TRANSFORMING HEALTH AND CARE SYSTEMS

JADECARE

Joint Action on Implementation of digitally enabled integrated person-centred care

THCS WP10 Capacity-building webinar

11 September 2024

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The THCS Partnership

THCS started in January 2023 and will last 7 years

63 partners are members of the THCS Consortium:
56 beneficiaries and 7 affiliated entities

THCS is coordinated by IT MOH in cooperation with other National entities

The total budget allocated for THCS is
305.248.586,63 €
co founded at 30 % by the EC

26 countries are involved: 20 Member States + 3 HE Associated Countries, together with 3 non-EU Countries, Switzerland, UK and the United States

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THCS Vision and Objectives

High-quality, fairly accessible, sustainable, efficient, resilient and inclusive health and care systems for all

- **Increase funding opportunities and strengthen the research and innovation community**
- **Fill the knowledge gap**
- **Increase the ability to implement innovation**
- **Intensify cooperation among countries and beyond healthcare**
- **Increase stakeholders' involvement**

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THCS Approach

THCS
TRANSFORMING HEALTH AND CARE SYSTEMS

Three main workstreams

- **Fill the knowledge gaps**
- **Implementation and Transfer**
- **Boosting Health and care systems**

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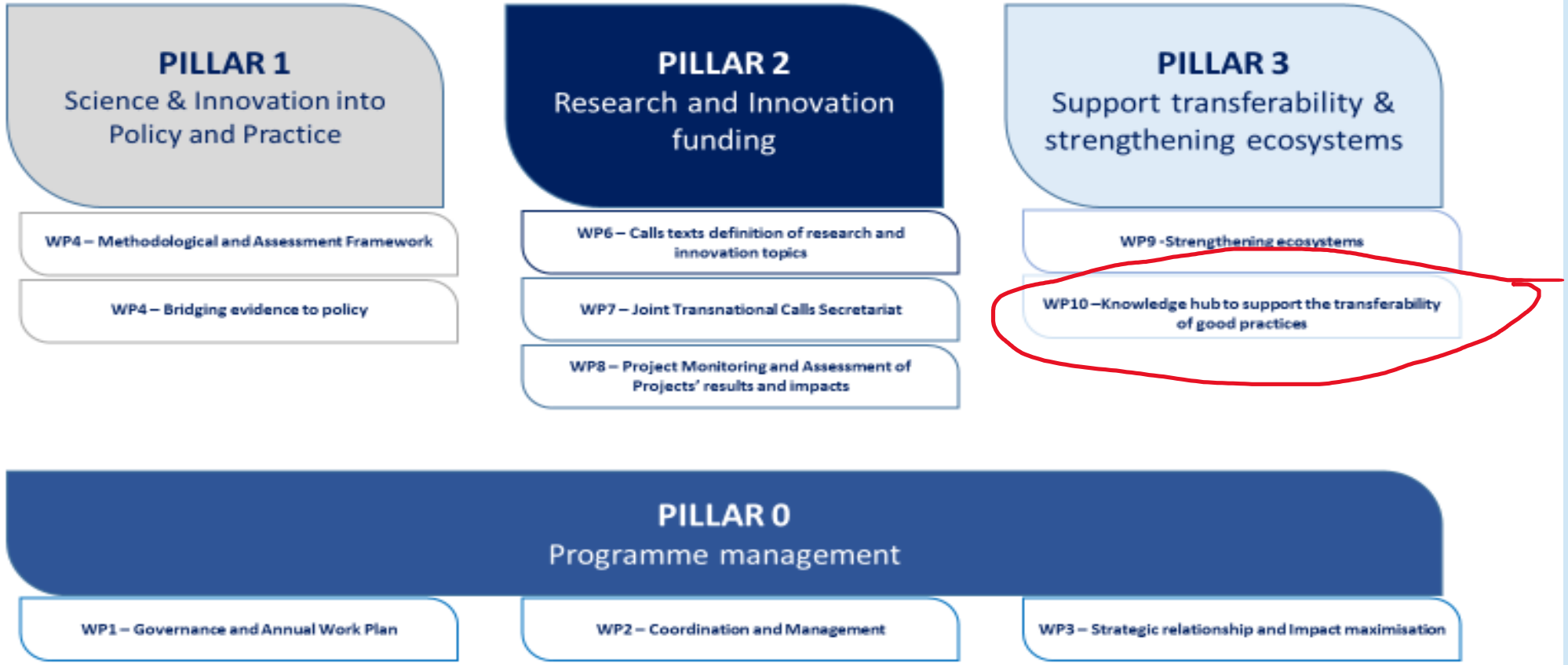
Pillars and Work Packages



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Objectives

1. To set the foundation for the co-design and implementation of a sustainable Knowledge Hub, including testing and validation, that will enable effective knowledge sharing to foster capacity-building support and exchange of good practices for the transformation of health and social care systems in Europe.
2. To facilitate the building and co-design of the Knowledge Hub “community” in order to encourage stakeholders to exchange their experience, good practices and expertise and mobilise their resources towards the transformation of health and social care systems in Europe.
3. To facilitate and provide capacity-building support activities for the transformation of health and social care systems in Europe.
4. To advise and support health and social care actors in how to use Knowledge Hub to access existing evidence, good practices and capacity-building support in transforming health and social care systems.

