

## Agenda for the afternoon

Time	Title	Speaker
13.30-14.30	<b>Lunch and Poster Session</b>	
14.30-14.45	<b>Outcome analysis of BeyondSilos</b>	Signe Daugbjerg
14.45-15.00	<b>Measuring integration: the Integration Matrix</b>	Paolo Da Col
15.00-15.30	<b>Making the business case for integrated eCare</b>	Reinhard Hammerschmidt
15.30-16.00	<b>The human factor when deploying technology enabled integrated care</b>	Wouter Keijser
16.00-16.30	<b>Predictive modelling at work</b>	Javier Mar/Panos Stafylas
16.30-17.00	<b>Lessons learned from CareWell and BeyondSilos</b>	Francesca Avolio/Jordi Piera
17.00-17.15	<b>Wrap-up</b>	Esteban de Manuel/Penny Hobson
17.15-18.30	<b>Farewell cocktail</b>	

## LESSONS LEARNT FROM BOTH PROJECTS

## OUTLINE

- Work done
- Purpose of the RAIL tool
- CareWell (CW)
  - » summary of lessons learned
  - » specific lessons learned per domain
  - » main findings / recommendations
- BeyondSilos (BS)
  - » summary of lessons learned
  - » specific lessons learned per domain / recommendations
- CW BS differences and commonalities
- Conclusions

## Purpose of the RAIL tool

- **Register** all the **activities carried out by sites** in the deployment of the pilot operation.
- **Keep real time record** of issues & problems, solutions and lessons learnt.
- From a general overview the **information uploaded manages to describe the ongoing process**, the deployment and the specific difficulties met by sites in the development of their trials, including corrective actions and lessons learnt.
- **The RAIL tool was used in both projects.** Despite the difficult start, the tool turned out to be a precious repository of information that added value to project findings and supported decisions of partners on the development of pilot operations.

## CareWell sites: number of reported lessons learnt per domain and site (6)

1. Patient recruitment	12
2. Professionals' engagement	13
3. Training	5
4. Patient empowerment	9
5. User satisfaction	3
6. Technical aspects	8
7. Regulatory domain	1
8. Help desk	3
9. Strategic alliances	5

## Main Findings / Lessons Learnt

### USER SATISFACTION

Performing questionnaires cannot be under estimated in terms of methodology. The assessment carried out pointed out the following:

- Language can be an issue
- Atmosphere plays as a facilitator
- Short, simple and indirect questions need to be considered when editing questionnaires

## Main Findings / Lessons Learnt

### PATIENTS RECRUITMENT

- Enrich EHR with other information (not only clinical): monitoring level of PE, administrative info (number of contacts etc..) life styles and any useful info (care plan).
- Information campaign and notification of dropout helps recruitment process
- Number of questions for first patient assessment should be fewer.

## Main Findings / Lessons Learnt

### TRAINING

- Peer to peer training: easier and more effective
- Specific protocol to incorporate new professionals helps knowledge transfer, the take-over of professionals , and a better focus on refresher training sessions
- Have a Coordinator expert in the specific field helps planning of refresher sessions



## Main Findings / Lessons Learnt

### PROFESSIONALS ENGAGEMENT

- Management commitment decrease resistance to change
- Increased workload needs to be considered and managed promptly
- Wider communication on project outcomes is important to keep professionals informed, and so well engaged

## Main Findings / Lessons Learnt

### REGULATORY DOMAINS

- Ethical Committee: well defining purpose of study avoids slowing down work (process innovation, no research!)
- Procurement of services or ICT tool and medical devices

## Main Findings / Lessons Learnt

### STRATEGIC ALLIANCES

- Good explanation supports “good / clear vision”, and continuous involvement of policy makers facilitates the activation of scaling up processes
- Governance of Project should be clear and involve patients’ voices
- Incentives help, and facilitate alliances and reduce resistance

## Main Findings / Lessons Learnt

### TECHNICAL ASPECTS

- ICT choices must be sustainable and achievable.
- Consider availability on the market of consumables
- Function to keep record of different stage PE
- Use of ICT already in place, saves time, and helps overcoming diffidence
- Agree ICT solution choices with end users (both professionals and patients-caregivers)

