Half Time Project Review – December 2022

INTEGRATED HEALTH AND CARE – IHAC

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Content

1. Introduction

The Steering committee and the Integrated Health and Care project (iHAC/iVOPD) decided in September 2022 to perform a half time project evaluation according to the submitted and approved project plan. It was agreed to perform an internal project review where the focus should be on the following overall areas:

- Which direction should iHAC focus on for the remaining project period 2023-2025?
- What should be the main activities the project should focus on to maximize the Nordic benefit as a hole, but preferably suggestions to maximising the benefits within the individual Nordic countries?

2. Scope of internal review

An activity-based project such as iHAC, faces the difficulty to get the right actors to take part at the right time. Therefore, it is important that the project systematically ensures that actor participation is optimized to each Nordic country conditions.

Based on the above agreed focus areas for the internal review, the scope is to evaluate the two planed objectives (Objective 2 & Objective 3 – see description below) with regards to:

- Upcoming activities, reflections and determination of appropriate impacts linked to its implementation.
- Proposals for updating/development/improvement of upcoming activities, including timetable etc.
- Ensure the right actor participation in future activities
- Suggestions for other/additional partners to be involved in the planning, to increase actor participation/commitment.
- Suggestions for other sectors to be involved in planned activities to increase the potential impact from iHAC activities
- Identify possibilities for the working group members to secure a fit of iHAC activities to the national initiatives on eHealth and similar investments

3. Method and participants

Below the method used to perform the internal project review and the participating bodies represented through networks and working groups is described.

3.1 Method

The iHAC project management suggested to perform the internal review by inviting members from the Nordic Research Network and the iHAC working group to a full day review meeting in Copenhagen on the 30th of December 2022 from 10:30 to 16:00.

The results from the internal review were organized around the following topics:
- Updated/confirmed time plan for remaining iHAC activities
- A commitment by working group members for remaining iHAC activities
- A possibility for working group members to secure a fit of iHAC activities to their national initiatives on eHealth and similar investments.
- How to better utilize the potential developed knowledge within VOPD and iHAC, at a national and regional level in different Nordic countries.

3.2 Participants

The internal review was carried out through an internal audit model, which consisted of three different networks and working groups.

1. Nordic Research Network: Health and Welfare Technology (HWT), a research network with a focus on the user perspective within digital transformation
2. iHAC Working Group: Consisting of representatives from Nordic authorities and ministries, with the responsibility for developing health care and care as well as providing support for the digital transformation for care and care providers.
3. iHAC Expert group: A group of experts with experience from implementing integrated Healthcare and care solutions

The participants at the review in Copenhagen were:
- Vitalii Ikoev, Helsedriekktoratet, Norway
- Dorthe Skou Lassen, MedCom, Denmark
- Christine Gustafsson, Sofiahemmet University, Nordic HWT Research Network
- Max Petersen, Socialstyrelsen, Denmark
- Anne Simmasgård, Ehälsomyndigheten, Sweden – **Participating via Teams**
- Elisabeth Lagerkrans, Socialstyrelsen, Sverige - **Participating via Teams**
- Niclas Forsling, iHAC Project Managment, Region Västerbotton
- Bengt Andersson, iHAC Project Managment, Nordens Velfærdscenter
- Lisbeth Kjellberg, iHAC support, LITH Consulting

Excused from the review were:
- Halldor Gudmundsson, Fjallabygd, Municaipality/Reykjavik University, Iceland
- Minna Sinkkonen, Finnish Priority Project, Finland
- Minna-Liisa Luoma, THL, Finland
- Magnus Wallinder, Socialstyrelsen Sweden
- Kristin Standal, KS, Norway (vacation)
- Eirin Rødseth, NSE, Norway (business trip)

4. Findings

The project management from iHAC presented the two main objectives which needed to be assessed based on the scope for the review. The two objectives including the findings of the review are described below:

4.1 Objective 2 - Map national and regional models for distributed data approach, integrated use of health data

This objective will arrange and facilitate 2-3 yearly meetings focusing on health data use connected to the perspective of:

- Innovation
- Research and Development
- Citizens

Nordic initiatives that relate to health data use within the three perspectives will be invited, starting with Nordic Innovation (initiatives such as Nordic Interoperability Project), Nordforsk (initiatives such as Nordic Commons), Finnish priority project" Achieving the World's Smoothest Cross-Border Mobility and Daily Life Through Digitalisation" and iHAC.

The results from these meetings and discussions will be disseminated within appropriate platforms to ensure knowledge sharing which relates to the three perspectives of use of health data. Hereunder, it is important to follow and discuss the European Health Data Space (EHDS) initiative.

