



## Sustainable intEgrated care modeLs for multi-morbidity: delivery, Financing and performancE

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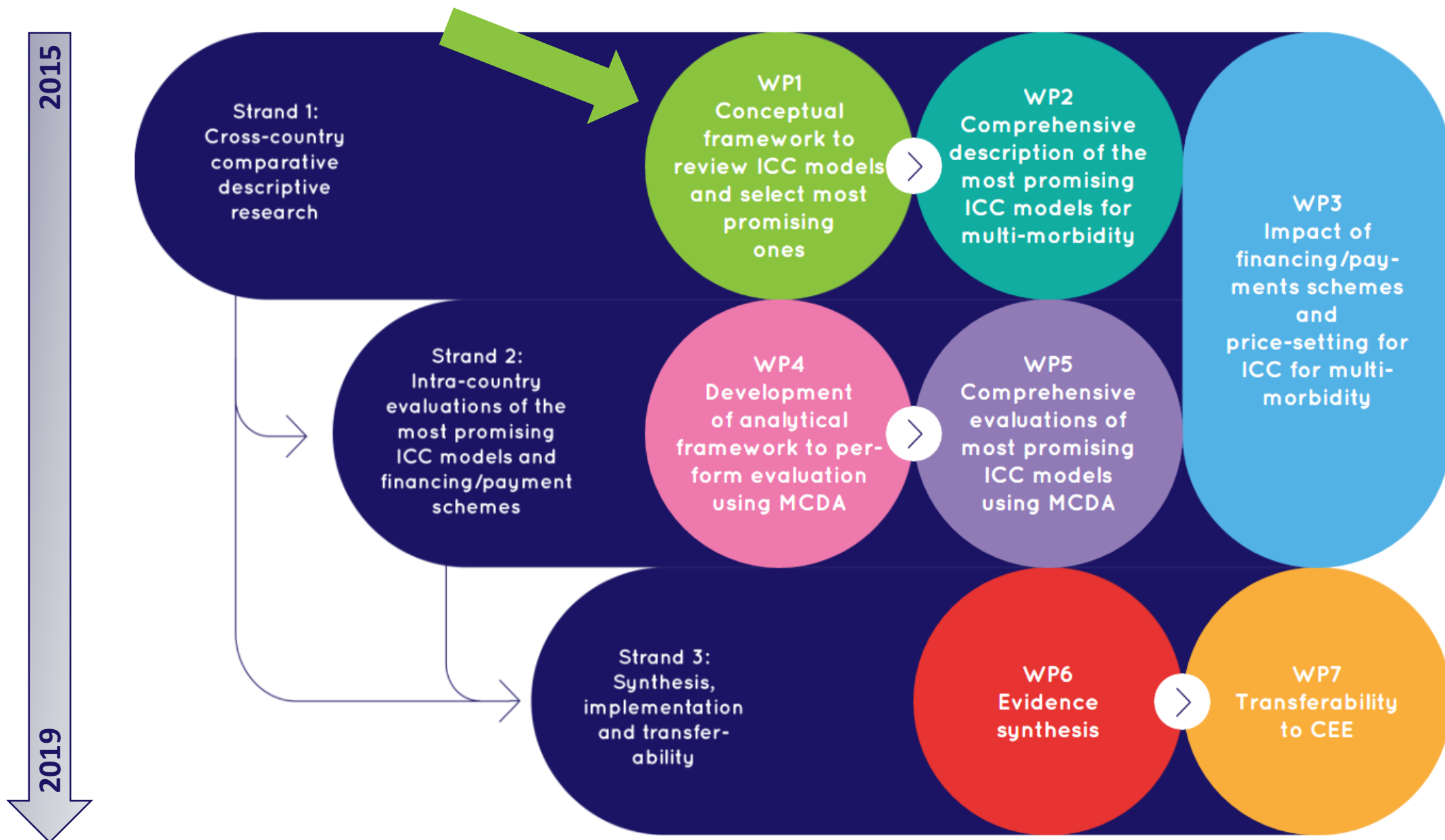
# SELFIE partners

