JADE CARE

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

D4.3 CHARACTERISTICS OF JADECARE PRACTICES LEADING TO SUSTAINABILITY AND INTEGRATION IN NATIONAL POLICIES

NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ)

Date: 20/09/2023
Doc. Version: 1.0

PUBLIC DOCUMENT

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442.

Title	Joint action on implementation of digitally enabled integrated person-centred care
Acronym	JADECARE
GA Number	951442
Work Package	WP4 INTEGRATION IN NATIONAL POLICIES AND SUSTAINABILITY
Type of instrument	Local Good Practices and Action Plans
Topic	Integration in national policies and sustainability
Dissemination Level	Public
Date	20/09/2023
Document version	V1.0
Document Author	Jelka Zaletel, Denis Oprešnik, Anja Brunec (Nacionalni inštitut za javno zdravje - NIJZ)
Website	www.jadecare.eu

List of contributors and acknowledgements

The list of contributors to this deliverable are presented in the following table:

Contributors	Organization
Jelka Zaletel	Nacionalni inštitut za javno zdavje (NIJZ)
Denis Oprešnik	Nacionalni inštitut za javno zdavje (NIJZ)
Anja Brunec	Nacionalni inštitut za javno zdavje (NIJZ)
Yhasmine Hamu Azcárate	Institute for Health Services Research - Kronikgune (KG)
Ane Fullaondo Zabala	Institute for Health Services Research - Kronikgune (KG)
Federica Vitello	Agenzia nazionale per i servizi regionali (AGENAS)
Kai Schnackenberg	Behoerde fuer arbeit, gesundheit, soziales, familie und integration hamburg (BAGSFI)
Martina Rimmelle	Bavarian Health and Food Safety Authority (LGL)

Acknowledgements

Work Package 4 team: NIJZ (Jelka Zaletel, Denis Opresnik, Anja Brunec), AGENAS (Lisa Baldini, Federica Vitello, Stella Lanzi), BAGSFI (Kai Schnackenberg, Rachel Stenner), LGL (Martina Rimmele), ZTG Gmbh (Katrin Tamm, Stephan Schug).

JADECARE coordination team: Kronikgune (Yhasmine Hamu, Ane Fullaondo, Esteban de Manuel Keenoy, Jon Txaramendieta, Jose Maria Aguirre).

Work Package 5-8 leaders and owners of JADECARE original Good Practices: WP5 - Basque Health strategy in ageing and chronicity: integrated care (Yhasmine Hamu, Igor Zabala), WP6 - Catalan open innovation hub on ICT-supported integrated care services for chronic patients (Josep Roca, Rubén Gonzalez), WP7 - The OptiMedis Model-Population-based integrated care (Manfred Zahorka, Justin Rautenberg), WP8 - Digital roadmap towards an integrated health care sector (Kuno Julian Strand Kudajewski, Morten Sønderskov Frydensberg).

Institutions, implementing the new practice within JADECARE (Next adopters): Agenzia Regionale di Sanita della regione Toscana (ARS TOSCANA) – Italy, Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1) – Italy, Regione Lombardia (LOMBARDIA) – Italy, Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2) - Italy, Regione Marche (MARCHE) – Italy, School of Medicine, Aristotle University of Thessaloniki (AUTH) – Greece, Central Administration of the Health System (ACSS) – Portugal, Ministry of Health of Republic of Serbia (MoHRS) – Serbia, Jahn Ferenc Dél-pesti Kórház és Rendelőintézet (JFDPK) – Hungary, Eurometropole de Strasbourg (EUSTRAS) – France, Health Insurance Institute of Slovenia (ZZZS) – Slovenia, Communauté germanophone pour une vie autodéterminée – Belgium, Childrens Clinical University Hospital (CCUH) – Latvia, Consejería de Salud y Consumo Junta de Andalucía (CSCJA) and Fundación Pública Andaluza Progreso y Salud (FPS) – Spain, Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL) – Spain, Gerencia Regional de Salud de Castilla y León (SACYL) – Spain, Servicio Murciano de Salud (SMS) and Fundación para la

Formación e Investigación sanitarias de la región de Murcia (FFIS) – Spain, North Denmark Region (RND) – Denmark, Croatian Institute of Public Health (CIPH) – Croatia, Viljandi Hospital (VH) – Estonia, University Hospital Olomouc (UHO) – Czech Republic.

Members from institutions, implementing the new practice within JADECARE (Next adopters) and from key stakeholders, actively supporting sustainability activities: **Belgium**: Guillaume Paquay Julia Hepp; **Croatia**: Ivana Brkić Biloš, Tanja Lelas, Tamara Radošević; **Czech Republic**: Zdislav Dolecek, Zdenek Gutter; **Denmark**: Bente Koch Pedersen, Ulrik Appel; **Estonia**: Saima Hinno, Ivar Sikk; **France**: Remy Banuls, Colin Majean, Marlon Schrodi; **Greece**: Christina Plomariti, Fivos Papamalis, Panagiotis Bamidis; **Hungary:** Dóra Tóth, Annamária Noszek, Vilmos Keszthelyi; **Italy**: Chiara Ferravante, Paolo Francesconi, Francesco Gioia, Marco Fabiani, Maria Femiano Domenico Daniele Carmela Capasso Andrea Capasso Angela Caprio, Roberta Papa, Giulia Franceschini, Marco de Marco, Nicolò Bondioli, Nicole Genovese, Nadia Poli, Francesco Caruso, Alessia Sempreboni, Elena Mariani, Elisa Schenone, Gianluca Carletti; **Latvia**: Ieva Lejniece; **Portugal**: Vanessa Ribeiro, João Bola; Slovenia: Martina Zorko Kodelja, Karmen Janša; **Spain**: Ana Mª Carriazo, Carmen Lama, Víctor Ortega, Rafael Rodriguez-Acuña, Paloma González, María Luisa Sámano, María Antonia Martín Delgado, Raixa N. Pérez Martín, V. Elena Ramos Macías, Pedro Pérez López, Mª del Pilar López Acuña, Rosa Mª Fernández Tarazaga.

List of acronyms and abbreviations

Acronym	Description
JADECARE	Joint Action on implementation of digitally enabled integrated person-centred care
ICT	Information and communications technology
WP4	Work Package 4: Integration in national policies and sustainability
NIJZ	National Institute of Public Health
BAGSFI	Behoerde fuer Arbeit, Gesundheit, Soziales, Familie und Integration Hamburg
LGL	Bavarian Health and Food Safety Authority
AGENAS	Agenzia Nazionale per i Servizi Sanitari Regionali
KG	Asociación Instituto de Investigación en Servicios de Salud - Kronikgune
ZTG GmbH	ZTG Zentrum für Telematik und Telemedizin GmbH
HaDEA	European Health and Digital Executive Agency
DG SANTE	Directorate-General for Health and Food Safety
DG REFORM	Directorate-General for Structural Reform Support
PDSA	Plan-Do-Study-Act
COVID-19	Coronavirus disease 2019
MoH	Ministry of Health
GDPR	General Data Protection Regulation

Version history

Revision	Date	Editor	Comments
0.1	01/04/2022	Jelka Zaletel, Denis Oprešnik (NIJZ)	Draft Table of content
0.2	05/05/2022	Kai Schnackenberg, Lena Schulze (BAGSFI), Martina Rimmele (LGL), Federica Vitello, Paolo Michelutti (AGENAS)	Table of content internal WP4 peer review
0.3	16/01/2023	Yhasmine Hamu (KG)	Table of content Coordinator peer review
0.4	17/01/2023	Jelka Zaletel, Denis Oprešnik (NIJZ)	Table of content final
0.5	16/08/2023	Denis Oprešnik (NIJZ)	First draft
0.6	31/08/2023	Jelka Zaletel (NIJZ)	Second draft
0.7	04/09/2023	Jelka Zaletel, Denis Oprešnik, Anja Brunec (NIJZ)	Third draft
0.8	19/09/2023	Yhasmine Hamu, Ane Fullaondo Zabala (KG)	Coordinator peer review
1.0	20/09/2023	Jelka Zaletel, Denis Oprešnik, Anja Brunec (NIJZ)	Final draft

Keywords

Local good practice, sustainability, integration into policies, EU-added value, integrated care, digitally enabled, person-centred.

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium. The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Contents

ABSTRACT **7**

EXECUTIVE SUMMARY **8**

STRUCTURE OF THE DOCUMENT **10**

KEY RESULTS **11**

1. INTRODUCTION **12**

1.1. JADECARE summary 12

1.2. Purpose of the report 13

1.3. Intended audience 13

2. JADECARE SUSTAINABILITY APPROACH **14**

3. DEFINING ESSENTIALS OF SUSTAINABILITY **19**

3.1. Overview of JADECARE Sustainability Framework 19

3.2. Core elements of JADECARE Sustainability framework 19

3.3. General and specific topic-related recommendations to build sustainability 21

4. SUSTAINABILITY SUPPORTING PROCESS AT PRACTICE LEVEL **25**

4.1. Sustainability-supporting actions included in implementation plans 26

4.2. Knowledge exchange actions 27

4.3. Next Adopters' Sustainability strategies and Sustainability action plans 32

5. SUSTAINABILITY SUPPORTING PROCESS AT POLICY LEVEL **43**

5.1. JADECARE Policy board 43

5.2. Stakeholder forums, international and national events 47

6. KEY MESSAGES TO SUPPORT EVIDENCE-BASED POLICY MAKING IN DIGITALLY-ENABLED INTEGRATED PERSON-CENTRED CARE **50**

ANNEXES **53**

ANNEX I Summary report with core findings of sustainability aspects in JADECARE, including core findings of individual sustainability strategies and action plans 53

ANNEX II Summary report from meetings of JADECARE Policy board 53

ABSTRACT

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) had an aim to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care developed by four original Good Practices via supporting practice transfer from original to the contexts of Next adopters at 20 sites across Europe.

JADECARE identified characteristics of the practices that are leading to the sustainability of their results and increase the potential for their integration in national policies. Based on the learnings from past experience of original Good Practices, JADECARE Sustainability framework was developed, consisting of core elements and general recommendations. Three core elements of sustainability were identified: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking is an essential value and engagement of partners is an unwritten rule. These core elements were set as a guiding principle for all sustainability-boosting activities within sustainability supporting process at practice level and at policy level, in designing bridging activities to cross-fertilise practice and policy level, and within reflection activities to adapt the approaches and boost knowledge generation.

Key results are: (1) 75 activities to increase potential for sustainability included within Next adopters' implementation plans; (2) 21 Informed discussions conducted with 55 representatives from active Next adopters and key stakeholders; (3) 204 sustainability strategic objectives and 104 sustainability actions defined, and included in 20 Sustainability strategies and Sustainability action plans; (4) 22 members from 19 European countries involved in JADECARE Policy Board; and (5) 3 Policy Board meetings and 3 Policy Dialogues organised to provide policy level guidance for Next adopters and to facilitate cross-country learning.

JADECARE showcases, how achieving sustainability of its results can become one of the overarching principles, uniformly supported by JADECARE leadership and consortium.

EXECUTIVE SUMMARY

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) intended 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. The JADECARE's aim was to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care developed by Early adopters of original Good Practices via supporting practice transfer from original Good practices to the contexts of Next adopters.

The **purpose of this document** is to present the approach taken in JADECARE to support the sustainability of Next adopters' practices, showcase sustainability related actions and results in each phase of the implementation process, present EU-added value of JADECARE, and outline core messages to support evidence-based policy making with respect to sustainability.

The working definition for sustainability was a descriptive one – "sustainability is the ability to maintain or support the practices/results of JADECARE continuously over time, also when JADECARE ends, so is the "ability to sustain"". Scalability of the practice was perceived as one potential mechanism to assure the sustainability of JADECARE results.

Methodology used in JADECARE is scientifically proven and adjusted to the type of data to be collected. Detailed description of methodology, including rationale, preparatory work, and all templates used, and full reports of the results are presented in Annex I: Summary report with core findings of sustainability aspects in JADECARE, including core findings of individual sustainability strategies and sustainability action plans, and Annex II: Summary report from meetings of JADECARE Policy board.

The sustainability approach used within JADECARE employs **five types of activities** (1) learning from past experience to explore the essential elements of sustainability; (2) sustainability supporting process at practice level; (3) sustainability supporting process at policy level; (4) bridging activities to cross-fertilise practice and policy level; and (5) reflection activities to adapt the approaches and boost knowledge generation. The principles may be generalised and used to further support Member States in reinforcing the capacities for digitally-enabled integrated person-centred care, and in other areas.

By learning from the original Good Practices, **JADECARE Sustainability framework** was defined. It includes three core elements of sustainability: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking was an essential value and continuous engagement of partners was an unwritten rule. A set of general recommendations was identified, and four sets of specific recommendations, tailored for sustainable implementation of the specific original Good Practice were defined.

To assure efficient **support** and harmonised impact **at level of Next Adopters' activities**, sustainability supporting activities were fully integrated with the overall implementation approach and workflow of JADECARE. To build the common understanding of the process, JADECARE Sustainability Framework was extensively discussed with JADECARE work package leaders to assure additional methodological, organisational and management support, day-to-day support to Next adopters. Sustainability elements were addressed within situation analysis and definition of key stakeholders, at designing first action plan, during monitoring and assessment and introducing changes into the second action plan,

and at reporting of the implementation results including the analysis of process implementation. All knowledge-exchange activities included sessions on sustainability (study visits, thematic workshops and key implementation learning workshops) with an aim to reflect on the results and on the process itself, including lessons learned to strengthen EU-added value of JADECARE. Next adopters were actively involved in activities at policy level within JADECARE to support successful implementation and sustainability. At the end of JADECARE, each active Next Adopters' practice (20) is supported by defined individual Sustainability strategy and Sustainability action plan, covering the period for 2 years after JADECARE ends.

Sustainability supporting process at policy level was provided by activities of Policy Board and via communication activities within international and national evens. Policy Board had two advisory roles: (1) alignment of Next adopters' practices to national, regional and/ or local policies, strategies, plans and/or program, and the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership; and (2) identifying and building up potential EU added value of JADECARE by cross-country learning experiences and active support of Directorate-General for Health and Food Safety (DG SANTE). EU-added value of JADECARE was also in its high visibility, networks established cross-nationally and overall recognition as being relevant across Europe. The Consortium was engaged in numerous dissemination activities, international and national events, workshops and scientific conferences, organisation of annual Stakeholders' forums involving variety of experts, policy representatives and decision makers across Member States.

In summary, **key results** are: (1) 75 activities to increase potential for sustainability included within Next adopters' implementation plans; (2) 21 Informed discussions conducted with 55 representatives from active Next Adopters and key stakeholders; (3) 204 sustainability strategic objectives and 104 sustainability actions defined, and included in 20 Sustainability strategies and Sustainability action plans; (4) 22 members from 19 European countries involved in JADECARE Policy Board; and (5) 3 Policy Board meetings and 3 Policy Dialogues organised to provide policy level guidance for Next adopters and to facilitate cross-country learning.

Key messages to support evidence-based policy making in this field underline and generalise all of the above. In addition, (1) time for implementation itself has to be long enough to achieve meaningful results, at the same time respecting the learning curve in designing phase; (2) cultural change is needed but also very challenging to achieve, different stakeholders have different interests and values, and time availability is low; (3) IT infrastructure structure and resources availability by themselves can shape the implementation reality; (4) evolution of implementation methodology should be a continuous process; (5) adaptability in engaging stakeholders is needed, early and continuous engagement is crucial; (6) tangible results have to be clearly assessed, but intangible results have significant impacts; (7) knowledge exchange activities act as facilitators to several functions, including visibility; and (8) JADECARE Sustainability framework helped Next adopters to develop their sustainability-building activities in a very structured way. JADECARE showcases, how achieving sustainability of its results can become one of the overarching principles, uniformly supported by JADECARE leadership and consortium.

STRUCTURE OF THE DOCUMENT

Introductory Key results section visually presents important achievements relevant to sustainability in JADECARE.

Chapter 1 describes JADECARE in general, and sustainability-oriented tasks and roles.

Chapter 2 brings hands-on description of how JADECARE Sustainability framework was used in designing activities that supported processes at practice as well as policy level, and underlines the importance of bridging activities to connect practice and policy level, and reflection activities, that can result in adaptation of the approach and boost knowledge generation.

Chapter 3 covers the development of Sustainability framework, including the analysis of core elements of sustainability with general and practice specific recommendations based on implementation experiences from original Good practices.

Chapter 4 presents the results of sustainability supporting activities at practice level, including the development of first sustainability-oriented actions included in the Next adopters' implementation plans, a number of knowledge exchange actions to monitor the status of implementation and sustainability, and development of Sustainability strategies and Sustainability action plans.

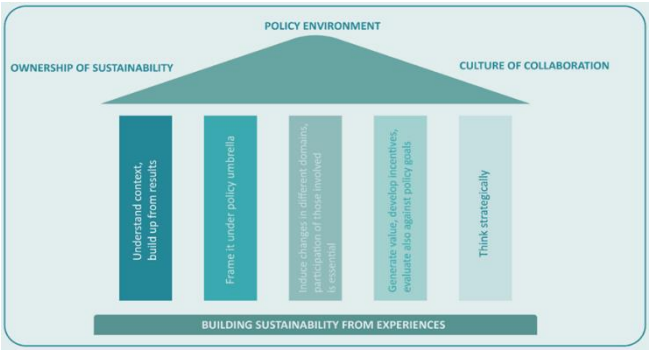
Chapter 5 on policy level activities and approaches to strengthen EU-added value in JADECARE presents actions that engaged stakeholders across Member States, also beyond the Consortium, namely the establishment of JADECARE Policy board, organisation of Stakeholders' forums, and engagement in various national and international events.

The concluding Chapter 6 presents key messages to support evidence-based policy making in digitally-enabled integrated person-centred care.

Attached are two Annexes, that cover in detail the background, methodology and results presented in this Deliverable, Annex I: Summary report with core findings of sustainability aspects in JADECARE, including core findings of individual sustainability strategies and action plans, and Annex II: Summary report from meetings of JADECARE Policy board.

KEY RESULTS

Development of JADECARE Sustainability framework based on learnings from past experiences



Development of Next adopters' practices and sustainability planning in pre-implementation phase

75 activities to increase potential for sustainability included in the Local action plans

Establishment of JADECARE Policy board to support sustainability process at policy level and to strengthen EU-added value of JADECARE

3 Policy board meetings

3 Policy Dialogues

Development of Next adopters' Sustainability strategies and Sustainability action plans to support practice fitness and continuity

55 participants at **21** Informed discussions

20 Sustainability strategies and Sustainability action plans

204 sustainability strategic objectives

104 sustainability actions defined

1. INTRODUCTION

1.1. JADECARE summary

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) intended 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. Joint Action's aims were to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care developed by original Good Practices and to support practice transfer from original Good Practices to new environment – so called Next adopters.

JADECARE focused on the transfer and adoption of four original Good Practices concerning integration, chronic conditions, multimorbidity, 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 Information and communications technology (ICT)-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care from Germany and Digital roadmap towards an integrated health care sector from Denmark.

JADECARE involved 16 Competent Authorities and 29 Affiliated Entities from 16 countries all around Europe, 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 to be considered for each of the 21 Next adopters that were active by the end of JADECARE. The methodology allowed the transfer and adaptations of the original Good practices according to different contexts of the target settings: socioeconomic, cultural, legal, model and maturity of health systems.

The general goals of JADECARE were:

- 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-centred care;
- To support the best practice adaptation and transfer from the systems of original Good Practices to Next adopters.

JADECARE aimed to support health authorities in this area by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality of practice transfer and by including sustainability elements in the transferred practices at Next adopters' sites. Authorities participated in a community of stakeholders that explored ways to boost and leverage the inclusion of digitally enabled, integrated, person-centred care at policy level within Member States and within JADECARE consortium at Policy Board activities to support cross-country learning and thus increasing EU added value of JADECARE.

Within JADECARE, a specific task was dedicated to broaden the knowledge on sustainability processes, to develop a transversal approach to support sustainability building at all stages of practices development, implementation and reporting, and to provide support to Next adopters in delivering their sustainability strategies and sustainability action plans for their practices, covering 2 years after JADECARE ends. The full report on the methodology and results is attached as Annex I.

> The working short definition for sustainability was a descriptive one – **"sustainability is to the ability to maintain or support the practices/results of JADECARE continuously over time, also when JADECARE ends, so is the "ability to sustain"".** Scalability of the practice was perceived as one potential mechanism to assure the sustainability of JADECARE results.

Another JADECARE task included activities to support sustainability from the policy level, via establishing Policy Board. It had three roles: (1) to support successful design and implementation of Next adopters' practices from the focus of sustainability and help to align Next adopters' practices with national, regional and/ or local policies, strategies, plans and/or programs, such as the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership; (2) to further reinforce capacities of national and/or regional care authorities to organize and deliver integrated person centred care based on lessons learnt, including integration in policies; and (3) to co-create EU added value of JADECARE by supporting trans-country experiences. Policy Board meetings, open to whole JADECARE consortium, provided general expertise on interactions at/to policy level, and showcased the successful examples, how JADECARE influenced policies in this field already during the duration of the Joint Action. In addition, Policy Board held three Policy dialogues, where experiences and expertise of Policy Board members were condensed into recommendations for Next adopters, how to design, implement and report on the results of Next adopters' practices to increase their potential for sustainability, and how to approach to sustainability planning for the period after JADECARE. The full report on the methodology and results can be found at Annex II.

Sustainability managed to be a transversal approach due to expertise, skills and communication efficiency of the whole team, working within Work Package on sustainability and integration into policies (WP4), specifically of members from National Institute of Public Health Slovenia (NIJZ) as leaders of the work package, including Task 4.5 (Sustainability strategy and action plan of Next adopters' practices) and Task 4.6 (Policy board). Joined efforts with members of teams from Behoerde fuer arbeit, gesundheit, soziales, familie und integration Hamburg (BAGSFI), Bavarian Health and Food Safety Authority (LGL) and Centre for Telematics and Telemedicine (ZTG GmbH) and Agenzia nazionale per i servizi regionali (AGENAS) resulted in high flexibility of the approaches used within the two tasks, and alignment to in-depth analyses of original Good Practices and to knowledge exchange activities. Further alignment to steps of JADECARE implementation strategy was possible due to methodological, organizational and management support from Work Package on coordination (WP1) and Work Package on evaluation (WP3), especially from Asociación instituto de investigación en servicios de salud - Kronikgune (KG) team, that also coordinated the complex consortium of partners and activities within whole JADECARE. Day-to-day support to Next adopters also from the focus of sustainability-building activities was provided by Work Package 5-8 leaders, that as owners of original Good Practices were also willing to share their valuable experience not only at the beginning of JADECARE, but also to reflect on it at its closure and helped to shape the sustainability approach all along JADECARE years. Visibility of intermediate results and communication to different audience was assured by Work Package on dissemination (WP2). Sustainability became one of the overarching principles of JADECARE leadership and consortium, as shown by this report and the two detailed Annexes.

1.2. Purpose of the report

The purpose of this document is to present the approach taken in JADECARE to support the sustainability potential of Next adopters' practices, showcase sustainability related actions and results in each phase of the implementation process, and present core messages to support evidence-based policy making with respect to sustainability.

1.3. Intended audience

The intended audience are people and institutions working in the field of digitally-enabled integrated person-centred care, EU institutions, decision and policy makers, experts engaged in implementation research and others parties interested in the JADECARE approach towards designing and implementing sustainable practices in this area, and above all JADECARE partners.

2. JADECARE SUSTAINABILITY APPROACH

This section summarises the sustainability approach used within JADECARE that resulted in JADECARE Next adopters' practices, supported by strategies for their sustainability and the concrete action plans, that cover period for 2 years after JADECARE ends. The principles may be generalised and used to further support Member States in reinforcing the capacities for digitally-enabled integrated person-centred care.

> *Note: Methods used in JADECARE are scientifically proven and adjusted to the type of data to be collected. Detailed description of methodology, including rationale, preparatory work, and all templates used, and full reports of the results are presented in Annex I: Summary report with core findings of sustainability aspects in JADECARE, including core findings of individual sustainability strategies and sustainability action plans, and Annex II: Summary report from meetings of JADECARE Policy board. Broader summaries are given in other chapters of this report.*

Three types of activities were used:
(1) learning from past experience to develop JADECARE Sustainability framework, including core elements of sustainability and recommendations for sustainable implementation;

(2) sustainability supporting process at practice level;

(3) sustainability supporting process at policy level.

In addition, the following transversal activities were used to complement the previous ones:
(a) bridging activities to cross-fertilise practice and policy level;

(b) reflection activities to adapt the approaches and boost knowledge generation.

Development of JADECARE Sustainability framework
JADECARE Sustainability framework was developed based on the learnings from past experience of original Good Practices. It consists of three core elements of sustainability that are accompanied by general recommendations. Please see Figure 1 in Chapter 3.

JADECARE Sustainability framework was an important theoretical (early) achievement of JADECARE, but its pure existence would have a limited impact on the work of Next adopters. Therefore, the three essential elements framed all other sustainability-boosting activities with an aim, that (1) JADECARE Next adopters' practices would be grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) would have the holders of sustainability identified and activated; and that (3) culture of collaboration and consensus seeking would be an underlying value, with full engagement of partners.

Sustainability supporting process at practice level
The key principle was to fully integrate sustainability planning processes with the overall implementation approach and workflow of JADECARE. The details of JADECARE Implementation strategy, developed by Kronikgune (KG) team are presented in detail in "Impact Assessment Plan" [1]. In short, implementation methodology included three phases: pre-implementation, implementation and post-implementation phase (for detailed explanation see Chapter 4).

Even though the research on essential sustainability characteristics of original Good Practices was performed in parallel to the first activities of Next adopters within pre-implementation phase, sustainability was at every occasion shown as **one of the overarching principles**. For example, the

[1] Implementation strategy is included in JADECARE Impact assesment plan (Deliverable 3.1) developed by Aristotle University of Thessaloniki (AUTH). See: https://www.jadecare.eu/resources/

relevance of strengths, weaknesses, opportunities and threats identified was asked to be assessed also from the viewpoint of sustainability, and the ideal vision of the Next adopters' practice adjusted accordingly; it was advised that Next adopters find the link to the policy level and include them in their network of stakeholders as early as possible to assure alignment of the practice to the broader initiatives and policy decisions. When defined, JADECARE Sustainability framework was debated with Next adopters at all **knowledge exchange events** ("Study visits"), where its core elements as principles and general recommendations were accompanied by examples (from original Good Practices. Additional sustainability sessions were organized to provide practice-specific insights relevant to sustainability. As the most tangible activity, Next adopters were supported to include at least one activity in their implementation plans that would increase the potential for practice sustainability. **Sustainability oriented actions within first implementation plans** were defined according to SMART[2] principles, including the definition of resources, settings, actors involved, timeline and indicators (for the list of the activities per Next Adopter developed please see Annex I). Several examples were prepared in advance based on the identified core elements of sustainability and aligned with specific recommendations from individual original Good Practices. As a follow-up, survey ("Sustainability checklist") was distributed to provide information relevant to sustainability planning process during the pre-implementation phase, including key stakeholders' engagement and to check the status of development of activities to support sustainability. The results, including the key learnings are fully reported in Annex I.

During implementation phase, **sustainability-boosting actions were monitored and evaluated** as defined by implementation strategy. Main activity was linked to the **knowledge exchange events** ("Thematic workshops") that were scheduled at conclusion of the first PDSA cycle, when Next adopters started planning changes and adaptations to their interventions for the second cycle. The main objective of Thematic workshops was to share and discuss Next adopters' first implementation experiences and learnings while boosting visibility of their practices, communicating/disseminating intermediary results with key stakeholders and strengthening their networks through different collaborative self-evaluation activities at local and national levels. In terms of sustainability, harmonized templates were used by Next adopters (facilitated by prerecorded presentations and a webinar) on how to report **key aspects of sustainability planning based on their first round of implementation experience** during a dedicated session, for concrete example please see Box X. Its impact was captured in the changes of the implementation plan used in second PDSA cycle, and within the final assessment (Study-Act).

Box 1. Key aspects of sustainability planning, experiences during the first roll-out of the implementation plan

Next adopters were asked to:
(1) Identify actions in the implementation plan, that were planned to support sustainable practice implementation when JADECARE ends (including short description of the action, current status, deviations and reasons for that, and possible mitigating actions);

(2) To report on activities that were not planned, but happened during implementation and have potential to support sustainability (including short description and future plans regarding this activity);

(3) Evaluate the bottlenecks/barriers, facilitators, and challenges including an assessment of their impact on sustainability and potential mitigating/preventive actions;

[2] SMART - specific, measurable, achievable, relevant, and time-defined

(4) Share the learnings, along with an assessment of potential impact on sustainability and potential actions, and further suggestions to boost sustainability of the practice.

Post-implementation phase posed a high burden of reporting to Next adopters' teams, including impact assessment of their practice, developing strategies and actions for its sustainability, and reflecting on their experience to generate new knowledge. JADECARE implementation & sustainability experts thus took a **proactive approach**, for example by producing outlines of sustainability strategies and sustainability action plans based on learnings from past (from original Good Practices) and within-JADECARE experiences (from knowledge exchange activities), drafted first individual sustainability strategy and sustainability action plan per each Next adopter based on their existing reports, shared the draft timely for revisions, adaptations and developments of the next draft, led **efficient consensus-building technique** ("informed discussions") where Next adopters were advised to invite key members of institutions that could assure sustainability, facilitated preparation for the last **knowledge exchange events** ("implementation key learning workshops"), where Next adopters showcased their respective pre-final Sustainability strategy and Sustainability action plan and provided key learnings on sustainability relevant to their implementation in a dedicated sustainability session, to discuss challenges, potential actions, and assure cross-learnings. The Next adopter- specific key learnings are presented in Annex I. As the final result, all Next adopters, that were active at the end of JADECARE, have their final **Sustainability strategies and Sustainability action plans** in place, please see Annex I. The uniform structure of the Sustainability strategies and Sustainability action plans is presented in Box 2.

Box 2. Structure of JADECARE Sustainability strategy and Sustainability action plan

(1) General description of the practice;
(2) Key results and outcomes of the practice;
(3) Main focus, overall goals and desired outcomes of sustainability strategy for 2024 – 2025;
(4) Definition of at least one strategic objective per each of the three core elements of sustainability;
(5) Definition of at least one measurable action per each of the three core elements of sustainability, including actors, resources, settings, timeline and key performance indicators.

Sustainability supporting process at policy level

Activities to boost sustainability potential of Next adopters' practices via policy level approaches were planned within JADECARE project activities. After identifying core elements of sustainability, these activities gain additional importance. Most of the activities were enacted via **Policy Board** work, that targeted (1) support to Next adopters' understanding of policy environment and relevant broader initiatives; (2) conveying messages to relevant mechanisms within the Member State that could benefit from JADECARE support; and (3) co-creation of cross-country learning as and EU added value**.** Members from 19 European countries were participating in the JADECARE Policy Board, with representatives of the Directorate-General for Health and Food Safety (DG SANTE), European Health and Digital Executive Agency (HaDEA) and European Patient Forum (as patients' advocates) acting as observers. Policy Board brought together representatives of different National health authorities and other institutions which were recognised by Next adopters as relevant in bridging the gap between the pilot implementation settings and their regional/national policy levels (**bottom-up approach**). To provide meaningful support in terms of implementation, Policy Board members from countries with partners involved as implementers were proposed by the Next Adopter teams themselves, were frequently included in their stakeholder networks or even acted as members within implementation teams (**top-down support**). In addition, activities of Policy Board helped to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members. On the other hand, Policy Board members

from several countries that did not participate in JADECARE as Next adopters were included as well to provide their valuable experiences and support. Some of them used the knowledge and results developed in JADECARE from which their respective healthcare systems could benefit (for example Germany), showing the value of **cross-country learning** and providing EU added value. Three **Policy Board meetings** were dedicated to showcase and discuss concrete experiences during each stage of the implementation process with a focus on practice sustainability, experiences with similar practices outside JADECARE and the impact this Joint Action had on partner countries that are not directly involved as implementers but are using the results to reinforce the capacity of their local healthcare systems in the field of integrated care (for more details please see Chapter 5 and Annex II). Since they were open to whole JADECARE consortium, the visibility of impact of dissemination (unidirectional), communication (bidirectional) and, if possible, co-creation among practices and policy-level, increased during the years. Another activity were **Policy dialogues**, that were convened as structured and moderated discussions exclusively among Policy Board members with an aim to develop recommendations, lessons learnt and steps to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care, and to co-create EU added value. Policy dialogue topics were aligned to the stage of practice implementation, so that their outcomes could directly influence the decisions of Next adopters, with special focus to sustainability. More details can be found in Chapter 5 and in Annex II. Furthermore, considerable efforts were made to bring visibility to JADECARE at the EU level and to bring together important stakeholders, including numerous experts and policy makers, from various institutions across Europe involved in the field of digitally-enable person-centred integrated care. The aim was to establish a **platform for sharing experiences outside JADECARE**, to exchange knowledge and ideas on how the involved MS, EU institutions and institutions outside JADECARE could contribute to or support sustainability and could potentially integrate the results of the project in their national/regional policies. For example, based on JADECARE communication strategy, work package on dissemination organised Stakeholders' forums, and experts from JADECARE participated at various international policy-related conferences, workshops (The International Conference on Integrated Care (ICIC23), The European Health Management Association Conference (EHMA23), The European Health Forum Gastein (EHFG) and national events.

Bridging activities to cross-fertilise practice- and policy level

In alignment to JADECARE Sustainability framework, where communication and consensus seeking was set as one of the principles, the activities at practice level and at policy level were designed to **bridge the two pillars and facilitate communication**. At **Policy Board meetings**, examples on policy alignment, holder of sustainability and culture of collaboration principles were presented from Italy, Latvia, Czech Republic, Germany (country without Next adopter), and Northern Ireland (country not participating in JADECARE) – to enhance the importance of situation analysis and contextualisation of the implementation activities to be able to bring sustainability. Linking of JADECARE Next adopters' practices to National Resilience and recovery plan in Italy and the use of Joint Action results to develop recommendations to foster integrated care in Germany were shown in second year to underline the potential for integration of JADECARE Next adopter practices into broader initiatives and thus assure the sustainability potential. At last Policy Board meeting, Next adopters from Spain, Estonia and France gave a first-person account of their three-year experience, with a particular focus on two success factors that have been identified as key, i.e. good initial planning and stakeholder involvement. It has to be underlined, that **meaningful and visible support was continuously provided by DG SANTE**, including their active participation at all policy-level events, by sharing their expectations and expectation from JADECARE from the broader EU perspective (first meeting), by providing insights into how JADECARE experiences from the transfer of good practices can link to integrated care measures in other EU programmes with invited participation from Directorate-General for Structural Reform

Support (DG REFORM) (second meeting), and by sharing the most actual situation regarding the role of the EU Best Practices Portal, how it was created and the criteria for evaluating practices within it (third meeting). On the other hand, **Next adopters were prompted at several turning points to seek collaboration with policy-level stakeholders**, for example when identifying key stakeholders, designing implementation plans and during informed discussions to create sustainability strategies and action plans.

Reflection activities to adapt the approaches and boost knowledge generation

In principle, the outcomes of several JADECARE activities influenced the next activities (for example, JADECARE Sustainability framework has had an enormous impact on all next activities in sustainability area, the results of Policy Dialogues helped to target some of Next adopters' activities etc.). However, the contexts and capacities of Next adopters, as well as the availability and focus of Policy Board members for example varied among themselves and during the years. To diminish the potential detrimental effect of these situations, many activities to obtain reflections were set at all knowledge-exchange events, at all six policy-level activities, and at all "informed discussions". Reflections at individual level were also sought by for example "informal (virtual) coffee discussions" with Policy Board members, pre-post surveys, and formative surveys ("Sustainability checklist" was followed by a webinar to respond to the needs identified). The longest loop was reflection of original Good Practice owners that were also leading and supporting the transfer of the practice to different contexts along the JADECARE. Their experience with their own practice (before JADECARE) was the foundation to build JADECARE Sustainability framework. Their extensive experience with the implementation process, including the specific factors that support sustainability was the subject of facilitated discussions during the final policy dialogue, to capture the evolution of understanding of sustainability principles. At JADECARE leadership level, reflection opportunities were biweekly created during steering committee meetings, facilitated by excellent guidance of KG team as coordinators and with strict follow-up to act upon the changes needed.

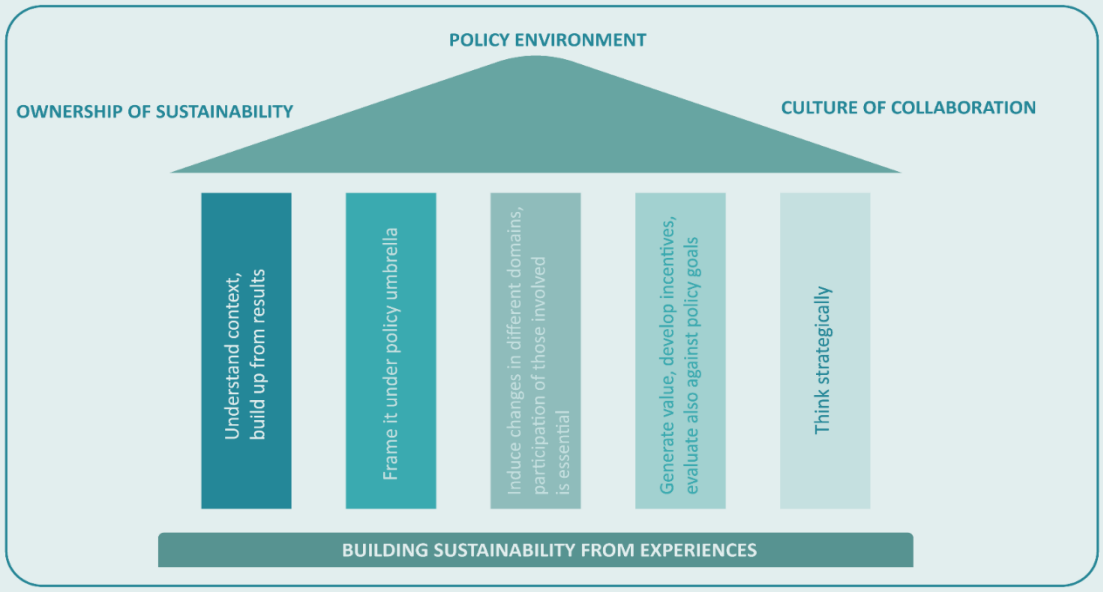
3. DEFINING ESSENTIALS OF SUSTAINABILITY

3.1. Overview of JADECARE Sustainability Framework

Learning from the original Good Practices was a key initial step to develop a JADECARE Sustainability framework, including three core elements of sustainability with general recommendations, and to guide overall sustainability planning. Four in-depth group interviews using a semi-structured questionnaire were conducted with the representatives of all original Good Practice. Details on the methodology are presented in Annex I.

Three core elements of sustainability were identified: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking is an essential value and engagement of partners is an unwritten rule. A set of general recommendations was identified, and four sets of specific recommendations, tailored for sustainable implementation of the specific original Good Practice were defined. Please see Figure 1 below.

Fig. 1 JADECARE Sustainability Framework



These results framed all sustainability-oriented activities in JADECARE at the level of Next adopters, at policy level and during knowledge exchange actions including bridging activities across individual Next adopters practice and policy level. Full details are available in Annex I.

3.2. Core elements of JADECARE Sustainability framework

The three core elements identified were the cornerstones for building up sustainable Next adopters' practices during design, implementation, evaluation and in developing individual Sustainability strategies and Sustainability action plans.

3.2.1. Interaction with the policy environment

Key aspect of sustainable implementation relevant to all original Good Practice was their grounding in the health strategies at the regional policy level that introduced variety of objectives related to

integrated care and digitalisation in healthcare. This means that practices were not considered nor funded as isolated interventions or projects but were instead a part of larger schemes of health system transformation, particularly in the Basque country, Catalonia and the Region of Southern Denmark[3]. What was commonly regarded as important within all these practices was the establishment of political consensus on the needs, objectives, and strategies on how to achieve health system transformation irrespective to political crises and changes in governance. This was the basis for establishing strong top-down and bottom-up linkages that assured the systemic funding and continuity of practices. OptiMedis model is somewhat different in this respect as it deploys a specific business model where sustainability of practices is dependent on the ability of local companies, which adopt the OptiMedis model, to produce savings by optimising health care service delivery. Still, sustainability in this case was similarly very much dependent on the past policy changes at the federal level that enabled the model to be implemented and on the stability of networks at the local level which include various decision-making entities.

3.2.2. Establishing sustainability ownership

It has been somewhat difficult for the respondents to pinpoint who would be the one responsible entity for assuring the sustainability of their practices. Because each original Good Practice is complex, consisting of a variety of interventions, there are different levels of governance structures that are responsible for its continuity. Despite, some stakeholders were recognised as particularly relevant in this respect. In the Basque country, the Office for chronicity and integrated care was established as an important driving force of innovation and sustainability at the regional level, while in the specific local settings this role is occupied by the Integrated health care organisations. In Catalonia, the CatSalut (regional payer) and AQuAS (evaluation agency) are essential in assuring the sustainability through monitoring and evaluation linked to systemic funding, while a network of different health care organisations across the region - Catalan Open Innovation Hub - is an informal entity that drives sustainability at the level of individual interventions. Region of Southern Denmark is a central regional governance structure responsible for deploying health care interventions and organise care at the regional level. Health innovation centre of Southern Denmark is a part of this governance structure representing in some respects an important holder of sustainability. In OptiMedis model, the main holders of sustainability are the local integrator companies established by the networks of local stakeholders including consortiums of physicians, municipalities, private investors and other entities which are supported with financial investments mainly by health insurance companies. OptiMedis as the “mother company” is also very important in facilitating the adoption of the model at the regional level.

3.2.3. Culture of collaboration and consensus seeking

The successfulness of practices is not dependent exclusively on their value-generation and strong business case. Understanding and operating in concordance with the local culture was crucial in achieving and sustaining them on the long run. Here, culture refers to a set of beliefs, values, behaviours, perceptions and local practices which influence the ways how changes in health care are

[3] Basque country introduced the Strategy for tackling the challenge of chronicity in Basque country while Catalonia and the Region of Southern Denmark implemented Health plans. Particular to the Region of Southern Denmark is also the implementation of SAM:BO (a formal framework of cooperation which aims to support treatment and intersectoral cooperation) as the main digital road that deploys numerous interventions in the field of integrated care.

achieved. Particularly in the context of Catalonia, Basque country and Southern Denmark it was emphasized by the respondents that collaboration and consensus-seeking is embedded in their culture. This proved to be important when for example seeking support and building consensus with stakeholders, disseminating their health strategies, or providing training for health professionals related to specific practices where the uptake was really high. When a specific practice tends to be implemented there are reportedly numerous bottom-up and top-down interactions and community meetings in these sites. For example, in Catalonia It has been the tradition, that every year there was a meeting close to Barcelona with more than 1500 opinion leaders, representing health professionals and patient representatives where they debate on health plans and evaluation results shared with stakeholders. Another example from Denmark relates to the digitalisation of healthcare system. A high digital literacy rate across the population and patient/user-led engagement is an important cultural condition that sets out high expectations by the population itself that drive the development of digital solutions in public services. Additionally, the Danish "democratic culture" was emphasized as important feature of the practice implementation that require extensive discussions and meeting with all stakeholders, affected by the practice. These are important driving factors of the digital transformation in their health care system and its sustainability.

3.3. General and specific topic-related recommendations to build sustainability

The recommendations were guiding the sustainability process more implicitly during day to day interactions among original Good Practice owners that also had the role of formal respective Work Package leaders, and during knowledge exchange activities.

3.3.1. General recommendations to build sustainability potential

General recommendations to increase the sustainability potential during practice development and implementation are:

1.) It is important to understand the context where the practice will be implemented, to build a common vision, define needs, identify available resources and design objectives. Start small and build up from there;

2.) The policy environment should be explored and developed practices linked to the national or regional level health strategic documents. A high-level coalition should be established to anchor the specific practice at the policy level and assure systemic funding upon the conclusion of JADECARE. It is very important to frame the practice under a policy umbrella;

3.) Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement, and ownership. To bring forth these changes participation of professionals, patients/users and communities should be ensured to help design/give feedback on developed tools and continuously communicate results;

4.) Structure your practice to generate value and develop a strong business case with clear incentives for those involved. Evaluation of the practice should be in place which is linked to the strategy and to funding;

5.) It is important to think strategically in relation to different levels of practice implementation: policy, structural, cultural, managerial, and clinical level.

3.3.2. Specific topic-related recommendations to build sustainability

Specific recommendations are related to the topics, addressed by the concrete original Good Practice. They are presented in the Boxes 3-6.

Box 3. Basque Health strategy in ageing and chronicity: integrated care

Achieving scale, requires a necessity and a policy-level intervention that from the outset provides the health sector with a clear policy that sets the agenda for more proactive and collaborative care. The aim in this case was explicitly raising chronicity to the policy level. The process of transformation of the Basque health care system was set in a context of a very deep economic crisis of the country. Simultaneous to the multidimensional reform, it was necessary to manage the implications of this crisis on health care. That day-to-day crisis management was centred on taking some major cost-containment decisions especially regarding human resource salaries and the pharmaceutical budget. In Europe and elsewhere most of the policy decisions in health care are about having to decide whether rationing or transforming. Rather it is about finding the right balance of both and not letting the first dominate the policy agenda.

The cases which activate a sole intervention (e.g., remote medical monitoring from home, or training patients for self-management) may not achieve the desired efficiency impact. To obtain efficiency improvements, it is necessary to systematically intervene, working several levers of change, using the models outlined above in an integrated and coordinated fashion.

There was a high need to evaluate the effect of the integrated organizational model. A specific project (CareWell) provided the evaluation of the impact of a new integrated care program for older patients with multimorbidity, showing promising results (details in Annex I).

Key factors for sustainability of the adoption and deployment of these solutions for health and social care coordination in the Basque Country were:

- The contracting of a flat rate of unlimited licenses of the tools available with the software provider;
- To identify and nominate a professional as the reference in the use of the tools in each organization;
- Support of the scale-up of the tool in the Basque Country by the social and health coordination team;
- To establish direct and regular contact (face-to-face meetings) between coordination team and reference professionals;
- The introduction as an indicator of the use of this tools and coordination between health and social professionals in the Ministry of Health of Basque Governments' assessment tool, Framework Program;
- The continuous improvement of the tools taking into account professionals´ and patients' perspective: functionally, conceptually and contextually, by adapting the tools to the socio health reality of the Basque Country.

Box 4. Catalan open innovation hub on ICT-supported integrated care services for chronic patients

The Catalan original Good Practice is not simply an initiative or a project. It is a sustained change of the entire regional health system (covering 7.7 M citizens) over a long period, as illustrated by the evolution of the Health Plans over the last thirty years and, since 2011, regarding transition to digitally-enabled integrated care.

Aspects that made the success and made it sustainable:

- Political consensus on the health model with a positive perception of the population;
- Long tradition of successful Catalan Health plans;
- Entrepreneurship and networking tradition leading to a consolidated ecosystem;
- Despite some resistance, health professionals are champions of the change;
- Current predominant analysis of the COVID-19 crisis as an opportunity.

There are additional pillars supporting the statements on success and sustainability of the original Good Practice:

- Health indices assessed in terms of: i) patients' outcomes; ii) results of specific services; and iii) population level are clearly positive both in absolute terms as well as in relative to the regional health expenditure;
- Perceptions of the Catalan health system by citizens is clearly positive. The Catalan Health Survey collects information on the population residing in Catalonia, without age limit, on the state of health, behaviours related to health and the use of health services. It provides, on yearly basis, relevant information for the establishment and evaluation of the health policies set out in the Catalan Health Plan;
- Perceptions of the Catalan health system by health professionals are positive despite well-identified problems described.

Box 5. The OptiMedis Model-Population-based integrated care, Germany

The OptiMedis approach is a transformation process rather than a project. Although starting with a feasibility process it quickly engages in creating a regional management company, ideally co-owned by regional stakeholders and OptiMedis to manage the “integration” of regional service providers. The GK experience shows that long-term engagement is needed to steer the transformation process. Key success factors include:

- The creation of a regional care company as “integrator”;
- Three-year investment until the earnings out of the shared savings contract is big enough for “Return on Investment”;
- Long term contracts (10 years) with sickness fund to refinance investment;
- Thinking and going beyond healthcare and cultivating an entrepreneurial health science spirit to continuously include innovation;
- Improve the emotional quality between providers, professions, management and patients;
- Comprehensive implementation of technology: ICT and data driven management approach;
- Cooperation and competition through transparency and benchmarking;
- Balanced payment system oriented towards achieving the Triple/Quadruple aim;
- Innovative culture, friendly interactions and “open source” mindset.

Box 6. Digital roadmap towards an integrated health care sector, Denmark

The Digital Roadmap with its core elements and digitally supported health services continues to be important for improvement of the healthcare sector within The Region of Southern Denmark. Some of the aspects that has made the solutions sustainable are:

- Continuous political focus and support i.e. renewal of The Health Agreements;
- Revision of the SAM:BO Agreement (a formal framework of cooperation which aims to support treatment and inter-sectoral cooperation) when needed;
- A general focus on the digital future of healthcare;

- Continuous evaluation, follow-up on goals, initiatives, and projects;
- Constant focus on cross-sectorial cooperation and organizational collaboration with the patient in focus;
- A strong focus on innovation and telemedicine in The Region of Southern Denmark.

4. SUSTAINABILITY SUPPORTING PROCESS AT PRACTICE LEVEL

To assure efficient support and harmonised impact at level of Next adopters' activities, sustainability supporting activities were fully integrated with the overall implementation approach and workflow of JADECARE. In alignment to the three phases of implementation strategy (see Figure 2 below), these activities included:

- Pre-implementation phase: planning and preparation for the implementation, based on defined scope, in-depth understanding of the situation including stakeholder analysis, and agreed vision of the future practice with identified gaps. Extensive learning from original Good Practices was in place. A single-entry point to access all implementation and sustainability related supporting materials (guidance documents, webinars, templates) was established, including, FAQ section with examples, further explanations, directions and links to the relevant resources. This phase ended with defined implementation action plans.
- Implementation phase: roll-out and operation as defined by implementation action plans. Next adopters provided inputs for regular monitoring as well as intermediary and final (process) evaluation (following Plan-Do-Study-Act (PDSA) cycles). Exchange of knowledge and extensive skills-building on implementation approach was in place, supported by original Good Practices, by JADECARE experts in implementation, and by exchange among Next adopters. Further contextualisation of the action plans happened as the implementation faced obstacles and bottlenecks. The result of this phase was an outline of implementation results.
- Post-implementation phase: dedicated to impact assessment, learning and building tangible plans for future sustainability. A set of methods and techniques was in place to support reporting and new knowledge generation from Next adopters as well from original Good Practice teams after experiencing the leadership of transfer to many different contexts. During this phase, extensive support was provided to Next adopters from JADECARE experts in implementation and specifically from the JADECARE team with deep understanding on sustainability-boosting knowledge and skills. Next adopters produced final implementation reports including analysis of implementation process, and sustainability strategies and sustainability action plans. Their networks of stakeholders were activated. Visibility of their achievements was in place.

Fig. 2 JADECARE Implementation strategy

To build the common understanding of the process, JADECARE Sustainability Framework was extensively discussed with JADECARE work package leaders to assure additional methodological, organisational and management support from Work Package 1 on coordination and Work Package 3 on evaluation, day-to-day support by Work Package 5-8 leaders as owners of original Good Practices. The same user-friendly approaches for Next adopters were used, such as single-point entry to guidance documents, templates, webinars ("Implementation Toolbox") including Frequently Asked Questions section at the online platform.

Supported by Work Package 4 on sustainability and integration into policies, sustainability was therefore continuously present as a lens used by Next adopters at situation analysis and definition of key stakeholders, at designing first action plan, during monitoring and assessment and introducing changes into the second action plan, and at reporting of the implementation results including the analysis of process implementation. All knowledge- exchange activities included sessions on sustainability (study visits, thematic workshops and key implementation learning workshops) with an aim to reflect on the results and on the process itself, including lessons learned to strengthen EU-added value of JADECARE. Next adopters were actively involved in activities at policy level within JADECARE with focus to successful implementation and sustainability. At the end of JADECARE, each active Next adopters' practice is supported by individual Sustainability strategy and Sustainability action plans, covering the period for 2 years after JADECARE ends. For the details please see Annex I.

4.1. Sustainability-supporting actions included in implementation plans

Based on the scope definition and situation analysis, and the understanding of the original Good Practice, each Next Adopter developed their ideal future vision of the (local) good practices and developed implementation action plan with specific activities needed to achieve that potential future situation. The practices aimed to be sustainable already in the phase of the design, and to instrumentalise that Next adopters included 75 activities within their implementation plans.

To provide additional insight into sustainability planning during the pre-implementation phase, 20 Next Adopter key representatives participated in an online survey including reporting on key stakeholders' engagement (healthcare professionals, patient and policy level representatives) and on the status of development of activities to support sustainability. The results, including the key learnings are fully reported in Annex I.

In short, 14 Next adopters already included at least one activity in their action plan, mostly oriented towards: (1) linking the practice to larger schemes of health system transformation in the field of JADECARE focus (i.e. framing the practice under policy umbrella); (2) Identifying and linking the activities existing top-down or bottom-up linkages among key stakeholders in this field; (3) continuous monitoring of the context where the practice will be implemented and reacting to favourable and/or detrimental changes in the context; and to a lesser extent towards: (4) checking if the vision of their practices is (still) aligned to the vision of the key stakeholders; (5) checking if the planned results of Next adopters' practices practice (still) address the needs and gaps as defined by key stakeholders; (6) checking the availability of resources, present and future; (7) sharing of the intermediate results to the key stakeholders and the community, and building further interest based on that communication.

There was a high rate of key stakeholders' identification and involvement in majority of the Next adopters' settings, including the engagement of relevant healthcare professionals and policy level representatives in the local working groups and/or networks; good representation of organisations

having a pivotal role in the regional health care system; and identification of JADECARE Policy board members in almost all Next adopters' countries early in the project. Next adopters also reported on important changes and evolutions respective to their working groups/networks based on the emerging needs as the implementation progressed, and exhibited a very good knowledge and orientation of the plans, organisation and orchestration of »what is going«, and seemed to act with a strong sense of coherence in the project.

On the other hand, several needs were identified for further improvements to build up sustainability potential of practices, such as support the involvement of patient representatives in Next Adopter local groups; communicating with the Next adopters about who their JADECARE Policy Board member is; and to support those Next adopters who have not yet done so to include at least one activity related to practice sustainability into the implementation plan. These aspects were acted upon by leadership processes within JADECARE consortium.

4.2. Knowledge exchange actions

Dedicated knowledge-exchange events in JADECARE aimed to increase topic-related knowledge of Next adopters' teams, to provide additional support for effective execution of implementation related activities, and to continuously support the focus on sustainability after JADECARE ends.

4.2.1. Study visits

JADECARE study visits were organised during the first year of the project. The majority of time was dedicated to the topics to be covered by the specific original Good Practice. However, at this early stage each study visit covered an overview of key findings of the sustainability approaches, including core elements of sustainability with general and specific recommendations.

For sustainability aspects especially, the important message for Next adopters at the beginning of the transfer process was to facilitate networking with local services, getting local ambassadors/ alliances on board from the beginning and fostering patients' engagement and connection with local services as emphasized by several original Good Practices. Within three out of four study visits, sustainability sessions were organized to provide practice specific insights relevant to sustainability, please see Table 1 for a summary.

Table 1. Aspects or activities to increase sustainability-potential in planning phase

Catalan Innovation Hub	The OptiMedis model	Denmark Roadmap
The algorithm used is not based on experts' opinions, has high flexibility and transferability, and allows its automatic update over time based on registry data. Several elements are considered to achieve sustainability of a given integrated care service: ii) professionals' and patients' engagement; i) efficacy shown in initial piloting; iii) healthcare value gene-ration demonstrated in studies carried out.	The OptiMedis regional integrator company co-owned by local shareholders' solution builds on business plans with long term economic viability, thus sustainability through local enterprise solution. The networking and the connection with local social services also helps to create a sustainable environment for people with medico-social needs. The health programs open an opportunity for patients to connect i. e. to local sport groups, and social services to create a sustainable environment for people with medico social needs. FORTA (Fit-for-The-Aged based medication) analysis is based on a research project and the tool continues to be updated by OptiMedis.	A good way to sustain the practices is to recruit local alliances/ambassadors for the digital solution.

4.2.2. Thematic workshops

JADECARE thematic workshops were scheduled during the second year of the project as an important internal milestone at which Next adopters have been concluding the first PDSA cycle and started planning for changes and adaptations to their interventions for the second cycle. 10 thematic workshops were organized in nine European countries hosted by Next adopters, with 320 participants, representing various JADECARE institutions but also including (local) stakeholders, policy board members and external experts. Uniform concept and format of the thematic workshops ensured a meaningful comparison on bottlenecks, barriers, facilitators, challenges, and key statements in general, and also related to the sustainability aspects. Several examples of sustainability actions were presented as well to facilitate further reflections on the sustainability planning process and development of additional activities in the future. For the details, please see Annex I.

Summarizing key results and learnings, 17 out of 21 Next adopters reported on 75 activities aimed at supporting sustainability. Some Next adopters found it challenging to think and plan for sustainability this early in the implementation phase, but still it was considered as a very important first step to boost the potential for the practice continuity. Detailed results per each Next Adopter are reported in Annex I, Appendix 2.

Next adopters identified common bottlenecks/barriers and challenges that might have an impact on sustainability including: work overload and lack of time; absence of relevant staff in existing teams; lack of interest or motivation; absence of possibilities to integrate the implemented practice with the work process of the clinical setting; lack of digital skills, infrastructure and literacy; Covid-19 pandemic stopped the implementation in several cases (while boosting it in others); lack of cooperation of external organisations/stakeholders/healthcare professionals.

On the other hand, many important facilitators were reported, the most important one being the extensive support/cooperation of decision and policy makers which was especially evident in several Next adopters' settings.

Thematic workshops were perceived as very important to increase visibility of the Next adopters' practices and facilitated engagement of key stakeholders, including policy representatives, decision-makers, health professionals that are involved in the field and patient representatives. This in itself has had an important impact on building sustainability of the practices.

4.2.3. Implementation key learning workshops

JADECARE implementation key learning workshops were run during the third year of the project, with the main objective to share learnings and experiences among Next adopters' themselves and with key stakeholders. 4 workshops were organized) in three European countries hosted by original Good Practices from Spain (2 workshops) Germany and Denmark, with 80 participants. For the details, please see Annex I.

Sustainability sessions were organized during the workshops, where particular focus was given to present and discuss drafts of Sustainability strategies and Sustainability action plans prepared by the Next adopters with coordination of Work Package 4 on sustainability and integration into policies. (see Chapter 4.3 of this Deliverable for more detail). Key learnings are summarized in the Table 2. Some more specific learnings relevant to individual Next Adopters are presented in Boxes 7–10.

Table 2. Key learnings to support sustainability of Next adopters' practices at the end of JADECARE

WP5	WP6	WP7	WP8
- Defining a clear vision and purpose of the practice and translating it into action - Creating synergies not only within healthcare but a broader societal scale -Overcoming projectism – planning of funding and resources upon the conclusion of JADECARE	- The need to further elaborate the list of specific actions conforming to the sustainability strategy of some of the Next adopters - The need to suggest specific actions in health risk assessment, adoption of innovative services, digital transformation, and methodological aspects to be shared at consortium level as proposal to be undertaken beyond JADECARE	- Ground level of data that is continuously updated is necessary - If Integrated Care is already common sense in the region, this is extremely beneficial for sustainable implementation. Therefore, it should be considered implementing integrated care first. - Policy makers and ministries that share priorities need to synchronize - Policy makers need support from project partners - Need to think in pro-cesses not just achievements - When working with policy makers focus on the regional level - Important to show the need for a vision, not a solution without a problem (give examples) -Experience is needed to understand where change is needed -Quantify issue before creating the vision - To overcome projectism you must make a difference between health and care. - Stable finance structure more sustainable than fundraising - People responsible for the sustainable implementation can't be paid from the project because everything will collapse as soon as the project is finished. - Don't put political motivated emphasis on the wrong stakeholder - Concrete pieces of work manage to attract a lot of stakeholders	- Creating engagement through idealism and potential of improvement – engage people with hope and promise of a sustainable and better future - Embedding JA into an already ongoing strategy gives the project a solid starting point for sustainable implementation - The involvement of local politicians has led to the creation of a new grant programme and an eHealth working group - Relevant stakeholders for sustainability are Research network, scientific societies and patient associations at different levels of governance structures that are accountable for reinforcing the capacity of the healthcare system. Leading organization should emphasize a bottom-up and top-down interactions and communications with an aim of creating a "community". - A strong evaluation design can be used to build a strong business case. The business case can secure funding after the project period.

Box 7. Focus on sustainability: what would individual Next adopters do the same and what would they change

- Would involve the stakeholders represented in the present network, but also more relevant clinicians and staff, also from other medical fields, at an earlier stage;
- The choice of their intervention was correct, because implementing interoperability between software systems used in different care settings is itself sustainable. On the hand, they think it is essential for them to immediately involve a political level of regional planning, otherwise the risk is to make interventions that remain in a single health authority or territory;
- Would remain the same considering the communication and dissemination activities that they organized and also planning activities in accordance with regional and national planning acts on chronic disease care, but they would make more efforts on the technological side, better involving the Region's Digital Health Sector from the beginning;
- Would consider the involvement of local politicians and finding of regional resources and local cooperation at several occasions, plan for contractual solution to some agreements, pre-define financial resources for supporting activities and would ask for possibility to study the original Good Practice on site;
- Would engage the same stakeholders, as they are most relevant for sustainability, but would employ a more strategic thinking from the beginning of the project, taking into consideration the larger scope and potential impact of the project; have a more direct and more frequent

interaction with stakeholders outside own institution as this was a good opportunity to work together towards a valuable goal and also ensure allocation of adequate funds for specific outputs;
- Recognised the great value of the national approach with pilots that they employed, as well as the linking with other strategies and plans. On the other hand, they would remain more cautious and better focus on smaller achievements, involve more patients and communicate broadly the development of the project;
- Would change the way they approached the risk stratification transfer and implementation, further involve policy makers and finally also design a communication plan. On the contrary, they would stay with the same Next Adopter's team and the design of the implementation of patient empowerment related features.

Box 8. Focus on sustainability: main conclusions, identified by individual Next adopter

- Very high potential of the regional adoption of the sustainability action plan because of three main factors: i) the target is well-defined with solid achievements already in place, ii) the local team is strong, and iii) the initiative seems well supported at country level. Most important, the experience shows elements with potential for generalization at EU level (independently of the morbidity grouper used for prediction purposes). It has raised relevant questions regarding secondary use of data and articulation between population-based risk assessment and clinically-oriented predictions that deserve further attention;
- High potential of the approach adopted at local level (three counties led by the respective Next Adopter), but also regarding the country wide extension of the initiative. Support and monitoring beyond JADECARE are highly advised.
- During the project lifetime the local team acquired the knowledge for to reformulate the implementation plan. But two steps are advised to achieve a successful deployment beyond JADECARE: i) enlarge and strengthen the local next adopter working team with inclusion of all key stakeholders, and ii) do a well-designed hands-on stay at original Good Practice's site of few key professionals (such stay would be highly efficient if it is preceded by 2-3 on-line sessions with all local stakeholders). The potential of the use case selected deserves the additional effort beyond the project.
- Next Adopter's team has been active at local level in an area of high interest (vertical integration of health and social care). However, the degree of interactions at Work Package level has been rather poor, partly due to language limitations. Unfortunately, no performance indicators of the activities reported have been shared at Work Package level. We would recommend support to the group at national level.
- Overall, three tangible achievements well covered by each of the four Next adopters are (1) Identification of a relevant challenge at the local level and formulation of a well-defined action plan to face it, (2) The capacity to adapt of the initial work plan to unexpected factors encountered during the implementation process, and (3) Formulation of strategies for sustainable adoption of the targeted interventions.

