Interreg CENTRAL EUROPE
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European Regional Development Fund

niCE-life

MAPPING METHODOLOGY FOR NEEDS ASSESSMENT AT THE LOCAL LEVEL

Deliverable D.T1.1.1 **02/2020**

Content

Mapping of regional status quo and model of health and care services for frail elderly

Background

The main goal of the WPT1 will be to develop a comprehensive, transnationally replicable model of the health and care services for frail elderly building on the successfully operating e-Care system (network of citizens, associations, institutions, professionals, providing a relational and support ecosystem to frail elderly people and currently used by more than 12.000 persons) since 2005 by the Local Health Authority of Bologna, IT and other innovative care models and solutions well-functioning at the EU level. The first group of partners (LP, PP3, PP6, PP8, PP9) will conduct mapping of needs, available resources and collect data in care centres with frail elderly at the regional level in order to have the up-to-date knowledge at the status quo in the partner regions via peer-to-peer meetings with representatives of health and care centres, but also elderly persons and their family members.

Due to time constraints other partners (PP2, PP3, PP4, PP5, PP7, PP10) will work in parallel on the review of e-Care system operating in Bologna and perform desk research of other innovative care models in place in the EU (maintained by EIP on AHA) and technological solutions in order to identify available best practices, including modalities of knowledge transfer, scaling-up of innovations and their adaptation to the local perspective. The knowledge exchange will be supported by the liaison with other EU-initiatives. The collected data and information will serve as a basis for the identification of the most suitable solutions in health and care of frail elderly and their adaptation to the local needs, upon common discussion during the thematic partner/stakeholder workshop they will be embedded in the preliminary version of the model of health and care services for frail elderly. The draft version of the output O.T1.1 will be tested and updated based on pilot actions planned in WP T3. Its finalisation is crucial for the achievement of the Specific objective No. 3

A structured template was created for processing the outputs, which was created by describing the individual health and social systems in order to be able to distinguish individual differences in the partner regions. The formulation of questions in the next part corresponds to the structure of the use of individual methodologies for the evaluation of good practices based on the methodologies Momentum, MAST and MAFEIP with a focus on integrated care. The output consists of a general description of the specifics of individual systems and focuses mainly on digital tools which were designated to the partners according to the responsibility matrix.

The project defines several tools that focus on health and social care and it is necessary to distinguish which of the providers will play which role. Large differences are expected between systems, such as the healthcare delivery system and its reimbursement system for example the good practice in Italy, which is based on the fact that the Ministry of Health and the Ministry for Social affairs operate as one entity and it is thus possible to ensure better continuity of care. The key outcome of WPT1 is therefore to assess which aspects of the good practice implemented in Bologna can be transferred / adopted in the partner countries and what needs to be evaluated before the transfer itself. On this basis, the tools used in the EU can be

used to evaluate practices, but also for evaluation after its implementation. These are mainly the tools mentioned below and specifically their combination for GP assessment.

The European Commission is responding to current global challenges through various programs, including the European Innovation Partnerships (EIP). The EIPs represent a new concept in international cooperation in research, development and innovation, which aims to help achieve the Europe 2020 goal (smart and sustainable growth supporting integration) by focusing on societal challenges, coordinating activities and accelerating the commercialization of innovative ideas and approaches. An important aspect of the EIP's activities is the coordination of the activities of the individual member states, which prevents undesirable duplication of efforts and increases the efficiency of the funds already spent.

During the first meeting was agreed methodology which will be used for evaluation of good practices. It will be the composition of three evaluation tools:

- MAST - Monitoring and Assessment Framework for the European Innovation Partnership on Active and Healthy Ageing
- MAFEIP - European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice
- EIP AHA – European Innovation partnership for active and healthy ageing
- Momentum - European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice
- Scirocco – The SCIROCCO self-assessment tool is an online self- assessment tool with an objective to assess a region's readiness for integrated care. It builds on the conceptual Maturity Model for Integrated Care developed by the B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing.

