

# EHMA 2024

Shaping and managing  
innovative health ecosystems

## Implementing innovations in primary healthcare (PHC): enablers and barriers to effective change management

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#EHMA2024

## PHC strengthening priority since Declaration of Alma-Ata (1978)

- Declaration of Astana (2018) reaffirmed commitments and link to UHC and the 2030 Sustainable Development Agenda
- **PHC increasingly prominent health reform area** in Europe with COVID-19 highlighting its potential and role in strengthening system resilience and sustainability
- Much is known about the characteristics of PHC reforms, but **implementation is challenging and evidence on implementation process is limited**

### Objective

- To address this research gap by **capturing recent implementation experiences of PHC innovations** in 8 countries
- Specifically, to: (1) provide insights into enablers and barriers, (2) build (on) an analytical framework, and (3) identify conditions and actions to foster successful implementation

## Methods

- **Cross-country, qualitative study** with a focus on **system level (national, regional) reforms** in last 10 years in Europe
- **Innovations at macro, meso, and micro levels:** governance, changes to service delivery, workforce, and IT systems
- Purposive sampling to capture relevant experiences from health system experts, who are members of the **Observatory's HSPM network**
- Data collected through a 4-part **standardized questionnaire** informed by **2 frameworks** : (1) health system background, (2) reform description, (3) implementation process, and (4) expert assessment
- **Thematic data analysis** in a multi-step, iterative process

**Several limitations:** Self-reported data, limited sample size, timeframe of (recent) reforms, subjectivity of researchers, generalizability of findings

# Questionnaire anchored in 2 analytical frameworks: (1) WHO Health System Framework (2007) and (2) SELFIE 2020 – implementation mechanisms (2020)

