CONFERENCE ABSTRACT

How to evaluate a Nation-wide Whole System Change in Health Care towards Integrated Care for people with Chronic Conditions? Part II: the co-construction of a monitoring system involving multiple databases.

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Background: The Belgian government program "Integrated Care for better health" (www.integreo.be) aims at a Nation-wide Whole System Change in health and social care towards Integrated Care (IC), by means of geographically defined pilot projects.

Each of the +/- 20 pilot projects will implement IC in a loco-regional area covering up to 150.000 inhabitants. The ultimate goal is to improve the 'Triple Aim' quality of care,equity and healthcare professional work life ('TA2+').

Pilot projects will run for several years serving both as large-scale implementation projects and test cases. Successful projects will be upscaled to cover – ultimately - the entire Belgian territory.

A scientific team was appointed for evaluation of the projects. A priority task for this team is to set up sustainable monitoring tools that can evaluate the projects in a longitudinal way. To evaluate the impact of Integreo on TA2+, both content (outcome indicators) and methods of data collection must be defined. However, the scale of the projects - both concerning the number of included persons and the duration of the project - is incompatible with the usual approach of data collection and analysis.

Aim: To reflect with the target audience on the process and dynamics of selecting outcome indicators and data collection methods for such large-scale projects.

Format: Interactive workshop with 'teasing' questions to the target audience combind with presentation of the lessons learned. This workshop follows Part I and – if necessary – both can be given in one workshop.

Speakers on behalf of the research group: Elien Colman, Elias Van Deun, Jean Macq, Geert Goderis

Target Audience: Researchers and professionals active in the field of IC and system change.

Learnings:

1- On the indicator selection

- Define their utility: the quantitative evaluation of the indicators alone will not allow to determine causal relationships, but must be part of a global analysis, including qualitative research methods and implementation evaluation.

- Set goals: first define the indicator set by evaluating the added value for measuring the change objectives.

- Find an equilibrium between ambition and feasibility. The impossibility to use usual data collection methods has a direct impact on the indicator selection itself.

 - Define transversal indicators first as a common base for all projects. Afterwards, add project-specific indicators in full co-creation.

2- On the research methodology

- The methods of data collection must be routinely applicable and sustainable in the long running.

- The collected data from hospitals, General Practice, Patient Reported Outcomes, etc., must also be as much as possible routinely collected and automatically merged with claims data at patient level.

- Plan with a clear time line:

   -- Evolving technological, legal and practical issues determine the data collection possibilities

   -- Each new database adds complexity to an already complex project: therefore, start small, plan expansion at the appropriate moment.

3- On the co-creation process

- It requires time and organization to involve all necessary actors, allowing them to review and process the data.

- Moving from existing logics of intra-organisational data-analysis (e.g. in hospitals), towards inter-organisational data-analysis.