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CONFERENCE ABSTRACT

Technology-enabled strategies for a fully integrated health system

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Introduction

Today, several Integrated Care Programmes are self-standing, without an overall vision towards a fully integrated health system and a consistent approach to adopt technological solutions.
A systemic perspective should identify the "Basic Programmes" that together can create an integrated background, to act as a solid substrate for any further "Complementary Programmes" on specific topics.

Policy context

We argue that a set of well harmonised Basic Programmes, supported by adequate technological solutions, is able to trigger a progressive increase of the integration level across a region, gradually creating the required cultural change in managers, professionals and citizens.
Therefore our objective was to identify the most suitable Themes for the Basic Programmes and to envisage the classes of technologies to support them.

Targeted Integrated Care Programmes

We compared 30 Integrated Care Programmes, previously analysed by the Author together with experts involved in the design and management of each case.
We used a toolkit initially developed in previous European Projects (STOPandGO, RITMOCORE), refined and applied in the context of the Action Group B3 of EIPonAHA (https://www.researchgate.net/project/TIMIC-L-TheLanguage-on-innovative-models-of-Integrated-Care).
The toolkit allows to represent an Integrated Care Programme through 23 classes of Integration Needs and to score them for relevance.
The classes were conceived to interrelate:
integration needs >> components of the care&cure services >> potential technological solutions,
with the corresponding measures.

We classified 21 Programmes as "Basic":
- long-term follow-up for chronic conditions (9 cases)
- long-term follow-up for frailty and mobility impairment (7 cases)
- short-term follow-up after a severe health-related event (5 cases)
The other 9 Programmes were considered as "Complementary".

Highlights

The present study ranked the similar classes of Integration Needs across multiple cases, the related services and technological opportunities.
It also suggested the following recommendations:
>>Begin a multi-annual Roadmap by deploying a coherent set of Basic Programmes; they should:
- be replicable in all the localities, according to the regional Roadmap;
- envisage a well-timed transformation in each contingent local context;
- be modular, to be tailored at the level of complexity achievable in each contingent local context;
- involve measurable costs and outcomes in the short/medium period;
- imply an evident enabling role for widespread technologies, to contribute to the EU Digital Agenda.

>>Explore good practices suitable for Complementary Programmes, e.g. from EIPonAHA and European Projects.
>>Aim to a set of coherent calls for tenders on external services and technologies. An indicator of success will be the number of localities that will replicate each service model, with suitable adaptations.
>>Exploit commercially available technologies. In several cases, the harmonisation of commercially available technologies could satisfy most of the integration needs.

Conclusions

To achieve a fully integrated health system, a multi-annual Roadmap should initially set up a background of Basic Programmes, able to stimulate the ecosystem of all the stakeholders and to promote a collaborative atmosphere among the professionals and an active participation of the citizens/patients on the management of their health.
Once a wide cultural / organisational transformation will be achieved, then further Complementary Programmes can successfully address specific topics.