Box 9. Focus on sustainability: key learnings

- JADECARE Study visits and additional discussions in the pre-implementation phase were considered very helpful to better understand the underlying concepts of the original Good Practice;

- Online and particularly the physical presence meetings were valued for their networking opportunities and exchange;
- The participation in a project like JADECARE is considered to be very beneficial in order to "see and be seen";
- Most participants felt that the implementation phase was too short for the many interventions planned throughout that period;
- All participants underlined the importance to engage in an intensive stakeholder process. Rising the interest at that level and keeping stakeholders involved is a precondition for success;
- Project sustainability requires a continuous stream of data to evaluate the effects and value added in order to convince stakeholders and policy makers of the intrinsic potentials. Having a political commitment and an established administrative framework for integrated care or multi-professional collaboration helps a lot when defining project interventions. Quite frequently, policies and strategies for improving health and social care are already available but interventions are fragmented. This requires a certain focus on concrete processes rather than only on possible achievements. It is essential to better synchronise the policy making process and to derive more integrated multi-sectoral strategies from there. For that, policy makers need support from project partners to better understand interventions and requirements as well as concrete solutions and potential benefits.

Box 10. Focus on sustainability: key take-aways

- Creating engagement through idealism and potential of improvement – engage people with hope and promise of a sustainable and better future. "The future is now"-discourse. Potential for tapping into other movements like "we are not waiting". It is important to engage enthusiasm in your team and the people you work with. This can happen through leadership;
- Always has to be thought into the project from very beginning. Make room for detours along the way – they most likely will happen. To have pre-defined financial resources for further implementation. Identify illustrative use cases and create engaging narrative to secure support and funding. Embedding Joint Action results into an already ongoing strategy gives the project a solid starting point for sustainable implementation;
- Important to be proactive with sharing your project – share knowledge with others and seek out communities and like-minded professionals. Alignment with local strategies and plans of the model is important and should be embedded into the key performance indicators and objectives of the project. This will secure a strategic linkage, institutional support and ensure longevity. Leading organization should emphasize a bottom-up and top-down interactions and communications with an aim of creating a "community". Seek personal connections to help overcome cultural settings. Prioritize spending time with decision makers/politicians promoting the project and informing them on the barriers the project is facing;
- It may be tempting to go big with the objectives of your project – but big changes happen through small steps. Be mindful and realistic of what is possible to achieve. Adjustments and changes in objectives and other details along the way are to be expected and not necessarily a bad sign. A strong evaluation design can be used to build a strong business case, and can secure funding after the project period;
- Involve users as early in the process as possible. Not only experts! Be aware of own biases – what you may deem logical and functioning is not necessarily how the users view it. Recruitment of local ambassadors or local "assigned implementation leaders" are important for both design, development and sustainability;

- Be prepared for resistance. Involve in changing the minds of the public, society, companies, healthcare (professionals), politicians, legislators etc. More active search for and use of enthusiastic healthcare professionals from professional chambers. Approval from professional chambers can be a "stamp of approval" to secure strategic support for implementation in an organization otherwise characterized by resistance;
- Team must be involved in the very beginning. An iterative process is preferred. Realistic deadlines and willingness to reschedule along the way is important. Spend enough time to do a good, coherent and detailed pre-planning. Don't be afraid to make mistakes and adjust as much as needed.

4.3. Next Adopters' Sustainability strategies and Sustainability action plans

At the end of JADECARE, each active Next Adopter (20) developed Sustainability strategy and Sustainability action plan, with 204 strategic objectives and 104 actions, covering years 2024 and 2025, and that are aligned with JADECARE Sustainability framework. As a key activity to advance the drafts of these documents, 21 informed discussions were performed with 55 participants, facilitated by NIJZ and members of original Good Practices as observers. See Key results section of this report for visual presentation.

The following subsections provide insights into the main focus, overall goals and desired outcomes of the Next adopters' individual Sustainability strategy and Sustainability action plan. More detailed information with full reports, including specific objectives and activities is presented in Annex I, Appendix 6.

4.3.1. Belgium: Department for self-determined living of the German-speaking Community of Belgium

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.

4.3.2. Croatia: Croatian Institute of Public Health

There is strong political support for digitalisation and integration in the healthcare sector in Croatia at the moment, especially in the field of non-communicable chronic disease 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 general practitioners, based on studies such as satisfaction surveys on the use of available digital tools by general practitioners 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 general practitioners 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.

4.3.3. Czech Republic: University Hospital Olomouc

The JADECARE good practice has been fully aligned with plans of Ministry of Health (MoH) 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 (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.

4.3.4. Denmark: North Denmark Region

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 North Denmark Region 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, ie. 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) Steno Diabetes Centre will run a dedicated "data track" in the digital health department, (3) North Denmark Region 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 North Denmark Region 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 North Denmark Region 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.

4.3.5. Estonia: Viljandi Hospital

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 “Integration of Social and Healthcare services in a Local setting 2022-2025”, 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.

4.3.6. France: Eurometropole de Strasbourg

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 digitization 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 and 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 ˝Health Territory of tomorrow˝ territories, to 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.

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.

4.3.7. Greece: School of Medicine, Aristotle University of Thessaloniki

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 electronic Health Records.

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 –health care professionals (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 health care services at MoH, interoperability association for healthcare). Aristotle University of Thessaloniki , 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.

4.3.8. Hungary: National Directorate General for Hospitals and Jahn Ferenc South-Pest Hospital and Clinic

The main focus of the sustainability strategy is to make further improvements in the utilization of existing Personal Health Recorc (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.

4.3.9. Italy: Regional Health Agency Tuscany

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 general practitioners 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 Individual Care Plan (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 National recovery and resilience plan (NRRP) actions, will inform and support in the upcoming years to modernize the National and Regional Heath 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 (Telemedicine and artificial intelligence (AI) platforms and Territorial Coordination Centres will enable more accessible and personalized care for patients and communities).

4.3.10. Italy: Local Health Authority USL Umbria 1

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 general practitioners' Portal (ECWMED) (it means that general practitioners 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 general practice within Local Health Authority USL Umbria 1.

(2) Hospital Electronic Medical Record (Galileo) and Regional Primary Care Management (Atl@nte) (it means that general practitioners 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 general practitioners could access all data at telemedicine platform) - the project is developed, funding is needed to develop the interoperability, and then after solving GDPR issues train and involve all general practitioners 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 general practitioners are enrolling patients – in the future funding for its functioning including further training of the staff and general practitioners, 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 Servizio di Accoglienza Centrale (SAR) was created, including training the staff, and general practitioners are enrolling patients. In the future, funding for its functioning including further training of the staff and general practitioners, 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 National recovery and resilience plans (NRRP) actions in the upcoming years to modernize the National Health System in Italy. Based on developed solutions, Local Health Authority 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.

4.3.11. Italy: Local Health Agency Naples 2 North

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 National Health System 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.

4.3.12. Italy: Regional Health Agency Marche

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, Regional Health Agency 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 (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 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.

4.3.13. Italy: Lombardy Region

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 National Health System. 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.

4.3.14. Latvia: Children's Clinical University Hospital

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 Children's University Hospital (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 children carers; (3) assess the potential for the use of JADECARE results in medicine in different domains of healthcare.

4.3.15. Portugal: Central Administration of the Health System

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. Central Administration of the Health System of Portugal (ACSS) will work further on: (1) use of e-learning platform to provide trainings (healthcare professionals at primary level) on risk stratification, (2) use of Central Administration of the Health System of Portugal (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 chronic obstructive pulmonary disease, heart failure, diabetic foot, multimorbidity including their digitalisation, and (6) run a project to develop a new financing model for integrated care organisations.

4.3.16. Slovenia: Health Insurance Institute of Slovenia

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. Health Insurance Institute of Slovenia (ZZZS) 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.

4.3.17. Spain: Regional Ministry of Health and Consumer Affairs of Andalusia (CSCJA), Andalusian Health Service (SAS) and Andalusian Public Foundation Progress and Health (FPS)

The sustainability of the Andalusian pilot is guaranteed since it is embedded in the long-term plans and strategies of the Regional Ministry of Health and Consumer Affairs of Andalusia (CSCJA). This pilot has been strongly supported by political leaders and directors of the Plan for complex chronic patients (CCP)s 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 Centralised System for Proactive Follow-up (CSPFU) and the Andalusian teleconsultation system (TC) to the needs and expectations of healthcare professionals (to increase their use) and patients/caregivers (for increase their empowerment); (2) full integration of the Centralised System for Proactive Follow-up (CSPFU) within the corporate IT system, within Patient eHealth Record; (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.

4.3.18. Spain: Cantabrian Health Service and Marqués de Valdecilla Research Institute

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 behavioral 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.

4.3.19. Spain: Castilla y León Regional Health Service

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.

4.3.20. Spain: Murcian Health Service (SMS) and Foundation for Health Training and Research of the Region of Murcia (FFIS)

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.

5. SUSTAINABILITY SUPPORTING PROCESS AT POLICY LEVEL

Policy level support to sustainability was provided by activities, related to Policy Board, and via communication activities that targeted (also) policy-makers at international meetings, workshops and national events.

5.1. JADECARE Policy board

JADECARE Policy Board was established to further support successful design and implementation of local Good Practices in Next adopters' sites from the focus of sustainability; to further reinforce capacities of National and/or regional care authorities in order to organize and deliver digitally-enabled integrated person centred care based on lessons learnt, including integration in policies; and to co-create EU added value of the JADECARE Joint Action.

The Policy Board brought together representatives of different National health authorities and other institutions which were recognised by Next adopters as relevant in bridging the gap between the local pilot implementation settings and their regional/national policy levels. This approach helped to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members.

Members from 19 European countries were participating in the Policy Board, with representatives of the European Patient Forum (EPF), DG SANTE and HaDEA acting as observers.

The Policy Board had two main advisory roles:

1. Alignment of Local Good Practices to national, regional and/ or local policies, strategies, plans and/or program, such as the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership;

2. Identifying and building up potential EU added value of JADECARE such as implementing EU legislation, achieving economies of scale, promoting best practice, benchmarking for decision making, considering cross-border issues, enabling (or supporting) movement of people and/or networking.

To provide meaningful support in terms of implementation, the Policy Board members from countries with partners involved as implementers were proposed by the Next Adopter team themselves, were therefore included in their local networks or even acted as members of their local implementation teams. On the other hand, Policy Board members from several countries that did not participate in JADECARE as Next adopters were included as well to provide their valuable experiences and support from the perspective of digitally-enabled integrated and person-centred care. Some of them used the knowledge and results developed in JADECARE from which their respective healthcare systems could benefit.

Besides being active in their local networks with Next adopters by following and supporting the implementation process and strengthening the practice sustainability potential, Policy Board members were participating at annual (overall three) Policy Board meetings over the project duration (2021, 2022 and 2023) organised by the NIJZ and AGENAS with support of KG as Coordinator. The meetings were dedicated to showcase and discuss concrete experiences during each stage of the implementation process with a focus on practice sustainability, experiences with similar practices outside JADECARE and the impact this Joint Action had on partner countries that are not directly involved as implementers but are using the results to further the capacity of their local healthcare systems in the field of integrated care.

Separate to the meetings are Policy Dialogues, structured and moderated discussions between Policy Board members only, with an aim to develop concrete recommendations, lessons learnt and steps to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care, and to co-create EU added value. Main conclusions are presented in Boxes X to X. Further details related to Policy Board can be found at Annex II.

Box 11. Key principles and recommended steps to support the practice sustainability - expanded JADECARE Sustainability framework

POLICY ENVIRONMENT

- Exploration of funding opportunities: it is important for Next adopters and the relevant policy level representatives to engage in the local good practices design, implementation and monitoring to link the practice to the country's and/or broader relevant funding opportunities. Thus, practices should be aligned with the national strategies, policies and financing schemes. Alternatively, Next adopters can benefit from tools and mechanisms provided by the EU Commission (e.g. EU4Health Programme, Horizon Europe), which enables them to take further the innovations developed in this Joint Action;
- Showcasing strong evidence: Next adopters should be transparent in communicating with policy makers about the progress of their practice development and implementation, presenting results and impacts of the intervention. Next adopters can also identify the gaps in relevant national strategies that their practices address. These are key drivers to gather support and inform policy change;
- Policy dialogues at the local/regional/national level: expanding the previous recommendation, policy makers can be practically engaged through organisation of local, regional and/or national policy dialogues producing clear outcomes. This can help to build shared sustainability ownership and to nurture culture of collaboration.

SUSTAINABILITY OWNERSHIP

- Building a co-creation approach: to create a sense of shared ownership, the practices should engage a wide variety of stakeholders, including the users of the practices. Their engagement builds a better understanding of the context where the practice is being implemented and its alignment to the local needs, priorities and resources. The co-creation approach includes active engagement of patients and citizens as partners in developing frameworks and solutions tailored to their needs;
- Defining and understanding the levels of ownership: the implemented practices can be complex and many actors can be responsible for its continuity. Sustainability ownership (e.g. technical, scientific, human/social, financial, etc.) should be defined at organisational, local, regional and national level, negotiated with the policy makers and subsequently aligned with national strategies, governance models, financial flows and incentives. The ownership should be adaptable as practices evolve and change over time.

CULTURE OF COLLABORATION

- Shared values and vision: Next adopters and their networks should strive to identify/establish shared values and a common vision through community engagement. Key stakeholders should openly discuss their motivations, non-negotiables and expectations;
- Learning from past experiences: as JADECARE Consortium we should communicate with people who have experiences from similar Joint Actions and bring their knowledge into JADECARE's work with Next adopters;

- Creating a common language: in Next adopter settings numerous stakeholders are involved in the practice development and implementation or are being affected by it. It is important to communicate clear and simple messages to which all can relate;
- Training, education and capacity building: within JADECARE we might also develop visual materials (e.g. videos) that could present the JADECARE results and be used to communicate with wider audience, including the policy makers of participating Member states.
- "Culture eats strategy for breakfast every day": It is important both at the level of JADECARE consortium as well as at the level of Next adopter sites to be attentive to the contextual and cultural specifics, understanding the local readiness for change and building mutual trust. Indeed, "change happens at the speed of trust".

Box 12. Key principles and recommended steps to develop Sustainability strategies and Sustainability action plans

- Clarity of vision and translation into action: drawing on reflections regarding different aspects of communication, a vision and purpose of the practice should be clear and most importantly, a result of partnership and co-creation, which also means that the practice leaders should understand what motivates and drives participating actors. The vision should then be 'broken down' to clear, measurable goals and activities with realistic planning (where responsibilities, timelines, expected outcomes/indicators have been defined);
- Adaptiveness of (Sustainability) action plans: contextual factors might influence the implementation of practices in a positive or negative way. Sometimes these same factors can have different impacts in different settings as is the case with COVID-19 pandemic. For example, in Estonia it resulted in under-resourced activities related to integrated care despite the fact it remains one of the key priorities at the national level. On the other hand, as is the case with Italy, the pandemic pushed the policy makers to make significant investments into digitalisation and integration of care. The experience suggests, the practice owners should be attentive and flexible to the changing environment and align their activities and plans according to the emerging needs and opportunities;
- Overcome projectism: dependency on project resources can be an issue on the long run and can hamper the practice sustainability. This is why it is important to plan significantly in advance how the (systemic) funding and resources will be assured upon its conclusion. Consequently, the practices should be aligned to the larger scale of health system transformation, including policies, strategies and EU mechanisms and instruments, to become embedded into the local health ecosystem. In this respect, support of political leadership is very much needed. On the other hand, projects such as JADECARE created strong networks across Member States and established valuable channels for knowledge exchange. Nurturing this collaboration also in the future can have significant impacts on integrated care initiatives across Europe and thus increases EU-added value of Joint Actions such as this one;
- Co-creation: meaningful and continuous involvement of relevant stakeholders can be a demanding task. Next adopters have been supported throughout this Joint Action to build multidisciplinary networks of partners from various professional organisations, healthcare organisations, local/regional/national health authorities. To varying degree, patient and citizen organisations have been included as well. Inclusion of target groups (patients, citizens, care providers) is especially important for the overall acceptance, adaptability and continuity of integrated care practices and should be considered also during sustainability planning process.

Box 13. Final reflection of original Good Practice owners, involved also as leaders for transfer of their practice to Next adopters' settings and Policy Board members

Adaptability in engaging key stakeholders: due to complexity of integrated care practices, early identification and engagement of various stakeholders (IT, HP and other professionals, management, Health authorities' representatives) have proven to be of significant importance. The start of JADECARE was characterised by a global COVID-19 pandemic that made stakeholders' engagement difficult. On the other hand, it also facilitated national/regional discussions on how to increase digitalisation and improve integration of care which many implementers have been able to take to their advantage. The latter was dependent also on the maturity of individual implementers, their position within their respective healthcare systems and their ability to mobilise/communicate with decision makers. For example, several implementers were in themselves regional or national health authorities, thus able to work hand-in-hand with policy level representatives throughout the implementation process. In some cases, the implementers were local healthcare organisations with high visibility and influence at the national or regional level which similarly had positive outcomes for the practice implementation and its potential continuity. Others experienced more challenges and needed to be more adaptable, changing the scope of the practice or include stakeholders later within the project according to the possibilities and emergent needs. One of the persistent challenges often experienced was the lack of interest on behalf of medical professionals that are primarily focused on medical scientific data ideally obtained through RCTs. Aspects related to data management or results that are difficult to generalise might not be motivating to their engagement. Therefore, there is a need to communicate sufficiently about the relevancy of different methodologies that measure practice effectiveness also beyond strictly scientific domain. In summary, as experiences suggest, early and continuous engagement with key partners was overall crucial both for initial development phase (where a broad consortium of partners was needed to define the possible scope of the practice, its relevancy, resources and processes needed) as well as for the successful implementation process with strong potential for sustainability and scalability.

Tangible vs. Intangible results: Defining success against the contextual differences of implementers: Very much aligned to the first point, the implementers are operating in very specific settings within different healthcare systems and policy frameworks, traditions, data availability, management, and expertise. Universal transfer process of original Good practices to very heterogeneous pilot settings was thus not possible. Despite having a rigorous JADECARE implementation methodology framework to unify the implementation process across various implementing sites, the pilot practices had to be significantly adapted to correspond to the needs and possibilities of their local settings. Thus, collaboration between original Good Practice leaders and individual NAs had to be customized, including the specific core features that were being adopted. Participants at the policy dialogue pointed out an important distinction that should be made between tangible and intangible results of the JADECARE project. Overall, the implementation results are very strong and significant steps have been made in improving digitally-enabled person-centred care in the pilot settings. The implemented practices followed a very structured process which is reported in detail individually by each Next Adopter (using SQUIRE 2.0), including the presentation of specific results that were achieved. However, what has been particularly emphasized as of importance are the many intangible results that cannot be simply showcased through indicators set in the Local implementation plans. In many settings JADECARE provided a necessary push towards maturity of local organisations and teams and was a key catalyst to facilitate local/regional/national reflections and discussions on integrated care. Extensive professional expertise of original Good Practice representatives, their adaptability to correspond to the particular needs of Next adopters and their continuous support throughout the implementation significantly contributed to this process. As a

result, an international learning community was built which has been widely recognized as a great success in itself. As pointed out by the participants, many of the established networks and collaborations will continue to exist also beyond JADECARE. These intangibles are hard if not impossible to measure, but have significant impacts both locally as well as internationally.

The importance of knowledge exchange activities: It has been universally acknowledged by the policy dialogue participants, that knowledge exchange activities and events (Thematic workshops, Stakeholder forums and Key implementation learning workshops) have been helpful in monitoring the progress made, showcasing implementation results at different stages of the project and discussing numerous challenges, facilitators and general learnings in the pilot settings. More importantly, as these events were organised at the sites of the implementers, this brought visibility to the project and especially to the hosting pilots and helped to involve variety of relevant stakeholders, including decision and policy makers. Participants agreed that continuous online communication was important but a real progress was often made in light of these events which should be at the focus of similar Joint Actions also in the future.

Important learnings on sustainability of practices: as presented above, the adaptable engagement of stakeholders, defining the focus of the best practice based on the context and needs of the local setting, and continuous knowledge exchange and expert support have been key for setting strong foundations for sustainability of best practices. The representatives of original Good Practices explained in more detail, how each of the Next adopters have increased the potential for the practice continuity which can be observed in more detail through each individual Sustainability strategy and sustainability action plan. In this respect Sustainability framework developed in JADECARE has been very helpful as the implementers could develop their activities in a very structured way (by interacting with the policy environment, building sustainability ownership and nurture culture of collaboration).

5.2. Stakeholder forums, international and national events

In addition to activities related to Policy Board, EU-added value of JADECARE was in its high visibility, networks established cross-nationally and overall recognition as being relevant across Europe. The Consortium was engaged in numerous dissemination activities, international and national events, workshops and scientific conferences, organisation of annual Stakeholders' forums involving variety of experts, policy representatives and decision makers across Member States, and ultimately developed a broad network of dedicated people working in the field of digitally-enabled person-centred integrated care.

The objectives of the three **Stakeholder forums** are presented in Box 14.

Box 14: Objectives of JADECARE Stakeholder forums

Stakeholders forum No 1: "Implementation of digitally enabled integrated person-centred care – Needs and Solutions"

- identifying and compiling the potential needs and opportunities of health care systems related to the transfer and implementation of digitally-enabled person-centred care that the Stakeholders envision to be tackled.
- enriching and improving the local implementation plans by incorporating the expertise, knowledge, experience and opinions of the participants.

Stakeholders forum No 2: "Implementation of digitally enabled integrated person-centred care – Roll out and Learnings"

- presenting the current status and achievements of JADECARE and share the practical experience, insights and learnings of Next Adopter implementers transferring best practice examples of digitally-enabled person-centred care to their local contexts;
- exploring what Stakeholders need in order to start using digital tools and how Stakeholders can be invited to use digital tools to enhance integrated patient centred care and to increase the impact of the achieved JADECARE implementation and transformation results;
- discussing challenges and new developments in Europe for greater integration of health and social care services and how they can be supported by digital solutions.

Stakeholders forum No 3: "Digitally enabled integrated person-centred care – Sustainability of implementations"

- presenting the experiences, learnings and achievements of JADECARE and share the Sustainability plans of Next Adopter implementers to maintain and further develop their local good practices of digitally-enabled person-centred care;
- discussing Stakeholder involvement and needs to make digital solutions sustainable that are supporting integrated patient-centred care pathways, in order to make them an everyday reality in their systems;
- discussing challenges and new developments in Europe for integrated value health and social care services and how they can be supported by digital solutions.

JADECARE organized **dedicated workshops at the international conferences -** ICIC 2023 and EHMA 2023. In both events, members of the JADECARE Consortium from five EU countries, shared the results and impact of the Joint Action that has targeted more than 4 million people at different levels: regionally, European-wide and for future health policies Furthermore, the JADECARE Sustainability strategy was presented, that sets three core elements to ensure the continuity of good practices: policy environment, ownership of sustainability, and culture of collaboration and consensus-seeking. In addition, at the two events, four implementing regions (so called Next adopters) presented the results of their local good practices' implementation and their work to build sustainability beyond JADECARE. Finally, a very interesting and enriching discussion amongst attendees was generated to discuss and prioritize the key principles to ensure the sustainability and scale-up of local good practices transferred beyond the end of the project. In this conversation, the support of political leadership, the alignment to the larger scale of health system transformation, the definition of a clear vision and purpose of the practice and the need to understand what matters to communities were highlighted.

AGENAS, partner of JADECARE from Italy organised **Italian national workshop** together with Ministry of Health with the aim of representing how some of the themes implemented within the JADECARE project, specifically hospital/territory integration and risk stratification, also find a natural development and continuity in various national activities, projects and policies, and therefore guarantee their sustainability. Marche, Tuscany and Umbria regions presented their experiences with reference to the ongoing implementation of the Catalan and Basque good practices respectively. Other participating organisations presented relevant projects in this area, too. The Ministry of Health highlighted that, although it has not yet completed the stratification activity at the national level, it is working on a "Predictive Model" for classifying the population based on disease. The Ministry therefore highlighted that the main requirement for the creation of such a complex model is the possibility of full use of all health information flows from the National Health Information System with

further information sources interconnectable at an individual level. The difficulties in aggregating information from different sources have so far made this process complex, leading to the need to adapt the current regulatory framework regarding data interconnectivity, in line with the national and international regulatory framework on personal data processing. Umbria has confirmed that the push to carry out the interventions that have recently been applied in the regional integrated care system, thanks to which they have been able to digitalize all hospital processes, came from the JADECARE project, and the sustainability of these interventions is partly due to their technological nature, but also to the possibility of financing them in the future trough the funds provided by National Recovery and Resilience Plans. In conclusion, the meeting was an important moment of sharing between the institutions and the territory, in which the role that each stakeholder has in relation to the issues dealt with, and how the activities of each party are interconnected with those of the others, were made more visible. All the partners participating in JADECARE agreed on how the involvement in the project has pushed them to implement substantial changes in their territory, which probably would have taken many years to occur without the project. They also noted how the actions implemented are sustainable over time, because they are very often connected to technological changes which, by their nature, have a long permanence over time. In particular, the ARS Toscana partners informed AGENAS that, during a regional meeting, the extensions introduced – thanks to the JADECARE project – to the local health system of the territories covered by the southeast ASL (Local Health Unit) and the central ASL, are being included in a regional act. The discourse with the representatives of the Ministry of Health was very useful because, on the one hand, it clearly highlighted the national limits of the implementation of policies linked to the theme of territorial stratification and hospital / territory integration, and on the other hand, it revealed that successful initiatives have been implemented at the local level that have effectively improved the health system locally, and that can be considered for further expansion at a national scale.

German partners within JADECARE on the other hand started a high-level process with and aim to use JADECARE results **to develop evidence-based recommendations for actions to transform the German Healthcare system towards integrated digitally-enabled person centred care**, being involved in JADECARE in supportive work packages rather than being involved in the Joint Action as an implementer. The JADECARE project was presented to the interdepartmental "ehealth update" committee of the Hamburg Ministry of Social Affairs' Office of Health on August 25th 2022. In addition to the general presentation of the innovation project, the aim of the presentation of JADECARE was to show decision-makers in the field of digital healthcare concrete points of contact.

Final conference, as the last communication event of JADECARE, held at **European Health Forum Gastein.** The session aimed to showcase the impact of JADECARE, which has targeted more than 4 million people at different levels (local, regional, country-wide), in terms of digital transformation, care pathway reorganizations, change management, citizen empowerment and others, and to share the learnings of the transfer of four original good practices to the 20 adopting regions (heterogeneous contexts). Furthermore, it fostered the discussion with two Policy Makers of regions participating in the Joint Action and the audience about the drivers and barriers for European projects to change the status quo, achieve large scale impact and ensure the sustainability and scale-up ability of their outcomes. Specifically, panel discussion on sustainability addressed two questions: (1) How can health systems in Europe be more resilient and equitable in the provision of care; and (2) What is making it difficult for European projects to change the status quo, achieve large scale impact and ensure the sustainability and scale-up ability of their outcomes?

6. KEY MESSAGES TO SUPPORT EVIDENCE-BASED POLICY MAKING IN DIGITALLY-ENABLED INTEGRATED PERSON-CENTRED CARE

Based on previous experience of sustainable practices, **JADECARE Sustainability framework** was developed, consisting of three core elements and general recommendations. Three core elements are: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking is an essential value and engagement of partners is an unwritten rule. These core elements can be set as a guiding principle for all sustainability-boosting activities within sustainability supporting process at practice level and at policy level, in designing bridging activities to cross-fertilise practice and policy level, and within reflection activities to adapt the approaches and boost knowledge generation. Specific topic-related recommendations can also be developed based on past experiences of sustainable practices.

At practice level, activities that aim to increase the sustainability potential need to be **fully integrated into the overall implementation approach and workflow**, starting from context/situation analysis, identification of key stakeholders and their involvement, inclusion of sustainability-related activities into the first implementation action plan, appropriate monitoring, evaluation and adaptation of the activities based on the results actually achieved. Knowledge exchange events are perceived as extremely important facilitators, and have to include implementation process- and sustainability-related sessions with proactive communication possibilities. As the end of the project approaches, it is useful to plan for long(er)-term strategically (sustainability strategy) and in actions (sustainability action plan). At this stage, extensive support is needed to practice implementers from experts in strategic thinking and action planning, with insights into sustainability principles. It is useful to follow **"sustainable by design and in action"** approach.

Policy-level initiatives and health strategies can be, as presented in JADECARE Sustainability framework, powerful enablers for sustainability of the practice. **Alignment, communication, or even co-creation of the practice within broader policy-aligned initiatives** can be very strong sustainability-assuring characteristics of the practice. Bodies within projects, composed of policy-level representatives (or efficient messengers to the policy-level) may support these processes, if the commitment is in place. Such bodies can also produce new knowledge and policy recommendations based on inputs given from the projects, if appropriate techniques are applied (such as policy dialogue). In addition, cross-country learning and exchange of experiences may be one of the strongest contributions to the project. As already mentioned, their impact is high, if the interaction with practice implementers is influential.

Since the two siloses might not have the history of effective communication, timely planned **bridging activities** can facilitate those interactions. Sometimes, knowledge exchange activities could be enriched by such approaches, or any other visibility producing events and actions.

However, situations and environments tend to change over time and the pre-planned approaches might not be giving the expected results. To diminish the potential detrimental effect of such situations, **reflection activities** are needed, that have to lead to adaptation of the activities and, on the other hand, boost knowledge generation – for the relevant project and in general.

Several important learnings have also been obtained with respect to the design and execution of the projects of that type. **Time for implementation itself** has to be long enough, having in mind the need for appropriate timing for learning and designing phase. Meaningful implementation takes time, especially in a highly complex and constantly evolving field of integrated care. **Cultural change** is needed for sustainable implementation of innovative practices but also very challenging to achieve because different stakeholders have different interests and values, while time availability is usually low. Additionally, the area of Integrated care evolved much more towards community and social level engagement which adds to its complexity. Hence, it is important to seize opportunities that emerge during the project, extensively involve opinion leaders and make adjustments, where possible. **IT infrastructure and resources availability** can be another important aspect that shapes the implementation reality. In integrated care, access to data, including its management, and involvement of IT staff is key. Similar initiatives should plan from the start the role and extent of engagement of IT professionals, at which level is the accessibility to clinical/population data, what tools can be set up within the implementation (considering policy constraints, expertise, needs, availability), and how to establish their interoperability. There is also a need for a wide scale debate on how this field is evolving, what is the most adequate technology to support integrated care, what are the bottlenecks and possible solutions. **Evolution of implementation methodology**, including simplification of tools to evaluate health outcomes, stakeholders' engagement and costs, should be a continuous process. This can help to generate value of implemented interventions for the healthcare systems and help to introduce a continuous reflective and adaptive process. Even though the JADECARE methodological framework for implementation was recognized as very good, it was sometimes considered as too complex or detached from the clinical setting.

Based on the experience of transferring four practices to 20 environments, where 75 sustainability-supporting activities were already implemented during the project, and facilitating the process of developing 20 Sustainability strategies and 20 Sustainability action plans for the period after the project ends, these are additional lessons learnt. **Adaptability in engaging key stakeholders** is needed. Experiences suggest, early and continuous engagement with key partners was overall crucial both for initial development phase (where a broad consortium of partners was needed to define the possible scope of the practice, its relevancy, resources and processes needed) as well as for the successful implementation process with strong potential for sustainability and scalability. **Tangible vs. Intangible results:** defining success against the contextual differences of implementers. Implementation operates in very specific settings within different healthcare systems and policy frameworks, traditions, data availability, management, and expertise. Pilot practices may need to be significantly adapted to correspond to the needs and possibilities of their local settings. The implementation results within the project can be very strong, a success factor might be a very structured, harmonised process, including the presentation of specific results. However, it has been strongly emphasized that many intangible results cannot simply be showcased through indicators. In many settings, a project can provide a push towards increased maturity of the environment, or act as key catalyst to facilitate local/regional/national reflections and discussions on integrated care. Many of the established networks and collaborations can continue to exist also beyond the project. These intangibles are hard if not impossible to measure, but have significant impacts both locally as well as internationally. **The importance of knowledge exchange activities**: they are helpful in monitoring of the progress made, showcasing implementation results at different stages of the project and discussing numerous challenges, facilitators and general learnings in the practice settings. If these events are organised at

the sites of the implementers, this brings visibility to the project and especially to the hosting partners, and help to involve variety of relevant stakeholders, including decision and policy makers. **Important learnings on sustainability of practices**: Sustainability framework developed in JADECARE was found to be very helpful as the implementers could develop their activities in a very structured way (by interacting with the policy environment, building sustainability ownership and nurture culture of collaboration).

This report shows, that sustainability can become **one of the overarching principles** of a complex project, focusing to implementation of practices. To achieve that, expertise, skills and communication efficiency on sustainability principles are needed, approaches used should be adapted to the experiences and capacities of partners involved, day-to-day facilitation as close as possible to implementing partners should be assured, timely visibility of the (tangible and non-tangible) results, and coordinated methodological, organisational and management support from leadership structure has to be in place.

ANNEXES

ANNEX I Summary report with core findings of sustainability aspects in JADECARE, including core findings of individual sustainability strategies and action plans

Available in a separate document

ANNEX II Summary report from meetings of JADECARE Policy board

Available in a separate document

ANNEX I. Summary report with core findings of sustainability aspects in jadecare, including core findings of individual sustainability strategies and action plans

JADE CARE

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

SUMMARY REPORT WITH CORE FINDINGS OF SUSTAINABILITY ASPECTS IN JADECARE, INCLUDING CORE FINDINGS OF INDIVIDUAL SUSTAINABILITY STRATEGIES AND ACTION PLANS (WP4 - TASK 4.5)

(T4.5 Sustainability strategy and action plan of Next adopters' practices)

Date: 04/09/2023
Doc. Version: 1.0

Internal Document

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
Acronym	JADECARE
GA Number	951442
Type of instrument	Internal Report – contribution to deliverable D4.3
Topic	Integration in national policies and sustainability
Date	04/09/2023
Lead Author	Jelka Zaletel, Denis Oprešnik, Anja Brunec (Nacionalni Institut Za Javno Zdravje - NIJZ)
Website	www.jadecare.eu

List of contributors

The list of contributors to this milestone are presented in the following table:

Contributors	Organisation
Denis Oprešnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
0.1	02/04/2022	Denis Oprešnik, Jelka Zaletel (NIJZ)	Draft Table of contents and structure
0.2	05/05/2022	Kai Schnackenberg, Lena Schulze (BAGSFI), Martina Rimmele (LGL), Federica Vitello, Paolo Michelutti (AGENAS)	Table of content internal WP4 peer review
0.3	16/01/2023	Yhasmine Hamu (KG)	Table of content Coordinator peer review
0.4	17/01/2023	Jelka Zaletel, Denis Oprešnik (NIJZ)	Table of content final
0.5	02/09/2023	Denis Oprešnik (NIJZ)	First draft
0.6	04/09/2023	Jelka Zaletel, Anja Brunec (NIJZ)	Second draft
0.7	19/09/2023	Yhasmine Hamu, Ane Fullaondo (KG)	Coordinator peer review
1.0	20/09/2023	Jelka Zaletel, Denis Oprešnik (NIJZ)	Final draft

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Contents

EXECUTIVE SUMMARY 6
1. INTRODUCTION 8
2. METHODOLOGY TO SUPPORT SUSTAINABILITY OF JADECARE GOOD PRACTICES 10
3. RESULTS 15
3.1. Development of JADECARE Sustainability framework: core elements of sustainability with recommendations 15
3.2. Sustainability supporting process at practice level in pre-implementation phase 19
3.3. Sustainability supporting process at practice level in implementation phase 21
3.4. Development of Sustainability strategies and Sustainability action plans in post-implementation phase 21
CONCLUSIONS WITH KEY MESSAGGES 28
APPENDICES 29
Appendix 1. Results of interviews on core elements of sustainability with members of original Good practices: extended report 29
Appendix 2. Sustainability actions in first PDSA cycle and suggestions to boost sustainability 43
Appendix 3. Sustainability planning in next adopters' good practices: analysis of sustainability checklist responses report 82
Appendix 4. Joint key findings from sustainability sessions at Thematic workshops 90
Appendix 5. Key learnings on sustainability from implementation key learning workshops per individual Next Adopter 95
Appendix 6. List of Sustainability strategies and Sustainability action plans 99

EXECUTIVE SUMMARY

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) intended 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. The JADECARE's aim was to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centered care developed by Early adopters of original Good Practices via supporting best practice transfer from original Good practices to the contexts of Next adopters.

The **purpose of this document** is to present the methodology and results of actions in JADECARE aimed at supporting the sustainability of Next adopters' practices. The document is a part of the Deliverable 4.3 as Annex 1 and includes a full list of Sustainability strategies and Sustainability action plans developed by Next adopters. The report does not include the activities related to Policy board as this process is presented in detail in Annex 2.

The **intended audience** are people and institutions working in the field of digitally-enabled person-centred integrated care, EU institutions, decision and policy makers, experts engaged in implementation research and others parties interested in the JADECARE approach towards designing and implementing sustainable practices in this area.

The key principle was to fully integrate sustainability planning processes with the overall implementation approach and workflow of JADECARE. Thus, **methodological frameworks and approaches** used were aligned with the JADECARE implementation strategy, and sustainability related activities were essential part of the implementation-supporting mechanisms (methodological, organisational and management support from Work Package 1 on coordination and Work Package 3 on evaluation, day-to-day support by Work Package 5-8 leaders as owners of original Good Practices, single-point entry to guidance documents, templates, webinars ("Implementation Toolbox") including Frequently Asked Questions section at the online platform). Supported by Work Package 4 on sustainability and integration into policies, sustainability was therefore used continuously as a lens, used by Next Adopters at situation analysis and definition of key stakeholders, at designing first action plan, during monitoring and assessment and introducing changes into the second action plan, and at reporting of the implementation and in analysis of process implementation. All knowledge- exchange activities included sessions on sustainability (study visits, thematic workshops and key implementation learning workshops) with an aim to reflect on the results and on the process itself.

In addition, approaches (developed and executed by Work Package on sustainability) dedicated specifically to sustainability led to: development of JADECARE Sustainability Framework, establishment of Policy Board with annual meetings and Policy Dialogues to support Next adopters at their sustainability related efforts, and to informed discussions involving key stakeholders, followed by development of Sustainability strategy and Sustainability action plan per each active Next Adopters practice, signalling the intentions to continue with activities after JADECARE ends.

In pre-implementation phase, JADECARE Sustainability framework was developed, defining the core elements of sustainability based on learnings from the original Good Practices using qualitative methodology. Next Adopters conducted context and situation analysis, established their networks of stakeholders to support practice development and (sustainable) implementation, proposed policy level representatives for JADECARE Policy board to further support sustainable practice implementation, and developed their local Action Plans with at least one activity dedicated to increasing potential for sustainability. Information on stakeholders' engagement and sustainability-

oriented actions was collected with sustainability checklist (online survey) to monitor the status of sustainability planning in implementing sites.

During implementation phase, Next Adopters followed Plan-Do-Study-Act (PDSA) methodology. Thematic workshops were organized at the end of the first PDSA cycle for the Next Adopters to showcase and discuss intermediary implementation results, including status of actions relevant to sustainability. At the end of the second PDSA cycle, the information on implementation results were guiding the development of first drafts of Sustainability strategy and Sustainability action plan.

At post-implementation phase, final implementation reports and full reports from the second PDSA cycle. Collected information was used to prepare first drafts of Sustainability strategies and Sustainability action plans. Upon revision, Next Adopters participated at bilateral Informed discussions with NIJZ and oGPs as observers to further the development of the documents. Pre-final versions were presented and discussed at Implementation key learning workshops, including the key learnings relevant to sustainability and overall implementation results. Ultimately, final versions of Sustainability strategies and Sustainability action plans were provided by all Next Adopters.

Summarizing **key results**, JADECARE developed a sustainability framework based on learnings from original Good practices, including three core elements of sustainability outlining the need for: a.) continuous interactions of implementers with the policy environment; b.) establishment of ownership of sustainability planning process; c.) nurturing culture of collaboration across variety of stakeholders. These core elements of sustainability including general and oGP specific recommendations oriented future sustainability planning process in all pilot settings which in total resulted in: 1.) Implementation of 75 activities to increase potential for sustainability which were included in the Local action plans; 2.) Development of 20 Sustainability strategies and Sustainability action plans (including 21 Informed discussions conducted with 55 representatives of all Next Adopters; 204 sustainability strategic objectives and 104 sustainability actions defined).

EU-added value of JADECARE was in its high visibility, networks established cross-nationally and overall recognition as being relevant across Europe. The Consortium was engaged in numerous dissemination activities, international and national events, workshops and scientific conferences, organisation of annual Stakeholders' forums involving variety of experts, policy representatives and decision makers across Member States, and ultimately developed a broad network of dedicated people working in the field of digitally-enabled person-centred integrated care.

1. INTRODUCTION

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) intended 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. Joint Action's aims were to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care developed by original Good Practices and to support practice transfer from original Good Practices to new environment – so called Next adopters.

JADECARE focused on the transfer and adoption of four original Good Practices concerning integration, chronic conditions, multimorbidity, 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 Information and communications technology (ICT)-supported integrated care services for chronic patients, The OptiMedis Model-Population-based integrated care from Germany and Digital roadmap towards an integrated health care sector from Denmark.

JADECARE involved 17 Competent Authorities and 31 Affiliated Entities from 17 countries all around Europe, 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 to be considered for each of the 20 Next adopters, that were active by the end of JADECARE. The methodology allowed the transfer and adaptations of the original Good practices according to different contexts of the target settings: socioeconomic, cultural, legal, model and maturity of health systems.

The general goals of JADECARE were:

- 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-centred care.
- To support the best practice adaptation and transfer from the systems of original Good Practices to Next adopters.

JADECARE aimed to support health authorities in this area by improving knowledge in the use of implementation methodologies, adopting a systematic appraisal of the quality of practice transfer and by including sustainability elements in the transferred practices at Next adopters' sites. Authorities participated in a community of stakeholders that explored ways to boost and leverage the inclusion of digitally enabled, integrated, person-centered care at policy level within Member States and within JADECARE consortium at Policy Board activities to support cross-country learning and thus increasing EU added value of JADECARE.

Within JADECARE, a specific task was dedicated to broaden the knowledge on sustainability processes, to develop a transversal approach to support sustainability building at all stages of practices development, implementation and reporting, and to provide support to Next adopters in delivering their sustainability strategies and sustainability action plans for their practices, covering 2 years after JADECARE ends. The full report on the methodology and results is attached as Annex I.

> The working short definition for sustainability was a descriptive one – "sustainability is to the ability to maintain or support the practices/results of JADECARE continuously over time, also when JADECARE ends, so is the "ability to sustain"". Scalability of the practice was perceived as one potential mechanism to assure the sustainability of JADECARE results.

Another JADECARE task included activities to support sustainability from the policy level, via establishing Policy Board. It had three roles: (1) to support successful design and implementation of Next adopters' practices from the focus of sustainability and help to align Next adopters' practices with national, regional and/ or local policies, strategies, plans and/or programs, such as the broader context

of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership; (2) to further reinforce capacities of national and/or regional care authorities to organize and deliver integrated person centered care based on lessons learnt, including integration in policies; and (3) to co-create EU added value of the JADECARE by supporting trans-country experiences. Policy Board meetings, open to whole JADECARE consortium, provided general expertise on interactions at/to policy level, and showcased the successful examples, how JADECARE influenced policies in this field already during the duration of the Joint Action. In addition, Policy Board held three Policy dialogues, where experiences and expertise of Policy Board members were condensed into the recommendations for Next adopters, how to design, implement and report on the results of Next adopters' practices to increase their potential for sustainability, and how to approach to sustainability planning for the period after JADECARE. The full report on the methodology and results can be found at Annex II.

Sustainability managed to be a transversal approach due to expertise, skills and communication efficiency of the whole team, working within Work Package on sustainability and integration into policies (WP4), specifically of members from National Institute of Public Health Slovenia (NIJZ) as leaders of the work package and the two tasks. Joined efforts with members of teams from Behoerde fuer arbeit, gesundheit, soziales, familie und integration Hamburg (BAGSFI), Bavarian Health and Food Safety Authority LGL) and Centre for Telematics and Telemedicine (ZTG GmbH) and Agenzia nazionale per i servizi regionali (AGENAS) resulted in high flexibility of the approaches used within the two tasks, and alignment to in-depth analyses of original Good Practices and to knowledge exchange activities. Further alignment to steps of JADECARE implementation strategy was possible due to methodological, organizational and management support from Work Package on coordination (WP1) and Work Package on evaluation (WP3), especially from Asociación instituto de investigación en servicios de salud - Kronikgune (KG) team, that also coordinated the complex consortium of partners and activities within whole JADECARE. Day-to-day support to Next adopters also from the focus of sustainability-building activities was provided by Work Package 5-8 leaders, that as owners of original Good Practices were also willing to share their valuable experience not only at the beginning of JADECARE, but also to reflect on it at its closure and helped to shape the sustainability approach all along JADECARE years. Visibility of intermediate results and communication to different audience was assured by Work Package on dissemination (WP2).

2. METHODOLOGY TO SUPPORT SUSTAINABILITY OF JADECARE GOOD PRACTICES

This section summarises the sustainability approach used within JADECARE, that resulted in JADECARE Next adopters' practices, supported by strategies for their sustainability and the concrete action plans, that cover period for 2 years after JADECARE ends. The principles may be generalised and used to further support Member States in reinforcing the capacities for digitally-enabled integrated person-centred care.

This section presents the activities (including templates and materials) aimed at supporting sustainability of Next adopters, including:

(A) development of JADECARE Sustainability framework by learning from past experience of original Good practices to explore the core elements of sustainability and their recommendations;
(B) sustainability supporting process at practice level in pre-implementation phase;
(C) sustainability supporting process at practice level in implementation phase;
(D) Development of Sustainability strategies and Sustainability action plans in post- implementation phase.

Other relevant activities, including sustainability supporting process at policy level and bridging activities to cross-fertilise practice and policy level are reported in JADECARE Deliverable 4.3 and in Annex 2.

The key principle was to fully integrate sustainability planning processes with the overall implementation approach and workflow of JADECARE. The details of JADECARE Implementation strategy (see Figure 1), developed by Kronikgune (KG) team are presented in detail in "Impact Assessment Plan" [1].

Fig. 1 JADECARE Implementation strategy

A. LEARNING FROM PAST EXPERIENCE

In order to develop the JADECARE Sustainability framework[2] that would guide all future sustainability-oriented activities in JADECARE, a qualitative methodology was used to conduct in-depth semi-

[1] https://www.jadecare.eu/resources/

[2] JADECARE Sustainability framework was developed based on the learnings from past experience of original Good Practices. It consists of three core elements of sustainability, that are accompanied by general recommendations. JADECARE Sustainability framework was an important theoretical (early) achievement of JADECARE, but its pure existence would have a limited impact on the work of Next adopters. Therefore, the three essential elements framed all other sustainability-boosting activities with an aim, that (1) JADECARE Next adopters' practices would be grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) would have the holders of sustainability identified and

structured interviews with representatives of original Good Practices. The questionnaire explored several predetermined domains, including: planning for sustainability; holder of the sustainability planning process; defining the expected results of the sustainability; contextual factors; support of key stakeholders and community; integration into policies; and recommendations for next adopters in sustainability planning process (see Box 1 for more details).

Box 1. Questionnaire for conducting in-depth semi-structured interviews

1. ***Planning for sustainability***: How and when did you start planning for sustainability of your practice? Did you have a sustainability strategy and action plan defined in advance or was this process more intuitive? What are the essential elements of sustainability strategy and sustainability action plan? (*For probing: Please, consider mechanisms such as involvement of key policy makers, institutional (governance) involvement, intersectoral collaboration, participation of target groups, capacity to secure funding and human resources beyond the lifespan of the initiative, and the potential for replication/extension/dissemination of the results*)

2. ***Holder of the sustainability planning process***: Who was the key holder of the sustainability process? Did the holder show a stability, flexibility or both? Who were/are the stakeholders (people and institutions) that you recognised as important for assuring sustainability (local, regional, national level)? In what ways were/are they involved or interacted with? What were/are their responsibilities? In what ways was/is the target population (e.g. patient representatives) involved?

3. ***Defining the expected results of the sustainability*****:** How did you define what should stay sustainable? How did you define the results of sustainability?

4. ***Contextual factors***: What were the important (historical, social, political, cultural and economic) factors and other situations that influenced sustainability? Which barriers did you encounter during this process and which steps did you undertake to overcome them?

5. ***Support of key stakeholders and community*****:** How did you plan for support of key stakeholders, community and others? Did you create strategic partnerships? How? How would you assess the stability and flexibility of these partnerships? Did you create strategic financial planning? How?

6. ***Integration into policies*****:** Could you please describe how did your practice interact with policies? Did your practice initiate change at policy level? In what ways? What changes were achieved?

7. ***Considering the sustainability of NAs' practices***: NAs will define sustainability strategy and action plan. Based on your experiences what are your key recommendations in terms of process and elements to be considered? How should next adopters plan, implement and evaluate their practices so that their results would be sustainable? What should be the core elements of their sustainability strategy? What should be the core elements of their sustainability action plan (actions for up to 1-2 years after the end of JADECARE)? Which elements of sustainability do you anticipate to be essential for assuring the sustainability of next adopters' practices? Where might they encounter difficulties in assuring the sustainability of their practices?

Closing question: Would you like to add anything else important to our discussion that was not addressed?

The methodology was developed and interviews performed by NIJZ team with expertise in social sciences and qualitative methodology. The interviews were transcribed and analysed using Thematic analysis based on which JADECARE Sustainability framework, including core elements of sustainability with general recommendations were constructed. The results were shared with the respondents for revisions. Full methodology including results of conducted interviews are included in Appendix 1.

activated; and that (3) culture of collaboration and consensus seeking would be an underlying value, with full engagement of partners.

B. SUSTAINABILITY SUPPORTING PROCESS AT PRACTICE LEVEL IN PRE-IMPLEMENTATION PHASE

Pre-implementation phase was dedicated to planning and preparation for the implementation based on defined scope, in-depth understanding of the situation including stakeholder analysis, and agreed vision of the future practice with identified gaps. Extensive learning from original Good Practices was in place. A single-entry point to access all implementation and sustainability related supporting materials (guidance documents, webinars, templates) was established, including, FAQ section with examples, further explanations, directions and links to the relevant resources. This phase ended with defined implementation action plans.

Even though the research on essential sustainability characteristics of original Good Practices was performed in parallel to the first activities of Next adopters within pre-implementation phase, sustainability was at every occasion shown as one of the overarching principles. For example, the relevance of strengths, weaknesses, opportunities and threats identified was asked to be assessed also from the viewpoint of sustainability, and the ideal vision of the Next adopters practice adjusted accordingly; it was advised that Next adopters find the link to the policy level and include them in their network of stakeholders as early as possible to assure alignment of the practice to the broader initiatives and policy decisions. When defined, JADECARE Sustainability framework was debated with Next adopters at all knowledge exchange events ("Study visits"), where its core elements as principles and general recommendation were accompanied by examples (from original Good Practices). Additional sustainability sessions were organized to provide practice-specific insights relevant to sustainability.

As the most tangible activity, Next adopters were supported to include at least one activity in their implementation plans that would increase the potential for practice sustainability. Sustainability oriented actions within first implementation plans were defined according to SMART[3] principles, including the definition of resources, settings, actors involved, timeline and indicators (for the list of the activities per Next Adopter developed please see Appendix 2). Several examples were prepared in advance based on the identified core elements of sustainability and aligned with specific recommendations from individual original Good Practices as seen in example presented in Figure 2.

Fig. 2 Examples of actions supporting sustainability that can be included in the implementation action plan

Local Good Practice	[From Local Good Practice]				
Horizontal process, running across all core features, to build sustainability of the local good practice					
SMART objective					
Outcome(-s) of JADECARE practice that reinforce the capacity of local/regional/national health authorities to successfully address important aspects of health system transformation, with focus to the transition to digitally-enabled, integrated, person-centred care are sustained at least one year after JADECARE ends by: -aligning to policy frameworks and establishing top-down and bottom up linkages to other key stakeholders in the system - identifying and linking to potential holder(-s) of sustainability - and by nurturing the culture of collaboration and consensus building.					
Actions	**Actors**	**Resources**	**Setting(s)**	**Timeline**	**KPIs**
• Identification of a representative to act as a member at JADECARE Policy board (PB) member from the Country and her/his involvement at the PB	• NAWG leader in collaboration with the JADECARE Policy board secretariat	• Communication platform (e-mail etc.)	• Web-based	• January - September 2021	• PB member identified and membership confirmed • PB meeting participants' list Yearly/quarterly meeting of NAWG with the PB member - minutes
• Proactive communication among NAWG and the PB member	• NAWG	• Communication platform (e-mail, Zoom etc.)	• Web-based (e-mails, meetings)	• 2021-2023	
• Identification and inclusion of the policy level representative to the local network of key stakeholders (may be the same person as PB member)	• NAWG leader	• Communication platform (web-based and/or live)	• NA's site	• 2021 – 2023	• NAWG participants' list • NAWG meeting minutes
• Identification of policies, strategies and interventions at the policy level to support the implementation process of GP and its sustainability	• Policy level representative from the local network + NAWG	• /	• NA's site	• 2021 – 2023	• List of relevant policies, strategies and interventions available before implementation starts, updated yearly)

[3] SMART - specific, measurable, achievable, relevant, and time-defined

As a follow-up, survey ("Sustainability checklist") was distributed to provide information relevant to sustainability planning process during the pre-implementation phase, including key stakeholders' engagement and to check the status of development of activities to support sustainability. The results, including the key learnings are fully reported in Appendix 2.

B. SUSTAINABILITY SUPPORTING PROCESS AT PRACTICE LEVEL IN PRE-IMPLEMENTATION PHASE

Implementation phase was dedicated to rolling-out and operation as defined by implementation action plans. Next adopters provided inputs for regular monitoring as well as intermediary and final (process) evaluation (following Plan-Do-Study-Act (PDSA) cycles). Exchange of knowledge and extensive skills-building on implementation approach was in place, supported by original Good Practices, by JADECARE experts in implementation, and by exchange among Next adopters. Further contextualisation of the action plans happened as the implementation faced obstacles and bottlenecks. The result of this phase was an outline of implementation results.

During implementation phase, sustainability-boosting actions were monitored and evaluated as defined by implementation strategy. Main activity was linked to the knowledge exchange events ("Thematic workshops"), that were scheduled at conclusion of the first PDSA cycle, when Next adopters started planning for changes and adaptations to their interventions for the second cycle. The main objective of Thematic workshops was to share and discuss Next adopters' first implementation experiences and learnings while boosting visibility of their practices, communicating/disseminating intermediary results with key stakeholders and strengthening their networks through different collaborative self-evaluation activities at local and national levels. In terms of sustainability, harmonized templates were used by Next adopters (facilitated by pre-recorded presentations and a webinar) on how to report key aspects of sustainability planning based on their first round of implementation experience during a dedicated session, for concrete example please see Box 2. Its impact was captured in the changes of the implementation plan used in second PDSA cycle, and within the final assessment (Study-Act).

Box 2. Key aspects of sustainability planning, experiences during the first roll-out of the implementation plan

Next adopters were asked to:

(1) identify actions in the implementation plan, that were planned to support sustainable practice implementation when JADECARE ends (including short description of the action, current status, deviations and reasons for that, and possible mitigating actions);

(2) to report on activities that were not planned, but happened during implementation and have potential to support sustainability (including short description and future plans regarding this activity);

(3) Evaluate the bottlenecks/barriers, facilitators, and challenges including an assessment of their impact on sustainability and potential mitigating/preventive actions;

(4) Share the learnings, along with an assessment of potential impact on sustainability and potential actions, and further suggestions to boost sustainability of the practice.

For detailed results per individual Next adopter, covering all 5 domains, see Appendix 2. For joint key findings from sustainability sessions at thematic workshops see Appendix 4.

D. DEVELOPMENT OF SUSTAINABILITY STRATEGIES AND SUSTAINABILITY ACTION PLANS IN POST-IMPLEMENTATION PHASE

Post-implementation phase was dedicated to impact assessment, learning and building tangible plans for future sustainability. A set of methods and techniques was in place to support reporting and new

knowledge generation from Next adopters as well from original Good Practice teams after experiencing the leadership of transfer to many different contexts. During this phase, extensive support was provided to Next adopters from JADECARE experts in implementation and specifically from the JADECARE team with deep understanding on sustainability-boosting knowledge and skills. Next adopters produced final implementation reports including analysis of implementation process, and sustainability strategies and sustainability action plans. Their networks of stakeholders were activated. Visibility of their achievements was in place.

Post-implementation phase posed a high burden of reporting to Next adopters' teams, including impact assessment of their practice, developing strategies and actions for its sustainability, and reflecting on their experience to generate new knowledge. JADECARE implementation & sustainability experts thus took a proactive approach, for example by producing outlines of sustainability strategies and sustainability action plans based on learnings from past (from original Good Practices) and within-JADECARE experiences (from knowledge exchange activities), drafted first individual sustainability strategy and sustainability action plan per each Next adopter based on their existing reports, shared the draft timely for revisions, adaptations and developments of the next draft, led efficient consensus-building technique ("informed discussions") where Next adopters were advised to invite key members of institutions that could assure sustainability, facilitated preparation for the last knowledge exchange events ("implementation key learning workshops"), where Next adopters showcased their respective pre-final Sustainability strategy and Sustainability action plan and provided key learnings on sustainability relevant to their implementation in a dedicated sustainability session, to discuss challenges, potential actions, and assure cross-learnings. The Next adopter- specific key learnings are presented in Appendix 5. As the final result, all Next adopters, that were active at the end of JADECARE, have their final Sustainability strategies and Sustainability action plans in place, please see Appendix 6. The uniform structure of the Sustainability strategies and Sustainability action plans is presented in Box 3.

Box 3. Structure of JADECARE Sustainability strategy and Sustainability action plan

(1) General description of the practice;

(2) Key results and outcomes of the practice;

(3) Main focus, overall goals and desired outcomes of sustainability strategy for 2024 – 2025;

(4) Definition of at least one strategic objective per each of the three core elements of sustainability;

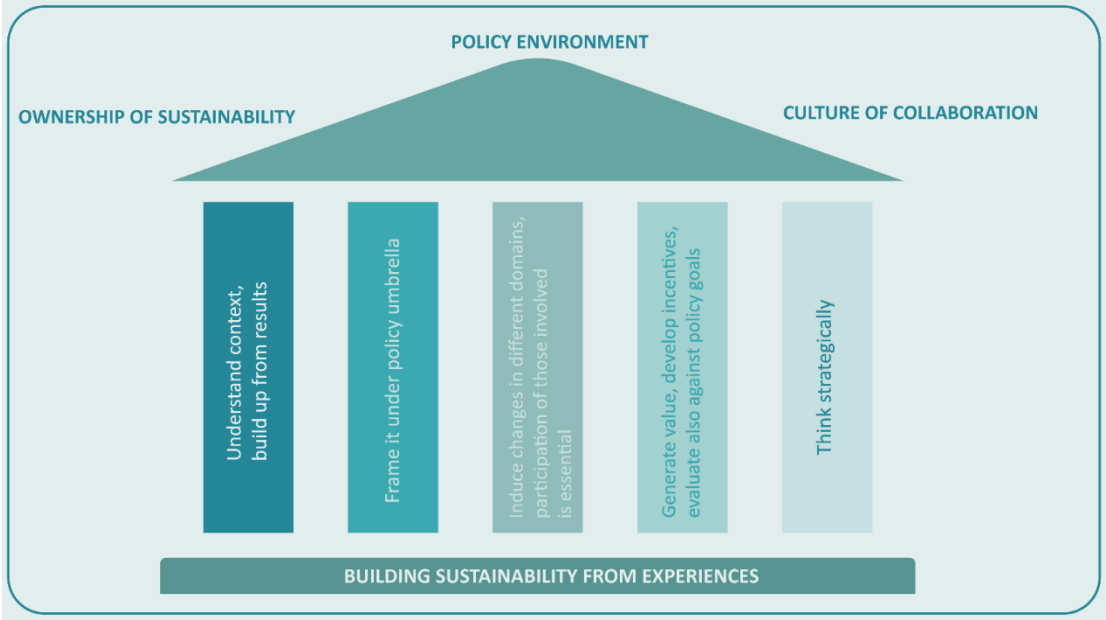
(5) Definition of at least one measurable action per each of the three core elements of sustainability, including actors, resources, settings, timeline and key performance indicators.

3. RESULTS

3.1. Development of JADECARE Sustainability framework: core elements of sustainability with recommendations

Learning from the original Good Practices was a key initial step to identify core elements of sustainability and to guide overall sustainability planning. Four in-depth group interviews using a semi-structured questionnaire were conducted with the representatives of all original Good Practice based on which JADECARE Sustainability framework was developed, consisting of three core elements of sustainability, that are accompanied by general recommendations (see Figure 3). Detailed results are presented in Appendix 1.

Fig. 3 JADECARE Sustainability framework



Three core elements of sustainability were identified: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking is an essential value and engagement of partners is an unwritten rule. A set of general recommendations was identified, and four sets of specific recommendations, tailored for sustainable implementation of the specific original Good Practice were defined.

These results framed all sustainability-oriented activities in JADECARE at the level of Next adopters, at policy level and during knowledge exchange actions including bridging activities across individual Next adopters practice and policy level.

CORE ELEMENTS OF JADECARE SUSTAINABILITY FRAMEWORK

The three core elements identified were the cornerstones for building up sustainable Next adopters' practices during design, implementation, evaluation and in developing individual Sustainability strategies and Sustainability action plans.

Interaction with the policy environment: Key aspect of sustainable implementation relevant to all original Good Practice was their grounding in the health strategies at the regional policy level that

introduced variety of objectives related to integrated care and digitalisation in healthcare. This means that practices were not considered nor funded as isolated interventions or projects but were instead a part of larger schemes of health system transformation, particularly in the Basque country, Catalonia and the Region of Southern Denmark[4]. What was commonly regarded as important within all these practices was the establishment of political consensus on the needs, objectives, and strategies on how to achieve health system transformation irrespective to political crises and changes in governance. This was the basis for establishing strong top-down and bottom-up linkages that assured the systemic funding and continuity of practices. OptiMedis model is somewhat different in this respect as it deploys a specific business model where sustainability of practices is dependent on the ability of local companies, which adopt the OptiMedis model, to produce savings by optimising health care service delivery. Still, sustainability in this case was similarly very much dependent on the past policy changes at the federal level that enabled the model to be implemented and on the stability of networks at the local level which include various decision-making entities.

***Establishing sustainability ownership*:** It has been somewhat difficult for the respondents to pinpoint who would be the one responsible entity for assuring the sustainability of their practices. Because each original Good Practice is complex, consisting of a variety of interventions, there are different levels of governance structures that are responsible for its continuity. Despite, some stakeholders were recognised as particularly relevant in this respect. In the Basque country, the Office for chronicity and integrated care was established as an important driving force of innovation and sustainability at the regional level, while in the specific local settings this role is occupied by the Integrated health care organisations. In Catalonia, the CatSalut (regional payer) and Aquas (evaluation agency) are essential in assuring the sustainability through monitoring and evaluation linked to systemic funding, while a network of different health care organisations across the region - Catalan Open Innovation Hub - is an informal entity that drives sustainability at the level of individual interventions. Region of Southern Denmark is a central regional governance structure responsible for deploying health care interventions and organise care at the regional level. Health innovation centre of Southern Denmark is a part of this governance structure representing in some respects an important holder of sustainability. In OptiMedis model, the main holders of sustainability are the local integrator companies established by the networks of local stakeholders including consortiums of physicians, municipalities, private investors and other entities which are supported with financial investments mainly by health insurance companies. OptiMedis as the "mother company" is also very important in facilitating the adoption of the model at the regional level.

