CONFERENCE

“Integrated services: organizational healthcare models in the framework of chronic diseases”.

Tools and methodologies to assess Integrated Care in Europe

26-27 March 2018
Torino, C.so Regina Margherita, 174

Marina Davoli
Department of Epidemiology - Lazio Regional Health Service, Italy (Member of the Expert Group on HSPA)
ACKNOWLEDGMENTS

• Federico Paoli
• Filip Domanski
• The chairs: Daniel Reynders (Belgium Ministry of Health) and Andrzej Ryś (DG SANTE).
• … and the expert group
In February 2014, the Council Work Party on Public Health at Senior Level invited Member States and the Commission to set up an Expert Group on Health Systems Performance Assessment (HSPA).

**Our Mission**

1. Provide participating Member States with a forum for exchange of experience on the use of HSPA at national level.

2. Support national policy-makers by identifying tools and methodologies for developing HSPA.

3. Define criteria and procedures for selecting priority areas for HSPA at national and EU level.

4. Intensify EU cooperation with international organisations, in particular the OECD and the WHO.
EXPERT GROUP ON HSPA

Expert group on HSPA
Strands of activity

- Annual work on priority areas
- Sharing of national experiences
- Tailored country-specific activities
- HSPA advocacy

2015: Quality of care
2016: Integrated care
2017: Primary care
2018: Efficiency
2019: Resilience

EIT Health is supported by the EIT, a body of the European Union
HSPA reports

April 2016

SO WHAT?
Strategies across Europe to assess quality of care

March 2017

TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems Performance Assessment
HOW WAS THE REPORT CONSTRUCTED?

Discussions in the expert group based on:

✓ A review on experiences in implementing integrated care in Europe (Action group B3-EIP on AHA)

✓ A survey on experiences of integrated care in EU Member States (HSPA)

✓ A policy focus group of experts from EU member states led by the EOHSP
“Evaluation of integrated health care”
SEMINAR ON HSPA WITH ITALIAN AUTHORITIES

8th April 2016

**Chair:** Giovanni NICOLETTI
**Viale Giorgio Ribotta, 5**
**Rome**

**9.00 – 9.15**
**Authorities Welcome**
Renato BOTTI, Director-general for Health Planning, Ministry of health
Daniela RODORIGO, Director general of Communication and European and International Relations, Ministry of health

**9.15 – 9.45**
**Introduction remarks**
Olivia WIGZELL, Director general of the Swedish National Board for Health and Welfare and Chair of the Expert Group on HSPA

**9.45 – 10.30**
Ellen NOLTE, European Observatory on Health Systems and Policies – Integrated care: key concepts, challenges and opportunities

**10.30 – 10.50**
Paola PISANTI, Ministry of health - National Chronic Diseases Programme

**10.50 – 11.10**
Giada Li CALZI, Ministry of health - Don Gov 2020: promote scalability of evidence-based innovative models for chronic disease management through structural funds for health

**11.25 – 11.45**
Flavia CARLE, Ministry of health - Evaluation of integrated health care: towards a national evaluation system

**11.45 – 13.00**
**Panel discussion**

**Chair:** Marina DAVOLI

**14.30 – 15.00**
Filip DOMANSKI, European Commission, Brussels and Francesca AVOLIO, Regional Health Agency (Puglia) - Supporting deployment of integrated care: tools and regional experiences from the European Innovation Partnership on active and healthy ageing

**Wrap up and conclusion**
Integrated care performance assessment sub-group – agreed objectives

- To agree on a definition of integrated care, based on existing literature as well as on country experiences.

- To populate a web-based platform using findings such as: reports, guidelines and other research on integrated care which can be used as references for a possible report in 2016.

- The sub-group would reflect on the basic characteristics that an integrated system should have, and identify the main problems in establishing such system.
WHAT IS INTEGRATED CARE?

Integrated care includes initiatives seeking to improve outcomes of care by overcoming issues of fragmentation through linkage or co-ordination of services of providers along the continuum of care.
WHAT ARE WE GOING TO MEASURE?

“Measuring integration is different from measuring the performance of integrated care”
WHAT IS THE GOAL OF THE INTEGRATED CARE MODEL?

