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Evaluating person-centred care. Indicators and groups involved in the assessment process.

Focus group

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Welcome

Piret Hirv

Tehnopol Connected Health Cluster
Coordinator of IN-4-AHA project

Evaluating person-centred care. Indicators and groups involved in the assessment process.

Anni Kurmiste

Praxis Think Tank

Previous process

Report on evaluation toolkits used in the active and healthy ageing field

- Theoretical context of innovation, toolkits, and evaluation frameworks
- Focus on person-centredness
- Overview of a survey mapping out current practices of impact assessment

Focus group to further map out practices

Report on an innovation assessment framework with focus on person-centredness

- Theoretical context of impact assessment in AHA and focus on person-centredness
- Overview of framework validation process

Why person-centredness?

Person-centredness looks at the person as a whole and with their background system.

Person-centred design addresses the needs of the human, identifies different stakeholders and contexts of use, and empathizes, communicates, interacts, and stimulates all the people involved.



Innovation assessment framework with focus on person-centredness

Theoretical context

Input from previous report, survey, and focus group

Input from experts

Testing

Input from consortium partners



Stakeholders

Service providers

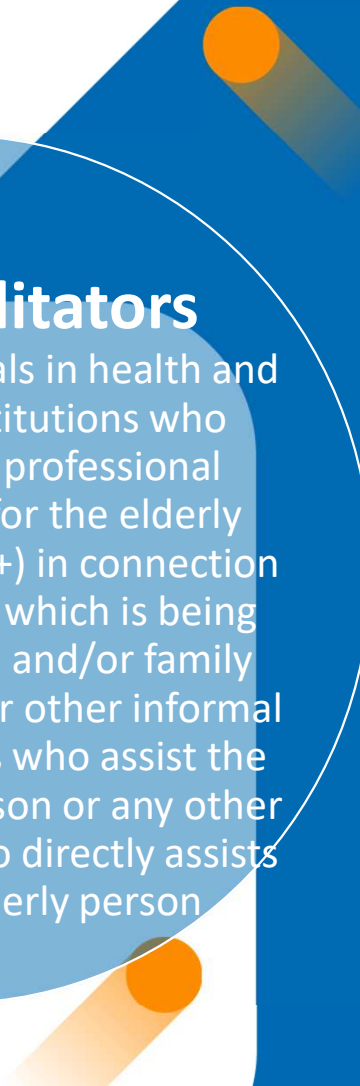
representatives of the company who has developed the solution and has designed its delivery process. The service provider is a product owner or part of the product owner's team that has put the service on the market and has defined the target group(s) of users

Service users

professional users (including health and care professionals) if the service is meant to benefit their work with persons aged 65+ and/or end-users (persons aged 65+) if the service aims to improve their health and living condition or help receive care/assistance

Facilitators

professionals in health and care institutions who provide professional support for the elderly person (65+) in connection of service which is being evaluated and/or family members or other informal care givers who assist the elderly person or any other person who directly assists the elderly person



Domains

Autonomy

- Health outcomes
- Involvement
- Responsibility

Coordination and cooperation

- Service coordination
- Target group coordination

Empowerment

- Targeted service
- Early detection
- Decision-making

Personalization

- Accordance to needs
- Usability and accessibility
- Trust and respect

AUTONOMY

QUESTIONS	INDICATOR(S)
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Is the 65+ aged person and other stakeholders actively involved in developing a plan to improve their health status while using the service?	Proportion of users who, in addition to using the service, are willing to communicate, complete questionnaires, take tests, provide feedback, etc. (related to the service)
How actively do the 65+ aged persons participate in setting outcomes regarding their health for using the service?	Proportion of 65+ aged persons who actively participate in the development of an outcome plan with their health care provider/service provider.
Is it ensured that the 65+ aged person has access to guidance to manage their health outcomes?	Presence of guidance (training materials, help-desk, training, etc.) for 65+ aged persons to help them participate in decisions related to their health/care.

HEALTH OUTCOMES

Do 65+ aged persons have enough understandable information to make the right decisions regarding their health?

Are users and other stakeholders (caregivers, family, etc.) involved in the development or improvement of the service?

Are necessary guidelines available for the user?

Are the available guidelines useful for the user?

Does the 65+ aged person take responsibility for their own health?

Proportion of users who declared they were given the right amount of easily understandable information to enable them to participate actively in decision-making.

Proportion of users and other stakeholders (caregivers, family, etc.) who declared they were involved in development or improvement of the service.

Availability of different guidelines and protocols of the service.

Proportion of users who report that the different guidelines and protocols of the service are useful.

Proportion of 65+ aged persons who mark their role with the highest score for responsibility on health.