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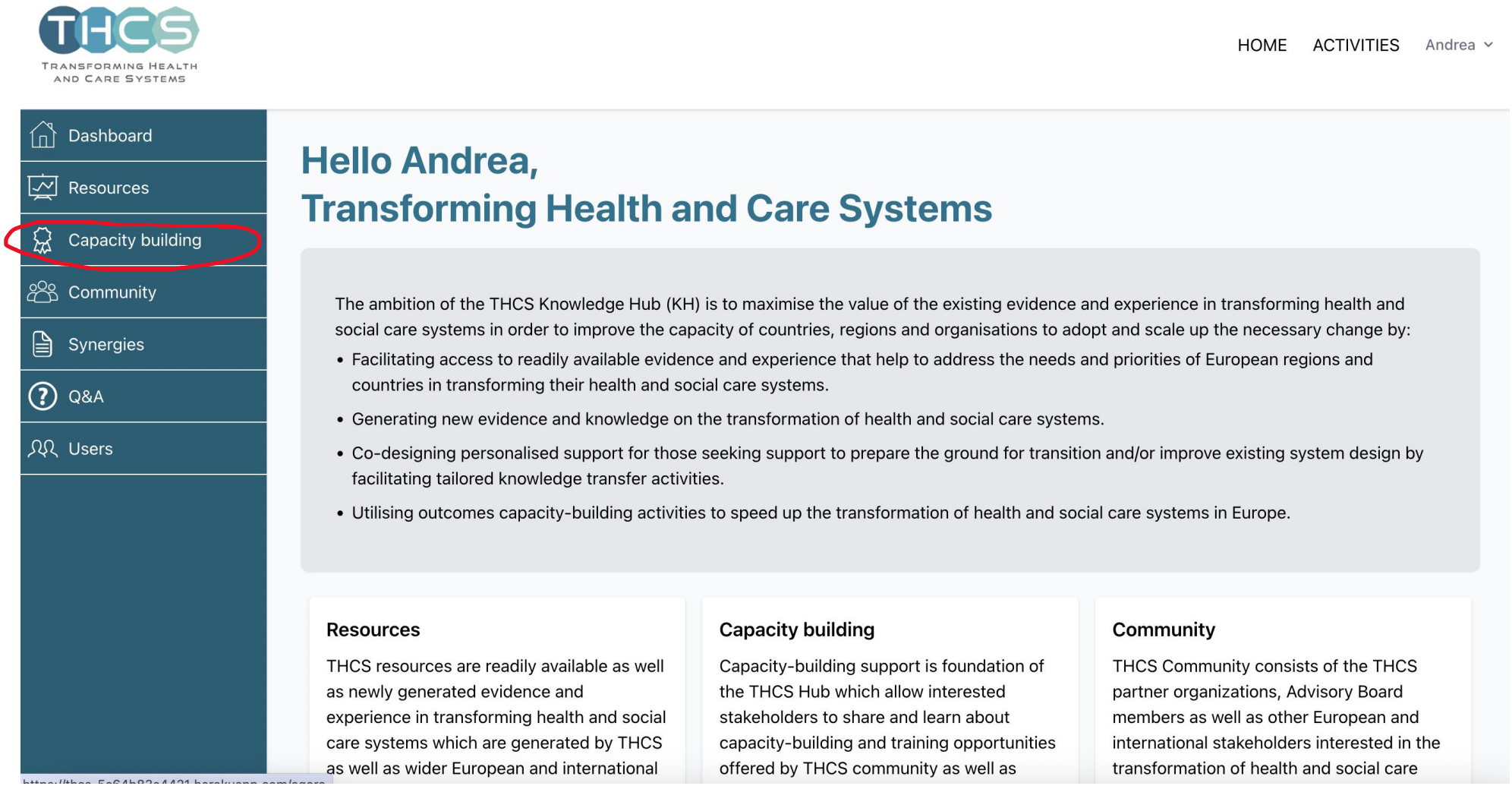
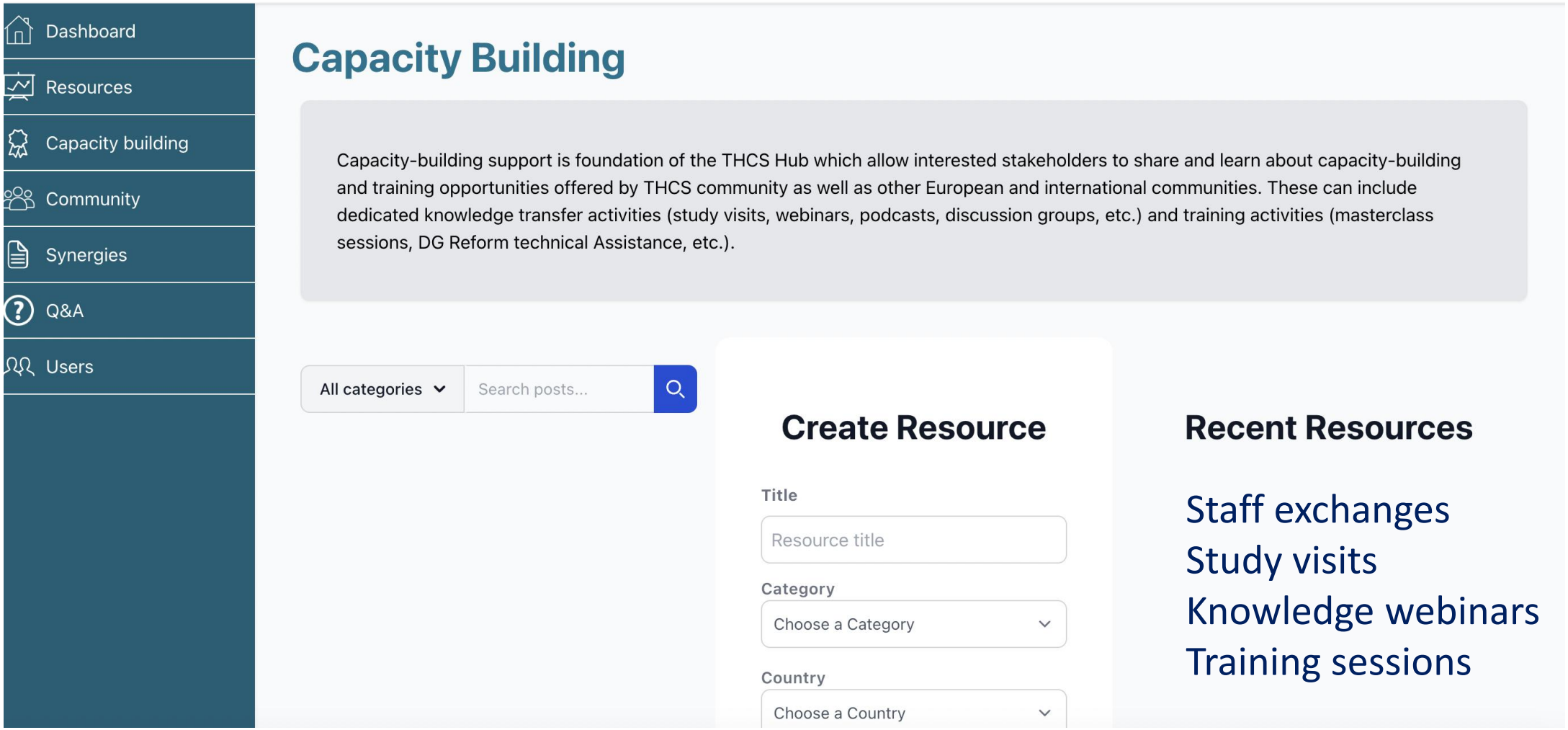
Knowledge Hub v0.1



Knowledge Hub v0.1



TRANSFORMING HEALTH AND CARE SYSTEMS

JADECARE

Joint Action on Implementation of digitally enabled integrated person-centred care

Yhasmine Hamu, Biosistemak Institute for Health Systems Research

yhamu@kronikgune.org

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The Joint Action JADECARE

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JADECARE

- FULL NAME: **JOINT ACTION ON IMPLEMENTATION OF DIGITALLY ENABLED INTEGRATED PERSON-CENTRED CARE**
- ACRONYM: **JADECARE**
- PROJECT NUMBER: 951442
- FUNDING BODY: HaDEA
- WEBSITE: https://www.jadecare.eu/
- DURATION: 1st OF OCTOBER 2020 TILL 30TH OF SEPTEMBER 2023
- PROJECT COORDINATOR: **KRONIKGUNE INSTITUTE FOR HEALTH SERVICES RESEARCH**

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Aims and objectives

Aims

JADECARE will contribute to **innovative, efficient and sustainable health systems** through providing expertise to assist the European Countries in undertaking health system reforms.

It will enable national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care.

