

Catalogue of resources to support health services delivery transformations



# Catalogue of resources to support health services delivery transformations

August 2016

Health Services Delivery Programme Division of Health Systems and Public Health

#### **Abstract**

This document catalogues over 500 resources available to support putting health services delivery transformations into practice. The resources include tools, guides, frameworks, cases and databases, among others, that can be applied to support efforts including: understanding and defining concepts; planning actions; ensuring consistency and quality; gathering and reporting on evidence; and/or learning and exchanging information. The identified resources are logged according to the domains, areas for action and key strategies set out in the European Framework for Action on Integrated Health Services Delivery. The catalogued resources have been identified through a series of topic-specific reviews as well as country case studies carried out by the Health Services Delivery Programme of the Division of Health Systems and Public Health at the WHO Regional Office for Europe. The catalogue has also benefited from expert recommendations. The list of resources is not exhaustive but rather illustrates how different resources complement and can be used in line with the European Framework for Action on Integrated Health Services Delivery.

#### **Keywords**

HEALTH SERVICES
HEALTH SERVICES RESEARCH
DELIVERY OF HEALTH CARE, INTEGRATED
HEALTHCARE REFORM
HEALTH PLAN IMPLEMENTATION

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## **Acknowledgements**

This catalogue was designed and developed by the Health Services Delivery Programme, a technical unit of the Division of Health Systems and Public, directed by Hans Kluge at the WHO Regional Office for Europe.

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#### Other contributors

Valuable inputs were also gleaned from country case profiles documented in the report "Lessons from transforming health services delivery: compendium of initiatives in the WHO European Region". The contributors to these cases are duly noted at the outset of the document.

#### **Preface**

In the WHO European Region, Member States share a timeless commitment to strengthen health systems for health and development. This commitment was marked by the 1996 Ljubljana Conference on reforming health care and reaffirmed by the 2008 Tallinn Charter on health and development. More recently, strengthening people-centred health systems, including revitalized public health functions and capacity, was recognized as one of four priority areas in the European policy framework, Health 2020², which set out a course of action for achieving the Region's greatest health potential by the year 2020. The importance of people-centred health systems has also been signaled globally, marked by the adoption of a global framework for integrated, people-centred services delivery at the Sixty-ninth World Health Assembly in May 2016.³

The vision put forward by Health 2020 for people-centred health systems extends the same principles of equity, social justice, community participation, health promotion, the appropriate use of resources and intersectoral action as outlined in the 1978 Declaration of Alma-Ata. The continuity of these principles extends a primary health care approach as critical for health systems to make significant progress towards universal health coverage, while contributing to improved health outcomes, economic and social development and wealth creation.

In line with this collective priority and the implementation of Health 2020, the WHO Regional Office for Europe has worked to highlight specific entry points for strengthening people-centred health systems. At the 65th session of the WHO Regional Committee for Europe, Member States endorsed priorities for health systems strengthening in the European Region for the period 2015–2020 in resolution EUR/RC65/R5, making health services delivery transformations one of the two priority areas of work for the Office.<sup>4</sup>

In recent years, the WHO Regional Office for Europe has worked to respond to the call of Member States for evidence-based policy options on how to transform services delivery. This has included a number of topic-specific reviews, exploring the available evidence and work to-date to strengthen health services. As a key milestone in this process, a European Framework for Action on Integrated Health Services Delivery will be put forward to Member States at their 66th session of the Regional Committee for Europe in September 2016.

The catalogue at hand brings together tools and resources that support the Framework for Action's implementation. It does so by cataloguing an inventory of examples and options for change agents to take on the process of undertaking services delivery transformations. Importantly, the listed resources are merely examples, designed as a practical resource for getting started.

