



AGENDA

EVIDENCE GENERATION AND SUCCESSFUL KNOWLEDGE TRANSFER IN PUBLIC HEALTH

Integrated care as a vehicle for innovation in health care delivery

19 November 2014

Meeting Called By:	Consumers, Health and Food Executive Agency (Chafea)
In collaboration with:	DG SANCO, EUPHA, DG RTD, IFIC, others
Type of Meeting:	EUPHA Pre-event
Venue:	http://www.secc.co.uk/ (SECC Exhibition Way, Glasgow, G3 8YW)
Target attendees:	Health Professionals, Policy-Makers, Civil Society, Academia, National research organizations, EU funded project coordinators, Managers
Date:	19/11/2014
Time:	08:30 – 17:30
Remarks:	<ul style="list-style-type: none"> ▪ Session A will begin with two overview presentations (20' each) on the state of the art on integrated care; one will be conceptual (tentative definition of an integrated care model and its components); the second one will map the state of the art on integrated care across the EU (ICARE4EU project). These will be followed by a “debate” type discussion among two experts on the transition from disease management to case management as well as on evidence as to whether integrated care brings better health outcomes/efficiency improvements in care delivery (8-10' each), followed by Q & A. ▪ Session B will begin with an introduction by the chair (of approx. 10'), setting the framework of the relevant topic and will continue as a panel discussion, each panelist having approx. 12-15' for her/ his presentation to facilitate Q & A. ▪ Sessions C and D will be structured as a panel discussion, each panelist having approx. 15' for her/ his presentation to facilitate Q & A
Arrival/ registration:	08:30 – 09:00
Workshop welcome:	09:00 – 09:15
	Jacques Remacle, Chafea, Health Unit Walter Ricciardi, EUPHA President

MORNING SESSION

SESSION A:	Is integrated care the key to health system transformation?
Allocated time:	09.15 a.m to 10.30 a.m
Session focus:	This session explores the theoretical and practical aspects of models of integrated care and introduces key questions surrounding the future development of integrated care as a critical innovation in health systems
Chair:	Georgios Margetidis, Chafea
Co-chair:	Iveta Nagyova, Lead EUPHA section on Chronic diseases
Overview presentation #1:	<ul style="list-style-type: none"> • Models of Integrated Care Bert Vrijhoef, Tilburg University, The Netherlands <i>The introduction provides a tentative definition of integrated care; the core philosophy underlying integrated care and a short overview of the evidence from the literature on integrated care models in health care services delivery, such as disease specific management models, patient-centered care, clinical-social care integration, etc.</i>
Overview presentation #2:	<ul style="list-style-type: none"> • Integrated Care across the EU in practice Anneli Hujala, University of Eastern Finland, ICARE4EU project <i>ICARE4EU has completed an overview of integrated care programmes for people with multiple chronic conditions across the EU. The presentation will highlight critical success factors and will demonstrate the strengths and gaps of the existing programmes.</i>
Debate:	<ul style="list-style-type: none"> • George Crooks, Medical Director NHS 24 and Director Scottish Centre for Telehealth and Telecare • Natasha Azzopardi Muscat, Lead EUPHA section on Policy and Practice <i>This debate discussion will focus on the need for health systems to transform the current models of care to cater for emerging challenges in European society: ageing, loss of family structures, migration, economic hardship and will debate whether integrated care can address these emerging needs.</i>

COFFEE BREAK -10:30 -11:00

SESSION B:	Moving towards an integrated care system: scaling up the different building blocks of a tentative integrated care model
Allocated time:	11.00 a.m to 12.30 p.m
Session focus:	This session will focus on critical “building blocks” of an integrative approach to care delivery. It will review experiences in scaling up critical components such as the implementation of Integrated Care Pathways (and the role of clinical guidelines therein) or initiatives to bridge the health and social care sectors. This session will have a practical perspective, i.e. looking into specific examples and concrete evidence; it will thus aim to flesh out some key conditions that need to be met for

	integrated care to be carried forward.
Chair:	Loukianos Gatzoulis, DG SANCO
Co-chair:	Dineke Zeegers, EUPHA
Introduction to the EIP-AHA scaling up strategy (by chair, Co-chair):	Presenting the pre requisites for take up and dissemination of integrated care e.g. Scaling-up strategy of the European Innovation Partnership on Active and Healthy Ageing
Panelists' presentations:	<ul style="list-style-type: none"> • Challenges in building Integrated Care pathways: an introduction to the concept and barriers • Massimiliano Panella, President, European Pathway Association <i>Clinical / Care pathways, also known as critical pathways, care paths, integrated care pathways, case management plans, clinical care pathways or care maps, are used to systematically plan and follow up a patient focused care program. Although they are used all over the world the terminology and the way they are defined and developed is unclear, as is also their impact is unclear.</i> <i>The presentation will strive to provide a good contextual overview of the current state of the art in this area –it will be complemented by a concrete case study example.</i>
	<ul style="list-style-type: none"> • Challenges in building Integrated Care pathways: Developing Integrated Care Pathways for respiratory diseases –AIRWAYS ICP • Arvid Nyberg, Finnish Lung Health Association <i>The Finnish National Guidelines for asthma have become a model for supporting Integrated care pathways for airway diseases. They are collaborators of the AIRWAYS-ICPs, a GARD (WHO Global Alliance against Chronic Respiratory Diseases) research demonstration project. It includes 440 members of 67 countries. A collaboration aims to develop multi-sectoral ICPs for CRDs in European countries and regions</i>
	<ul style="list-style-type: none"> • Bridging health and social care: The French experience through the ARS • Laurent Chambaud, EHESP, France <i>France embarked on a reorganization of their care sector through the setup of the so-called Regional Hospital Agencies (ARH). After 15 years they embarked on a second level of integration, to also incorporate the social sector through the setup of Regional Health Agencies (ARS). The presentation will look into the challenges that accompanied this shift.</i>
	<ul style="list-style-type: none"> • Bridging health and social care: “Reshaping Care for Older People”, Scotland • George Crooks, Medical Director NHS 24 and Director Scottish Centre for Telehealth and Telecare <i>The Scottish Government introduced a Bill in May 2013 integrating health and social care. A ten year change programme Reshaping Care for Older People sets a strategic direction and engages staff in co-production and community capacity building.</i>