Goals

- **Reinforce the capacity of health authorities** to successfully address important aspects of health system transformation, in particular the transition to digitally enabled integrated person-centred care
- **Support the best practice transfer** from the systems of the “Early Adopters” to the ones of the “Next Adopters”

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JADECARE Consortium – 16 Countries, 45 Organizations, 21 Next Adopters

SLOVENIA
National Institute of Public Health
- AE: ZZZS

CZECH REPUBLIC
Ministry of Health of the Czech Republic
- AE:UHO

DENMARK
North Denmark Region
- AE: RSD

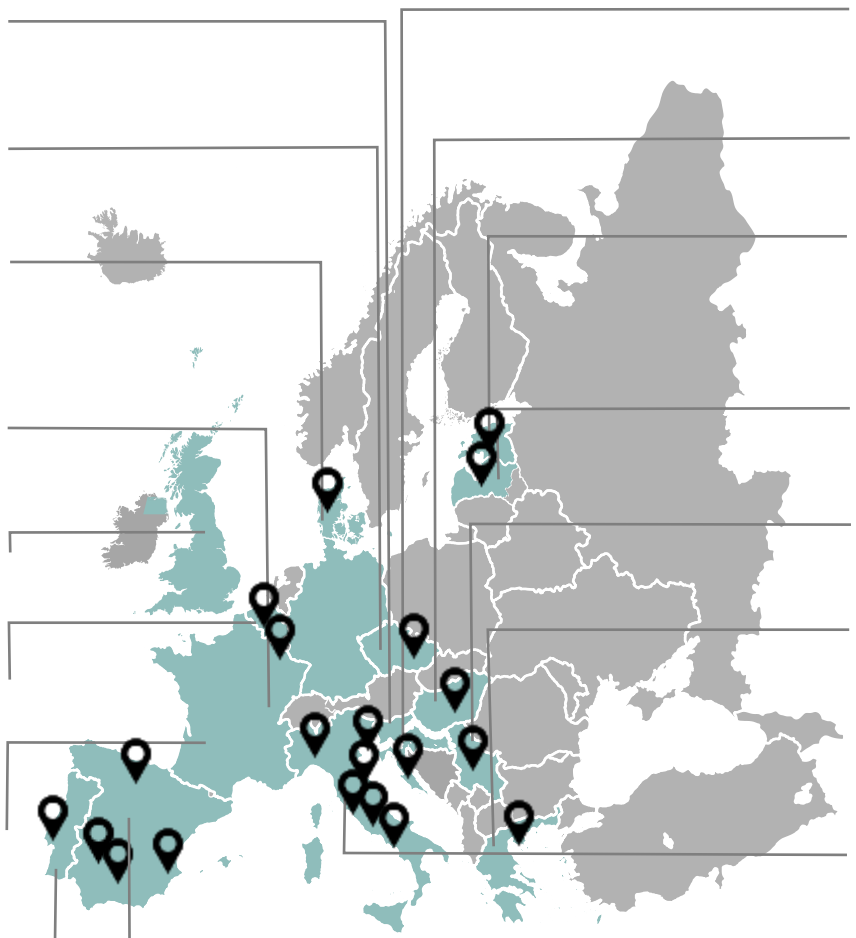
GERMANY
Ministry for Labor, Health and Social Affairs, Family and Integration Hamburg
- AE: LGL, ZTG

UNITED KINGDOM
Health and Social Care Board (HSCB) Northern Ireland

BELGIUM
Department For Self-determined Living Of The German-speaking Community Of Belgium

FRANCE
Eurometropole de Strasbourg (Optimedis as subcontracted)

PORTUGAL
Central Administration Of The Health System
- AE: ENSP/NOVA, SPMS



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y reflect those of the European Union or European Health and Digital Executive Agency (HADEA). Neither the Europe

Next Adopters

CROATIA
Croatian Institute of Public Health
- AE: CIPH

HUNGARY
National Healthcare Service Center
- AE: SU, JFDPK

ESTONIA
Estonian Ministry of Social Affairs
- AE: VH

LATVIA
National Health Service, Republic of Latvia
- AE: CCUH

SERBIA
Ministry of Health of the Republic of Serbia

GREECE
4th Regional Health Authority of Macedonia
- AE: AUTH

ITALY
National Agency for Regional Healthcare Services
- AE: ASL NA2, LOMBARDIA, ARS TOCSCANA, USL UMBRIA I, MARCHE, PROMIS, MoH

SPAIN
Kronikgune Institute for Health Services Research
- AE: CSFJA, SCS, SACYL, SMS, AQUAS, IDIBAPS, FPS, IDIVAL, FFIS

JADECARE original Good Practices

The selected oGPs cover integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management.

BASQUE COUNTRY

Basque Health Strategy in Ageing and Chronicity: Integrated Care

CATALONIA

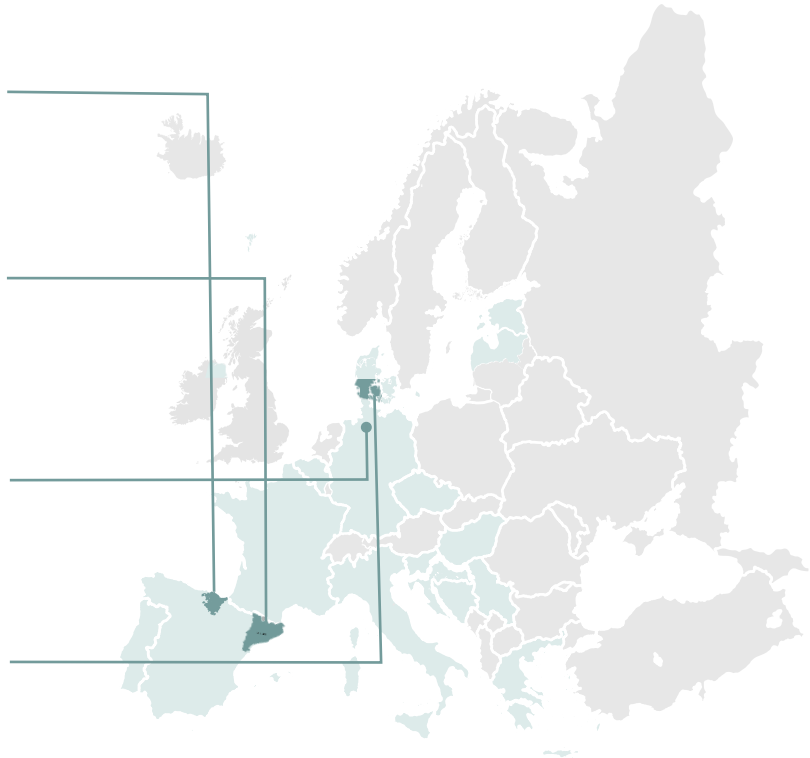
Catalan Open Innovation Hub on ICT-supported Integrated Care Services for Chronic Patients

GERMANY

The OptiMedis Model-Population-based Integrated Care

REGION OF SOUTH DENMARK

Digital Roadmap towards an Integrated Health Care Sector



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Basque Good Practices

BASQUE HEALTH STRATEGY IN AGEING AND CHRONICITY: INTEGRATED CARE (BASQUE COUNTRY, SPAIN)

B1: Risk stratification

- ✓ CF1: Data extraction process and construction of dashboard
- ✓ CF2: Classification of patients
- ✓ CF3: Stratification in the framework contract

B2: Integrated Care

- ✓ CF1: Creation of Integrated Healthcare Organizations
- ✓ CF2: Deployment of integrated communication and information systems
- ✓ CF3: Care coordination and communication between health providers

B3: Patient empowerment

- ✓ CF1: Deployment of a School of Health
- ✓ CF2: Empowerment programs for chronic and/or multimorbid patients