Moving forward with implementation, the new WHO European Centre for Primary Health Care based in Almaty, Kazakhstan, sets out to support Member States to put the Framework for Action into practice. Generating topic-specific policy research, studying country experiences, strengthening technical capacity and networking partners across the Region, the Centre and its multi-professional team serve as a hub of resources and expertise for implementation, aiming ultimately to accelerate health system strengthening and improvements towards the Region's health goals.

For updates on activities and to access similar resources developed in line with the Framework for Action visit the health services delivery webpage of the WHO Regional Office for Europe website: http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery

<sup>2</sup> Health 2020: a European policy framework supporting action across government and society for health and well-being. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/en/publications/abstracts/health-2020-a-european-policy-framework-supporting-action-across-government-and-society-for-health-and-well-being).

<sup>3</sup> Framework on integrated, people-centred health services. Geneva: World Health Organization; 2016. (http://apps.who.int/gb/ebwha/pdf\_files/WHA69/A69\_39-en.pdf).

<sup>4</sup> Priorities for health systems strengthening in the European Region 2015-2020: walking the talk on people centredness. Copenhagen: WHO Regional Office for Europe; 2015. (EUR/RC65/13; http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/65th-session/documentation/working-documents/eurrc6513-priorities-for-health-systems-strengthening-in-the-who-european-region-20152020-walking-the-talk-on-people-centredness).

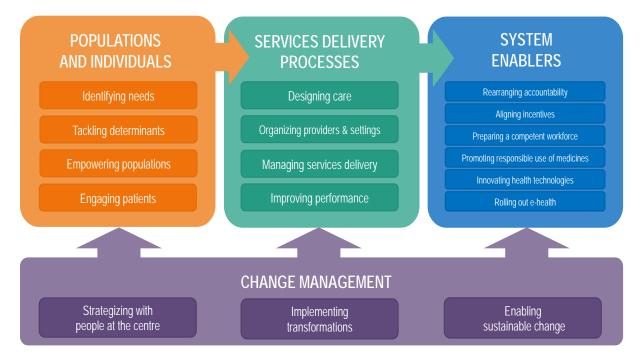
## **About this catalogue**

This catalogue is a working document, indexing resources to support services delivery transformations. The resources listed here have been identified in the process of developing the European Framework for Action on Integrated Health Services Delivery. The catalogue itself will continue to be expanded and refined. Readers are encouraged to contribute to this process by contacting the Health Services Delivery Programme with additional examples to be considered. To submit, contact: EUCIHSD@who.int.

This catalogue has been developed as part of the implementation package for the European Framework for Action on Integrated Health Services Delivery (hereafter, Framework for Action). The Framework for Action is itself a resource for undertaking health services delivery transformations. By adopting an outcome-oriented, systems-based approach, it identifies and sequences a priority list of key areas that call for attention to transform services delivery; hence, termed areas for action. The areas are organized in four domains, accounting for the interactions and interdependencies inherent to undertaking services delivery transformations (see Fig. 1).

The Framework for Action's four domains set out to identify population and individual needs for transformations focused on improving outcomes with people at the centre of services. To do so, it recognizes adjustments in services delivery processes are needed to match and respond to those most pertinent health needs and determinants and that this entails aligning the other functions of health systems in order to support the system conditions required for new services delivery processes. A fourth, cross-cutting property, calls focus to managing changes purposefully across stages of strategizing, implementing and sustaining transformations.

Fig. 1. Overview of the European Framework for Action on Integrated Health Services Delivery<sup>5</sup>



<sup>5</sup> Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016. (http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/66th-session/documentation/working-documents/eurrc6615-strengthening-people-centred-health-systems-in-the-who-european-region-framework-for-action-on-integrated-health-services-delivery).

#### **Aims**

This catalogue complements the Framework for Action by providing examples of available resources for each area and key strategy put forward as a priority for transforming services delivery. In doing so, the catalogue serves as an inventory of organized and documented options, as examples to assist change agents in navigating services delivery transformations with both a prioritized list of areas and the know-how for putting change into practice.

