

ACCELERATING THE PATH TO DIGITALLY ENABLED INTEGRATED CARE IN EUROPE

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Summary: The journey of care delivery transformation in Europe is evolving rapidly, and the underlying digital health technologies that will support future health and care transformation need to be designed, developed and cost-effective. The speed and scale of the response required by the COVID-19 pandemic highlighted how the fragmentation in current healthcare systems significantly impairs our ability to respond effectively to meeting needs. The Joint Action JADECARE is focused on reinforcing health authorities, especially in incorporating digitally enabled integrated care. It has supported the good practice transfer between EU countries, thus enabling them to benefit from proven efficient solutions.

Keywords: *Integrated Care, Digital Innovation, Health System Transformation, Sustainability*

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Accelerating the path to digitally-enabled integrated care. Sharing best practice for health system transformation in Joint Action JADECARE

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Europe is ageing, what do we do?

The population of Europe is ageing, contributing to a growing burden of chronic conditions and multimorbidity. This is steadily increasing the demand for more extended and efficient care and a more intelligent outcome-based delivery of personalised care. Unfortunately, many of the existing European healthcare models focus primarily on short- and medium-term interventions for single conditions, failing to integrate the care planning of multiple providers and often overlooking the interconnections between different chronic diseases.¹

The absence of a coordinated approach to health and social care increases difficulties in aligning care across care teams and care settings. This seriously compromises the ability of health systems

to provide universal, equitable, high-quality, and financially sustainable care.² Increased specialisation with “siloes” and fragmented care approaches lead to poor communication and information sharing, which in turn cause shortcomings and gaps in the services provided for patients with chronic conditions and long-term care needs.

The evidence suggests that developing integrated person-centred care should generate significant improvements in the care and health of all citizens. This includes enhanced quality and access to care, health and clinical outcomes, health literacy and self-care.³ The satisfaction of patients and job satisfaction for health and care workers would also improve, as would the efficiency of services. The overall costs would be reduced.⁴ Person-centred

care identifies health concerns and needs, shared health objectives and healthcare goals, and appropriate activities associated with the healthcare process.

“digital health tools need to be embedded into health and social care delivery systems

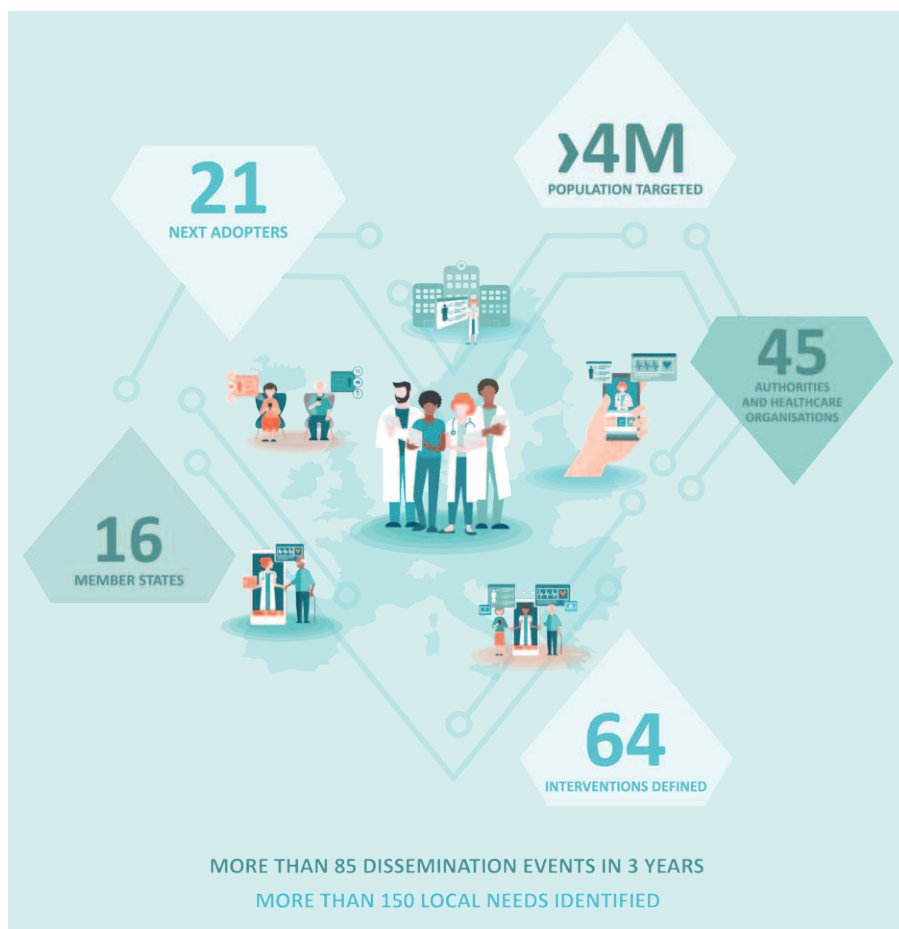
Ageing of the population and the increasing prevalence of chronic conditions require that European countries move towards a more integrated person-centred approach to care delivery. This approach should be designed in a way that coordinates services around the needs of the citizens and puts them in the centre, enabling them to participate in, and make informed decisions about their care. Many countries are already implementing some form of integrated care even though the nature and scope of their approaches differ. However, many health systems have already experienced and acknowledged difficulties in implementing good quality integrated care.⁵

