The grand old man of managed care”

Worldwide, the demand for health care services is rising inexorably, at the same time available resources are being constrained. This book provides a practical and compelling roadmap to all of those facing the myriad challenges of balancing care, cost and social conscience. Health care policymakers, managers and clinicians everywhere should read this book for its many lessons and insights!

Grundlæggende og alvorlige problemer

Kommunikation, koordinering og opfølgning

Komplekse og uklare tilstande

Uretfærdigt, hårdt, og en dårlig forretning.

Systemernes kendetegn

Konstant krise tilstand

Evidensbaseret eksprestog

Nedskæringer og kassetænking

Opgave fordeling mellem stat, amt og kommune 1984

Det gale samfund

Enormt bekostelige systemer præget af spild

Verdensrekord i den procentisk andel af befolkningen på overførselsindkomst

Taber en femtedel af hver generation

Rehabilitering halter

Behov for en ny paradigme

Maksimere alle muligheder for at bidrage

Investering i mennesker

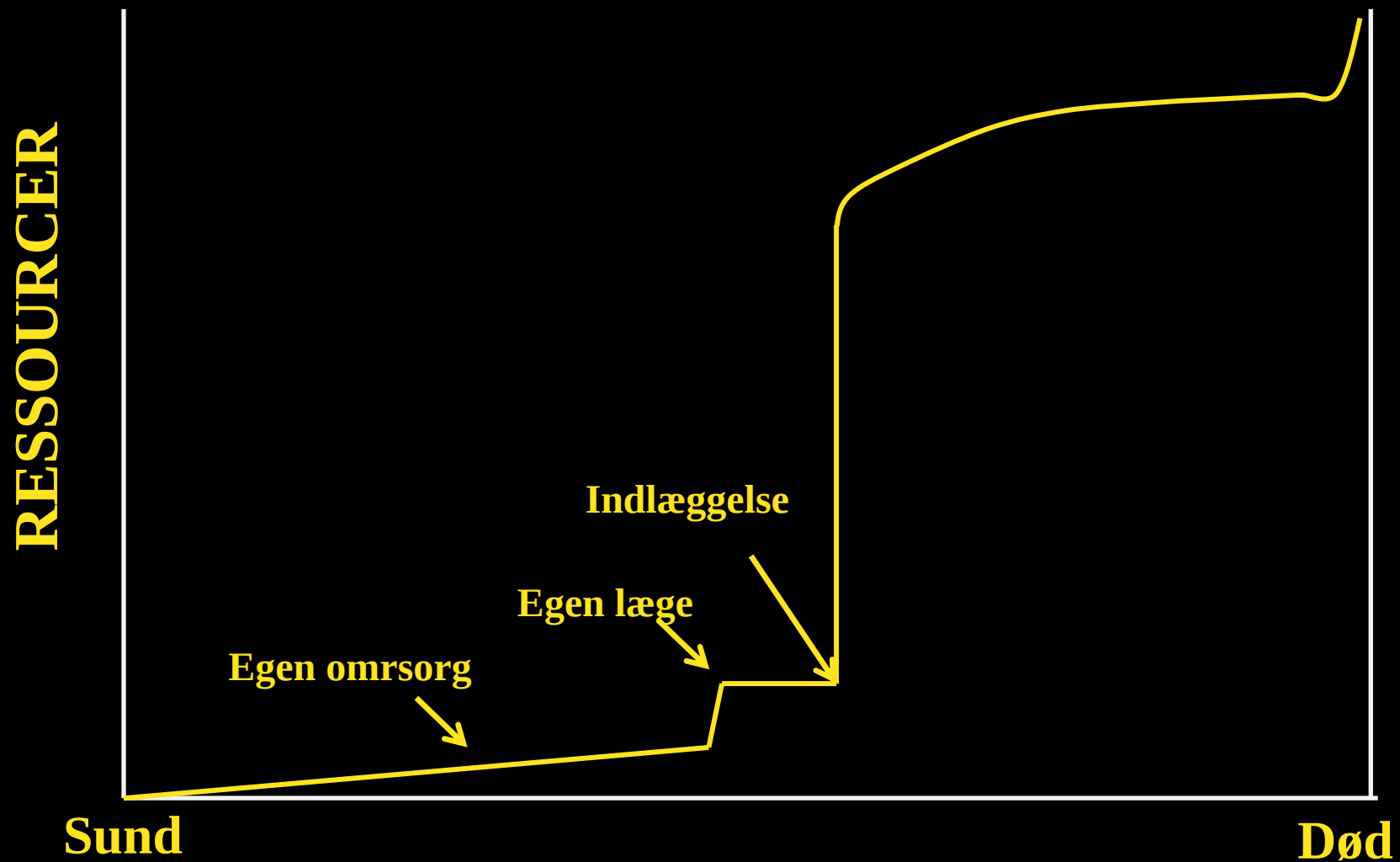
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Indlæggelsesdøgn på sygehus koster ca. kr. 12000

