# to-reach
## transferring innovation in health systems

# Prioritization for transferring health service and policy innovations between health systems

*Shaping the future joint research programme on health services and systems research*

**Peter Groenewegen**
*Netherlands institute for health services research
(on behalf of Section HSR and TO-REACH Consortium)*

*1 December 2018*

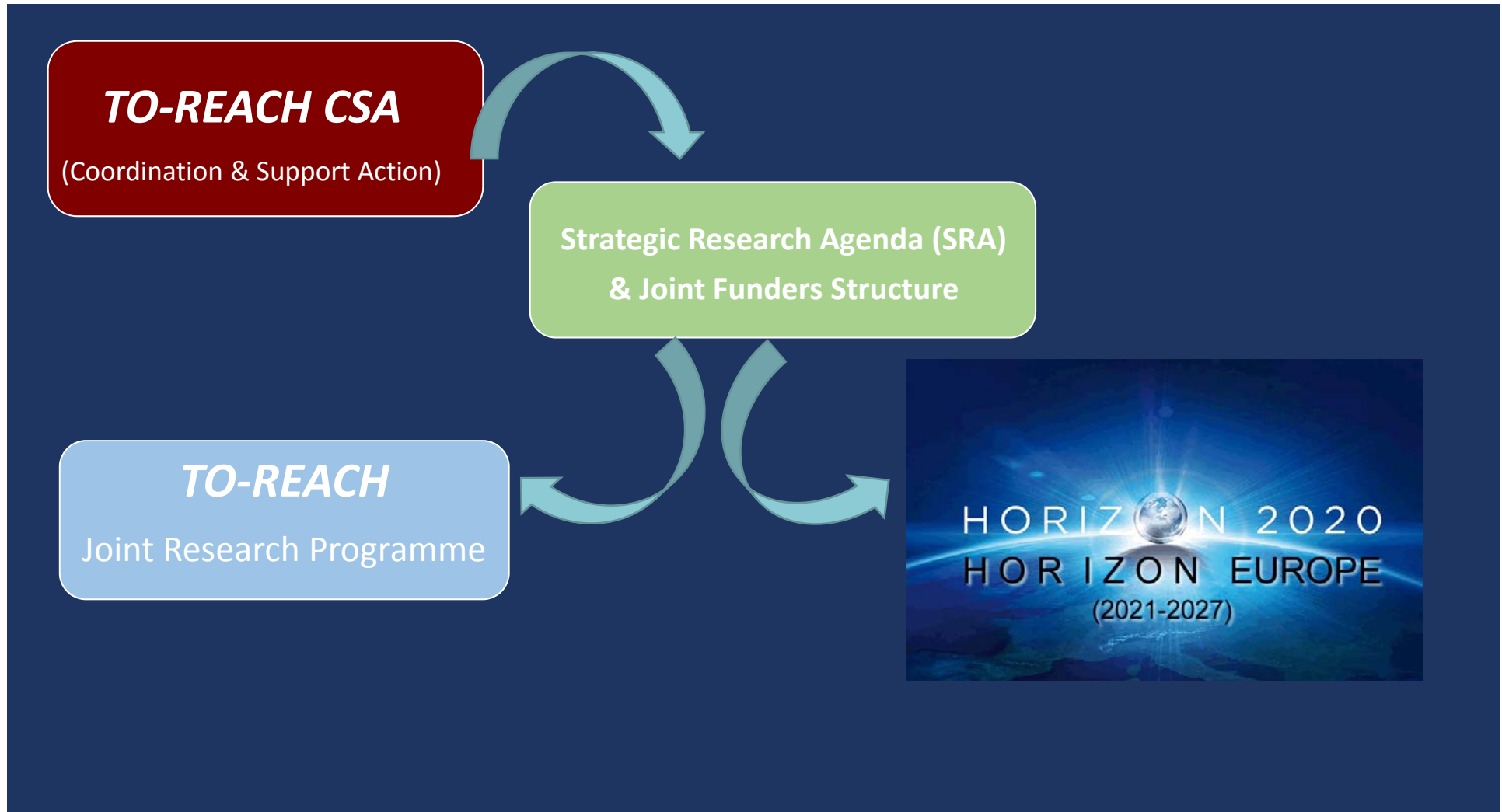# Countries face comparable challenges

- Ageing populations, increasing (multiple) chronic health problems
- Advances in health care: growing numbers of people surviving with chronic illness
- Advances in medical technology: potential and requirements for new methods of delivering and organising care
- Growing expectations
- Financial pressures
- Health systems need to address these complex challenges
  - Focus on service and policy innovation
  - Key factors for 'success' and requirements for transfer and scaling-up

# What TO-REACH aims to achieve

## Effective policy learning across health systems

- Developing guidance to assess whether a health service or policy innovation may be 'worth' transferring and upscaling

- Advance HSSR: moving from description (how does it work?) to explanation (why does it work this way?) to prediction (how likely is it to work elsewhere?)

