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Evaluation of the implementation of integrated care for people with chronic conditions

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Background: what is already known

- Care delivery for people with chronic conditions is fragmented
- Determinants for fragmentation include
  - Organisation-centered care delivery design
  - Inappropriate workforce (poor value for money)
  - Inadequate budget and financial incentives
  - Underuse of processes in support of quality of care
  - Poor knowledge management and decision support
  - Underuse of clinical information tools

Paulus et al., 2012

Towards integration of care in Belgium: the INTEGREO project

http://www.integreo.be/nl
http://www.integreo.be/fr

Plan: Integration of care for better health

- Approved on the 19th October 2015 by the Health Ministers of the regions and the Belgian Federal government.
- 20 candidate pilot-projects have been selected to conceptualise their project. If accepted, they will start to include patients after the Royal Decree will be published (Fall 2017).
- Aim of the pilots: develop integrated care in a loco-regional area
  - ± 100.000 to 150.000 inhabitants
- Definition:
  - "Integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course."

(WHO global strategy on people-centred and integrated health services, 2015)

The 20 pilots are asked to cover 14 components of integrated care

The outlines of the plan were presented in session 4J of the IFIC conference in Dublin : Implementing integrated Care in Belgium: a nationwide mobilization (Jolyce Bourgeois - IAC)

- Around the individual patient
  1. **Empowerment** of the patient
  2. Support for **informal caregivers**
  3. **Case management**
  4. Work conservation, socio-professional and socio-educational **reintegration**
     - Around professionals
       5. **Prevention**: involving several areas
       6. Consultation and **coordination**
       7. Intra- and transmural care **continuity**
       8. Valorisation of the experiences of **patient organizations**
       9. Integrated patient **records**
       10. Multidisciplinary **guidelines**
           - At the loco-regional level
             11. Development of a **quality** culture
             12. Adaptation of the **financial** system
             13. Stratification of the risks within the population and mapping of the area
             14. Change management

Evaluating the integration of care

Four missions of FAITH.be

- Which are firmly interrelated

1. Evaluation of the impact of these changes on care integration (impact on Triple Aim $^{+2}$);
2. Evaluation of processes during the change period (implementation analysis – linked to the 14 components of integrated care);
3. Support to pilots : quality management and self-evaluation;
4. Support to the InterAdministrative Cell (IAC)

$^{+2}$ = + focus on equity and job satisfaction of providers

Focus of this presentation: implementation study

= mission 2

Research questions

1. How pilots progress within the 14 components over time and how is it associated with changes in outcomes? Why and for whom?
2. Who are the stakeholders (including patients) and how changes in their (working) habits influence progress in the 14 components? Why?

Implementation study (= mission 2)

3-5 case studies: in-depth evaluation:

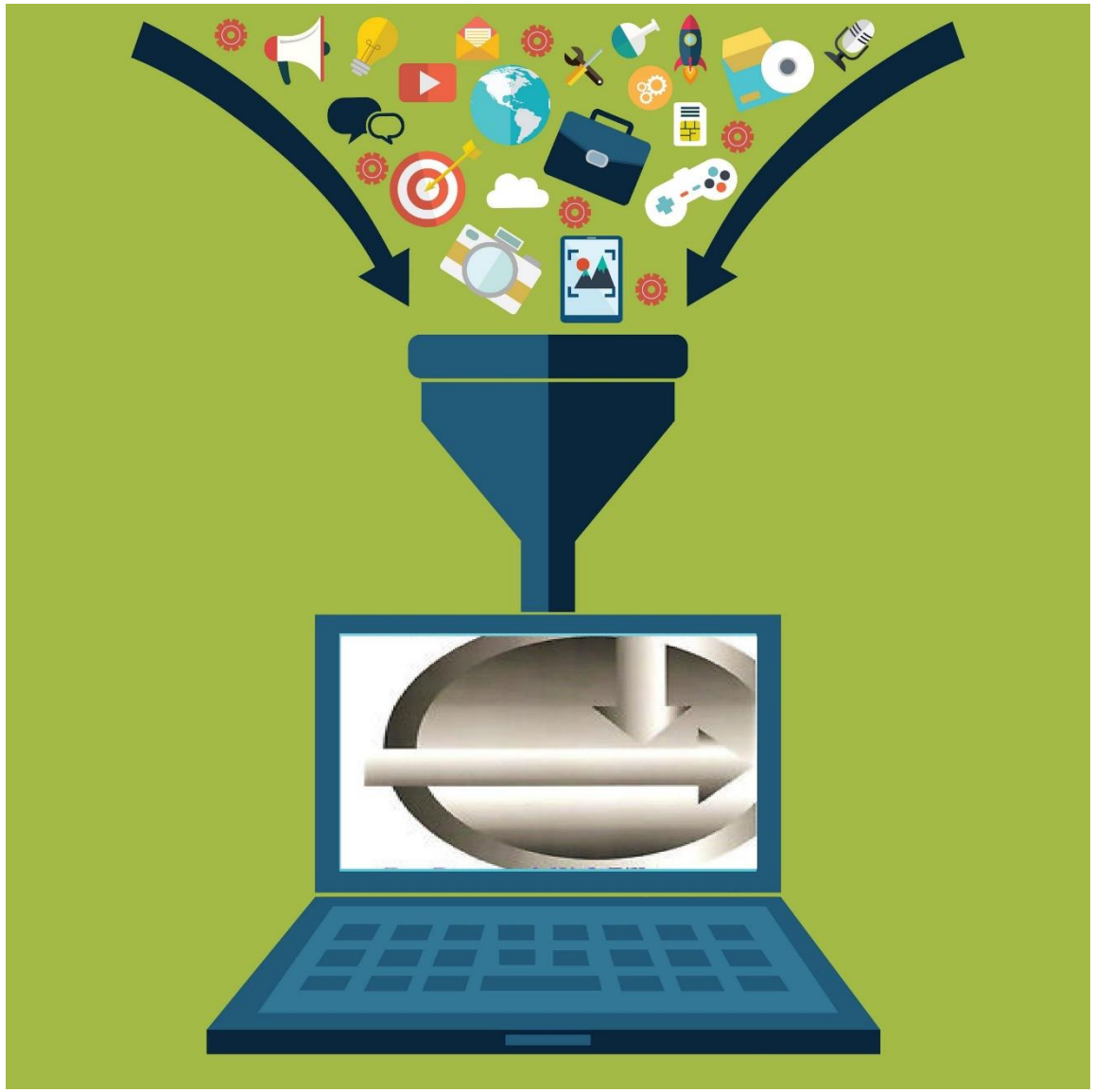
- Sources: Documents & questionnaires +
  - Focus groups
  - Interviews

Selection: pilots with richest data (importance of diversity)

Analysis of (20?) selected pilots

- Red thread: the results of the case studies will serve to elaborate the questionnaires to all pilots
- Sources: Documents et questionnaires

Data analysis for the case studies: realist approach



Key features of realist(ic) evaluations

- Realist evaluators aim to identify the underlying generative mechanisms that explain ‘how’ the outcomes were caused in a given context.
- The focus is on mechanisms that can explain the observed changes (of outcomes)

Mechanisms are underlying processes, used to describe how things happen beyond the observable reality