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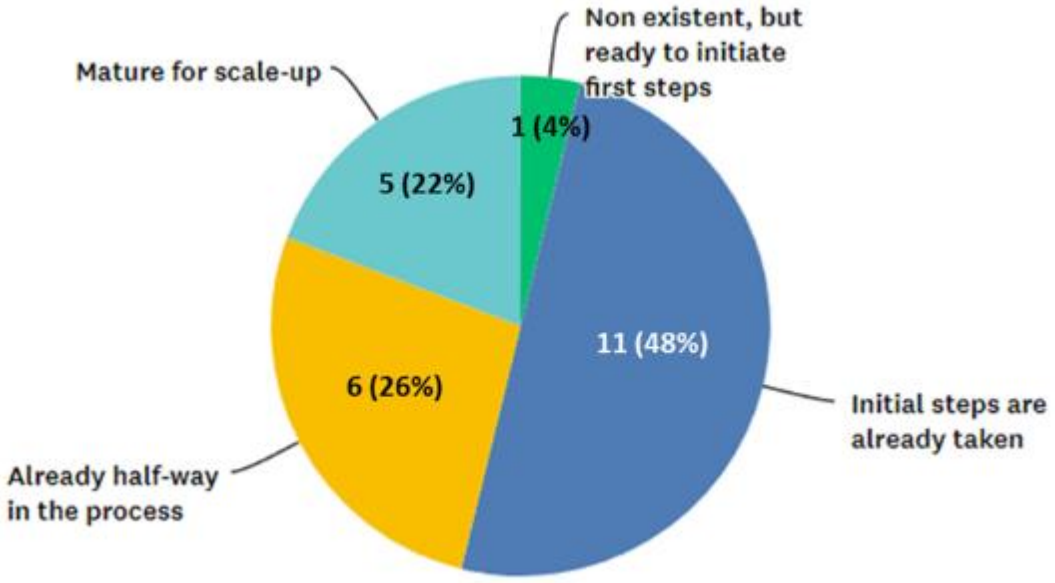
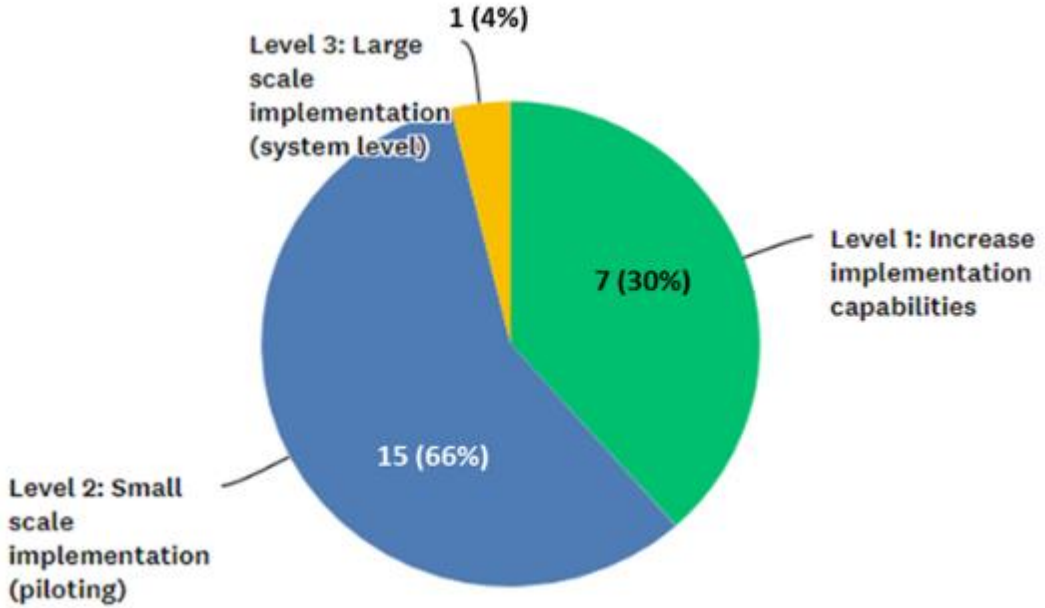
JADECARE Next Adopters

Maturity of integrated care deployment



Commitment and ambition in JADECARE



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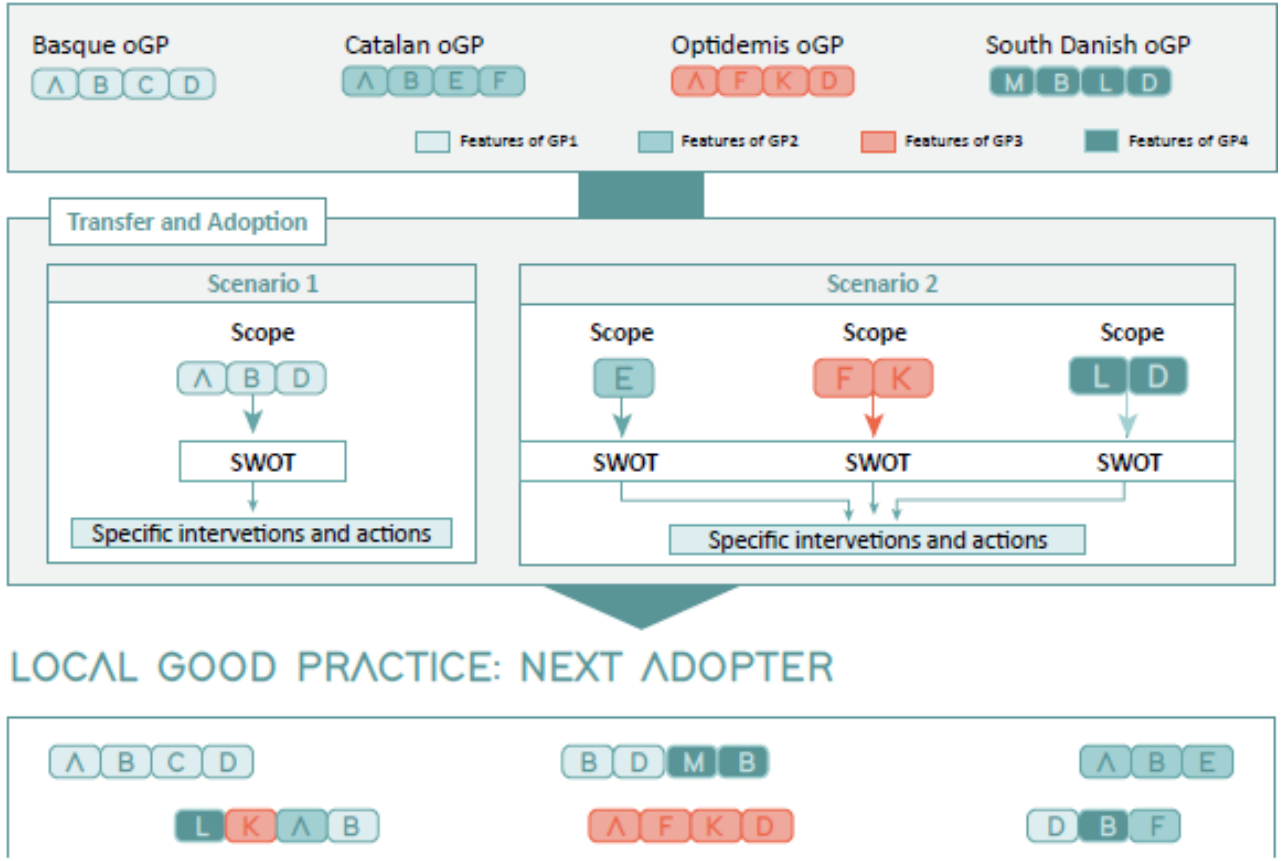
Transfer strategy – Mix and Match approach



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Transfer support activities

- oGPS data collection and analysis (maturity requirements of the core features*, implementation process, sustainability)
- Analysis of the contexts of early adopters (SWOT)
- Virtual study visits to learn about the experiences of the good practices
- Thematic workshops during the implementation
- Webinars, follow up meetings, technical support, guides for implementaion, etc.