INVOLVEMENT

RESPONSIBILITY

How much does the service provider support the user in raising health awareness?	Proportion of 65+ aged persons who are better informed about their condition after using the service.	
Has the service provider provided support for the user throughout the service delivery process?	Proportion of users who reported comprehensive support throughout the service delivery process.	



COORDINATION AND COOPERATION

QUESTIONS	INDICATOR(S)
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Do the service providers involve different stakeholders in the service design process?	<p>Number of users involved in service design process.</p> <p>Number of formal caregivers involved in service design process.</p> <p>Number of informal caregivers involved in service design process.</p> <p>Number of family members involved in service design process.</p>	SERVICE COORDINATION
Is there active cooperation between the service providers and the health and care system?	Number or active cooperation activities between service providers and health and care system representatives.	

Are 65+ aged persons actively participating in their care?	<p>Regular use of ways of communication with the users and related stakeholders in place.</p> <p>Regular use of ways for the users to actively participate in their care.</p>	TARGET GROUP COORDINATION
Is there possibility for users to give informed consent, which is properly regulated and applied into the service provision processes.	Meaningful informed consent properly regulated and applied in service provision processes.	
Is guidance (training materials, help-desk, etc.) ensured for the user?	Presence of guidance (training materials, help-desk, training, etc.) for users to help them participate in decisions related to their health.	
Can the user give feedback regarding the service?	User experiences are regularly considered (captured through a feedback system and used as a learning and improvement source.	



EMPOWERMENT

QUESTIONS	INDICATOR(S)
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QUESTIONS	INDICATOR(S)	TARGETED SERVICE
How many 65+ aged persons are the users of the service?	Proportion of 65+ aged end-users.	
Has the user's need for the service increased or decreased over time?	Proportion of 65+ aged persons whose service needs have increased. Proportion of 65+ aged persons whose service needs have decreased.	
If living at home, does the service help 65+ aged persons to live longer at home?	Proportion of 65+ aged persons, who lived at home before the service, living at home after the end of the service.	
Does the service help prevent the disease progression/health deterioration of the 65+ aged person?	Proportion of 65+ aged persons whose need for support has decreased by using the service. Proportion of 65+ aged persons whose need for support has increased by using the service.	

Does using the service enable to maintain the current state of support of the 65+ aged person?	Proportion of 65+ aged persons who can maintain their state of support by using the service.	EARLY DETECTION
Does the service help prevent the need for medical interventions of 65+ aged persons?	Proportion of 65+ aged persons who reported having better control over their disease/health after using the service. Number of 65+ aged persons who required medical interventions after using the service.	
Can the user choose to use the service themselves?	Proportion of users who decided to start using the service by themselves.	DECISION-MAKING
Can other stakeholders (family, caregivers, etc.) choose to use the service themselves?	Proportion of other stakeholders who decided to start using the service by themselves.	



PERSONALIZATION

QUESTIONS	INDICATOR(S)	
Is the service provider ready to customize the service according to the user's needs?	Reported readiness to accommodate users' needs in the service delivery and design processes.	ACCORDANCE TO NEEDS
Have the user's service needs been defined by formal or informal care systems?	Proportion of 65+ aged persons whose personal care or assistance needs have been defined by formal or informal care systems.	
How has the use of the service changed the user's perceived quality of life?	Proportion of users who report an increase in the satisfaction with their quality of life and/or use of the service.	
	Proportion of users who report a decrease in the satisfaction with their quality of life and/or use of the service.	

Does the service consider different physical needs (blindness, deafness, etc.) of the user?	Number of users who have not been able to use the service because of their different physical needs (registered by the service provider).	USABILITY AND ACCESSIBILITY
Does the service consider different psychological needs (need for orientation, need for self-esteem enhancement, etc.) of the user?	Number of users who have not been able to use the service because of their different psychological needs (registered by the service provider).	
Does the service consider different social needs (need for social isolation, need for interactions, etc.) of the user?	Number of users who have not been able to use the service because of their different social needs (registered by the service provider).	
Does the service consider different environmental needs (need for home services, need for reasonable living conditions, etc.) of the user?	Number of users who have not been able to use the service because of their different environmental needs (registered by the service provider).	

Does the user feel safe while using the service?	Proportion of users who feel safe while using the service.	
Has the user considered discontinuing the service because of its complexity?	Proportion of users who have thought of discontinuing the service because of its complexity.	
Does the user feel the price of the service is reasonable for them?	Proportion of users who report the price of the service as reasonable for them.	
Does the user feel dignified and respected while using the service?	Proportion of users who experience respect and dignity when using the service.	TRUST AND RESPECT
Does the user feel that their data has been collected and handled securely?	Proportion of users who know and trust that their data is collected and handled in a secure way.	

