Comparing sustainability and business models of scaling up care programmes within EU regions

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Sander Holterman\(^1,2\), Maarten M.H. Lahr\(^1\), Marike Hettinga\(^2\), Erik Buskens\(^1\),
ACT@scale consortium\(^3\)

1: Health Technology Assessment, Department of Epidemiology, University Medical Center Groningen, Groningen,
The Netherlands;
2: Windesheim University of Applied Science, Research group IT Innovations in Health Care, Zwolle, The Netherlands;
3: Advancing Care Coordination and Telehealth deployment at Scale - Consortium

**Introduction:** The aim of this study is to compare sustainability and business models of fourteen programmes scaling up after successful regional implementation, between EU regions. This study arises from the ACT@Scale Advancing Care Coordination and Telehealth deployment at Scale Programme which has received funding from the European Union, in the framework of the Health Programme. The work leading to these results is funded by the European Community’s Health Programme under grant agreement 709770. The ACT@Scale programme is fully aligned with the European Innovation Partnership in Active and Healthy Ageing objectives to deploy integrated care for chronically ill patients.

**Methods:** This study used a mixed-methods approach: 1 semi-structured online surveys directed at programme leaders and managers were used for information on reimbursement methods, financial flows and drivers for scaling up; 2 documentation on the progress of scaling up was studied including Key Performance Indicators KPIs as programme costs; 3 expert interviews and workshops were held with programme managers to discuss barriers and plans for improvement.

**Results:** The survey showed that the fourteen programmes vary regarding health care system, reimbursement and business model. The majority have established a “medium maturity” on sustainability. Eight programmes expect a change in funding within three years and explore alternative business models.

Regarding the KPI’s, programme costs vary considerably even between programmes with many comparable elements of their business models as their target group, key resources, partners and activities.

The workshops and interviews showed that also programmes that are clinically effective struggle with sustainability.
Discussion: The differences in maturity on sustainability may be influenced by the number of years a programme has been running, the allocated staff capacity and the funding model. Comparing the characteristics of the programmes with the outcomes of the expert interviews and workshops, they coincide in two considerations. Programmes in a taxed based health system, experience barriers like resistance due to top down decisions of scaling up the programme, fixed budgets with limited capacity, and uncertainty by changing health policies and budgets. Programmes in health systems based on compulsory social insurance and voluntary insurance, experience barriers as tight and yearly budgets and fragmentated funding.

Conclusions: The studied integrated care and telehealth programmes share scaling up ambitions and often elements of the business model. Programmes differ in terms of barriers encountered, health care systems, reimbursement and business models.

Lessons learned: Integrated care and telehealth programmes scaling up need to adapt their business models to the health system and local context and meet the expectations of all stakeholders with respect to quality of care, health outcomes and costs. Health policy needs to develop lasting reimbursement and payment models that reward programmes that meet these expectations.

Limitations: Half of the programmes provided incomplete data on programme costs. One programme was discontinued as a result from policy decisions.

Future research: Deeper understanding is needed regarding the relation between health systems and sustainable business models, leading to health policies that support programmes to scale up.

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Keywords: integrated care; telehealth; sustainability; business models; scaling up