

SELFIE is a Horizon2020 EU project that will contribute to the current state of knowledge on **integrated chronic care** for persons with **multi-morbidity**.

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SELFIE Autumn 2018

Wow!

That is the singular word that comes to mind after seeing all the work that has been done during this long hot summer. Thanks to all our partners for your collaborate efforts. We have made an animation film and published several papers. We presented the results of the weight-elicitation study among stakeholders at ICIC. We organised two workshops at EUHEA, one on the MCDA approach and one on the panel-data analyses of financing and payment reforms to stimulate integration of care. Many SELFIE partners dedicated their summer to complete the deliverable with the results of the Multi-Criteria Decision Analyses of our 17 case studies. That makes us all the more proud to

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Any news?

announce that we have just issued the MCDA Tool.
Hence, if you want to apply the preference weights
in your own study, [take a look at the MCDA-tool!](#)

Prof.dr. Maureen Rutten–van Mölken
Coordinator of SELFIE

Do you have interesting
news for this newsletter?
Feel free to contact us,
we are looking forward
to hearing from you!
E: info@selfie2020.eu.

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Publications update

Secondary analysis of the thick descriptions from the case studies in the UK

(WP2):

- [Targeting the ‘right’ patients for integrated care: stakeholder perspectives from a qualitative study](#) by Jonathan Stokes et al. in Journal of Health Services Research & Policy.

Paper on the development of a typology of payments for integrated care (WP3):

- [Towards incentivising integration: A typology of payments for integrated care](#) by Jonathan Stokes & Verena Struckmann et al. in Health Policy.

MCDCA Methodology paper – the 7 steps of an MCDCA to evaluate 17 different integrated care programmes for individuals with multi-morbidity in 8 European countries (WP4):

- [Strengthening the evidence-base of integrated care for people with multi-morbidity in Europe using Multi-Criteria Decision Analysis \(MCDCA\)](#) by Maureen Rutten-van Molken et al. in BMC Health Services Research.

Paper on the results from 8 focus groups amongst persons with multi-morbidity on how to define good health and a good care process (WP4):

- [Defining good health and care from the perspective of persons with multimorbidity: results from a qualitative study of focus groups in eight European countries](#) by Fenna Leijten et al. in BMJ Open.

[Visit our website to see all our results and publications](#)

Video: the SELFIE project in 2 minutes!



We have made an animation film explaining the MCDA approach to evaluate person-centred integrated care programmes for people with multi-morbidity. It takes just 2 minutes to learn more about this.

What we've accomplished thus far



WP2. Comprehensive descriptions of promising integrated care programmes

Remember that we have written 17 'thick' descriptions about the 17 programmes, based on document analyses and interviews? We have been told they are very useful for developers of other programmes because of the details these descriptions provide about the design of the service delivery, the management and governance, the workforce involved, the financial arrangements, the strategies to overcome barriers etc. An overarching analysis of these 17 descriptions has just been completed revealing the main themes that are essential for the success of these programmes. Keep an eye on our list of scientific publications to learn more about this. For now, [feel free to take a look at the thick description reports!](#)

National Stakeholder workshops



Most SELFIE partners had their second round of stakeholder workshops where they asked representatives from the 5Ps (patients, partners and other informal caregivers, professionals, payers and policy makers) to reflect on the results of the weight-elicitation study. That is the study on the importance of the outcomes that we are measuring in the evaluations of the integrated care programmes. In Hungary, one of the themes was the transferability of these programmes to their setting. This photo illustrates how lively the workshop was!

