SPOTLIGHT ON MATURITY DIMENSIONS OF INTEGRATED CARE

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The Conceptual Model

EIP on AHA B3 Maturity Model

► Dimensions were developed by clustering issues arising from semi-structured interviews in 12 EU regional health systems.

► Each Dimension has a short narrative and a list of "indicators" of maturity in that dimension.

► This was then extended with scoring scales for each dimension.

► A Delphi process involving 55 experts provided evidence of face validity for the Model:

   ■ Strong agreement on the relevance of the dimensions, and

   ■ The coherence of the grading scales for each dimension

The Maturity Model

- ► Dimensions are heterogeneous
- ► They identify key areas where there are significant barriers and facilitators towards achieving integrated care.
- ► They are grounded in direct experience of Health Systems in attempting to implement integrated care
- ► Dimensions are not independent, there is dependency and synergy between the dimensions

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Population Approach: Scoring Scale

► **0: Population health approach is not applied to the provision of integrated care services:** This response should be chosen if there is no evidence of the use of population-based approaches in the system.

► **1: A population risk approach is applied to integrated care services but not yet systematically or to the full population:** This is the appropriate response if there is evidence of an understanding of the use of a population approach but its application is patchy.

► **2: Risk stratification is used systematically for certain parts of the population (e.g. high-use categories):** This response is appropriate if there is good evidence of systematic use of population approaches to selected populations but the rationale for which populations are chosen for the approach is not clear or systematic.

► **3: Group risk stratification for those who are at risk of becoming frequent service users:** This response is appropriate if a population approach is not universal but there is a clear rationale for the selection of target populations.

► **4: Population-wide risk stratification started but not fully acted on:** This response is appropriate if there is a full-population approach to risk stratification but the results have yet to be fully integrated into decision taking.

► **5: Whole population stratification deployed and fully implemented:** This is the appropriate response if a full-population approach to risk stratification is implemented and the results are used systematically in the health system.

Population Approach: Discussion

- ► This dimension focusses on the capacity of the organisation to identify demand and us that to meet demand effectively.
- ► Places many demands on the other dimensions:
  - This needs good data and so there are implications for the ICT infrastructure.
  - The organisation needs to be ready to change repeatedly to meet changing patterns of health demand
  - Innovation needs to be well managed to enable the adoption of new practice.
  - Citizen empowerment needs to be develop to engage citizens in achieving change in services

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Innovation Management: Narrative

Many of the best ideas are likely to come from clinicians, nurses and social workers who understand where improvements can be made to existing processes. These innovations need to be recognised, assessed and, where possible, scaled up to provide benefit across the system. At the same time, universities and private sector companies are increasingly willing to engage in open innovation, and innovative procurement, in order to develop new technologies, test process improvements and deliver new services that meet the needs of citizens. There is also value in looking outside the system to other regions and countries that are dealing with the same set of challenges, to learn from their experiences. Overall, this means managing the innovation process to get the best results for the systems of care, and ensuring that good ideas are encouraged and rewarded.

- Adopting proven ideas faster.
- Enabling an atmosphere of innovation from top to bottom, with collection and diffusion of best practice.
- Learning from inside the system, as well as from other regions, to expand thinking and speed up change.
- Involving regional health and social care authorities, universities and private sector companies and other sectors in the innovation process (i.e., "open innovation").
- Using innovative procurement approaches (Pre-Commercial Procurement, IPP, PPP, Shared Risk, Outcome-Based Payment)
- Using European projects and partnerships (e.g., Horizon 2020, EIP, CEF, ERDF, ESIF).

Innovation Management: Scoring Scale

► **0: No innovation management in place:** This is the appropriate response if there is no awareness of the need for innovation management in the organisations involved in delivering health and care.

► **1: Innovation is encouraged but there is no overall plan:** This response is appropriate if there is some access to advice and help with innovation but it is not systematically applied in the organisations involved in health and care.