Every country involved in the project has lot of differences in relation to their health and social care systems. Due to the differences is necessary to describe the needs of involved target groups:

- Local public authority
- Regional public authority
- Sectoral agency
- Interest groups including NGOs
- Higher education and research
- General public

Related to the deliverable **"Report on needs assessment at the local level"** each partner will organize workshop with entities which are responsible for health and social care. The following representatives will participate in the workshop included representatives from associated partners mentioned in proposal. Visit of selected health and care centres in partner regions, study of local conditions for patients and frail

persons. Taking up contact with representatives of sectoral agencies, NGOs and local public authorities for further inputs.

Project members are required to use their background knowledge to identify assets on integrated care they are familiar with in their region/country.

- Typology of assets (regional, national and international):
- Regulation and/or norms document
- Strategic and consultation document (plans, green papers, white papers, ...)
- Report (institutional, internal, technical, and statistical)
- Project document (deliverables, products, outcomes, from regional, national and European projects, …)
- Guidance document (guidelines on implementation, evaluation, …)
- Good practice
- Tool (planning, implementation, management, evaluation, software…)
- Technical and commercial documentation (brochures, manuals, leaflets, …)
- Other

Sources of search:

- Web search engines
- Library catalogues
- Website, intranet or bulletins
- Entity and/or official bodies
- Grey literature databases
- Repositories
- Other (specify)

Select relevant assets

Inclusion criteria:

- Related and linkable to at least one of the digital tools
- Action oriented
- Have been considered in the partners´s context
- Accessible

- Timeframe: last 10 years
- Languages: English, and languages of participant regions in the project.
- Geographic coverage: EU

Within the Performance 1.1.1. a template will be developed for individual partner projects who fill in the basic data. Subsequently, the Summary of received data will be performed within Output 1.1.2 and 1.1.1

Tools overview

Scirocco tool

The SCIROCCO tool helps regions to:

- Understand the strengths and weaknesses of their regional context for integrated care and inform national, regional and local policy-makers about potential areas of improvement;
- Adopt and transfer integrated care good practices by identifying their maturity requirements and requirements for the potential transferability and scaling-up;
- Facilitate multi-stakeholder dialogues on progress towards the implementation and delivery of integrated care;
- Facilitate twinning and coaching activities that help regions and organisations to better understand the local conditions that enable the successful deployment of integrated care.

Each region will use the Scirocco tool to evaluate maturity of integrated care. The tool is accessible through URL https://scirocco-project-msa.inf.ed.ac.uk/login/

In next step has been done compilation of requirements which describes the need of each system. The template has been made from following tools based on European innovation partnership for active and healthy ageing:

MAFEIP

The MAFEIP monitoring framework comprises a web-based tool which rests on the principles of Decision Analytic Modelling (DAM). More specifically, it is based on a traditional Markov model, an approach that is commonly used in health economic evaluations to assess the impact of healthcare innovations in terms of health outcomes and resource use.

Based on data introduced into the tool, which may be (preliminary) data from clinical studies, expert opinions and your own views, this model performs an incremental analysis of the impact of your innovation.

This means that it estimates the changes in healthcare resource use, societal resource use and health related quality of life that result from using your innovation instead of current care.

As a result, you would need data on both the current care situation for your target population, as well as the situation in which your intervention is used.

MAFEIP is used for evaluation of good practice from Bologna/Italy.

Momentum

Momentum offers guidance for telemedicine doers who seek to move telemedicine from an idea or a pilot to daily practice or to scale. The guidance is distilled in the Momentum Blueprint for telemedicine deployment. The Momentum Blueprint offers critical success factors and performance indicators that help decision makers to scale up healthcare services from a distance through information technology. It also delivers a self-assessment toolkit that helps organisations determine whether they are "ready" for telemedicine deployment. The Blueprint and supporting documents are available on the Momentum website.