***Culture of collaboration and consensus seeking*:** The successfulness of practices is not dependent exclusively on their value-generation and strong business case. Understanding and operating in concordance with the local culture was crucial in achieving and sustaining them on the long run. Here, culture refers to a set of beliefs, values, behaviours, perceptions and local practices which influence the ways how changes in health care are achieved. Particularly in the context of Catalonia, Basque country and Southern Denmark it was emphasized by the respondents that collaboration and consensus-seeking is embedded in their culture. This proved to be important when for example seeking support and building consensus with stakeholders, disseminating their health strategies, or providing training for health professionals related to specific practices where the uptake was really high. When a specific practice tends to be implemented there are reportedly numerous bottom-up and top-down interactions and community meetings in these sites. For example, in Catalonia It has been the tradition, that every year there was a meeting close to Barcelona with more than 1500 opinion leaders, representing health professionals and patient representatives where they debate on health plans and evaluation results shared with stakeholders. Another example from Denmark relates

[4] Basque country introduced the Strategy for tackling the challenge of chronicity in Basque country while Catalonia and the Region of Southern Denmark implemented Health plans. Particular to the Region of Southern Denmark is also the implementation of SAM:BO as the main digital road that deploys numerous interventions in the field of integrated care.

to the digitalisation of healthcare system. A high digital literacy rate across the population and patient/user-led engagement is an important cultural condition that sets out high expectations by the population itself that drive the development of digital solutions in public services. Additionally, the Danish "democratic culture" was emphasized as important feature of the practice implementation, that require extensive discussions and meeting with all stakeholders, affected by the practice. These are important driving factors of the digital transformation in their health care system and its sustainability.

GENERAL AND SPECIFIC TOPIC-RELATED RECOMMENDATIONS TO BUILD SUSTAINABILITY

The recommendations were guiding the sustainability process more implicitly during day to day interactions among original Good Practice owners, that also had the role of formal respective Work Package leaders, and during knowledge exchange activities.

***General recommendations to build sustainability potential*:** General recommendations to increase the sustainability potential during practice development and implementation are: 1.) It is important to understand the context where the practice will be implemented, to build a common vision, define needs, identify available resources and design objectives. Start small and build up from there; 2.) The policy environment should be explored and developed practices linked to the national or regional level health strategic documents. A high-level coalition should be established to anchor the specific practice at the policy level and assure systemic funding upon the conclusion of JADECARE. It is very important to frame the practice under a policy umbrella; 3.) Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement, and ownership. To bring forth these changes participation of professionals, patients/users and communities should be ensured to help design/give feedback on developed tools and continuously communicate results; 4.) Structure your practice to generate value and develop a strong business case with clear incentives for those involved. Evaluation of the practice should be in place which is linked to the strategy and to funding; 5.) It is important to think strategically in relation to different levels of practice implementation: policy, structural, cultural, managerial, and clinical level.

***Specific topic-related recommendations to build sustainability*:** Specific recommendations are related to the topics, addressed by the concrete original Good Practice. They are presented in the Boxes 4-7.

Box 4. Basque Health strategy in ageing and chronicity: integrated care

Achieving scale, requires a necessity and a policy-level intervention that from the outset provides the health sector with a clear policy that sets the agenda for more proactive and collaborative care. The aim in this case was explicitly raising chronicity to the policy level. The process of transformation of the Basque health care system was set in a context of a very deep economic crisis of the country. Simultaneous to the multidimensional reform, it was necessary to manage the implications of this crisis on health care. That day-to-day crisis management was centered on taking some major cost-containment decisions especially regarding human resource salaries and the pharmaceutical budget. In Europe and elsewhere most of the policy decisions in health care are about having to decide whether rationing or transforming. Rather it is about finding the right balance of both and not letting the first dominate the policy agenda.

The cases which activate a sole intervention (e.g., remote medical monitoring from home, or training patients for self-management) may not achieve the desired efficiency impact. To obtain efficiency improvements, it is necessary to systematically intervene, working several levers of change, using the models outlined above in an integrated and coordinated fashion.

There was a high need to evaluate the effect of the integrated organizational model. A specific project (CareWell) provided the evaluation of the impact of a new integrated care program for older patients with multimorbidity, showing promising results (details in Annex 1).

Key factors for sustainability of the adoption and deployment of these solutions for health and social care coordination in the Basque Country were:

- The contracting of a flat rate of unlimited licenses of the tools available with the software provider;
- To identify and nominate a professional as the reference in the use of the tools in each organization;
- Support of the scale-up of the tool in the Basque Country by the social and health coordination team;
- To establish direct and regular contact (face-to-face meetings) between coordination team and reference professionals;
- The introduction as an indicator of the use of this tools and coordination between health and social professionals in the Ministry of Health of Basque Governments' assessment tool, Framework Program;
- The continuous improvement of the tools taking into account professionals´ and patients' perspective: functionally, conceptually and contextually, by adapting the tools to the socio health reality of the Basque Country.

Box 5. Catalan open innovation hub on ICT-supported integrated care services for chronic patients

The Catalan original Good Practice is not simply an initiative or a project. It is a sustained change of the entire regional health system (covering 7.7 M citizens) over a long period, as illustrated by the evolution of the Health Plans over the last thirty years and, since 2011, regarding transition to digitally-enabled integrated care.

Aspects that made the success and made it sustainable:

- Political consensus on the health model with a positive perception of the population;
- Long tradition of successful Catalan Health plans;
- Entrepreneurship and networking tradition leading to a consolidated ecosystem;
- Despite some resistance, health professionals are champions of the change;
- Current predominant analysis of the COVID-19 crisis as an opportunity.

There are additional pillars supporting the statements on success and sustainability of the original Good Practice:

- Health indices assessed in terms of: i) patients' outcomes; ii) results of specific services; and iii) population level are clearly positive both in absolute terms as well as in relative to the regional health expenditure;
- Perceptions of the Catalan health system by citizens is clearly positive. The Catalan Health Survey collects information on the population residing in Catalonia, without age limit, on the state of health, behaviours related to health and the use of health services. It provides, on yearly basis, relevant information for the establishment and evaluation of the health policies set out in the Catalan Health Plan;
- Perceptions of the Catalan health system by health professionals are positive despite well-identified problems described.

Box 6. The OptiMedis Model-Population-based integrated care, Germany

The OptiMedis approach is a transformation process rather than a project. Although starting with a feasibility process it quickly engages in creating a regional management company, ideally co-owned

by regional stakeholders and OptiMedis to manage the "integration" of regional service providers. The GK experience shows that long-term engagement is needed to steer the transformation process. Key success factors include:

- The creation of a regional care company as "integrator";
- Three-year investment until the earnings out of the shared savings contract is big enough for "Return on Investment";
- Long term contracts (10 years) with sickness fund to refinance investment;
- Thinking and going beyond healthcare and cultivating an entrepreneurial health science spirit to continuously include innovation;
- Improve the emotional quality between providers, professions, management and patients;
- Comprehensive implementation of technology: ICT and data driven management approach;
- Cooperation and competition through transparency and benchmarking;
- Balanced payment system oriented towards achieving the Triple/Quadruple aim;
- Innovative culture, friendly interactions and "open source" mindset.

Box 7. Digital roadmap towards an integrated health care sector, Denmark

The Digital Roadmap with its core elements and digitally supported health services continues to be important for improvement of the healthcare sector within The Region of Southern Denmark. Some of the aspects that has made the solutions sustainable are:

- Continuous political focus and support i.e. renewal of The Health Agreements;
- Revision of the SAM:BO Agreement when needed;
- A general focus on the digital future of healthcare;
- Continuous evaluation, follow-up on goals, initiatives, and projects;
- Constant focus on cross-sectorial cooperation and organizational collaboration with the patient in focus;
- A strong focus on innovation and telemedicine in The Region of Southern Denmark.

3.2. Sustainability supporting process at practice level in pre-implementation phase

To facilitate extensive learning process, including about sustainability aspects that were important for establishing original Good practices, JADECARE study visits were organised during the first year of the project. The majority of time was dedicated to the topics to be covered by the specific original Good Practice. However, at this early stage each study visit covered an overview of key findings of the sustainability approaches, including core elements of sustainability with general and specific recommendations.

For sustainability aspects especially, the important message for Next adopters at the beginning of the transfer process was to facilitate networking with local services, getting local ambassadors/ alliances on board from the beginning and fostering patients' engagement and connection with local services as emphasized by several original Good Practices. Within three out of four study visits, sustainability sessions were organized to provide practice specific insights relevant to sustainability, please see Table 1 for a summary.

Table 1. Aspects or activities to increase sustainability-potential in planning phase

Catalan Innovation Hub	The OptiMedis model	Denmark Roadmap
The algorithm used is not based on experts' opinions, has high flexibility and transferability, and allows its automatic update over time based on registry data. Several elements are considered to achieve sustainability of a given integrated care service: ii) professionals' and patients' engagement; i) efficacy shown in initial piloting; iii) healthcare value gene-ration demonstrated in studies carried	The OptiMedis regional integrator company co-owned by local shareholders' solution builds on business plans with long term economic viability, thus sustainability through local enterprise solution. The networking and the connection with local social services also helps to create a sustainable environment for people with medico-social needs The health programs open an opportunity for patients to connect i. e. to local sport groups, and social services to create a sustainable environment for people with medico social needs. FORTA (Fit-for-The-Aged based medication) analysis is based on a research project and the tool continues to be updated by OptiMedis.	A good way to sustain the practices is to recruit local alliances/ambassadors for the digital solution.

Based on the scope definition and situation analysis, and the understanding of the original Good Practice, each Next adopter developed their ideal future vision of the (local) good practices and developed implementation action plan with specific activities needed to achieve that potential future situation. The practices aimed to be sustainable already in the phase of the design, and to instrumentalise that Next adopters included 75 activities within their implementation plans. Activities, including bottlenecks, barriers, facilitators, challenges and learnings are reported in Appendix 2.

To provide additional insight into sustainability planning during the pre-implementation phase, 20 Next adopter key representatives participated in an online survey including reporting on key stakeholders' engagement (healthcare professionals, patient and policy level representatives) and on the status of development of activities to support sustainability. The results, including the key learnings are fully reported in Appendix 3.

In short, 14 Next adopters already included at least one activity in their action plan, mostly oriented towards: (1) linking the practice to larger schemes of health system transformation in the field of JADECARE focus (i.e. framing the practice under policy umbrella); (2) Identifying and linking the activities existing top-down or bottom-up linkages among key stakeholders in this field; (3) continuous monitoring of the context where the practice will be implemented and reacting to favourable and/or detrimental changes in the context; and to a lesser extent towards: (4) checking if the vision of their practices is (still) aligned to the vision of the key stakeholders; (5) checking if the planned results of Next adopters' practices practice (still) address the needs and gaps as defined by key stakeholders; (6) checking the availability of resources, present and future; (7) sharing of the intermediate results to the key stakeholders and the community, and building further interest based on that communication.

There was a high rate of key stakeholders' identification and involvement in majority of the Next adopters' settings, including the engagement of relevant healthcare professionals and policy level representatives in the local working groups and/or networks; good representation of organisations having a pivotal role in the regional health care system; and identification of JADECARE Policy board members in almost all Next adopters' countries early in the project. Next adopters also reported on important changes and evolutions respective to their working groups/networks based on the emerging needs as the implementation progressed, and exhibited a very good knowledge and orientation of the plans, organisation and orchestration of »what is going«, and seemed to act with a strong sense of coherence in the project.

On the other hand, several needs were identified for further improvements to build up sustainability potential of practices, such as support the involvement of patient representatives in Next Adopter local

groups; communicating with the Next adopters about who their JADECARE Policy Board member is; and to support those Next adopters who have not yet done so to include at least one activity related to practice sustainability into the implementation plan. These aspects were acted upon by leadership processes within JADECARE consortium.

3.3. Sustainability supporting process at practice level in implementation phase

During implementation phase in the second year of the project, Next adopters were continuously supported by original Good practices with their implementation. As an important internal milestone at which Next adopters have been concluding the first PDSA cycle and started planning for changes and adaptations to their interventions for the second cycle, JADECARE thematic workshops were organized. In total, 10 thematic workshops were organized in nine European countries hosted by Next adopters, with 320 participants, representing various JADECARE institutions but also including (local) stakeholders, policy board members and external experts. Uniform concept and format of the thematic workshops ensured a meaningful comparison on bottlenecks, barriers, facilitators, challenges, and key statements in general, and also related to the sustainability aspects. Several examples of sustainability actions were presented as well to facilitate further reflections on the sustainability planning process and development of additional activities in the future.

Summarizing key results and learnings relevant to sustainability planning at this stage, 17 out of 21 Next adopters reported on 75 activities aimed at supporting sustainability. Some Next adopters found it challenging to think and plan for sustainability this early in the implementation phase, but still it was considered as a very important first step to boost the potential for the practice continuity. Detailed results per each Next Adopter are reported in Appendix 2.

Next adopters identified common bottlenecks/barriers and challenges that might have an impact on sustainability including: work overload and lack of time; absence of relevant staff in existing teams; lack of interest or motivation; absence of possibilities to integrate the implemented practice with the work process of the clinical setting; lack of digital skills, infrastructure and literacy; Covid-19 pandemic stopped the implementation in several cases (while boosting it in others); lack of cooperation of external organisations/stakeholders/healthcare professionals.

On the other hand, many important facilitators were reported, the most important one being the extensive support/cooperation of decision and policy makers which was especially evident in several Next adopters' settings.

Thematic workshops were perceived as very important to increase visibility of the Next adopters' practices and facilitated engagement of key stakeholders, including policy representatives, decision-makers, health professionals that are involved in the field and patient representatives. This in itself has had an important impact on building sustainability of the practices.

3.4. Development of Sustainability strategies and Sustainability action plans in post-implementation phase

SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN TEMPLATE AND DRAFTS' DEVELOPMENT

NIJZ as WP4 lead, developed the template for Sustainability strategy and Sustainability Action Plan that addresses the period of 2024-25 and was internally revised by WP4 and Kronikgune (KG) in September 2022. Key items that were to be addressed in each document were: 1.) General description of the

implementation practice; 2.) Key results and outcomes of the JADECARE best practice; 3.) Main focus, overall goals and desired outcomes of sustainability strategy for 2024 – 2025; 4.) Definition of at least one strategic objective per each of the three core elements of sustainability; 5.) Definition of at least one measurable action per each of the three core elements of sustainability (including the actors, resources, settings, timeline and KPIs).

In the next step, at the start of the post-implementation phase, the first drafts of the Sustainability strategies and Sustainability Action Plans for each Next adopter have been prepared by the WP4 team. The rationale for this was to reduce the burden of NAs involved in many tasks in the post-implementation phase. WP4 team collected the SQUIRE2.0 reports and ACT 2 templates from each Next adopter in addition to other reports provided in previous steps of implementation which provided the basis for draft developments. In February 2023, 20 drafts were shared with all Next adopters for revisions, adaptations and developments of second drafts.

INFORMED DISCUSSIONS WITH KEY REPRESENTATIVES OF NEXT ADOPTERS

Between April and May 2023, WP4 (Task 4.5) leaders organised online bilateral Informed discussions with key representatives of each Next adopter (and open to oGP leaders as observers) dedicated to further discuss and adapt their respective Sustainability Strategy and Sustainability Action Plan. In total, 55 participants participated at 21 Informed discussions. List of scheduled participants is included in the Table 2.

Table 2. List of Next adopters' participants at bilateral Informed discussions

Country	Institution/Next adopter	WP	Participants scheduled
Belgium	Communauté germanophone pour une vie autodéterminée	WP7	DSL: Guilamme Paquay; MoH: Laura Piraprez; Julia Hepp from the Ministry of the German speaking Community
Croatia	Croatian Institute of Public Health (CIPH)	WP5/8	CIPH: Ivana Brkić Biloš, Tamara Radošević and Tanja Lelas
Czech Republic	University Hospital Olomouc (UHO)	WP5/8	UHO: Zdislav Doleček, MoH: Zdenek Gutter
Denmark	North Denmark Region (RND)	WP5/7	RND: Amar Nikontovic, Bente Koch Pedersen, Ulrik Appel
Estonia	Viljandi Hospital (VH)	WP6/7	VH: Saima Hinno, Mart Kull, Ivar Sikk
France	Eurometropole de Strasbourg (EUSTRAS)	WP7	EUSTRAS: Remy Banuls, Marlon Schrodi; Majean Colin
Greece	School of Medicine, Aristotle University of Thessaloniki (AUTH)	WP5	AUTH: Christina Plomariti, Panagiotis Bamidis (PB), Fivos Papamalis
Hungary	Jahn Ferenc Dél-pesti Kórház és Rendelőintézet (JFDPK)	WP6	JFDPK: Annamária Noszek, Vilmos Keszthelyi; OKFO: Dora Toth
Italy	Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	WP5	ARS Toscana: Chiara Ferravante, Paolo Francesconi
Italy	Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	WP5	USL Umbria: Francesco Gioia, Marco Fabiani
Italy	Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	WP6	Domenico Daniele, Maria Femiano, Andrea Capasso
Italy	Regione Marche (MARCHE)	WP6	Regione Marche: Roberta Papa, Marco De Marco, Marco Pompili, Giulia Franceschini

Italy	Regione Lombardia (LOMBARDIA)	WP8	ASST di Cremona telerehabilitation pilot: Nadia Poli; ASST di Cremona telepsychiatry pilot: Francesco Caruso ASST di Mantova telerehabilitation pilot: Alessia Sempreboni; Elena Mariani
Latvia	Childrens Clinical University Hospital (CCUH)	WP8	CCUH: Ieva Lejniece
Portugal	Central Administration of the Health System (ACSS)	WP5	ACSS: Vanessa Ribeiro; Joao Bola, SPSM: Ines Lorenzo
Slovenia	Zavod za zdravstveno zavarovanje (ZZZS)	WP7	ZZZS: Martina Zorko Kodelja, Anka Bolka, Karmen Janša
Spain	Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	WP8	CSFJA: Carmen Lama, Víctor Ortega, Ana Carriazo, Rafael Rodrigez Acuna
Spain	Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	WP8	IDIVAL: María Luisa Sámano Celorio, Paloma Gonzales
Spain	Gerencia Regional de Salud de Castilla y León (SACYL)	WP8	SACYL: María Antonia Martín, Raixa N. Pérez, V. Elena Ramos
Spain	Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	WP8	SMS: Pedro Pérez, Pilar López Acuna

IMPLEMENTATION KEY LEARNING WORKSHOPS

Following the Informed discussions, pre-final versions were prepared by the Next adopters and presented at the Implementation key learning workshops, including key learnings on sustainability. JADECARE implementation key learning workshops' main objective was to share learnings and experiences among Next adopters' themselves and with key stakeholders. In total, 4 workshops were organized in three European countries hosted by original Good Practices from Spain (2 workshops), Germany and Denmark, with 80 participants.

Sustainability sessions were organized during the workshops, where particular focus was given to presenting and discussing pre-final drafts of Sustainability strategies and Sustainability action plans prepared by the Next adopters with coordination of Work Package 4 on sustainability and integration into policies. Key learnings are summarized in the Table 3. Some more specific learnings relevant to individual Next Adopters are presented in Boxes 8–11. Detailed list of individual key learnings is presented in Appendix 5.

Table 3. Key learnings to support sustainability of Next adopters' practices at the end of JADECARE experience

WP5	WP6	WP7	WP8
- Defining a clear vision and purpose of the practice and translating it into action - Creating synergies not only within healthcare but a broader societal scale -Overcoming projectism – planning of funding and resources upon the conclusion of JADECARE	- The need to further elaborate the list of specific actions conforming to the sustainability strategy of some of the Next adopters - The need to suggest specific actions in health risk assessment, adoption of innovative services, digital transformation, and methodological aspects to be shared at consortium level as proposal to be undertaken beyond JADECARE	- Ground level of data that is continuously updated is necessary - If Integrated Care is already common sense in the region, this is extremely beneficial for sustainable implementation. Therefore, it should be considered implementing integrated care first. - Policy makers and ministries that share priorities need to synchronize - Policy makers need support from project partners - Need to think in pro-cesses not just achievements - When working with policy makers focus on the regional level - Important to show the need for a vision, not a solution without a problem (give examples) -Experience is needed to understand where change is needed -Quantify issue before creating the vision - To overcome projectism you must make a difference between health and care. Care (alone) is not the ideal solution. - Stable finance structure more sustainable than fundraising - People responsible for the sustainable implementation can't be paid from the project because everything will collapse as soon as the project is finished. - Don't put political motivated emphasis on the wrong stakeholder - Concrete pieces of work manage to attract a lot of stakeholders	- Creating engagement through idealism and potential of improvement – engage people with hope and promise of a sustainable and better future - Embedding JA into an already ongoing strategy gives the project a solid starting point for sustainable implementation - The involvement of local politicians has led to the creation of a new grant programme and an eHealth working group - Relevant stakeholders for sustainability are Research network, scientific societies and patient associations at different levels of governance structures that are accountable for reinforcing the capacity of the healthcare system. Leading organization should emphasize a bottom-up and top-down interactions and communications with an aim of creating a "community". - A strong evaluation design can be used to build a strong business case. The business case can secure funding after the project period.

Box 8. Focus of sustainability: what would individual Next adopters do the same and what would they change

- would involve the stakeholders represented in the present network, but also more relevant clinicians and staff, also from other medical fields, at an earlier stage;
- the choice of their intervention was correct, because implementing interoperability between software systems used in different care settings is itself sustainable. On the hand, they think it is essential for them to immediately involve a political level of regional planning, otherwise the risk is to make interventions that remain in a single health authority or territory;
- would remain the same considering the communication and dissemination activities that they organized and also planning activities in accordance with regional and national planning acts on chronic disease care, but they would make more efforts on the technological side, better involving the Region's Digital Health Sector from the beginning;
- would consider the involvement of local politicians and finding of regional resources and local cooperation at several occasions, plan for contractual solution to some agreements, pre-define financial resources for supporting activities and would ask for possibility to study the original Good Practice on site;

- would engage the same stakeholders, as they are most relevant for sustainability, but would employ a more strategic thinking from the beginning of the project, taking into consideration the larger scope and potential impact of the project; have a more direct and more frequent interaction with stakeholders outside own institution as this was a good opportunity to work together towards a valuable goal and also ensure allocation of adequate funds for specific outputs;
- recognised the great value of the national approach with pilots that they employed, as well as the linking with other strategies and plans. On the other hand, they would remain more cautious and better focus on smaller achievements, involve more patients and communicate broadly the development of the project;
- would change the way they approached the risk stratification transfer and implementation, further involve policy makers and finally also design a communication plan. On the contrary, they would stay with the same Next Adopter's team and the design of the implementation of patient empowerment related features.

Box 9. Focus on sustainability: main conclusions, identified by individual Next Adopter

- Very high potential of the regional adoption of the sustainability action plan because of three main factors: i) the target is well-defined with solid achievements already in place, ii) the local team is strong, and iii) the initiative seems well supported at country level. Most important, the experience shows elements with potential for generalization at EU level (independently of the morbidity grouper used for prediction purposes). It has raised relevant questions regarding secondary use of data and articulation between population-based risk assessment and clinically-oriented predictions that deserve further attention;
- high potential of the approach adopted at local level (three counties led by the respective Next Adopter), but also regarding the country wide extension of the initiative. Support and monitoring beyond JADECARE are highly advised;
- during the project lifetime the local team acquired the knowledge for to reformulate the implementation plan. But two steps are advised to achieve a successful deployment beyond JADECARE: i) enlarge and strengthen the local next adopter working team with inclusion of all key stakeholders, and ii) do a well-designed hands-on stay at original Good Practice's site of few key professionals (such stay would be highly efficient if it is preceded by 2-3 on-line sessions with all local stakeholders). The potential of the use case selected deserves the additional effort beyond the project;
- Next Adopter's team has been active at local level in an area of high interest (vertical integration of health and social care). However, the degree of interactions at Work Package level has been rather poor, partly due to language limitations. Unfortunately, no performance indicators of the activities reported have been shared at Work Package level. We would recommend support to the group at national level;
- overall, three tangible achievements well covered by each of the four Next adopters are (1) Identification of a relevant challenge at the local level and formulation of a well-defined action plan to face it, (2) The capacity to adapt of the initial work plan to unexpected factors encountered during the implementation process, and (3) Formulation of strategies for sustainable adoption of the targeted interventions.

Box 10. Focus on sustainability: key learnings

- JADECARE Study visits and additional discussions in the pre-implementation phase were considered very helpful to better understand the underlying concepts of the original Good Practice;
- online and particularly the physical presence meetings were valued for their networking opportunities and exchange;
- the participation in a project like JADECARE is considered to be very beneficial in order to "see and be seen";
- most participants felt that the implementation phase was too short for the many interventions planned throughout that period;
- all participants underlined the importance to engage in an intensive stakeholder process. Rising the interest at that level and keeping stakeholders involved is a precondition for success;
- project sustainability requires a continuous stream of data to evaluate the effects and value added in order to convince stakeholders and policy makers of the intrinsic potentials. Having a political commitment and an established administrative framework for integrated care or multi-professional collaboration helps a lot when defining project interventions. Quite frequently, policies and strategies for improving health and social care are already available but interventions are fragmented. This requires a certain focus on concrete processes rather than only on possible achievements. It is essential to better synchronise the policy making process and to derive more integrated multi-sectoral strategies from there. For that, policy makers need support from project partners to better understand interventions and requirements as well as concrete solutions and potential benefits.

Box 11. Focus on sustainability: key take-aways

- Creating engagement through idealism and potential of improvement – engage people with hope and promise of a sustainable and better future. "The future is now"-discourse. Potential for tapping into other movements like "we are not waiting". It is important to engage enthusiasm in your team and the people you work with. This can happen through leadership;
- Always has to be thought into the project from very beginning. Make room for detours along the way – they most likely will happen. To have pre-defined financial resources for further implementation. Identify illustrative use cases and create engaging narrative to secure support and funding. Embedding Joint Action results into an already ongoing strategy gives the project a solid starting point for sustainable implementation;
- Important to be proactive with sharing your project – share knowledge with others and seek out communities and like-minded professionals. Alignment with local strategies and plans of the model is important and should be embedded into the key performance indicators and objectives of the project. This will secure a strategic linkage, institutional support and ensure longevity. Leading organization should emphasize a bottom-up and top-down interactions and communications with an aim of creating a "community". Seek personal connections to help overcome cultural settings. Prioritize spending time with decision makers/politicians promoting the project and informing them on the barriers the project is facing;
- It may be tempting to go big with the objectives of your project – but big changes happen through small steps. Be mindful and realistic of what is possible to achieve. Adjustments and changes in objectives and other details along the way are to be expected and not necessarily a bad sign. A strong evaluation design can be used to build a strong business case, and can secure funding after the project period;

- -Involve users as early in the process as possible. Not only experts! Be aware of own biases – what you may deem logical and functioning is not necessarily how the users view it. Recruitment of local ambassadors or local “assigned implementation leaders” are important for both design, development and sustainability;
- Be prepared for resistance. Involve in changing the minds of the public, society, companies, healthcare (professionals), politicians, legislators etc. More active search for and use of enthusiastic healthcare professionals from professional chambers. Approval from professional chambers can be a “stamp of approval” to secure strategic support for implementation in an organization otherwise characterized by resistance;
- Team must be involved in the very beginning. An iterative process is preferred. Realistic deadlines and willingness to reschedule along the way is important. Spend enough time to do a good, coherent and detailed pre-planning. Don’t be afraid to make mistakes and adjust as much as needed.

FINALIZATION OF SUSTAINABILITY STRATEGIES AND SUSTAINABILITY ACTION PLANS

In the final step, Next adopters made last adaptations with support of NIJZ where needed and prepared the final version of the document which they will use to guide their future endeavours in assuring practice sustainability and potential scalability upon conclusion of JADECARE. Ultimately, each active Next adopter (20 in total) developed their Sustainability strategy and Sustainability action plan. In summary, 204 strategic objectives and 104 actions were defined, covering years 2024 and 2025. All objectives and actions are fully aligned with JADECARE Sustainability framework. All Sustainability strategies and action plans are included in Appendix 6.

CONCLUSIONS WITH KEY MESSAGGES

Based on previous experience of sustainable practices, JADECARE Sustainability framework was developed, consisting of three core elements and general recommendations. Three core elements are: (1) sustainable practices were grounded in the health strategies and policy frameworks, with strong top-down and bottom-up connections; (2) holders of sustainability existed and were present at different levels, facilitated by formal and informal networks; (3) culture of collaboration and consensus seeking is an essential value and engagement of partners is an unwritten rule. These core elements can be set as a guiding principle for all sustainability-boosting activities within sustainability supporting process at practice level and at policy level, in designing bridging activities to cross-fertilise practice and policy level, and within reflection activities to adapt the approaches and boost knowledge generation. Specific topic-related recommendations can also be developed based on past experiences of sustainable practices.

At practice level, activities that aim to increase the sustainability potential need to be fully integrated into the overall implementation approach and workflow, starting from context/situation analysis, identification of key stakeholders and their involvement, inclusion of sustainability-related activities into the first implementation action plan, appropriate monitoring, evaluation and adaptation of the activities based on the results actually achieved. Knowledge exchange events are perceived as extremely important facilitators, and have to include implementation process- and sustainability-related sessions with proactive communication possibilities. As the end of the project approaches, it is useful to plan for long(er)-term strategically (sustainability strategy) and in actions (sustainability action plan). At this stage, extensive support is needed to practice implementers from experts in strategic thinking and action planning, with insights into sustainability principles. It is useful to follow “sustainable by design and in action” approach.

Policy-level initiatives and health strategies can be, as presented in JADECARE Sustainability framework, powerful enablers for sustainability of the practice. Alignment, communication, or even co-creation of the practice within broader policy-aligned initiatives can be very strong sustainability-assuring characteristics of the practice. Bodies within projects, composed of policy-level representatives (or efficient messengers to the policy-level) may support these processes, if the commitment is in place. Such bodies can also produce new knowledge and policy recommendations based on inputs given from the projects, if appropriate techniques are applied (such as policy dialogue). In addition, cross-country learning and exchange of experiences may be one of the strongest contributions to the project. As already mentioned, their impact is high, if the interaction with practice implementers is influential.

Since the two siloses might not have the history of effective communication, timely planned bridging activities can facilitate those interactions. Sometimes, knowledge exchange activities could be enriched by such approaches, or any other visibility producing events and actions.

However, situations and environments tend to change over time and the pre-planned approaches might not be giving the expected results. To diminish the potential detrimental effect of such situations, reflection activities are needed, that have to lead to adaptation of the activities and, on the other hand, boost knowledge generation – for the relevant project and in general.

This report shows, that sustainability can become one of the overarching principles of a complex project, focusing to implementation of practices. To achieve that, expertise, skills and communication efficiency on sustainability principles are needed, approaches used should be adapted to the experiences and capacities of partners involved, day-to-day facilitation as close as possible to implementing partners should be assured, timely visibility of the (tangible and non-tangible) results,

and coordinated methodological, organisational and management support from leadership structure has to be in place.

APPENDICES

Appendix 1. Results of interviews on core elements of sustainability with members of original Good practices: extended report

Contents

Introduction

Methodology outline

Summary of core elements of sustainability planning process in original Good practices

Recommendations for sustainability of Next adopters' practices

Results of sustainability planning process per country

Basque health strategy (WP5 original good practice)

Catalan Open Innovation Hub (WP6 original good practice)

Optimedis model (WP7 original good practice)

Region of Southern Denmark (WP8 original good practice)

ADDITION: Methodology framework for conducting in-depth semi-structured interviews with members of oGPs

Introduction

In Joint Action JADECARE, we strive to support the Next adopters in their sustainability planning process from the very beginning of their practice development and implementation. This is why we wanted to learn from the experiences of owners of original Good Practices (oGPs), that were able to sustain their respective practices over time.

Based on in-depth interviews with the representatives of each oGP, this report outlines core elements of sustainability of their practices and a set of recommendations for NAs in their sustainability planning process. At the beginning the findings are summarised to provide the reader with key aspects of sustainability as observed in the oGPs, while the second part of the report provides more insight into specific aspects of sustainability related to particular oGP.

The results will guide future activities in JADECARE, including the development of Sustainability strategy and action plan in each Next adopter site and planning the support of the JADECARE Policy board, which includes representatives of European member states.

Methodology outline

The information was gathered with the support of qualitative methodology approach using in-depth semi-structured interview as the main method. Four group interviews were conducted (one per oGP) between January and February 2021 with ten respondents in total. Interviews were approximately 1,5 hours long.

Seven topics were explored during the interviews, including planning for sustainability; holder of the sustainability planning process; defining the expected results of the sustainability; contextual factors;

support of key stakeholders and community; integration into policies; and recommendations for next adopters in sustainability planning process.

The responses were analysed and summarised into three core elements of sustainability and five sets of recommendations for the Next adopters who will adopt different features of oGPs. More detailed and oGP specific sustainability elements are presented in the last chapter of this report.

Summary of core elements of sustainability planning process in original Good practices

This section summarizes three key and overlapping elements that were recognized as important in assuring the sustainability of original Good practices:

1. Policy environment
2. Sustainability of ownership
3. Culture of collaboration and consensus seeking

However, there are some differences between them to which we provide some explanation further below. We would also like to point out that none of the oGP had a particular sustainability strategy developed in advance. Instead, the practices were structured in a way to be embedded in a larger frame of the local or regional level health system transformation.

Policy environment: Policy frameworks and vertical linkages were essential in assuring the practice sustainability

It has been observed in the interviews that establishment of oGPs were grounded in the health strategies at the regional policy level that introduced variety of objectives related to integrated care and digitalisation in healthcare. This means that practices were not considered nor funded as isolated interventions or projects but were instead a part of larger schemes of health system transformation, particularly in the Basque country, Catalonia and the Region of Southern Denmark[5]. What was commonly regarded as important within all these practices was the establishment of political consensus on the needs, objectives, and strategies on how to achieve health system transformation irrespective to political crises and changes in governance. This was the basis for establishing strong top-down and bottom-up linkages that assured the systemic funding and continuity of practices. OptiMedis model is somewhat different in this respect as it deploys a specific business model where sustainability of practices is dependent on the ability of local companies, which adopt the OptiMedis model, to produce savings by optimising health care service delivery. Still, their sustainability is similarly very much dependent on the past policy changes at the federal level that enabled the model to be implemented and on the stability of networks at the local level which include various decision-making entities.

Sustainability of ownership: Holders of sustainability are present at different levels of operation

It has been somewhat difficult for the respondents to pinpoint who would be the one responsible entity for assuring the sustainability of their practices. Because each oGP is complex, consisting of a variety of interventions, there are different levels of governance structures that are responsible for its continuity. Despite, some stakeholders were recognised as particularly relevant in this respect. In the Basque country, the Office for chronicity and integrated care was established as an important driving force of innovation and sustainability at the regional level, while in the specific local settings this role is occupied by the Integrated health care organisations (IHOs). In Catalonia, the CatSalut (regional payer) and Aquas (evaluation agency) are essential in assuring the sustainability through monitoring and evaluation linked to systemic funding, while a network of different health care organisations across

[5] Basque country introduced the Strategy for tackling the challenge of chronicity in Basque country while Catalonia and the Region of Southern Denmark implemented Health plans. Particular to the Region of Southern Denmark is also the implementation of SAM:BO as the main digital road that deploys numerous interventions in the field of integrated care.

the region - Catalan Open Innovation Hub - is an informal entity that drives sustainability at the level of individual interventions. Region of Southern Denmark is a central regional governance structure responsible for deploying health care interventions and organise care at the regional level. Health innovation centre of Southern Denmark is a part of this governance structure representing in some respects an important holder of sustainability. In OptiMedis model, the main holders of sustainability are the local companies (integrators) established by the networks of local stakeholders including consortiums of physicians, municipalities, private investors and other entities which are supported and financed mainly by health insurance companies. OptiMedis as the "mother company" is also very important in facilitating the adoption of the model at the regional level.

Culture of collaboration and consensus seeking: Culture is an imperative contextual factor that influences the implementation and sustainability of practices

The successfulness of practices is not dependent exclusively on their value-generation and strong business case. Understanding and operating in concordance with the local culture was crucial in achieving and sustaining them on the long run. Here, culture refers to a set of beliefs, values, behaviours, perceptions and local practices which influence the ways how changes in health care are achieved. Particularly in the context of Catalonia, Basque country and Southern Denmark it was emphasized by the respondents that collaboration and consensus-seeking is embedded in their culture. This proved to be important when for example seeking support and building consensus with stakeholders, disseminating their health strategies, or providing training for health professionals related to specific practices where the uptake was really high. When a specific practice tends to be implemented there are reportedly numerous bottom-up and top-down interactions and community meetings in these sites. For example, in Catalonia It has been the tradition, that every year there was a meeting close to Barcelona with more than 1500 opinion leaders, representing health professionals and patient representatives where they debate on health plans and evaluation results shared with stakeholders. Another example from Denmark relates to the digitalisation of healthcare system. A high digital literacy rate across the population and patient/user-led engagement is an important cultural condition that sets out high expectations by the population itself for digital solutions in public services. Additionally, the Danish "democratic culture" was emphasized as important feature of the practice implementation, that require extensive discussions and meeting with all stakeholders, affected by the practice. These are important driving factors of the digital transformation in their health care system and its sustainability.

Recommendations for sustainability of Next adopters' practices

Each oGP provided a set of recommendations that are outlined in more detail in the sections below. It has been emphasized by the respondents that recommendations can be provided for each specific block or intervention once the context and objectives of Next adopters' practices are set. At this point, we present five general recommendations that can be considered in the sustainability planning process based on the experiences of oGPs.

- For Next adopters it is important to understand the context where the practice will be implemented, build a common vision, define needs, identify available resources and design objectives. Start small and build up from there.
- The policy environment should be explored and developed practices linked to the national or regional level health strategic documents. A high-level coalition should be established to anchor the specific practice at the policy level and assure systemic funding upon the conclusion of JADECARE. It is very important to frame the practice under a policy umbrella.
- Consider how to produce changes in different dimensions: organisational culture, management structures, stakeholders' engagement, and ownership. To bring forth these changes participation of professionals, patients/users and communities should be ensured to help design/give feedback on developed tools and continuously communicate results.

- Structure your practice to generate value and develop a strong business case with clear incentives for those involved. Evaluation of the practice should be in place which is linked to the strategy and to funding.
- It is important to think strategically in relation to different levels of practice implementation: policy, structural, cultural, managerial, and clinical level.

Results of sustainability planning process per country

Basque health strategy (WP5 original good practice)

Key points in the sustainability process of the Basque health strategy:

- Focus on large scale health system transformation predicated on the "*Strategy for tackling the challenge of chronicity in Basque country"* and the *"Integrated care plan for the Basque Country"*;
- Political consensus in implementing the Strategy with 14 "pillars of change";
- Establishment of policies, new management structures, legal frameworks and changes in organisational culture;
- Facilitation of top-down and bottom-up interactions with a strong focus on patient empowerment and participation;
- Establishment of the Office for integrated care and chronicity.

Summary of recommendations for Next adopters of the Basque original Good practice:

- Define the needs, resources and strategic aims of practice(s) related to integrated care;
- Establish a high-level coalition and anchor your practice at the policy level;
- Ensure participation of professionals, patients and the community to help design/give feedback on developed tools and continuously communicate results;
- Link evaluation to the strategy and to funding;
- Of crucial importance is multi-lever and multilevel (policy, structural, cultural, managerial and clinical) strategic thinking.

Methods and timeline

The information was gathered with the support of qualitative methodology using in-depth semi-structured interview as the main method. The interview was conducted with three representatives of the WP5 original Good Practice who occupy important functions related to integrated care and chronicity in the Basque health care system and possess in-depth knowledge about the historical development of this field, including its sustainability. The respondents were Esteban de Manuel Keenoy (Director of Kronikgune), Igor Zabala (Head of the Integration and Chronicity service of the Healthcare Directorate of Osakidetza) and Eduardo Millán (responsible for the Stratification in the Basque Country). Two additional representatives (Jon T. and Ane F.) participated in the discussion as observers. The interview was conducted on January 19th using an online platform and was approximately 1,5h long.

Sustainability elements in the Basque health strategy good practice

"From the beginning there was a clear focus for everything to be sustainable"

The development and implementation of the Basque health strategy consisted of a number of interrelated practices intended to achieve health system transformation over a longer period of time. The backbone of its sustainability lies in the documents *Strategy for tackling the challenge of chronicity in Basque country* (Onwards: Strategy) introduced in 2010, which addressed the increasing burden of chronicity in the region and the fragmentation of health and social care services and the *Integrated care plan for the Basque Country*, introduced in 2013. The Strategy introduced 14 strategic projects, the "*pillars of health system transformation*" as pointed out by the respondents, to bring forth change that would remain sustained. The implementation of the Strategy is guided by the high-level coalition (the minister of health, vice ministers, members of the cabinet and the Basque health service directorate), which is involved in the execution of all 14 strategic projects. In the last decade, since the Strategy was introduced, two important processes took place. Firstly, the Strategy was widely disseminated and discussed amongst frontline professionals and institutions to gain widespread recognition and training was provided in relation to the deployed interventions. Secondly, new elements, structures and processes were introduced within Basque country, such as the implementation of Integrated Healthcare Organisations (IHOs) between 2010 and 2016, which changed governance structures at the local level, enabling easier integration of the primary and secondary level of health care. In terms of sustainability, it is thus important to note that from the start all deployed practices were structured in a way to contribute to the long-term systemic change aligned with trajectories of the Strategy and high and mid-level governance structures.

The respondents described how sustainable transformation of their health care system was achieved at five different levels, as outlined below.

Policy level: The implementation of the *Strategy for tackling the challenge of chronicity in Basque Country* was a result of consensus made by different political actors in the regional government independent of any political turmoil or changes (e.g. governmental elections, political interests, economic crisis etc.) and a long-term policy commitment by the regional Ministry of health. From the beginning it was clear that the Strategy will remain at the forefront of policies and political objectives of different governments. In this respect, its political anchoring is considered one of the core elements of sustainability.

Structural level: In order to foster integrated care, profound changes in structures of governance across local health organisations were made. One of the aforementioned strategic projects that was crucial in this regard, was the establishment of 13 Integrated health care organisations (IHOs) across the region. IHOs introduced changes in the management boards that combined primary and secondary level representatives. Each IHO has a Director for Care Integration in place that ensures the sustainability of its operation. At the regional level, the Office for Integrated care and chronicity was established that is led by one of the respondents and has an important role in providing guidance and knowledge.

Level of management and governance: In line with the previous level of operation, changes were made from the beginning in how the health system was being managed within health organisations. A framework contract was one of the main components of this process, setting up yearly objectives which are linked to funding. These objectives are defined by the Strategy.

Organisational culture level: It has been emphasized by the respondents on several occasions during the discussion that health system transformation and its sustainability are very much dependent on

how the frontline professionals perceive and accept the foreseen changes. A great amount of effort was put in wide scale dissemination activities and training for professionals from the very start of the Basque health strategy implementation. Respondents pointed out that facilitating top-down and bottom-up interactions generated better translation of the strategic objectives in practice and in turn easier exchange of professionals' implementation experiences as an important input for decision-making process in strategic adjustments at the policy level.

Clinical micromanagement level: Major innovations were set in the establishment of new integrated care pathways (e.g. chronic and multimorbid patients), professional guidelines and pilot actions, with a strong emphasis on patient empowerment and participation (e.g. Active patients' program etc.). The important feature of sustainability at this level was to continuously show the front-line professionals and patients the results of the small-scale changes generated in practice directly. In fact, large scale transformations of policy arrangements were considered as overly abstract by the respondents to produce value for people who are directly engaged in care. Showing and reflecting on concrete results of specific practices, no matter how small, proved to be a good way to boost up their uptake and sustainability potential.

Catalan Open Innovation Hub (WP6 original good practice)

Key points in the sustainability process of the Catalan Open Innovation Hub:

- Presence of a resilient regional political consensus on strategic objectives related to health transformation, particularly in the domain of integrated care and technological development
- Implementation of Health plans over the course of 30 years presents a key factor at the policy level to achieve the practice sustainability;
- Health plans are implemented and sustained in practice through yearly contracts with the support of a single public payer (CatSalut) and evaluation agency (AQuAS). TicSalut is responsible for IT standards;
- Existence of strong connections between policy makers and professionals through Direction plans and extensive yearly gatherings at regional level. These connections are important in implementing, sustaining and scaling up innovative practices such as Home hospitalisation and ICT solutions.

Summary of recommendations for Next adopters:

- Implement the practice under a policy umbrella;
- Practices that will be implemented should generate value and bring efficiency;
- Make changes at different levels of operation – changes in culture, management and engagement process;
- More specific recommendations related to each particular block will follow when next adopters define their objectives in detail.

Methods and timeline

The information was gathered with the support of qualitative methodology using in-depth semi-structured interview as the main method. The interview was conducted with two representatives of WP6 original Good Practice, coming from the Hospital Clinic de Barcelona (IDIBAPS), prof. dr. Josep

Roca and Euridice Alvaro. Particularly, prof. dr. Roca was deeply involved in the development and implementation of the respective oGP with an extensive overview of its sustainability process. The interview was conducted on January 12th using an online platform and was approximately 2h long.

Sustainability elements in the Catalan Open Innovation Hub good practice

Catalonia's original Good practice introduced numerous interventions to bring forth health system transformation in the direction of integrating care and advancement of technological solutions. An important characteristic of this process includes a presence of a long-term political consensus within the regional government on key strategic goals and well defined Health plans which are being implemented for the past 30 years and represent the backbone of practice sustainability. From 2011 onwards, in these documents, great emphasis is given to integrated care and digitalisation. From a regional level policy perspective, the main driving forces for its sustainability are: 1. A single public payer – CatSalut – the institution that ensures the local level implementation of Health plans by issuing yearly contracts between the providers of healthcare services and the payer. With the support of Health consortiums and AQuAS it monitors the implementation of these contracts at the local level; 2. An evaluation agency – AQuAS – which is responsible for quality control and linking of evaluation results to payment schemes of CatSalut; and 3. An agency for ICT developments – TicSalut – with the role of setting technological standards, driving innovation and digitalisation, and serve as a privacy regional authority.

While these institutions are recognised as of key importance, other very important elements of sustainability are the established of top-down and bottom-up linkages. On the one hand there are Director plans on top of each medical specialty with each having a responsible highly qualified professional representing a link between HPs and the government. On the other, there is a tradition of yearly meetings around Barcelona with 1500 opinion makers, HPs and patient representatives where Health plans and evaluation results are discussed and acted upon. This and other similar forms of participation and cooperation seem to be very important, as expressed by the respondents, something that arguably emanates from "the local culture" itself.

Even though the structural elements presented above are important in building the practice sustainability in various aspects, it has been emphasized during the interview that there are many other less tangible features of sustainability that present themselves in many forms of informal networking between professionals, institutions (e.g. hospital, research centre, university) and sectors (e.g. health care, social care). As emphasized in the discussion: *"… in order to fulfil and sustain change, I must be innovative and if I want to be innovative, I need to do it across institutions*". These innovations established at the local level are often scaled up to the regional level and are adopted by the system.

Moving to sustainability of specific deployment of interventions, here are the examples of how the sustainable implementation of Home hospitalisation and ICT solutions were achieved.

Home hospitalisation: in the area of Barcelona, Home hospitalisation was initiated in 2006 as a pilot and adopted after a couple of years by hospital managers. It ran as a mainstream service with 12 beds a day from approximately 2006-2015. The practice was implemented in the context of important changes in leadership with a registered nurse becoming the director of the HH unit (under the supervision of the medical director) which was new and controversial for some. In 2015, the service was expanded up to 50 beds per day. It has been used as a model at regional level due to government's recognition that the practice was very cost efficient and generated a lot of value but was still very heterogeneous at the time. With governmental support, a special task force was established a couple of years ago to coordinate different models of HH in the entire region. Important for evaluating and funding the service, was the involvement of AQuAS as an evaluation agency and CatSalut as a public

payer that, based on the results, generated a specific contract to stimulate and supervise the service. This example shows, that the interplay of top-down and bottom-up interactions between the champion (unit director), the manager, the hospital and the politicians was crucial in sustaining and scaling up the practice at the regional level. In the context of tackling the COVID-19 crises, this service proved to be flexible in covering patient needs and is now expanding.

ICT strategy: In the Catalonia's healthcare system every provider has their own clinical record. This generated the need to do sophisticated health information exchange platforms, in order for health professionals from different institutions to have access to patient data. The government, together with the professionals and providers paid by the government, recognised the need to formulate a new strategic plan for ICT as the existent ICT solutions were becoming obsolete, unpractical, and overly expensive. In a combined effort of representatives of health care providers and policy makers, a new tool was developed that incorporated all of the functionalities of the existent health information change platform but doing it on top of centralised intelligence with a unified maintenance system. Again, a collaboration of champions from providers with expert knowledge and the support of regional decision-making bodies resulted in a change and a long-term sustainable practice.

OptiMedis model (WP7 original good practice)

Key points in the sustainability process of the OptiMedis model:

- Shared savings contract between the local integrator company (shared ownership of interested stakeholders within the region) and the health insurance company is the backbone of sustainability;
- The integrator builds its sustainability potential by assuring practice adaptability, optimise and increase the effectiveness of healthcare service delivery by reducing duplication of services and unnecessary hospitalisation, engage the local population in health promotion activities, activate patients and constantly introducing innovation and quality improvement activities;
- Higher effectiveness of services and improved quality of life of chronic care patients reduce service needs and thus reduces healthcare costs on the payer's side. Sharing these savings between the health insurer and the local integrator company generates revenue/savings, which are invested in primary and secondary prevention programs;
- Practices across different localities are diverse, corresponding to the needs of the local community;
- The model is predicated on the Quadruple aim approach, considering patient, population, provider and financial outcomes.

Summary of recommendations for Next adopters:

- Establish a common vision of your practice trajectory/direction;
- Incentivise stakeholders to generate innovations and improvements in the provision of healthcare services;
- Establish a strategy for cost-efficiency of your practice;
- Produce your tools, anchor them at the structural level (government etc.) and create ownership among partners;
- Continuously measure the practice efficiency and results to assure sustainability.

Methods and timeline

The information was gathered with the support of qualitative methodology using in-depth semi-structured interview as the main method. The interview was conducted with two representatives of the WP7 original good practice, Dr. Manfred Zahorka and Justin Rautenberg, senior managers from OptiMedis, with extensive knowledge on OptiMedis model implementation process across different settings in Germany and beyond. The interview was conducted on January 25th using an online platform and was approximately 1,5h long.

Sustainability elements in the OptiMedis good practice

The OptiMedis model is the most specific of the four original Good practices as it is established by a private company OptiMedis, where the ideas of transformation process, sustainability and adaptability are driven by an enterprise logic. As emphasized by one of the respondents: "*It is not a project, it is the idea of building up something that can survive on the long run. The sustainability is a part of our agenda in that sense*". The practice is grounded in the Quadruple aim approach that considers patient, population, provider and financial outcomes of implemented interventions. In terms of their business model, it is based on increasing the efficiency of delivering health care services by reducing duplication and avoiding unnecessary hospitalisations, engaging patients in the production of their own health, and engaging the entire target population, communities, public institutions, and businesses in reducing their health risks. Better health and well-being reduce the need for health services. This generates savings of population health care costs, which are then shared with the payer. This enables the local integrator company to incentivize shareholders and partners as well as to invest in preventive care activities, innovative digitally enabled integrated care solutions and patient health programs. The model requires substantial initial investment (by the local health insurance company and/or other investors), to get the process started which is then refunded through the generated savings. OptiMedis is a 'mother' company that provides support to local initiatives in establishing a network of interested stakeholders (health professionals, municipalities, companies, NGOs etc.) and subsequently forming a regional company where they become the shareholders. OptiMedis initially conducts a feasibility study, contracted by the local interested groups, analysing the regional data and conducting an extensive networking process. This is the basis for developing a business plan with which to engage one or several investors. If viable, a Shared savings contract is established between one or more regional health insurance companies and the regional integrator company. Being free to allocate these funds according to the local health needs, the integrator company's main goals are to reduce the costs of healthcare services by making them more efficient, to continuously introduce innovations and to improve the health of the population so they consume less health care services. The practices grounded in the OptiMedis model are very region specific, so there is variability in how the integrator companies are being set up and funded as well as in which interventions they are engaged. There is a strong focus on adaptability of the model to the local needs, as emphasized by respondents, which is seen as another prerequisite to sustainability. Local stakeholders, patients and the local population are active co-creators of the local health interventions.

A key enabling factor for the OptiMedis model was a policy change in 2003 permitting health insurance companies to contract with alternative care models such as local integrator companies to improve population health. Despite the change in the regulatory environment the OptiMedis model was far from becoming a mainstream approach in Germany, partially because of the conservative attitude of many insurance funds, partly due to restrictive policies of national oversight authorities. Thus, decentralised health insurance funds, like the AOK are frequently more interested in the model than insurers with strong national control mechanisms. Another enabling factor was certainly the introduction of Quality Management in the German health system some 20 years ago with a consecutive engagement of hospitals, nursing homes and ambulatory care over the years. In

ambulatory care this frequently meant more networking amongst local physicians, the introduction of quality circles (peer groups that discuss quality issues) and agreeing on joint measures. On top, the participation in quality circles provides credits for continuous medical education and thus facilitates re-accreditation.

When establishing a new practice grounded in the OptiMedis approach, considerable efforts are made to "*change the minds of physicians … used to that small entrepreneurial model*" who are focused on optimizing their own practices and services. Instead, the OptiMedis model advocates for a population based integrate career approach, establishing networks of providers, incentivizing physicians to focus more on preventive services and most importantly producing health in the population. As explained by one of the respondents: "… *the company for instance contracts doctors' cabinets to engage more in the prevention, particularly in the process of negotiating the health agreement with the individual patients and this service can be reimbursed by the company. So it is an additional benefit to the doctor. When doctors become shareholders of the local integrator company, they also profit from any benefits the company creates over the year*". Still, incentives are not considered only in financial terms. Adopting the model requires behavioural change towards a more integrated perspective on health: "… *this generated economy is based on behaviour change of the people to some extent. The patients need to become more active in their health. And the providers need to change their behaviour – to think more in teams and more along the treatment lines from the early diagnosis onwards. They need to collaborate much more, something which they did not do in the past*".

The shared savings contract with local health insurers is always the backbone of the OptiMedis model from a managerial and financial perspective. The entrepreneurship of the local integrator, its innovativeness, adaptability and ability to produce savings determines sustainability. As suggested by the respondents, being aware of the dynamics in the region, understanding population needs and above all, engaging with a broad network of stakeholders at the local level who become the owners of the practice is essential.

Region of Southern Denmark (WP8 original good practice)

Key points in the sustainability process of the Region of Southern Denmark:

- oGP is anchored through regional policy framework including Health plans and SAM:BO as the main digital road including many 'side roads';
- The main organisation is Region of Southern Denmark (including Health innovation centre), responsible for maintaining the entire health 'ecosystem', including networking of academic, governmental and private institutions;
- Strong democratic values within society influence decision-making process, communication, evaluation and uptake of practices. All decisions emanate from a continuous consensus-seeking process;
- High digital literacy of the population is an important contextual element that makes users of digital integrated care solutions the driving forces in practice uptake and its further development.

Summary of recommendations for Next adopters:

- Identify specific areas for implementing solutions. Start small and build up from there;
- Identify or establish a policy level strategy to which your practice is linked;
- Besides having a strong business case, your practice should be value-driven which will foster investments of policy makers;
- User involvement is key, because users are the ones that bring practice to life. Put patients first;
- Define the organisational framework including the key stakeholders that will develop, adjust and implement the practice. Secure the stakeholders' network and funding;
- Define your expectations – do you want to become a data driven organisation or implement small-scale interventions to address specific problems?

Methods and timeline

The information was gathered with the support of qualitative methodology using in-depth semi-structured interview as the main method. The interview was conducted with three representatives of the WP8 original good practice, Lotte Damsgaard Nissen, Maria Hardt Schønnmann and Kuno Julian Strand Kudajewski. All respondents are representatives of the Health innovation centre of Southern Denmark at the Region of Southern Denmark with expert knowledge on the entire healthcare ecosystem in the respective region. The interview was conducted on February 11th using an online platform and was approximately 1,5h long.

Sustainability elements the Region of Southern Denmark good practice

Original Good Practice from Southern Denmark consists of a number of different solutions for patients with chronic illnesses in need of more coordinated cross-sectorial care. These solutions are embedded in the Digital roadmap with the "*main road*" SAM:BO and many different "*side roads*". The Region of Southern Denmark (RSD) is a key regional governance body, representing the entire ecosystem of health services within the region. The latter include collaboration of different governmental organisations, health care providers, educational institutions and private companies that together build an extensive infrastructure with health innovations and digitally enabled solutions. The health care system in the region is roughly divided into three parts, where the RSD is responsible for hospitals, municipalities for social care services and the general practitioners as the main entry point for the

population. Within the RSD, a specialised unit – Health Innovation Centre – is responsible for facilitating new solutions and approaches as well as establishing connections between clinicians and private or other stakeholders. All respondents that participated in the interview are positioned in this unit.

From the perspective of policy frameworks important for practice sustainability, Health agreements were established at the national level a couple of decades ago that are revised every four years. They emanated from the need to better coordinate the work between the main actors – health institutions, municipalities and general practitioners. The Health agreements were the basis to define the responsibilities of each stakeholder across the process of care and what is to be communicated across sectors where these stakeholders operate (with the additional support of MedCom standards). Supported by the regional decision makers at different levels, RSD took it step further with the Roadmap and facilitated the establishment of advanced digitally enabled messaging system to send and receive healthcare information across different IT systems that providers use. Overall, the respondents emphasized that policy makers in Denmark are generally very engaged in this field and there is an advanced digitalisation strategy in place at the national level, supported by the National institute for digitalisation.

While these policy frameworks and structures are important background factors for practice sustainability, another crucial element is high involvement of users/patients and providers in the development of interventions. When reflecting upon key aspects of sustainability, one respondent explains: "… *I do not think there is one clear answer because the projects are so different, but I think that the overall focus is the patient first and this is sort of a baseline for everything we do. If the patients in the project do not see a need for it, the practice is revised or should be revised in some way*". This perspective was very important in guiding some of the solutions, like GERI suitcase for example, where patients are being treated and monitored at home instead of being hospitalised. This corresponds better to the needs of the patients and of the ageing population. Patients or patient organisations are involved in many ways in practice development, e.g., user driven co-creation workshops.

High involvement of different actors is reflected also in a variety of different groups that develop and revise the interventions. For example, in relation to SAM:BO, a cross-sectorial group was established where different professionals and municipalities are involved, discussing the interventions and revising them against the MedCom standards, so that the practices are aligned with the policy frameworks. When new interventions are implemented, there are representatives from each organisation that are responsible for its actual implementation at the frontline. The decision-making process and structures behind it are very complex, as pointed out by the respondents, and they themselves would find it difficult to pinpoint all the stakeholders and processes that lead to practice sustainable implementation. Numerous groups and meetings are the result of extensive consensus-seeking process that is somehow embedded in the Danish culture as pointed out during the discussion: "*Perhaps something to be mentioned in JADECARE is how the Danish culture plays a factor in all of this. We are a very democratic culture. Everything needs to be discussed with everyone involved. You would rarely meet someone saying this is how it should be. That is a culture thing. It might take more meetings in the Danish context than it might in some other countries*". Another important feature that corresponds to the Danish context and influences the sustainability of digital solutions in the region is the country's high IT literacy rate. This results in high expectations on behalf of the users to provide quality services and contributes to its uptake. Extensive public and private investments in this area, coupled with broad user involvement, training of HPs in their digital competencies and underlying culture of consensus-seeking, all built the sustainability potential of the practice.

ADDITION: Methodology framework for conducting in-depth semi-structured interviews with members of oGPs

Rationale

As oGPs implemented sustainable practices in their respective fields, there is a need to understand in detail how this process was facilitated and to identify core elements for sustainability. The information gathered will contribute to the implementation of the following task: "Sustainability strategy and action plan of next adopters' practices" (T4.5). The findings will be summarised in the research report and will present one of the inputs to Deliverable D4.3.

Methods and timeline

The information will be gathered with the support of qualitative methodology by conducting in-depth semi-structured interviews with key respondents from all oGPs. One interview per site will be conducted (in total four interviews) either as an individual interview (with one respondent) or as a group interview (up to three respondents). Each oGP will determine who is/are the key respondent/s that will participate in the interview. Interviews will be approximately 1,5 hours long, web-based and recorded.

Next steps and timeline:

1. e-mails sent to oGPs – invitation for participation containing core questions (DEC)
2. oGPs determine respondents (up to three per interview max – group interview) (DEC)
3. Interviews are conducted (JAN)
4. Preliminary reports (one per oGP) prepared and shared with oGPs/respondents for feedback and additional information if needed (FEB)
5. Data analysed and research report finalised (FEB)

Questionnaire for conducting in-depth semi-structured interviews

*Sub-questions might be adjusted for specific oGPs

1. Planning for sustainability: How and when did you start planning for sustainability of your practice? Did you have a sustainability strategy and action plan defined in advance or was this process more intuitive? What are the essential elements of sustainability strategy and sustainability action plan?

2. Holder of the sustainability planning process: Who was the key holder of the sustainability process? Did the holder show a stability, flexibility or both? Who were/are the stakeholders (people and institutions) that you recognised as important for assuring sustainability (local, regional, national level)? In what ways were/are they involved or interacted with? What were/are their responsibilities? In what ways was/is the target population (e.g. patient representatives) involved?

3. Defining the expected results of the sustainability: How did you define what should stay sustainable? How did you define the results of sustainability?

4. Contextual factors: What were the important (historical, social, political, cultural and economic) factors and other situations that influenced sustainability? Which barriers did you encounter during this process and which steps did you undertake to overcome them?

5. Support of key stakeholders and community: How did you plan for support of key stakeholders, community and others? Did you create strategic partnerships? How? How would you assess the stability and flexibility of these partnerships? Did you create strategic financial planning? How?

6. Integration into policies: Could you please describe how did your practice interact with policies? Did your practice initiate change at policy level? In what ways? What changes were achieved?

7. Considering the sustainability of NAs' practices: NAs will define sustainability strategy and action plan. Based on your experiences what are your key recommendations in terms of process and elements to be considered? How should next adopters plan, implement and evaluate their practices so that their results would be sustainable? What should be the core elements of their sustainability strategy? What should be the core elements of their sustainability action plan (actions for up to 1-2 years after the end of JADECARE)? Which elements of sustainability do you anticipate to be essential for assuring the sustainability of next adopters' practices? Where might they encounter difficulties in assuring the sustainability of their practices?

Would you like to add anything else important to our discussion that was not addressed?