- Advancing high quality cross-country health services research to inform policy development and decision making

# Joint Research Programme on Health Services and Systems

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**TO-REACH CSA**

(Coordination & Support Action)

**Strategic Research Agenda (SRA) & Joint Funders Structure**

**TO-REACH**

Joint Research Programme

HORIZON 2020
HORIZON EUROPE
(2021-2027)

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# The TO-REACH consortium



**27 partners**
**19 countries**

US and Canada

Europe

Israel

*Policy Advisory Council and wider HSR network in all partner and EU countries*

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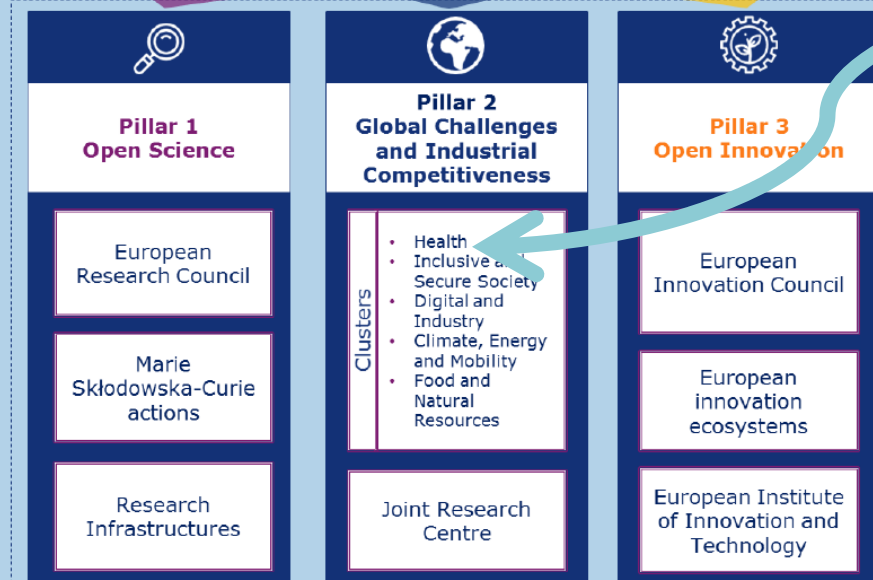
# Fit within Horizon Europe (2021-2027)



Specific objectives of the Programme

- Support the creation and diffusion of high-quality knowledge
- Strengthen the impact of R&I in supporting EU policies
- Foster all forms of innovation and strengthen market deployment

Optimise the Programme's delivery for impact in a strengthened ERA

**Pillar 1 Open Science**
- European Research Council
- Marie Skłodowska-Curie actions
- Research Infrastructures

**Pillar 2 Global Challenges and Industrial Competitiveness**

Clusters
- Health
- Inclusive and Secure Society
- Digital and Industry
- Climate, Energy and Mobility
- Food and Natural Resources

Joint Research Centre

**Pillar 3 Open Innovation**
- European Innovation Council
- European innovation ecosystems
- European Institute of Innovation and Technology

**Strengthening the European Research Area**
- Sharing excellence
- Reforming and Enhancing the European R&I system

**Health**
- Health throughout the life course
- Environmental and social health determinants
- Non-communicable and rare diseases
- Infectious diseases
- Tools, technologies and digital solutions for health
- Health care systems

*First tangible impact of TO-REACH*

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e European Union's Horizon 2020 research and innovation programme under grant agreement No 733274.

