World Health Organization

REGIONAL OFFICE FOR **Europe**

A step-by-step guide for developing profiles on health services delivery transformations

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Abstract

This guide sets out to describe a structure and process for developing profiles on initiatives to transform health services delivery. It has been developed in line with the health system strengthening priorities of the WHO Regional Office for Europe, calling for integrated health services delivery as taken forward in the forthcoming Regional ˝Framework for Action on Integrated Health Services Delivery.˝ The guide has been prepared for those seeking to document a description of health services delivery transformations to share technical know-how and lessons learned. In doing so, it aims to contribute to the evidence-base on health services delivery transformations across the WHO European Region. The process of developing profiles is described according to five steps: defining the initiative; preparing the logistics; collecting the evidence; analysing the findings; and finalizing the profile.

Keywords

GUIDE
CASE STUDIES
HEALTH SERVICES
DELIVERY OF HEALTH CARE, INTEGRATED
HEALTH CARE SERVICES

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Preface

Globally, health and development priorities converge on the importance of health systems strengthening. This consensus is made explicit in the WHO Twelfth General Programme of Work for the period 2014-2019, with a priority cluster of technical activities and corporate services concentrated on strengthening health systems. The forthcoming global strategy for people-centred and integrated health services has been developed in line with this priority and is to be put to the World Health Assembly in 2016 (1).

In the WHO European Region, the European health policy framework, Health 2020, sets out a course of action for realizing the Region's greatest health and well-being potential by the year 2020. The policy recognizes health system strengthening as a core strategic priority, promoting people-centred health systems as an approach for achieving health goals. Transforming health services delivery is integral to this, and subsequently, takes part in the implementation of Health 2020 as a key strategic lever and priority area for strengthening people-centred health systems (2).

In order to realize these priorities, exchanging the wealth of technical insights and operational know-how for health services delivery transformations in practice is acutely needed. While empirical evidence on impact remains to be realized (3), there has been nonetheless a substantive volume of innovations and widespread implementation of initiatives in recent years, from local, facility-specific efforts, to regional or nationwide reforms to transform services delivery towards more integrated models across the WHO European Region.

The evidence on health services delivery has yet to fully capture this activity. The documentation of practices suggests more activity in the western part of the WHO European Region despite known efforts to transform services across all Member States. Those examples recorded have very often taken a topic-specific perspective, reporting on the integration of thematic programmes or specific services, such as long-term care or chronic care for ageing populations, rather than from a focus on the function of services delivery. In describing services delivery reforms, the available literature has yet to fully describe both technical insights on 'what' choices are to be taken and 'how' to go about the process of transforming services; despite both being equally relevant for transformations in practice.

In this context, in 2013 the WHO Regional Office for Europe set out to develop an action-oriented health systems framework to accelerate health services delivery transformations, coined the "Framework for Action on Integrated Health Services Delivery." From the outset of its development, documenting experiences from across countries in transforming health services delivery has taken precedence.

Over a two year period, examples of reforms, initiatives and planned projects, from across each Member State were documented, analysed, and consolidated in a compendium of initiatives to transform health services delivery. The guide brings together the tools that were applied in the process of developing profiles of initiatives to transform health services delivery. These tools were developed through an iterative process, from scoping existing resources, tailoring, piloting and further refining concepts and methods. The guide also reports the steps taken to develop profiles, in an effort to share lessons learned in doing so.

This guide aims to be a practical resource for those looking to describe health services delivery transformations and, ultimately, to contribute to the continued expansion of evidence on services delivery across the WHO European Region.

Introduction to the guide

Introduction to the guide

What are health services delivery transformations?

Health systems must continuously adapt and evolve to their contexts; a composite of shifting demographics and disease burdens, new technologies, changing politics and regulations, fluctuations in the economy and the environment, as well as socio-cultural factors. The cumulative effect of these shifts has by-and-large necessitated a reorientation in the way in which systems provide health services. Ageing populations, for example, have given rise to increases in noncommunicable diseases, multi-morbidities, and greater rates of chronicity; changes that have in turn demanded services that are proactive, rather than reactive, comprehensive and coordinated rather than episodic and disease-specific, and founded on lasting patient-provider relationships rather than incidental, provider-led care.

Member States across the WHO European Region have worked to improve health in priority areas such as cardiovascular diseases, cancer and maternal and child health, with the performance of the health system linked as a contributing cause to sub-optimal outcomes resulting from challenges of quality, accessibility and efficiency. Services delivery also plays a unique role directly linked to outcomes and impact, where the performance of services delivery, for example, can be attributed to the comprehensiveness, coordination, effectiveness and person-centredness of services.

This linkage from impact to outcomes, processes and inputs is described in Figure 1. Health services delivery transformations take direction from these linkages, as those efforts to improve health outcomes by working to tackle underlying causes of suboptimal performance through improvements in health services delivery processes of selecting, designing, organizing, managing and improving services in alignment with health system inputs of governing, financing and resourcing.

Figure 1. Causal chain for transforming health services delivery

Impact	System outcomes	HSD outcomes	HSD processes	Inputs
Health impact (level and distribution)	Quality Accessibility Efficiency	Comprehensiveness Coordination Patient-centredness Effectiveness	Selecting services Designing care Organizing providers Managing services Improving performance	Governing Financing Resourcing
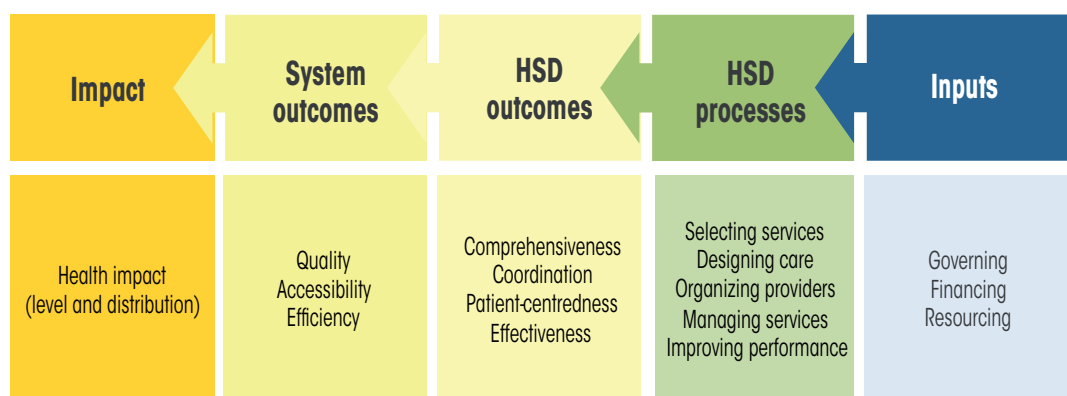
Source: adapted from, (5)

Purpose of the guide

This guide sets out to describe a structure and process for documenting written profiles on initiatives to transform health services delivery. In doing so, the guide aims to support the reflection and documentation of first-hand, practical experiences on the process of transforming health services delivery and to advance the evidence-base of technical know-how.

The guide includes templates, examples, and tools such as interview questionnaires, sample scripts, data analysis tool and a validation survey. These tools have all been developed with expert input and piloted in a series of initial interviews and profiles.

The guide ultimately seeks to:

1. Describe a step-by-step process for developing profiles.
2. Provide practical tools for developing profiles.
3. Share lessons learned that have followed from its use.

It should be noted that the process described in this guide is not intended as an evaluation of an initiative to transform health services delivery.

By following the processes described in this step-by-step guide, a profile of approximately 6 to 8 pages based on an initiative for transforming health services delivery can be developed. In going about the process as described other benefits may include:

■ **Engaging actors.** The process of developing a profile encourages discussion across stakeholders on the progress of the initiative and incites an open dialogue about how to continue to keep momentum and move forward in strengthening health services delivery.

■ **Generating evidence for decision-making.** Documenting an initiative supports a reflection on successes achieved and encourages consideration on taking projects to scale and embedding changes across the health system.

■ **Building health services delivery research capacity.** The development of a profile increases the research capacity of those involved and supports an analysis of the core processes and actions that transformed services delivery according to the concepts laid out in the forthcoming "Framework for Action on Integrated Health Services Delivery" of the WHO Regional Office for Europe.

Structure of a profile

The guide details the process of developing a profile with four sections: (1) the problem definition or priority area for health improvement, (2) health services delivery transformations (3) health system enablers and (4) the change management process.

Section one: problem definition. The first section looks to what population health outcomes or population needs require action. This section of the profile is framed as the 'problem definition', looking to what problem in terms of health outcomes, health services delivery or health system outcomes, were the starting point for a health services delivery transformation. This may have been a specific disease such as elevated rates of tuberculosis or could take shape as an observed indicator such as high levels of infant mortality or frequent hospital admissions of elderly individuals.

Section two: health services delivery transformation. The section 'transforming health services delivery' examines how efforts to accelerate improvements in health outcomes have called attention to the performance of the provision of services. The section describes five processes: selecting services, delivering care, organizing providers, managing services and improving performance that represent core actions directly contributing to the outcomes of services delivery.

Section three: health system enabling factors. The section 'health system enabling factors' examines the critical role that health systems play in enabling and supporting changes to health services delivery. Aligning the five health system enablers of: accountability, incentives, competencies, information and innovation, with transformations that have taken shape across the health services delivery processes is key to developing a conducive and supportive environment for changes to take hold.

Section four: change management. Finally, the 'change management' section of the profile shifts the focus from 'what' changes were made to 'how' these transformations took shape and the efforts that were undertaken to generate momentum and respond to barriers faced during the process of implementation.

How to read this guide

In what follows, the steps for profiling health services delivery transformations are described with instructions and advice about what should be considered while undertaking each. Where tools are available, these follow each section for going about the process in practice. This also includes a list of relevant documents and databases that may serve as useful resources for completing a profile.

Referred to throughout are the following background documents, of particular relevance for clarifying concepts and providing examples:

1. **Health services delivery: a concept note.** This document has been developed through a review of health system and services delivery literature, putting forward a description of health services delivery according to its links to performance, its unique processes and its alignment with other health system functions. Reference to this document will help to clarify new terms and concepts applied throughout this guide (5).

2. **Compendium of initiatives for health services delivery transformations.** All processes and tools presented here have been applied in the process of developing profiles on health services delivery transformations across the WHO European Region. The *Compendium* (4) is a useful resource to see the final product of following the process described and to consider possible topics of interest for developing a profile of your own.

3. **Framework for Action on Integrated Health Services Delivery.** Developed in alignment with Global and Regional health priorities, the *Framework for Action* draws from concepts and practical experiences to put forward a synthesis of key areas for action in transforming health services delivery. This document is a useful resource for understanding priority areas of focus and possible strategies and tools that may apply in going about the process (6).

Readers are expected to adjust the steps and tools to their needs. The steps described throughout this guide are ultimately fluid and should be completed in the order that applies to each case based in a given context and personal experience of the researchers and writers. A number of the suggested steps can be completed in parallel based on the information available and timing of each output. To see examples of completed profiles, readers should refer to the *Compendium* (4) as described above.

