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REGION
NORRBOTTEN

CIRCE-JA

Transferring Best Practices – Mission impossible or just new challenges?

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Agenda

1. Presentation of the CIRCE-JA project
2. Methods used
3. Evaluation and lessons learned

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Ja Transfer Of Best Practises In Primary Care

Goal

EU4Healthprogramme

Strengthen health care systems by strengthening primary care

Increase member countries' ability to implement innovative care models

Share and increase knowledge about scalable and sustainable implementation of new care models



Scope

14 EU countries

Transfer and implement 6 Best Practice (BP)

45 implementation sites in 12 countries

TELEA: Home telemonitoring in Primary Care for chronic disease and Covid-19, Spain



The Swedish participation

Competent Authority (CA),

- Link between EU-coordinator/WP-leaders and the Norrbotten
- Support knowledge sharing, implementation and evaluation
- Terminology
- Guide for sustainable implementation

Affiliated Entity (AE)

- Transfer BP, pilots
- Up-scale?
- Knowledge building

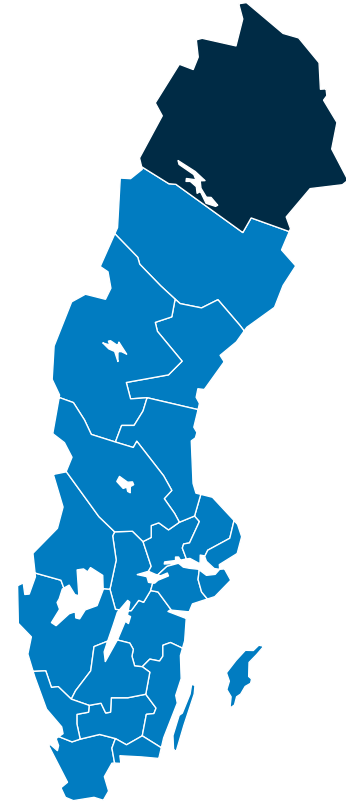
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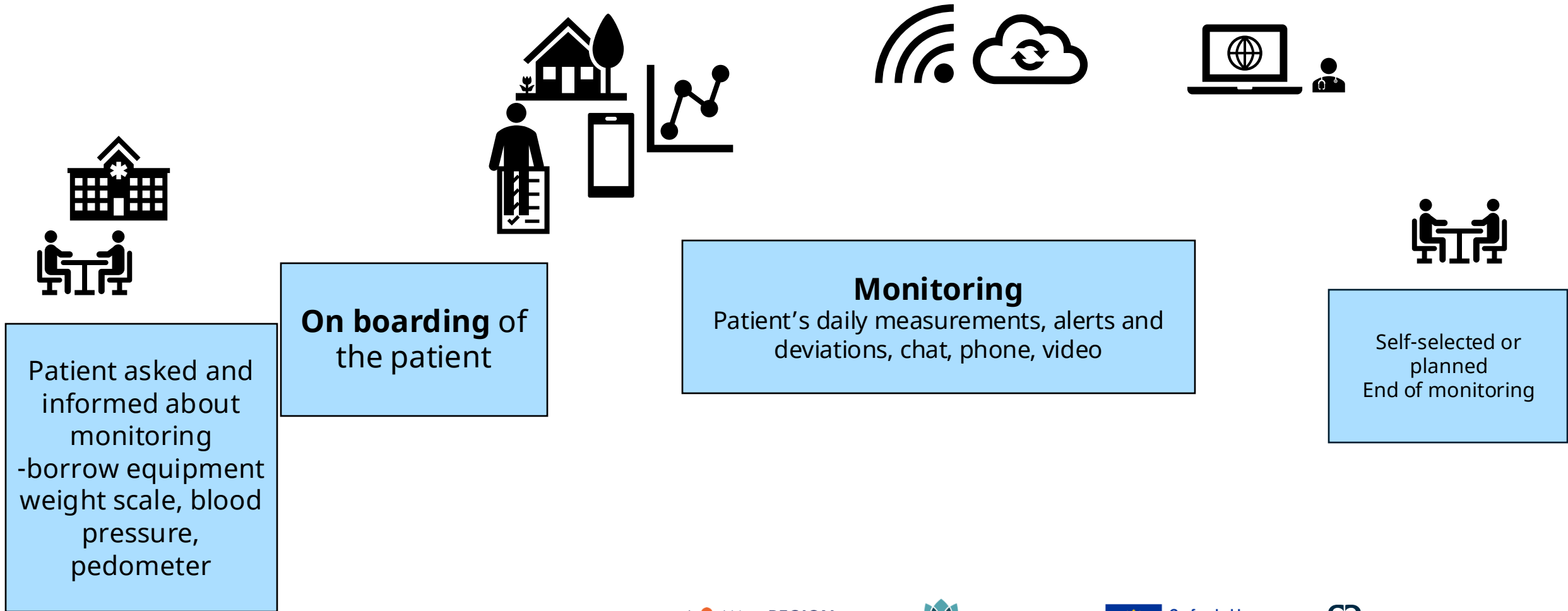
- Population 2,7 miljoner
- 29 574 km²
- 26,3% (31%) over 64 years of age
- 463 HC
- ~8000 healthcare personnel SERGAS, ~3000 physicians
- 2-14, 463 HC
- Rural area
- Hypertension, heart failure, COPD, COVID 19, obesitas op, diabetes type 1 and 2, frail elderly
- Own their equipment
- From 15 years of age, now all ages

Region Norrbotten

- Population 250 000
- 98 245 km²
- 25% (38%) over 65 years of age
- 30 HC
- ~900 healthcare personnel, ~70 physicians
- 4 HC
- Rural area, one city
- Hypertension, heart failure
- Borrowed equipment
- From 18 years of age