4.2 Findings Objective 2 - Map national and regional models for distributed data approach, integrated use of health data

Overall, the reviewers appreciated and could see the value impact of Objective 2. They had the following suggestions and comments to be considered in the continuation of the project:

- Suggest that Objective 2 have its outset and focus from the citizen perspective - Primary use!
- Sharing of health data. From a patient/citizen perspective health data is available where it needs to be for it to work well (current situation). Data should stay where it is born! IT system integration does not work in all countries today (probably only Finland). For example, ambulance personnel in Sweden do not have access to patient data when they go to treat a heart attack....)
- How to prolong independent life – Citizen empowerment. Citizens' knowledge and skills in the application of data - generation of insights. How do we get from reactive to preventive health?
- Generated data – from existing healthcare systems, home monitoring (both CE marked products in healthcare and mainstream products), social service data and data from smart health watches, sensors, mobiles, etc.
- Data standardization and exchange standards through various regulations. EHDS alignment.

- Differentiated citizen concept segmentation of the citizens – Weak/strong citizens – Digital twins. Which citizens should manage their health themselves?
- Data Democracy issues – security and protection.
- Maturity and outcome/value-based health – how to apply outcome-based impact in organization, which are probably lacking digital and technical maturity.
- Create future scenarios on how the health sector from the citizen's point of view would look like in the future (2050)?
  - o Could iHAC produce the scenarios? Films? Like Eskilstuna? The UID students' films, the Aalto films
  - o Professor Helinä Melka's LUT – good for future scenarios
  - o SWAP analysis - provide different perspectives - Boards, National, Region, Local....
- How to create and facilitate active involvement between Innovation-Research-Citizen

4.3 Objective 3 - Two calls (December 2022 and December 2023) – Identify and exemplify new Model Regions/Areas – 2022-2024

iHAC will announce to calls during the next two years with the objective is to identify and exemplify new model regions/areas in the Nordics. The applicants (region / county / collaborating municipalities) must have a formal decision made concerning one or several distance spanning solutions/services that involve both healthcare and care with several professional categories involved in both categories – integrated healthcare and care.

The applicant must be able to present how they organize and work with aim for the NSE described theoretical components:
- Knowledge sharing and communication
- Shared or common goal
- Trust

Priority will be given to applicants that work with sparsely populated areas and use service innovation and in particular knowledge of or use of Norwegian 'Vejkart for tjenesteinnovasjon' – 'Roadmap for service innovation'.

4.4 Findings Objective 3 - Two calls (December 2022 and December 2023) – Identify and exemplify new Model Regions/Areas – 2022-2024

Overall, the reviewers could see the value impact linked to the publication of Model Regions of Objective 3. They agreed on the proposed timeline, and they had the following suggestions and comments to be considered in the continuation of this objective:

- Focus should also here be from the citizen perspective. Change wording to ensure a stronger citizen perspective and value impact. Start the call with something about the citizen needs. see Päijät-Häme and 10100. The citizen perspective – co-creation. How citizens can be involved. How is this perspective represented in – question in the Expression of interest

- Tone down requirement point 1 on technology, more on service models which require joint governance so that interaction at a distance can become a reality.
- Soften the Roadmap requirement to "or similar tools", or other tools that have an equal focus on insight and anchoring.
- If possible, mitigate sparsely populated areas, try to talk about the various challenges that the call wants to address (long distances = long time to travel to services, insularity, harsh climate conditions)
- Gender and equity in the Grant Agreement, makes applicants aware that they must build solutions that are gender neutral and that there is always an alternative for those citizens who cannot use this type of digital interaction solution remotely.
- What values are created? How to get it? Citizens, Organizations, Professionals, Near & Dear ones. Include this in an application, make those seeking money aware of this. Ask applicants to how they would measure the impact – quality and quantitative impact
- What maturity is required (IT, Data, Organizational, trust, communication, etc.)?
- Link research/evaluation – any question about it in Expression of interest

4.5 Other Findings Objective

- Webcast - when should they be done? How? Can be used to promote the calls.
- Stakeholder analysis for communication strategy? Focus on dissemination of the results from VOPD and iHAC
- Create events that can spread messages and contribute to greater focus and interest from national, regional, and local actors
- Other stakeholders who could contribute or benefit from the project – Local Association of Municipalities (citizen perspective), 'Nordiske' - Danish Regions, Private companies (pharma, medtech)
- How to align to sustainability and the green agenda.

5 Recommendations

Below are the summarised main recommendations obtained during the review.
- Both objectives should have their outset and focus from the citizen perspective.
- Maturity and outcome/value-based health approach – how to apply outcome-based impact in organizations that probably is lacking digital and technical maturity.
- Create future scenarios - 'How the health sector from the citizen's point of view would look like in the future (2050)'?
- Sharing of health data across silos – showcases.
- Focus and improve communication and dissemination of results from the iHAC project.
- Stakeholder analysis for communication strategy.
- Create events that can spread messages from VOPD and iHAC.
- Focus on how to get greater focus and interest from national, regional, and local actors.