The development of the catalogue has ultimately been guided by the following three key aims:

- To identify relevant examples. Further to the key strategies identified for each area, the catalogue breaks
  down these strategies into specific examples. While the examples are not exhaustive, these serve to
  suggest specific ways in which efforts can be directed to activate change.
- 2. To catalogue known resources. Resources included in the catalogue range from tools, guides and frameworks to databases and networks among other varieties. In documenting a wide range of resources, the catalogue offers a menu of options for undertaking transformations and serves as a go-to resource to support efforts.
- 3. To set a basis for further development. Documenting over 500 resources, the catalogue is a testament to the vast amount of available material on services delivery. Nonetheless, the number of examples and possible resources is endless. As a first effort to document and consolidate resources, further work will continue to expand and improve upon the inventory of options to enrich this first working version of the catalogue.

#### **Process of identifying resources**

The primary sources of evidence and process for collecting resources included the following:

- Topic-specific scoping reviews. At the outset of developing the Framework for Action, a series of targeted, topic-specific reviews were conducted. These reviews, developed by experts in their respective fields, were launched to first explore the range of literature, evidence and experiences on topics pertinent to the Framework for Action, including for example, services delivery, the health workforce, patient engagement and population empowerment.
- Field evidence. As part of the development of the Framework for Action, a series of descriptive case studies
  on initiatives to transform health services delivery from all 53 Member States of the WHO European
  Region were developed. Through a horizontal analysis across cases, those processes, tools and other
  resources most commonly activated were extracted. These findings have been incorporated throughout
  the catalogue. The cases in full and key lessons learned can be accessed for further details (see: Lessons
  from transforming health services delivery: Compendium of initiatives in the WHO European Region).
- Technical experts and partners. Through a snowballing of recommendations, technical experts, namely staff of WHO technical programmes, were solicited to provide input on other relevant sources of resources. The work of development partners and other organizations active in services delivery and known to the experts engaged, were also reviewed.

All resources were assessed for inclusion based on their alignment with the overarching vision of the Framework for Action and its areas for action. Importantly, the catalogue has not attempted an exhaustive search. Only resources available in English were considered. Priority was given to European based work, coming to the exclusion of efforts in other parts of the world. The resources described are a subset of all available resources and many may apply to multiple strategies. In this document, each resource has been aligned to only one strategy. In this way, the catalogue attempts rather to serve as a resource for starting out a transformation process.

#### How to use this catalogue

Resources identified have been catalogued according to the structure of the Framework for Action as described in Table 1. The application of these categories has served to organize the available resources for their indexing according to defined codes for the types of resources identified; the examples and resources themselves are listed in a non-specified order. A full overview of domains, areas and key strategies put forward by the Framework for Action can be found in the section 'Overview: sections of catalogue.'

Table 1. Organization of resources identified

Domains	Areas for action	Key strategies	Examples	Resources
Four core pillars of transformations, organized to put people first, in alignment with services and systems, recognizing change management as a cross-cutting property of transformations.	High-leverage properties that call for strategic action to activate changes. Areas for action are aligned to each domain of the Framework and represent the most pertinent areas for work.	Specific directions of work to be considered in identifying and planning improvements to be achieved in each area.	A subset of possible actions signalling those known efforts that can be activated, each accompanied by illustrative resources. Note: examples are not exhaustive.	Examples of known supports including tools, guides, frameworks, cases, and databases, among others.

In an effort to support interpretation and application of each, the resources have been clustered into groups that reflect their primary objectives: to assist in defining concepts and developing actions; to promote consistency and quality; to gather and disseminate information and evidence; and to support education and learning. This clustering of resources is described in Table 2.

The different examples of each type of resource have been assigned numbers to capture their primary objective. This coding of examples has been applied to index the resources. All resources documented here can be found online using the citation provided.

