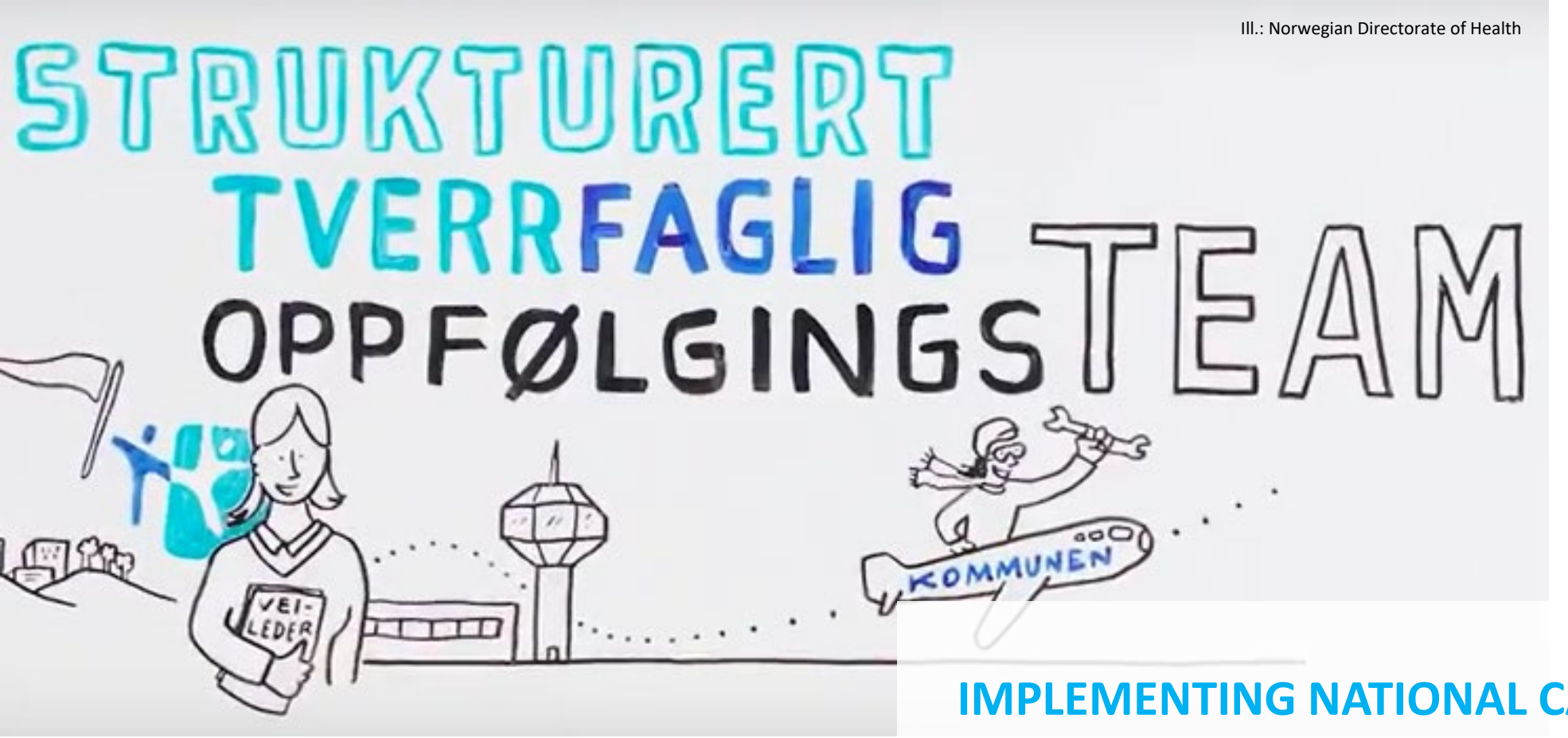

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'structured multidisciplinary follow-up team'

IMPLEMENTING NATIONAL CARE COORDINATION GUIDELINES FOR PEOPLE WITH COMPLEX CARE NEEDS: EVIDENCE FROM A PILOT STUDY

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Background - the national guidelines

- The Norwegian Directorate of Health issued in 2017 new recommendations (nasjonal veileder) for how to follow up persons with comprehensive and complex care needs
- The guidelines are "generic", i.e. takes a broad approach – across disciplines, organizations, diagnoses, functional impairments, age...
  - Addresses management at all levels
  - No "new" provisions / legislation
  - Recommendations, cf. professional guidelines

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Why?

