EHMA 2024

Shaping and managing innovative health ecosystems

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

Nathan Shuftan and Katherine Polin
European Observatory on Health Systems and Policies

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Politehnica University of Bucharest, Bucharest, Romania

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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

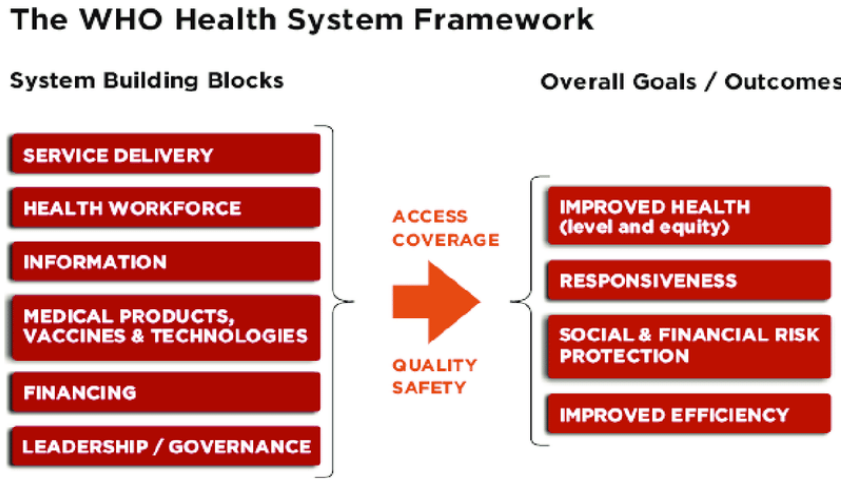
- To address this research gap by **capturing recent implementation experiences of PHC innovations** in 8 countries
- Specifically, to: (1) provide insights into enablers and barriers, (2) build (on) an analytical framework, and (3) identify conditions and actions to foster successful implementation

