Models of Child Health Appraised
(A Study of Primary Healthcare in 30 European countries)

OC-9 Well child care in Europe – an inter-country comparison using unified modelling language (UML) methods

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Abstract

Background and aims One of the main objectives of the ?Models of Child Health Appraised (MOCHA) project ?(www.?childhealthservicemodels.eu) is to appraise the existing primary child health care system models in 30 European countries. In each country routine screening and physical examinations are used to monitor how a child grows and develops, and provide a means of early detection of children with physical and/or mental diseases such as ADHD, autism, severe visual and/or hearing impairments. These "well-child" visits are scheduled at specific ages, the frequency and content varying according to the child's age, national guidelines and the type of care provider.

The aim of this work is to provide a snapshot of the diverse professionals who interact with the child in the execution of specific examinations in the different countries, also analysing which are the main conditions that each country focuses on at the different age groups.

Methods This work was carried out by analysis of a questionnaire sent to the MOCHA Country Agents which aimed to gather data about the ages and content of routine screening and physical examination programmes performed in each country, by age categories: 0–11 months, 1–4 years, 5–10 years, 11–18 years. On the basis of these data, a UML (Unified Modelling Language) use case diagram was constructed to give a functional diagrammatic picture of the actors involved across the 30 countries.

Results This analysis has provided a functional diagrammatic picture as well as a word description of each primary health delivery model highlighting the main differences among countries highlighting: 1) the schedule of each examinations designed to detect physical or mental diseases early; 2) the professional who delivers them; 3) to which setting the health professional belongs; and 4) where these services are usually delivered. A snapshot of the different providers involved in each country is shown in the UML use case diagram reported in the figure.

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Conclusions The use of UML as a framework to support the analysis of different country well child care systems is a unique contribution to scientific appraisal methods in this field. It will be used to identify the main strengths of children primary care services and highlight potential gaps in the varying structures and processes of care that exist.

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