



## Models of Child Health Appraised

# A European Commission Horizon 2020 Project on Models of Healthcare

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### 1. Background

Currently there is no consensus in Europe about the best way to provide primary health care to children. There are many different models of primary care in Europe, which have never been appraised in terms of children's physical and mental health outcomes. This implies that some children are receiving sub-optimal health care, and thus their entitlement to optimum health, as supported by the United Nations Convention on the Rights of the Child, is not being met.

### 2. Methods

The MOCHA project (2015-2018) studies the models of care in all 30 European Commission and European Economic Area countries (Figure 1) using local agents, professional networks, and earlier child health projects. Germany is represented by the University Medical Centre Hamburg-Eppendorf. Overall, twenty scientific partners aim to identify and assess the many facets of



Figure 1. MOCHA Member states.

children, also taking into account cultural, sociological and political factors. The complex subject matter and ambitious aims of MOCHA mean that all project work packages (Table 1) collaborate closely, often cooperating on lines of research. These are framed by a timetabled range of internal and European Commission deadlines, and peer-reviewed by an External Advisory Board.

<b>WP 1: Identification of Models of Children's Primary Health Care.</b>
<b>WP 2: Safe and efficient interfaces of models of primary health with secondary, social and complex care.</b>
<b>WP 3: Effective models of school health services and adolescent health services.</b>
<b>WP 4: Identification and application of innovative measures of quality and outcome of models.</b>
<b>WP 5: Identification and use of derivatives of large data sets and systems to measure quality.</b>
<b>WP 6: Economic and skill set evaluation and analysis of models.</b>
<b>WP 7: Ensuring equity for all children in all models.</b>
<b>WP 8: Use of electronic records to enable safe and efficient models.</b>
<b>WP 9: Validated optimal models of children's prevention-orientated primary health care.</b>
<b>WP 10: Dissemination.</b>
<b>WP 11: Project Management.</b>

Table 1. MOCHA Work Packages.

### 3. Results

Thus far, the MOCHA Project has run to plan. In accord with the Description of Activities, we concentrated so far on identifying systems, activities and issues across the wide remit of children's primary care. This is the basis to assess and appraise current provision and consequently, to synthesise optimal model components. MOCHA has produced 22 deliverables to date (Figure 2).

<b>1. Project website</b> (www.childhealthservice-models.eu) facilitating internal and external communication	<b>2. Systematic review and meta-analysis</b> of literature focused on timeliness of diagnosis and preventive care using tracer conditions	<b>3. Report on national policies for primary care of migrant children</b> indicating the failure of many countries to adopt policies which meet treaty and rights obligations
<b>4. Analysing current child health electronic record keeping</b> gaps in good practice; majority of countries do not mention children in e-health policy documents	<b>5. Semantic models</b> of key clinical conditions and outcome measures	The remaining <b>17 reports</b> are important steps towards knowledge and appraisal of the models of child health.

Figure 2. Five formal deliverables to the European Commission.

### 4. Discussion

The MOCHA project has already identified:

- ❖ gaps in knowledge
- ❖ lack of data on surveillance of children's primary care and children's specific needs in primary care
- ❖ lack of coordination of care
- ❖ models of care that are not based on current child health epidemiology
- ❖ low prioritisation of children's needs in e-health strategies.

There is a need for focusing on preventive care and on fostering good health in a population that is largely well, and can develop good habits that can lead to a healthy adulthood and old age.

### 5. Conclusion

Throughout the project there is a comprehensive process of dissemination and stakeholder engagement (Figure 3). In the first year, MOCHA has presented 16 papers or workshops to external conferences and stakeholder events.

Therefore, the project has a strong outreach and dissemination programme to ensure dialogue with public, professionals, policy makers and politicians, and to deliver awareness and potential benefit for European children's health and a healthy European society.



Figure 3. MOCHA partners meeting in Rome in 2016 (2nd General Assembly).