Giving back to the people: Population health and wellbeing management

Moderated by Ane Fullaondo Zabala, Scientific Director Biosistemak, Basque Country

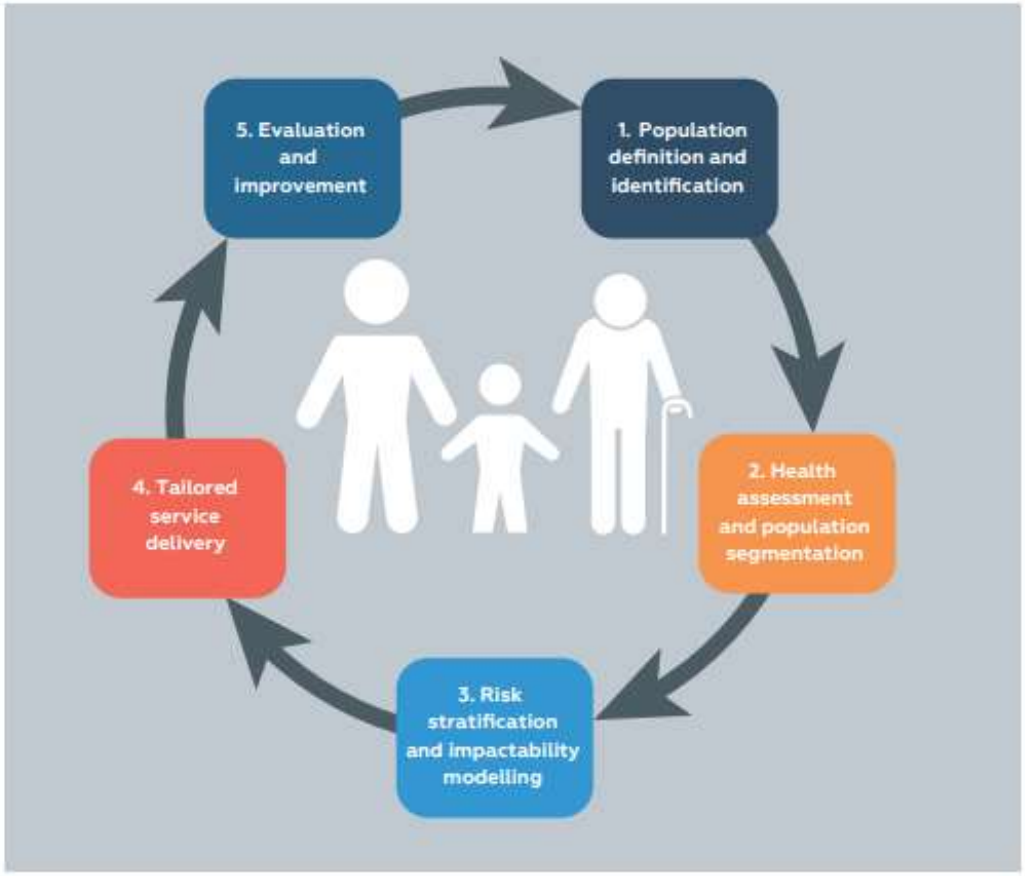
In this session

1. Welcome
2. Presentation by Ane Fullaondo: PHM based on the experience of Basque Country and the impact of JADE Care
3. Breakout tables
4. Session wrap-up: recap of main findings

Population Health Management and wellbeing

Ane Fullaondo Zabala
Scientific Director Biosistemak, (formerly Kronikgune),
Institute for Health Services Research, Basque Country

Population Health Management cycle



Source: World Health Organization. Regional Office for Europe. (2023). Population health management in primary health care: a proactive approach to improve health and well-being: primary health care policy paper series.

- How can the wellbeing aspects be integrated into Population Health Management?
- What can every stakeholder 'give back'? What do they expect to receive?
- What is needed to move beyond 'hard' and 'health' centred data?

