

Innovative Patient-Centred Approach for Social Care Provision to Complex Conditions

# Up-scaling challenges & opportunities

Findings of INNOVCare's work to develop up-scaling roadmaps for selected MS

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## Upscaling social innovations

"... deliberate efforts to increase the impact of health service innovations [...] in pilot or experimental projects so as to benefit more people and to foster policy and programme development on a lasting basis." (WHO)

- 1) Identifying *"opportunities and barriers at broad institutional scales"* (Westley et. al. 2014, 4)using a comparative perspective (AT, ES, RO, SE)
- 2) Stakeholder Involvement
  - Identify relevant stakeholders
  - Share knowledge and establish (strong) relations
  - Create a shared vision of integrated care

# Methodology

- Interviews with 32 experts from Austria, Romania, Spain and Sweden:
  - **Policy:** national and regional policy makers and administration (health and social)
  - Service providers and care giving professionals: Social and health care
  - Patient representatives
- (Online) group discussions with experts to discuss the first results
  - Discussion and validation of findings
  - Connecting experts
  - Trying to discuss possible next steps in the up-scaling process

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# Interrelated levels of intervention and their stakeholders

#### **Policy makers**

Policy Level: Characteristics of the national and local environment:

state logic → (more) holistic logic

Coordination between political bodies

Patients and their families

**Everyday Life Situation** National, local, social environment

coping logic → empowered logic

Patient empowerment & support of the social context



Care professionals and organisations

#### **Care delivery**

Characteristics of the national and local environment:

Professional/organisational logics → networked logic

Multiprofessional teams and professional care coordination

## Structural coordination & cooperation: Coordination between Political Bodies

#### Challenges

- Fragmentation of political domains, federal states and regions
- Legal frameworks and different funding schemes
- Dependency on personal engagement of decision-makers

### Opportunities

- Building capacities for collaboration: budget, qualified personnel, learning to collaborate across domains
- Joint Policy Boards for Rare Diseases

#### • Tools

- Relating top-down and bottom-up approaches: stronger involvement and accountability of local administration and patient organisations
- Coordinated budget for health and social care provision beyond co-funded pilots

# Multiprofessional teams and professionalized care coordination

#### Challenges

- Doctors-centered health care systems
- Coordination of care is a burden on doctors, patients and patient carers
- Risk for the continuity of care

#### Opportunities

- Case Management professionalises care coordination & helps patients navigate the system and the bureaucracy
- Building on existing resources & other health care innovations
- Recognition of the competences of various health and social care professionals in an occupational and interactive sense

#### • Tools

- Public tenders to require collaboration and coordination across domains
- Multidisciplinary intervention plans/protocol of treatments
- Training, knowledge, information for different professionals (teachers, social worker, doctors,..) together with patients

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## INN VCare

# Empowerment of patients & Support of the social context

#### Challenges

- Professionals lack confidence in the patients' abilities to decide on their care needs (medical paternalism)
- Limited opportunities for family members to obtain support
- Lack of awareness of and support for teachers, day-care teachers, work colleagues and school mates
- Empowerment is considered a domain of patients' organisations

#### • **Opportunities**

- General awareness raising
- Legal frameworks supporting inclusion in social and economic life
- Connecting agendas of disability and Rare Diseases where appropriate
- Involvement of patients' organisations in European Patient Advocacy Groups

#### • Tools

- Smart combination of professional and peer-to-peer support
- Timely and preventive support for patients and family members
- Targeted information and support for teachers, social workers and other social care professionals

# Conclusions

RD as a "liminal case" for better-quality health and social services

Also well-organised, well-networked, experienced example

#### **Policy makers**

- RD fosters joint efforts in different policy fields at political planning
- \* European pilots contribute to the distribution of multidisciplinary expertise across contexts

## Patients and their families

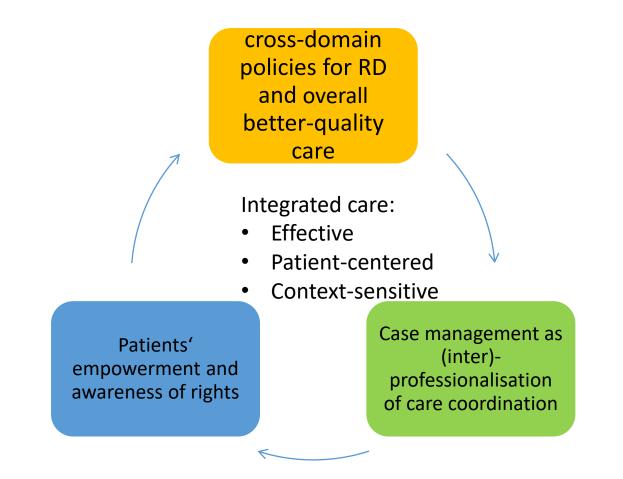
- \* Awareness of rights as one immediate effect of case management
- \* Empowerment is not only the job of patient organisations wider vision to keep care innovations "on track"

Care professionals and organisations

- \* Getting the right mixture of tailored RD services and the integration of RD into mainstream services
- \* Finding the best point of service for CM and similar services in different environments
- \* Case Management as one way to move towards integrated care



## A positive loop –INNOVcare and many other efforts



Aiming at more "really" inclusive facilities contributing to an open-minded and responsive society



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# Thank you

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