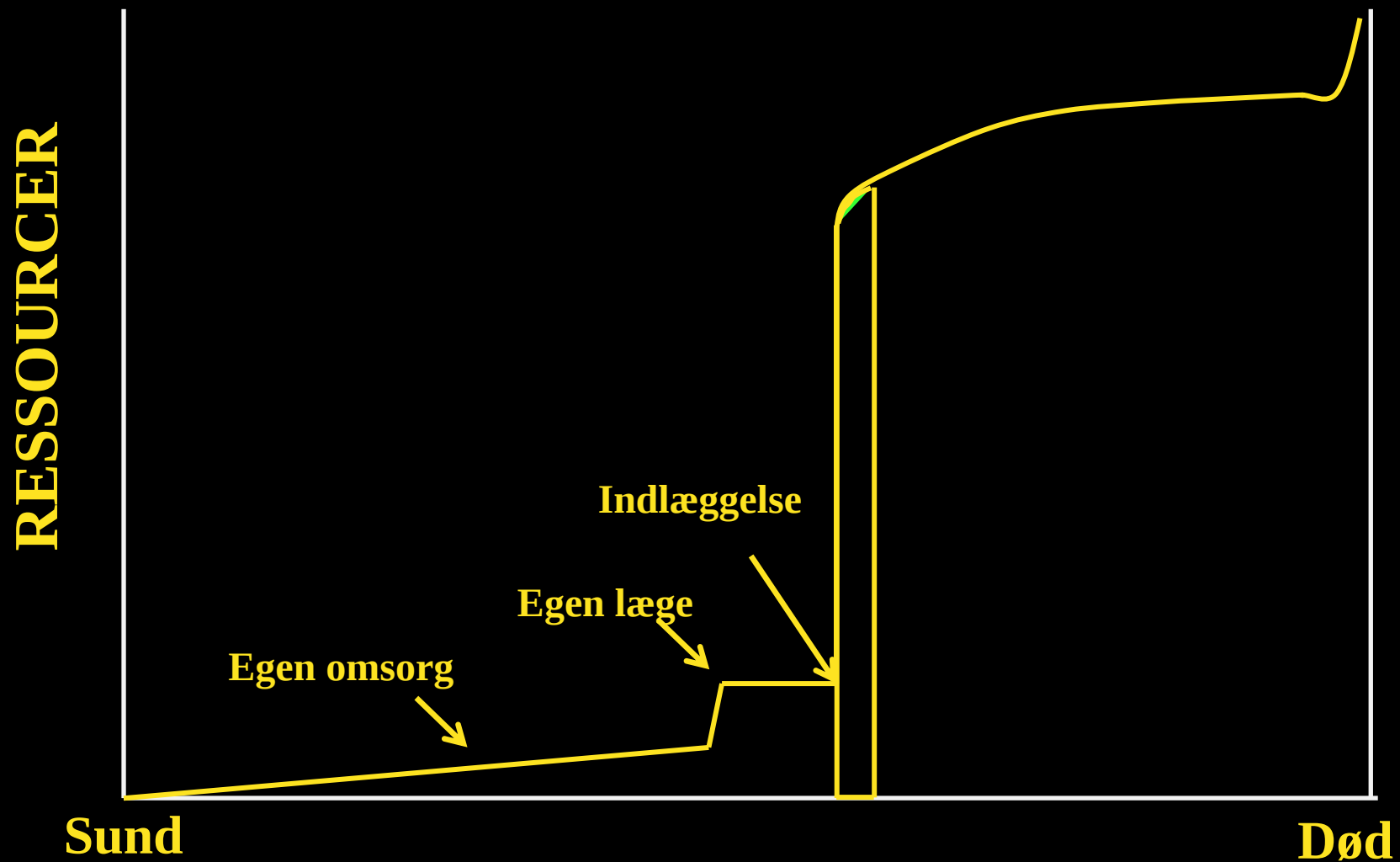
Maksimal hjemmesygepleje koster ca. kr. 4000

