
POSTER ABSTRACT

Cross-country lessons from the SCUBY project on country-specific roadmaps for scaling up integrated care in Belgium, Slovenia, and Cambodia

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Background: The aim of the SCUBY project was to provide evidence on the scaling up of an Integrated Care Package (ICP) for type II Diabetes (T2D) and hypertension (HT) across three distinct health systems (Cambodia, Slovenia, and Belgium) through the development and implementation of country-specific roadmaps for a national scale-up strategy. Harnessing mixed-methods research and stakeholder engagement informed the development of country-specific “living” roadmaps. Here, we aim to extract the different elements that make each country-specific roadmap, identify cross-country similarities and differences, and identify lessons learned.

Who is it for? The make-up of the different roadmaps, and the shared learnings in developing these roadmaps will be of interest to academic and non-academic stakeholders involved in the scale-up of complex health interventions, including integrated care.

Who did you involve and engage with? Stakeholder mapping and engagement included beneficiaries of integrated care, implementers, healthcare workers, academics, and policy makers. Extensive reflection took place between the consortium members driving the SCUBY roadmap work package, which included the various country-specific leads, to identify cross-country learnings.

What did you do? Qualitative content analysis was used to derive key roadmap elements from key SCUBY documents (n=20) including policy briefs, consortium meeting notes, interim reports, amongst others. Subsequently, the roadmap components were mapped against the ten core roadmap components as proposed by Weber et al. (2022).

What results did you get? The content of the three roadmaps differed according to priority needs and position of the change team in the country. The Cambodian team recognised the need of wider coverage of the proposed ICP, and the need to improve quality of the current implementation. The roadmap comprised quality improvement measures, referral pathways, and strengthening monitoring systems. The Belgium roadmap comprises three themes: primary care change management coaching, development of chronic care dashboards, and monitoring change in financing structures. The Slovenian roadmap included pilot studies to generate evidence for new e-health and peer-patient components to support expanding the ICP. Common cross-country elements were: (i) task-shifting to decentralise and involve patients, carers, and their environment, (ii) strengthening monitoring and evaluation, and (iii) creating an enabling environment for ICP implementation. The implementation of many included system-wide strategies extends beyond the project scope, which make it difficult to measure impact.

What is the learning for the international audience? Scale-up is a complex intervention that requires engagement with multiple stakeholders and adaptation of plans to the context and new development. The roadmaps are thus living documents that require continuous engagement and reflection amongst stakeholders to identify key elements and priorities. The linkage of research teams with key implementation stakeholders and policy makers leads to change-teams that allow moving from formative phase to implementation of roadmap strategies and full scale-up in due time.

What are the next steps? Through the SCUBY project, members of the consortium have spanned boundaries and entered dialogues that can further assist the scale-up of integrated care across the various countries. The roadmaps and their development process have provided essential learnings that can help shape these dialogues moving forward.