** https://scirocco-exchange-tool.inf.ed.ac.uk/*

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The implementation strategy

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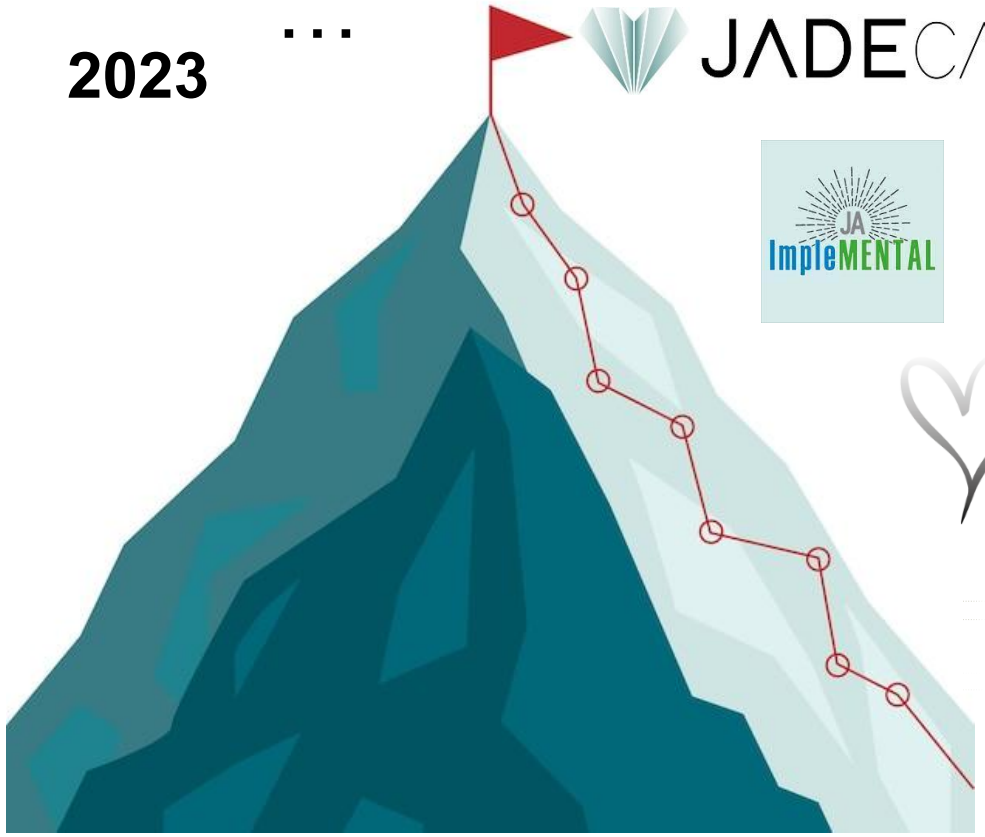
Implementation Strategy evolution

2023 ...



2016

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Implementation strategy

PRE-IMPLEMENTATION

1. SCOPE DEFINITION
OCTOBER 2020-JANUARY 2021

2. SITUATION ANALYSIS
FEBRUARY 2021-APRIL 2021

3. LOCAL GOOD PRACTICE AND ACTION PLAN
MAY 2021-SEPTEMBER 2021

IMPLEMENTATION

4. ROLL-OUT AND OPERATION
OCTOBER 2021-DECEMBER 2022

POST-IMPLEMENTATION

5. IMPLEMENTATION PROCESS ANALYSIS
JANUARY 2023 – SEPTEMBER 2023

6. REPORTING OF THE IMPLEMENTATION
JANUARY 2023 – SEPTEMBER 2023

2020
OCTOBER

2023
SEPTEMBER

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Local working groups

EXPERTS
Faculty on specific matters

ORGANIZERS
Group process skills

DECISION MAKERS
Strategic vision

IMPLEMENTERS
Operational experience

FRONT-LINE PROFESSIONALS
Knowledge of daily practice

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Scope definition

- **Range of issues** to be covered by the practice or intervention to be implemented.
- **Elements of the original Good Practices** to be implemented and integrated in routine practice.
- Depends on **local needs, expectations, strategic objectives and real capacities and possibilities**, including available resources and already existing policies, strategies and interventions.
- The **steps** for the scope definition are:
  a) Study the information of the original Good Practices
  b) Analysis and prioritization of needs at each Next Adopter
  c) Relevance and feasibility assessment of the elements of the original Good Practices
  d) Selection of the elements to be implemented at the local site

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Situation analysis

- Analyse the **current situation or context of the system**.
- Identify and understand **environmental and organisational factors** that influence implementation.
- Support successful **strategic planning and decision making**.
- **SWOT** analysis to define **Strategic Intervention Areas** that guide Local Action Plan development.

Get a good awareness of the situation of the Next Adopter sites.

Contribute to reveal key enablers and actual or potential barriers to the implementation.

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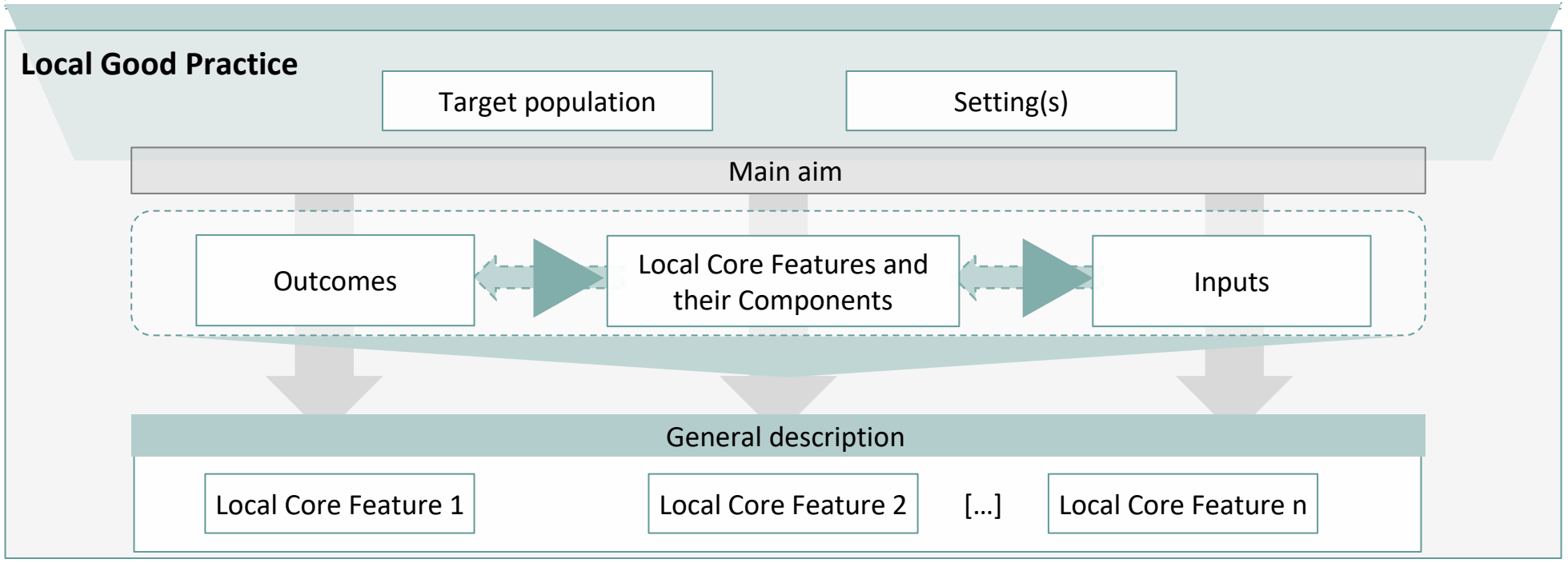
Building Local Good Practices

