



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Department of health and seniors of Ministry of the German
speaking community and Office for self-determined living

Belgium



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Version history

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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
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0.3	Mar 27 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 4 2023	Members of informed discussion group	Complete draft version for distribution
0.5	May 5 2023	Members of informed discussion group	Update of the draft on the basis of the survey results
1.0	June 15 2023		Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
SelbM	Department for self-determined living of the German-speaking Community of Belgium
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

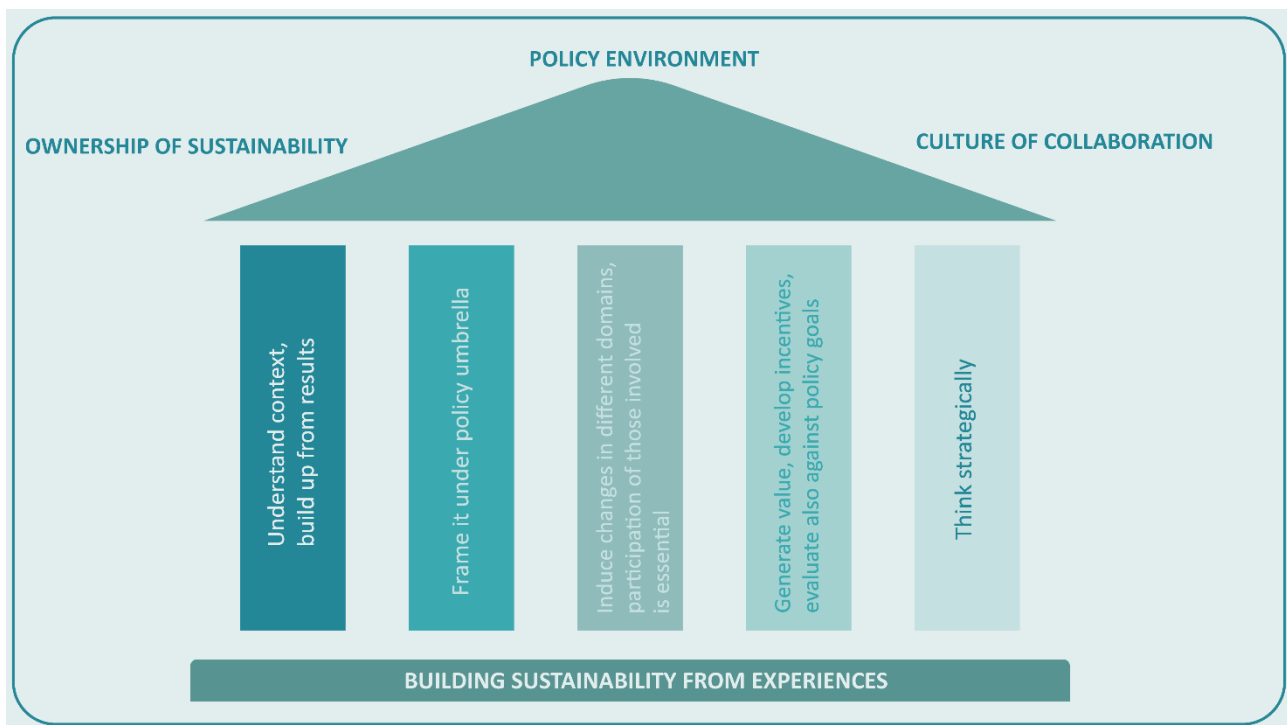
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Department for self-determined living of the German-speaking community of Belgium (SelbM) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for SelbM for review, presentation, discussion and adoption of the final version by SelbM during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice, that was developed, implemented and evaluated during JADECARE by SelbM. General vision and principles for sustainability are described as sustainability strategy, that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the SelbM, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice SelbM, Belgium (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of German speaking region of Belgium to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Office for self-determined living of the German-speaking Community of Belgium established a population-based regional integrated care system in the German speaking Community of Belgium based on the OptiMedis model. Based on a feasibility study on the implementation of integrated care in the German speaking Community a business plan was developed with recommendations for the development of a model region for integrated care and a financing plan which served as a basis for implementation of several interventions that facilitate integration of care in the region.

**The practice developed in JADECARE was supported by the OptiMedis original Good Practice based on the adoption and alignment of sixteen core features: 1.) Identifying current contractual arrangements and assessing possibilities for value-based contracting (CF1.1) 2.) Defining data standards and appropriate outcome measures (CF1.2); 3.) Designing the valued-based payment framework (CF1.3); 4.) Constructing the analytical model to execute the contract (CF1.4); 5.) Identifying and liaising with stakeholder group (CF2.1); 6.) Creating appropriate governance structures (CF2.2); 7.) Assessing state of current health IT integration and IT tools in use (CF3.1); 8.) Market assessment on tools adequate to improve IT connectivity of provider (CF3.2); 9.) Training with providers to assess incentives for IT deployment and usability assessment (CF3.3); 10.) Patient access to their data (Open Notes approach) (CF3.4); 11.) Potential analysis tool (CF5.1); 12.) Performance dashboards (CF5.2); 13.) FORTA tool to identify over- and underutilization regarding prescriptions (CF5.3); 14.) Individual treatment plans and care programme (CF6.1); 15.) Care planning based on Chronic care model (CF6.2); and 16.) Patient coaching (CF6.3).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

Main results of the JADECARE practice include: (1) situation assessment on the healthcare structures and the sector, and the willingness to invest in the integrated care initiatives; (2) a set of recommendations and priorities for integrated care in East Belgium; (3) a concept note and business plan for regional integrator company; (4) an implementation plan for integrated care East Belgium; (5) JADECARE practice serves as a potential reference case for the national level.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

Based on the rigorous implementation protocol that entails the development of a strong business case in collaboration with key national and regional health authorities, a strong basis for sustainability of the proposed model have been laid.

The overall goals, based on the results of JADECARE as a feasibility study, are (1) develop health pathways for certain pathologies or thematic based on the findings of the feasibility study and the stakeholder workshops; (2) develop a financing plan and (3) built a governance structure; (4) submit a concrete action plan regarding the implementation of integrated care in the German speaking Community to the federal Health Minister.

The focus of Sustainability strategy and sustainability action plan is to further develop the model with the aforementioned health authorities and scale-up the model by including new actors, broaden the target population and the setting where the model will be applied.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are linked to the health strategies at regional health policy level by the government declaration of 21 September 2020, when the Government of the German-speaking Community relaunched the integrated care initiatives in the German-speaking Community.</p>
<p>JADECARE practice outcomes will be embedded at the Ministry of the German speaking Community to ensure systemic funding and increase scalability potential at the regional level.</p>

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>Department of health and seniors of the Ministry of the German speaking community will become the main holder of sustainability process of JADECARE practice outcomes. JADECARE leading partner Office for self-determined living will provide expertise and advice as partner.</p>
<p>Department of health and seniors of the Ministry of the German speaking Community will facilitate links with other departments of the Ministry and with different levels of governance structures that are accountable for reinforcing the capacity of the region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>Department of health and seniors of the Ministry of the German speaking Community in partnership with other partners strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner SelbM and the stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: The German speaking Community will submit a local action plan regarding the implementation of integrated care in the region including 5 priority health pathways and a financing frame
Actor(-s) MDG (Ministry of the German speaking Community)
Resources Human resources
Setting(s) Regional
Timeline June 2023
Key Performance Indicator Action plan available

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: A governance structure will be established to coordinate and assure the sustainability of the implementation of integrated care
Actor(-s) Legal department of the Ministry of the German speaking Community
Resources Human and financial resources
Setting(s) Regional
Timeline Not yet known
Key Performance Indicator The legal framework or constitutive documents of the organization are available

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Perform a stakeholder poll to define 5 priority action fields
Actor(-s) MDG (Ministry of the German speaking Community) and local stakeholders
Resources Human resources
Setting(s) Regional
Timeline May 2023
Key Performance Indicator The poll has been performed and the 5 priority action fields have been defined



**JADE
CARE**

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

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Croatian Institute of Public Health

with contributions of Croatian Health Insurance Fund and

Ministry of Health

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Denis Opresnik	NIJZ
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0.5	May 2023	Ivana Brkić Biloš, Tanja Lelas, Tamara Radošević (CIPH)	Prefinal version presented during implementation key learning workshop
1.0	June 15 2023	Ivana Brkić Biloš, Tanja Lelas, Tamara Radošević (CIPH)	Version 1.0

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1 Introduction

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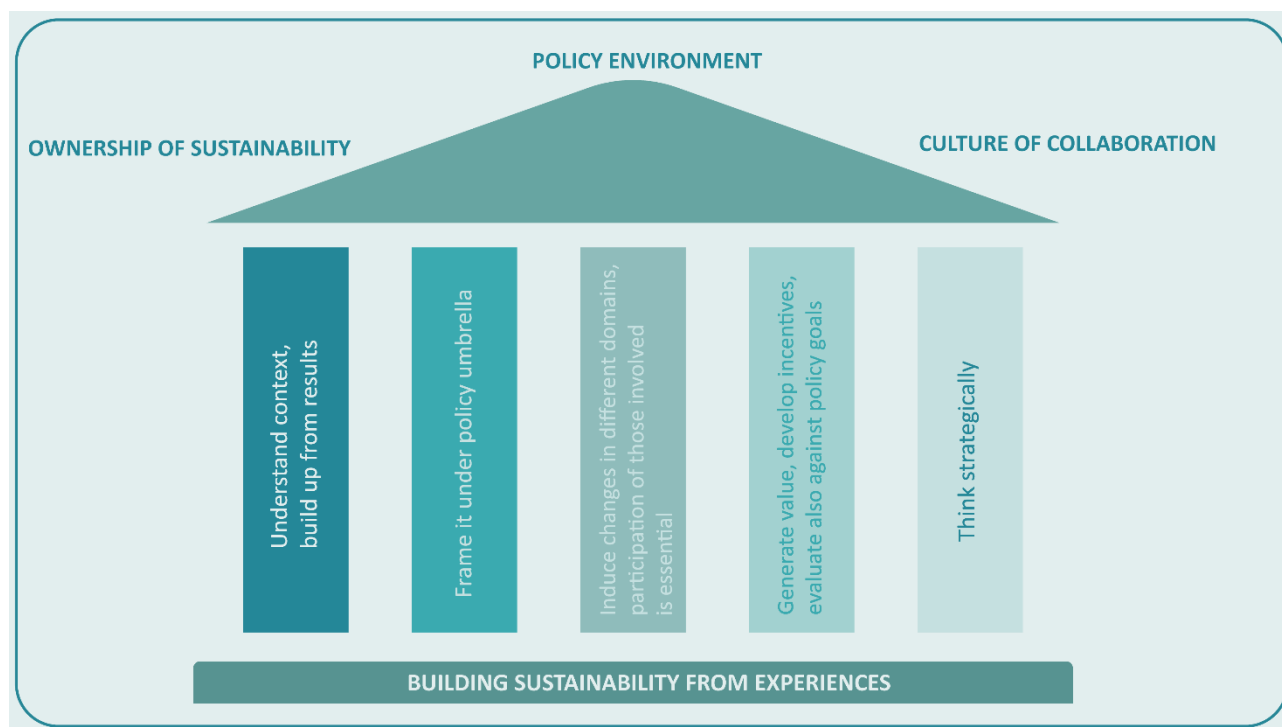
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Figure 1. JADECARE Sustainability Framework



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The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Croatian Institute of Health (CIPH) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for CIPH for review, presentation, discussion and adoption of the final version by CIPH during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice, that was developed, implemented and evaluated during JADECARE by CIPH. General vision and principles for sustainability are described as sustainability strategy, that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the CIPH, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice CIPH, Croatia (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Croatia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, CIPH developed a new approach for integrated healthcare with utilisation of new media in GP-patient communication and disease management via The Health Portal and the dedicated website for patients with chronic diseases. The approach is aimed at improving health and quality of life of the patients with leading chronic noncommunicable diseases (NCDs) (COPD, hypertension, diabetes, osteoporosis, etc) and enhancing the health system quality by establishing better communication between patients and their GPs and access to relevant education materials.

**The practice developed in JADECARE was supported by Basque and South Denmark Region original Good Practices based on the adoption and alignment of seven local core features: Basque practice: 1.) Integrated care - Deployment of integrated communication and information systems (CF2.2); 2.) Patient Empowerment- Deployment of a School of Health (CF3.1); 3.) Patient Empowerment - Empowerment programs for chronic and/or multimorbid patients (CF3.2); South Denmark Region practice: 1.) SAM: BO Agreement (CF1.3); 2.) Health Agreements (CF1.1); 3.) Messaging Standards (CF1.2); 4.) The Digital Health Centre (CF2.5)

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE practice include:

- (1) Identification of the barriers and facilitators for the use of The Health Portal ("Portal zdravlja" that provides the Croatian citizens an access to (some of) their healthcare information from the Central Health Information System of the Republic of Croatia (CEZIH) and can support an active communication between the patient and the doctor) by GPs;
- (2) Development and delivery of a short education course on the use of The Health Portal for GPs
- (3) Development of 10 education materials for patients with diabetes, hypertension, COPD, and osteoporosis and other relevant chronic noncommunicable diseases;
- (4) Development of demo version of web page for patients with the following chronic diseases: COPD, hypertension, diabetes mellitus, osteoporosis;
- (5) Promotion of the use of the web page with special focus to diabetes (GPs, Croatian Federation of Diabetic Associations).

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

There is strong political support for digitalisation and integration in the healthcare sector in Croatia at the moment, especially in the field of NCD management. These priorities became even more evident during COVID-19 pandemic even though it caused certain delays in sufficiently addressing them due to healthcare system overload. Despite, the strongpoint for sustainability of interventions developed by JADECARE good practice is the existence of the national healthcare action plan and legal frameworks supporting initiatives for digitalization of the healthcare system and enabling implementation of JADECARE practice.

The main goals of the future work are: (1) to further develop activities that will support the use of The Health Portal by GPs, based on studies such as satisfaction surveys on the use of available digital tools by GPs to identify areas of improvement ; (2) to develop activities that will support the use of The Health Portal by citizens, based on studies such as satisfaction surveys on the use of available digital tools by citizens to identify areas of improvement ; (3) to develop and update educational and other supporting materials for patients with all major chronic diseases; (4) based on demo version, development of a permanent web page for patients with all major chronic diseases; (5) support the use of the web page for patients with all major chronic diseases.

The focus of the Sustainability strategy and sustainability action plan is to further support the uptake of solutions provided by the national Health portal and Digital Health Centre as means for e-education and communication between GPs and patients. Additional promotional activities are being planned to disseminate relevant information on the benefits of using the aforementioned digital tools among key stakeholders. Important aspect of sustainability will also be to further engage health professionals and patients in providing feedback on usability of the tools which will be a basis for their improvement and identification of new areas of implementations also in the future.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are grounded to the health strategies at national health policy level, such as National Development Strategy of the Republic of Croatia until 2030, National Health Development Plan for the period from 2021 to 2027, Action plan for the implementation of the National Health Development Plan 2021 – 2025.
JADECARE practice outcomes will become a part of larger schemes of health system transformation, such as NCD Prevention and Control Program.
JADECARE practice leading partner CIPH will establish the strong top-down and bottom-up linkages to other key stakeholders (MoH, Croatian Health Insurance Fund (CHIF)) in the system, that can assure the funding and continuity of practice’s outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner CIPH will serve as the main holder of sustainability at least in 2024 and 2025.
JADECARE practice leading partner CIPH (formal and informal) to different levels of governance structures (specifically MoH) that are accountable for reinforcing the capacity of Croatia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centered care.
JADECARE practice leading partner CIPH will establish the links (formal and informal) to other stakeholders with power (CHIF) (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner CIPH and the stakeholders from the NAWG (MoH, CHIF, National coalition of patient associations in Croatia) will actively work on strengthening the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner CIPH and the stakeholders (National coalition of patient associations in Croatia; Coalition of diabetes patient associations) create numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner CIPH and the stakeholders (National coalition of patient association in Croatia; Coalition of diabetes patients association) consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

- 1.Understand the context, explore the policy environment.
- 2.Build a common vision across stakeholders.
- 3.Define needs, seeking for consensus.
- 4.Identify available resources and align objectives.
- 5.Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
- 6.Start small and build up from there.
- 7.Communicate the results.
- 8.Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: CIPH and network of key partners from JADECARE project will identify the approach to link scaling-up of JADECARE results within National Health Development Plan 2021-2027 and NCD Prevention and Control Plan, by October 2023.
Actor(-s) CIPH
Resources Human resources
Setting(s) National level
Timeline October 2023
Key Performance Indicator <u>Minutes from the meeting with the steering group of the NCD Prevention and Control Program.</u>

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: CIPH will continue to lead the working group established in JADECARE and hold the responsibility for activities after JADECARE ends beyond October 2023.
Actor(-s) CIPH - lead, MoH, CHIF, National coalition of patient association in Croatia
Resources Human resources
Setting(s) National level
Timeline October 2023
Key Performance Indicator Minutes of the meetings of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) CIPH - lead, MoH, CHIF, National coalition of patient association in Croatia
Resources Human resources
Setting(s) National level
Timeline November 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) CIPH
Resources Human resources
Setting(s) National level
Timeline November 2023
Key Performance Indicator Communication plan ready.
Key activity 2 including SMART goal: Dissemination activity to communicate JADECARE results to healthcare providers, citizens and stakeholders not yet involved, by December 2023.
Actor(-s) CIPH
Resources Human resources
Setting(s) National level
Timeline December 2023
Key Performance Indicator: Report available on January 2024



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

University Hospital Olomouc
Czech Republic



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www.jadecare.eu

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Acronym	JADECARE
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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
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0.3	Apr 4 2023	Members of informed discussion group: Zdislav Dolecek, Zdenek Gutter, Denis Oprešnik, Anja Brunec	Second version, for feedback from local implementation working group
0.4	April 12 2023	Zdislav Dolecek, Zdenek Gutter, Denis Oprešnik, Anja Brunec, Jelka Zaletel	Complete draft version for distribution presented at implementation key learning workshop
0.5	June 5 2023	Zdislav Doleček, Zdenek Gutter	Revised version
1.0	June 15 2023	Zdislav Doleček, Zdenek Gutter	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
FNOL-UHO	University Hospital Olomouc
NIJZ	National institute of Public Health Slovenia
MoH	Ministry of Health

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

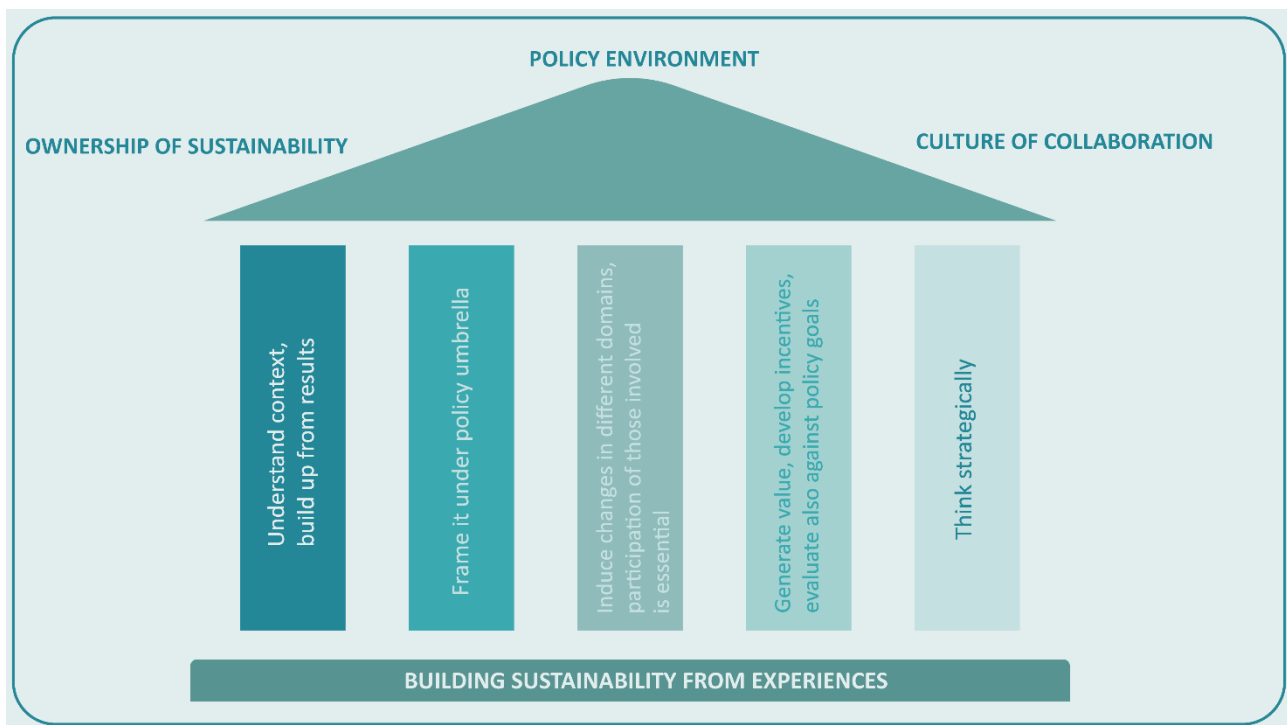
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with University Hospital Olomouc (FNOL-UHO) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for FNOL-UHO for review, presentation, discussion and adoption of the final version by FNOL-UHO during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice, that was developed, implemented and evaluated during JADECARE by FNOL-UHO. General vision and principles for sustainability are described as sustainability strategy, that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the FNOL-UHO, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice FNOL-UHO, Czech Republic (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Czech Republics' key stakeholders (esp. MoH, health insurances, innovative and other healthcare providers such as FNOL-UHO) to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, University hospital Olomouc together with other key stakeholders in the Czech Republic including those in Jeseník district in Olomouc Region of Czech Republic implemented several interventions in the field of tele-psychiatry\psychology to improve integration between care provided distinctive health professionals and to improve proactive care for patients from remote parts of the country by facilitating access to specialized care without the need for travel. The practice set the stage for the development and expansion of case management, crisis intervention, liaison services for other medical specialties, nursing care, etc. Sharing medical records also decreases the burden for social service facilities, especially homes for the elderly, for caregivers, and reduces the number of trips and paper transfers between patients and physicians.

**The practice developed in JADECARE was supported by the Basque Country and South Denmark Region original Good practices based on the adoption and alignment of two local core features: Basque practice: 1.) Coordination of care and communication between health care providers (CF2.3); and South Denmark Region practice: 1.) Telepsychiatry (CF2.2).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The results at the end of JADECARE are in line with the first implementation plan and include: a set of Tele-Psychiatry\psychology online tools (LCF1); a set of online management of the psychological and behavioural disorders (including the creation of a basic description of the problem, appropriate labelling and proposal of the reimbursement for the health insurance company) (LCF2); enabled online access to the relevant health documentation to inform about medication and medical treatment process (with creation and setting up of a system that enables sharing of documentation between health care providers, including those provided in social service facilities, to decrease duplication of health records and physical exchange of documentation between health professionals) (LCF3).

These LCFs comprise concrete elements as follows: (1) verified and tested video consultations in psychiatry as part of psychiatric practice, (2) that included sharing of documentation and collaboration on patient care (General Practitioners - hospital); (2) development of the strategic approach on healthcare supported by ICT including refinement for adaptation of existing hospital information systems, creating a custom telemedicine application as an input experience for the creation of new more robust and capacity ICT systems, with possibilities of sharing documentation, integrated approach in patient care, cooperation between different health care entities based on validation and analysis of the lessons learned on video consultation in psychiatry; (3) concrete inputs to specifications used for creation of software (custom solution for telemedicine application, integration platform for documentation sharing meeting interoperability conditions), fully embedded within new hospital system; (4) development of training for health professionals (employees) including manuals; (5) design of dashboards, presenting of the outputs, settings and possibilities of the portal within the regional political scene and local providers of health services, as well as social services; (6) selection and evaluation and assessment of risk stratification models with focus to future predictability of relevant diseases (developed in collaboration with Brno University of Electrical Engineering in another project), (7) inputs to specification for the development of mobile telemedicine app intended for the care of palliative patients, used for communication with patients (reporting, consultation requests, questionnaires, etc.) as well as video consultations in psychiatry, consultations between various medical facilities and professionals, health data sharing, etc. (the development is not yet finished in June 2023, but the app is operational and is used also by other hospitals under agreement). This app will enable transfer of textual and other messages (incl. requests for examinations, documentation, consultations, photos) in digital form. (8) dissemination of good practice to future users and other subjects, such as lectures for pre-graduates (future doctors) at the medical faculty, opening of a new course "digital

medicine" in the Centre for Digital Medicine, which was established at the Medical faculty of Palacký University in Olomouc, lectures in social and non-medical settings, presentations to working groups for health (eHealth) and social services in Olomouc Region. Collaboration with the University in the framework of commissioning and conducting study work; (9) major impetus for establishment of an umbrella working group "eHealth", that aims to join outputs of JADECARE with other projects in which FNOL-UHO is involved, such as development of teleophthalmology, gestational diabetes, preparation of a server for an integration platform linking other systems used by providers, that established the regional subsidy programme for Olomouc Region; (10) collaboration and communication of outcomes, outputs with the Ministry of Health of the Czech Republic, particularly on conceptual and sustainability aspects and with the aim scaling up the innovation countrywide.

FNOL – UHO by the development of this new practice continues in its effort that it has been developing within EIP on AHA since 2012 as well as its acting as Reference Site with the aim to introduce the innovation into the practice in health care and scaling it up.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The JADECARE good practice has been fully aligned with MoH plans and with the current Health Electronization Act (No. 325/2021 Coll). It is also consistent with Psychiatric care reform strategy (2013), National eHealth strategy (2016), Primary care reform principles (the reform under development in 2023), Health 2030 Strategic framework of the Czech Republic (2020). Additionally, MoH has showcased strong support and interest in developed solutions throughout the duration of the Joint Action and has had an important role in involvement of University hospital Olomouc as a JADECARE pilot.

The overall goals are: (1) to ensure that inclusion telepsychiatry JADECARE new practice achievements and results can be incorporated in regular processes, for which it will be one of the specific telemedicine outputs of a new system and implementation oriented project Telemedicine financed by the National recovery and resilience facility (RRF - National Recovery Plan, starts in 2023), further development of the intervention in collaboration with relevant professional medical societies and stakeholders (incl. insurances); (2) further development of a user-friendly and ideally native application that is structured to allow users to interact with the healthcare facility and between healthcare facilities, that would collect selected data (e.g. from telemonitoring, questionnaires, etc.) and where system responses - alerts - can be set; (3) further work within the umbrella working group "eHealth", that joins outputs of JADECARE with other projects such as see above and performing further targeted dissemination and implementation activities; (4) scaling-up of JADECARE results within the regional subsidy program for Olomouc Region.

In light of government's initiative to develop a funding framework to support further development of telemedicine in Czech Republic, the focus of the Sustainability strategy and sustainability action plan is to structure the collaboration with the national health authorities, namely MoH, the follow-up care provided by hospitals in Olomouc region, the Olomouc Region Health Department, with the aim to scale up the practice country wide, for which knowledge and capacities have been built in University hospital Olomouc. The aim is to implement a useful digital tool with ability to provide feedback and enable data exchange, is functional, beneficial and easy to use for health professionals and other users.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes.

Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
The results of the JADECARE practice are linked to health strategies at the national health policy level, in particular the Health 2030 Strategic framework, including the action and implementation plan under the responsibility of the Ministry of Health (MoH), Psychiatric care reform strategy and new EU Regulation of the EHDS.
JADECARE practice outcomes will become a part of larger schemes of health system transformation within National Recovery Plan at national level (project Telemedicine), and as regional subsidy program for Olomouc Region.
JADECARE practice outcomes will be further used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance.
JADECARE practice leading partner FNOL-UHO and representatives of the Olomouc Region, representatives of the MoH Department, physician representatives of the professional chambers will strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner FNOL-UHO will serve as the main holder of sustainability process at least in 2024 and 2025.
JADECARE practice leading partner FNOL-UHO and the stakeholders such as MoH are linked (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Czech Republic to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner FNOL-UHO and the stakeholders such as MoH, selected service providers will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner FNOL-UHO and the stakeholders (Ministry, regional government, experts) strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner FNOL-UHO and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders (e.g. GPs, psychiatry associations, long-term care hospital, other stakeholders), including communities.
JADECARE practice leading partner FNOL-UHO and the stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are formed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level, align with relevant strategies and concepts.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: By October 2023, UHO and the network of key partners of the JADECARE project will ensure the dissemination of the results of the JADECARE project using the National Recovery Plan project Telemedicine, including its financial support.
Actor(-s) FNOL, UHO, MoH
Resources Human, Technical and/or financial
Setting(s) Local, Regional and/or National
Timeline October 2023
Key Performance Indicator Minutes from the meeting of the steering group or equivalent
Key activity 2 including SMART goal: UHO will assure scaling-up JADECARE results within regional subsidy programme for Olomouc Region.
Actor(-s) FNOL-UHO
Resources Human, Technical and/or financial
Setting(s) Local
Timeline March 2024
Key Performance Indicator Elements of JADECARE results represented within regional subsidy programme for Olomouc Region implementation plan

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: UHO will continue the working within “eHealth” regional working groups, will hold the responsibility for activities after JADECARE ends in October 2023.
Actor(-s) FNOL-UHO, representatives of the regional management
Resources Human, Technical and/or financial
Setting(s) Regional
Timeline October 2023
Key Performance Indicator Minutes of the meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) FNOL-UHO
Resources Human
Setting(s) Regional
Timeline November 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) FNOL-UHO
Resources Human
Setting(s) National
Timeline November 2023
Key Performance Indicator Communication plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Region North Denmark

Denmark



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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
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0.4	March 10 2023	Bente Koch Pedersen, Ulrik Appel, Steno Diabetes Centre (RND) Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
0.5	May 17 2023	Bente Koch Pedersen, Ulrik Appel, Steno Diabetes Centre (RND)	Discussion during implementation key learning workshop, revised version
1.0	June 13 2023	Bente Koch Pedersen, Ulrik Appel, Steno Diabetes Centre (RND)	Version 1.0 (final)

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
RND	Region North Denmark
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

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JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
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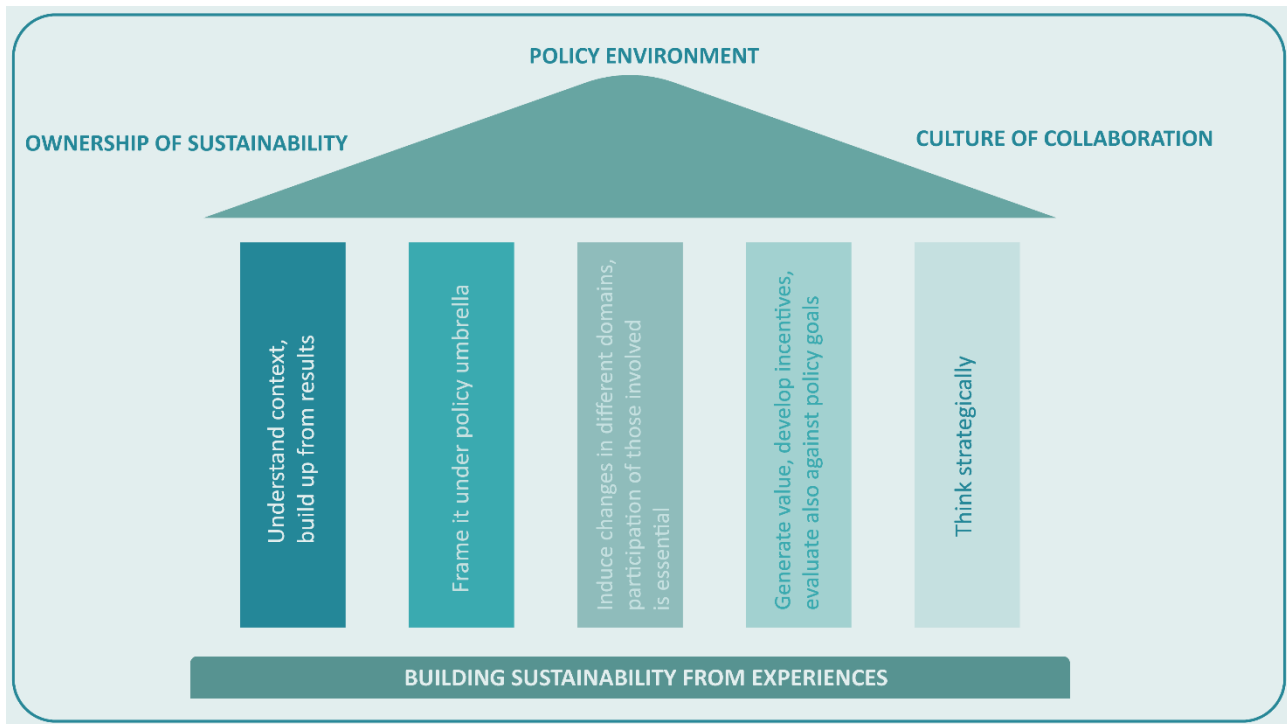
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During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

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1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice, that was developed, implemented and evaluated during JADECARE by RND. General vision and principles for sustainability are described as sustainability strategy, that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the RND, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice RND, Denmark (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of both Steno Diabetes Centre as well as North Denmark Region in general to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box below.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

The North Jutland region implemented several interventions to further develop the capacities for strategic use of data and data dashboard, primarily in the field of diabetes with the purpose to increase quality of life and life expectancy for citizens with diabetes; to create a coherent diabetes treatment close to the citizen; to slow down the growth of new cases of Type 2 diabetes and prevent chronic complications – a vision of Steno Diabetes Centre North Jutland as the leading partner in JADECARE practice. Secondly, the practice generally explored new and more data-driven approaches to the health field (particularly chronic disease management) as new knowledge and methods are needed to focus on the entire population group and not only on active patient groups in the hospital. The aim of the work in JADECARE was to facilitate dialogue about further developments and new perspectives on the existing databases. The main purpose was to build a new Dashboard, use Risk Stratification on patients, that do not attend scheduled visits, and to have a strategical discussion about how to obtain useful insights from it.

**The practice developed in JADECARE was supported by the Basque and OptiMedis original Good practices based on the adoption and alignment of five local core features: Basque practice: 1.) Stratification Data extraction and construction of Dashboards (CF1.1); 2.) Classification of patients (CF1.2); 3.) Stratification in the framework contract (CF1.3); and OptiMedis practice: 1.) Potential analysis tool (CF5.1); 2.) Performance dashboards (CF5.2).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE practice include: (1) the Dashboard is in place, including several different elements (general overview, population overview, prevention and screening), (2) Data analytics on patient absences to identify risk factors, identifying male aged 20-45 to be at highest risk (3) Discussion about population approach in RND via a network of main key stakeholders: Department for Regional Development, The Department for International Cooperation, The department for BI and analysis, The Idea Clinic, The Department for Quality and the Working Environment (all aforementioned are RND departments), Danish Center for Health Research, Telecare Nord, Department of Intersectoral Health, "The health profile", The practice unit (GPs), Psychiatry, Aalborg University, Institute for Public Health, Institute for Medicine and Health Technology, Centre for general medicine, Aalborg municipality, and Frederikshavn Municipality.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The North Jutland region has strong tradition and infrastructure for strategic use of data. JADECARE was important in building new knowledge and tools for digitally supported care in the fields of chronic disease management (especially but not limited to diabetes) and population health.

The focus of Sustainability strategy and sustainability action plan is to plan for implementation of new projects in the field of strategic use of data and to further build networks with different stakeholders (e.g. Regional Development Department and other central departments in the Region, municipalities in NRD and general practices, as stated above).

During JADECARE, the activity of the use of data of the "morning conference" (i.e. with doctors from different departments meeting for discussions before seeing the "in bed" patients (patients who are hospitalized)) reoriented the approach to be arising "bottom-up" from the users of the data, i.e. Healthcare professionals; the analyses performed were used as the baseline for another, bigger project MyDiabetesNeed funded by Novo Nordisk Foundation.

Overall goals for after JADECARE ends are: (1) To continuously expand the database with new data sources and reports to be represented at Dashboard, (2) SDCN will run a dedicated "data track" in the digital health department, (3) RND will further focus on male aged 20-45, who have an increased risk of

absenteeism, as identified by the based on our AI model, (4) maintain and evolve the discussion about population approach in RND via the network in the whole region with the participation of municipalities, general practitioners, and other external partners as described within the field of diabetes and have reached an agreement that in the future RND must have more focus on data and diabetes on one hand, and to expand similar initiatives to other chronic diseases, and on the other hand datasets to be expanded with more socio-economic data.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalization of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are aligned to the health strategies of Research and Innovation strategy at regional health policy level.
JADECARE practice outcomes will become a part of larger schemes of health system transformation, particularly through use in the upcoming development of Regional Research and Development strategy.
JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance.
JADECARE practice leading partner RND and the stakeholders included in the network of key stakeholders will further nurture and expand the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner Steno Diabetes Centre and Idea Clinic (RND) will serve as the main holder of sustainability and scalability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partners Steno Diabetes Centre and Idea Clinic (RND) and the network of key stakeholders especially Department of Regional Development will enhance and establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of North Denmark Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.</p>
<p>JADECARE practice leading partner RND and the network of key stakeholders / will enhance and establish the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice leading partner RND serves as a leading partner of the network of key stakeholders, set up by Department for Regional Development, The Department for International Cooperation, The department for BI and analysis, "The Idea Clinic", The Department for Quality and the Working Environment (RND), Danish Center for Health Research, Telecare Nord, Department of Intersectoral Health, "The health profile", The practice unit (GPs), Psychiatry, Aalborg University, Institute for Public Health, Institute for Medicine and Health Technology, Center for general medicine, Aalborg municipality, and Frederikshavn Municipality.</p>
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>JADECARE practice leading partner RND and the network of key stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner RND and the network of key stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities.</p>
<p>JADECARE practice leading partner RND and the network of key stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: RND and network of key partners from JADECARE project will link scaling-up of JADECARE results within Regional Research and Innovation Strategy by October 2023.
Actor(-s) Idea Clinic and Steno Diabetes Centre (RND)
Resources Human resources
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Minutes from the meeting of the Steering group with Department for regional development with provided suggestions how to include the results from JADECARE into the upcoming strategy
Key activity 2 including SMART goal: RND will further integrate the use of JADECARE results within the project MyDiabetesNeed – funded by Novo Nordisk Foundation by October 2023.
Actor(-s) RND
Resources Human resources and Financial resources from Novo Nordisk Foundation
Setting(s) Regional level
Timeline October 2023 – 2026
Key Performance Indicator Elements of JADECARE practice results represented within the project materials (new Dashboard to use at the hospital level)

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: RND working group (Steering Committee) that is in place for management and results of the Dashboard, will hold the responsibility for scaling-up activities after JADECARE ends within October 2023.
Actor(-s) Steno Diabetes Centre and Idea Clinic (RND) - lead
Resources Human resources
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Minutes of the meeting of the working group
Key activity 2 including SMART goal: The working group will develop a plan of activities to support further development of the JADECARE outcomes (e.g. Dashboard), building the capacity of diabetes management in RND by November 2023.
Actor(-s) RND
Resources Human resources
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Plan of activities available

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: RND will serve as a leading partner of the network of key stakeholders, set up by Department for Regional Development, The Department for International Cooperation, The department for BI and analysis, "The Idea Clinic", The Department for Quality and the Working Environment (RND), Danish Center for Health Research, Telecare Nord, Department of Intersectoral Health, "The health profile", The practice unit (GPs), Psychiatry, Aalborg University, Institute for Public Health, Institute for Medicine and Health Technology, Center for general medicine, Aalborg municipality, and Frederikshavn Municipality by holding the first meeting of the network by December 2023 to share, agree and involve stakeholders in a plan of activities to support reinforcing the capacity in Diabetes management of JADECARE key results as developed by RND's working group (please see above), with regular meeting for monitoring and expanding the activities once every 3 months.
Actor(s) Steno Diabetes Centre and Idea Clinic (lead), Department of Regional development (coordinator of the meetings)
Resources Human resources
Setting(s) Regional level
Timeline Continuous quarterly meetings, starting December 2023
Key Performance Indicator Minutes of the meetings available to the network with defined actions, responsibilities and timeline
Key activity 2 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) RND
Resources Human resources
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Communication plan ready
Key activity 3 including SMART goal: Dissemination activity to communicate JADECARE results to a broader part of region via website, newsletter by November 2023.
Actor(-s) RND
Resources Human resources
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator List of dissemination activities



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Viljandi Hospital,
Ministry of Social Affairs Estonia

Estonia



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0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Mar 15 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 22 2023	Denis Opresnik, Jelka Zaletel, Saima Hinno, Ivar Sikk	Informed discussion intended for further development of your sustainability strategy and sustainability action plan
0.5	May 8 2023	Denis Opresnik, Saima Hinno	Informed discussion via email, clarifying some aspects of sustainability action plan scope
0.6	May 10 2023	Mart Kull at Jadecare workshop in Hamburg	Discussion during implementation key learning workshop, revised version
0.7	June 7 2023	Saima Hinno, Kaily Susi, Liisa Veide, Ivar Sikk	Informed discussion, revised version
0.8	June 15 2023	All team	Final version

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
VH	Viljandi Hospital
SoM	Ministry of Social Affairs Estonia
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 1 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 2 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multi-morbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, the OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

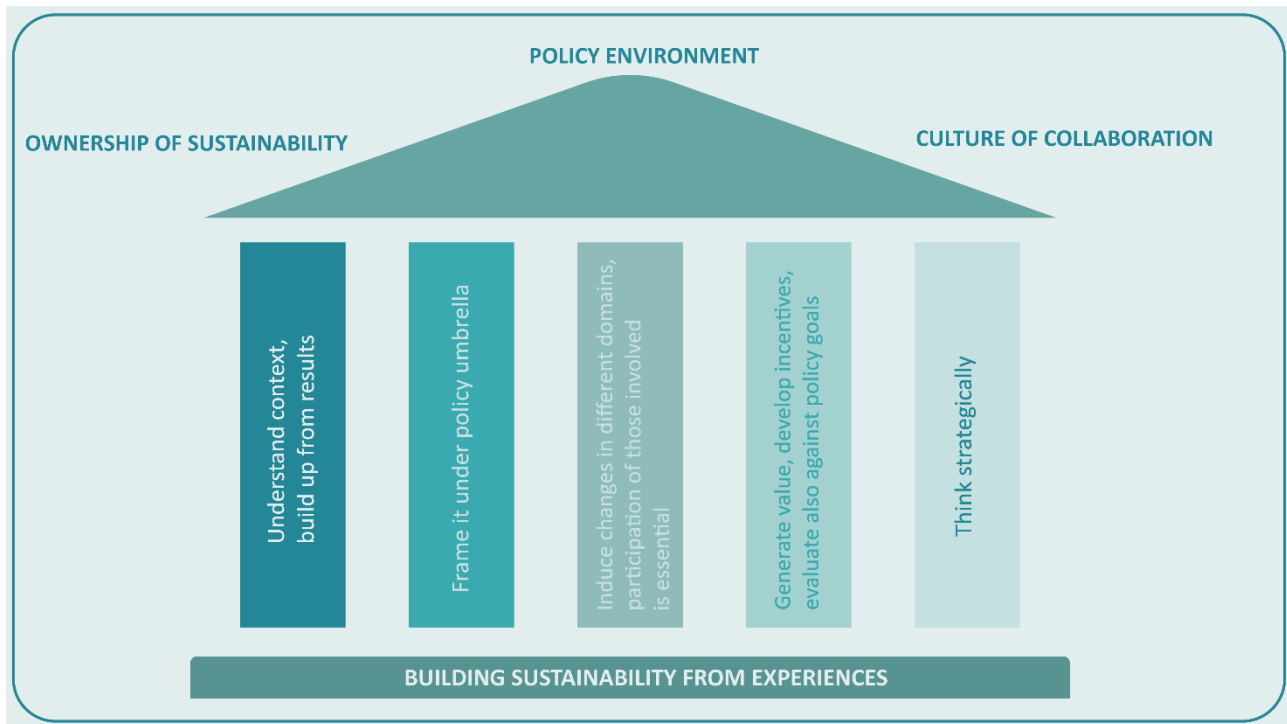
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Viljandi Hospital (VH) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for VH for review, presentation, discussion and adoption of the final version by VH during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by VH. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the VH, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice VH, Estonia (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Estonia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Viljandi hospital with other service providers developed a contracting and payment framework approach with a risk stratification model respective to person-centred and integrated services in Viljandi county. The overall aim of the implemented interventions is to increase health and quality of life of the population and improve the efficiency of the healthcare system through better planning and use of resources.

**The practice developed in JADECARE was supported by the OptiMedis and Catalan original Good practices based on the adoption and alignment of five local core features: Catalan practice: 1.) Assessment of transferability, and identification of steps for adoption, according to intellectual property rules, of the Catalan population-based risk stratification tool into the ecosystem of the Next Adopter (CF1.1); 2.) Health data management strategies (CF1.2); and OptiMedis practice: 1.) Identifying current contractual arrangements and assessing possibilities for value-based contracting (CF1.1); 2.) Designing the valued-based payment framework (CF1.3); 3.) Constructing the analytical model to execute the contract (CF1.4).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE results include: (1) development of risk stratification model and case finding algorithms; (2) local use of risk stratification tool and case finding; (3) national use of the risk stratification tool and case finding is included in the national project "PAIK 2022-2025" (PAIK= *Integration of Social and Healthcare services in a Local setting*), co-funded by Estonian Health Insurance Fund; (4) data for risk stratification algorithms from state insurance fund is available and in an appropriate format; (5) development of a regional accountable care organization framework and primary interests are mapped.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

Digitally supported integrated care is recognized as one of the key priorities in the Estonian healthcare system and there is a political consensus on the needs, objectives and strategies to achieve change within the system. The JADECARE good practice has been designed in a way to address these priorities in a meaningful and robust way.

The overall goals are: (1) the use of the of risk stratification tool and case finding, supported by national project "PAIK 2022-2025" (PAIK= *Integration of Social and Healthcare services in a Local setting*), co-funded by Estonian Health Insurance Fund; (2) data for risk stratification algorithms from state insurance fund inserted into the algorithms for risk stratification tool and case finding; (3) development of a accountable care organization framework.

The focus of the sustainability strategy and sustainability action plan is to establish a high-level coalition to anchor the specific practice results at the policy level and assure systemic funding upon the conclusion of JADECARE.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are linked to the health strategies at national health policy level, such as National Health Plan 2020-2030.</p>
<p>JADECARE practice outcomes will become a part of larger schemes of health system transformation within local ambitious project “PAIK 2022-2025” (PAIK= <i>Integration of Social and Healthcare services in a Local setting</i>) including Viljandi county as well as two other counties, Saare county and Valga county.</p>
<p>JADECARE practice outcomes will be further used as one of the resources for establishment of political consensus on the needs, objectives, and strategies on how to achieve health system transformation irrespective of political crises and changes in governance.</p>
<p>JADECARE practice leading partner VH and the stakeholders such as National Health Insurance Fund will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes.</p>

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner VH will serve as the main holder of sustainability process at least in 2024 and 2025.</p>
<p>JADECARE practice leading partner VH and the key stakeholders such as National Insurance Fund will further establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Estonia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centered care.</p>
<p>JADECARE practice leading partner VH and the key stakeholders such as municipality, social care sector will further establish the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the local setting.
JADECARE practice leading partner VH and key stakeholders such as local municipalities, local social care sector, National Insurance Fund and Ministry of Social Affairs will further strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner VH and key stakeholders such as local municipalities, social care sector, National Insurance Fund and Ministry of Social Affairs create numerous bottom-up and top-down interactions among the stakeholders, including communities, specifically to exchange knowledge and experience with similar local and national initiatives such as promoting a population based integrated care approaches through meetings, workshops and seminars and establishing collaborations.
JADECARE practice leading partner VH will collaborate with original best practice owners in Catalan as well as in OptiMedis after the project ends to further support the development and implementation of JADECARE practice outcomes.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement, and ownership; ensure impactful participation of professionals, patients/users, and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial, and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: VH and network of key partners from JADECARE project will include core JADECARE results into project “PAIK 2022-2025” (project on <i>Integration of Social and Healthcare Services in a Local Setting</i>), from October 2023 onwards.
Actor(-s) VH
Resources – human, financial and network resources
Setting(s) – local level, with implications for regional and national policy making
Timeline from October 2023 onwards
Key Performance Indicator Elements of JADECARE results represented within the project “PAIK 2022-2025” implementation plan; list of outcomes/features implemented.

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: VH will constitute a working group that will hold the responsibility for activities after JADECARE ends from September 2023 to August 2025.
Actor(-s) VH, National Insurance Fund
Resources – human, financial and network resources
Setting(s) - Viljandi hospital, municipalities and GPs’ practices; Saare county (Kuressaare hospital); Valga county (Valga hospital).
Timeline September 2023 to August 2025
Key Performance Indicator – progress reports submitted to National Insurance Fund.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2024.
Actor(-s) VH, National Insurance Fund, SoM
Resources - human, financial and network resources
Setting(s) – all levels: local, national, international via conferences, events, meetings
Timeline – November 2024 continuous
Key Performance Indicator – communication plan; list of dissemination activities
Key activity 2 including SMART goal: A high-level coalition at the policy level to anchor the risk stratification and criteria based contracting and payment framework and assure systemic funding upon the conclusion of JADECARE established by December 2024.
Actor(-s) - VH, National Insurance Fund, SoM
Resources - human, financial and network resources
Setting(s) – local and national levels
Timeline - December 2024 – continuous
Key Performance Indicator – PAIK 2022-2025 project reports (both interim and final) submitted to National Insurance Fund; minutes of the meetings of the coalition; coalition membership, expansion; stakeholders’ engagement;



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
EUSTRAS	Eurometropole Strasbourg
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 1 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 2 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

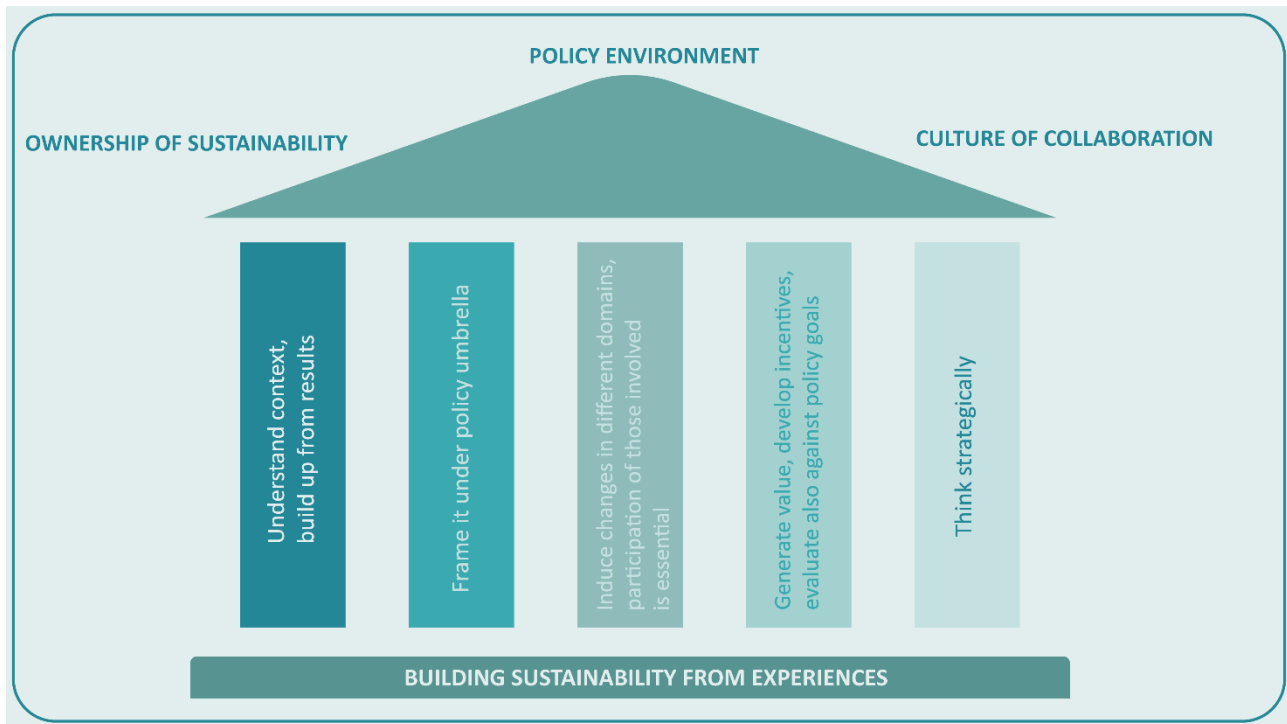
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Eurometropole Strasbourg (EUSTRAS) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for EUSTRAS for review, presentation, discussion and adoption of the final version by EUSTRAS during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by EUSTRAS. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the EUSTRAS, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice EUSTRAS, France (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Strasbourg areas to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, EUSTRAS developed a population based local integrated care system in three districts of Strasbourg based on the OptiMedis model and the Quadruple AIM to the local specificities of the Strasbourg Community. The local good practice focused on transforming a disease based professionally dominated care system towards a territorial population-based, people centred health system in an urban environment. Its main pillars were to build strong stakeholder networks of multi-professional nature including people and patient representation following a continuity of care logic; develop health programs and a continuity of care approach towards better patient health and self-management; data based decision support including patient information sharing across provider networks, performance measurement, analytical tools for outcome and impact assessment; increase efficiency of health care delivery system, avoid unnecessary hospitalisation and duplication of services, and develop an economic model to sustain patient centred integrated health systems. Increased efficiency and the economic model guarantee the continuation of activities after the end of the JADECARE project cycle.

