Sweden has one of the world’s highest percentages of seniors, and in the late 1990s Höglandet’s local hospital began overflowing with patients. Officials from the Jönköping region and healthcare employees collaborated on a better system to care for the elderly, who frequently ended up in the hospital.

They dreamed up their fictional character Esther, a reasonably self-sufficient 88-year-old pensioner with some chronic health issues. Then they asked, “What is best for Esther?”
Attributes to programs that successfully treat high-needs high cost individuals

1. Targeting
2. Leadership
3. Having everyone on the team know each other
4. Periodic revision of the program
5. Data infrastructure and feedback
6. Interaction with patients and families
7. Focus on care transitions
8. Appropriate financing and payment incentives
Targeting

• Esther
  – Broad
  – Heartfailure

• Different methods
Structure for leadership

Kommunalt forum

Reko

Children & youth  | Elderly  | Mental illness

Public health, disability, IT

Chefsgrupp
Leadership

• Leadership structure on macro level
• Esther coach course
• Learning by doing; 8 days
• Making their own personal improvement project (PIP)
• Making an improvement at their own working place
• Coaching skills – solution focus approach
• Site visits in other organisations, in and outside healthcare
Know each other
Esther café
Esther’s journey revision on program

Client integration and co-operation - a must to built trust

- Home care
- Primary care
- Hospital
- Intensive care
- Medical unit
- Psychiatry
- Rehabilitation
- Sheltered home

Network for health and care collaboration

ESTHER
Region Jönköpings län
The Basic idea

What is best for Esther?

Esther... no matter where, we will be there!

Take responsibility for your step and make it easier for next
Individual values

• What does Esther need/ want?
  • What is important for Esther when she gets sick?

Partners

• Who has to cooperate to fulfil Esther’s needs?

Changes in the environment

• Changes in the system of health care?
• New methods? New technology?
• Changes in population?
Data infrastructure

The use of transparent data to create overall understanding and possibility to learn and react.

• [http://plus.rjl.se/infopage.jsf?nodeId=40884](http://plus.rjl.se/infopage.jsf?nodeId=40884)
Fokus on care transitions

- Welcome back home package
  - Staff from municipal social care is already there when Esther returns from the hospital
  - Make sure that...
    - the home is in order
    - Esther has got food and a clean bed
    - Esther got the right equipment and correct medication
  - If needed, attach and test a personal alarm around the wrist
  - Check again the care and social plan together with Esther, make changes when needed
  - Most important! Make sure Esther feels listened to, safe and confident

Photo: Johnny Törnvist
Antal vårddagar och antal vårdtillfällen i slutenvård
bland anslutna till MGT patienter som uppfyllde krav - tre och fler inläggningar senaste 6 månaderna

månaderna
innan
efter

VDGR 90
VDGR 180
VDGR 360
VTF 90
VTF 180
VTF 360

n= 74
n= 24
n= 15
n= 74
n= 24
n= 15

16:10
MPG Forum geriatrik
Financing and payment incentives

What is best for Esther?

Esther... no matter where, do it and PAY there she is