in4aha

"The twinning experience – why and how to apply"

IN-AHA's workshop

28ʰ of January 2021

11:00 – 11:00 CET

"Showcasing the unique experience of participating in a twinning activity was the objective of IN-4-AHA's January workshop. Twinnings traditionally foster the cooperation of organizations with two different roles – the originator of a given solution, and then, its adopter. This workshop presents real examples from past twinnings feature these distinct but symbiotic point of view. Also, the first seven pairs of chosen twinning applicants for the 2022 edition of the program were presented. The audience was encouraged to contribute with their opinions and thoughts on the process, and given the tools on how to apply for the current twinnings call (open until February the 4th)"

Speakers

Christos Lionis

MD PhD FRCGP(Hon) FESC FWONCA

Professor at the University of Crete - interest in primary care and public health education, practice, and research.

Pablo Delgado

Coordinator of External Action, EU Programmes and Evaluation at Junta de Andalucía

The first presentation focused on Professor Christos Lionis regarding his experience as and Adopter (Region of Crete Reference site). The innovation was developed by partners from Andalusia (Regional Ministry of Health and Families of Andalusia (RMHFA)), and regraded innovative digital solutions to support palliative care. This exchanged happened during 2020, meaning it was highly impacted by the COVID-19 pandemic. He described twinnings not only as an exercise, but also as experience, as in a transfer of experience between regions. The objective of this twinning was transferring experience in palliative care, emphasising communication skills/ compassionate communication. This was achieved by training undergraduate students, medical practitioners, and general citizens via educational materials and courses. This was a current practice in Andalusia, and was adapted for Crete's background, with specializing in palliative care.

The plan was to 1) translate the material, 2) assess the relevancy of the materials to the needs of the target groups (students, doctors, citizens) and adapt/synthesize the information, 3) adopt and assess the feasibility of the innovation, 4) strengthen the relationship between originator and adopter. The methodology on how to do this was qualitative (focus groups) and qualitative, despite the covid-19 pandemic difficulties. More about this plan can be read on the Prof. Lionis' presentation slides. Checking the assumptions and feasibility of the plan was important, to ensure that the target groups would use these good practices in real life clinical practice. The main achievements from this twinning were practicality guidelines for the implementation of the innovation (from focus groups), and the knowledge that these types of activities (one-day course on palliative care added to the curriculum) were highly accepted by students. The impact on citizens is still untested. Also, motivating relevant stakeholders to discuss the issue of palliative care was another key benefit. The twinning also laid the foundations for future collaborations, such as joint education activities for students of both RS, developig E-training activities and motivational training, and preparing a proposal for a pilot implementation study of this practice in Heraklion primary health care units.

This presentation was followed by the contribution of Pablo Delgado, that shared his experience as an Originator of the Andalusian Telecare Services (SAT). This innovation was adopted by a reference site from Kraljevo, Servia. SAT is a part of the regional ministry for social policies in Andalusia, for more than 20 years, with 235.000 users in the regions. It provides a service for vulnerable populations, with low social interactions, but also provides emergency care, based on local call centres – users can call or press a button in case of emergency. They also provide follow up calls, services for gender violence, loneliness for

the elderly, among many others. Kraljevo wanted to see how the system worked, to assess how it could be implemented. The Andalusian system is proactive, by calling users at least once a month, to assess their needs: conversation/social interaction (32%), technical assistance (25%), health emergencies (24%), and information (19%). When it comes to outgoing calls, the vast majority regards follow ups (89%) to users. The SAT provides a personalized service – based on details on how patients feel, GP appointments, medication, how much they want to be reached – this allows users to stay at home longer, and in a safe manner. They have an annual satisfaction service that proves that users are very happy with the services, and a good percentage of them even want to be called more often!

As originators, the Andalusian partners benefited from of feedback on their service, especially when it came to their large scope and proactive approach. They saw another perspective on how the service could be provided on a different country, where these programs are often more local and privately funded. They also got new improvement ideas from adopters regarding data processing, adaptation to new devices, mobile telecare, making different platforms interoperable, training, and how to integrate programs such as SAT with other health services. The Andalusian and Serbian partners are currently working on a joint proposal for a Horizon Europe call.

This presentation sparked a debate within our attendees, where an important comment was posed – Around 32% of incoming calls had the objective of "just talk", and during the satisfaction survey it was found out that a significant proportion of users wanted to be called (follow up outgoing calls) to be more frequent. This pointed to the prevalence of loneliness in the target population, meaning that a wider governmental/health care strategy should be developed to target the issue. Loneliness and isolation were worsened by the pandemic, due to restriction on social interaction, so Andalusia is trying new things, such as apps and healthy lifestyle programs to help this problem, with some success. But what most people look for is "*someone at the other end of the line*" – another human to listen, and to talk to. The "*chance to press a button, and someone will be there*". Managing the time that workers can expend in these services is also another added challenge, that impacts the reach of these initiatives. Also from the audience, came some practical questions on how to develop and implement an action plan to transfer knowledge about SAT to the adopters – being on site (adopters) allowed them to see the software used and how the calls were handled, so they were able learn from this example.

The workshop was finalized with the presentation of the first 7 twinning pairs selected for by the IN-4-AHA consortium, and practical tips resources on how to apply for the 3 remaining spots for the program.