- The national recommendations responded to the need for a person-centred and coordinated follow-up of people with large and complex needs

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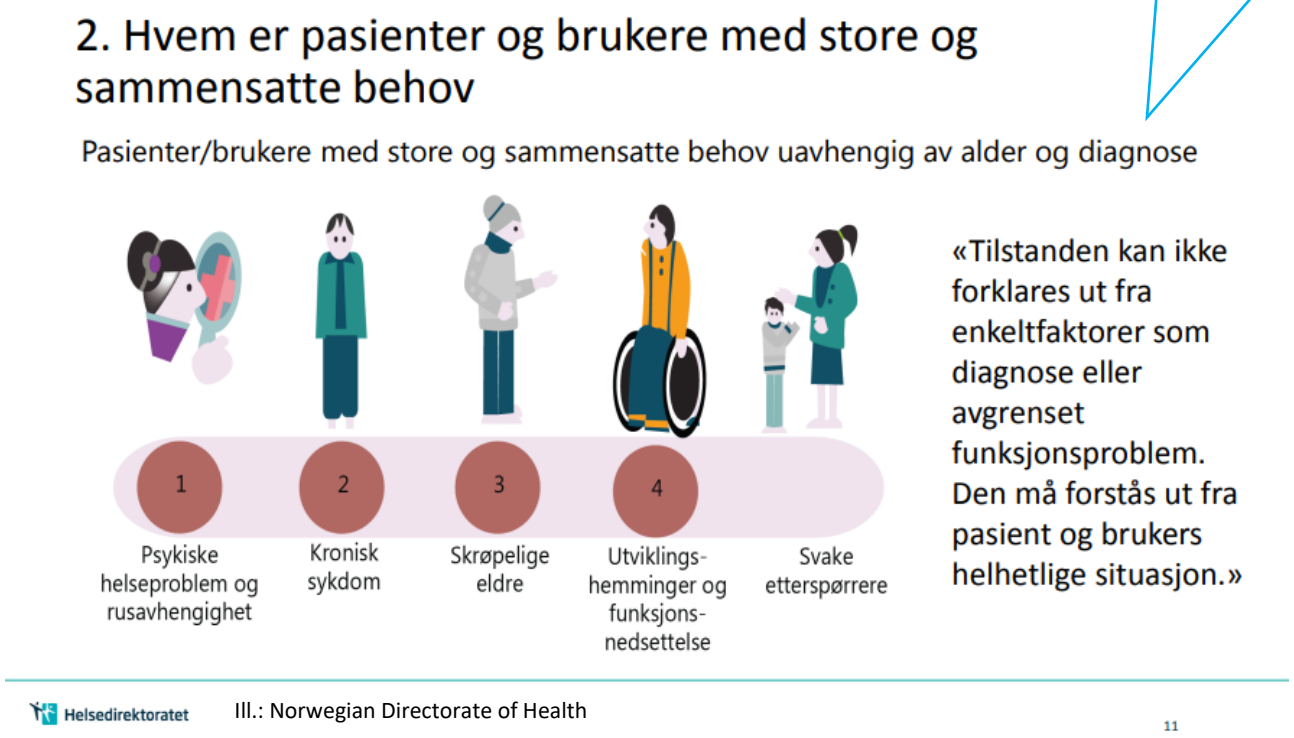
Who?

