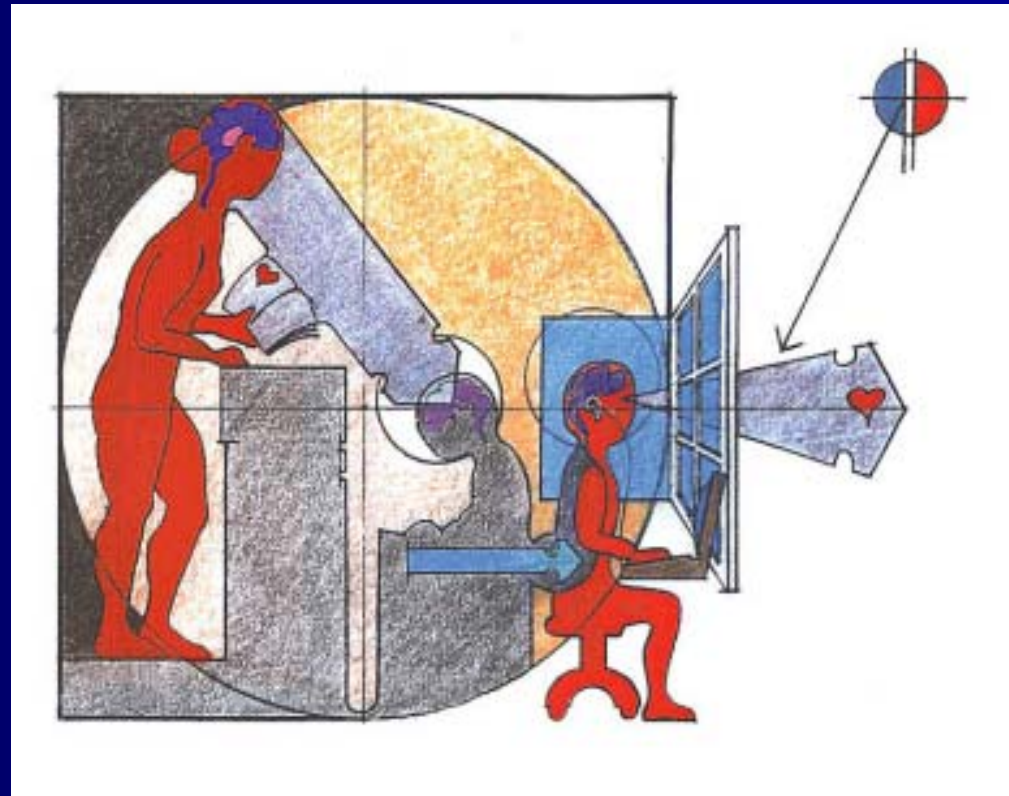


# Is there a patient perspective on strategic leadership for health ?

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# Different patient perspectives