PHM based on the experience of Basque Country and the impact of JADE care

Ane Fullaondo Zabala
Scientific Director Biosistemak, (formerly Kronikgune),
Institute for Health Services Research, Basque Country

JADECARE

- FULL NAME: **JOINT ACTION ON IMPLEMENTATION OF DIGITALLY ENABLED INTEGRATED PERSON-CENTRED CARE**
- ACRONYM: **JADECARE**
- PROJECT NUMBER: 951442
- FUNDING BODY: HaDEA
- WEBSITE: https://www.jadecare.eu/
- DURATION: 1st OF OCTOBER 2020 TILL 30TH OF SEPTEMBER 2023
- PROJECT COORDINATOR: **KRONIKGUNE INSTITUTE FOR HEALTH SERVICES RESEARCH**

Aims and objectives of JADECARE

Aims

JADECARE will contribute to **innovative, efficient and sustainable health systems** through providing expertise to assist the European Countries in undertaking health system reforms.

It will enable national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care.

Goals

- **Reinforce the capacity of health authorities** to successfully address important aspects of health system transformation, in particular the transition to digitally enabled integrated person-centred care
- **Support the best practice transfer** from the systems of the "Early Adopters" to the ones of the "Next Adopters"

Consortium – 16 Countries, 21 Next Adopters

SLOVENIA
National Institute of Public Health
- AE: ZZZS

CZECH REPUBLIC
Ministry of Health of the Czech Republic
- AE:UHO

DENMARK
North Denmark Region
- AE: RSD

GERMANY
Ministry for Labor, Health and Social Affairs, Family and Integration Hamburg
- AE: LGL, ZTG

UNITED KINGDOM
Health and Social Care Board (HSCB) Northern Ireland

BELGIUM
Department For Self-determined Living Of The German-speaking Community Of Belgium

FRANCE
Eurometropole de Strasbourg (Optimedis as subcontracted)

PORTUGAL
Central Administration Of The Health System
- AE: ENSP/NOVA, SPMS



CROATIA
Croatian Institute of Public Health
- AE: CIPH

HUNGARY
National Healthcare Service Center
- AE: SU, JFDPK

ESTONIA
Estonian Ministry of Social Affairs
- AE: VH

LATVIA
National Health Service, Republic of Latvia
- AE: CCUH

SERBIA
Ministry of Health of the Republic of Serbia

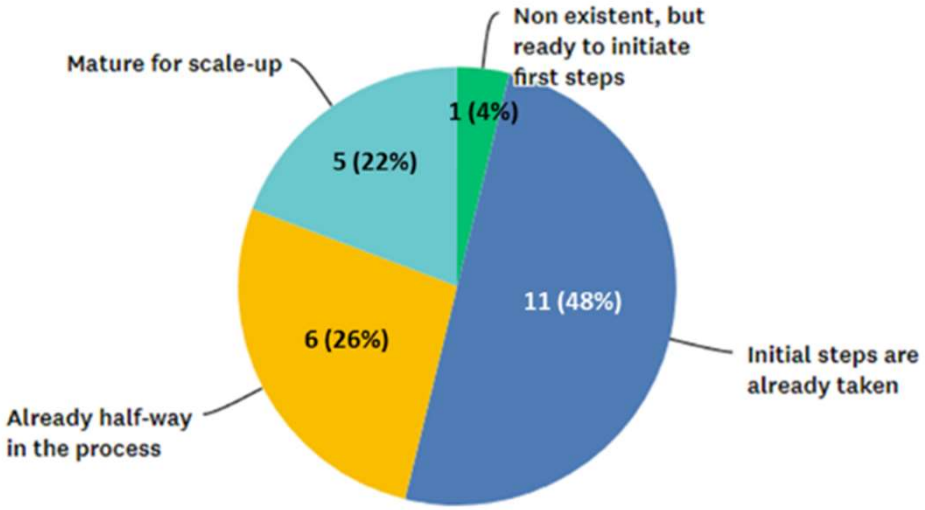
GREECE
4th Regional Health Authority of Macedonia
- AE: AUTH

ITALY
National Agency for Regional Healthcare Services
- AE: ASL NA2, LOMBARDIA, ARS TOCSCANA, USL UMBRIA I, MARCHE, PROMIS, MoH

