

Collaborative experiences in Europe

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Outline

- Opportunities in Europe
 - European projects
 - Types of collaboration
 - Up-scaling of local initiatives
 - Implementation model
 - Conclusions
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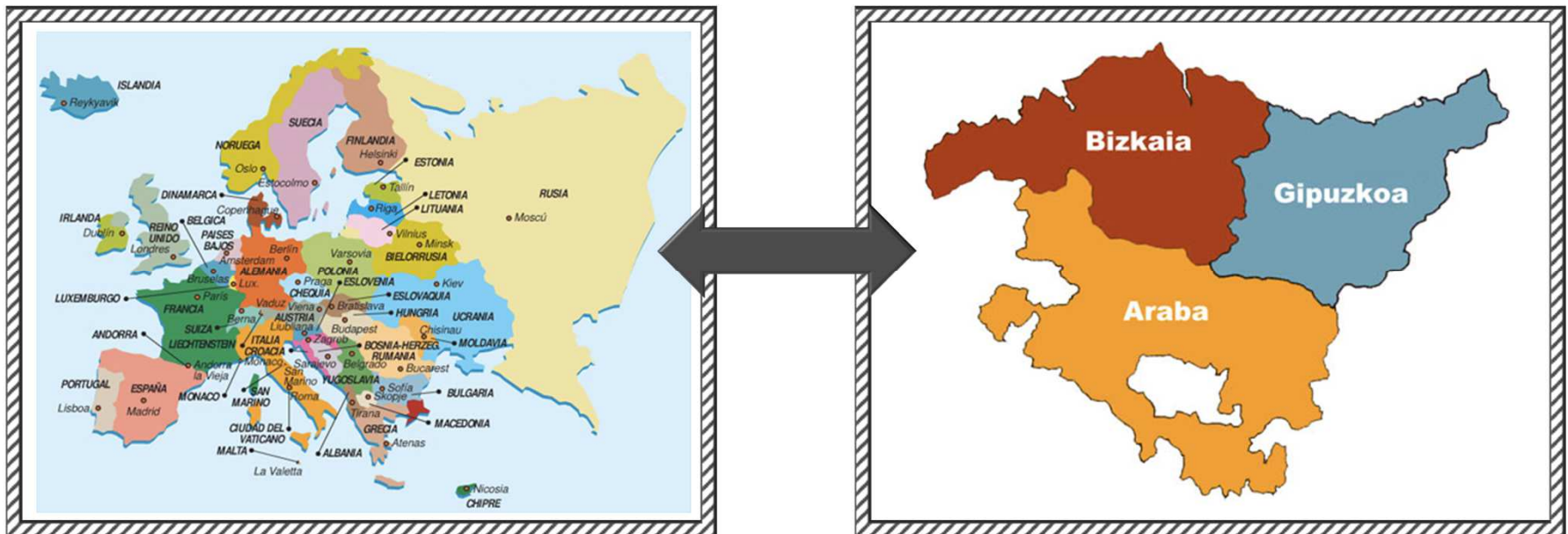


Participation in European projects

Opportunities in Europe



Opportunities in Europe



Collaboration between Europe and Basque Country

European projects

Cooperation

Sharing experiences

Synergies



Alliances

Mutual learning

Types of collaboration

- Deployment at scale of local initiatives
- Design of organizational models and care pathways
- Evaluation methodology
- Use of innovative ICT tools in patient care
- Local expertise in distinct topics
- Participation in learning networks

Basque Country - Europe - Basque Country

Local working team

Osakidetza

- Origin of innovative initiatives
- “Laboratory”
- Design of care pathways
- Evaluation methodology



Kronikgune

- Communication with Europe
- Coordination of working teams
- Methodological and logistic support
- Process monitoring
- Evaluation expertise