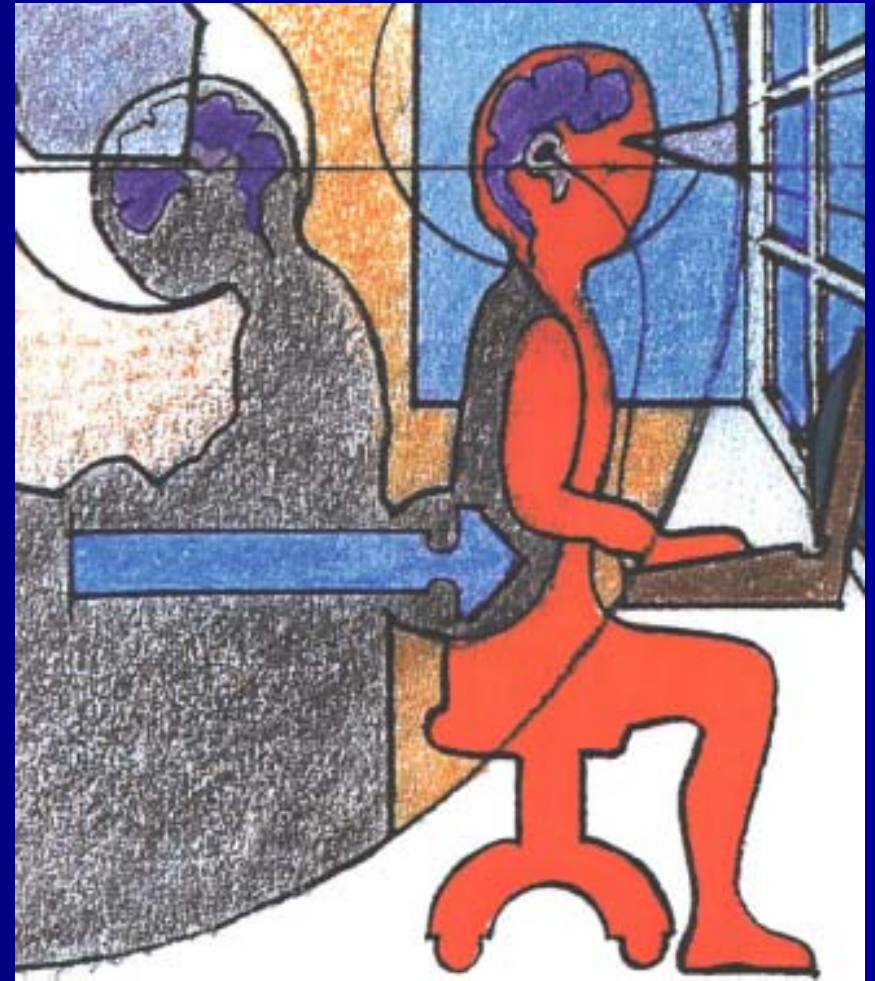
# 1. The patient as the *receiver* is still here

- A trust is a must
- Professional competence for diagnosis and treatment
- Professional information
- Leadership: the old one – but better...



## 2. The patient as a *searcher* is an evolving trend

- Patients are empowered, expected (and expecting!) to be able to make their own choices, and used to searching for information.



## 2a. The experts facing the backs of the patients

- A waste of time and resources
- Leadership perspective: how to avoid meaningless efforts and routines.



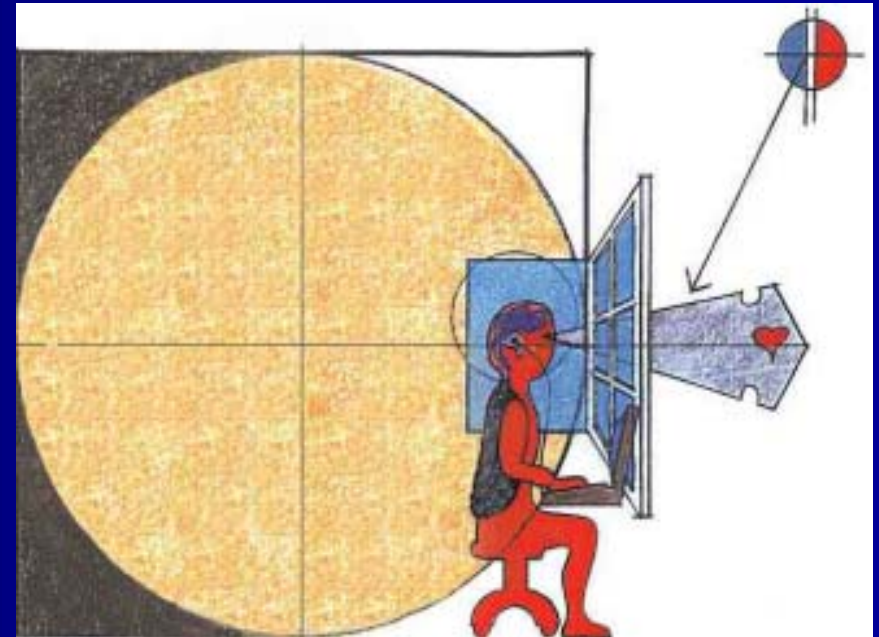
## 2b. Experts for *feedback* to the searching patient

- A paradigm shift. Not *more* information. Another *type* of information on other terms.
- Leadership for new education, new resource allocation and new strategies for the development of the feedback functions.



