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Integrated Care
Solutions

ENSURING BROAD PARTICIPATION IN DESIGNING THE EVALUATION PLAN OF A NATIONAL INTEGRATED CARE PROGRAMME

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IFIC CASE EXAMPLES ON EVALUATING INTEGRATED CARE

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The International Foundation for Integrated Care (IFIC) is a not-for-profit educational network that crosses organizational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice. The Foundation seeks to achieve this through the development and exchange of ideas among academics, researchers, managers, clinicians, policy makers and users and carers of services throughout the world.

IFIC's Integrated Care Solutions (ICS) is a service that aims to support the effective implementation and evaluation of integrated care, with a commitment to involving service users and stakeholders at all points of the process.

This Case Examples Series aims to share IFIC's expertise in supporting a local system to move forward in the integration and coordination of care by developing integrated care strategies and plans, conducting evaluations, etc. The purpose is to show IFIC's identifiable approach to designing plans and evaluating projects and experiences rather than a case study on the intervention itself. Hence, the document includes basic information on the intervention as to make the study meaningful, but without disclosing any details on the client or the specific request.

1. INTRODUCTION

The International Foundation for Integrated Care (IFIC) was commissioned to deliver Phases 1 and 2 of an independent external evaluation of an Integrated Care Programme for Older Persons (from now on, “the National Programme”). Phase 1 included a Preliminary Engagement session with stakeholders to understand what they perceived the value of an evaluation of the Programme would be to the system. Phase 2 included a Scoping Study to co-produce an Evaluation Design and Plan based on stakeholder engagement. Phases 1 and 2 were designed and delivered with the purpose of later contributing to the Evaluation itself (Phase 3) which has not yet taken place.

The National Programme envisaged the setting up of specialist geriatric services as a response to the increasing numbers and special needs of older people who present to acute hospitals. The multidisciplinary services would provide comprehensive geriatric assessment (CGA) and treatment in dedicated geriatric inpatient wards, on-site and off-site rehabilitation units and rapid access ambulatory or day hospital (DH) services integrated with community and primary care services. Over a first phase of the Programme implementation, new of community base multidisciplinary teams were being established in a number of pioneer sites and a programme team was resourced nationally and locally to support the implementation. Additional local sites have implemented the programme over the years, and it has now been rolled out nationally.

IFIC suggested and applied a Participatory Evaluation approach, involving a broad range of stakeholders in both Phases of the project. Hence, this Case Example will show IFIC’s approach to promoting broad participation in the design of evaluations of integrated care programmes.

2. PARTICIPATORY EVALUATION APPROACHES

IFIC understands the evaluation of integrated care programmes and interventions as a complex learning process with the client/community that commissions the evaluation, that is very often a combination of a research-oriented exercise (hence, requires with the distinctive notes of conceptual and theoretical strength, methodological rigour, and dissemination and publication of results), a policy-oriented exercise (aims to tackle complex policy problems, which sit in specific and evolving contexts) and a change management exercise (understanding the views and agendas of multiple stakeholders).

This Case Example focuses in particular on the last element: an evaluation as a change management exercise that needs to understand, accommodate and manage the different interests and expectations of multiple stakeholders. The evaluation literature has conceptualized different approaches that actively pursue the involvement of stakeholders of a programme or policy in the evaluation process. While with different emphases, two particular approaches put the focus on this purpose: **participatory evaluation**¹ and **utilization-focused evaluation**². "Participatory evaluations are concerned with stakeholder empowerment (and) stakeholders are co-evaluators in all aspects of the evaluation", whereas "Utilization-focused evaluations are focused on understanding specific stakeholders and their needs (...) produc(ing) results that are of use to intended stakeholder users"³.

