
POSTER ABSTRACT

A qualitative analysis of the key contextual factors for the scaling-up of the ADLIFE toolbox in the Basque Health Service

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Introduction: The translation of new digital solutions in different settings requires a preliminary analysis of contextual factors. The results might contribute to the development of strategies addressing barriers, for a successful implementation.

ADLIFE is an EU funded project to improve the quality of life of older people with advanced chronic diseases by providing integrated personalised care via a toolbox including innovative digital solutions. The contextual factors of the participating organizations were evaluated prior to implementing this toolbox to identify the most relevant ones for the translation of this innovation action into routine practice.

To structure this evaluation process, a bespoke framework for implementation assessment was developed, based on the Health Information System evaluation framework HOT-fit and the Consolidated Framework for Implementation Research (CFIR). These frameworks provide a structured and systematic way to identify constructs influencing the implementation of ADLIFE.

This work presents the analysis of the contextual factors that would influence the uptake and effectiveness of ADLIFE tools in the Basque Health Service.

Methods: Semi-structured interviews were conducted with different stakeholders before the implementation of the ADLIFE toolbox. A standardized set of questions was utilized, based on the main dimensions of the developed framework (human, organization, technology).

These interviews were conducted online. They were recorded, transcribed, pseudonymized and subsequently analyzed using qualitative content analysis. These analyses were conducted using the software MAXQDA.

Results: A total of 9 interviews were conducted: 2 primary care physicians, 2 specialized care physicians, 2 nurses, 2 IT staff and a manager.

Through the implementation of the ADLIFE toolbox, interviewees expect improvements in communication between professionals and with patients, as well as facilitation of patient empowerment.

Training about the new systems and time to get used to them were considered essential, which would help to overcome the digital gap that currently influences the lack of adherence to this type of intervention.

Finally, direct linkage between the existing and the new systems were considered key to motivate professionals to participate and to facilitate the integration of patient care.

Discussion and conclusions: The scaling up of the ADLIFE toolbox in the Basque Health Service requires it to be integrated into the digital systems currently used for the management of the Electronic Health Record. ADLIFE can serve to promote an improvement, not only in quality of life, but also in the quality of care, provided that professionals who care for these patients are involved.

This knowledge will help to establish the most effective strategies to facilitate the intervention in the Basque Health Service.

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