

EUROPEAN COMMISSION

DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY Unit B1 - Performance of national health systems

CONSUMERS, HEALTH, AGRICULTURE AND FOOD EXECUTIVE AGENCY Health Unit

18th International Conference on Integrated Care

"The Implementation Room"

How to design and implement integrated care

23-25 May 2018, Utrecht, the Netherlands

The European Commission's *Consumers, Health, Agriculture and Food Executive Agency* (Chafea) carries out a series of activities to widely disseminate the results of the EU Health Programme at the EU, national and regional, as well as, local levels.

In collaboration with the European Commission's Directorate General for Health and Food Safety (DG SANTE), CHAFEA is organising a series of seminars on integrated care implementation, the so-called **Implementation Rooms**, within the 18th International Conference on Integrated Care (ICIC18) in Utrecht, The Netherlands, 23-25 May 2018. These build on the success of last year's Implementation Rooms at ICIC17 and on the work of **EU Health Programme** actions such as Act@Scale¹ and SCIROCCO², JA HWF³.

POLICY CONTEXT

The effects of unhealthy lifestyles and demographic change, resulting in ageing of the population and rising prevalence of chronic diseases, as well as the development of medicine, which has limited many acute conditions, call for innovative solutions to adapt the way health systems function. The care process is getting lengthier and many chronic patients, who currently occupy a large proportion of hospital beds, do not need to remain hospitalised for medical reasons. Community, primary and home care must play a much more important role; patients, and their relatives, could become more involved in maintaining their health status. To tackle this situation, a shift from hospital to community and home care is considered as a promising way forward.

In 2011 the European Innovative Partnership on Active and Healthy Ageing was launched by the European Commission and a large community of stakeholders in Europe. A shift from acute, reactive and hospital-based care to proactive, home-based services and integrated social and health care is one of the central elements of this initiative.

¹ Act@Scale – Advancing Care Coordination and Telehealth deployment at Scale https://www.act-at-scale.eu/

² SCIROCCO – Scaling Integrated Care in Context, https://www.scirocco-project.eu/

³ JA HWF – Joint Action on European Health Workforce Planning and Forecasting, http://healthworkforce.eu/

The European Commission's <u>Communication on effective, accessible and resilient health systems</u> indicated integrated care as a means particularly significant for improving the effectiveness of health systems. The <u>2017 European Semester:</u> <u>Communication on Country Reports</u> by the European Commission mentions integration of care as one of the most important items on the reform agenda which will help health systems to contribute to the population's health, economic prosperity and social cohesion.

It is a difficult task to transform health and social care systems, to make them responsive to the current challenges whilst safeguarding their sustainability at the same time. The **Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability** by the European Commission and the Economic Policy Committee elaborates on the most common challenges in this regard. With health and social care being traditionally separated, it is not easy to establish continuity of care. What is more, systems are typically fragmented in terms of different public payers, types of reimbursement and providers of care, which makes it challenging to incentivise care integration. Finally, it is not straightforward how to appropriately mix health and long-term care services.

As a contribution to the **State of Health in the EU** cycle the European Commission published the **Companion Report 2017** which draws key conclusions from 28 EU **Country Health Profiles** being part of the same exercise. Integrated care is one of five cross-cutting policy levers described in the report. The Report presents examples of successful local, regional and national integrated care initiatives, as well as projects happening at the EU level. Even though more assessment is still needed, initial evidence flags the contribution of integrated care to better effectiveness, accessibility and resilience of health systems. The same document makes a strong case for links and interactions between integrated care and health promotion and disease prevention, primary care or health workforce policies.

From the European Commission's point of view, it is clear that there is no doubt on whether one needs to transform the health care model and move to integrate care. The question we need to answer is **how** to integrate care successfully.

The European Commission aims at assisting Member States at national, regional and local levels in finding appropriate ways of reforming their health care systems in order to successfully integrate them.

The approach taken to designing an integrated care programme is crucial to its success. To date, implementation of integrated care is mainly found at the local and regional levels and predominantly on a small scale. Integrated care is still not the "mainstream". Yet, despite the difficulties, there are areas in Europe where approaches to integrated care are progressing and valuable lessons are emerging about how to do this successfully.

