



## Improving INtegrated people-centred healthCAre Solutions

### Joint Statement



## INCASO Thematic Network 2019

### Recommendations for Policy Action

October 2019

#### **ProMIS - Programma Mattone Internazionale Salute**

Regione del Veneto - Area Sanità e Sociale / UO Commissione Salute e Relazioni socio sanitarie

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## Preamble

Approximately half the world's population lacks access to essential health care (ILO Report). Longer lifespans and the growing burden of long-term chronic conditions requiring complex interventions over many years are also changing the demands on health systems.

Integrated people-centered health services mean putting the comprehensive needs of people and communities, not the diseases, at the centre of health systems and empowering people to have a more active role in their own health.



In the report "WHO global strategy on people-centered and integrated health services" the WHO identifies five interconnected strategic directions (empowering & engaging people; strengthening governance & accountability; reorienting the model of care; coordinating services; creating enabling environment), whose assumption is that the implementation of people-centered and integrated health services can generate significant benefits in all countries, whether low, middle or high-income.

The epidemiological transformations have been changing health needs with a prevalence of chronic diseases, which require a comprehensive approach embedding prevention, health promotion and an integration of services that is horizontal (between social and health services) and vertical (between levels of care). This urges the implementation of a change in the management of the services, including their reorganization as well as the set-up of innovative approaches undertaken within the local communities/population by professionals with specialized, multidisciplinary skills and competences.

In this context, the B3 Action Group of EIP-AHA on “Replicating and tutoring integrated care for chronic diseases” is pioneering the identification and scale-up of citizen centered, validated good practices for integrated care services. Complementary to the B3, the A3 Action Group on “Lifespan Health Promotion & Prevention of age-related frailty and disease” is scaling up the good practices aimed at preventing frailty in older adults, as well as chronic diseases with life-course, innovative approaches that include patient empowerment and multi-stakeholders’ collaborations focused in the community settings.

The Italian ProMIS – Mattone Internazionale Salute Programme, established a specific group on integrated care services to give an answer to the above-mentioned challenges. Moreover, this subgroup agreed to act in line with the “National Chronicity Plan (NCP – 2016)” which underlines the importance of: a) the integration between primary and specialised levels of care, hospitals and territorial services; b) the activation of multidisciplinary networks and horizontally integrated social-health models, coordinated with coherent disease prevention and health promotion strategies of the “National Plan for Prevention” (PNP).

## Vision of INCASO

INCASO aims at strengthening people-centred health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care (WHO Regional office for Europe in integrated care models: an overview, 2016)

## Objective of the Joint Statement

All European Regions need urgently to provide their territories with appropriate, quality and sustainable services, in order to highlight the central role of the person/patient, promoting a healthcare management change by implementing models and good practices throughout Europe.

In particular INCASO encourages to:

- Reorganising the primary care with a specific focus to intersectoral approach, participation, proximity and equity of care
- Strengthening and innovating the chronicity management, also by integrating the actions of early detection, prevention and frailty.

## Recommendations for Policy Action

### 1. Promote the exchange of good practices and tools that can impact at national/European level, focusing on the shift towards the scale-up of innovative, integrated services

**Our commitments:** mapping of European projects related to the topic, dissemination of results through ProMIS communication channels (web channels, newsletter, thematic events etc.), foster collaborative approaches to the scale up of innovative practices.

**(1)** Set up a database to collect European Projects funded in the framework of Interreg, European Social Fund Plus and Horizon 2020 Programmes **(2)** to better identify existing/under construction tools/deliverables (particularly ICT) and **(3)** effectively promote them to all European Regions.

We call on the European Commission to:

- Strengthen the dialogue among DG SANTE, DG REGIO, DG RTD, DG EMPL and DG CONNECT in the pursuit of “health in all policies”
- Combine funds from multiple sources (direct and indirect)

We call on Member States to:

- Participate to European projects as advisor in order to ensure an effective impact at national level as well as to increase the effectiveness on direct and indirect beneficiaries
- Support local and regional authorities in sharing ICT tools to improve integration, quality and sustainability of the services at organizational/management and citizen level
- Foster the empowerment of health professionals on soft and digital skills through national training plans

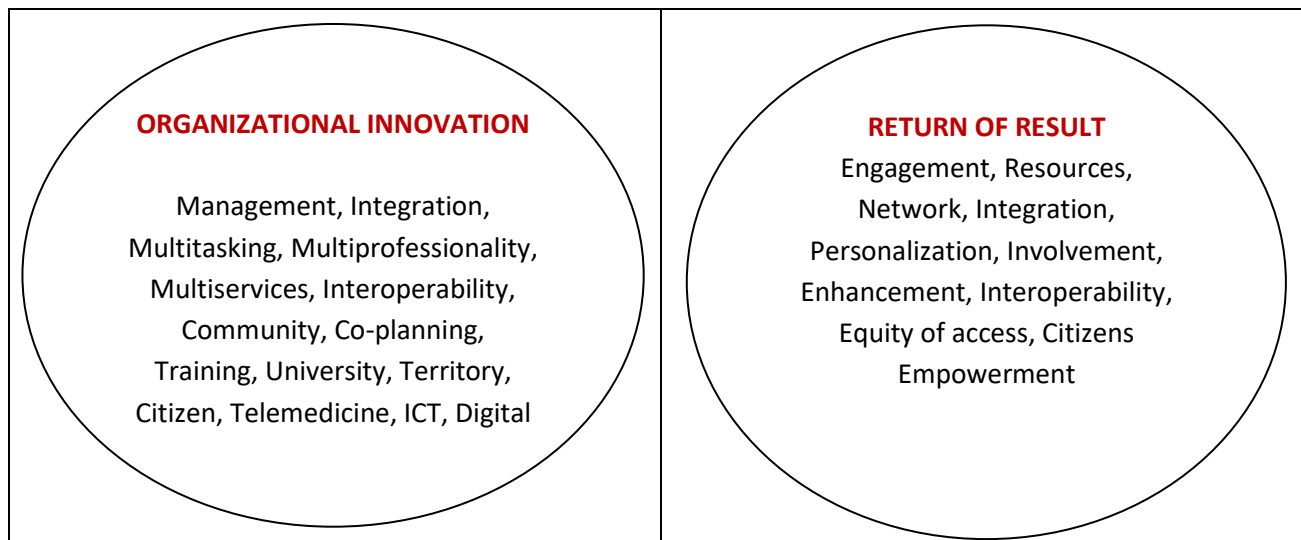
### 2. Define keywords to process shared tools to work within organizational innovation