Steps to developing a profile

Steps to developing a profile

1	Defining the initiative

This step provides advice on how to identify and select an initiative to profile. Using a scoping questionnaire, it calls attention to the key features captured in a profile to consider the relevance of topics and availability of information. This step also suggests undertaking an initial search of existing reporting on the initiative. At the end of this step you will have identified a transformation to profile and will have completed an initial scoping questionnaire and collection of background information.

2	Preparing the logistics

This step considers practical requirements for completing the process of developing a profile, including planning ethical approval, activities and estimated resources, identifying contacts to serve as key informants and developing a tool for collecting information. At the end of this step you will have prepared all necessary logistics for collecting further information.

3	Collecting the evidence

This step details the processes involved in collecting evidence. This step then provides tips and guidance for conducting and recording a semi-structured interview, including short scripts to introduce and close the interview. Finally, this step describes the process of transcribing the interview into a written summary needed for analyzing the data. At the end of this step you will have developed a brief for key informants, organizing and conducted the interview and transcribed the findings.

4	Analysing the findings

This step aims to triangulate and analyse information collected through the scoping questionnaire, background search and key informant interview(s) using an analysis tool developed to examine health services delivery transformations and health system enablers. At the end of this step you will have populated all fields of the tool for analysing data and conducted a first reflection on findings.

5	Finalizing the profile

This step offers an outline for writing the profile and developing the completed analysis into a narrative. Details of the information that should be contained in each section of the profile are included, as well as writing tips to reach a wide audience. To follow, a process of receiving feedback on the draft profile from key informants is described using a validation survey. As a last process, the feedback received should be incorporated into the profile to finalize. At the end of this step you will have a completed profile describing health services delivery transformations.

Defining the initiative 1

Step one: Defining the initiative

This step provides advice and key questions for identifying and selecting a transformation for profiling. Using a scoping questionnaire, it calls attention to the key features captured in the profile for consideration on the relevance of topics and whether there is sufficient information for developing a profile. This step also suggests undertaking an initial search of existing reporting on the initiative as preliminary information that will help in tailoring further data collection. At the end of this step you will have identified a transformation to profile and will have completed an initial scoping questionnaire and collection of background information needed for further planning.

Identifying an initiative

To start the process of developing a profile, the first step is to identify an initiative and define clear boundaries with regards to the scope and focus of the profile and what it should aim to describe. This may be an initiative you have been involved in, one you have read about or you may be in the process of researching. If you think you have identified an initiative or are wondering what you should be searching for, the questions in Box 1 may help to determine whether the initiative is suited for this exercise. For ideas on possible initiatives you may want to consult the *Compendium* (4), which provides examples of completed profiles of health services delivery transformations.

Box 1. Guiding questions for identifying an initiative

Has the initiative, or does the initiative plan to:

■ Target services along a broad continuum of care to meet the needs of the population.

■ Reorient the model of care (e.g. redesign care guidelines; systematize prevention).

■ Empower populations (e.g. promote rights; enable choice; strengthen health literacy).

■ Strengthen the health workforce to put new models of care into practice (e.g. review the roles and scope of practice of providers; update clinical knowledge; consolidate competencies).

■ Reconfigure the structure and arrangement of providers and settings (e.g. bring care into the community; re-profile hospitals and other settings of care for alignment).

■ Strengthen managerial processes (e.g. improve plans for services; realign resources; maintain day-to-day operations with regular supervision).

■ Improve the quality of services (e.g. establish clinical governance; develop professional career opportunities; enable an environment of continuous learning).

■ Engage patients to play an active role in their health (e.g. through patient self-management; shared decision-making; peer-to-peer support for the families and carers of patients).

■ Strengthen or rearrange accountability arrangements (e.g. assign clear roles, responsibilities and resources to actors in legislative and policy-making positions; put in place the necessary resources to carry out roles; measure and feedback on performance).

■ Align incentives (e.g. ensure that people are protected from paying catastrophic fees; optimally allocate resources; review the payment of providers).

■ Invest in the future health workforce to adequately match the new model of care? (e.g. plan and forecast needed capacity).

- Ensure access to essential medicines for the population (e.g. select medicine for the treatment and management of health needs; promoted rational use; adjust pricing and reimbursement to market changes; manage procurement; continuous research and development).

- Support the uptake of new medical devices and technology (e.g. introduce new medical devices and technologies; optimize resources in the evolving field of technology).

- Roll-out eHealth (e.g. systematize the flow of information through investment in necessary infrastructure; synergize platforms; protect confidentiality).

Defining aims and objectives of developing a profile

With an initiative in mind, reflect on what you would like to achieve by going about the process of developing a profile. Guided by this goal, consider: who is the target audience? Identifying this early on will help to communicate why you are undertaking this work and what you are hoping to accomplish when discussing with key informants.

In Box 2 are some questions as examples of key considerations in thinking to the aims and objectives of a profile. If you are developing this profile in collaboration with other individuals, have a discussion on these to reach consensus from the outset on the focus and expectations of completing the exercise. Addressing these questions will also help to anticipate other considerations discussed in later steps, including who should act as a key informant and what information you will need to collect.

Box 2. Key considerations for determining the aims and objectives of a profile

- What initiative or transformations are you interested in profiling?

- What is the guiding aim for developing a profile (e.g. documentation; evidence for policy-making; raiding awareness, etc.)?

- Where and how will this profile be disseminated?

- Who is the target audience of the profile?

Scoping background information

With an initiative in mind and decision on the aim and objectives of a profile, scan the available information. A scoping questionnaire is available and can either be completed by yourself or by other individuals, if you are seeking their support to identify an initiative or multiple initiatives to profile. This questionnaire can be published online to reach a wider audience and ultimately broader pool of initiatives or circulated in hard copy within an organization, facility etc. The questions contained in the scoping questionnaire are intentionally simple to facilitate a prompt response. Having clarity on these basic facts will ensure that the discussions with key informants are focused on the initiative of interest.

To gather additional material, you may consider undertaking a search of the information currently available on the initiative of interest. The information collected will help you to understand what changes were undertaken and who were the key actors involved, while also ensuring that you are not duplicating existing research. This background search will allow you to tailor the remainder of the preparations leading up to the interview for very focused, targeted questions that address information gaps. In addition, the secondary data

gathered, dependent on the initiative, may act as a key information input for developing the profile. Examples of sources for background information are listed in Box 3.

Box 3. Examples of sources for background information

- Official government or organization reports, strategies, and policies
- International organization or donor organization reports
- News reports or news articles
- Organizational or initiative websites
- Peer reviewed articles profiling or discussing the initiative
- Conference presentations

Tool: Scoping questionnaire

The scoping questionnaire has been developed to support the initial collection of data on health services delivery transformations. It can also be a useful resource if seeking the support of others to identify an initiative or multiple initiatives to profile, in addition to providing a good scan of the available information.

Title of initiative (if applicable)

Does the initiative have a specific name used to refer to it? If not, what would be an applicable title to best describe the effort?

Country or region (if applicable)

Where is the initiative located?

Your profile

In what role have you come to know the initiative?
- ◼ Health care provider (e.g. nurse, primary care provider, physiotherapist, etc.)
- ◼ Health care manager (e.g. care coordinator, hospital administrator, etc.)
- ◼ Policy-maker (e.g. ministry of health official)
- ◼ Funder/commissioner /payer
- ◼ Other (please specify) _____

Scale of initiative

Where is the initiative available (e.g. across the country, one area, etc.)?
- ◼ National (the initiative applies country-wide)
- ◼ Regional/provincial (the initiative applies only to a specific region or province)
- ◼ District/municipal (the initiative applies only to a specific district or municipality)
- ◼ Other (please specify) _____

Start date

For how long has the initiative been implemented?
- ◼ This year
- ◼ Less than 2 years ago
- ◼ More than 2 years ago
- ◼ More than 5 years
- ◼ Not sure

Phase of implementation

In which phase is the initiative currently in?
■ Strategizing (e.g. in the process of building a platform for change through packaging and communicating priority population health needs, no actual implementation/ operationalization has taken place)
■ Piloting (e.g. beginning to experiment with and pilot new approaches, transformations are newly implemented).
■ Scaling-up (e.g. ensuring that new models of care become standard practice and are being incorporated into system routines)
■ Not sure

Target population

How has the target population for the initiative been defined? Please select all that apply. In responding, consider if there are any restrictions as to who can access the services of the initiative.
■ Disease(s) (e.g. diseases of the cardiovascular system, HIV/AIDS, diabetes, etc.)
■ Gender (e.g. women, men)
■ Age (e.g. elderly people, children, etc.)
■ Geographic (e.g. only people living in a certain jurisdiction, rural areas, etc.)
■ Vulnerable populations (e.g. injection drug users, migrant populations, etc.)
■ Not sure
■ Other (please specify) _____

Aims

Which of the following was the main aim that the initiative wanted to improve? Choose the most important one.
■ Improving the comprehensiveness of services delivery (e.g. extending the continuum of services available across life stages)
■ Improving the coordination of services delivery (e.g. ensuring that the selection, design, organization, management and improvement of services is organized so as to promote the best results)
■ Improving the effectiveness of care (e.g. the extent to which services are delivered in line with current evidence)
■ Improving the extent people-centredness (e.g. the degree to which the delivery of services adopts a person-facing perspective)

Management

Please briefly describe who manages or leads this initiative (e.g. a clinical group practice, hospital management, a public administrative body, etc).
_____
_____
_____
_____
_____
_____
_____
_____

Setting(s)

In which setting(s) does the initiative aim to improve services? (Select all that apply)
- Ambulatory
- Community
- Home
- In-patient
- Residential

Service

What services are being transformed according to the initiative's design? (Select all that apply)

- Addiction services
- Ambulatory
- Catering & hygiene
- Chiropractic care
- Diagnostic care
- Emergency
- Family planning
- Health promotion
- Home care
- Minor surgeries
- Orthopaedic
- Pain management
- Paediatric care
- Physiotherapy
- Psychotherapy
- School health
- Specialist care
- Surgical procedures
- Telemedicine

Health workforce

Which members of the health workforce are being targeted in the initiative's design? (Select all that apply)

- Allied health professionals
- Community health workers
- Executives
- Feldshers
- Family assistants
- Family providers
- General practitioners
- Home helpers
- Informal caregivers
- Lay health workers
- Paramedics
- Pharmacists
- Physicians
- Physiotherapists
- Managers
- Midwives
- Narrow specialists
- Nurses
- Specialists
- Social workers
- Therapists
- Nutritionists
- Volunteers

Financing

Has a specific budget been allocated to fund the initiative?
- Yes, there have been additional resources beyond regularly budgeted programme expenses allocated to support the initiative (e.g. earmarked funds, grants, donor aid, etc.).
- No, the initiative has not received any specific funding.
- Do not know

If yes, how is the initiative financed? (Select all that apply)
■ Public funding
■ Private donors
■ International organization (e.g. European Union, Global Fund, USAID)
■ Statutory health insurance, social health insurance (SHI) or similar
■ Do not know
■ Other _____

Outcomes

Have outcome measures for the initiative to monitor its performance been defined (e.g. have specific targets been set to improve health outcomes; to monitor the implementation of guidelines and standard procedures; to record new training of professionals; to evaluate the implementation of new care structures, etc).
■ Yes, measures for monitoring the performance of the initiative are in place
■ No, there is no monitoring of outcomes related to the initiative at present
■ Do not know

If yes, who is in charge of monitoring and evaluating the programme? Have there been any outcomes published to date? Have the intended outcomes been met?
_____
_____

Final comments

If you want to share any other information with us, please do so.
_____
_____
_____
_____

Preparing the logistics

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Step two: Preparing the logistics

This step considers practical requirements for completing the process of developing a profile, including planning ethical approval, activities and estimated resources, identifying contacts to serve as key informants and developing a tool for collecting information. At the end of this step you will have prepared all necessary logistics for collecting further information.