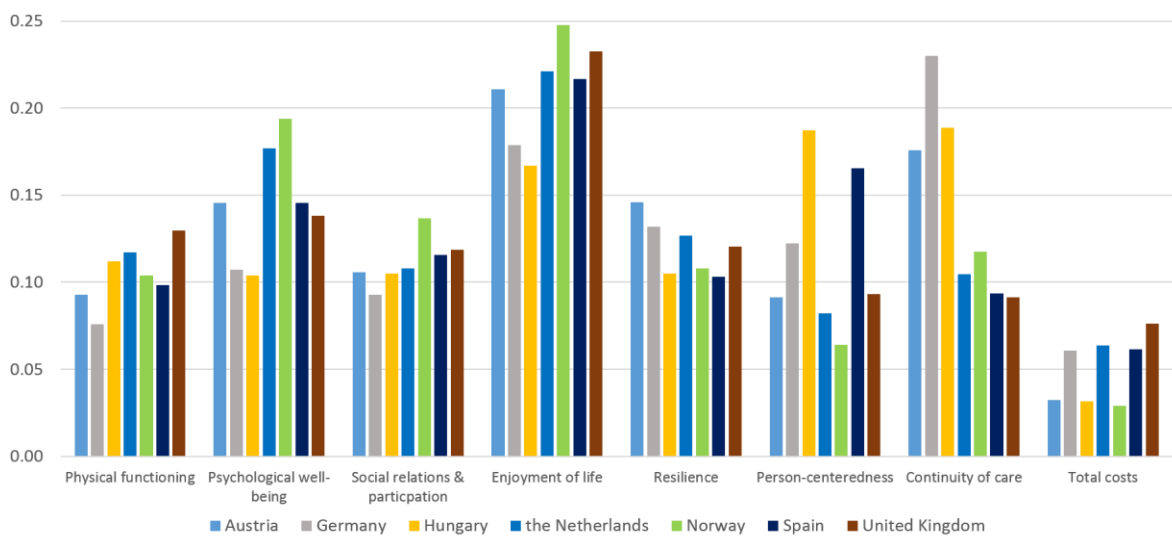
WP4. Weight-elicitation study

As you could read above, the weight elicitation study has been completed in most countries. This slide gives an overview of the relative importance weights of the outcome measures across the stakeholders and the countries.

Comparing relative DCE weights between Dutch stakeholders



Comparing weights of Professionals between countries?



WP5. Empirical evaluation of integrated care programmes

Using various quasi-experimental study designs, we are evaluating 17 different integrated care programmes grouped into four categories: population health management programmes, programmes for frail elderly, palliative care/oncology programmes, and programmes for persons with problems in multiple life domains. The preliminary results of the MCDA's were presented to the EU in the July deliverable. As most studies aim to increase the number of enrolled patients and

extend the follow-up, these evaluations will be ongoing until the end of next year.

MCDA Tool

We developed an MCDA Tool so that others can easily perform an MCDA with the weights we obtained. The MCDA Tool weighs outcomes by their importance. The importance-weights were elicited in five groups of stakeholders in each of the eight countries participating in SELFIE: 1) patients with multi-morbidity, 2) partners and other informal caregivers, 3) professional caregivers, 4) payers, and 5) policy makers. Hence, the users of the tool can calculate an overall value score for an integrated care programme and its comparators from five different perspectives. The MCDA tool can be used by researchers, payers and policy makers who have measured the outcomes of integrated care programmes using outcome measures which are conceptually similar to the core set of outcomes measures included in the SELFIE project.

[Click here to open the MCDA-tool!](#)



Blog: Joining efforts to complete seventeen MCDAs

During the spring and summer months all partners have been

Blog: Budapest meeting

The SELFIE-team met on May 31st and June 1st in Budapest for the 6th SELFIE Steering Committee meeting. The

intensively occupied with finalising their evaluations of 17 integrated chronic care programmes for persons with multi-morbidities, which is one of two deliverables from SELFIE work package 5...

[Read more](#)

main topic on the agenda was the progress and results of the comprehensive evaluations of the Work Package 5. In SELFIE, we apply a broad and innovative evaluation framework, Multi-Criteria Decision Analyses (MCDA)...

[Read more](#)

Case study in the spotlight...

Salford's integrated care programme takes a whole-system approach to integrated care. We highlight how they have rolled out their programme and our evaluation findings to date.



By: Jonathan Stokes & Leontine Goldzahl

The Salford integrated care programme, [Salford Together](#), was one of 50 'Vanguard' sites selected and funded in 2015 in England to take the first steps in supporting improvement and integration of services. We selected the site for the SELFIE evaluation because it is one of the most renowned and advanced sites in England currently implementing integrated care, with a focus on organisational as well as service delivery changes differentiating it from the crowd. An initiator of the programme told us in our [site thick description](#), it is "*only that way, will we manage to*

completely redesign ... create some of the efficiencies in the system”.

What the programme does

The programme has been gradually rolling out and evolving over the years, starting in 2013. Initial focus has been on changing service delivery models.

