CONFERENCE ABSTRACT

Strategies for large scale implementation of integrated care
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Introduction

In this workshop we will share lessons learned from Canada, England and the Netherlands on how innovations or good practices in integrated care can be widely spread and implemented. We will depict how adopters of innovations can be supported in capacity building. The success of system-level spread is contingent on a large number of well supported and committed adopters.

Background

Often, it is assumed that national/regional policy measures and structures, such as legislation, funding and types of organisation, explain successful or failing implementation of proven innovations. However, Horton et al. (2018) made a compelling argument that strategies to support the spread and scale of complex innovations should respect and support the role of the adopters. Integrated health and social care programs are social, context sensitive and dynamic. Therefore, implementing complex innovations in other settings requires these innovations to be described in a way that is useful to the intended adopters, as well as paying attention to commitment and capacity building of these adopters.

We analysed three national implementation programs according to the principles articulated by Horton and colleagues. In each country, various ways to actively engage and support large numbers of adopting organisations were deployed to make innovations work in their context. Capacity building and encouraging commitment in adopters appeared to be crucial. Based on this analysis, we argue that removing policy barriers and establishing incentives is necessary, but that supporting and committing adopters is another crucial element of spread.

Aims and objectives

In this workshop we actively exchange lessons learned of the three programmes and of the participants of the workshop in terms of key mechanisms for large scale implementation of innovations in integrated care. We aim at learning about scaling up and spreading innovations or good practices across different settings.
**Target audience**

Policy makers, managers, support staff and commissioners at national, local or organisational level, as well as health management researchers.

**Learnings/Take away**

We will share how in practice large scale implementation and mutual learning can be organised. The lessons will be transferable to participants’ specific contexts.

**Format**

We will depict an analytical working model to describe the elements of successful spread (10 minutes). In short presentations, we will demonstrate how the principles of this model were applied in practice in three national programs (aiming at better care closer to home and community, quality and efficiency in integrated long-term care and vanguards in integrated care) (25 minutes). We will share experiences of participants on local implementations, thereby aiming to complement and validate identified mechanisms and translate them to practical guidelines for everyday practice. A checklist will be provided as a helpful tool (40 minutes). Finally, the experiences and outcomes will be briefly discussed in the plenary (15 minutes).

**Preferred length**

90 minutes

**References**