Planning the process

Developing a profile on health services delivery transformations can be a low-resource process. Nevertheless, there are some considerations that should be organized at the outset. Below are just a few examples of requirements to plan for.

Ethics approval

Ethics approval is the process of considering the ethical implications of any research you wish to carry out, including the rights of patients and staff participating and ensuring appropriate scientific principles are being applied. Approval is typically issued by a governing body working at the national, sub-national or institutional level. How this applies to the initiative you have identified will depend on where the initiative is situated, the subject of the initiative itself and the individuals you would like to interview. Investigate the national ethics committee in the country where the research will take place.

If you are affiliated to a specific institution, consider also what ethics policies and procedures may apply. For example, most universities and research centres will have their own ethics requirements in place. It is important to note that ethics approval can be a lengthy process and, in the event that it is required, it would be strategic to start this a few months prior to when you are looking to conduct any interviews or primary research.

Resources

While a low-resource process, some basic things are needed for developing a profile such as those listed in Box 4. Whether these apply will depend on the scope of the initiative and budget available. For instance you will need to contact key informants to conduct an interview; this can be done in person, over the phone or through an online video-conferencing platform. Each of these forms has potential costs associated with them. In addition, consider whether interviews are being conducted in a familiar language or whether a translator will be needed. Similarly, consider whether you plan to develop a transcription of interviews yourself or if this will be delegated to a team member. .

Box 4. Inventory of key resources for developing a profile

- Phone access with long-distance calling
- Video conferencing
- Travel budget
- Translator
- Recording device (e.g. built-in computer or mobile phone recorder)
- Transcription service

Roles and responsibilities

In developing a profile there are a number of roles and responsibilities that can be assumed by one individual or shared among a group. In assigning roles, reflect on the skills and expertise of each member, the timeframe for this work and other activities that you or other members of the group are undertaking in parallel. Table 1 details the responsibilities for key roles involved in developing a profile to help in anticipating the different assignments and understanding if the needed resources are in place.

Table 1. Key roles for developing a profile

Role	Responsibility
Coordinator	Planning the process of developing the profile and the technical oversight throughout. The coordinator has a similar role to that of a principal investigator and will assist in managing the development and validation.
Researcher	Conducting the interview(s), developing and adapting the interview questionnaire, and analyzing the information collected.
Writer	Preparing a first draft and incorporating comments once the initiative has been validated.
Editor	Reviewing the completed case, ensuring it aligns with the purpose and aims as originally set out.
Web-support	Web-based activities including the scoping questionnaire and validation, as needed.
Translator	Translation of interviews, tools and profile drafts as needed.

Timeline

Consider designing a timeline for deliverables, determining when you would like or need the profile to be completed by and working backwards to allocate an appropriate timeframe for each output. Importantly, consider that many of the steps, for instance the ethics approval, the interview and the validation process, take a long time to be carried out. Consider whether translation will be required and plan the process of peer review and circulation of the profile with external reviewers. Planning these activities will help to set a realistic timeline from the outset, allowing you to schedule tasks accordingly.

Identifying key informants

Based on the background information and scoping questionnaire, you should now have identified the different roles of individuals that have been involved in the initiative. The next step is to identify specific contacts that can serve as key informants for further information. Questions in Box 5 may help you in this process. The individuals you identify will serve as the primary source of information for developing a profile and thus, careful consideration should be given to ensure you find the appropriate contact.

The answers to the questions in Box 5 should help you to develop an idea of the profile of key informant(s) and specific contacts if known. If you have not been able to identify an individual, look to an organizational structure of the health authorities and/or health providers to better understand this structure or arrangements. These can typically be found on government, organization or facility websites.

Box 5. Guiding questions to help in identifying key informants

- At what level of the health system is the initiative taking place (e.g. national or regional; municipal; within a single institution etc.)?

- Which organizations or services are affected by the transformation? What are the accountability arrangements for these services?

- Who has been/is responsible for the implementation of this initiative (e.g. health providers, ministry of health, development partners or international organizations, clinical champions, health organization managers, patient groups etc.)?

- If you have gathered publications or evaluations of the initiative, who are the authors and what organizations are they affiliated with?

- How or from whom did you first hear of the initiative?

It is important to include those individuals who were involved in the planning and implementation of the initiative as they will be best positioned to narrate the process of change. Be mindful to incorporate individuals that are able to discuss the health services delivery transformation along all relevant levels of the system (i.e. macro, meso and micro level). This may mean, for example, speaking to policy-makers as well as to providers whose practice may have been affected by the initiative, and even to patients and their family members who have used the changed services or participated directly in the transformations taking place.

Information gathered from across different levels of the health system and from different perspectives will help to gain a rich perspective on how transformations have adjusted the way in which health services are delivered, interactions across key stakeholders, and how the overall health system performs.

Developing an interview protocol

For the purpose of developing the profile, semi-structured interviews with key informants are based on a protocol containing suggested questions or topics related to the initiative to be explored based on the profile's four-section structure (recall Figure 1) and the information provided by the informant. Developing an interview protocol, therefore, is a key process of this stage of preparing in order to ensure that information across all key themes is gathered. Informants will likely have limited time and developing a protocol containing a set of questions to follow during the interview will help to prioritize subjects and keep the discussion on track.

In developing an interview protocol you may want to think to what are the most important aspects of the initiative and what you would like to highlight in the profile. A good strategy for this purpose is to create an outline of the envisaged profile itself. Place your headings down on a page and beneath them indicate the type of information that would be written under each subheading. This will clarify what information you need to collect through the questions contained in the interview guide and throughout the interview. The completed interview protocol will be shared with the key informant(s) prior to the discussion so they are able to prepare the necessary information and easily follow along throughout the interview; this step is described next.

A template for the interview protocol follows and can be tailored based on the specifics of the initiative being profiled.

Tool: Interview protocol for key informant interviews

The following interview protocol provides an example of the interview guide used in the process of developing the *Compendium* (4). The interview guide adopts the structure of the sections for the final written profile, providing triggers, as suggested examples, for the information that may apply. As the proposed interview is semi-structured, the questions posed do not need to be adhered to strictly, Nevertheless, its use in interviewing can help informants in preparing the desired information and will help to keep the discussion on track, ensuring all necessary information is collected.

Key informant interview protocol

Dear Participant,

This interview protocol has been developed to collect further information in the process of developing profiles on health services delivery transformations. The questions guiding the process build on those of the scoping questionnaire to learn more about the initiative and describe in further detail the efforts involved for its development.

The process for completing the following questions is proposed as a 60-90 min interview conducted at distance, via phone or videoconferencing with the questions for discussion grouped into key sections: problem definition; key milestones; health services delivery processes; health system enabling factors; outcomes; and change management. In preparing for this interview, please read through the questions posed, noting those key topics of relevance.

Should you have any questions prior to discussing please feel free to contact us at CIHSD@euro.who.int. We look forward to the opportunity to connect and thank you in advance for your support in this follow-up process.

Kind regards,

The CIHSD Team Health Services Delivery Programme, Division of Health Systems and Public Health WHO Regional Office for Europe

Section one: problem definition

This section seeks to understand what first triggered the initiative and the context from which the initiative was developed. It aims to examine how challenges in both the health of the target population and in the current delivery of services can combine and complement one another to inspire the development of an initiative.

This area is important for positioning the objectives to which the initiative was first set out to meet and for fostering an understanding of the challenges the initiative would contend with throughout its development.

> What first triggered the development of the initiative? What challenges did the initiative first seek to resolve and how were they first observed? Consider whether the problem that first called for the initiatives development was focused on:
>
> ■ People (e.g. burden of disease, health inequities, low responsiveness)
> ■ Health services delivery (e.g. narrow package of services available, low health workforce capacity, poor quality of services, provider dissatisfaction)
> ■ Health system (e.g. high costs, low financial protection, poor access to services)

Section two: key milestones

This table aims to summarize how changes have taken shape over time, describing key dates and milestones throughout the process of developing the initiative from planning and setting up to its stage at present.

> Can you describe how changes have taken shape overtime? Consider the phases of implementation, describing those key milestones in planning and setting up the initiative from its initial preparation to its stage at present.

Section three: health services delivery processes

This section describes the changes that were put in place to improve the processes of health services delivery. It should consider the transformations planned or implemented across each: the selection of services, the design of care pathways, the organization of providers, the management of services delivery and the processes put in place for continued performance improvement.

Selecting services

The prioritization of health services for a clearly defined population in order to equitably promote, preserve and restore health throughout the life course, ensuring a broad continuum, from health protection, health promotion, disease prevention, diagnosis, management, treatment, long-term care, rehabilitation to palliative care can be provided according to an individual and the population's need.

> How were priorities for strengthening the selection of services set? How did these take shape? Consider what measures were taken for the following, where they apply.
>
> ■ Entitlements (e.g. what, if any, changes were made to the package of services provided?)
> ■ Population health needs assessment (e.g. how were the needs, risk factors and vulnerabilities for the defined population taken into account when selecting services?)
> ■ Types of services (e.g. what health interventions are now provided as a result of transformations?)

Designing care

The development of service paths that standardize a course for services according to best-available evidence, planning pathways for services delivery and mechanisms to manage transitions between types and levels of care, while also accounting for the personalization of services to match an individual's unique needs.

> Were priorities for strengthening the selection of services set? How did these take shape? Consider what measures were taken for the following, where they apply.
>
> ■ Standardization of practice (e.g. have services been standardized according to best available evidence?)
> ■ Pathways (e.g. are any service pathways in place designing the route for a specific episode of care?)
> ■ Transitions (e.g. how are services linked between health providers and across settings of care for a single episode of need and overtime?)

Organizing providers

The alignment of the health workforce to match selected services and their design with the distribution of professional roles and scopes of practice and the arrangements in which the health workforce works according to settings of care and practice modalities for the provision of services.