# Conceptual model of TO-REACH

**Meta-questions**

| Identify health service and policy innovations | Transferability and absorptive capacity | Scalability & performance enhancement |
|---|---|---|

**Substan-tive priorities**

**Methodological improvement**

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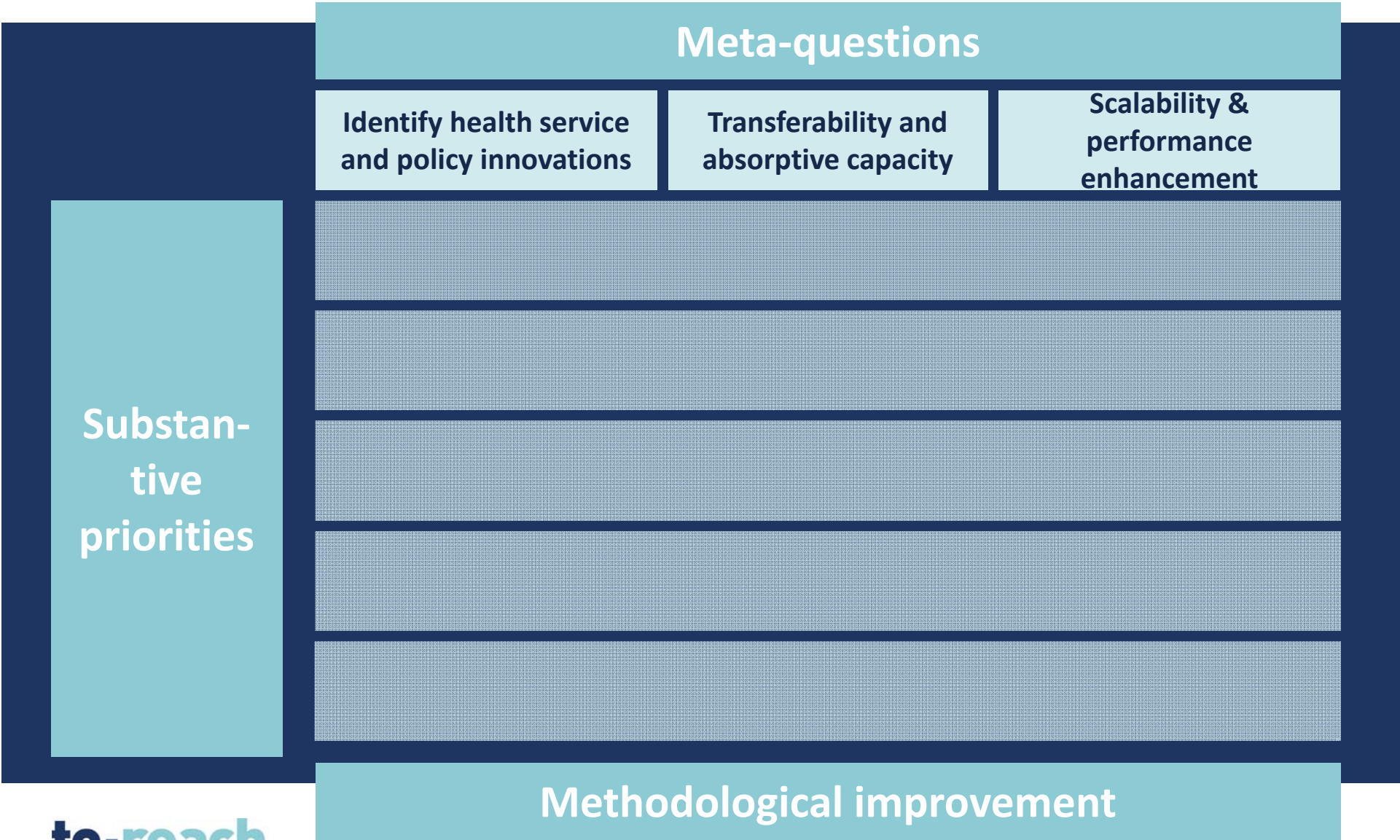
# Identifying priority areas for comparative health services and systems research

# Identify problems that need solving

- **Mapping national and EU level policy & strategy documents**

- **National consultations in partner countries of TO-REACH**

- **Online stakeholder consultations at international level**

- **Alignment with Policy Advisory Council and Sister Initiatives**

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# National stakeholder meetings


L-Università ta' Malta

**Format:**
- In 15 partner countries
- Mostly small-scale roundtable meetings
- Involving policy, NGOs, industry, academia
- Using a prepared format and templates, flexibility to vary

**Average 25 participants per country, so about 400 experts across Europe**

*(often with a strong representation of academics, but all main types of stakeholders (public officers, NGOs and industry) were represented*