For hvert undgået indlæggelsesdøgn sparer man ca. kr. 8000

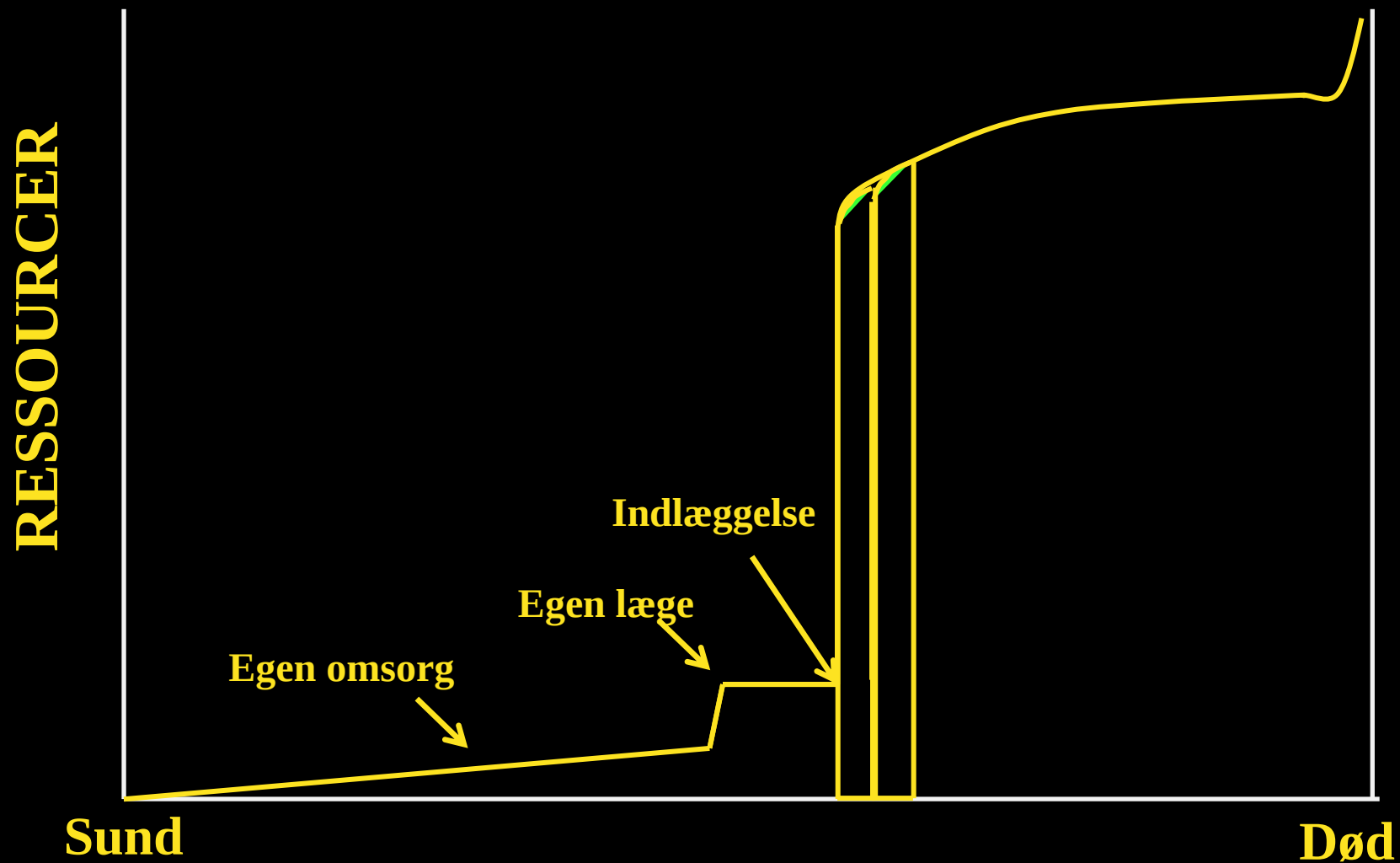