> Were priorities for strengthening the selection of services set? How did these take shape? Consider what measures were taken for the following, where they apply.
>
> ■ Plans and budgets (e.g. how are services planned and budgeted?)
> ■ Delivery settings (e.g. in which facilities, institutions and organizations are health services provided?)
> ■ Practice modalities (e.g. what is the structure of practices within which the health service is organized?)

Managing services

The process of planning, budgeting, aligning resources, overseeing implementation and monitoring of results to maintain a degree of consistency and order in the delivery of services and act upon observed deviations from plans by problem-solving and troubleshooting as needed.

> Were priorities for strengthening the selection of services set? How did these take shape? Consider what measures were taken for the following, where they apply.
>
> ■ Plans and budgets (e.g. how are services planned and budgeted?)
> ■ Resourcing (e.g. how are resources needed for the delivery of services managed, including their initial investment, distribution and maintenance?)
> ■ Operations (e.g. is the implementation of plans overseen to ensure health services delivery is carried out accordingly?)
> ■ Measure and problem-solving (e.g. is the performance of health services measured in accordance to set targets?)

Improving performance

The process of establishing feedback loops that enable a learning system for spontaneous testing and adoption of adjustments towards a high standard of performance, made possible through cycles of continuous learning and the regular review of clinical processes.

> Were priorities for strengthening the selection of services set? How did these take shape? Consider what measures were taken for the following, where they apply.
>
> - Learning mechanisms (e.g. is a culture of continuous learning and innovation in place?)
> - Clinical governance (e.g. are processes for regularly reviewing services delivery set with actions to address suboptimal performance?)

Engaging and empowering people, families and communities

> What efforts were taken to engage and empower people throughout the process of services delivery? Consider the following as possible examples of specific actions taken.
>
> - Encouraging patient decision making
> - Improving community awareness about select diseases or behaviors
> - Improving health literacy
> - Efforts to personalize care
> - Supporting patient self-management
> - Encourage shared-decision making
> - Enabling community delivered care

Section four: health system enabling factors

In order to optimize and strengthen the integration of health services delivery, the health system must provide a favourable structure in which service delivery changes can take place. In the case study, this section serves to describe how the structure for the initiative was created according to five key system enablers: accountability, incentives, competencies, communication, and innovation.

Accountability

> Accountability arrangements make explicit the ways in which actors are expected to performance by mandating clear roles and responsibilities.
>
> - Have roles and interactions between actors and organizations been clearly defined?
> - What if any legislation has been put in place that supports the transformations of health services delivery?

Incentives

Incentives may include financial or non-financial incentives to participate or support health services delivery transformations. They can be provided to providers or the population.

- Have any changes been made to the way in which services are purchased? (e.g. mobilizing new sources of funds)
- Has the model through which providers are paid been altered? (e.g. introduction of payment for performance, capitation or risk adjusted payments)
- Have financial incentives been introduced to provide rewards to health providers ties to specific targets? (e.g. monetary payments based on the extent of service coverage, provision of select services or specific health outcomes)
- Have non-financial incentives been introduced to motivate providers performance? (e.g. certificates for compliance)
- Have incentives been provided to the population? (e.g. discounting products and services, paying for compliance for specific behaviours)

Competencies

Competencies describe the essential, complex knowledge-based acts that combine and mobilize knowledge, skills and attitudes with existing and reliable resources to ensure quality outcomes for patients and populations.

- What, if any, educational opportunities been created for health workers to advance technical knowledge and skills?
- What, if any, opportunities have been developed for health workers to advance knowledge and skills beyond clinical skills and their traditional training?
- Have any periodic assessment(s) of provider knowledge, skills and practice been put in place?

Information

Looks to how information is used and exchanged through the communication of data to determine factors including the continuity of services and their appropriateness according to needs.

- How have information flows between each of the following actors people, providers, managers and policy makers been enhanced?
- How is information on services delivery generated? And how does it move between providers and levels of care?
- Has the use of information technologies been implemented?

Innovations

> Innovations looks to whether the system is optimally resourced with the necessary ICT, medicine and medical technologies to ensure the supportive pathways and structured for the provision of services are in place.

- What if any clinical innovations have been put in place? (e.g. diagnostic equipment, surgical equipment, health-monitoring devices)
- What if any health service innovations have been introduced? (e.g. electronic health records, online appointment registries mHealth tools)
- What if any management innovations have been introduced? (e.g. data driven prioritization of services, lean management tools)
- Have any knowledge generating tools or organizations been implemented to enable the advancement of clinical, service and management innovations?

Section five: outcomes

These questions aim to understand, based on the initial problem defined and those factors that would trigger the effort, what changes have been observed since the initiative's implementation. These questions should be posed to key informants involved in the initiative's evaluation or outcome assessment of the initiative.

> What outcome(s) did the initiative aim to achieve? Have indicators as outcome measures related to these targets been defined? If so, what are they and have they been met? Can you describe the findings of any formal evaluations and consider providing specific measures and results?

Section six: change management

This final section aims to understand the roles of those involved in making the initiative happen considering across levels where changes would take place, 'who' (what actors), are credited with these efforts being realized. In reflecting on those key actors, consider the key enabling factors for the roles and responsibilities of their function and any barriers that would serve to this.

Key actors

System (macro) actors. This overarching, all-encompassing level is often made synonymous with policy, as the context in which the direction and architecture of institutional arrangements is set. Actors at the macro-level include, for example, the ministry of health and other government units, state or republican centres, arm's length institutions, medical schools and large national research institutes.

> What system-actors were engaged in developing the initiative? What was their role in the process? Describe those key factors that were either enablers or barriers to this function being realized.

Organizational (meso) actors. This level of services delivery describes where policy tales shape in practice, by interpreting and operationalizing aims and objectives for application according to the scope of a defined sub-set of the population. The spectrum of organizations at this level can vary widely by context based on the institutional arrangements of regional and district authorities among other sub-national entities.

> What actors sub-nationally were engaged in developing the initiative? What was their role in the process? Describe those key factors that were either enablers or barriers to this function being realized.

Clinical (micro) actors. The most operative level of services delivery, the micro level refers primarily to those processes for the provision of clinical and non clinical services, typically engaging the health workforce, health managers, health administrators and clinical providers as well as patients, family members and other carers.

> What actors sub-nationally were engaged in developing the initiative? What was their role in the process? Describe those key factors that were either enablers or barriers to this function being realized.

Initiating change. Based on the milestones discussed earlier, what was the process of planning and setting up for the initiative? Discussing, how momentum was developed and maintained? How were key stakeholders were initially engaged and brought on board?

Implementation. Based on the milestones discussed earlier, what was the process of implementing the initiative's transformations? Describe those key factors that acted as either enablers or barriers to the initiative's implementation?

Moving forward. Based on the initiative's current status, what are the short and long-term plans for its continuation? What steps will be key to achieving these plans? What challenges, if any, do you expect to encounter in achieving these objectives?

Highlights

> With the benefit of hindsight, and reflecting on your experience to date, what were the key enabling factors that supported the development of the initiative? Since first thinking to the development of the initiative, can you describe what important lessons you learned that you would share with other individuals seeking to make similar transformations?

Collecting the evidence 3

Step three: Collecting the evidence

This step details all the actions involved in collecting evidence. This begins with requesting an interview with the key informant(s) and managing the logistics to organize for this, including writing and sending an information letter or brief describing the purpose, aims and expected outcomes of the interview and the profile itself. The step then provides tips and guidance for conducting and recording a semi-structured interview, including short scripts to introduce and close the interview. Finally, this step describes the process of turning audio from the interview into a written summary needed for analysing the data and interpreting key messages and lessons learned described next. At the end of this step you will have developed a brief for key informants, requested and scheduled the participation of your key informant(s), conducted the interview and transcribed the findings.

Coordinating the interview

In the previous step you will have developed an interview guide and a list of the key informant(s) you would like to interview. Prior to requesting the participation of the key informant(s) in the interview and arranging the logistics (e.g. time, date and method of contact), you should develop a brief on the interview to provide information to the key informant(s) on your intention to document the initiative and to request their participation in an interview. A checklist of the information to be included in the brief appears in Box 6. A sample brief for key informants can be found as a tool to follow.

Box 6. Checklist for developing a brief for key informants

The brief should contain:
- An overview of the work being conducted
- The purpose and expected outcomes of the interview
- A broad overview of the topics for discussion
- The method of contact
- The length of time you would like to speak to the key informant
- An alternative method of contact should an interview not be possible

Once the key informant(s) are identified, contact them by email to see whether they are willing and available to participate in an interview. In preparing the email, describe the work you are interested in conducting and why you have contacted them. Attach both the brief and the interview protocol to the email. Consider taking this opportunity to ask whether the key informant has any background information on the initiative that would be helpful in preparing for the interview. It should be noted that coordinating the discussion with key informants often requires bilateral correspondence before the interview takes place and therefore requires sufficient time to set up.

Interviewing key informant(s)

Having coordinated and confirmed the logistics for an interview including the time, date and form of contacting key informants (e.g. phone, video conferencing, in-person, etc.) you are ready for the discussion. As a final preparation just before the interview, review the

background information that you have gathered or that has been provided to you by the key informant on the initiative so you are reminded of the key information gaps.

Before you begin the interview, remember to bring the ethical consent form if needed, the device to record the interview, paper and pen for your notes and a copy of the interview protocol prepared in Step 2. Ensure that you have a quiet place to conduct the interview, where you will go undisturbed for its full length, averaging a period between 60 and 90 minutes. It is helpful to have both the phone number and email of the key informant, in case you are disconnected during the call or, in the event you are meeting the individual in person, to ensure you can contact them if any difficulties to arrive.

In beginning the discussion, a standard introduction, as described in Box 7, may be a good way of opening. This script delivers three important points:

1. Thanking the individual for participating in the interview;
2. Receiving their consent to record the discussion; and
3. Opening the conversation with a broad question that sets the stage for the rest of the discussion.

Box 7. Sample opening script for key informant interviews

Interviewer: Thank you for the chance to connect today, I really appreciate gaining your insight and hearing about your experiences. Just before I begin with the questions, would it be alright if I record this interview? [Interviewee gives answer]. I would like to begin the interview by asking you to provide me with a summary or an overview of the initiative?

Following a general question, begin by asking key informants the questions prepared in the interview protocol. In the discussion, do not feel limited to these questions. It is important to get the information you require but also to be flexible to allow the key informant to tell their story. Use this story to gather information that you need for documenting the initiative or other information useful for your profile. Box 8 offers some advice for those who are new to semi-structured interviews to remain focused.

Box 8. Interview tips

- If the interview starts to get off topic, try not to lose too much time. To return to the main topic, try a phrase such as *"thank you for describing this, could you just clarify [insert specific question]."*

- When you are not receiving an answer to a question, try rephrasing the question in simpler terms or breaking it into a series of questions.

