DEPARTMENT OF
CARE

Description Sessions

The role of BCI in the uptake of innovative (digital) tools and solutions

Innovative (digital) tools and solutions can play a pivotal role when it comes to better collection and exchange of data and information, and enabling better integrated care in general. However, the deployment of these technologies within the health and care sectors faces significant barriers. Despite the availability of numerous tools and solutions, integrating them into the health and social care workforce presents challenges.

We must not forget that the health and social care workforce operates under high demand, has to deal with resource limitations and increased work pressure, all within a field inherently based on personal interaction. In addition, we see that technology and innovation is confronted with preconditions such as funding, trials, developing of and alignment with existing regulation, etc., leaving perhaps less room to focus on determining factors of (workplace) culture and user behaviour and include these as fundamental aspects. Consequently, the introduction of innovative tools into this sector is frequently met with difficulties for these and other reasons.

In order to tackle this question, the session departs from the concept of Behavioural and Cultural Insights (BCI) and explores the role it could play to help increase the uptake of innovative (digital) tools and solutions among the health and care workforce (H&CWF). BCI can help ensure that tools and solutions respond to the needs of all actors, including the H&CWF. BCI can also help understand why some things work in one setting, but not in a different one. Or why acceptance and uptake of certain tools/solutions are easier with certain actors, and more difficult with others.

With this idea in mind, the session examines ways to close the gap between a trifecta of actors: (1) developers (such as entrepreneurs, research), (2) enablers/facilitators (such as policy makers), and (3) the H&CWF. For the latter group, we want to pay extra attention to the diversity between types of health and care providers (e.g. big versus smaller hospitals, residential care centres, general practitioners, informal caregivers, etc) as well as differences between the individual health and caregivers themselves, including variety in needs, skills, workplace culture and views on innovative tools and solutions.

The session offers presentations, practical examples and break-out table discussions through which the participants will gain insight and exchange views on the use of BCI for the uptake of tools and solutions.

We thank the session working group members and contributors:

- Dr Carine **Boonen,** former coordinator of the Flanders' Care Programme in the Government of Flanders Belgium
- Jan **Cox**, Product Manager at Viduet Health BV - Netherlands

- Dr Toni **Dedeu**, Senior Advisor on Integrated Primary Health Care, WHO European Centre for Primary Health Care, WHO European Office for Europe
- Dr Tara **French**, Programme Lead Digital Inclusion, Digital Health and Care, Scottish Government, Scotland
- Leo **Lewis**, International Lead, Bevan Commission and Senior Associate, IFIC, Wales

Measure what matters: 'neighbourhood' analysis

How do you identify 'local voices' and 'measure' what is important to citizens and local care actors in a local context? How do you capture contextual knowledge for policy purposes?

Contextual knowledge, 'soft' data or qualitative research methods can reveal certain issues that cannot be found or measured in 'hard' data or with quantitative research methods. It can also help to interpret hard data (figures) by providing some contextual knowledge in a combination of soft and hard data. By using knowledge obtained from 'soft' data for policy purposes, we can integrate the local level more and better.

Our approach is rooted in a neighbourhood-centric perspective, recognizing that the characteristics of neighbourhoods can vary widely across countries. In Belgium, especially in Flanders, the region is predominantly urban. Here, neighbourhoods are formed through the social interactions of residents living in close proximity to each other, though their sizes can vary.

The Support Package developed by the Thomas More College on how to conduct a neighbourhood analysis, which is part of the Flanders' Caring Neighbourhoods project, will be used as a starting point during the session for how qualitative research methods and on-the-ground intelligence can be used to arrive at an informed, supported neighbourhood analysis. Neighbourhood analyses also use quantitative methods and 'hard' data, but the premise of this session is primarily the capture of 'soft' data.

There are many questions to be tackled before, during and after analyses at neighbourhood level. In particular, what additional resources do local actors need to analyse their populations? What other tools/information can be made available to neighbourhoods to make even better analyses based on the needs of their populations?

Neighbourhoods, or their equivalents, possess a wealth of information. Primarily, an analysis serves as a basis for improvements within the neighbourhood itself. At the same time the findings, data and knowledge gained at this micro-level should as much inspire other levels of governance. The higher up the level of governance, the more diluted the knowledge of 'what matters' at the ground level becomes. Nevertheless, both hard data at macro level with soft data at micro level are invaluable for advancing the health and wellbeing of people.

During this session key aspects of a neighbourhood analysis (or local-level equivalent) will be explored, including possible challenges and how to overcome them will be discusses, and what can be achieved with the results, based on concrete examples and experiences. Through breakout table topics such as how to capture soft data, the role of the local voices, the communication within the neighbourhood and other policy levels, … will be discussed. Participants will play an active role in the session, encouraged to propose solutions based on their own experiences and expertise.

We thank the session working group members and contributors:

- Dr Toni **Dedeu**, Senior Advisor on Integrated Primary Health Care, WHO European Centre for Primary Health Care, WHO European Office for Europe
- Birgit **Goris**, Lecturer at UC Leuven Limburg – social work – Flanders
- Leo **Lewis**, International Lead, Bevan Commission and Senior Associate, IFIC, Wales
- Dr Bettina **Menne**, Senior policy advisor - healthy settings, Coordinator SCI & RHN

WHO Regional Office for Europe - European Office for Investment for Health and Development

- Birthe **Sels**, Researcher at Thomas More, Expertise centre Care and Wellbeing, Belgium
- Ortwin **Top**, Staf employee Family Support - Familiehulp vzw - Flanders
- Isabelle **Van Vreckem**, Project Coordinator Caring Neighbourhoods - Department of Care Flanders Government - Section Policy Coordination – Flanders
- Katrien **Verschueren**, Coordinator Primary Care Zone Demerland vzw – Flanders

Giving back to the people: population health & wellbeing management PH&WM

Population Health Management (PHM)is often seen as a tool, a strategy used by macro policy levels, based on data. In the other parallel session on Neighbourhood Analysis we look into the potential of data at the micro level. This session aims to approach the topic from a policy governance perspective, considering how these insights can inform and enhance policy-making processes.

