TITLE: Transforming healthcare – a description of how Gävleborg created new care forms through patient driven triage

Introduction

The Gavleborg county is under heavy demographic pressure and forced to take leaps into a semi-automated digitalization and to build new care forms. We are now completing a 4-year project as our first leap, the object with this presentation is to summarize the project. Starting with our vision from 2017, guiding through expected and unexpected challenges we've encountered and finishing off with early data of the outcome. We will also describe how this implementation gives us possibilities to establish new care forms and break the walls that surrounds a traditional health care-organization and its medical boundaries to achieve a seamless patient-orientated health care. Finally we intend to leave our spectators with unanswered questions regarding how this affects our traditional way of registering health care production and availability and a glimpse of our plans to develop this health care concept further.

Methods

We decided to build an algoritm to provide an automated patientdriven triage where every combination of symtoms gives the patient 5 attributes which unlocks the right to schedule a visit in our health care. These attributes are:

- Appropriate profession to meet the patient
- Appropriate speciality and subspeciality
- Appropriate care unit
- Appropriate care form (digital/physical/selfcare)
- Urgency

To match these attributes we've had to implement this platform to every profession and speciality in our health care sector, and also map the clinical competence in every employee. This also enables us to offer a seamless digital care flow when a new health issue comes thorugh the triage and multiple professions/competences are needed to solve it. Today we have 200+ different combinations of professions and specialities mapped which all can take part in an online visit as the first line of care, second line or regarding potential chronic need of digital health care.

With functions like patientdriven auto-triage, online multiple-consultants and health care contacts through synchronous/asynchronous chat and automated questionnaires we are trying to find appropriate ways of defining a "care visit", adequate contact-registration and availability measurement methods. But it's not quite that easy and will make it hard in this transition period to compare our new health care with others and historical data.

Results

The final step of the implementation will be in May, and early results will be available in September.

Conclusions

To be decided.