

Project

INTEGRATE

Care Process Design: A fundamental piece or a superfluous effort?

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March 26th, 2015, Edinburgh, Scotland

OBJECTIVES

Main objective

- Develop a framework to analyse the **impact of care process innovation**

Why this is important?

- To describe existing integrated care practices at a level of detail that facilitates analysis, identification of commonalities and differences and how integrated care impacts existing processes.

Practical implications

- Facilitate innovation in integrated care processes by focusing on the parts that are less efficient.
- Ideally, a set of indicators will support the monitoring of changes being applied to care processes.

METHODS: Work Stream

- **Literature review**

to ascertain what knowledge is available about care process design.

- **Use of a BPMN formalism**

to describe care processes corresponding to the four case studies (COPD, Diabetes, Geriatrics and Mental Health).

- **Development of an Innovation Impact Framework**

by adapting established business management principles and combining them with understanding on people-centre integrated care.

RESULTS: Literature Review

55 studies selected representing 14 types of system based collaborative implementation strategies

- An important set of systems-based implementation strategies are applied in integrated care programmes.
- Most programmes cover comprehensive services across the care continuum or standardization of care through inter-professional teams.
- The level of detail that is required to get a full understanding of why a particular systems-based implementation strategy is successful or not is not reflected by the descriptions as provided in the different reviews.

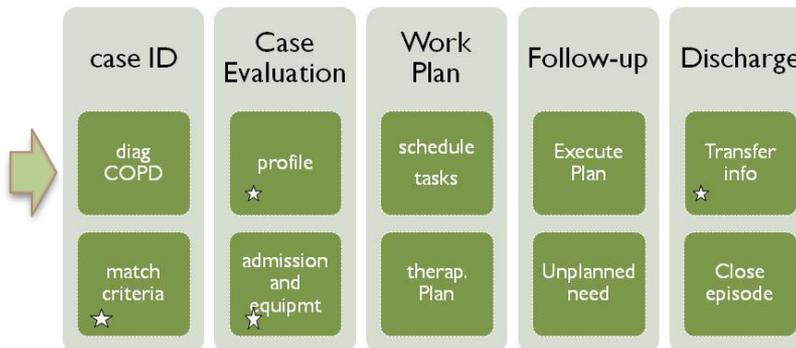
RESULTS: BPMN formalism

Descriptions of care processes using BPMN formalism

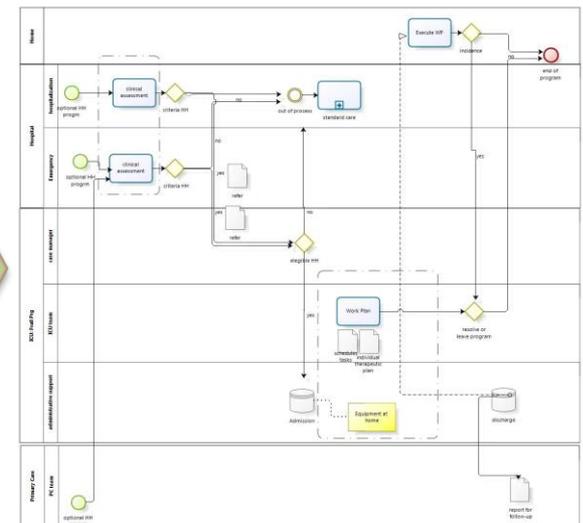
- Analysis: Narratives of each of the case study reports (COPD, Diabetes, Geriatrics, Mental Health)
- Categorisation: actions, roles, info flows, ...
- Three successive levels of detail were constructed:



Building blocks



Value chain & transitions



BPMN chart

Impact Assessment Framework

OBJECTIVES and DEVELOPMENT

“PEOPLE-CENTRED INTEGRATED CARE SELF-ASSESSMENT TOOL”

- Main aims:
 - to support healthcare service providers
 - A) with Integrated care programmes currently in place, and
 - B) who do not have an established people centred integrated care programmes but are looking to design, develop and integrate them into existing service delivery.
 - To ensure the self- assessment tool adds the most value and supports the in-depth understanding of innovative integrated care process design and the perceived and real value-added at each stage, when comparing ‘standard care’ to ‘integrated care’
- Adaptation of established business management principles (IESE-CRHIM InnPACT framework)
- Combination with understanding on people-centre IC from literature and from Phase I case studies.

Delphi Questionnaire Structure

Integrated care provision and design categories:

- *Integrated Care definition*
- *Integrated Care provision process (e.g. facilitators, quality management, phone support, home visits)*
- *Resources for integrated care provision*
 - *human resources (case manager, team composition)*
 - *information/ communication technologies (e.g shared system, access, monitoring, videoconferencing)*
- *Leadership/Governance (e.g funding, implementation strategies*
- *and Outcome/Evaluation (e.g. indicators)*

Pilot Delphi Survey

Eight experts within organisations throughout Europe involved

Panellists (on average 8 years experience in IC) agreed that the important components facilitating integrated care services are:

- *the personal communication between the patient and the health professionals,*
- *the managerial and organisational skills of the case manager,*
- *the communication support by information and communication technologies (Video conferencing, Biosensor data monitoring and transmission),*
- *the funding mechanisms and financial resource allocation,*
- *the organisational structure and the governance of the service provider, and*
- *the education and training of the involved health professionals.*

*All panellists rated unanimously that a **case manager** is indispensable in mature IC models, however, it remained undecided which health profession is most prepared to accomplish the responsibilities of a case manager / care coordinator in IC.*

Assessment Framework Elements



DISCUSSION GUIDE

1. Care Process Cycle
2. Delphi Approach
3. Components of mature Integrated Care
4. Context dependencies to be considered for IC implementation
5. Evaluation of the included elements of the Assessment tool regarding
 - a) Scope
 - b) Definition of target group
 - c) Potential and applicability