Sunday 28 January 2018
🔊 Listen to Campus FM

## National Round Table Consultation on Public Health and Health Services Research

Newspoint > News > Features > 2017 > December > National Round Table Consultation on Public Health and Health Services Research

In Research    📅 14:42, 15 Dec 2017

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Cutting edge research by Breast Cancer Research Group
RESEARCH 08:05, 24 Jan

Course: Write a Scientific Paper
RESEARCH 08:44, 17 Jan
WASP

Developing a new drug for Alzheimer's and Parkinson's patients
RESEARCH 13:44, 09 Jan

# Online stakeholder consultations

- Based on past stakeholder surveys
- Open to the wider community, including in non-partner countries
- Circulated by TO-REACH partners, external networks and DG RTD

- In total 638 responses

- From 40 countries

- Most from Ireland, Netherlands, Finland, Italy, UK

- Least from Czech Rep., Estonia, Iceland, Liechtenstein, Luxemburg



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**To-Reach Online Consultation**

Join the **to-reach** online consultation

**What is this consultation about?**

We would like to know your opinion about **priorities in the area of health services and systems** that should be tackled by research. The aim is to use these as inputs into a research agenda for research funding bodies at national and European level, to identify key research questions that are tailored to the needs of stakeholders within Europe and in other regions. For this reason, we want to ask which priority challenges need to be solved in your own country, region or organisation, and if possible, which types of research questions you think should be addressed to help solve such (current or future) challenges, especially with an international comparative perspective.

**This Website**

This website is a developing resource for publishing the plans, activity and outputs of the To-Reach project.

To give feedback or discuss the content, please contact:

Email: info@to-reach.eu

**Get Involved**

Register your interest in the To-Reach project.

**Your Name**

**Your Email**
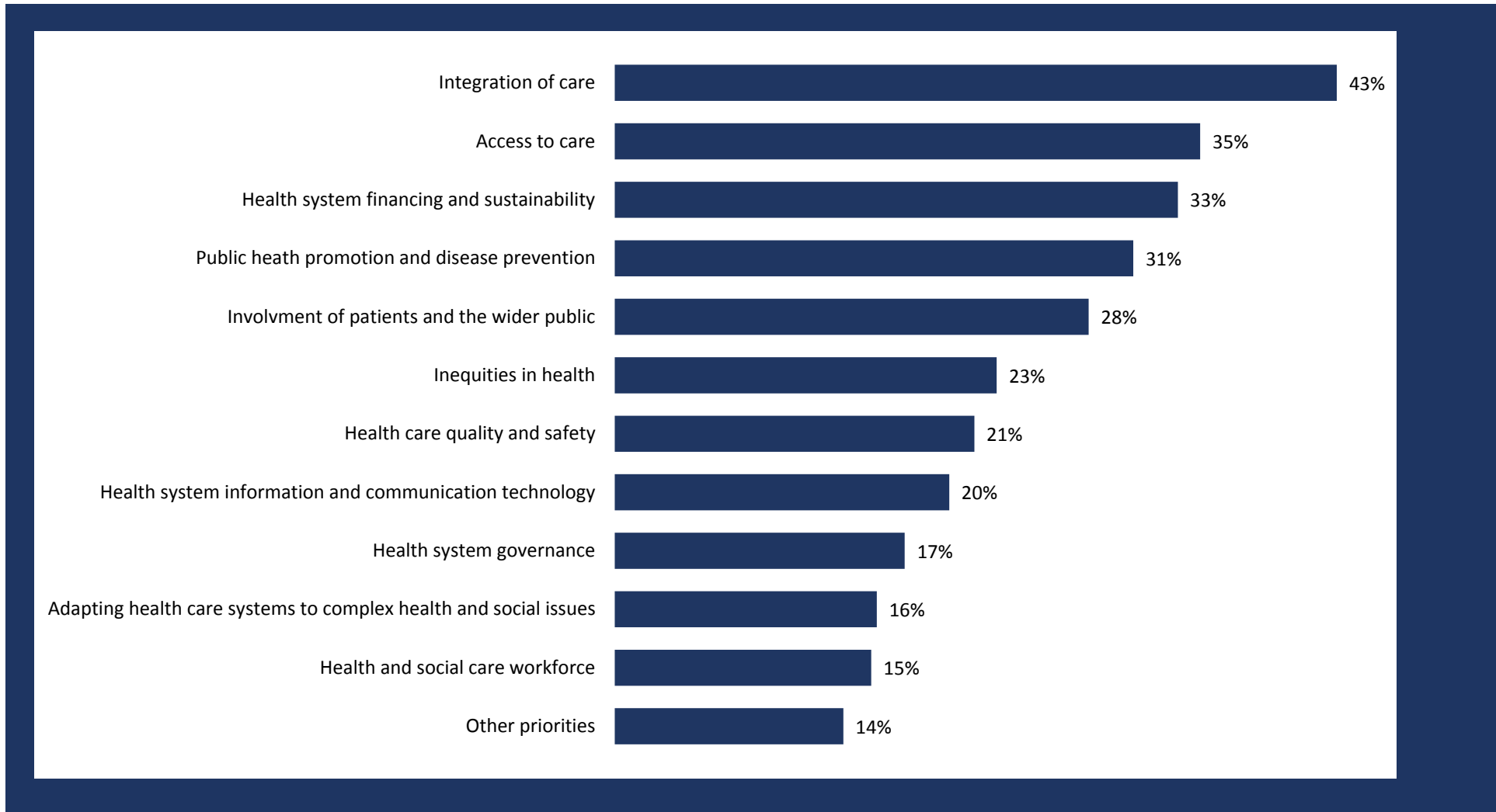
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# Responses on closed questions

