'Better policies for better chronic care'

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www.projectintegrate.eu
Policy makers say...

'I don’t understand very well the concept of integrated care’, but it is probably important

It seems very complex to me..

‘Where do I get started?’
Objectives of work package on policy lessons

What policy makers can do to improve care for people with (multiple) chronic conditions

POLICY GUIDE ON INTEGRATED CARE

MISSION
VISION
STRATEGY
HEALTH POLICY

GOVERNANCE

WHAT SHOULD BE DONE

HOW THINGS ARE DONE

Travis et al., 2003; Greer et al., 2016.
Lessons learned & Policies

- Literature
- Frameworks
- Best practices
- EU projects

PROJECT INTEGRATE
Lessons learned & Policies

- Literature
- Project Integrate
- Frameworks
- Best practices
- EU PROJECTS

Promoting learning | Developing guidance | Sharing ideas
‘Key Lessons learned’

(1) ‘it is about **excellent care**’,
(2) ‘it is about **disruptive innovation**’,
(3) ‘it is about **competencies**’,
(4) ‘it is about **the broader picture of well-being**’,
(5) ‘it is about **effective implementation strategies**’
(6) ‘it is about **context**’,
(7) ‘it is about **outcomes**’
‘Key Lessons learned’

1. Excellent care

   Excellent care is essentially integrated, people-centered and values a bio-psycho-social approach to care emphasizing the importance of equity, and high-quality interventions across the life course and the entire health continuum and aims at better care experiences, health outcomes, and with a more efficient use of resources.

2. Disruptive innovation

3. Competencies

4. Broader picture of well-being

5. Implementation strategies’

6. Context

7. Outcomes
‘Key Lessons learned’

1. Excellent care
2. **Disruptive innovation**
3. Competencies
4. Broader picture of well-being
5. Implementation strategies’
6. Context
7. Outcomes

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We need comprehensive **disruptive change**, not innovation at the margins.
‘Key Lessons learned’

1 Excellent care
2 Disruptive innovation
3 Competencies
   - Patient advocacy
   - Effective communication
   - Team work
   - People-centred care
   - Continuous learning
4 Broader picture of well-being
5 Implementation strategies’
6 Context
7 Outcomes

HWF competency clusters

Patients’ competency clusters
‘Key Lessons learned’

1. Excellent care
2. Disruptive innovation
3. Competencies
4. **Broader picture of well-being**
5. Implementation strategies
6. Context
7. Outcomes

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‘Key Lessons learned’

1. Excellent care
2. Disruptive innovation
3. Competencies
4. **Broader picture of well-being**
   - Inter-sectoral collaboration
   - Health systems strengthening
   - Universal Health Coverage
4. Implementation strategies
5. Context
6. Outcomes

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### ‘Key Lessons learned’

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<thead>
<tr>
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<td>1</td>
<td>Excellent care</td>
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**Instrumental and transformative partnerships**

**Relationship dynamics**

**Culture of change**
‘Key Lessons learned’

1. Excellent care
2. Disruptive innovation
3. Competencies
4. Broader picture of well-being
5. Implementation strategies
6. Context
7. Outcomes

Instrumental and transformative partnerships
Culture of change

LEADERSHIP
‘Key Lessons learned’

1. Excellent care
2. Disruptive innovation
3. Competencies
4. The broader picture of well-being
5. Implementation strategies
6. Context
7. Outcomes

The local context matters most
‘Key Lessons learned’

1. Excellent care
2. Disruptive innovation
3. Competencies
4. Broader picture of well-being
5. Implementation strategies
6. Context

Patient-reported outcome measures

Population health outcomes

International comparable integrated care indicators
Policies

Integrated care is a political choice

PEOPLE & COMMUNITIES: Improving health literacy (media campaigns on healthy lifestyles - Educational packages, Certified health websites – Life style programmes – Supported self-management – Development of personal care plans - Integrating and financing (nurse) educators in primary and secondary care practices – Strategies that encourage lay, parental, and family-led advice and support in local communities - Patient expert programmes facilitated by lay volunteers – Shared decision making – Patient’s holding own health records - Financing of patient navigators/case managers - (Financial) incentives related to mutually defined health goals (conditional cash-transfers- Involvement of patients and Civil Society Organisations in the policy process on chronic care – Community participation/consultation /awareness/delivered care- patient & user groups- M/E-health applications.
Policies

Integrated care is a political choice

CARE & ACCOUNTABILITY: Regulatory frameworks for educational and professional reforms - Regulatory frameworks for collaborative entities and teams (coupled with financial incentives and/or changes in payment systems) – Care coordinators/case managers, inclusion of social workers - Performance-based financing - Co-location policies – Regulatory frameworks for contracting - Regulatory frameworks for HRM - Regulatory frameworks for medications - Accreditation of hospitals – (Financial) support of primary care - (Financial) support of end-of-life care - Use of indicators/ balanced scorecards - Improved population health (population needs assessment, health registries, risk stratification, multidimensional frailty assessment, pooling of budgets between health care and social care) – care pathways - patient charters – acting upon user experiences – decentralization & devolution – peer-to-peer conversations - E-health – inter-sectoral partnerships – integrating traditional and complementary medicine
Policies

Integrated care is a political choice

CHANGE MANAGEMENT: National, regional, local plan on integrated care building upon a clear mission, vision and strategy - leadership – instrumental and transformative partnerships, relationship dynamics, role-model practices, language to signal meaning, using powerful language, competence in management, improvement methods and coaching, professional expertise in nurturing respect, recognition and team building, effective communication and flexibility, dedicated resources for implementing change – development of organizational culture that supports the core principles of integrated care – role enhancement – role enlargement – substitution - involvement of doctors in decision making
Policy Guide on Integrated Care

MISSION

VISION

STRATEGY

All Hands On Deck
Mission
Vision

Understanding:

- The core principles that underpin integrated care
- The context for change
- What problems can be addressed with integrated care
- What models can produce health in a population
  - Medical model
  - Public health model
  - The social determinants of health model
Strategy

What’s the plan?
Entry points: Where to start?

What do patients (people) with chronic conditions value most?

- Patient’s Goals
- Communication
- Information
- Decision Making
- Care Planning
- Transitions
- Emergencies
Are patient expectations and needs truly recognized as the organising principle to integrated care policies?
Five key potential entry points to any national, regional or local plan on integrated care
Entry point 1:

Preventing Adverse Childhood Experiences

Chronic behavioral, mental & physical health problems in adult life

ACE studies: 50% of the population has an ACE of 1 or more; 16% have an ACE of 4 or more

Felitti, 1998
Entry point 2:

Life course approach to the development of health literacy
Entry point 3:

Regulatory frameworks for **educational & professional reforms**

- Managing co-morbidities
- Bio-psycho-social approach to care
- Shared decision making
- Self-management
Entry point 4:

Regulatory frameworks for **collaborative entities and teams** (coupled with financial incentives and/or changes in payment systems)
Entry point 5:

Regulatory frameworks for improved population health:

- Population needs assessment
- Health registries
- Risk stratification
- Multidimensional frailty assessment
- Pooling of budgets between health care & social care
7 ‘Lessons learned’

National/ regional or local plans on integrated care based on 50 evidence-based policies and 5 entry points
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