

CONFERENCE ABSTRACT

Monitoring and Evaluation of Integrated Care - on the quest for the best approach. Designing the M&E Framework for the integrated healthcare pilot program in Poland

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The monitoring, evaluation and economic assessment of the benefits of integrated care has been a topic of much recent discussion and ongoing academic discourse. Many approaches, frameworks and models exist, however there are not many cases in which they were truly applied to a specific integrated care (IC) project.

In 2018, Poland's National Health Fund (NFZ) has decided to pilot-test an integrated primary health care model (POZ Plus). The NFZ has sub contracted out some of its M&E functions in the pilot to the World Bank. The ultimate aim of the M&E is to establish IC mechanisms that can be rolled out nationwide. To establish the M&E system for the project, the World Bank team looked closely at the methodologies used in evaluations and created their own M&E Framework.

Methods: The M&E Framework for POZ Plus pilot was created based on literature review of integrated care M&E concepts, framework and systems; and consultations with experts. Considering the mechanisms and characteristics of the pilot, as well as IT infrastructure and data management capacity of the stakeholders, the applicability of M&E models and tools was reviewed and further included in the M&E plan.

Results: M&E Framework was based on the nine notions that are true for all IC interventions, including the fact that IC evaluation requires measurements on multiple levels, measuring the quality of chronic care is essential; and that there is a need to focus on patient outcomes and experiences.

The Framework contains a set of descriptions about how to measure the achievements of the POZ Plus pilot. It describes the indicators, definitions, tools (eg. PROM,), processes, principles, and procedures (eg. COMIC model) through which the functionality of the M&E system to measure the pilot's results is strengthened. Areas of evaluation of the pilot include impact evaluation, scalability assessment and process evaluations and operations research.

Discussions and conclusions: Due to the multidimensionality of IC projects, there is no golden standard for M&E of IC. Many approaches to evaluation of IC appeared in recent years, however one must always remember to fit the evaluation model to the context of the project that is being evaluated.

Lessons learned: Framework for M&E of IC should be created depending on the IC project. In the final evaluation, it is important to look at the IC project as a whole, rather than to evaluate individual elements such as payment mechanisms or new care pathways. At the same time, it is important to

look at the project as a joint of different elements and point the interventions that work best or need improvement.

Limitations: Due to the scope of the contract between the NFZ and the World Bank, the in-depth evaluation of IT systems and the medical substantiation of the clinical care pathways was not included in the consideration for M&E Framework.

Suggestions for future research: There is a need for more research in evaluation of integrated care.