





Towards an integrated research design for studying integrated care

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FOCUS

The sustainability of the Flemish health care system, particularly in view of the growing needs for chronic and long-term care.

WEBSITE

www.cortexs.be

DURATION

01/11/2013 - 30/10/2017



agency for Innovation by Science and Technology





Background

- Flemish health care system
- Sustainability under pressure
 - Demographic evolution
 - Financial pressure
- Integrated care
 - Demand-driven, patient-centred
 - Cost-efficient
- Social innovation challenge
 - Social needs
 - Non-technological innovation
 - Co-creation, user involvement



Outline

- A systemic view on integrated care
- Requirements for the research design
- Research design
- Concluding remarks



A systemic view on integrated care



A systemic approach

- Not: particular integrated care strategies in isolation
- Investigate how several of such strategies can be aligned in order to help accomplish a sustainable care system for chronic and long-term care.
- Micro, meso and macro level



Research questions

- 1. Which models of integrated care for chronic and long term care needs can be found in the literature, and how can they be used for the further development of integrated care in the Flemish context?
- 2. What are the organisational components of integrated care models, and which options do they offer for supporting patient interests and quality of work for the health professionals?
- 3. What are the inter-organisational components of integrated care models, and how can networked coordination be realised?



Research questions

- 4. What is the role of participation and user involvement in integrated care models, at the client level, and at the level of networked organisations?
- 5. What are the legal conditions for implementing integrated care models in the Flemish Community?
- 6. What are the financial conditions for implementing integrated care models in the Flemish Community?
- 7. What is the performance of integrated care models in terms of quality and safety, and in terms of efficiency?



Requirements for the research design

Multi-level
Multi-disciplinary
Multi-method
Multi-stakeholder



Multi-level

Research questions	Main topics	Level(s) of analysis
1	Development and validation of an integrated care taxonomy	all
2	Organising processes around care demands; meso / cross redesigning jobs for integrated care; and technologies in support of demand-driven processes	
3	Governance in networked settings	meso
4	Participation and user involvement	micro / meso
5	Legal framework for health professions in support of demand-driven processes	macro
6	Financial mechanisms in support of demand-driven processes	macro
7	Impact of integrated care interventions on quality and safety of care for clients; cost-effectiveness of integrated care interventions	micro

Multi-disciplinary

EXPERTISE ON ORGANISATION SCIENCES AND SOCIAL INNOVATION

KU Leuven - Centre for Sociological Research (project coordinator)

TNO - Innovation Area Work & Employment (NL)

Antwerp Management School

EXPERTISE ON (INTEGRATED) CARE

KU Leuven - Centre for Biomedical Ethics and Law

KU Leuven - LUCAS - Centre for Care Research and Consultancy

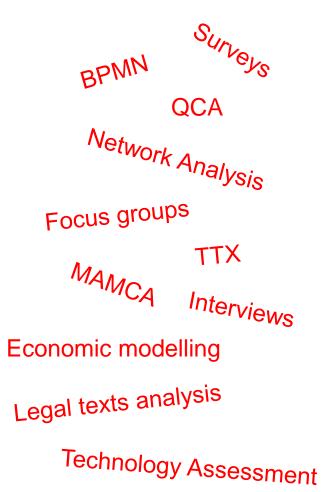
UHasselt - Research Group Patient Safety and Health Economics

UGent - Health Economics Unit



Multi-method

- Each research question has specific level of analysis, specific disciplinary focus...
 - specific method(s) → choose the right tool for the job at hand.
- Not only describing and analyzing current situation, also scenario development, policy advice, possible interventions, ...
 - different research phases have a particular aim, thus different methods to be incorporated





Multi-stakeholder

VALORISATION PARTNERS

30 valorisation partners, subdivided in 7 groups, each represented by a key valorisation partner.

- Care: Wit-Gele Kruis
- Cure: UZ Leuven
- Networks (patients, professionals): Flemish Patients' Platform
- Policy: Flemish Department of Welfare, Public Health and Family
- Labour Market: Randstad Medical
- Knowledge and education: Flanders Synergy
- Regional actors: POM Limburg

Additional key partners:

- Flanders' Care
- National Institute for Health and Disability Insurance (RIZIV)



