POSTER ABSTRACT

The integrated care performance assessment tool: a co-design approach

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Optimity Advisors conducted the study “Health system performance assessment – Integrated Care Assessment”, commissioned by Chafea and DG SANTE, assessing: (i) the state of integrated care (IC) implementation in the EU28 Member States, Norway and Iceland; and (ii) developing an evidence-based Integrated Care Performance Assessment (ICPA) framework. The framework, supported by an Excel tool, was co-designed with stakeholders across Europe. The ICPA tool will be tested by members of the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA), B3 Action Group on Integrated Care.

From a review of literature in 24 languages, an extensive mapping of 560 IC initiatives in 30 countries and the maturity assessment of 12 health systems, we inferred that IC strategies, policies, models and projects are present across Europe, but their characteristics, depth and breadth of integration vary considerably. Taking this heterogeneity into account, the framework was co-designed drawing on user-centred design and agile methodologies. Following an iterative approach with regular stakeholder engagement (questionnaires, video-conferences, peer-review webinars, presentations at events, and a validation workshop), experts and practitioners helped us determine which indicators sourced from existing performance assessment frameworks were considered “core” to IC assessment, with the rest proposed as “optional” indicators in the performance assessment model. The core indicators selected were categorised under four domains - Advancement of integration; Use of care services; Health outcomes; Experiences of care - with a fifth overarching domain considering financial issues. Indicators have been re-worded and re-defined to make them applicable across the wealth of IC initiatives while offering measures for international comparison.

The heterogeneity of the context in which IC initiatives operate in Europe was a key challenge for the development of a framework that had to be relevant and potentially used in all included countries. This was addressed by providing an additional Excel-based ICPA tool offering flexibility in the use of the framework and allowing users to adapt indicators to their context. The tool allows users to compare performance to a set target for each indicator in the ICPA framework.

The use of the ICPA framework and tool will help healthcare systems across Europe to further develop their IC system - based on their current state and context - and could significantly help them achieve better health outcomes and care experiences.

The use of user-centred design and agile methodologies are proved methods of finding useful solutions to common challenges. Our research indicates that these principles also apply in the area of health performance assessment and can support IC implementation. Without user engagement, there was a risk that the output of the study would not provide the value sought.
As IC evolves, the framework will need to be updated and adapted to new circumstances. Further user engagement and testing is recommended to ensure usability.

With the research concluded, the framework and tool will need to be tested in practice through the involvement of members of the B3 Action Group of the EIPonAHA. Preliminary results will be presented at ICIC19. A web-based tool could facilitate uptake and data collection and analysis.

**Keywords:** performance assessment; performance indicators; implementation; evaluation; stakeholder engagement; user-centred design