- ✓ Identified and prioritized needs
- ✓ Selected elements
- ✓ Identified local policies, strategies and interventions

from the Scope Definition

- ✓ SWOT Analysis
- ✓ Identified and prioritized SIAs

from the Situation Analysis



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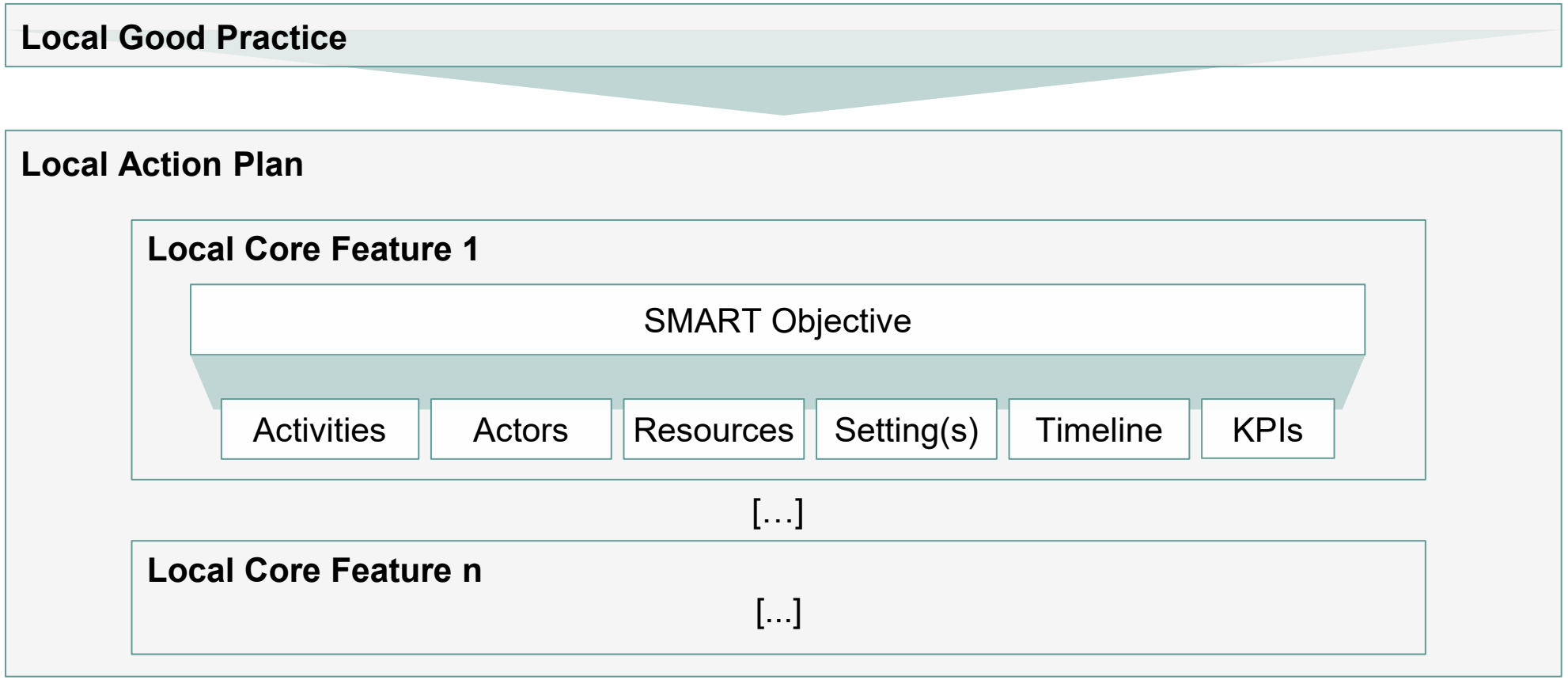
and designing Local Action Plans



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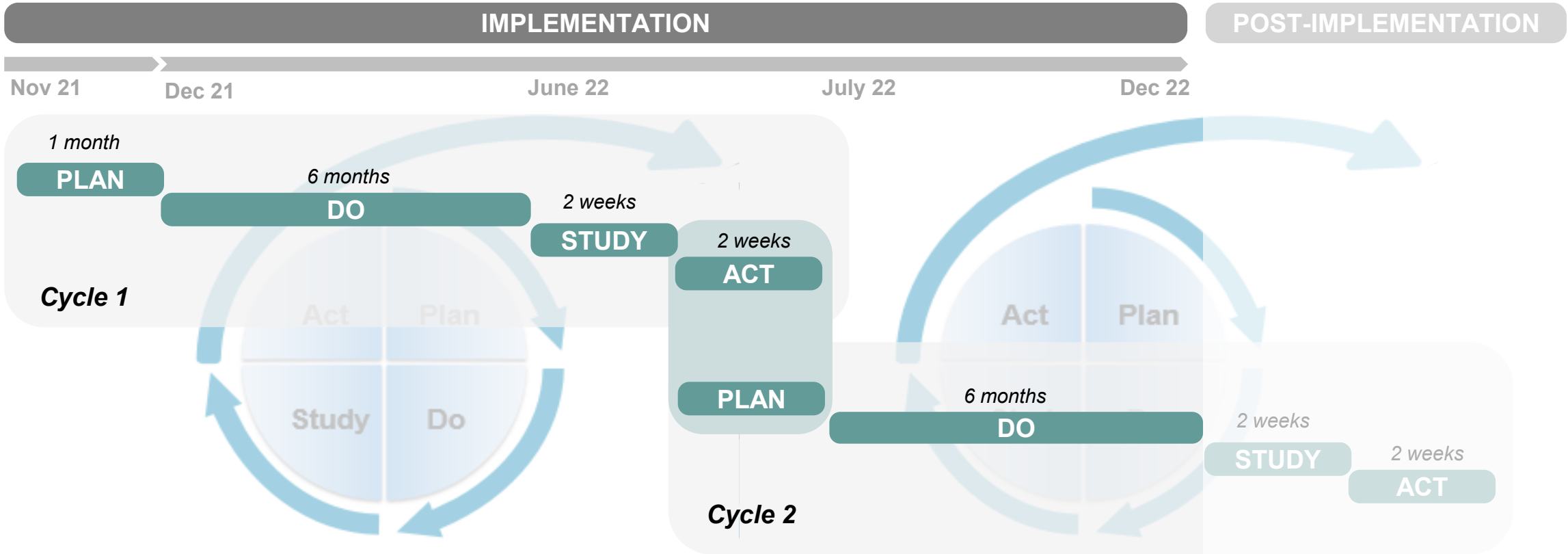
Roll-out and deployment

Plan-Do-Study-Act (PDSA) cycles in JADECARE



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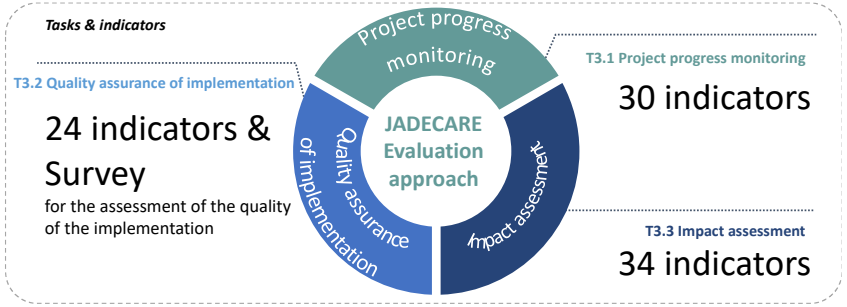
Post-implementation

- Analysis of the **implementation outcomes**.



