

CONFERENCE ABSTRACT

Comparing innovative models of Integrated Care across Local Initiatives by an appropriate set of Smart Functionalities

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Introduction: We present a tool to systematically describe and compare the content of innovative models of Integrated Care supported by digital technologies. It is based on a set of common building blocks with an organisation and information perspective, named "Smart Functionalities" [1, 2].

Methods: We worked out a set of commonalities in the services that may determine the organisational innovation in the models of care and cure, beyond the intrinsic diversity of the local Initiatives towards Integrated Care [3, 4].

We described 23 classes of Smart Functionalities, organised in 9 areas, which belong to 3 pillars [2]:

COL - Supporting the COLLABORATION among the actors of the care process

ACT - ACTIVATION of patient and caregiver and promotion of independent living

DEC - Strategic, managerial and clinical DECISIONS

For each initiative, a group of stakeholders (e.g. health managers, health professionals, technologists, patients associations, suppliers) may express a score about the relevance of each class and converge to a common view through iterative discussions and assessments.

Results: We applied the approach to the models behind the tenders in the STOPandGO project [5], producing tables and radar diagrams for their comparison [6].

We demonstrated that each of the 9 areas of functionalities is highly relevant in at least one tender, and thus the project covers well the whole spectrum of Integrated Care.

In average, the most relevant areas across the initiatives resulted 1) telehealth and telecare and 2) the structured sharing of data among the professionals.

Discussions: We tested a collaborative, iterative process, alternating analytic individual scoring, comparative summaries and systematic discussions. The tool does not force predefined solutions but provide hints to stimulate the discussion among the participants, to customise the complex models according to a local context; the Smart Functionalities allow to

mediate among cultures and roles of the stakeholders without confounding technological details.

The main usages may be i) to design and prioritise a series of Local Initiative to face the various objectives of Integrated Care; ii) to prepare the related procurement processes; iii) to plan the technological solutions; iv) to index/classify a set of good practices; v) to compare the relevance of the Smart Functionalities across different Local Initiatives and identify the opportunities of collaboration; vi) to train the managers to identify the opportunities for innovative models in their domain.

Conclusions: A systematic planning may optimise the scaling up processes within and across localities, avoiding problems of organisational and technological interoperability in the long run.

We demonstrated that a limited set of classes of Smart Functionalities is able to describe the innovation in a wide spectrum of innovative models of Integrated Care; the diversity in STOPandGO being a richness in this respect.

Lessons learned: The challenge of Integrated Care involves different cultures/perspectives not yet accustomed to collaborate and therefore requires a neutral language to facilitate their collaboration.

Limitations: The novelty of the approach requires the commitment of the involved stakeholders; however an appropriate software tool could facilitate the familiarisation and the interactions.

Suggestions for future research: Federsanità ANCI triggered a short-term Sprint activity in the Action Group B3 of the EIPonAHA [7]. In future the tool could be applied to compare (e.g. in EIPonAHA) several good practices and planned initiatives, to stimulate collaboration among localities, to facilitate the collaborative design of local initiatives within a regional Action Plan.

References:

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