SUSTAIN

Sustainable tailored integrated care for older people in Europe

Integrated care evaluation in shifting contexts:

Blending implementation research with case study design in project SUSTAIN

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Introducing SUSTAIN

SUSTAIN:

Sustainable, Tailored Integrated Care for older people in Europe

- The SUSTAIN project was carried out between 2015-2019 by 13 partners from 8 European Countries.
- Funded by Horizon 2020
- The overall aim was to improve integrated care for older people and to maximise the potential for knowledge transfer and application across Europe

The SUSTAIN consortium

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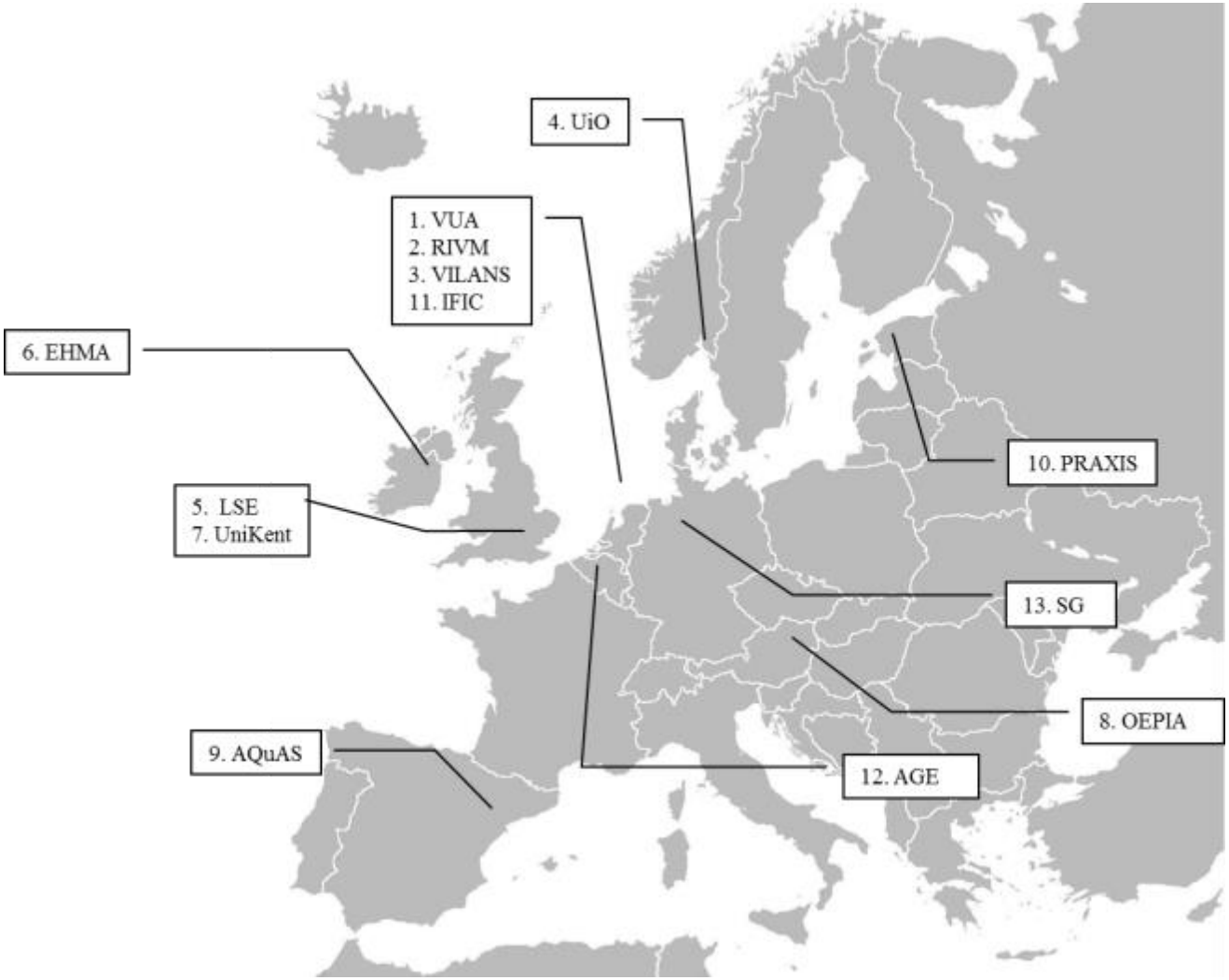

Challenges to health and social care systems

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- Increasing number of people with (complex) health and social care needs