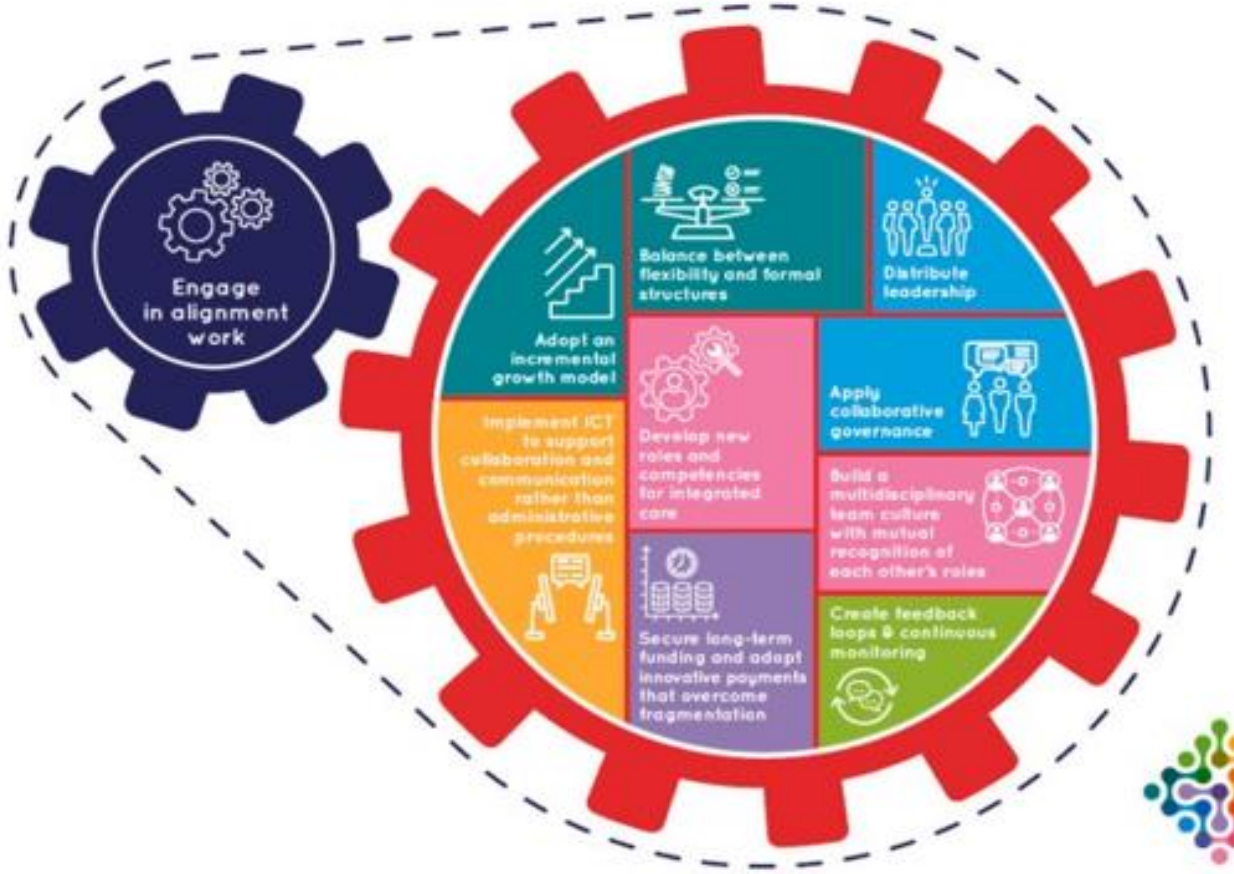
Methods

- **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

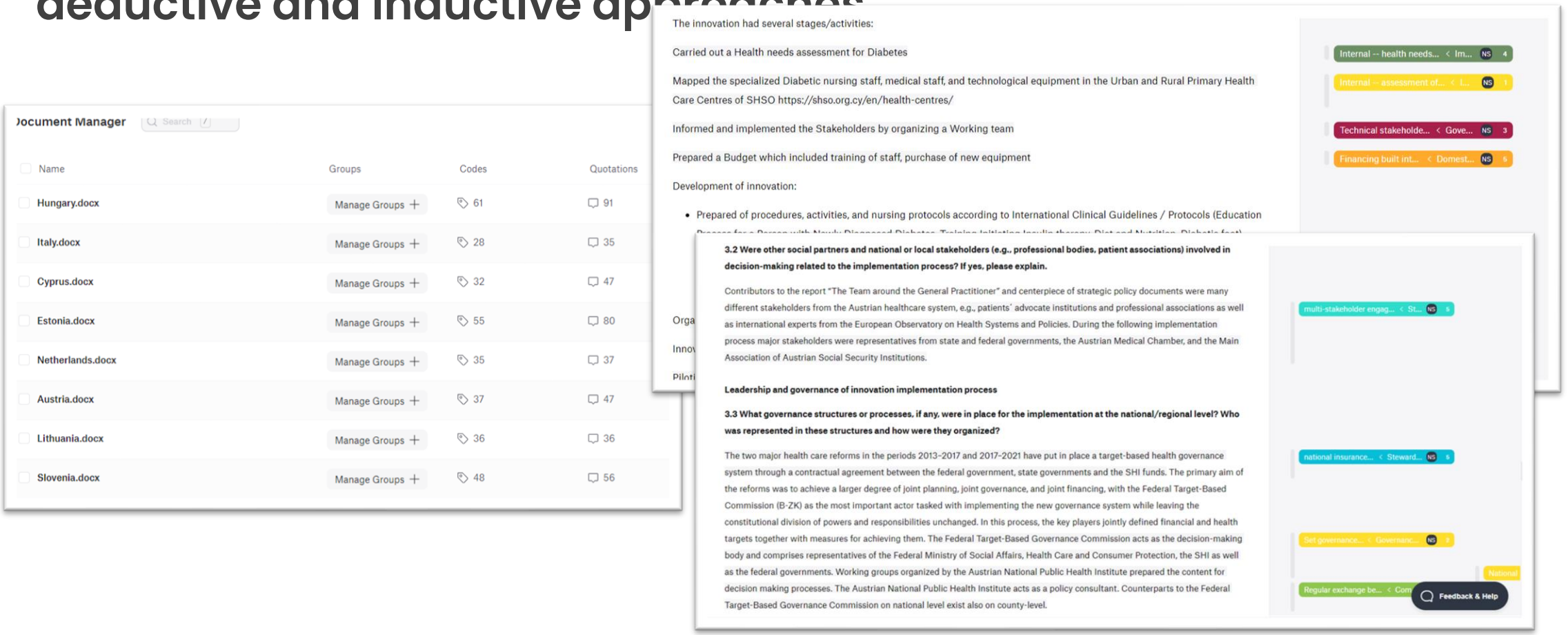
Several limitations: Self-reported data, limited sample size, timeframe of (recent) reforms, subjectivity of researchers, generalizability of findings