 Table 2. Description of classification for indexing resources

Тур	e of resource	Described	Indexing type and code
1.	Resources for understanding and defining concepts	Support defining, reasoning or elaborating an understanding of underlying conceptual structures.	<ul><li>1.1 Frameworks</li><li>1.2 Models</li><li>1.3 Peer-reviewed articles</li><li>1.4 Discussion papers</li><li>1.5 Reports</li></ul>
2.	Resources for planning actions and next steps	Assist change agents to determine and plan next steps in the process of transforming services delivery.	2.1 Guides 2.2 Toolkits 2.3 Action plans 2.4 Strategies
3.	Resources for promoting consistency and quality in services delivery	State requirements, specifications or characteristics that can be used to consistently ensure that materials, processes and services are optimized.	<ul><li>3.1 Standards</li><li>3.2 Guidelines</li><li>3.3 Checklists</li><li>3.4 International policies</li><li>3.5 Indicators</li></ul>
4.	Resources for gathering and disseminating information	Allow for collecting, analyzing and sharing data on care, processes and resources.	4.1 Databases 4.2 Dashboards 4.3 Assessments 4.4 Evaluations 4.5 Surveys
5.	Resources for learning and engaging	Support patients, professionals, managers and other health system actors to gain new skills and learn from the experience of others.	5.1 Training courses 5.2 Networks 5.3 Conferences 5.4 Case studies 5.5 Campaigns 5.6 Panels 5.7 Discussion tool
6.	Resources for informing	Designed specifically for consumers of health services.	<ul><li>6.1 Information sheets</li><li>6.2 Brochures</li><li>6.3 Decision aids</li><li>6.4 Handbook</li></ul>

## **Overview: Organization of catalogue**

In the sections that follow, each area for action and key strategy put forward in the Framework for Action is listed along with an index of examples and relevant resources. For descriptions and definitions of key terms and concepts applied, refer to the Framework for Action document itself.<sup>6</sup>

Table 3. Overview of catalogue: domains, areas for action and key strategies

Domain	Areas for action	Key strategies
Populations and individuals	Identifying needs	Stratifying health needs and risks Planning actions based on evidence
muividuais	Tackling the determinants of health	Identifying the determinants of health  Mapping supports needed beyond health services
	Empowering populations	Protecting rights and fostering shared responsibilities Enabling informed choice Enhancing health literacy Supporting the development of community health
	Engaging patients	Supporting patient self-management Supporting patients' shared decision-making Strengthening patient peer-to-peer support Supporting patients' families and carers
Services delivery processes	Designing care across the life course	Including services across a broad continuum Standardizing practices Designing care pathways Tailoring patient care
	Organizing providers and settings	Introducing new and/or re-profiling settings Structuring practices for a multidisciplinary approach Adjusting the roles and scope of practice of provider Facilitating information exchanges
	Managing services delivery	Ensuring appropriate resources Linking meaningfully across actors Adopting a results-orientation
	Improving performance	Strengthening clinical governance Creating a system of lifelong learning
System enablers	Rearranging accountability	Assigning clear mandates Ensuring resources and tools Generating evidence on performance
	Aligning incentives	Steering the allocation of resources for purchasers Linking payment mechanisms for providers Implementing incentives for patients

<sup>6</sup> Strengthening people-centred health systems in the WHO European Region: framework for action on integrated health services delivery. Copenhagen: WHO Regional Office for Europe; 2016,(EUR/RC66/15; http://www.euro.who.int/en/about-us/governance/regional-committee-foreurope/66th-session/documentation/working-documents).

