

Joint action on implementation of digitally enabled integrated person-centred care



NAME: **JADECARE**

FULL NAME: JOINT ACTION ON IMPLEMENTATION OF DIGITALLY ENABLED

INTEGRATED PERSON-CENTRED CARE

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PROJECT COORDINATOR: Kronikgune Institute for Health Services Research







BACKGROUND

The ageing of the population with the growing burden of chronic conditions and multimorbidity is steadily increasing the demand for a more extended and efficient care and a more intelligent outcome-based delivery of personalized care in an integrative and coordinated approach. Innovative solutions are needed to deliver efficient integrated person-centred services based on citizen's needs through new technologies, products and organizational changes.

Digital innovation tools and services have the potential to facilitate and support these changes delivering more targeted, personalised and high-quality healthcare to the population.

"THE PROJECT INVOLVES **45** ORGANISATIONS FROM **16** EUROPEAN **COUNTRIES."** Original Good Practice Participating countries



AIMS AND GOALS

JADECARE (Joint Action on implementation of **D**igitally **E**nabled integrated person-centred **CARE**) will contribute to **innovative**, **efficient and sustainable health systems** providing expertise and sharing good practices to assist the European countries in undertaking health system reforms.

JADECARE will:

- Enable the participating national authorities and those beyond the Consortium, to benefit from efficient solutions in digitally enabled integrated person-centred care developed by the "Early adopters" of the original Good Practices (oGPs)
- 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"



ORIGINAL GOOD PRACTICES

In order to contribute to achieve these goals, four original Good Practices support participating regions of member states to transfer the successful practices and generated knowledge into their healthcare systems.

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 organizational models, professional roles, pathways and processes and digital tools and analytics.

The Catalan Open Innovation Hub on ICT-Supported Integrated Care Services for Chronic Patients is a network of entities that promotes synergies among relevant stakeholders of the health and social care system. It places the focus on people and guarantees the healthcare continuum with support of digital tools, complementing the individual approach with a population-based perspective.

The Optimedis Model-Population-Based Integrated Care model targets simultaneously better population health, an improved patient experience of care including increased service quality and higher patient satisfaction and reduced per capita costs of health care by increasing system efficiency.

The **Digital Roadmap towards an integrated health care sector** of the Region of Southern Denmark consist of the SAM:BO agreement connecting the sectors digitally supplemented by a number of projects in the area of digitally enabled integrated care.



EXPECTED OUTCOMES

- > To contribute to the creation of innovative, efficient and sustainable integrated health care systems focused on the individual person.
- 🔈 To encourage innovation, enhance the sustainability of health systems, and improve their health care performance and outcomes.
- > To achieve the digital transformation of health services in which professional end users, care users or citizens, health providers, digital solutions providers and governments will have a key role.

JADECARE will improve collaboration and trust among participating agents, support knowledge transfer and learning, and generate evidence on integrated care. This will produce benefits beyond the time frame of the Joint Action. JADECARE will share its main findings and ensure the sustainability of policies at local, regional and national levels.



IMPLEMENTATION STRATEGY AND TIMELINE

The transfer of oGPs will focus on the situation and preparation of the local environments of the adopting participants for the implementation. A three-step implementation strategy will be used for oGP transfer:

- > Pre-Implementation: planning and preparation of the action plans
- Implementation: roll-out and operation based on PDSA cycle methodology (Plan, Do, Study, Act)
- Post-Implementation: impact assessment and learning

Pre-Implementation

1. Scope definition

October 2020 - January 2021

2. Situation analysis

February 2021- April 2021

3. Local Good Practice and Action Plan

May 2021- October 2021

Implementation

4. Roll-out and operation

November 2021- December 2022

Post-Implementation

5. Implementation process analysis

January 2023-September 2023

6. Reporting of the implementation

January 2023-September 2023





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PARTNERS











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