- Complex needs require involvement of a large number of health and social care providers in the care process

- Health systems for older people are often poorly planned and coordinated

→ health and social care needs are commonly not sufficiently addressed

Integrated care to optimize health systems

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Initiatives that proactively seek to structure and co-ordinate care for older people in home environments and improve health outcomes while constraining healthcare expenditures

Integrated care to optimize health systems

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Proactive assessment of health and social care needs

Involvement of older people and their informal carers

Involvement of professionals from multiple disciplines

Coordination of care to ensure continuity

Combination of care-related and facilitating interventions

CORE ELEMENTS INTEGRATED CARE

Challenges related to integrated care

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- Differentiated application of integrated care – many diverse models and initiatives
- Evidence of the effectiveness is inconclusive
- Little knowledge of successful implementation
- Little knowledge of how to transfer successful initiatives to other regions and health systems (scale and spread)

SUSTAIN core domains

Person-centredness

Prevention-orientation

Efficiency

Safety

Overall approach: Evidence Integration Triangle (Glasgow 2013)

The intervention: tailored set of improvements to be implemented at the existing integrated care initiatives over a 18-month period

Participatory implementation process: collaboration of SUSTAIN partners with local key stakeholders attached to the fourteen integrated care sites to design and implement tailored sets of improvements

The set of **practical measures** will consist of a core set alongside a site-specific set of qualitative and quantitative indicators

Implementation Science
Evidence Integration Triangle

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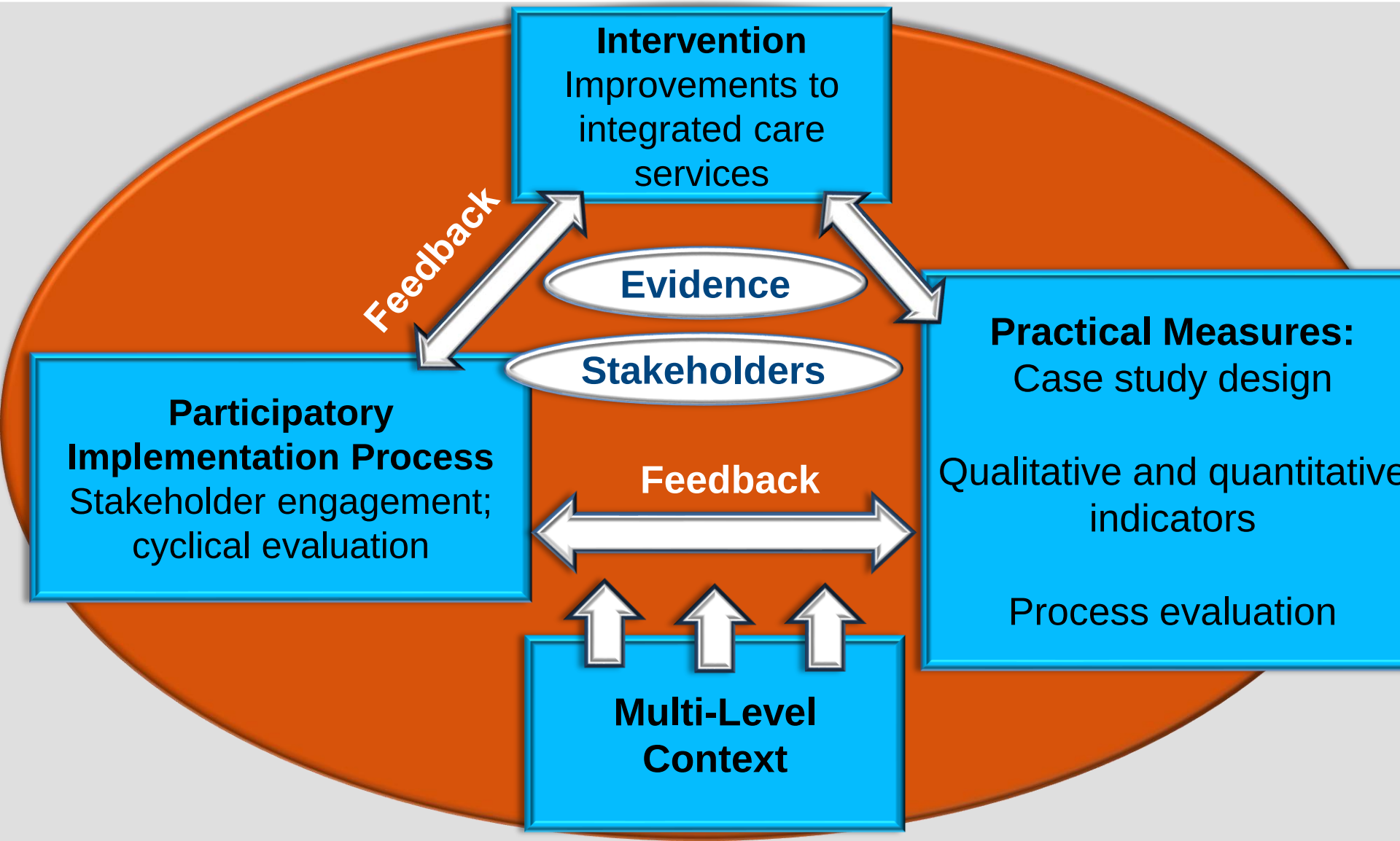