Region Norrbotten



Methods

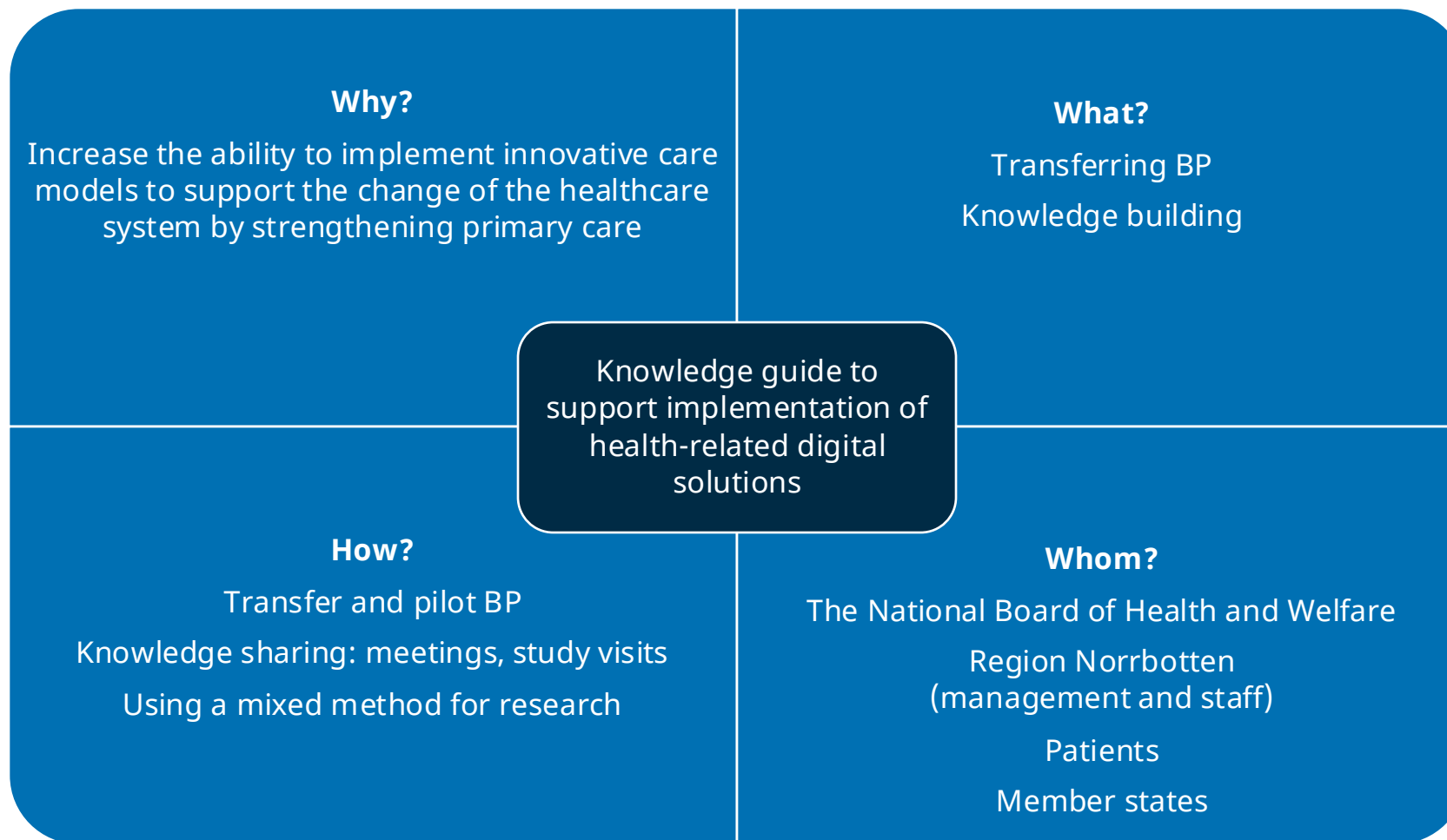
TO-REACH

Normalization Process Theory (NPT)

Knowledge about

- implementation theories (Rogers etc)
- theories of change (Kotter etc)

CIRCE-JA communicated with support of NPT



The TO-REACH framework highlights four key elements:

1. Identify innovations with potential > CIRCE Six Best Practices
2. Understand characteristics of service and policy innovation
3. Understand characteristics of the originating (BP sites) and receiving systems (implementation sites)
4. Understand and predict process of translation and transfer.

to-reach

How: better transferring service and policy innovation

Identify innovations
with potential

Understand
characteristics of service
and policy innovation

Understand
characteristics
of health systems

Understand and predict
process of transfer and
implementation

Source: TO-REACH Strategic Research Agenda, https://to-reach.eu/wp-content/uploads/2019/05/TO-REACH-draft-SRA_May-16-2019_FinalV.pdf

Factors that influence transfer of BP

- Consensus what BP is
- Understanding the BP and adjust it to the context
- Knowledge sharing
- Laws and regulations
- Human resources
- Strategic decisions in place (funding, management, equipment, up-scaling)
- Transparency and communication
- Training, support
- Engaged management
- The "What" – top-down
- The "How" – bottom-up
- Early plan for what, how and when to evaluate

Lessons learned

Worked well:

Collaboration to identify workflow, differences/similarities between healthcare systems and other contextual factors

Knowledge sharing

Improvement potential:

Consensus of what the BP was

Collaboration between the WP-leaders

Training program

Plan for evaluation/companion research, internal routines

Challenges:

Not the technology, the cultural change



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