Prioritization for transferring health service and policy innovations between health systems

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

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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

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

- Health
- Inclusive & secure society
- Digital and Industry
- Climate, Energy and Mobility
- Food and Natural Resources

Clustering

- Joint Research Centre

Pillar 3
Open Innovation

- European Innovation Council
- European innovation ecosystems
- European Institute of Innovation and Technology

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

First tangible impact of TO-REACH

Healthcare systems
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Conceptual model of TO-REACH

Meta-questions

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

Substantive priorities

Methodological improvement
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
National stakeholder meetings

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)
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
Responses on closed questions

- Integration of care: 43%
- Access to care: 35%
- Health system financing and sustainability: 33%
- Public health promotion and disease prevention: 31%
- Involvement 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)

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

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.
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 across countries in HTA
- How to implement 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
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)

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

**Organisational arrangement**

**Adapted arrangement / innovation**

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

**Context-dependency of working ingredients**

**Transfer & translation**

**Similarity between both systems**

**Feedback to originating system**

**Absorptive capacity**

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Example: transfer of population-centred, integrated care

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

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

- To a large extent: 58%
- To a fairly good extent: 32%
- To some extent only: 8%
- Not at all: 0%
- No opinion: 2%
Input from HTA community

• Approaches to priority setting

• Transferrability 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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