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

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European Observatory on Health Systems and Policies

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Politehnica University of Bucharest, Bucharest, Romania
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

<table>
<thead>
<tr>
<th>AU</th>
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<th>HU</th>
<th>IT</th>
<th>LI</th>
<th>NL</th>
<th>SI</th>
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</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Multi-professional and interdisciplinary primary health care units</td>
<td>Offices of Education and Counseling for Diabetes self-management at the state urban and rural primary health care centres</td>
<td>E-consultation service based on pre-defined referral criteria between family physicians and secondary specialists</td>
<td>GP clusters, strengthening preventive services in primary care and designation of collegial professional leaders</td>
<td>Iniziativa Medica Lombarda, a GP cooperative tackling chronic illness</td>
<td>Enhanced composition of GP/FP team and procedure for the payment of the costs of such services</td>
<td>OPEN program to enable electronic access to medical data for all Dutch patients</td>
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<tr>
<td><strong>Diabetes, care coordination</strong></td>
<td>Chronic care, care coordination, GP shortages</td>
<td>Diabetes, care coordination</td>
<td>Quality, reduce referral rates, cooperation, access</td>
<td>Chronic care, coordination, access</td>
<td>Chronic care, coordination, access</td>
<td>Chronic care, coordination, access</td>
<td>Chronic care, health promotion, equity</td>
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<tr>
<td><strong>Governance</strong></td>
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<td><strong>Service delivery</strong></td>
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<tr>
<td><strong>Workforce</strong></td>
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<td><strong>IT</strong></td>
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</table>

GP – general practitioner
FP – family medicine specialist
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**
- (internal), implementers
- Set governance model across all HS levels
- Mechanisms to ensure sustainability (adjusting regulation)

**Leadership & governance**
- Resource planning
- Mandatory?
- Communication (external), public

**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)
- Specific timeframe for implementation

**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)
- Budget and compensation for new services
- Budgets for existing and new staff
- Domestic financing
- External financing
- Mechanisms to ensure sustainability (secure long-term funding)

**Stakeholder support and advocacy**
- Flexibility in implementation
- Communication of value add (internal)

**Mechanisms to ensure sustainability** (staff recruitment)
- Communication of value add (internal)
- Financial incentives

**Resource planning**
- Communication (external), public

**Aligning the work**
- Aligning the work
- 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** (secure long-term funding)
- Budget and compensation for new services
- Budgets for existing and new staff
- Domestic financing
- External financing

**Mechanisms to ensure sustainability** (staff recruitment)
- Budget and compensation for new services
- Budgets for existing and new staff
- Domestic financing
- External financing
- Mechanisms to ensure sustainability (secure long-term funding)

**Stakeholder support and advocacy**
- Flexibility in implementation
- Communication of value add (internal)

**Mechanisms to ensure sustainability** (staff recruitment)
- Communication of value add (internal)
- Financial incentives
Results – code tree

Technology & medical devices
- Technological insufficiencies
- IT support to M&E
- Digital technologies in support of implementation
- Stakeholder engagement in design of IT solutions
- Stakeholders trained on (new/adjusted) IT solutions

Information & research
- Communications (external), at all levels, public
- Communications (internal), at all levels, implementers
- Communicating tangible added value
- Use of diverse media channels
- IT support to M&E
- New frameworks for M&E
- Evaluations, including patient satisfaction
- Integrate M&E into existing procedures
- Mechanisms to ensure sustainability (data collection for future financing needs)

Piloting
- Leadership and governance at all levels
- Flexibility in implementation
- Stakeholder engagement
- Workforce
- Financing
- Information & research
- Communication

Contextual factors
- External conditions as impetus
- Internal conditions as impetus

Aligning the work
“In 2011, the regional government [launched] an innovative program called CReG (chronic related groups) ... to promote continuity of care for chronic patients.” [Italy]

“...in 2023, the additional funds will...bring more specialists into FP teams: nurses, midwives, nurses’ assistants, social workers, physiotherapists...” [Lithuania]

“Very important for successful implementation was the financing of the [first phase] project through the Norwegian Financing Mechanism...” [Slovenia]

“Nevertheless, the main driver was financing (as wage subsidies for GP Cluster participation).” [Hungary]

“...one of the main barriers for the use of e-consultations is that it increases the doctors workload and family doctors are not compensated for the extra work.” [Estonia]

“Newly founded primary care units received funding partly covering salaries of managers who work on organizational tasks in units.” [Austria]

“The OPEN project budget was 75 million euros. This included project funding for participating GPs.” [Netherlands]

“The RRF project... provides 100 Mio. € to foster the reform process.” [Austria]
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

<table>
<thead>
<tr>
<th>Suitability of content</th>
<th>Suitability of process</th>
<th>Implementation success</th>
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<tbody>
<tr>
<td>+</td>
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<tr>
<td>Highly appropriate / above average</td>
<td>Cyprus, Estonia, Italy, Slovenia</td>
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<td>Appropriate / average</td>
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<tr>
<td>Somewhat appropriate / below average</td>
<td>Lithuania</td>
<td>Austria, Lithuania, Netherlands</td>
</tr>
</tbody>
</table>

**Suitability of Content**
- Highly appropriate / above average: Cyprus, Estonia, Italy, Slovenia
- Appropriate / average: Austria, Hungary, Netherlands
- Somewhat appropriate / below average: Lithuania

**Suitability of Process**
- Highly appropriate / above average: Cyprus, Estonia, Italy, Slovenia
- Appropriate / average: Cyprus, Estonia, Hungary, Italy, Slovenia
- Somewhat appropriate / below average: Austria, Lithuania, Netherlands

**Implementation Success**
- Highly appropriate / above average: Austria, Cyprus, Italy, Slovenia
- Appropriate / average: Hungary, Netherlands
- Somewhat appropriate / below average: 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
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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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

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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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