► **2: Innovations are captured and there are some mechanisms in place to encourage knowledge transfer:** This response is appropriate if there is awareness that innovation should be captured and in order to scale up successful innovation there should be ways of transferring experience.

► **3: Innovation is governed and encouraged at a region/country level:** This is an appropriate response where the awareness of innovation extends to the regional or national level and this gives a good context for scaling up innovation.

► **4: Formalised innovation management process in place:** This is an appropriate response if there is a fully systematic approach to innovation management in place that takes account of appropriate measures of the effectiveness of innovations and manages the coordination of innovation across the health and care system.

► **5: Extensive open innovation combined with supporting procurement & the diffusion of good practice:** This is an appropriate response if the innovation system is systematic and open to inputs form employees and others.

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Innovation Management: Discussion

► Matching services to demand requires continuous innovation to improve service delivery.

► People involved in service delivery understand the issues and need to be engaged to be willing to change.

► Innovation approaches that engage with people directly involved in service delivery are likely to be successful.

► There will be a myriad of ideas for change but thses need to be managed effectively to ensure meaningul change.

Capacity Building: Narrative

Capacity building is the process by which individual and organisations obtain, improve and retain the skills and knowledge needed to do their jobs competently. As the systems of care are transformed, many new roles will need to be created and new skills developed. These will range from technological expertise and project management, to successful change management. The systems of care need to become 'learning systems' that are constantly striving to improve quality, cost and access. They must build their capacity so as to become more adaptable and resilient. As demands continue to change, skills, talent and experience must be retained. This means ensuring that knowledge is captured and used to improve the next set of projects, leading to greater productivity and increasing success.

- Increasing skills; continuous improvement.

- Building a skill base that can bridge the gap and ensure that the capacity needs are understood and addressed by ICT where appropriate .

- Providing tools, processes and platforms to allow organisations to assess themselves and build their own capacity to deliver successful change.

- Creating an environment where service improvements are continuously evaluated and delivered for the benefit of the entire care system.

Capacity Building: Scoring Scale

► **0: Integrated care services are not included in capacity building:** This is the appropriate response if there is no recognition of the need to develop capacity for integrated care.

► **1: Some systematic approaches to capacity building for integrated care services are in place:** This response is appropriate if there is some recognition of the need to capacity building but that is not developed at a regional or national level.

► **2: Cooperation on capacity building for integrated care is growing across the region:** This is an appropriate response if capacity building is recognised as a regional priority.

► **3: Systematic learning about IT; integrated care and change management:** This is an appropriate response if there is a systematic, region-wide approach to identifying training and development needs and there is transfer of learning form project to project.

► **4: Knowledge shared, skills retained and lower turnover of experienced staff:** This is an appropriate response if the health and care system captures knowledge from its operation and uses this to share experience, build expertise and predict demand for trained staff in new skills and competences.

► **5: A 'learning healthcare system' involving reflection and continuous improvement:** This response is appropriate if the system in addition to point 4 below also reflect on the way it gathers and analyses information and continuously improves methods.

Capacity Building: Discussion

► This kind of reflection is routine at the level of individual units but it is necessary to scale up to the organisation.

► Reflection on processes at a range of scales needs good measurement and good information systems to capture this.

► Effective reflection at different scales is essential to support prioritisation in the introduction of change into the organisation.

► This underpins many of the of the other dimensions and drives careful design of KPIs, monitoring and performance data analysis.

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Conclusion

► The maturity model provides a framework that identifies key focus areas in considering the capacity of a health care organisation to adopt integrated care.

► The dimensions provide broad coverage of areas of concern in the adoption of integrated care.

► The dimensions are not independent and thre are complex interdependencies (e.g. a population approach depends on maturity in ICT).

► The maturity model provides a means to capture reflection on the maturity of a health system in a systematic way.

► It provides the basis for a range of activities that help identify the way forward in adopting integrated care.

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