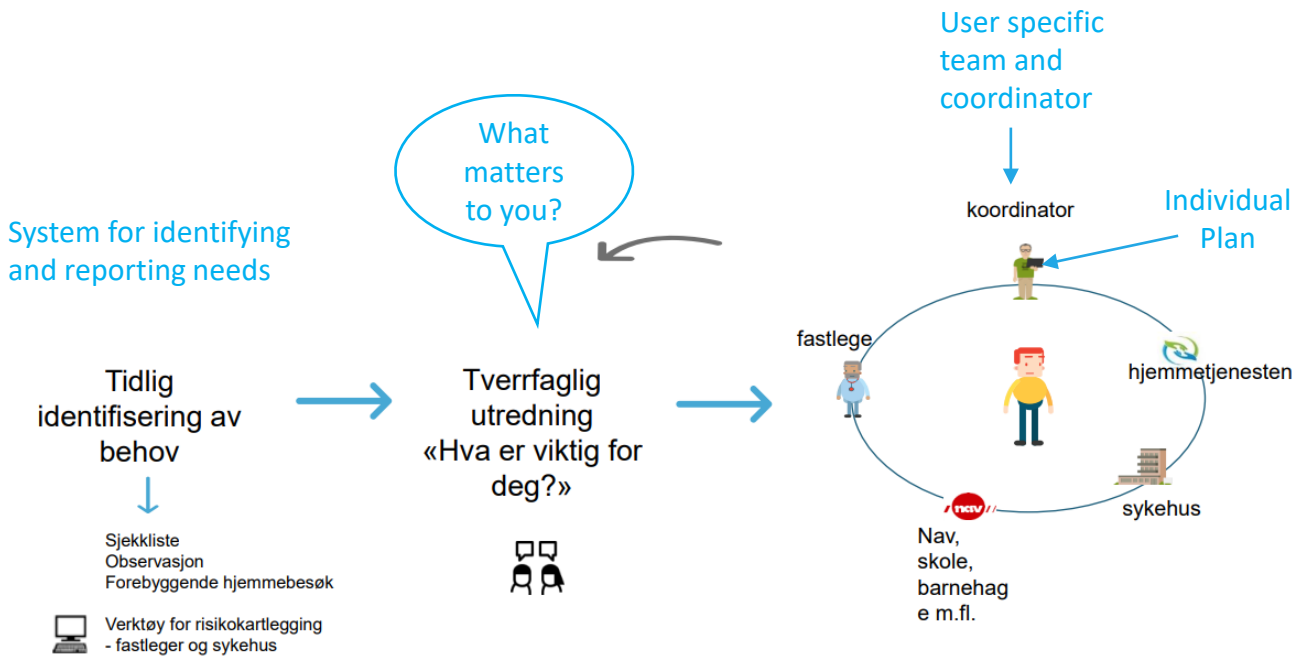
- Target group are among the 3-5 % of the population who has the highest need and risk for services
- Cf. patient rights - Individual Plan and Coordinator

"The condition cannot be explained on the basis of single factors such as diagnosis or limited functional problem. It must be understood from the person's overall situation."



How?

- Early identification of high risk
- Systematic assessment of care needs
- Establishment of a dynamic, small, multidisciplinary care team ('oppfølgingsteam') led by a coordinator
- User involvement
  - Individual plan
  - Users should be surveyed by the instrument PSFS (Patient Specific Functional Scale)



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The pilot project

Pilot for oppfølgingsteam

- Pilotperiode 2018 – 2023
- Tilskuddsordning
- Nettverkssamlinger
- Prosessveiledning
- Evaluering
- The Norwegian Directorate of Health owns the project
- Six (now four) municipalities across Norway ('pilot municipalities') received financial- and process support to implement the new recommendations

Pilotkommuner

- SENJA
- BØ I VESTERÅLEN
- STEINKJER
- KINN
- SULDAL
- ASKER

Objectives of this study

- To evaluate the process of implementing the main measures in the pilot project
  - Establish structures and systems for identifying users who need interdisciplinary follow-up
  - Establish follow-up teams as work approach in all services
  - Strengthening the coordinator role
  - Better user involvement and individually adapted follow-up