**The practice developed in JADECARE was supported by the OptiMedis good practice based on the adoption and alignment of fifteen local core features: 1.) Defining data standards and appropriate outcome measures (CF1.2); 2.) Designing the valued-based payment framework (CF1.3); 3.) Constructing the analytical model to execute the contract (CF1.4); 4.) Identifying and liaising with stakeholder group (CF2.1); 5.) Creating appropriate governance structures (CF2.2); 6.) Assessing state of current health IT integration and IT tools in use (CF3.1); 7.) Training with providers to assess incentives for IT deployment and usability assessment (CF3.3); 8.) Shared decision making tools and self-management support (CF4.2); 9.) Comprehensive health checks and health-related goals (CF4.3); 10.) Providing training on incentives and tools to implement patient centred care (CF4.4); 11.) Potential analysis tool (CF5.1); 12.) Performance dashboards (CF5.2); 13.) Individual treatment plans and care programme (CF6.1); 14.) Care planning based on Chronic care model (CF6.2); and 15.) Patient coaching (CF6.3).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) in-depth analysis of the existing situation to identify barriers and opportunities; (2) development of pathways for two 'Sports On Prescription' programs (Prescri'mouv funded by the government and Sport Santé sur Ordonnance (SSSO) funded at the city level via Local Health Contracts (CLS)), heart failure, and diabetes; (3) updated identification of relevant literature, good practices, and websites; (4) development of the network with exchange platform for community actors and health ambassador program in place; (5) improved reporting and feedback mechanisms for GPs; (6) SSSO integrated in CPTS Strasbourg Ville targets (network of HPs led by doctors in a particular territory); (7) New Prescri'mouv and SSSO programs developed and early operational stage; (8) visibility of the work assured (national and international working groups and conferences); (9) new GIP MSS database developed and implemented, including national standards; (10) preliminary data analytic report to promote SSSO ; (11) development of concept for data sharing instrument for patient pathways, a potential tool identified; (12) start of the process to define a general structure of patient pathway and key stakeholders involvement; (13) website for GIP SSSO available, social media channels active; (14) demand for database access (SNDS) under development, initial survey for cost benefit of SSSO programs done.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

Strasbourg has a rich portfolio of initiatives and projects targeting innovations in health care delivery, such as care coordination in multi-professional teams, prevention and physical activity initiatives, medico-social services, and digitisation in health. This is backed-up by national and regional health strategies. These contextual factors, rigorous implementation process with positive outcomes and sustainability oriented actions taken during JADECARE (e.g. embedding JADECARE in local health action plan (CLS) and TSD grant for innovation in health ("Health Territory of tomorrow"), building strong territorial cross-sectoral networks, facilitating networks between health professionals and preventive

care, and proof of concept showcasing how can preventive care activities reduce health care consumption) are all strong foundations for continuation and future implementation of the approach developed under JADECARE.

Main overall goals are: (1) extend the approach developed within JADCare other TSD territories (e.g. Saverne PSPP, Mossig Vignoble commune), combine access to national health database and local project databases to improve analytical basis for the evaluation of health and preventive care interventions; (2) to design and implement patient pathways; (3) to implement mechanisms for patient data sharing across provider networks; (4) to strengthened collaboration with hospitals and hospital networks (GHT).

The main focus of the Sustainability strategy and Sustainability action plan is to further support institutional, coordination and network development, continue conceptual work, disseminate the results and define areas of implementation of JADECARE results to embed them into wider transformation process.

In developing our sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives and purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are linked to the health strategies at local (CLS – local health contract by the end of 2023), regional (Regional Health Plan 2023 – 2028, regional health agency, ARS) and national health policy level (National strategy “Ma Santé 2022”)</p>
<p>JADECARE practice outcomes will become a part of larger schemes of health system transformation within local ambitious project managed by EUSTRAS: “Territoires de santé de demain” (TSD).</p>
<p>JADECARE practice leading partner EUSTRAS and the key stakeholders (local health insurance agency (CPAM), Regional health agency (ARS), University of Strasbourg, Municipality of Strasbourg and the French ministry of health, specifically the representative responsible of JADECARE results dissemination) will further strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes.</p>

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner EUSTRAS will serve as the main holder of sustainability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partner EUSTRAS and the key stakeholders (Regional health agency, CPAM, GIP - MSS, University of Strasbourg, CPTS) are will further strengthen the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Strasbourg and Saverne areas to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centered care.</p>
<p>JADECARE practice leading partner EUSTRAS and the key stakeholders will further strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>JADECARE practice leading partner EUSTRAS and the key stakeholders (Regional health agency, CPAM, GIP - MSS, University of Strasbourg, CPTS) strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner EUSTRAS and key stakeholders (Regional health agency, CPAM, GIP - MSS, University of Strasbourg, CPTS) create numerous interactions among the stakeholders, including communities, specifically to exchange knowledge and experiences with similar initiatives across France such as population based integrated care approach through hospital networks and different departments of University of Strasbourg, city quarters and preventive care association and health professional networks under the CPTS national policy that facilitates networking amongst these actors.</p>
<p>JADECARE practice leading partner EUSTRAS and the key stakeholders (Regional health agency, CPAM, GIP - MSS, University of Strasbourg, CPTS) consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

- 1.Understand the context, explore the policy environment.
- 2.Build a common vision across stakeholders.
- 3.Define needs, seeking for consensus.
- 4.Identify available resources and align objectives.
- 5.Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
- 6.Start small and build up from there.
- 7.Communicate the results.
- 8.Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: EUSTRAS and network of key partners from JADECARE project will include the activities to sustain and scale-up JADECARE results within the project “Territoires de santé de demain”, from October 2023.
Actor(-s) EUSTRAS
Resources Human, financial (CLS, TSD) and network resources
Setting(s) Local level, with implications for Regional and National policy making
Timeline from October 2023 and continuous
Key Performance Indicator List of outcomes/features implemented or incorporated in key stakeholder’s (GIP - MSS, CPTS, City of Strasbourg) programs.

Core element 2: Holder(-s) of sustainability
Key activity 2 including SMART goal: EUSTRAS will develop an approach to constitute an organisational integration (uniting/integrating several groups working groups working in the field of digitally Integrated care) that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) EUSTRAS
Resources Human, financial (CLS, TSD) and network resources
Setting(s) Local level, with implications for Regional and National policy making
Timeline September 2023
Key Performance Indicator Activity plan defined including the concept of integrated organization developed.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan with dissemination activities to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) EUSTRAS
Resources Human, financial (CLS, TSD) and network resources
Setting(s) All levels (local, national, international via conferences, social media, events, meetings, newsletters, project website)
Timeline November 2023 – continuous
Key Performance Indicator Communication plan ready and list of dissemination activities.



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

SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

School of Medicine, Aristotle University of Thessaloniki

with contributions from 4th YPE,
General Hospital(s), MoH and other Health Authorities
Greece



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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
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0.4	March 2023	Christina Plomariti, Fivos Papamalis, Panagiotis Bamidis, Denis Opresnik, Anja Brunec	Revised draft version after Informed discussion
0.5	May 4 2023	Christina Plomariti	Discussion during implementation key learning workshop, revised version
1.0	July 4 2023	Christina Plomariti	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
AUTH	School of Medicine, Aristotle University of Thessaloniki
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

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JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

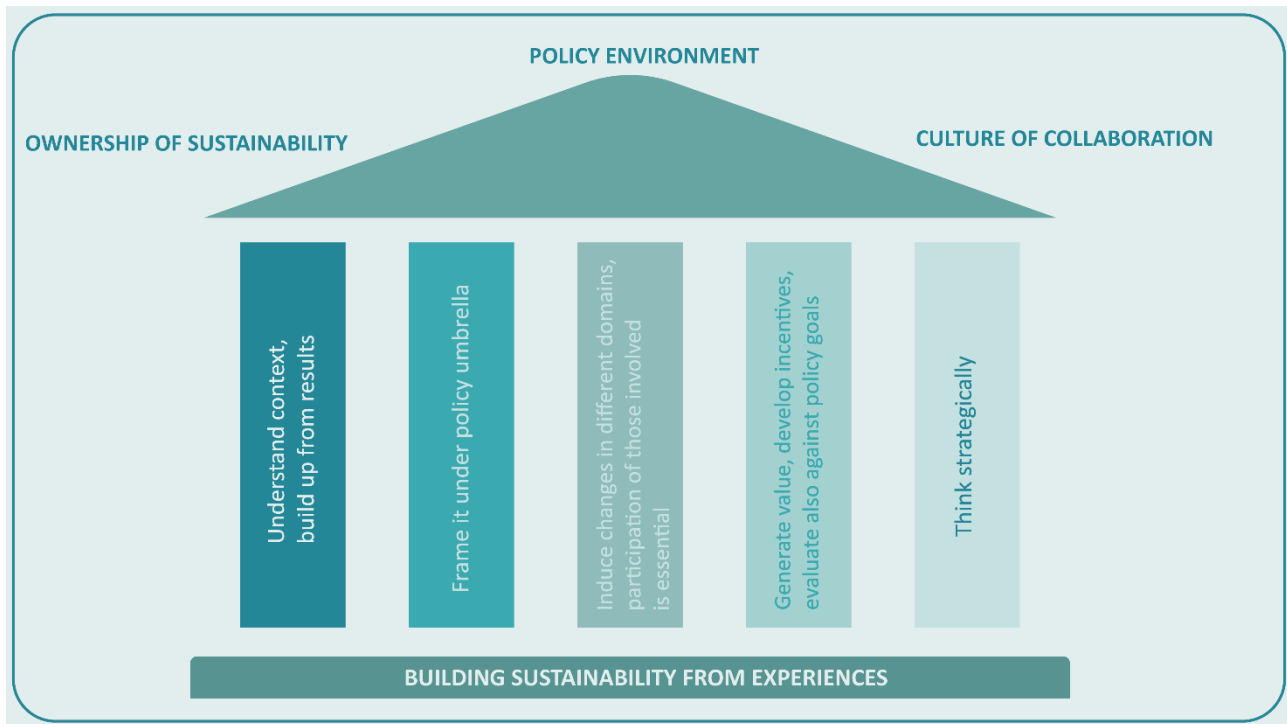
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During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with School of Medicine, Aristotle University of Thessaloniki (AUTH) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for AUTH for review, presentation, discussion and adoption of the final version by AUTH during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice, that was developed, implemented and evaluated during JADECARE by AUTH. General vision and principles for sustainability are described as sustainability strategy, that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the AUTH, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice AUTH, Greece (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Greece to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

With the support of AUTH, several interventions were implemented in Thessaloniki establishing a standardised approach for patient classification based on risk stratification and patient empowerment programs to improve health system quality and efficiency. The practice addressed important gaps in integration of care (e.g. Medical Health Records and Personal Health Records) and skills/tools related to patient empowerment (for patients and HPs) though further actions are needed to improve data quality as inputs for patient classification model. In Greece, the need for digitalisation and integration of care has been recognized at the policy level as one of the important priorities in healthcare. These can be an important driver for sustainability and further improvements of solutions developed by the JADECARE practice.

**The practice developed in JADECARE was supported by the Basque Country original Good practice ("Basque health strategy in ageing and chronicity: integrated care") based on the adoption and alignment of three local core features: 1.) Classification of patients (CF1.2); 2.) Deployment of a School of Health (CF3.1); 3.) Empowerment programs for chronic and/or multimorbid patients (CF3.2)

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) Context analysis and intermediary analyses of data during implementation process provided valuable insights into the situation, bottlenecks and challenges in Greek healthcare system, particularly relevant to risk stratification – these learnings are included in the policy recommendations to address the identified gaps; (2) mobile app with 10 scenarios to increase patient empowerment were developed and integrated within an existing application, that is available at Google Store under the name JADECARE and is available across Greece for patients with chronic non-communicable diseases and multi-morbidities; (3) "Empathy scenarios" using virtual reality equipment were developed and tested in pilot setting and are available to HCP from Ippokrateio General Hospital, Thessaloniki collaborating with AUTH in JADECARE project and access is available upon request; (4) policy recommendations on potential use of patient stratification and risk identification approach were developed and shared with local policy makers (managers of General hospitals, 4th YPE) and will furthermore be shared on national level.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main focus of the Sustainability strategy and sustainability action plan is to address several bottlenecks and challenges for successful implementation of developed solutions, namely issues with insufficient electronic data health records, weak digital structures in the health system, lack of digital literacy of the doctors and medical personnel; poor data quality; and lack of integrated EHRs.

Main plans for after-JADECARE period are: (1) increase the use of existent mobile app for patients empowerment and scale them up to other diseases and scenarios; (2) increase the participation at "empathy scenarios" and adjust them to the needs of participants – HCPs (3) facilitate development of actions based on policy recommendations on potential use of patients stratification and risk identification approach that were developed and shared at local policy level; (4) communicate policy recommendations on potential use of patients stratification and risk identification approach to other policy settings and at national level, such as to 3 General Hospitals, 4th YPE and MoH or others (Generally secretary for HC services at MoH, interoperability association for HC). AUTH, together with key stakeholders such as doctors, hospital directors and policy makers will facilitate inter-agency collaboration with other hospitals and research centres in Greece to build awareness, capacities, knowledge and skills relevant to digitally enabled, patient centred and integrated care; communicate the policy recommendations including nationwide Health Digitalisation campaign, with a special focus on advocating for improvements in the quality of Electronic Health Records and its indicators; and work

further on the risk stratification assessment protocols to build their quality and acceptance among medical professionals.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes will become a part of larger national initiative to increase digitalization in healthcare as AUTH will be involved in the upcoming development of a National digitalization strategy.
JADECARE practice outcomes including policy recommendations will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance.
JADECARE practice leading partner AUTH will establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the scaling up and continuity of practice's outcomes, such as national health authorities, health professional organizations, patient organizations and other stakeholders.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE leading partner AUTH will serve as the main holder of sustainability process at least in 2024 and 2025.
JADECARE practice leading partner AUTH will strengthen the existent and establish the new links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Greece to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner AUTH will establish or further build already established links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; such as 4 th YPE and General Hospitals that AUTH collaborated with in JADECARE. The linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting as the practice was developed based on discussions and support of numerous stakeholders from the setting.
JADECARE practice leading partner AUTH strengthens the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner AUTH creates numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner AUTH considers user needs, experiences and digital literacy rate, and fosters patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: AUTH and network of key partners from JADECARE project and others identified will disseminate the policy recommendations to increase digitalization and quality improvement in healthcare, that will include nationwide Health Digitalization campaign, with a special focus on advocating for improvements in the quality of Electronic Health Records and its indicators; and policy support to the development and implementation of risk stratification approach by November 2023.
Actor(-s) AUTH (lead), Hospital personnel (HCPs, directors etc.)
Resources Human and technical resources
Setting(s) Local, regional and national level
Timeline November 2023
Key Performance Indicator Policy recommendations shared with MoH, General Hospitals across Greece, 3 Regional Health Authorities
Key activity 2 including SMART goal: AUTH will organize bilateral meetings with policy makers to identify key elements that could be implemented at the local/regional/national level policies by March 2024.
Actor(-s) AUTH (lead), MoH Greece, Hospital directors
Resources Human and technical resources
Setting(s) Local, regional and national level
Timeline March 2024
Key Performance Indicator No. of meetings; List of defined key elements that could be adopted; Agreement on next steps

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: AUTH will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) AUTH
Resources Human and technical resources
Setting(s) Local level
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities including communication plan of policy recommendations as well as implemented solutions to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) AUTH
Resources Human and technical resources
Setting(s) Local level
Timeline November 2023
Key Performance Indicator Plan of activities and communication plan available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Multilevel dissemination of JADECARE results across health providers and interested stakeholders to increase the acceptance and adoption of stakeholder solutions and to raise awareness regarding the importance of stratification.
Actor(-s) AUTH
Resources Human and technical resources
Setting(s) Local, regional and national level
Timeline December 2023
Key Performance Indicator: Report of dissemination activities available on January 2024



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

National Directorate General for Hospitals and Jahn Ferenc Dél-pesti
Kórház és Rendelőintézet, Budapest 20th district's general practitioners
Hungary



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www.jadecare.eu

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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Mar 28 2023	Members of informed discussion group: dr. Annamária Noszek, Vilmos Keszthelyi, Dora Toth	Second version, for feedback from local implementation working group
0.4	April 6 2023	Dóra Tóth, Annamária Noszek, Vilmos Keszthelyi, Denis Opresnik, Anja Brunec	Revised draft version after Informed discussion
0.5	May 12 2023	Josep Roca, Ruben Gonzalez, Dora Toth,	Discussion during implementation key learning workshop, revised version
1.0	June 5 2023	Dora Toth	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
OKFÖ	National Directorate General for Hospitals and Jahn Ferenc Dél-pesti Kórház és Rendelőintézet
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

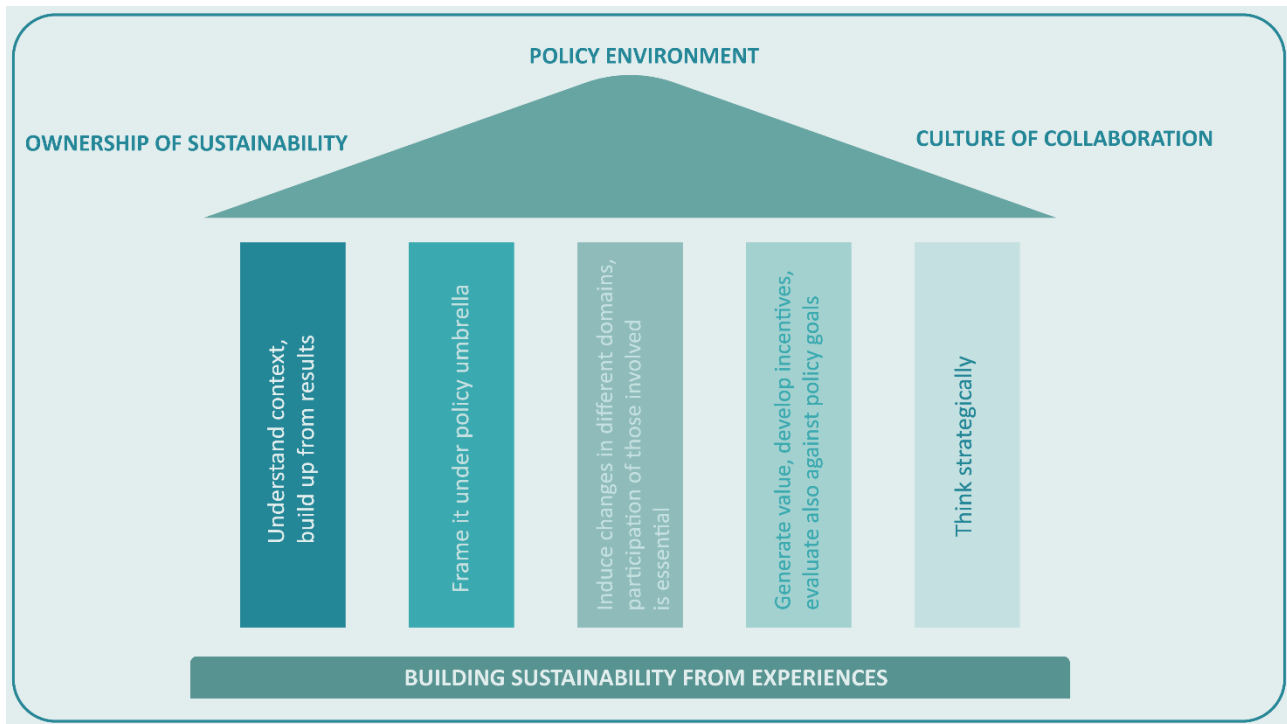
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with National Directorate General for Hospitals and Jahn Ferenc Dél-pesti Kórház és Rendelőintézet (OKFÖ) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for OKFÖ for review, presentation, discussion and adoption of the final version by OKFÖ during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by OKFÖ. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the OKFÖ, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice OKFÖ; Hungary (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Hungary to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Jahn Ferenc South-Pest Hospital together with OKFÖ (National Directorate General for Hospitals) developed and tested an integrated complex diabetes care approach to prevent major lower limb amputations due to diabetes complications. The care process includes the acute care, the rehabilitation, the long term aftercare and the tertiary prevention services. This complex and integrated care plan will be supported by digital solutions and tools in the field of risk assessment, patient pathway planning, health literacy assessment, patient education. This approach addresses the pressing health problem related to diabetes in Hungary, which is facing high numbers in occurrence of major amputations (41.1 per 100,000 people). Important facilitators for sustainability of developed solutions in JADECARE are the existence of an advanced National eHealth Infrastructure and a standardized screening system for identifying high-risk patients.

**The practice developed in JADECARE was supported by the Catalan original Good Practice based on the adoption and alignment of six local core features: 1.) Development of enhanced risk prediction modelling for health policy purposes and/or clinical risk prediction (CF1.3); 2) Rehabilitation of chronic patients; 3.) Programme for chronic and frail patients (CF3.1); 4.) Support for complex case management including home hospitalization, transitional care and vertical & horizontal integration supported by digital tools (CF3.2); 5.) Integrated Care for admission avoidance of subacute and frail patients (3.4); 6.) ICT tools supporting adaptive case management & collaborative work (CF5.4).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) Development and piloting of a risk assessment algorithm and risk stratification approach for type 2 diabetes complication; (2) Development and piloting of a perioperative diabetology protocol to ensure consistent and safe patient treatment and care; (3) Strengthening and shortening of the individualized patient pathways including complex case management methods – development and piloting; (4) Development of a standardized protocol for requesting examinations with the use of digital patient pathway management system; (5) Development and testing of a complex and integrated aftercare for multimorbid type 2 diabetes patients with minor amputation; (6) Development of area-specific physiotherapy groups role, reference internist-connection between internal doctors and diabeticians), (7) Development and piloting a postoperative complex diabetic and dietetic education system tailored for patients with different health literacy level supported by ICT tools (written + audio-visual); (8) development and piloting a mental health support as part of the rehabilitation system; (9) Development and piloting a long-term aftercare health plan based on the individual needs and the available capacities; (10) development and piloting of patients' involvement in aftercare and lifestyle change programs (patient education, patient clubs, physiotherapy, psychologist, health education) using digital tools; (11) development and piloting a dashboard of measurable and achievable indicators to assess the effectiveness of the complex and integrated care.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main focus of the sustainability strategy is to make further improvements in the utilization of existing PHR system, establishment of efficient case management system for high risk patients (supported by mHealth). The National eHealth infrastructure and a standardized screening system for identification of patients at risk are important basis for upgrades to the healthcare services in this domain building on the knowledge from JADECARE practice.

Overall goals are: (1) nationwide implementation of the tools, protocols, pathways and approaches developed related to diabetes within JADECARE, including Diabetes Outpatient Clinics and Multidisciplinary Diabetes Foot Clinics in the hospitals; (2) development of the Patient Pathway Management Tool; (3) development of policy recommendations addressing community, financial and

organizational sustainability, involving the quality assurance of medical care, effective patient pathways with the corresponding involvement of extra human resource capacities such as patient pathway managers, and the payment procedures plus human resources for preventive care approach including primary, secondary, and tertiary prevention.; (4) extending digitally supported care including patient pathways, establishment of care teams and collaboration between different stakeholders to other areas of medical care; (5) increasing the competencies of health care professionals and non-healthcare members of the specialty in order to force unified and standardized steps at each provider’s level containing obligatory and “cannot be postponed” elements.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are grounded to the health strategies at national health policy level, such as patient pathway management -BETMEN- contract
JADECARE practice outcomes will become a part of larger schemes of health system transformation, specifically in the areas of risk assessment, NCD prevention, screenings and agreement already in progress, prevention strategy, social support.
JADECARE practice outcomes will be used as one of the resources to inform a national level discussion on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance, internal focus groups, national stakeholder forums
JADECARE practice leading partner OKFŐ and the stakeholders such as will establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner OKFÖ will serve as the main holder of sustainability process at least in 2024 and 2025.
JADECARE practice leading partner OKFÖ and the stakeholders such as JFDPK and primary care providers, Health Promotion Office establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Hungary to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner OKFÖ and the stakeholders such as JFDPK and primary care providers, Health Promotion Office establish the links to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner OKFÖ and the stakeholders (primary care providers at the operational field of the hospital, National Diabetes Association, Health Promotion Office) strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner OKFÖ and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities (particularly National health authorities, municipalities, patient associations, professional associations, social care institutions).
JADECARE practice leading partner OKFÖ and the stakeholders (National authorities, municipalities, patient associations, professional association, social care institutions) consider digital and health literacy rate across the population, focusing on remote rural areas and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: OKFÖ and network of key partners from JADECARE project will define Policy recommendations for nationwide implementation of JADECARE results, by October 2024.
Actor(-s) : OKFÖ, JFDPK
Resources Human, financial and/or technical resources
Setting(s) Local/regional/national level
Timeline October 2024
Key Performance Indicator Policy recommendations delivered to MoH and uploaded to the website of OKFÖ

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: OKFÖ will constitute a working group that will hold the responsibility for activities after JADECARE ends within November 2023.
Actor(-s) OKFÖ, JFDPK, National Primary Care Department, Clinical Education Centers-nurses
Resources Human resource, join with JADECARE in the national Primary Care Change Plan (2023-2026)
Setting(s) Regional, National
Timeline November 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group, local stakeholder forums

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) OKFÖ, National Primary Care Department
Resources Financial, human, technical- website, social media
Setting(s) National, Local and regional level
Timeline November 2023
Key Performance Indicator Communication strategy and educational materials provided by diabetes professionals and graphic designers.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Regional Health Agency Tuscany

with contributions of Piana di Lucca District Zone
Italy



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Lead Authors	Chiara Ferravante, Paolo Francesconi (Regional Health Agency Tuscany) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Mar 1 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 17 2023	Chiara Ferravante, Paolo Francesconi (ARS Toscana), Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
1.0	June 12 2023	Chiara Ferravante, Paolo Francesconi (ARS Toscana)	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
ARS Toscana	Regional Health Agency Tuscany
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

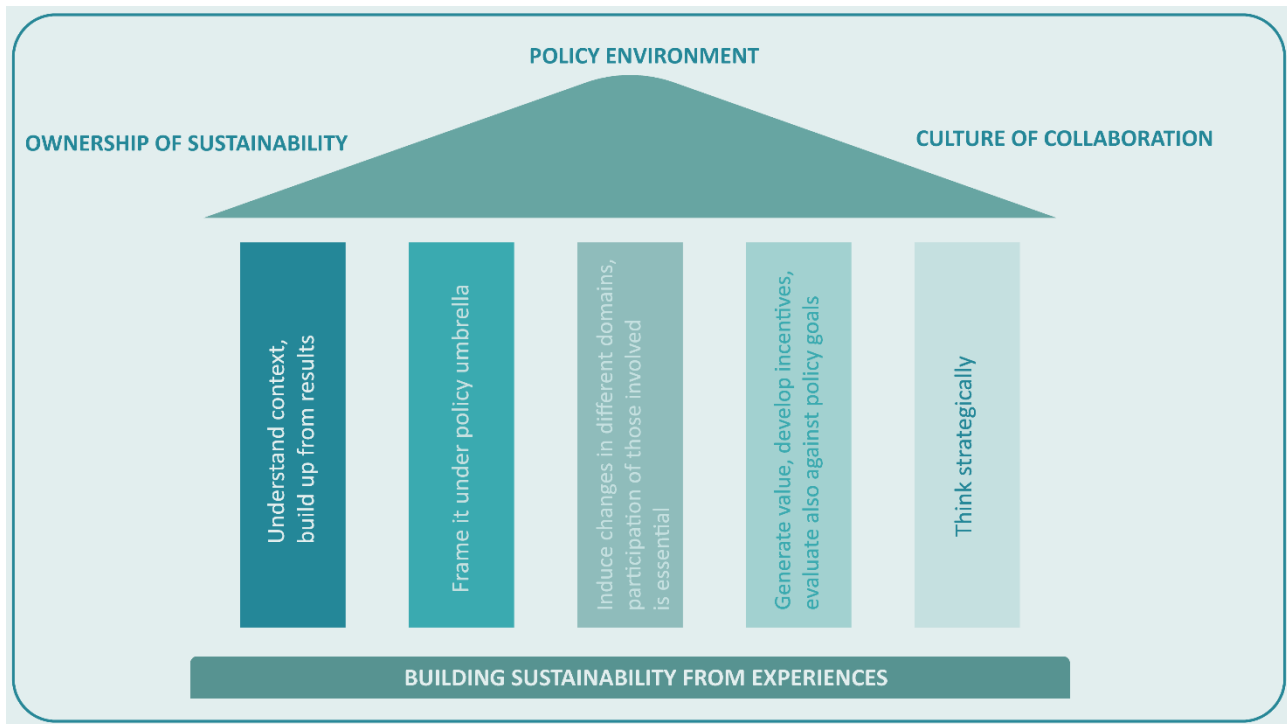
JADECARE involves 16 Competent Authorities, 45 different Organisations, 9 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Regional Health Agency Tuscany (ARS Toscana) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for ARS Toscana for review, presentation, discussion and adoption of the final version by ARS Toscana during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by ARS Toscana. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the ARS Toscana, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice ARS Toscana, Italy (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Tuscany Region health system to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

With the support of ARS Toscana, several interventions were implemented in "Piana di Lucca" District Zone to enhance integration and proactivity of care for complex patients by increasing cooperation among territorial and hospital health services. These interventions included identification of chronic patients through a string containing specific criteria uploaded on the GP's EHR—and fostering communication and sharing of care plans among health professionals ("Model of taking care"). The practice was implemented in order to address needs of the increasing number of patients with multi-chronicity and management difficulties which has become a public health priority. To achieve greater impact and sustainability, the practice was aligned with the National Chronicity Plan, Health Care Initiative Model, and National Resilience and Recovery Plan.

