2004.11. 30
• NEED ⌒?
• UNMET NEED
• Health need assessment
• ÃøÁ¤ Unmet need ⌒●
NEED

- 'Health' consists of a wide range of characteristics so 'health needs' ought to include personal and social care, health care, accommodation, finance, education, employment and leisure, transport and access.
- Need-driven Health System (need assessment)
  - 1960s: rational planning
  - 1970s: resource allocation based on deprivation and epidemiology (RAWP)
  - 1990s: NHS reform, collaboration action, stakeholder
- Davis (1955): 'a subjective feeling state that initiates the process of choosing among medical resources'
NEED(1)

• Societal view
  – Bradshaw (1972):
    • *normative* (distinguished by professionals, such as vaccination)
    • *felt* (wants, wishes and desires)
    • *expressed* (vocalized needs or how people use services)
    • and *comparative needs*, which indicates that needs arising in one location may be similar for people with similar socio-demographic characteristics living in another location

![Diagram of Different aspects of needs](image)
Philosophical points:

- 'tension need' which implies a desire to compensate for some dis-equilibrium such as thirst due to fluid loss.
- 'teleological need' reflecting the gap between actual and desired status, such as a desire for coronary bypass surgery to improve both quality and longevity of life.
  - Baldwin considered teleological need to arise 'when the goal is not realised and there is a need of a certain thing when this is necessary for realising the goal', which seems to be a characteristic attributable to any kind of need.
  - This approach to need implies 'necessity to be explicit about whether it is effective, how effective it is and for whom'.
  - While this definition usefully expounds the concept of need, a significant improvement in health services is unlikely without specific efforts to develop needs-oriented services.
Pragmatic view:
- Green and Kreuter: 'whatever is required for health or comfort', covering personal, social and environmental conditions
  - seat belt rules
  - family planning information
  - smoke-free zones
  - and health 'hot lines'
  - but appears ineffective in terms of 'life creativity' and cost-effectiveness.
- Doyal and Gough: 'objective needs',
  - asserting that 'health needs' and 'autonomy' are not only two universal human needs, but also basic human rights, as some have previously claimed.
The economists’ view:
- Cost containment is the focus of policy-makers' attention, therefore combining satisfactory services with cost-effectiveness could provide a solution to health care rationing issues.
- 'the ability of people to benefit from health care provision'
  - in other words, 'need' exists only if there is a 'capacity to benefit' from a particular healthcare service
  - Need may be assumed to exist, therefore, when there is an effective treatment or 'health gain'.
  - Ability to benefit from health care can be influenced
    - epidemiological aspects such as incidence and prevalence of disease
    - the effectiveness of interventions.
- Applying this definition, the outcomes of health interventions assume greater importance.
**NEED** (5)

- A Health service approach?:
  - This definition takes into account the effectiveness of the care process and implies that a need is met 'when it has attracted some at least partly effective intervention.'
  - Buchan et al: health service needs as 'those for whom an intervention produces a benefit at reasonable risk and acceptable cost.'
  - This definition does incorporate effectiveness and cost-effectiveness.
  - A more reasonable definition of needs is 'the requirement of individuals to enable them to achieve, maintain or restore an acceptable level of social independence or quality of life, as defined by particular care agency or authority.'
  - health authorities and other health-related organizations at local, regional, and national level set out to provide appropriate services to meet its population needs, targeting an acceptable level of social independence and improved quality of life. If assessing needs is being considered to change current healthcare services, definitions that focus on 'maximum health' seem preferable.
• Macro or micro level?:
  – A distinction needs to be made between individual and population-based health.
  – Several approaches have been adopted as a proxy for assessing population's healthcare needs
    • mortality rates, socio-economic status, service utilisation, or prevalence rates, which are all at macro level.
  – However, needs can be defined at micro level too, as demonstrated by the doctor-patient relationship, consultation with health professionals, or patients' healthcare needs at a local surgery or health centre.
  – Both macro- and micro-health needs are important in different settings of health decision making.
  – Nevertheless, in routine clinical management, health professionals deal with rather wider aspects of healthcare needs than 'capacity to benefit', such as social support, informational needs and equipment for daily activities
Demand and Supply in relation to Need

• Need: the capacity to benefit.
• Demand: what patients ask for
  – General practitioners have a key role as gatekeepers in controlling this demand, and waiting lists become a surrogate marker and an influence on this demand.
  – Demand from patients for a service can depend on the characteristics of the patient or on the media's interest in the service.
  – Demand can also be induced by supply
• Supply: the health care provided.
  – This will depend on the interests of health professionals, the priorities of politicians, and the amount of money available.
  – National health technology assessment programmes have developed in recognition of the importance of assessing the supply of new services and treatments before their widespread introduction
Unmet need: 1+3

**Fig 2** Relation between need, supply, and demand—central area shows ideal relation. Modified from Stevens and Raferty.\(^{24}\)
Health needs assessment(1)

- Assessment of health needs is not simply a process of listening to patients or relying on personal experience.
- It is a systematic method of identifying unmet health and healthcare needs of a population and making changes to meet these unmet needs.
- It involves an epidemiological and qualitative approach to determining priorities which incorporates clinical and cost effectiveness and patients' perspectives.
- This approach must balance clinical, ethical, and economic considerations of need—that is, what should be done, what can be done, and what can be afforded.
Health needs assessment(2)

