



Evaluating person-centered care. Indicators and evaluation process.

Summary of the focus group discussion in break-out rooms

Participants were invited to discuss the impact of innovative services that support active and healthy ageing. The aim was to reflect on the framework and indicators that measure the aspects of providing person-centered service.

The results of the focus group discussion will be used to improve the impact evaluation framework for the active and healthy ageing domain.

I General questions on the purpose of evaluation

1) How important do you consider assessing the person-centered aspect (PCC), compared to economic benefit, clinical efficacy? To what extent is this aspect present in your service development/provision?

The PCC aspect is considered very important in the AHA (health tech) domain – just as important as any other. PCC needs to be in the core of the value created for the users (patients) and for all human actors involved in the care process.

The topic of person-centered care is understood to be of critical importance, but the assessment should not overlap with other assessments to which providers submit themselves on a regular basis, e.g. ISO standards.

For all those responsible for the Living Labs, the person-centered evaluation is important, and they mention that it is present in all the internal processes of their respective organizations. However, it is difficult to measure person-centeredness and there are no good practices and measures at the moment.

2) Would you conduct the evaluation as self-assessment? Or commission external evaluators?

It depends on the purpose of evaluation. When conducted for the certification or funding, it makes sense to conduct external evaluation as it avoids biases and adds credibility for other



stakeholders. If conducted in-house by the team who is developing and providing the service, it could be taken as participatory design process. This means that evaluation as an activity serves the purpose of involving users and improving the service based on their needs.

Self-assessment is largely deemed to be more efficient especially during times of solution design and development, not only for financial reasons but also shortage of manpower in these stages. Collaborative networks between different providers that undergo this self-assessment can help participants figure out how best to address some of the evaluation's framework questions & requirements. Assessment should be present in all stages of design and provision of the service. The question is – how to keep to ongoing loop of communication and feedback alive? This can be very resource-consuming.

For some of those responsible for the Living Labs, it would be convenient to carry out self-assessments with a person-centered approach throughout the process, from the prototype to the release to the market; however, they also consider it convenient to carry out an external evaluation, although there was no discussion about at what stage of the process such an evaluation would be most convenient.

II Person-centeredness evaluation framework related questions (based on presentation on question and indicators)

3) Do you think these questions and indicators help you to evaluate your solution on the topic of person-centeredness and related aspects?

Overall impression of the framework is very good, seems to entail all relevant aspects. At a closer look, there might be some overlaps, where questions seem to target the same, but are re-phrased a bit differently under several sub-titles. In general, the indicators should somehow consider the time and experience of the service as well, since our needs, arguments, and wishes evolve constantly.

One question comes across as misleading: has your health condition increased or decreased while using the service? As our target group is 65+, their health may deteriorate while they still experience positive effects on their wellbeing, enabled by the service.

Secondly, it is very good to put a lot of focus on different roles in the chain of care, and the communication between them. For example, informal caregivers have a vital role in facilitating the service for the end users. There could be a question addressing improvement of communication with caregivers as one of the outcomes.

For several questions in the Autonomy domain, a clearer definition of the sample group would be appreciated, e.g., “all persons aged 65+ without other underlying medical conditions”.

Questions regarding consent (Coordination & Cooperation domain) risk duplication with other key frameworks towards which providers orient themselves anyway.



4) Do you feel some important topic/domain/indicator/question (any level) regarding person-centeredness is missing? Please provide arguments, information, materials, or experience.

A suggestion to bring in question if data exchange is enabled between actors in the delivery chain.

One question that was absent (Empowerment domain) in the opinion of some session attendees could encourage the creation of more flexible solutions, e.g. “Do you have capabilities for A/B testing?” and/or “Does your service/solution provide alternative channels to fulfil the needs of the user?”

The two domains considered missing are “partnership” and “documentation”. These are something the framework should look into a bit more.

5) Does the framework fully cover your need regarding impact evaluation in the person-centered field? Would you need to make any modifications to the framework if you would use it? What kind of modifications? (Bear in mind that the framework aims to be general and cannot cover all needs 100%)

The framework overall was found satisfactory, but it should be tailored in its periodic frequency to allow service providers to align the assessment with other assessments e.g. for ISO compliance checks.

Those responsible for the Living Labs find that questions are confusing and consider them of doubtful validity since they can lead to misunderstandings and compromise decisions; they also find it difficult to apply the indicators. The indicators should be applicable to a representative sample of that population group (+65).

They consider that it is not possible to obtain the answers to these questions from an existing database, which complicates their application.

6) What kind of methodology (focus group, questionnaire, interview, others?) would be best to conduct impact evaluation based on this framework?

Question arose on the appropriate time to conduct evaluation. Recommendations are needed how to pick the right time and regularity.

7) How can accelerators or innovation hubs (reference sites) support evaluation? For service providers - would you test and evaluate the person-centered aspects in a Living Lab?

Living lab testing is heartily recommended! The participants of the living labs are the most realistic representation of the target population that would use the service/product and the





language, the degree of complexity and the ambiguity of the questions are not addressed to them, being an important key to the PPC methodology.

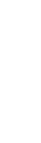
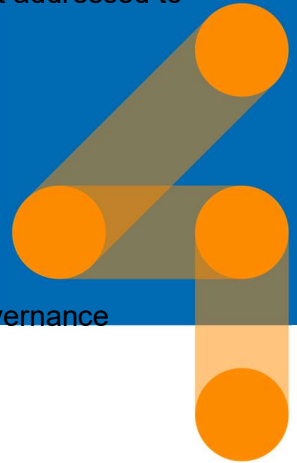
Thank you and let's keep in touch!

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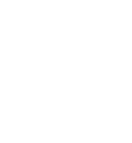
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