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





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



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 ***Chronic care, care coordination,*** *GP shortages*	Offices of Education and Counseling for Diabetes self-management at the state urban and rural primary health care centres ***Diabetes, care coordination***	E-consultation service based on pre-defined referral criteria between family physicians and secondary specialists ***Quality,*** *reduce referral rates, cooperation,* ***access***	GP clusters, strengthening preventive services in primary care and designation of collegial professional leaders ***Chronic care, coordination,*** *cooperation, shift from specialized care*	Iniziativa Medica Lombarda, a GP coooperative tackling chronic illness ***Chronic care, coordination, access***	Enhanced composition of GP/FP team and procedure for the payment of the costs of such services ***Access, quality,*** *reduce admin burden*	OPEN program to enable electronic access to medical data for all Dutch patients *Digitalization, patient empowerment, collaborative decision making*	Upgrade of health education centers at primary healthcare centers to health promotion centers ***Chronic care,*** *health promotion, equity*
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

Political commitment & support

- Underpinned by strategic policies, plans
- Support from diff. government levels
- Stakeholder support and advocacy
- Mechanisms to ensure sustainability (HWF strategy)

Leadership & governance

- Broad stakeholder engagement in (1) design and (2) implementation
- Clear role definition
- Stewardship : (1) overall approach and (2) functions
- Flexibility in implementation
- Specific timeframe for implementation
- Communication (external), public
- Communication (internal), implementers
- Resource planning
- Set governance model across all HS levels
- Mechanisms to ensure sustainability (adjusting regulation)
- Mandatory?

Financing

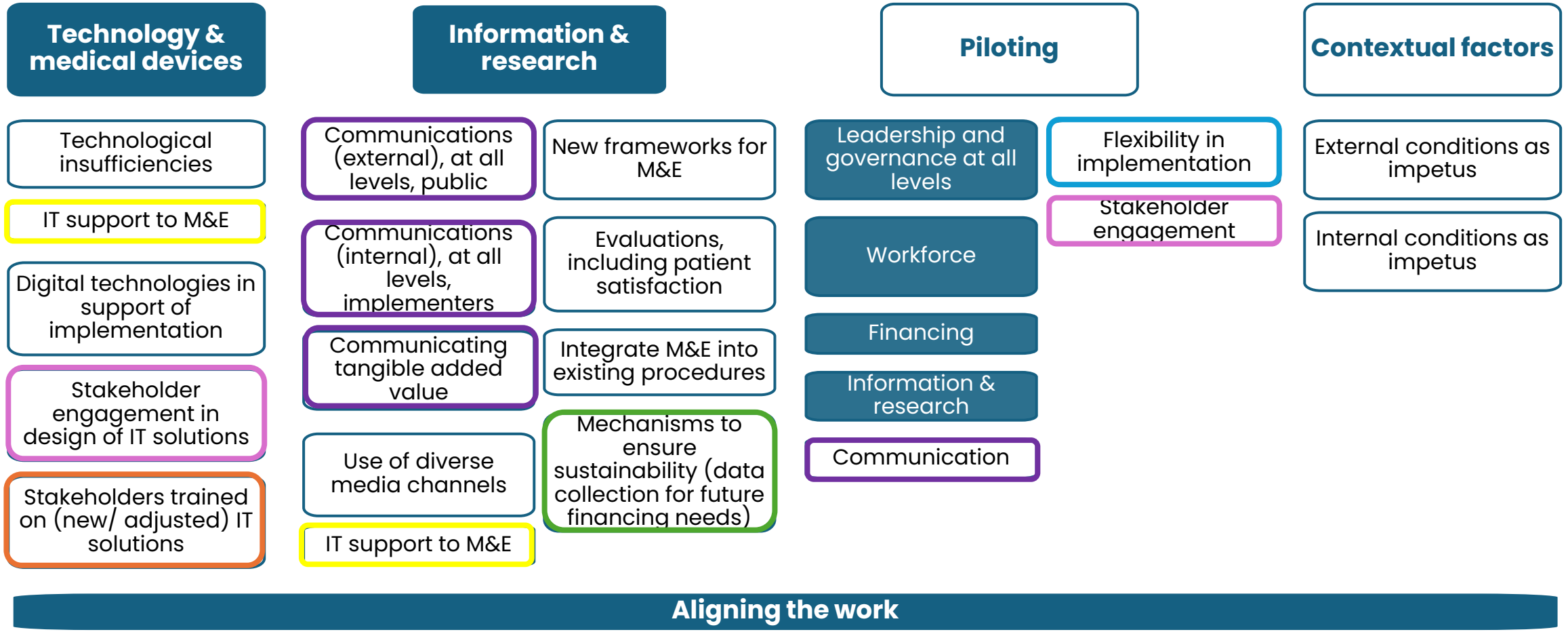
- New payment mechanisms
- Budget and compensation for new services
- Budgets for existing and new staff
- Domestic financing
- External financing
- Mechanisms to ensure sustainability (secure long-term funding)
- Resource planning

