



# **BLOCKS**

## Tools and Methodologies to Assess Integrated Care in Europe

Report by the EU Expert Group on HSPA

CoR Interregional Group for Health and Wellbeing  
Brussels, 12 May 2017

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European Commission, DG Health and Food Safety

Health

# Terms of reference



In February 2014, the Council Work Party on Public Health at Senior Level invited Member States and the Commission to set up an Expert Group on Health Systems Performance Assessment (HSPA).

## Our Mission

1. Provide participating Member States with a forum for exchange of experience on the use of HSPA at national level.
2. Support national policy-makers by identifying tools and methodologies for developing HSPA.
3. Define criteria and procedures for selecting **priority areas** for HSPA at national and EU level.
4. Intensify EU cooperation with international organisations, in particular the OECD and the WHO.

# Terms of reference



In autumn 2014, the Commission set up the Expert Group on HSPA.

28 EU Member  
States



+

Norway



OECD



WHO

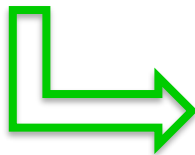
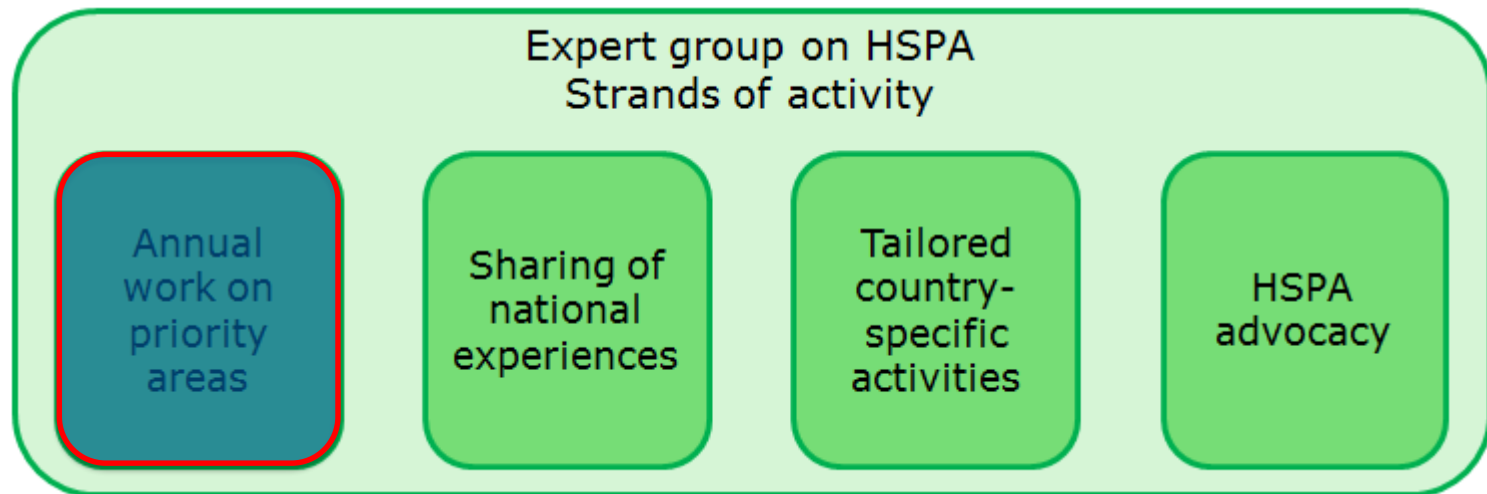


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**2015:**  
**Quality of  
care**

