

SMARTCARE - Joining up ICT and service processes for quality integrated care in Europe

Final conference

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Guidelines for deploying integrated eCare

Gian Matteo Apuzzo, PhD

Local Health Authority (A.S.U.I.Ts), Friuli Venezia Giulia Region

Guidelines for Integrated e-Care Procurement and Uptake



The main aim of the guidelines is to enable health and social care decision makers in regions other than the SmartCare regions to work towards an implementation of ICT-supported integrated social and health care

The Guidelines will be produced to be available at the end of the project. They will be disseminated in line with the project's communication plan, in particular through:

- the central project channels, such as www.pilotsmartcare.eu;
- the channels available to the deployment regions;
- the various interest organisations involved as project partners, Advisory Board or Committed Region Board members;
- the B3 Action Group of EIP AHA.

Sources for the Guidelines



Different sources will be used, *including*:

- **The compilation of lessons learned** from: requirements analysis and use case definition (including Pathway development); service process definition; system specification, implementation and testing; deployment preparation and execution; evaluation; and exploitation and value case development.
- **The reports on deployment** preparation and operation from all regions, including the contents of the deployment operation reporting tool, an online database allowing deployment regions to log issues encountered in the technical operation of the SmartCare services, and how these have been resolved.
- **The project's evaluation framework**, together with key results of the evaluation of service deployment.
- **The methodological toolkit** and practical guidance for value case development and socio-economic impact assessment (within exploitation activities).

Guidelines for deployment



Countdown to integration

The SmartCare Guidelines
for the implementation
of integrated e-care service



DRAFT

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①

Health Check



③

Preparation



③

Final
Countdown



④

Take-off



⑤

Course
Corrections

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- Draw together knowledge and experiences gained throughout the project (from service development to deployment)
- The document has two introductory chapters and then five thematic chapters, taking the reader through the ***five phases of the implementation process*** by using our rocket ship analogy
- Each phase begins with an introductory text and is then divided into a number of activities.
- ***Fixed structure for each activity***
 - Start with a number of objectives relating to the overall activity
 - Followed by a text describing the activity
 - Number of **tasks** that can be freely defined by each author
 - For each task there is a short text, key questions supposed to guide the reader and some tips or lessons learned from our work

Guidelines for deployment



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How to use these guidelines:

SmartCare Guidelines are built around a **rocket launch analogy** that is reflected in the title and in the names of the five phases that we divided the process into.

The analogy is supposed to help you navigate through the Guidelines and make them easy to understand and remember

And since it is the beginning of a big project: **be inclusive.** Further along the way you will be happy for all the support that you get. Also you should become clear about who is going to drive this process and be the champion of your integrated eCare service implementation

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Key question on the situation in your organisation or region:

- **What** exactly will you have to do in each phase?
- **Who** will have to be involved in what capacity?
- **How** many and what type of resources will be needed?
- **When** should the process be completed and when does each phase have to start and end to achieve this?

In this context we think it is important to formulate a structured set of objectives, distinguishing between primary and secondary objectives.

What is to be achieved overall?

What is to be achieved in each phase and the steps that constitute it?

Preparation phase



4.1 Consulting with stakeholders

Objectives

- Achieve consensus through co-design
- Build public understanding
- Cultivate trust
- Promote change management within organizations and communities.
- Make integrated care a social learning process within a person-centered approach

Stakeholder engagement as a concept goes beyond consulting and participation because co-design and co-decision ensures that consensus must be achieved. Engagement in policy design and implementation, such as developing integrated care, creates space to build public understanding of a value-driven policy.

Engagement can provide opportunities to improve the substance of policy input; cultivate trust between governments and the public; and increase the legitimacy of policy action and implementation.

Recent research (De Raeye, 2014) provides the evidence that the absence of an effective stakeholder's engagement approach to design health system reforms, and to design new policies, leads to a lower level of acceptance for the legislative policy design.

Getting to know the existing skills of professionals and the services that each organisation can deliver better and can benefit more from the integration of care is also an important element of the consultation. Stakeholders include health and social care professionals, older people and informal carers, top management and political leadership.

Task 1: Mapping stakeholders

Effective stakeholder's engagement implies mapping the formal/informal stakeholders' roles played during the design and implementation process, their interests, and their patterns of interactions and influence alongside their potential to reach the objectives. Only then can stakeholder's engagement lead to successful outcomes.



Key questions

26. Who are the formal/informal stakeholders in your region/community?
27. Why are they important to the successful outcome of the project?
28. Will different stakeholders come into play at a later time in the project?
29. What are specific stakeholders' skills/roles?
30. Are stakeholders already used to working together? If so, within which organizational structure?

Tips

16. Collect as much information as possible on the present stakeholders' structure/roles in your region/community.
17. Check and see whether changes in the present stakeholders' structure and/or organization are expected to take place within the medium-long term.
18. What is the present level of integration within and among stakeholders' groups?

Task 2: Mapping stakeholders' needs

Preparation phase



4.2 Specifying the service xxxIngo, Lutz, Leo

Objectives

- Produce a specification of the service, detailing activities and the roles of stakeholders
- Overlay the service specification with a view of the IT systems to be used and the functionalities they are to deliver
- Understand the legal and regulatory requirements and how they are to be fulfilled
- Gain an understanding of the costs and benefits that the service will bring to all stakeholders

Description

With all stakeholders on board, the service now needs to be defined in detail. This means that you need to map the steps of the service flow as well as tasks and responsibilities of patients, carers and providers at each step. The service specification should be a kind of recipe for service delivery: following it, everyone should know what to do at any given time. Furthermore it should detail the IT component, i.e. what systems and functionalities support service delivery in what way.

The biggest pitfall in this exercise would probably be to disregard all the different framework conditions and influencing factors that impact on how a service is developed. Therefore you should be systematic about understanding in how far you are changing existing organisation practice, what legal and regulatory requirements you have to meet, and in particular what the new service means to every single stakeholder in terms of costs and benefits.

Task: Care pathways

There are many ways to develop a service specification. In SmartCare we have used a care pathway mapping the subsequent steps that a patient or client (along with professional and informal carers) follows from referral into the service to disenrollment. We went from rather course-grained, high-level pathways to detailed service process models, distinguishing between long-term and short-term care.

You can visit <http://pilotsmartcare.eu/topics/integrated-ecare-pathways/> to see examples of our pathways and how we developed them.

Key questions

1. What entry points does the service have or who will be able to refer patients / clients into the service?
2. Will patient / client assessment as well as initial care planning be done jointly by different professionals?
3. What are the enrolment criteria for the service?
4. What elements of care provision from the side of healthcare, social care and informal or third-sector care will be available?
5. How will joint care service provision be co-ordinated and documented?
6. Is there going to be a case manager?
7. At what points in time or according to which criteria will care plans be revisited?
8. What is the exit point at which patients / clients leave the service?



Any help?



There is by now a sizable group of organisations and regions that are already doing what you plan to do.

You can go to them for help and practical advice.

You can start by looking into those 26 regions participating in the SmartCare project (visit <http://www.pilotsmartcare.eu/>).

Both the BeyondSilos (<http://www.beyondsilos.eu/>) and the CareWell (<http://www.carewell-project.eu/>) project follow an approach that is very similar to SmartCare and there are 13 more regions that will be able to support you.

There is also the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) with its repository and its Action Group on integrated care that has a lot of helpful information to offer.