**The practice developed in JADECARE was supported by the Basque Country original Good practice ("Basque health strategy in ageing and chronicity: integrated care") based on the adoption and alignment of two local core features: 1.) Stratification Data extraction process and construction of dashboard (CF1.1) and Classification of patients (CF1.2); and 2.) Integrated care - Care coordination and communication between health providers (CF2.3).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

In JADECARE, ARS Toscana and professionals belonging to the Piana di Lucca District Zone accomplished these main results:

- (1) Establish criteria and methods for GPs to identify complex patients using the outpatient EHR: an automatic extraction string, containing specific criteria, has been elaborated and uploaded to the GPs' EHR. The string consists of 3 inclusion criteria (mandatory, preferential and additional) and 2 exclusion criteria;
- (2) Defined an integrated and structured clinical network of professionals belonging to the areas of general medicine, specialist medicine and nursing. In particular, 4 GPs, 12 nurses and the 5 specialists from cardiology, nephrology, pulmonology, diabetology and internal medicine took part of the multiprofessional and multidisciplinary teams;
- (3) Defined the roles and functioning of the healthcare professionals involved in integrated clinical network;
- (4) Defined and upgraded the multidimensional assessment system for complex patients and follow-up tools and elaborated a flow chart defining the modalities on how to carry out the follow up;
- (5) Tested pivotal elements of the model of taking care:
 - Enrolment of 41 complex patients previously identified by GPs and signing of informed consent
 - Multidimensional assessment of enrolled complex patients: from 01/08/2022 to 19/12/2022, 36 multidimensional assessments have been performed
 - Execution of teleconsultations, namely the sharing of the "clinical ICP (Individual Care Plan)" and "nursing ICP" by the multi-professional team through the regional platform: from 05/08/2022 to 21/12/2022, 36 teleconsultations have been carried out
 - Periodic telephone, outpatient and/or home-based follow-up for complex patients: from 26/08 to 18/01, 33 patients have received at least 1 follow up. Among them, 6 patients have received 2 follow ups, 3 patients up to 3 follow ups and 11 patients up to 4 follow ups
- (6) Communication plan to address and involve other regional and national stakeholders with several dissemination activities that resulted in scaling-up the use of JADECARE results in other Tuscan sites with the intense supportive work to foster these "branching activities" also in the future;
- (7) Identified the complexity of the integration process between the EHR of the GP and the FCN (Family and Community Nurses); this will be aligned with other activities within the National Recovery and Resilience Plan.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

From a regional perspective, the main focus of the Sustainability strategy and Sustainability action plan is to make further improvements at the local site and to scale-up the results in Tuscany Region. The activities planned are: (1) Actions to better understand and gain more information about the critical issues and strengths of the model using a retrospective method: to identify the problems and reasons that led GPs to abandon the project and how to address them, to assess the whole process and its usefulness/added value along with the professionals involved. (2) Actions to address critical issues already emerged and shared during implementation: to identify method/s of managing patients whose referring specialists are from private clinics/practices, to identify an easier and workable method to draft/obtain clinical ICP, to identify an easier and workable method to obtain informed consent, to review the role and activities of the community physician/primary care coordinator, to collaborate with decision-makers to formalize and recognize the teleconsultation activity as a “routine work activity”, to collaborate with decision-makers to identify an information system to facilitate, monitor and make teleconsultations sustainable, to collaborate with decision-makers to identify an appropriate method for reporting teleconsultations, to identify a method to improve the communication of follow up results to the multidisciplinary team. (3) Actions to strengthen the evidence of the model and its dissemination: to estimate the impact of the model results and test the model with higher numbers closer to the current demand of the local site (What would happen if you scaled up the model to the whole system? What is the required workload?), to foster and support new implementations within the three Tuscan Health Authorities, to foster the “network & communication” side by disseminating the project to wider audience.

From a national perspective, the aim is to support the National Health Authorities in overall health system transformation and modernisation. The piloted practice has been developed in alignment with the National Chronicity Plan and Health Care Initiative Model. Furthermore, the practice corresponds well to the health priorities of the Italian Government which made considerable financial investments in integration of care with COVID-19 being the major cause for these strategic investments. The JADECARE experience, in the framework of the NRRP actions, will inform and support in the upcoming years to modernize the National and Regional Health System, particularly in areas of digitalisation (fostering activities of telemedicine to improve the management of patients with multi-morbidity), integration (reforming links between levels of care and services via Territorial Coordination Centres and multidisciplinary teams), and person-centred care (TM and AI platforms and TC Centres will enable more accessible and personalized care for patients and communities).

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The overall goal of the sustainability strategy and action plan is that the core features of the project become structural components of the regional health system.

This overall goal is achieved through the following approaches:

1. Core features of the project continue in the original context
2. Core features of the project spread to other regional contexts
3. Core features of the project are embedded in relevant national and regional planning documents

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes will be aligned to and included in the new National Chronicity Plan
JADECARE outcomes will be aligned/included in the new regional health plan/frameworks relevant to healthcare system transformation in the fields of integrated care and digitalization (Healthcare planning documents, Operational Plan for Telemedicine, Project for Territorial Coordination Centers) and any other relevant documents

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner ARS Toscana will serve as the main holder of sustainability and scalability at least in 2024 and 2025.
JADECARE practice leading partner ARS Toscana and key stakeholders of the North-West Health Authority, such as directors of Piana di Lucca District Zone, Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes in the region.
JADECARE practice leading partner ARS Toscana and key stakeholders of the Central Health Authority such as the Health District Coordinator for Prato Health District and the directors of Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes in the region.
JADECARE practice leading partner ARS Toscana and key stakeholders of the South-East Health Authority such as Staff of the Health Authority Directorate and directors of Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes in the region.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
ARS Toscana and the key stakeholders will disseminate present and future results of JADECARE practice.
JADECARE practice leading partner ARS Toscana and the key stakeholders of the Local Health Authorities Working Groups will strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner ARS Toscana will define a “community of practice” including professionals from the three Local Health Authorities’ working groups belonging to the original and new implementations.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

- 1.Understand the context, explore the policy environment.
- 2.Build a common vision across stakeholders.
- 3.Define needs, seeking for consensus.
- 4.Identify available resources and align objectives.
- 5.Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders’ engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
- 6.Start small and build up from there.
- 7.Communicate the results.
- 8.Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

<p>Core element 1: Policy frameworks and vertical linkages</p>
<p>Strategic objective: JADECARE practice outcomes will be aligned to and included in the new National Chronicity Plan.</p>
<p>SMART goal: Elements of the pathway for the management and care of complex patients developed within JADECARE will be embedded in National Chronicity Plan by the end of 2025.</p>
<p>Key Activity: ARS Toscana will submit the project developed within JADECARE as possible “good practice” to the professionals working on PONGOV Project</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) National level</p>
<p>Timeline by the end of 2023</p>
<p>Key Performance Indicator Document of submission delivered</p>
<p>Strategic objective: JADECARE outcomes are aligned/included in the new regional health plan/frameworks (Healthcare planning documents, Operational Plan for Telemedicine, Project for Territorial Coordination Centers) and any other relevant document relevant to healthcare system transformation in the fields of integrated care and digitalization.</p>
<p>SMART goal: Elements of the pathway for the management and care of complex patients developed within JADECARE will be embedded in regional planning acts on chronicity management by the end of 2025.</p>
<p>Key activity 1: ARS Toscana will take part of OTGC (Tuscan Organisation for Clinical Governance) subcommittee on chronicity management and will promote the inclusion of the elements developed in JADECARE into the document concerning the management of complex patients.</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) Regional level</p>
<p>Timeline by the end of 2025</p>
<p>Key Performance Indicator Minutes of the meeting with the working group & elements of JADECARE results represented within the pertinent acts.</p>
<p>Key activity 2: Within the regional working group, ARS Toscana will facilitate the inclusion of JADECARE practice results into the “Operational Plan on Telemedicine”, according to the initiatives supported by NRRP at regional level by December 2023.</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) Regional level</p>
<p>Timeline by December 2023</p>
<p>Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within Operational Plan on Telemedicine.</p>

<p>Key activity 3: Within the regional working group, ARS Toscana will facilitate the inclusion of JADECARE practice results into the “Healthcare planning documents” specifically on care for chronic diseases, according to the initiatives supported by NRRP at regional level by December 2023.</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) Regional level</p>
<p>Timeline by December 2023</p>
<p>Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within “Healthcare planning documents”.</p>
<p>Key activity 4: Within the regional working group, ARS Toscana will facilitate the inclusion of JADECARE practice results into the “Project for Territorial Coordination Centers”, according to the initiatives supported by NRRP at regional level by December 2023.</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) Regional level</p>
<p>Timeline by December 2023</p>
<p>Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within “Project for Territorial Coordination Centers”.</p>

<p>Core element 2: Holder(-s) of sustainability</p> <p>Strategic Objective: JADECARE practice leading partner ARS Toscana and key stakeholders of the North-West Health Authority, such as directors of Piana di Lucca District Zone, Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes in the region.</p> <p>SMART goal: ARS will foster the involvement and support of the following sectors of the North North-West Health Authority: Piana di Lucca District Zone, Health Care District, Medical Department, General Practice Department and Nursing Department by 2023.</p> <p>Key activity 1: ARS Toscana will constitute a working group with the main stakeholders mentioned above to highlight the advantages of the JADECARE practice, detect possible needs and mitigate possible barriers.</p> <p>Actor(-s) ARS Toscana</p> <p>Resources Human Resources</p> <p>Setting(s) North West Local Health Authority</p> <p>Timeline by July 2023</p> <p>Key Performance Indicator Minutes of the constitutional meeting of the working group.</p> <p>Key activity 2: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by 2023</p> <p>Actor(-s) ARS Toscana & working group</p> <p>Resources Human Resources</p> <p>Setting(s) North West Local Health Authority</p> <p>Timeline by December 2023</p> <p>Key Performance Indicator Plan of activities available</p> <p>Strategic Objective: JADECARE practice leading partner ARS Toscana and key stakeholders of the Central Health Authority such as the Health District Coordinator for Prato Health District and the directors of Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes in the region.</p> <p>SMART goal: ARS will foster the involvement and support of the following sectors of the Central Health Authority: Prato Health District, Health Care District, Medical Department, General Practice Department and Nursing Department by 2023.</p> <p>Key activity 1: ARS Toscana will constitute a working group with the main stakeholders mentioned above to highlight the advantages of the JADECARE practice, detect possible needs and mitigate possible barriers</p> <p>Actor(-s) ARS Toscana</p> <p>Resources Human Resources</p> <p>Setting(s) Central Local Health Authority</p> <p>Timeline by July 2023</p> <p>Key Performance Indicator Minutes of the constitutional meeting of the working group.</p>
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Key activity 2: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by 2023
Actor(-s) ARS Toscana & working group
Resources Human Resources
Setting(s) Central Local Health Authority
Timeline by December 2023
<p>Strategic Objective: JADECARE practice leading partner ARS Toscana and key stakeholders of the South-East Health Authority such as Staff of the Health Authority Directorate and directors of Health Care District, Medical Department, General Practice Department and Nursing Department will further establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes in the region.</p> <p>SMART goal: ARS will foster the involvement and support of the following sectors of the South-East Health Authority: Health Authority Directorate, Health Care District, Medical Department, General Practice Department and Nursing Department by 2023.</p>
Key activity 1: ARS Toscana will constitute a working group with the main stakeholders mentioned above to highlight the advantages of the JADECARE practice, detect possible needs and mitigate possible barriers
Actor(-s) ARS Toscana
Resources Human Resources
Setting(s) South East Local Health Authority
Timeline by July 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by the end of 2023
Actor(-s) ARS Toscana & working group
Resources Human Resources
Setting(s) South East Local Health Authority
Timeline by December 2023
Key Performance Indicator Plan of activities available

<p>Core element 3: Culture of collaboration and consensus-seeking</p> <p>Strategic Objective: ARS Toscana and the key stakeholders will disseminate present and future results of JADECARE practice.</p> <p>SMART goal: ARS Toscana and the key stakeholders will disseminate present and future results of JADECARE practice at least for two years.</p> <p>Key activity: Drafting of a Communication plan to further engage key stakeholders and extend the network developed.</p>
<p>Actor(-s) ARS Toscana & key stakeholders</p>
<p>Resources Human resources</p>
<p>Setting(s) National and Regional level</p>
<p>Timeline from 2023 at least until 2025 (updated each year)</p>
<p>Key Performance Indicator Communication plan ready</p>
<p>Strategic Objective: ARS will define a “community of practice” including professionals belonging to the original and new implementations</p> <p>SMART goal: ARS Toscana will define a “community of practice” including professionals belonging to the original and new implementations by 2023</p> <p>Key activity: ARS Toscana will constitute a working group with the main stakeholders and professionals to share experiences and support new implementations within the three Tuscan Health Authorities</p>
<p>Actor(-s) ARS Toscana</p>
<p>Resources Human resources</p>
<p>Setting(s) Regional level</p>
<p>Timeline By December 2023</p>
<p>Key Performance Indicator Minutes of the constitutional meeting of the working group</p>



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Local Health Authority USL Umbria 1

with involvement of Perugia Hospital,
United Local Health Authority Umbria 2,
and Terni hospital

www.jadecare.eu

Italy



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Version history

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0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Feb 27 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	Mar 8 2023	Francesco Gioia, Marco Fabiani, Denis Oprešnik, Anja Brunec	Revised draft version after Informed discussion
0.5	May 3 – 4 2023	Francesco Gioia, Marco Fabiani	Discussion during implementation key learning workshop, revised version
1.0	July 06 2023	Francesco Gioia, Marco Fabiani	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
USL UMBRIA	United Local Health Authority Umbria 1
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

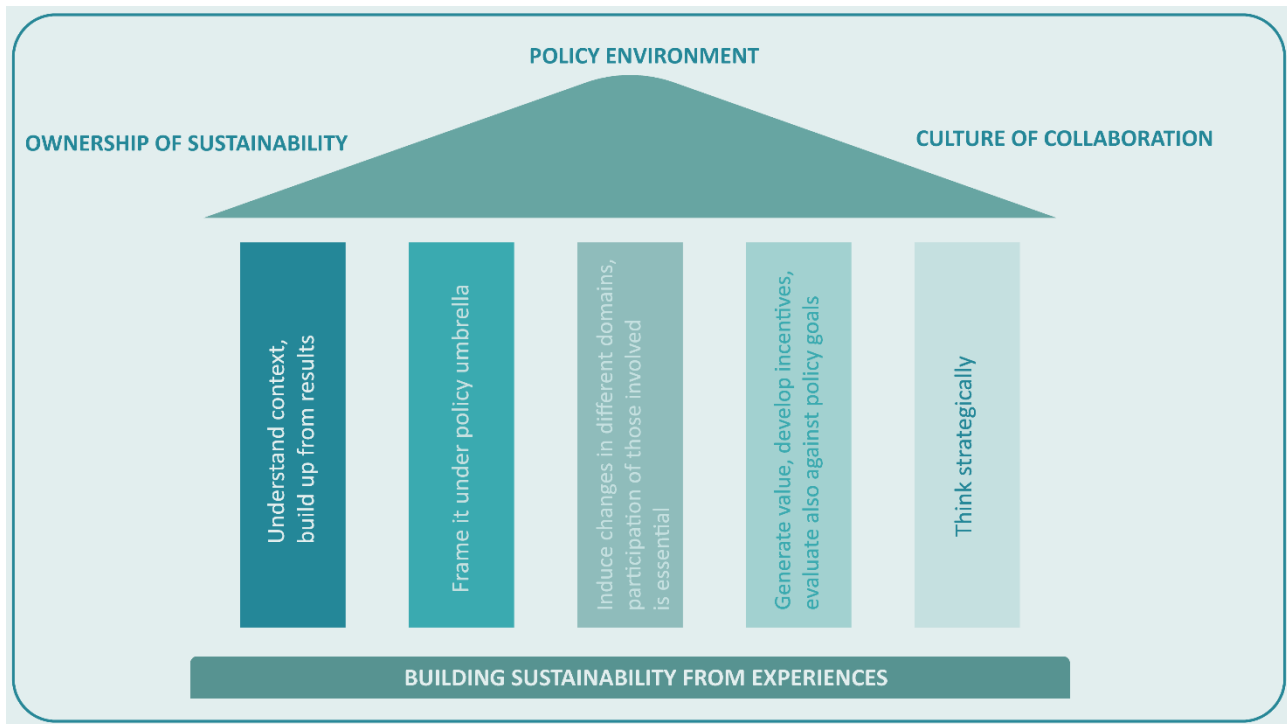
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with United Local Health Authority Umbria 1 (Umbria) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for Umbria for review, presentation, discussion and adoption of the final version by Umbria during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by USL Umbria 1. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the USL Umbria 1, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice Umbria, Italy (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Umbria Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

With the support of United Local Health Authority Umbria 1 (USL Umbria), local hospitals, specialist and outpatient clinics, several interventions were implemented to support an integrated management of heart failure patients in the "Media Valle del Tevere" district. More specifically, the practice was implemented to assure continuity of care for patients (at high risk for Heart Failure (HF) or patients suffering from HF); to enable multidisciplinary online collaboration between healthcare professionals using ICT tools; and to improve the activity of the Territorial Operations Centres. JADECARE practice outcomes are in line with and support the aims of National Resilience and Recovery Plan, which increases sustainability and also scalability potential of the developed solutions in USL Umbria 1.

**The practice developed in JADECARE was supported by the Basque Country original Good practice ("Basque health strategy in ageing and chronicity: integrated care") based on the adoption and alignment of three local core features: 1.) Integrated care – Deployment of integrated communication and information systems (2.2); 2.) Integrated care – Care coordination and communication between health providers (2.3); 3.) Empowerment programs for chronic and/or multimorbid patients (3.2).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

In JADECARE, the USL Umbria 1 together with clinical partners from Media Valle del Tevere district improved interoperability between existing software applications among (1) Regional Electronic Health Folder (FSE) and Telemedicine Platform (Health-meeting) (it means that all patient's clinical information available through regional electronic health folder are available at the telemedicine platform), (2) Telemedicine Platform (Health-meeting) and GP'S Portal (ECWMED) (it means that GPs access all patients data stored **at the telemedicine platform and vice versa– test group due to GDPR rules and training for GPs needed**), (3) Hospital Electronic Medical Record (Galileo) and Regional Primary Care Management (Atl@nte) (it means that GPs can access all data stored at the respective hospital medical record), (4) Telemedicine Platform (Health-meeting) and Regional Primary Care Management (Atl@nte) (**project developed, waiting for funding**; it means that GPs could access all data at telemedicine platform). In addition, (5) Multidisciplinary Group „Heart Failure Media Valle del Tevere“ was created that works through the **corporate telemedicine platform (Health-meeting), the staff was trained and the GPs are enrolling patients**, (6) Fast-track" booking for heart failure in Media Valle del Tevere District through the regional booking system SAR was created, including training the staff, and GPs are enrolling patients, (7) Training course "Empowerment of the chronic patient suffering from heart failure" – train the trainers course was designed and delivered, (8) Educational materials for distribution to heart failure patients was produced and published online.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

From a regional perspective, the main focus of the Sustainability strategy and Sustainability action plan is to scale up the improved interoperability:

(1) Telemedicine Platform (Health-meeting) and GP'S Portal (ECWMED) (it means that GPs access all patients data stored at the telemedicine platform and vice versa – after solving GDPR issues the training and the uptake will be scaled up for the entire team of GP within USL Umbria 1.

(2) Hospital Electronic Medical Record (Galileo) and Regional Primary Care Management (Atl@nte) (it means that GPs can access all data stored at the respective hospital medical record);

(3) Telemedicine Platform (Health-meeting) and Regional Primary Care Management (Atl@nte) (it means that GPs could access all data at telemedicine platform) - the project is developed, funding is

needed to develop the interoperability, and then after solving GDPS issues train and involve all GPs in the region;

In addition, other approaches developed during JADECARE to improve integration of care are in place and should be sustained and/or scaled up:

(4) Multidisciplinary Group „Heart Failure Media Valle del Tevere“ was created that works through the corporate telemedicine platform (Health-meeting), the staff was trained and the GPs are enrolling patients – in the future funding for its functioning including further training of the staff and GPs, and quality improvement process is needed. Similarly placed multidisciplinary groups could be created for other chronic diseases.

(5) “Fast-track” booking for heart failure in Media Valle del Tevere District through the regional booking system SAR was created, including training the staff, and GPs are enrolling patients. In the future, funding for its functioning including further training of the staff and GPs, and quality improvement process is needed. Similarly placed fast track bookings could be created for other chronic diseases.

(6) Training course "Empowerment of the chronic patient suffering from heart failure" – train the trainers course was designed and delivered to a test group. In the future, funding and further scientific support to train so many trainers, that could cover and then actually deliver the course to all eligible patients with heart failure within the region.

(7) Educational materials for distribution to heart failure patients was produced and published online. Funding for effective dissemination and communication to all heart failure patients within the region is needed. The same approach could be used to enrich the existing education materials for other chronic diseases.

From a national perspective, the aim is to support the National health authorities in overall health system transformation and modernisation. The piloted practice has been developed in alignment to the health priorities of the Italian Government which made considerable financial investments in digitalisation and integration of care with COVID-19 being the major cause for these strategic investments. The JADECARE experience will support the implementation of NRRP actions in the upcoming years to modernize the NHS in Italy. Based on developed solutions, USL Umbria 1 has the capacity to provide knowledge to the national health authorities in addressing structural gaps related to information sharing between levels of care.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are aligned with the regional and national health priorities through National Chronicity Plan, Health Care Initiative Model, AGENAS guidelines on management of primary care, and National Resilience and Recovery Plan.
JADECARE practice leading partner USL Umbria 1 and other key stakeholders, such as, Perugia Hospital and PuntoZero Scarl, will establish the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice’s outcomes to cover all users within the region.
JADECARE practice results will be scaled-up to other major chronic diseases within the region.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner USL Umbria 1 will serve as the main holder of sustainability and scalability at least in 2024 and 2025.
JADECARE practice leading partner USL Umbria 1 and other stakeholders such as Perugia Hospital will establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Umbria Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner USL Umbria 1 will establish the links (formal and informal) to other stakeholders with power such as Perugia Hospital, Terni Hospital, USL Umbria 2 (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner USL Umbria 1 and other stakeholders within Umbria Region will strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner USL Umbria 1 will consider digital literacy rate across the population covered in Umbria Region, and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: USL Umbria 1 will organize a meeting with the key stakeholders of Umbria Region to identify an approach for integration of the JADECARE results into Regional Chronicity plan by October 2023.
Actor(-s): 1 USL Umbria 1 (lead), Perugia Hospital, USL Umbria 2, Terni Hospital
Resources Human resources
Setting(-s) Regional level
Timeline January 2024
Key Performance Indicator Meeting minutes with agreement on a list of elements (based on JADECARE USL Umbria 1 practice results) to be included in the Regional Chronicity plan, including a timeline for its inclusion.

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: USL Umbria 1 will constitute a working group that will hold the responsibility for activities after JADECARE ends within November 2023.
Actor(-s) USL Umbria 1 (lead) - IT staff, Corporate Health management
Resources Human resources (USL Umbria 1 funds)
Setting(s) Local (USL Umbria 1) level
Timeline November 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by December 2023.
Actor(-s) USL Umbria 1 (lead) - IT Staff, Corporate Health management, Perugia Hospital, Terni Hospital, USL Umbria 2
Resources Human resources (USL Umbria 1 funds)
Setting(s) Regional level
Timeline December 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan (with the focus on organizing public meeting with pilots from other Italian regions) to engage key stakeholders and extend the network developed by December 2023.
Actor(-s) USL Umbria 1 (lead) - IT staff, Corporate Health management, Communication staff
Resources Financial resources (USL Umbria 1 funds)
Setting(s) (Cross-)Regional level
Timeline December 2023
Key Performance Indicator Communication plan ready (includes steps, actors and timeline for dissemination of results with special focus on organization of a public meeting with other Italian JADECARE practices)



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Local Health Agency Naples 2 North



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0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
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0.4	April 30 2023	Local Health Agency Naples 2 North working group	Complete draft version for distribution
0.5	May 12 2023	Local Health Agency Naples 2 North working group	Discussion during implementation key learning workshop, revised version
1.0	June 5 2023	Local Health Agency Naples 2 North working group	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
ASL NA2	Local Health Agency Naples 2 North
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

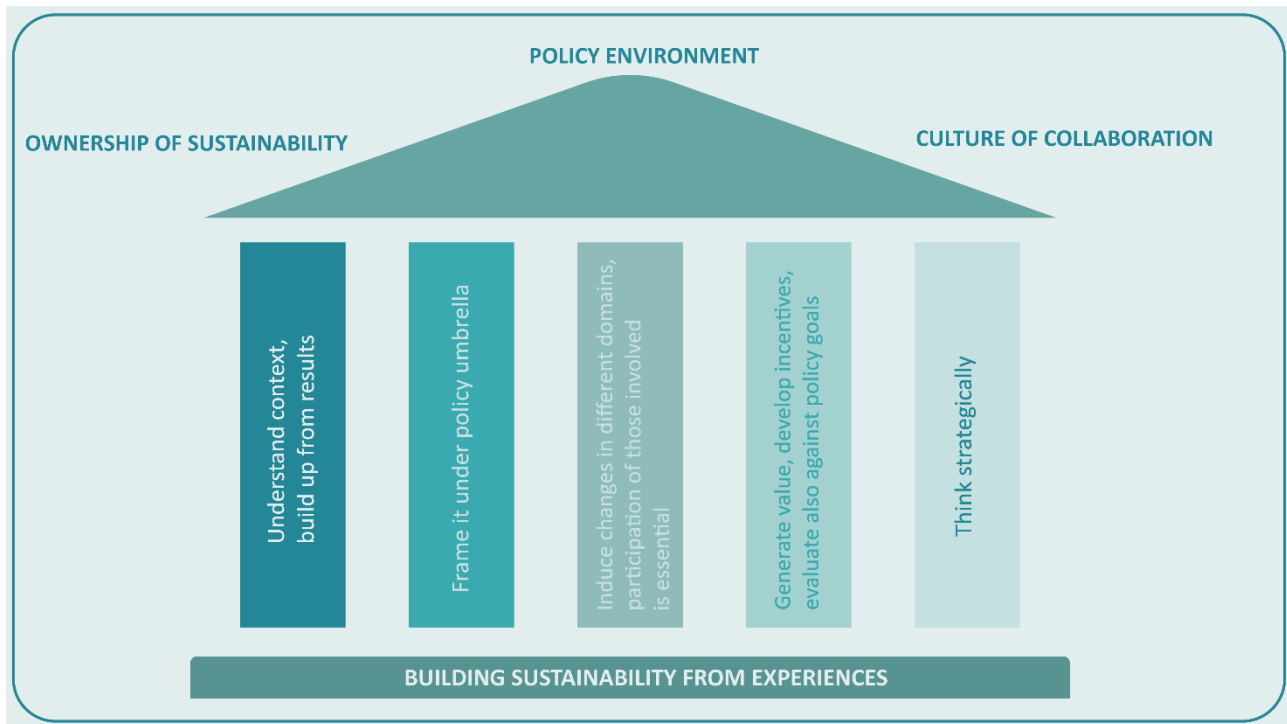
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Local Health Agency Naples 2 North (ASL NA2) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for ASL NA2 for review, presentation, discussion and adoption of the final version by ASL NA2 during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by ASL NA2. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the ASL NA2, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice ASL NA2, Italy (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Local Health Agency Naples 2 North to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, ASL Napoli 2 Nord (Local Health Authority of North Naples) developed and implemented several interventions to strengthen vertical integration (within the hospital structures) and horizontal integration (between the different sectors involved in hospital discharge), to improve the management of home care through the use of digital systems, and subsequently, to improve the quality of life and health of the population in North Naples. The objective is the definition and implementation of a protocol for the management of patient discharge from the hospital and the consequent taking on of the patient by local structures, with particular focus on frail persons.