Call for action: digitally enabled person-centred integrated care

The COVID-19 pandemic is one of the worst health catastrophes of the last century, which caused severe economic, political, and social effects worldwide. Despite these devastating consequences, opportunities have also arisen that, if capitalised on, can drive reforms of health systems that will help them to become high-performing, effective, equitable, accessible, and sustainable organisations. Digital health tools have already seen an accelerated implementation throughout the world in response to pandemic challenges.⁶

Digital innovation (new technologies, products, and organisational changes) has the potential to facilitate and support the delivery of integrated person-centred

Figure 1: Scope and impact of JADECARE



Source: authors' own.

services based on citizen's needs, by improving coordination among stakeholders and information channels, and providing more targeted, personalised, effective, and efficient healthcare. Such innovative digital tools and services help deliver integrated person-centred care to the population, improving the quality of care, and reducing costs. To harvest the full benefits of integrated digitally enabled person-centred care, digital health tools need to be embedded into health and social care delivery systems. However, the difficulties implicit in the design, implementation, transfer, and evaluation of integrated care supported by digital solutions are still to be overcome.⁷

The journey of care delivery transformation in Europe is still in its first stage. The underlying digital health technologies that will support this transformation need to be purposefully designed, developed, and

must demonstrate cost-effectiveness potential. It will be a complex program of change which requires adequate methods, processes, tools, and techniques. To speed up the adoption of integrated person-centred care solutions in Europe, Member States need to improve their capacity to redesign and improve their healthcare systems. This requires simultaneous operations at three levels: at the system level (strategy, governance, and allocation of resources); at the service level (commissioning, operations, and service redesign); and at the interface between service users, carers, and their care providers (delivery of care in new and better ways).

Transfer and adoption of good practices: Joint Action JADECARE

The systematic incorporation of evidence-based interventions into policy and practice can improve healthcare

performance and outcomes.⁹ However, population-wide health improvements also depend on large-scale implementation of effective health interventions. The transfer and spread of innovation from their sites of origin to other regions could help accelerate progress in Europe. Nevertheless, one key lesson learned from successful cases of implementation of integrated care,⁹ (including from the implementation cases in JADECARE), is that the approach has to be adapted to local context and needs, otherwise the intervention(s) may not deliver the expected benefits. Care authorities should focus their care integration ambitions on local circumstances. Attainment of broad health system goals, including quality, accessibility, efficiency, and equity are objectives against which to judge new digital health services.