- Analysis of the **implementation process** through the Consolidated Framework for Implementation Research (CFIR).

CFIR Consolidated Framework for Implementation Research

- **Reporting of implementation experience** through an adapted version of the Revised Standards for Quality Improvement Reporting Excellence 2.0 guidelines.

SQUIRE Promoting Excellence in Healthcare Improvement Reporting

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Methodology papers

Scaling-Out Digitally Enabled Integrated Care in Europe Through Good Practices Transfer: The JADECARE Study

Ane Fullaondo, Yhasmine Hamu, Jon Txarramendieta, Esteban de Manuel

Abstract

Introduction: The absence of a coordinated approach to health and social care compromises the ability of health systems to provide universal, equitable, high-quality, and financially sustainable care. Transferring evidence-based practices focused on digitally-enabled integrated care to new contexts can overcome this challenge if implementation is satisfactory. This paper presents the scaling-out methodology that JADECARE has designed to spread effective innovative practices across Europe.

Methodology: The scaling-out methodology pretends to guide the Next Adopters in the transfer and adoption of practices, whereas increasing their implementation capacity

Publication of methodological paper

https://ijic.org/articles/10.5334/ijic.8605

The impact of JADECARE

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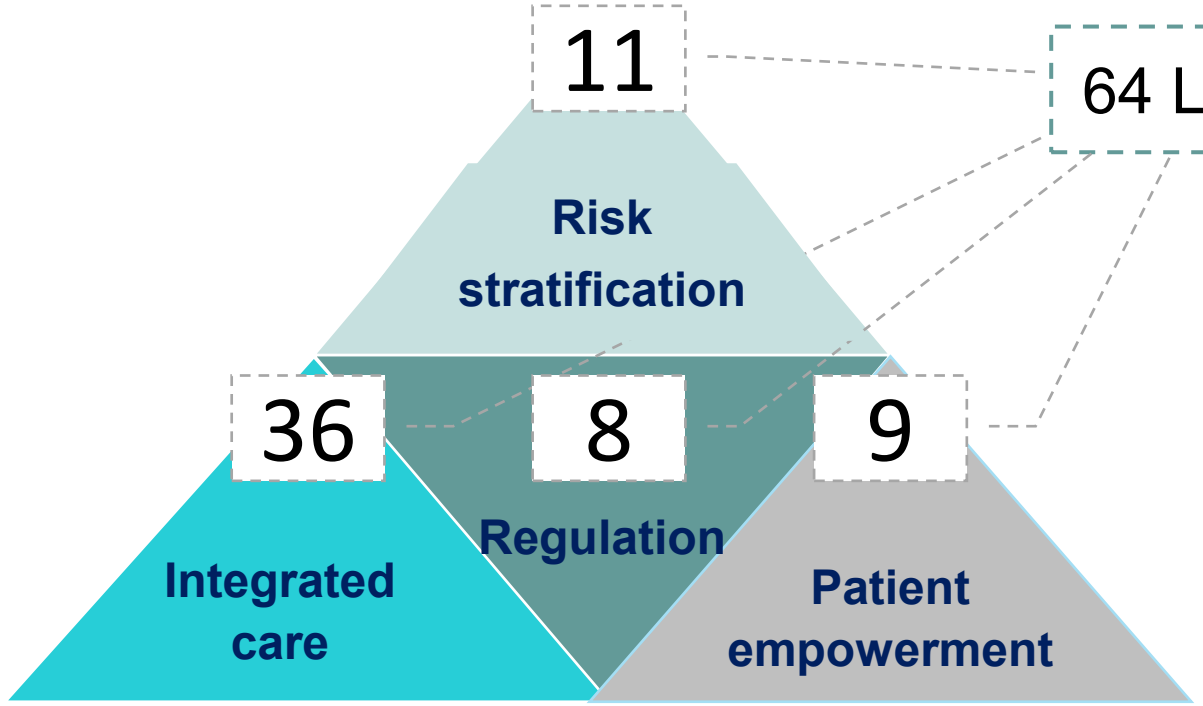
Transfer of Good Practices



64 Local Core Features

21 Next Adopters and Local Good Practices

The 21 Next Adopters have transferred more predominantly integrated care related Core Features

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Transfer of Basque Good Practice

North Denmark Region (RND)

Strategic Use of Data in Steno Diabetes Center NorthDemark (SDCN) in the Region of North Denmark (RND)

University Hospital Olomouc (UHO)

Tele-Psychiatry\psychology online, nline management of the psychological and behavioural disorders and Online access to documentation (awareness of medication and medical treatment process)

Ministry of Health of the Republic of Serbia (MoHRS)

Improvement in integration of health information system; and patient empowerment

Croatian Institute of Public Health (CIPH)

Croatian approach on an Integrated Healthcare Sector: New media use in GP-patient communication and disease management materials with the Digital Health Centre

United Local Health Authority (USL UMBRIA 1)

Integrated management of heart failure patients in the "Media Valle del Tevere" district

Regional Health Agency Tuscany (ARS Tuscany)

" Piana di Lucca" District Zone's approach to taking care of complex patients by integrating hospital and primary care

Central Administration of the Health System Portugal (ACSS)

Implementation of population risk stratification in Portugal and improvement of continuity of care

Aristotle University of Thessaloniki (AUTH)

Greece's approach on patient classification and patient empowerment

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Implementation achievements

PRE-IMPLEMENTATION

21
SWOT analysis done

165
Needs identified

21
Local Good Practices & Local Action Plans developed

IMPLEMENTATION

359
Key Performance Indicators initially defined

2
PDSA Cycles completed

POST-IMPLEMENTATION

20
CFIR surveys accomplished

19
CFIR Focus Groups conducted

20
SQUIRE 2.0 reports completed

Supported by knowledge exchange and transfer activities

4
Study visits

10
Thematic workshops

4
Workshops on implementation key learnings

Impact of the JA

4

original Good Practices (oGPs)

21

Local Good Practices *(1LGP per Next Adopter)*

64

Local Core Features to be implemented by the Next Adopters

>4M

People targeted

JADECARE supports the digital transformation of healthcare systems of 21 NAs in 16 EU Countries