**The practice developed in JADECARE was supported by the Catalan original Good practice based on the adoption and alignment of six local core features: 1.) Programme for chronic and frail patients (CF3.1); 2.) Support for complex case management including home hospitalization, transitional care and vertical & horizontal integration supported by digital tools (CF3.2); 3.) Integrated Care for admission avoidance of subacute and frail patients (CF3.4); 4.) Regional information exchange platform (CF5.1); 5.) Primary Care electronic Medical Record and Electronic Prescription (CF5.2); 6.) ICT tools supporting adaptive case management & collaborative work (CF5.4).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) Implementation, monitoring and verification of the latest version of the operating protocol for frail and/or home patients and formalization of the operating protocol for the management of protected hospital-territorial discharges of frail people.; (2) Integration of the ddPAST company platform for access by social services operators in the municipalities adhering to the ASL Napoli2 Nord. ddPAST was created to provide the ASL Naples 2 Nord operators with an enterprise platform to manage in a simple and computerized way the requests of health needs coming from the territory. Specifically, this platform takes in charge the person with all health and social needs and manages the social and health services and interventions provided to patients within their homes. Thanks to the JADECARE project, ASL Naples 2 Nord has made integrations and in particular: - ddPAST integration with Social Workers of the Municipalities to acquire social information in the platform. - ddPAST - SINFONIA integrations for sending required reporting flows at the regional level. - ddPAST integration with hospital protected discharges for access by Social Service Operators in ASL Napoli2 Nord member municipalities; - Integration of ddPAST enterprise platform for access by hospital operators; - Implementation of interoperability between platforms (ddPAST, SINFONIA).; (3) Integration of the ddPAST company platform for access by hospital operators; (4) Implementation of interoperability between platforms (ddPAST, SINFONIA).

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

Horizontal and vertical integration, development of digitization in health care and interoperability of information systems are at the forefront of regional and national political priorities in Italy. An important contributing factor was the COVID 19 pandemic which highlighted the need to accelerate the digitization of care processes. In this respect, Italian pilot practices in JADECARE have high visibility and support from national health authorities, namely MoH and AGENAS. Additionally, considerable investments in the field are provided by National Recovery and Resilience Plan. Italian JADECARE practices, including the practice from Napoli, provide new knowledge and capacities to address issues related to digitally-supported integration of care and to help modernise the NHS in Italy. These are contextual factors important for supporting sustainability and scalability of developed solutions in Napoli.

The overall goal is: (1) system-wide use of the operating protocol for frail and/or home patients and of the operating protocol for the management of protected hospital-territorial discharges of frail people including capacity building of involved healthcare professionals and other professionals.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are aligned to the National Chronicity Plan.
JADECARE practice outcomes will become a part of larger schemes of health system transformation, such as National Resilience and Recovery Plan
JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance, As called for by the NRP in the areas of territorial care, hospital upgrading and digitization
JADECARE practice leading partner ASL NA2 and the key stakeholders such as municipalities and voluntary or citizens' advocacy organizations, as well as General Practitioners and Primary Care Pediatricians (GP/PLS) and professional orders, which will strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner ASL NA2 will serve as the main holder of sustainability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partner ASL NA2 and the stakeholders such as municipalities and voluntary or citizens' advocacy organizations, as well as General Practitioners and Primary Care Pediatricians (GP/PLS) and professional orders, which will strengthen the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Region Naples North to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.</p>
<p>JADECARE practice leading partner ASL NA2 and the stakeholders such as municipalities and voluntary or citizens' advocacy organizations, as well as General Practitioners and Primary Care Pediatricians (GP/PLS) and professional orders, which will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field, such as voluntary or citizen protection organizations, other hospital and territorial companies in the Campania region, accredited private providers ; the linkages may need to be adapted over time.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>JADECARE practice leading partner ASL NA2 and the stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner ASL NA2 and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities.</p>
<p>JADECARE practice leading partner ASL NA2 and the stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: ASL NA2 and network of key partners from JADECARE project will identify the approach to link scaling-up of JADECARE results within National recovery and resilience plan, including its financial support (such as becoming a member of its steering group or equivalent), by October 2023.
Actor(-s) ASL NA2
Resources <u>Human:</u> Program manager, Community maker, Network manager , System Analyst, Digital/ICT Manager, Developer, Service Desk Agent, Test specialist <u>Technical:</u> Enhancement of computer workstations, innovative technologies for measuring key physiological and movement parameters related to different diseases, the data of which can be managed and processed in the Cloud to produce customized reports for use by family physicians or by the patients themselves; remote assistance services, based on advanced home automation technologies, custom-installed in users' homes, which facilitate monitoring and intervention in case of critical situations <u>Financial:</u> to support the purchase of technology and pay hours to operators
Setting(s) local
Timeline October 2023
Key Performance Indicator Minutes from the meeting of the steering group or equivalent

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: ASL NA2 will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) ASL NA2
Resources <u>Human:</u> Executive Staff Director of Corporate Health Management, Director of Department of Care Territorial, Director Hospital Department Surgical Area, Director Hospital Department Medical Area, Director Pharmaceutical Department, Health Care Integration Director, Home Care Director , Director of Hospital Presidium San Giovanni di Dio, Territorial Residential and Semiresidential Facilities Director, Pozzuoli Health District Director, Quality & Risk Management Director, Clinical and Organizational Appropriateness Director, Information Technology and Clinical Engineering Director, Jadecare project team
Setting(s) local
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) ASL NA2
Resources <u>Human:</u> Executive Staff Director of Corporate Health Management, Information Technology and Clinical Engineering Director, Jadecare project team, Community maker, Network manager
Setting(s) local
Timeline November 2023
Key Performance Indicator Plan of activities available.
Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) ASL NA2
Resources <u>Human:</u> Communication expert, monitoring and evaluation expert, representatives of beneficiaries and stakeholders <u>Financial:</u> Web information and communication spaces, Production of print and audiovisual materials.
Setting(s) local
Timeline November 2023
Key Performance Indicator Communication plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Regional Health Agency Marche – Health Department of Marche Region

Italy



Co-funded by the Health Programme of the European Union

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Lead Authors	Roberta Papa, Giulia Franceschini, Francesco Balducci, Laura Romoli, Marco Pompili, Marco De Marco (Regional Health Agency Marche) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
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Glossary of acronyms

Table 1: Glossary of acronyms, terms and abbreviations

Acronym	Description
AGENAS	National Agency for regional health services
AMG	Adjusted Morbidity Group
ARS Marche	Regional Health Agency Marche
COVID-19	Coronavirus Disease-19
DPO	Data Protection Officer
GDPR	General Data Protection
EU	Europe/european
HaDEA	European Health and Digital Executive Agency
HADs	Healthcare administrative databases
ICT	Information and Communication technology
IT	Information Technology
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
LCF	Local Core Feature
MoH	Ministry of Health
NIJZ	National institute of Public Health Slovenia
NRRP	National Recovery and Resilience Plan
PDSA	Plan Do Study Act
ProMIS	Programma Mattone Internazionale della Salute

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

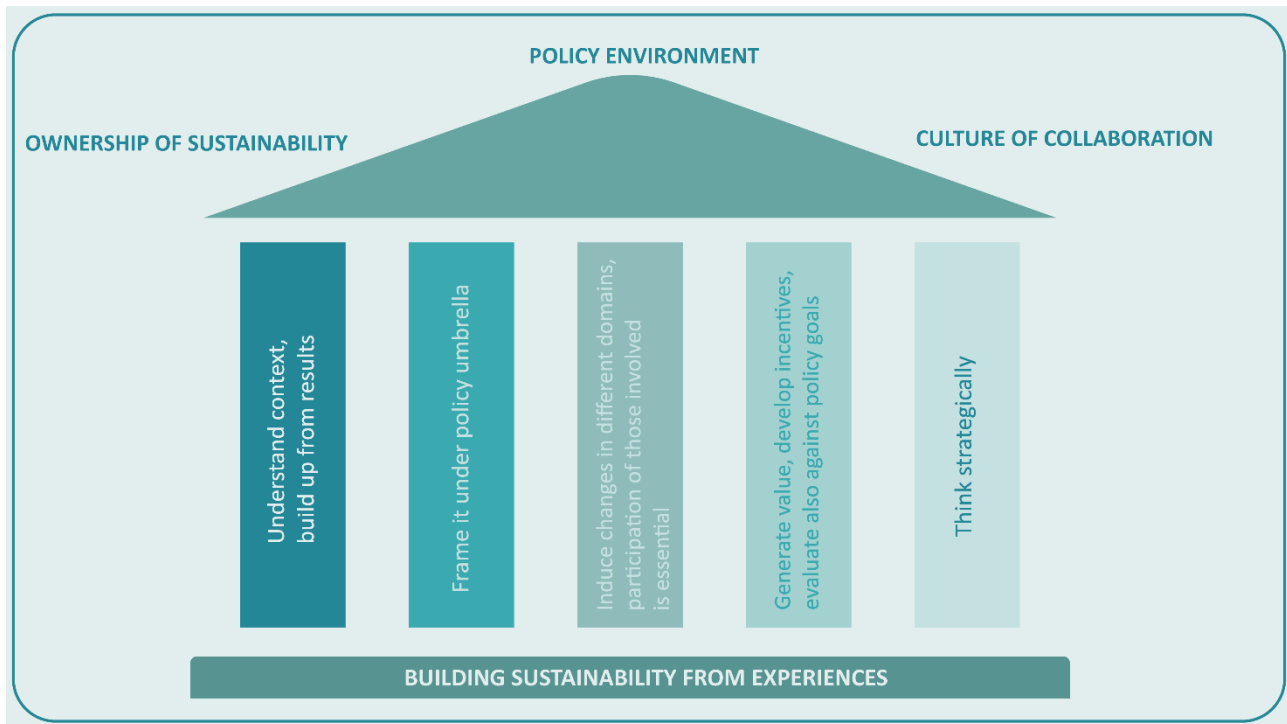
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During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of the development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of JADECARE Policy Dialogue that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second Plan-Do-Study-Act (PDSA) cycles, including inputs presented during thematic workshops. Drafts were then shared with Regional Health Agency Marche (ARS Marche) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for ARS Marche for review, presentation, discussion and adoption of the final version by ARS Marche during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by ARS Marche. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the ARS Marche, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice ARS Marche, Italy (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of the healthcare system of the Marche Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via PDSA cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box below.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

ARS Marche tested and evaluated a population-based health risk assessment tool based on Adjusted Morbidity Groups (AMG) that predicts individual citizen risk based on multi-morbidity information gathered from the Healthcare Administrative Databases (HADs). Moreover, ARS Marche developed a map/dashboard for visualising relevant indicators of health status and consumption of resources and available healthcare services for the entire population of the Marche region. These tools will be used to improve the efficiency of the Regional Healthcare System and the quality of life of citizens by providing services that meet their needs. To achieve greater impact and sustainability, the practice was aligned with relevant National/regional policies/regulations/initiatives (e.g. National Resilience and Recovery Plan (NRRP) and conducted in collaboration with the National Health Authorities (Ministry of Health-MoH, National Agency for regional health services-AGENAS, ProMIS-the Italian Network of regions for the internationalisation of the health sector).

**The practice developed in JADECARE was supported by the Catalan original Good practice based on the adoption and alignment of two local core features: 1.) Implementation of a risk stratification tool based on adjusted morbidity groups (LCF1) and 2.) Building a map/dashboard of citizens' health/risk and available services (LCF2).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

In JADECARE, Marche Region (1) set up and tested the population-based health risk assessment tool for healthcare planning and decision-making purposes, with a focus on non-communicable diseases; (2) developed the structure of a dashboard to visualize aggregated data derived from the algorithm, and to show other health-related indicators; (3) partially integrated the population-based health risk assessment algorithm in the regional IT infrastructure; (4) identified the care programs and services for each of the risk pyramid strata; (5) defined sets of indicators of health status and consumption of resources per stratum and per a set of chronic diseases; (6) mapped the available health services in the region; (7) collected the available national/regional laws/guidelines/regulations to define the social and healthcare programmes and services needed by the citizens based on their level of complexity; (8) identified the policies and other actions promoting the sustainability of the JADECARE results; (9) established communication with the Director of the Health Department, healthcare managers and experts; (10) positioned JADECARE results within a Regional Act on the adoption of the national regulation on the standards for the community services, approved by the Regional Council (population stratification as the first step of the process).

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

From a **regional perspective**, the main focus of the Sustainability strategy and Sustainability action plan for 2024-2025 is to identify policies and interventions at regional level to support implementation and sustainability of the local good practice. The results obtained in JADECARE have paved the way for further implementations closely related to the results already obtained, towards the achievement of a digitally-enabled integrated care across Marche region (in a GDPR-compliant framework). Several national/regional policies/plans relevant for the practice already exist. Next step is to define how the practice could support the development process of these policies/plans. Additionally, ARS Marche will foster future collaboration with Catalonia team to further exploit risk assessment strategies/tools.

The sustainability overall goals related results and timeframes are declined as follows:

- 1- **Ensure the prompt operation of the population stratification algorithm**, through the following actions: completion of the integration of the tool into the regional IT infrastructure; inclusion of

additional healthcare administrative databases (HADs) (e.g. hospice database, updated community HAD); definition of supportive actions to improve the quality and completeness of healthcare data. *This goal could be achieved within 6 months (June 2024).*

- 2- **Development of the dashboard**, through the following actions: implementation of the dashboard in computational, technical, and graphical terms, adding maps aimed to visualize healthcare services adjusted to the social and health care planning regulations (at national and regional level); revision of the indicators included within the dashboard itself, according to the needs of decision-makers; design of an interface/tool to facilitate its consultation by potential users, such as regional and clinical managers, for close monitoring of population's health status and resources consumption, including potential benchmarking activities (as defined in the current national and regional regulations); integration of the tool in the regional IT infrastructure. *This goal should be achieved within 1 year (December 2024) for a first version, to be continuously updated/maintained.*
- 3- **Define a roadmap** to increase the use of the population stratification algorithm and the dashboard by regional and clinical managers (e.g., for programming and implementing healthcare policies and services, process of budget and resources allocation, supporting investments in prevention and continuity of care, such as in territorial operative centres, community hospitals and houses, home care, family nursing, palliative care, and telemedicine). This goal can be gained by empowering the different regional healthcare institutions through increased digital competencies and providing them an efficient strategy for the use of health data for research, innovation, policy-making and regulatory activities (secondary use of health data). *This goal should be achieved within 1 year (December 2024).*

From a **national perspective**, the aim is to support the National health authorities in overall health system transformation and modernisation. The piloted practice has been developed in alignment to the health priorities of the Italian Government which made considerable financial investments in digitalisation and integration of care with COVID-19 being the major cause for these strategic investments. The JADECARE experience will support the implementation of NRRP actions in the upcoming years to modernize the National Healthcare System in Italy. This experience could bring useful information for the ongoing discussion on adoption of these tools and validity/suitability of Healthcare Administrative Databases (HADs) for this purpose. Moreover, the similar structure of HADs in the other Italian regions allows the transferability of the data preparation procedure (and the applicability of the Adjusted Morbidity Groups -AMG tool) in other Italian contexts.

The results are also relevant to other EU contexts and to the EU bodies to support the European Health Data Space initiative and the development of recommendations on the secondary use of health data.

In developing the sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives, that are purpose statements that help creating an overall vision and, in the next step, help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years. The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
a. JADECARE practice results will be embedded into regional healthcare system transformation policies/initiatives, financially supported by NRRP scheme or other regional/national funds.
b. JADECARE practice outcomes will be further used as one of the resources for establishing political consensus on the needs, objectives and strategies on how to achieve health system transformation.
c. JADECARE practice leading partner ARS Marche will further strengthen the strong top-down and bottom-up linkages with other key stakeholders in the system, such as regional healthcare political level (i.e. councillorship of health), that can assure the systemic funding and continuity of practice's outcomes.
Core element 2: Holder(-s) of sustainability
Strategic objectives
a. JADECARE practice leading partner ARS Marche will serve as the main holder of sustainability, at least in 2024 and 2025.
b. JADECARE practice leading partner ARS Marche will further strengthen the links (formal and informal) with regional healthcare political institutions and with local/regional healthcare organizations that are accountable for reinforcing the capacity of the healthcare system of Marche Region to successfully address important aspects of health system transformation, such as the transition to digitally-enabled, integrated, person-centred care.
c. JADECARE practice leading partner ARS Marche will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; mutual roles and responsibilities with other regional stakeholders (health department, councillorship of health, healthcare workers, citizens) will be defined.
Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
a. Methodology of action, results achieved and benefits of JADECARE practice will be made known local-, region-, and nationwide, and the know-how gained will be made available to the community and to other contexts.
b. JADECARE practice outcomes will be continuously aligned to and operate in concordance with cultural characteristics of the setting, allowing that planning and implementing activities continue to be context-specific.
c. JADECARE practice leading partner ARS will pursue innovation of the healthcare system strengthening the culture of collaboration and building consensus with key stakeholders, also through champions.
d. JADECARE practice leading partner ARS Marche and key stakeholders (e.g. Agenas, MoH, ProMIS) will further consider digital literacy across the healthcare professionals and the citizens in the development and implementation of the solutions.

3 Sustainability strategy

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

<p>Core element 1: Policy frameworks and vertical linkages</p>
<p>Key activity 1 including SMART goal: ARS Marche, with the support of the network of key partners from JADECARE project (e.g. Agenas, MoH, ProMIS) will identify the approach to link scaling-up of JADECARE results within the regional fulfillment of the Ministerial Decree N. 77/22 about new standards of community health and social care services (within the National Recovery and Resilience Plan), including its financial support, by December 2023.</p>
<p>Actors: ARS Marche and the network of key partners from JADECARE project (e.g. Agenas, MoH, ProMIS).</p>
<p>Resources:</p> <p><u>Human:</u></p> <ul style="list-style-type: none"> - components of the working group (to ensure the prompt operation and update of the tools; to report and disseminate at regional/national levels the results; to support key stakeholders in using the tools) - Health Department of Marche Region (to collaborate/to be consulted) - IT experts (for technical-operational support) and HADs experts (to identify main gaps in health flows and potential improvement activities) - Regional and healthcare organizations' managers (to provide continuous feedback and briefing/debriefing activities on experiences with the tools and their needs; to adapt the tools' use-through bottom-up and top-down interactions). - councillorship of health (to sustain JADECARE practice-regionally). <p><u>Technical:</u> online/in presence meetings and IT tools (R software, IT platforms for monitoring and evaluation).</p> <p><u>Financial, to cover the expenses related to:</u> staff recruitment, dissemination activities, and technical activities such as updating and revision of the tools.</p>
<p>Settings:</p> <ul style="list-style-type: none"> - local/regional (involvement/collaboration with health care organizations, health department and councillorship of health) - national (involvement of MoH, AGENAS and ProMIS)
<p>Timeline: December 2023</p>
<p>Key Performance Indicators:</p> <ul style="list-style-type: none"> - regulatory acts related to regional fulfillments to the Regional Act on the adoption of the national regulation on the standards for the community health and social care services - Ministerial Decree N. 77/22- and to NRRP - tables of the activities/initiatives planned/conducted - participation in national/regional meetings/workshops/working tables.
<p>Key activity 2 including SMART goal: ARS Marche will integrate the use of JADECARE results within the discussion about the secondary use of health data in the framework of the privacy regulation, by December 2023.</p>
<p>Actors: ARS Marche with the support of key stakeholders (e.g. Agenas, MoH, ProMIS).</p>
<p>Resources:</p> <p><u>Human:</u></p> <ul style="list-style-type: none"> - components of the working group and regional managers (reporting results/potentialities of JADECARE practice in the framework of privacy regulation) - Regional health Department (to collaborate/to be consulted) - Data Protection Officer (DPO) (to support a GDPR-compliant framework, adapted to the needs of regional social/health care programming) - councillorship of health (to sustain JADECARE practice-regionally) - MoH, Agenas and ProMIS (to sustain JADECARE practice-nationally) <p><u>Technical:</u> online/in attendance meetings and IT platform for monitoring and evaluation</p>

<u>Financial, to cover expenses related to:</u> staff recruitment and participation in national/regional meetings
Settings: <ul style="list-style-type: none"> - regional (collaboration/consultancies with DPO; involvement/collaboration with councillorship of health) - national (involvement of MoH, AGENAS and ProMIS)
Timeline: December 2023
Key Performance Indicators: <ul style="list-style-type: none"> - minutes from the meetings with the different stakeholders - tables of the activities/initiatives planned/conducted - participation in national/regional meetings/working tables related to privacy issue.

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: ARS Marche will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor: ARS Marche
Resources: <u>Human:</u> <ul style="list-style-type: none"> - components of the working group - Regional health Department (to collaborate/to be consulted) - administrative employee (for bureaucratic-administrative procedures) - Regional managers and councillorship of health (to sustain JADECARE practice-regionally) <u>Technical:</u> on-line/in attendance employment interviews and IT tools
Settings: local/regional (involvement/collaboration with regional health decision-makers)
Timeline: October 2023
Key Performance Indicators: Act establishing the working group
Key activity 2 including SMART goal: ARS Marche will define a plan of activities of the working group, to support the scaling-up of JADECARE key results by November 2023.
Actor: ARS Marche
Resources: <u>Human:</u> components of the working group <u>Technical:</u> on-line/in attendance meetings and IT tools (for shared documents) <u>Financial, to cover expenses related to:</u> implementation of the activities of the plan, such as staff recruitment, IT tools, etc.
Settings: <ul style="list-style-type: none"> - local/regional (involvement/collaboration with health decision makers) - national (involvement of MoH, AGENAS and ProMIS)
Timeline: November 2023
Key Performance Indicator: Plan of activities available

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: ARS Marche will develop a communication plan to engage key stakeholders and champions to spread information/results about the project on a local/regional/national/EU scale, extending the network developed by November 2023.
Actor: ARS Marche
Resources: <u>Human:</u> <ul style="list-style-type: none"> - components of the working group - Regional Health Department (to collaborate) - Regional managers (to report their experience related to JADECARE's results implementation) - Councillorship of health (to sustain JADECARE practice-regionally) - MoH; AGENAS; ProMIS (to sustain JADECARE practice-nationally) - other regions and EU countries (for feedback/comparison/benchmarking) <u>Technical:</u> <ul style="list-style-type: none"> - online/in attendance meetings - IT tools for the development of website/channels/pages/material in social media and for monitoring and evaluation <u>Financial, to cover expenses related to:</u> staff recruitment and dissemination activities
Settings: <ul style="list-style-type: none"> - local/regional (involvement/collaboration with health department, councillorship of health, other stakeholders) - national (involvement of other Italian regions, MoH, AGENAS and ProMIS) - international (involvement of European countries)
Timeline: November 2023
Key Performance Indicator: Communication plan ready
Key activity 2 including SMART goal: ARS Marche will define a plan to include/integrate training/informative activities on digital skills/health literacy of health professionals into existing local/regional initiatives (e.g. training plans, relevant working groups), by December 2023
Actor: ARS Marche
Resources: <u>Human:</u> components of the working group, champions <u>Technical:</u> on-line and in attendance meetings/lessons and IT tools <u>Financial:</u> to cover expenses related to the realization of training/informative activities
Setting: local/regional (involvement of healthcare institutions/healthcare workers)
Timeline: December 2023
Key Performance Indicator: List of training/informative activities
Key activity 3 including SMART goal: ARS Marche will develop a plan for continuing the collaboration with the Catalan Open Innovation Hub on ICT-supported integrated care services oGP team to further build up capacities for risk assessment strategies/tools, by December 2023.
Actor: ARS Marche
Resources: <u>Human:</u> components of the working group and the Catalan team <u>Technical:</u> on-line meetings/consultancies and IT tools <u>Financial, to cover expenses related to:</u> the collaboration agreement
Settings: local/regional (involvement of regional managers)
Timeline: December 2023
Key Performance Indicator: Collaboration plan ready



**JADE
CARE**

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

SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Lombardy Region

with contributions of ARIA (Regional innovation and procurement
Company) and Local Implementation Sites

Italy



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Version history

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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 28 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Apr 11 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 20 2023	Nicolò Bondioli, Nicole Genovese, Nadia Poli, Francesco Caruso, Alessia Semprebboni, Elena Mariani, Elisa Schenone, Gianluca Carletti (Lombardy Region /ARIA), Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
0.5	May 29th, 2023	Nicolò Bondioli, Nicole Genovese (Lombardy Region /ARIA)	Implementation for the key learning workshop, revised version
1.0	June 7th 2023	Nicolò Bondioli, Nicole Genovese (Lombardy Region /ARIA)	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
Lombardia	Lombardy Region
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

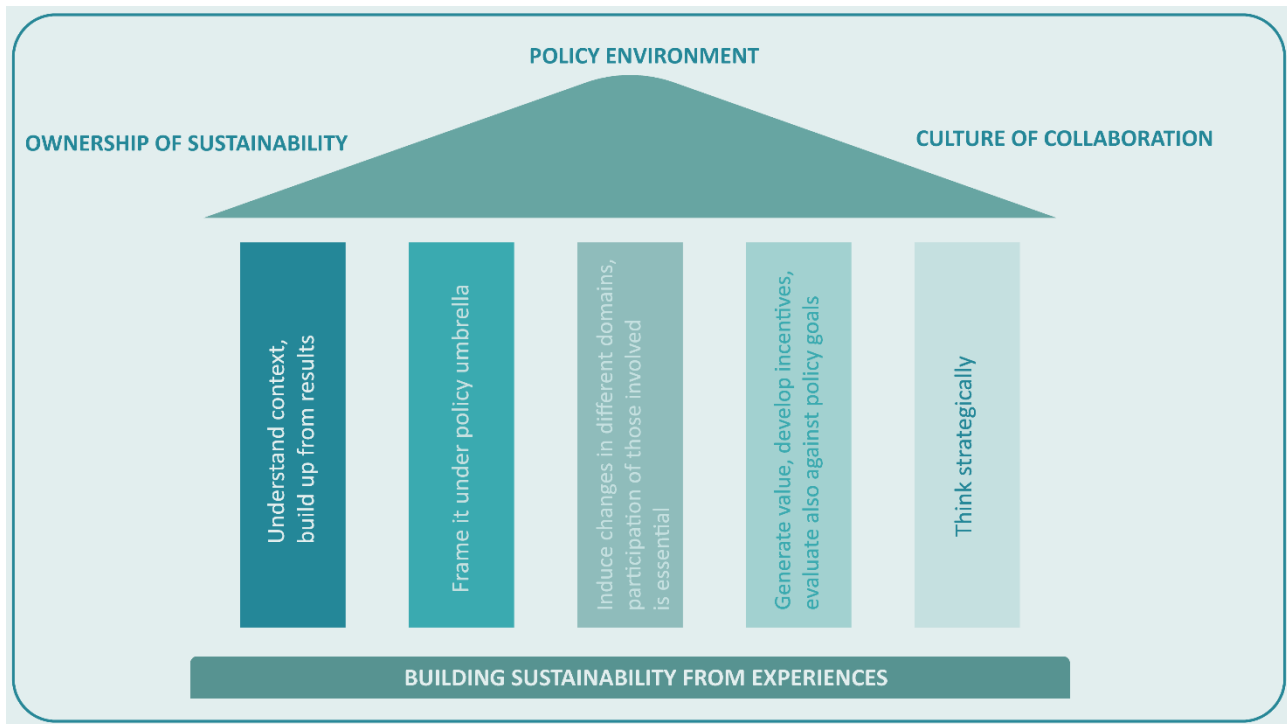
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During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

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Figure 1. JADECARE Sustainability Framework



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The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

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The readers and users of this documents are, in addition to the Lombardia, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice Lombardy, Italy (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Lombardy Region to successfully address important aspects of health system transformation, with focus on the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, final analyses and reporting. Full results of the JADECARE Next Adopters' practice are published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

With the support of Local Healthcare Authority ATS Valpadana, the Lombardy Region developed a Lombardy Digital Roadmap towards an Integrated Health Care Sector, focusing on implementation of several interventions within three health hubs (ASSTs): Crema, Cremona and Mantua¹. The aim of these interventions was to bring psychiatric and rehabilitation services to users who experience difficulties in accessibility due to the physical geographical distance to the hospital where services are being provided. Using a telemedicine approach with online tools and processes increase the accessibility to the services for the user and on the other hand relieve the burden of physical visitations of hospitals.