| Category | Percentage |
|---|---|
| Integration of care | 43% |
| Access to care | 35% |
| Health system financing and sustainability | 33% |
| Public heath promotion and disease prevention | 31% |
| Involvment of patients and the wider public | 28% |
| Inequities in health | 23% |
| Health care quality and safety | 21% |
| Health system information and communication technology | 20% |
| Health system governance | 17% |
| Adapting health care systems to complex health and social issues | 16% |
| Health and social care workforce | 15% |
| Other priorities | 14% |

# Interim outcomes of the mapping and consultations

1. Overarching priority: From disease-oriented and patient-centred care to Person- and Population-Centred Care

2. This requires
   a. integration across all healthcare sectors
   b. Integration across traditional boundaries (social care, occupational health, prevention)

**Policy priorities**

3. Implications for the development of services
   a. Long-term Care needs to be developed to meet future needs
   b. Hospitals have to develop new roles, tasks, and organisational structures;
   c. Integrated services require strong  primary care
   d. Mental health care needs to be reinforced

**Enablers**

4. The following areas are instrumental:
   a. Adequate human resources, skill mix, roles and tasks of healthcare professionals
   b. Adequate information and communication technology embedded in people-centred services
   c. Quality improvement and better ways of measuring it
   d. Achieving better financing and good governance.