**2016:**  
**Integrated  
care**

**2017:**  
**Primary  
care**

**2018:**  
**Efficiency**

**2019:**  
**Resilience**

# HSPA reports

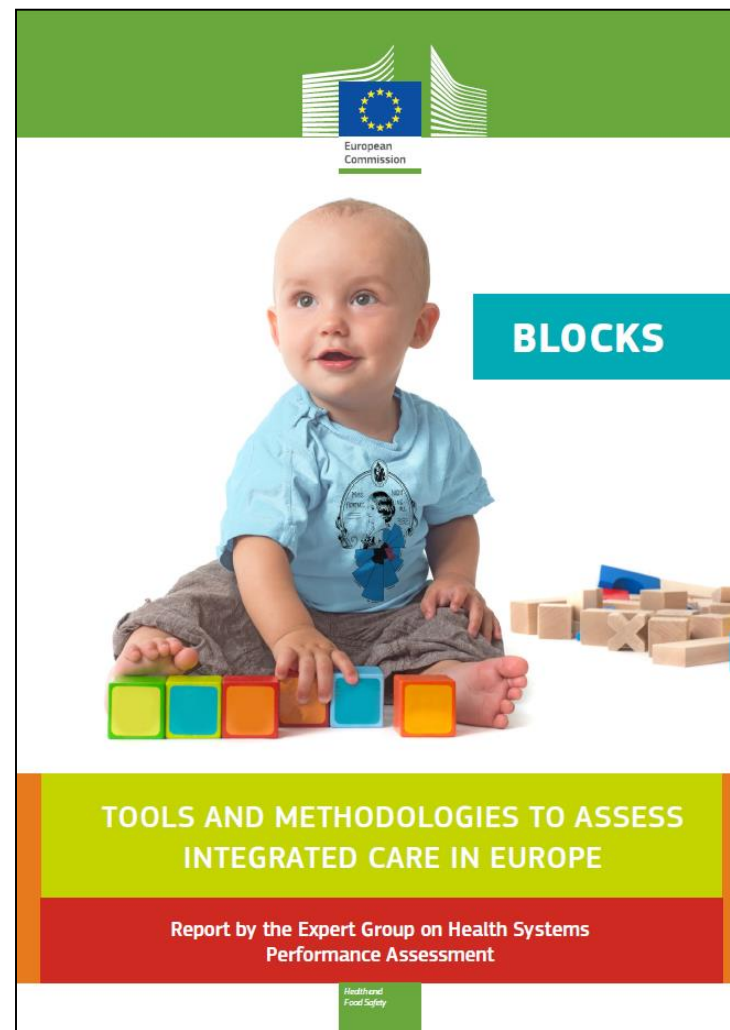


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**April 2016**



**March 2017**



# Quality of care



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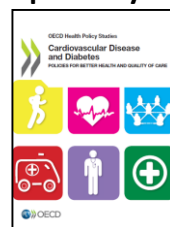
## Section 1: General findings

I. Background, assumptions, and goals

II. Main findings from countries' experiences



III. Interpreting cross-country variation in quality indicators



IV. Conclusions

## Section 2: Countries' experiences





## Conclusions

(3 clusters)

### 1. Quality assessment is a piece of a bigger puzzle

- Put quality into a broader framework
- Adopt large boundaries for health systems
- Define the level and goal of quality assessment
- Define targets and benchmarks
- Independence between the assessment phases
- Put the patient at the centre

### 2. Choice of indicators and concerns on data quality

- Indicators only indicate
- Complement process with outcome indicators
- Use of old data reduce their explanatory power
- Rely on powerful health information systems

### 3. Communication and follow the

- Present findings in an easy to read format
- Share findings with policy makers
- Present recommendations