The psychiatric service would more easily involve users reluctant to have physical meetings, including the access to crowded places such as hospitals. The autonomous use of an app involving videos and pain record in rehabilitation domain would allow to relieve crowded Hospitals.

Moreover, providing solutions based on remote activities allows to improve the quality and number of services that can be provided to patients and to be more efficient in terms of time (e.g., flexible agendas, no time needed to travel to patients' locations).

**The practice developed in JADECARE was supported by the South Denmark Region original Good practice based on the adoption and alignment of two local core features: 1.) Tele-psychiatry (CF2.2); and 2.) Online physical rehabilitation (CF2.4).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) Telepsychiatry: it consists in using a digital platform, integrated with the existing IT systems in order to conduct televisits and teleconsults; (2) Digital rehabilitation: it consists in using a digital platform where professionals can upload personalized weekly-based physical exercises for patients; (3) adaptation of the existing platform to support telepsychiatry and digital rehabilitation; (4) Development and implementation of user satisfaction and professionals satisfaction surveys to provide feedback during both interventions; (5) training of the professionals for both interventions.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

Horizontal (across solutions providers) and vertical (across the continuity of care) integration, development of digitization in health care and interoperability of information systems are at the forefront of regional and national political priorities in Italy. An important contributing factor was the COVID 19 pandemic which highlighted the need to accelerate the digitization of care processes. In this respect, Italian pilot practices in JADECARE have support from national health authorities, namely MoH and AGENAS. Additionally, considerable investments in the field are provided by the National Recovery and Resilience Plan (specifically, through Telemedicine National platform financed via NRRP). Italian JADECARE practices provide new knowledge and capacities to address issues related to digitally-supported integration of care and to help modernise the NHS. These are contextual factors important for supporting sustainability and scalability of developed solutions in Lombardy Region.

The overall goals are: (1) to promote the region-wide use of telemedicine platform, integrated within Regional data system; (2) to favour the expansion of the JADECARE approach to the health areas where a major continuity and involvement of patients and operators is needed, and to allow for better scheduling of activities for patients living far away, using video calls for dealing and preventing emergencies; (3) to encourage training of health professionals at all levels, also by sharing experiences in the domain; (4) strengthen the network of stakeholders.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes would be shared in order to influence larger schemes of health system transformation under the umbrella of National Resilience and Recovery Plan (specifically through informing the team that will lead the project for establishment of Telemedicine National platform).
JADECARE practice outcomes would be used as one of the resources to create awareness on the needs, objectives and strategies on how to achieve health system transformation, including an increased digitalization of services, patient empowerment and increase of digital literacy for both professionals and patients.
JADECARE practice leading partner Lombardy and the stakeholders such as local healthcare authorities and healthcare hubs will strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system that can assure the continuity of practice's outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner Lombardia, along with the implementation sites of the practice (ASST Crema, ASST Cremona and ASST Mantua), will serve as the main holder of sustainability at least in 2024 and 2025.
JADECARE practice leading partner Lombardy and the stakeholders such as local healthcare authorities and healthcare hubs will strengthen the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Lombardy Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner Lombardy and the stakeholders such as the implementation sites as well as other local healthcare authorities will strengthen the links (formal and informal) to other stakeholders with interest in this field; the linkages may need to be adapted over time.

1 Local actors operating in the Lombardy Region healthcare system, such as the Local Healthcare Authorities (ATS) and the Territorial Social and Health Authorities (ASSTs), are defined on the grounds of l.r.30/2006.

Core element 3: Culture of collaboration and consensus-seeking**Strategic objectives**

JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.

JADECARE practice leading partner Lombardy and the stakeholders (e.g.: service providers, local hospitals, physicians, patients' associations) strengthen the culture of collaboration and building consensus when planning and implementing activities.

JADECARE practice gave to several professionals, patients and solution providers concrete experience with solutions that will soon be used by a wider population, anticipating the need of training. The practice's outcomes could drive the wider implementation of this type of solutions by setting up proper training and best practices adoption.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically – address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: Lombardy will identify the needs and best practices stemming from the JADECARE pilot, including policy and technical feedback, that will be shared with policymakers at both regional and national level by October 2023.
Actor(-s) Lombardy
Resources Human resources (actors from NAWG)
Setting(s) Regional and national level
Timeline October 2023
Key Performance Indicator Document summarizing needs and suggestions.

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: Lombardia will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) Lombardy – lead, Local Implementation Sites
Resources Human resources
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities (including meetings for sharing experiences with other actors involved in telepsychiatry and telerehabilitation services) to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) Lombardy
Resources Human resources
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by December 2023, focusing on interactions with communication and public relations offices of the actors in promoting JADECARE strategies and results.
Actor(-s) Lombardy
Resources Human resources
Setting(s) Regional and National level
Timeline December 2023
Key Performance Indicator Communication plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Children's University Hospital

with contributions of National Health Services

Latvia



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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 28 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Apr 4 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 11 2023	Ieva Lejniece (CUH), Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
0.5	June 2 2023	Ieva Lejniece (CUH)	Discussion during implementation key learning workshop, revised version
1.0	June 5 2023	Ieva Lejniece (CUH)	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
CUH	Children’s University Hospital
NHS	National Health Service of Latvia
MoH	Ministry of Health of Latvia
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

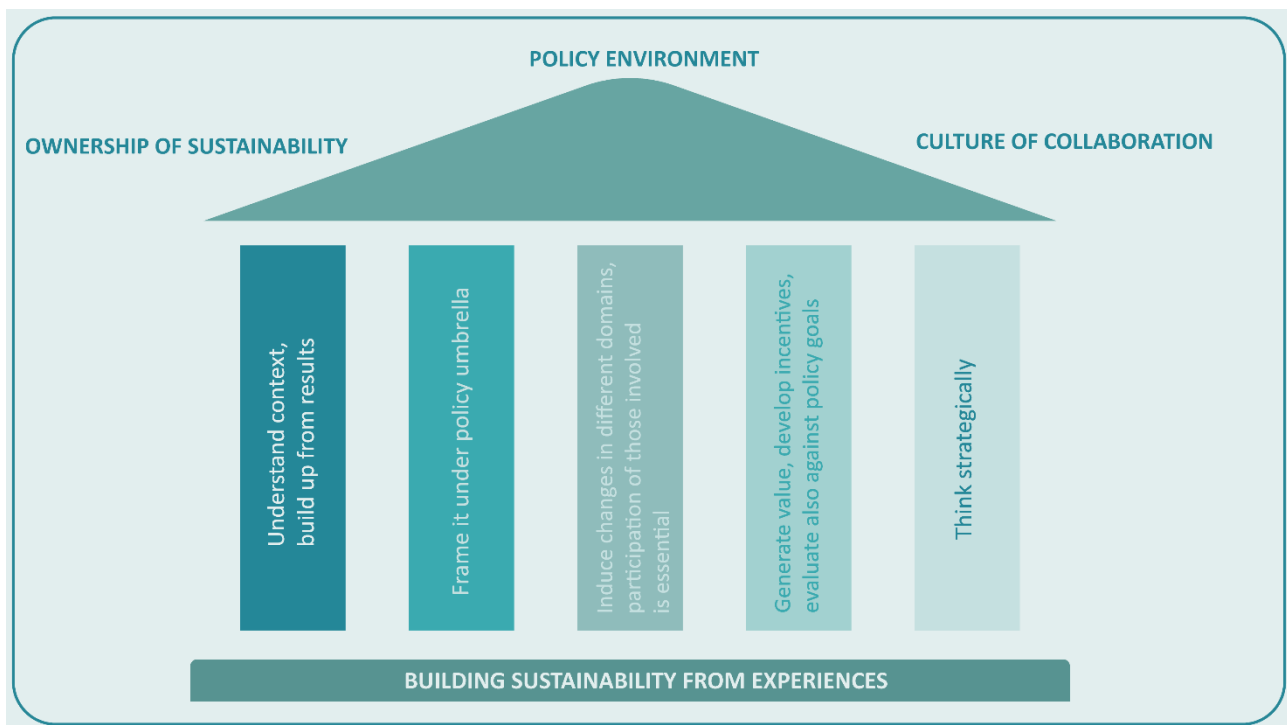
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Children’s University Hospital (CUH) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for CUH for review, presentation, discussion and adoption of the final version by CUH during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by CUH. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the CUH, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice CUH, Latvia (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Latvia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Children's University Hospital (CUH) launched a pilot project of national significance, developing a digital eligible ecosystem (consisting of digital platforms such as children's health portal, patient portal, portal for professionals) and establish strategic foundations to further build the capacities for digitally-enabled, integrated, children centred care at the national level. The aim is to improve and generalize quality of paediatric care across Latvia.

**The practice developed in JADECARE was supported by the South Region Denmark original Good practice based on the adoption and alignment of six local core features: 1.) Health Agreements (1.1); 2.) Messaging Standards (1.2); 3.) SAM:BO Agreement (1.3); 4.) TeleCOPD (2.1); 5.) Telepsychiatry (2.2); 6.) My Hospital (2.3).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE good practice: (1) A Strategy on implementation of digital eligible ecosystem (including overview of good practice from abroad, the Telemedicine strategy, the Conceptual Design document, digital solution implementation plan and structure in CUH, and a system integration plan); (2) A Digital eligible innovation ecosystem for children's healthcare (including Collaboration Agreements and standards on cross-sectorial integrated care and continuity of care; Communication and promotion plan on promoting citizen involvement and increasing the use of digital solutions; Promotion plan on raising the competence of medical staff in working with telemedicine systems and equipment; Solution providers; Succession plan for updating and updating the content and solutions; Training with providers to assess incentives for IT deployment and usability assessment; Evaluation of the pilot project efficiency with indications for possible improvements; protocol and recommendations on the introduction of telemedicine and digital services in Latvia).

The practice outcomes include an established and unified evidence-based channel for parents, children and adolescents, as well as children's health professionals; a more coordinated approach in children's healthcare using innovative methods; effective usage of medical stuff within Children's hospital and healthcare in general; more accurate and trustable source of information and services; decrease in economic burden of patients and families as they don't need to travel to Hospital in case it's not emergency; improved availability of services inside and outside the hospital; reduced waiting times for Hospital services; more empowered citizens to actively participate in healthcare decision making processes.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main trajectory of the Sustainability strategy and Sustainability action plan is to use the outputs and results of the JADECARE good practice (e.g. Telemedicine strategy and implemented digital tools) to support integration of primary, secondary and tertiary care in the implementation of telemedicine solutions at the national level. Especially important is the integration with the national e-health system to avoid fragmentation of different service tools. A key factor to achieve this is an already established strong support of national policy makers and long-term high-level visibility of CUH initiatives which add to the relevancy and quality of developed solutions and their potential for scalability across Latvia.

The overall goals are: (1) systemwide implementation of the strategy on implementation of digital eligible ecosystem; (2) systemwide use of the digital innovation ecosystem for children's healthcare, including training of healthcare professionals, educational materials and support among childrens' carers; (3) assess the potential for the use of JADECARE results in medicine in different domains of healthcare.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are aligned to the health strategies at national health policy level, such as: Medium-term STRATEGY (2020-2025) of Children's University Hospital (endorsed by Council, MoH, CoM level supervisory body)</p> <ul style="list-style-type: none"> • Adjustment of CUH General strategic objective defined by the Cabinet • Public Health Policy Guidelines 2021-2027 • National Development Plan (2021-2027) • Latvia's Recovery and resilience plan • EU Structural funds planning documents (e.g. centre of excellence and knowledge transfer-vertical and horizontal) <p>Supporting policy framework</p> <ul style="list-style-type: none"> - Sustainable Development Strategy of Latvia until 2030 - Smart Specialization Strategy (RIS3)
<p>JADECARE practice outcomes will become a part of larger schemes of health system transformation, such as Digital health strategy until 2029.</p>
<p>JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance.</p>
<p>JADECARE practice leading partner CUH and the stakeholders such as MoH, President of Latvia, Ministry of Economy, Ministry of Welfare, Ministry of Environmental Protection and Regional Development, The Ministry of Education and Science, Investment and Development Agency of Latvia will strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes by:</p> <ul style="list-style-type: none"> - Participation in MoH activities regarding integrated care, digitalization in healthcare (incl. secondary use of data) - Strong collaboration between all 3 university hospitals in Latvia - Sharing Children's Health Ecosystem concept and progress in different national and international platforms and forums - Collaboration with EiT Health and local start-ups community

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner CUH will serve as the main holder of sustainability process at least in 2024 and 2025.
JADECARE practice leading partner CUH and the stakeholders such as MoF will establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Latvia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care by working systematically with recently established Digital Health council
JADECARE practice leading partner CUH and the stakeholders such as MoH will establish the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner CUH and the stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner CUH and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner CUH and the stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: CUH and network of key partners from JADECARE project will identify the approach to link scaling-up of JADECARE results within Digital health strategy until 2029, by October 2023.
Actor(-s) MoH, CUH
Resources Human, technical, financial resources
Setting(s) National policy level
Timeline Novemeber 2023
Key Performance Indicator Minutes from the meeting of the steering group or equivalent

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: CUH will continue to work within the existing working group which will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) CUH, MoH
Resources Human
Setting(s) National policy level
Timeline October 2023
Key Performance Indicator Minutes of the meetings of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by December 2023.
Actor(-s) CUH
Resources Human, Financial
Setting(s) National policy level
Timeline December 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) CUH, University hospitals In Latvia
Resources Human
Setting(s) Local - University hospitals
Timeline November 2023
Key Performance Indicator Communication plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Central Administration of the Health System of Portugal
Portugal



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the European Union

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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 28 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Feb 20 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 30 2023	Denis Opresnik, Jelka Zaletel, Vanessa Ribeiro, João Bola	Complete draft version for distribution
0.5	May 3 2023	Vanessa Ribeiro	Discussion during implementation key learning workshop, revised version
1.0	June 15 2023	Vanessa Ribeiro	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
ACSS	Central Administration of the Health System of Portugal
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Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

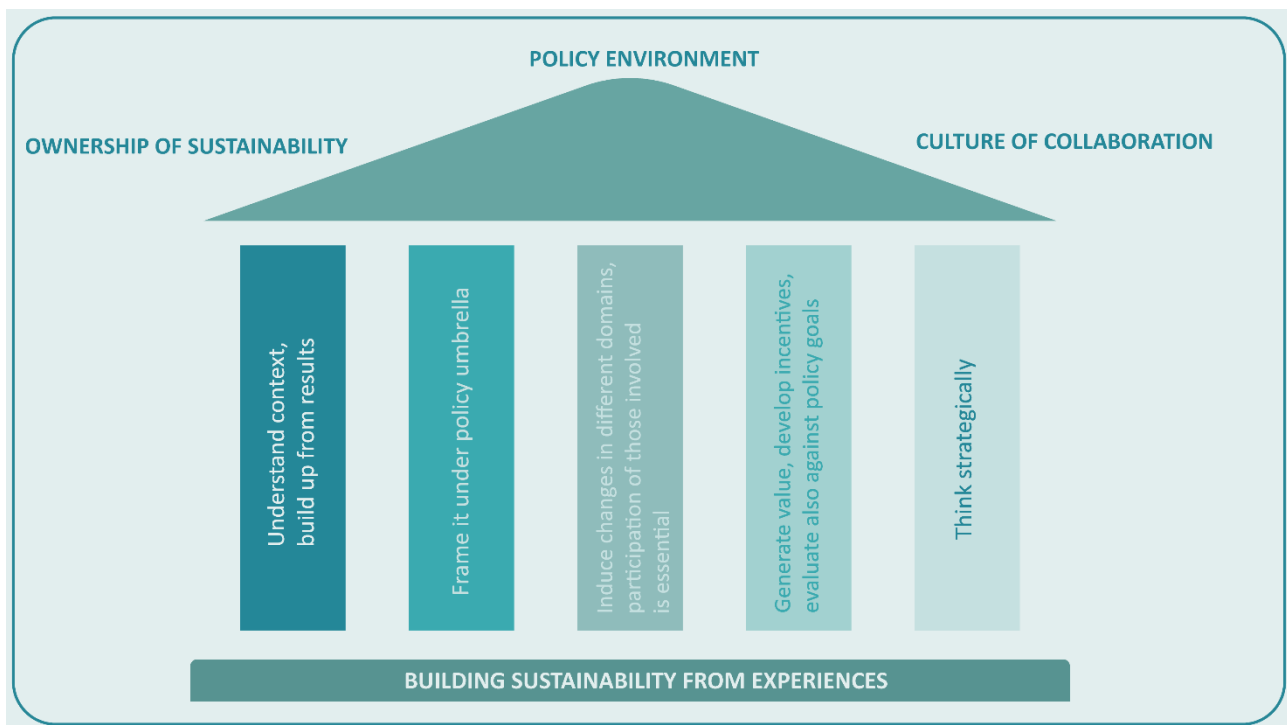
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Central Administration of the Health System of Portugal (ACSS) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for ACSS for review, presentation, discussion and adoption of the final version by ACSS during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by ACSS. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the ACSS, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice ACSS, Portugal (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Portugal to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, ACSS together with pilots in three regions in Portugal (Norte, Centro and Alentejo) developed and implemented interventions related to population risk stratification to establish a basis for identification of specific healthcare needs of population subgroups and adaptation of care models. This process is being supported by improved information and communication systems, as well as financing and commissioning as facilitators.

**The practice developed in JADECARE was supported by the Basque Country original Good practice ("Basque health strategy in ageing and chronicity: integrated care") based on the adoption and alignment of five local core features: 1.) Stratification Data extraction process and construction of dashboard (CF1.1); 2.) Classification of patients (CF1.2); 3.) Stratification in the framework contract (CF1.3); 4.) Integrated care - Deployment of integrated communication and information systems (CF2.2); and 5.) Integrated care - Care coordination and communication between health providers (CF2.3).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: training healthcare professionals and managers in using risk assessment approach through an e-learning platform, ACSS-developed risk stratification tool (implemented within five pilot settings, GDPR issue pending for broader use), design for the study to compare three risk stratification tools (definition of key performance indicators and funding pending), communication plan to engage stakeholders and raise awareness, increased knowledge on technical knowledge on risk stratification tools and on principles on co-design of care pathways, strengthened understanding on adjusted financial models, care pathways for COPD, heart failure, diabetic foot, multimorbidity, a plan to improve electronic health record with care pathways included (alignment to National resilience and recovery plan to cover reinforcement of interoperability, optimise patient summary, optimise information systems for medication management, and reinforcement of referrals in information systems).

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main focus of the Sustainability strategy and sustainability action plan is to address several bottlenecks and challenges for successful implementation of risk stratification instruments at national level, such as issues with interoperability between information systems (which hamper communication amongst HPs and data exchange), lack of resources (knowledge and staff) for digital transformation, fragmented organisational alignment (e.g. standardised care pathways) and insufficient inclusion of patients in care pathway development.

Scaling up of the key results from the pilots would need a strong policy support and integration of the results and plans within broader initiatives and framework. An important facilitator for sustainability and scalability of the proposed solutions are the considerable strategic investments in digitalisation of the Portugal healthcare system via National Resilience and Recovery Plan. ACSS will work further on: (1) use of e-learning platform to provide trainings (HPs at primary level) on risk stratification, (2) use of ACSS-developed risk stratification tool after solving GDPR issue, (3) running the study to compare three risk stratification tools, (4) communicating the results of the JADECARE practice with the national health authorities and with other relevant stakeholders (healthcare organisations, patient organisations), in order to foster sustainable implementation of developed solutions and make further improvements in the field of digitally-enabled person-centred and integrated care, (5) scaling up of care pathways for COPD, heart failure, diabetic foot, multimorbidity including their digitalisation, and (6) run a project to develop a new financing model for integrated care organisations

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are aligned to National recovery and resilience plan at national and regional level.
JADECARE practice outcomes will become a part of larger schemes of health system transformation by linking to the National recovery and resilience plan implementation, including its financial support and providers' financing model.
JADECARE practice outcomes were effectively communicated to key stakeholders during JADECARE and were used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation with respect to population risk stratification to establish a basis for identification of specific needs of population subgroups and adaptation of care models, irrespective of political crises and changes in governance.
JADECARE practice leading partner ACSS and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centers), involved during JADECARE, will further expand the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes.
JADECARE practice leading partner ACSS will broaden the capacities to further develop personalized plans of care for complex chronic patients, that will be identified using risk stratification, by participating as partner within Joint action CIRCE (on transfer of best practices in pRimary CarE).

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner ACSS will serve as the main holder of sustainability at least in 2024 and 2025.
JADECARE practice leading partner and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centres) will further extend the linkages (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Portugal to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner ACSS and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centres) will further extend the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and will further operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner ACSS and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centres) strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner ACSS and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centres) will further create numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner ACSS and other stakeholders (Ministry of Health, National School of Public Health, Group of Health Centres) consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.
JADECARE practice leading partner ACSS will extend and upgrade the existent communication plan to further engage key stakeholders.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: ACSS and network of key partners from JADECARE project will identify the approach to ensure the alignment to and continuity of already established linkages scaling-up of JADECARE results within National recovery and resilience plan, including its financial support (such as becoming a member of its steering group or equivalent), by October 2023.
Actor(-s) ACSS
Resources human resources
Setting(s) national level
Timeline October 2023
Key Performance Indicator Minutes from the meeting of the steering group or equivalent
Key activity 2 including SMART goal: ACSS will integrate the use of JADECARE results within the Portuguese practice within Joint Action CIRCE.
Actor(-s) ACSS
Resources JA CIRCE and MoH Portugal
Setting(s) national (with several pilots at the local level)
Timeline March 2024
Key Performance Indicator Elements of JADECARE results represented within the Portuguese JA CIRCE implementation plan

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: ACSS will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) ACSS
Resources NAWG
Setting(s) National level
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) ACSS
Resources NAWG, ACSS Executive board, SPMS, DESNS
Setting(s) National
Timeline November 2023
Key Performance Indicator Plan of activities available.
Key activity 3 including SMART goal: The working group will promote regular evaluation and feedback of the project between the partners involved – These assessments could help to identify areas of improvement and align the expectations among the different parties by December 2023.
Actor(-s) ACSS/SPMS
Resources NAWG and SPMS
Setting(s) National
Timeline December 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) ACSS
Resources NAWG
Setting(s) National
Timeline November 2023
Key Performance Indicator Communication plan ready.
Key activity 2 including SMART goal: Dissemination activity with establishment of Digital magazine to communicate JADECARE results to all healthcare providers by December 2023.
Actor(-s) ACSS
Resources ACSS with the NAWG
Setting(s) National
Timeline December 2023
Key Performance Indicator: Digital magazine established.
Key activity 3 including SMART goal: Foster even stronger collaboration and communication between the health professionals and technical teams from the outset of the project (e.g. encourage more regular meetings, feedback sessions, and brainstorming sessions to ensure a more seamless exchange of ideas and requirements) by December 2023.
Actor(-s) SPMS
Resources SPMS with the NAWG
Setting(s) National
Timeline December 2023
Key Performance Indicator: Minutes of the meetings
Key activity 4 including SMART goal: Dissemination activity showing the follow-up on how the RRP (digital) is matching the JADECARE needs.
Actor(-s) SPMS
Resources SPMS with the NAWG
Setting(s) National
Timeline December 2023
Key Performance Indicator: Minutes of the meetings



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Health Insurance Institute of Slovenia (ZZZS)

with contributions from Slovenian Nephrology Society, Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of Kidney Patient Societies of Slovenia

Slovenia



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0.4	March 3 2023	Martina Zorko Kodelja, Karmen Janša, Denis Opresnik, Anja Kociper	Revised draft version after Informed discussion
0.5	May 11 2023	Martina Zorko Kodelja, Karmen Janša	Discussion during implementation key learning workshop, revised version
1.0	June 15 2023	Martina Zorko Kodelja, Karmen Janša	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
ZZZS	Health Insurance Institute of Slovenia
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

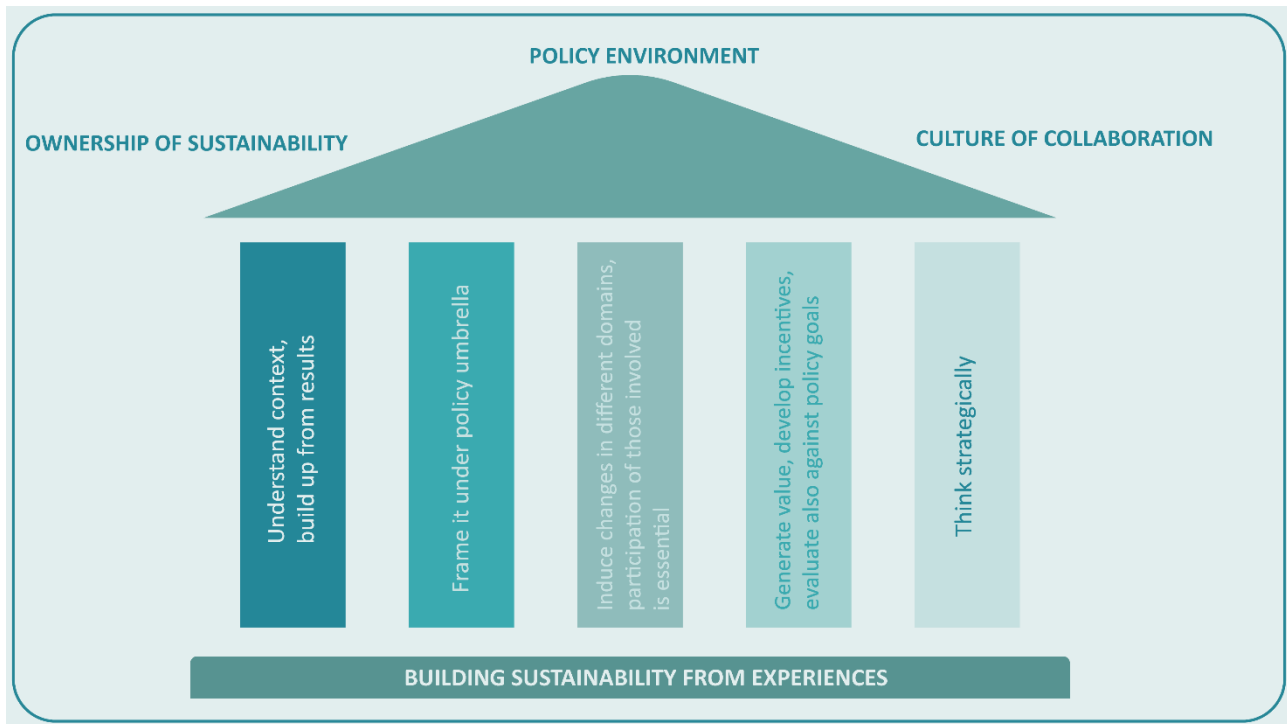
JADECARE involves 16 Competent Authorities, 45 different Organizations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Health Insurance Institute of Slovenia (ZZZS) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for ZZZS for review, presentation, discussion and adoption of the final version by ZZZS during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by ZZZS. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the ZZZS, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice ZZS, Slovenia (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Slovenia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, ZZS (National Insurance of Slovenia) implemented a set of key preparatory actions to facilitate long-term integration of care for patients with chronic kidney disease underlined by a long-term quadruple goal consisting of: 1.) improved health of the population in the field of chronic kidney disease; 2.) increased satisfaction and empowerment of patients with chronic kidney disease; 3.) Increased satisfaction of health professionals with new education and prevention activities; 4.) Long-term savings (via shorter and fewer hospitalizations, lower use of erythropoietin and delayed dialysis).