Testing

- Five pilots
- 152 responses

To get feedback on whether the developed framework, questions and indicators are valid and purposeful for evaluating person-centredness, a validation process was conducted via questionnaires.

➤ Validation was done in a testing environment

- Results to be analysed soon



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Thank you!

Any questions?

Questions for break-out rooms

General

- How important do you consider assessing the person-centred aspect (compared to economic benefit, clinical efficacy, etc.)? To what extent is this aspect present in your service development/provision?
- Would you conduct the evaluation as self-assessment or commission external evaluators?

Questions for break-out rooms

Person-centredness evaluation framework related

- Do you think these questions and indicators help you to evaluate your solution on the topic of person-centeredness and related aspects?
- Do you feel some important topic/domain/indicator/question (any level) regarding person-centeredness is missing? Please provide arguments, information, materials, or experience.
- 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? (Bear in mind that the framework aims to be general and cannot cover all needs 100%)

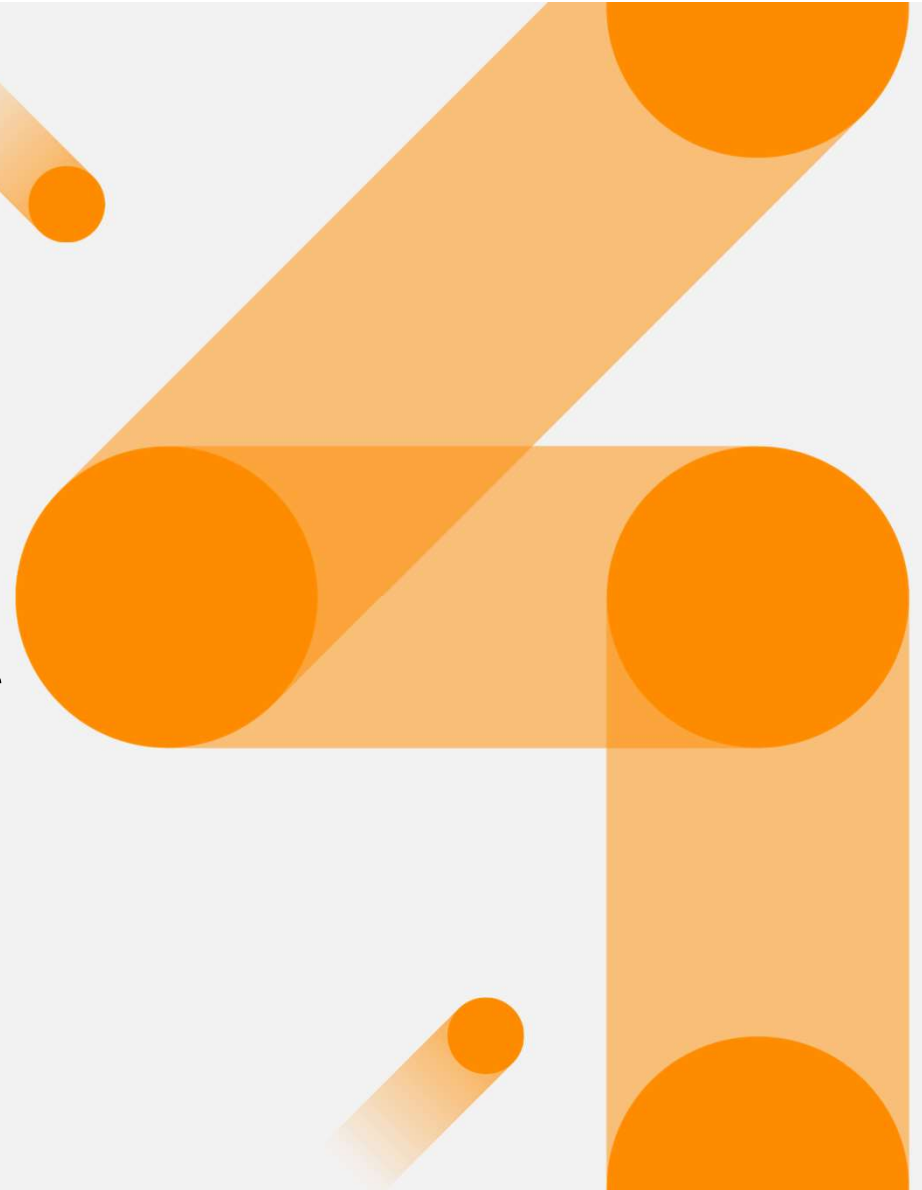
Questions for break-out rooms

Person-centredness evaluation framework related

- What kind of methodology (focus group, questionnaire, interview, etc.) would be best to conduct impact evaluation based on this framework?
- 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 (testing environment)?

Wrap-up

Findings from break-out rooms



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THANK YOU!

Looking forward to further
exchange:

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