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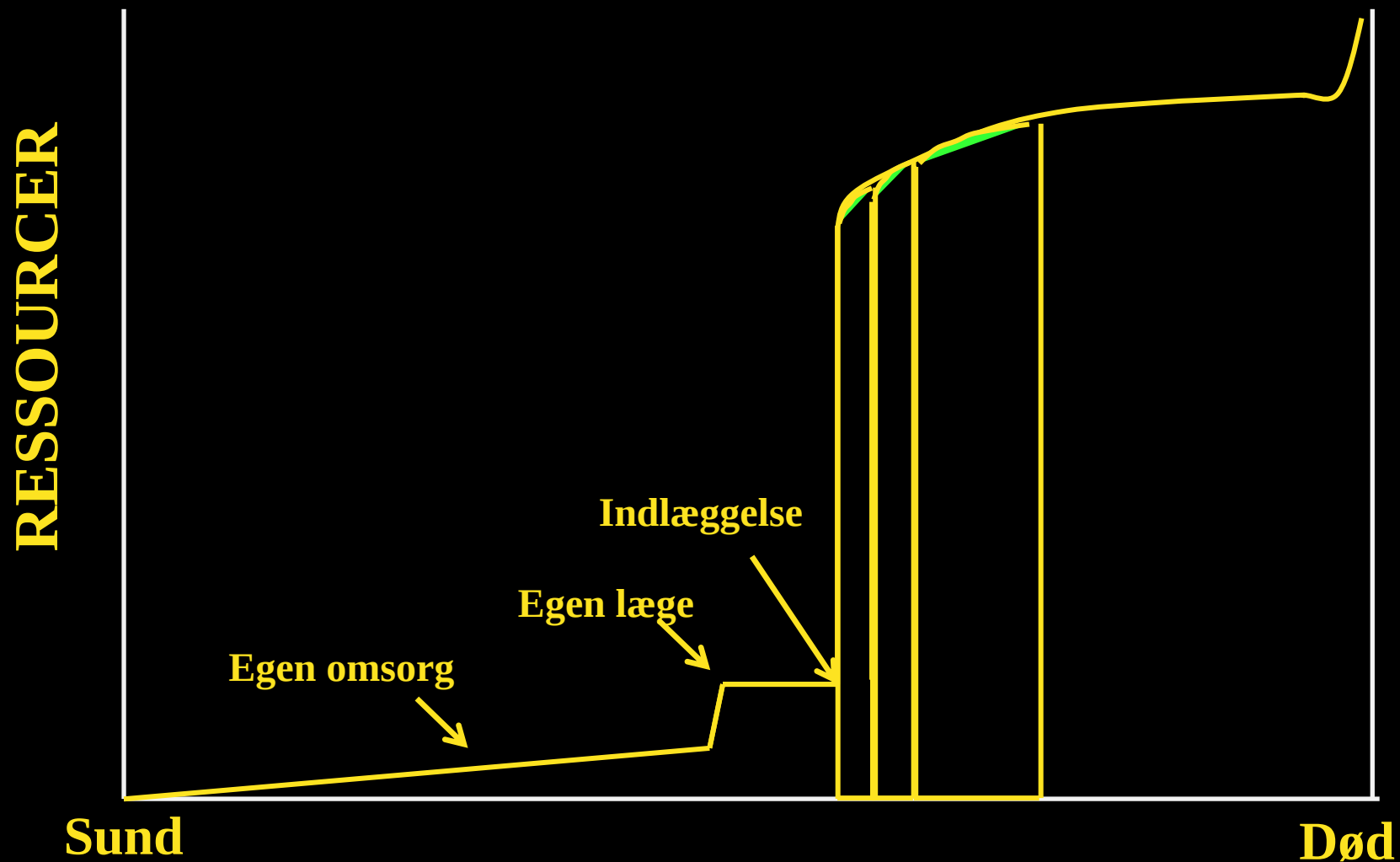