**The practice developed in JADECARE was supported by the Optimedis good practice based on the adoption and alignment of eight local core features: CF1.1, CF1.2, CF1.3, CF1.4, CF2.1, CF3.1, CF3.2, CF6.3

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE practice developed by ZZS in collaboration with key stakeholders (namely, Slovenian Nephrology Society as national association of nephrologists, and individual representatives of Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, and Association of Kidney Patient Societies of Slovenia) include: a new clinical pathway for patients with chronic kidney disease (determining criteria for the transition of patients between primary and secondary level), set criteria for preventive screening, consensus in professional circles, report on past experience with CKD screening (intermediate analysis), updated set of educational materials for patient and development of educational materials for nurse educators (available online and in printed versions), and inclusion of educational services into the payment model.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main focus of the Sustainability strategy and Sustainability action plan is to put in place a General Agreement the new services and to assure its uptake across the provider network and with patients. The JADECARE practice in Slovenia was designed as a preparatory phase for sustainable and multilevel integration of care for patients with chronic kidney disease, guided by a quadruple aim. ZZS is in a good position to foster sustainability in this domain as a national payer. More importantly, the practice has been developed together with key stakeholders in healthcare (listed above).

The overall goals of this document are to: (1) put in place within the General Agreement (nationwide payment agreement for healthcare services) the new services, (2) implement nationwide clinical pathway for patients with chronic kidney disease, (3) further support the exchange of patients' data (based on the review of existing tools for the exchange of patient data and a proposal for more efficient use and upgrading of tools for the exchange of patient data and proposal for complementary services in information sharing), (4) increase the capacities of nurse educators at secondary and tertiary level to support patients with chronic kidney disease, and (5) increase the uptake of education materials by patients with chronic kidney diseases.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes.

Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are aligned to the health strategies at national health policy level - Resolution on the National Health Care Plan 2016-2025 and Strategic developmental program of Health Insurance Institute Slovenia for the period 2020 – 2025.</p>
<p>JADECARE practice processes and outcomes will become a part of larger schemes of health system transformation by using them also in management for other diseases and in further development of e-health in Slovenia.</p>
<p>JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation services irrespective of political crises and changes in governance, by informing the planning of new healthcare services.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Nephrology Society, Association of Family Medicine Doctors, Slovenian Association for Clinical Chemistry and Laboratory Medicine) will further strengthen strong top-down and bottom-up linkages to other key stakeholders in the system, to assure continuity of practice improvement and patient empowerment. ZZS will assure systemic funding through changes of the payment model.</p>
Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner ZZS will serve as the main holder of sustainability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Nephrology Society, Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of kidney patient societies of Slovenia) will establish links (formal and informal) to different levels of governance structures (especially NIJZ for e-health solutions) that are accountable for reinforcing the capacity of Slovenia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine) will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field (with focus on professional associations depending on specific clinical field where the results will be scaled-up to).</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Nephrology Society, Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of kidney patient societies of Slovenia) strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Nephrology Society, Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of kidney patient societies of Slovenia) create numerous bottom-up and top-down interactions among the stakeholders.</p>
<p>JADECARE practice leading partner ZZS and other stakeholders (Slovenian Nephrology Society, Slovenian Association of Family Physicians, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of kidney patient societies of Slovenia) consider digital literacy rate across the population.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: ZZS will implement the changes within General Agreement including defined funding mechanisms to integrate care for patients with chronic kidney disease by January 2024.
Actor(-s) ZZS (lead), Slovenian Nephrology Society, MoH Slovenia, ZDRZZ (Association of health institutions of Slovenia).
Resources Human resources
Setting(s) National level
Timeline January 2024
Key Performance Indicator General Agreement with changes installed
Key activity 2 including SMART goal: ZZS and network of key partners from JADECARE project will implement system level changes to implement care pathway for patients with chronic kidney disease, with defined roles, responsibilities and protocols by January 2024.
Actor(-s) ZZS (lead), Slovenian Nephrology Society
Resources Human resources, financial resources (educational materials) partly funded by ZZS, Slovenian Nephrological Society, Association of kidney patient societies
Setting(s) National level
Timeline January 2024
Key Performance Indicator Control analysis report

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: A working group established in JADECARE will continue to exist under leadership of ZZS and will hold the responsibility for activities after JADECARE ends from October 2023 onwards (at minimum until the end of 2025).
Actor(-s) ZZS (lead), Slovenian Nephrology Society, Slovenian Association for Clinical Chemistry and Laboratory Medicine, Association of kidney patient societies of Slovenia
Resources Human resources
Setting(s) at ZZS (Analytics & Development department)
Timeline October 2023
Key Performance Indicator Meeting minutes, including recommendations for next steps
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results in the field of chronic kidney disease management by November 2023.
Actor(-s) ZZS (lead), Slovenian Nephrology Society, National Institute of Public Health
Resources Human resources
Setting(s) National level
Timeline November 2023
Key Performance Indicator Plan of activities available
Key activity 3 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results in other field of chronic disease management by November 2024.
Actor(-s) ZZS, relevant stakeholders depending on clinical field/chronic disease
Resources Human resources
Setting(s) National level
Timeline November 2024
Key Performance Indicator Plan of activities available

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) Slovenian Nephrology Society (lead), Section of nurses and medical technicians in nephrology, dialysis and transplantation, ZZS
Resources Human resources, (educational materials developed and printed in JADECARE funded by ZZS)
Setting(s) National level
Timeline November 2023
Key Performance Indicator Communication plan ready



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Regional Ministry of Health and Consumer Affairs of Andalusia-CSCJA

Andalusian Health Service-SAS

Andalusian Public Foundation Progress and Health-FPS

Spain



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www.jadecare.eu

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Acronym	JADECARE
GA Number	951442
Type of instrument	JADECARE practice sustainability strategy and sustainability action plan– annex to report on Task 4.5
Topic	Sustainability strategy, sustainability actions.
Date	June 13 2023
Lead Authors	Ana Carriazo, Carmen Lama, Susana Rodríguez (CSCJA), Víctor Ortega (SAS) and Rafael Rodríguez (FPS), Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
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0.5	Jun 13 2023	Ana Carriazo, Carmen Lama, Susana Rodríguez (CSCJA), Víctor Ortega (SAS), Rafael Rodríguez-Acuña (FPS),	Updated version after Thematic Workshop “WP8 Implementation key learning workshops”, hold in Odense (Jun 01 and 02 2023)

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
CSCJA	Regional Ministry of Health and Consumer Affairs of Andalusia (Consejería de Salud y Consumo de la Junta De Andalucía)
SAS	Andalusian Health Service (Servicio Andaluz de Salud)
FPS	Andalusian Public Foundation Progress and Health (Fundación Pública Andaluza Progreso y Salud)
NIJZ	National institute of Public Health Slovenia
CCPs	complex chronic patients
CSPFU	Centralised System for Proactive Follow-up
TC	Andalusian teleconsultation System

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

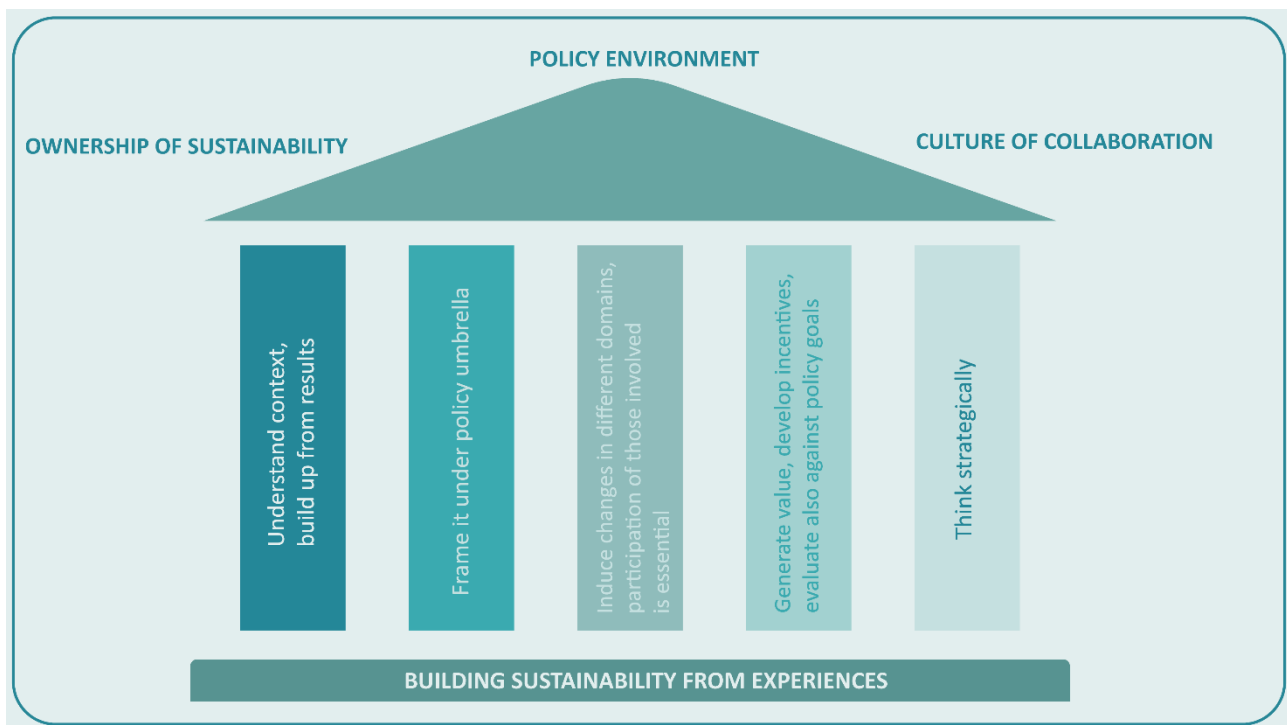
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5 that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Consejería de Salud y Consumo de la Junta de Andalucía, Servicio Andaluz de Salud and Fundación Pública Andaluza Progreso y Salud) (CSCJA/SAS/FPS) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for CSCJA/SAS/FPS for review, presentation, discussion and adoption of the final version by CSCJA/SAS/FPS during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by CSCJA/SAS/FPS. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the CSCJA/SAS/FPS, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or

institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice. Thus:

CSCJA is responsible for public health, health policy, planning and regulation, healthcare management and provision in Andalusia, as well as the leadership of the Andalusian Public Healthcare System. CSCJA develops different initiatives in the field of frailty prevention following the IV Andalusian Health Plan, CSCJA general framework of health policies in Andalusia to improve the health of the population, through Health in All Policies strategy.

SAS is responsible for the provision of universal health care in the region, with two levels of care: (i) primary health care, which forms the backbone of the system and is provided in 1513 centres (411 main ones) grouped in 34 health districts, the managerial unit for this level of care, throughout the region; and (ii) specialized care of diverse complexity, which is available in 52 public hospitals including specialised outpatient care. The Danish original good practice has been adapted and implemented in the SAS at primary health care level, and aligned to the Andalusian Comprehensive Healthcare Plans and Strategies, so it is a key stakeholder and their representatives work in the project as senior experts.

FPS is a non-for-profit organization which belongs to CSCJA. FPS provides services to the Andalusian Public Health System, including the management and technical-economical support of EU funded projects.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice CSCJA/SAS/FPS, Spain (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Andalusia (Spain) to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

Within the CSCJA and the SAS, with the support of FPS, several interventions have been carried out in JADECARE to improve healthcare at home for complex chronic patients (CCPs), including proactive follow-up and evaluation, in Andalusia. These interventions focused on establishing a Centralised System for Proactive Follow-up (CSPFU) that allow to gather information from homecare professionals when attending CCPs at home. This system will be integrated with the corporate IT system (Diraya) that enables proactive and remote monitoring of chronic patients, by mean of the early identification of warning signs/signals, the adaptation of prescriptions, the anticipation of health problems, providing support to caregivers, avoiding unplanned inpatient episodes, etc. Besides, the Andalusian teleconsultation system (TC) will also be used to facilitate the communication between healthcare professionals (mainly between primary and hospital healthcare professionals).

**The practice developed in JADECARE was supported by the South Region Denmark original Good practice based on the adoption and alignment of the local core feature TeleCOPD (CF2.1).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) development of the CSPFU, to gather information from healthcare professionals when attending CCPs at home; (2) partial integration of CSPFU within the corporate IT system, within Patient eHR (also known as Diraya); (3) Scaling up the TC for interprofessional referrals between primary and specialized healthcare (hospital based) for chronic patients' follow-up. Pilot evaluations show a decrease in visits at primary health centres, both at family physicians' and nurses' levels, as well as outpatient visits level, significant increases were observed in home visits (by family physicians and family nurses), emergency episodes (both at primary care and at hospitals) and a small increase in unplanned inpatient episodes.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The sustainability of the Andalusian pilot is guaranteed since it is imbedded in the long-term plans and strategies of the CSCJA. This pilot has been strongly supported by political leaders and directors of the Plan for CCPs in Andalusia. Close implication by General Directorate for Healthcare and Health Outcomes of the Andalusian Health Service and General Secretariat for Humanisation, Planning, Social and Health Care and Consumption (former General Directorate for Social and Health Care, Strategies and Plans) and the General Secretariat for Public Health and RDi of the Regional Ministry has been a reality. Direct involvement of healthcare professionals has been possible thanks to both personal commitment and inclusion of objectives that are linked to incentives.

The overall goals are: (1) to align the CSPFU and the TC to the needs and expectations of healthcare professionals (to increase their use) and patients/caregivers (for increase their empowerment); (2) full integration of CSPFU within the corporate IT system, within Patient eHR; (3) increase understanding on technology acceptance among healthcare professionals; (4) finalise analysis on healthcare utilisation indicators; (5) assess the patient experience; (6) provide training to all health professionals within Andalusia for effective use of Centralised System for Proactive Follow-up and the Andalusian teleconsultation system.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes.

Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are aligned to the “Andalusian Comprehensive Healthcare Plan for Patients with Chronic Diseases”, the “Andalusian Integrated Care Process ‘Healthcare for Multimorbidity Patients’”, the “Andalusian Comprehensive Care Plan” and the “Chronic Patients Proactive Monitoring” in Primary Healthcare Plan.</p>
<p>JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation and will become a part of larger schemes of health system transformation, such as implementation of Digital Health Strategy and Digital Transformation strategy and of Comprehensive plan for renovation of primary healthcare in the Andalusia region.</p>
<p>JADECARE practice leading partners CSCJA and SAS, and other stakeholders, such as Long-term care centers and Patient Associations will further strengthen the strong top-down and bottom-up linkages to the key stakeholder - Andalusian Health Service in the system, that can assure the regular funding and continuity of practice’s outcomes.</p>

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partners CSCJA and SAS will serve as the main holder of sustainability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partners CSCJA and SAS and other key stakeholders (Long-term care centers, Patients Associations, among others) will further establish the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Andalusian region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centered care.</p>
<p>JADECARE practice leading partners CSCJA and SAS and other stakeholders such as Andalusian Health Service, Long-term care centers, Patients Associations will further establish the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time, such as with coordinating body/commission for social and healthcare services within Andalusia region.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting. This was highlighted during the CFIR focus group discussion.
JADECARE practice leading partner CSCJA and SAS strengthens the culture of collaboration and building consensus when planning and implementing activities. Several coordinating committees with other stakeholders (social and health care) are in place.
JADECARE practice leading partner CSCJA and SAS create numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner CSCJA and SAS consider digital literacy rate across the population, (especially the elderly and different age groups in the rural areas), and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal CSCJA, SAS and FPS from JADECARE project will include scaling-up of JADECARE results within implementation plans of “Andalusian Comprehensive Healthcare Plan for Patients with Chronic Diseases”, the “Andalusian Integrated Care Process ‘Healthcare for Multimorbidity Patients’”, the “Andalusian Comprehensive Care Plan”, the “Chronic Patients Proactive Monitoring in Primary Healthcare Plan” by December 2023; and the “Digital Health strategy”, “Digital transformation strategy” (strategies related to digitalization initiatives will be combined) and the Comprehensive plan for renovation of primary healthcare in Andalusia by June 2024.
Actor(-s) CSCJA and SAS (Andalusian Health Service)
Resources Financial resources (internal, available) / Included in the regular budget. Moreover, the development and set up of the CSSPFU is specifically funded by the Spanish government through the General Directorate of the Public Business Entity RED.ES. (tender ID: 039/21-SP) of the Spanish Ministry of Economic Affairs and Digital Transformation.
Setting(s) Regional level
Timeline December 2023 and June 2024
Key Performance Indicator JADECARE results included in implementation plans of the Plans

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: CSCJA together with Andalusian Health Service will continue with the work within the already established working groups dedicated to NCD and CCPs management in the Andalusian Region that will hold the responsibility for activities after JADECARE ends from October 2023 onwards.
Actor(-s) CSCJA and SAS
Resources Included in the regular budget. Moreover, the development and set up of the CSPFU is specifically funded by the Spanish government through the General Directorate of the Public Business Entity RED.ES. (tender ID: 039/21-SP) of the Spanish Ministry of Economic Affairs and Digital Transformation. It will be supported by the collaboration between health and social care actors in the region.
Setting(s) Regional level
Timeline Already established and ongoing
Key Performance Indicator Minutes of the regular meetings of the working groups.
Key activity 2 including SMART goal: The working groups will complete the development of activities to support the scaling-up of JADECARE key results by December 2023.
Actor(-s) CSCJA and SAS
Resources Included in the regular budget.
Setting(s) Regional level
Timeline December 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders, particularly Patients associations related to NCD and extend the network developed by December 2023.
Actor(-s) CSCJA, SAS and Patients associations
Resources Included in the regular budget
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Communication plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Servicio Cántabro de Salud (SCS) and Instituto de Investigación
Marqués de Valdecilla (IDIVAL)

with contributions of Cantabria Ministry of Health
Spain



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0.4	April 13 2023	Paloma González, María Luisa Sámano	Revised draft version after Informed discussion
1.0	July 10 2023	Paloma González, María Luisa Sámano	Final Version

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
IDIVAL	Instituto de Investigación Marqués de Valdecilla
SCS	Servicio Cántabro de Salud
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

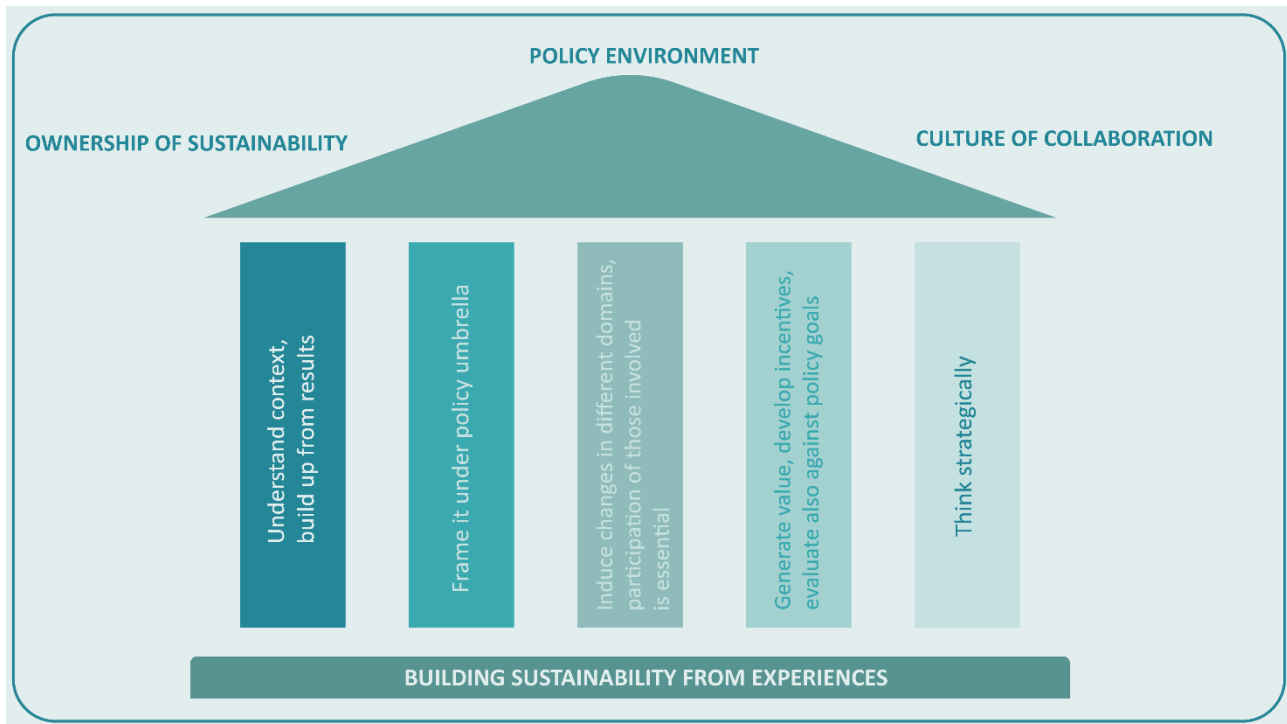
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Instituto de Investigación Marqués de Valdecilla (IDIVAL) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for IDIVAL for review, presentation, discussion and adoption of the final version by IDIVAL during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by IDIVAL. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the IDIVAL, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice IDIVAL, Spain (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Cantabria Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL) implemented several interventions under an umbrella title - Strategy for the digitization of health services in Cantabria. The aim of the implemented interventions was to improve and develop new ways for provision of care specifically for patients in tele-rehabilitation suffering from lower limb fracture using digital and technological tools; improve health promotion and disease prevention for Cantabrian citizens via Cantabrian virtual patients' school; and to improve the quality of care for the elderly with mental illness and cognitive impairment, institutionalized in nursing homes based on provision of support program in tele-psychogeriatric care.

**The practice developed in JADECARE was supported by the South Denmark Region original Good Practice based on the adoption and alignment of three local core features: 1.) Tele-psychiatry (CF2.2); 2.) Online physical rehabilitation (2.4); 3.) Digital Health Centre (2.5).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The key results of the JADECARE practice include: (1) Telerehabilitation intervention: designed and recorded video tutorial exercise programs for the most frequent processes: Ankle fracture, Tibial plateau fracture and fractures of the proximal end of the femur in different evolutionary stages. The videos are accessible to the patient on a web platform to be consulted as many times as necessary. The tools developed are: Application Web for tele-rehabilitation in electronic medical record, App for mobile devices, Online questionnaires to evaluate progress, Teleconsultations. The overall (patients and professionals) satisfaction level is high. (2) Patients school intervention: The Cantabrian School of Health has improved the content and organization of the patients' school and appointed the team that is working on it; a professional work team was created, that designed and recorded webinars and courses to promote healthy lifestyle, updated the online platform with new content, created a new online space to solve the most common questions of patients; (3) Geriatric Tele-psychiatry online intervention: the Long Term Care Unit of the Psychiatry Service of Valdecilla University Hospital has designed and launched the Psychogeriatric Program for the care of institutionalized elderly with mental illness, mainly psychosis, depression, cognitive and / or functional impairment as a support measure to the nursing homes, establishing a direct online consultation between the Psychogeriatric Team of the Long Term Care Unit of the Psychiatry Service of the Valdecilla University Hospital.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The main focus of sustainability strategy and sustainability action plan is to assure the continuous uptake of the developed solutions within the hospital and to assure future improvements of tools and processes. In this respect, it is key to assure the support of Hospital IT leadership, engage patients and health professionals to provide feedback and help improve the services, and implement a new project to further develop the interventions in the field of tele-medicine based on local needs and available resources.

The main overall goals are: (1) to maintain and expand the professional work team; (2) to create the annual program/agenda for the Patients' school, (3) to finalise the planned materials/courses/webinars and upload them in the online portal; (4) to improve the Training for Patients to learn how to use the online platform; (5) to finalise the piloting and evaluation of "Nursing Home's Psychogeriatric Support Program", displayed in the "Altamira", which includes the different approaches for the clinical problems faced (depression, cognitive impairment, chronic mental illness, functional impairment and behavioural disorders); through the same software a patient can access the videoconference (Rainbow), teleconference or direct consultation in Day Care Hospital; (6) to use JADECARE approach, develop

similar approaches for discharge from Trauma Service consisting of consultation, secretary, appointments, etc., and potentially other musculoskeletal disorders.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
JADECARE practice outcomes are linked to the health strategies at regional health policy level, such as The Chronicity Plan of Cantabria and the Mental Health Plan of Cantabria.
JADECARE practice outcomes will become a part of larger schemes of health system transformation, by informing the Regional health authorities and governance structures on the results, gaps and new potential areas (other pathologies) of implementation in the field of Tele-rehabilitation, Tele-psychogeriatrics and digitalisation in healthcare.
JADECARE practice leading partner IDIVAL and the stakeholders such as SCS and Hospital Universitario Marqués de Valdecilla will strengthen the strong top-down and bottom-up linkages to other key stakeholders in the system, that can assure the systemic funding and continuity of practice's outcomes.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner IDIVAL will serve as the main holder of sustainability at least in 2024 and 2025.
JADECARE practice leading partner IDIVAL and the stakeholders (SCS and HUMV) will strengthen the links (formal and informal) to different levels of governance structures (e.g. Cantabrian Ministry of Health, General Directorate of Healthcare Transformation) that are accountable for reinforcing the capacity of Cantabria Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.
JADECARE practice leading partner IDIVAL and the stakeholders (SCS and HUMV) will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.

