Build

Building collaborative person-centred integrated care

Building ecosystems of person-centred integrated care through co-creation

Preliminary project results, implication for policy and practice

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2 ISEG Lisbon School of Economics & Management Universidade de Lisboa — Portugal

3 UNIVERZITA KARLOVA — Czech Republic

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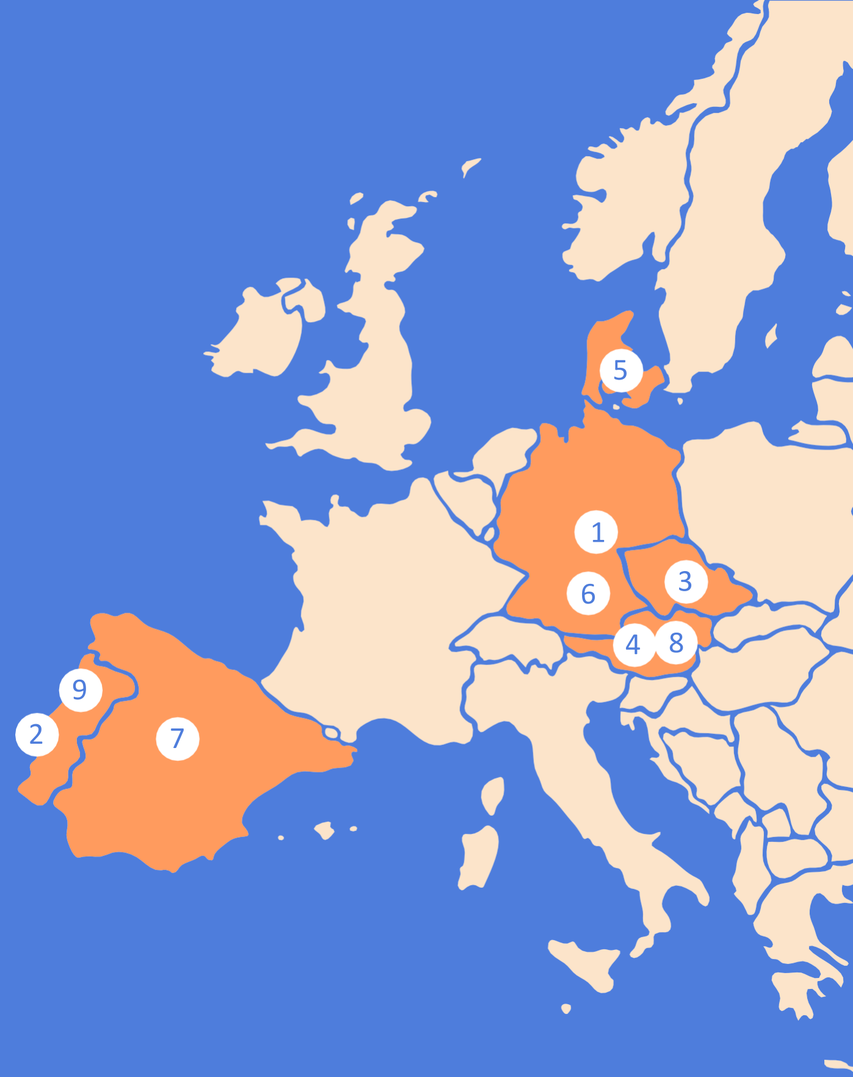

Partners will bring together all the expertise needed to carry out the activities of this project.

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BUILD Action Points

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1

Mapping Ecosystems of Integrated Care in Terms of Person-Centeredness, Inequalities and Technologies.

2

Cross-National Study on Social Inequalities in Care Integration.

