
CONFERENCE ABSTRACT

Scalability and transferability of good practices in Europe: What does it take?

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

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The B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) has been working since 2013 on the collection of good practices illustrating a variety of different approaches and incentives for integrated care in Europe. The catalogue of over 100 good practices has significantly contributed to a better understanding of the existing solutions, resources and expertise that can be pooled together towards the shared goals of the B3 Action Group which is to “replicate and scale-up integrated care in Europe”. There is the hypothesis that sharing of experience of good practices should lead to their “easier and faster” adaptation and implementation in other regions.

However, the challenge remains how to best leverage this existing body of evidence and utilise the good practice catalogue to make the learning embedded in the practices more readily and accessible to potential adopters. The good practices are often limited to a particular pilot, project or region but the ambitions of the EIP on AHA and B3 Action Group aims to promote the scaling up of these local innovative solutions across Europe. The challenge is to develop tools that can help us to understand how to stimulate changes towards more sustainable health and care systems, how to support implementation, scalability and transferability of good practices in Europe.

The B3 Action Group intends to address this challenge by providing regions with tools to support their efforts in the implementation of integrated care solutions. The B3 Maturity Model (B3-MM) is one example of such a tool. A key notion in the B3-MM is that of understanding the context in which a good practice has been developed, and into which a good practice will be transferred. The main goal of the B3-MM is to provide a multi-dimensional benchmark of the maturity of a context (the regional delivery system and political and organisational environment) in which a good practice operates or is proposed to transfer into.

The B3-MM was developed by members of the B3 Action Group over 18 months, in collaboration with 12 EIP on AHA member regions, reflecting their efforts and ambitions in implementing integrated care at scale. A wide spectrum of stakeholders was involved in the development of the B3-MM, including national and regional decision-makers, health and care delivery

organisations, health and social care professionals, industry and academia. There is no single primary target population for B3-MM, the intention is to involve all potential stakeholders involved in integrated care who are united by single common objective, which is to achieve the transformation of health and care systems in Europe.

The outcomes of the interviews served as the baseline for the development of the B3-MM, including its 12 dimensions, performance indicators and rating scale. By considering each domain, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a 'radar diagram'. The diagram reveals areas of strengths, and also gaps in integrated care. By comparing and contrasting these radar diagrams, the B3-MM helps regions to identify the actions that more progressive regions have taken in order to be successful and lessons learned from these pioneers to overcome barriers and accelerate results. The real impact of the B3-MM lies in its potential to understand the context requirements of a good practice that is considered for adoption and the level of maturity required for health and social care systems to adopt a particular practice. As such, the B3-MM shows to be a useful tool to facilitate the knowledge transfer and flow of right information from transferring to adopting regions and thus accelerating the process of scaling-up and transferability of good practices in Europe.

Keywords: integrated care; good practice; maturity; scaling-up; transferability