LUNCH BREAK -12:30 -13:30

AFTERNOON SESSION

SESSION C:	Health information, healthcare assets and financing: Core building blocks for successful implementation
Allocated time:	13.30 p.m to 15.00 p.m
Session focus:	The next two sessions aim to look into implementation challenges. Session C will look into the so-called "hard" component of transformative change, to include health information, assets in healthcare and financing. Session D will look at the so-called "soft-issues" linked to change management, to include leadership issues, organizational culture and behavior, as well as novel integrative approaches such as the "ecosystems" approach.
Chair:	Barbara Kerstiëns, DG RTD
Co-chair:	Floris Barnhoorn, EUPHA
Panelists' presentations:	<ul style="list-style-type: none"> • The importance of health information: integrating data to integrate care • Doris Stein, Optimity Advisors, Washington DC, USA <i>The presentation will focus on the important lessons to be drawn from the implementation of the Obama reform and the setup of Accountable Care Organizations (ACOs)</i>
	<ul style="list-style-type: none"> • Mobilising the ICT potential: Maturity Mapping for eHealth readiness for integrated care • Andrea Pavlickova, NHS 24 Scottish Centre for Telehealth and Telecare <i>The EIP Action Group on Integrated Care has identified the necessary ICT services for integrated care and has conducted a maturity mapping in 6 regions</i>
	<ul style="list-style-type: none"> • Reallocation/ transformation/ closure of health assets: the example of the SROS • Arnaud Fouchard, Ministry of Health, France <i>French Regional Hospital Agencies (since 2012 Regional Health Agencies) have implemented large scale hard asset reallocation programmes changing the so-called "hospital-map" of France</i>
	<ul style="list-style-type: none"> • Changing the financial incentives: Integrating cost-efficiency models for diabetes • Zoltan Voko, Medical Director, Syreon Research Institute, Hungary <i>Today, there exist several economic models that support evidence based health policy decision. However, these are not only disease, for example for type 2 diabetes, but often intervention specific. Modeling in order to measure the cost effectiveness of an integrated care model faces several challenges from a methodological point of view.</i>

COFFEE BREAK -15:00 -15:30

SESSION D:	Is resistance to change the strongest barrier to the development of integrated care practice? Strategic directions and research agenda for the future
Allocated time:	15.30 p.m to 17.00 p.m
Session focus:	The session will focus on leadership and organizational transformation as necessary elements to develop integrated care. It will also look into novel integrative approaches such as the “ecosystems” approach. The need for research to focus on innovative practices across organizations as a mechanism for health system sustainability is also discussed.
Chair:	Orsi Nagy, DG SANCO
Co-chair:	Judith de Jong, Lead EUPHA section on Health services research
	<ul style="list-style-type: none"> • Delivering change: bottom up and top down innovations for reaching scale • Esteban de Manuel, Director of Basque Center of Research Excellence in Chronicity, Bilbao, Spain <i>The Basque Chronicity Strategy is a comprehensive initiative that aims to respond to the challenges of chronicity: to the needs of chronic patients, health workers and citizens. The strategy is implemented in a broad coalition, combining top-down and bottom up innovation.</i>
	<ul style="list-style-type: none"> • Delivering change: how to influence the way health professionals work • Cristina Bescos, Philips Healthcare <i>The EIP Action Group on Integrated Care with the ACT programme has conducted a research with over 20 regions to identify the key elements of change management and develop a 'cookbook' to support successful implementation.</i>
	<ul style="list-style-type: none"> • Delivering change: engaging the patients - lessons from the rare disease field • Matt Johnson, European Organisation for Rare Diseases (EURORDIS) <i>Due to the rarity of their condition, people living with Rare Diseases require even more than others a patient centered approach and coordination of care in a coordinated/ integrated manner. The presentation will draw from the experience in this particular area to deliver some key lessons for patient involvement relevant for other disease areas.</i>
	<ul style="list-style-type: none"> • Creating an ecosystem approach to support innovation: Ecosystems for Connected Health –Oulu • Anna Sachinopoulou, University of Oulu, Finland <i>Oulu has a living lab to develop Connected Health solutions to use technology to improve the delivery of health and provide flexible opportunities for consumers to engage with clinicians and better self-manage their health.</i>
	<ul style="list-style-type: none"> • Introduction to the ERA-Net proposal for health service research: • Johan Hansen, NIVEL, The Netherlands and Health Services Research Europe

	<p><i>The importance of learning from each other's health systems and service provision schemes cannot be overstated in an EU perspective. A key question to be answered in such a learning process is whether health services and systems innovations, such as eg. integrated care programmes, are transferable from one country to the other. The proposed ERA-NET focuses on this transferability between health systems. What elements determine whether a proven innovation can be implemented in other national settings and how to raise the absorptive capacity of organizations and systems in order to assimilate and apply proven interventions in a successful manner?</i></p>
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WORKSHOP CLOSURE:	17.00 p.m to 17:15 p.m
Closing remarks:	Jacques Remacle, Chafea, Health Unit