#### Table 3 continued

Domain	Areas for action	Key strategies
	Ensuring a competent health workforce	Recruiting and orientation based on competencies Enabling a supportive practice environment Establishing continuing professional development
	Promoting the responsible use of medicines	Ensuring standardization for responsible use Addressing prescribing, dispensing and admin practices Supporting the personalization of medicines
	Innovating health technologies	Supporting the application of new technologies Researching for optimization of medical devices
	Rolling out e-health	Facilitating interoperability and user-friendly platforms Granting access health data in secure and safe ways
Change management	Strategizing change with people at the centre	Creating a burning platform for change Engaging across actors Developing a planned approach
	Implementing transformations	Implementing pilots  Developing a high involvement culture  Facilitating communication
	Enabling sustained change	Building coalitions Fostering resilience Activating many levers

## **Populations & individuals**

## **Domain one: Populations and individuals**

Table 4. Overview of domain one: populations and individuals

Areas	Key strategies	Examples
Identifying needs	Stratifying health needs and risks	Determine patients and population health needs Stratify the population
	Planning actions based on evidence	Plan scenarios Analyse the existing context Apply international evidence
Tackling the determinants of health	Identifying the determinants of health	<ul> <li>Review the social determinants of health and their interactions in the context</li> <li>Ensure social inclusion and health equity for vulnerable groups</li> </ul>
	Mapping supports needed beyond health	Conduct research on health disparities
Empowering populations	Protecting rights and fostering shared responsibilities	<ul> <li>Apply human rights policies to health according to internationally accepted norms</li> <li>Promote the rights of patients and responsibilities of health facilities</li> <li>Encourage and foster capacity for people's participation</li> <li>Support the co-production of health services and policies</li> <li>Train providers on the right to health</li> <li>Develop health promotion activities</li> <li>Support local networks</li> <li>Monitor and evaluate the extent to which human rights are upheld</li> </ul>
	Enabling informed choice	<ul><li>Make relevant information available</li><li>Support patients' choice</li><li>Train providers to value patients' choice</li></ul>
	Enhancing health literacy	<ul> <li>Establish mechanisms promoting health literacy in organizations</li> <li>Introduce interventions promoting health literacy</li> <li>Improve patient-provider communication</li> </ul>
	Supporting the development of community health	<ul> <li>Work with the community and support co-production</li> <li>Engage community development workers and encourage coalitions</li> </ul>
Engaging patients	Supporting patient self-management	Develop self-care plans     Train providers to encourage self-management     Create a supportive environment
	Supporting patients' shared decision-making	Use decision aids Raise public awareness Develop a culture of shared-decision making

#### Table 4 continued

Areas	Key strategies	Examples
	Strengthening patient peer-to-peer support	<ul><li>Encourage community health workers</li><li>Support peer networks</li></ul>
	Supporting patients' families and carers	Education and training for staff and carers  Develop policy frameworks  Support networks of carers

## **Area for action: Identifying needs**

Table 5. Identifying needs: examples and resources

Key strategies	Examples	Resources	Туре
Stratifying health needs	Determine patients and population	Health for all Database. (WHO Regional Office for Europe, 2015)	4.1
	health needs	Data visualizations. (Institute for Health Metrics and Evaluation, 2013)	4.1
		Global health observatory data repository. (World Health Organization, 2015)	4.1
		European detailed mortality database. (WHO Regional Office for Europe, 2014)	4.1
		European hospital morbidity database. (WHO Regional Office for Europe, 2016)	4.1
		Centralized information system for infectious diseases. (WHO Regional Office for Europe, 2016)	4.1
		Comprehensive health and epidemiological surveillance system. (InDepth Network, 2015)	4.1
		Community health assessment for population health improvement. (United States Centres for Disease Control and Prevention, 2013)	4.3
		Comparative evaluation of health services outcomes. (Agabiti et al., 2011)	4.4
		National burden of disease studies: A practical guide. (World Health Organization, 2001)	2.1
	Stratify the population	Adjusted clinical care groups. (Veneto Region, 2013)	1.2
		Hierarchical condition coding. (United States Centres for Medicare and Medicaid, 2016)	1.2
		Elderly risk assessment. (Takahashi et al., 2011)	1.2
		Population pyramid for addressing chronic conditions. (Ministry of Health and Consumer Affairs of the Basque Country, 2010)	1.2
		Predictive risk stratification model (PRISM) (Health in Wales, 2016)	1.2