MOMENTUM is a thematic network that has been committed to concentrating on the needs of telemedicine doers, a group that includes:

- Leaders in health or care authorities, hospital managers, clinicians or people involved in industry, such as entrepreneurs or business executives.
- All the people supporting the telemedicine doers, such as public administrators, and personnel in innovation agencies and support organisations.
- All people who are actively involved in doing and deploying telemedicine. Working collaboratively and transparently over a three-year period, MOMENTUM has held consultations with stakeholders and the wider public to achieve three objectives, to:
- Foster stakeholder engagement and build consensus.
- Build and disseminate a repository of good practices.

MOMENTUM has focused on building stakeholder consensus around the key activities of how precisely deployment can take place effectively at scale, how good practices can be gathered and disseminated. MOMENTUM has had three main aims and scope:

- First, its consortium has aimed to understand the kinds of challenges faced by telemedicine doers when they work to implement telemedicine successfully as a part of a routine service.
- Second, as a result, the initiative has identified 18 critical success factors needed to take telemedicine from a pilot phase towards large-scale deployment and thus integrate it into healthcare delivery systems.

- Third, MOMENTUM has delivered tools and techniques that support this movement, including materials for a self-assessment process that determines an organisation's readiness to deploy telemedicine.

Overview of the 18 MOMENTUM critical success factors

The context

1) Ensure that there is cultural readiness for the telemedicine service.

2) Come to a consensus on the advantages of telemedicine in meeting compelling need(s).

People

3) Ensure leadership through a champion.

4) Involve healthcare professionals and decision-makers.

5) Put the patient at the centre of the service.

6) Ensure that the technology is user-friendly.

Plan

7) Pull together the resources needed for deployment.

8) Address the needs of the primary client(s).

9) Prepare and implement a business plan.

10) Prepare and implement a change management plan.

11) Assess the conditions under which the service is legal

12) Guarantee that the technology has the potential for scale-up.

Run

13) Identify and apply relevant legal and security guidelines.

14) Involve legal and security experts.

15) Ensure that telemedicine doers and users are privacy aware.

16) Ensure that the appropriate information technology infrastructure and eHealth infrastructure are available.

17) Put in place the technology and processes needed to monitor the service.

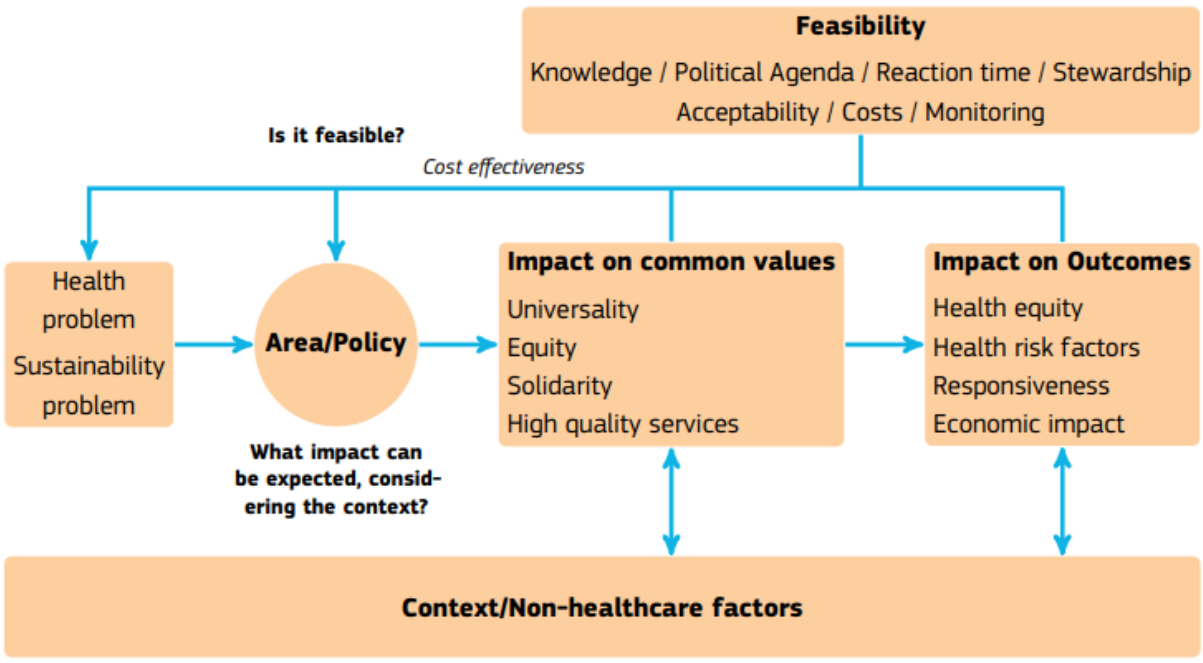
18) Establish and maintain good procurement processes.