OBJECTIVES

Under the title of "How to design and implement integrated care programmes" the Implementation Rooms will focus on discussing the "how-s" of implementation of integrated care, and not the "what-s".

The **Implementation Rooms** at ICIC18 will draw lessons from early and successful approaches to integrated care in Europe, and share these with the wider community of stakeholders, who wish to embark on the implementation of integrated care.

In this attempt to build knowledge and capacity in the community of health stakeholders on how to integrated care, **The Implementation Rooms** will aim at revealing:

- Details of successful implementation strategies
- The levers that facilitated the transition to integrated care
- Success elements and factors that made integrated care programmes work well
- Tips and recommendations on how to deliver integrated care
- Tools and elements that can be considered as "transferable"

ORGANISATION

Over the three days of ICIC18, Chafea and DG SANTE will organise **five Implementation Rooms**, each focusing on one of the following building blocks and success factors – which relate also to actions of the EU Health Programme and the European Innovation Partnership on Active and Healthy Ageing (EIP-AHA):

- Designing strategies and models for integrated care
- Engaging and educating the care workforce in new roles

The draft agenda of each **Implementation Room** is illustrated below.

- Transferring knowledge and good practice
- Financing and contractual models
- Assessing/evaluating integrated care

In each **Implementation Room**, two speakers will present how the issue at hand can be approached. The speakers will also be ready to dive in more detail in response to questions from the audience, thus providing further tips and recommendations.

*****	*****	*******	*******	******	******	*****

The ANNOTATED AGENDA

Chair:	/	, European Commission, Chafea
--------	---	-------------------------------

Implementation Room	Topics			
1 Wednesday	Financing and contractual models Moderator: , European Commission, DG SANTE			
23 May 2018 11:00 – 12:30	 Speakers: , The King's Fund, UK Contracting models in integrated care (e.g. ACOs, alliance contracting etc.) 			
	 International Foundation for Integrated Care & Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, UK Financing and payment models in integrated care (e.g. bundled payments, population budgets etc.) 			
2 Wednesday	Designing strategies and models for integrated care Moderator: , European Commission, Chafea			
23 May 2018 16:00 – 18:00	Speakers: • , World Bank Office in Poland & the National Health Fund of Poland			
	 Securing political support, building national coalitions, and designing care models based on international experience 			
	National Institute for Public Health and the Environment (RIVM), the Netherlands			
	Towards a sustainable health system in the Netherlands: strategies to improve cross- sector collaboration and community engagement			

	Engaging and educating the care workforce in new roles				
3 Thursday	Moderator: , joint tender "Support for the health workforce planning and forecasting expert network" ⁴				
24 May 2018 10:30 – 12:00	Speakers:				
	Centre for Team Based Practice & Learning in Health Care, Health Faculties, King's College London, UK				
	> Strategies to engage health professionals in the design of new care models				
	, Project SCIROCCO, Regional Healthcare Agency of Puglia, Italy				
	Practical measures to educate and upskill health professionals in new roles for integrated care				
	Transferring knowledge and good practice				
4	Moderator: Cristina Bescos, Project Coordinator of EU HP project ACT@Scale				
Thursday 24 May 2018	Speakers:				
15:30 – 17:30					
	 NHS24, Scotland, UK Kronikgune (Basque Centre for Health Services Research and Chronicity), Spain 				
	 Experiences from the twinning between Scotland and the Basque Country (focus on transferring knowledge and tools for risk stratification and patient empowerment) – work from the EIP AHA and the EU HP project SCIROCCO 				
	Assessing/evaluating integrated care				
5 Friday	Moderator: , European Commission, DG SANTE				
25 May 2018	Speakers:				
11:00 – 12:30	• Optimity Advisors, UK				
	> Assessing the performance of integrated care implementation				
	, Project ACT@Scale, Philips Research, The Netherlands, & , EU Project SUSTAIN, University of Kent, UK				
	Innovative approaches to outcome measurement in EU-funded research projects on integrated care for people with complex needs				

⁴ <u>http://healthworkforce.eu/</u>