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## **The National Model for Prioritisation in Swedish Health Care- An application in Occupational Therapy for Patients with Rheumatoid Arthritis.**

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### **Introduction:**

Occupational therapy interventions for patients with Rheumatoid Arthritis are changing due to new pharmacological treatment. Occupational therapists (OT) therefore need to carry out new interventions and re-prioritise among the existing ones. The Swedish National Model for Prioritisation was developed to provide health care with a national working model aiming at a greater transparency in priority setting.

### **Objectives:**

The heads of occupational therapy departments, in five hospitals in the middle of Sweden, agreed upon using this model to increase the effectiveness of delivered OT interventions, so the patients would receive equal, evidence-based and cost-effective occupational therapy in rheumatic rehabilitation.

### **Description:**

OT:s representing the five hospitals started to work with the National Model of Prioritisation in September 2008 and the goal is to be accomplished in June 2009. Two persons from the project group entered the first course ever on using the National Model for Prioritisation at the National Centre for Priority Setting in Health Care.

The first step for 14 OT:s involved was to select which occupational therapy interventions we wanted to prioritise (frequent or controversial interventions). Those interventions are called *prioritisation objects*.

The next step is to collect data, about the 19 prioritisation objects. Each prioritisation object will be described according to the severity of health condition, the patient benefit, the evidence of benefit and cost-effectiveness.

The last step is to do a 10-level ranking list on the prioritised interventions. A "don't do list" and a research and development list (R&D) should complement the ranking list.

### **Results:**

The project is ongoing and the result will be presented in WFOT-conference 2010.

### **Contribution to the practice:**

Experiences from this project, up to this point, have been the increase in awareness of the OT:s concerning the interventions that benefit the patients and the cost-effectiveness of the interventions. The OT:s also benefit from sharing clinical experiences with colleagues. The use of this model could be considered internationally.