Appendix 2. Sustainability actions in first PDSA cycle and suggestions to boost sustainability

Table 1: Planned activities

NA	Activities planned (with short description)	Current status of the activity	Deviations and reasons	Mitigating action	Future plans regarding this activity
Belgium	N/A	N/A	N/A	N/A	N/A
Croatia	**A1: Healthcare action plan and political support**	Healthcare action plan and legal activities support digitalization of healthcare system and enable implementation of JADECARE core features and good practice	Implementation delay due to COVID-19 pandemic and subsequent overload of healthcare system	Better cooperation between stakeholders with step-to-step analysis of the situation and subsequent mitigating algorithm	N/A
	A2: Promotion of central e-health platform Health Portal use and disease management materials provision - online meeting with GPs organized by CIPH with participation of MoH to promote Health Portal among GP teams and get a feedback on their use of Health Portal	N/A	N/A	N/A	Additional meetings to raise awareness and increase knowledge about the benefits of using the Health Portal for GPs and their patients
Czech Republic	**A1: Prepare healthcare professionals**	Getting motivated staff Providing training for professionals. Preparation of a manual or video manual Good information to prevent rejection	Manual not ready due to modification of the tool, finishing KIPE etc.	Provision of technical support, regular contact	N/A
	A2: Creating a tool for first steps of integration care,	Modification of an application meeting the	The application is running in a pilot test and is being	Provision of technical support, regular contact,	N/A

	Increasing the number of organisations and documents in data sharing and cooperation through a secure application	conditions according to the experience and requirements of the oGP, preparation for the national restoration programme, work on the KIPE, piloting processes.	modified as it progresses. Basic functionality is running. A mobile application is in preparation. We don't have as many organisations involved, there's a problem with persuasion and also with support from legislative and administrative bodies	resolution of problems and fixes as soon as possible	
Denmark	**A1: Conduct a fit gap analysis:** to identify which data are needed to comply with the models of Optimedis and KroniGune to ensure sustanability of the SDCN model	Succesfully completed	None	N/A	N/A
	A2: Knowledge development on the use of data in various perspectives for different staff groups: - Chief physician and chief nurse: the use of data and patient stratification - Researchers: Knowledge of data sources and research projects - Business Intelligence consultans in development of dashboards and data sources	Partial completed	Partial completed	N/A	N/A
	A3: Dash Bord development	Delayed due to new EPR and lacking site vists (Covid-19)	Will be completed during PDSA 2	N/A	N/A

Estonia	**A1: Develop a funding model for person-centred and integrated services:** - Risk stratification model - Case finding - Value-based contracting and payment framework - Analytical model to execute the contract	Ongoing	No deviations at the moment; only slight timeframe deviation regarding the actions of establishing the criteria for contracting and payment framework	N/A	N/A
France	**A1: Embedding Jadecare in Local health action plan (CLS)**	Ongoing	CLS not yet completed, content has been adapted	N/A	N/A
	A2: Building territorial cross-sectoral networks	Successful networking between GIP MSS and health insurance fund	None	N/A	N/A
	A3: Networking between health professionnals and preventive care	Delayed, networking with health professionals difficult	Needs further work, potentially different entry point	N/A	N/A
	A4: Proof of concept: preventive care activities reduce health care consumption	Small research activities implemented	Current analysis only on aggregated data, access to individual data outstanding	N/A	N/A
Greece	**A1: The use of ACG grouper for classification**	N/A	Poor quality of the data \ use of ACG grouper not possible	Implementing other algorithms for classification and regression analysis	Need to collect data from other Greek hospitals in order to keep adding patients to our classification models
	A2: The involvement of the Medical Staff from the beginning could support sustainability	N/A	Have been working with medical experts ever since	They are with us every step of the way	N/A
	A3: Dissemination of results to Policy Makers and promotion of the classification tool	Classification tool self-implemented	Need to reach huge accuracy in classification in order to promote it	N/A	Keep trying various classifiers for maximum results
Hungary	N/A	N/A	N/A	N/A	N/A

Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	**A1: Use of regional teleconsultation platform:** Defining a model of taking care that tries to avoid fragmentation of care	Available	N/A	N/A	N/A
	A2: Defining a model of taking care that tries to avoid fragmentation of care: Specialists who belong to the same O.U in which patients are followed at on outpatient level FCNs program works efficiently	Almost ready to be tested	N/A	N/A	N/A
	A3: Defining a model of taking care that tries to avoid fragmentation of care	Completed	Lack of GPs' time for administrative procedures Cost sustainable and aligned with previous experiences	N/A	N/A
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	**A1: The integration between the FSE regional archive and the health meeting viewer will be used in all contexts where healthcare professionals will need to have access to clinical data of patients after the end of JADECARE**	Activity ended with PDSA Cycle 1	No deviation	No mitigating action	N/A
	A2: The integration channels beetwen Healh-meeting and ECWMED, enabled for a small group of GPs, will be available for all GPs	We need to change the 400 GPs profiling in ECWMED	No deviations	No mitigating actions	N/A

	A3: The good practice of creating a multidisciplinary team of hospital health professionals, GPs and community nurses for heart failure will be replicated for the other main chronic diseases and in all districts	We have shared with the corporate governance the activity to be carried out	It will take a long time for system configuration and training of the healthcare staff	Plan your workload right now	N/A
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	N/A	N/A	N/A	N/A	N/A
Italy Regione Marche (MARCHE)	**A1: Identification of policies and interventions at regional level to support implementation and sustainability of the LGP**	Ongoing: Many National/Regional policies/plans relevant for the practice already identified	No deviations at the moment	N/A	Next step is to align the Local Action Plan and define how the practice could support the development process of these policies/plans
Italy Regione Lombardia (LOMBARDIA)	N/A	N/A	N/A	N/A	N/A
Latvia	**A1: Development of the Telemedicine strategy**	Ready but still in progress of improvements	It took longer than expected	Improving when needed	N/A
	A2: Coordinated development of digital solution implementation plan and structure in CCUH, development of system integration plan	Ready but still in progress of improvements	It took longer than expected	Improving when needed	N/A
	A3: Creation of a general framework for cooperation in the provision / delivery of digital services at national level – integration with national e-health system to avoid of	On development	N/A	N/A	N/A

	fragmentation of service tools				
	A4: Creation of sustainable integration between primary, secondary and tertiary care in the implementation of telemedicine solutions (considering that primary care providers could be inflexible in the implementation of new solutions)	On development	N/A	N/A	N/A
Portugal	**A1: Contract with the Organization in charge of the implementation of the IS:** - Design the care pathways - Define the set of additional information to be shared in the electronic health record (for example, prescrptions, assesment scales, medical tests) - Design an electonic chart for the management of chronic medicines based on the dosage guide - Define the plan for the implementation of the electronic health record as the core of the patient process, including the instruments designed in the LCF3	Workflow for COPD Items to be shared: last 5 contacts with the health system, last prescription, timeline of prescriptons, scales for nurses Draft for the electronic chart Strategy for the EHR	Delay expected for the design of the care pathwyas because of the training in codesign to include patient perspective Deviations in scope - the aim was to integrate the informaton systems in the EHR to allow following the patient and have a single point of access to the patient information, but that won´t be possible in a short time period because of the legacy systems Deviations in scope – The plan for the EHR as the backbone of the IS is now a strategy for the EHR, maintainng the structure as it is	Reschedule the design of the care pathways – december 2022 At least , includ in the contract the patient summary, the electronic chart and the care pathways	N/A

Slovenia	**A1: Presentation of the proposal** (proposal for more efficient use and upgrading of tools for the exchange of patient data and for complementary services in information sharing) to ZZZS (administrator of payment models) and Public health institute (administrator of eHealth) to ensure the sustainable use of the proposed solutions	Not yet started by Action plan ZZZS is higly involved in the project	N/A	N/A	N/A
	A2: Presentation of results (of preventive screenings) and proposal to the Public health institute regarding the inclusion of additional tests in the program of family medicine reference clinics, to ensure sustainable implementation of screening	Not yet started by Action plan	Also screening has not yet started, due to medical staff being reallocated	We already included the personal physician with a family medicine reference clinic into the NAWG	We should include PHI into NAWG as soon as possible
	A3: Preparation of a proposal for the General Agreement, as the inclusion of new services in the General Agreement ensures their sustainable use	NAWG is preparing a payment model which will be proposed for inclusion to General Agreement	N/A	N/A	N/A
Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza	N/A	N/A	N/A	N/A	N/A

Progreso y Salud (FPS)					
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	**A1: Integrate the web app for patients in the web system and health records** We have showed the project to the head of IT hospital department and we have asked for help about the computer development We want the guarantee that the web app will integrate in the health record	N/A	N/A	N/A	N/A
	A2: Seek support of the head of physical therapist for the implementation They are collaborating in the development of the project with ideas, selecting exercises Her collaboration will be essential in the phase of training other physical therapist	N/A	N/A	N/A	N/A
Spain Gerencia Regional de Salud de Castilla y León (SACYL)	**A1:** **Strategic and political support (continuation)**	This political support facilitated the purchase of telepresence equipments Any citizen of Castilla y Leon can benefit from this technology especially in rural areas, a very important reality in the region	There have been difficulties and delays due to the administrative procedure itself, resistance from the agents involved and the emergence of unforeseen circumstances such as the COVID 19 pandemic	The deadlines for the execution have been extended and work has been done on those aspects that would allow progress: normative, ethical and deontological base study, preparatory training for professionals,	N/A

		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		definition of the pilot in Zamora for complex polypathological patients, attended by the UCA and primary care team	
	A2: Involvement and commitment of all parties: leaders (continuation)	Multidisciplinary teamwork with a strategic vision, each professional profile and each leader providing work in their field to design and implement the project: it has begun with multi-pathological patients treated by the UCA of the hospital and the Benavente primary care team	Work overload in leaders, due to carrying out multiple jobs and projects in parallel at different times of development Need to change priorities in projects to respond to the contingency derived from the COVID 19 pandemic	Contact has been maintained with the leaders and progress has been made on those feasible actions while the limitations were resolved	N/A
	A3: Prepare healthcare professionals (continuation)	Specific training has been given to professionals from the centers that have participated in the pilot Another specific training has been organized for professionals who are going to continue with the extension of the project in other health areas	Due to the extension of installation deadlines and the central reorganization , the training of primary care professionals has been postponed, and it has been decided to offer it in another more accessible and realistic format	Submission of project material to the leaders and managers of each area and preparation of training in digital format for primary care professionals	N/A
Spain Servicio Murciano de Salud (SMS) and	N/A	N/A	N/A	N/A	N/A

Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)					
Serbia	**A1: Risk assessement on personal data protection** (Ensuring the security of personal data)	N/A	N/A	N/A	N/A
	A2: Integration of E-health record in social care institutions	Integration was completed on the entire teritory of Serbia - Programme on Digitalization in the Health System of the Republic of Serbia 2022-2026 was adopted by Government - Long-term contracts with vendors are concluded and they contain the provisions on obligations for both sides (funding, maintance of the informatin system, continual trainings) - Allocated funding according to the the govermental financial plan - Staff of social care and health care institutions are trained to use the health data and enter the data	N/A	N/A	N/A
	A3: Introduction of E-consultation: GPs-specialists	N/A	N/A	N/A	N/A

	- Amend the Rulebook on Nomenclature of Health Care Services on Introduction of E-consultation**.** This action is moved to Cycle 2 of PDSA Regulation framework and service which is recognized by NHIF are necessary for the sustainability of the project E-consultation is activity planned in the Program on Digitalization in the Health System of the Republic of Serbia 2022-2026. and its action plan Programme: E-diabetes, pilot project sponsored by pharmaceutical company facillitates E-consultations between GPs and specialists - Outcome assessement and obtaining the results of satisfaction of users will be the justification for the system application				

Note: use the following legend:

N/A = not applicable or not available

Table 2: Bottlenecks/barriers

Next Adopter	Bottlenecks/barriers	Impact on sustainability of practice after JADECARE ends (1=almost not important, 5=it can stop it completely)	Actions to prevent/diminish negative impact
Belgium	N/A	N/A	N/A
Croatia	Constant change of people involved	3	Reorganize work and keep current team solid
	Work overload	3	Introduce new professionals in the project and develop sustainable algorithm of work assignments
	Lack of interest	3	Periodic reminder and creation of new and interactive material
	COVID-19 pandemic	4	Benefits of accelerated schedule of enhancement of current digital healthcare system
Czech Republic	The administrative and approval procedure followed by public administrations, insurance companies	3	Try for more active involvement in the project
	There is no obligation to participate, persuasion and proofreading is time consuming and difficult	3	Motivate stakeholders with available options
	Work overload: participation in multiple projects and activities, lack of time	2	Better distribution of forces and plans
	The political and economical situation of the country	3	Use available contacts, spread good practice, and make a good name with the public
Denmark	New ERP and replacement of staff	2	Dialouge with other employees on development of the next PDSA circle
	Could not find specific project within diabetes	2	Create a project with data and patient absences in the next PDSA circle
	Study visits were not possible	3	Planned to be conducted during PDSA 2

Estonia	Administration change in supervisory organization – staff change, Ministry of Social Affairs	3	Substitute persons are named Current overview of the situation is discussed with local partners
	Low motivation to be included in the process by GPs	4	Continuous update & information about Jadecare and LAP Meetings are organized with GP Key GPs are approached personally
	Access to data	4	Permissions (incl. ethical committee) Networking
France	Short project implementation period and time needed to build networks	4	Focus on key principles of the oGP Document success and communicate using the right platforms (stakeholder platforms) Imbed Jadecare in larger project (TSD) Start small
	Collaborative working patterns are the exception rather than the rule	3	Create „coalition of the willing“ Communicate success Actively develop new forms of collaboration Use existing platforms (MUS, CPTS, community events)
	Finding common areas of interest is difficult	4	Don‘t give up Make use of larger initivates or political priorities (national e-health activities, national support for CPTS, Strasbourg support for sport santé et actions QPV,) or pull larger intiatives into project area Identify existing „territorial resources“ or exiting local champions and scale up
Greece	Insufficient electronic data health records, weak digital structures in Health System	5	Raise awareness of the medical personnel of the necessity to implement EHR
	Weak digital literacy of the doctors and medical personnel	5	Training of medical doctors and other personnel to increase digital literacy and raise awareness of the necessity of the health digitalization
	Lack of commitment towards Risk stratification, transition can be time- and resource-intensive	4	Train medical personnel of the benefits and advantages of risk stratification on improve efficacy and reduce health costs
Hungary	N/A	N/A	N/A

Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	It has not been possibile to involve internal medicine specialists, because they don't provide currently outpatient care but only inpatient care	3	It will be the GP, as case manager, who will coordinate the contributes of the specialist doctors
	Fragmentation/lack of interoperability among nursing-hospital-GPs' EHRs	3	Utilization of regional teleconsultation platform to share ICP In the 2nd PDSA we are going to put some bases to begin the process of integration among EHRs (It will not possible to finalize the entire process by this year)
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	Method of recruitment in public companies based on role and not on skills. This prevents us from recruiting specific skills	3	N/A
	Governance instability (In the last 3 years USL Umbria 1 has changed 3 different general managers and my department (ICT) has changed 4 directors. Each time it was necessary to start all the dissemination activity from the beginning)	4	N/A
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	N/A	N/A	N/A
Italy Regione Marche (MARCHE)	Administrative procedures for personnel recruitment	2	Personnel already recruited. Monitoring of the procedures in case of need
	Access to source data repository	3	Access granted in a restricted form. Plans already in place for the next implementation phase
	Authorisations/approvals at political level	3	Continuous information provided to the political level to raise awareness on the actions. Alignment of the LAP to National/Regional policies
	Internal reorganisation	1	Sharing of information/adjusted plans among the new positions appointed to avoid delays and block of the activities

	Overburdened personnel	3	Support ptrovided by external personnel recruited through the JA funds
	Privacy restrictions	4	Continuous monitoring of laws/rules at national/Regional level
Italy Regione Lombardia (LOMBARDIA)	User friendly platform	N/A	N/A
	IT Infrastructure → lack of homogenity		
	Digital iliteracy among users		
Latvia	Lack of digital skills for users	4	Need to think about more convenient Implement support centers outside Riga
	Different readiness for digitalisation in different departments of the hospital	3	To do 2nd round of interviews with different representatives from departments – trying to find "telemedicine leader" in each department
	Involvement of GPs – undeveloped and underperforming primary care	4	To set up meetings in next phase with association of GPs, MoH and other organizations/institutions to involve them in the process
Portugal	Lack of resources (number and skills): healthcare professionals and IT	5	N/A
	Information systems (legacy) are an obstacle to interoperability, information sharing and communication among professionals	5	N/A
	Scepticism about the standardisation of care	4	Gather evidence on care pathways
	Lack of organizations alignment	5	Communication Plan
Slovenia	N/A	N/A	N/A
Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA)	Pandemic and post-pandemic period	3.5	Readaptation of the system

and Fundación Pública Andaluza Progreso y Salud (FPS)	Professional's overload and implication	3	Training sessions to be continued
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	Not having IT on the team	4	N/A
	Orthopedic surgeon collaboration	2	Presentation the project in a joint session
	Older people don´t handle new technologies	2	Intuitive and easy interface Videos with sound (oral explanation)
Spain Gerencia Regional de Salud de Castilla y León (SACYL)	Administrative procedure	3	Count in advance with the necessary times
	Different languages and different development rhythms in the parties involved Simultaneous development of projects	3	Know and analyze the projects that exist to prioritize actions.
	Work overload	3	Incorporation of new professionals in the project and focus on effective actions
	Pandemic COVID-19	4	Respond to it and take advantage of the boost it has offered to the incorporation of technology in healthcare
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la	N/A	N/A	N/A

región de Murcia (FFIS)			
Serbia	Obstacles regarding the coordination	5	Strenghtening the multisectoral collaboration Distribution of duties in formal way
	Regulatory obstacles	5	Moved to the Cycle 2 of PDSA, put off for the the end of the year Found a new source of financing

Note: use the following legend:

N/A = not applicable or not available

Table 3: Facilitators

Next Adopter	Facilitators	Impact on sustainability of practice after JADECARE ends (1=almost not important, 5=it can support the full implementation after JADECARE ends)	Actions to boost the positive impact
Belgium	N/A	N/A	N/A
Croatia	GPs	3	Start using central e-health platform *Health Portal* actively and to full extent Encourage communication of their patients with the healthcare system via central e-health platform *Health Portal*
	Support from The Coalition of Associations in Healthcare in Croatia	3	Promote central e-health platform *Health Portal* Sharing achievements and experience regarding participation in JADECARE
	Decision makers and policy makers: Ministry of Health, Croatian Health Insurance Fund and Croatian Institute of Public Health	4	Support all stakeholders in the process Encourage the use of central e-health platform *Health Portal*, further investments and updates, optimization Support intergration of the platform with other PH databases

Czech Republic	Adaptation of good practices for adoption.	5	Adopting good practices can speed up the adaptation process. It is about showing that something works and is not a trial of something completely new
	Motivated experts	5	Provide support, motivation, stay in touch, raise the profile of the field in new pilot validations
	Adjusting the schedule, adapting, linking approaches instead of working on two different ones	4	The interconnection will make the work easier and will not have to be double
	Clear support from MoH and minister	5	Moh support must be clear, specific, non-negotiable
Denmark	The Regional Development Department and other central Departments in the Region	5	Continue meetings and get them involved in PDSA 2
	Municipalties in NRD	5	Continue meetings and get them involved in PDSA 2
	Genereal Practise	5	Continue meetings and get them involved in PDSA 2
	The ”Digitizationdepartment” in SDNC has been merged with ”Cross Sectoral Collaboration”	3	Incorporated into staff meetings
Estonia	Good guidance for implementing tools	5	Shared best practices by Jadecare NAs & oGPs Support by Jadecare oGPs
	Related national project with partner countries	4	Shared experience Opportunities for implementation Support-team
	Good quality of regional health data	4	Access to data Ethical permissions granted
	Regional champions present	4/5	Strong motivation Experts (oGPs) continuous support Commitment
France	Motivate existing actors to take the lead – GIP - MSS	5	Support institutional development, continue conceptual work, further develop network, strengthen coordinating role with network partners

	Politico-administrative support	4	Keep informed, communicate results and successes, develop critieria for performance measurement
	Network partners	4	Strengthen network and internal communication, Identify common interest Define common goals and launch collaboration Improve data exchange and data for decision making
Greece	Momentum in Greece in the health system towards digital transition	5	Use the momentum that exists and build on towards digitalization of health system and risks stratification
	Inter-agency linkages of state institutions and research centers and academia		The network exists between academia public hospitals and research that can facilitate digital transition
	Resources from the EU projects and government state funds can facilitate the transition towards digitalization of health and EHR		Increase awareness towards HER and boost participation in EU funded projects of the policy sector
Hungary	N/A	N/A	N/A
Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	N/A	N/A	N/A
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	In our software supply contracts we often insert **evolutionary maintenance man-days** that we can optionally use. Thanks to this, we are able to take advantage of the know-how of the suppliers without write new supply contracts	4	Standardize this good practice in all supply contracts
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	N/A	N/A	N/A

Italy Regione Marche (MARCHE)	Strong motivation in implementing the tool (continuous input in healthcare digitalization)	5	Continuous effort in linking current policies to the practice, highlighting the benefits of its implementation
	Several related ongoing projects	3	Create synergies between JADECARE and ongoing/future projects
	High quality of health data	4	Continuous effort to maintain/improve quality of the data
Italy Regione Lombardia (LOMBARDIA)	Professionals participating in the Team	N/A	N/A
	Knowledge of the territorial needs		
	Past participation to EU projects		
	Having a specific local platform already in use		
	Availability of softwares and platforms well interacting with each other		
	Handbook for professionals and user friendly instructions for patients		
Latvia	Similar needs for chronical pediatric patients	5	Build up one approach so we can cover as much patients as possible including adults
	Connection with policy environment and other strategies	4	Keep all parts updated and informed on the progress of the project
	Covid experience – developed digital skills and the need and importance for digitalization	4	To use this time and develop as much as possible
	Support from physicians	4	Keep them updated and informed on the progress of the project and involve in next phase of the project
Portugal	Local leaderships	5	Support them and give them visibility
	RRP for digital transition	5	Match the project needs with the financing goals
Slovenia	N/A	N/A	N/A

Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	Alignment with corporate strategies	5	Disseminate common activities within the strategies and plans
	Availability of additional funding	4	Additional funding has helped the deployment and implementation of LCF1
	Leadership support	4	Strengthen links and coordinations
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	Work team integrate for doctors an therapeutics	5	Write the treatment protocols as a team
	Comunication with patient by sms, email, video	2	N/A
	Incorporate patients into the work team	4	N/A
	Jadecare	5	N/A
	Looking for others similars app	1	N/A

Spain Gerencia Regional de Salud de Castilla y León (SACYL)	Information to the new management team	5	Provide clear, concise and relevant information
	Adjustment of the schedule	4	Consider and give a value to the limiting factors of the project and incorporate the milestones and risks in the schedule. Have a standardized methodological document
	New proffesional in the project	4	Caring for team professionals and supporting new ones
	Leadership	4	Leadership training
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	N/A	N/A	N/A
Serbia	Decision makers	5	Presentation of future outcomes, effects of the implementation
	Health care professionals	5	To incetify their will to accept new changes and apply them in practice
	Vendors	5	N/A

Note: use the following legend:

N/A = not applicable or not available

Table 4: Challenges

Next Adopter	Challenges	Impact on sustainability of practice after JADECARE ends (1=almost not important, 5=it can support the full implementation after JADECARE ends/it can block it completelly)	Actions to boost the positive impact and/or diminish the negative
Belgium	N/A	N/A	N/A
Croatia	Patient envolment	5	Patient feedback and suggestions
	Cooperation	4	Communicaton and cooperation with healthcare professionals and patient associations
	Motivation of team members	4	Motivational activities and team building
	Developing of new digital tools	3	Providing timely information and adequate use of new tools
Czech Republic	Getting the cooperation of external organisations	4	Possible subsidies for further development, providing a digital solution for free (our app)
	Setting clear conditions for integrated care, cooperation, sharing, strengthening the competences of the nursing service	4	Cooperation with stakeholders, pressure on decision-making institutions
	Multidisciplinary collaboration to achieve a better life for the patient.	4	Provision of a free digital tool, participation in a pilot and demonstration of a possible working collaboration, cooperation from stakeholders will be needed, also changes in procedures and this is always problematic
	Expanding the experience gained through the pandemic	4	To build on the experience of experts and especially patients
Denmark	None identified	N/A	N/A
Estonia	Involvement of relevant stakeholders	4	Meetings regarding the update of the process
	Keep the timeframe	4	Keeping up with the timeframe & process Supportive oGP representatives
	Covid – 19	3	Flexibility, adjusted plans
France	Lack of integration of project activities in existing structures	4	Key project activities are anchored in GIP MSS, linkages to health insurance house are established, linkage to health professional networks need to be strengthened

	Limited staff time	4	Staff capacity has increased prior and during PDSA 1, increase network activity to share tasks
	Difficulty to have primary care physicians participating	3	Improve communication/feedback mechanism Develop alternative linkages to health professionals/ to community activities Promote new approaches to larger physician networks (CPTS, URPS), Identify areas of common interest
	Connection network partner data systems	4	Initial work successfully done between GIP MSS and CPAM
Greece	Data collected of poor quality	5	Begin building on a system for proper medical data collection
	Weak digital literacy of the hospital staff	4	Incorporate hospitals' IT personnel on NAWG
	Lack of EHR	5	Start building EHR
	Lack of awareness towards benefits of risk stratification using patients' data	3	Increase awareness to medical professionals and policymakers on the benefits from risk stratification
Hungary	N/A	N/A	N/A
Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	Lack of time/resources of professionals (Covid pandemic has put a strain)	4	To promote the inclusion of planned activities within usual activities, leading to routine
	Coordinating these activities within the usual activities of specialists	4	To keep close contacts with Department Directors and Coordinators of O.U to monitor these activities and to improve them as much as possible
	Lack of time for project management of simultaneous projects	2	To improve time planning, simplifying activities when possible To analyze existing projects to prioritize actions
	Stakeholder communication	4	To provide more communication/updating activities: webinar, meetings (formal/informal)

Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	In the next months, Italian healthcare will be revolutionized due to the projects financed by the PNRR It will be a challenge to find human resources to dedicate to this activity	5	Involvement of external resources
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	N/A	N/A	N/A
Italy Regione Marche (MARCHE)	Technical issues (eg. IT system, data cleaning and validation)	3	Continuous monitoring and identification of potential solutions; strict collaboration with technicians
	Definition of an effective sustainability plan	4	Continuous effort in the definition of the plan and flexibility in revising it based on new policies/programmes
	Involvement of relevant stakeholders	3	Organisation of devoted meetings to sharing results and co-design the sustainability plan
Italy Regione Lombardia (LOMBARDIA)	Time	N/A	N/A
	Keep the service as complementary and not as a substitute		
	Keep the human contact operator – patient		
	Funding		
	Increase the n. of covered patients (not only with mild issues)		
	Increase the number of professionals using s uch a service		
	To prove and show the efficiency and efficacy of the service		
Latvia	National Health Services – new financing models, business models	5	To set up meetings with NHS and MoH to involve them in the process and finding solutions
	Unfunctional National e-health system	4	N/A

	Complicated technical situation with different IT systems in every hospital (to transfer the project to other hospitals)	4	N/A
Portugal	Compliance with the timings	5	N/A
	Including the patient perspective in the care pathways	5	The training in codesign will support this activity and will build capacity for further developments/adjustments/design of other care pathways
Slovenia	N/A	N/A	N/A
Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	Political changes	3	Current electoral process
	Professional's implication	4	Training sessions, awareness rising workshops
	Stakeholder's involvement	3	Dissemination activities
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	All health care professionals in service use the app	4-5	Training sessions for the entire service
	Integration in patient health record	5	Head of IT hospital department knows and supports the project
	Maintenance web app and extension to others fractures	3	N/A

Spain Gerencia Regional de Salud de Castilla y León (SACYL)	Motivation	5	Motivational activities for change
	Involve to the citizenship	4	Contact with patient associations and groups to offer them active participation in the project
	Consensus, cooperation, common objectives	5	Transparent joint work with well-defined common elements
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	N/A	N/A	N/A
Serbia	Coordination of management and institutional cooperation during the implementation of health digitalization	5	Effort consultations during the project
	Limited human resources and institutional management of health digitization	5	Organizational changes, incentive programmes

Note: use the following legend:

N/A = not applicable or not available

Table 5: Learnings

Next Adopter	Learnings	Impact on sustainability of practice after JADECARE ends (1=almost not important, 5=it can support the full implementation after JADECARE ends/it can block it completelly)	Actions to boost the positive impact and/or diminish the negative
Belgium	N/A	N/A	N/A
Croatia	Motivation and vision of team members	4	Motivate team members and build team force
	Project plan	4	Make structural analysis and achievable goals
	Deadlines	4	Create achievable deadlines
	Data analysis	4	Analize performed activities, detect deviations and risks and propose mitigating activities
	Involvement of all interested parties	5	Elaboration and active contribution to the project participation
Czech Republic	Set realistic deadlines and timelines	5	Not to overdo it with demands that cannot be done in the time available
	Thorough preparation is time-consuming but ensures the best implementation: project design is a key success factor	4	Devote sufficient time to the analysis, ask for critique of the analysis
	Importance of establishing, maintaining and seeking additional contacts.	4	Change is easier with good contacts
	Find motivated experts and other team members	5	Search till you find them, it's worth it, but count on the fact that it takes a lot of energy to keep them in touch, informed, etc.
Denmark	The ”NAWG” was divided into a ”Core NAWG” with 5 members and a Broar NAWG” with 12 members to gain more agile processes	4	Continue working in the same way
	Health professionals are scarce ressource and have shift schedules several months ahead	5	Plan longterm when health professionals has to be involved
Estonia	Collaboration with stakeholders	3	
	Flexibility – “covid-19 is still with us”	3	Flexible plan (+ adjustments in place) Staff involvement, motivation
	Process is long, but rewarding	3	Milestones Results achieved and presented

			Continuous monitoring of process, achievements
	To identify the interventions on local level	3	Interventions identified Staff involvement & support
France	Define realistic goals	3	To be done for PDSA 2 -
	Embed findings into larger projects/programmes after Jadecare	4	The Jadecare initiative is imbedded in TSD, which will continue for several years
	From project work to transformation process	3	Continue to explore ways of widening the scope of „health care“ based on the chronic care concept Work on stronger inclusion of prevention and patient accompaniment in health care financing Promote integration of primary and social care into community health action
	Communication is a key pillar	4	Develop new communication platform or integrate into existing Market added value of the interventions
Greece	Data analysis provides more in-depth information about patient status	5	Identify robust ways to obtain objective reliable patient data as well as subjective data to assign risk level of patients
	Clinical decisions tailored to the risk profile of the patient	4	Design systematic use of patient risk assessment to make case management decisions- such as matching treatment intensity and resources to patient risk levels
	Risk stratification can improve treatment care and reduce costs	4	Systematic risk assessment can help to tailor clinical practices to the sickest patients, with comorbidities and reduce health care costs
Hungary	N/A	N/A	N/A
Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	Need to define concrete objectives in a realistic time frame	4	Improving time planning, simplifying activities when possible
	Importance of maintaining fruitful communication with stakeholders	4	To strengthen communication, bring visibility to results and successes by devoted webinar, meetings (formal and informal)

	Importance of maintaining the willingness of NAWG and involved professionals	5	Highlighting and sharing achievements, increasing internal communication, emphasizing the added value/utility of activities
	Importance of defining actions that can provide added value and can work along with usual activities	5	To involve from the beginning the professionals, gather their feedback and suggestions
	It should not be underestimated that the different parties and health systems involved have different times to make changes	4	From the beginning taking into account the complexity of the context/systems and the different rhythms
	Usefulness of embedding Jadecare activities into a national/regional health strategies framework	4	To keep emphasizing that our activities meet national/regional needs, strengthen policy communication
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	Involve and empower whole working group	3	Establish fixed meetings
	Inform all levels of the company about the activities of the project	3	Organize informative events
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	N/A	N/A	N/A
Italy Regione Marche (MARCHE)	Good practice transfer is a long and challenging process	2	Positive results achieved are a strong motivation for the future actions
	The collaboration with the practice owner is essential	4	To continue the very good collaboration already established

	Comprehensive and transversal knowledge on relevant processes, strategies and plans is a key point for ensuring sustainability	3	Continuous monitoring of processes, strategies and plans
Italy Regione Lombardia (LOMBARDIA)	New domain for digitalization	N/A	N/A
	To share standardized and validated evaluation tools		
Latvia	Firstly involve main users not digitalization experts to develop digital strategies	5	Will continue
	Involve all key stakeholders (incl. internal) from very beginning	5	Will continue
	Engage potential contributors and partners early – allowing to improve the project concept	4	Will continue to work on that
	Clear project ownership and strong project team	4	Will work on this
	Engage external outsourced experts	2	Will continue
Portugal	Negociate staff time for the project	4	Negociate staff time in advance to ensure that the professionals engage
	Communication	4	Do a comunication plan
Slovenia	N/A	N/A	N/A
Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	Reinforce internal dissemination	5	More internal dissemination activities to be scheduled
	Patients and carers' involvement	4	Link with patients and carers' associations
Spain Servicio Cántabro de Salud (SCS)	Better web app than app	5	N/A

and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	Team made up for all the professionals involved including it and surgeons	5	N/A
	Set of videos shorts	2	N/A
	Not copy a project	5	Create own project adapted to local environment
Spain Gerencia Regional de Salud de Castilla y León (SACYL)	Involved all the heath services	5	Give active participation in the elaboration of the project of all the parties involved
	Realistic deadlines	4	Active detection of deviations and risks and correct it
	Project design	4	Make a list of all the key factors in the project to analyze them in a structured way
	Motivating and involving healthcare professionals	5	Motivational activities
	Active intervention of patients	4	Summon key participants to offer their contributions to the project
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	N/A	N/A	N/A
Serbia	Readiness of management to make organizational changes on site	5	N/A
	Ensuring the regulatory framework	5	Adopted regulation at national level and concluded contracts. Amend the contracts if necessary

	Continual trainings contribute to sustainability of the project	5	Ensure the trainings through contracts with vendors
	Good coordination among the stakeholders especially when the problems occur can be the key factor for implementation maintenance	5	Strenghten the communication among the facillitators

Note: use the following legend:

N/A = not applicable or not available

Table 6: Not planned activities

Next Adopter	Activities not planned, but happened during implementation (with short description)	Current status of the activity	Future plans regarding this activity
Belgium	N/A	N/A	N/A
Croatia	**COVID-19 pandemic**: had a huge impact on healthcare system in general and lead to its overload and it has been the major problem for implementation of the scheduled tasks in this project. It has also shown the need for developing and incorporating new digitals tools in healthcare system in order to empower patients and give them better digital communication and acccess to health services and encourage patient‘s active role in care of his health	N/A	On the national level, there are activities for mitigating overload on healthcare system due to COVID-19 pandemic and accelerated development of telemedicine and other digital tools
Czech Republic	Linking the ambulance service and other clinics, the possibility of monitoring basic paramedic reports and ambulance arrival time	N/A	Sharing of documentation between the ambulance service, the hospital and with patient and GP

Denmark	N/A	N/A	N/A
Estonia	An initiative to form an accountable care organization with GPs and social affairs representatives; an idea is presented to partners, planning of further meetings is in a progress	N/A	Ongoing discussions to define opportunities & actions planned
France	European Diabetes network Strasbourg	Newly established	Potential to implement patient pathways and include GIP MSS
	Interest to establish patient pathways from various angles	ARS, CPAM and others started work	Possibility to use within integrated care activities, economic evaluation needed
	National interest to impllement e-health strategies	Existing pilots	Important element in integrated care, potential to set up pilot sites in Strasbourg
Greece	Came in touch with Hospitals' IT experts and discussed poor quality of the data.	N/A	Will keep on investigating other administrations to acquire better data to achieve risk stratification
	Discussed with medical doctors to establish criteria for categorizing general population based on obtained data	N/A	Will keep on working together to figure out a proper classification approach
Hungary	N/A	N/A	N/A
Italy Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)	Webinar organized by ARS Tuscany to promote the project to relevant stakeholders	N/A	Increase visibility Create vertical (policy level) and horizontal (services level) links
	Agenas meeting with affiliated entities: Tuscany, Umbria, Marche, Lombardy	N/A	Receiving support by the national level
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	The integration of the "Patient clinical data" form in ECWMED was quick because all our systems respect international interoperability standards	N/A	We think we can integrate quickly this form into all health applications that make this type of information useful for treatment (eg. Dialysis, Cardiology, etc.)
Italy	N/A	N/A	N/A

Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)			
Italy Regione Marche (MARCHE)	New National Models and standards for community care (March 2022): adoption of a common stratification model throughout the country	N/A	Discussions are in place to define synergies/opportunities
	Collaboration with Catalonia to further exploit risk assessment strategies	N/A	Discussions are in place to define synergies/opportunities
Italy Regione Lombardia (LOMBARDIA)	N/A	N/A	N/A
Latvia	Support from all stakeholders	N/A	Will provide them with feedback of the project status to involve them also in process of development
	Strong collaboration between all 3 university hospitals in Latvia (e.g. thinktank event on integrated care)	N/A	Will provide them with feedback of the project status to involve them also in process of development
	Participation in MoH activities regarding integrated care, digitalization in healthcare (incl. secondary use of data)	N/A	Will continue
	Sharing Children's Health Ecosystem concept and progress in different national and international platforms and forums	N/A	Will continue
Portugal	Training in codesign	N/A	Harmonizing care pathways among pilots (common issues)
	Inclusion of a member of the MoH in the NAWG	N/A	N/A
	2 webinars (raised awareness)	N/A	N/A
	RRP for digital transition	N/A	Match the project needs with the RRP goals
Slovenia	N/A	N/A	N/A

Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	N/A	N/A	N/A
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	**A1: Incorporate patients into the work team who give feedback on comprehension of information, understanding of the vocabulary, ease of use the app** Knowing the computer skills of our target population	N/A	N/A
	A2: Show the web app to orthopedic surgery service and plan patient circuit The patient entry is through traumatology unit	N/A	N/A
Spain Gerencia Regional de Salud de Castilla y León (SACYL)	**A1 (strategy):** The pandemic, which has probably been a problem for the execution of the tasks foreseen in the projects, has also accelerated the cultural change 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	N/A	Continue extending telepresence in the Community based on the new digital health strategy of the National Health System and its own strategies The V Health plan is staring to be drafted
	A2 (leaders): Hospital and health center professionals who have participated in the Zamora pilot have become leaders in promoting the	N/A	Carry out train of training from the leaders

	project among their colleagues: the CCU doctor has trained other internists from other health areas The psychiatric leader of the previous experience in Palencia must be involved		
	A3: (HC professionals) Specific training in telepresence for CCU hospital health professionals: doctors and nurses (face-to-face sessions and work with provided material) Soon training for primary care teams through delivery of audio-visual material Psychiatric services	N/A	Carry out continuous training adapted to the needs that appear as the project progresses
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	N/A	N/A	N/A
Serbia	Programme: E-diabetes, pilot project sponsored by pharmaceutical company	N/A	Results of satisfaction of users will be the justification for the system application in the future

Note: use the following legend:

N/A = not applicable or not available

Table 7: Suggestions to boost sustainability

NA	Other suggestions to boost sustainability of your practice implementation after JADECARE ends
Belgium	N/A
Croatia	Create a simple, functional and secure tool that is easy to use by both professionals and clients
	Make the tool useful. It must be able to provide feedback, data, etc., which can be further worked with
Czech Republic	N/A
Denmark	N/A
Estonia	Tools are needed to implement also outside our county
	Available network of experts (oGP) and NAs – learning together, network
	Political consensus on the needs, objectives and strategies to achieve change in health system
	We support the statement of our Jadecare colleagues: "A high-level coalition should be established to anchor the specific practice at the policy level and assure systemic funding upon the conclusion of JADECARE"
France	Use existing initiatives on patient pathway development to strengthen the role of secondary and tertiary prevention
	Embed Jadecare work into a larger transformation process - The TSD project in the EMS and the Saverne region is an asset
	Define/develop concrete products out of the Jadecare project, which can then be scaled up
	A strong policy process, which integrates the Jadecare process/products into a larger context and makes them available for other interested groups
	Continued communication and marketing efforts
Greece	Develop inter-agency collaboration with other hospitals and research centers in Greece to continue the work in their premises
	Develop policy recommendations for nationwide campaign and advocate for increasing the quality of Electronic Health Records with more valuable indicators and data and towards Health Digitalization
	Work further on the risk stratification assessment in order to advance the sophistication of the model and acceptability from the medical personnel
Hungary	N/A
Italy **Agenzia Regionale di Sanita - ARS della regione Toscana (ARS TOSCANA)**	N/A
Italy **Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)**	N/A

Italy **Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)**	N/A
Italy **Regione Marche (MARCHE)**	N/A
Italy **Regione Lombardia (LOMBARDIA)**	N/A
Latvia	N/A
Portugal	Maping digital skills needs for health professionals and managers
Slovenia	N/A
Spain **Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)**	Take advantage of existing initiatives and strategies
	Alignment with organisation priorities
	Additional funding available
Spain **Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)**	Create our own project adapted to our needs and our local environment
	Take into account the views of all professionals and patients involved
	The head of IT Hospital Department has to support the project
Spain **Gerencia Regional de Salud de Castilla y León (SACYL)**	Periodically monitor the implementation, detecting new needs and new fields of application
	Focus new actions within the strategic lines of the organization
Spain **Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)**	N/A
Serbia	Measuring the health care efficiency and its promotion in order to facilitate a common understanding about the adequacy and benefits of e-health innovations
	Data collection and continual reporting is the base for solving actual problems, making improvements of existing implemented solutions and contribute to their sustainability
	It gives opportunities for introduction of new projects in the future

Appendix 3. Sustainability planning in next adopters' good practices: analysis of sustainability checklist responses report

BACKGROUND

In the end of September 2021, the checklist was developed for JADECARE Next adopters to collect the status of sustainability planning including development of local/regional/national network, that include patients' representative organizations and representatives of healthcare professionals.

The checklist was developed to support local good practices by focusing on its sustainability, so that it will still "stay alive" when JADECARE ends. The results will also be helpful to identify areas, where the WP4 team can develop targeted support based on responses provided.

In addition to gathering all important information relevant to sustainability planning up to this point in time, the checklist was also designed to advocate for the importance of:

- a strong working team (Next adopter local team);
- efficient communication to other important institutions/people that can support Next adopter work (local/regional/national network);
- and to plan for actions, that will support the practice sustainability (as described in each Local Good practice and Action plan).

One checklist per Next adopter site was to be completed by a key respondent who is knowledgeable about and/or is actively involved in the development and implementation of the Local Good Practice and Action Plan. The checklist consisted of 9 questions with several subquestions. Mostly, the questions were of closed type with three available response options (yes/no/open comment). Subquestions 6b., 7b and 8b were »if yes…« open ended questions. Question 9 introduced several statements where multiple responses were available.

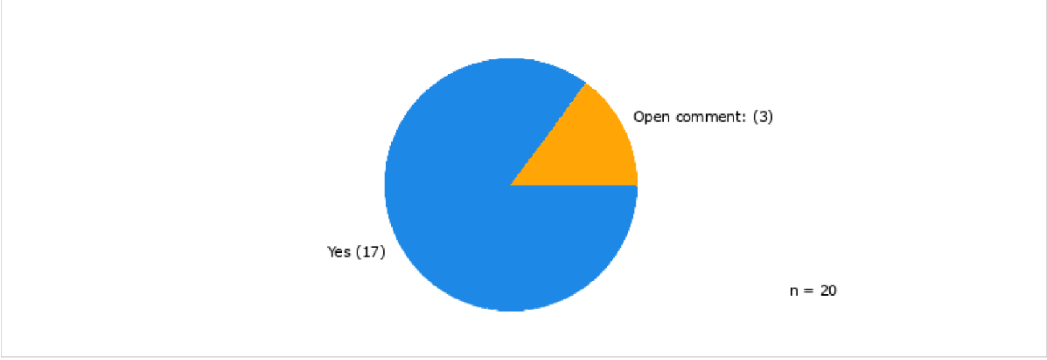
The checklist was disseminated on September 30th with the due date for completion on October 18th. In total, 20 checklists were received that were completed in full. Seven checklists were excluded from the analysis due to duplication or were significantly incomplete.

In the following section, results per each question are presented visually and in a written format. Open ended responses are presented within the text using quotation marks.

ANALYSIS OF THE CHECKLIST RESPONSES

Question 1. Key stakeholders6 in Next Adopter's practice are identified: (n = 20)

Fig. 4 Question 1

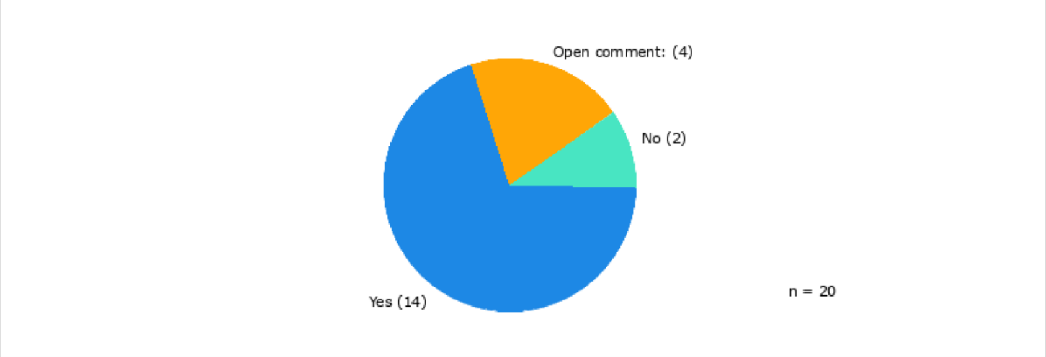


6 For the purpose of this checklist Stakeholders were defined as: »institutions, organisations, people or groups that stand to be directly or indirectly affected, either positively or negatively, by an effort or the actions. Key stakeholders may as well be directly or indirectly affected by the actions, and are also those who can have a positive or negative effect on an effort, or who are important within or to an organization, agency, or institution engaged in the practice«.

Out of 20 valid responses, 17 were affirmative in that all key stakeholders relevant to respective NA practice were identified. Within 3 remaining open comment responses, 1 was also affirmative but with additional explanation: »*Yes, but changes can be made during time*«; and two expressed issues or needs for further actions: 1. »*Only partly, field stakeholders have been hard to mobilize. Also, hospital is not yet onboard. And internal staff are not all available*« and 2. »*We can detail it even more*«.

Question 2. Level of involvement for each identified key stakeholder is defined (as full member of the local team, involved, but outside the team, consulted or only informed): (n = 20)

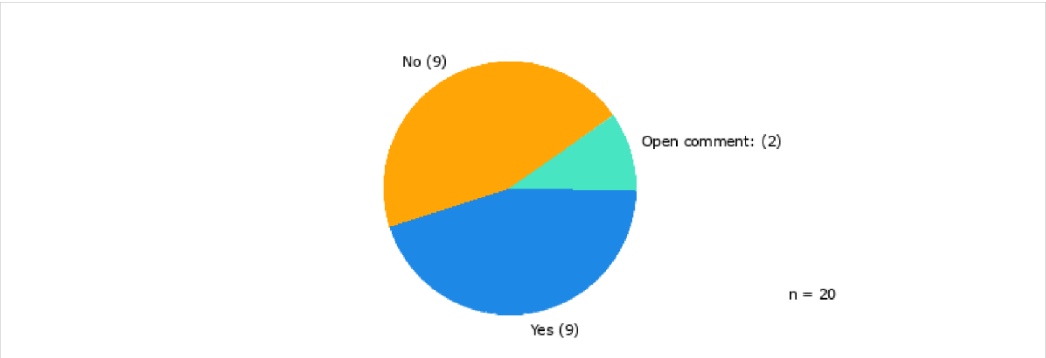
Fig. 5 Question 2



Level of involvement for key stakeholders was defined in majority of NA sites according to 14 responses received. In 2 cases the latter was not defined. Within 3 remaining open comment responses, 1 was also affirmative but with additional explanation: »*Yes. Several stakeholders involved belong to the andalusian health service, public agency in charge of healthcare provision and dependant on the regional ministry of health and families of andalusia. All key stakeholders are involved in the Local implementation working group and are informed regularly*«. The three comments suggest this is a continuous process: »*Stakeholder engagement activities have started in the ancona area. we are waiting for the appointment of the new directors to define a new plan*«, »*work in progress*« and »*we can detail it even more*«.

Question 3. Patients' organization representative is a member of Next Adopter local team and/or of the network: (n = 20)

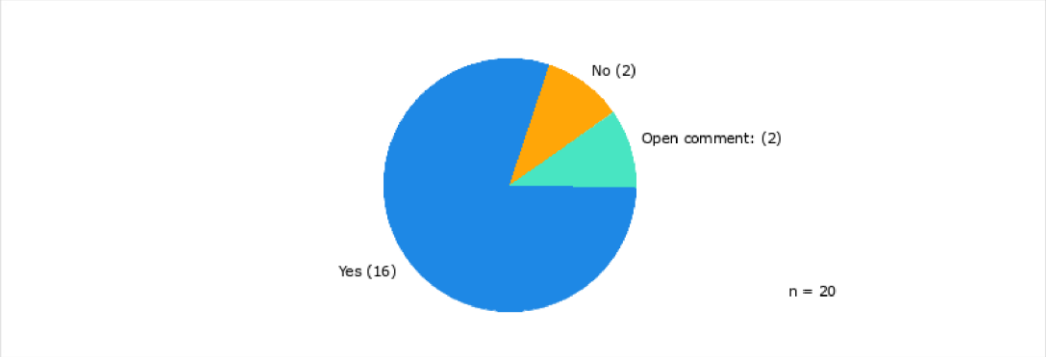
Fig. 6 Question 3



The responses here suggest the need to provide additional support to involve patients in the local NA teams. In 9 cases, the patients are involved in the local teams while in 9 they are not. Simillarly, the patients were not involved in 2 additional cases as explained in open comment responses: »*not currently, but it would be necessary to assess who is the most suitable person*« and »*we don´t have patient representative in our local team*«.

Question 4. Representative of healthcare professionals is a member of Next Adopter local team and/or of the network: (n = 20)

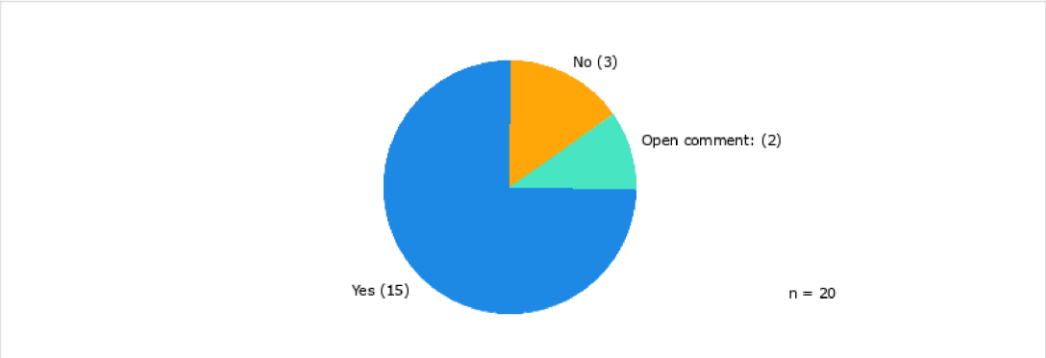
Fig. 7 Question 4



Different to patient involvement is the involvement of health professionals, where 16 responses were affirmative and 2 were negative. The remaining 2 open comments provided further explanation of their situation: »*We are working on it*« and »*Yes. Several head of units participating in the liwg are healthcare professionals*«.

Question 5. Policy level representative (or representative with links to the policy level) is a member of the Next Adopter local team and/or of the network: (n = 20)

Fig. 8 Question 5

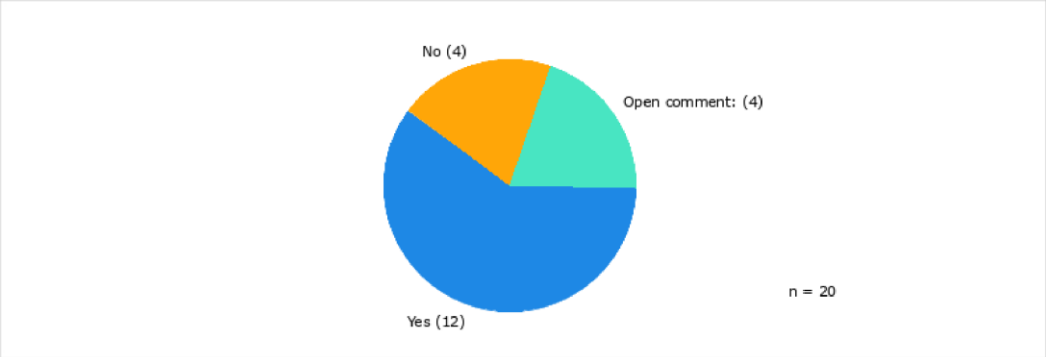


From the point of practice sustainability, it is encouraging that there is high involvement of policy level representatives in the NA local teams. Evidently, 15 responses were affirmative while 3 were negative. The 2 open comments have been affirmative as well, providing additional explanation: »*Yes. Linked to the sub-directorate for social-healthcare, strategies and plans*« and »*National policy representative is represented in Paris (not locally). Locally, we have the Eurométropole support and a local consortium*«.

Question 6. JADECARE has a Policy Board that will act at policy level to support JADECARE impact.

Subquestion 6a. Do you know who represents your country in this Board? (n = 20)

Fig. 9 Question 6



The responses to this question suggest the need to further communicate with the NAs who their Policy board members are. According to 12 responses the NAs are aware of their Policy board member while in 4 cases they are not. Out of 4 open comments, 3 provided further explanations which indicate that NAs do not know who their member is: »we suppose that they are the coordinators of KRONIKGUNE«, »Not yet. but we hope to know soon the names of the spanish representatives« and »I don 't know but I would like to know so I can have your reference«.

Subquestion 6b. If yes, what kind of communication did you already have with your representative and what are your plans for the next 6 months? (n = 20)

All 12 responses that were affirmative to the subquestion 6a, provided further explanation under the subquestion 6b. For transparency, we list the responses in the following order:

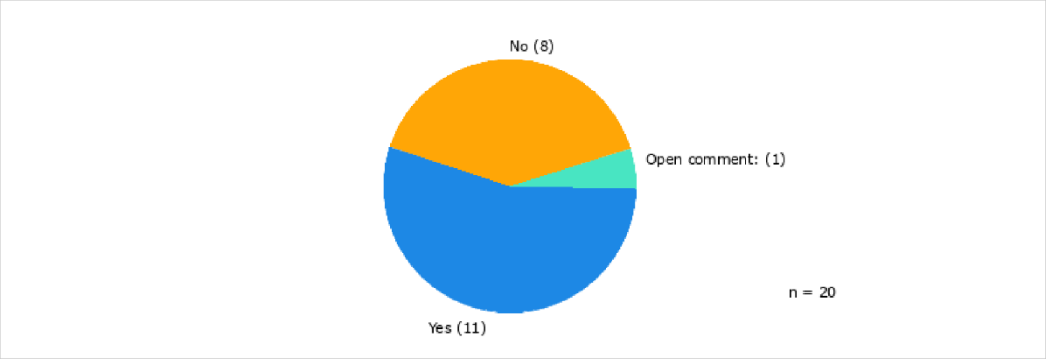
1. »*We have regulaar meetings (once a week) and we will continue these meetings*«.
2. »*Close communication. We are involved in many projects*«.
3. »*Our representative is familiar with the scope definition and action plan and is regularly updated on our activities*«.
4. *»Several contacts (presentation of the local consortium and project, presentation of jadecare). We keep her informed and escalate topics that requires a national level involvement«*
5. *»István Csizmadia who is the hungarian representative in the policy board is our colleague, we are working closely with him on the project. He knows every detail of our planned pilot, he took part in the scope definition process and every pre-implementation activity. We will also work closely with him in the implementation phase too«*.
6. *»We are in close touch with or representative, Alena Šteflová, MD, PhD, MPH, Head of the department of healthcare of the czech ministry of health. We, together, collaborate on implementation of the national health 2030 programme on ongoing manner. Therefore, jadecare results are fully acceppted as very valuable contribution to specify healthcare policies on the national level«*.
7. *»Regular communication. The plan is to keep this regular communication and ask for support if needed«.*
8. *»Support within the project, participation in meetings with representatives of the organisations concerned«.*
9. *»Estamos en espera de tener una reunion con los coordinadores y los representantes del wp8 (daneses) para aclara algunos apoyos«. (We are waiting to have a meeting with the coordinators and the wp8 representatives (Danish) to clarify some support.)*

10. *»Not have an exchange with the representative. The first contact about jadecare will happen in the end of October«.*
11. *»Continuous correnspondance and on -line meetings«.*
12. *»Full coordination and support«.*

Question 7. Your local team worked on different views of your practice during the last year, and potentially identified several barriers and/or opportunities.

Subquestion 7a. Did your team change because of that from the one you had in autumn 2020?: (n = 20)

Fig. 10 Question 7



The responses from this question suggest that establishment of the NA local teams is a dynamic process with many occuring changes in the team composition. Only in 8 cases there were no changes made to the initial team while in 11 cases these kind of changes were made. There was one open comment bringing attention to the difficulty of establishing the right team: »*It has taken more time than expected to develop the right network*«.

Subquestion 7b. If yes, please describe in a few sentences what was the change and what was the reason for it. (n = 11)

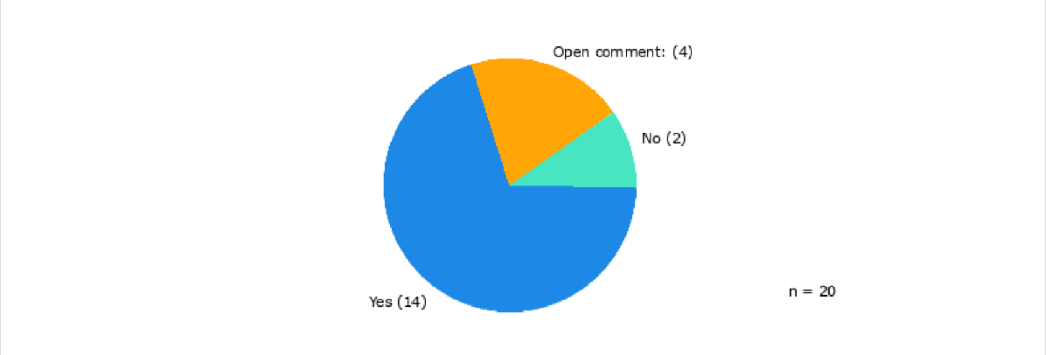
Out of 11 responses that were affirmative to the subquestion 7a, 10 provided further explanation under the subquestion 7b. For transparency, we list the responses in the following order:

1. *»Orient the work towards good practice that is expected to have better sustainability in our territory in the medium and long term. Adapt the objectives of the original good practice to apply them and improve the project and the actions of the local practice«.*
2. *»We had a change in the professional leadership of the next adoption site team. The change was due to a reason outside of our project«.*
3. *»Due to covid 19 some people of our team changed because of their workload«.*
4. *»In autumn 2020, we planned an extended local team with operational involvement of the community area. Due to the covid-19 pandemic, we were forced to focus the activities only on the stratification part with the direct involvement of our organisation. new directors will be appointed shortly and this will allow us to redefine the working group and the involvement of the various community ...«.*
5. *»The team is adapted as we focused more on data use. unfortunately, we have also had a number of redundancies in the nawg«.*
6. *»Added another AFT coordinator to increase local gaps«.*
7. *»More people were added to the nawg, according to the needs that arose along the way«*
8. *»We added additional members (from the primary level of health care)«.*

9. *»Project coordinators at the Ministry of Social Affairs and Viljandi Hospital changed (one went on parental leave and the other continued residency in another hospital)«.*
10. *»One member of the initial team moved his workplace to the spanish ministry of health, and has been replaced by the current person in the same position in Andalusia. Besides, another member is temporally in sick leave due to an accident, but a colleague will replace her for her contribution in the Local implementation working group..«.*

Question 8. Your Action plan includes at least one activity7 to support the sustainability of your practice. (n = 20)

Fig. 11 Question 8



Next adopters have been encouraged to plan for sustainability from the start and include at least one action in their Action plans. According to the results of the checklist, such activities were defined in 14 cases and in 2 case were not. In the 4 open comments, further explanations and justifications were provided: »*Action plan is still under development*«, »*So far, rather marginally, but we are aware of the importance of it*«, »*A network should be sustainable. The action plan describes a proof of concept for the optimedis model and implement afterwards (sustainable)*« and »*We are in the decision phase*«.

Subquestion 8a. If yes, please copy it/them to this box: (n = 20)

Out of 14 responses that were affirmative to the question 8, 10 provided further explanation under the subquestion 8a. For transparency, we list the responses in the following order:

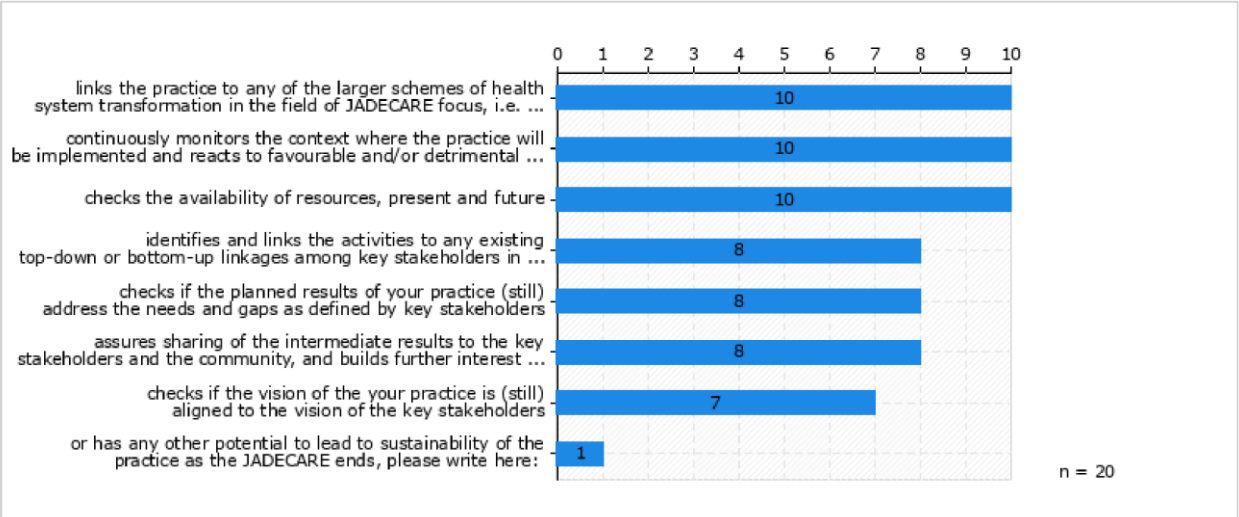
1. *»Define the plan for the implementation of the eletronic health record as the core of the patient process, including the instruments designed in the LCF3«.*
2. *»The jadecare project team of the czech ministry of health takes part of the spcifications of the national framework health 2030. results of jadecare are continuously accepted into the relevant parts of the framework as an example of people centred, digitally supported integrated care«.*
3. *»Presentation of the proposal (for more efficient use and upgrading of tools for the exchange of patient data) to ZZZS (administrator of payment models) and public health institute (administrator of eHealth) to ensure the sustainable use of the proposed solutions. 2. presentation of results and proposal to the public health institute regarding the inclusion of additional tests in the program ...«.*
4. *»We try to adopt the ACG (adjusted comorbidity group) method and use it to facilitate a national risk stratification approach«.*

7 In the checklist, the following was included: »For suggestions please check at Sharepoint at the Toolbox in the folder for Next Adopters«.

5. *»Identification of policies and interventions at regional level to support implementation and sustainability of the LGP«.*
6. *»Establish a shared savings contract model and governance structure«.*
7. *»A pilot action that will validate if this good practice will be active in the future«.*
8. *»The Andalusian action plan is linked to a local project for the development of a centralised system for proactive follow-up (SCSP) of chronic patients. Moreover, the pilot and its results are included within the framework policies, strategies and plans of the regional ministry of health and families of andalusia / andalusian health service«.*
9. *»Proactive communication among NAWG and the Policy board member«.*
10. *»Support and monitoring activities«.*

Question 9. According to your opinion, to which area/areas this sustainability activity/activities fits (please check all that apply): (n = 20)

Fig. 12 Question 9



The table shows the number of responses related to each statement. Multiple answers were available. One response was open ended, related to the last statement in the table: »*continuous training of professionals and managers involved*«.