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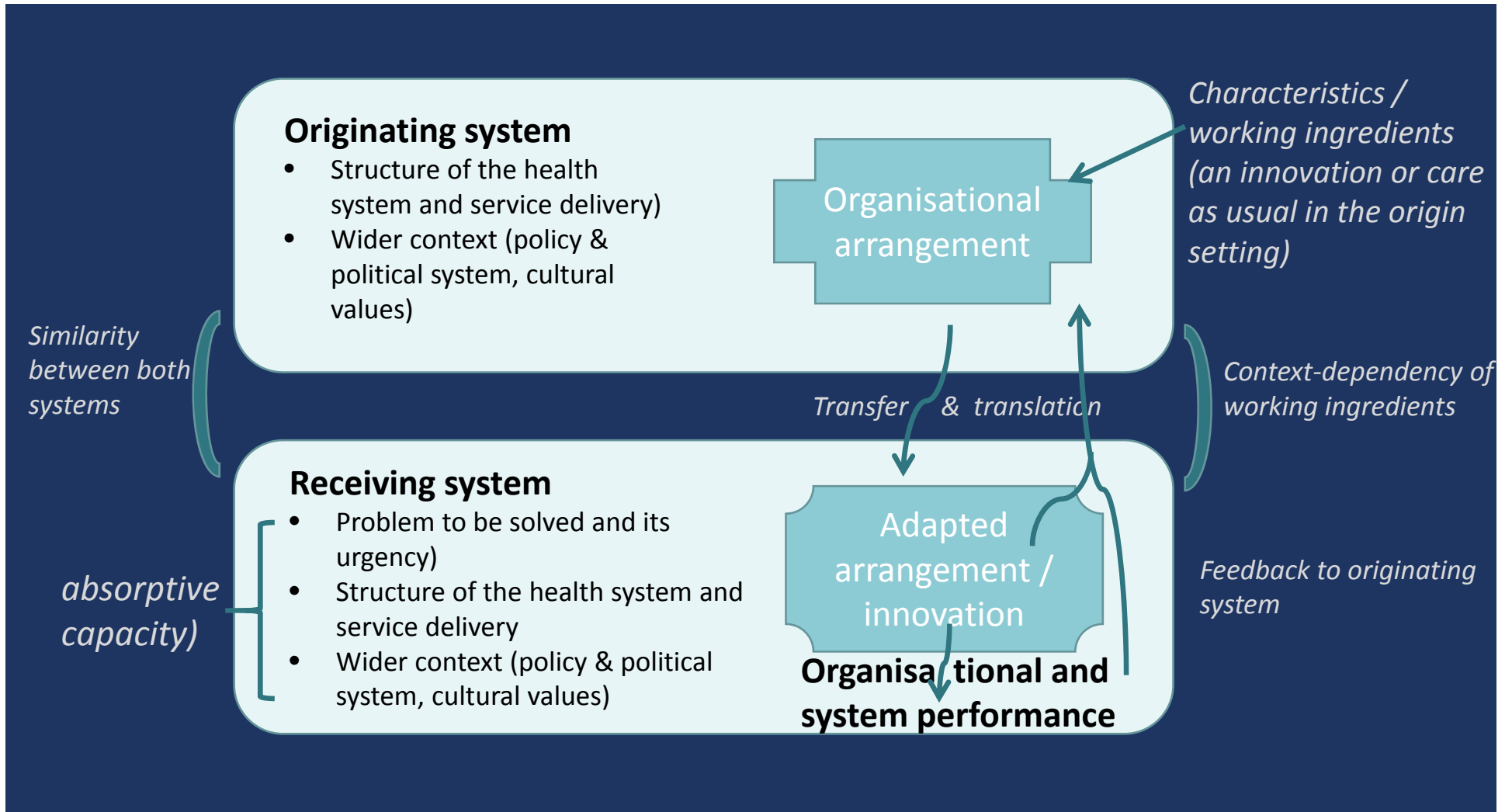# Zooming in on HTA priorities: a few example responses

- Patient representation in every decision-making process about their health, e.g. approvals, HTA, and pricing & reimbursement

- Health care expenditures and personalised medicine. What (new) methods does HTA need to tackle this challenge?

- Role of HTA in identifying and de-implementing old technologies

- Evaluation of `non-technical or non-pharma dominated` programmes

- Increase collaboration accross countries in HTA

- How to implememt a culture of quality in the whole health care system (incl. HTA, EBM,...)

- Development of incentives for health technology innovation that promotes innovation on socially necessary areas

- System of information on health system performance set up at EU level in order to allow comparison of EU health systems, including prices of medicines and health technologies

# Transferrability of service and policy innovations

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# Conceptual model of service provision and policy transfer



**Originating system**
- Structure of the health system and service delivery)
- Wider context (policy & political system, cultural values)

Organisational arrangement

*Characteristics / working ingredients (an innovation or care as usual in the origin setting)*

*Similarity between both systems*

*Context-dependency of working ingredients*

*Transfer & translation*

**Receiving system**
- Problem to be solved and its urgency)
- Structure of the health system and service delivery
- Wider context (policy & political system, cultural values)