AND MANY MORE

- AZ Nikolaas
- Provincialaat der Broeders van Liefde
- CM Landsbond
- Katholieke Hogeschool Limburg departement Gezondheidszorg
- UZ Brussel
- VERSO Vereniging voor Social Profit Ondernemingen
- Woonzorgnetwerk Vincenthove
- Zorgambassadeur Lon Holtzer
- Zorgnet Vlaanderen
- Vlaamse Verpleegunie
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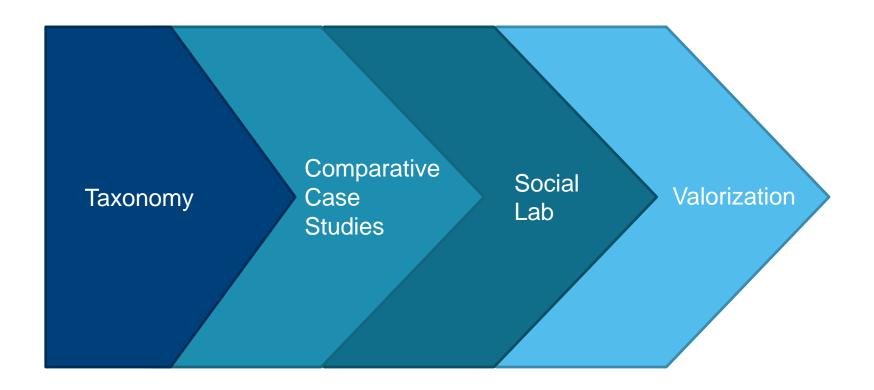




Research design

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Four phases





Taxonomy

- A way of grouping and summarizing is necessary to understand and utilize the different integrated care practices
- The development of a taxonomy of integrated care models helps to identify the core elements for the further development of integrated care in the Flemish context
 - A top-down approach based on an operationalization of conceptual models
 - a bottom-up approach, in which local initiatives are the basis to operationalize integrated care in the local setting.



Comparative case studies

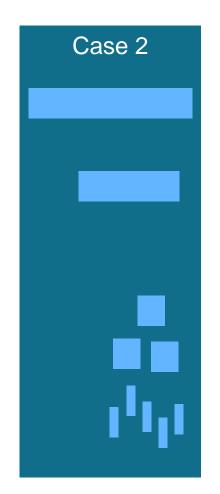
RQ	Main topics	Unit(s) of analysis
1	Development and validation of an integrated care taxonomy	Integrated care initiative
2	Organising processes around care demands; redesigning jobs for integrated care; and technologies in support of demand-driven processes	Care process
3	Governance in networked settings	Multi-organisational network
4	Participation and user involvement	Interaction care client, caregiver, care professional (micro) Collaboration care professionals and care users (meso)
5	Legal framework for health professions in support of demand-driven processes	Legislation
6	Financial mechanisms in support of demand-driven processes	Financial incentives
7	Impact of integrated care interventions on quality and safety of care for clients; cost-effectiveness of integrated care interventions	Primary care network around the care client

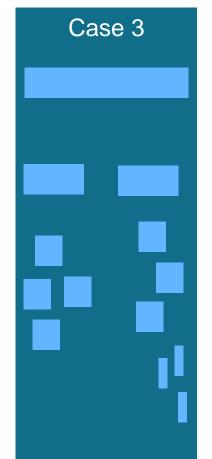
Embedded case study design

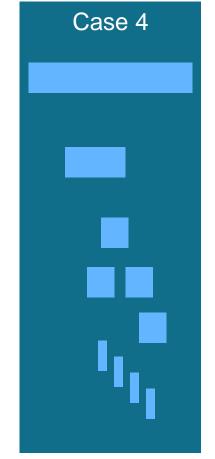
- A case: the care delivery system for a group of care clients with a certain cluster of care needs, which are chronic or long-term in nature. The group encompasses care clients with complex, comorbid conditions, who have both health and social care needs.
- Four cases, first one: MS patients.
 - Diagnosis at an increasingly early age
 - Additional kinds of care needs (e.g. education, work)
 - Care needs beyond medical care (ADL)



Case 1 Macro Meso Micro









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Social lab

Case studies: existing degree of integration

- THE STONE-ROOM

 experimentation space (writable white walls, space for brainstorming and idea generation)
- A social lab is a multi-stakeholder platform for addressing a particular complex social challenge.
 - Exploration of future possibilities
 - Testing of implications of integrated care models and solutions
 - Identify main conditions for implementation
- Scope
 - Within case
 - Cross case
 - Flemish care system





Valorisation

"Science is the conversion of money into knowledge and innovation is the conversion of knowledge into money" (Kotelnikov, 2001)

- Three groups of valorisation objectives can be identified:
 - Interventions
 - tool development
 - policy advice
- In close collaboration with stakeholders.





Concluding remarks

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Recapitulation

- Integrated care includes many different aspects → an equally integrated, comprehensive research approach.
 - Multiple levels
 - Multiple disciplines
 - Multiples methods
 - Multiple stakeholders
- Phased approach
 - taxonomy development
 - comparative case studies
 - social lab activities
 - valorisation initiatives



Ambition comes with risks

- Seven research groups if one fails, the entire project might be in danger → modular design
- Multiple methods, multiple levels, multiple disciplines may lead to fragmented results → QCA, realistic evaluation
- Valorisation depends on commitment and willingness of stakeholders → strong involvement of stakeholders in project planning and results
- Innovative research methods like social lab might imply relatively high risk for failure → physical place, training, supported by AMS

This comprehensive research design will serve as the framework for tackling the CORTEXS research questions, and ultimately, for contributing to the further development of a high quality, patient-centred and affordable Flemish health care system.