Core element 3: Culture of collaboration and consensus-seeking**Strategic objectives**

JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.

JADECARE practice leading partner IDIVAL and the stakeholders (SCS and HUMV) strengthen the culture of collaboration and building consensus when planning and implementing activities.

JADECARE practice leading partner IDIVAL and the stakeholders (SCS and HUMV) create numerous bottom-up and top-down interactions among the stakeholders, including communities.

JADECARE practice leading partner IDIVAL and the stakeholders (SCS and HUMV) consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: IDIVAL and network of key partners from JADECARE project will organize a policy dialogue to inform the health authorities about the results from JADECARE good practice and identify areas of potential application of developed solutions, by November 2023.
Actor(-s) IDIVAL
Resources Human resources
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Policy dialogue results, minutes and agreement
Key activity 2 including SMART goal: IDIVAL will integrate the digital tools developed in JADECARE within the existent operations of services (in prevention, rehabilitation and psycho/geriatric attention) under the responsibility of SCS and IDIVAL, by March 2024
Actor(-s) IDIVAL
Resources Human, technical and financial resources
Setting(s) Regional level
Timeline March 2024
Key Performance Indicator Elements of JADECARE results represented within implementation plan of the project

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: IDIVAL will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) IDIVAL
Resources Human resources (same professionals involved during the project from nursing, rehabilitation and psycho/geriatrics services)
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) IDIVAL
Resources Human resources (Professionals from nursing, rehabilitation and psycho/geriatrics will write these plans as good practice guidelines in their respective services)
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) IDIVAL
Resources Human resources (IDIVAL Communication Department)
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Communication plan ready.
Key activity 2 including SMART goal: IDIVAL and network of key partners from JADECARE project will conduct a satisfaction survey to gather information on what worked well within this practice and what aspects have to be modified, suppressed or enhanced in the future by October 2023.
Actor(-s) IDIVAL
Resources Human, technical and financial resources
Setting(s) Regional level
Timeline October 2023
Key Performance Indicator Report available.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

of the JADECARE Next Adopters' practice

Castilla y León Regional Health Service
Spain



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Lead Authors	María Antonia Martín, Raixa N. Pérez, V. Elena Ramos, Castilla y León Regional Health Service Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 28 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Apr 7 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 30 2023		Complete draft version for distribution
0.5	June 5 2023	María Antonia Martín Delgado, Raixa N. Pérez Martín, V. Elena Ramos Macías	Discussion during implementation key learning workshop, revised version
1.0	June 15 2023	María Antonia Martín Delgado, Raixa N. Pérez Martín, V. Elena Ramos Macías	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
SACYL	Castilla y León Regional Health Service
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

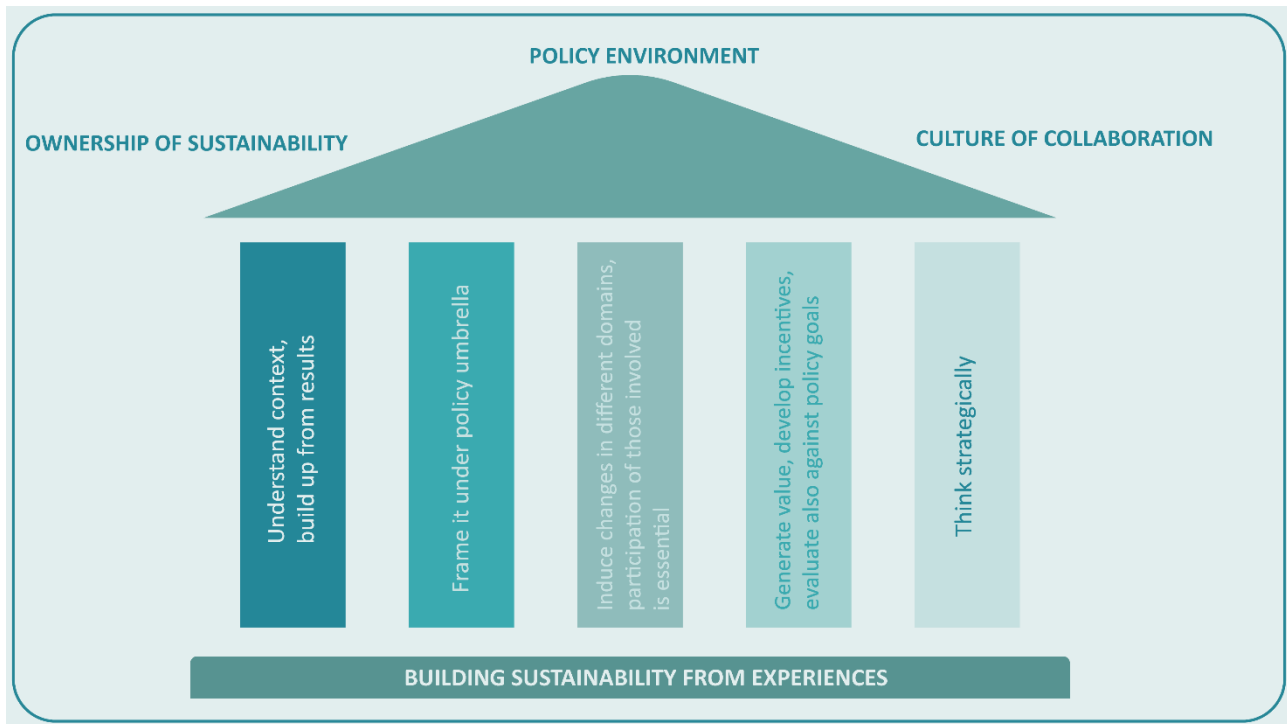
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22_FocusArticle_Learning-from-original-Good-Practices.pdf

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Castilla y León Regional Health Service (SACYL) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for SACYL for review, presentation, discussion and adoption of the final version by SACYL during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by SACYL. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this document are, in addition to the SACYL, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice SACYL, Spain (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of Castilla y León Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do-Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

The Castilla y León Regional Health Service implemented several interventions at the regional level to improve the coordination of care for pluripathological chronic patients and the communication between levels of care (primary and hospital level) through innovative digital and organisational solutions, applicable to the field of dermatology. The local core features implemented are two: teledermatology through non-face-to-face enter consultation and teleconsultation with Continuity Care Unit through telepresence.

The JADECARE practice was designed to respond to the strategic lines of the IV Health Plan of Castilla y León, specifically the measures for the promotion of ICT in the field of health by developing the infrastructures that guarantee a better connectivity of clinics, health centres and hospitals; promoting telemedicine and telecare services through ICT and online services; promoting ICT as an instrument to improve accessibility to the health system.

**The JADECARE practice was supported by the Region of South Denmark original Good practice based on the adoption and alignment of three core features: 1.) Improvements in socio-health coordination and Telehealth care protocols (CF 1.1); 2.) Tele-psychiatry (CF 2.2); Improvements in communication between levels of care (CF 2.6)

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

Results of JADECARE, accomplished by SACYL: (1) Teledermatology: piloted in all the health centers of Segovia, currently all the health areas use teledermatology, with an annual average of 38% resolution in teleconsultation. Accomplished activities: Purchased and distributed all the smartphones and dermatoscopes planned to equip primary care centers in all health areas; Defined the referral protocols; Defined the record in the medical history; Dissemination of the project to health centers and hospitals; Completed the training of dermatologists and primary care professionals; Presented the project to Patient Associations; Satisfaction surveys for professionals and patients. (2) Teleconsultation for pluripathological chronic patients with the continuity of care unit (telepresence project), piloted in the Care Continuity Unit (CCU) of the Zamora Care Complex with the Benavente Norte Health Center. Currently, the majority of the health areas use Consultation through telepresence (in seven health areas). Accomplished activities: Telepresence equipment was purchased, installed, and connected in all health areas; Protocols for referral were adapted and defined, care pathway adapted and defined; Activity registration procedure defined; Dissemination of the project to health centers and hospitals; Completed the training of the internal medicine doctors of the CCUs and the training of trainers at primary care (247 trainers); Presented the project to Patient Associations; Satisfaction surveys for professionals and patients.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The pandemic has accelerated the cultural change in Castilla y León towards the incorporation of technologies in healthcare and towards the empowerment of the patient with remote assistance and digital support. The new government continues with the strategic lines of the IV Health Plan that support the advancement of telecare together with face-to-face care in the region. In this context, JADECARE provides a deeper knowledge of the good practices of other territories for digitally facilitated integrated care and transfers those elements necessary to strengthen the implementation of telemedicine in the health system of the region.

The overall goals are: (1) to assure region-wide coverage with the teledermatology and telepresence support; (2) support region-wide training of teams at all levels of care; (3) Consider the possibility of

combining telepresence with other telemonitoring diagnostic devices, and to adjust it to respond more to the needs and to a more adequate care; (4) extend the JADECARE results to other health areas such as telerehabilitation, teleictus, telecardiology.

The focus of the Sustainability strategy and sustainability action plan is to continue with implementation of Telemedicine at the regional level by identifying potential fields of application, building the capacities of stakeholders in healthcare by developing needed digitally supported infrastructure for integrated care and providing training for its uptake.

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives as purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes. Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages

Strategic objectives

JADECARE practice outcomes are linked to the health strategies at regional health policy level, such as the IV Health Plan of Castilla y León and the Chronic Patient Care Strategy in Castilla y León.

The results of the JADECARE practice are linked to health strategies at the level of regional health policy, such as the IV Health Plan of Castilla y León and the Chronic Care Strategy of Castilla y León. The results of the JADECARE practice will become part of broader schemes for the transformation of the health system, such as the V Health Plan of Castilla y León and the Strategic Plan for Research and Innovation of Castilla y León, which are currently in process. Of writing. The Castilla y León Chronic Care Strategy will also be updated in this regard.

Core element 2: Holder(-s) of sustainability

Strategic objectives

JADECARE practice leading partner SACYL will serve as the main holder of sustainability at least in 2024 and 2025.

JADECARE practice leading partner SACYL and stakeholders such as the Research network, scientific societies and patient associations at different levels of governance structures that are accountable for reinforcing the capacity of Castilla y León Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner SACYL together with Research Networks, scientific societies and patient associations, strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner SACYL together with Research Networks, scientific societies and patient associations, create numerous bottom-up and top-down interactions among the stakeholders, including communities.
JADECARE practice leading partner SACYL, which includes healthcare professionals, IT services consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions. This objective is aligned with a new European TSI project on digital skills for professionals that started in April 2023.

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: SACYL will include the scaling-up of JADECARE results within the drafting of the V Health Plan of Castilla y León and of the Research and Innovation Strategic Plan of Castilla y León, as well as in the future update of the Chronic Care Strategy of Castilla y León, by October 2023.
Actor(-s) SACYL
Resources: Human resources: Part of the personnel that participates in JADECARE is in the technical writing secretary of the V health plan and the Strategic Plan for Research and Innovation, thus taking advantage of the synergy in this aspect.
Setting(s): Regional level. It must be included in the objectives, or strategic lines of the future V Health Plan and the Strategic Research and Innovation Plan that are expected to be available throughout this year.
Timeline October 2023
Key Performance Indicator: Minutes of the meeting with the steering group of the V Health Plan and the Strategic Plan for Research and Innovation.

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: SACYL will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023.
Actor(-s) SACYL
Resources: Human resources: A working group will be created with the management teams of the different SACYL centers.
Setting(s): Regional level
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) SACYL in collaboration with The Department Responsible for the Digital Training of Citizenship
Resources: Human resources: SACYL training service staff European TSI project for training professionals in digital skills.
Setting(s): Regional level. The training needs related to the achievement of JADECARE results will be transmitted: in the training of professionals both to the company responsible for the training of the TSI project and to the SACYL Training Service; In the training needs of citizens: to the Ministry competent in such training.
Timeline: November 2023 and at the end of the detection of needs of professionals in TSI
Key Performance Indicator Plan of activities available for the professionals.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) SACYL
Resources: Working group staff and all intermediate structures
Setting(s) Regional level and Intermediate Management Centers.
Timeline November 2023
Key Performance Indicator Communication Plan ready.



SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN of the JADECARE Next Adopters' practice

Servicio Murciano de Salud (SMS) and Fundación para la Formación e
Investigación sanitarias de la Región de Murcia (FFIS)
Spain

Date: 13/06/2023



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Date	June 13, 2023
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0.1	Sept 30 2022	Denis Opresnik, Jelka Zaletel	Outline of the structure
0.2	Feb 2 2023	Denis Opresnik, Jelka Zaletel	First version
0.3	Mar 28 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	April 30 2023		Complete draft version for distribution
0.5	June 2 2023	Pedro Pérez, M ^a del Pilar López, Rosa Fernández	Discussion during implementation key learning workshop, revised version
1.0	June 13 2023	Pedro Pérez, M ^a del Pilar López, Rosa Fernández	Version 1.0

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Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
SMS/FFIS	Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la Región de Murcia (FFIS)
NIJZ	National institute of Public Health Slovenia

Table 1: Glossary of acronyms, terms and abbreviations

1 Introduction

1.1 JADECARE Project summary

JADECARE (Joint Action on implementation of Digitally Enabled integrated person-centered CARE) intends to contribute to innovative, efficient and sustainable health systems, providing expertise and sharing good practices to assist the Member States in undertaking health system reforms and digital transformation. The joint action aims to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by original good practices via supporting best practice transfer to several other settings – Next Adopters.

The general goals of JADECARE are:

- 2 To reinforce the capacity of health authorities to address all the important aspects of health system transformation successfully, in particular the transition to digitally enabled, integrated, person-centered care.
- 3 To support the best practice transfer to the Next Adopters' setting.

JADECARE is focusing on the transfer and adoption of four original good practices concerning integration, chronic conditions, multimorbidities, frail people and patients with complex needs, self-care, prevention and population health, disease management and case management: Basque Health strategy in ageing and chronicity: integrated care, Catalan open innovation hub on ICT-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care (Germany) and Digital roadmap towards an integrated health care sector (Region South Denmark).

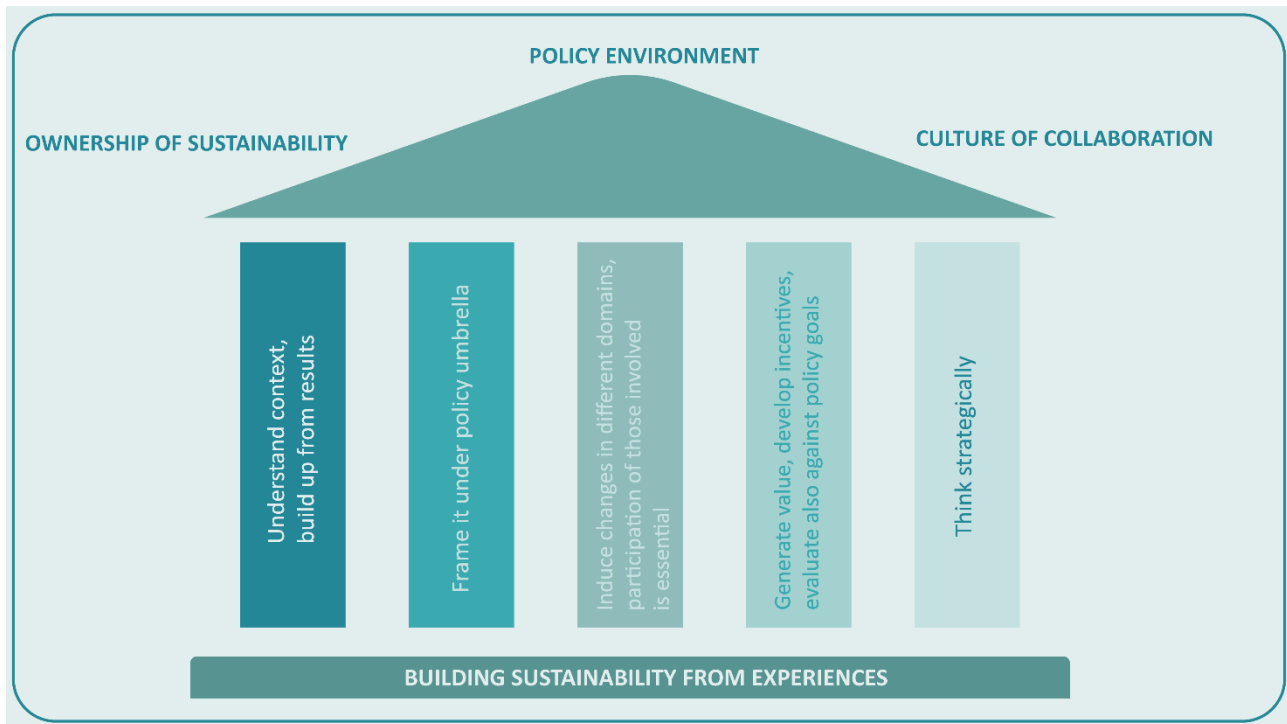
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, culture/values and relevant leaders were considered for each of the 21 Next Adopters' local good practices. The methodology used allowed for the transfer in different contexts: socioeconomic, cultural, legal, model and maturity of health systems.

During the Joint Action, health authorities are strengthening their capacity for digitally enabled, integrated, person-centered care by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality and benefits of practice transfer and including sustainability elements in the transferred local good practices. Authorities are participating in a community of stakeholders that explores ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level.

1.2 Process of development of this document

General sustainability elements and concepts arise from JADECARE Sustainability Framework (please see Figure 1), developed by research, performed by JADECARE work package 4, Task 4.5.

Figure 1. JADECARE Sustainability Framework



Further details: <https://www.jadecare.eu/wp-content/uploads/2022/02/JADECARE-Newsletter-1-Feb22-FocusArticle-Learning-from-original-Good-Practices.pdf>

The work of Next Adopters was further supported by the results of first JADECARE Policy Dialogue, that further detailed suggested actions aligned with core elements of sustainability. Further details: <https://www.jadecare.eu/jadecare-policy-board-mission-constituency-proceedings/>

The concept, methodology and structure of this document have been developed by JADECARE work package 4, Task 4.5, that also developed first drafts based on inputs available in implementation plans and reports from first and second PDSA cycles, including inputs presented during thematic workshops. Drafts were then shared with Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for SMS/FFIS for review, presentation, discussion and adoption of the final version by SMS/FFIS during implementation key learning workshop.

1.3 Purpose of this document & potential readers

The overall aim of this document is to support the sustainability of the results of practice that was developed, implemented and evaluated during JADECARE by SMS/FFIS. General vision and principles for sustainability are described as sustainability strategy that is followed by sustainability action plan with detailed description of actions foreseen for up to 2 years after the end of the joint action.

The readers and users of this documents are, in addition to the SMS/FFIS, other actors identified in the sustainability action plan. Potentially, the users could be the network of the stakeholders, identified during JADECARE to be important for the sustainability of the practice, and other people, groups/networks or institutions, that are impacted by the outcome of the practice, and/or have an interest in the area, covered by this practice.

2 Sustainability strategy

Sustainability strategy of the JADECARE Next Adopters' practice SMS/FFIS, Spain (in short: JADECARE practice) is supported by the sustainability-related research and experiences throughout the JADECARE consortium.

The main general purpose is to strengthen the use of the outcomes of the JADECARE Next Adopters' practice after the end of JADECARE with an aim to further reinforce the capacity of the Region of Murcia to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.

This sustainability strategy and sustainability action plan builds on the local implementation plan, monitoring, evaluation and adaptation of the implementation via Plan-Do- Study-Act cycles, finally analyses and reporting. Full results of the JADECARE Next Adopters' practice is published in a separate report.

Short summary is reported in the box bellow.

Short summary of the JADECARE Next Adopters' practice including focus for 2024-2025

General description of the implemented practice (aims and objectives including core features implemented, setting)

In JADECARE, Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la Región de Murcia (FFIS) implemented several interventions to establish online physical rehabilitation service in Murcia. The project aims were to reinforce the rehabilitation treatment of patients who attended the physiotherapy service for post-surgical or post-traumatic rehabilitation through a digital health project with the development of activities at citizens' homes, offering greater flexibility in the rehabilitation process, both for health professionals and for patients by improving collaboration between sectors and achieving greater accessibility of person-centred comprehensive care data and reports and achieving patient empowerment, as well as facilitating the obtaining of information on pro indicators that patients register and that allows to the professional the transparency of the data and the respective monitoring and evaluation accessible to all the actors.

**The JADECARE practice was supported by the Region of South Denmark original Good practice based on the adoption and alignment of two core features: 1.) Online Physical Rehabilitation (CF2.4).

Results and outcomes of JADECARE Next Adopters at the end of JADECARE

The main results of the JADECARE practice include: (1) Definition of the treatment plan; (2) Preparation of the videos for the three model pathologies (ankle sprain pain, lumbar spine pain, and cervical spine pain); (3) development of the platform with the potential future interoperability with health records systems through videos which can be accessed by the patients; (4) Development of app-based pain assessment scale; (5) Development of ITC (support department) area in the interoperability of the health records (HR), including interoperability connections to OMI (software for the registration of HR in primary care centres) and SELENE (software for the registration of HR in hospitals) ; (6) Development of the surveys, delivered through the platform; (7) piloting of a combined treatment plan between face-to-face and online consultation, which can be supervised by professionals in Rehabilitation and Physiotherapy; (8) piloting of interoperability between HR from primary care and specialised care and the Platform; (9) preparation of the material for the training (partially); (10) piloting of training for professionals and patients; (11) piloting the patient recruitment process.

Main focus, overall goals and desired outcomes of sustainability strategy for 2024 - 2025

The sustainability strategy and the sustainability action plan focus on further strengthening capacities for the adoption of the solutions developed in the field of online physical rehabilitation. . Important contextual factor for sustainability is the existent political support but further steps should be taken to assure additional funding and disseminate knowledge among key stakeholders, including to provide training to the users of the online physical rehabilitation services (both from the perspective of health professionals and patients).

The main goals are: (1) To acquire financial and human resources and political support ; (2) evaluate the Platform and upgrade it; (3) based on the results from JADECARE and the pilots, to develop similar support for other pathologies; (4) to further improve the platform ; (5) to develop long-term planning and coordination of capacity building of online physical rehabilitation services, including training of health professionals on the use of telemedicine services developed;

In developing sustainability strategy, we followed the three core elements of sustainability: policy frameworks and vertical linkages; holder(-s) of sustainability; and culture of collaboration and consensus-seeking. We then further developed strategic objectives are purpose statements that help create an overall vision and in the next step help setting the goals and measurable steps to achieve the desired outcomes.

Strategic objectives are important because they drive priority setting, resource allocation, capability requirements and budgeting activities. They inform individuals, teams, and institutions involved to focus and align the efforts for the coming years.

The sustainability strategy specifically addresses the strategic thinking for the period 2024-2025, after the finalisation of the work within JADECARE.

Core element 1: Policy frameworks and vertical linkages
Strategic objectives
<p>JADECARE practice outcomes are linked to the health strategies at regional and national health policy level, such as innovation and chronicity strategies from SMS (appendix of rehabilitation) at regional level.</p>
<p>JADECARE practice outcomes will become a part of larger schemes of health system transformation, such as change in the health care models moving to other paradigms with telecare process and the transformation of personalized care.</p>
<p>JADECARE practice outcomes will be used as one of the resources for establishment of political consensus on the needs, objectives and strategies on how to achieve health system transformation irrespective of political crises and changes in governance, by demonstrating economic and patient accessibility benefits to Government at regional level.</p>
<p>JADECARE practice leading partner SMS/FFIS will further foster the strong top-down and bottom-up linkages to other key stakeholders (FEDER fund managers, NEXT GENERATIONS fund managers) in the system that can assure the systemic funding and continuity of practice's outcomes.</p>

Core element 2: Holder(-s) of sustainability
Strategic objectives
<p>JADECARE practice leading partner SMS/FFIS will serve as the main holder of sustainability at least in 2024 and 2025.</p>
<p>JADECARE practice leading partner SMS/FFIS and the stakeholders such as Managing Director of SMS and the managers of the different health areas, will strengthen the links (formal and informal) to different levels of governance structures that are accountable for reinforcing the capacity of Murcia Region to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care.</p>
<p>JADECARE practice leading partner SMS/FFIS and the stakeholders such as ICT department, heads of health care services and those directly involved in health care will strengthen the links (formal and informal) to other stakeholders with power (including networking and coordinating power) and/or interest in this field; the linkages may need to be adapted over time.</p>

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
<p>JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.</p>
<p>JADECARE practice leading partner SMS/FFIS and the stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.</p>
<p>JADECARE practice leading partner SMS/FFIS and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders (health providers organisations such as Physiotherapist associations, GPs, hospital managers, clinicians, School of Health and patients associations), including communities and the creation of new circles in the Patient Circle’s platform with new pathologies.</p>
<p>JADECARE practice leading partner SMS/FFIS and the stakeholders consider digital literacy rate across the population, and foster patient/user-led engagement in development and implementation of the solutions.</p>

3 Sustainability action plan 2024-2025

Key activities of the sustainability action plan are informed:

- by the actions that had sustainability of the JADECARE practice as the objective and were included in the local action plan within the duration of JADECARE;
- by the results of those activities; and
- by the specific circumstances, that existed during the preparation of the sustainability action plan.

The guidance on how to define key actions for sustainability from JADECARE Sustainability framework was followed:

1. Understand the context, explore the policy environment.
2. Build a common vision across stakeholders.
3. Define needs, seeking for consensus.
4. Identify available resources and align objectives.
5. Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement and ownership; ensure impactful participation of professionals, patients/users and communities in co-design.
6. Start small and build up from there.
7. Communicate the results.
8. Think strategically - address several dimensions: policy, structural, cultural, managerial and clinical level.

Core element 1: Policy frameworks and vertical linkages
Key activity 1 including SMART goal: SMS/FFIS and network of key partners from JADECARE project will identify the approach to link scaling-up of JADECARE results within a national/regional level policy framework (strategy, funding mechanism etc.) to increase the strategic funding potential of the developed telemedicine services and digital tools across Murcia, by November 2023.
Actor(-s) SMS/FFIS
Resources Human resources
Setting(s) Regional level
Timeline November 2023
Key Performance Indicator Minutes from the meeting of the steering group of the national/regional strategy or equivalent

Core element 2: Holder(-s) of sustainability
Key activity 1 including SMART goal: SMS/FFIS will constitute a working group that will hold the responsibility for activities after JADECARE ends within October 2023 to develop two more pathologies.
Actor(-s) SMS/FFIS
Resources : Human and material resources
Setting(s) : Select 2 new health areas
Timeline October 2023
Key Performance Indicator Minutes of the constitutional meeting of the working group.
Key activity 2 including SMART goal: The working group will develop a plan of activities to support the scaling-up of JADECARE key results by November 2023.
Actor(-s) SMS/FFIS
Resources Human and material resources
Setting(s) Select 2 new health areas
Timeline November 2023
Key Performance Indicator Plan of activities available.

Core element 3: Culture of collaboration and consensus-seeking
Key activity 1 including SMART goal: Communication plan to further engage key stakeholders and extend the network developed by November 2023.
Actor(-s) SMS/FFIS
Resources Human and material resources
Setting(s) Select 1 new health area and 1 Autonomous Community
Timeline November 2023
Key Performance Indicator Communication plan prepared.