MAST

There are also other examples of assessment frameworks that relate to specific types of innovation. For example, assessment tools have been developed by WHO-Europe together with the Healthy Cities Network in the area of age-friendly environments. Another example is MAST, the model for assessment of telemedicine. It provides a structured framework for assessing the effectiveness and contribution to quality of care of telemedicine applications and covers three parts: preceding considerations before an assessment, a multidisciplinary assessment of the outcomes and an assessment of the transferability of results. The key multidisciplinary assessment includes seven domains of outcomes:

1) Health problem and characteristics of the application
2) Safety
3) Clinical effectiveness
4) Patient perspectives
5) Economic aspects
6) Organisational aspects
7) Socio-cultural, ethical and legal aspects

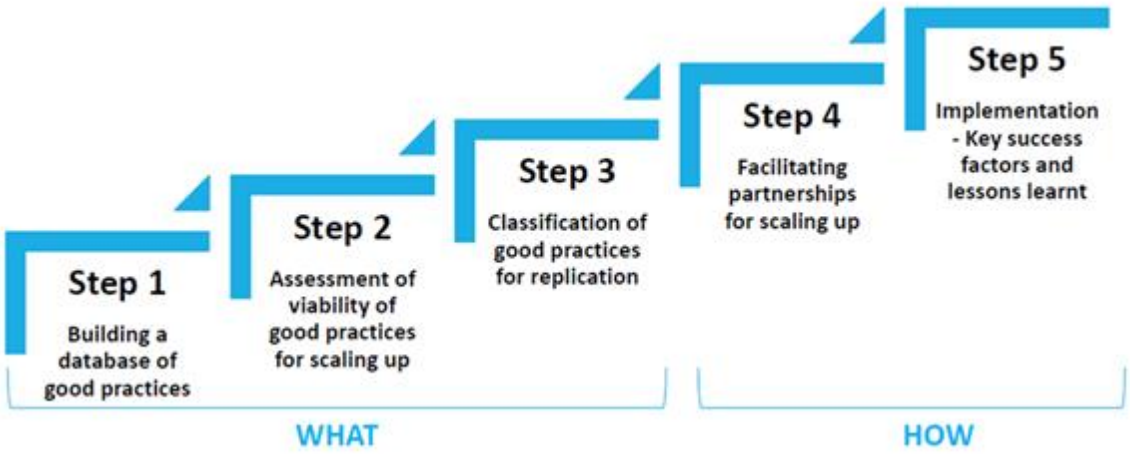
MAST is a widely used framework for assessment of the outcomes of telemedicine in Europe. A description of relevant outcome measures and methods for data collection within each domain has been produced. An impact analysis of common values and outcomes is a vital step in identifying good practices which are viable for replication. The Partnership has stressed the importance of evaluation and evidence to assess interventions. Given the national or regional competence of health systems management, the performance of these assessments is left nonetheless to those stakeholders involved in transfer and scaling-up.