Overall structure

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Phase 1
Preparation

Preparative activities to improve existing integrated care initiatives

Phase 2
Implementation research to improve existing integrated care initiatives at selected sites

Design, implementation and evaluation of improvements of integrated care initiatives

Overarching analyses of experiences of all integrated care initiatives

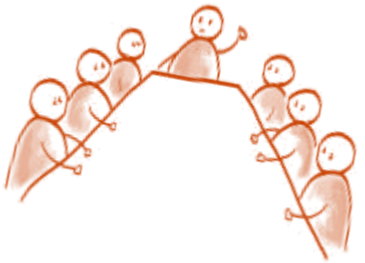
Phase 3
Translation to products and impacts

Roadmap development

Phase 1: Preparation (6 months):

Stakeholder analysis at the 14 sites

Initial assessments and stakeholder workshops



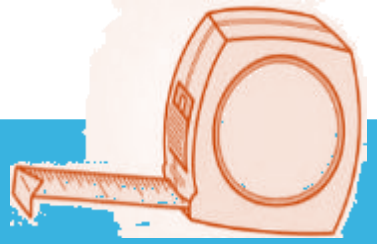
Identification of projects for improvement

Development of improvement plan

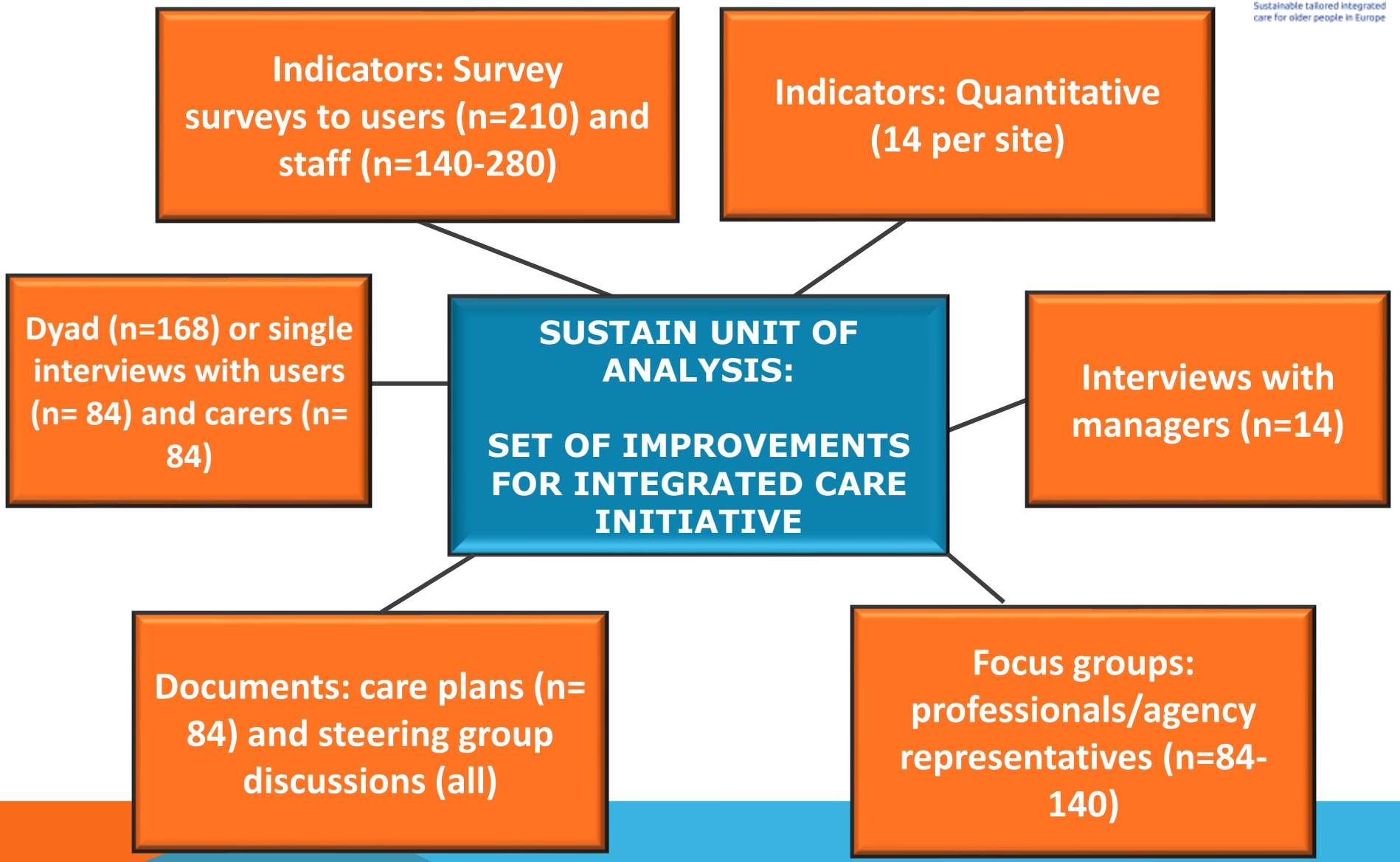
Setting up of steering group

Establishing working relationships

Develop evaluation method and practical measures



Phase 2: Implementation and Evaluation: Case Study Design (Yin 2003)



Indicators: Surveys

Perceived Control of Health Care(users)

Control over organising health care, contacting and communicating workers, organising care in the future

Person Centred Experiences of Coordinated Care (users)

Goal setting, independence and empowerment, care coordination, involvement in decision making

Team Climate Inventory (professionals)

Vision, task orientation, support for innovation

Indicators: Quantitative

PERSON-CENTREDNESS

- Users with a needs assessment
- Care plans with activities already actioned or being actioned
- Care plans shared across different professionals
- Care plans shared across different organisations
- Carers with a needs assessment

PREVENTION-ORIENTATION

- Users receiving a medication review
- Users received or receiving advice on medication adherence
- Users received or receiving advice on self-management and how to maintain independence