1. Institute of Health Policy & Management, Erasmus University Rotterdam, the **Netherlands** (*coordinator*)
2. Institute for Advanced Studies, **Austria**
3. Agency for Quality & Accreditation in Health Care and Social Welfare, **Croatia**
4. Dept of Health Care Management, Berlin University of Technology, **Germany**
5. Syreon Research Institute, **Hungary**
6. Dept of Economics, University of Bergen, **Norway**
7. IDIBAPS Barcelona, **Spain**
8. Centre of Health Economics, University of Manchester, **UK**



# SELFIE aims

1. Develop a **taxonomy of promising integrated care (IC) programmes** for persons with **multi-morbidity (MM)**
2. Describe **matching financing schemes** that provide incentives to implement such programmes
3. Provide **empirical evidence** about the impact of these programmes and financing schemes on outcomes using ‘**multi-criteria decision analyses**’ (MCDA)
4. Develop novel **performance-monitoring tool**
5. Develop **implementation and transferability strategies**



# WP1: Selecting promising programmes

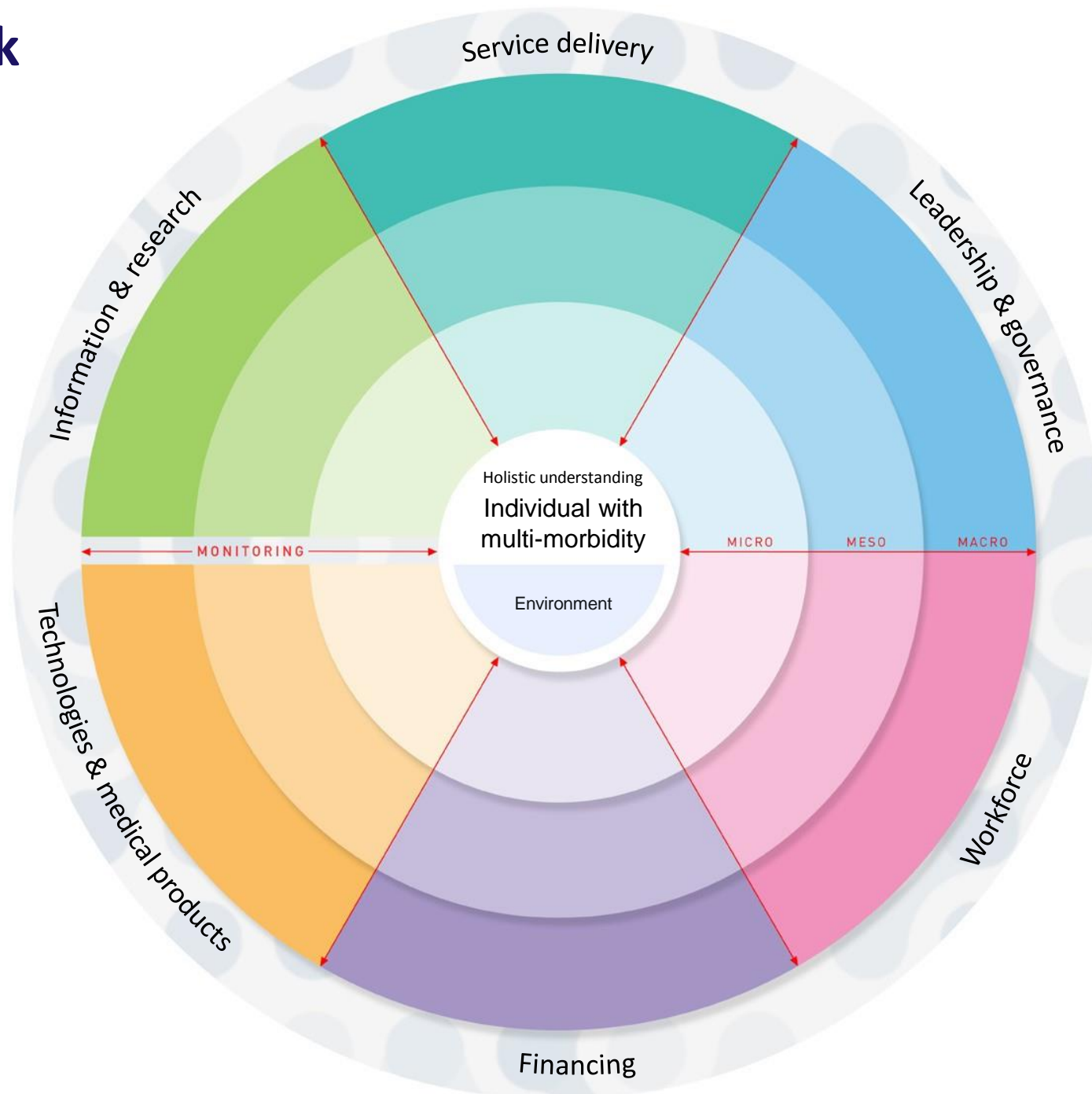
- Variability across selected programmes:
  - *Target group*: frail elderly, persons at end-of-life, oncology patients, persons with multiple problems in multiple life domains, whole populations
  - *Scope*: small-scale case finding, screening, regional approaches, population health management
  - *Focus*: prevention, crossing health- and social care, palliative care, transfer care