- During the interview try not to interrupt the key informant, instead, make a note of the question you would like to ask and come back to the idea after they have finished answering.

- If the informant gives an answer relating to a question that you have not yet asked but had planned to, try to avoid repeating the question, instead make note on the topic guide that an answer was provided.

- If you are running out of time, try to rephrase the questions to create one that is more general and may touch on a number of the remaining subjects.

During the interview, be mindful of the other person's time. Try to restrict the bulk of the interview to 45 minutes and if you must, you can go over. After the 45-minute mark, use the last 15 minutes to ask only those questions that are absolutely essential.

In closing the interview, be sure to:
- Thank the informant for their participation;
- Provide them with information on the next steps, including whether you will provide them a copy of the transcription and when they can expect to see a draft of the profile;
- Ask the informant whether they have any additional questions either about the interview, the next steps or the profile in general;
- Remind your informant(s) to send you any documents or data that may have been mentioned during the interview.

See Box 9 for an example of a closing script to wrap up the discussion.

Box 9. Sample closing script for key informant interview

Interviewer: Thank you very much for your time today, the information you provided is really appreciated. In terms of next steps, in [insert time frame e.g. the coming days, the next week etc.], I will send you a copy of the transcript from this interview. The transcript will be used to draft a profile, which will be sent to you for commenting and validation in [insert month or time frame]. If you have any additional information or background documents that you think would prove helpful, please feel free to send them over. Before finishing, do you have any questions?

Transcribing the interview

After completing the interview with the key informant(s), you need to transcribe the audio file so it can be used to analyse the details that the key informant provided. Transforming audio data into written form can be a tedious and sometimes challenging process. Recordings can be difficult to understand due to the quality of the sound, the speed of the discussion and different styles of speech. Often, information will not have been conveyed in the planned sequence and it may require some interpretation on the part of the researcher to frame the message. It is important to capture, to the extent possible, what the informant said, accurately representing the information and his/her phrasing of the messages.

In preparing to transcribe the interview you will want to decide on a consistent format to differentiate who is speaking, whether it is yourself or the key informant(s). One possibility would be to place the questions in *italics* when posed by the interviewer. If needed, reduce the recording to half-speed in order to catch as much information as possible and reduce the number of times you will stop and restart the recording.

Once drafted, read through the transcript of the interview to check that all necessary information has been collected. If in reading through the transcription you discover information gaps, flag these in the draft transcript as pending questions (e.g. highlight, change the font colour, etc.). Follow up with the key informant to review the transcript and to answer any additional questions.

Tool: Example brief for key informants

The following brief for key informants, as referenced in 'Step 6: Coordinating the interview' provides an example of the information letter used in the process of connecting with key informants for the *Compendium* (4). The brief should provide an overview of the work being conducted, including the purpose and expected outcomes of the interview, information on the procedures for the interview and a broad overview of the discussion. This example can be used as a template, adapting the information to suit the initiative and individuals involved.

Developing integrated health services delivery initiatives: key informant interview

Purpose

In late 2013, in an effort to facilitate the exchange of country experiences to transform the delivery of health services, a public call for the submission of integrated health service delivery initiatives in the European Region was launched. The positive response to this call is a testament to the level of activity across the Region. Information gathered from this call will now be built upon to create a compendium of country experiences which illustrates the diversity in efforts being carried out across the region and uses actionable, evidenced based examples to support the planning, implementation and scale up of health services delivery strengthening. Conducting this follow-up interview is necessary to begin working towards this compendium. Maintaining the participatory approach used throughout the open call, this discussion will provide a better understanding of how transformations towards more coordinated/integrated health services delivery, at scale, and pace, and fully embedded within the health system have successfully taken shape.

Aims

This interview seeks to build upon submissions received during the open call questionnaire and expand the understanding of the experience of planning and implementing the initiative. The objectives of this discussion are to further understand the initiative itself and how it took shape, considering the drivers for change that began the process for its transformation, its implementation and impact on health outcomes to-date.

Expected outcomes

The information gathered from this interview will inform a two to three page profile which will appear as part of a compendium of integrated health service delivery initiatives from across the WHO European Region. This compendium will serve as field evidence to inform the envisioned Framework for Action towards Integrated Health Services Delivery which aims to support the planning, implementation and scale-up of health services delivery strengthening, while also cultivating the leadership and managerial competencies for such changes to take place.

Procedures

Staff of the CIHSD Team will connect with you via email to solicit your interest in participating in a follow-up interview. The interview will follow the guideline of the attached questionnaire and should take approximately 60-90 minutes of your time. It can be coordinated with all participants as a conference call via phone, Skype or videoconferencing according to your preference and availability. Alternatively, you may choose to complete the questionnaire yourself and submit it to the CIHSD Team via email.

Interview participants

Please extend the invitation for the participation in the discussion and completion of the follow-up questionnaire to any key informants who played a role in planning, implementing or evaluating this initiative, this may include managers, policy makers, providers or patients. We would be pleased to have these individuals convened to participate in the interview or could schedule bilateral meetings at a time that suits their availability and preference.

Overview of discussion

1. **Problem definition.** What problems were observed in either population health or in the services being provided that would first trigger the development of the initiative?

2. **Health services delivery transformations.** What were key milestones in planning and setting up the initiative? How were transformations made in each: selecting services; designing care; organizing providers; managing services and improving performance?

3. **Health system enabling factors.** In what ways did the health system promote a context for optimal services provision, thinking specifically to role that each accountability, incentives, competencies, communication and innovation played?

4. **Outcomes.** What outcomes did the initiative aim to achieve? Have these outcomes been met?

5. **Managing change.** What actors across the health system levels are credited in making the initiative happen? What was there role in the process? Can you describe the processes of planning for the initiative, including priority setting, generating buy-in and building momentum? Can you describe the process of implementation? What are the long-term plans for the initiative?

Analysing the evidence

4

Step four: Analysing the data

This step aims to triangulate and analyse information collected through the scoping questionnaire, background search and key informant interview(s) using an analysis tool developed to examine health service delivery transformations and health system enablers. At the end of this step you will have populated all fields of the tool for analysing data and conducted a first reflection on the findings.

Finalizing the information

At this stage of the process, you should have all relevant background information (Step 2) and the transcription of your interview with your key informant(s) (Step 3). Before beginning to triangulate and analyse the data, consider searching for any relevant statistics that can be used to enhance the profile. In particular, these statistics play an important role in quantifying the problem definition. Links to databases are provided in the references.

This step focuses on linking all the relevant information collected into an accurate and complete description of the initiative following the causal chain reflected in the structure of the profiles (Figure 1). Depict this sequence by linking the health problem, or priority area of improvement, to those health services delivery processes and system enabling factors and, ultimately, to contextualize these adjustments with a description of the process itself.

A data analysis tool has been developed to guide this process and can be found as a tool. To follow, the template for this process is populated with a hypothetical profile[1] from a fictional country "Eurostan", briefly described in Box 10. The filled in tables and boxes aim to illustrate the nature of reporting expected for each section. This template, while filled with fictional information, draws on key trends and general themes of profiles developed for the *Compendium* (4). Invest the necessary time to accurately and completely prepare these tables with the findings as possible because many of these once completed can be directly incorporated into the profile itself.

Box 10. Overview of example: Eurostan's health services delivery transformation

In the context of increasing rates of chronic disease and a high number of hospital admissions in the southern region of Eurostan, providers at local hospitals collectively recognized the need for change. Self-organizing a working group, a first planning meeting was held, proposing the development of Community Health Teams: a team of professionals including care coordinators, physiotherapists, occupational therapists, community nurse and a social worker with additional professionals such as dieticians and community psychiatrists providing health promotion and disease prevention services for a reduction in unnecessary hospitalization. Community Health Teams would be responsible for providing home rehabilitation services and community care following hospital discharge or those at risk of acute care needs. A pilot project to introduce 8 community health teams was agreed by the region's health authorities. Services offered by the teams include community nursing, physiotherapy, occupational therapy and social services such as respite for carers, shopping assistance and social activities. The Regional Health Board is responsible for oversight over the initiative, with a coordinator appointed to manage resources.

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[1] This is a fictional account but what it depicts is often seen in real world situations. For evidence of this, refer to the *Compendium* (4).

Filling in the template

Overview of the initiative

This first part of the analysis covers information to capture a general overview of the initiative, including its primary health focus (e.g. chronic disease; tuberculosis), its target population, specific location of implementation and specific goals or aims of the initiative. This information has been recorded in Table 2 to summarize the case of Eurostan introduced above. This information, when read alone should provide you with a clear understanding of the transformation that has taken shape. Sections where data is not known or is not relevant can be left blank or it can be stated that the information does not apply. This tool was designed to facilitate data extraction and analysis across a wide range of health services delivery transformations, it is therefore, expected that not all tables or cells will be fully populated.

Table 2. Overview of the initiative in Eurostan

Topic	Described
Focus	Chronic disease
Goal	Reduce the growing burden of chronic disease and promote gains in the quality of life for patients
Aims	To improve or restore the quality of life for those with complex needs To reduce avoidable hospital re-admissions
Targets	N/A
Scale	Regional
Location	Eurostan
Start date	2008
Target population	All individuals, though typically elderly, with multiple health and social care needs at risk of hospitalization
Leader	Regional health board
Actors	Macro: National Ministry of Health; National Health Service Meso: Regional health board Micro: Providers (general practitioners; community care nurses)
Funding	Budget for the 8 Community Health Teams was provided by the Regional Health Board and a recurring investment of 500,000 USD by the National Ministry of Health.

Defining the problem

This section aims to capture information on what first triggered the initiative. As in the sequence illustrated in Figure 1, the problem definition should begin by looking to what health outcomes first drew attention to the need for change. Asking why this problem has come to be, the sub-optimal performance of health services delivery and the health system should be reasoned to identify the underpinning challenges. For example, in the case of Eurostan, increasing levels of morbidity attributed to chronic diseases drew attention to the need for a new model of services delivery. Any statistics collected may play an important role in this section, quantifying why an initiative was seen as necessary and sharpening the case for change.

Table 3. Defining the problem in the case of Eurostan

Context	Description
Health outcomes	■ Increasing levels of morbidity following an ageing population at 21.6 % of the country's population over the age of 65 compared to a national average of 18% over the age of 65. ■ Increasing rates of chronic disease in the country including respiratory illnesses, cancer and chronic heart disease.
System outcomes	■ Elevated rate of hospital admissions for dementia patients.
Health services delivery outcomes	■ Limited coordination between social services and health services. ■ Large burden on services from individuals with progressive diseases notably dementia. ■ Frequent hospital re-admissions for frail and elderly populations with multiple co-morbidities.

Chronological path of the transformation

Next, summarize the key milestones of the transformation overtime. This should highlight the specific moments, with dates, in the planning and implementation of the initiative. In the example of Eurostan, the first meeting at the local hospital to strategize opportunities for improvement marked this starting point. The table should then work through each of the important milestones that were specified throughout the interview.