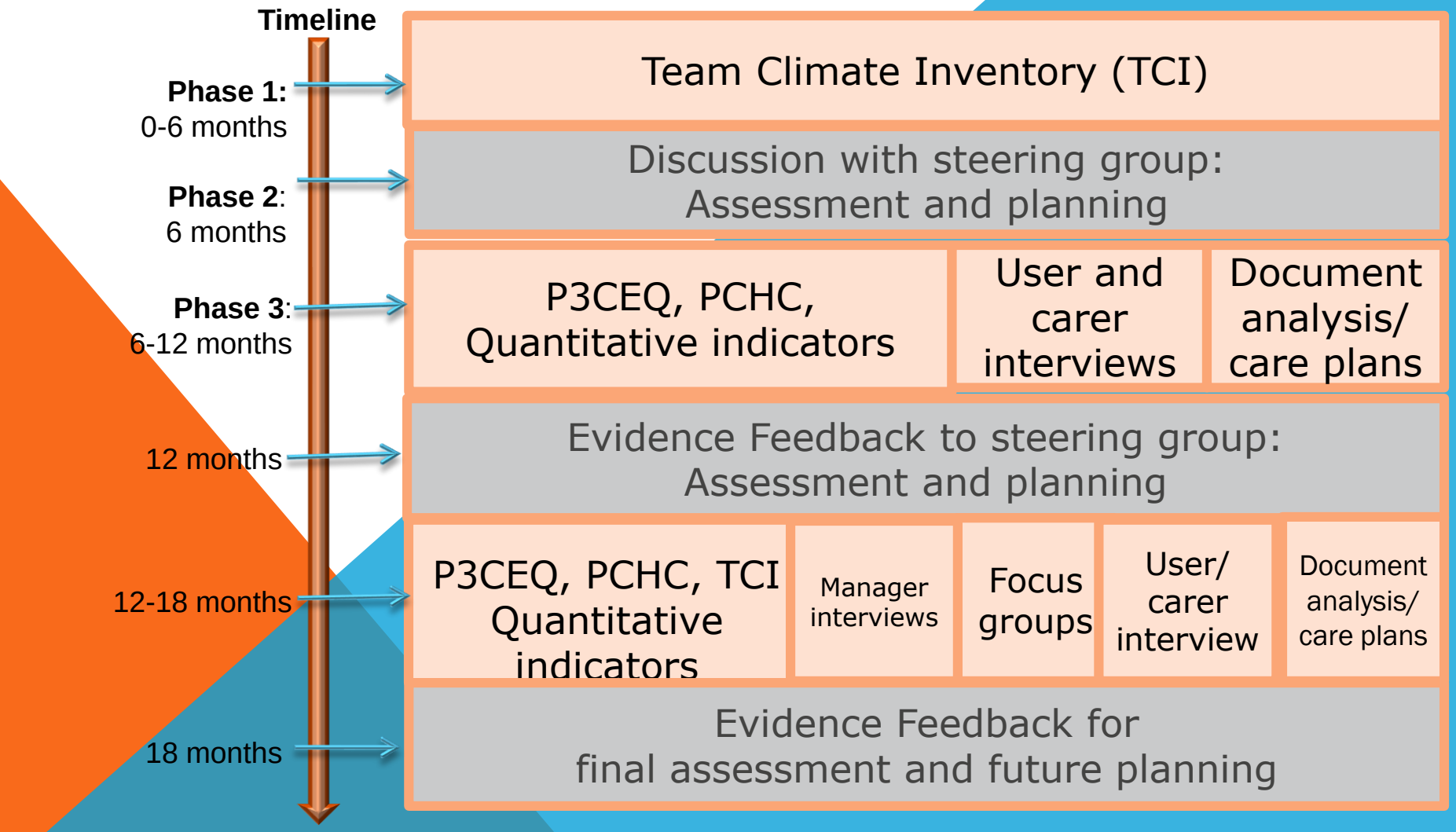
SAFETY

- Users received safety advice (home security, falls prevention)
- Users with falls recorded in the care plan

EFFICIENCY

- Emergency hospital admissions of user (during evaluation period)
- Length of stay per emergency admission of user (during evaluation period)
- Hospital readmissions of the user (during evaluation period)
- Staff hours dedicated to initiative (per staff member)