#### Table 5 continued

Key strategies	Examples	Resources	Туре
		South Devon predictive risk modelling and proactive case management. (Sonola et al., 2013)	1.2
		System-wide risk stratification approaches. (Gillespie et al., 2015)	2.1
		Choosing a predictive risk model: a guide for commissioners in England. (Lewis et al., 2011)	2.1
		What population groups do we want to include? (North West London Integrated Care, 2016)	2.1
Planning actions based on evidence	Plan scenarios	Scenario planning. (Enzmann et al., 2011)	2.1
		Primary care 2025 scenario. (Institute for Alternative Futures, 2012)	2.2
		Primary care 2025. (Institute for Alternative Futures, 2012)	5.5
	Analyse the existing context	<b>Health situation analysis.</b> (Pan-American Health Organization, 2011)	4.3
		Conducting local rapid assessments in districts and communities. (Management Sciences for Health, 2006)	2.1
		Situation analysis. (Barkan, 2000)	4.3
		Using maps to improve services. (Management Sciences for Health, 1992)	2.1
	Apply international evidence	Joint strategic needs assessment and joint health and wellbeing strategies explained. (Department of Health, 2011)	2.1
		Assessment tool for small area health needs. (Gibson-Wood et al, 2007)	4.3
		People-centred health care: a policy framework. (WHO Western Pacific Region, 2007b)	1.1
		People at the centre of health care: harmonizing mind and body, people and systems. (WHO Western Pacific Region, 2007)	1.1

# **Area for action: Tackling the determinants of health**

Table 6. Tackling the determinants of health: examples and resources

Key strategies	Examples	Resources	Туре
Identifying the determinants of health	Review the social determinants of health and their interactions in the context	WHO global strategy on people-centred and integrated health services. (World Health Organization, 2015)	2.4
		Addressing the social determinants of health and development. (University of Kansas, 2016)	2.2
		Closing the gap: policy into practice on social determinants of health. (World Health Organization, 2011)	2.1
		Social determinants of health visualizations. (Institute of Health Metrics and Evaluation, 2013)	4.1
		Our cities, our health, our future. (World Health Organization, 2008)	1.5
		A review of frameworks on the determinants of health. (Canadian Council on Social Determinants of Health, 2015)	1.1
		A conceptual framework for action on the social determinants of health. (World Health Organization, 2010)	1.1
		Better life index. (Organization for Economic Cooperation and Development, 2016)	4.1
		ACTION: SDH - discussion forums. (World Health Organization, 2016)	5.2
		Pan-American Health Organization/World Health Organization self-instructional course on social determinants of health. (Pan-American Health Organization, 2016)	5.1
		Case studies on social determinants of health. (World Health Organization, 2011)	5.4
		Action on the social determinants of health: Learning from previous experience. (World Health Organization, 2010)	5.4
		Resources of health system actions on socially determined health inequalities. (WHO Regional Office for Europe, 2014)	5.6

#### Table 6 continued

Key strategies	Examples	Resources	Туре
	Ensure social inclusion and health equity for vulnerable groups	Social exclusion knowledge network. (Popay et al, 2008)	5.2
		Network of independent experts on social inclusion. (European Commission, 2003)	5.2
		The guide to tailoring immunization programmes (TIP). (WHO Regional Office for Europe, 2013)	2.1
		Tailoring immunization programmes for seasonal influenza (TIP FLU). (WHO Regional Office for Europe, 2015)	2.1
Mapping supports needed beyond health services	Conduct research on health disparities	Health equity impact assessment. (Ontario Ministry of Health and Long-Term Care, 2013)	4.3
		Living standards measurement surveys. (The World Bank, 2016)	4.3
		Reducing health disparities: strategy planning and implementation in Israel's largest health care organization. (Balicer et al, 2011)	4.3
		Social determinants of health visualizations. (Institute of Health Metrics and Evaluation, 2013)	4.2
		Methods for measuring and reporting health disparities. (Kosice Institute for Society and Health, 2016)	4.3
		Measuring health inequalities. (Association of Public Health Observatories, 2005)	4.3
		Tackling health inequities: from concepts to practice: the experience of Västra Götaland. (WHO Regional Office for Europe, 2014)	1.5
		Health equity audit. (West Midlands Public Health Observatory, 2003)	4.3