Try to keep this description within the scope of activities that directly pertain to its implementation, rather than a full account of long-term reforms. Be sure to conclude with a note on the status of the initiative at present; this is of particular interest for those examples that are perhaps past their initial period of implementation.

Table 4. Key milestones of the transformation in Eurostan

Date	Described
2008	Meeting was held, chaired by the CEO of one of the local hospitals, inviting all regional stakeholders to discuss current system challenges.
Late- 2008	Committee was developed by the Regional Health Board to look into changes that could be made to better support the elderly and individuals with chronic co-morbidities.
2010	Decision by Regional Health Board to experiment with developing community health teams; planning for the initiative begins.
2012	Regional director of social care agrees to take part in the development; establish a regional project coordinator for patients with complex care.
2013	First Community Health Team is established in one of 8 communities to test the new approach.
2014	Roll-out of Community Health Team's across the remaining 7 communities; development of a Regional management team within the Ministry of Health for continued management over the project.
Present	Continued evolution of organisational capacity and formalization of the initiative; Plans for a full evaluation in 2017 and roll out to other regions if successful.

Health services delivery processes

Review the available data to describe, in a comparison of before and after, the changes taking place across the five processes of health services delivery as listed in Table 5. Refer back to the *Concept note* (5) and the Glossary section at the end of this document in going about this process and determining the considerations to be specified.

How to populate this table is illustrated in Table 6. This table attempts to reason how the actions taken relate to the different processes of health services delivery. For example, the development of ad-hoc training and short training courses for volunteers are an action taken towards improving performance.

Table 5. Overview of health services delivery processes

Selecting services	Entitlements Population health needs assessment Types of services
Designing care	Standardization of practice Pathways Transitions
Organizing providers	Role and scope of practice Delivery settings Practice modalities
Managing services	Plans and budgets Resourcing Operations Measurement and problem-solving
Improving performance	Learning mechanisms Clinical governance

Source: adapted from (5).

Table 6. Health service delivery processes in Eurostan

Before	After
Selection of services	
Few community rehabilitation or community home services available. Community care services that were available were fragmented from hospital discharge.	Services have expanded, putting a greater emphasis on at home rehabilitation post-hospital discharge and home and community care for patients at risk of hospitalization. Services include community nursing, physiotherapy, occupational therapy and social services including respite for carers, shopping assistance and social activities.
Designing care	
Patients received acute care in hospital according to set standards.	Care pathways have been streamlined for patients to move between hospital and their home, with individual care plans developed for each patient. A categorization of green, yellow and red has been developed to stratify patients based on their needs.

Before	After
Organizing providers	
General practitioners are responsible for the majority of patient care, with hospitals providing acute care services. Some collaboration exists between the two when patients are discharged however this process is not formalized. Rehabilitation care from physiotherapists and occupational therapists is contracted which each individual providers rather than with a coordinated team.	Community Health Teams are based out of 8 hospitals across the region and consist of a team of professionals including care coordinators, who act to develop the care plan and coordinate care with physiotherapists, occupational therapists, clinical nurse specialists, and a social worker. Other professionals including dieticians, pathologists and community psychiatrists can be brought into the team for specific cases. The clinical nurse on the team is responsible for assessing the patient and categorizing their need based on three tiers, while the social care professional is responsible for conducting an at home assessment to determine the extent of support currently available.
Managing services	
Resources for coordinated community care were not in place.	The Regional Health Board is responsible for the oversight for Community Health Teams, managed by a Regional Coordinator. The pilot project has invested in 16 vehicles, 2 for each Team, to assist in moving professionals around.
Improving performance	
Inconsistent availability of trainings for providers and no training available for volunteers. Data is collected on patients according to set indicators however is restricted to information collected within hospitals and does not extend to follow-up care.	Monthly meetings are set up with all professionals to review any challenging cases, using these as learning opportunities. Regular data is collected on patients, assessing any re-hospitalizations or deteriorating health indicators. This data is reviewed annually and used to inform modifications in current practices. Finally, ad hoc trainings of community care and skills trainings are provided in connection with local universities and experts. A short training course also exists for volunteers, ensuring they are adequately prepared to help provide social services.

Health system enabling factors

This section of the analysis calls attention to any health system changes put in place in the context of the transformation. Five key health system enabling factors are listed in Table 7, corresponding to the health system functions of governing, financing and resourcing as detailed in the *Concept note* (5).

In this section, consider: what changes took place beyond the scope of the health services delivery? How did these changes support or contribute to the conditions needed for transformations to take place? Consider also what aspects of the health system have not changed, and how this may enable or challenge the sustainability and scale of the transformations that have taken shape in each of the health services delivery processes. For example, in the case of Eurostan changes in professional trainings introducing a nursing post-graduate programme supported the implementation of Community Health Teams across the country.

Table 7. Health system enabling factors defined

Health system functions	Processes	Key enablers
Governing	Setting priorities Organizing action Measuring and feedback	Accountability
Financing	Collecting revenue Pooling Purchasing	Incentives
Resourcing	Human resources for health Information systems	Competencies Information Innovation

Source: adapted from (5)

Table 8. Health system enablers of the transformation in Eurostan

Enabler	Described
Accountability	Development of Community Health Teams is in line with 2012 National Strategy for Chronic Disease, which calls on a partnership with Regional Health Boards to place a larger emphasis on community and home care.
Incentives	No incentives are currently in place.
Competencies	Specialization in community nursing as a post-graduate programme has been established.
Information	Shared electronic patient files with hospitals helps to maintain a continuum of care. Collection of patient information during home care that is consistently shared with general practitioners.
Innovation	No shared health record with primary practices currently exists however, there is on-going exploration into whether this is a possibility.

Outcomes of the initiative

This section should briefly highlight the outcomes of the initiative to-date. Recalling back to the problem definition and statistics reported, the 'outcomes' should reflect any observable changes and measured results where these are known. Draw a comparison between those measurements first emphasized in defining the problem that the initiative sought to resolve and how these have changed as a result of the initiative's implementation.

This section may also report on the impact of health services delivery transformations with anecdotal evidence and can be referred to as such merely to acknowledge where changes have been noted according to key informants. As the profiles are not meant as an evaluation of the initiative, any interpretations of success or failures should be avoided. For example, Box 11 reports on those changes in the context of Eurostan, where a reduction in hospital admissions was observed following implementation, as well as an increase in the range of services available for health promotion and disease prevention.

Box 11. Outcomes of the initiative in Eurostan

- Results have been taken from the evaluation of the first Community Health Teams implemented. A full evaluation of work to date will be conducted in 2017.

- 85% of patients report feeling more comfortable after discharge, with 45% saying that they felt more independent.

- Emergency admissions for patients with coronary heart disease has dropped from 543 to 402 between for 2013 and 2014.

- Acute care professionals report feeling more confident discharging patients into the care of the Community Health Teams.

Managing change and lessons learned

Health services delivery transformations are rich with insights on the challenges of generating momentum, sustaining it and responding to barriers faced in the process of implementation. This section aims to provide an overview of these findings, recognizing that an understanding of *what* to do is not sufficient for changes to take place, and that *how* the process was approached offers unique and complementary insights for leaders and managers. Table 9 applies this to the example of Eurostan, by reflecting on *how* the initiative came to be considering 'Initiating change' as the process of priority setting, generating buy-in from stakeholders and building momentum for the initiative; 'Implementation' as providing a narrative to the key milestones that followed the and any on-going efforts and future plans.

Table 9. Managing change in Eurostan

Initiating change	The idea for the initiative stemmed from the manager of one of the eight local hospitals observing frequent readmissions for patients with chronic and progressive diseases. After discussing this problem with colleagues, a meeting was held with invitations sent to all regional stakeholders including social care, community care, general practitioners, members of the regional health board, patient groups and the public. Ultimately, this meeting led the Regional Health Board developing a committee, with members from each of the groups mentioned above, to determine what changes could be made to better support elderly individuals and patients with chronic co-morbidities.
Implemen-tation	In 2010, the Regional Health Board on recommendation of the committee decided to experiment with the implementation of Community Health Teams. The successful implementation of these teams relies on the motivation of recruited professionals and the implementation team. With positive reports from those involved and initial evaluations indicating success in avoiding hospital re-admissions roll-out of the initiative to the seven remaining communities.
Moving forward	The initiative has now been successfully implemented across the region, with a full evaluation slated for 2017. Initiative key informants discussed that effort is still required in ensuring sustainability of the initiative. Further, the initiative is facing barriers with current data legislation which limits the extent to which records can be shared with general practitioners. Moving forward, it is the intention of the initiative to better integrate patient's GPs into the services being provided.

Finally, in completing the highlights table, shown in Box 12 for the case of Eurostan, it is important to reflect carefully on the information found in the background search, interview and any relevant statistics to think more holistically to those key messages that resonate as factors that have either enabled or hindered the development and implementation of the transformation. Use this section to highlight those points emphasized by the key informant as particularly important, yet often missed elements, such as the importance of and time invested in communicating or possible challenges around shifting professional cultures.

Box 12. Highlights in Eurostan

- Garnering almost immediate top down support from the National Ministry of Health by way of both aligning with the National NCD Strategy and through their on going investment has been key to providing a stable platform from which the initiative could build.

- Informal meetings for providers to 'get to know each other' was necessary to develop strong dynamics and partnerships between different professionals.

- Communicating a 'win-win' situation for the hospital, whereby they would see fewer re-admissions and could be confident that patients were being discharged into appropriate care was key for garnering their support in the initiative's development.

Tool: Data analysis template

The following data analysis tool was developed to triangulate and analyze the information collected in the scoping questionnaire, background search and key informant interview(s), based on the concepts of health services delivery strengthening that underpin the *Framework for Action* towards Integrated Health Services Delivery (6) and the *Concept note* (5). The template below can be filled in with the information collected on each initiative and used to sort information prior to developing a written profile.

Initiative identifiers

Title of initiative	
Interviewer	
Key informant	
Organization	

Initiative overview

Keywords		
Goal		
Aims		
Targets		
Scale		
Location		
Start date		
Target population		
Leader		
Actors	Macro:	
	Meso:	
	Micro:	
Funding		

Defining the problem

Context	Description
Health (e.g. burden of disease, health inequities, low responsiveness)	
Service delivery outcomes (narrow package of services, low workforce capacity, poor quality of services, provider dissatisfaction)	
Health system outcomes (e.g. high costs, low financial protection, poor access to services)	

Initiative outcomes

Health service delivery and health system outcomes	
Comprehensiveness	
Coordination	
Effectiveness	
Person-centredness	
Quality	
Efficiency	
Access	

Managing change and lessons learned

Initiating change	
Implementation	
Moving forward	

Key messages and lessons learned

Finalizing the profile 5

Step five: Finalizing the profile

This step offers an outline for writing the profile and developing the completed analysis into a narrative according to the defined structure. Details of the information that should be contained in each section of the profile are included, as well as writing tips to reach a wide audience. To follow, a process of receiving feedback on the draft profile from key informants is described using a validation survey. As a last process, the feedback received should be incorporated into the profile to finalize. At the end of this step you will have a completed profile describing health services delivery transformations.