Collaboration examples

Local initiatives	European projects
Telemonitoring of congestive heart failure	United4Health
Online therapies for mental health diseases	FI-STAR Mastermind
Care pathways for frail elderly patients	Carewell
Population stratification	ASSEHS
Prevention of diabetes in adolescents	PRE-START
Coordination between social and health sectors	Smartcare
Up-scaling and evaluation of good practices	Scirocco ACT@scale
Innovative ICT solution for personalized care plan	C3 Cloud
Learning networks	Engaged Tittan



Up-scaling of local initiatives

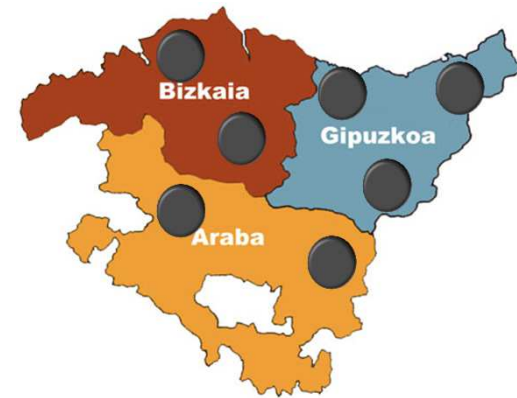
Up-scaling of local initiatives



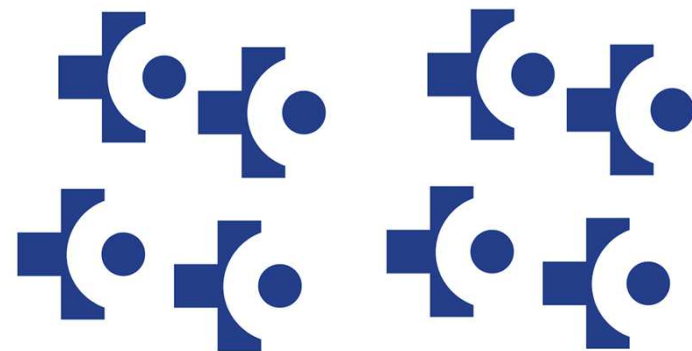