K Kidholm, A G Ekeland, L K Jensen, J Rasmussen, C D Pedersen, A Bowes, S A Flottorp, and M Bech. A model for assessment of telemedicine applications: MAST. International Journal of Technology Assessment in Health Care, 28(1):44–51, 2012

Evaluation of Good practice

The viability of good practice is a prerequisite for consideration of its implementation in another country. Before proceeding to the preparation of such a transfer, it is necessary to assess each practice in terms of its applicability in the given context, in the specific conditions in each region and also in the relevant area to which the practice relates. The five-step methodology for disseminating good practice EIP on AHA refers to this step as the Classification of Good Practices for Replication.



The third step of the five-step methodology is therefore focused on the classification of GPs for their implementation in new conditions.

This classification refers to the differences between the conditions in country where the GP is functional and country that want adopt GP:

- knowledge and practical way of care,
- the time during which good practice can be implemented, but also start to evaluate its effects,
- administrative and political capacity, ability to integrate good practice into strategic and action plans in the health sector and possibly other sectors,
- political agenda, priorities and government programs,
- the cost and ability to finance good practice, including material and human resources, the way how services are financed, the status of economic security in the particular sector where should be GP addressed,

- acceptability for affected communities, such as hospitals (management), doctors, nurses,
- ability to monitor processes and outputs, transparency in the field.

How to evaluate Good practice - Czech Republic as illustration

1. Analysis of the needs of the target group (usually older people with chronic illness).
2. Choice of good practice addressing the right problem.
3. Establishing cooperation with provider of good practice.
4. Defining a common project focused on the transfer of good practice.
5. After allocating resources to the project, the analysis of current conditions for good practice in the Czech Republic (changes with time).
6. Modification proposal of accepted good practice – sustainability in the specific conditions.
7. Creating a team, an association of all actors involved in good practice (in the simplest case it can consist of only one entity – e.g. a hospital), identifying roles to ensure the operation of innovation.
8. Creation of action plans for the implementation of good practice, cooperation with the practice abroad.
9. Discussing the conditions of sustainability of practice with key stakeholders (especially the payer).
10. Defining and identifying the way of selecting good practice users (patients).
11. Analysis of key success factors for the introduced innovation.
12. Acquisition of technologies, implementation of organizational measures.
13. Introduction of good practice and its monitoring in terms of patient acceptance, medical staff, management. Monitoring of economic parameters.

14. Correcting and developing good practice based on responses from its operations. Monitoring the effects of good practice, impact on the development of the health status of the target population.

15. Expanding the association to include additional members with additional functions at the site. Possible dissemination of good practice to other places in the Czech Republic. Promoting and publishing good practice.

EIP AHA - European innovative partnership on active and healthy ageing

Implementation criteria:

1) Does a Good practice strengthen the role of citizen? (includes patient empowerment)?

2) Does GP have potential for use in the home environment?

3) Are investment and operating costs of GP viable in the Czech Republic environment?

4) GP is not challenging in the context of patient use

5) Is the GP in line with the priorities of the Health care Strategy?

6) Personnel demands of the application (does the application solve the lack of medical staff?)

7) Compliance with the legislation of the Czech Republic including requirements for safety and protection of axes. give

8) Technical readiness for application - compatibility with the existing ICT infrastructure

9) Relation of the application to the prevalence of diseases in the Czech Republic, the applicability of the application to solve a specific problem in health. care in the Czech Republic

10) Relation of the application to health services according to the Health Act. services (372/2011 Coll.)

11) Relation of the application to the question of accessibility of health care - geographical and temporal

12) Demands for application operation - training and personnel demands in operation

13) Verifiability of DP application in the Czech Republic before the pilot study was introduced

14) Reach of application - number of patients with a given diagnosis in CZECH REPUBLIC

15) Ethical aspects of the application

Implementation barriers:

- Organizational structures
- Interdisciplinary communication and cooperation
- Lack of interoperability and elements of systematic integration
- Lack of wider awareness among the professionals and patients
- Time and implementation barriers
- Financial coverage of GP and its reimbursement by payers and insurance companies
- Technical barriers – infrastructure, connectivity etc.
- Low digital literacy of the target group
- Resistance against changes/scepticism in relation to effectivity