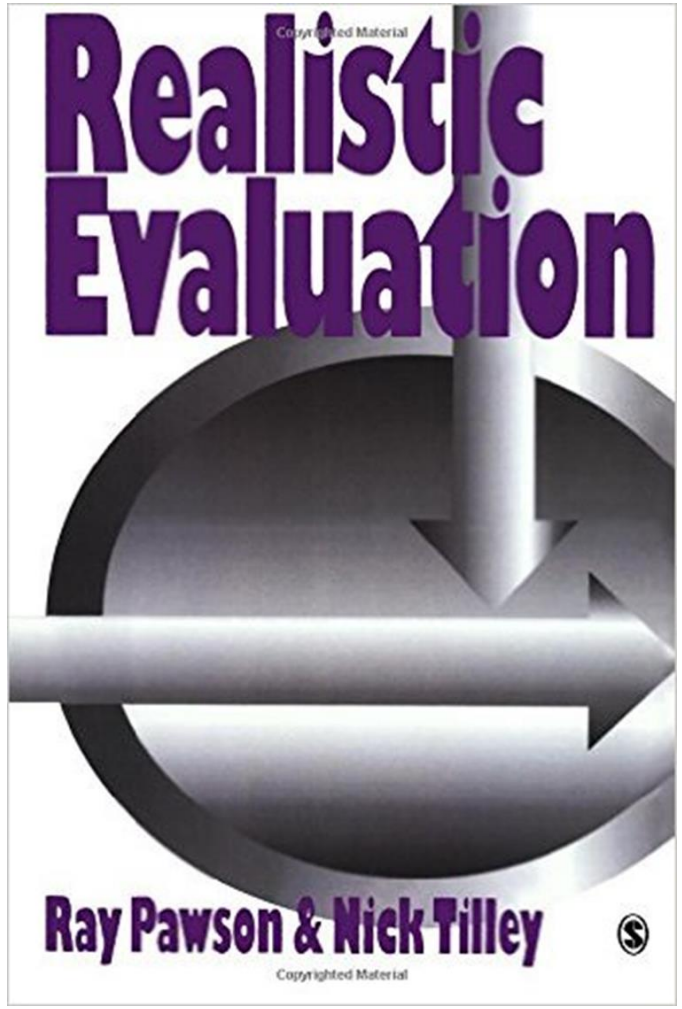
- Context – mechanism – outcomes configurations are mid-range theories (Eisenhardt, 1989)

6 iterative steps of the realist approach

1. • Stakeholder discussion with initial literature review
2. • Initial theory: Normalization Process Theory (C. May)
3. • Literature search in electronic databases
4. • Checking outcome trends – attention to Triple AIM $^{+2}$ outcomes
5. • Extract data about mechanisms and contexts explaining those outcomes
6. • Synthesising the findings according to the initial theory = C-M-O configurations

Advantages of a realist approach

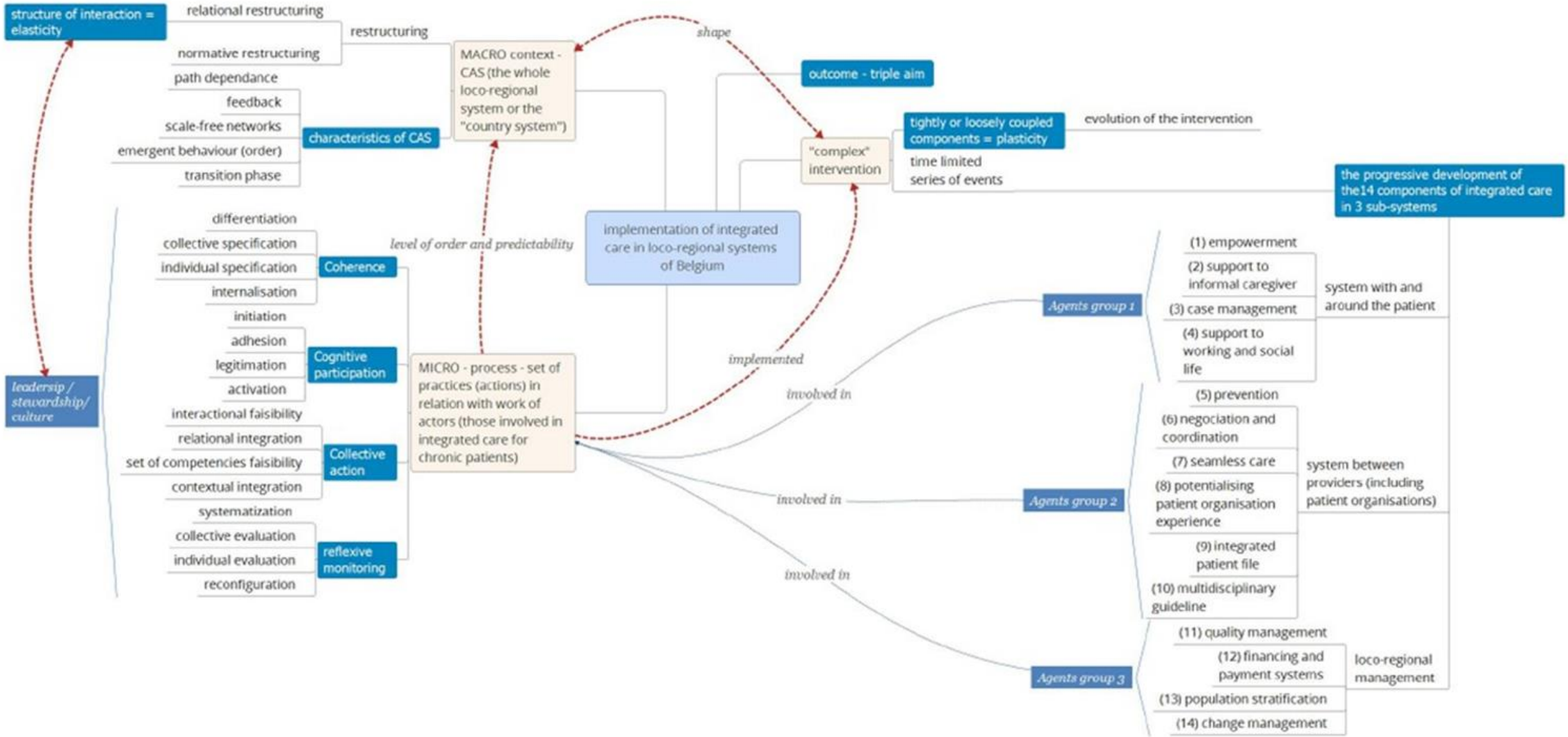
1. Allows the understanding of the processes in a given context
2. Allows theory building and/or refining (and transferability!)
3. Allows participation in evaluation (e.g. involvement in data collection activities and interpretation of the findings)