Local initiative



European projects



Local initiative



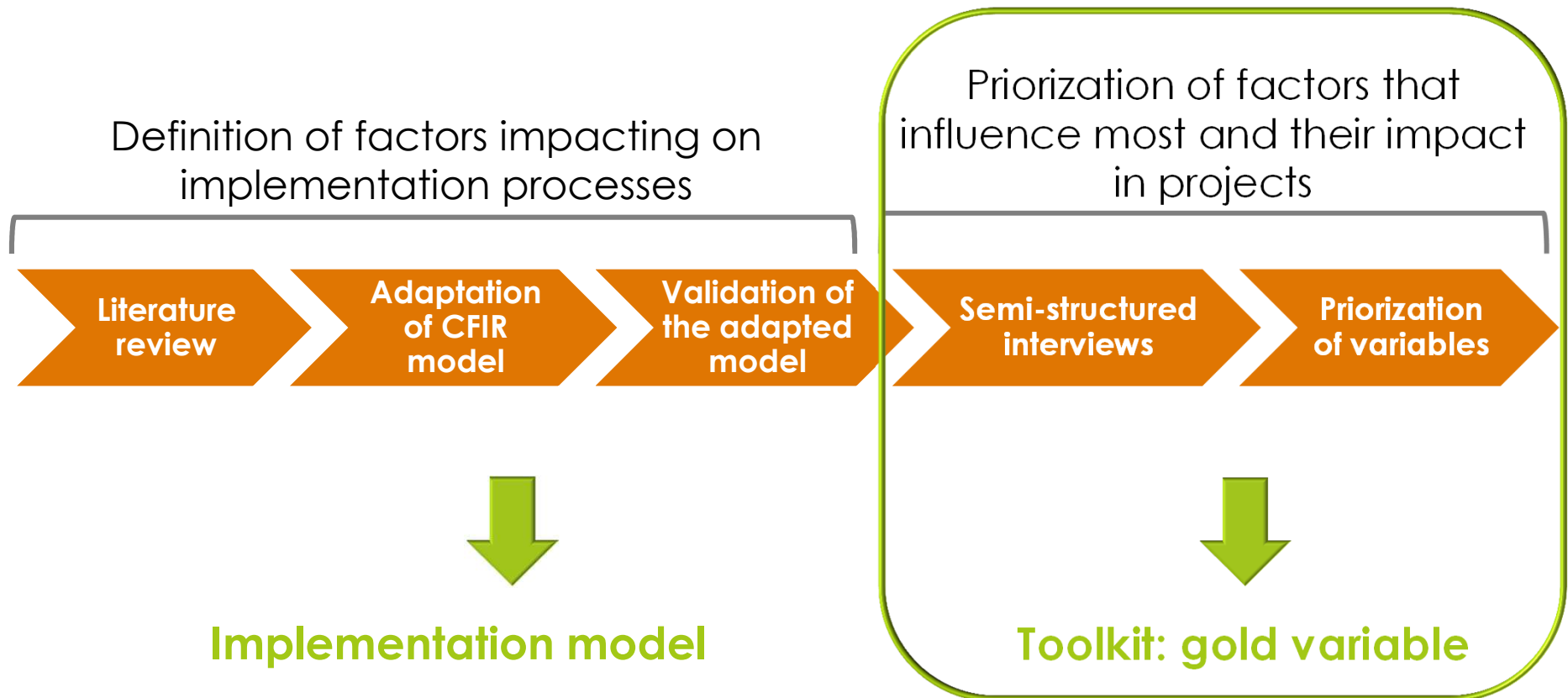
Implementation model

Successful pilot experiences usually do not reach deployment at scale

- 2/3 of the pilot interventions cannot be implemented
- Reasons are poorly understood.
- **Possible arguments:** characteristics of the target disease, patient profile, structure of the organization (reimbursement system, lack of professional training, professionals' attitude towards innovation, user expectations).

Implementation science

Methodology



Implementation model



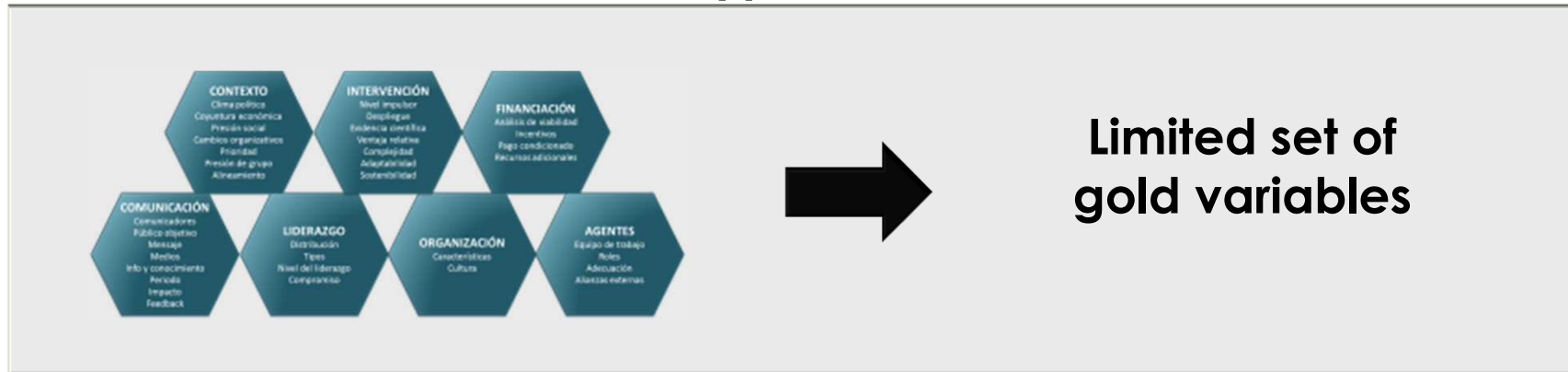
Implementation model

Example:

Dimension	Variable	Definition	Indicator
Context	Alignment with corporative strategy	Coherence degree between the goals of both intervention and organization strategic plan	Relation/coincidence between goals of both intervention and organization strategic plan
Intervention	Sustainability	Probability of the intervention to continue over time according to its design	Use of corporative ICT tools, reorganization of existing resources
Communication	Feedback	Existence of channels favouring bidirectional communication to collect front-line professional perception	Organization of surveys, focus groups, meeting to share mid-term results, forums

Priorization of variables

Hypothesis



14 semi-structured interviews:

- Directors
- Medical directors
- Healthcare managements heads
- Hospital department heads
- GPs
- Healthcare directorate representative
- Integrated care department head
- Information system department head
- eHealth centre head
- Telecare centre director

Priorization of variables

14 variables out of 36 were classified as **gold variables**

DIMENSION	VARIABLES
Context	Alignment with the corporative strategy Priority Social pressure
Intervention	Scientific evidence Relative advantage Adaptability Sustainability
Communication	Communicators Feedback Message
Leadership	Leadership distribution Types
Actors	Working team Roles

Priorization of variables

CONTEXT

- **Alignment with corporative strategy:** If the intervention is in line with the central organization's objectives, the probability to success is *a priori* higher, support and sponsorship from the beginning ⇒ participation of healthcare directorate
- **Priority:** the organization has to believe on the importance of implementing the intervention.
- **Social pressure:** the pressure leaded by the public opinion can reach extraordinary levels, leading to sue, and even to force changes in healthcare organizations.

Priorization of variables

INTERVENTION

- **Adaptability:** have to be flexible enough allowing the organizations to participate in the up-scaling without waiving their particularities ⇒ multidisciplinary working team
- **Sustainability:** organizational models based on reorganizing existing resources and utilization of corporative ICT tools.

Priorization of variables

COMMUNICATION

- **Communicators and message:** tailor the communicators to the message, and the message, in turn, to the target audience.
 - ❖ Manager profile: project presentation ⇒ increases credibility and acceptance
 - ❖ Clinician profile: renowned professionals ⇒ confers clinical prestige
 - ❖ Training: between peers

- **Feedback:** sharing **mid-term results** of the intervention shows transparency and increases professionals' motivation. Collecting the **perception of front-line professionals** during the implementation facilitates the detection of improvement areas.

Priorization of variables

LEADERSHIP

- ▣ **Distribution:** shared leadership to ensure that all requirements are covered.
- ▣ **Types of leadership:**
 - ❖ Strategic leader: power of decision, capacity to fasten the implementation process.
 - ❖ Technical leader: prominent clinical competence, well considered among peers, capacity to augment the credibility of the project.
 - ❖ Methodological leader: external actor, neutral and impartial, safeguard of the common objectives of the project. Confers logic and coherence to the implementation process and guarantees all efforts are aligned.

Priorization of variables

ACTORS

- ▣ **Working team and roles:** **multidisciplinary** (common objectives and plan). The team should include:
 - ❖ Decision making capacity (hierarchical power)- focused on professionals and the organization
 - ❖ Technical competence – focused on patient’s safety and quality of life
 - ❖ Field trial coordinator– monitors the deployment, deviation control, detection of incidences, coordination, training and support.
 - ❖ All organizations that will implement the intervention have to be represented – adaptability, sense of belonging.
 - ❖ **Personal profile** – participative, collaborative, enthusiastic

Conclusions

Conclusions

- Real opportunities to participate in European projects.
- Double benefit as a results of European collaboration:
 - ❖ Consolidation of alliances, bidirectional learning and and sharing of experiences.
 - ❖ Up-scaling of local initiative (piloto → routine practice)
- Key factors impacting on the implementation of complex healthcare intervention
 - ❖ Context
 - ❖ Intervention
 - ❖ Communication
 - ❖ Leadership
 - ❖ Actors

Eskerrik asko
Thank you

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