IFIC's approach to the evaluation described in this Case Example has not applied one of these approaches in an orthodox way. This was not an academic project that primarily sought to expand these theories or methodologies, but rather a practical project which was commissioned to IFIC with the request to involve stakeholders without further ado. Hence, we have used the principles and methodology from these literatures quite loosely and in a pragmatic way to open venues for stakeholder participation throughout the different phases of the project.

1. Jagosh J, Macaulay AC, Pluye P, et al. Uncovering the benefits of participatory research: implications of a realist review for health research and practice. *Milbank Q.* 2012;90(2):311-346 ; Guijt, I. and J. Gaventa (1998). *Participatory Monitoring and Evaluation: Learning from Change.* IDS Policy Briefing. Brighton, UK, University of Sussex. <http://www.ids.ac.uk/files/dmfile/PB12.pdf>; Zukoski A, Luluquisen M. Participatory evaluation. What is it? Why do it? What are the challenges? *Community Based Public Health Policy Pract.* 2002 Apr;(5):1-6; Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation.* Thousand Oaks, CA: Sage Publications

2. Ramirez, R., Brodhead, D. (2013). *Utilization Focused Evaluation: A primer for Evaluators.* Penang: Southbound;

3. <https://contensis.uwaterloo.ca/sites/courses-archive/1189/HLTH-614/toc/modules/week-9.aspx>

3. HOW DID IFIC APPROACH THE WORK?

IFIC developed a strategy to maximise stakeholder participation that evolved in 3 movements: (a) an initial stakeholder engagement to explore views on what an evaluation would bring to the National Programme; (b) the stakeholder involvement in the design of the evaluation plan; (c) the setting up of an Evaluation Committee with broad stakeholder representation to oversee the design of the evaluation plan and to oversee the consequent deployment of the evaluation.

3.1 Initial Stakeholder involvement to understand the value of the evaluation

The first stakeholder engagement was done through a working session held in February 2022, with 20 participants (out of a total of 37 initially invited) and broad representation across geographies and professional backgrounds. This early engagement working session had the following aims:

1. Share the goals and approach proposed for an initial phase of evaluation design over three months;
2. Understand from the stakeholders what they perceived the value of an evaluation would be to the system;
3. Start the process of understand what a full-scale prospective evaluation could explore that would inform the roll out of integrated care more widely.

The format of the session was an initial presentation from the Foundation team introducing the principles of evaluation in general, sharing an example of an evaluation of integrated care and some of the lessons learnt.

We then posed the question: **From your point of view in the health and care system, what would be the “use case” or value of an evaluation of the programme now?**

The stakeholders were divided into groups to discuss and feedback their responses to the question.

So, the question prompted a wide-ranging discussion about the value that an evaluation could bring to the National programme from the point of view of patients and caregivers, health and care professionals, service managers and senior leaders, and policymakers. Some of the key points discussed included:

- There was a strong consensus that the evaluation of the National Program was very timely as it would help establish a baseline of integrated care maturity and to capture learning from the pioneer sites at the beginning of the wider roll out.
- Regarding the value that the evaluation could bring, participants believed that the evaluation should aim to shed light on: (i) service users and staff experiences of integrated care which are not currently well understood; (ii) the work of the pilot sites in sharing lessons about barriers and enablers of integrated care; (iii) how resources are being utilised in the new care models and when there will be a return on investment; (iv) With careful design, an evaluation could inform the programme’s approach to addressing health inequalities in the country; (v) could inform the implementation of other national programmes for other diseases and target groups.

- Participants pointed to key evaluation principles, such as the need to include service users at all points of the evaluation; the clarity in the terminology to ensure that all participants have a shared understanding and the avoidance of unnecessary jargon; the consideration of the different implementation stages in which the sites are; the possibility of learning across sites and programmes to minimise the risk of “silo learning”; or achieving a formative design that ensures a rapid learning cycle feedback loop in order to mitigate implementation risks and celebrate successes.
- There were different views on the scope of the evaluation, going from more narrow views to system-wide views that considered that recommendations could be applied to integrated care in the context of ongoing system reforms in the country or views beyond the formal health care system.

