POSTER ABSTRACT

Value-Based Procurement of Added-Value Services for Home Care
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Introduction: Background. We developed a methodology to design technology-enhanced innovative models of Integrated Care, with a focus on Active and Healthy Ageing and procurement issues [1, 2]. It allows to compare local initiatives and to support the scaling up of a disruptive Health Innovation towards a fully Integrated Care, through a sequence of coherent local initiatives, with procurement processes adapted to local priorities and contexts.

Problem statement. We show how our methodology enables to point out similarities and peculiarities among seven home care models for elderly people in Italy and the related procurement processes.

Policy context and objective: The health systems transformation engages multiple stakeholders with different skills and perspectives, poorly accustomed to collaborate: regional authorities and policy makers, local healthcare and social managers, procurers, healthcare / social / technological professionals, citizens associations, suppliers; therefore we aims to mediate among their cultures to design the required models, without being confused by technological details.

Targeted population: All the localities were running contracts on home care for citizens with different levels of severity in long-term problems. Their “Common Challenge” was to introduce some added value services, enhanced by technology, at the renewal of the ongoing contracts. The initiatives presented differences in: target population; roles and tasks performed by nurses at home; functions managed by contact centres.

Innovation, impact and outcomes: We show how our methodology combines three perspectives about “innovation”: on care processes, on technological solutions, on procurement processes. The procurement processes follow the current European and national regulations, but adopt tender specifications that are: i enough high-level to let suppliers be free to propose innovative solutions; ii enough detailed to identify value-based criteria for transparent tender selection with scores emphasizing quality vs. price and appropriate remuneration.

We discuss how our methodology fragments the complexity of an integrated care model into a set of “smart” functionalities that make up its innovative strength, making easier to: relate the policies with the functionalities; work out similarities and unnecessary variability among initiatives; systematise evaluation criteria on similar measurements; suggest common
preconditions suitable for collaboration; relate the functionalities with the technological solutions outlined by the suppliers during the Open Market Consultations performed in the localities.

**Transferability:** The identification of similar functionalities across various models facilitates interoperability and transferability between initiatives, from organisational and technological perspectives, e.g. it allows the collaborative design of local initiatives within a regional Action Plan, or the twinning among localities in Europe by comparing the good practices collected by the the European Innovation Partnership on Active and Healthy Ageing EIPonAHA.

**Conclusions:** Scaling up isolated initiatives towards a pervasive integrated care requires to engage all the stakeholders in a multi-annual implementation path, where a top-down strategic regional and national vision promoting interoperability is combined with the bottom-up priorities suitable for the local contexts and enhancing already active experiences.

**References:**

1- STOPandGO project, co-funded by the European Union, contract 621013, under the CIP-ICT-PSP 2013, Available from: www.stopandgoproject.eu

2- Documentation on "TIMIC-L, TheLanguage on innovative models of Integrated Care", available from: https://www.researchgate.net/project/TIMIC-L-TheLanguage-on-innovative-models-of-Integrated-Care

**Keywords:** value-based procurement; policy-oriented modelling; added value services; technology-enabled services; home care