Developing a first draft

In the previous steps you will have completed an analysis of the data available and reflected on key messages and lessons learned to bring forward in the narrative developed in the profile. This narrative should accurately describe the case according to the structure provided. Profiles are intended to be between 2000 and 3500 words in length; but the actual length will vary by the initiative's scope and the level of detail envisaged.

Before beginning the draft it may be helpful to reflect on those key topics to be highlighted in the profile in order to ensure that these messages are accurately and effectively conveyed. Thinking about this in terms of the "bigger picture" will help to ensure that the narrative does not lose focus.

Make sure to consider the intended audience, whether this is the public, patients and their families, health professionals, health managers and administrators, policy-makers, political leaders or special interest groups. Having clarity on this ensures that the topics and details are rightly balanced based on the interests and information needed by each. Consider for example, whether your readers are interested in replicating ideas and concepts or whether they have a managerial mandate and are interested in understanding the specificities of the process taken.

To follow, a template for a profile is provided. This profile has been applied in the development of profiles of the *Compendium* (4). You can refer to the *Compendium* for additional examples of completed profiles and their constructed narrative (4). Table 10, contains a description of how the narrative for each section of the profile should be structured, providing details on the information it should contain, the style of writing and the main topics that should come forward.

Table 10. Developing a narrative for the draft profile

Section	Description
Section 1: Overview	The overview is intended as an informative abstract to the case, indexing those key messages across sections to provide an at-a-glance summary for readers. While prioritizing brevity, the overview should offer sufficient detail to grasp the scope of the initiative, thereby avoiding a generic introduction and rather, succinctly positioning the complexities of the case that are further developed in the sections that follow. The overview should take structure from the case itself, and thus aim to position the most pertinent information regarding the initiative by touching on: (1) the problem defined for the activities that take place; (2) the health services delivery process transformations undertaken; (3) the health system enabling factors supporting efforts; (4) the outcomes observed to-date; (5) the process

Section	Description	
	undertaken in transitioning between milestones; and (6) a hint to those key take away messages or highlights in a concluding section. This section can be positioned separately from the body of the case using a textbox or similar divider. Assume this text as a stand-alone piece.	
Section 2: Problem definition	This section should describe the specific problem that the initiative sought out to address and that first served as a tipping point for change. These 'drivers' take direction from the features of the context, clustered like in the analysis, according to health outcomes, health system outcomes and health services delivery outcomes that first drew attention to the issue. Through a short narrative, this section should ultimately answer: what problem did the initiative seek to address? A summary box can be positioned at the end of the narrative with bullets briefly listing the challenges emphasized by the key informant.	
Section 3: Health services delivery transforma-tions	Chronological path of trans-formations	Just as in the analysis, this sub-section should summarize the key milestones in the initiatives' development. The narrative for this section should be kept brief, understanding that the process of implementation will be further elaborated on in the final section of the profile. The narrative for this sub-section is meant to give the reader a sense of 'when' the initiative began and at what stage of development it is currently in. A table replicating the one that exists in the analysis should conclude this sub-section, serving to anchor the initiative in a time period and allowing the reader to envision its development.
	Health services delivery processes	Having specified the challenges that gave rise to the needed transformations, the narrative for this section should map the changes to the health services delivery function that took place, answering, "what was done?" across each of the services delivery processes. This sub-section should be given particular attention, as detailing what transformations took place is a core premise of this work. Instances where certain areas have not been addressed may still merit a description in text, offering insights on the behaviour of the function at present. The sub-section should conclude with a table that contrasts the 'before and after' of efforts across each of the processes, recalling the table prepared in the analysis step.
	Engaging and empowering people, families and communities	This subsection looks to describe the changes in health services delivery from the perspective of the individual patient, their families and/or carer givers or communities. In doing so, it aims to provide a description on the way in which individuals have been engaged and communities as part of the initiative. This may include for example, empowerment mechanisms to encourage participation, promote community awareness, improve health literacy or engagement efforts to personalize care planning, support self-management, encourage shared decision-making and enable community delivered care.

Section	Description
Section 4: Health system enabling factors	This section should develop a description of how changes were supported by the broader health system according to identified 'health system enabling factors'. These enabling factors should make clear from the system-view how other core functions of the health system were (or were not) acted upon with a look specifically to: accountability; incentives; competencies; communication; and innovations. The narrative for this section can be told as one story, rather than separating each of the enabling factors as was done with the health services delivery processes. A table should conclude this section to complement and summarize the description written.
Section 5: Outcomes	This section should describe the outcomes achieved to date. Recalling back to the problem definition and the indicators that first triggered its development, this section should reflect any observed changes and measured results where these are known. In addition, anecdotal evidence can be reported as such where appropriate. While it has already been emphasized, it is again important to recognize that this section should not be seen as an evaluation of the initiative, but rather a chance to quantify 'what has changed' since the initiative's implementation. This section should be brief and appear as a box of bullet items.
Section 6: Change management	This last content section shifts the focus from a technical understanding of 'what' changes took place to rather describe 'how' the process itself was managed. Once written, the change management section should tell the 'story' of how the initiative came to be, recognizing that unique insights can be drawn from 'how' the process of transformation was approached.

The first section 'key actors' should provide information on the different actors involved in the initiatives, narrating their roles and tasks carried out, and how these contributed to developing the initiative.

Taking direction from the chronological account, the text should be developed according to the following key phases: (1) Initiating change – processes of priority setting, generating buy-in and building momentum; (2) implementation – key milestones for those activities that would take place; and (3) moving forward – acknowledging self-identified gaps of missteps in design and implementation and plans to address them; this should additionally consider the current state of the effort regarding its sustainability and scale-up, if known.

Sub-headings can be used to map out activities related to the key actors and three key phases as described above. The tone should be geared towards leadership and management, sharing first hand insights from the process. Direct quotes can be drawn from the transcription and used to support messaging as desired. |
| **Section 7: Highlights** | Entitleme This section can be listed in bullet-form, noting the key lessons learned and/or messages as takeaways from this transformation, reiterating messages stated in text but rephrased to draw attention to interpret how this weighed of particular importance in the case. |

Validating for accuracy

In the previous step you will have completed a full draft of the initiative, describing both what transformations took place and the process of change. The process of validating

profiles can be organized online through web platforms, in paper, by phone or email. In selecting a platform, consider factors including the number of key informants and profiles, language translation needs and the availability and time key informants have to complete this process.

To follow, a template of a validation survey is provided. The template should be tailored to the adopted structure of the profile.

Finalizing the profile

After receiving the feedback on the drafted profile, this final step consists of making the necessary changes based on the comments received during the validation step from the key informant(s) including additional edits to language and layout. This step may involve multiple conversations with key informants and revisions to the profile itself.

Following these adjustments, your case profile should be complete and you can think to where to submit and publish your profile. You may already have made arrangements to present the profile to the ministry of health or another governmental institution, to publish it in a specific journal, to use the profile to advocate for certain policy transformations. If you have not yet identified the potential recipient, the following are possible options to submit the profile:

■ **Discussion boards.** Many ministries of health, organizations or institutions will have online 'discussion boards', or 'message boards' where health services research can be shared. As an international example, the World Health Organization is developing a web-based repository of profiles and case examples to support their 'Strategy on people-centred and integrated health services'. Completed cases may be sent to cihsd@euro.who.int.

■ **Bulletins, annual reports or similar documents.** You may also consider whether any patient or provider organizations publish annual reports or organizational documents that report on services delivery research or services delivery transformations.

■ **Peer-reviewed journals.** A number of peer-reviewed journals on health services publish profiles on services delivery transformations. It should be noted, that these journals often have different requirements for the layout and length of cases and adjustments will need to be made prior to submission. A few examples of journals to consider include:
  ■ International Journal of Integrated Care
  ■ Bulletin of the World Health Organization
  ■ International Journal of Health Planning and Management
  ■ Eurasian Journal of Public Health
  ■ Public Health Panorama
  ■ Journal of Integrated Care

■ **Conferences.** Conferences are a good place to disseminate the profile, for example the International Foundation for Integrated Care hosts a series of conferences every year around the world for which they invite the submission of abstracts.

Tool: Profile template

The following template has been developed to help in writing a profile that is consistent with those contained in the *Compendium* (4). The template provides guidance on the narrative and tables that should be included. The specific length and details of each section will vary based on the information available. It may be helpful to refer to the *Compendium* (4) for full examples of drafted case profiles.

Outline of written profile

Case identifier

Location	
Key informant	
Organization	

Overview

The overview is intended to serve as an informative abstract, providing an 'at-a-glance' summary for readers. The summary should offer sufficient detail of the full scope of the initiative, succinctly positioning the case and its complexities. The overview should take structure from the case itself, and thus aim to position the most pertinent information regarding the initiative by touching on the problem defined, the health services delivery processes, the system enabling factors supporting the efforts, the impact observed to date and hint to those take away messages found in the concluding section.

Problem definition

This section should detail the specific problem that the initiative sought out to address, informing what first triggered the initiative and those problems that served as the tipping point for change. In exploring both the sub-optimal health outcomes and services delivery challenges observed, this section should answer the question: what challenges did the initiative seek to address? It may be helpful to conclude this section with a bulleted list summarizing the most important driving factors.

Box 1
What problems did the initiative seek to address?

<div style="border:1px solid #888; height:120px;"></div>

Health service delivery transformations

Timeline of transformations

This section should highlight the key moments or milestones in the implementation of the initiative, the narrative should be kept brief, understanding that the process of implementation will be further elaborated on in the final section of the profile. Instead, this section is meant only to give the reader a sense of the timeline and key dates that were essential to the initiatives, answering the basic questions of 'when did this initiative take place?' and ' at what stage the initiative at currently?'

Table 1
What were the chronological milestones for the initiative?

Year	Described

Description of transformations

Having specified the challenges that gave rise to the needed transformations, this section should map the manipulations to the services delivery function that took place or 'what was done' across each of the service delivery processes.

Selecting services.

Designing care.

Organizing providers.

Managing services.

Improving performance.

This section should finish with a summary table similar to the one you may have prepared for the triangulation and data analysis. This table should contrast the efforts before and after the initiative's implementation.

Table 2
How was the delivery of health services transformed through the initiative?

Before	After
Selecting services	
Designing care	
Organizing providers	
Managing services	
Improving performance	

Engaging and empowering people, families and communities

Positioned as a subsection, efforts taken to engage and empower people, their families and communities throughout the process of services delivery should be highlighted according to those specific actions taken. The narrative for this section should describe any efforts put in place by the initiative to engage people and their communities, this may include for example, empowerment mechanisms to encourage participation, promote community awareness, improve health literacy or engagement efforts to personalize care planning, support self-management, encourage shared decision making and enable community delivered care.