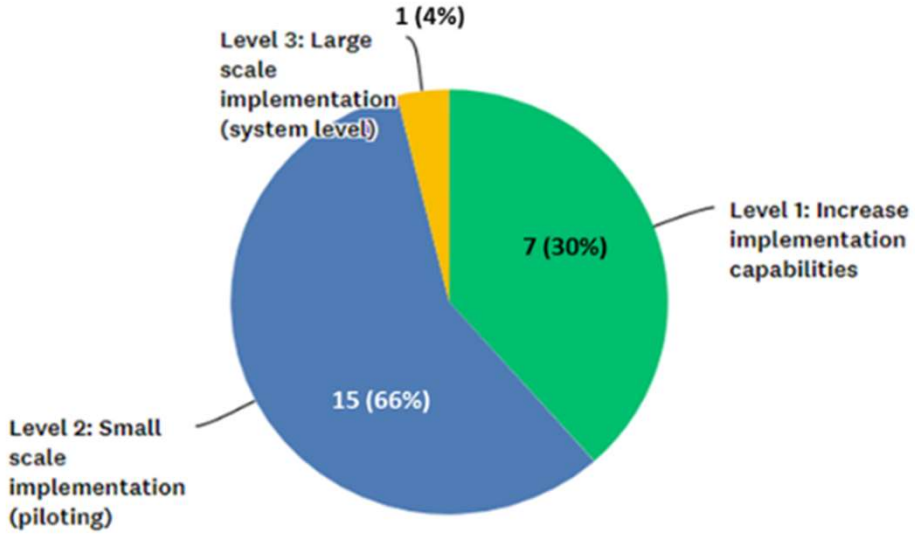
SPAIN
Kronikgune Institute for Health Services Research
- AE: CSFJA, SCS, SACYL, SMS, AQUAS, IDIBAPS, FPS, IDIVAL, FFIS

Next Adopters profile

Maturity of integrated care deployment



Commitment and ambition in JADECARE



JADECARE original Good Practices

BASQUE

Basque Health Strategy in Ageing and Chronicity: Integrated Care

CATALONIA

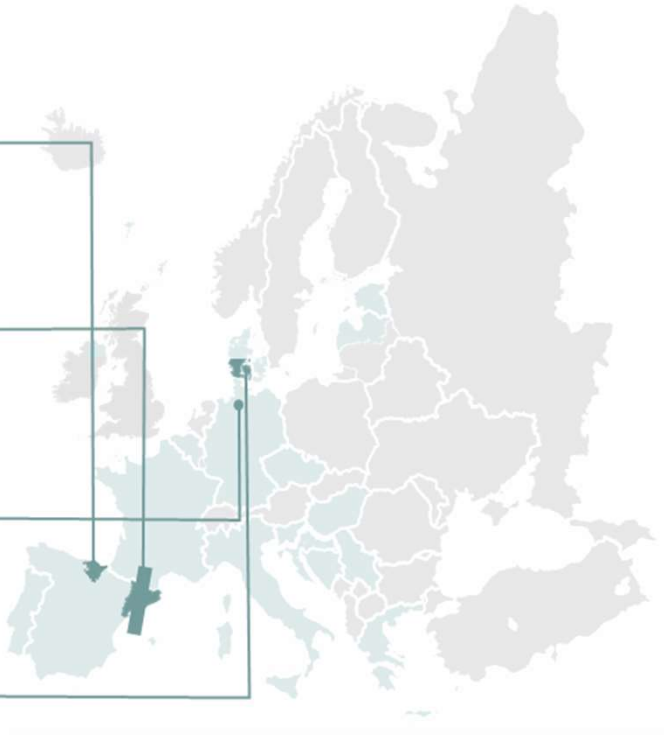
Catalan Open Innovation Hub on ICT-supported Integrated Care Services for Chronic Patients

GERMANY

The OptiMedis Model-Population-based Integrated Care

REGION OF SOUTH DENMARK

Digital Roadmap towards an Integrated Health Care Sector



Basque Country Good Practice

The ***Basque Health Strategy in Ageing and Chronicity: Integrated Care*** intends to improve health and quality of life of the population, enhance the health system quality, efficiency and sustainability and the collaboration with Social services and the Community. The approach focuses on risk stratification, digitally-enabled integrated care and patient/citizen empowerment, by means of new organisational models, professional roles, pathways and processes and digital tools and analytics.