All these issues were included in a high-level document on the value that an evaluation could bring to the programme from the point of view of patients and caregivers, health and care professionals, service managers and senior leaders, and policymakers. These issues were then taken into consideration at the evaluation design at Phase 2.

3.2 Stakeholder involvement to elaborate the Evaluation Plan

At Phase 2, IFIC engaged broadly with programme stakeholders to refine the scope of the evaluation, the evaluation questions and produce a full evaluation plan. Hence, Objectives of Phase 2 included:

- To clarify the purpose of an evaluation and the decisions it will inform;
- Define the scope of an evaluation and formulate evaluation questions underpinned by a collectively agreed programme theory of change (ToC). The ToC will inform the evaluation design chosen;
- Define the methods of measurement and data analysis that are pragmatic and minimise the burden on health and care staff while informing future data collection and analysis for integrated care performance assessment.
- Provide an evaluation plan which includes the following:
 - Evaluation questions
 - Evaluation design
 - Implementation plan for the evaluation.

IFIC delivered semi-structured interviews with 23 key stakeholders, including: 3 scoping interviews to set up the policy context as well as National Programme inception and evolution; 17 interviews with community/older person representatives, clinical leads, programme managers/directors and data leads; 3 interviews with senior leaders from the Organisation that commissioned the evaluation.

With this input from multiple stakeholders, IFIC produced the document which sets out a design and plan for the full process and impact evaluation of National Programme. The document sets out the evaluation design, activities, and implementation. It is supported by technical appendices which provide more detailed information on key elements of the evaluation. It describes how the emerging findings and learning from the evaluation will be communicated. It also explains how the evaluation team will support the development of embedded evaluation capabilities within the programme. This will enable the evaluator to move to a supporting and quality assurance role by the end of the evaluation. The document is structured as follows:

Description of the Programme and its policy context

- Evaluation learning objectives and questions
- Evaluation approach
- Lines of enquiry
- Methods of data collection and analysis
- Reporting outputs
- Implementation plan.

3.3 The Evaluation Steering Committee

In Phase 2, an Evaluation Steering Committee was created, to both consider and validate the Evaluation Plan and to provide overall supervision for the evaluation itself on behalf of the evaluation's sponsor so as to ensure that it is conducted to the rigorous standards.

The role of the Steering Committee is to provide overall supervision for a evaluation on behalf of the evaluation's sponsor and funder and to ensure that it is conducted to the rigorous standards. The Chair of the committee should represent the sponsor / funder.

The main features of the Steering Committee are as follows:

- To provide advice, through its Chair, to the evaluation's funder, sponsor, Chief Investigator, and evaluation provider
- To concentrate on the evaluation's progress, adherence to the design and plan, and to consider new information of relevance to the research question
- The rights, safety and well-being of the participants are the most important considerations and should prevail over the interests of science and society
- To ensure appropriate ethical and other approvals are obtained in line with the project plan
- To agree proposals for substantial design and plan amendments and provide advice to the sponsor and funder regarding approvals of such amendments
- To provide advice to the investigators on all aspects of the project

The members of the Steering Committee were identified through stakeholder mapping, balancing representation with effective performance of the Committee. The Committee had a permanent group of members while others would eventually change at different stages of the evaluation, for example the involvement of experts at different stages of the evaluation. Permanent members included senior leaders from the national health authorities, representatives from health services and people representing users (older persons). Other stakeholders might join at different stages, either with decisions capacity or as observes (e.g., international experts, with clinical or other expertise relevant to the evaluation; representatives of the care programmes or policies that are related to the National Programme).