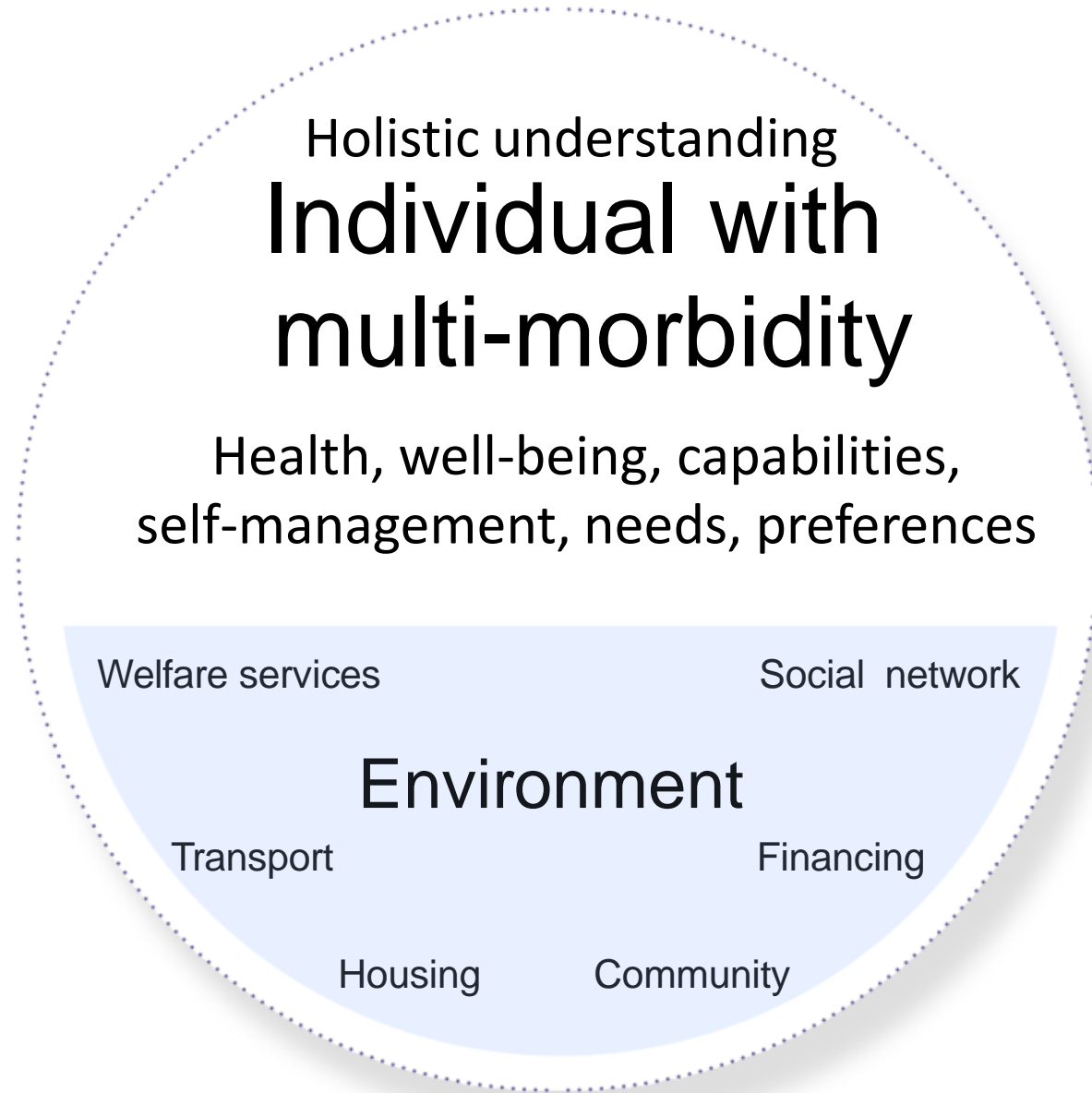
# WP1: Developing a conceptual framework

