CONFERENCE ABSTRACT

"Work work work" – Understanding the role of staff efforts and costs for hard- and software in the implementation and operation of integrated e-care services

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Background & objectives: The implementation of ICT-supported, integrated health and social care services is effort-intensive. There is a number of reasons for that, all of which are well understood on a conceptual level (see Goodwin and Alonso (2014) and Leutz (1999)). Hard data underpinning these challenges and pointing to possible solutions are rare, impacting negatively on attempts to scale up ICT-supported services in the field (Billings et al., 2013). One key topic in this regard addressed in literature concerns the necessity to duly consider efforts required for the development of both the IT- and the human infrastructure of a service (see Kubitschke et al. (2014), Kubitschke et al. (2010)). But practical experiences suggest that this necessity is not yet fully shared among those involved in the development and implementation of integrated services, who seem to underestimate the role of staff efforts compared to costs for hard- and software. Based on the results of several cost-benefit analyses, this presentation intends to show that staff costs actually make up a majority of of the implementation cost in integrated care and therefore deserve to receive more attention.

Approach & methods: From 2008 to 2014, two EU-funded projects (CommonWell (2012), INDEPENDENT (2013)) developed and piloted ten integrated services in nine European regions. Service models ranged from call forwarding and data exchange between call centres to early-supported discharge of COPD patients and support services for patients with Alzheimer and their informal carers. Socio-economic impact assessments based on cost-benefit analysis and following an approach described in Hammerschmidt and Meyer (2014) were carried out for all ten services. A re-analysis of these assessments was carried out to determine the share of staff cost compared to hard- and software cost for all services.

Results: A comparative analysis of the findings across all services determined that, on average, the total cost of service implementation and operation are made up of 25.3% costs related to hard- and software and 74.7% related to staff efforts, i.e. working time invested in the setting up and operation of a service.

Discussion & conclusion: Experiences from the application of the cost-benefit analysis approach at the pilot sites suggest that one reason for this underestimation of staff efforts is to be seen in commonly used approaches for economic assessments as well as accounting

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systems that do not capture actual staff cost, ideally on a per-case basis. Another reason seems to lie in the consideration of personnel as a readily available asset. This point of view is especially pronounced among (public) providers working on the basis of annual budgets, even if it can also be met in pay-per-service systems. The problem arises whenever additional staff time is considered only in those cases where the total number of staff needs to be increased but not where new tasks are added to the workload of staff already in place. Compared to this, costs for hard- and software usually need to be budgeted specifically for the implementation of the new service. Potentially, this requires effort-intensive negotiations and achieving buy-in from higher tiers in the hierarchy, for which reasons people seem to be much more aware of those costs. As long as the full role of staff efforts in the overall cost structure of a service stays under the radar of those responsible for its implementation, there are serious risks to the sustained operation of the service. Prolonged and unnoticed overburdening of staff can counter any positive effects on service efficiency as well as lead to decreased outcome quality and dissatisfaction among patients or clients. The situation can be aggravated by reductions in personnel budgets made on the basis of assumed (but not realized) efficiency improvements. The present findings suggest that awareness raising for the role of staff efforts among those involved in the implementation of integrated e-care services (service providers, payers, policy makers) should receive increased attention. Furthermore, the more widespread use of analytical methods for economic assessments measuring actual staff efforts per case would allow an early detection of the associated risks, ideally already at the service design stage.

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