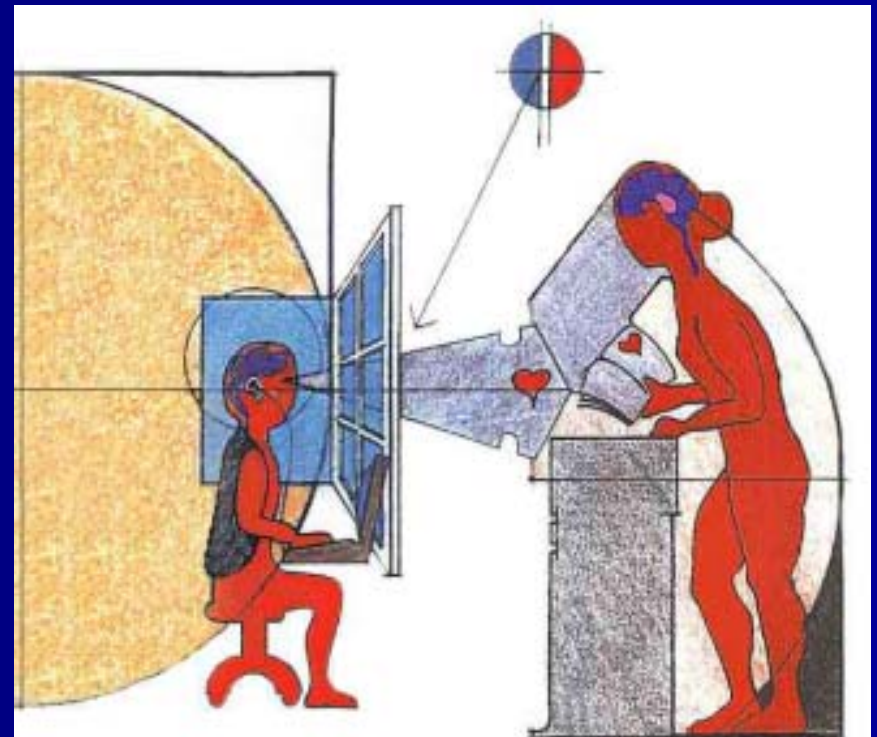
### ***3. Patients as senders*** **is an emerging provoking and challenging perspective**

An almost nonexistent  
aspect outside the  
individual consultations.  
A need for a systematic  
**Patient Provided  
Information** Bank, a PPI  
Bank.



# 3a. Leadership aspects

- Strikingly small efforts have been made to utilize information *from* the patients: collect it, structure it and make it available in different forms to patients and experts.



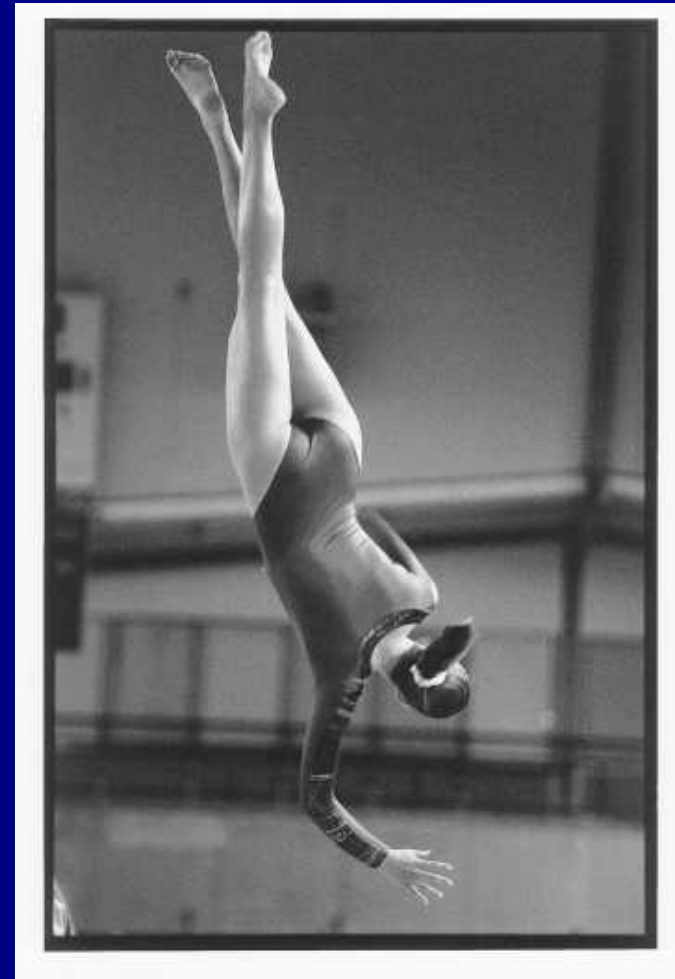
## 3b. Example: *Does the medicine help?*