Normalization Process Theory

(May, 2013; May, 2015a; May et al., 2007; May et al., 2009)

Generative processes of …	Driven by investments in …
Individual and communal sense making	meaning
Cognitive participation	commitment
Collective action	effort
individual and communal reflexive monitoring	appraisal


structure of interaction = elasticity
relational restructuring
normative restructuring
restructuring
path dependance
feedback
scale-free networks
emergent behaviour (order)
transition phase
characteristics of CAS
MACRO context - CAS (the whole loco-regional system or the "country system")
shape
outcome - triple aim
"complex" intervention
tightly or loosely coupled components = plasticity
evolution of the intervention
time limited series of events
the progressive development of the14 components of integrated care in 3 sub-systems
implementation of integrated care in loco-regional systems of Belgium
differentiation
collective specification
individual specification
internalisation
Coherence
level of order and predictability
initiation
adhesion
legitimation
activation
Cognitive participation
interactional faisibility
relational integration
set of competencies faisibility
contextual integration
Collective action
systematization
collective evaluation
individual evaluation
reconfiguration
reflexive monitoring
leadership / stewardship/ culture
MICRO - process - set of practices (actions) in relation with work of actors (those involved in integrated care for chronic patients)
implemented
involved in
involved in
involved in
Agents group 1
Agents group 2
Agents group 3
(1) empowerment
(2) support to informal caregiver
(3) case management
(4) support to working and social life
system with and around the patient
(5) prevention
(6) negociation and coordination
(7) seamless care
(8) potentialising patient organisation experience
(9) integrated patient file
(10) multidisciplinary guideline
system between providers (including patient organisations)
(11) quality management
(12) financing and payment systems
(13) population stratification
(14) change management
loco-regional management

Expected results

1. a thick and narrative description of each pilot in its local context, about the decisive drivers of success or non-success of the implementation
2. an explanatory mid-range theory about the drivers of integrated care programmes, in order to
    1. allow theoretical replication
    2. inform the other parts of the evaluation (impact evaluation and self-evaluation)

Some critical thoughts

- Strong point: Focusing on underlying mechanisms “in situation”, we will aim at unearthing generative causality. Identified mechanisms will be contextualised, i.e. mechanisms which are only triggered under specific conditions or in specific contexts and lead to specific outcomes.
- The “Integreo” framework is imposed to the pilots – what is their room for experimentation (lack of elasticity)?
- Tension between ‘neutrality’ of the researchers and support to the projects
- Scientific realism is not well-known and poorly recognized as robust research method