Workforce

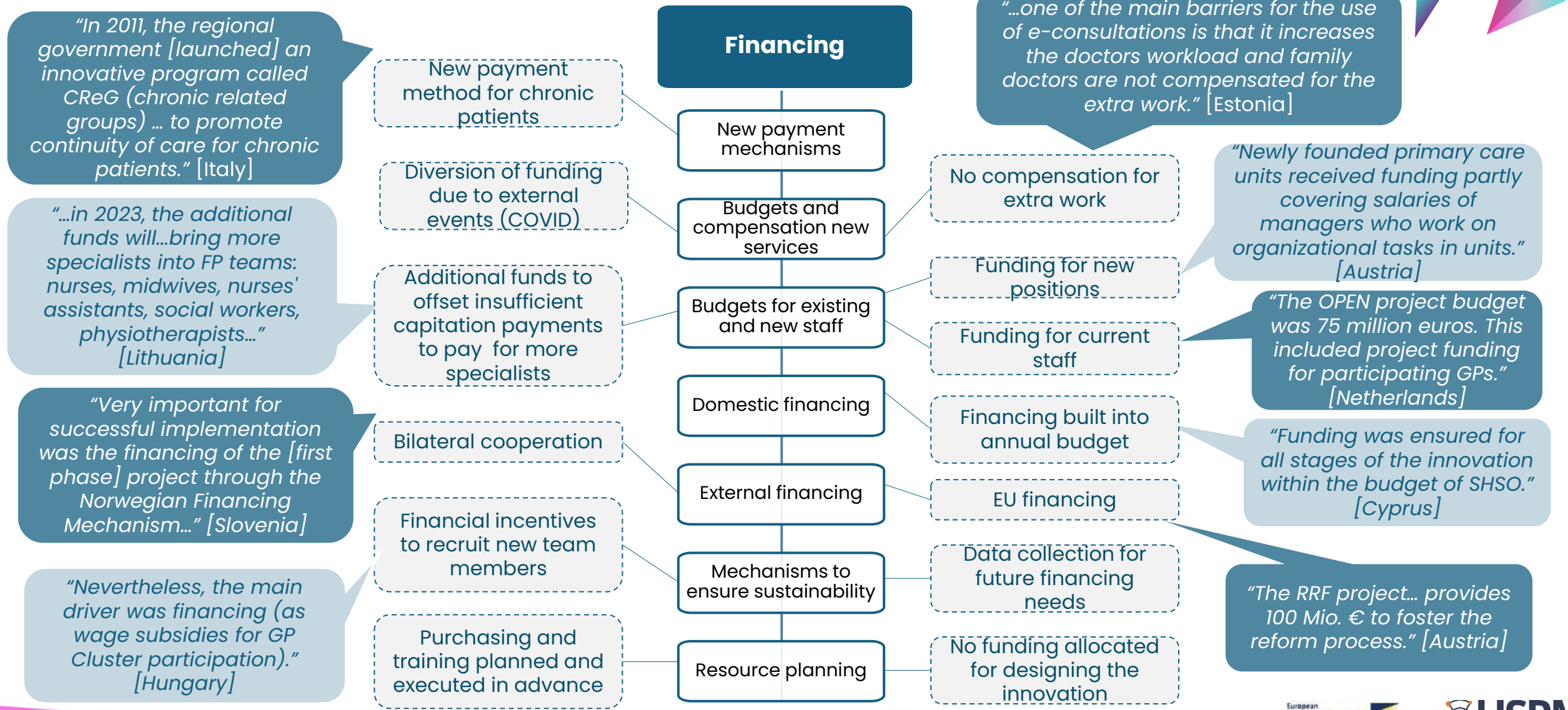
- Trainings for physicians and non-physicians on innovation
- Clear guidelines, roles and responsibilities
- Providers and staff engagement : (1) design and (2) implementation
- Specific timeframe for implementation
- Mechanisms to ensure sustainability (staff recruitment)
- Negative outcomes
- Flexibility in implementation
- Communication of value add (internal)
- Financial incentives