“the approach has to be adapted to local context and needs”

In this context, the European Commission launched a series of initiatives to support countries in health promotion and the prevention of non-communicable diseases. One such initiative is the Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE). This Joint Action aimed to 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, and support the best practice transfer from the systems of the “Early Adopters” to the “Next Adopters”.

JADECARE involves 45 organisations from 16 European countries (Belgium, Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Hungary, Italy, Latvia, Portugal, Serbia, Slovenia, Spain and the United Kingdom). Good Practices are transferred to 21

“Next Adopters” where the local context, maturity of integrated care models, legal frameworks, culture, and values are of great heterogeneity (see Figure 1).

JADECARE has enabled the participating health authorities to benefit from efficient solutions in digitally enabled integrated person-centred care through adoption of core elements* of four “Good Practices” that were selected by the Steering Group on Health Promotion and Prevention and Management on Non-Communicable Diseases in February 2019. The JADECARE Good Practices are:

- Basque Health strategy in ageing and chronicity-integrated care,
- Catalan open innovation hub on ICT-supported integrated care services for chronic patients,
- The OptiMedis Model-Population-based integrated care (Germany), and
- Digital roadmap towards an integrated health care sector (Region of South Denmark).

The JADECARE original Good Practice cases involve complex and huge strategies consisting of concrete initiatives related to integrated care, population-based stratification, patient empowerment, and regulation that, in all cases, have taken years and significant investment to develop, deploy and scale across the region. Due to the size of the Good Practices, transferring them in their entirety to new contexts within the framework of JADECARE seemed unrealistic. To overcome these difficulties—which are often confronted when trying to replicate successful good practices in other local contexts—a multi-phase implementation strategy was designed. It included a series of methods, procedures, and recommendations to enhance the quality of the adoption and sustainability of transferred good practices.

The JADECARE strategy considers the needs, interests, possibilities, resources,

* Core features are varied and can include, for example: stratification; data extraction processes and construction of dashboards; creation of integrated healthcare organisations; creating appropriate governance structures; and tele-psychiatry.

strategies, and expectations of “Next Adopters”. It is scientifically appropriate, applicable considering data availability and feasible according to the project’s timeline (three years) and resources. The implementation strategy provides a blueprint for adoption, roll-out monitoring, reporting, and ensuring the sustainability of successful interventions into new contexts. As a result, 21 Local Good Practices (newly designed or built upon existing resources), which contain selected elements of the original Good Practices (tools, programmes or services related to population-level risk stratification, integrated care, patient empowerment or regulation), have been deployed across Europe, targeting more than four million citizens, and facilitating the transition of healthcare systems towards digitally enabled integrated person-centred care (see Boxes 1 and 2 for examples).

Sustainability strategies for good practice to continue

It is well known that the transfer and replication of a good practice to a different context is not simple or straightforward. Numerous interventions which prove to be effective in research studies in health services, often fail when they are transferred to other contexts and translated into routine practice. It is estimated that two thirds of the initiatives that organisations try to implement do not achieve successful results or required much longer to be incorporated into routine healthcare practice.¹⁰ Although JADECARE has shown that this significant challenge can be successfully overcome, there is a further challenge to ensure that digitally enabled integrated person-centred care initiatives are sustainable beyond the end of the project.

In JADECARE, special emphasis has been placed on the sustainability planning of each of the Local Good Practices developed by the Next Adopters, mainly focusing on:

- learning from experiences of the four Early Adopters
- supporting implementers to consider sustainability-oriented activities in their actions plans

Box 1: Central Administration of the Health System Portugal (ACSS)

Portugal faces challenges due to its high percentage of the population at older ages and a significant portion of the population affected by multimorbidity. ACSS implemented the JADECARE project, focusing on population risk stratification and continuity of care. They adapted the Basque Health Strategy to improve care models, better identify the needs by population groups, as well as adopt their financing and commissioning model. The project aimed to enhance citizens' quality of life, care continuity, and system efficiency through risk stratification. Training 262 professionals in risk stratification and engaging stakeholders through communication plans and international meetings were part of the project. Co-design training for 21 professionals led to the development of (digitalised) care pathways for specific conditions.

