CONFERENCE ABSTRACT

Validation of the Transferability model for digital solutions supporting Integrated Care
ICIC20 Virtual Conference – September 2020

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Introduction

This research aims to validate the factors influencing the transferability of digital solutions supporting Integrated Care (IC) and presents guidelines on how to scale up and transfer these solutions from one European region/country to another. Transferability of ICT-based IC is a complex process and very few real examples of succesful transferability experiences exist. Since several relevant frameworks have been developed to unveil some of the influencing elements around IC, digital solutions and scale up processes, we leverage on them and on the Consolidated Framework for Implementation Research (CFIR) to build the ProACT Transferability model, validated using Delphi methodology (within the scope of the European funded project http://proact2020.eu/).

Methods

In order to define the sample for our Delphi study, an initial database with more than 40 experts was compiled. Inclusion criteria were: a) more than 7 years of expertise in IC practice and/or research and, in most cases; b) involvement in the scale up of innovative IC practices or digital innovation for IC; c) country representativeness. The sample was finally composed by 20 experts from different contexts, regions and professional profiles. The DELPHI study consisted on two different rounds: (a) Round 1 focused on confirming the relevance of each specific factor of the initial model; (b) Round 2 clarified specific priorities in regards to the factors identified.

Results

The factors confirmed after round 1 were: adaptability, trialability, cost, learning climate, leadership engagement, resources, planning and, secondarily, usability and solution design, culture, self-efficacy, engagement, formalised internal leadership, transferring execution and evaluation process. Round 2 resulted on some adjustments and the distintion between essential (higher priority) and relevant (important but at a lower extend) factors. The essential factors validated were a) Solution specific: adaptability, usability & design and trialability; b) Organisation-specific: organisational culture, learning climate and leadership engagement; c) Process-specific: engagement mechanisms, internal leadership and participatory execution and evaluation. Other relevant factors were

the evidence of potential benefits and the costs (solution specific), the availability of resources, interoperability and openness to change (organisation specific), the engagement of opinion leaders and the planning (process specific) and, lastly, self-efficacy (individual-specific).

Conclusion and discussion

This research presents a first step to systematise existing knowledge and experience on transferability of digital tools in the field of IC. The recommendations derived aim to support the sustainability and scalability up of existing and or new solutions across different regions and countries, leveraging the potential of digital innovations to provide more efficient and person-centred care in Europe. These recommendations addressed four themes, which are: a) Characteristics of the digital solution; b) Organisational settings for transferring; c) Individuals within the organisation to transfer; and d) Transferability Process.

Limitations and future research

Further research is needed to exploit and complement the model, such as additional studies to define which specific strategies are more appropriate to facilitating the essential and relevant factors or the development and validation of a self-assessment tool aimed at facilitating the evaluation of the factors identified.