## The WHO Health System Framework

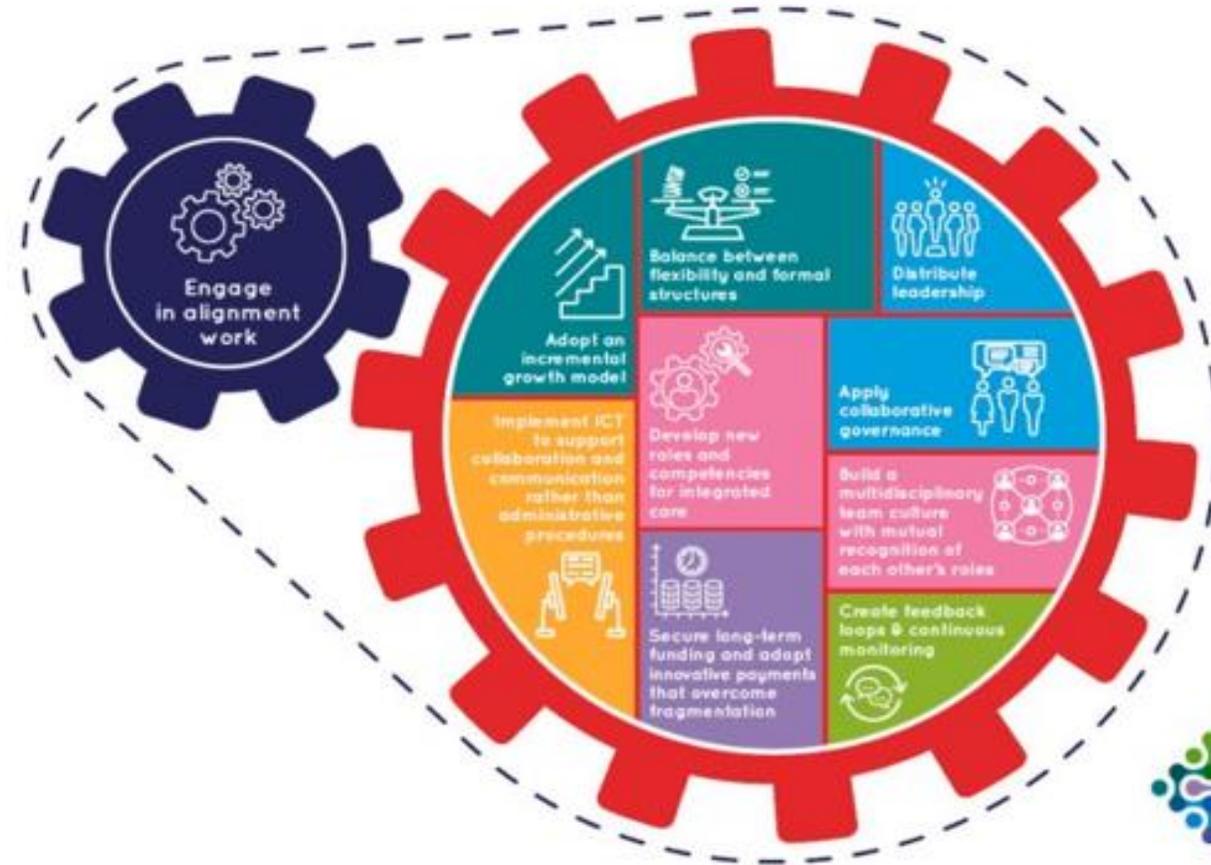
### System Building Blocks

- SERVICE DELIVERY
- HEALTH WORKFORCE
- INFORMATION
- MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES
- FINANCING
- LEADERSHIP / GOVERNANCE



### Overall Goals / Outcomes

- ACCESS COVERAGE
- QUALITY SAFETY
- IMPROVED HEALTH (level and equity)
- RESPONSIVENESS
- SOCIAL & FINANCIAL RISK PROTECTION
- IMPROVED EFFICIENCY



# Thematic data analysis performed with Atlas.ti in a multi-step, iterative process with 3 researchers based on a combination of deductive and inductive approaches

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<input type="checkbox"/> Austria.docx	Manage Groups +	37	47
<input type="checkbox"/> Lithuania.docx	Manage Groups +	36	36
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The innovation had several stages/activities:

- Carried out a Health needs assessment for Diabetes
- Mapped the specialized Diabetic nursing staff, medical staff, and technological equipment in the Urban and Rural Primary Health Care Centres of SHSO <https://shso.org.cy/en/health-centres/>
- Informed and implemented the Stakeholders by organizing a Working team
- Prepared a Budget which included training of staff, purchase of new equipment

Development of innovation:

- Prepared of procedures, activities, and nursing protocols according to International Clinical Guidelines / Protocols (Education Process for Persons with Newly Diagnosed Diabetes: Tailored Education, Insulin Therapy, Diet and Nutrition, Diabetic Foot)

**3.2 Were other social partners and national or local stakeholders (e.g., professional bodies, patient associations) involved in decision-making related to the implementation process? If yes, please explain.**

Contributors to the report "The Team around the General Practitioner" and centerpiece of strategic policy documents were many different stakeholders from the Austrian healthcare system, e.g., patients' advocate institutions and professional associations as well as international experts from the European Observatory on Health Systems and Policies. During the following implementation process major stakeholders were representatives from state and federal governments, the Austrian Medical Chamber, and the Main Association of Austrian Social Security Institutions.

**Leadership and governance of innovation implementation process**

**3.3 What governance structures or processes, if any, were in place for the implementation at the national/regional level? Who was represented in these structures and how were they organized?**

The two major health care reforms in the periods 2013-2017 and 2017-2021 have put in place a target-based health governance system through a contractual agreement between the federal government, state governments and the SHI funds. The primary aim of the reforms was to achieve a larger degree of joint planning, joint governance, and joint financing, with the Federal Target-Based Commission (B-ZK) as the most important actor tasked with implementing the new governance system while leaving the constitutional division of powers and responsibilities unchanged. In this process, the key players jointly defined financial and health targets together with measures for achieving them. The Federal Target-Based Governance Commission acts as the decision-making body and comprises representatives of the Federal Ministry of Social Affairs, Health Care and Consumer Protection, the SHI as well as the federal governments. Working groups organized by the Austrian National Public Health Institute prepared the content for decision making processes. The Austrian National Public Health Institute acts as a policy consultant. Counterparts to the Federal Target-Based Governance Commission on national level exist also on county-level.