Overview of what was collected when



Overall approach to analysis (Yin 2009)

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Step 1

All data sources analysed separately

Step 2

Data reduced to a series of thematic statements

Structured analytical frameworks and guidance for each data source provided

Step 3

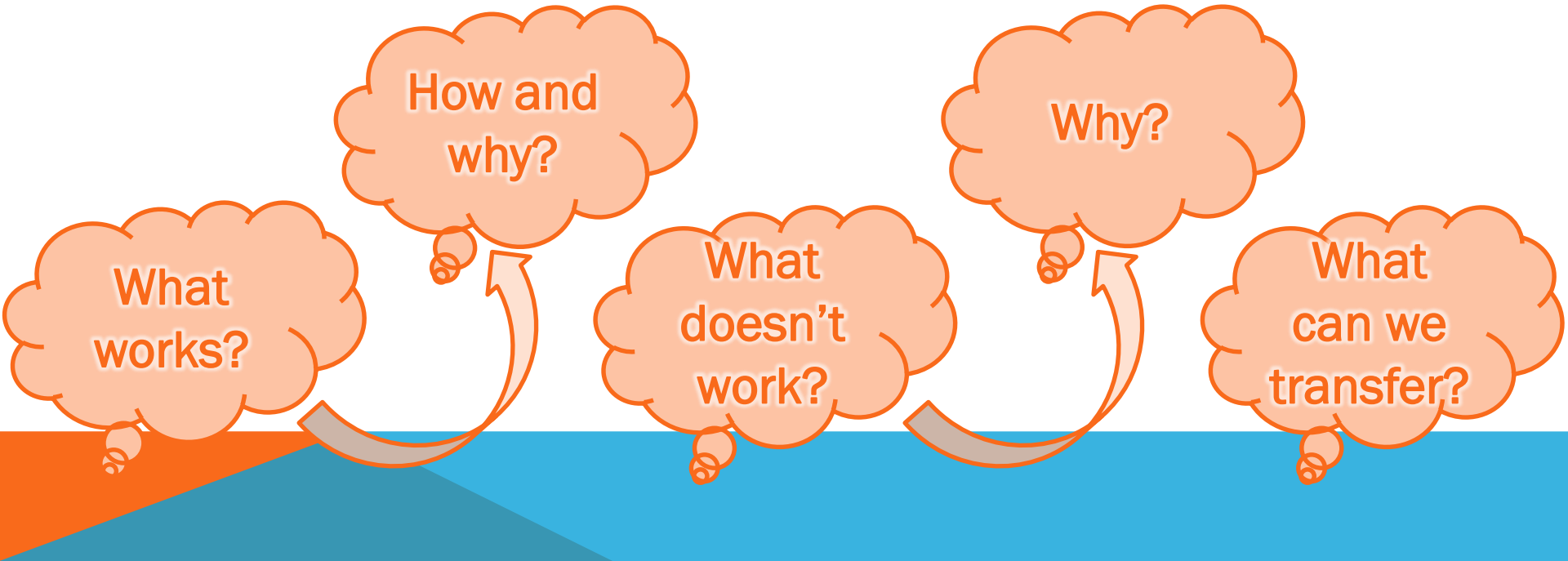
Pattern-matching across the data using the thematic statements and our propositions