KEY LESSONS LEARNT

The positives

- High rate of Key Stakeholders identification in Next adopters' practices (in 18 responses out of 20).
- High rate of identification of the level of involvement of these key stakeholders (in 15 responses out of 20, and the others are working on the identification).
- High involvement of relevant healthcare professionals in Next adopters' local groups.
- Good representation of organisations having a pivotal role in the regional health care system.
- Next adopters change/evolve groups based on their emerging needs as the pilots progress.
- High involvement of policy level representatives in Next adopters' local groups.
- Identification of Policy board members in almost all Next adopters' countries (irrespective of this checklist), while the knowledge about their existence might not be as high by the Next adopters.
- Next Adopters expose a very good knowledge and orientation of the plans, organisation and orchestration of »what is going«, seem to act with a strong sense of coherence in the project.

The need for further actions to build up sustainability potential of practices

- Support the involvement of patient representatives in Next Adopter local groups.
- Communicate with the Next adopters about who is their JADECARE Policy board member.
- Support the NA (those who have not yet done so) in including at least one activity related to practice sustainability.
- Support knowledge building on representing Policy Board members of the participating JADECARE countries for the NAs of each respective country.

Appendix 4. Joint key findings from sustainability sessions at Thematic workshops

Work package 5: In tables 1-3, joint key findings from sustainability sessions from WP5 thematic workshops are presented.

Table 1. Joint finding from sustainability session at Thematic workshop organized by RND on 20/21 June 2022

Sustainability session – RND, ARS Tuscany, AUTH, ACSS	
Key findings – what supports the sustainable implementationof the practices when JADECARE ends	• Involve the political system or relevant administration departments • Involve the" right" stakeholders (those, who are needed foractivities, or those who benefit from the project) • Stakeholder communication • Design systematic use of patient risk to make case management decisions in order to match treatment intensity and recourses to patient risk levels
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Privacy/GDPR – block for relevant data • Lack of time/resources for professionals to participate in necessary activities • Low level of digital literacy within healthcare professionals • Lack of the necessary data/poor data available
Other important messages related to sustainability of implementation	• Plan long term when health professionals have to be involved • Involve healthcare professionals from the beginning • Communication is key: make communication plan with visibility of results and successes to maintain stakeholders' interest and involvement in the project. • Systematic risk stratification can improve treatment and reduce cost

Table 2. Joint finding from sustainability session at Thematic workshop organized by ARS Toscana on 30 June/ 01 July 2022

Sustainability session - ARS Toscana, USL Umbria, CIPH, UHO, ACSS and MoHRS	
Key findings – what supports the sustainable implementation of the practices when JADECARE ends	• Involvement of the political stakeholders to support the digitalisation and the undertaken activities • Stakeholder communication • Need to invest time to train professionals on new activities, facilitate their motivation and willingness • Integration of JADECARE actions in the activities already existing • Codesign and involve from the beginning all the stakeholders (patients, professionals)
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Privacy problems/GDPR • Lack of resources: time, professionals and funding • Low level of digitalisation of the patient/professionals and low interest in using new tools/new modalities of working • Frequent turnover of professionals who should be involved in the activities

Other important messages related to sustainability of implementation	• Taking into account that different systems need different timing and often the «time plan» does not coincide with «healthcare time» • Simplify solutions and make them routine • A communication plan is needed to maintain stakeholders updated on the results and to increase their interest

Table 3. Joint finding from sustainability session at Thematic workshop organized by CIPH 27/28 on June 2022

Sustainability session - USL, AUTH, MoHRS, CIPH	
Key findings – what supports the sustainable implementation of the practices when JADECARE ends	• Presence of digitalization tendencies in health care, including accelerated development of telemedicine • Active promotion of e-health platforms and tools • Integration of JADECARE digital tools with other public health databases and tools • Support from actors outside of healthcare, e.g. The Coalition of Associations in Healthcare in Croatia and the palliative care organization in Greece • Involvement of health care workers and patients in development and implementation of digital tools from the start of the process • Motivation of the NAs to keep working actively on sustainability when the project ends • Use of resources from other funded projects to support implementation and sustainability • Integrating the concepts of patient rights (Euro-pean regulations, obligations, health professionals' rights and obligations) as part of the JADECARE digital tools • Willingness of healthcare staff to use new technology
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Lack of resources (mainly funding) for maintenance of servers, websites and digital tools • Lack of patients' accessibility to technology • Healthcare professional poor digital literacy and lack of interest in new digital tools • Work overload of the Next Adopters group, lack of motivation and fast turnover of staff working on the tools

Work package 6: Joint key findings in all TWs not available, only individual (presented in Appendix 2)

Work package 7: Joint key findings not available, only individual (presented in Appendix 2)

Work package 8: In tables 4-6, joint key findings from sustainability sessions from Work Package 5 thematic workshops are presented.

Table 4. Joint finding from sustainability session at Thematic workshop organized by CSCJA with the support of FPS on 9/10 June 2022

Sustainability session – CSCJA/FPS, SACYL, CUH	
Key findings – what supports the sustainable implementation of the practices when JADECARE ends	Sustained strategic and political support after JADECARE ends. Political support from the top can strengthen the mandate to sustain the implementation. • Keep "pushing" the agenda on all the different levels of decision making. The help of good communication in conveying the value of working with this technology are vital. Both value perspectives from patients (empowerment, don't have to move, feel closer to the healthcare system), healthcare professionals (easier work, better clinical information, better patient outcomes) and administrative resources (more efficient healthcare system, better economy) • Ensure commitment to this project on all levels – and commitment over time to make the project less vulnerable to political change • Keep the communication flexible and transparent to all stakeholders and keep involving them – that ensures ownership. • Training and an aim to change the culture on the workplace. Leadership is an important facilitator and good educational material. • Identify super users/local ambassadors – they are vital in the long term. Integration into existing healthcare systems • Standardized methodology, procedures, and guidelines • Support and stability of the technical solution after project ends • Dissemination and spill over to other projects/fields of operation • Strong project design is a key for success, that hopefully can roll over after JADECARE ends • Think of building support capacity in the beginning and after launch time. If there is no support, HCP/patients will not use it and the implementation will stop. It means clear guides on who to contact and when they contact and with what problems they can contact the support. It can be either local super user for smaller local problems, or external IT support when it comes to issues that are more technical (Different levels of support). It is very important that the HCP do not feel left on an island.
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Work overload, burn out and lack of motivation • Patience, mistakes, and problems will happen. Learn from mistakes and celebrate the small successes • End of funding after project ends. Also funds for scaling the solution from pilot to deep implementation • Collect data during the project and use evaluation to make a strong business case for sustained implementation • Changing political scenery can lead to uncertainty in the sustainability of the project • Working in multidisciplinary teams is challenging, but is necessary • Flexibility –detect new needs and new fields of applications • Expanding on the experience from covid19 and use it as a leverage for further work with telemedicine • Digital competencies of both HCP and Patients • Communication is also a key element in success.

Table 5. Joint finding from sustainability session at Thematic workshop organized by FFIS and Servicio Murciano de Salud on 7/8 June 2022

Sustainability session – FFIS/SMS, Lombardy region, IDIVAL/SCS	
Key findings – what supports the sustainable implementation of the practices when JADECARE ends	• Ensure commitment to this project on all levels – and also commitment over time to make the project less vulnerable to political change • Keep the communication flexible and transparent to all stakeholders and keep involving them – that ensures ownership. • Training and an aim to change the culture on the workplace. Leadership is an important facilitator and good educational material. • Identify super users/local ambassadors – they are vital in the long term. • Integration into existing healthcare systems if possible. • Support and stability of the technical solution after project ends. • Training of the HCPs and make them safe in guiding their patients in the use of the digital solution • User involvement in the design phase of the solution (HCP and Patients). • Local physicians as "actors" in the rehab video helps both with the creation of new content, but also helps in identifying potential local ambassadors and ensuring ownership of the solution. • Small mobile setup can make the creation of content easier and flexible • Make it possible for the physicians to request different rehab videos. That generates value for the physician. • Allocating resources for the physicians to implement and work with it. It might take a bit more time in the beginning to get used to working in new ways • Adapt the solution to the local setting and workflow
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Work overload, burn out and lack of motivation • Patience, mistakes, and problems will happen. Learn from mistakes and celebrate the small successes • End of funding after project ends. Also funds for scaling the solution from pilot to deep implementation • Collect data during the project and use evaluation to make a strong business case for sustained implementation • Changing political scenery can lead to uncertainty in the sustainability of the project • Working in multidisciplinary teams is challenging, but is necessary • Flexibility – detect new needs and new fields of applications • Expanding on the experience from covid19 and use it as a leverage for further work with telerehabilitation • Digital competencies of both HCP and Patients • Communication is also a key element in success

Table 6. Joint findings from sustainability session at Thematic workshop organized by UHO on 20/21 June 2022

UHO, SACYL and IDIVAL	
Key findings – what supports the sustainable implementation of the practices when JADECARE ends	• Sustained strategic and political support after JADECARE ends. Political support from the top can strengthen the mandate to sustain the implementation • Commitment from stakeholders from all levels, but word-of-mouth from HCP to HCP can be helpful • Training and an aim to change the culture on the workplace. Leadership is an important facilitator and good educational material. • Standardized methodology, procedures, and guidelines • Support and stability of the technical solution after project ends • Dissemination and spill over to other projects/fields of operation • Strong project design is a key for success, can hopefully roll over after JADECARE ends • Think about integration into other health managements system from the beginning
Key findings – what can block the sustainable implementation of the practices when JADECARE ends	• Work overload, burn out and lack of motivation • End of funding after project ends. Also funds for scaling the solution from pilot to deep implementation • [Missing] Approval from ministry, insurance companies, public administration etc. • No obligation to participate (political mandate) • Changing political scenery can lead to uncertainty in the sustainability of the project • Working in multidisciplinary teams is challenging, but is necessary
Other important messages related to sustainability of implementation	• Realistic deadlines with buffer • Flexibility – detect new needs and new fields of applications • Keep motivating involved parties and make them commit • Expanding on the experience from covid19 and use it as a leverage for further work with telemedicine • Increase the prestige of working with Telepsychiatry • Simplicity – a stable technical solution is preferred to a solution with a lot of functions, but unstable • Patience, mistakes and problems will happen. Celebrate the small successes • Find a balance between usability and the security of the solution • Communication is also a key element in success • Collect data during the project and use evaluation to make a strong business case for sustained implementation

Appendix 5. Key learnings on sustainability from implementation key learning workshops per individual Next Adopter

Table 1. Answers to ˝What would you suggest to yourself if you could travel back in time to the beginning of JADECARE from the focus of sustainability and potential scalability of your work?˝

NA	WOULD KEEP	WOULD CHANGE	OTHER
Belgium	N/A	N/A	More realistic goal setting => exchange with political level Better coordinate initiatives and efforts with the Ministry Enlarge to group of stakeholders which participated in the stakeholder interviews Have a better overview about the the available data and their sources Send request access individualized data before Jadecare
Croatia	Engage same stakeholders - they are most relevant for sustainability and up-scaling Creation of a web page as the main output- an interactive, useful and patient oriented tool with growing relevance	Explore the level of digital and health literacy in Croatia in order to have better contextual understanding and make better assumptions regarding patient engagement Employ more strategic thinking from the beginning of the project, taking into consideration the larger scope and potential impact of the project Have a more direct and more frequent interaction with stakeholders outside CIPH as this was a good opportunity to work together towards a valuable goal Ensure allocation of adequate funds for specific outputs	N/A
Czech Republic	Finding regional resources, local cooperation, from small changes to big ones	Perhaps have a contractual solution to some of the agreements. To have pre-defined financial resources for other ancillary but necessary and associated activities. Possibility to study oGP on site.	N/A
Denmark	We would still involve the stakeholders represented in the present network.	We would involve more relevant clinicians and staff, also from other medical fields, at an earlier stage	N/A
Estonia	N/A	N/A	**KEY SUCCESS FACTORS** **Local:** -Knowledge provided by both original oGP-s sustained at Viljandi hospital -Current leadership at Viljandi hospital motivated and engaged (term left 4 years) -PAIK 2023-2025 starting and ongoing for another 2 years -Viljandi hospital engaged in most discussions on different levels of decision making -Traction already by other regions in Estonia (Valga, Saare) **State level:**

			-Shift in policy makers and recent commitment in the government to pursue care integration and update payment models -Ministry of social affairs reforms upcoming to support such services and integration -Health insurance fund commitment through PAIK 2023-2025 and will to update payment models **KEY RISK FACTORS** -Bigger hospitals not interested in the shift of payment models (FFS is safe) -Lack of funding and resources on government level to implement system wide change -Lack of flexibility in payer governance to support payment model change (to facilitate integration and new models of service provision) -Inadequate personnel capacity to carry out such change at country level -Some legislative bottlenecks for data usage in place -IT systems not optimally communicating -Medicine a conservative sector as a whole! "Why change?"
France	International exchange important but adaptation to local settings not easy The integration of care and health in practical coordinated processes is key part of the system transformation The development of analytic and data sharing tools is essential	More time and possibly less ambitious Ascertain a collaborative project structure prior to engaging	N/A
Greece	Team and NAWG Patient empowerment implementation	The way we approached risk stratification Involve more policy makers Have communication plan	N/A
Hungary	Catalan lead – good experiences, OGP Commitment from NA team Because of the project a lot of problems came to the surface during the analysis period Started the system change to build the future Resilience despite of covid-19 Clear vision The project practical involvement	Structure the progress with more meetings - monthly, 2 monthly More monitoring throughout the project Problems come to the surface later (contracts, permissions) Risk assessment, pre project analysis Too much undertaking in the action plan Stakeholder involvement and strengthen their commitment	N/A
Italy Agenzia Regionale di Sanita - ARS della regione	Communication and dissemination activities: workshops, meetings, webinars, articles…. Planning activities in accordance with regional and national	Make more efforts on the technological side, better involving the Region's Digital Health Sector from the beginning	N/A

Toscana (ARS TOSCANA)	planning acts on chronic disease care		
Italy Azienda Unità Sanitaria Locale Umbria 1 (USL UMBRIA 1)	The choice of interventions and aims was correct. Implementing interoperability between software systems used in different care settings is itself sustainable because software integration: - hold the sustainability. The integration works even after JADECARE is finished - improves the culture of collaboration because it allows information and data to be shared - allows you to establish vertical links because through the uniformity of information it is easier to plan and control from top to bottom	It is essential to immediately involve a political level of regional planning otherwise the risk is to make interventions that remain in a single health authority or territory.	N/A
Italy Azienda Sanitaria Locale Napoli 2 Nord (ASL NA2)	The initial planning has been modified both due to the impact of the COVID19 epidemic and due to the awareness of not being able to guarantee the results of some actions within the implementation times of the Jadecare project, although interest remains. This is, for example, the action linked to the fragility observatory which was eliminated from the planning due to lack of human resources to dedicate. As provided for by the modified planning, we confirm the chosen method of implementation with the diversity of identification of a larger working group to ensure more rapid homogeneous implementation throughout the territory of the ASL	N/A	N/A
Italy Regione Marche (MARCHE)	Choice of the oGP, of great interest and easily implemented in our context (fitting the characteristics of Regional Healthcare system) Continuous enhancement of political support of JADECARE intervention, at various levels of the organization (top managers/directors) Methodological approach, planning and organization/coordination of NAWG (evaluation and sustainability) Continuous alignment/integration/synergy of the JADECARE intervention with regional/national/EU	More timing for data preparation (to complete the activities properly) More interactions of the NAWG with external stakeholders (to increase the interest/awareness of the project) High-performing IT equipment (to support data management)	N/A

	policies/priorities (facilitating scalability) Choice of staff profiles involved (multidisciplinary team)		
Italy Regione Lombardia (LOMBARDIA)	Televisits and online support to patients as a complementary and non substitute service; Regular meetings among implementation relevant actors to monitor the ongoing and next activities;	Plan early involvement of IT technicians: proper evaluation of IT infrastructure and devices starting point; Provide clinical and methodological training as well as further technical training for both users and physicians;	N/A
Latvia	N/A	N/A	Identify illustrative use cases and create engaging narrative Involve all key stakeholders (incl. internal) from very beginning Engage potential contributors and partners early – allowing to improve the project concept Clear project ownership and strong project team
Portugal	National approach with pilots Link with other strategies/plans	Not too ambitious, better focus on smaller achievements Comunicate broadly the development of the project Involve patients more	N/A
Slovenia	We would again choose a narrow field of medicine with interested medical specialists (who themselves would initiate improvements to the payment model) in order to first test the changes and then extend them to other fields of medicine	We included some specialists in the NAWG in the middle of the work - it would be better if specialists of all health care levels were involved from the beginning (we were determining who else we needed through progress)	N/A
Spain Consejería de Salud y Familias Junta de Andalucía (CSFJA) and Fundación Pública Andaluza Progreso y Salud (FPS)	New solutions need to be compatible with existing IT systems. Design training/awareness sessions to ease/promote the implementation of the new practice.	Expand the implementation period.	N/A
Spain Servicio Cántabro de Salud (SCS) and Instituto de Investigación Marqués de Valdecilla (IDIVAL)	N/A	N/A	Regarding sustainability issues we counted on the support from the Hospital and the SCS which finally will be the center of the implementation process. We willing to change was the real boost for this Project, thus the sustainability was an objective from the very beginning.
Spain Gerencia Regional	Thorough planning ensures the best implementation: project design is a key factor in success.	That the objectives are not too ambitious. In our project it would have been convenient to specify a	N/A

de Salud de Castilla y León (SACYL)	In telemedicine it is important to coordinate and agree on the objectives with all the parties involved, technicians, health professionals, and to have a strategic vision of the project. The leadership of the people who promote the project is fundamental (in both levels: Regional and local).	target population for the time of project execution and gradually extend it to the entire territory of Castilla y León. Administrative procedures such as the tender for the acquisition of equipment, the organization of assistance or the management of change to cover the entire Community, require more time than the year established for the execution of the project. The implication of patients in earlier phases of the project.	
Spain Servicio Murciano de Salud (SMS) and Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS)	Preserve the excellent collaborative work environment that has been created between professionals from different fields Primary Care / Hospital /Management. Qualified and experienced research management support has been provided. We get the right Platform, with the right functionality taking advantage of the existing resources and making synergy with another project (Patient circle platform). What would you do differently, what would you change for sure.	Improve the distribution of time during the deployment of the implementation, reduce the times that the changes in the ICT systems have taken. We would seek greater interaction with the patient, monitoring their needs (Chat and face-to-face at the beginning and at the end) Seek more institutional support so that the project is considered among the priorities in the health strategy.	N/A
Serbia	N/A	N/A	N/A

Appendix 6. List of Sustainability strategies and Sustainability action plans

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

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

Belgium

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	**Joint action on implementation of digitally enabled integrated person-centred care**
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 15 2023
Lead Authors	Guillaume Paquay, Office of the German speaking Community for self-determined living (Belgium) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Julia Hepp	Department of health and seniors of the Ministry of the German speaking Community
Laura Piraprez	Member of the cabinet of the Vice-Minister-President, Minister of Health and Social Affairs, Regional Development and Housing of the German speaking Community of Belgium
Guillaume Paquay	Office for self-determined living
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

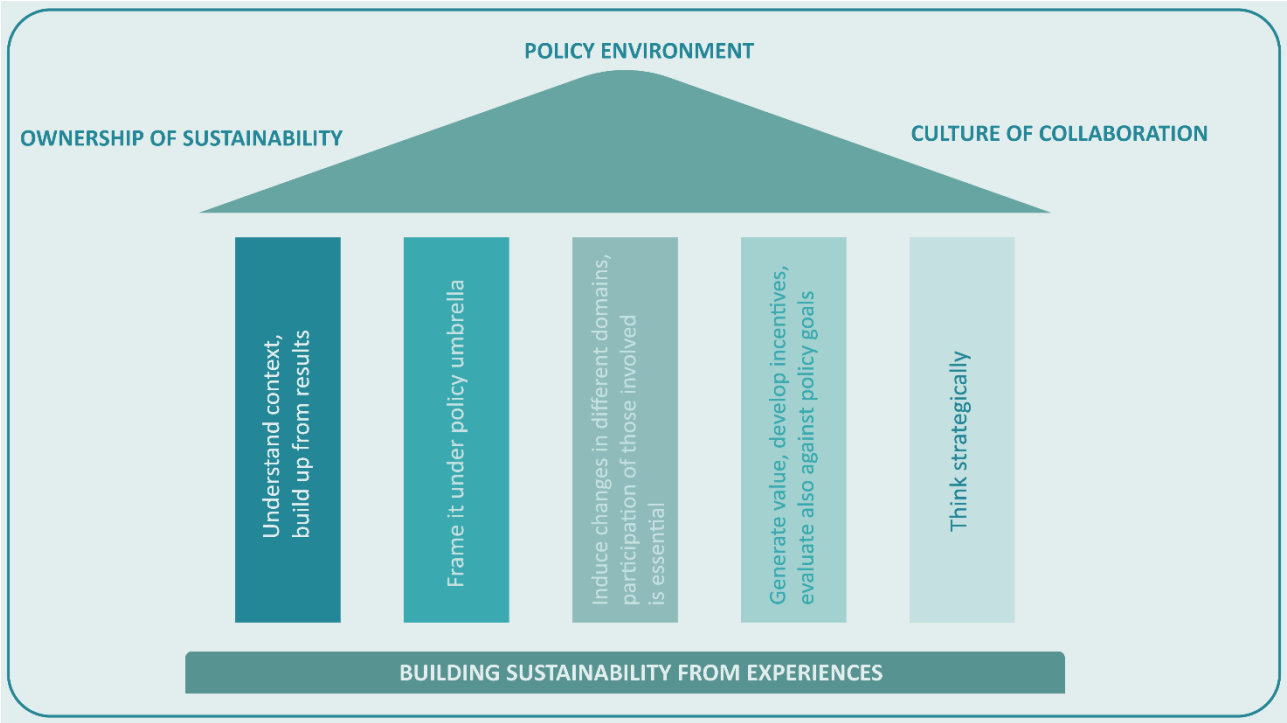
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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
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.
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.

Core element 2: Holder(-s) of sustainability
Strategic objectives
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.
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.

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.
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.
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.

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

JADECARE

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

Croatian Institute of Public Health

with contributions of Croatian Health Insurance Fund and

Ministry of Health

Croatia

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 5 2023
Lead Authors	Ivana Brkić Biloš, Tanja Lelas, Tamara Radošević, Marina Mihalinac Bolanča, Marina Milaković, Gordan Sarajlić, Ivana Grahovac, Ivana Andrijašević, Petra Čukelj (Croatian Institute of Public Health) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Ivana Brkić Biloš	Croatian Institute of Public Health (CIPH)
Tamara Radošević	Croatian Institute of Public Health (CIPH)
Tanja Lelas	Croatian Institute of Public Health (CIPH)
Marina Mihalinac Bolanča	Croatian Institute of Public Health (CIPH)
Marina Milaković	Croatian Institute of Public Health (CIPH)
Gordan Sarajlić	Croatian Institute of Public Health (CIPH)
Ivana Grahovac	Croatian Institute of Public Health (CIPH)
Ivana Andrijašević	Croatian Institute of Public Health (CIPH)
Petra Čukelj	Croatian Institute of Public Health (CIPH)
Dubravka Pezelj Duliba	Croatian Health Insurance Fund (CHIF)
Tomislav König	Croatian Health Insurance Fund (CHIF)
Sanja Gusić	Croatian Health Insurance Fund (CHIF)
Martina Orešković	Croatian Health Insurance Fund (CHIF)
Hrvoje Belani	Ministry of Health (MoH)
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 20 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 28 2023	Ivana Brkić Biloš, Tanja Lelas, Tamara Radošević (CIPH), Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

Glossary of acronyms

Acronym	Description
JADECARE	Joint action on implementation of digitally enabled integrated person-centred care
HaDEA	European Health and Digital Executive Agency
CIPH	Croatian Institute of Public Health
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).

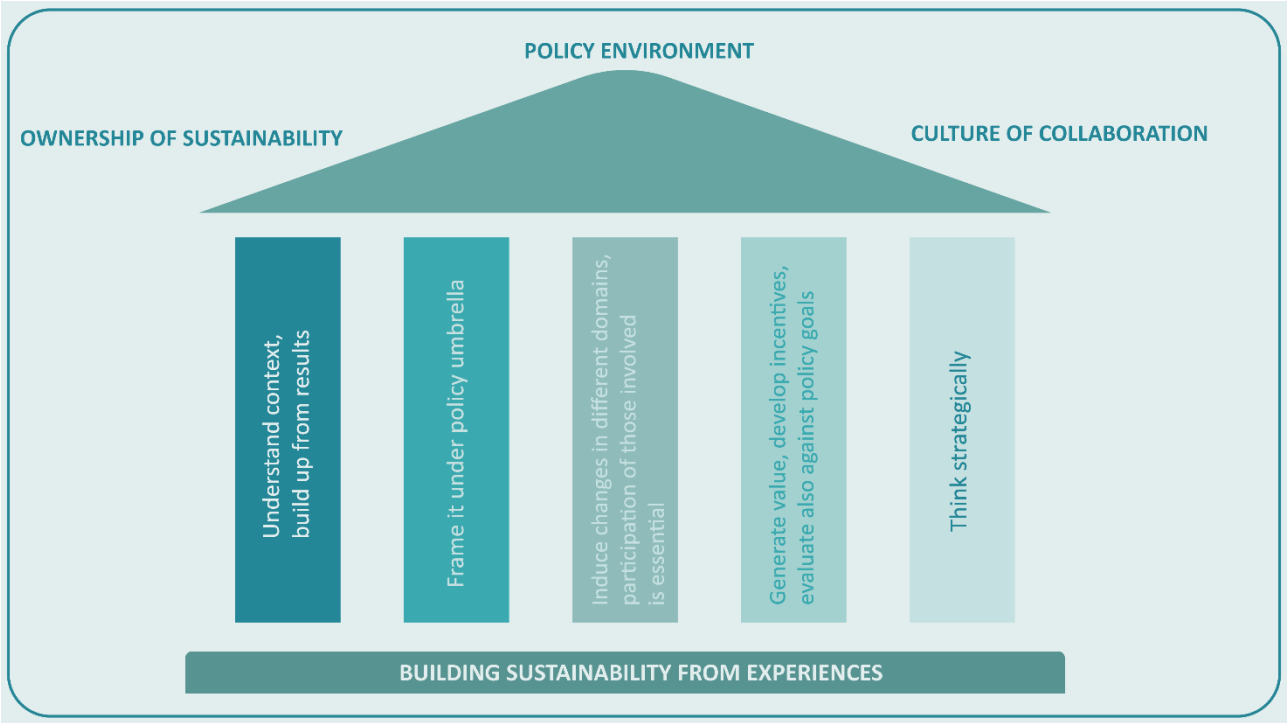
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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 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 Minutes from the meeting with the steering group of the NCD Prevention and Control Program.

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

JADECARE

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

University Hospital Olomouc

Czech Republic

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 15, 2023
Lead Authors	Zdislav Dolecek, Zdenek Gütter, University Hospital Olomouc Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Čeněk Merta	UHO (Deputy director)
Antonín Hlavinka	UHO (Deputy director)
Jana Chudobová	UHO, NTMC
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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: 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

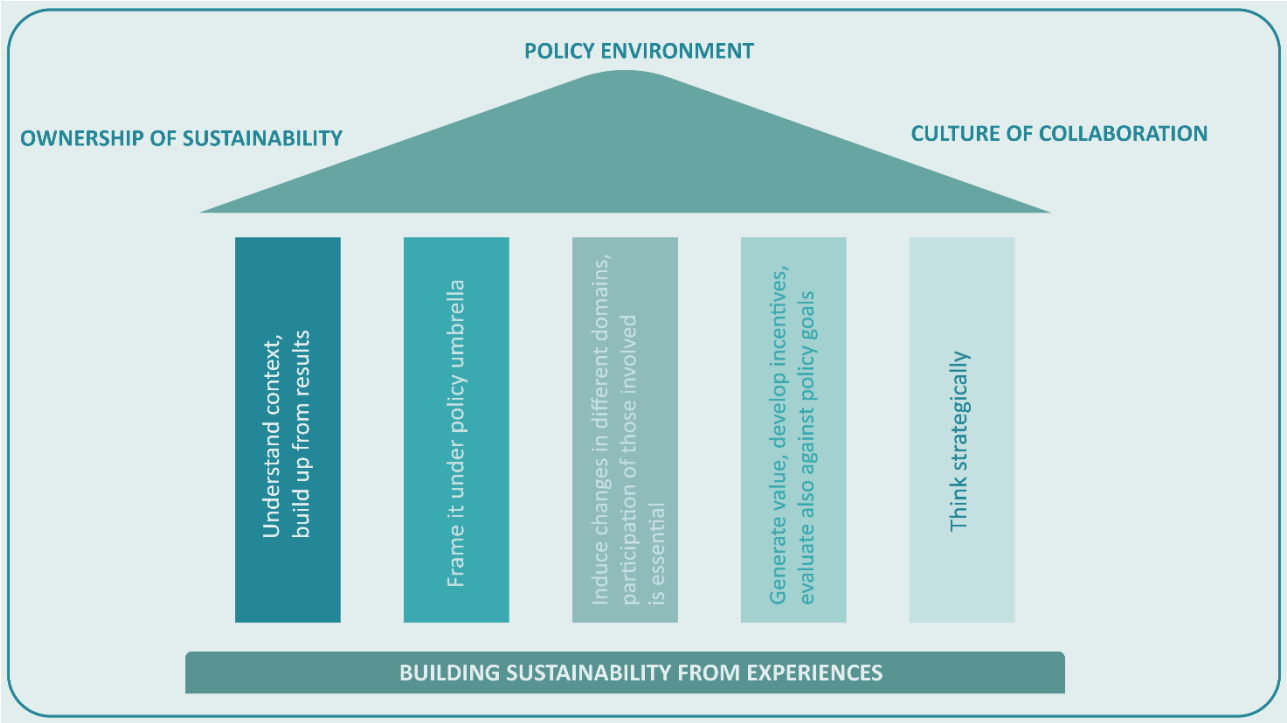
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 Jesenik 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 reginal 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.

JADECARE

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

Region North Denmark

Denmark

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	Bente Koch Pedersen, Ulrik Appel, Amar Nikontovic, Region North Denmark Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Bente Koch Pedersen	Idea Clinic (RND)
Ulrik Appel	Steno Diabetes Centre (RND)
Amar Nikontovic	Steno Diabetes Centre (RND)
Tina Heide	Steno Diabetes Centre (RND)
Poul Erik Jacobsen	Steno Diabetes Centre (RND)
Gorm Simonsen	Department for Regional Development (RND)
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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	Feb 28 2023	Members of informed discussion group: Bente Koch Pedersen, Ulrik Appel	Second version, for feedback from local implementation working group
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)

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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

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).

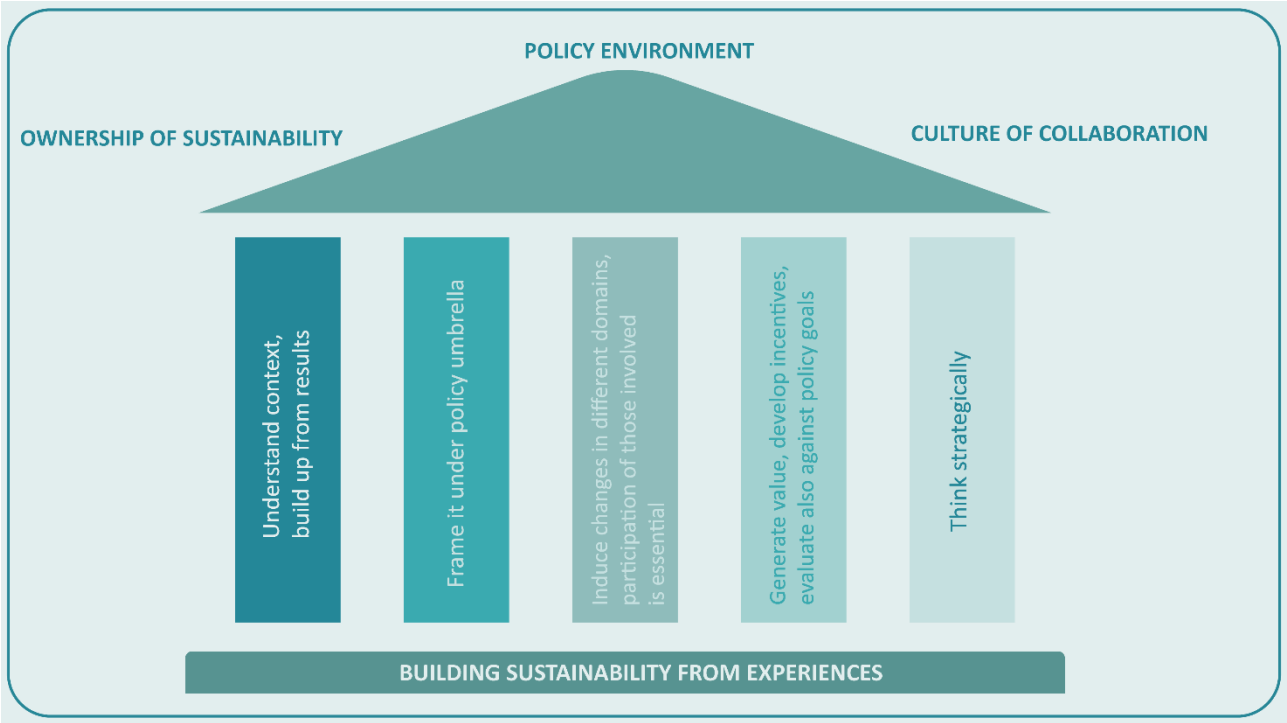
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 Region North Denmark (RND) for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for RND for review, presentation, discussion and adoption of the final version by RND 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 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, ie. 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
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.
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.
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.

Core element 3: Culture of collaboration and consensus-seeking
Strategic objectives
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.
JADECARE practice outcomes are aligned to and operate in concordance with cultural characteristics of the setting.
JADECARE practice leading partner RND and the network of key stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner RND and the network of key stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities.
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.

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

JADECARE

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

Viljandi Hospital,
Ministry of Social Affairs Estonia

Estonia

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	
Lead Authors	Saima Hinno (Viljandi Hospital), Mart Kull (Viljandi Hospital), Ivar Sikk (Estonian Ministry of Social Affairs), Kaili Susi (Estonian Ministry of Social Affairs), Liisa Veide (Estonian Ministry of Social Affairs) Denis Opresnik, Anja Brunec, Jelka Zaletel (National Institute of Public Health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Saima Hinno	Viljandi Hospital
Mart Kull	Viljandi Hospital
Ivar Sikk	Estonian Ministry of Social Affairs
Kaily Susi	Estonian Ministry of Social Affairs
Liisa Veide	Estonian Ministry of Social Affairs
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

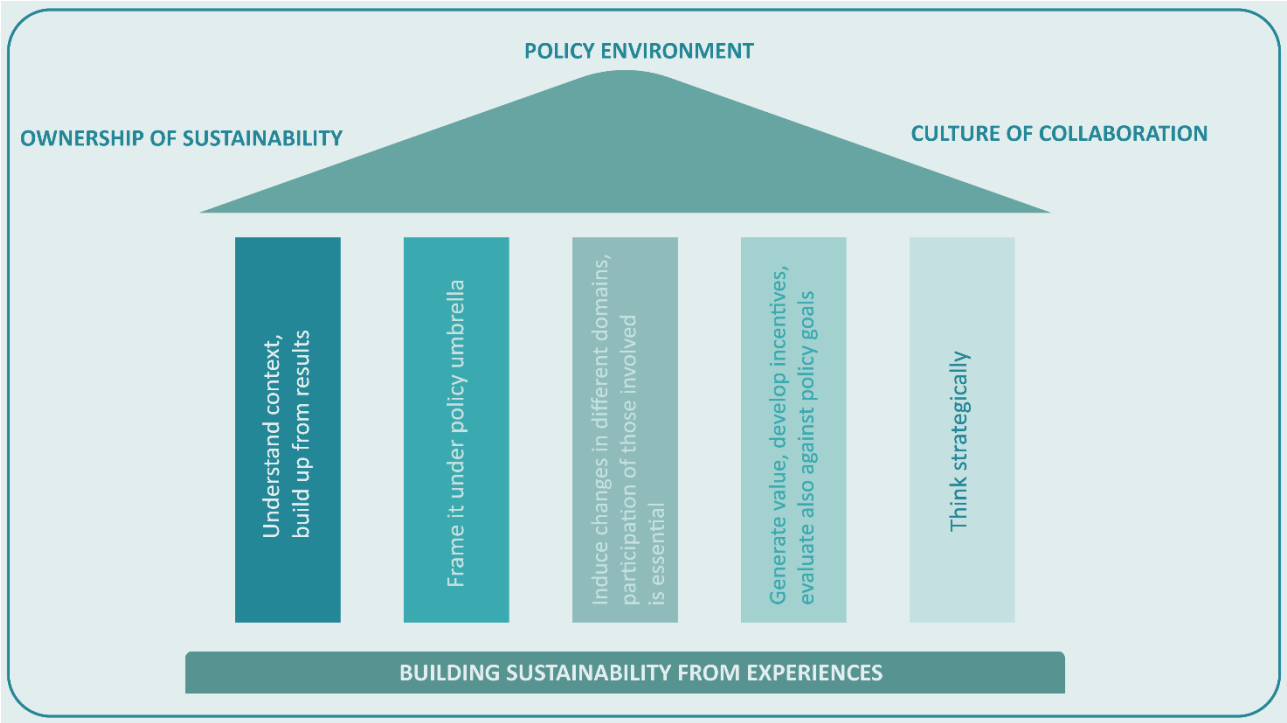
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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
JADECARE practice outcomes are linked to the health strategies at national health policy level, such as National Health Plan 2020-2030.
JADECARE practice outcomes will become a part of larger schemes of health system transformation within local ambitious project "PAIK 2022-2025" (PAIK= *Integration of Social and Healthcare services in a Local setting)* including Viljandi county as well as two other counties, Saare county and Valga county.
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 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.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner VH will serve as the main holder of sustainability process at least in 2024 and 2025.
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.
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.

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 *Integration of Social and Healthcare Services in a Local Setting)*, **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;

JADECARE

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

Eurometropole Strasbourg

with contributions of GIP - MSS, CPAM and City of Strasbourg

France

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 30 2023
Lead Authors	Remy Banuls (Eurometropole Strasbourg), Corinne Bildstein (GIP MSS), Manfred Zahorka (OptiMedis) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Remy Banuls	Eurometropole Strasbourg (EUSTRAS)
Colin Majean	CPAM
Marlon Schrodi	GIP MSS
Corinne Bildstein	GIP MSS
Manfred Zahorka	OptiMedis
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 20 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 29 2023	Remy Banuls (Eustras), Colin Majean, Marlon Schrodi, Manfred Zahorka, Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
1.0	June 30 2023	Remy Banuls (Eustras), Corinne Bildstein, Manfred Zahorka,	Version 1.0

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

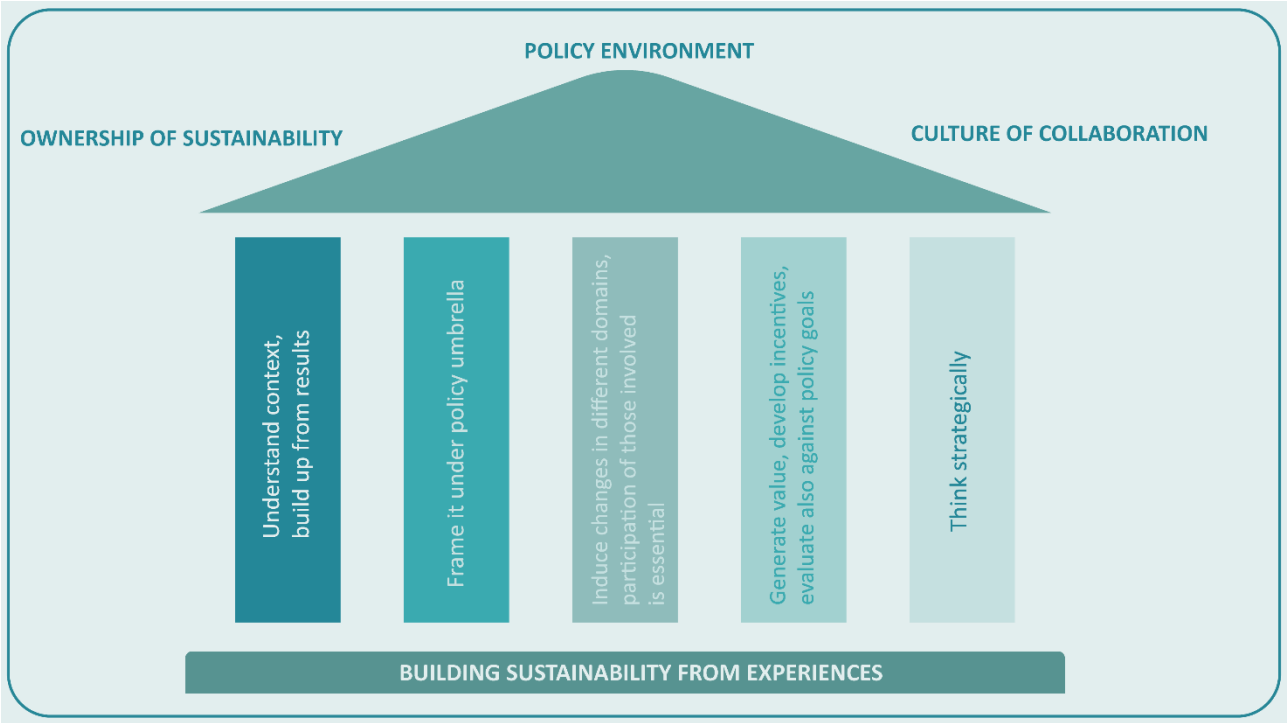
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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.

JADECARE

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 Pescri'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
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”)
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).
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.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner EUSTRAS will serve as the main holder of sustainability at least in 2024 and 2025.
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.
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.

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 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.
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.
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.

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.

JADECARE

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

School of Medicine, Aristotle University of Thessaloniki

with contributions from 4th YPE,

General Hospital(s), MoH and other Health Authorities

Greece

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	July 4 2023
Lead Authors	Christina Plomariti, Panagiotis Bamidis (PB), Fivos Papamalis, School of Medicine, Aristotle University of Thessaloniki Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Christina Plomariti	AUTH Greece
Fivos Papamalis	AUTH Greece
Panagiotis Bamidis	AUTH Greece
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 2 X 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 2023	Christina Plomariti, Fivos Papamalis, Panagiotis Bamidis, Denis Oprešnik, 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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.

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).

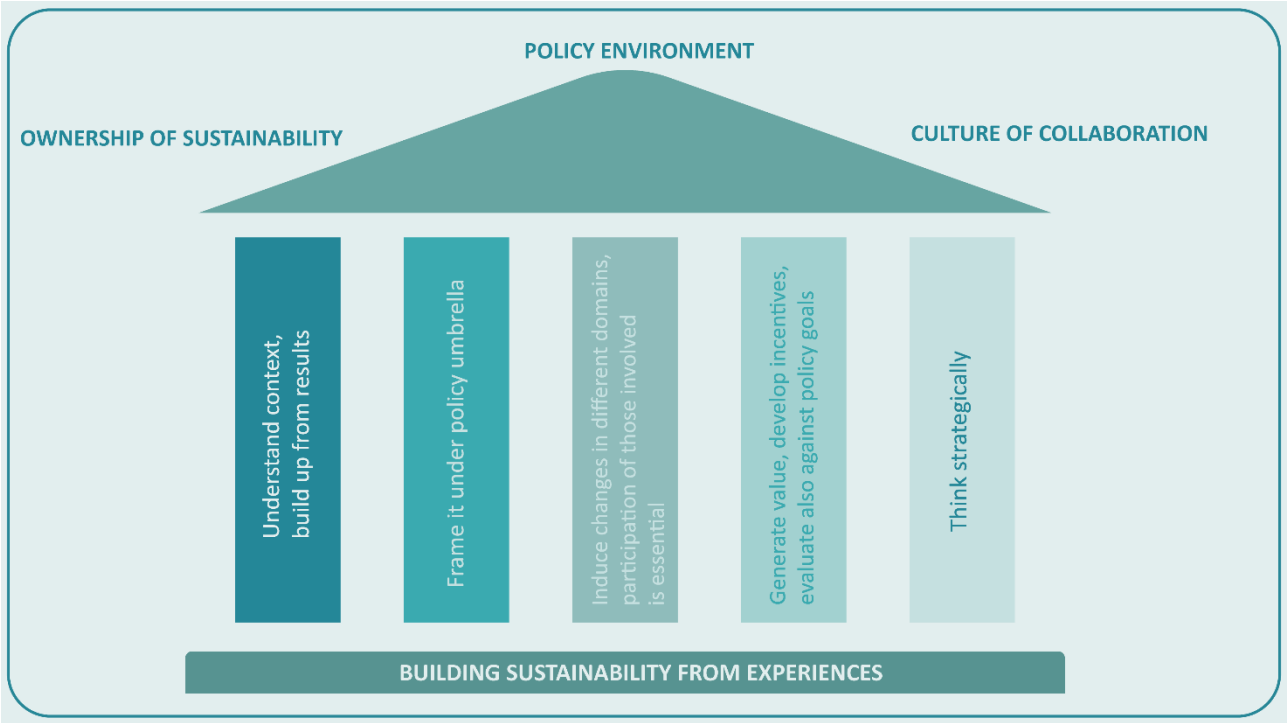
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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.

JADECARE

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) tough 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 4th 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

JADECARE

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

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

Hungary

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 5 2023
Lead Authors	Dóra Tóth, Annamária Noszek, Vilmos Keszthely (National Directorate General for Hospitals and Jahn Ferenc Dél-pesti Kórház és Rendelőintézet) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
dr. Annamária Noszek	JFDKR
dr. Anikó Pusztai	Chief general practitioner
dr. József Takács	JFDKR
Vilmos Keszthelyi	JFDKR
dr. Gergely Mikesy	OKFŐ
Dóra Tóth	OKFŐ
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

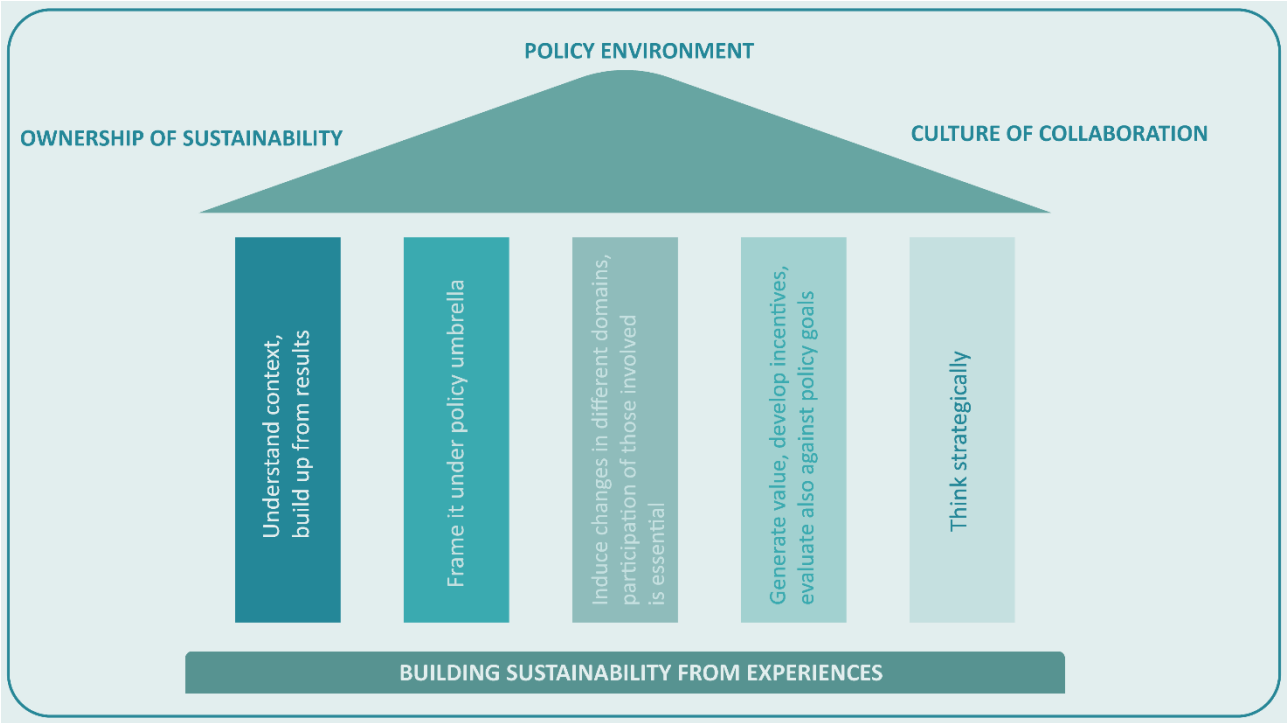
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 diabetitians), (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 od 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 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 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.

JADECARE

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

Regional Health Agency Tuscany

with contributions of Piana di Lucca District Zone

Italy

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 12 2023
Lead Authors	Chiara Ferravante, Paolo Francesconi (Regional Health Agency Tuscany) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Chiara Ferravante	ARS Toscana
Paolo Francesconi	ARS Toscana
Eluisa Lo Presti	Piana di Lucca District Zone
Marco Farné	Piana di Lucca District Zone
Svaldo Sensi	Piana di Lucca District Zone
Massimiliano Cortopassi	Piana di Lucca District Zone
Silvia Begliuomini	Piana di Lucca District Zone
Attilio Favilla	Piana di Lucca District Zone
Giovanni Brunelleschi	Piana di Lucca District Zone
Fabrizia Vornoli	Piana di Lucca District Zone
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

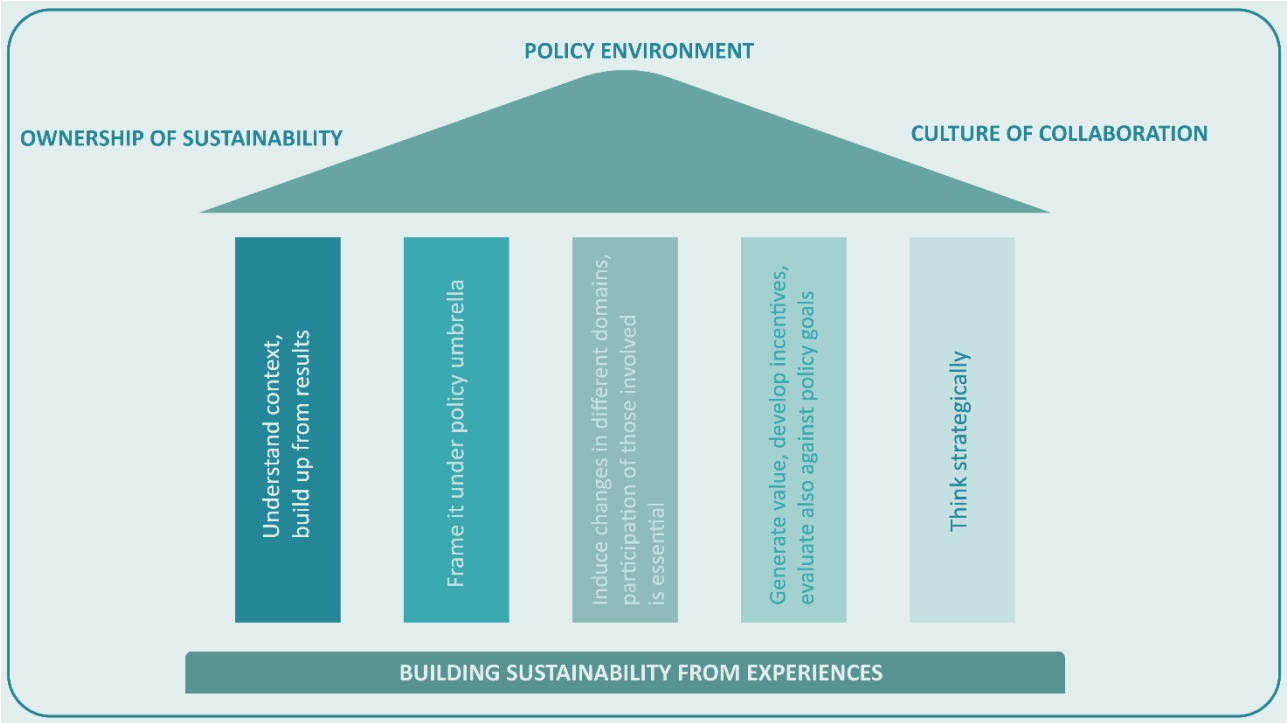
JADECARE involves 16 Competent Authorities, 45 different Organisations, 9 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal frameworks, 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 Heath 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 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 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.

Core element 1: Policy frameworks and vertical linkages
Strategic objective: JADECARE practice outcomes will be aligned to and included in the new National Chronicity Plan. **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.
Key Activity: ARS Toscana will submit the project developed within JADECARE as possible "good practice" to the professionals working on PONGOV Project
Actor(-s) ARS Toscana
Resources Human resources
Setting(s) National level
Timeline by the end of 2023
Key Performance Indicator Document of submission delivered
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. **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.
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.
Actor(-s) ARS Toscana
Resources Human resources
Setting(s) Regional level
Timeline by the end of 2025
Key Performance Indicator Minutes of the meeting with the working group & elements of JADECARE results represented within the pertinent acts.
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.
Actor(-s) ARS Toscana
Resources Human resources
Setting(s) Regional level
Timeline by December 2023
Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within Operational Plan on Telemedicine.

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.
Actor(-s) ARS Toscana
Resources Human resources
Setting(s) Regional level
Timeline by December 2023
Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within "Healthcare planning documents".
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.
Actor(-s) ARS Toscana
Resources Human resources
Setting(s) Regional level
Timeline by December 2023
Key Performance Indicator: Minutes of meeting with the working group & elements of JADECARE results represented within ''Project for Territorial Coordination Centers''.

Core element 2: Holder(-s) of sustainability
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. **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.
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) North West 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 2023
Actor(-s) ARS Toscana & working group
Resources Human Resources
Setting(s) North West Local Health Authority
Timeline by December 2023
Key Performance Indicator Plan of activities available
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. **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.
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) Central 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 2023
Actor(-s) ARS Toscana & working group
Resources Human Resources
Setting(s) Central Local Health Authority
Timeline by December 2023
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. **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.
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

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

JADECARE

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

Local Health Authority USL Umbria 1

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

www.jadecare.eu

Italy

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	July 06 2023
Lead Authors	Francesco Gioia, Marco Fabiani (United Local Health Authority Umbria 1, Italy) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Francesco Gioia	USL Umbria 1
Marco Fabiani	USL Umbria 1
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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	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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

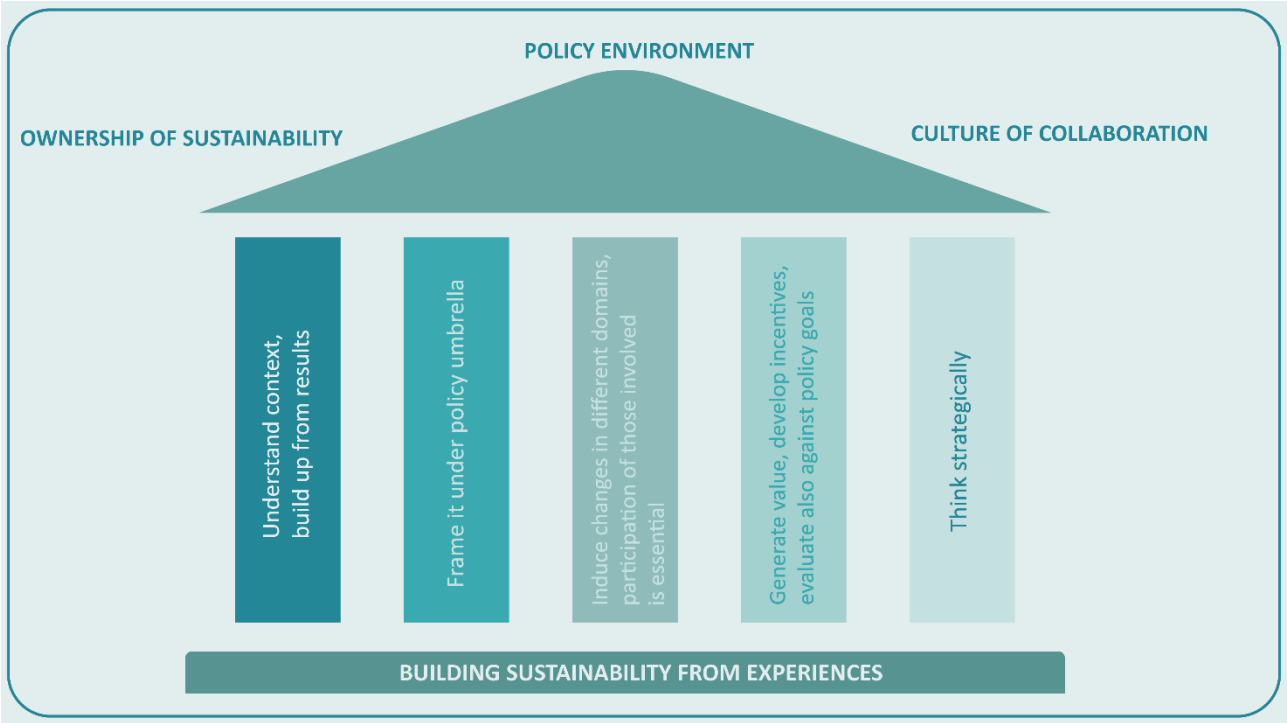
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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.

JADECARE

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 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)

JADECARE

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

Local Health Agency Naples 2 North

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	July 5 2023
Lead Authors	Local Health Agency Naples 2 North Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
MARIA FEMIANO	Local Health Agency Naples 2 North
DOMENICO DANIELE	Local Health Agency Naples 2 North
CARMELA CAPASSO	Local Health Agency Naples 2 North
ANDREA CAPASSO	Local Health Agency Naples 2 North
ANGELA CAPRIO	REFERENT SOCIAL SERVICES OF THE MUNICIPALITY OF GIUGLIANO IN CAMPANIA
TO BE IDENTIFIED	CONTACT PERSONS TO BE IDENTIFIED, ONE FOR EACH SOCIAL SERVICE OF THE MUNICIPALITIES OF LOCAL HEALTH AGENCY NAPLES 2 NORTH
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 30 2023	Members of informed discussion group	Second version, for feedback from local implementation working group
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

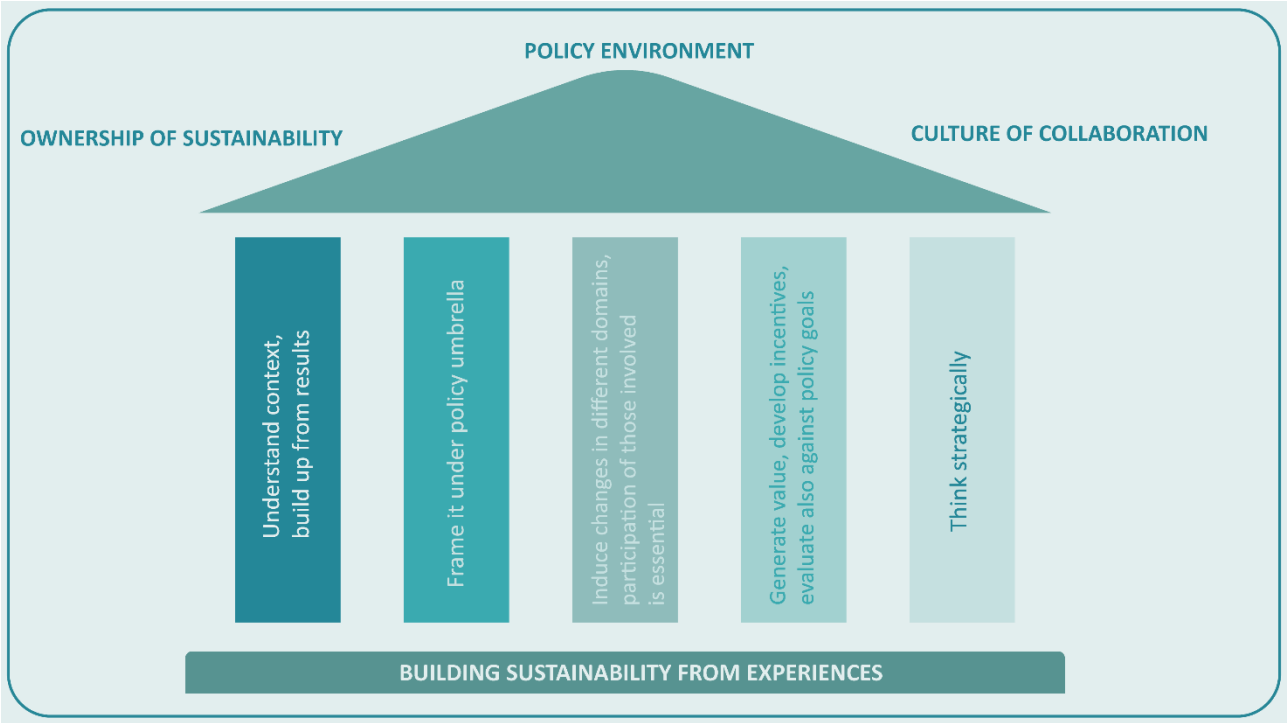
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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 strenghten 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 ASL NA2 will serve as the main holder of sustainability at least in 2024 and 2025.
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 strenghten h 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.
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 strenghten 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.

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 ASL NA2 and the stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.
JADECARE practice leading partner ASL NA2 and the stakeholders create numerous bottom-up and top-down interactions among the stakeholders, including communities.
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.

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 Human: Program manager, Community maker, Network manager , System Analyst, Digital/ICT Manager, Developer, Service Desk Agent, Test specialist Technical: 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 Financial: 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 Human: 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 Human: 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 Human: Communication expert, monitoring and evaluation expert, representatives of beneficiaries and stakeholders Financial: Web information and communication spaces, Production of print and audiovisual materials.
Setting(s) local
Timeline November 2023
Key Performance Indicator Communication plan ready.

JADECARE

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

Regional Health Agency Marche – Health Department of Marche Region

Italy

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	May 19th, 2023
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)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Roberta Papa	Regional Health Agency Marche
Giulia Franceschini	Regional Health Agency Marche
Francesco Balducci	Regional Health Agency Marche
Laura Romoli	Regional Health Agency Marche
Marco Pompili	Regional Health Agency Marche
Marco De Marco	Regional Health Agency Marche
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 21 2023	Denis Opresnik, Roberta Papa, Giulia Franceschini	Second version, for feedback from local implementation working group
0.4	April 30 2023	Roberta Papa, Giulia Franceschini, Marco de Marco	Complete draft version for distribution
0.5	May 12 2023	Roberta Papa, Giulia Franceschini, Marco De Marco	Discussion during implementation key learning workshop, revised version
1.0	May 19 2023	Roberta Papa, Giulia Franceschini, Francesco Balducci, Marco Pompili, Marco De Marco, Denis Opresnik, Jelka Zaletel	Version 1.0

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **148**

GLOSSARY OF ACRONYMS **148**

1 INTRODUCTION ..... ERROR! BOOKMARK NOT DEFINED.

1.1 JADECARE Project summary 149

1.2 Process of development of this document 149

1.3 Purpose of this document & potential readers 150

2 SUSTAINABILITY STRATEGY **151**

3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **155**

4 SUMMARY OF SUSTAINABILITY STRATEGY AND ACTION PLAN ..... ERROR! BOOKMARK NOT DEFINED.

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).