Internal -- health needs... < Im... NS 4

Internal -- assessment of... < L... NS 1

Technical stakeholde... < Gove... NS 3

Financing built int... < Domest... NS 6

multi-stakeholder engag... < ST... NS 1

national insurance... < Steward... NS 1

Set governance... < Governanc... NS 1

Regular exchange be... < Com... NS 1

National

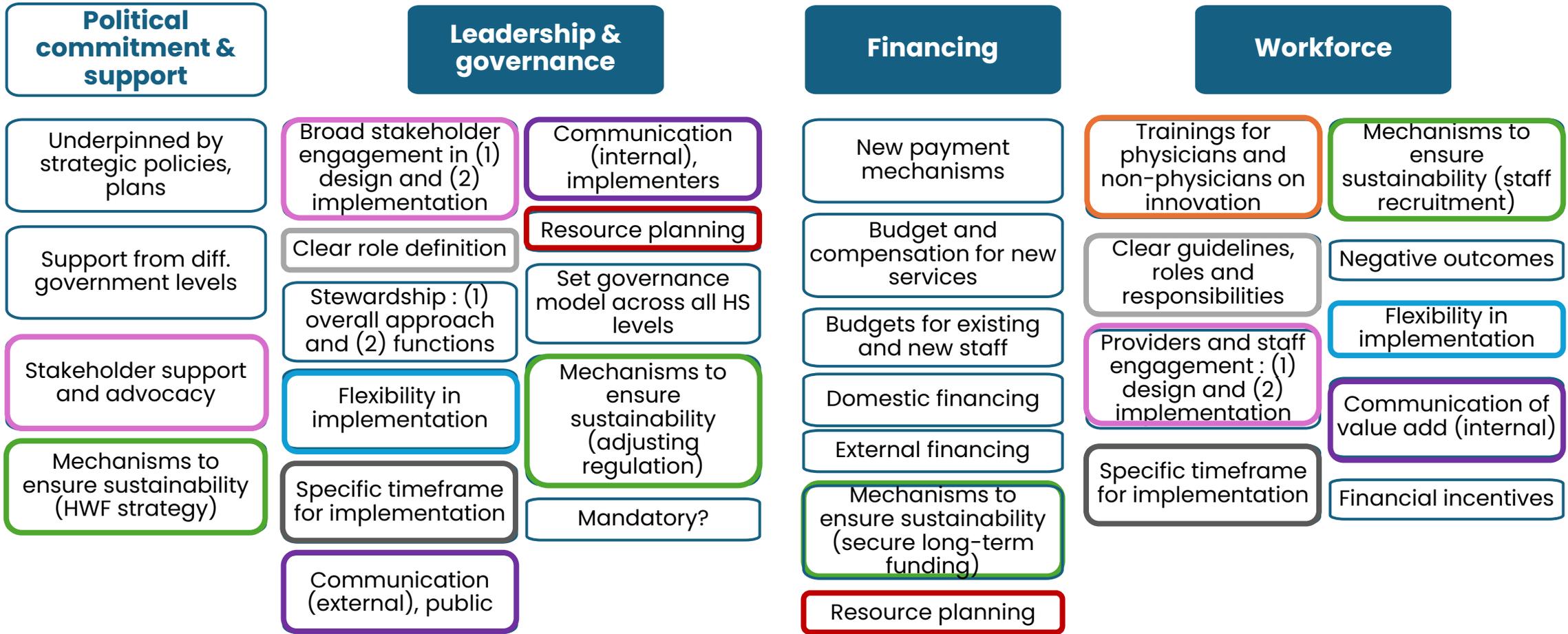
Feedback & Help

# Results – overview of innovations

GP – general practitioner  
FP – family medicine  
specialist

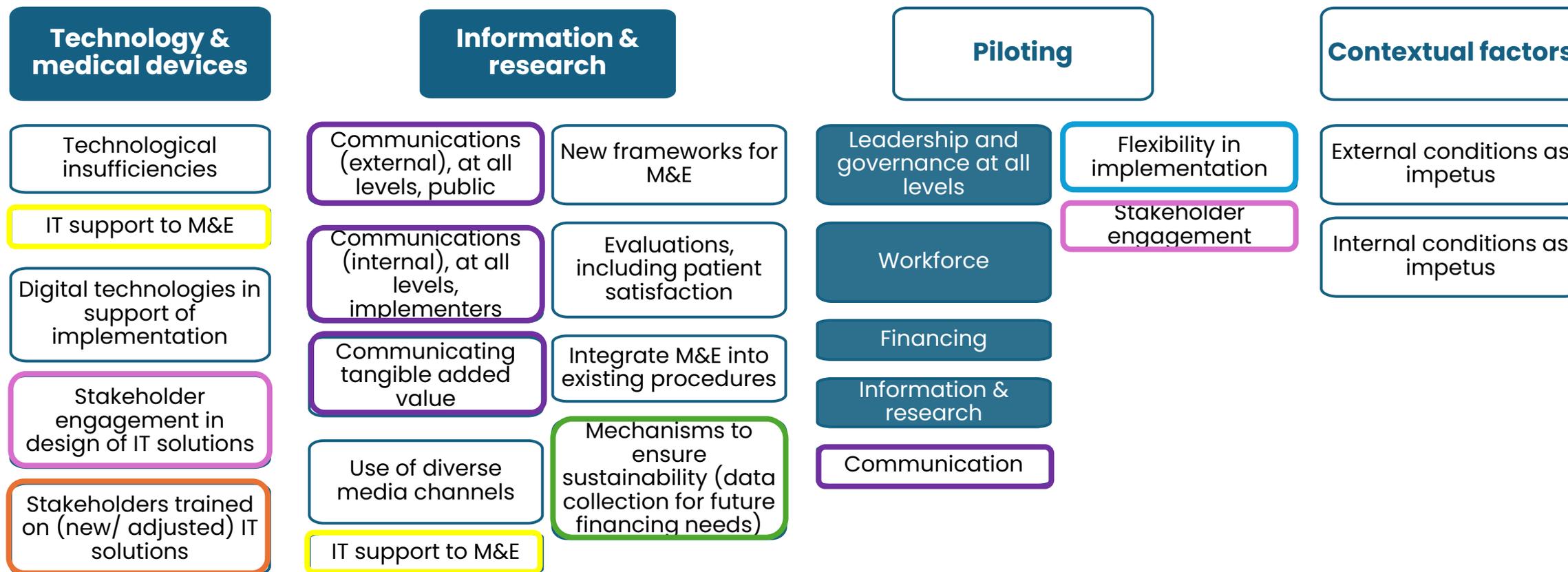
	AU	CY	EE	HU	IT	LI	NL	SI
Description	Multi-professional and interdisciplinary primary health care units <b>Chronic care, care coordination, GP shortages</b>	Offices of Education and Counseling for Diabetes self-management at the state urban and rural primary health care centres <b>Diabetes, care coordination</b>	E-consultation service based on pre-defined referral criteria between family physicians and secondary specialists <b>Quality, reduce referral rates, cooperation, access</b>	GP clusters, strengthening preventive services in primary care and designation of collegial professional leaders <b>Chronic care, coordination, cooperation, shift from specialized care</b>	Iniziativa Medica Lombarda, a GP cooperative tackling chronic illness <b>Chronic care, coordination, access</b>	Enhanced composition of GP/FP team and procedure for the payment of the costs of such services <b>Access, quality, reduce admin burden</b>	OPEN program to enable electronic access to medical data for all Dutch patients <b>Digitalization, patient empowerment, collaborative decision making</b>	Upgrade of health education centers at primary healthcare centers to health promotion centers <b>Chronic care, health promotion, equity</b>
Governance	X			X	X (inc. financing)	(Financing)		
Service delivery	X	X	X	X	X	X		X
Workforce		X				X		X
IT			X					