Aligning the work

Results – code tree



Results – Coding of the financing building block



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

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- **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

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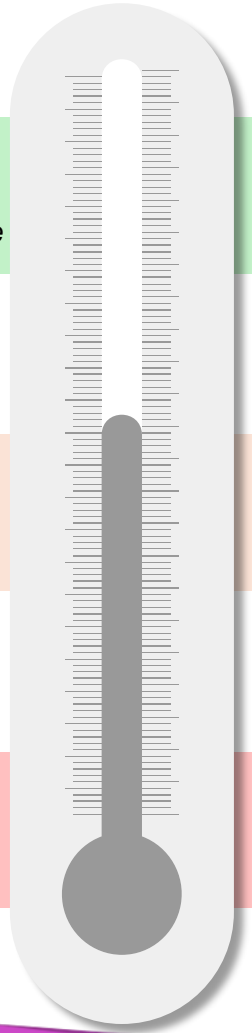
- **no compensation for extra work for current workforce**
- increased workload for physicians
- limited pool of new workforce to recruit from
- **lack of mechanisms to ensure sustainability (funding, governance model, workforce)**
- stakeholder resistance
- technological challenges
- **no communication 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



	Suitability of content	Suitability of process	Implementation success
+ *Highly appropriate / above average*	Cyprus, Estonia, Italy, Slovenia		Austria, Cyprus, Italy, Slovenia
0 *Appropriate / average*	Austria, Hungary, Netherlands	Cyprus, Estonia, Hungary, Italy, Slovenia	Hungary, Netherlands
– *Somehwat appropriate / below average*	Lithuania	Austria, Lithuania, Netherlands	Estonia, Lithuania

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

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Wednesday, 05 June 11:00-12:30
INNOVATION AND KNOWLEDGE BROKERING: LINKING EVIDENCE AND DECISION MAKING
MASTERCLASS
Josep FIGUERAS & Matthias WISMAR
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
Josep FIGUERAS
European Observatory on Health Systems and Policies

Thursday, 6 June 15:45-17:00
INNOVATING THE HEALTH WORKFORCE
WORKSHOP
Matthias WISMAR & Gemma WILLIAMS
European Observatory on Health Systems and Policies
Eszter KOVACS *Semmelweis University*
Ronald BATENBURG *Radboud University/ NIVEL*

Friday, 7 June 9:30-10:45
GREENING HEALTHCARE
WORKSHOP
Matthias WISMAR & Gemma WILLIAMS
European Observatory on Health Systems and Policies
Scott GREER *University of Michigan*
Marija JEVTIC *European Climate Pack*

Friday, 7 June 13:30-14:45
INNOVATING SERVICE DELIVERY: THE CHALLENGE OF TRANSFORMATION
PLENARY
Josep FIGUERAS, Matthias WISMAR & Gemma WILLIAMS
European Observatory on Health Systems and Policies
Catherine KELLER *EHESP*
Jaume RIBERA *IESE, University of Navarra*
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