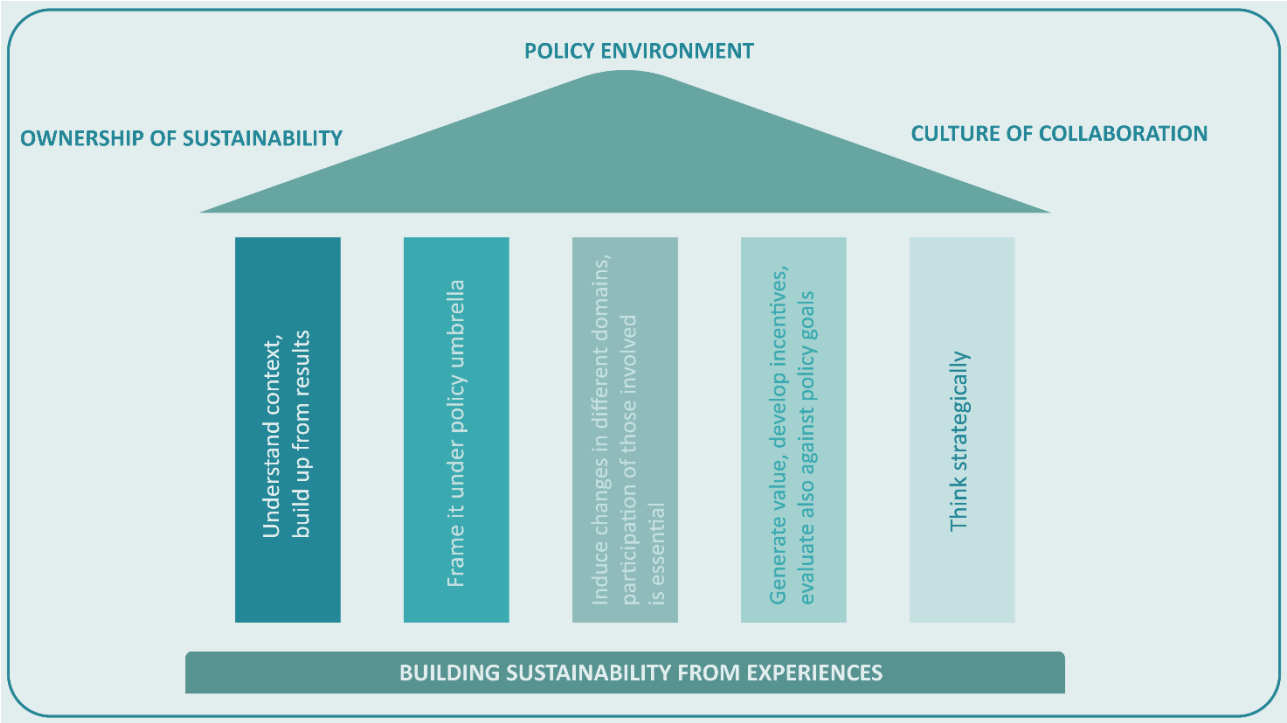
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 **resource**s 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.

Core element 1: Policy frameworks and vertical linkages
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.
Actors: ARS Marche and the network of key partners from JADECARE project (e.g. Agenas, MoH, ProMIS).
Resources: Human: - 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). Technical: online/in presence meetings and IT tools (R software, IT platforms for monitoring and evaluation). Financial, to cover the expenses related to: staff recruitment, dissemination activities, and technical activities such as updating and revision of the tools.
Settings: - local/regional (involvement/collaboration with health care organizations, health department and councillorship of health) - national (involvement of MoH, AGENAS and ProMIS)
Timeline: December 2023
Key Performance Indicators: - 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.
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.
Actors: ARS Marche with the support of key stakeholders (e.g. Agenas, MoH, ProMIS).
Resources: Human: - 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) Technical: online/in attendance meetings and IT platform for monitoring and evaluation

Financial, to cover expenses related to: staff recruitment and participation in national/regional meetings
Settings: - regional (collaboration/consultancies with DPO; involvement/collaboration with councillorship of health) - national (involvement of MoH, AGENAS and ProMIS)
Timeline: December 2023
Key Performance Indicators: - 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: Human: - 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) Technical: 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: Human: components of the working group Technical: on-line/in attendance meetings and IT tools (for shared documents) Financial, to cover expenses related to: implementation of the activities of the plan, such as staff recruitment, IT tools, etc.
Settings: - 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: Human: - 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) Technical: - online/in attendance meetings - IT tools for the development of website/channels/pages/material in social media and for monitoring and evaluation Financial, to cover expenses related to**:** staff recruitment and dissemination activities
Settings: - 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: Human: components of the working group, champions Technical: on-line and in attendance meetings/lessons and IT tools Financial: 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: Human: components of the working group and the Catalan team Technical: on-line meetings/consultancies and IT tools Financial, to cover expenses related to: the collaboration agreement
Settings: local/regional (involvement of regional managers)
Timeline: December 2023
Key Performance Indicator: Collaboration plan ready

JADECARE

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

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 7th, 2023
Lead Authors	Nicolò Bondioli (Lombardy Region), Nicole Genovese (ARIA) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Nicolò Bondioli	Lombardy Region
Nicole Genovese	ARIA
Nadia Poli	ASST Cremona telerehabilitation pilot
Francesco Caruso	ASST Cremona telepsychiatry pilot
Alessia Sempreboni	ASST Mantua telerehabilitation pilot
Elena Mariani	ASST Mantua telerehabilitation pilot
Elisa Schenone	ARIA
Gianluca Carletti	ARIA
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 Sempreboni, 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

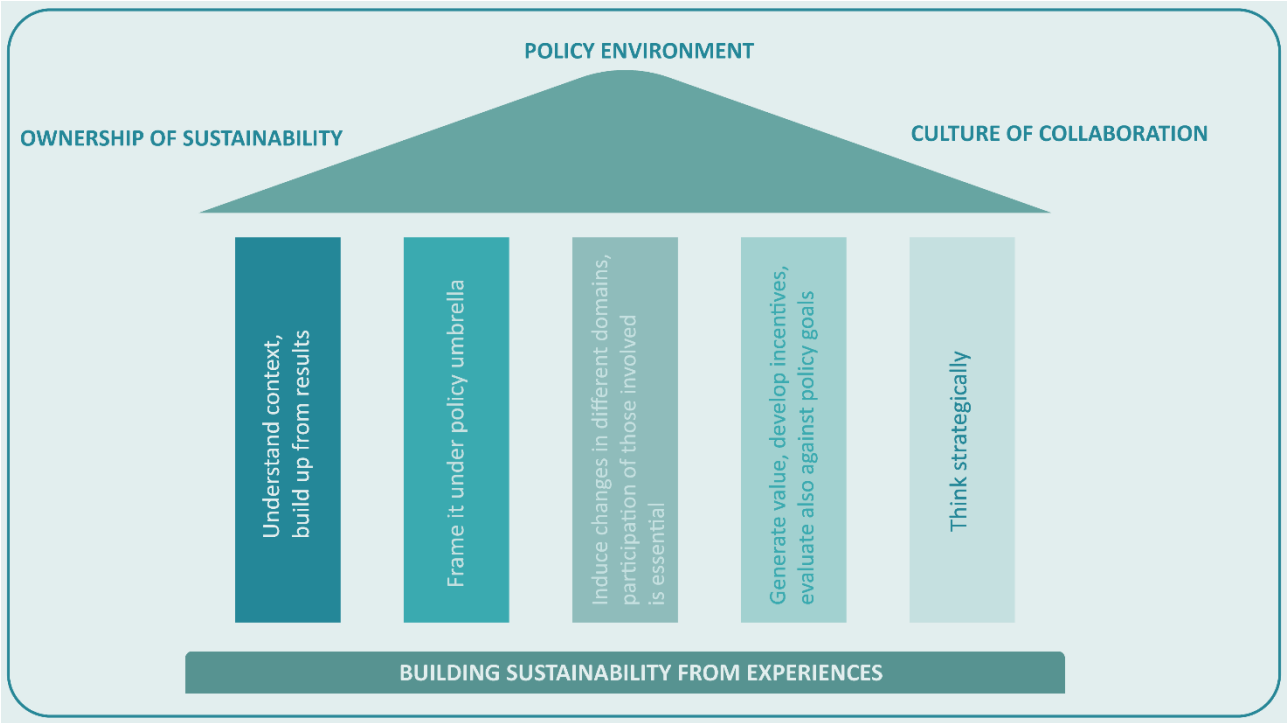
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 Lombardy Region for review and extensive discussion during informed discussion meeting, facilitated by NIJZ team. NIJZ team then prepared the last draft for Lombardia for review, presentation, discussion and adoption of the final version by Lombardia 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 Lombardia. 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 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 Mantua[1]. 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.

JADECARE

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

Children's University Hospital

with contributions of National Health Services Latvia

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 5 2023
Lead Authors	Ieva Lejniece (Children's University Hospital) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Aija Balode	MoH
Ieva Lejniece	CUH
Guna Esenberga	CUH
Linda Putniņa	CUH
Sarmite Kokina	NHS
Inga Milasevica	NHS
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

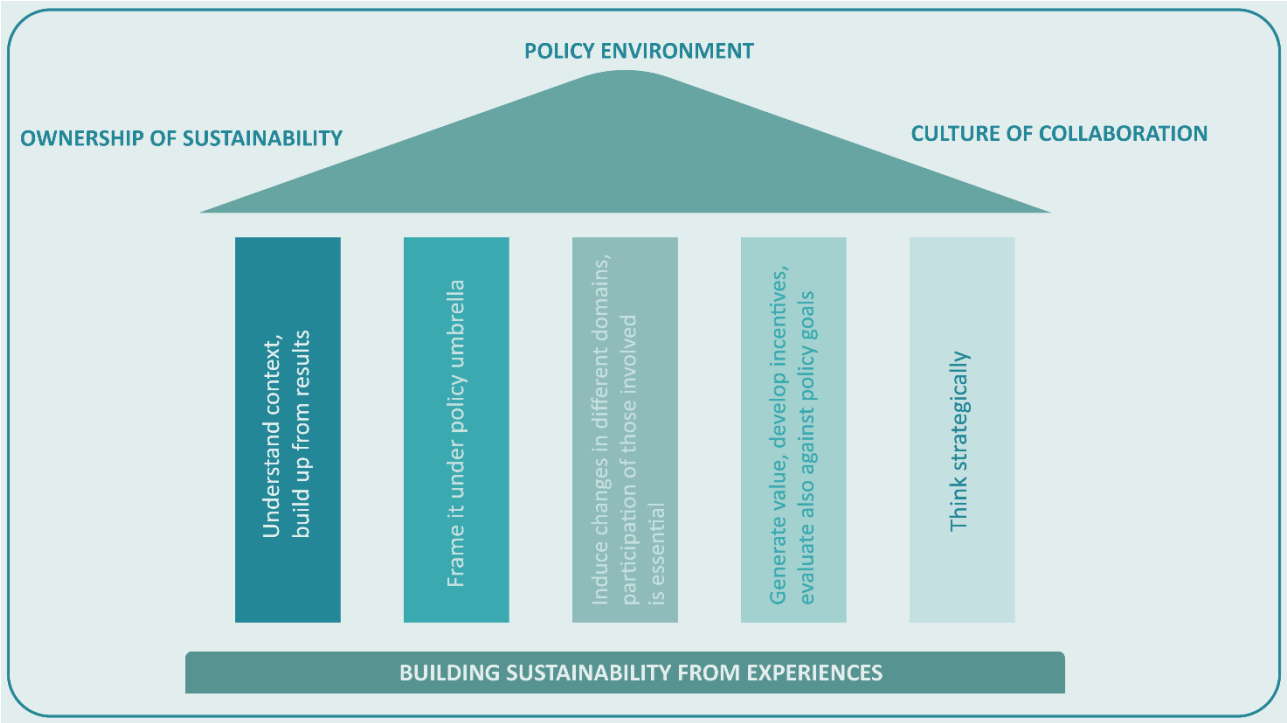
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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) • 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) **Supporting policy framework** - Sustainable Development Strategy of Latvia until 2030 - Smart Specialization Strategy (RIS3)
JADECARE practice outcomes will become a part of larger schemes of health system transformation, such as Digital health strategy until 2029.
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 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: - 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.

JADECARE

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

Central Administration of the Health System of Portugal

Portugal

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 15 2023
Lead Authors	Vanessa Ribeiro, João Bola (Central Administration of the Health System of Portugal) Inês Lourenço (Shared Services of the Ministry of Health) Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Vanessa Ribeiro	ACSS
João Bola	ACSS
Inês Lourenço	SPMS
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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
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).

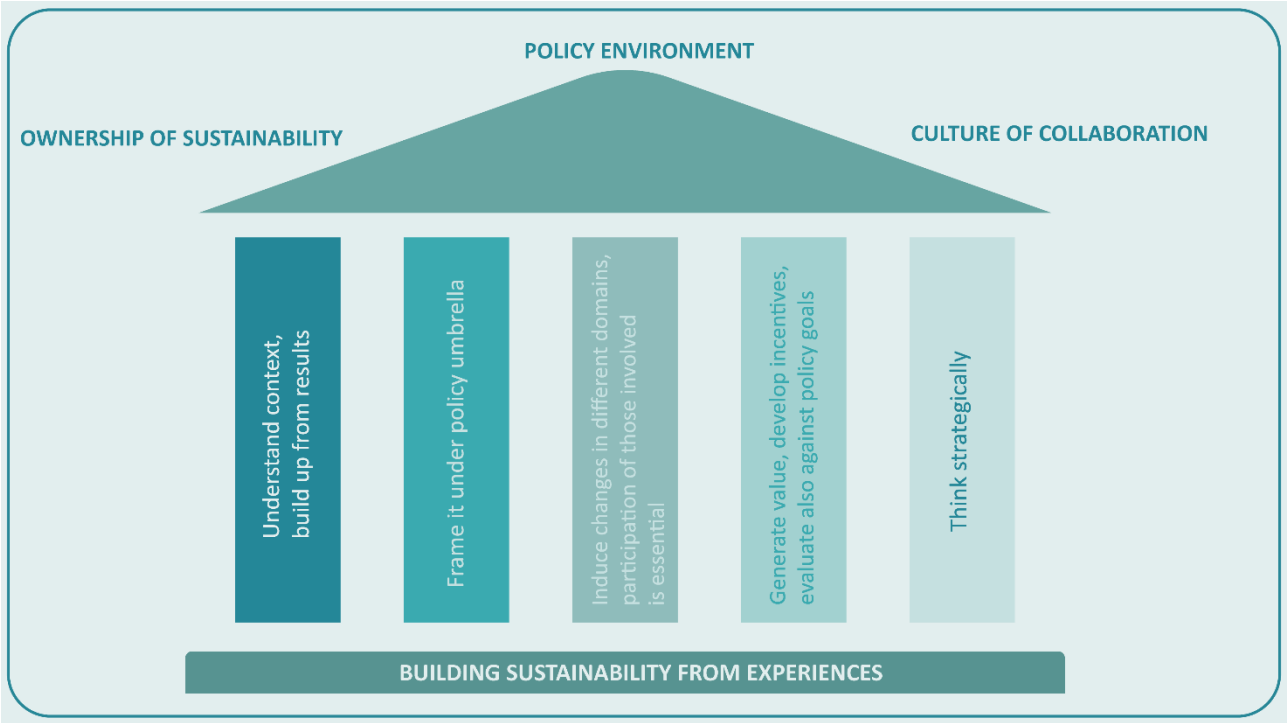
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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 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

JADECARE

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

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

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 15 2023
Lead Authors	Martina Zorko Kodelja, Karmen Janša, Health Insurance Institute of Slovenia Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
Karmen Janša	Health Insurance Institute of Slovenia (ZZZS)
Martina Zorko Kodelja	Health Insurance Institute of Slovenia (ZZZS)
Marjeta Zupet	Health Insurance Institute of Slovenia (ZZZS)
Anka Bolka	Health Insurance Institute of Slovenia (ZZZS)
Karmen Grom Kenk	Health Insurance Institute of Slovenia (ZZZS)
Jelka Lindič	Slovenian Nephrology Society
Miha Arnol	Slovenian Nephrology Society
Damjan Kovač	Slovenian Nephrology Society
Andrej Škoberne	Slovenian Nephrology Society
Radovan Hojs	Slovenian Nephrology Society
Dimitrij Klančič	Slovenian Nephrology Society
Bojan Vujkovac	Slovenian Nephrology Society
Nena Kopčavar Guček	Slovenian Association of Family Physicians
Maksimilijan Gorenjak	Slovenian Association for Clinical Chemistry and Laboratory Medicine
Nebojša Vasić	Association of kidney patient societies of Slovenia
Denis Opresnik	National institute of public health (NIJZ)
Jelka Zaletel	National institute of public health (NIJZ)
Anja Brunec	National institute of public health (NIJZ)

Version history

Revision	Date	Editor	Comments
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	Feb 23 2023	Members of informed discussion group: Martina Zorko Kodelja, Karmen Janša	Second version, for feedback from local implementation working group
0.4	March 3 2023	Martina Zorko Kodelja, Karmen Janša, Denis Oprešnik, 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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

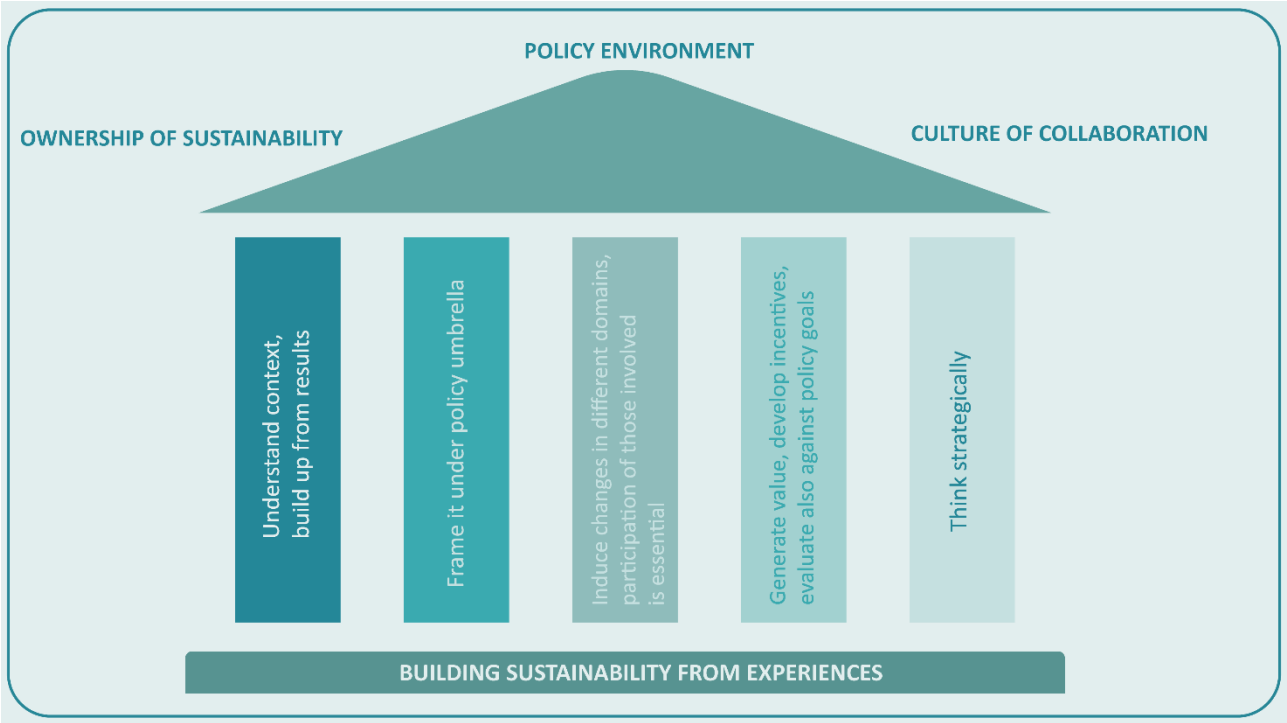
JADECARE involves 16 Competent Authorities, 45 different Organizations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 ZZZS, 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, ZZZS (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 ZZZS 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. ZZZS 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
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.
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.
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.
JADECARE practice leading partner ZZZS 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. ZZZS will assure systemic funding through changes of the payment model.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner ZZZS will serve as the main holder of sustainability at least in 2024 and 2025.
JADECARE practice leading partner ZZZS 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.
JADECARE practice leading partner ZZZS 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).

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 ZZZS 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.
JADECARE practice leading partner ZZZS 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.
JADECARE practice leading partner ZZZS 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.

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: ZZZS 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) ZZZS (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: ZZZS 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) ZZZS (lead), Slovenian Nephrology Society
Resources Human resources, financial resources (educational materials) partly funded by ZZZS, 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 ZZZS and will hold the responsibility for activities after JADECARE ends from October 2023 onwards (at minimum until the end of 2025).
Actor(-s) ZZZS (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 ZZZS (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) ZZZS (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) ZZZS, 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, ZZZS
Resources Human resources, (educational materials developed and printed in JADECARE funded by ZZZS)
Setting(s) National level
Timeline November 2023
Key Performance Indicator Communication plan ready

JADECARE

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

Regional Ministry of Health and Consumer Affairs of Andalusia-CSCJA

Andalusian Health Service-SAS

Andalusian Public Foundation Progress and Health-FPS

Spain

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 Rodriguez (FPS), Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation	Role in the organisation
Ana Carriazo	Regional Ministry of Health and Consumer Affairs of Andalusia-CSCJA	Senior advisor
Carmen Lama	Regional Ministry of Health and Consumer Affairs of Andalusia-CSCJA	Deputy Director of Strategies, Plans and Processes
Víctor Ortega	Andalusian Health Service-SAS	Head of the ICT Development and Projects
Susana Rodríguez	Regional Ministry of Health and Consumer Affairs of Andalusia-CSCJA	Technician of the Andalusian Care Strategy
Rafael Rodriguez-Acuña	Andalusian Public Foundation Progress and Health-FPS	Project Manager, technical advisor, and researcher
Denis Opresnik	NIJZ	
Jelka Zaletel	NIJZ	
Anja Brunec	NIJZ	

Version history

Revision	Date	Editor	Comments
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 7 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
0.4	March 16 2023	Ana Carriazo, Carmen Lama (CSCJA), Víctor Ortega (SAS), Rafael Rodriguez-Acuña (FPS), Denis Opresnik, Anja Brunec (NIJZ)	Revised draft version after Informed discussion
0.5	Jun 13 2023	Ana Carriazo, Carmen Lama, Susana Rodríguez (CSCJA), Víctor Ortega (SAS), Rafael Rodriguez-Acuña (FPS),	Updated version after Thematic Workshop "WP8 Implementation key learning workshops", hold in Odense (Jun 01 and 02 2023)

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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 (Consejeria 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).

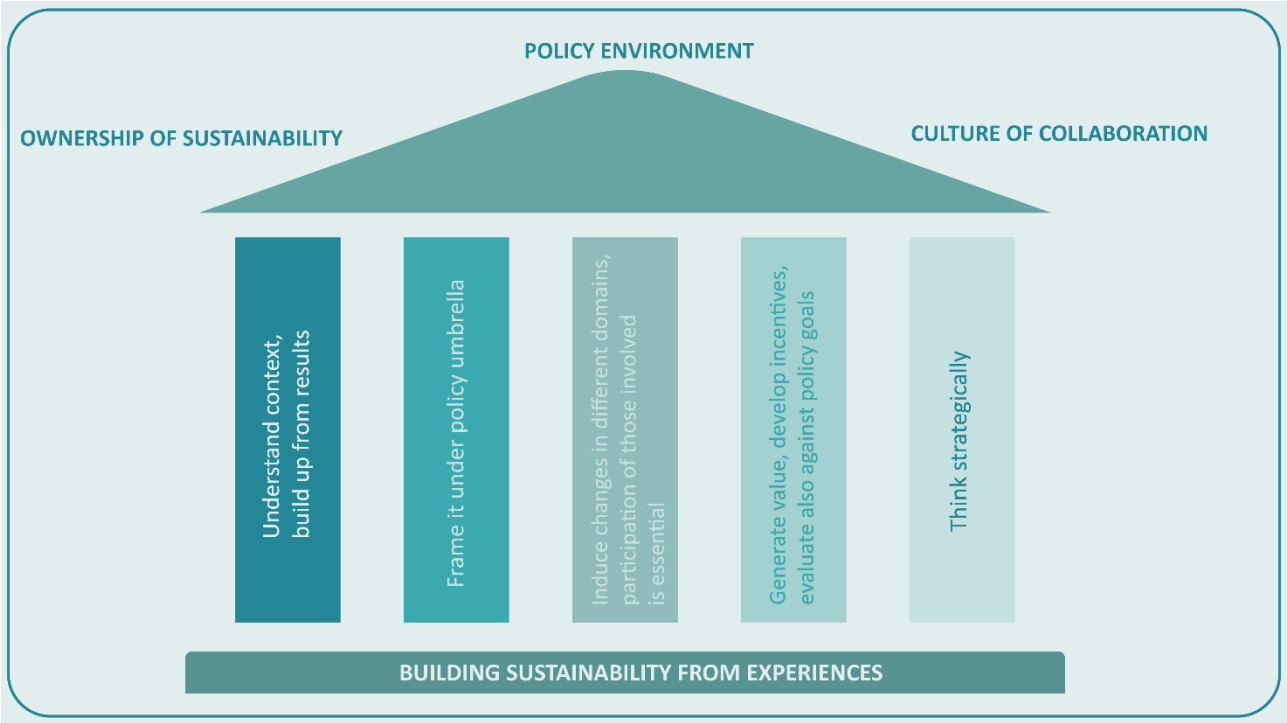
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 Consejeria 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 adaptated and implemented in the SAS at primary health care level, and aligned to the Andalusian Comprehensive Healthcare Plans and Strategies, so it is a a key stakeholded and their representatives works 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 thecnical-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
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.
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.
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.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partners CSCJA and SAS will serve as the main holder of sustainability at least in 2024 and 2025.
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.
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.

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.

JADECARE

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

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

with contributions of Cantabria Ministry of Health

Spain

www.jadecare.eu

Co-funded by the Health Programme of the European Union

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	July 10th, 2023
Lead Authors	María Lourdes López de Munain (HUMV), Sonia López Medina (HUMV), Verónica García Cernuda (SCS), Carlos Fernández Viadero (SCS), Maria Luisa Sámano (IDIVAL) , Paloma Gonzalez (IDIVAL). Denis Opresnik, Anja Brunec, Jelka Zaletel (National Institute of Public Health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
María Lourdes López de Munain	SCS-HUMV
Sonia López Medina	SCS-HUMV
Verónica García Cernuda	SCS
Carlos Fernández Viadero	SCS
Maria Luisa Sámano	IDIVAL
Paloma Gonzalez	IDIVAL
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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 6 2023	Members of informed discussion group:	Second version, for feedback from local implementation working group
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

GLOSSARY OF ACRONYMS 227
1 INTRODUCTION 228
1.1 JADECARE Project summary 228
1.2 Process of development of this document 228
1.3 Purpose of this document & potential readers 229
2 SUSTAINABILITY STRATEGY 230
3 SUSTAINABILITY ACTION PLAN 2024-2025 234

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).

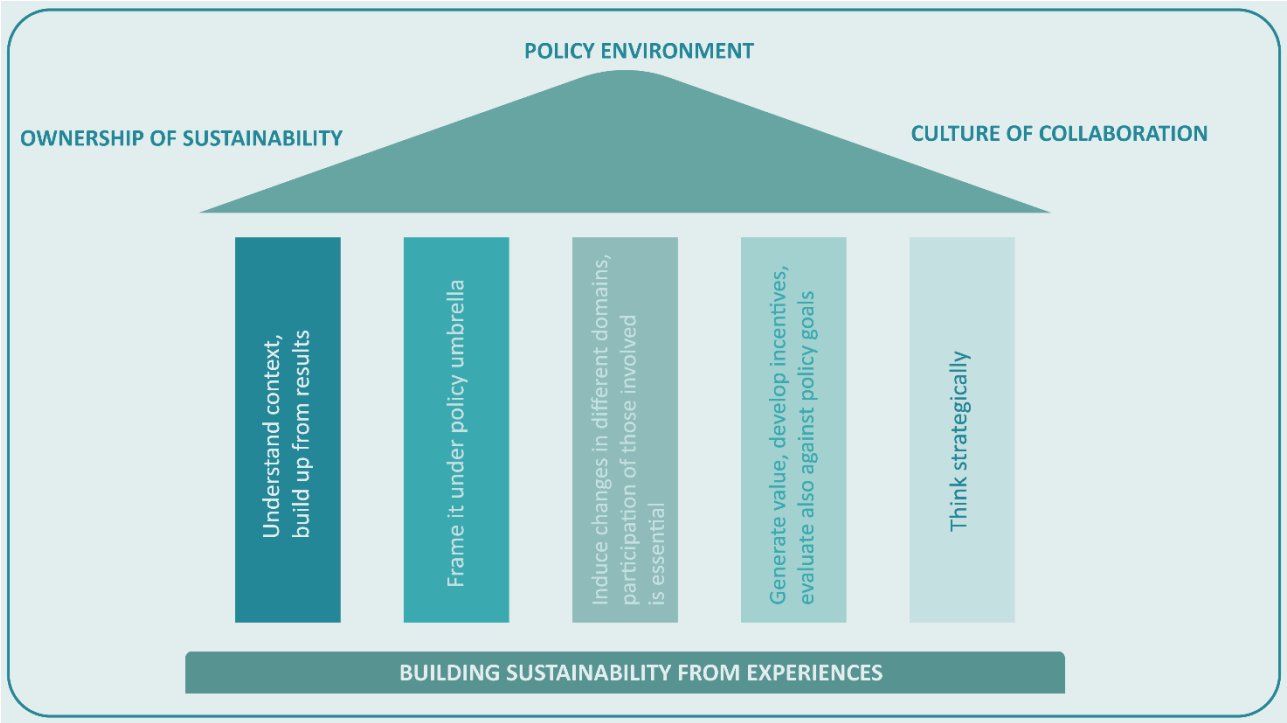
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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.

JADECARE

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

Castilla y León Regional Health Service
Spain

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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 15 2023
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)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Organisation
María Antonia Martín Delgado	SACYL
Raixa N. Pérez Martín	SACYL
V. Elena Ramos Macías	SACYL
Denis Opresnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
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

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

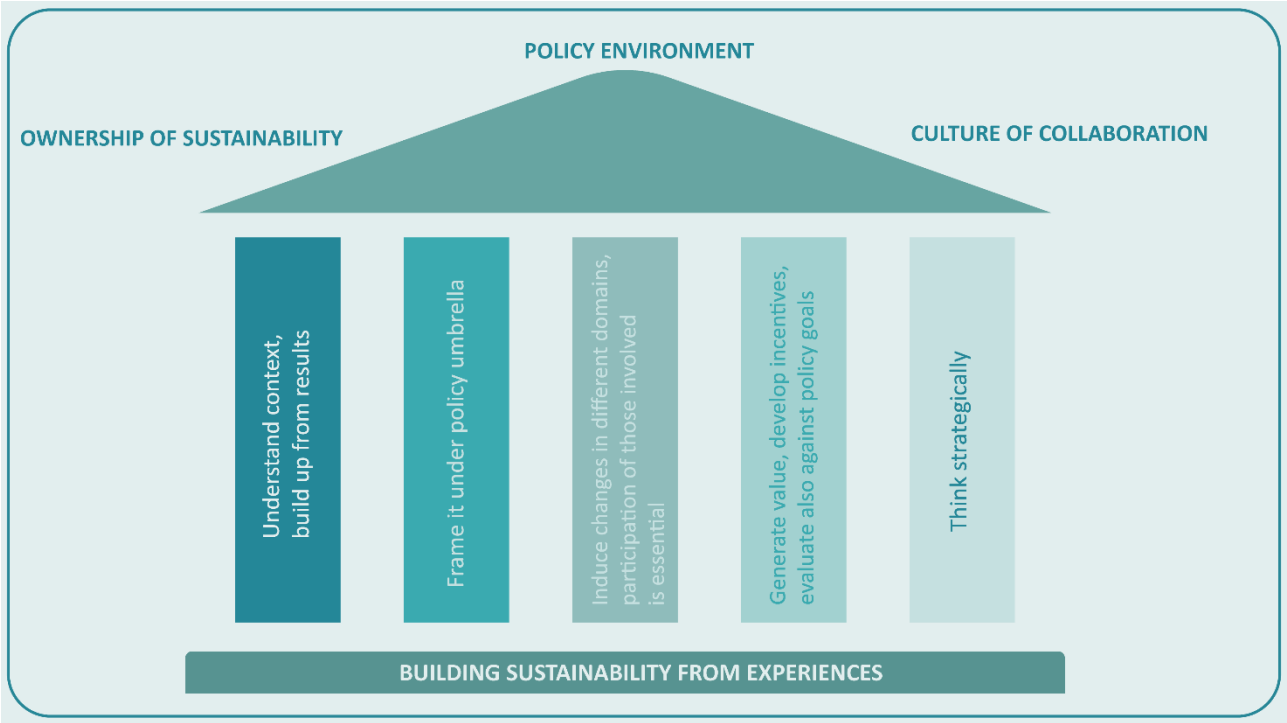
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 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 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.

JADECARE

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

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

Date: 13/06/2023

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
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	Pedro Pérez López. Servicio Murciano de Salud (SMS) Mª del Pilar López Acuña (FFIS) Rosa Mª Fernández Tarazaga (FFIS), Fundación para la Formación e Investigación sanitarias de la región de Murcia (FFIS). Denis Opresnik, Anja Brunec, Jelka Zaletel (National institute of public health Slovenia)
Website	www.jadecare.eu

List of contributors

The contributors are presented in the following table:

Contributors	Profile	Organisation
Maria del Pilar Lopéz Acuña	Senior researcher	FFIS
Pedro Pérez López	Principal researcher	SMS
Rosa Mª Fernández Tarazaga	Project management technician	FFIS
Juan Vicente Lozano Guadalajara	Head of the rehabilitation service	SMS
Encarna Sevilla Henández	Rehabilitation doctor	SMS
Alba Bernal Giar	Rehabilitation doctor	SMS
Fco. Javier Cecilia Canales	Physiotherapist	SMS
Maria Pellicer Alonso	Physiotherapist	SMS
Denis Opresnik		NIJZ
Jelka Zaletel		NIJZ
Anja Brunec		NIJZ

Version history

Revision	Date	Editor	Comments
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, Mª del Pilar López, Rosa Fernández	Discussion during implementation key learning workshop, revised version
1.0	June 13 2023	Pedro Pérez, Mª del Pilar López, Rosa Fernández	Version 1.0

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of contents

TABLE OF CONTENTS **4**
GLOSSARY OF ACRONYMS **4**
1 INTRODUCTION **5**
1.1 JADECARE Project summary 5
1.2 Process of development of this document 5
1.3 Purpose of this document & potential readers 6
2 SUSTAINABILITY STRATEGY **7**
3 SUSTAINABILITY ACTION PLAN 2024-2025 ..... **10**

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).

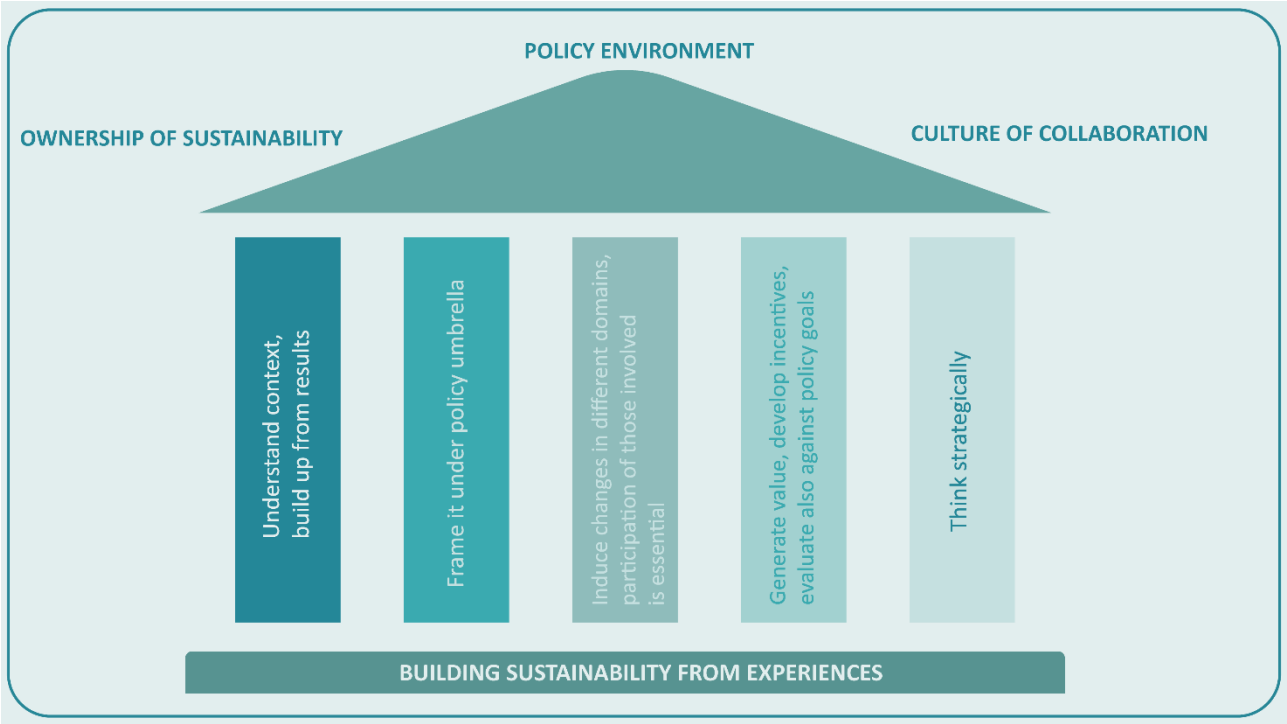
JADECARE involves 16 Competent Authorities, 45 different Organisations, 29 Affiliated Entities, from 16 countries all around Europe, and 21 Next Adopters, providing a complete scenario of the idiosyncrasy and differences that can be found. The local context, maturity of integrated care models, legal 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 interoperablility 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
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.
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.
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.
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.

Core element 2: Holder(-s) of sustainability
Strategic objectives
JADECARE practice leading partner SMS/FFIS will serve as the main holder of sustainability at least in 2024 and 2025.
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.
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.

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 SMS/FFIS and the stakeholders strengthen the culture of collaboration and building consensus when planning and implementing activities.
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.
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.

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.

ANNEX II. Summary report from meetings of JADECARE Policy board

JADE CARE

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

MILESTONE M17 (WP4 - TASK 4.6)

Summary report from meetings of JADECARE Policy board

NACIONALNI INSTITUT ZA JAVNO ZDRAVJE (NIJZ)

Date: 04/09/2023
Doc. Version: 1.0

Internal Document

Co-funded by the Health Programme of the European Union

www.jadecare.eu

This document was co-funded by the European Union's Health Programme (2014-2020) under Grant Agreement 951442

Title	Joint action on implementation of digitally enabled integrated person-centred care
Acronym	JADECARE
GA Number	951442
Type of instrument	Internal Report (milestone 17) – contribution to deliverable D4.3
Topic	Integration in national policies and sustainability
Date	04/09/2023
Lead Author	Jelka Zaletel, Denis Oprešnik, Anja Brunec (Nacionalni Institut Za Javno Zdravje - NIJZ)
Website	www.jadecare.eu

List of contributors

The list of contributors to this milestone are presented in the following table:

Contributors	Organisation
Denis Oprešnik	NIJZ
Jelka Zaletel	NIJZ
Anja Brunec	NIJZ

Version history

Revision	Date	Editor	Comments
0.1	02/04/2022	Denis Oprešnik, Jelka Zaletel (NIJZ)	Draft Table of contents and structure
0.2	05/05/2022	Kai Schnackenberg, Lena Schulze (BAGSFI), Martina Rimmele (LGL), Federica Vitello, Paolo Michelutti (AGENAS)	Table of content internal WP4 peer review
0.3	16/01/2023	Yhasmine Hamu (KG)	Table of content Coordinator peer review
0.4	17/01/2023	Jelka Zaletel, Denis Oprešnik (NIJZ)	Table of content final
0.5	02/09/2023	Denis Oprešnik (NIJZ)	First draft
0.6	04/09/2023	Jelka Zaletel, Anja Brunec (NIJZ)	Second draft
0.7	19/09/2023	Yhasmine Hamu, Ane Fullaondo (KG)	Coordinator peer review
1.0	20/09/2023	Jelka Zaletel, Denis Oprešnik (NIJZ)	Final draft

Keywords

JADECARE Policy board, sustainability, integration into policies, EU-added value, integrated care, digitally enabled, person-centred.

Disclaimer

This document contains information which is proprietary to the JADECARE consortium. Neither this document nor the information contained herein shall be used, duplicated or communicated by any means to any third party, in whole or parts, except with the prior written consent of the JADECARE consortium.

The content of this document represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Table of Contents

EXECUTIVE SUMMARY **6**

1. INTRODUCTION **8**

2. METHODOLOGY AND WORKING PROCEDURES OF POLICY BOARD **9**

3. RESULTS **10**

3.1. Evolution of Policy board membership 10

3.2. Alignment of needs and expectations of Policy board members 12

3.3. Results of the annual Policy board meetings and policy dialogues 12

3.3.1. First Policy board meeting with policy dialogue (November 2021) 12

3.3.2. Second Policy board meeting with policy dialogue (November 2022) 14

3.3.2. Third Policy board meeting with policy dialogue (June 2023) 16

4. CONCLUSIONS **20**

APPENDICES **21**

Appendix 1. JADECARE Policy board. Operating procedures 21

Appendix 2. JADECARE Policy dialogues. Methodological principles 24

Appendix 3. First Policy board meeting minutes and policy dialogue results 29

Appendix 4. Second Policy board meeting minutes and policy dialogue results 35

Appendix 5. Third Policy board meeting minutes and policy dialogue results 44

Appendix 6. Follow-up survey to the first Policy board meeting: results 56

EXECUTIVE SUMMARY

Joint Action on implementation of digitally enabled integrated person-centred care (JADECARE) intended 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. The JADECARE's aim was to enable the participating national authorities to benefit from efficient solutions in digitally enabled integrated person-centred care developed by Early adopters of original Good Practices via supporting best practice transfer from original Good practices to the contexts of Next adopters.

The **purpose of this document** is to present the role and results of the JADECARE Policy Board to further support successful design and implementation of local Good Practices in Next Adopters' sites from the focus of sustainability; to further reinforce capacities of National and/or regional care authorities in order to organize and deliver digitally-enabled integrated person centred care based on lessons learnt, including integration in policies; and to co-create EU added value of the JADECARE Joint Action. The report showcases the process of the JADECARE Policy board development, including methodology and results of the Policy Board meetings and Policy dialogues.

The **intended audience** are people and institutions working in the field of digitally-enabled person-centred integrated care, EU institutions, decision and policy makers, experts engaged in implementation research and others parties interested in the JADECARE approach towards designing and implementing sustainable practices in this area.

The **identification process and working procedures** were developed by NIJZ as WP4 and Task 4.6 leaders. Policy Board members from countries with partners involved in JADECARE as implementers were proposed by the Next Adopter team themselves, were therefore included in their local networks or even acted as members of their local implementation teams. On the other hand, Policy Board members from several countries that did not participate in JADECARE as Next Adopters were included as well to provide their valuable experiences and support from the perspective of digitally-enabled integrated and person-centred care. Some of them used the knowledge and results developed in JADECARE from which their respective healthcare systems could benefit. Besides being active in their local networks with Next Adopters by following and supporting the implementation process and strengthening the practice sustainability potential, Policy Board members were participating at annual (overall three) Policy Board meetings and Policy dialogues over the project duration (2021, 2022 and 2023) organised by the NIJZ and AGENAS with support of Kronikgune as Coordinator.

Summarizing **key results**, JADECARE Policy board was established in 2021 with participation of 22 Policy board members from 19 European countries. Three Policy board meetings and Policy dialogues were convened (in 2021, 2022 and 2023) to discuss the results of implementation and advance sustainability planning in each step. Active participation of DG SANTE, HaDEA and EPF at the events was highly important with their contributions as presenters and/or observers and with their reflections.

- First meeting and policy dialogue (November 2021): current work, objectives and expectations in JADECARE were presented, including several examples of sustainability planning process in Next Adopter practices and practices outside JADECARE related to the field. The Policy dialogue resulted in the identification of key principles and recommended steps in sustainability planning process of Next Adopters.
- Second meeting (November 17th 2022) and policy dialogue (November 24th 2022): interim results, status, challenges and successes of the implementation process were presented and discussed, with particular focus on sustainability building in two case studies (Italy and Germany) and on opportunities to strengthen the MSs capacities in integrated care via EU mechanisms and programmes. At the Policy dialogue key principles and recommended steps

for Next Adopters in developing their Sustainability strategies and Sustainability action plans during the post-implementation phase in 2023 were identified.

- Third meeting (June 20th 2023) and policy dialogue (June 22nd 2023): JADECARE journey of practice development, implementation and evaluation were presented, with specific focus on discussing the progress achieved in terms of sustainability planning. Owners of the original good practices reflected on their own lessons learned respective to the implementation process and particularly to assuring sustainability of developed practices. Their experiences were the basis for discussions and critical reflections within the Policy Dialogue participants. As a main results of the policy dialogue, key learnings on essential elements to lay the foundations for a more solid sustainability and upscaling of (good) practice implementations in the various national contexts were developed.

Another key aspect of the JADECARE Policy board is in its **EU-added value**. A cross-national platform was established bringing together representatives of different National health authorities and other institutions which were recognised as relevant in bridging the gap between the local pilot implementation settings and their regional/national policy levels. This approach helped to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members, EU institutions and JADECARE Consortium.

1. INTRODUCTION

The JADECARE Policy Board was established in 2021 to further support successful design and implementation of local Good Practices in Next Adopters' sites from the focus of sustainability; to further reinforce capacities of National and/or regional care authorities in order to organize and deliver digitally-enabled integrated person centred care based on lessons learnt, including integration in policies; and to co-create EU added value of the JADECARE Joint Action.

The Policy Board brought together representatives of different National health authorities and other institutions which were recognised by Next Adopters as relevant in bridging the gap between the local pilot implementation settings and their regional/national policy levels. This approach helped to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members.

Members from 19 European countries were participating in the Policy Board, with representatives of the European Patient Forum (EPF), DG SANTE and HaDEA acting as observers.

The Policy Board had two main advisory roles:

1. Alignment of Local Good Practices to national, regional and/ or local policies, strategies, plans and/or program, such as the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership;
2. Identifying and building up potential EU added value of JADECARE such as implementing EU legislation, achieving economies of scale, promoting best practice, benchmarking for decision making, considering cross-border issues, enabling (or supporting) movement of people and/or networking.

To provide meaningful support in terms of implementation, the Policy Board members from countries with partners involved as implementers were proposed by the Next Adopter team themselves, were therefore included in their local networks or even acted as members of their local implementation teams. On the other hand, Policy Board members from several countries that did not participate in JADECARE as Next Adopters were included as well to provide their valuable experiences and support from the perspective of digitally-enabled integrated and person-centred care. Some of them used the knowledge and results developed in JADECARE from which their respective healthcare systems could benefit.

Besides being active in their local networks with Next Adopters by following and supporting the implementation process and strengthening the practice sustainability potential, Policy Board members were participating at annual Policy Board meetings over the project duration (2021, 2022 and 2023) organised by the NIJZ and AGENAS with support of Kronikgune as Coordinator. The meetings were dedicated to showcase and discuss concrete experiences during each stage of the implementation process with a focus on practice sustainability, experiences with similar practices outside JADECARE and the impact this Joint Action had on partner countries that are not directly involved as implementers but are using the results to further the capacity of their local healthcare systems in the field of integrated care.

Separate to the meetings are policy dialogues, structured and moderated discussions between Policy board members only, with an aim to develop concrete recommendations, lessons learnt and steps to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care, and to co-create EU added value.

2. METHODOLOGY AND WORKING PROCEDURES OF POLICY BOARD

The development of JADECARE Policy board was coordinated by NIJZ, leader of JADECARE Work Package 4 (WP4) and Task 4.6 specifically dedicated to all Policy board related activities. Key activities to support this process included: 1.) Identification of Policy board members; 2.) Organisation of bilateral meetings with individual members; 3.) Development of operating procedures; 4.) Organisation of Policy board meetings and policy dialogues; 5.) Preparation of meeting minutes and policy dialogue results; 6.) Bridging activities to boost sustainability potential of Next adopters' practices based on the work of Policy board.

JADECARE Policy board membership: The identification of Policy board members was coordinated by NIJZ as WP4 leader in alignment and consultation of WP4 partners and the Coordinator. The main guiding principle was to identify members who could have a positive impact on the implementation process of best practices and its sustainability. Subsequently, Next Adopters (and other JADECARE partners who were not participating as implementers) were initially contacted by NIJZ to propose a member with strong connections or affiliation to the national or regional health authorities. On the other hand, the JADECARE Policy board membership was to be extended beyond the scope of pilot settings to increase the EU-added value of this initiative, hence the inclusion of several MSs that were not represented in JADECARE as partners. Representatives of the Directorate-General for Health and Food Safety (DG SANTE), European Health and Digital Executive Agency (HaDEA) and European Patient Forum (as patients' advocates) were invited to participate as observers.

Organisation of bilateral meetings with individual Policy board members: between June and September 2021, bilateral meetings were organised with identified Policy board members to present the work and objectives of JADECARE, the role of the Policy board and to identify their needs and expectations.

Development of operating procedures: in September of 2021, operating procedures were developed to communicate efficiently about the workflow, objectives, role and membership of JADECARE Policy board. The document was shared with all Policy board members, and WP1 and WP4 members (see Appendix 1).

Organisation of Policy board meetings and policy dialogues: the key activity of JADECARE Policy board included annual Policy board meetings organised by the NIJZ and AGENAS with support of KG as Coordinator. The meetings were dedicated to showcase and discuss concrete experiences during each stage of the implementation process with a focus on practice sustainability, experiences with similar practices outside JADECARE and the impact this Joint Action had on partner countries that are not directly involved as implementers but are using the results to further the capacity of their local healthcare systems in the field of integrated care. Separate to the meetings were Policy dialogues, structured and moderated discussions (see Appendix 2) between Policy Board members only, with an aim to develop concrete recommendations, lessons learnt and steps to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care, and to co-create EU added value. For each event, meeting minutes and policy dialogue results were prepared (see Appendices 3-5) and disseminated among Policy board members and JADECARE Consortium. In addition, satisfaction surveys for Policy board members were organized upon conclusion of the first (see Appendix 6) and second event to identify gaps and make improvements in the organisation of events.

Bridging activities to boost sustainability potential of Next adopters' practices: the results of Policy board work, namely recommendations developed at the policy dialogues, were used to orient future work related to sustainability planning in JADECARE aimed to: (1) support to Next adopters' understanding of policy environment and relevant broader initiatives; (2) conveying messages to relevant mechanisms within the Member State that could benefit from JADECARE support; and (3) co-creation of cross-country learning as and EU added value**.**

3. RESULTS

3.1. Evolution of Policy board membership

Policy Board brought together representatives of different National health authorities and other institutions which were recognised by Next adopters as relevant in bridging the gap between the pilot implementation settings and their regional/national policy levels (bottom-up approach). To provide meaningful support in terms of implementation, Policy Board members from countries with partners involved as implementers were proposed by the Next Adopter teams themselves in November and December 2020. Members from other countries were invited through National focal points or through JADECARE Competent authorities who were not participating as implementers. Policy board members from these MS (specifically Ireland, Northern Ireland, Poland) were identified through National Focal Points for Health Programme at EC or other entities. Additionally, there were representatives of MS included that participate in JADECARE but not as implementer as is the case with Germany. With support of BAGSFI, representatives from Hamburg and Bavaria joined the Policy board with a clear focus to use the JADECARE results for building the capacities of digitally-enabled person-centred integrated care in their respective settings. In addition to MSs that were not participating in JADECARE, their contributions were extensive and meaningful, thus showcasing the value of this high level cross-national collaboration.

In total, 22 Policy board members from 19 countries, including Belgium, Croatia, Czech Republic, Denmark, Estonia, France, Germany (Hamburg), Germany (Bavaria), Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Poland, Portugal, Slovenia, Spain, Serbia, Northern Ireland (UK), were represented. See Table 1 for more details.

In terms of affiliation, the JADECARE Policy Board members represented ministries, research organisations, funding bodies, research councils, academic institutions etc. Policy Board members were not official representatives of their respective countries, so no Letters of nomination were required on their behalf. First membership list was available since M3, and was kept open, since competent authorities and next adopters may identified important policy-level stakeholders to be invited during development and implementation of the activities.

JADECARE Policy board included:

- Representatives of all competent authorities of JADECARE that are MoHs (or other relevant institutions listed in section Membership) from countries participating in JADECARE as partners, with links and/or knowledge related to the policy-making in the field of digitally-enabled integrated and person-centred care;
- Representatives of relevant institutions (see section Membership) from Member States within EU/EEA that do not participate in JADECARE, with links and/or knowledge related to the policy-making in the field of digitally-enabled integrated and person-centred care;
- Representative of a European Patient forum as an observer of the Policy Board, to bring in the users'/patients' perspective and
- Representatives from Directorate-General for Health and Food Safety (DG SANTE) and European Health and Digital Executive Agency (HaDEA) continuously and Directorate-General for Structural Reform Support (DG REFORM) as presenter and observer at Second Policy board meeting.

Table 1. List of JADECARE Policy board members

EU MS	Next adopter	Institution	Policy Board member
Belgium	yes	Ministry of Health and Social Affairs, Regional Development and Housing of the German speaking Community of Belgium	Laura Piraprez (President of the cabinet of the Vice-Minister)
Croatia	yes	Ministry of Health Croatia	Marija Bubaš (Assistant Director for Occupational Medicine and Head of Service), substitute: Ivana Brkić (CIPH)
Czech Republic	yes	Ministry of Health Czech Republic	Alena Steflova (Deputy Minister of Health 2021-22), Vaclav Platenik (Deputy Minister of Health since 2023)
Denmark	yes	Region of North Denmark (Idea Clinic)	Bente Koch Pedersen (Project manager)
Estonia	yes	Ministry of Social Affairs (Social Welfare Department)	Gerli Aavik-Märtmaa (Adviser for the Social Welfare Department Ministry of Social Affairs)
France	yes	Ministry of Social Affairs and Health	Isabelle Zablit (Directeur de projets – expert Europe & International eHealth Europe & International Director)
Germany (Hamburg)	no	Hamburg Authority for Labour, Health, Social Affairs, Family and Integration (Social Authority)	Silke Heinemann (Director general, Sozialbehörde - Amt G), Sabrina Bischoff (secretary)
Germany (Bavaria)	no	Bavarian State Ministry for Health and Care	Georg Münzenrieder (Head of Unit)
Greece	yes	School of Medicine, Aristotle University of Thessaloniki	Panagiotis Bamidis (University professor)
Hungary	yes	National Directorate General for Hospitals	Istvan Csizmadia, (Senior Principal Counsellor 2021- 22), substitute: Dora Toth (since 2023)
Ireland	no	National Focal Point for Health Programme	Kay Duggan-Walls (EU Programmes Officer, Health Research Board. National Contact Point Horizon 2020, Health. Board Member EU JPI AMR)
Italy	yes	Ministry of Health Italy	Modesta Visca (Health Programme officer)
Latvia	yes	National Health Service of Republic of Latvia	Valts Abols (Chairman of the Board Children's University Hospital and RSU lecturer)
Lithuania	yes	Ministry of Health (Department of Personal Health, Division of Primary health care and nursing)	Gitana Ratkienė (Adviser)
Poland	no	National Institute of Geriatrics, Rheumatology and Rehabilitation	Tomasz Targowski (Head of Department of Geriatrics)
Portugal	yes	Central administration of the health system	Victor Herdeiro (President of the Executive Board)
Slovenia	yes	National insurance fund of Slovenia	Anka Bolka (Director of Analytics and Development)
Spain	yes	Ministry of Health Spain	Pilar Aparicio (General Director of Public Health), substitutes: Yolanda Agra (Deputy Director of Quality Area) and Julio Las Heras (Coordinator of the National Strategy for addressing Chronicity)
Serbia	yes	Ministry of Health Serbia	Biljana Čukanović (Special adviser of Minister of Health 2021-22), no representative in 2023
Northern Ireland, UK	no	Health and Social Care Northern Ireland (Health and Social Care Board)	Martin Hayes (Programme Director of Integrated Care), substitute: Soo Hun (Innovation & Digital Eco-System Lead, Digital Health & Care NI)

3.2. Alignment of needs and expectations of Policy board members

To understand and align the expectations regarding the work of the JADECARE Policy board informal meetings with the identified Policy board members were organized in first three months of 2021. The focus of the meetings was to outline the overall work of JADECARE, to present the role of the Policy board and, more importantly, to discuss with policy board members about their expectations and needs. In total, 8 informal meetings were convened between June and September 2021 with Policy board members from 11 countries (Czech Republic, France, Germany, Greece, Ireland, Italy, Latvia, Lithuania, Slovenia, Spain, UK).

Expectations of partners differed based on the level of their country participation in JADECARE and their political organisation (representatives from national vs regional level governmental organisations). Relevant messages are presented below in Box 1.

Box 1. Identified needs and expectations of Policy board members

- All members perceive JADECARE Policy board as a potentially positive and innovative platform for collaborating across countries and fostering EU-added value of JADEACARE.
- Policy board should facilitate consistency between EU level and national levels in terms of policy alignment.
- Members in the Policy board can exchange ideas, values and experiences emanating from their work in their respective healthcare systems.
- Policy board provides networking opportunities across variety of stakeholders and across countries.
- If proving successful, Policy board as a network can become a sustainable platform beyond JADECARE.
- Policy board is the opportunity to get acquainted with the progress of implementation process of JADECARE practices and provide recommendations for their integration into national policies.
- Policy stakeholders with Next adopters will use the results for dissemination activities and facilitate scalability to other settings nationally (e.g. Spain, Italy).
- There are several Policy board members who are directly involved in practice implementation with readiness to report on specific experiences, also in relation to integration into policies and establishment of strong linkages to the policy level.
- Policy board members operating at the regional governmental organisations see the opportunity of communicating to EU level institutions directly, instead of only through the federal level.
- Based on experiences from other projects and personal expertise, members can provide suggestions for overcoming barriers for the practice implementation.

3.3. Results of the annual Policy board meetings and policy dialogues

3.3.1. First Policy board meeting with policy dialogue (November 2021)

The first annual meeting of the JADECARE Policy Board with a Policy Dialogue was convened on November 4th 2021, reflecting on core elements of sustainability which are important to support context-adapted implementation of good practices as well as their integration into national policies. Meeting minutes and policy dialogue results are presented in detail in Appendix 3.

The main aims of the meeting were to outline the current work, objectives and expectations in JADECARE, to showcase the concrete examples of sustainability planning process in Next Adopter practices and practices outside JADECARE related to the field, and to present the participating Policy Board members.

The examples indicated, that important first steps have already been made in assuring the sustainability of Next Adopters' practices by establishing valuable connections with the respective policy makers, linking good practices to the wider regional/national policies and strategies relevant to integrated care and nurturing the culture of collaboration among a wide variety of stakeholders.

The meeting was followed by Policy Dialogue with the aim to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care with particular interest to "Capacity building for sustainability: learning from original good practices and champions among Next Adopters in JADECARE".

Policy dialogue results: "Sustainability planning process of Next Adopters during design and implementation of their practices: Key principles and recommended steps"
The Policy Dialogue resulted in the identification of key principles and recommended steps (summarized in the box below) in sustainability planning process of Next Adopters that will help to inform their Sustainability strategy and Sustainability action plan development prior to conclusion of this Joint Action.

The presented key principles and recommended steps are targeted primarily to Next Adopters (and in the second step to potentially relevant stakeholders) to support the practice sustainability, follow and expand the JADECARE sustainability framework, where policy framework, sustainability ownership and culture of collaboration were identified as the three core elements of sustainability.

In order to facilitate sustainability of local good practices, JADECARE Policy Board proposed to operate at several different levels, that includes engagement of Next Adopters, Policy Board members and JADECARE consortium as a whole. Key principles and recommended steps are presented in Box 2.

Box 2. Key principles and recommended steps to support the practice sustainability - expanded JADECARE Sustainability framework

POLICY ENVIRONMENT

- Exploration of funding opportunities: it is important for Next adopters and the relevant policy level representatives to engage in the local good practices design, implementation and monitoring to link the practice to the country's and/or broader relevant funding opportunities. Thus, practices should be aligned with the national strategies, policies and financing schemes. Alternatively, Next adopters can benefit from tools and mechanisms provided by the EU Commission (e.g. EU4Health Programme, Horizon Europe), which enables them to take further the innovations developed in this Joint Action;
- Showcasing strong evidence: Next adopters should be transparent in communicating with policy makers about the progress of their practice development and implementation, presenting results and impacts of the intervention. Next adopters can also identify the gaps in relevant national strategies that their practices address. These are key drivers to gather support and inform policy change;
- Policy dialogues at the local/regional/national level: expanding the previous recommendation, policy makers can be practically engaged through organisation of local, regional and/or national policy dialogues producing clear outcomes. This can help to build shared sustainability ownership and to nurture culture of collaboration.

SUSTAINABILITY OWNERSHIP

- Building a co-creation approach: to create a sense of shared ownership, the practices should engage a wide variety of stakeholders, including the users of the practices. Their engagement builds a better understanding of the context where the practice is being implemented and its alignment to the local needs, priorities and resources. The co-creation approach includes active

engagement of patients and citizens as partners in developing frameworks and solutions tailored to their needs;

- Defining and understanding the levels of ownership: the implemented practices can be complex and many actors can be responsible for its continuity. Sustainability ownership (e.g. technical, scientific, human/social, financial, etc.) should be defined at organisational, local, regional and national level, negotiated with the policy makers and subsequently aligned with national strategies, governance models, financial flows and incentives. The ownership should be adaptable as practices evolve and change over time.

CULTURE OF COLLABORATION

- Shared values and vision: Next adopters and their networks should strive to identify/establish shared values and a common vision through community engagement. Key stakeholders should openly discuss their motivations, non-negotiables and expectations;
- Learning from past experiences: as JADECARE Consortium we should communicate with people who have experiences from similar Joint Actions and bring their knowledge into JADECARE's work with Next adopters;
- Creating a common language: in Next adopter settings numerous stakeholders are involved in the practice development and implementation or are being affected by it. It is important to communicate clear and simple messages to which all can relate;
- Training, education and capacity building: within JADECARE we might also develop visual materials (e.g. videos) that could present the JADECARE results and be used to communicate with wider audience, including the policy makers of participating Member states;
- "Culture eats strategy for breakfast every day": It is important both at the level of JADECARE consortium as well as at the level of Next adopter sites to be attentive to the contextual and cultural specifics, understanding the local readiness for change and building mutual trust. Indeed, "change happens at the speed of trust".

3.3.2. Second Policy board meeting with policy dialogue (November 2022)

As the JADECARE implementation phase was concluding, the 2nd Policy board meeting was organized on November 17th 2022 to present and discuss interim results, status, challenges and successes of the implementation process, focusing on sustainability building in two case studies (Italy and Germany) and on opportunities to strengthen the MSs capacities in integrated care via EU mechanisms and programmes. Policy dialogue was convened a week later on November 24th with an aim to define key principles and recommended steps for Next Adopters in developing their Sustainability strategies and Sustainability action plans during the post-implementation phase in 2023. Meeting minutes and policy dialogue results are presented in detail in Appendix 4.