Salford has implemented three main changes here:

1. Local community assets – investment in local services, such as sports clubs, various community centres, activities and groups to keep people active in their communities.
2. Centre of contact – a central health and social care telephone hub, helping people to navigate services and support mechanisms.
3. Multi-disciplinary groups (MDGs) – targeted case management support (by a multidisciplinary group of practitioners, including GPs, mental health professionals, social workers, geriatrists and nurses) for those at highest risk of seeking emergency care.

While always aiming to ultimately target the whole adult population, the programme first focused on older people (those over 65), a group with a relatively high use of health and social care services and with long-term care needs that require multiple sectors to cooperate together. The programme was initially piloted in 2/8 neighbourhoods to develop the working model. The programme has since expanded to all neighbourhoods (in 2014) and, more recently, the whole adult population of Salford (in 2016).

[Our qualitative paper](#), recently published in the Journal of Health Services Research & Policy, examines in more detail how specific aspects of the programme, in this case patient targeting for MDGs, have also evolved with experience gained.

What we've found (so far)

Our quantitative analysis aims at evaluating the causal impact of the Salford Integrated Care Program on health status, experience of care (covered by the GP Patient survey data) and secondary care costs (covered by the Hospital Episode Statistics). We use a double difference-in-difference estimation strategy by taking advantage of the timing of the implementation as well as the fact that it was only initiated solely in Salford. Our initial results indicate that the programme increased the average physical functioning score and the number participating in social activities. It had only a very small impact on the total costs of secondary care per multimorbid person per year.

Conferences update

Over the last months, we have been lucky at SELFIE to be able to present our work at multiple conferences.



ICIC 2018

The International Foundation of Integrated Care (IFIC) hosted the 18th International conference on Integrated Care in the Netherlands in May 2018. SELFIE was well represented with presentation on two case studies and a presentation on the weight elicitation study.

- Maaïke Hoedemakers presented her work on "[Evaluating an integrated care programme for frail elderly using Multi-Criteria Decision Analysis](#)" where she discussed the design of the CCFE case study in SELFIE. This included how to overcome several methodological challenge but also the first
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baseline comparison results. Keep an eye out in the future for the further results on CCFE.

- Maureen Rutten–van Mólken presented our study on the “[Importance of Triple Aim outcome measures](#)”, where she focused particularly on whether patients, partners, professionals, payers and policy makers differ in opinion about the importance of various outcome measures. The presentation has led to interesting discussion on the role of weight elicitation in MCDA and the role of different stakeholders in providing their preferences.
- Milad Karimi presented another case study in SELFIE, named “**Better Together in Amsterdam North**”. This programme is particularly interesting because it focuses on people who are vulnerable in areas besides health, and because it involves collaboration of health and social care organisations. The first results of this promising programme were presented during the presentation.



EuHEA 2018

A large delegation of SELFIE members attended The European Health Economics Association 2018 conference in Maastricht, The Netherlands, where we held two organised sessions. One organised session on the effect of different payment methods on integrated care led by the team from the University of Manchester.

Here, SELFIE presented four panel data analyses:

- Helen Hayes presented a study using SHARE data on **the effect of Pay–for–coordination, pay–for–performance, and all–inclusive payments** in a study comparing several countries.
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- Jonathan Stokes presented a study **pooling health and social care budgets in the U.K.**
- Kamrul Islam presented a study on **municipal co-payments if patients were discharged later than possible in Norway.**
- Milad Karimi presented a study on **bundled payments for single chronic diseases in the Netherlands.**

A second organised session on the various steps of the MCDA approach led by the team from the Erasmus University Rotterdam. Here, SELFIE presented four studies:

- Thomas Czypionka described **how we selected the 17 promising integrated care programmes for multi-morbidity and their decision context** along the lines of a novel framework for integrated care for multi-morbidity.
- Kamrul Islam described **how we measure the performance of integrated care programmes** on a set of outcome measures which are grouped according to the Triple Aim.
- Willemijn Looman described **how we obtained weights that reflect the relative importance of the outcome measures** from the perspective of 5 different stakeholder groups in 8 countries.
- Maureen Rutten-van Mölken described **how we apply a multi-attribute value-based method of MCDA to calculate overall value scores** for the integrated care programmes and their comparators.

[Click here to view the presentations of the MCDA Workshop](#)

Get in touch

If you're interested in learning more about SELFIE, or have suggestions or ideas for collaboration, please feel free to contact us! E: info@selfie2020.eu.

We are also on LinkedIn. Follow us!



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