A self-evaluation tool for integrated care: the Development Model for Integrated Care applied in practice

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What do we see in the Netherlands?

• Agenda: a need for integrated care
• Development: grow of initiatives across sectors
• Implementation: lots of projects and activities
• But: unclear what essential activities are, where to start? How to improve?
• What can guide development?
• Needs: tools, knowledge of development of integrated care, framework or model to guide
(Research) questions

Which interventions are essential? Related to each other?

Where to start and how to proceed? Practical models/frameworks?

How can integrated care development be characterized?
Phd Research

Practice: case studies
- 23 case studies stroke care (improvement program)
- 8 dementia networks (case management)

Literature
- Literature review quality management models CCM and EFQM/MBQA
- A generic model for integrated care is missing

Model development and validation
- Delphi study, Concept Mapping, questionnaires
- Validation study in 84 integrated care services
Cluster
Result management (16)

- making results transparent
- indicators
- aims and targets
- successes, (almost) failures
- improvement

Diabetes network...
Multidisciplinary expert team...
Auditing team....
Indicators
Cluster
Integrated care commitment (11)

- mutual commitment
- ambitions
- dependencies
- contract
- engaged leaders
- domains and trust

Diabetes network...
Signed contract...
Commitment with aims and ambition Synchroon.
4 Phases of development

1. Initiative and design phase
   *Exploring possibilities and chances, project design, agreements*

2. Experimental and execution phase
   *Defining aims and content, coordination care chain, experiments*

3. Expansion and monitoring phase
   *Further development and maturity, monitoring, new questions*

4. Consolidation and transformation phase
   *Continues improvement, new ambitions, integrated structures*
Use of the DMIC model

- Self-evaluation, guiding and steering, indicators on process and organisation level, monitoring development over years, framework for further research on integrated care, purchasing ic

- Integrated care services that have used the model:
  - Stroke, Acute Myocardial Infarction, Dementia

  Autism, youth care, palliative care, diabetes
DMIC as a self-evaluation tool

Web-based self-evaluation tool (one, or multiple persons)

- **Insight in improvement opportunities and more focused development**
- **Insight in experiences and ideas of integrated care partners**
- **Comparing with others (benchmarking) or over years**
Self-evaluation traject
Preparation and personal accounts

Example diabetes: general practitioner, nurse, specialist, dietist, manager, client federation
Use of the online self-evaluation tool

Relevant? Implemented? Planned?
Results on clusters
Results (diabetes)

- Phase by respondents
- Phase by DMIC

Results on development phase

<table>
<thead>
<tr>
<th>Phase</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiatief- en ontwerpfase</td>
<td>14</td>
</tr>
<tr>
<td>Experiment- en uitvoeringsfase</td>
<td>14</td>
</tr>
<tr>
<td>Uitbouw- en monitoringsfase</td>
<td>43</td>
</tr>
<tr>
<td>Verduurzamings- en transformatiefase</td>
<td>29</td>
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Lessons learned

- DMIC helped services with a more objective focus on their integrated care activities.
- They used the results for their annual (improvement) plan, quality management, as input for conversations with partners about the development of their service...
- DMIC is generic: can be used for multiple types of integrated care services.
- Next steps: more integrated care services, international validation, research between the organisation of integrated care and its results.
- Interesting for an international audience?
Literature

- New 2012 (in Dutch): Essay in TSG, publication in Zorgmarkt, Kwaliteit in Zorg
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