The 2nd Policy board meeting was attended by 47 representatives of JADECARE partner organisations, DG SANTE, DG REFORM, HaDEA, and Policy board members. The meeting started with the introductory presentation from Kronikgune, AGENAS and NIJZ, welcoming the participants and presenting key results of the current work in JADECARE, including status of the implementation process in JADECARE; challenges and success factors during the first PDSA cycle of the implementation phase; and sustainability planning process aimed at supporting the implementers to enhance the sustainability of their practices upon conclusion of the Joint Action. Afterwards, representatives from DG SANTE and DG REFORM presented EU mechanisms and instruments to support integrated care practices and their sustainability, including different projects under the 3rd Health Programme (SCIROCCO Exchange, VIGOUR, JADECARE); Recovery and Resilience Facility; Healthier Together – EU NCD Initiative; and TSI flagship Towards person-centred integrated care. In conclusion, the Commission's expectations for JADECARE were presented, namely the successful implementation (transfer/adaptation) of pilot practices; increased knowledge/capacity in implementing integrated care and confidence in the value of integrated care; and to plant the seeds for national/regional plans to mainstream integrated care.

Sustainability-oriented implementation experiences were illustrated by case studies from: 1.) Italy with its initiative to link JADECARE practices to National resilience and recovery plan aimed at reinforcing practice sustainability and digital transformation of the healthcare system; and 2.) Germany that used JADECARE results to develop recommendations for action to transform the German Healthcare system towards integrated digitally-enabled person centred care despite not being involved in the Joint Action as an implementer.

These experiences show the EU-added value of JADECARE, providing a platform for exchanging opportunities, ideas and knowledge in the field of integrated care that can expand far beyond the scope of a particular pilot setting.

The meeting was concluded by "*Tour de Table* among Policy Board members: Critical appraisal of the two presented case studies and key messages identified" to discuss the presented case studies and share different implementation experiences or possible next steps to support the process of achieving JADECARE objectives.

Policy dialogue results: "Designed to be sustainable: advancement of sustainability strategy and sustainability action plan"

The Policy dialogue was held on November 24th with Policy board members focusing on identification of key principles and recommended steps in development of Sustainability strategies and Sustainability action plans by all Next Adopters. These strategic documents are important to plan for the two years upon conclusion of JADECARE to assure the continuity and evolution of developed solutions. The inputs of Policy board have meaningfully contributed to the development of a sustainability planning approach in JADECARE and have helped to be reflective in developing Sustainability strategies and Sustainability action plans of Next Adopters. Key principles and recommended steps are presented in Box 3.

Box 3. Key principles and recommended steps to develop Sustainability strategies and Sustainability action plans

- Clarity of vision and translation into action: drawing on reflections regarding diferent aspects of communication, a vision and purpose of the practice should be clear and most importantly, a result of partnership and co-creation, which also means that the practice leaders should understand what motivates and drives participating actors. The vision should then be 'broken down' to clear, measurable goals and activities with realistic planning (where responsibilities, timelines, expected outcomes/indicators have been defined);
- Adaptiveness of (Sustainability) action plans: contextual factors might influence the implementation of practices in a positive or negative way. Sometimes these same factors can have different impacts in different settings as is the case with COVID-19 pandemic. For example, in Estonia it resulted in under-resourced activities related to integrated care despite the fact it remains one of the key priorities at the national level. On the other hand, as is the case with Italy, the pandemic pushed the policy makers to make significant investments into digitalisation and integration of care. The experience suggests, the practice owners should be attentive and flexible to the changing environment and align their activities and plans acording to the emerging needs and opportunities;
- Overcome projectism: dependency on project resources can be an issue on the long run and can hamper the practice sustainability. This is why it is important to plan significantly in advance how the (systemic) funding and resources will be assured upon its conclusion. Consequently, the practices should be aligned to the larger scale of health system transformation, including policies, strategies and EU mechanisms and instruments, to become embedded into the local health ecosystem. In this respect, support of political leadership is very much needed. On the other hand, projects such as JADECARE created strong networks across Member States and established valuable channels for knowledge exchange. Nurturing

this collaboration also in the future can have significant impacts on integrated care initiatives across Europe and thus increases EU-added value of Joint Actions such as this one;

- Co-creation: meaningful and continuous involvement of relevant stakeholders can be a demanding task. Next adopters have been supported throughout this Joint Action to build multidisciplinary networks of partners from various professional organisations, healthcare organisations, local/regional/national health authorities. To varying degree, patient and citizen organisations have been included as well. Inclusion of target groups (patients, citizens, care providers) is especially important for the overall acceptance, adaptability and continuity of integrated care practices and should be considered also during sustainability planning process.

3.3.2. Third Policy board meeting with policy dialogue (June 2023)

Main aims of the meeting were to present and discuss the final results of the implementation of the good practices with Policy board members, including the key aspects for ensuring the sustainability of the practices developed in JADECARE, showcasing the implementation process of three JADECARE practices (Andalusia – Spain; Strasbourg- France; and Estonia). The meeting was moderated by Federica Vitello from AGENAS (WP4 co-leader) and supported by NIJZ (WP4 leader) with organisation and reporting of the meeting. Meeting minutes and policy dialogue results are presented in detail in Appendix 5.

During the first part of the meeting, Yhasmine Hamu from Kronikgune (the Coordinator) opened the 3rd PB meeting and informed the participants on the current status of JADECARE. In terms of impact, JADECARE was successful in transferring and adapting 64 Local Core features (related to areas of Risk stratification, Integrated care, Regulation and Patient empowerment) from 4 original Good Practices to 21 Local Good Practices. In total, more than 4 million people have been targeted with the developed practices across Europe.

In the next presentation, Fivos Papamalis from AUTH (WP3), outlined different aspects of the evaluation framework in JADECARE, including the challenges and policy recommendations. The key challenge was to take into account the contextual diversity, operational complexity and system inertia. Considering the complexity and challenges of the project the evaluation framework operated within 3 stages – Project progress monitoring (T3.1), Quality assurance of implementation (T3.2) and Impact evaluation (T3.3). In terms of methodology, several implementation science frameworks have been adopted, specifically CFIR, PDSA, SQUIRE2.0, RE-AIM and a number of steps have been taken to monitor, collect and analyse indicators (34 in total) and implementation satisfaction surveys (data suggests high satisfaction levels of Next adopters – e.g. the amount of knowledge received regarding the use of digital tools, developments in Europe respective to IC etc.). In the end, three Policy recommendations have been presented: 1.) Importance of Health and Digital Literacy Framework as a reflective tool to recognize various contextual elements and interplay of Task dimension vs User dimension in the context of Health care; 2.) Taking into consideration and addressing key identified barriers (Lack of political commitment, Bureaucracy and weak infrastructure, Lack of funding, Lack of digital literacy, Lack of Stakeholders' involvement, Lack of local Leadership, and Provider's inability to adopt new practices); 3.) Acknowledgement of legislative barriers and importance of inviting diverse groups to reach consensus on the actions needed.

In the last presentation of the introductory presentations, Martine Ingvorsen of DG SANTE explained the role of the Best Practice Portal, how it was created and the criteria for evaluating practices within it. The good practice owners are welcome to visit the Good practice portal accessible at the following address: https://webgate.ec.europa.eu/dyna/bp-portal/. Practices can be submitted for evaluation through the Portal. Every practice that is evaluated as "best" or "promising" against the criteria will be published in the Portal and may be brought to the attention of Member State representatives for further transfer and broader implementation. The evaluation is performed against the following criteria: 1.) Exclusion criteria (if not met, the practice will be rejected): Relevance, practice

characteristics, evidence and theory based, ethical aspects; 2.) Core criteria: Assessment of effectiveness and efficiency (not needed for promising practices), equity issues; 3.) Qualifier criteria (elements relevant for transfer to other settings): Transferability, sustainability, intersectoral collaboration, participation. There is a continuous 'Open call' for practices at the Portal but there are also targeted calls (one per year) which cover different heath areas (mental health (2023), NCDs, Integrated care, Nutrition and physical activity etc.).

In the second part, taking into account the results of WP4 analysis carried out during the project, which has shown that the most important elements characterising a good implementation are good initial planning with focus to sustainability, and timely stakeholders' involvement, specific JADECARE cases were presented, including pilots from Andalusia, Strasbourg and Estonia. Each presentation was followed by a debate among Policy board members (and other partners) sharing different implementation experiences and suggestions for the "next adopters of the future". The participants engaged in the discussion using Mentimeter based on the key elements of the implementations of each participating Next adopter.

In the last part of the meeting, based on the case studies presented and personal experiences, the Policy board participants proposed and reflected on the key factors for successful implementation process, barriers to stakeholders' involvement and ways to tackle these barriers. A particular emphasis has been put to good planning, including strong leadership, that proved to be necessary in overcoming inertia, facilitate networking with the stakeholders, obtain and allocate human, technical and financial resources and distil a common vision which is key for commitment of involved partners especially when developing multilevel solutions in the complex field of integrated care.

Development of integrated care practices require continuous interactions and collaboration of numerous partners, health and IT experts, institutions, policy representatives, managers and patients. Their active involvement can be a big challenge which has been recognized by participants. It has been emphasized by several Policy board members with experience in implementation, that engagement of stakeholders has been an issue from the start, namely due to lack of time and consequently commitment on behalf of professionals. There could be objective reasons for that, such as COVID-19 pandemic which characterised the beginning of JADECARE and significantly impacted the availability of especially medical professionals to commit to the project. On the other hand, there could be internal organisational factors that contribute to inertia and unwillingness to change. To an extent, this is an issue of insufficient leadership, including the problem of not clearly communicating/creating a vision and lack of planning. Some participants also emphasized that stakeholder mapping was insufficient considering the scope of the practice, which in turn could slow the implementation progress. When talking about integrated care, which requires well-coordinated collaborations across many partners, institutions and/or systems of care, stakeholder engagement has been recognized as one of the most important aspects for successful and sustainable implementation. It is also the process that is one of the more challenging ones as could be observed from the presentations and identified barriers.

Based on the experiences, participants in the end proposed the most important factors that support overcoming barriers as presented above. What has been particularly emphasized, was the importance of good planning, continuous communication, building trust with the stakeholders and finding ways to increase the motivation of the partners involved which increases overall readiness for change. Participants believed that JADECARE was quite successful in supporting the alleviation of the identified barriers with its well-managed implementation process, expert support and network building activities. High visibility of the project, including the support and active involvement on behalf of the EU institutions (DG Sante, HaDEA) were highly beneficial as well. The representatives from DG Sante and HaDEA recognized and complemented the many successes of this Joint Action despite high complexity of the transfer process and many challenges generated by the COVID-19 pandemic.

Policy dialogue results: Digitally enabled integrated person-centred care: achieving sustainability and scalability

Representatives of original Good practices have been continuously involved in the development and supported the implementation of Next adopters' best practices. Their extensive experience with the implementation process, including the specific factors that support sustainability was the subject of facilitated discussions during the final policy dialogue. The insights and learnings discussed together with policy board members are summarized in the Box 4 below.

Box 4. Final reflection of original Good Practice owners, involved also as leaders for transfer of their practice to Next adopters' settings and Policy Board members

Adaptability in engaging key stakeholders: due to complexity of integrated care practices, early identification and engagement of various stakeholders (IT, HP and other professionals, management, Health authorities' representatives) have proven to be of significant importance. The start of JADECARE was characterised by a global COVID-19 pandemic that made stakeholders' engagement difficult. On the other hand, it also facilitated national/regional discussions on how to increase digitalisation and improve integration of care which many implementers have been able to take to their advantage. The latter was dependent also on the maturity of individual implementers, their position within their respective healtcare systems and their ability to mobilise/communicate with decision makers. For example, several implementers were in themselves regional or national health authorities, thus able to work hand-in-hand with policy level representatives throughout the implementation process. In some cases, the implementers were local healthcare organisations with high visibility and influence at the national or regional level which simillary had positive outcomes for the practice implementation and its potential continuity. Others experienced more challenges and needed to be more adaptable, changing the scope of the practice or include stakeholders later within the project according to the possibilities and emergent needs. One of the persistent challenges often experienced was the lack of interest on behalf of medical professionals that are primarly focused on medical scientific data ideally obtained through RCTs. Aspects related to data management or results that are difficult to generalise might not be motivating to their engagement. Therefore, there is a need to communicate sufficiently about the relevancy of different methodologies that measure practice effectiveness also beyond strictly scientific domain. In summary, as experiences suggest, early and continuous engagement with key partners was overall cruical both for initial development phase (where a broad consortium of partners was needed to define the possible scope of the practice, its relevancy, resources and processes needed) as well as for the successful implementation process with strong potential for sustainability and scalability.

Tangible vs. Intangible results: Defining success against the contextual differences of implementers: Very much aligned to the first point, the implementers are operating in very specific settings within different healthcare systems and policy frameworks, traditions, data availability, management, and expertise. Universal transfer process of original Good practices to very heterogeneous pilot settings was thus not possible. Despite having a rigourous JADECARE implementation methodology framework to unify the implementation process accros various implementing sites, the pilot practices had to be significantly adapted to correspond to the needs and possibilities of their local settings. Thus, collaboration between oGP leaders and individual NAs had to be customized, including the specific core features that were being adopted. Participants at the policy dialogue pointed out an important distinction that should be made between tangible and intangible results of the JADECARE project. Overall, the implementation results are very strong and significant steps have been made in improving digitally-enabled person-centred care in the pilot settings. The implemented practices followed a very structured process which is reported in detail individually by each Next Adopter (using SQUIRE 2.0), including the presentation of specific results that were achieved. However, what has been particularly emphasized as of importance are the many intangible results that cannot be simply showcased through indicators set in the Local

implementation plans. In many settings JADECARE provided a necessary push towards maturity of local organisations and teams and was a key catalyst to facilitate local/regional/national reflections and discussions on integrated care. Extensive professional expertise of oGP representatives, their adaptability to correspond to the particular needs of Next adopters and their continuous support throughout the implementation significantly contributed to this process. As a result, an international learning community was built which has been widely recognized as a great success in itself. As pointed out by the participants, many of the established networks and collaborations will continue to exist also beyond JADECARE. These intangibles are hard if not impossible to measure, but have significant impacts both locally as well as internationally.

The importance of knowledge exchange activities: It has been universally acknowledged by the policy dialogue participants, that knowledge exchange activities and events (Thematic workshops, Stakeholder forums and Key implementation learning workshops) have been helpul in monitoring the progress made, showcasing implementation results at different stages of the project and discussing numerous challenges, facilitators and general learnings in the pilot settings. More importantly, as these events were organised at the sites of the implementers, this brought visibility to the project and especially to the hosting pilots and helped to involve variety of relevant stakeholders, including decision and policy makers. Participants agreed that continuous online communication was important but a real progress was often made in light of these events which should be at the focus of similar Joint Actions also in the future.

Important learnings on sustainability of practices: as presented above, the adaptable engagement of stakeholders, defining the focus of the best practice based on the context and needs of the local setting, and continuous knowledge exchange and expert support have been key for setting strong foundations for sustainability of best practices. The representatives of oGPs explained in more detail, how each of the Next adopters have increased the potential for the practice continuity which can be observed in more detail through each individual Sustainability strategy and sustainability action plan. In this respect Sustainability framework developed in JADECARE has been very helpful as the implementers could develop their activities in a very structured way (by interacting with the policy environment, building sustainability ownership and nurture culture of collaboration).

4. CONCLUSIONS

JADECARE Policy board was established in 2021 and occupied an important role in further supporting successful design and implementation of local Good Practices in Next adopters' sites from the focus of sustainability; in reinforcing capacities of National and/or Regional care authorities in order to organize and deliver digitally-enabled integrated person centred care, including integration in policies; and in co-creating EU added value of the JADECARE Joint Action.

JADECARE was successful in including into the Policy board 22 members from 19 European countries, representatives of different National health authorities and other institutions across Europe. An important added value is the participation of members from countries that were not involved in JADECARE providing relevant insights from their personal experiences with integrated care. Continuous engagement of DG SANTE, HaDEA and EPF representatives with presentations, observations and reflections was another aspect of the work in Policy board that contributed to constructive exchange of information among the Policy Board members and recommendations to help develop solutions for policymaker's decision-making.

Policy board members were participating at annual (overall three) Policy board meetings and Policy dialogues over the project duration (2021, 2022 and 2023) organised by the NIJZ and AGENAS with support of Kronikgune as Coordinator: a.) First meeting and policy dialogue was convened in November 2021 outlining current work, objectives and expectations in JADECARE, including several examples of sustainability planning process in Next adopter practices and practices outside JADECARE related to the field. The Policy dialogue resulted in the identification of key principles and recommended steps in sustainability planning process of Next adopters; b.) Second meeting and policy dialogue were convened in November 2022 with presentation and discussion of interim results, status, challenges and successes of the implementation process, with particular focus on sustainability building in two case studies (Italy and Germany) and on opportunities to strengthen the MSs capacities in integrated care via EU mechanisms and programmes. At the Policy dialogue key principles and recommended steps for Next adopters in developing their Sustainability strategies and Sustainability action plans during the post-implementation phase in 2023 were identified. C.) Third meeting and policy dialogue were convened in June 2023 showcasing JADECARE journey of practice development, implementation and evaluation approach, with specific focus on discussing the progress achieved in terms of sustainability planning. Owners of the original good practices reflected on their own lessons learned respective to the implementation process and particularly to assuring sustainability of developed practices. Their experiences were the basis for discussions and critical reflections within the Policy dialogue participants. As a main results of the policy dialogue, key learnings on essential elements to lay the foundations for a more solid sustainability and upscaling of (good) practice implementations in the various national contexts were developed.

Another key aspect of the JADECARE Policy board is in its EU-added value. A cross-national platform was established bringing together representatives of different National health authorities and other institutions which were recognised as relevant in bridging the gap between the local pilot implementation settings and their regional/national policy levels with indispensable contributions from representatives outside JADECARE. This approach helped to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members, EU institutions and JADECARE Consortium.

APPENDICES

Appendix 1. JADECARE Policy board. Operating procedures

PURPOSE

The JADECARE Policy Board is established to support successful design and implementation of local Good Practices in Next adopters from the focus of sustainability; to further reinforce capacities of national and/or regional care authorities to organize and deliver digitally-enabled integrated person centred care based on lessons learnt, including integration in policies; and to co-create EU added value of the JADECARE.

This approach helps to develop solutions for policymaker's decision-making, based on sound evidence from JADECARE and on constructive exchange of information among the Policy Board members.

OBJECTIVES

Policy board has two main advisory roles:

1. alignment of local Good Practices to national, regional and/ or local policies, strategies, plans and/or program, such as the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership;

2. Identifying and building up potential EU added value of JADECARE such as implementing EU legislation, achieving economies of scale, promoting best practice, benchmarking for decision making, considering cross-border threats, fostering movement of people and/or networking.

Activities of policy board members are aligned to these two roles:

1. Policy Board members from countries with Next Adopters in JADECARE will be included into the networks of Next adopters to support their implementation and sustainability of their practices. Policy board members will be part of Next adopters' network of stakeholders, or even members of their local teams. They will be involved with an aim to support successful design and implementation of local Good Practices in Next adopters from the focus of sustainability, by aligning the local Good Practices to national, regional and/ or local policies, strategies, plans and/or program, such as the broader context of legal framework, potential political/ policy support, funding stability, strategic partnerships and strategic planning and to national, regional and/or local leadership.

2. All Policy board members will be also participating at Policy Board meetings. The Policy board will have three yearly meetings (2021, 2022 and 2023), predominantly as web-based events. Policy Board meetings will consist of a **general part** with presentations of all relevant stakeholders on the current work in JADECARE and other presentations aligned with objectives of JADECARE and the roles of Policy Board. The second part of each meeting will be conducted in a form of a **policy dialogue**, producing clear results with key recommendations and lessons learnt to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care, and co-create EU added value.

MEMBERSHIP

The JADECARE Policy Board members may come from ministries, research organisations, funding bodies, research councils, academic institutions etc. Members from countries represented in JADECARE may be proposed by Competent authorities or Affiliated entities. Representatives from Member States within EU/EEA that do not participate in JADECARE are invited directly by the Secretariat through national focal points for Health Programme at EC (or other representatives of MSs

identified by them). Policy Board members are not official representatives of their respective countries, so no Letters of nomination are required on their behalf. First membership list is available since M3, and is kept open, since competent authorities and next adopters may identify important policy-level stakeholders to be invited during development and implementation of the activities. Maximum number of members will not exceed 32.

MEMBERS OF THE JADECARE POLICY BOARD

- Representatives of all competent authorities of JADECARE that are MoHs (or other relevant institutions listed in section Membership) from countries participating in JADECARE as partners, with links and/or knowledge related to the policy-making in the field of digitally-enabled integrated and person-centred care;
- Representatives of relevant institutions (see section Membership) from Member States within EU/EEA that do not participate in JADECARE, with links and/or knowledge related to the policy-making in the field of digitally-enabled integrated and person-centred care;
- Representative of a European Patient forum as an observer of the Policy Board, to bring in the users'/patients' perspective and
- Representatives from DG SANTE and HaDEA.

Policy Board meetings (general part) may be open to other JADECARE partners, while participation at policy dialogues is intended exclusively for Policy Board members.

SECRETARIAT OF THE PB

As proposed in the Grant Agreement of the Joint Action JADECARE, the Policy Board is led by NIJZ, together with AGENAS/MoH Italy, who also provide the secretariat of the Policy Board and elaborated a proposal for the Operating procedures.

Contact persons:

Jelka Zaletel, MD, PhD, National institute of Public Health Slovenia, leader of JADECARE work package on integration in national policies and sustainability (Email: Jelka.Zaletel@nijz.si)

Denis Oprešnik, MA, National institute of Public Health Slovenia, JADECARE Policy Board Secretariat (Email: Denis.Opresnik@nijz.si)

COMMUNICATION AND WORKING PROCEDURE

- Communication to Policy Board members runs timely in relation to the yearly Policy Board meetings aiming for active participation of Policy Board members. Other meetings may be organised optionally. Regular contacts are performed via e-mail
- Secretariat will distribute relevant documents (meeting agendas including concept notes, minutes, policy dialogues' results etc.) to the Policy Board members; they provide comments when necessary at the agreed timeline.
- The Policy Board members are encouraged to communicate with the Secretariat and to ask for clarification whenever necessary.
- The results that will arise from the meetings and other work of the Policy Board will be produced by consensus among all participating Policy Board members. This refers also to any decisions that may potentially be agreed upon.

MEETINGS OF THE POLICY BOARD

- The Policy Board members will meet once a year. Due to COVID pandemic, one or more meetings will be conveyed as a web-based event.
- Save-the-date for the meeting will be sent out to Policy Board members at the earliest convenience when defined.

- Meetings are organised by the Secretariat of the Policy Board. Staff of the Secretariat will attend and support meetings of the Policy Board.
- If appropriate, the members of the Policy Board may also participate in urgent meetings by telephone, videoconference or other means of communication, if required.

AGENDA

- The Secretariat will draft the agenda in alignment with AGENAS, KG, DG SANTE and HaDEA and distribute it together with relevant documents at least one month before each Policy Board meeting.
- Members of the Policy board can provide feedback with suggestions for changes to the agenda up to three weeks before the Policy Board meeting.

MINUTES OF THE MEETINGS

- The minutes of the meetings will be drafted by the Secretariat and sent to the members two weeks after the meeting.
- Members will be requested to send their written comments to the Secretariat within two weeks after the draft minutes have been available.

COSTS

All costs are dependent on the format of the Policy Board meeting. No costs are foreseen for web-based meetings. For potential face-to-face meetings, the allocated budget will cover the accommodation and travel expenses of the Policy Board members for their attendance at the meeting. Accommodation and travel management will be facilitated by the Secretariat.

Any other costs beyond the travel and accommodation, arising from participation at Policy Board meetings, cannot be covered from JADECARE budget.

Appendix 2. JADECARE Policy dialogues. Methodological principles

CONTENTS

- Definition of a Policy dialogue
- The topic, aim and results of Policy dialogues in JADECARE
- Principles of Policy dialogue in JADECARE
- Policy dialogue format in JADECARE
- Reporting
- Final Deliverable

DEFINITION OF A POLICY DIALOGUE

The aim of the policy dialogue as a specific methodology is to contribute to informing, developing or implementing a policy change following a round of evidence-based discussions, workshops, and consultations on a particular subject (1). They are seen to be useful tools at different points of the policy making process; early in the process, they can clarify and frame the problem and identify viable solutions; later on they may focus on the advantages and disadvantages of the options and implementation strategies being considered. (2)

THE TOPIC, AIM AND RESULTS OF POLICY DIALOGUES IN JADECARE

The broad topic of JADECARE Policy dialogues is to develop key recommendations and lessons learnt on reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care.

The three Policy dialogues will support the three roles of Policy board in JADECARE:

- to support successful design and implementation of local Good Practices in Next adopters from the focus of sustainability,
- to further reinforce capacities of national and/or regional care authorities to organize and deliver integrated person centred care based on lessons learnt, including integration in policies,
- and to co-create EU added value of the JADECARE.

Tentative specific topics of the Policy dialogues are:

Policy dialogue 1 (November 2021): Reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care: “Capacity building for sustainability: learning from original good practices and champions among next adopters in JADECARE”.

Result: Policy board members will identify key principles and recommended steps in sustainability planning process of Next adopters as inputs for their Sustainability strategy and Action plan development.

Primary target audience: Next Adopters of JADECARE.

Policy dialogue 2 (autumn 2022): Reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care: “Designed to be sustainable: advancement of sustainability strategy and sustainability action plan.”

Result: Policy board members will identify actions which are important for an adapted alignment of practices, according to the first experiences of implementation and considering several contextual factors, such as intervention-specific context and broader contexts (population, political,

socioeconomic etc.) with an aim to achieve the sustainability of the implementation after JADECARE ends.
Primary target audience: Next Adopters and other partners of JADECARE.

Policy dialogue 3 (autumn 2023): Reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care: "The role of Member States and EU – Recommendations and lessons learnt."
Result: Based on experiences in participating in JADECARE, members of the Policy board will define the role of the Member States and the EU as well as outline key recommendations and lessons learnt to reinforce the capacity of health authorities in successfully addressing the health system transformation, transition to digitally-enabled, integrated, person-centred care and sustainability of implemented practices in this field, with special focus to EU added value.
Primary target audience: all partners of JADECARE, DG SANTE, national and/or regional care authorities, stakeholders of JADECARE.

PRINCIPLES OF POLICY DIALOGUE

1. The stream of the three Policy dialogues in JADECARE should increase the common understanding of the topic (to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care among policy board members).
2. They should be able to bring policy recommendations and lessons learnt from different perspectives (A.to increase the capacity of next adopters for planning sustainability of their practices, B. to facilitate alignment of practices considering intervention-specific context and broader contexts, and C. to focus to national/regional health authorities, member states and EU level with special emphasis to EU added value).
3. In JADECARE, participants at the Policy dialogues are Policy board members who are policymakers from health area or have the related expertise, skills and experiences.
4. Development of the preparatory materials should be thorough and should be based on JADECARE results. They are shared with participants on time.
5. Agenda and Concept note will be defined within Policy board secretariat, in coordination with WP4 (NIJZ and AGENAS), WP1 (KG), DG Sante and HADEA.
6. The Policy dialogue should be well-structured, with limited participation (only upon invitation) and in a small group.
7. The participants should bring different, even at times opposing positions to the topic of Policy dialogue
8. The facilitated discussion should increase mutual understanding (such as policies are highly context-dependent) and increase the quality of the outcomes. The competencies of the moderator are presented in Box 1.

Box 1. Competencies of moderator of facilitated discussion

Skills

- Create a safe and constructive atmosphere.
- Create space to formulate questions, explore opinions, draw conclusions.
- Keep track of the main topic of the discussion, keep overview of the discussion.
- Keep all participants involved in the discussion.
- Communication skills: explore, question, listen, summarize, restate, refine, and clarify.
- Switch between phases and levels of the discussion.
- Time management: divide and monitor time, divide speaking time between participants, introduce the objectives of the discussion quickly and efficiently.

Attitude

- Not providing advice or opinions on the topic (neutral/ independent attitude).
- Open attitude: not judgmental, but inviting and curious. Respect various points of view.
- Attention for (the importance of) dialogue between participants.
- Clear about responsibilities of moderator and participants.
- Show enthusiasm.
- Not dominant, but leading.
- Focusing on the group process.
- Open to feedback on own performance, without being defensive.

Experience

- Experience in the field of health policy.
- Experience with moderating or leading groups.

9. Policy dialogue aims to present constructive and important sources of information, but focus mostly to potential solutions for policymaker's decision-making.

POLICY DIALOGUE FORMAT IN JADECARE

Each Policy dialogue will be conducted and reported by WP4 lead/colead (NIJZ/AGENAS) as part of an annual Policy board meeting, following several steps:

- **Venue and participants:** Policy dialogues will be web-based. Policy board members, WP4 team and representatives of DG Sante and HADEA will be invited. Policy dialogues are moderated by WP4 lead/colead.
- **Leading principles of policy dialogue, technicalities explained (10 min)**: The moderator explains the concept of Policy dialogue, its role in the context of JADECARE, and the expected result. He/she presents the ground rules, see Box 2 for examples.

Box 2. Ground rules for facilitated discussion during policy dialogue

- All participants are invited because of their relevant expertise and experience. Every participant and every contribution are equally important to us.
- Everyone will have the opportunity to share their experience and opinion. Do not interrupt each other. Only the moderator is allowed interrupt the participants.
- There are differences between people concerning experience and opinion. It is not necessary to agree with each other. We are interested in these different experiences and opinions.
- All participants are requested to maintain confidentiality about the content of the discussion.
- It may be necessary for the moderator to break off a discussion or to interrupt a participant. This is because of the time or to give someone else the opportunity to speak. We hope you will not consider this to be impolite or lacking of interest.

- **Facilitated discussion**: general rules are presented in Box 3. Moderator briefly presents the specific topic of the Policy dialogue, and facilitates the discussion. Having in mind web environment, a combination of tour de table principle (balanced participation of all members), careful observation for visual signals of spontaneous reactions of activated members (vivacity of discussion), and writing down the response to the "chat" window of the web platform (efficient use of time). Other structured approaches may be used, too. The discussion should enable exchange of information and opinions, but should mostly focus to potential solutions.

Box 3. General rules of facilitated discussion

- Keep all participants involved in the discussion.

- When someone dominates the discussion, thank him / her for their opinion. Tell him / her - in a polite but clear way - that you are now giving the other participants the opportunity to share their views. If necessary, interrupt him / her (referring to your introduction).
- When someone is shy and hesitant to participate in the discussion, ask him / her what their experience is with the current topic. You can also use one of the following probing questions.
- Probing questions that you can use for obtaining more in-depth information:
    - That is interesting. Can you tell us more about that?
    - Can you explain that? Can you give an example?
    - Is that important to you? What makes that important to you?
    - When you feel that not all options are mentioned: And what about …? Is … also relevant?
    - After someone has given a reaction, or stated their opinion, you can use 'silent probing' i.e. remaining silent for about 5 seconds to probe the other participants to react.

- **Results:** building on the discussion, the moderator summarises the results with focus to recommendations and lessons learnt that facilitate the solutions
- **Conclusion**: Moderator explains the steps to the final report of the policy dialogue including timeframe. See Box 4.

Box. 4 Closing remarks

- Ask the participants whether they missed anything in the discussion or whether there is anything they would like to add.
- Thank the participants for their contribution.
- Inform the participants about what will happen after this meeting:
    - You will receive a report of this policy dialogue which you can check for errors not later than one week from today. You will have one week to check for potential errors.
    - This Policy dialogue is a part of JADECARE, and this was the first/second/last that will be conducted.
    - The approved result of all this policy dialogue will be shared with the target audience.
    - The results of all three policy dialogues aim to develop key recommendations and lessons learnt on reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person centred care to be used by JADECARE partners, national/regional health authorities, Member States and European Union.
    - The final results will be reported to the DG SANTE as the co-founder of JADECARE, and to stakeholders of JADECARE.

REPORTING

The report of the Policy dialogue will be prepared and shared with the Policy board members for confirmation, no later than 1 week after the event. After approval, the results will be communicated to the target audience.

FINAL DELIVERABLE

Reports and outputs will be summarized in the "Summary report from meetings of policy board" (Milestone 17) under the coordination of NIJZ by M36, and will be also be used as input for Deliverable 4.3 "Characteristics of JADECARE practices, leading to sustainability and integration in national policies".

References:

1. https://www.who.int/alliance-hpsr/news/2015/dialoguebrief/en/
2. https://epoc.cochrane.org/sites/epoc.cochrane.org/files/public/uploads/SURE-Guides-v2.1/Collectedfiles/source/07_policy_dialogues/policy_dialogue_objectives.html

Appendix 3. First Policy board meeting minutes and policy dialogue results

A.) First JADECARE Policy Board Meeting: Minutes of the Meeting

Meeting Title:	JADECARE Policy board meeting No.1	**Meeting Date/Time:**	04/11/2021, 13:00-14:35CET
Meeting Type:	Online Meeting	**Meeting Location:**	ZOOM platform
Meeting Coordinator:	National Institute of Public Health Slovenia (NIJZ)		

Panelist attendees (PB members, PB coordination team, JADECARE coordinator)
Policy board members: Biljana Cukanovic (Serbia), Istvan Czismadia (Hungary), Ivana Brkic (substitute member, Croatia), Valts Abols (Latvia), Ivar Sikk (Estonia), Anka Bolka (Slovenia), Bente Koch (Denmark), Victor Herdeiro (Portugal), Martin Hayes (Northern Ireland, UK), Soo Hun (co-presenter Northern Ireland, UK), Modesta Visca (Italy), Kay Duggan-Walls (Ireland), Panagiotis Bamidis (Greece), Isabelle Zablit (France), European Patient Forum representative (Valentina Strammiello/Michele Calabro/Kaisa Immonen), Filip Domanski (DG Sante), Massimo Fagnini (HaDEA). Policy board secretariat and coordination: Jelka Zaletel and Denis Opresnik (NIJZ), Paolo Michelutti (AGENAS). JADECARE coordinators: Esteban de Manuel Keenoy, Jon Txarramendieta Suarez and Yhasmine Hamu (KG)
Not attending (Policy board members)
With apologies: Marija Bubas (Croatia), Alena Steflova (Czech Republic), Georg Münzenrieder (Bavaria, Germany), Silke Heinemann (Hamburg, Germany), Pilar Aparicio/Yolanda Agra (Spain). Laura Piraprez (Belgium), Gitana Ratkienė (Lithuania), Tomasz Targowski (Poland).

Meeting Agenda		
Time	**Policy board meeting – Agenda Items**	Participation: PB members and JADECARE partners Moderated by Jelka Zaletel, NIJZ
13:00-13:15	JADECARE and JADECARE Policy board: from core elements of sustainability to sustainability strategy and action plan for each next adopters' practice	Esteban de Manuel Keenoy, Coordinator (KRONIKGUNE), Jelka Zaletel, WP4 leader (NIJZ)
13:15-13:30	JADECARE and JADECARE Policy Board: expectations from DG Sante from the broader EU perspective	Filip Domanski (DG Sante)

First steps for integration of JADECARE next adopters' practices into national policies: persistent policy support facilitates sustainability of JADECARE practices		
13:30-13:40	Policy alignment, holder of sustainability and culture of collaboration: example of JADECARE work in Italy	Modesta Visca (Ministry of Health, Italy)
13:40-13:50	Policy alignment, holder of sustainability and culture of collaboration: example of JADECARE work in Latvia	Valts Abols (Children's University Hospital, Latvia)
13:50-14:00	Policy alignment, holder of sustainability and culture of collaboration: example of JADECARE work in Czech Republic	Alena Steflova and Zdenek Gutter (Ministry of Health, CZR)
Perspectives outside JADECARE		
14:00-14:10	Policy alignment and culture of collaboration matter in sustainability of practices - Experiences from Bavaria, Germany – Project digiOnko	Georg Münzenrieder (Bavarian State Ministry of Health and Care) – pre-recorded presentation
14:10-14:20	Culture of collaboration and activated holder of sustainability – Experiences from Northern Ireland	Martin Hayes (Health and Social care Board, Northern Ireland)
14:20-14:35	Swift presentation of other Policy Board members, Q&A, concluding remarks	Facilitator: Jelka Zaletel

Meeting Summary

Main aims of the meeting were to outline the current work, objectives and expectations in JADECARE, to showcase the concrete examples of sustainability planning in Next adopter practices (to support context-adapted implementation of good practices as well as their integration into national policies) and practices outside JADECARE, and to present the participating Policy board members.

Policy board meeting was held between 13:00 to 14:35 and was open to all Policy board members and all JADECARE partners.

During the **introductory presentation** by the JADECARE Coordinator and WP4 leader, the participants were welcomed and updated on the current work in JADECARE and regarding the role, work plan and objectives of the Policy board, as a refreshment of the in-depth information, that was already provided during the preparatory meetings that were held with majority of Policy board members, and are also available at JADECARE website, during first stakeholders meeting or is being given through direct contact to policy board secretariat.

The introduction was followed by **presentation from DG SANTE** on expectations from JADECARE and from Policy Board by framing the further work of Policy Board also in the current perspective of EU in the area of the health.

In the next **three presentations from Policy board members with Next adopters**, examples of effective communication among Policy board members and Next adopters during design of their local good practice and development of implementation action plan were shown. Core elements of sustainability were addressed in each presentation, bringing attention to how relevant stakeholders are integrating the practice within policy environment, assure sustainability ownership and facilitate culture of

collaboration and consensus seeking. The presenters outlined other specific factors and features of their environment that affect the implementation process.

Final **two presentations** presented the experiences **outside JADECARE**, showing practical experiences from integrated digitally-enabled practices, particularly focusing on how the sustainability and resilience of these practices was achieved.

Due to expected absence, the presentation from PB member Georg Münzenrieder (Bavaria, Germany) was prerecorded and screened at the meeting. Due to urgent matters, the presentation from PB member Alena Steflova and Next adopter representative Zdenek Gutter (CZR) was called off.

The first Policy board meeting was concluded with self-presentations of the participating Policy Board members. The meeting ended with concluding remarks by WP4 leader.

Related Documents	Location
List of participants	Sharepoint>Meetings>Policy board meetings>2021-11-4 First Policy board meeting
Picture of the meeting	Sharepoint>Meetings>Policy board meetings>2021-11-4 First Policy board meeting
Recording of the Meeting	Sharepoint>Meetings>Policy board meetings>2021-11-4 First Policy board meeting

B.) FIRST POLICY DIALOGUE RESULTS. Sustainability planning process of Next Adopters during design and implementation of their practices: Key principles and recommended steps

Contents

Background
Methodology
Key principles and recommended steps
Messages, relevant for future organisation of JADECARE Policy dialogues

Background

This report summarizes the results from the first policy dialogue of JADECARE Policy Board, held on November 4th 2021.

The focus of this policy dialogue was to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care with particular interest to "Capacity building for sustainability: learning from original good practices and champions among next adopters in JADECARE".

Building on different experiences, roles and perspectives of the policy dialogue participants, the aim of this policy dialogue was to:

A. increase the capacity of next adopters for planning sustainability of their practices.

The policy dialogue resulted in the identification of key principles and recommended steps in sustainability planning process of Next adopters that will help to inform their Sustainability strategy and Sustainability action plan development.

Primary target audience for the dissemination of results of this policy dialogue are Next Adopters of JADECARE.

Methodology

The policy dialogue was conducted and reported by Work Package 4 – "Integration In National Policies and Sustainability" – lead/colead (NIJZ/AGENAS) as part of an annual Policy board meeting. The methodology is reported in a separate JADECARE document. In short:

- Venue and participants: Policy dialogue was organised as a web-based event. Policy board members including representatives of DG SANTE, HaDEA and European Patient Forum, WP4 team and JADECARE Coordinator and were invited to participate. Policy dialogue was moderated by WP4 lead/colead.
- Leading principles of policy dialogue, technicalities: The moderator explained the concept of Policy dialogue, its role in the context of JADECARE, and the expected result. She presented the ground rules. The policy dialogue was recorded for the purposes of analysis and will be destroyed upon report finalisation. Confidentiality of the discussion will be assured.
- Facilitated discussion: Moderator briefly presented the specific topic of the Policy dialogue, and facilitated the discussion. Having in mind web environment, a combination of tour de table principle (balanced participation of all members), careful observation for visual signals of spontaneous reactions of activated members (vivacity of discussion), and writing down the response to the "chat" window of the web platform (efficient use of time) was used.
- Results: building on the discussion, the moderator summarised the results with focus to recommendations and lessons learnt that facilitate the solutions. The discussion was followed by a round of reflections by the participants that will serve WP4 in designing next Policy Dialogues.
- Conclusion: Moderator explained the steps to the final report of the policy dialogue including timeframe.

Reporting

The report of the Policy dialogue was prepared and shared with the Policy board members for confirmation in 1 week after the event. After approval in one week's time, the results will be communicated to the target audience.

Final Deliverable

Reports and outputs will be summarized in the "Summary report from meetings of policy board" (Milestone 17) under the coordination of NIJZ by Month 36, and will be also be used as input for Deliverable 4.3 "Characteristics of JADECARE practices, leading to sustainability and integration in national policies".

Key principles and recommended steps

The presented key principles and recommended steps are targeted primarily to Next adopters (and in the second step to potentially relevant stakeholders) to support the practice sustainability follow and expand the JADECARE sustainability framework, where **policy framework**, **sustainability ownership** and **culture of collaboration** were identified as the three core elements of sustainability.

In order to facilitate sustainability of local good practices, JADECARE Policy board proposed to operate at several different levels, that includes engagement of Next adopters, Policy board members and JADECARE consortium as a whole:

POLICY ENVIRONMENT

- ***Exploration of funding opportunities***: it is important for Next adopters and the relevant policy level representatives to engage in the local good practices design, implementation and monitoring to link the practice to the country's and/or broader relevant funding opportunities. Thus, practices should be aligned with the national strategies, policies and financing schemes. Alternatively, Next adopters can benefit from tools and mechanisms provided by the EU Commission (e.g. EU4Health Programme, Horizon Europe), which enables them to take further the innovations developed in this Joint Action.
- ***Showcasing strong evidence***: Next adopters should be transparent in communicating with policy makers about the progress of their practice development and implementation, presenting results and impacts of the intervention. Next adopters can also identify the gaps in relevant national strategies that their practices address. These are key drivers to gather support and inform policy change.
- ***Policy dialogues at the local/regional/national level***: expanding the previous recommendation, policy makers can be practically engaged through organisation of local, regional and/or national policy dialogues producing clear outcomes. This can help to build shared sustainability ownership and to nurture culture of collaboration.

SUSTAINABILITY OWNERSHIP

- ***Building a co-creation approach***: to create a sense of shared ownership, the practices should engage a wide variety of stakeholders, including the users of the practices. Their engagement builds a better understanding of the context where the practice is being implemented and its alignment to the local needs, priorities and resources. The co-creation approach includes active engagement of patients and citizens as partners in developing frameworks and solutions tailored to their needs.
- ***Defining and understanding the levels of ownership***: the implemented practices can be complex and many actors can be responsible for its continuity. Sustainability ownership (e.g. technical, scientific, human/social, financial, etc.) should be defined at organisational, local, regional and national level, negotiated with the policy makers and subsequently aligned with national strategies, governance models, financial flows and incentives. The ownership should be adaptable as practices evolve and change over time.

CULTURE OF COLLABORATION

- ***Shared values and vision***: Next adopters and their networks should strive to identify/establish shared values and a common vision through community engagement. Key stakeholders should openly discuss their motivations, non-negotiables and expectations.
- ***Learning from past experiences***: as JADECARE Consortium we should communicate with people who have experiences from similar Joint Actions and bring their knowledge into JADECARE's work with Next adopters.
- ***Creating a common language***: in Next adopter settings numerous stakeholders are involved in the practice development and implementation or are being affected by it. It is important to communicate clear and simple messages to which all can relate.
- ***Training, education and capacity building***: within JADECARE we might also develop visual materials (e.g. videos) that could present the JADECARE results and be used to communicate with wider audience, including the policy makers of participating Member states.
- ***"Culture eats strategy for breakfast every day"***: It is important both at the level of JADECARE consortium as well as at the level of Next adopter sites to be attentive to the contextual and cultural specifics, understanding the local readiness for change and building mutual trust. Indeed, "change happens at the speed of trust".

Messages, relevant for future organisation of JADECARE Policy dialogues

Overall experience of Policy board members with the policy dialogue was considered very positive. It proved beneficial to structure the discussion around the JADECARE sustainability framework and draw from first experiences in sustainability planning process in Next adopters' sites. It provided an opportunity to share ideas, messages and experiences from participants operating within very different political and cultural settings while reflecting on JADECARE practices from a cross-national and cross-institutional perspective.

Policy board members see the future potential of the JADECARE Policy board work in engaging the practices both individually as part of their local networks and jointly during the next Policy board meetings. Members, coming from outside JADECARE, see this platform as an opportunity to present their own experiences in the field of digitally-enabled integrated care and in turn learn from the results of this Joint Action as well.

Entering the implementation phase, it is now very important to be continuously attentive to the progress, experiences and needs of the Next adopters and to gather valuable information which will guide the future work of the JADECARE Policy board. For the next meeting, Next adopters will be able to show concrete experiences with their implementation process, raising specific issues and success stories. This will enable the Policy board to structure even more concrete recommendations and meaningfully engage the Next adopters to build up the sustainability potential of their practices.

In conclusion, Policy board members raised important principles and recommendations to facilitate sustainability of the local good practices which correspond to the JADECARE sustainability framework, including the active involvement of a wide set of stakeholders, building co-creation initiatives, continuous engagement and communication with the policy stakeholders (e.g. with support of regional/national policy dialogues and dissemination activities), attentiveness to contextual and cultural differences, citizen/patient engagement, and showcasing strong evidence of practice effectiveness and its potential impacts. Perception of the Policy board is, that seeds to work along these principles have already been planted by building Next adopters' practices around rigorous implementation methodology and more importantly by advocating the adoption of the four pillars of original Good practices – risk stratification, care integration and coordination, patient empowerment, and regulatory mechanisms. This provides a suitable environment for not only successful implementation of practices but their sustainability as well.

Appendix 4. Second Policy board meeting minutes and policy dialogue results

A.) Second JADECARE Policy Board Meeting: Minutes of the Meeting

Meeting Title:	JADECARE Policy board meeting No. 2	**Meeting Date/Time:**	17/11/2022, 13:00-16:15 CET
Meeting Type:	Online Meeting	**Meeting Location:**	ZOOM platform
Meeting Coordinator:	National Institute of Public Health Slovenia (NIJZ)		

Attendees (PB members, PB coordination team, JADECARE coordinator, DG SANTE, DG REFORM, HaDEA)
Policy board members: Biljana Cukanovic (Serbia), Ivana Brkic (substitute member, Croatia), Gerli Aavik-Märtmaa (Estonia), Anka Bolka (Slovenia), Vanessa Ribeiro (as substitute from Portugal), Martin Hayes (Northern Ireland, UK), Modesta Visca (Italy), Panagiotis Bamidis (Greece), Yolanda Agra (Spain). Policy board secretariat and coordination: Jelka Zaletel, Denis Opresnik and Anja Brunec (NIJZ), Paolo Michelutti (AGENAS). JADECARE coordinators: Esteban de Manuel Keenoy, Yhasmine Hamu and Ane Fullaondo (KG) DG SANTE: Laura Peter (speaker), Loukianos Gatzoulis DG REFORM: Francesca Cattarin (speaker), Ana Ferreira Reis HaDEA: Antonella Canalis
With apologies: (Policy Board members)
Marija Bubas (Croatia), Alena Steflova (Czech Republic), Georg Münzenrieder (Bavaria, Germany), Silke Heinemann (Hamburg, Germany), Pilar Aparicio (Spain), Laura Piraprez (Belgium), Gitana Ratkienė (Lithuania), Tomasz Targowski (Poland), Bente Koch (Denmark), Istvan Czismadia (Hungary), Valts Abols (Latvia), Victor Herdeiro (Portugal), Isabelle Zablit (France), Kay Duggan-Walls (Ireland),

Agenda for the Policy Board meeting		
Time	**November 17 at 1PM (CET)**	Participation: Policy Board members and JADECARE partners
13:00-13:15	**Lessons from the implementation experiences with JADECARE good practices**: successes, challenges and the potential of Policy board to reinforce the role of MSs and create EU added value, recap of the first PD results and its translation into sustainability planning process/sustainability perspective of next adopters'	KRONIKGUNE (Ane Fullaondo), AGENAS (Paolo Michelutti), NIJZ (Jelka Zaletel)

13:15-13:35	**Sustainability building**: how JADECARE experiences from the transfer of good practices can link to integrated care measures in other EU programmes	DG SANTE (Laura Peter), DG REFORM (Francesca Cattarin)
Hands on experiences with the implementation process set for achieving sustainable digitally-enabled person centred integrated care		
13:35-14:35	**Linking JADECARE Good practice to National Resilience and recovery plan: Case study from Italy** Brief overview of the PNRR (National resilience and recovery plan) in Italy with a focus on the coordinating role of AGENAS in the issues in common between the plan and JADECARE, and also on the recent national reform on primary care. As the nationally coordinated actions in the PNRR are implemented by the Regions, the local / regional experiences of 3 Italian NAs will be presented	AGENAS (Paolo Michelutti, Elettra Carini) with representatives of two Next adopters from Italy: ARS Tuscany (Chiara Ferravante) and USL UMBRIA (Francesco Gioia)
Coffee break		
14:40-15:40	**Using Joint Action results to develop recommendations to foster integrated care outside JADECARE: Case study from Germany** Presentation of the methodology, process, results/situation with summary of key messages for the potential next steps in the recommendation process that may be relevant to other Next adopters	BAGSFI (Kai Schnackenberg, Lena Schulze), ZTG (Stephan Schug) LGL (Martina Rimmele)
Conclusion		
15:40-16:15	***Tour de Table* among Policy Board members: Critical appraisal of the two presented case studies and key messages identified** The aim is to build up the buy-in for participation at the Policy Dialogue	Facilitated by NIJZ (Jelka Zaletel)

Meeting Summary
Main aims of the meeting were to present and discuss interim results, status, challenges and successes of the implementation process in JADECARE, focusing on sustainability building in two case studies (Italy and Germany) and on opportunities to strengthen the MSs capacities in integrated care via EU mechanisms and programmes. The second Policy board meeting was held between 13:00 to 16:15 and was open to all Policy board members and all JADECARE partners. In total, 47 people joined the meeting. The meeting started with the introductory presentation from Kronikgune, AGENAS and NIJZ, welcoming the participants and **presenting key results of the current work in JADECARE**, including status of the implementation process in JADECARE; challenges and success factors during the first PDSA cycle of the

implementation phase; and sustainability planning process aimed at supporting the implementers to enhance the sustainability of their practices upon conclusion of the Joint Action.

Afterwards, representatives from DG SANTE and DG REFORM presented **EU mechanisms and instruments to support integrated care practices and their sustainability**, including different projects under the 3rd Health Programme (SCIROCCO Exchange, VIGOUR, JADECARE); Recovery and Resilience Facility; Healthier Together – EU NCD Initiative; and TSI flagship Towards person-centred integrated care. In conclusion, the **Commission's expectations** for JADECARE were presented, namely the successful implementation (transfer/adaptation) of pilot practices; increased knowledge/capacity in implementing integrated care and confidence in the value of integrated care; and to plant the seeds for national/regional plans to mainstream integrated care

In the second part of the meeting **two case studies were presented**:

The **example from Italy** showcased how the JADECARE practice can be linked to National resilience and recovery plan to reinforce the sustainability of the practice and digital transformation of the healthcare system. This was followed by a presentation by two NA representatives from Italy, who presented their experiences and link with national plan and strategies of implementing good practice in the local contexts of Tuscany and Umbria.

The **example from Germany** outlined, how JADECARE results can be beneficial to settings outside this JA and used to develop recommendations for action to transform the German Healthcare system further towards integrated digitally-enabled person centred care.

As an introduction to both presentations, **questions to guide the discussion** were presented to the Policy board members: 1.) Even if your Health system set-up is overall different, what are or have been similar drivers, structures, work groups and/or initiatives in your country?; 2.) Are there similar projects and/or implementation activities in your country which are similar to the presented JADECARE Good Practices and their core features? If yes, please describe;

3.) Based on your personal experiences, do you have any recommendations or lessons learned to be shared for the Health system of presented case studies from Italy and Germany?

The presentation of the case studies from Italy and Germany was followed by "***Tour de Table* among Policy Board members: Critical appraisal of the two presented case studies and key messages identified"** to discuss the presented case studies and share different implementation experiences or possible next steps to support the process of achieving JADECARE objectives. During discussion,

At the end of the meeting, the participants were invited to **Policy Dialogue** which was convened one week after the meeting, on November 24th, aimed at reinforcing the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centered care. The title of the Policy Dialogue: "*Designed to be sustainable: advancement of sustainability strategy and sustainability action plan*." The results are presented in a separate report.

The Second JADECARE Policy Board meeting was concluded by the Coordinator.

B.) SECOND POLICY DIALOGUE RESULTS. DESIGNED TO BE SUSTAINABLE: ADVANCEMENT OF SUSTAINABILITY STRATEGY AND SUSTAINABILITY ACTION PLAN

Contents

Background
Methodology
Agenda, participants and questions for facilitated discussions
Results of facilitated discussions
Identification of key principles and recommended steps to develop Sustainability strategies and Sustainability action plans
Reflections of participants on the relevancy and value of Policy dialogue in JADECARE Policy board

Background

This report summarizes the results from the first policy dialogue of JADECARE Policy Board, convened on November 24th 2022 from 13:00 to 16:00.

The focus of the second annual Policy Dialogue was to reinforce the capacity of health authorities to successfully address the health system transformation, in particular the transition to digitally-enabled, integrated, person-centred care. The Policy Dialogue was held under a title: "Designed to be sustainable: advancement of sustainability strategy and sustainability action plan."

Building on different experiences, roles and perspectives of the policy dialogue participants, the aim of this policy dialogue was to:

- Identify and discuss potential actions which are important for an adapted alignment of practices, according to the first experiences of implementation and considering several contextual factors, such as intervention-specific context and broader contexts (population, political, socioeconomic etc.) with an aim to achieve the sustainability of the implementation after JADECARE ends.

Primary target audience for the dissemination of results of this policy dialogue are Next Adopters of JADECARE.

Methodology

The policy dialogue was conducted and reported by Work Package 4 – "Integration In National Policies and Sustainability" – lead/colead (NIJZ/AGENAS) as part of an annual Policy board meeting. The methodology is reported in a separate JADECARE document. In short:

- Venue and participants: Policy dialogue was organised as a web-based event. Policy board members including representatives of DG SANTE, HaDEA and European Patient Forum, WP4 team and JADECARE Coordinator and were invited to participate. Policy dialogue was moderated by WP4 lead/colead.
- Leading principles of policy dialogue, technicalities: The moderator explained the concept of Policy dialogue, its role in the context of JADECARE, and the expected result. She presented the ground rules. The policy dialogue was recorded for the purposes of analysis and will be destroyed upon report finalisation. Confidentiality of the discussion will be assured.
- Facilitated discussion: Moderator briefly presented the specific topic of the Policy dialogue, and facilitated the discussion. Having in mind web environment, a combination of tour de table principle (balanced participation of all members), careful observation for visual signals of spontaneous reactions of activated members (vivacity of discussion), and writing down the response to the "chat" window of the web platform (efficient use of time) was used.

- Results: building on the discussion, the moderator summarised the results with focus to recommendations and lessons learnt that facilitate the solutions. The discussion was followed by a round of reflections by the participants that will serve WP4 in designing next Policy Dialogues.
- Conclusion: Moderator explained the steps to the final report of the policy dialogue including timeframe.

Reporting

The report of the Policy dialogue was prepared and shared with the Policy board members for confirmation in 1 week after the event. After approval in one week's time, the results will be communicated to the target audience.

Final Deliverable

Reports and outputs will be summarized in the "Summary report from meetings of policy board" (Milestone 17) under the coordination of NIJZ by Month 36, and will be also be used as input for Deliverable 4.3 "Characteristics of JADECARE practices, leading to sustainability and integration in national policies".

Agenda, participants and questions for facilitated discussions

	POLICY DIALOGUE: "Designed to be sustainable: advancement of sustainability strategy and sustainability action plan" **November 24**	Participation: **PB members, WP1, WP4, DG SANTE/HaDEA**
13:00-13:10	Leading principles of policy dialogue, technicalities (NIJZ)	Moderators: AGENAS, NIJZ
13:10-13.40	Facilitated discussion 1 (AGENAS)	
13.40-14.10	Facilitated discussion 2 (NIJZ)	
14.10-14.20	Break	
14.20 – 14.50	Facilitated discussion 3 (AGENAS)	
14.50-15.10	Identification of key principles and recommended steps to develop Sustainability strategies and Sustainability action plans (NIJZ)	
15.10-15.25	A round for reflection on the Policy dialogue among Policy board members	Facilitator: NIJZ
15.25-15.35	Reflection from DG Sante and HaDEA representative	DG SANTE and HaDEA
15.35-15.45	Next steps and conclusion of the meeting	KG, NIJZ, AGENAS

Participants at the Policy dialogue

- **Policy board members:** Gerli Aavik-Märtmaa (Estonia), Martin Hayes (Northern Ireland, UK), Modesta Visca (Italy), Panagiotis Bamidis (Greece), Kai Schnackenberg (on behalf of German PB members); Peter Struk (on behalf of CZ member); Victor Herdeiro (Portugal) provided responses in written form and are reflected in this report

- **Policy board secretariat, facilitators and coordination**: Jelka Zaletel, Denis Opresnik, Anja Brunec (NIJZ) and Federica Vitello(AGENAS).
- **JADECARE coordinators**: Yhasmine Hamu and Ane Fullaondo (KG)
- **DG SANTE**: Laura Peter, Loukianos Gatzoulis
- **EPF**: Kaisa Immonen

With an aim to identify key principles and recommended steps to develop sustainability strategy and sustainability action plan, the following questions were discussed during the three facilitated discussions:

- **FACILITATED DISCUSSION 1:** Are you personally involved in the work of JADECARE partners from your country? If yes, what was the **trigger**. If not, what could be the trigger(-s)?
- **FACILITATED DISCUSSION 2**: Consensus seeking and collaboration seem to be very important, yet it seems that policy-makers and healthcare professionals/scientists/implementers speak different languages. What are the main **misunderstandings and misconceptions in these communications?**
- **FACILITATED DISCUSSION 3:** What message would you like to send to JADECARE partners from your country, having in mind the current situation in your country regarding the digitally-enabled integrated care: is there a relevant **strategy**, what **initiative or projects** should they link to, established **working groups**, **networks** or any **structures**, what are the main **drivers**?"

Results of facilitated discussions

***Involvement of participants in the work of JADECARE*:** the participants have different backgrounds and roles within their respective institutions and not all of them directly participate in JADECARE. Representative from Northern Ireland sees the participation in this Policy board as a learning experience on the work of this Joint Action and in turn to provide knowledge and experiences with integrated care initiatives from their healthcare setting. Simillarly, Germany does not participate in JADECARE as an implementer, but draws on the knowledge of original Good Practices to strenghten local and national capacities in integrated care in a very structured way. Policy board members from Estonia, Greece and Italy have direct contact with their Next adopters and work together to develop policy solutions or improve capacities for integrated care at national/regional level. In Estonia, there is a continuity of working in different JAs to develop integrated care interventions – a clear vision at the national level exists for the next 5-10 years, the focus is to bring different good practices in the field of integrated care together; JADECARE activities are closely related to the development of the National coordination model, including algorithm for identification of patients in need of coordination, thus there are strong synergies between national initiatives and the pilot practice. In Italy, the experience with COVID-19 epidemic served as an important driver for digitalisation and integration of care. Furthermore, experiences from JADECARE facilitated the discussion at the policy level to develop and scale-up solutions provided by best practices. A member from Portugal had years of experiences with person-centered integrated care working as the CEO of an integrated care organization (hospital and primary care). As the president of the Administration of the Health System now supports the Portugal Next adopter from a national policy level perspective.

***Cross-sectional communication misunderstandings and misconceptions*:** The participants agreed that communication is key in achieving change. Major issues related to communication emerge from different positions and languages/terminologies that the latter entail – policy representatives might have a very different approach in formulating problems, priorities and solutions to those of frontline professionals, such as clinicians, IT and other experts, as well as end-users. The important thing is to build trust with the people involved (indeed »*change happens at a speed of trust*« as expressed by one

policy board member during the first policy dialogue) and to try to have important questions in mind: Who is actually in that room? How is it to walk in their shoes? What is it we are trying to do? Who do we actually engage? Are we on the same page? If not, why not? Are we talking about the same thing? What actually drives people and their behaviours? What are the policy drivers, particularly the financial ones? Is our model overly prescriptive? Do we fully understand the dynamics between the local, regional and national level? Do we drive people (especially patients) only to participate or to co-create as well? When we evaluate the success - whose views do we seek? Does our practice considers/addresses the unmet needs of vulnerable people and groups? The participants agreed that there is a need to understand what matters to communities, what are the social challenges they face and how are these ultimately reflected in health and access to healthcare. It is important to acknowledge that there are no easy answers, the only way to find meaningful solutions is to work closely with the communities.

***Messages to Next adopters important for sustainability*:** the previous section indirectly already addressed many messagges which should be relevant or beneficial to Next adopters and policy makers. In addition, relevant to **communication**, it is important to strive for a two-way dialogue (communication is not a one-way street!), which entails a **co-design/co-creation** approach (with consideration to »policy«, »profesional«, »health care user«, »citizen« languages) being key to acceptability and sustainability of any practice. The global pandemic in many instances showcased the need for integration of care and digitalisation of public services (not only in healthcare) – projects such as JADECARE can be used to develop, test and implement new interventions which should be supportive to the wider system transformation. Implementers and actors involved in implementation should thus look for **synergies not only within healthcare but at a broader societal scale**. Participants generally agreed that JADECARE drives these aspects in the right direction, where implementers (despite their differences in context and maturity) have the opportuinity and are supported to increase, develop and implement operational capacity, foster collaboration in a multidisciplinary and multilevel fashion, engage in research and explore possibilities for practice sustainability and scalability.

Identification of key principles and recommended steps to develop Sustainability strategies and Sustainability action plans

During 2023, each Next adopter in JADECARE will develop a Sustaianbility strategy and Sustainability action plan to increase the practice potential for its continuation upon conclusion of this Joint Action. Having in mind key messagges and recommendations of Policy board members from the first Policy dialogue (in 2021) and results of facilitated discussions presented in the previous chapter, here are additional important principles that should be taken into acount when planning for sustainability:

Clarity of vision and translation into action: drawing on reflections regarding diferent aspects of communication, a vision and purpose of the practice should be clear and most importantly, a result of partnership and co-creation, which also means that the practice leaders should understand what motivates and drives participating actors. The vision should then be 'broken down' to clear, measurable goals and activities with realistic planning (where responsibilities, timelines, expected outcomes/indicators have been defined).

Adaptiveness of (Sustainability) Action plans: contextual factors might influence the implementation of practices in a positive or negative way. Sometimes these same factors can have different impacts in different settings as is the case with COVID-19 pandemic. For example, in Estonia it resulted in under-resourced activities related to integrated care despite the fact it remains one of the key priorities at the national level. On the other hand, as is the case with Italy, the pandemic pushed the policy makers to make significant investments into digitalisation and

integration of care. The experience suggests, the practice owners should be attentive and flexible to the changing environment and align their activities and plans acording to the emerging needs and opportunities.

Overcome projectism: dependency on project resources can be an issue on the long run and can hamper the practice sustainability. This is why it is important to plan significantly in advance how the (systemic) funding and resources will be assured upon its conclusion. Consequently, the practices should be aligned to the larger scale of health system transformation, including policies, strategies and EU mechanisms and instruments, to become embedded into the local health ecosystem. In this respect, support of political leadership is very much needed. On the other hand, projects such as JADECARE created strong networks across Member States and established valuable chanells for knowledge exchange. Nurturing this collaboration also in the future can have significant impacts on integrated care initiatives across Europe and thus increases EU-added value of Joint Actions such as this one.