# Integrated care



## I. Introduction

## II. What do we mean by integrated care: theory, concepts and definitions

## III. Building blocks, design principles and system levers for integrated care

## IV. Measuring the performance of integrated care

## V. Conclusions



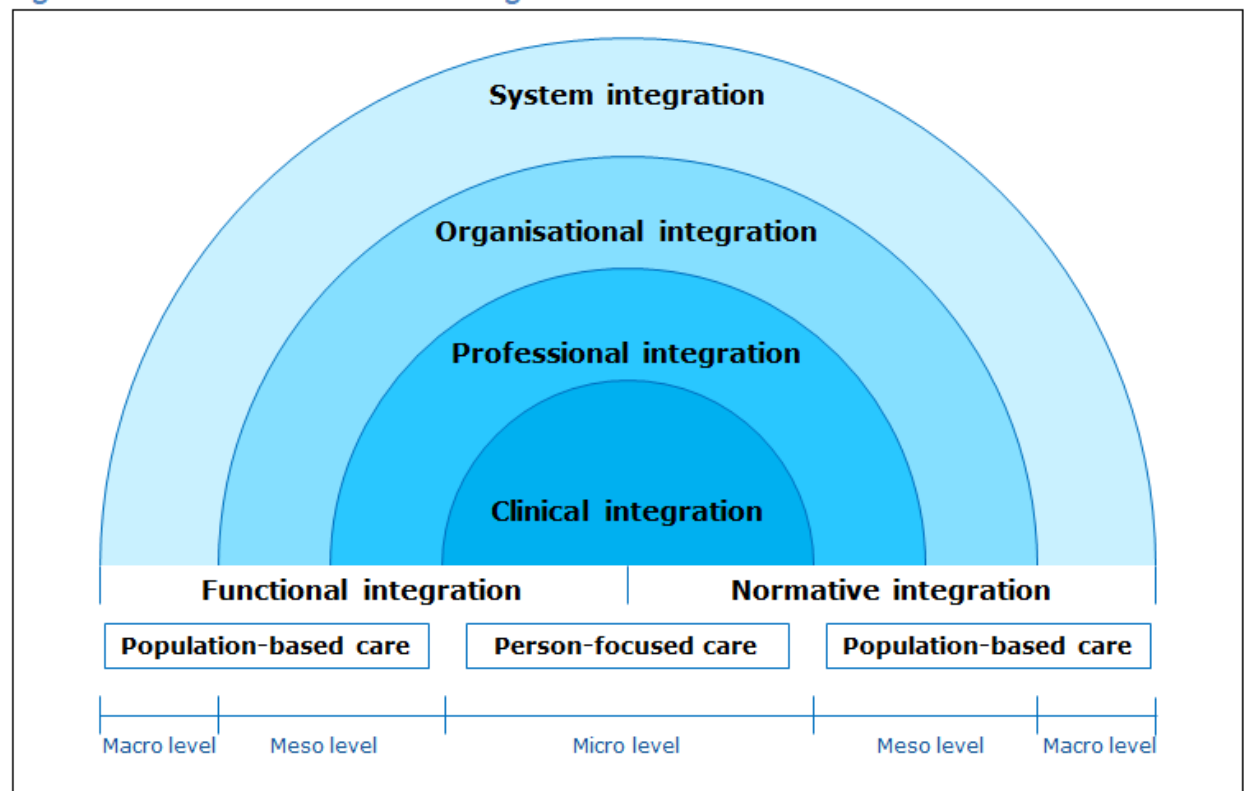


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## II. What do we mean by integrated care: theory, concepts and definitions

***Integrated care** calls for linkage or co-ordination of services and providers around the patient and along the continuum of care, seeking to reduce fragmentation and improve performance.*