# Results – code tree



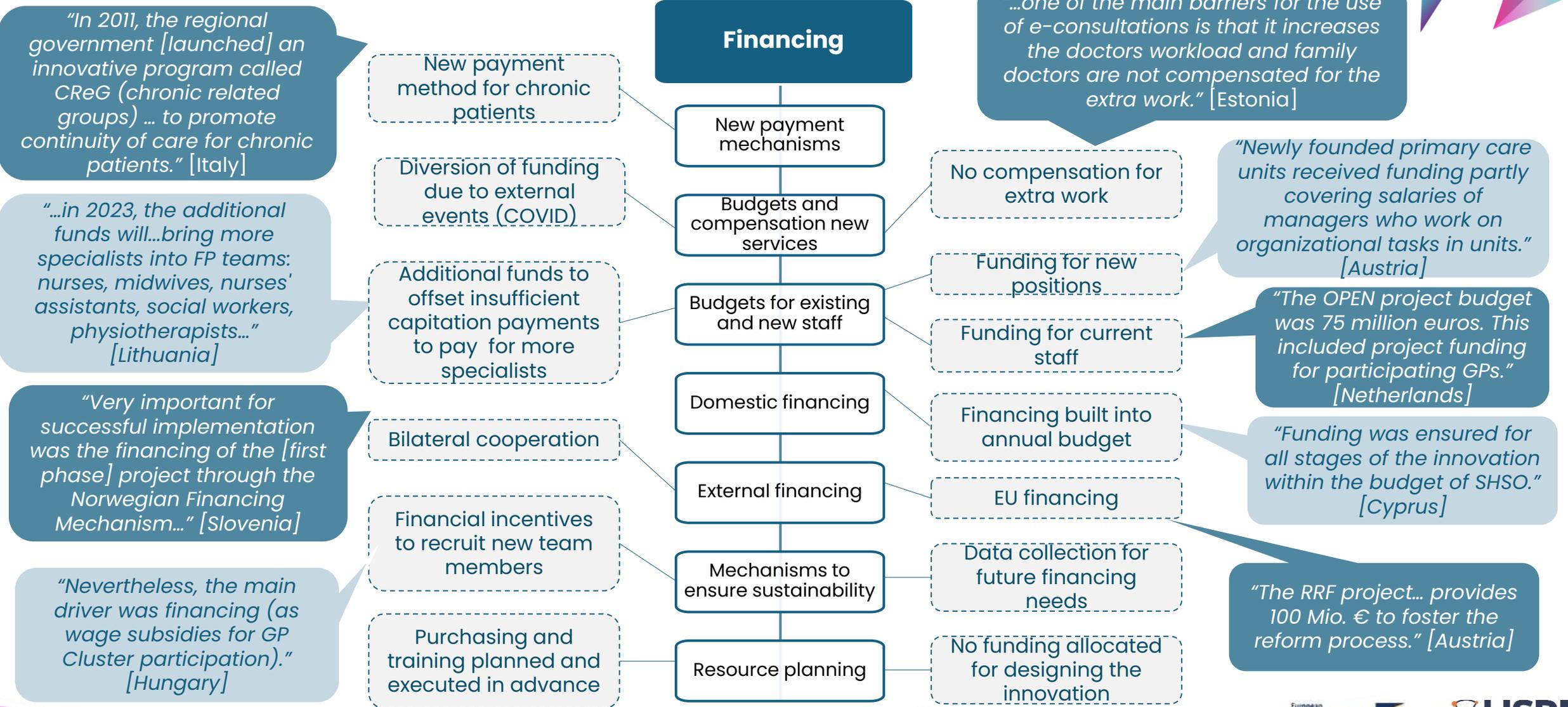
## Aligning the work

# Results – code tree



## Aligning the work

# Results – Coding of the financing building block



# What does the evidence reveal about enablers and barriers to PHC innovation implementation?

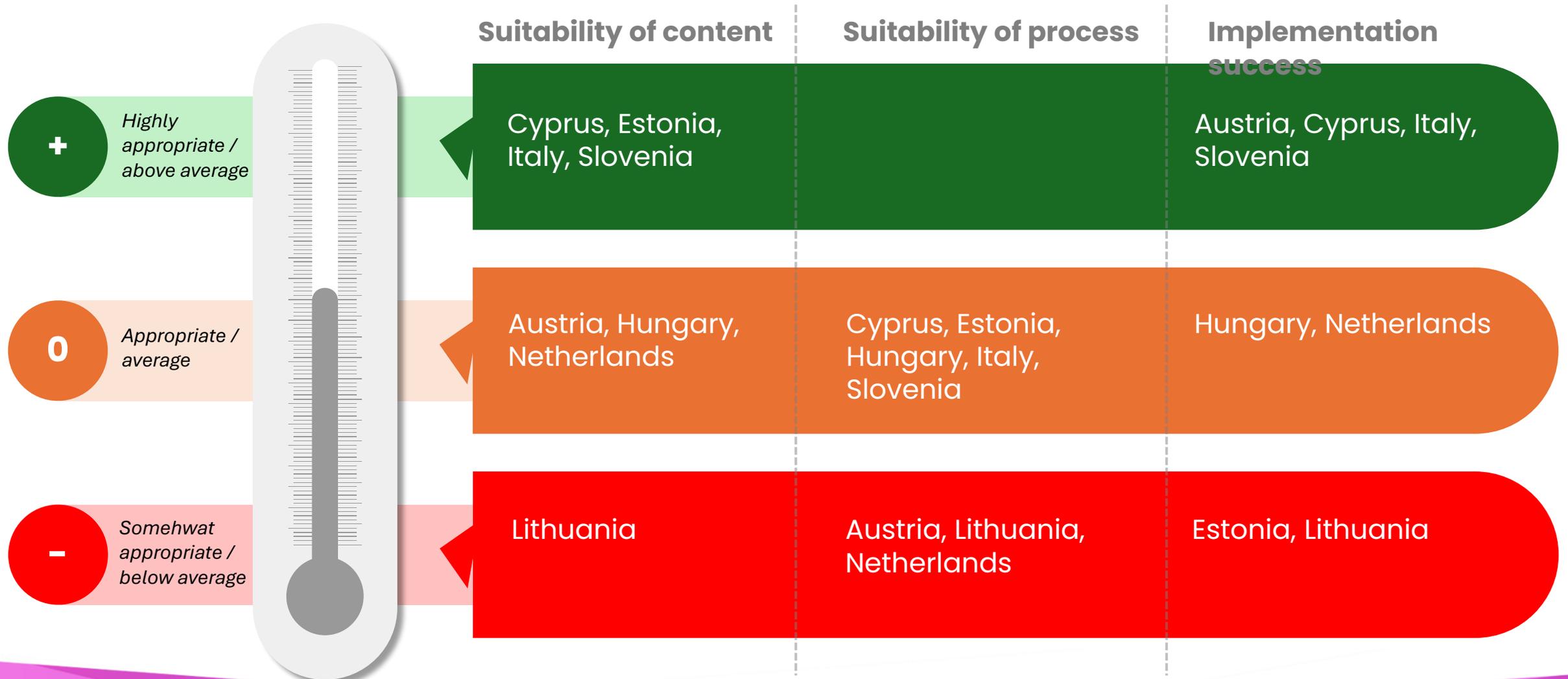


- **conceptualization of design/pilot/scale-up phases**
- distinction of implementation levels
- tailored governance models for each phase
- **dedicated funding at each phase**
- **remuneration for new roles/tasks for current workforce**
- interoperable and expanded HIS
- add. organizational support across levels
- dedicated workforce trainings
- **stakeholder engagement and multidisciplinary participation from first stages**
- communication of added value



- **no compensation for extra work for current workforce**
- increased workload for physicians
- limited pool of new workforce to recruit from
- **lack of mechanisms to ensure sustainability (funding, governance model, workforce)**
- stakeholder resistance
- technological challenges
- **no communication plan (internal or external)**
- impact of external events
- **no M&E and feedback loops, across phases**
- inflexibility of implementation approach for different contexts

# Results – expert assessment of implementation



## Considerations and discussion

### Possible adjustments to SELFIE:

- (1) communications could be an additional own pillar
- (2) political commitment and support could be an additional own pillar
- (3) “engage in alignment work” speaks to all administrative levels (local, regional, national) and phases (design, pilot, scale-up)
- (4) mechanisms for sustainability goes beyond long-term funding

### Emerging components of successful implementation:

- detailed planning of the pre-defined project (at all levels and phases)
- **defined project governance structure (at all levels and phases)**