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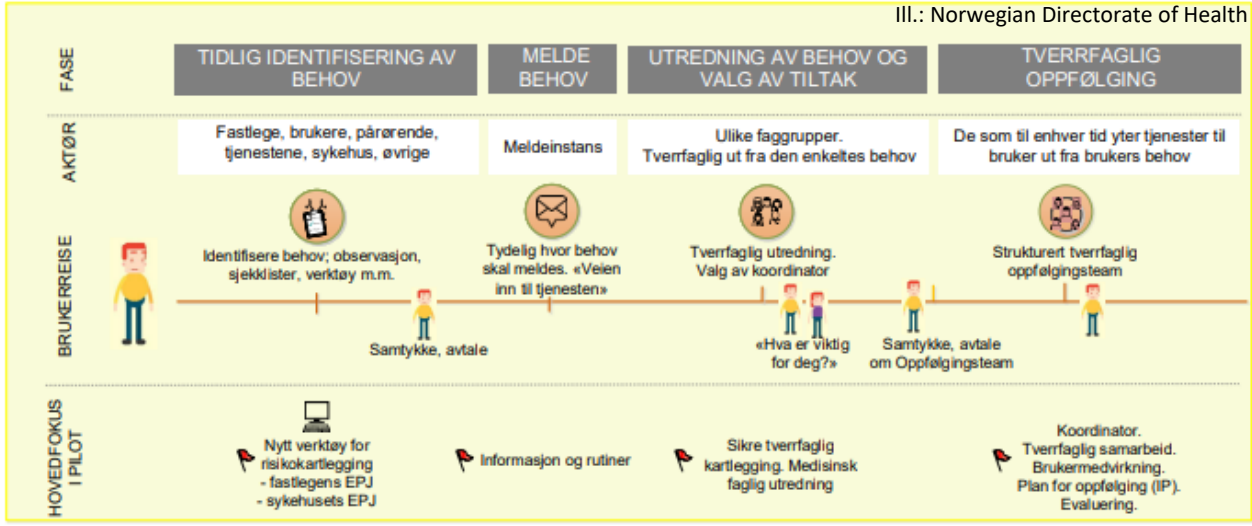

The pilot – service development at three-levels: System, service provider, user

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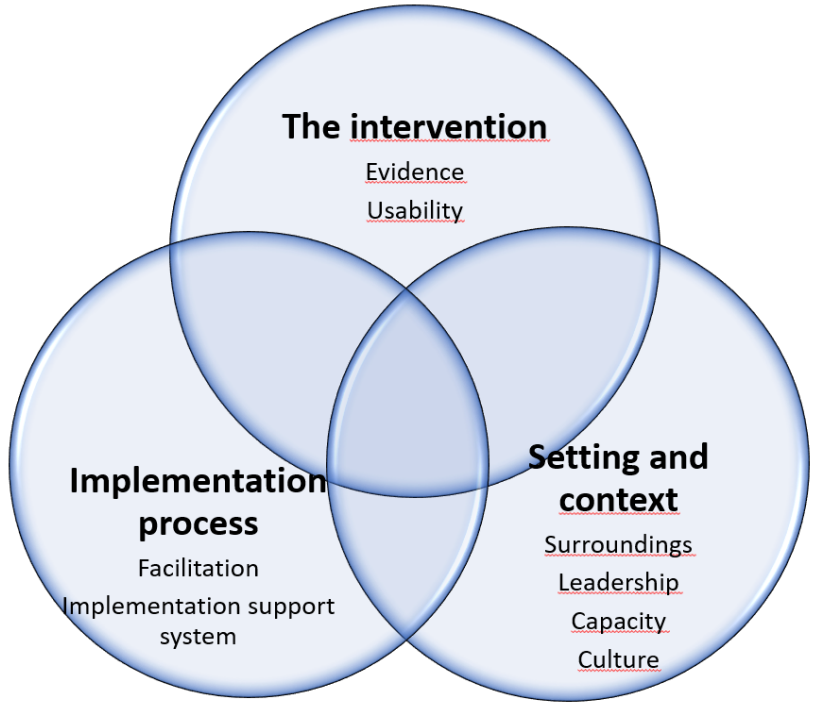
Methods

- A mixed-methods approach
  - Qualitative interviews (N≈120 employees; face-to-face and teams) and survey data (N=202) with managers, care coordinators, other municipal employees, as well as service users in the target groups (N=65)

- The experiences in putting the national guidelines into practice are discussed based on implementation theory



Three main categories of determinants, cf. Promoting Action on Research Implementation in Health Services (PARiHS) framework

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Results

- ✓Implementation has taken considerably longer time than was planned
- ✓The main focus the first three years has been on getting the necessary structures and systems in place
- ✓The municipalities have progressed differently in their implementation
- ✓Some municipalities quickly "started" establishing follow-up teams, others have used longer time

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Setting and context factors

- ✓Different starting points
  - Motivation for applying
  - Existing structures, e.g. the coordinating unit/ "Koordinerende enhet"
  - Quality of follow-up (variation within municipality as well – services/user groups)
- ✓Competing attention, time and resources
  - Municipal mergers
  - The pandemic
  - High turnover (e.g. GPs)
  - Other ongoing projects

