CONFERECE ABSTRACT

The VALUECARE Model for value-based, integrated health and social care services delivery supported by ICT for older adults: participatory research in 6 European countries.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Introduction: In 2006, Michael Porter and Elizabeth Teisberg introduced the concept of value-based health care delivery by presenting a new framework for health system design. They proposed a fundamental unifying goal for health care: maximizing value for patients. Value is defined as the health outcomes achieved in response to the needs of a patient relative to the costs of delivering these outcomes. Consequently, understanding patient goals and values is integral to delivering high value. Participatory approaches are a key element in defining the care delivery model according to the patients’ needs and contribute to the sustainability of the care delivery. This study presents the VALUECARE model co-designed with older adults, care team members, health and social service managers and ICT experts to adapt the ValueCare concept supported by technology to the community context and end-users needs.

Target group: Older people 65 years and older with comorbidity from 6 European countries (Croatia, Ireland, Portugal, Italy, Spain & The Netherlands) facing different health challenges (cardiovascular disease, cognitive decline, frailty, and stroke).

Participants engaged in the co-design of the value-based integrated care: A total of 369 participants were involved in participatory activities with the purpose of co-designing the VALUECARE care model and supportive digital solution (n= 127 older adults, n=86 caregivers, n=109 health and social care practitioners, n=7 ICT experts, n=34 service managers, n=3 policy makers, n=3 municipality providers).

Co-design activities implemented: Qualitative data was collected using focus groups and interviews, combining face-to-face and online means with the participants trying to adapt the methodology foreseen in the project to the pandemic situation. The eHealth Enhanced Chronic Care Model was used as a heuristic tool to integrate the discourses of the different stakeholders including older adults and those involved in the delivery of health and social care for them and featuring the guiding principles and the core elements for value-based, integrated health and social care for this group supported by ICT solutions.
Results: VALUECARE model highlights best practice value-based, integrated care delivery through the application of a set of 6 guiding principles for the model (i.e. quality and safety, technology as supportive tool) across 7 different key core elements (i.e. health and care decision support, comprehensive support and monitoring). Applying these principles and elements, better health outcomes and care experience for older adults are expected and an improvement in the care team wellbeing.

Next steps: Based on the co-design sessions, the co-designed VALUECARE model is being implemented and tested in 6 pilot sites. Continuous and periodic feedback is being collected from participants (older people and care team members) to refine the model and ensure quality care delivery, at the end of the project, a validated model of value-based and integrated care supported by technology.