'Giving back to the people' is extremely important if we want to involve the local level as a fully-fledged partner in the process towards connecting data and knowledge for improved integrated care. It is a story of give and take.

Data and knowledge needed for policy purposes will vary depending on the user and context. It is already a difficult exercise to exchange data between different policy areas – never mind between different levels, different health and care actors and with citizens. During this conference, we are attempting to gain an insight into how we get to integrated data and into the 'what does it take to connect this'.

The application of PHM is not exclusive to any single governance level. Every level is looking at improving the situation of their population. And every level has ways of collecting knowledge / data. This implies that numerous collections of data and knowledge likely exist in parallel across different levels of governance. This should not be a problem in itself if we respect flows of data and knowledge transfer amongst the different levels, the cooperation mechanisms and frameworks this require.

With this session we add a dimension to the collecting and sharing of data for population management. We take the PHM approach a step further and include the wellbeing aspects that are inherent when identifying weakness and strengths in the health and wellbeing of people.

During this session participants will be invited to partake in breakout table discussions. Each table will be based on the element of the WHO Population Health Management cycle in Primary

Health Care (ref WHO-EURO-2023-7497-47264-69316-eng.pdf), where we also pay attention to the wellbeing component.

We thank this session working group members and contributors:

- Chaloner **Chute**, Chief Technology Officer, Digital Health & Care Innovation Centre - Scotland
- Dr Toni **Dedeu**, Senior Advisor on Integrated Primary Health Care, WHO European Centre for Primary Health Care, WHO European Office for Europe
- Mark **Golledge**, Programme Director, Project Management Office & Integrated Care System Development - One Gloucestershire ICS - England
- Prof. Dr. Oliver **Gröne**, Vice Chairman of the Management Board of Optimedis AG, Germany
- Leo **Lewis**, International Lead, Bevan Commission and Senior Associate, IFIC, Wales
- Annemarie **Jacobi**, Policy officer, team integrated care - Federal Public Service Public Health – Belgium
- Ane Fullaondo **Zabala**, Scientific Director Biosistemak, (formerly Kronikgune), Institute for Health Services Research, Basque Country
- Dr. Manfred **Zahorka,** Senior Manager Integrated Care Solutions (international) at OptiMedis AG, Germany

How to build trust and transparency with regard to citizens' health and care data

In the other sessions, we thought about how to encourage the use of digital tools, and how to use data at the local level for person-centred care. In this session, we want to delve deeper into how we can reassure citizens about the use of their health and care data. As always, it is also important to make people feel that they are part of a greater whole – the greater good. Without going overboard with this, we may look for ways to make clear to citizens and health and care providers what the added value is for themselves and for the expectations for others.

Many instruments exist, but the question still remains if this is the answer to creating trust. The European Union, along with its Member States, is making concerted efforts to address data misuse through various legislative measures and initiatives. Some, however, like GDPR, are often perceived as a burden.

How can we reassure citizens about the use of health and care data? How do we communicate to citizens the benefits of data sharing (both for primary and secondary use) in a manner that fosters trust?

This session will examine how to build trust and transparency with regard to citizens' health and care data. During this session, we want to focus less on hypothetical debates and theoretical concepts and delve more into practical aspects and experiences. Special focus will be on the different roles and views of actors within our society (e.g. formal and informal caregivers, patients, citizens, policy makers, researchers…).

The session will kick off with an opening panel aimed at presenting the different views and use cases between actors in the health data ecosystem and spark the debate on trust and transparency by addressing several key questions.

After this, participants will be invited to actively join the discussion and share their own experiences and expertise during the breakout table discussions. Each table will have its own topic and set of questions to explore , moderated by an expert. These topics will range from balancing data-protection with health innovation and policy, creating legislative frameworks that are built on trust, to the essence of creating trust and adequate communication. Where possible, tangible examples and cases will be given. The session also encourages participants to reflect on experiences that did not work in the past and discuss why. This knowledge is equally valuable as good practices.

We thank this session working group members and contributors:

- Michele **Calabrò**, Director of EUREGHA – European Regions and Local health Authorities Network, Belgium
- Dr Toni **Dedeu**, Senior Advisor on Integrated Primary Health Care, WHO European Centre for Primary Health Care, WHO European Office for Europe
- Erik **Laes**, Transition expert at VITO – Flanders Institute for Technological Research, Flanders
- Leo **Lewis**, International Lead, Bevan Commission and Senior Associate, IFIC, Wales
- Tino **Martí**, Digital health facilitator, EHTEL - European Health Telematics Association, Belgium
- I-Ming **Parng**, Deputy Director-General of the National Health Insurance Administration (NHIA) of the Ministry of Health and Welfare, Taiwan
- Prof. Dr. Josep **Roca**, Senior Researcher at Hospital Clinic Barcelona IDIBAPS, Professor of Medicine at the University of Barcelona
- Sarah **Smits**, Business Unit Lead Health – Athumi, the Flemish Data Utility Company - Flanders
- Wannes **Van Hoof**, Scientific Assistant – Sciensano, Public Health and Surveillance, Cancer Centre - Belgium
- Elke **Wijnants**, Policy Officer, Team Primary Care - Department of Care from the Flanders Government - Flanders