Figure 2: Different levels of care integration



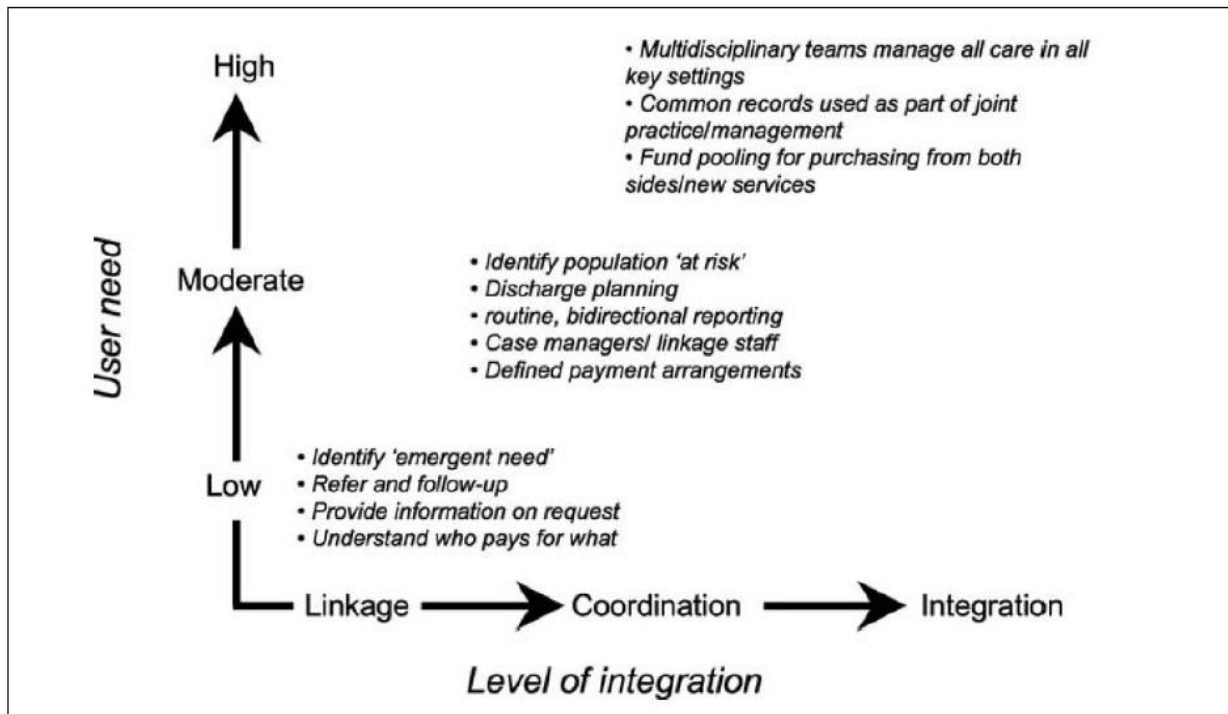
Source: adapted from Valentijn et al. 2011<sup>10</sup>



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## II. What do we mean by integrated care: theory, concepts and definitions

Setting the level of integration against user needs to optimise care



*Integrated care can be seen to be both a design principle and a means to achieve person-centred, efficient and safe care*

Source: adapted from Leutz (1999)<sup>4</sup> in Nolte & McKee (2008)<sup>7</sup>



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### III. Building blocks, design principles and system levers for integrated care





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### III. Building blocks, design principles and system levers for integrated care

# Maturity model for integrated care



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## IV. Measuring the performance of integrated care

Raleigh et al. (2014) describe a broad set of considerations that may guide the selection of indicators for measuring the quality of integrated care. These are<sup>5</sup>:

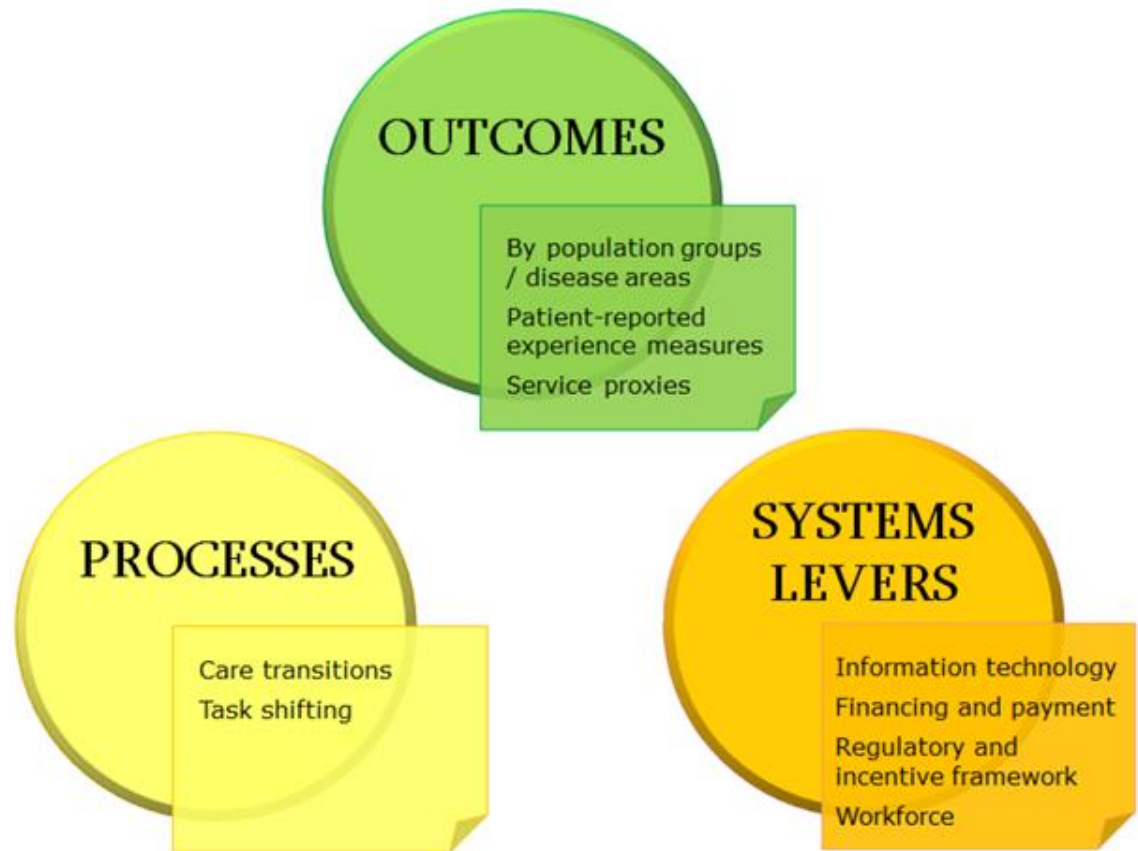
- Size of the population covered
- Represents important aspects of the care system
- Is (wholly or partly) within the control of care services (i.e. attributability)
- Change is detectable within suitable time frames
- Unambiguous interpretation
- Likelihood of being meaningful to service users, carers and the public
- Likelihood of being meaningful to care professionals, managers and commissioners (i.e. purchasers of services)
- Reflective of the service user perspective and/or value for money perspective
- Timeliness
- Ability to assess the impact on inequalities between service user groups and areas as it relates to access to and outcomes of care
- Measurable from routinely collected data



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## IV. Measuring the performance of integrated care

Several proposals of **frameworks, domains,** and **indicators** to assess integrated care, with experiences from Austria, Belgium, Estonia, Italy, the Netherlands, Spain, Sweden, the United Kingdom, New Zealand, and the United States.





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Presentation of over 60 case studies with detailed description of:

Intervention and target groups

Success factors

Transferable elements

Example:

7	Geriatric Concept	Saxony, DE	<p>Target group: geriatric patients with chronic diseases.</p> <p>Integrated care model for cross-sector cooperation of the health care providers, establishing standard assessments, introducing treatment pathways and supporting formal and informal carers.</p>	<ul style="list-style-type: none"><li>• Active cooperation of the health care providers in the networks, including GPs. Establishing standards and treatment pathways agreed on by all net partners.</li><li>• Participation of the municipalities as key stakeholders.</li><li>• The implementation process is accompanied by conferences, workshops and training courses for formal and informal carers. E.g. special training meetings for geriatrics network stakeholders ("GeriNeTrainer") every 6 to 8 weeks on the care of patients suffering from dementia turned out to be very successful.</li></ul>	<ul style="list-style-type: none"><li>• Special screening tools.</li><li>• Living environment strategies.</li><li>• Guidelines and counselling and care frameworks.</li></ul>
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## Report on integrated care - conclusions

Integrated care is not a goal in itself; it is rather a precious tool when it addresses complex care needs.

Integrated care is multidimensional and almost as complex as the needs of those to whom it is provided.

Measuring integration is different from measuring the performance of integrated care.

### **Building blocks, design principles and system levers for integrated care:**

The transition to integrated care is a complex process with high complexity being present in all aspects

Design principles, building blocks and system levers should be included as part of the framework for assessment of integrated care.

### **Measuring the performance of integrated care**

Integrated care models can be introduced with different goals in mind

Integrated care can be seen to be both a design principle and a means to achieve person-centred, efficient and safe care.

There is a need, or indeed an opportunity, to develop indicators that are specific to integrated care

There is no single 'right' approach that would be applicable and valid for every system.

Indicators and trends need to be interpreted carefully.





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