- Ongoing work in Sweden (cf. booklet)
- Integrate patient-experienced effects of medications systematically and continuously, primarily into Apoteket's operations.



# 3c. Leadership aspects for this example 1(3)

- Develop systems, methods, and logistics for measuring the effects of the drugs on the *holistic level of the patient*.



# 3c. Leadership aspects for this example 2(3)

- Focussing on the right things right: the patients' own daily experiences of drugs-in-use, including long-term medication, interactions with other medications, forgetfulness, placebo effects, eating habits, individual receptor variations.



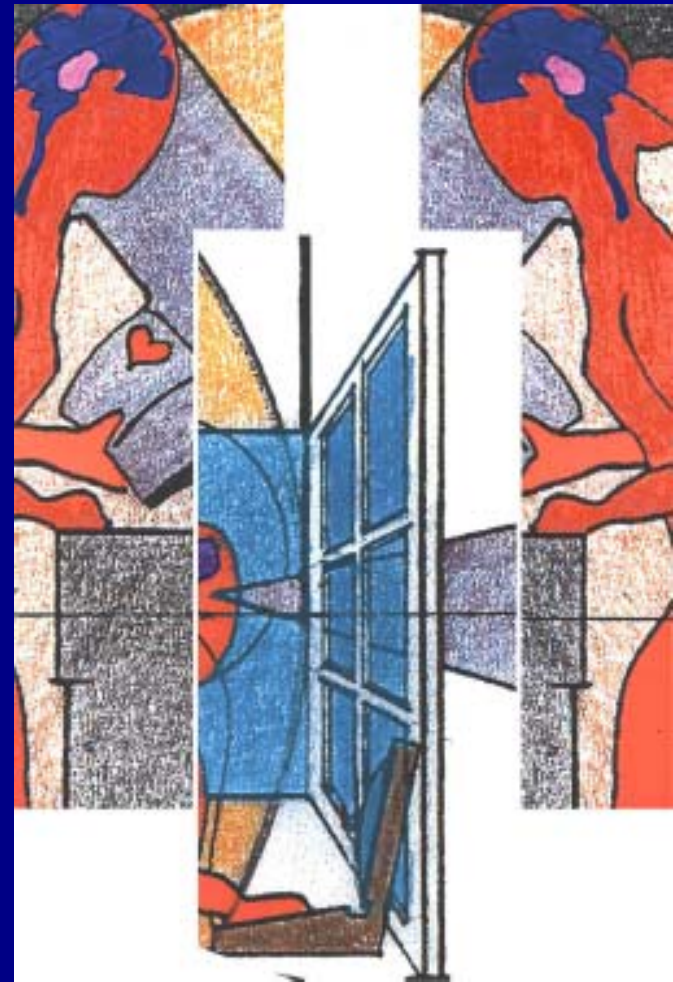
# 3c. Leadership aspects for this example 3(3)

Introduce a paradigm shift: the best medication for the individual does not depend solely on results from double blind controlled clinical trials. Other patients' responses to drugs-in-use could be integrated as could the needs, wishes and dreams of the patient.



# 4. The *feedback-wishing* patient

- *Sending* patients have a legitimate right to receive feedback from the PPI (Patient Provided Information) system. They will find their own subgroups and expert patients, and increase their compliance in those contexts that are meaningful to them.