3

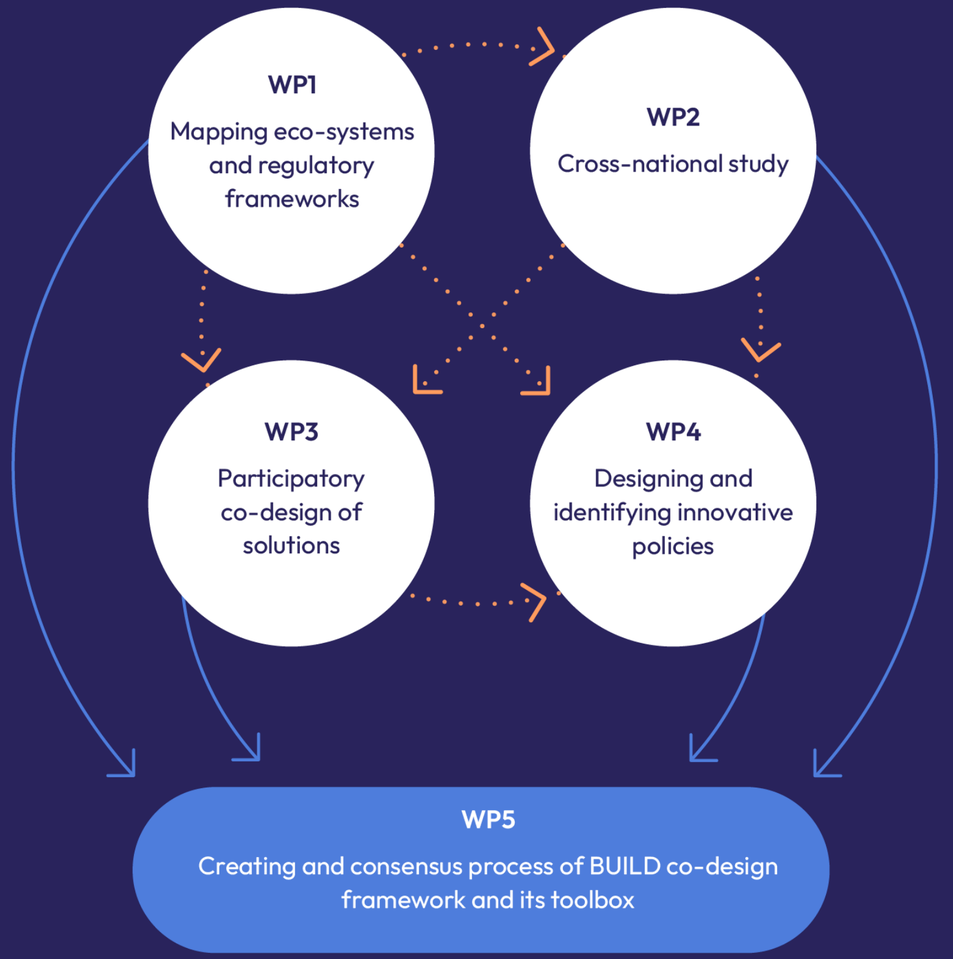
Co-Design of PC-IC solutions.

4

Identification of Promising Policy and Governance Practices in LTC and Development of Policy Recommendations for PC-IC.

5

BUILD co-design framework and toolbox.



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Preliminary Results

LTC-Types

- In BUILD, four **LTC-Types** were defined, considering specific needs and capabilities from care receivers (older adults) perspective:

	Care at home	Inpatient Care	In-between Care	Community-based Care
Description	• Care receiver lives at home ➢ Care work is mainly provided at home ➢ Assisted living and day care	• Care receiver lives in an inpatient facility ➢ Care work is primarily provided in the facility	• Care receiver experience a care transition ➢ Period of observation: period during which the transition is organised.	• Care receiver are embedded within a social context ➢ Care work and the interaction between different actors in a social space.

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(Scoping review of existing ecosystems in context of person-centred integrated care for long term care, Health Policy, under review)

Preliminary Results

Care transitions (378 Interviews, 3 waves, 4 countries)

- **Unclear responsibilities** during care transitions in LTC.
- **Older adults** often find themselves in a **vulnerable** position during care transitions (e.g. during decision-making processes).
- **Health literacy** emerges as a central topic regarding care inequalities during care transitions.
- **Informal caregivers** play a significant role throughout care transitions in LTC, frequently serving as the only **consistent actor** for care receivers.

LTC arrangements often involve normative negotiations of “ageing well”, as older adults and caregivers' priorities autonomy and independence on the one hand, and safety and protection on the other, which sometimes stays in conflict.

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Preliminary Results

Co-Design of PC-I-LTC solutions with a specific focus on ICT

The implementation of Information & Communication technologies LTC should be guided by the interests of affected stakeholder groups.

In BUILD, two participatory research methodologies are used:

Deliberative Online Forum

- Generally well-suited for eliciting stakeholder interests on ICTs.
- Further modifications is needed: local anchoring, specific guiding questions.

Scenario Workshops

- Some difficulties (recruitment, active involvement from participants, moderator burden, level of abstraction)

