International comparisons

Experiences on Integrated Personal Health Systems (IPHS): evidence from eight European countries

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Disclaimer: "The views expressed in this presentation are purely those of the authors and may not in any circumstances be regarded as stating an official position of the European Commission"
Introduction: IPHS and health policy context

*European Healthcare systems: PRESSURES*

1. *To reduce (contain) healthcare expenditure*
2. *To further improve the health status of the population in terms of increasing life expectancy and quality of life*

At EC policy-making translated into the EIP target to increase the average healthy lifespan of European citizens by **two years** by 2020

*strong focus on chronic diseases*
Addressing Chronic diseases: from DMP to Integrated care

*Integrated care* from a clinical perspective (or clinical integration), as defined by Suter et al (2007), involves organising functions and activities around patient care and services. The focus is on continuity and *coordination of care*, disease management, *good communication among caregivers*, *smooth transfer of information*, and the elimination of duplicate testing and procedures.

*Integrated care* requires a system of *patient records*, *service delivery* and best practice protocols to deliver care successfully as an integrated system.

A *truly integrated* model of healthcare needs to respond to the actual types of *self-care* undertaken by people prior to and in addition to contacting services; and to the reasons for and ways in which people actually access formal healthcare (Rogers et al, 2000)

1. Health and Social care coordination
2. ICT supported
3. Incentives and good governance in place
IPHS experiences - Research scope & methods

(I) Clustering exercise to select the countries for field work

(II) **Regional** approach in countries selected:
- **Secondary** – desk-research
- **Primary data collection - Interviews with:**
  - Policy-makers/government officers incl. HTA agencies
  - Healthcare managers – project/unit/HC centres
  - Health and social care professionals
  - Technology providers
  - Patients

8 countries, 31 initiatives
Analysis

INNOVATION

GOVERNANCE

IMPACT

(Greenhalgh et al, 2005)

ESTONIA

VIRTU, DREAMING, ELIKO

NETHERLANDS

In-Touch, TEHAF, COPDdotcom, Koala

GERMANY

HeiTel WohnSelbst

FRANCE

ESOPPE DOMOCARE Y-DOM

DENMARK

Patient briefcase, AC, ePatch, Diab foot ulcer, Telekat, ICHM

UK

WSD, Hull/WSDAN, NYY, Telescot, Highlands

SPAIN

HUVR, TELBIL, Hosp Donostia, Clinic

ITALY

mydoctor@home, VCO, eCare telemaco/NRS
Findings – main challenges (I)

Technology innovation - the role of the industry
- In developing technologies that are user friendly, intuitive, according to service and user needs, flexible
- Interoperability

Service innovation - reorganisation of services
- Cooperation between tiers of care involving the creating of new roles
Findings – main challenges (II)

Healthcare professionals

- Data granularity and work overload
- Incentives
  - stimulating ICT use in general and IPHS deployment in particular
  - stimulating cooperation with other tiers of care
- Fears to lose their jobs
- Doctor-patient relationship
- Big brother syndrome
- Liability

Role of patients
Findings – main challenges (III)

Governance

- Funding and financing (role of the purchaser)
- Integrated governance models

Impact

- what kind of evidence is required?
- Impact and policy-making: role of HTA agencies

Mainstreaming IPHS will always be a value judgment involving other factors beyond impact
Mainstreaming: has momentum peaked?

Mainstreaming and deployment at scale in Denmark, England, Scotland and some regions in Spain and Italy; whilst relevant initiatives in other Member States are taking place (FR, DE, NL)

Drivers:

- Re-organisation of services and towards integration of health and social care
- High eHealth deployment and progress towards interop.
- Involvement of HTA agencies
- Availability of evidence even if practice-based
- Funding for development
- Reimbursement of services
- Incentives and frameworks promoting cooperation
- Committed & Integrated governance (+ stakeholders)
- Legal framework
- Demand (patient) side as a significant driver of change

In line with progress towards Integrated Care

Service delivery

Patient record

Best practice

Incentives

Good governance in place
“Amongst the 31 initiatives studied it is clear that there is a need to define a common monitoring and assessment framework. Such a framework could combine tangible (cost) and intangible (care) factors to enable decision makers to assess both the state of maturity and the readiness of scaling. It would represent a basis for knowledge and evidence as well as enable better international comparisons of performance”

SIMPHE2 project http://is.jrc.ec.europa.eu/pages/TFS/SIMPHE2.html

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References

European Innovation Partnership on Active and Healthy Ageing. Details available at: http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=home