# 4a. Leadership aspect on PPI feedback

- From the very beginning: to involve the task to serve patients and personnel with feedback *from* patient provided information banks on health care and medication.



# Position papers from IFoM, International Forum on Medicines, [www.ifom.org](http://www.ifom.org)

Value Versus Costs  
has been a central  
concept. Two papers  
so far:

1. The need to assess  
the value of medicines
2. Achieving the value of  
medicines



# But *value* should be *values* and patients' perspectives more expressed:

- Patients' values are *many* and *different*.
- Next IFoM publication this autumn (paper in progress): *3. Patient experiences and the values of medicines (working title)*



# 1 (2). To sum up: a *manifold* leadership demands insights:

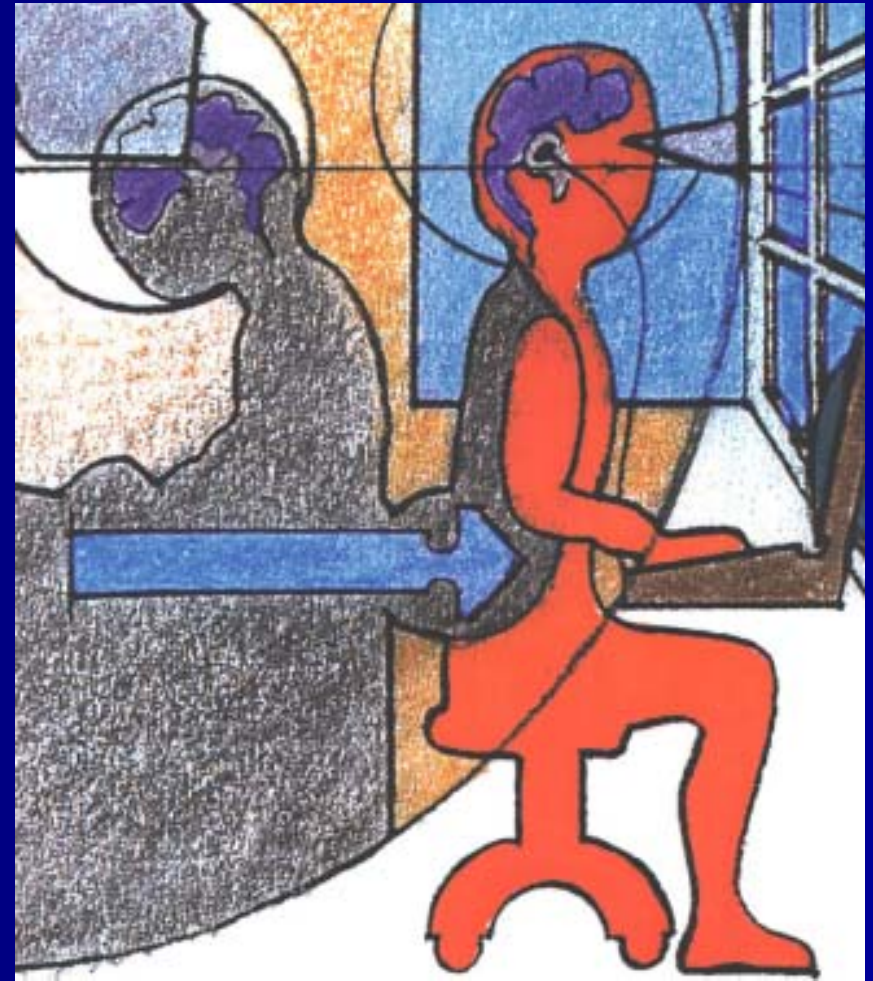
- *Efficacy* does not equal *effectiveness*
- *Internal* validity is not a goal per se. *External* validity is even more important?



## 2(2). A *manyfolded* leadership demands insights:

New *professional* roles corresponding to

- 1) the receiving,
- 2) the searching,
- 3) the sending and
- 4) the feed back wishing patient.



# Finally: Does *anybody* actually **drive** healthcare today?

The purpose of my vignette picture is to provoke and challenge the leadership of healthcare worldwide. The evolving changes in the healthcare system urge another agenda and a pronounced leadership. **Not** a continuation with no central force – like the internet.