- **Scoping review:** scientific & grey literature
- **International & national stakeholder advisory board meetings:**
  - Patients
  - Partners (i.e., informal caregivers)
  - Professionals
  - Payers
  - Policy makers

# SELFIE Framework

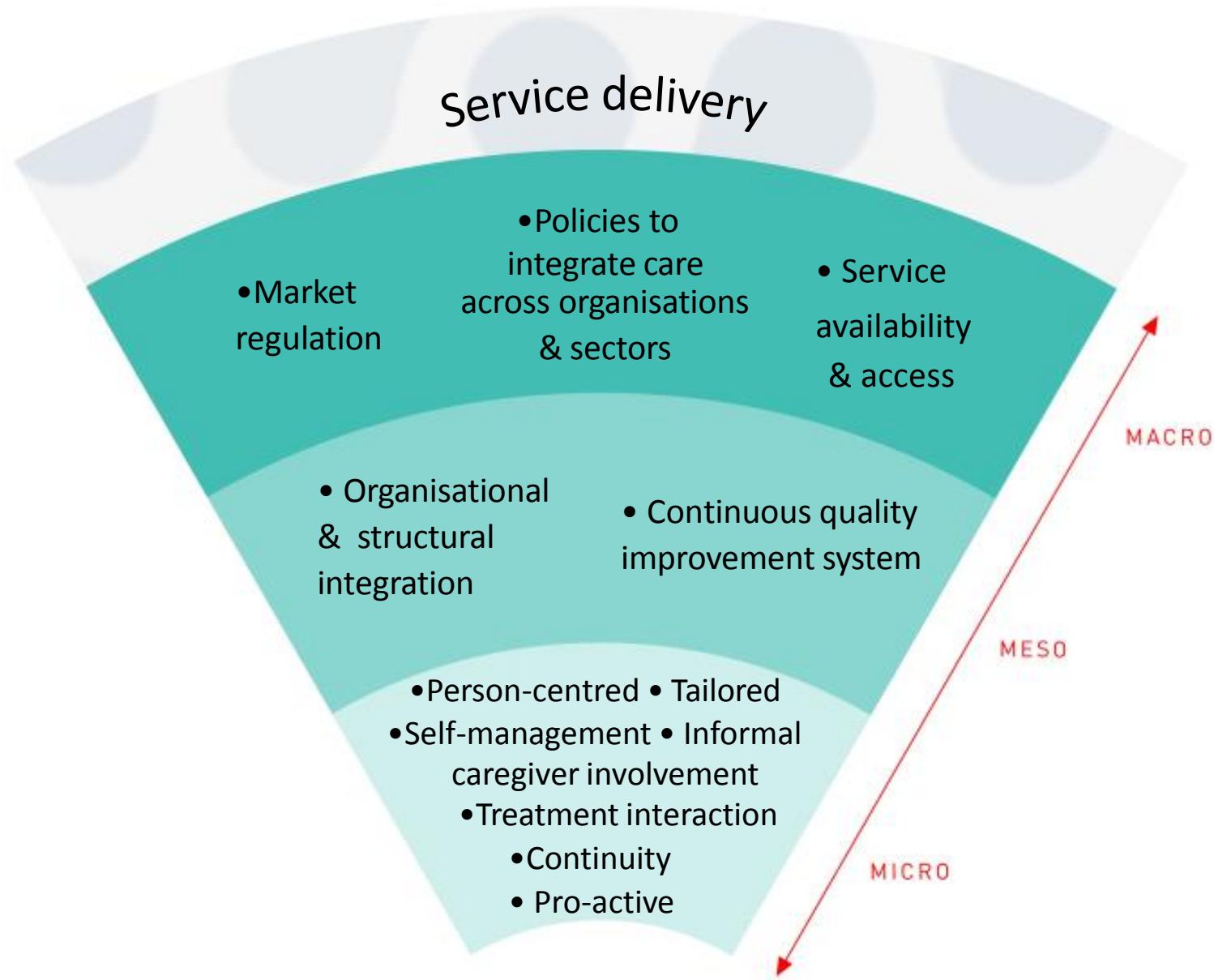


Reference: Leijten FRM & Struckmann V, et al. The SELFIE Framework for Integrated Care for Multi-Morbidity: development and description. Submitted.