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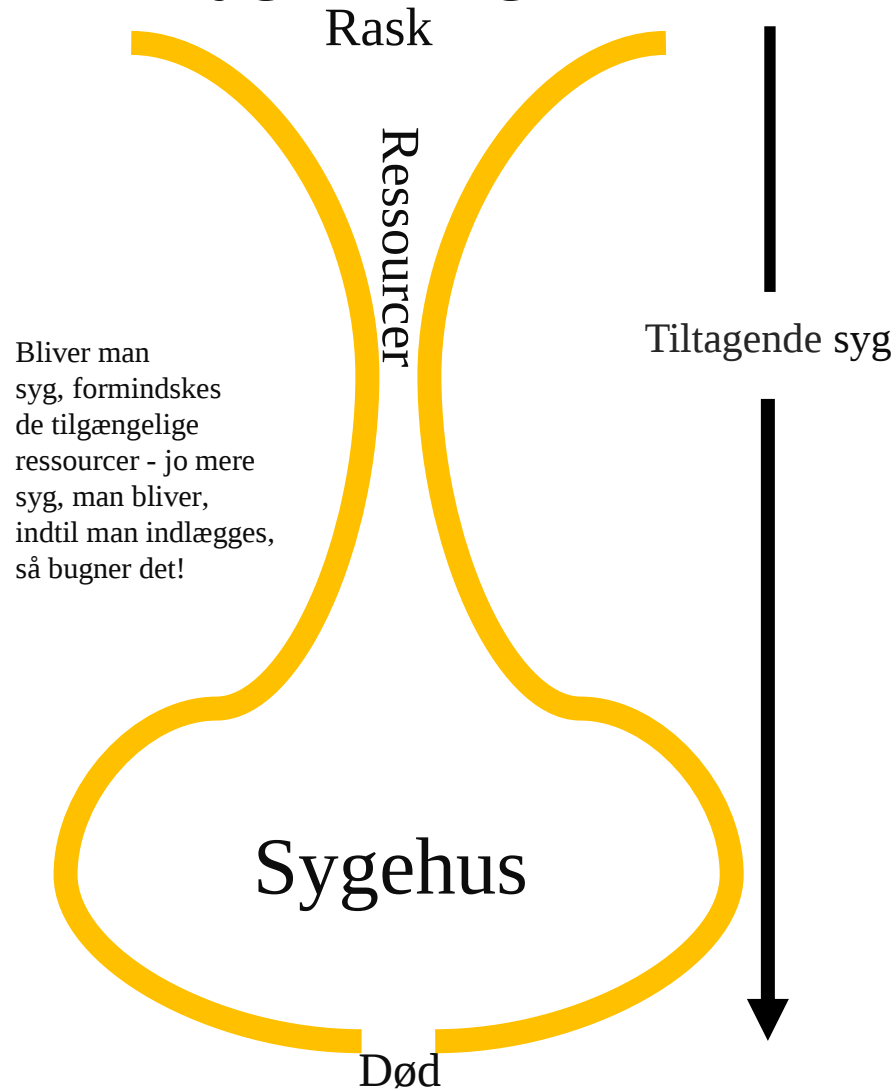