Search for rival explanations

SUSTAIN propositions

Integrated care activities will maintain or enhance person-centredness, prevention orientation, safety and efficiency in care delivery

Explanations for succeeding in improving existing integrated care initiatives will be identified



Accommodating the Methods

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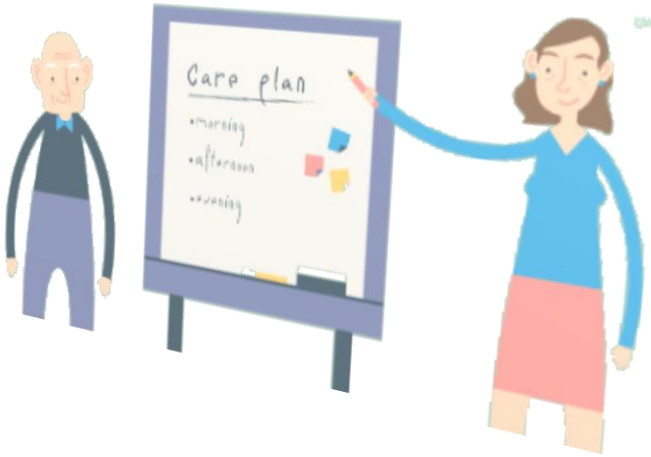
~~Practical Measures~~



Context is all important

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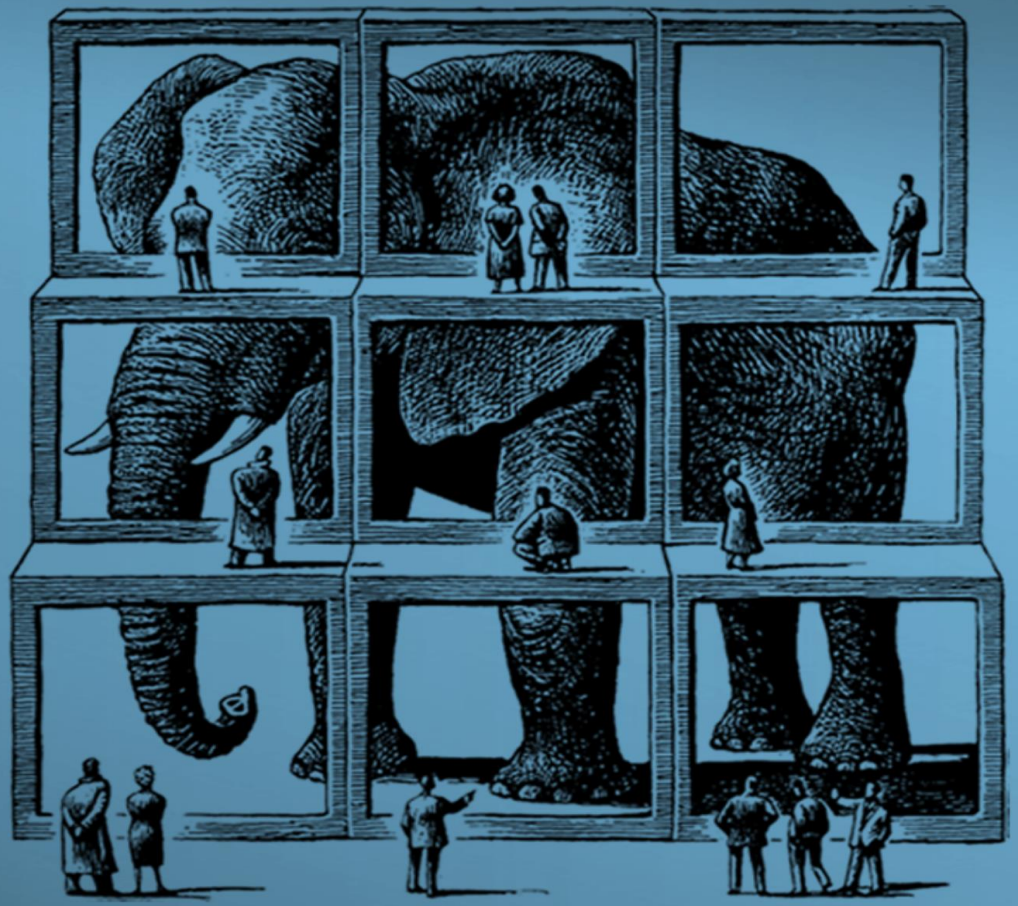