4. WHAT WOULD WE DO DIFFERENTLY NEXT TIME TO MAKE THE APPROACH EVEN MORE PARTICIPATORY?

As mentioned above, IFIC has taken a pragmatic way to open venues for stakeholder participation throughout the different phases of the project. This pragmatic approach has also been followed by other interesting evaluation experiences developed within the integrated care movement.⁴

There are some interesting suggestions in the literature to make evaluations more participatory, including⁵ working with the client in thinking carefully which stakeholders could and should participate and how they could best contribute to the production of useful, meaningful evaluation results. In this project, we have focused on the following three points.

First, there needs to be preliminary work with the evaluation commissioner to foster a participatory evaluation culture⁶ first and to take sufficient time to identify and engage with all the relevant and important stakeholders.

Second, evaluations tend to be targeted to “professional audiences”, while our goal is to work with all different groups and people. Hence, as IFIC, we are committed to avoiding jargon that may act as an invisible barrier to effective participation. Language and terminology should be clearly defined to make sure all participants have a shared understanding of key concepts.

Finally, we are fully aware of the importance of giving feedback to the participants. A true participatory approach cannot only guide the gathering of the evaluation, but it needs to close the loop with making people participant of the results. Thinking back, we would have liked to have invested some time in briefing Phase 1 participants first as well as those contributing to Phase 2 of the Evaluation design.

4. O'Callaghan, C., Hua, M., Woodland, L., Harris-Roxas, B., Tam, N., Reid, K., Koh, S., Wen, L.M., Tran, A. and Jones, H., 2020. Using a participatory approach to assess the effectiveness of the Get Healthy Service among Chinese communities in Sydney, Australia. *International Journal of Integrated Care*, 20(S1), p.7. DOI: <https://doi.org/10.5334/ijic.s4007>; Dharmarajah, K., 2021. Co- Production and Participatory Evaluation in combination - Is this approach more than the sum of it's parts?. *International Journal of Integrated Care*, 21(S1), p.22. DOI: <https://doi.org/10.5334/ijic.ICIC20233>

5. See: Canadian International Development Agency (2001) How to perform Participatory Evaluations?, <https://www.oecd.org/derec/canada/35135226.pdf>

6. Farmer, J (2018) Conversations to have when designing a program: Fostering evaluative thinking, <https://www.betterevaluation.org/blog/conversations-have-when-designing-program-fostering-evaluative-thinking>

OUR SENIOR RESEARCH & EVALUATION TEAM



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Niamh has 30 years of experience in evidence-based transformation in healthcare internationally. Since late 2019, she worked independently leading evaluations of digital health technology. She has a PhD from Imperial College London in organisation change in healthcare.



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Arturo joined IFIC in 2021 as a Senior Researcher. He is the lead for the Integrated Care Solutions service and the co-ordinator of IFIC Senior Associates Network. Before joining the Foundation, Arturo was the director of the Spanish Observatory on Integrated Care of the New Health Foundation, working with the Spanish health authorities to develop integrated care policies.



Dr Edelweiss Aldasoro

Edelweiss is a qualified medical doctor. She joined IFIC in 2018 as a Senior Researcher. She is the faculty lead of the Integrated Care Academy and one of the Editors-in-Chief of the International Journal of Integrated Care (IJIC).



Dr Pilar Gangas

Pilar joined IFIC in 2021 as a Senior Researcher leading the research and development directorate, involved in many of IFIC's ongoing European funded projects. She has extended experience having participated in more than 60 publically funded projects as project manager or resaercher.



Fiona Lyne

In 2014, Fiona joined IFIC as Director of Communications. She is responsible for developing the overall brand, marketing and communications strategy for the Foundation. She is also responsible for supporting IFIC's hubs and network activities.



Integrated Care Solutions

Integrated Care Solutions

Integrated Care Solutions is an IFIC service that can help you in the effective design and adoption of integrated care programmes. We combine research, best practice and expertise to design and support the effective and sustainable implementation and evaluation of integrated care, with a commitment to involving service users at all points of the process and with a consistent focus on evaluation people's experience.

For more information about how the International Foundation for Integrated Care can support your evaluation:

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