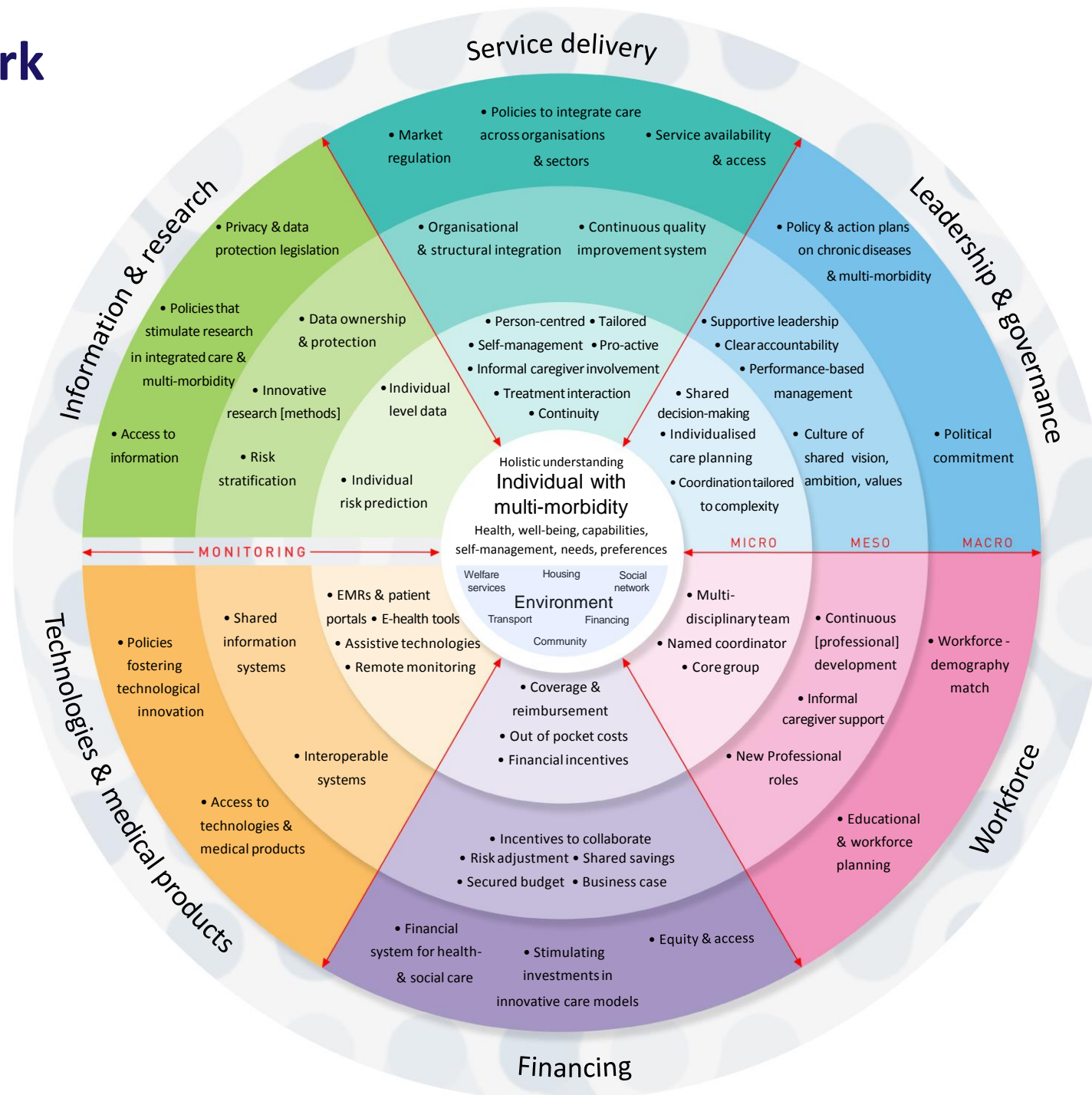


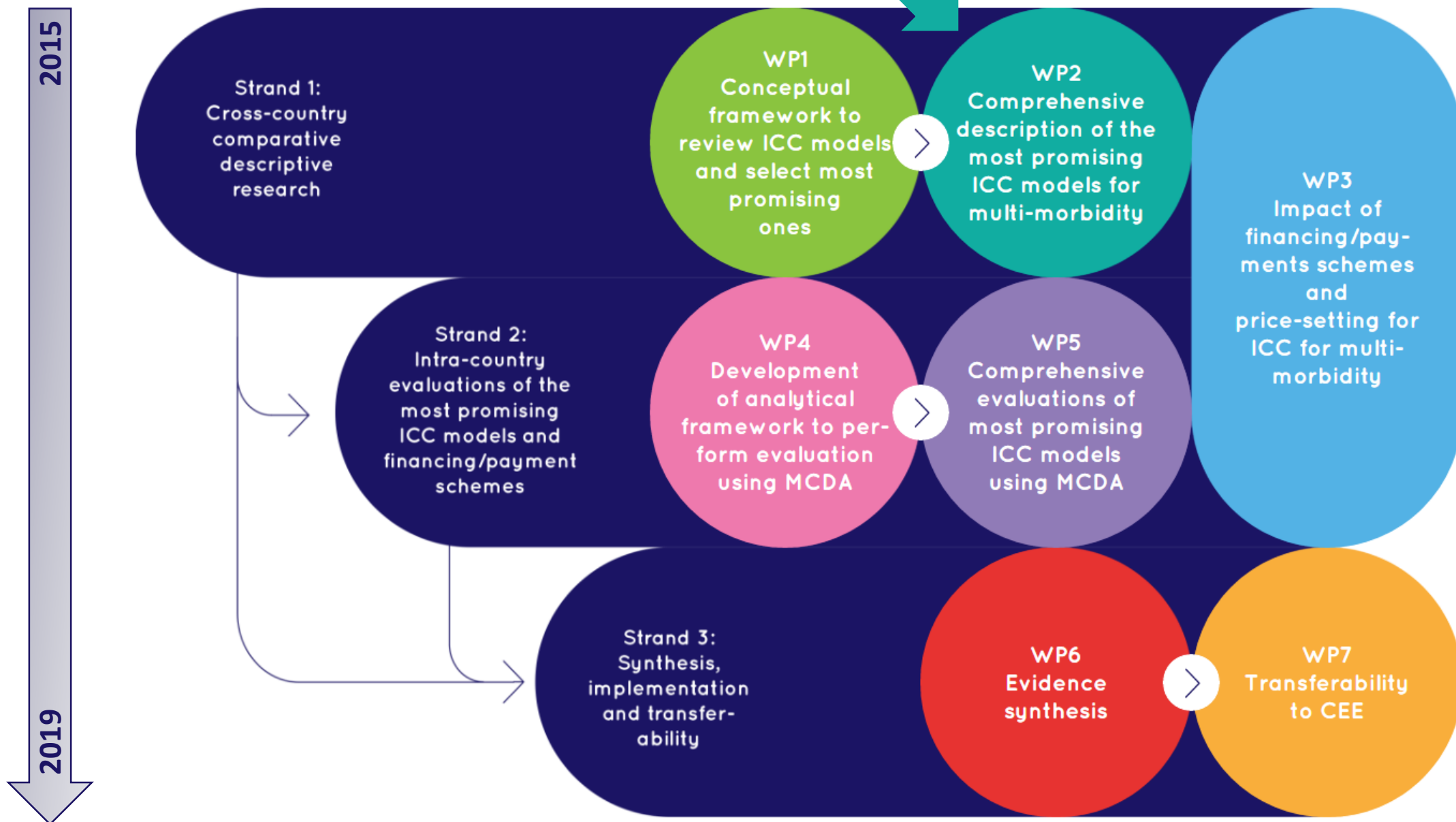


# SELFIE Framework: **Service delivery**



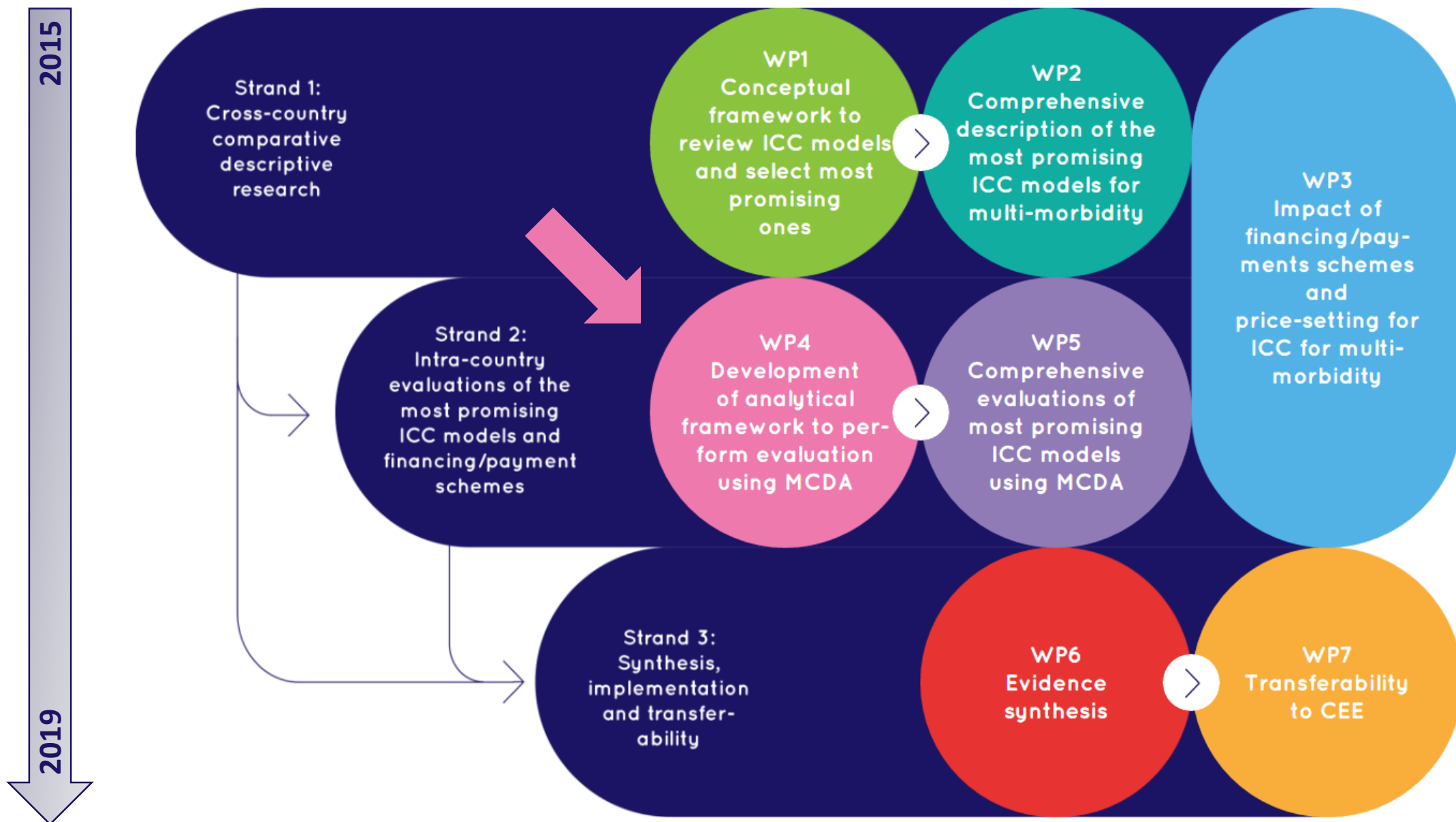
# SELFIE Framework





## WP2: Thick descriptions

- **Comprehensive descriptions of promising programmes based on:**
  - document analyses
  - interviews with 5P stakeholders in programmes
- **Structured in SELFIE framework components**
- **Cross-country comparisons, for example:**
  - elderly care programmes in different systems
  - types of new professional roles



## WP4: MCDA evaluations

- **Multi-criteria decision analysis (MCDA)**
- Method to aid decision-making that makes the impact that multiple criteria have on a decision, and their relative importance, explicit.