*absorptive capacity)*

Adapted arrangement / innovation

**Organisational and system performance**

*Feedback to originating system*

# Example: transfer of population-centred, integrated care



Kinzigtal

Hamburg

**Key question: what are the preconditions a setting needs to put in place to make a solution work?**

Health centre in Castelldefels

GP practice in Bavaria

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# Gaps in knowledge about transferability, absorptive capacity, scaling up and performance effects (1)
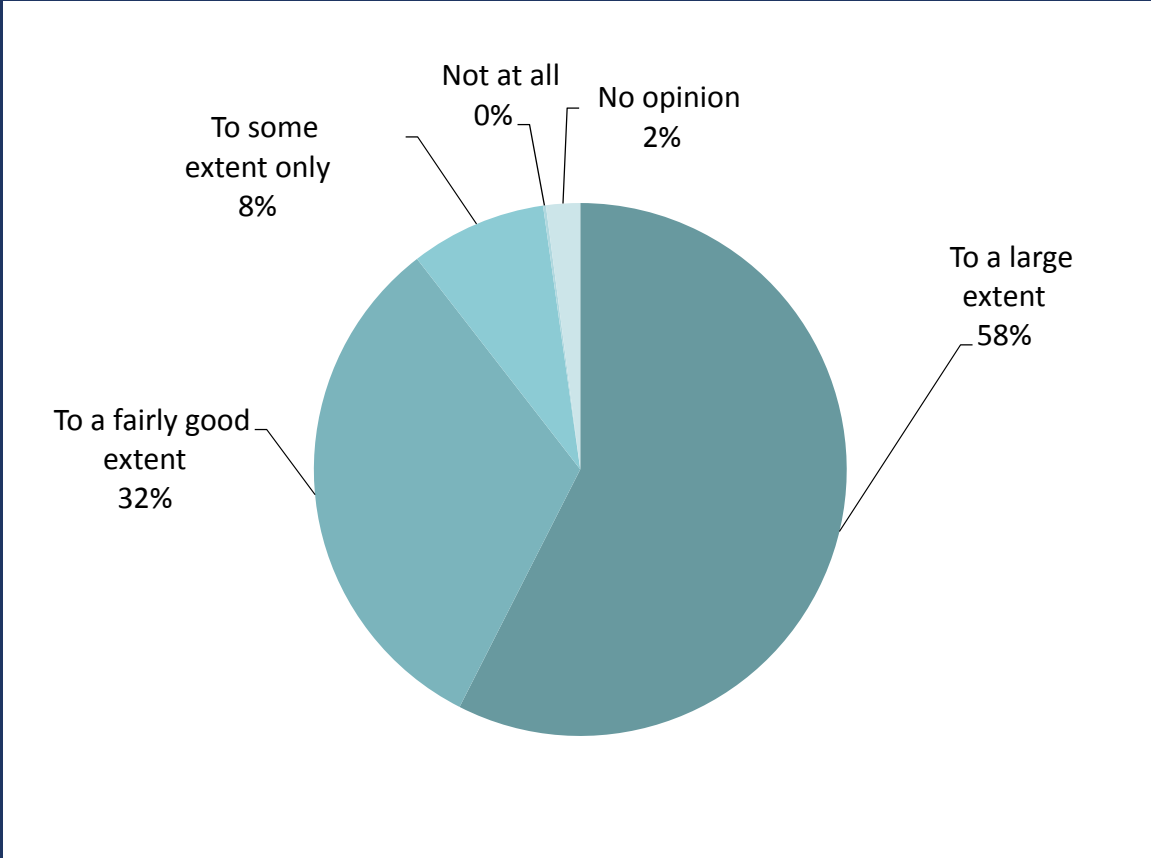
- Context is important but what *aspects of context*? Who to learn from?
  - Health system typologies to identify relevant contexts
  - Institutional embeddedness
  - Values
- *Specific features* of health systems, conducive to transfer of service/policy innovations
  - Role of national level support structures
  - Innovation funds, scanning innovations elsewhere
- T*ype of evidence* needed to inform the successful transfer of service/policy innovations
  - Controlled studies, process and outcome evaluations, local experience
  - Novel innovations – not much evidence yet but high level of interest

# Gaps in knowledge about transferability, absorptive capacity, scaling up and performance effects (2)

➢ Translation and adaptation

- Focus on mechanisms
- Needed level of detail

➢ Facilitators and barriers for implementation of innovations

- How to transfer insights from organisational to system level?
- Absorptive capacity, policy making capacity

➢ *Impact* of service and policy innovation on health system performance

- Whole system effects or partial effects
- Unintended consequences, waterbed effects

**Parallel innovations
Evaluation and monitoring
Learning from negative examples**

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# Preliminary online consultation results:
# Is there added value in doing research together with other countries?



Not at all
0%

No opinion
2%

To some
extent only
8%

To a large
extent
58%

To a fairly good
extent
32%

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This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 733274.

# Input from HTA community

- Approaches to priority setting

- Tranferrability of technology between health systems

- Organisational requirements

> New technology + old organisation = costly organisation
> New technology + service and policy innovation = efficient organisation

- Scaling up and scaling down

- Performance

# Contacts

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