Main Blocks

- B1: Risk stratification
- B2: Integrated Care
- B3: Patient empowerment

Basque Country Good Practice

Risk stratification

- Stratification Data extraction process and construction of dashboard
- Classification of patients based on Kaiser Permanente Pyramid
- Stratification in the framework contract

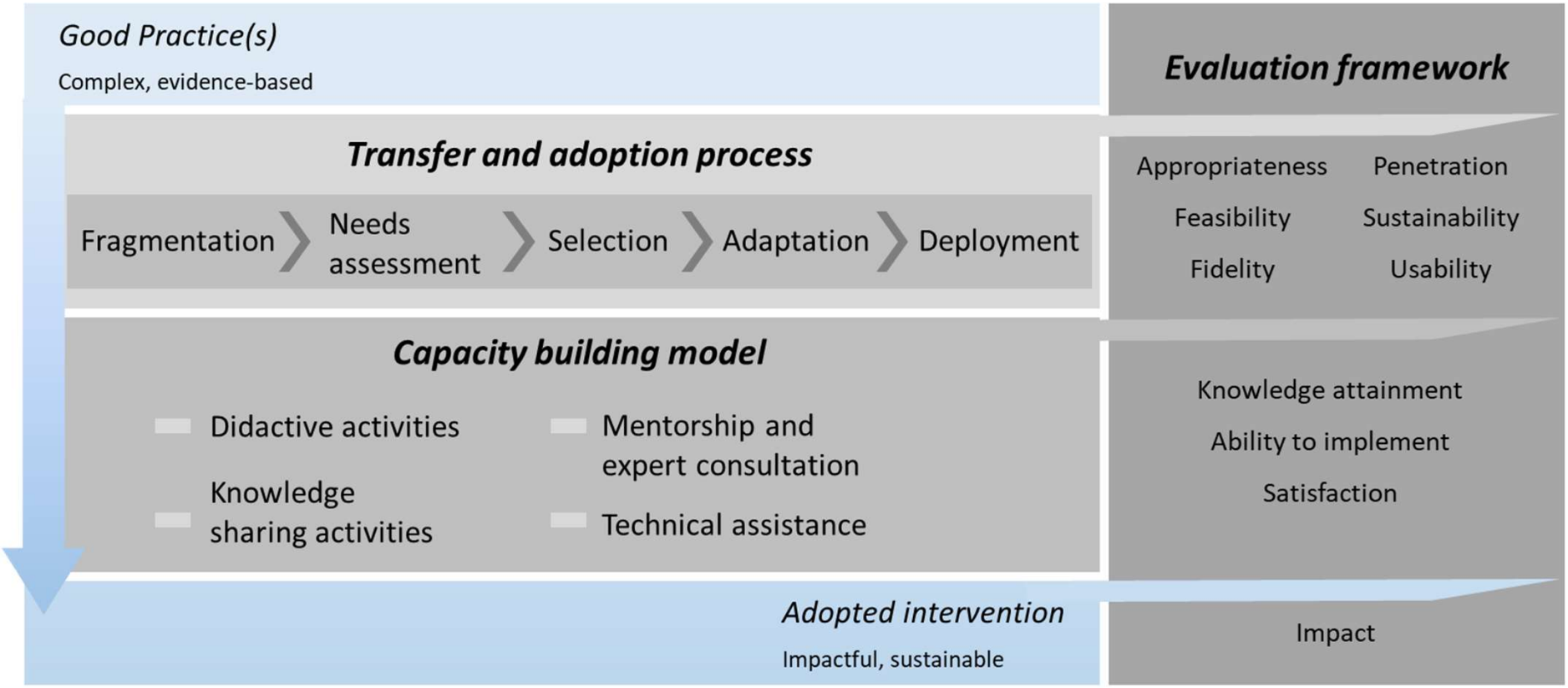
Integrated care

- Creation of Integrated Healthcare Organizations
- Deployment of integrated communication and information systems
- Care coordination and communication between health providers

Patient empowerment

- Deployment of a self-care education program: School of Health
- Empowerment programs for chronic patients: Active Patient and Kronik ON program