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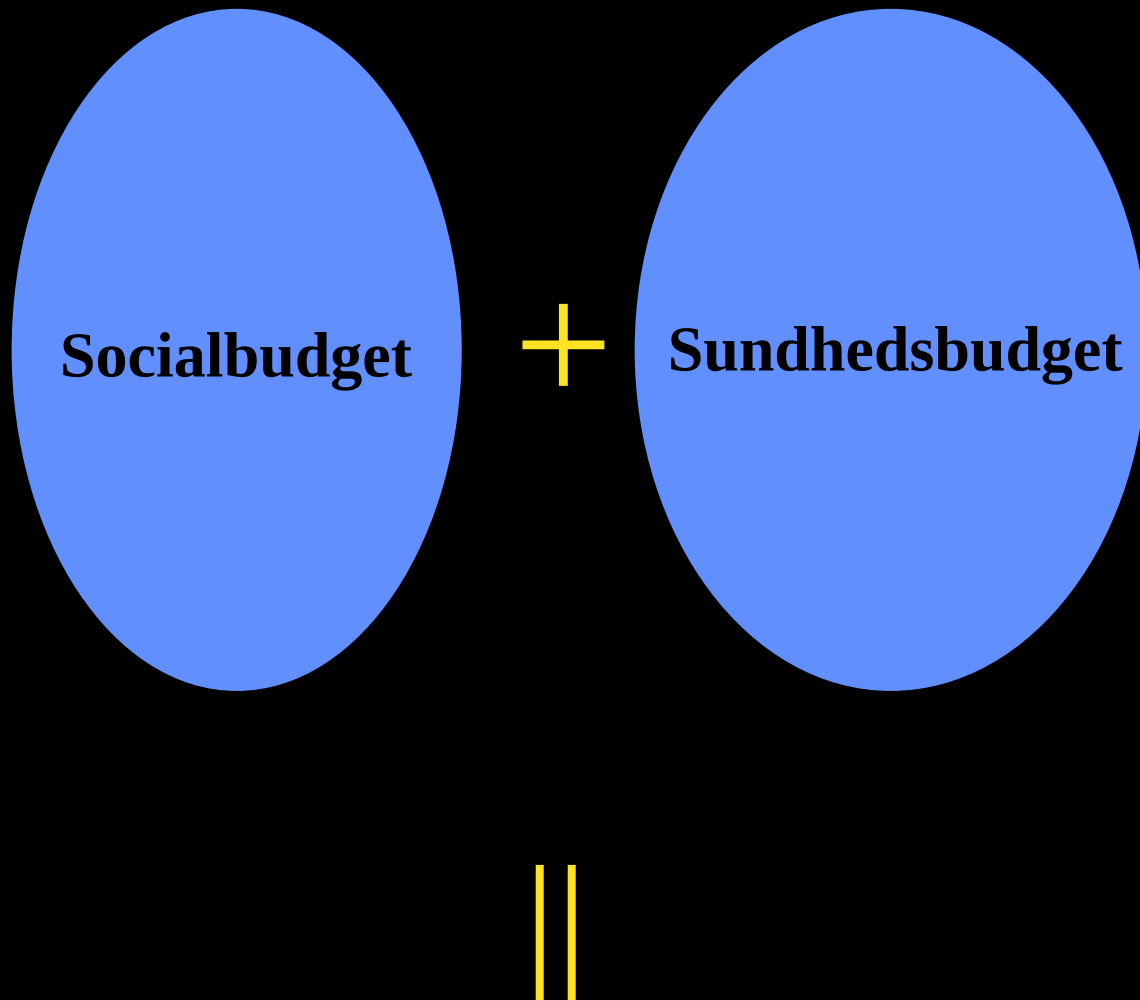