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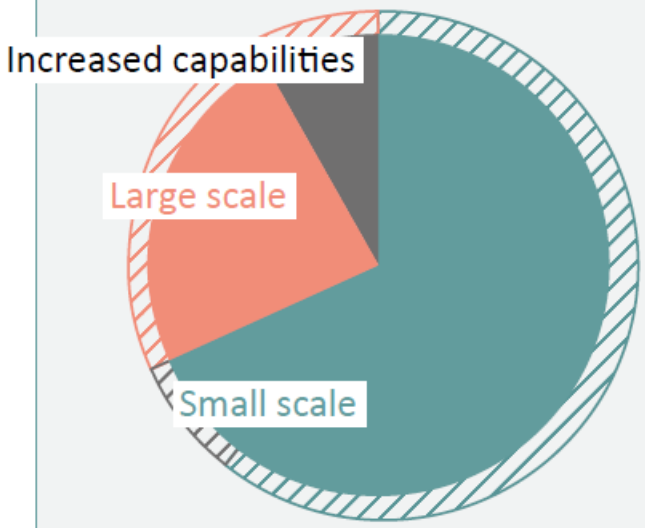
Impact of JADECARE

Estimated target population: > 4 million people



Ambition of NAs in JADECARE	before	after
Small scale deployment (piloting)	15	13
Large scale deploymen (system level)	1	5
Increased implementation capabilities	7	1

*Responses from 23 Next Adopters before and 19 Next Adopters after

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Impact of JADECARE

Next Adopters with changes in digital services

- **4** coordination and communication systems
- citizen empowerment tools, patient reported data and tele-medicine **3**
- **4** data analytics at individual or population level
- digital health system infrastructure and information and process management systems **2**

Next Adopters enabling access to newly implemented services and infrastructures *(Population enabled)*

38% *< 100*		**18%** *no reached*
15% *100- 1000*	**10%** *1000- 100.000*	**19%** *>1.00.000*

Next Adopters conducting stratification of the population *(Population stratified)*

2	*>1.000.000*	**1**	*10.000- 100.000*
2	*100.000- 1.000.000*	**1**	*< 1.000*

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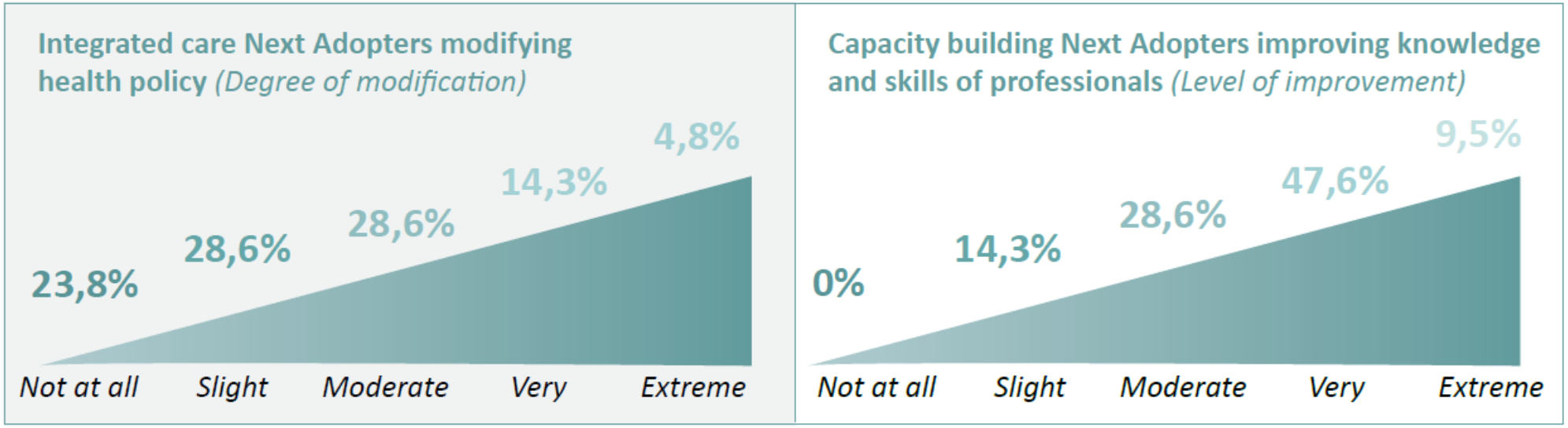
Impact of JADECARE



*Note: Absolute values and percentages refer to the proportion of total respondents (19 Next Adopters)

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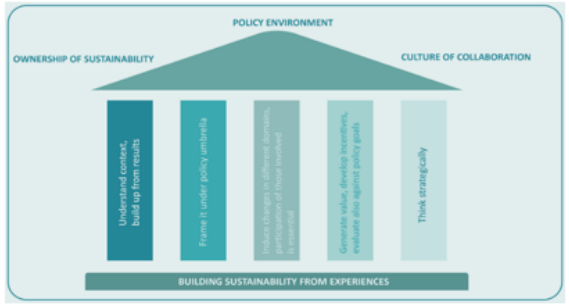
Sustainability approach and results

KEY RESULTS

Development of JADECARE Sustainability framework based on learnings from past experiences



Development of Next adopters' practices and sustainability planning in pre-implementation phase

75 activities to increase potential for sustainability included in the Local action plans

Establishment of JADECARE Policy board to support sustainability process at policy level and to strengthen EU-added value of JADECARE

22 Policy board members from
19 European countries included in JADECARE Policy board

3 Policy board meetings

3 Policy Dialogues

Development of Next adopters' Sustainability strategies and Sustainability action plans to support practice fitness and continuity

55 participants at
21 Informed discussions

20 Sustainability strategies and Sustainability action plans

204 sustainability strategic objectives

104 sustainability actions defined

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Key learnings

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Implementation learnings (1/2)

- **Network within working group**: involve end empower members of all health services and patients from the beginning, nurture cooperation among stakeholders, create a “common vision” with them, make them feel “ownership” together on the project and improve communication of findings
- **Understand the context and build on existing projects**: good and thorough situation analysis is key to detect most needed response to the problem identified, and seek to exploit synergies on prior research projects
- **Mix & Match** was not a simple approach, but everyone was satisfied

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Implementation learnings (2/2)

- **Power of information:** define outcome and performance indicators based on value-based care principles, mobilise needed data sources, strengthen analytical work
- **Long and challenging:** Good practice transfer is a long and challenging process, Keep exchange and discussion within JADECARE transfer Work Packages alive and ongoing
- **Think differently:** develop/use new health professions (community nursing, APNs, case managers, mediators, etc.) diversify preventive care offer
- **Learn from successes and failures**: follow „learning by doing“ principle

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Conclusions (1/2)

- The challenge of this JA was to **transfer innovations** that have proven to be successful to **heterogeneous and complex healthcare environments**.... at the same pace
- With **limited time and budget**, the aim of JADECARE was to produce advances in the systems, not to achieve complete transfers (which would require much more time and money)
- The challenge has been to **adapt the practices** to be transferred to the local needs, situation, capabilities, resources, plans, strategies and current implementations. You have to be **creative and flexible** to transfer successful innovations that have taken years and millions of euros to heterogeneous and complex healthcare environments.

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Conclusions (1/2)

- There are many **methodologies and tools** to support implementation.... the important thing is to choose the ones that can help to achieve the intended objectives. The methodology has allowed for **active engagement of stakeholders**, embedding the JA objectives into realistic local strategies and capabilities
- A well-structured, straightforward and adaptable **strategy** simplifies and facilitates the process. It **provides a blueprint** for adoption, implementation, monitoring, reporting and sustainability of successful interventions into new contexts

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Thank you

Yhasmine Hamu

yhamu@kronikgune.org

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TRANSFORMING HEALTH AND CARE SYSTEMS

Discussion

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info@thcspartnership.eu

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