- Suited for complex interventions where multiple criteria play a role, such as integrated care:
  - consists of various interacting components
  - changes on patient-, professional-, organisational-, and financial level;
  - multiple aims and outcomes (i.e., to improve the triple aim);
  - evaluation needs to go beyond traditional cost/QALY.
- **Goal:** to improve transparency, credibility, acceptability, and accountability of the decision-making process.

## WP4: MCDA in SELFIE

- Evaluation of the 17 promising integrated care programmes for multi-morbidity [as compared to usual care]
- What is the decision context?
  - reimbursement,
  - continuation, and/or
  - wider implementation
- Stakeholders involved in making these decisions: 5Ps
- Objective of MCDA is to value programmes not to rank alternatives
- Re-usable MCDA – future online tool

## WP4: Determining performance

- Performance on the **triple aim** of all 17 integrated care programmes and a control/comparator will be monitored ( $\geq 2$  measurements).
- Core set of outcomes:

-Physical functioning  
-Psychological well-being  
-Social relationships  
-Enjoyment of life  
-Resilience



-Person-centeredness  
-Continuity of care

-Total health- and social care costs



## WP4: Weights for the core set

- The ‘importance’ (i.e., weights) of the core set of outcomes will be elicited via Discrete Choice Experiments (DCE)
- Sets of weights for:
  - Each 5P stakeholder group (patients, partners, professionals, payers, policy makers)
  - Each of the 8 SELFIE countries
- Weight-sets can be compared between stakeholder types and countries/regions.

## WP4: Aggregating performance and weights

- Standardised performance scores are aggregated with weights
- This allows for nuanced programme evaluations that explicitly incorporate different stakeholders' preferences.
- The *process* of the MCDA is also part of the result.

# Discussion...

- Acknowledge that integrated care is complex
- Different stakeholders involved
- Transparency in the [MCDA] evaluation process, what drives the results?
- How can policy makers interpret evaluations that researchers also find hard to interpret?

# Thanks for your attention, questions?

## Want more info on SELFIE?

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