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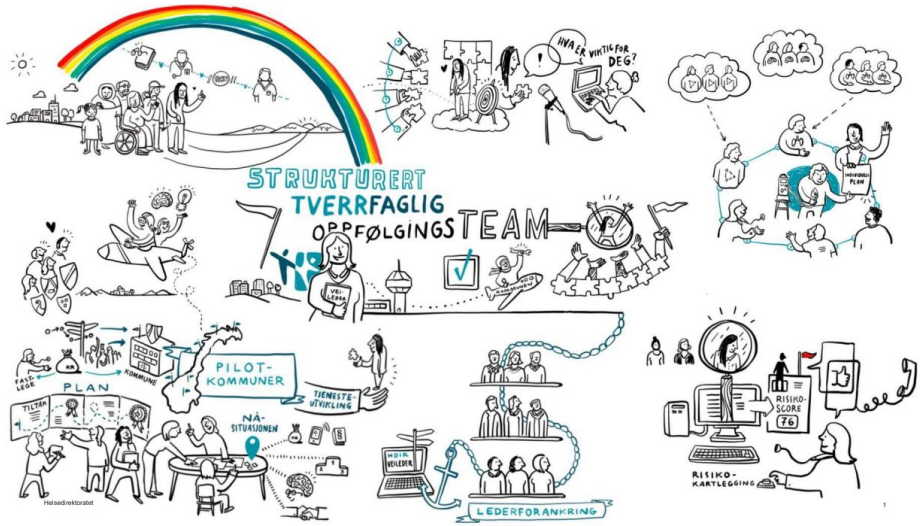
Intervention factors

- ✓ Complex intervention - many measures, at different levels, across many sectors, diverse target group
  - Challenging to comprehend and communicate
  - Must be expected to take time: literature at least 2-5 years - likely more
- ✓ Confusion about the pilot (interpretations of concepts, approaches)
- ✓ Different knowledge and motivation
  - Guidelines patient focused (health vs other sectors)
  - Elements already in use (e.g. IP, coordinator, team-work)
  - Some found it hard to separate pilot from established practice: "Emperor's new clothes"
- ✓ Lot of coordination mechanisms and related consepts in use
  - Confusion



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Implementation prosess factors

- ✓ Different organisation of implementation process/ implementation team
- ✓ The coordinating unit ("Koordinerende enhet") key role
- ✓ Anchoring is time-consuming and continuous process
- ✓ Local adaptions, e.g. to interpretation/definition of "Follow-up team" - only new teams? transforming old teams ("ansvarsgrupper")?
- ✓ Coordinator (and team member) training, guidance and support important, but affected by the covid-19 pandemic
- ✓ Sucess factors:
  - Implementation leader/team stable, known and respected/experienced, involvement of the coordination unit, explicit involvement and measures from top management, e.g. roles, mandates and expectations
  - Leaders at all levels must be involved and take an active lead, involvement in non-health sectors
  - Use of change agents
  - Important to find optimal structure and work approach for coordinating unit , e.g. clear mandate and multidisplinary approach
  - External process guidance valued by the pilot municipalities

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Conclusion

- ✓ Eventhough the Norwegian Directorate of Health has played a facilitator role in the pilot, the implementation has nevertheless taken considerably longer time than first planned, and the **complexity of the intervention** (in terms of variety of user groups, services/sectors involved, system change requirements etc.) seems to have been **underestimated**.
- ✓ To implement new guidelines, structures and work approaches for follow-up of persons with complex care needs constitute a complex intervention that requires thorough **preparation, anchoring, understanding and commitment** among managers and municipal employees of the services involved.
- ✓ The six municipalities entered the pilot project with **very different starting points** and motivations for participating, which influenced the level at which they started and the steps they took in the process.
- ✓ Employees' and leaders' **understanding of the usefulness** of the intervention and **how it differs from existing practice** is an important success criterion in the implementation process.

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Read more

Search for: **oppfølgingsteam + sintef**

- ✓ https://www.sintef.no/prosjekter/2018/evaluering-av-forsok-med-strukturert-tverrfaglig-oppfolgingsteam/
- ✓ https://www.helsedirektoratet.no/om-oss/forsoksordninger-og-prosjekter/pilot-for-strukturert-tverrfaglig-oppfolgingsteam

Thank you for your attention!

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