Health system enabling factors

This section should develop a description of how changes were supported by the system (how it was done) according to identified health system enabling factors. These enabling factors of accountability, incentives, competencies, communication and innovation, should make clear from the system-view how other core functions of the health system were acted upon. The health system enabling factors should be developed in text to narrate the findings found in the triangulation. A table should be included at the end of the text to complement the description written.

Table 3
How has the health system supported transformations in health services delivery?

System enablers	Described
Accountability	
Incentives	
Competencies	
Information	
Innovation	

Outcomes

This section should briefly highlight the impact to-date. Recalling back to the problem definition, the 'impact' should reflect observed changes and measured results where these are known. In many circumstances this may take shape as anecdotal evidence, which where possible should be acknowledged. This should not take shape as an evaluation of the initiative but should report on health service delivery outcomes relating comprehensiveness, coordination, effectiveness and person-centredness or health system outcomes of quality, efficiency and access.

Change management

This last describes the 'process' of efforts that were undertaken, this should tell the 'story' of the initiative came to be. The intention of this section is to recognize that an understanding of what to do is not sufficient for changes to place, but rather a sense of how the process was approached offers unique insights for other leaders and managers.

Taking direction from the timeline, the text should be developed according the (1) key actors (2) initiating change (3) implementation (4) moving forward. The tone in each of these sections should be geared towards leadership and management, sharing first hand insights from the process, the challenges faced and how these were overcome.

Key actors

This subsection identifies and describes the initiative's key actors involved in the initiatives development. It provides a brief narrative to positioning their roles in the context of how the case was developed (e.g. whether it was provider-led or top-down).

Box 2
Who were the key actors and what were their defining roles?

Initiating change

This subsection describes the process of priority setting, generating buy-in from stakeholders and building momentum for the initiative. It should detail the activities and reasoning that unfolded prior to implementation.

Implementation

This subsection provides a narrative to the key milestones and activities that followed the planning process and early set up that were put in place to help realize initiative goals. Moving forward

This subsection describes the current state of the initiative, any on-going efforts and future plans for sustainability or scale-up of the initiative.

Highlights

Finally, this last section asks the authors of the case study to reflect on those elements that have either enabled or hindered the initiative. It should re-iterate messages already stated in text but rephrased to draw attention to interpret why this is of particular importance in the case. This section can be written as a box, separated from the text. It can be assumed that some readers may reference this and the 'overview' section online, so messaging should be succinct but avoid being overly generic to ensure it can be accurately interpreted.

Tool: Validation survey

The validation survey that follows provides an outline for the questions that should be asked to ensure the information presented in the profile is accurate. It also provides an opportunity for key informants to comment on any elements they feel would enhance the profile. The survey below follows the same outline as was used in the development of the profile in the *Compendium* (4), if adaptations have been made to any of the sections in the profile, ensure to make parallel changes in the survey template.

Overview of validation survey

The aim of this survey is to validate the accuracy of the drafted case profile of initiatives to strengthen integrated health services delivery. This review process seeks your validation on content prior to final revisions, editing and publication. Please note, as a draft document the case profile remains subject to stylistic and/or structural changes following your response.

Before completing this survey, please first read the case profile in full. The survey has been structured to review the content of each of the five sections of the case profile. It should take no more than 30 minutes to complete.

If you have any questions or experience any technical difficulties please contact [Insert contact information].

Thank you in advance for your time and support.

Kind regards,

[Insert name]
[Insert affiliation]

Contact details

For further clarification on your feedback, it may be necessary to contact you. Please provide your preferred contact details below to do so.

Name:

Organization:

Country:

Email address:

Phone number:

Validation of content

The following questions have been structured according to the sections of the case profile to assess the accuracy of its content. As you are answering the questions, please refer back to each section to verify if the content provided is accurate. Examples of key considerations have been highlighted for each.

Section one: overview. In general, does the overview provide an accurate summary of the initiative? For example: the names, places and events are accurate and correctly spelled; statistics are accurate; important facts have not been missed.

■ Yes ■ Don't know ■ No
If no – please explain

Section two: problem definition. Has the context motivating change been accurately described? For example: statistics quotes are applicable; the epidemiological and social context discussed is accurate; any context specific factors have been appropriately captured.

■ Yes ■ Don't know ■ No
If no – please explain

Section three: health services delivery transformation. Has the description of the health services delivery transformation been accurately framed? For example: the timeline of transformations are correct; details of the services provided are correct; the details regarding the way in which providers are organized is accurate; the management of services delivery is factual; the involvement of citizens and communities have been accurately described.

■ Yes ■ Don't know ■ No
If no – please explain

Section four: health system enabling factors. Have health system factors enabling transformations been correctly described? For example: any policy documents referred to are correctly spelled and accurate in presenting the information; actions taken have been correctly attributed to actors and organizations.

- ■ Yes
- ■ Don't know
- ■ No

If no – please explain

Section five: change process. Are the actors correctly listed and their roles accurately described? Are the results cited in the outcomes box appropriately listed? Has the process of change been rightly captured? For example: no key outcomes are missing; the statistics and numbers cited are accurate; roles and processes are correctly summarized.

- ■ Yes
- ■ Don't know
- ■ No

If no – please explain

Approval of case profile

Based on your understanding of the initiative, please consider the following final questions.

Overall, is the content presented in the drafted case profile accurate? If not, what, if any, information is misrepresented, missing or could be expanded upon? For example: key aspects that would improve understanding; activities missed; contextual factors that require more/less emphasis?

In your opinion, based on the accuracy of content of the case profile, please select one of the following

- ■ I approve the content of the case as being accurate, no revisions/changes needed
- ■ I approve the content of the case as being accurate, with revisions noted
- ■ Please contact me to discuss

Do you have any additional comments on the case profile prior to submitting your response?

Thank you!

Summary of steps

Summary of steps

Step	WHAT?	WHY?	HOW?	WHO?	OUTPUT
1. **Defining the initiative**	Identify health service delivery transformations for profiling and complete the scoping questionnaire, considering the aims and objectives of the profile and a first review of available information.	To gain scope and focus on the health services delivery transformation and preliminary information.	■ Identifying an initiative ■ Defining aims and objectives ■ Scoping background information	Coordinator Web support Researcher	Selected initiative Completed scoping questionnaire Background information on the initiative
2. **Preparing the logistics**	Plan logistics, including ethics approval, resources and timeline, select key informants and develop an interview protocol.	To manage practical considerations for developing a profile; to identify individuals who are best suited to participate in the interview; to define key topics and develop questions for key informant interviews.	■ Planning the process ■ Identifying key informants ■ Developing a protocol	Coordinator Researcher Translator	Ethics approval Budget proposal Division of roles and responsibilities Timeline for outputs List of key informants Drafted interview protocol
3. **Collecting the evidence**	Coordinate the participation of key informant(s) for an interview, conduct the interview and transcribe findings.	To request the participation of identified key informants in an interview; to gather the first hand experiences; to transcribe data collected into for analysis of key themes and lessons learned.	■ Coordinating the interview ■ Interviewing key informant(s) ■ Transcribing the	Coordinator Researcher Translator	Information letter Set dates and logistics for key informant interview Audio recording of 45–60 minute interview Written transcription
4. **Analysing the data**	Cross-reference the information from the scoping questionnaire, background information and interview and analyse the evidence.	To reflect on findings and link information across sources, highlighting key messages by sections of the profile's structure.	■ Finalizing the information ■ Filling in the template	Researcher	Completed data analysis tool
5. **Finalizing the profile**	Develop the analysis into a complete narrative, circulate for feedback from key informant(s) and incorporate comments to finalize.	To develop a profile based off the information provided by the key informant(s); to ensure the narrative developed accurately reflects the transformation; to finalize and disseminate the profile according to originally stated aims and objectives.	■ Profile template ■ Validation survey ■ Examples of platforms for publishing	Writer Translator Editor Web support Coordinator	Complete draft of case profile Completed validation survey Commented profile Completed draft

Glossary

Comprehensive. Selected population and individual health services extend across a broad continuum of care and across life stages, to include services from health protection, health promotion and disease prevention to diagnosis, management, treatment, long-term care, rehabilitation and palliative care, for services that are whole-person facing.

Coordination. The resultant of the selection, design, organization, management and improvement of services in a specific episode of care and in the provision of services at intervals overtime and across the life span to promote the best results.

Designing care. The development of service paths that standardize a course for services according to best-available evidence, mapping transitions between types and levels of care, while also accounting for the personalization of pathways to match an individual's unique needs.

Effectiveness. The extent to which services are delivered, in line with the current evidence-base, for the optimal delivery of services for desired outcomes.

Health services delivery transformation. Describes those efforts that work to tackle the shortcomings of health services delivery, by optimizing the processes of selecting services, designing care, organizing providers, managing services and improving performance as well as finding alignment among the other health system functions of governing, financing and resourcing, for changes that are fully embedded within the health system.

Improving performance. The process of establishing feedback loops that enable a learning system for spontaneous testing and adopting adjustments towards a high standard of performance, made possible through cycles of continuous learning and the regular review of clinical processes.

Managing services. The process of planning and budgeting, aligning resources, overseeing implementation and monitoring of results to maintain a degree of consistency and order in the delivery of services and act upon observed deviations from plans, problem-solving and trouble-shooting as needed.

Organizing providers. The alignment of the health workforce to match selected services and their design with the distribution of professional roles and scopes of practice and the arrangements in which the health workforce works according to settings of care and practice modalities for the provision of services as envisaged.

People-centredness. The extent to which the delivery of services adopts a person facing perspective, including selecting services according to an individual's needs and known risks, designing care to engage patient's in decision making, organizing providers to realize their delivery with management and improvement mechanisms in place towards optimal health outcomes.

Selecting services. The prioritization of health services for a clearly defined population in order to equitably promote, preserve and restore health throughout the life course, ensuring a broad continuum, from health protection, health promotion, disease prevention, diagnosis, treatment, long-term care, rehabilitation to palliative care can be provided according to an individual's needs.

References and relevant resources

References

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2. WHO Regional Office for Europe. Priorities for health systems strengthening in the European Region 2015-2020: walking the talk on people centredness. Copenhagen: WHO Regional Office for Europe; 2014.

3. Yaya S, Danhoundo G. Introduction: special issue on innovations in health care system reform in OECD countries. Innovation Journal: Public Sector Innovation Journal 2015; 20(1).

4. WHO Regional Office for Europe (forthcoming). Compendium of initiatives for health services delivery transformations. Copenhagen, WHO regional Office for Europe.

5. Tello, J. and Barbazza, E. (2015) Concept note on health services delivery. Copenhagen: WHO Regional Office for Europe. Retrieved from: http://www.euro.who.int/__data/assets/pdf_file/0020/291611/Health-Services-Delivery-A-concept-note-301015.pdf

Background documents

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