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

28 EU Member States + Norway

OECD

WHO

European Observatory
Expert group on HSPA
Strands of activity

- Annual work on priority areas
- Sharing of national experiences
- Tailored country-specific activities
- HSPA advocacy

2015: Quality of care
2016: Integrated care
2017: Primary care
2018: Efficiency
2019: Resilience
HSPA reports

April 2016

SO WHAT?
Strategies across Europe to assess quality of care

Report by the Expert Group on Health Systems Performance Assessment

March 2017

BLOCKS

TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems Performance Assessment
Quality of care

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. Communicate results and follow them
   - Present findings which are easy to read and understand
   - Share assessment findings transparently
   - Present concrete recommendations

Lessons learnt

Reporting and Communication of HSPA Findings
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
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
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

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

Maturity model for integrated care
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:

- 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
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.
Presentation of over 60 case studies with detailed description of:

**Intervention and target groups**

**Success factors**

**Transferable elements**

**Example:**

| 7   | Geriatric Concept | Saxony, DE | Target group: geriatric patients with chronic diseases. Integrated care model for cross-sector cooperation of the health care providers, establishing standard assessments, introducing treatment pathways and supporting formal and informal carers. | Active cooperation of the health care providers in the networks, including GPs. Establishing standards and treatment pathways agreed on by all net partners. Participation of the municipalities as key stakeholders. 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. | Special screening tools. Living environment strategies. Guidelines and counselling and care frameworks. |
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.
EU Expert Group on Health Systems Performance Assessment