For individual practices and health professionals, health needs assessment provides the opportunity for:

- Describing the patterns of disease in the local population and the differences from district, regional, or national disease patterns;
- Learning more about the needs and priorities of their patients and the local population; Highlighting the areas of unmet need and providing a clear set of objectives to work towards to meet these needs;
- Deciding rationally how to use resources to improve their local population's health in the most effective and efficient way;
- Influencing policy, interagency collaboration, or research and development priorities.
Health needs assessment(3)

• There is no easy, quick-fix recipe for health needs assessment.
  – Different topics will require different approaches.
  – These may involve a combination of qualitative and quantitative
    research methods to collect original information, or adapting and
    transferring what is already known or available.

• The stimulus for these assessments is often the personal interest of an
  individual or the availability of new funding for the development of health
  services.

• However, assessments should also be prompted by
  – the importance of the health problem (in terms of frequency, impact, or
    cost),
  – the occurrence of critical incidents (the death of a patient turned away
    because the intensive care unit is full)
  – evidence of effectiveness of an intervention, or publication of new
    research findings about the burden of a disease.
Health needs assessment(4)
Questions to ask when assessing health needs

- What is the problem?
- What is the size and nature of the problem?
- What are the current services?
- What do patients want?
- What are the most appropriate and effective (clinical and cost) solutions?
- What are the resource implications?
- What are the outcomes to evaluate change and the criteria to audit success?
Health needs assessment(6)

- Firstly, what is involved in assessing health needs and how it should be undertaken may not be understood.
- Secondly, projects may fail because of a lack of time, resources, or commitment.
- A third reason is the failure to integrate the results with planning and purchasing intentions to ensure change.

- Healthcare need is the capacity to benefit from health care
- The assessment of population benefit includes a measure of epidemiology (how many) and of cost effectiveness (how good)
- Other sources, especially comparisons and corporate knowledge, can contribute usefully
- An optimal approach requires good information gathering, clinical involvement, and a close relation to the planning process
unmet need
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자료: 2003. 8 기준 장애인 등록자료.
Unmet need

1. What is the Problem?
   • ¿Ö¿ÖÃøÁ¤ÇؾßÃøÁ¤ÇؾßÇϴ°¡Çϴ°¡

2. What is the size and nature of problem?
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3. What are the current services?
   • Àå¾ÖÀο¡µû¶óÁ¦°¢°¢À¸·Î¼­ºñ½º¸¦¹Þ°íÀÖ´Ù

4. What do patients want?

5. What are the most appropriate and effective (clinical & cost) solution?
   • Áå¾ÖÀο¡µû¶óÁ¦°¢°¢À¸·Î¼­ºñ½º¸¦¹Þ°íÀÖ´ÂÁöÆÄ¾ÇÇϱâÈûµé´Ù

6. What are the resource implication?

7. What are the outcome to evaluate change and the criteria to audit success?
Unmet need

1. Professional defined need (PDN)
   - Normative need

2. Felt Need (FN)

3. Supply Status
   - PDN, FN, SS
   - Gap 1: 1+3
   - Gap 2: 3+5
   - Gap 1+3+5

Diagram: [Diagram not visible]
Fig 1 Different aspects of needs

Fig 2 Relation between need, supply, and demand—central area shows ideal relation. Modified from Stevens and Raferty.24
# Unmet need (1)

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그림 1. 연구대상 장애인 표본추출 방법
Unmet need (2)
unmet need

- PDN (normative need)
- • µû¶ó¼­º°·Î¼­ºñ½º¸ñÇ¥¸¦±ÔÁ¤ÇÏ´ÂÀÛ¾÷ÀÌÇÊ¿ä
- • µµ±¸Àdz»¿ë
- – ±âº»»çÇ× (¹ßº´¿øÀÎ, ¹ß»ý¿¬·É, Àå¾Öµî±Þ, ¼¼ºÎÀ¯Çü)
- – F/U
- – Çʿ伺
- – ÀÇÇÐÀûóģ¹×¼ö¼úÇʿ伺
- – ûÜ·¡ ¼­ºñ½º
- – ÀÔ¿ø ¼­ºñ½º
- – ¡º¸À屸Çʿ伺
- – ÇöÀ纸À屸ÀûÀý¼º
- – ÀçȰ¼­ºñ½ºÇʿ伺
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• PDN

  - F/U

    • F/U: (2), (6), (6)

  - medication

• medication

  - medication, medication
(3)

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(1)

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- **PDN**
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- **F/U**
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- **Medication**:
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NEED
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PDN
• (1)
  • Medication: Palmitate A, X, Y
  • 1, 2
  • 1, 2
  • 1, 2

F/U
• 1, 2

• Medication: Palmitate A, X, Y
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- **NEED**
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- **PDN**
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    - \[ X \leq Y \]
    - Stage 
      - Prelingual stage (4, 10?): 
      - Postlingual stage: 
  - F/U 
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- トンネル 階層

• Pre-lingual stage
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  - トンネル 階層: 順次, 助語, 順次 (順次, 助語, 助語)
• Post-lingual stage
  - トンネル 階層: 順次, 助語, 順次
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