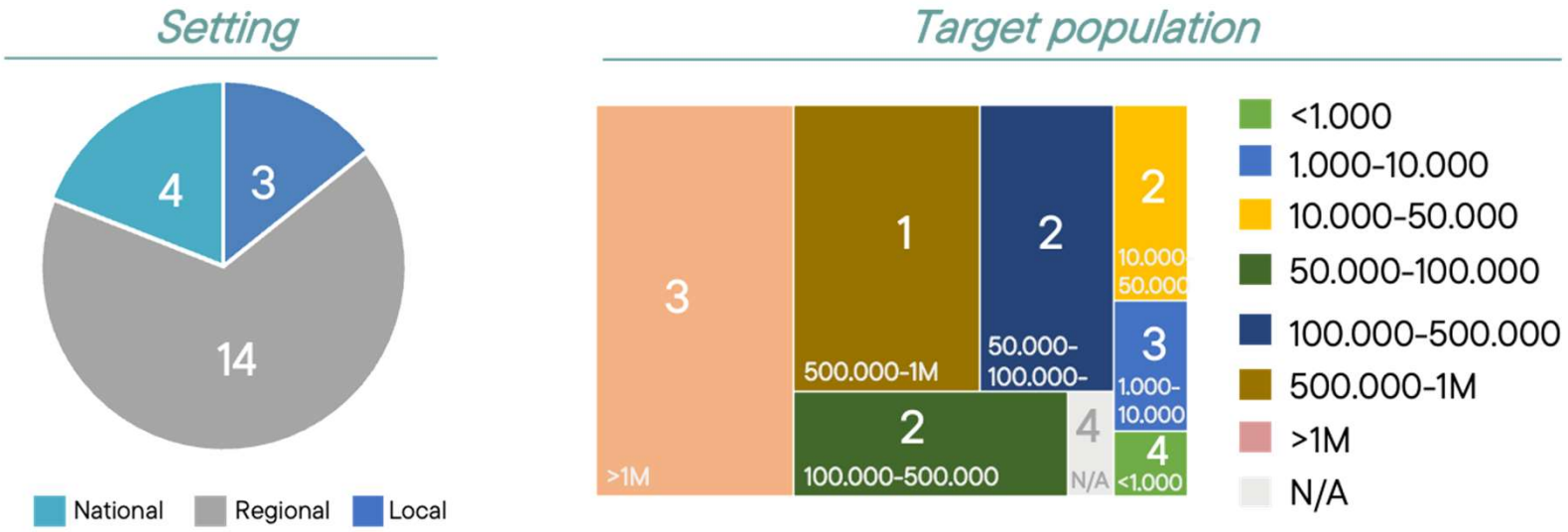
Scaling-out approach



Transfer process



Scope of the transferred practices



Key learning

- **Involve and empower members stakeholders** from the beginning, nurture cooperation, create a “common vision” with them, boost ownership feeling and enhance communication of findings.
- **Understand the context and build on existing projects**: comprehensive situation analysis is key to detect local needs and priorities and recognize capabilities and resources.
- **Power of information:** define outcome and performance indicators based on value-based care principles, mobilise needed data sources, and strengthen analytical work.
- **A well-structured, straightforward and adaptable strategy** simplifies and facilitates the transfer process.
- **Learn from successes and failures**: follow „learning by doing“ principle

Thank you

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Breakout tables

2 x 25 mins

Five breakout tables focussed on the PHM cycle, while also tackling transversal questions:

- How to **include aspects of wellbeing**, for a more integrated approach?
- How to **bring together hard** and **soft data?**
- How to make **connection** through the **different levels?**
  - Local level as an important partner.

Breakout tables

2 x 25 mins

Define Population

Stratify population

Engage patients, citizens, & health and care workers

Manage care

Measure outcomes

1. **Manfred Zahorka,** Senior Manager Integrated Care Solutions (international) at OptiMedis AG, Germany
2. **Chaloner Chute**, Chief Technology Officer, Digital Health & Care Innovation Centre, Scotland
3. **Marie van de Putte** and **Relinde Alaerts,** Zorgzaam Leuven, Belgium
4. **Mark Golledge,** Programme Director, Project Management Office & Integrated Care System Development - One Gloucestershire ICS, England
5. **Ane Fullaondo Zabala**, Scientific Director of Biosistemak Institute, Basque Country, Spain

Breakout tables

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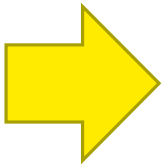
Choose a table.

Engage in conversation. The table moderator will facilitate you.

Write down your ideas.

After 25 mins, we will **switch tables.**

After two rounds, there will be a **short wrap-up**



When the arrow reaches here: time to switch!

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Session wrap-up

Recap of main findings