Complex interventions and the developmental nature of methods

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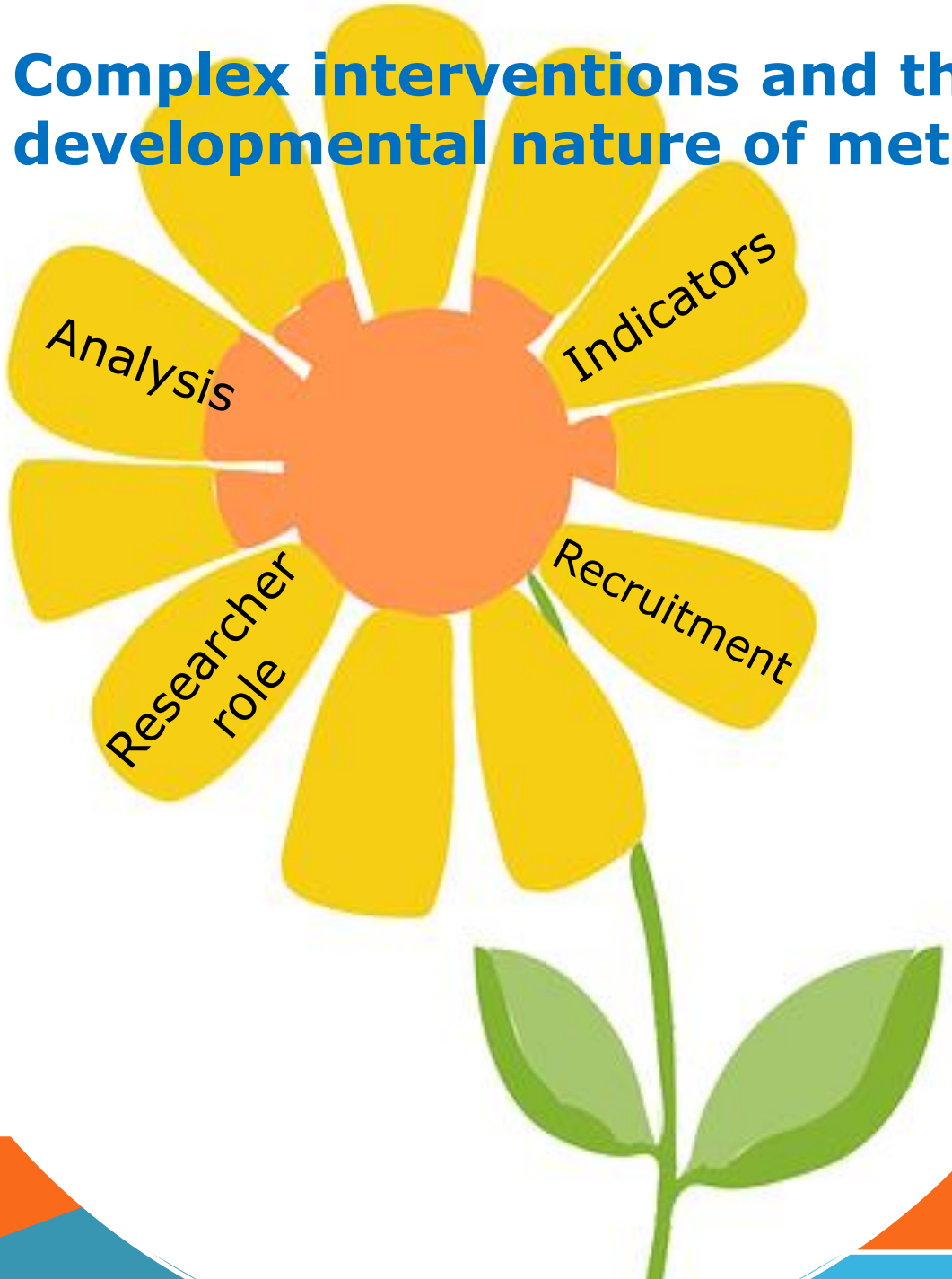