This initiative improved communication and coordination between hospital and primary care teams. The integration of national and local levels in the project's implementation further strengthened the collaboration among professionals. Additionally, plans were made to improve the electronic health record with care pathways, in alignment with the Recovery and Resilience Facility. ACSS believes that JADECARE was crucial in supporting the shift towards a national population-based approach in Portugal, leading to increased access, quality, and sustainability of the healthcare system.

Box 2: Regional Ministry of Health and Consumers Affairs of Andalusia (CSCJA) & Andalusian Public Foundation Progress and Health (FPS)

Andalusia, a region with 8.4 million people and an average life expectancy of 82.22 years, is facing a significant rise in the number of people living with chronic conditions, posing a strain on its healthcare system. Multimorbidity is a major challenge that needs to be addressed. In 2022, 404,092 complex chronic patients were identified, representing 5% of the population but consuming 30% of primary healthcare and hospital resources. The focus of the JADECARE implementation in Andalusia was to improve healthcare at home for these patients based on the TeleCOPD component from Denmark. They developed a Centralised System for Proactive Follow-up that gathers information from homecare professionals attending to complex chronic patients and integrates it within the corporate IT system. This allows for proactive and remote monitoring, early identification of warning signs, adaptation of prescriptions, and support to caregivers, ultimately enhancing patient quality of life. The pilot project was supported by the Regional Ministry of Health and Consumers Affairs of Andalusia and involved the active participation of healthcare professionals. The results have contributed to evidence-based practices that can be shared across Europe.

- developing concrete and realistic sustainability strategies.

In addition, the JADECARE Policy Board was created, which has proved to be a key element in providing valuable recommendations. Members of this Policy Board, with representatives of national health authorities and other institutions of 19 European countries, have actively participated in Policy Dialogues, which

are deliberate conversations that convene policymakers to discuss a topic of mutual interest, together with representatives of the European Patient Forum, Directorate General SANTE and the European Health and Digital Executive Agency (HaDEA).

The JADECARE Policy Board has two main advisory roles. First, to support the alignment of Local Good Practices

to national, regional and local policies, strategies, plans and programs. Second, to identify and build up the potential EU added value of JADECARE such as implementing EU legislation, achieving economies of scale, promoting best practices, benchmarking for decision making, considering cross-border issues, enabling (or supporting) movement of people and/or networking.

“ policy environment, ownership of sustainability, culture of collaboration and consensus seeking

While there are numerous contextual differences between countries and healthcare systems where the Local Good Practices have been implemented, Policy Board members have identified three overlapping core elements of sustainability: policy environment; shared ownership of sustainability; culture of collaboration and consensus seeking.

Regarding *policy environment*, engaging policy-level representatives in the design, implementation, and monitoring of the Local Good Practice to help link the practice to the country's and/or broader relevant funding opportunities seems to be crucial. Showcasing the impact of the practice is essential as well; informing policymakers about achievements increases the likelihood that the authorities will commit to sustaining change. The sense of *shared ownership* implies a co-creation approach, so a wide variety of stakeholders build a better understanding of the context where the practice is being implemented and its alignment to the local needs, priorities and resources are guaranteed. Finally, *culture* as a set of beliefs, values, behaviours,

perceptions and local conventions strongly influences practice implementation and its sustainability. In this sense, great efforts are needed to establish shared values and a common vision across the healthcare community. Key stakeholders should openly discuss their motivations and expectations. Learning from past experiences and creating a common language to communicate clear and simple messages to which all can relate are core elements. Finally, training, education and capacity building are fundamental pillars if sustainable practices are to continue over the long term.

Digital health technologies hold significant promise to advance towards integrated person-centred care. The COVID-19 pandemic has created a window of opportunity to rapidly promote the adoption of digital solutions which can support the integration at clinical, professional, organisational and system levels. Successful examples exist worldwide; now the challenge is to extend these good practices to other contexts, capitalise the learning and reach better health outcomes and long-term sustainability of health systems.

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