

POSTER ABSTRACT

How to evaluate a Nationwide Whole System Change in Health Care towards Integrated Care for people with Chronic Conditions? Part I: the co-construction of an evaluation framework.

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Jean Macq 1, Geert Goderis 2, Elien Colman 3,5, Nathan Charlier 4, Sibyl Anthierens 5, Nick Verhaege 6, Elias Van Deun 2, Ann Vanhecke 3, Benoit Petre 4, Dirk Devroey 6, Isabelle Bragard 4, Lucia Alvarez Irusta 1, Michele Guillaume 4, Roy Remmen⁵, Walter Sermeus², Therese Van Durme¹

1: Universite Catholique de Louvain, Belgium;

2: K U Leuven, Belgium;

3: Ghent University;

4: Universite de Liege, Belgium;

5: University of Antwerpen, Belgium;

6: Free University of Brussels, Belgium;

Background: The Belgian government program “Integrated Care for better health” www.integreo.be aims at a Nationwide Whole System Change in health and social care. This implies change in its structures, finances, processes and paradigms towards more Integrated Care IC. It concerns geographically defined pilot projects that should cover in ‘full implementation’ more than 3.670.000 people, about one third of the total Belgian Population. Pilot projects are both large-scale implementation projects and test cases.

Each pilot aims at changing the organization of their loco-regional area network covering up to 150.000 inhabitants towards more IC. Changes are directed at 14 components, structured at three levels: 1 the patient level e.g. case management; 2 the inter-professional collaboration level e.g. shared medical file; and 3 the inter-organizational collaboration at loco-regional level e.g. quality culture. The ultimate goal is to improve the ‘Triple Aim’ quality of care, equity and the work life of healthcare providers ‘TA2+’.

A scientific team was appointed to:

design and implement an evaluation framework alongside the pilot-projects-in-development.

function as a support mechanism to the pilot projects in assisting and accompanying them with their self-evaluation process.

function as a support mechanism for the government agencies who induced and guide the change management program.

Existing research on achieving sustainable change of loco-regional networks towards more IC and Triple Aim within a nation-wide program is scarce. Moreover, existing research is highly context specific. This need to be taken into account in the generalization process.

Aim: To reflect with the target audience on the necessity of changing research paradigms towards theory driven appraisals when engaging into Whole System Change evaluation in healthcare.

Format: Interactive workshop with both 'teasing' questions to the target audience and presentation of our lessons learned

Speakers: Geert Goderis, Jean Macq, Nathan Charlier, Elien Colman.

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

Learnings:

- System change towards IC cannot be conceived as a delineated intervention, but as a complex strategy or even a policy to innovate and implement long-lasting change. This complexity often manifests as shifting and unpredictable contexts, deep differences among perspectives, and even conflict among stakeholders.
- Scientific evaluation is necessary and imposes a paradigm change for the involved scientists. 'Laboratory like' methodologies type 'Randomized Controlled Trials' are unfit and must be replaced by theory driven approaches, describing the processes and contextual factors leading to desired outcomes.
- The evaluation should transcend the question 'what works?' towards questions on how, why, for whom and in what circumstances the program brings the desired outcomes, in order to allow upscaling of the program to a system change covering entire Belgian territory.
- Scientists engage in a co-creative process producing new knowledge, in partnership with all other involved stakeholders like e.g. health professionals and government agents. This co-creation process disables the possibility to plan a fixed endpoint: the design is tribute to multiple issues that evolve over time. Meanwhile, the whole program serves as a leverage to create breakthroughs in these issues.

Keywords: population based integrated care; evaluation; co-creation; system