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Sygehustragten





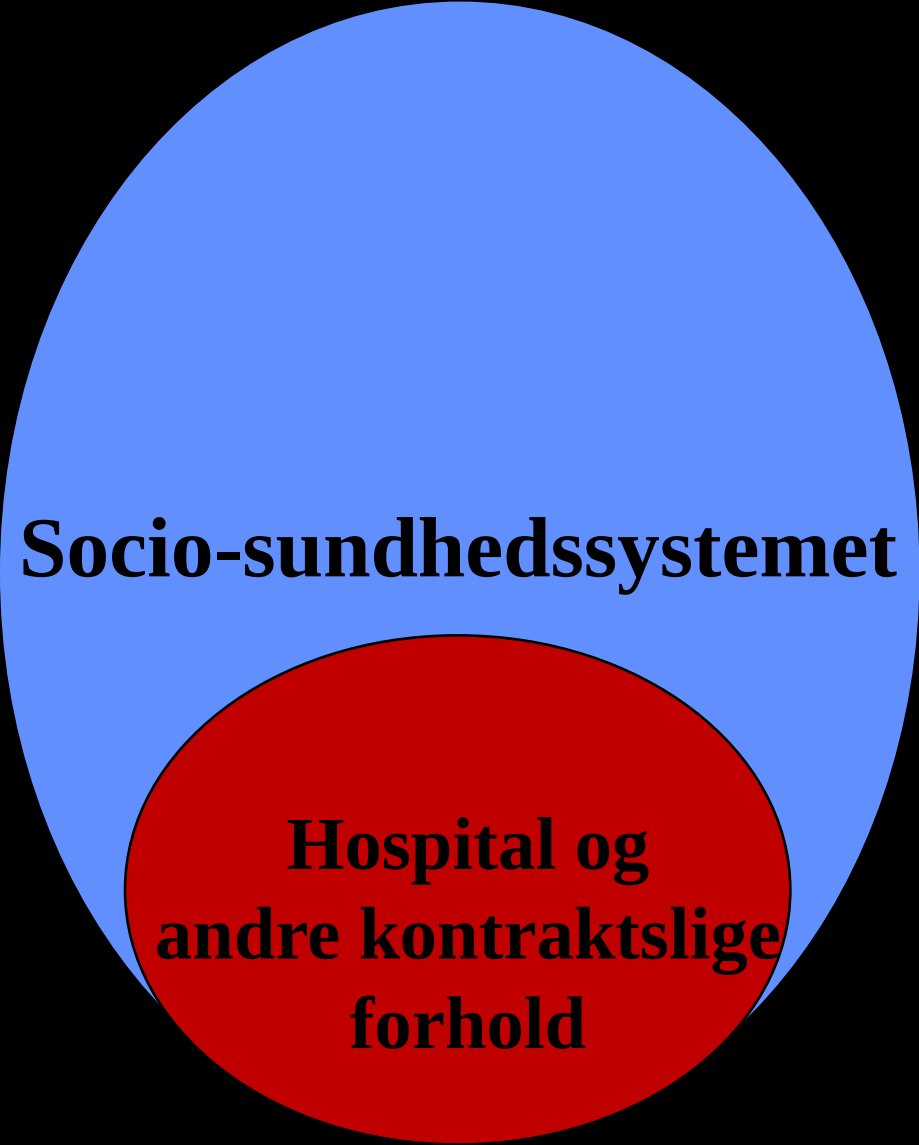
Socio-sundhedsbudget

Tre betingelser:

Samme som, eller bedre serviceniveau end hidtil

Nyt sygehus udvikling ikke tilladt

Maximum 24 timers ophold i primærsystemets akutsenge



Socio-sundhedssystemet

**Hospital og
andre kontraktlige
forhold**

Mål:

Udvikling af et fleksibelt, højt tunet og teknologisk avanceret primærsystem

Større reduktion af hospitalsindlæggelser

Storstileet ressource-mobilisering

Stærke og positive incitamentssystemer

Stærk positiv effekt på sundheden

Bevidst nedbrydning af kasseskel

Globale besparelser?

Alle vinder!

Re-etablere nærhed i tjenester

**Storstilet omfinansiering til styrkelse af primærsektor,
sundhedsfremme og prævention til gavn for alle**

Sygehusene kan koncentrere sig om deres kerneopgaver

Stor forbedringer i tilfredshed med tjenester

Hvad skal der til?

Politisk opbakning – tænke tank?

En projektby/byer

Kom i gang midler – anslået 20 millioner

Lovændring?