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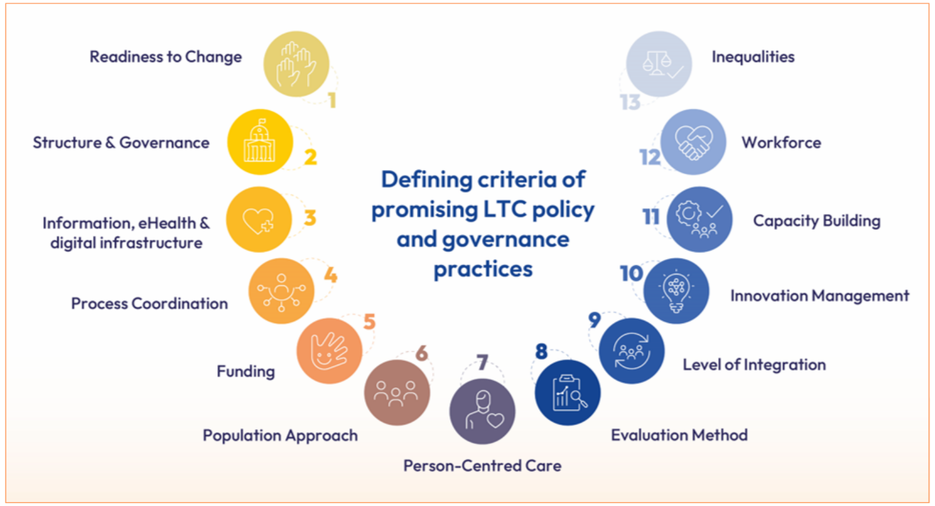
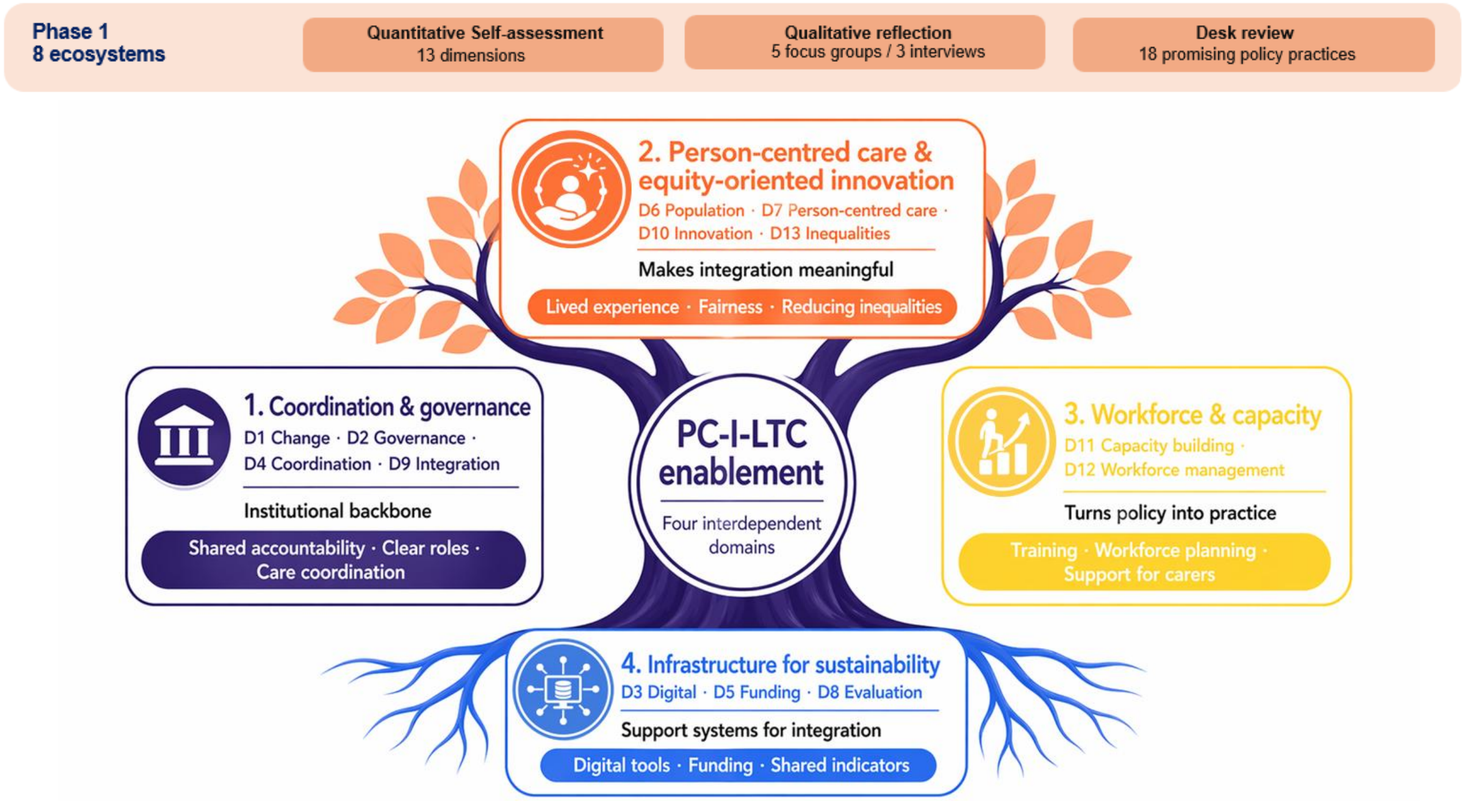
Preliminary Results

Promising Policy and Governance Practices

Assessment criteria for promising policy practices



Results of focus groups



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Preliminary Results

Framework & Toolbox

- **Framework** considers a set of concepts and their general relationships in LTC (transversal topics, integrated care) and the social return on investment (SROI) as a basic methodological structure.

- **Framework** is an integrative structure that enables connections between heterogeneous concepts and sources of evidence (qualitative cases, quantitative data analyses, models, theories, to overall paradigms).

- **The Toolbox** work as an actionable way especially for meso-level actors in LTC to identify strengths and weaknesses, explore potential strategies for strengthening PC-I-LTC and translate them into specific measures.

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