Co-creation: meaningful and continuous involvement of relevant stakeholders can be a demanding task. Next adopters have been supported throughout this Joint Action to build multidisciplinary networks of partners from various professional organisations, healthcare organisations, local/regional/national health authorities. To varying degree, patient and citizen organisations have been included as well. Inclusion of target groups (patients, citizens, care providers) is especially important for the overall aceptance, adaptability and continuity of integrated care practices and should be considered also during sustainability planning process.

Reflections of participants on the relevancy and value of Policy dialogue in JADECARE Policy board

Overall experience of Policy board members with the policy dialogue was considered very positive and a great opportuinity to share experiences between people who face very similar challenges in very diferent contexts.

Especially resonant with the participants were the ideas of co-creation – engagement of patients, citizens and communities that imply a move from working for people, towards working with people; and the complex interplay of multifaceted factors that impact practice sustainability such as political priorities, personal motivations, sense of ownership, nature of relations within systems of care, unpredictability of environmental/societal/political forces which can drive or hamper health system transformation – to name but a few.

A very important aspect of this year's Policy dialogue and Policy board meeting in general, was also a very proactive engagement and genuine interest in the work of JADECARE Policy board by the representatives of DG SANTE, DG REFORM and HaDEA, who presented relevant EU mechanisms and instruments as an opportuinity to further support integrated care initiatives within Member States and more so provided valuable reflections and suggestions relevant to the topics discussed at the both events. Additionally, they will support the exchange of JADECARE experiences also at the EU level.

Entering the post-implementation phase, it is now very important to be engaged with the Next adopters when showcasing the implementation results and developing their Sustainability strategies and Sustainability action plans. Policy board members from countries with implementation can be particularly supportive in this process, possesing indispensable knowledge and linkages with the policy environment, thus increasing the sustainability potential of JADECARE practices.

In conclusion, Policy board members raised important principles and recommendations to facilitate sustainability of the local good practices which correspond to the JADECARE sustainability framework, including the active involvement of a wide set of stakeholders, building co-creation initiatives,

continuous engagement and communication with the policy stakeholders (e.g. with support of regional/national policy dialogues and dissemination activities), attentiveness to contextual and cultural differences, citizen/patient engagement, and showcasing strong evidence of practice effectiveness and its potential impacts.

Seeds to work along these principles have already been planted by building Next adopters' practices around rigorous implementation methodology, support of original Good Practices and JADECARE leadership. This provides a suitable environment for not only successful implementation of practices but their sustainability as well[i].

Appendix 5. Third Policy board meeting minutes and policy dialogue results

A.) Third JADECARE Policy Board Meeting: Minutes of the Meeting

Meeting Title:	JADECARE Policy board meeting No. 3	**Meeting Date/Time:**	20/06/2023, 13:00-16:00 CET
Meeting Type:	Online Meeting	**Meeting Location:**	ZOOM platform
Meeting Coordinator:	AGENAS and National Institute of Public Health Slovenia (NIJZ)		

Attendees (PB members, PB coordination team, JADECARE coordinator, DG SANTE, DG REFORM, HaDEA)
Policy board members: Ivana Brkic and Tanja Lelas (Croatia), Vanessa Ribeiro (as substitute from Portugal), Martin Hayes (Northern Ireland, UK), Bente Koch (Denmark), Modesta Visca (Italy), Yolanda Agra (Spain), Vaclav Platenik (CZR), Kai Schnackenberg (on behalf of Germany). Policy board secretariat and coordination: Jelka Zaletel, Denis Opresnik and Anja Brunec (NIJZ), Federica Vitello (AGENAS). JADECARE coordinators (KG): Yhasmine Hamu, Ane Fullaondo DG SANTE: Laura Peter, Martine Ingvorsen HaDEA: Antonella Canalis
With apologies: (Policy Board members)
Marija Bubas (Croatia), Georg Münzenrieder (Bavaria, Germany), Silke Heinemann (Hamburg, Germany), Pilar Aparicio (Spain), Laura Piraprez (Belgium), Gitana Ratkienė (Lithuania), Tomasz Targowski (Poland), Istvan Czismadia (Hungary), Valts Abols (Latvia), Victor Herdeiro (Portugal), Isabelle Zablit (France), Kay Duggan-Walls (Ireland), Gerli Aavik-Märtmaa (Estonia), Anka Bolka (Slovenia), Panagiotis Bamidis (Greece),

Agenda		
Time	**POLICY BOARD MEETING "Digitally enabled integrated person-centred care: Key Learnings on elements of successful and sustainable implementation of JADECARE practices"** **June 20 at 1PM (CET)** **Meeting link:** https://zoom.us/j/97497607219?pwd=TU1hWnYwbjNGbjVjS3daN0xWN0xzQT09	Participation: Policy Board members including DG SANTE and HADEA, and JADECARE partners
13:00-13:20	Welcome and recap of previous Policy Board and state of art of the Joint Action: Key aspects of the post-implementation process in NAs sites	Moderator AGENAS – Federica Vitello and JADECARE Coordinator Yhasmine Hamu Azcárate

13:20– 13:40	The evaluation process in JADECARE. Describing how the evaluation methodological framework has been structured to assess the different features of the overall implementation process, highlighting the relevance of evaluating the transfer of good practices (or their key elements) from the original good practoces to the 'next adopters' in terms of performance, uptake, satisfaction, and sustainability.	WP3 TEAM
13:40- 14:00	The role of the Best Practices Portal, how it was created and the criteria for evaluating practices within it.	DG SANTE - **Martine Ingvorsen** - policy officer from the unit responsible for the Best Practices Portal
Key elements from implementation experiences: presentation of three case studies		
14:00- 14:20	The Next Adopters give a first-person account of their three-year experience of implementing a good practice within the Joint Action, highlighting the difficulties they encountered and how they dealt with them, what they have achieved and what they have learned throughout the process, with a particular focus on two success factors that have been identified as key, i.e. good initial planning and stakeholder involvement.	AGENAS – WP4 – **Federica Vitello** - National Agency for Regional Health Services - Rome
14:20- 14:40	**JADECARE PRACTICE 1 (presentation and debate)**	CSCJA - **Isaac Túnez** - General Secretary of Public Health and R&D&I, Regional Ministry of Health and Consumer Affairs of Andalusia) CSCJA - **Ana M Carriazo** (Senior Advisor, Regional Ministry of Health and Consumer Affairs of Andalusia)
Coffee break		
14:50- 15:10	**JADECARE PRACTICE 2 (presentation and debate)**	EUSTRAS – Remy Banlus - Eurometropole de Strasbourg
15:10- 15:30	**JADECARE PRACTICE 3 (presentation and debate)**	Estonia – Mart Kull - Chief Medical Officer, hospital management board member, Viljandi hospital , Estonia
Conclusion		
15:30- 15:40	**Reflection from DG Sante and HaDEA representative**	DG SANTE - **Martine Ingvorsen** – HaDEA - **Antonella Canalis** (Project Adviser)
15:40- 16:00	**Tour de Table among Policy Board members: Critical appraisal of the presented case studies and key messages identified** Different implementation experiences and possible suggestions for the “next adopters of the future” facilitated also using mentimeter.	Facilitated by AGENAS and NIJZ

Meeting Summary
Main aims of the meeting were to present and discuss the final results of the implementation of the good practices with Policy board members, including the key aspects for ensuring the sustainability of the practices developed in JADECARE, showcasing the implementation process of three JADECARE practices (Andalusia –

Spain; Strasbourg- France; and Estonia). The meeting was moderated by Federica Vitello from AGENAS (WP4 co-leader) and supported by NIJZ (WP4 leader) with organisation and reporting of the meeting.

During the first part of the meeting, **Yhasmine Hamu from Kronikgune (the Coordinator)** opened the 3rd PB meeting and informed the participants on the **current status of JADECARE**. In terms of impact, JADECARE was successful in transferring and adapting 64 Local Core features (related to areas of Risk stratification, Integrated care, Regulation and Patient empowerment) from 4 original Good Practices to 21 Local Good Practices. In total, more than 4 million people have been targeted with the developed practices across Europe.

In the next presentation, **Fivos Papamalis from AUTH (WP3)**, outlined different aspects of the **evaluation framework** in JADECARE, including the challenges and policy recommendations. The key challenge was to take into account the contextual diversity, operational complexity and system inertia. Considering the complexity and challenges of the project the evaluation framework operated within 3 stages – Project progress monitoring (T3.1), Quality assurance of implementation (T3.2) and Impact evaluation (T3.3). In terms of methodology, several implementation science frameworks have been adopted, specifically CFIR, PDSA, SQUIRE2.0, RE-AIM and a number of steps have been taken to monitor, collect and analyse indicators (34 in total) and implementation satisfaction surveys (data suggests high satisfaction levels of Next adopters – e.g. the amount of knowledge received regarding the use of digital tools, developments in Europe respective to IC etc.). In the end, three Policy recommendations have been presented: 1.) Importance of Health and Digital Literacy Framework as a reflective tool to recognize various contextual elements and interplay of Task dimension vs User dimension in the context of Health care; 2.) Taking into consideration and addressing key identified barriers (Lack of political commitment, Bureaucracy and weak infrastructure, Lack of funding, Lack of digital literacy, Lack of Stakeholders' involvement, Lack of local Leadership, and Provider's inability to adopt new practices); 3.) Acknowledgement of legislative barriers and importance of inviting diverse groups to reach consensus on the actions needed.

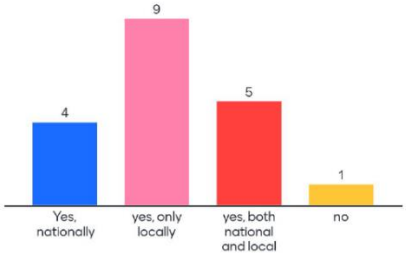
In the last presentation of the introductory presentations, **Martine Ingvorsen of DG SANTE** explained the role of the **Best Practice Portal**, how it was created and the criteria for evaluating practices within it. The good practice owners are welcome to visit the Good practice portal accessible at the following address: https://webgate.ec.europa.eu/dyna/bp-portal/. Practices can be submitted for evaluation through the Portal. Every practice that is evaluated as "best" or "promising" against the criteria will be published in the Portal and may be brought to the attention of Member State representatives for further transfer and broader implementation. The evaluation is performed against the following criteria: 1.) Exclusion criteria (if not met, the practice will be rejected): Relevance, practice characteristics, evidence and theory based, ethical aspects; 2.) Core criteria: Assessment of effectiveness and efficiency (not needed for promising practices), equity issues; 3.) Qualifier criteria (elements relevant for transfer to other settings): Transferability, sustainability, intersectoral collaboration, participation. There is a continuous 'Open call' for practices at the Portal but there are also targeted calls (one per year) which cover different heath areas (mental health (2023), NCDs, Integrated care, Nutrition and physical activity etc.).

In the second part, taking into account the results of WP4 analysis carried out during the project, which has shown that the most important elements characterising a good implementation are good initial planning with focus to sustainability, and timely stakeholders' involvement, specific JADECARE cases were presented, including pilots from Andalusia, Strasbourg and Estonia. Each presentation was followed by a debate among Policy board members (and other partners) sharing different implementation experiences and suggestions for the "next adopters of the future". The participants engaged in the discussion using Mentimeter based on the key elements of the implementations of each participating next adopter.

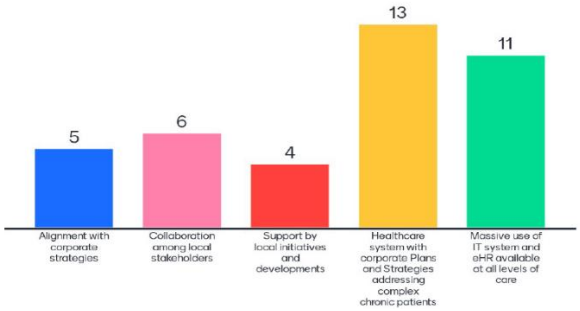
J**ADECARE PRACTICE 1: Improving healthcare at home for complex chronic patients in Andalusia**: Rafael Rodriguez Acuna from Andalusian Public Foundation Progress and Health (FPS) presented the Andalusian

good practice, including the context, implementation process, key activities dedicated to adopting South Denmark original Good Practice (with main focus on implementing Tele-COPD Core feature). A centralised system for proactive follow-up of chronic patients and Teleconsultation system for interprofessional referrals have been successfully implemented, including training of 375 professionals. In total, approx. 40% of all the prioritised complex chronic patients have been included in the proactive follow-up program and 12% in the Teleconsultation system covering 70% of all clinical specialty areas. The evolution of the model suggests a positive shift from reactive care to proactive follow-up approach resulting in a significant increase in primary care home visits and a reduction of outpatient visits. Especially relevant to sustainability, was to embedd the practice in the long-term plans of CSCJA/SAS and that the practice from its inception was aligned with all relevant corporate strategies/plans, including digital strategies at the regional level and with all relevant stakeholders.

Do you think the Andalucian transfer experience just presented by Ana can be replicated in your country?

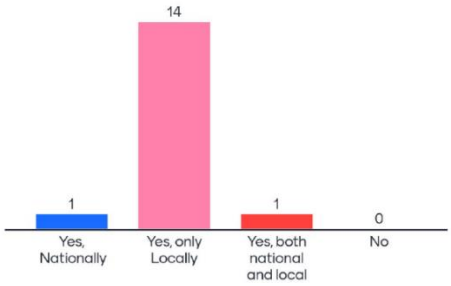


In your country, what elements of sustainability highlighted by the Andalucian case, could the future next adopters of this practice rely on?

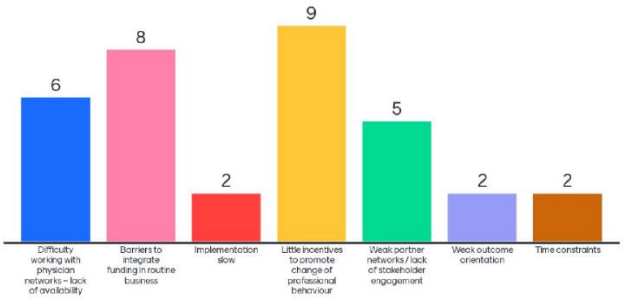


J**ADECARE PRACTICE 2: Adoption of the OPTIMEDIS original Good practice by Eurometropole de Strasbourg, EUSTRAS:** Remy Banuls from Eurometropole de Strasbourg (EUSTRAS) presented their good practice (with main focus on integrating data, integrating preventive pathways, stakeholders' involvement). Main results include several analyses at the assessment stage with population data (e.g. distribution of major NCDs, identification of high risk areas, needs, service availability, identification of better data sources for in-depth analysis etc.); intervention data (e.g. analysis of patient performance in physical activity programs, improvement of patient recruitment at GPs, supporting integration of preventive care programs etc.); and cost data (extensive work with health insurance agency). Additionally, EUSTRAS have worked on developing integrated patient pathways at several levels which is still ongoing. The extensive and quality preliminary results opened the doors for further opportunities (e.g. research collaboration, collaborations in developing integrated care pathways, designing local projects etc.). From a sustainability perspective, the EUSTRAS project was integrated into the larger project within the framework of "Territories de sante de demain" assuring the continuation of funding and network resources with high visibility of national Ministry of Health.

Do you think that the EUSTRAS implementation experience could be replicated in your country?

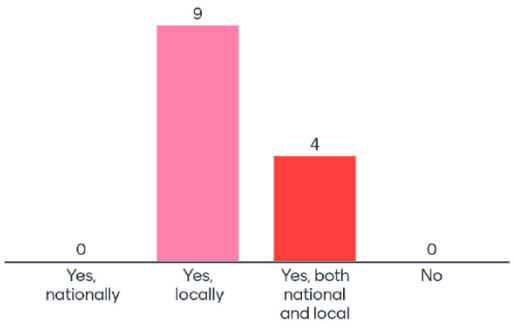


Which of these issues encountered by EUSTRAS could be an obstacle to the implementation of the OPTIMEDIS practice in your country?

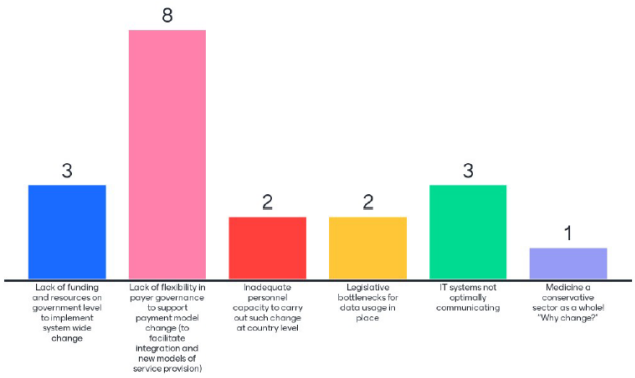


JADECARE PRACTICE 3: Implementation experience of Viljandi hospital, Estonia and plans for sustainability, choice of a mix&match approach: Mart Kull from Vilijandi hospital presented the Estonian good practice which adopted the core features from Catalan and Optimedis oGPs (with main focus on developing and testing of sustainable risk stratification model for case finding algorithms and development of a regional accountable care organization framework). The implementer has been successful with integrating the developed solutions into the national PAIK22-25 (funded by Health insurance fund) which will provide in-detail RCT studies using the tool and thus increase the potential for practice sustainability. Additionally, at the local level it was very important to have high level expert support from oGPs, engaged leadership within the hospital and high visibility of the project across regions. At the state level, in addition to commitment to PAIK, there was a shift in policy commitment to pursue care integration and update payment models, including at the level of Ministry of social affairs which supports such services and integration through upcoming reforms.

Do you think that the implementation experience of VILJANDI HOSPITAL could be replicated in your country?

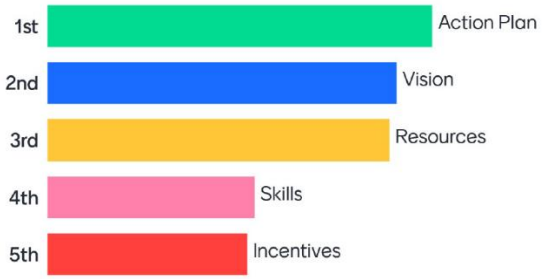


Which of these issues encountered by VILJANDI HOSPITAL could be an obstacle to the implementation of the practice in your country?



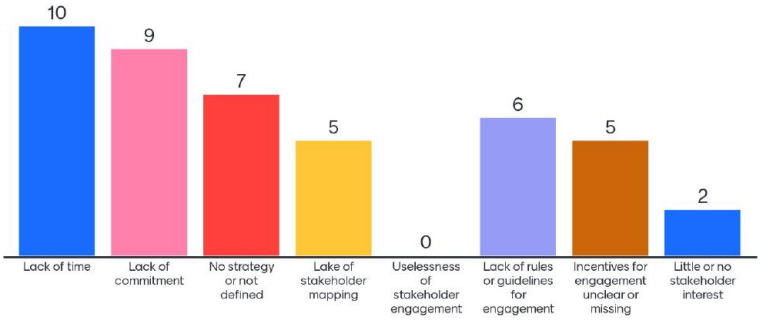
In the last part of the meeting, based on the case studies presented and personal experiences, the Policy board participants proposed and reflected on the key factors for successful implementation process, barriers to stakeholders' involvement and ways to tackle these barriers using Mentimeter. The results are presented in the following charts.

What are the elements that guarantee the success of the implementaton of a good practice? Sort items from most to least important



A particular emphasis has been put to good planning, including strong leadership, that proved to be necessary in overcoming inertia, facilitate networking with the stakeholders, obtain and allocate human, technical and financial resources and distil a common vision which is key for commitment of involved partners especially when developing multilevel solutions in the complex field of integrated care.

What are the barriers to effective stakeholder involvement in the implementation of a good practice? 3 answers maximum



Development of integrated care practices require continuous interactions and collaboration of numerous partners, health and IT experts, institutions, policy representatives, managers and patients. Their active involvement can be a big challenge which has been recognized by participants. It has been emphasized by several Policy board members with experience in implementation, that engagement of stakeholders has been an issue from the start, namely due to lack of time and consequently commitment on behalf of professionals. There could be objective reasons for that, such as COVID-19 pandemic which characterised the beginning of JADECARE and significantly impacted the availability of especially medical professionals to commit to the project. On the other hand, there could be internal organisational factors that contribute to inertia and unwillingness to change. To an extent, this is an issue of insufficient leadership, including the problem of not clearly communicating/creating a vision and lack of planning. Some participants also emphasized that stakeholder mapping was insufficient considering the scope of the practice, which in turn could slow the implementation progress. When talking about integrated care, which requires well-coordinated collaborations across many partners, institutions and/or systems of care, stakeholder engagement has been recognized as one of the most important aspects for successful and sustainable implementation. It is also the process that is one of the more challenging ones as could be observed from the presentations and identified barriers.

Factors that support overcoming the identified barriers

Based on the experiences, participants in the end proposed the most important factors that support overcoming barriers as presented above. What has been particularly emphasized, was the importance of good planning, continuous communication, building trust with the stakeholders and finding ways to increase the motivation of the partners involved which increases overall readiness for change. Participants believed that JADECARE was quite successful in supporting the alleviation of the identified barriers with its well-managed implementation process, expert support and network building activities. High visibility of the project, including the support and active involvement on behalf of the EU institutions (DG Sante, HaDEA) were highly beneficial as well. The representatives from DG Sante and HaDEA recognized and complemented the many successes of this Joint Action despite high complexity of the transfer process and many challenges generated by the COVID-19 pandemic.

The Third JADECARE Policy board meeting was held between 13:00 to 16:00 and was open to all Policy board members, DG SANTE, HaDEA and all JADECARE partners. In total, 47 people joined the meeting.

The Third JADECARE Policy Board meeting was concluded by the Coordinator.

B.) THIRD POLICY DIALOGUE RESULTS. Digitally enabled integrated person-centred care: achieving sustainability and scalability

Contents

Background
Methodology
Agenda, participants and questions for facilitated discussions
Results of facilitated discussions
Identification of key principles and recommended steps to develop Sustainability strategies and Sustainability action plans
Reflections of participants on the relevancy and value of Policy dialogue in JADECARE Policy board

BACKGROUND

This report summarizes the results from the third policy dialogue of JADECARE Policy Board, convened on June 22th 2023 from 13:00 to 16:00. The focus of the third annual and final Policy Dialogue was to reflect on the JADECARE journey of practice development, implementation and evaluation, where sustainability elements were to be addressed in all phases. Based on the experiences of the owners of the original good practices at the beginning of JADECARE, a JADECARE sustainability framework was developed (https://www.jadecare.eu/core-elements-of-sustainability/) and used in all phases of JADECARE. Owners of the original good practices, after years of serving as a source of information and support to the next adopters while designing, implementing and evaluating their JADECARE practice, reflected on their own lessons learned respective to the implementation process and particularly to assuring sustainability of developed practices. Their experiences were the basis for discussions and critical reflections within the Policy Dialogue participants. The meeting was held on June 22 2023 and was approximately 3 hours long.

As a main results of the policy dialogue, key learnings on essential elements to lay the foundations for a more solid sustainability and upscaling of (good) practice implementations in the various national contexts were developed.

Primary target audience for the dissemination of results of this policy dialogue are Next adopters of JADECARE and other potential stakeholders that are involved in the implementation of good practices in the field of digitally enabled person centred care.

METHODOLOGY

The policy dialogue was conducted and reported by Work Package 4 – "Integration In National Policies and Sustainability" – lead/colead (NIJZ/AGENAS) as part of an annual Policy board meeting. The methodology is reported in a separate JADECARE document. In short:

- Venue and participants: Policy dialogue was organised as a web-based event. Policy board members including representatives of DG SANTE, HaDEA, WP4 team and JADECARE Coordinator and were invited to participate. Policy dialogue was moderated by WP4 lead/colead.
- Leading principles of policy dialogue, technicalities: The moderator explained the concept of Policy dialogue, its role in the context of JADECARE, and the expected result. She presented the ground rules. The policy dialogue was recorded for the purposes of analysis and will be destroyed upon report finalisation. Confidentiality of the discussion will be assured.

- Facilitated discussion: Moderator briefly presented the specific topic of the Policy dialogue, and facilitated the discussion. Having in mind web environment, a combination of tour de table principle (balanced participation of all members), careful observation for visual signals of spontaneous reactions of activated members (vivacity of discussion), and writing down the response to the "chat" window of the web platform (efficient use of time) was used.
- Results: building on the discussion, the moderator summarised the results with focus to recommendations and lessons learnt that facilitate the solutions. The discussion was followed by a round of reflections by the participants that will serve WP4 in designing next Policy Dialogues.
- Conclusion: Moderator explained the steps to the final report of the policy dialogue including timeframe.

REPORTING

The report of the Policy dialogue was prepared and shared with the Policy board members for confirmation after the event. After approval, the results will be communicated to the target audience.

FINAL DELIVERABLE

Reports and outputs will be summarized in the "Summary report from meetings of policy board" (Milestone 17) under the coordination of NIJZ by Month 36, and will be also be used as input for Deliverable 4.3 "Characteristics of JADECARE practices, leading to sustainability and integration in national policies".

AGENDA, PARTICIPANTS AND QUESTIONS FOR FACILITATED DISCUSSIONS

Agenda		
	POLICY DIALOGUE: "Digitally enabled integrated person-centred care: achieving sustainability and scalability" **June 22 2023 at 1pm (CET)**	Participation: **PB members, WP1, WP4, DG SANTE/HaDEA**
13:00-13:10	Leading principles of policy dialogue, technicalities (AGENAS)	Moderators: NIJZ, AGENAS
13:10-13.40	Facilitated discussion 1 (NIJZ) Achieving sustainability and scalability of JADECARE practices – reflections from WP5+WP8	Syddansk Sundhedsinnovation WP8 - **Morten Sønderskov** Frydensberg - Odense KG - **Yhasmine Hamu Azcarate** – WP5 – Kronikgune – Barakaldo - Bizkaia
14.10-14.20	Break	
14.20 –14.50	Facilitated discussion 2 (NIJZ) Achieving sustainability and scalability of JADECARE practices – reflections from WP6+WP7	OptiMedis AG - WP7 -**Manfred Zahorka** - Hamburg IDIBAPS - WP6 - **Joseph Roca** - August Pi Sunyer Biomedical Research Institute – Barcelona
14.50-15.25	Identification of key principles elements from the discussion and reflections from the Policy Board members (AGENAS)	AGENAS – WP4 – **Federica Vitello** - National Agency for Regional Health Services - Rome
15.25-15.35	Reflection from DG Sante and HaDEA representatives	DG SANTE - **Laura Peter** (policy officer) HaDEA - **Antonella Canalis** (Project Adviser)
15.35-15.45	Next steps and conclusion of the meeting	KG, NIJZ, AGENAS

PARTICIPANTS AT THE POLICY DIALOGUE

- **Policy board members:** Martin Hayes (Northern Ireland, UK), Modesta Visca (Italy), Kai Schnackenberg (on behalf of German PB members); Vaclav Platenik (CZR); Yolanda Agra (Spa).

- **Owners of original Good Practices:** Yhasmine Hamu, Igor Zabala (Basque health strategy) Josep Roca (Catalan open innovation hub), Manfred Zahorka (Optimedis model), Kuno ()
- **Policy board secretariat, facilitators and coordination**: Jelka Zaletel, Denis Opresnik, Anja Brunec (NIJZ), Federica Vitello (AGENAS).
- **JADECARE coordinators**: Yhasmine Hamu and Ane Fullaondo (KG)
- **DG SANTE**: Laura Peter
- **HaDEA**: Antonela Canalis

RESULTS OF FACILITATED DISCUSSIONS

Representatives of original Good practices have been continuously involved in the development and supported the implementation of Next adopters' best practices. Their extensive experience with the implementation process, including the specific factors that support sustainability was the subject of facilitated discussions during the final policy dialogue. The insights and learnings discussed together with policy board members are summarized below.

Adaptability in engaging key stakeholders: due to complexity of integrated care practices, early identification and engagement of various stakeholders (IT, HP and other professionals, management, Health authorities' representatives) have proven to be of significant importance. The start of JADECARE was characterised by a global COVID-19 pandemic that made stakeholders' engagement difficult. On the other hand, it also facilitated national/regional discussions on how to increase digitalisation and improve integration of care which many implementers have been able to take to their advantage. The latter was dependent also on the maturity of individual implementers, their position within their respective healtcare systems and their ability to mobilise/communicate with decision makers. For example, several implementers were in themselves regional or national health authorities, thus able to work hand-in-hand with policy level representatives throughout the implementation process. In some cases, the implementers were local healthcare organisations with high visibility and influence at the national or regional level which simillary had positive outcomes for the practice implementation and its potential continuity. Others experienced more challenges and needed to be more adaptable, changing the scope of the practice or include stakeholders later within the project according to the possibilities and emergent needs. One of the persistent challenges often experienced was the lack of interest on behalf of medical professionals that are primarly focused on medical scientific data ideally obtained through RCTs. Aspects related to data management or results that are difficult to generalise might not be motivating to their engagement. Therefore, there is a need to communicate sufficiently about the relevancy of different methodologies that measure practice effectiveness also beyond strictly scientific domain. In summary, as experiences suggest, early and continuous engagement with key partners was overall cruical both for initial development phase (where a broad consortium of partners was needed to define the possible scope of the practice, its relevancy, resources and processes needed) as well as for the successful implementation process with strong potential for sustainability and scalability.

Tangible vs. Intangible results: Defining success against the contextual differences of implementers: Very much aligned to the first point, the implementers are operating in very specific settings within different healthcare systems and policy frameworks, traditions, data availability, management, and expertise. Universal transfer process of original Good practices to very heterogeneous pilot settings was thus not possible. Despite having a rigourous JADECARE implementation methodology framework to unify the implementation process accros various implementing sites, the pilot practices had to be significantly adapted to correspond to the needs and possibilities of their local settings. Thus, collaboration between oGP leaders and individual NAs had to be customized, including the specific

core features that were being adopted. Participants at the policy dialogue pointed out an important distinction that should be made between tangible and intangible results of the JADECARE project. Overall, the implementation results are very strong and significant steps have been made in improving digitally-enabled person-centred care in the pilot settings. The implemented practices followed a very structured process which is reported in detail individually by each Next Adopter (using SQUIRE 2.0), including the presentation of specific results that were achieved. However, what has been particularly emphasized as of importance are the many intangible results that cannot be simply showcased through indicators set in the Local implementation plans. In many settings JADECARE provided a necessary push towards maturity of local organisations and teams and was a key catalyst to facilitate local/regional/national reflections and discussions on integrated care. Extensive professional expertise of oGP representatives, their adaptability to correspond to the particular needs of Next Adopters and their continuous support throughout the implementation significantly contributed to this process. As a result, an international learning community was built which has been widely recognized as a great success in itself. As pointed out by the participants, many of the established networks and collaborations will continue to exist also beyond JADECARE. These intangibles are hard if not impossible to measure, but have significant impacts both locally as well as internationally.

The importance of knowledge exchange activities: It has been universally acknowledged by the policy dialogue participants, that knowledge exchange activities and events (Thematic workshops, Stakeholder forums and Key implementation learning workshops) have been helpul in monitoring the progress made, showcasing implementation results at different stages of the project and discussing numerous challenges, facilitators and general learnings in the pilot settings. More importantly, as these events were organised at the sites of the implementers, this brought visibility to the project and especially to the hosting pilots and helped to involve variety of relevant stakeholders, including decision and policy makers. Participants agreed that continuous online communication was important but a real progress was often made in light of these events which should be at the focus of similar Joint Actions also in the future.

Important learnings on sustainability of best practices: as presented above, the adaptable engagement of stakeholders, defining the focus of the best practice based on the context and needs of the local setting, and continuous knowledge exchange and expert support have been key for setting strong foundations for sustainability of best practices. The representatives of oGPs explained in more detail, how each of the Next Adopters have increased the potential for the practice continuity which can be observed in more detail through each individual Sustainability strategy and sustainability action plan. In this respect Sustainability framework developed in JADECARE has been very helpful as the implementers could develop their activities in a very structured way (by interacting with the policy environment, building sustainability ownership and nurture culture of collaboration). In addition, several important learnings have been obtained through the implementation process:

- **Time for implementation** has been relatively short as implementers first needed to learn about the details of the oGPs and requirements for their transfer, understand what is possible and needed to implement within their healthcare systems, and to make many adjustments. Similar projects and initiatives should consider that meaningful implementation takes time, especially in a highly complex and constantly evolving field of integrated care.
- **Cultural change** is needed for sustainabile implementation of innovative practices but also very challenging to achieve because different stakeholders have different interests and values, while time availability is usually low. Additionaly, the area of Integrated care evolved much more towards community and social level engagement which adds to its

complexity. Hence, it was important to seize opportuinities that emerged during the Joint Action, extensively involve opinion leaders and make adjustments, where possible.

- **IT infrastructure and resources availability** was another important aspect that shaped the implementation reality. In integrated care acess to data, including its management, and involvement of IT staff is key. Similar initiatives should plan from the start the role and extent of engagement of IT professionals, what is the accessibility to clinical/population data, what tools can be set up within the implementation (considering policy constraints, expertise, needs, availability), and how to establish their interoperability. As pointed out during the discussion, there is also a need for a widescale debate, how this field is evolving, what is the most adequate technology to support integrated care, what are the bottlenecks and possible solutions.
- **Evolution of implementation methodology**, including simplification of tools to evaluate health outcomes, stakeholders' engagement and costs, should be a continuous process. This can help to generate value of implemented interventions for the healthcare systems and help to introduce a continuous reflective and adaptive process. Even though the JADECARE methodological framework was recognized as very good, it was sometimes considered as too complex or detached from the clinical setting.

Appendix 6. Follow-up survey to the first Policy board meeting: results

INTRODUCTION

Following the first Policy board meeting with Policy dialogue, held on November 4th 2021, we conducted a post-meeting survey, intended to give the opportunity to express opinion of all Policy Board members, including the ones that did not manage to attend the event, about the current work/role of JADECARE Policy board, the first PB meeting and Policy dialogue, communication/coordination activities from PB team and future PB meetings (format, setting).

The survey was disseminated across Policy board members from the 19 countries represented in the JADECARE Policy board. The survey was not shared to Policy board members who are representatives of DG SANTE, HaDEA and EPF as separate meetings are planned to adjust the work of JADECARE Policy board in the future.

The survey was anonymous and took approximately 10 minutes to complete. It was open between 7.11.21 to 3.12.21. Survey participants included 13 Policy board members, out of wich 10 concluded the survey in full. In total, there was 27 clicks on the survey.

The results of this survey will be used to improve the future work of JADECARE Policy board. The document will be included in the Milestone 17 (Summary report from meeting of Policy board) as Annex.

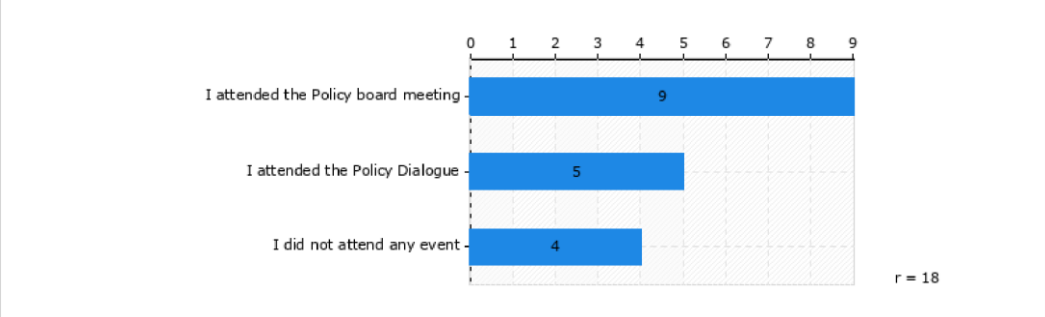
KEY MESSAGGES:

- Overall, satisfaction with the PB meeting seems to be quite high, topics presented were considered useful. However, we should adjust the next Policy board meeting (especially Policy dialogue) format to facilitate more active discussion amongst the participants. The role of the Policy board is not entirely clear to some participants.
- Results of the Policy dialogue are mostly considered very useful to building up both the understanding of sustainability principles and sustainability capacity building.
- Communication from the PB secretariat is considered timely and clear by all participants.
- For the next meeting setting both options (online and physical) are viable, but only at the online meeting all participants could definitely or most probably attend.

RESULTS OF THE SURVEY PER CATEGORY

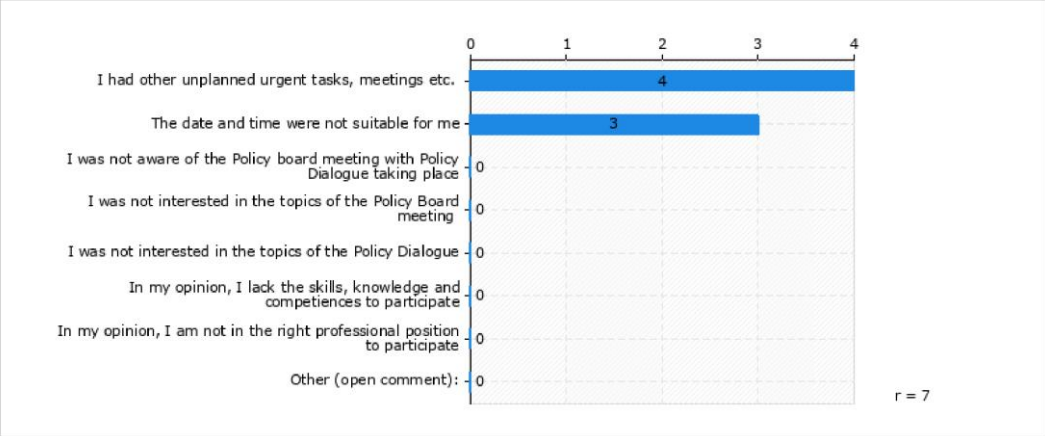
Your attendance at the Policy board meeting and Policy dialogue (n - participants = 13; r - responses = 18)

Multiple answers are possible

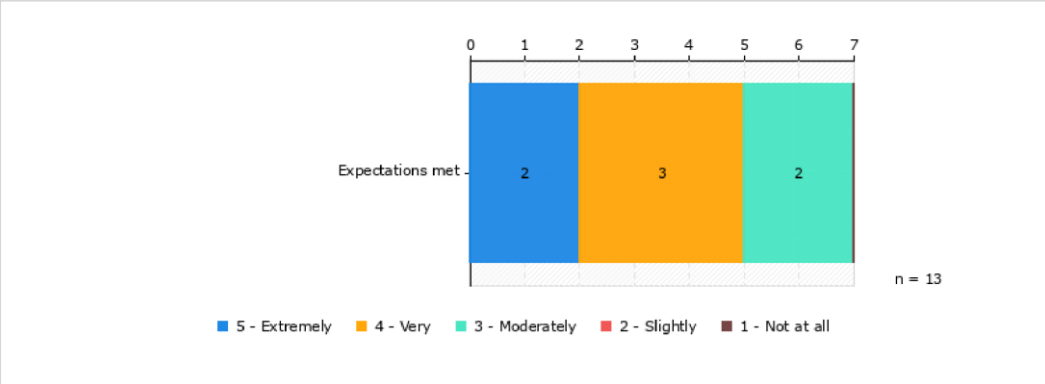


If you were not able to attend the Policy board meeting and/or Policy dialogue, please state your reason(s) bellow: (n responded = 7)

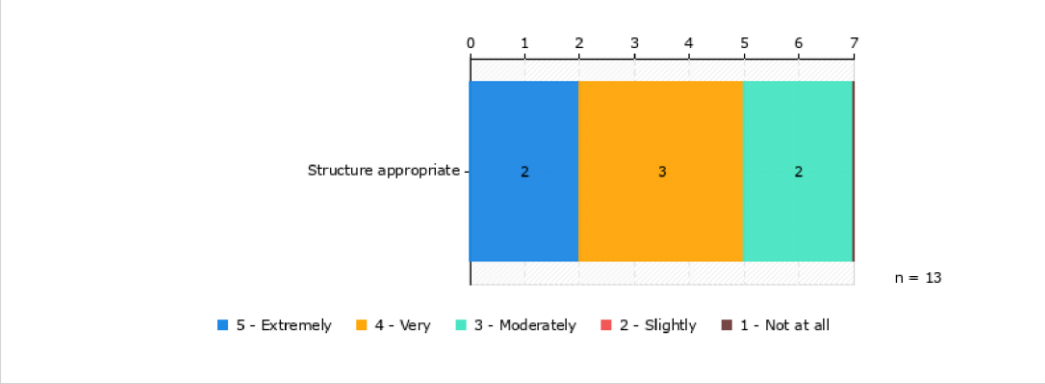
Multiple answers are possible



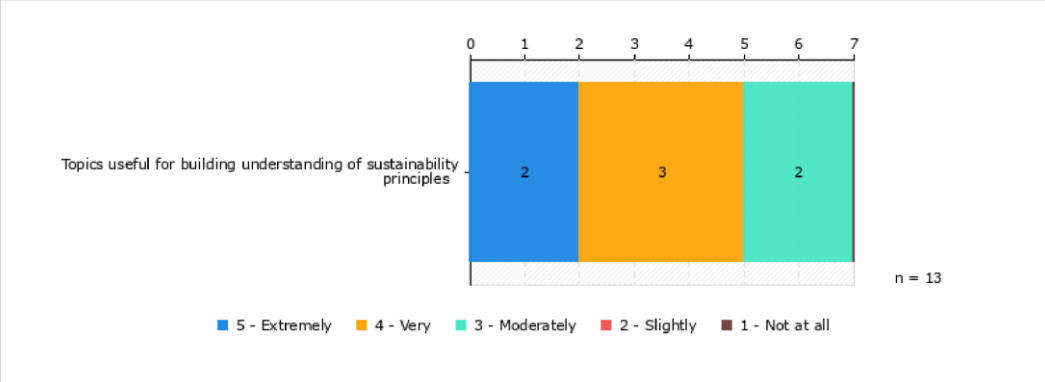
1. How would you rate your overall satisfaction of the Policy Board meeting (held from 13:00 to 14:35) (on a scale 1–5), did it meet your expectations? (n responded = 7)



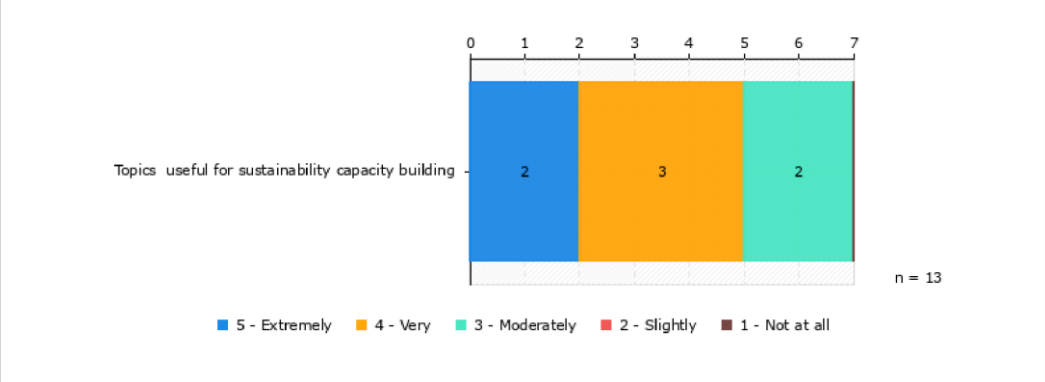
2. Was the structure of the Policy Board meeting (held from 13:00 to 14:35) meeting appropriate (presentations, discussion formats)? (n responded = 7)



3. According to your opinion, how useful were the topics presented during Policy Board meeting (held from 13:00 to 14:35) in building up the understanding of sustainability principles in implementation of good practices? (n responded = 7)

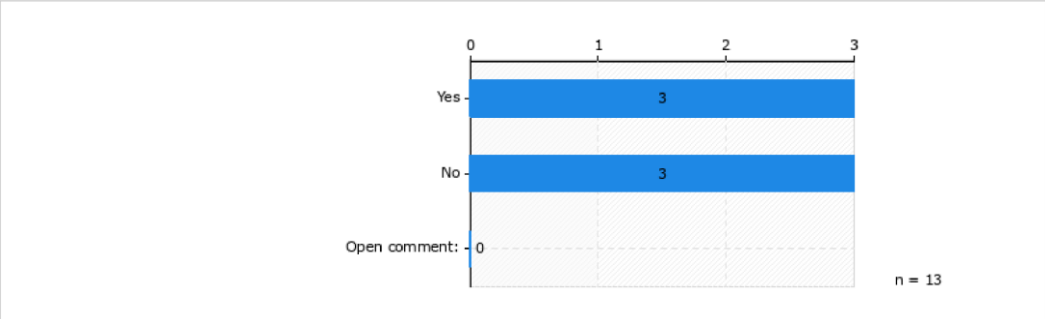


4. According to your opinion, how useful were the topics presented during Policy Board meeting (held from 13:00 to 14:35) for building up the capacities of the Next adopters regarding sustainability of their newly developed practices? (n responded = 7)

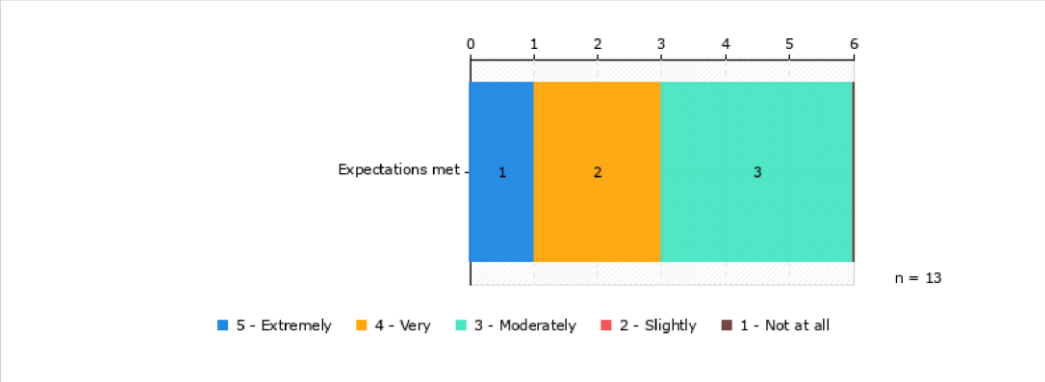


5. Were you able to express your views, ideas or issues during the Policy Board meeting (held from 13:00 to 14:35)? (n responded = 6)

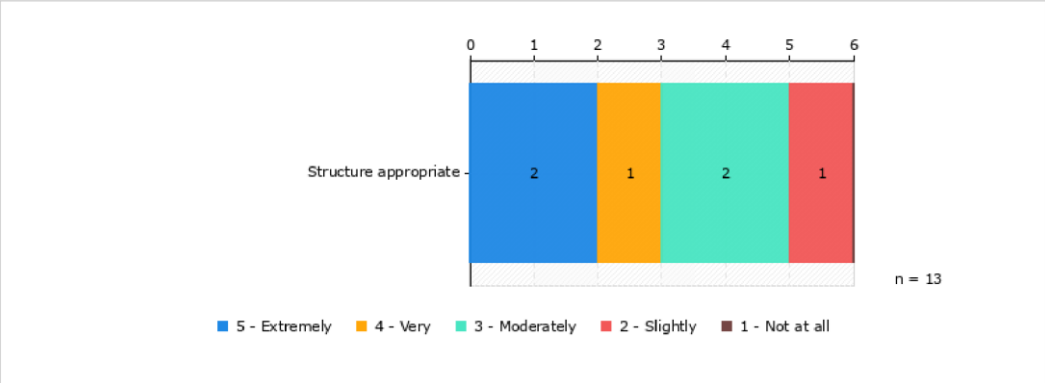
Multiple answers are possible



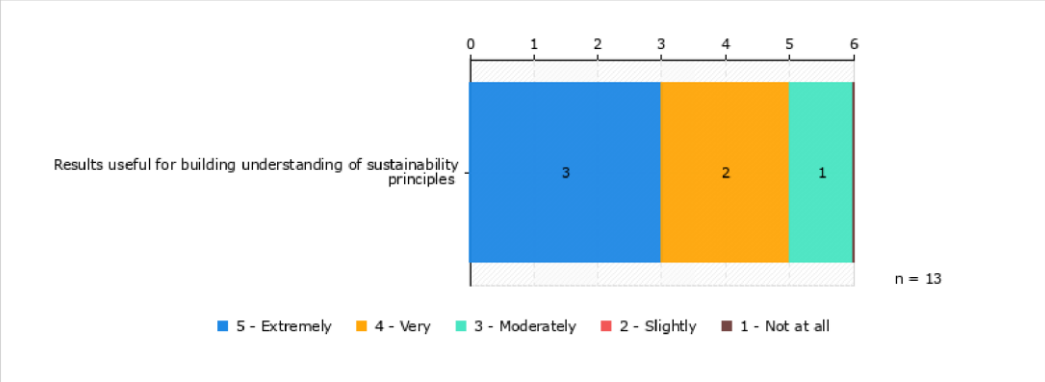
6. How would you rate your overall satisfaction of the Policy Dialogue (held from 14:50 to 16:50) (on a scale 1–5), did it meet your expectations? (n responded = 6)



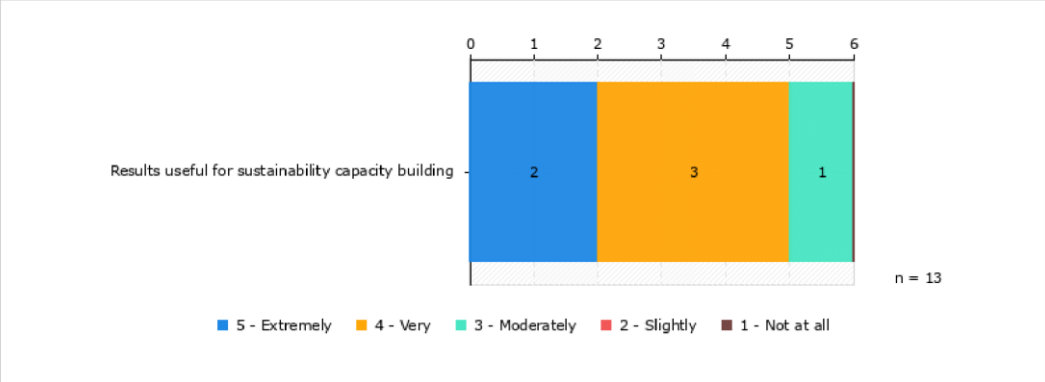
7. Was the structure of the Policy Dialogue (held from 14:50 to 16:50) meeting appropriate (presentations, discussion formats)? (n responded = 6)



8. According to your opinion, how useful can be the results of the Policy dialogue (held from 14:50 to 16:50) in building up the understanding of sustainability principles in implementation of good practices? (n responded = 6)

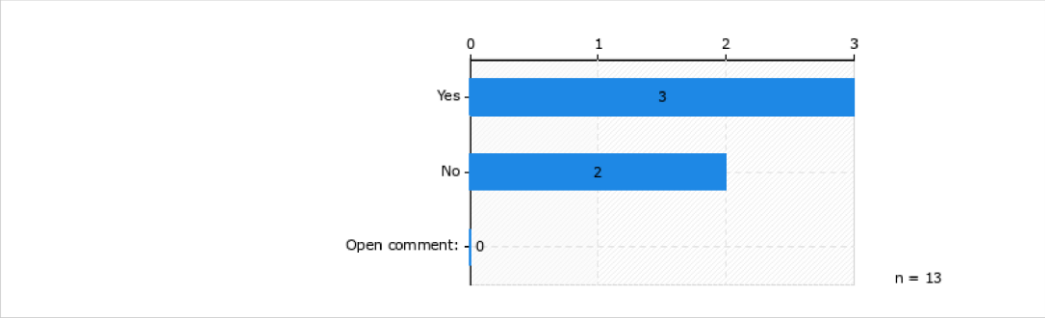


9. According to your opinion, how useful can be the results of the Policy dialogue (held from 14:50 to 16:50) for building up the capacities of the Next adopters regarding sustainability of their newly developed practices? (n responded = 6)



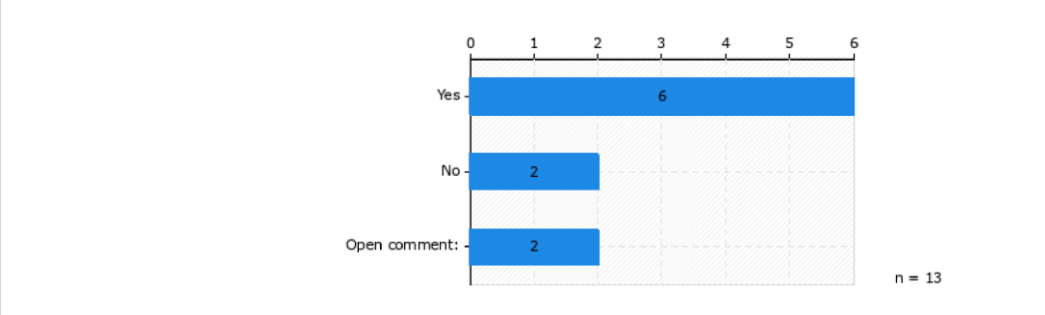
10. Were you able to express your views, ideas or issues during the Policy Dialogue (held from 14:50 to 16:50)? (n responded = 5)

Multiple answers are possible



11. Is the role of the Policy board entirely clear to you? (n responded = 10)

Multiple answers are possible



Q18c_text	Q18 (Open comment:)				
	Answers	Frequency	Percent	Valid	Cumulative
	it would be useful to write down precise in concrete expectation of policy board and its members.	1	8%	100%	100%

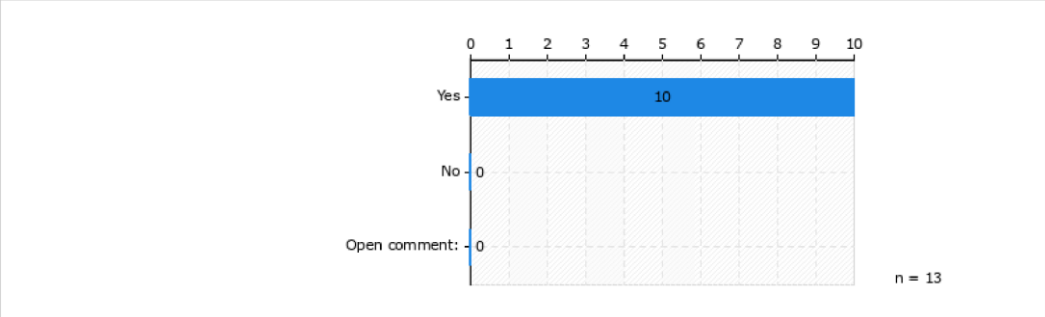
Valid	Valid	1	8%	100%	
	-1 (Unanswered question)	1	8%		
	-2 (Skipped question (IF logic))	9	69%		
	-3 (Drop-out)	2	15%		
	Valid	12	92%		
	Total	13	100%		

12. What would be your suggestions for improvements for future meetings (policy board meetings, policy dialogues, meeting in small groups/individual meetings such as the informal intro meetings with most of you etc), if any?

Q19	12. What would be your suggestions for improvements for future meetings (policy board meetings, policy dialogues, meeting in small groups/individual meetings such as the informal intro meetings with most of you etc), if any?				
	Answers	Frequency	Percent	Valid	Cumulative
	promote more active participation, dialogue	1	8%	50%	50%
	physical meetings and key events with lively dialogues.	1	8%	50%	100%
Valid	Valid	2	15%	100%	
	-1 (Unanswered question)	9	69%		
	-3 (Drop-out)	2	15%		
	Valid	11	85%		
	Total	13	100%		

13. Is communication from the PB secretariat with you as a PB member appropriate (timely, clear)? (n responded = 10)

Multiple answers are possible



14. What should we definitely keep, because it was really good?

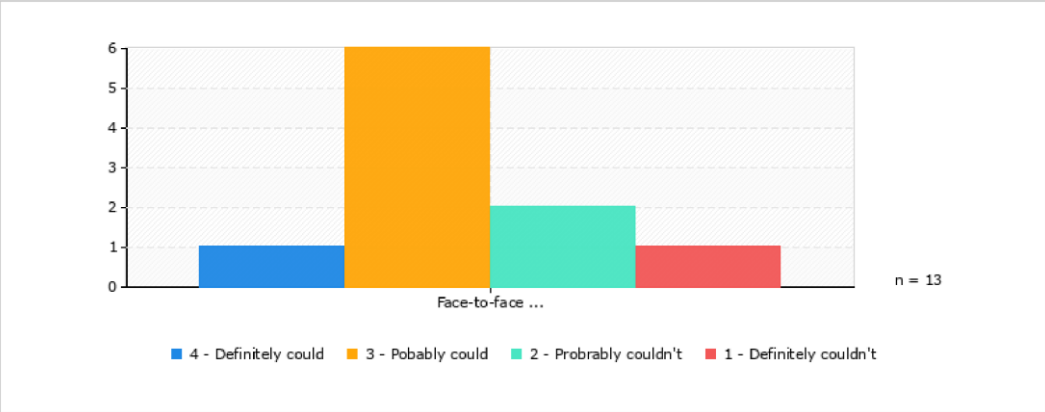
Q21	14. What should we definitely keep, because it was really good?				
	Answers	Frequency	Percent	Valid	Cumulative
	the high level of participants	1	8%	33%	33%
	open discusion, opportunity (and invitation) to propose some solutions and (new) aproaches	1	8%	33%	67%
	presentations from the practice.	1	8%	33%	100%
Valid	Valid	3	23%	100%	
	-1 (Unanswered question)	8	62%		
	-3 (Drop-out)	2	15%		
	Valid	10	77%		
	Total	13	100%		

15. What should we change?

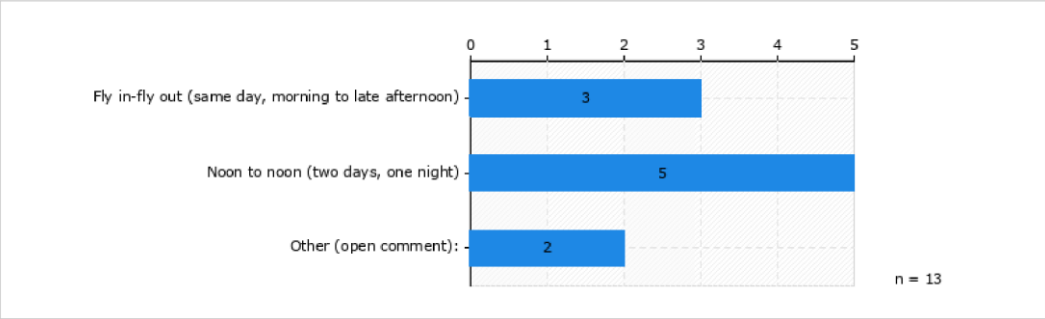
Q22	15. What should we change?				
	Answers	Frequency	Percent	Valid	Cumulative
	encouraging active discussion - format	1	8%	100%	100%
Valid	Valid	1	8%	100%	
	-1 (Unanswered question)	9	69%		

	-3 (Drop-out)	3	23%		
	Valid	12	92%		
	Total	13	100%		

16. How certain are you that you could attend the next meeting physically (face to face)? (n responded = 10)



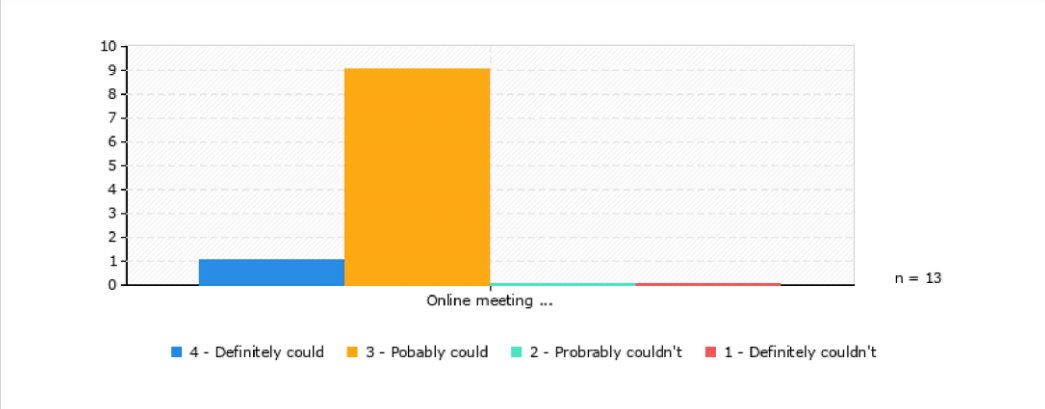
17. If the next meeting would be only physical, what would be your preferred timing? (n responded = 10)



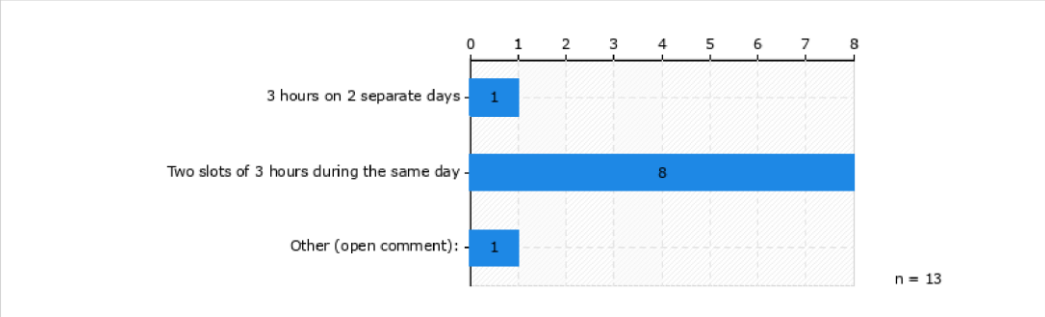
Q25_4_text	Q25 (Other (open comment):)				
	Answers	Frequency	Percent	Valid	Cumulative
	up to three days, two nights	1	8%	50%	50%
	depending on location and accessibility	1	8%	50%	100%
Valid	Valid	2	15%	100%	
	-2 (Skipped question (IF logic))	8	62%		
	-3 (Drop-out)	3	23%		

	Valid	11	85%		
	Total	13	100%		

18. How certain are you that you could attend the next meeting online? (n = 13)



19. If the next meeting would be online, what would be your preferred schedule? (n = 13)



Q27_4_text	Q27 (Other (open comment):)				
	Answers	Frequency	Percent	Valid	Cumulative
	2h is a maximum	1	8%	100%	100%
Valid	Valid	1	8%	100%	
	-2 (Skipped question (IF logic))	9	69%		
	-3 (Drop-out)	3	23%		
	Valid	12	92%		
	Total	13	100%		

20. What topics would you suggest to be addressed during the next meeting?

Q28	20. What topics would you suggest to be addressed during the next meeting?				
	Answers	Frequency	Percent	Valid	Cumulative
	examples of real case uses of high level policy board involvement in the implementation of next adopters	1	8%	100%	100%
Valid	Valid	1	8%	100%	
	-1 (Unanswered question)	9	69%		
	-3 (Drop-out)	3	23%		
	Valid	12	92%		
	Total	13	100%		

21. Please, express any other issues, ideas or suggestions in the box bellow

Q29	21. Please, express any other issues, ideas or suggestions in the box bellow:				
	Answers	Frequency	Percent	Valid	Cumulative
	very interesting participants	1	8%	100%	100%
Valid	Valid	1	8%	100%	
	-1 (Unanswered question)	9	69%		
	-3 (Drop-out)	3	23%		
	Valid	12	92%		
	Total	13	100%		

[i] Recommended webpages (posted in chat):

- https://engage.hscni.net/
- https://www.oecd.org/health/paris/
- https://10000morevoices.hscni.net/
- https://encompassni.hscni.net/
- https://online.hscni.net/