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CHRODIS+

IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

key Recommendations for Future Implementations

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SWOT Analysis: Enablers & Barriers

To identify Enablers and Barriers related to the implementation of the **QCR**

Enablers

- Pre-existent guidelines, information and organizational systems promoting collaboration among different professionals and continuity of care; shared cultural background (***Practice Design***)
- Community based approach, patient's participation in LIWGs and practice design; Use of communication media for people's empowerment (***target population empowerment***)
- Active involvement of stakeholders beyond the health sector (health, social, community) (***interaction with regular-relevant systems***)
- Continued professional education and training systems (***Education and Training***)
- Proper allocation of resources, existing networks between different institutions of the state (***Sustainability and scalability***)



SWOT Analysis: Enablers & Barriers

Barriers

- Patients recruitment, health care staff resistance to change, cultural sensitivity, waiting lists for specialists care; organization barriers on information transfer and integration of care (***Practice Design***)
- Low culture and awareness on prevention; scarce consideration of patient's social context (***Population Empowerment***)
- Unreliable evaluation of self-management; limited use of ICTs due to elderly population illiteracy (***Evaluation***)
- Low participation to education interventions (economic, time and motivation constraints), education not addressing patient's need (clinical practice vs. person centered care) (***Education and Training***)
- Care as financial burden for patients (***Equity***)
- Limited participation of Municipalities and inefficient coordination among relevant stakeholders,
- Fragmentation and underuse of existing IT infrastructure; absence of patients' e-records (***Governance***)



SWOT Analysis: Enablers & Barriers

Practice design

Implementing selected good practice on health or physical activity promotion in communities, working places and schools

Enablers

- Pre-existing policies, competencies, communication systems, networks, attitudes, culture of health promotion, intra and trans-sectoral collaboration
- Practice implementation: **opportunity to improve local collaborations** (health, social, school, sport, public/private sectors)
- Communication: improve awareness, promote the practice (national, local level)



SWOT Analysis: Enablers & Barriers

Barriers

- Professional's different experience and background
- Workforce ageing and turnover in schools, health services, municipalities
- Local availability of infrastructures (e.g. sport halls)
- Inequalities (low income, disabilities, other)
- Bioethics committee agreement for research purpose
- Limited resources and capacity for data collection and analysis



SWOT Analysis: Enablers & Barriers

Piloting a care model for patients with multimorbidity (ICMM): delivery of the care model system, decision support, self management support, information systems and technology, social and community resources

Enablers

- Institutional leadership, consolidated policies and strategies
- Multidisciplinary teams (incl. primary care professionals), motivation, roles, responsibilities and coordination between levels of care, case manager
- Available protocols and guidelines
- Population awareness and ICT literacy, participation of Patient's Associations,
- International networks (EIP-AHA, Chrodis+, Advantage)
- Availability of Information Systems



SWOT Analysis: Enablers & Barriers

Barriers

- Unresolved continuity of care between levels
- Limited resources (time, personnel, funds), compared to population increasing needs (*sustainability*)
- Information systems not focussing on multimorbidity
- Multimorbidity models require changes in attitudes and practices
- Protocols and guidelines not always available
- Need to consider patient's social context
- Patient's high expectations, scarce information material
- Resistance to organizational changes from the population and professionals
- Changes in political situation and shifts in health priorities
- Lengthy approval from Bioethics Committee



Use of QCR Tool

Constraints & Positive Aspects

- Correct **interpretation** of the QCR items in the SWOT?



- QCR tool as a guide to identify activities!



- QCR tool used for Pilot Design and Reporting by other WPs!



Designing the Pilot Action Plan

Main Difficulties

- Complete description of the **Intervention** (6):
 - what (activities), where (settings), when (timing), by whom (responsibilities), with whom (collaboration)
- **Study** of the Intervention (7) and **Measures** (8):
 - relevance** of the evaluation framework
 - sources of information
 - indicators **coherent** with what is necessary to measure
 - correct** formulation (numerator/denominator)



Designing the Pilot Action Plan

Main Difficulties

- Coherence** between weaknesses & threats (SWOT), improvement areas and activities
- Potential benefits of proposed activities (**evidences**)
- Exhaustive activities **details** (eg: training of professionals-needs identification, guidelines, training, monitoring, results)
- Activities **realistic timing**
- Feasible** attribution of **responsibilities**



key Recommendations for Future Implementations

What's Next?



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Key Recommendations to Enhance Sustainability

- Involve further local and national **authorities**
- Widen the **intersectoral** approach (health, social, community, education, workplaces): *sharing resources/tools*
 - Enhance the involvement of primary care facilities/actors (GPs, nurses, pharmacists), as gatekeepers to secondary care services
- Involve **patients** and their associations since from early stages (social, equity, access to care)
- Improve M&E Frameworks:
 - according to existent HIS systems and resources
 - using also qualitative investigations: patient's and professional's in-depth opinions and suggestions
 - if necessary plan for future HIS developments



Enhancing and Reporting Sustainability (Guidelines on Implementation Strategy)

Institutional: describe if, as effect of the activities, there was a further involvement of key institutions at the sub national and national level and the related effects in terms of strategies, policies regarding the project's objectives and expected results;

Stakeholder's involvement: describe the involvement of beneficiaries, institutions and actors important for the development and continuation of the activities beyond the implementation;

Intersectoral collaboration: if relevant, describe the involvement of relevant sectors (health, social, community, others);

Allocation of Resources: describe if, as effect of the project activities, funding and resources were allocated to continue the activities beyond the implementation;

Organizational changes: describe if, as effect of the activities, decisions of changes in the design and delivery of services were taken;

Multiplier effect: describe the changes in terms of replication and extension of good practices, Model and tools.