**Our commitments:** collection and analysis of regional priorities, expected results and investments, but also sharing of the information and tools collected with the actors involved and, broadly, all European Regions



Establish **(1)** a common ontology **(2)** to better identify regional and local common needs **(3)** and effectively implement new solutions within organizational innovation.

**(1)**



**(2)**

Following the identification of the key words, it is essential to identify specific common interests and European Programmes/calls for setting up synergies among Regions aimed at defining competitive project strategies.

In concrete terms, possible cooperative actions to put in place for integrated care could be identified among the following ones:

- Definition and scale-up of effective and efficient organisational models (underpinned by technologies)
- Set up of Innovative and integrated care pathways / systems
- Standardisation of technologies and ICT infrastructures
- Definition of training models aimed at closing the gaps in health and digital literacy
- Replication of evaluation models and innovation support
- Set up of innovative territorial services (family friendly, community friendly, age friendly etc.)
- Identification of new sustainable Business Models

Actions needed to put in place are: a) horizontal and vertical integration of services into a network system; b) identification of case managers (tutors/nurses) for each patient; c) personalised care and self-management pathways; d) soft and digital skills training for human resources (health and

administrative staff) and for patients, family members, volunteers; e) community regional hospitals/medical centres; f) unique access points & territorial operative centres; g) digitalisation of healthcare process, particularly the taking-care of patients (abandoning the use of paper); h) integration of data flows, and use of artificial intelligence systems for the elaboration of datasets useful for different needs (organizational, clinical, etc.); Strengthening the humanization of care through family-friendly services including informal places for patients, families, volunteers.

### (3)

Launch a new online platform to define new solutions within organisational innovation, in particular by: i) promoting twinnings for scaling up best practices among European Regions (e.g. adoption of innovative and ICT/digital solutions); ii) supporting the participation to other European groups like EIPonAHA A3 (Lifespan Health Promotion & Prevention of Age Related Frailty and Disease) and B3 (Replicating and tutoring integrated care for chronic diseases) Action Groups; iii) pushing the definition/set-up of European initiatives/projects focused on integrated care (e.g. Advantage Joint Action on frailty, Vigour project which puts integrated care into practice); iv) engaging all interested actors and stakeholders (both public and private) in order to be member of the INCASO Thematic Network.

We call on the European Commission to:

- Share the defined ontology
- Improve/support exchange activities among Regions
- Create guidelines on “lesson learnt”

We call on Member States to:

- Starting from the direct involvement of EU Regions, bring the best national practices to the European Commission and European policy makers’ attention

**3. Establish INCASO as a permanent network for a constructive dialogue with the European Commission, by collaborating with existing European networks/partnerships (e.g. EIPonAHA, RSCN) for the sharing of strategies, policies and interventions on the implementation of integrated care services by the Italian Regions and other Member States.**

**Our commitments:** annual activities; plan paper elaboration; annual survey processing and data analysis

We ask to strengthen and make more effective the collaborative networks for actions undertaken within the framework of active and healthy ageing, such as those focusing on integrated services, at European level.

We call on the European Commission to:

- Consider the INCASO network as permanent stakeholder (feedback on European consultation; dialogue on specific issues; source of content and data, etc.)

We call on Member States to:

- Promote INCASO network to regional stakeholders.

## ANNEX I

### About ProMIS

ProMIS, an institutionalised Italian network of the Ministry of Health, Italian Regions and Autonomous Provinces, whose aim is to promote cooperation on health issues, was born to promote Italy's participation in European funding and projects and to build a constant and qualified presence of Italy in the European and international health framework.

ProMIS model links Regions and Autonomous Provinces in connection with other national Ministries (research, social, tourism, territorial cooperation), National Health Agencies and Institutes in the pursuit of “Health in all Policies”.

ProMIS supports all Italian Regions in the management of European projects and deals with communication and dissemination activities regarding health.

ProMIS main tasks can be summarised as follow: a) offering opportunities for information, dissemination and training; b) fostering the capacity building of public administrations at any level of governance of the national social-healthcare system; c) responding the needs jointly expressed by the regions and local social-healthcare authorities; d) stimulating the participation of Italian clusters to national and European consortia and transnational initiatives; e) supporting the regions and other public administrations in transferring knowledge and competences across the network and beyond at EU level.



## ANNEX II

### List of Promoters



### List of Endorsers



REGIONE PUGLIA



Regione Siciliana



REGIONE DEL VENETO