- **well-defined, structured, and resourced project management**
- communication plan (internal and external)
- **stakeholder management and engagement from beginning**
- continuous monitoring and evaluation and feedback loops
- ensuring that the innovation is resourced in advance and into the future
- **flexible structures to adapt to different contexts**



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## Thank you

We extend our gratitude especially to our co-authors, Pia Vracko, and the participating members of the European Observatory's HSPM network

The Observatory goes to:



**EHMA ANNUAL CONFERENCE** Bucharest, Romania **5-7 JUNE 2024**

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on Health Systems and Policies  
**25** years a partnership hosted by WHO

**Wednesday, 05 June 11:00-12:30**

**INNOVATION AND KNOWLEDGE BROKERING:  
LINKING EVIDENCE AND DECISION MAKING  
MASTERCLASS**

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*European Observatory on Health Systems and Policies*

**Scott GREER** *University of Michigan*

**Eva TURK** *University of Oslo*

**Thursday, 6 June 11:15-12:30**

**WHAT TO FINANCE FIRST? PRIORITISING  
INVESTMENTS AND SPENDING  
PLENARY**

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*European Observatory on Health Systems and Policies*

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**INNOVATING THE HEALTH WORKFORCE  
WORKSHOP**

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*European Observatory on Health Systems and Policies*

**Eszter KOVACS** *Semmelweis University*

**Ronald BATENBURG** *Radboud University/ NIVEL*

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**Marija JEVTIC** *European Climate Pack*

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DELIVERY: THE CHALLENGE OF TRANSFORMATION  
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