## Main Findings / Lessons Learnt

### PATIENT EMPOWERMENT

- Simple interfaces
- Usability of materials (co-creation)
- Tailored solutions: intercept difficulties, and keep record of them in order to adapt approach
- Educational material has to be practical and intuitive
- After each session of PE (counselling sessions) keep record of stage

## Main Findings / Lessons Learnt

### HELP DESK

- A help line for ICT issues keeps professionals more active, less reluctant to use ICT, and learn quickly how to cope with them
- A specific HD should be set up for professionals when introducing ICT solutions in order to avoid slowing down the work and/or treatments

## BeyondSilos site number of reported lessons learnt per domain and site (7)

1. User recruitment	13
2. Professionals' engagement	10
3. Organizational changes	14
4. Technical issues	29
5. Helpdesk	10
6. Training	7
7. Ethical-legal aspects	8

## 1. User recruitment

- They did not see clear motivation to enrol
- They perceived ICT tools as too complicated for them
- Filling in questionnaires and going through lengthy interviews required too much effort

### Recommendations:

- Involve caregivers
- Communication -> trust relationship



## 2. Professionals' engagement

- Lack of motivation to participate
- Extra burden to their workload
- Rotation of personnel

### Recommendations:

- Information on expected benefits
- Address technical problems promptly
- Reimburse extra time spent, or cover them

## 3. Organisational changes

- Change in personnel competencies
- Procurement
- Liaison with third party organisations

### Recommendations:

- Deliver proper training and information
- Strong project management team
- Regular meetings to follow up

## 4. Technical issues

- Devices and features not working properly
- Data transferability
- Frustration of users if problems not resolved quickly

### Recommendations:

- Proper support structure
- Deliver what is promised in terms of technical support

## 5. Helpdesk

- Lack of reporting existing problems
- Lack of proactive attitude from the helpdesk

### Recommendations:

- Raise awareness of importance of communicating technical problems
- Standardise the support given
- Longer availability of the helpdesk

## 6. Training

- Lack of enough time for training
- Lack of presence of caregivers in training
- Finding enough time to train professionals

### Recommendations:

- Face-to-face training is key
- Caregivers should be present
- Devote and plan enough time to it

## 7. Ethical-legal aspects

- Long periods for ethical approval
- Different legislation across regions

### Recommendations:

- Plan with enough time to not cause delays in the piloting
- Try to present as much information as possible to avoid resubmissions

## CW and BS Commonalities and divergences

### CAREWELL

1. Patient recruitment

12

2. Professionals' engagement

13

3. Training

5

4. Patient empowerment

9

5. User satisfaction

3

6. Technical aspects

8

7. Regulatory domain

1

8. Help desk

3

9. Strategic alliances

5

### BEYONDSILOS

1. User recruitment

13

2. Professionals' engagement

10

3. Organizational changes

14

4. Technical issues

29

5. Helpdesk

10

6. Training

7

7. Ethical-legal aspects

8

## Conclusions

- The domains identified for successful deployment of an integrated care model and use of ICT were correct and covered the entire cycle.
- The most critical steps (lessons learnt) in the deployment phase were common to all sites:
  1. Procurement processes
  2. Alliances with stakeholders (policy makers, professionals, caregivers industries / suppliers and third party organisations)
  3. Patient Empowerment (engagement, involvement, disease management, self confidence, adherence, building up resilience, co-creation, health literacy, common training)
  4. Training and refresher sessions
  5. Ethical approval
  6. Support structure

These are widely acknowledged by experts, citizens and EC as key enablers and success factors.



## Thank you for your attention!

**Contact: Francesca Avolio** [f.avolio@arespuglia.it](mailto:f.avolio@arespuglia.it)

**Elisabetta Graps** [e.graps@arespuglia.it](mailto:e.graps@arespuglia.it)

**Agenzia regionale Sanitaria della Puglia  
Bari - Italy**

**Jordi Piera** [jpiera@bsa.cat](mailto:jpiera@bsa.cat)

**Badalona Serveis Assistencials SA  
Badalona – Catalonia**

[www.carewell-project.eu](http://www.carewell-project.eu)

[www.beyondsilos.eu](http://www.beyondsilos.eu)

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Both projects are co-funded by the ICT Policy Support Programme as part of the Competitiveness and Innovation Framework Programme of the European Union.  
Grant agreement no. 620983 and no. 621069