✓ Increasing effectiveness of the system?
✓ reducing costs?
✓ improving patient outcomes?

Explicit definition of the goal of integrated care in a specific context to permit a sound assessment of its performance.
What should be measured?

Measuring outcomes ≠ measuring integration

OUTCOMES
- By population groups / disease areas
- Patient-reported experience measures
- Service proxies

PROCESSES
- Care transitions
- Task shifting

SYSTEMS LEVERS
- Information technology
- Financing and payment
- Regulatory and incentive framework
- Workforce
HSPA integrated care report

1. Introduction

2. What do we mean by integrated care: theory, concepts and definitions

3. Building blocks, design principles and system levers for integrated care

4. Measuring the performance of integrated care

5. Conclusions
4. Measuring the performance of integrated care

• **overview** of trends in and indicators used for assessing the performance of integrated care

• **discussion** on potential use and usefulness of existing frameworks and indicators
Examples of indicators

Where
• Austria
• Belgium
• Estonia
• Italy
• the Netherlands
• New Zealand
• Spain
• Sweden
• the United Kingdom
• United States
• WHO

What
• avoidable hospital admissions
• adherence to evidence-based treatment
• % of patients reporting that specialist appointments were arranged by the primary care centre
• % of patients with cancer discussed at the multidisciplinary team meeting
• Proportion of people 65+ who were still at home 91 days after discharge from hospital into rehabilitation services
5. Conclusions

- Integrated care models can be introduced with different goals in mind
- Integrated care can be seen to be both a design principle and a means to achieve person-centred, efficient and safe care
- There is a need, or indeed an opportunity, to develop indicators that are specific to integrated care
- There is no single ‘right’ approach that would be applicable and valid for every system
- Indicators and trends need to be interpreted carefully
Figure 2. Diabetes-related admissions by type of complication

Diabetes-related hospital admissions, 2011

Source: OECD database, 2015
Hospitazation for short and long term complications of diabetes. Italy 2016
Hospitazation for COPD.
Italy 2016
La valutazione dei percorsi terapeutici e assistenziali
La valutazione dei percorsi terapeutici e assistenziali

Decreto 07 dicembre 2016 , n. 262
G.U. Serie Generale , n. 32 del 08 febbraio 2017

Procedure per l’interconnessione a livello nazionale dei sistemi informativi su base individuale del Servizio sanitario nazionale, anche quando gestiti da diverse amministrazioni dello Stato.
aggiornamento del decreto 12-12-2001 sul sistema di garanzia per il monitoraggio dell’assistenza:
NUOVO SISTEMA DI GARANZIA

MONITORAGGIO E VALUTAZIONE DEI PERCORSI DIAGNOSTICO-TERAPEUTICI ASSISTENZALI (PDTA)

Direzione Generale della Programmazione Sanitaria

Comitato LEA, 28 giugno 2017

Courtesy of Flavia Carle
Punto di partenza:

CONDIVISIONE DELLE ESPERIENZE ESISTENTI RIGUARDO

metodi di uso integrato dei flussi sanitari correnti:

- PROGETTO MATRICE (AGENAS)
- OSSERVATORIO AR-CO (CINECA Bologna)
- PROGETTO FRAME (Università Milano Bicocca)

metodi di valutazione dei PDTA a livello regionale

- LAZIO - PReVaIE
- LOMBARDIA - Chronic Related Groups (CREG)
- EMILIA ROMAGNA
- TOSCANA
| Scelta di PDTA per cui esistono evidenze scientifiche e che sono ritenuti prioritari per l’impatto sulla popolazione e sull’assistenza |
| Piano Nazionale Diabete |
| Piano Nazionale Malattie Croniche |

| DIABETE |
| BPCO |
| SCOM PenSO CARDIACo |
| TUMORI: |
| mammella |
| colon e retto |

| PERCORSO NASCITA |
| TUMORI: |
| Prostata |

| ICTUS |
| INFARTO |
| ARTRITE REUMATOIDE |
| MALATTIA DI CROHN |
We agree that...“good structure increases the likelihood of good process, and good process increases the likelihood of good outcome” (Donabedian)

…but we need to monitor and evaluate it
THANKS FOR YOUR ATTENTION

EU Expert Group on Health Systems Performance Assessment