Test and Learn

Phase 3: Knowledge Transfer, The Roadmap

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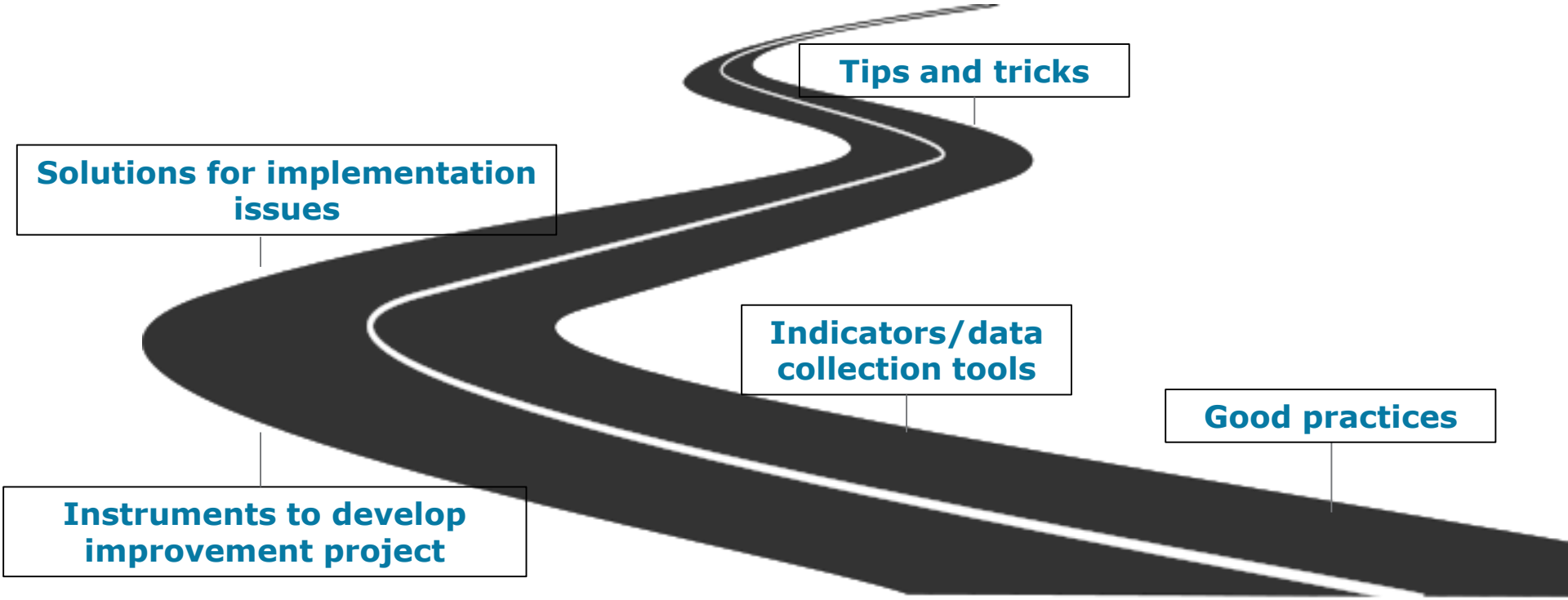
Improved integrated care



Key Lessons Learnt and Recommendations

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- We would advocate a participatory approach to evaluation designs, set within implementation research. This recognises the dynamic nature of integrated care implementation and keeps pace with its ebbs and flows, thereby strengthening the evaluation approach and potential for knowledge transfer

- Case study design proved to be highly useful and adaptable to the changes in evaluation requirements, variations between sites, and is pertinent to cross-European, comparative research

Key Lessons Learnt and Recommendations

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- There is a clear need to employ innovative data collection techniques that step aside from traditional survey and interview approaches, towards methods that are interactive, engaging and experiential and take account of ageing

- Further research is needed to better understand and measure the relationship between resource and cost changes and integrated care. There needs to be a shift towards a more realistic and pragmatic perspective of what can be measured

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Please visit our website:

www.sustain-eu.org