## **Area for action: Empowering populations**

**Table 7.** Empowering populations: examples and resources

Key strategies	Examples	Resources	Туре
Protecting rights and fostering shared responsibilities	Apply human rights policies to health according	Code of conduct for medical and health websites. (The Health on the Net Foundation, 2014)	3.2
	to internationally accepted norms	Summary reflection guide on a human rights-based approach to health. (Office of the United Nations High Commissioner for Human Rights, 2015)	3.2
		A human rights-based approach to health. (Office of the United Nations High Commissioner for Human Rights, 2009)	1.5
		Charter on patient empowerment. (European Patients Forum, 2014)	3.1
	Promote the rights of patients and responsibilities of health facilities	A declaration on the promotion of patients' rights in Europe. (World Health Organization, 1994)	5.6
	Encourage and foster capacity for people's participation	Citizen briefs and panel. (McMaster Health Forum, 2014)	5.3
		Informed consent. (American Cancer Society, 2014)	6.1
		Talking with your doctor. (American Cancer Society, 2012)	6.1
	Support the co- production of health services and policies	Experience based co-design toolkit. (The King's Fund, 2013)	2.2
		Participation compass. (People and Participation Project, 2016)	2.2
	Train providers on the right to health	The right to health: a toolkit for health professionals. (British Medical Association, 2007)	2.2
	Develop health promotion activities	The health promotion strategic framework. (Health Service Executive, 2011)	1.1
	Support local networks	Local involvement networks (LINks) explained. (Department of Health, 2007)	1.5
	Monitor and evaluate the extent to which human rights are upheld	Human rights impact assessment: a method for healthy policy making. (MacNaughton, 2015)	4.3
Enabling informed choice	Make relevant information available	Patient centred primary care homes. (Oregon Health Authority, 2014)	5.5
		World health day. (World Health Organization, 2016)	5.5

#### Table 7 continued

Key strategies	Examples	Resources	Туре
		Brochures for patients. (Choosing Wisely, 2016)	6.2
		2014/2015 Choice framework. (Department of Health, 2015)	6.3
		Diabetes medication choice decision aid. (Mayo Clinic, 2015)	6.3
	Support patients' choice	List of considerations for choosing a doctor or a hospital. (American Cancer Society, 2014)	6.1
		Dignity in care factsheet. (Social Care Institute for Excellence, 2010)	6.1
		Patient insight dashboard. (National Health Service, 2016)	4.2
		Co-production training. (Social Care Institute for Excellence, 2016)	5.1
		Implementing personal health budgets. (National Health Service, 2015)	2.2
		Supporting choice and control. (InControl, 2007)	1.1
		Personal outcomes evaluation tool. (InControl, 2011)	4.4
	Train providers to value patient choice	Care certificate standards. (Skills for Care, 2015)	3.1
Enhancing health literacy	Establish mechanisms promoting health literacy in organizations	Attributes of a health literate organization. (Brach et al, 2012)	1.4
		Building health literate organizations. (Abarams et al, 2014)	2.1
		Health literacy action plan for Scotland. (Government of Scotland, 2014)	2.3
		Health literacy toolkit for low and middle- income countries. (WHO Regional Office for South-East Asia, 2015)	2.2
	Introduce interventions promoting health literacy	Health literacy interventions and outcomes: an updated systematic review. (Berkman et al, 2011)	1.3
		Excellence gateway resources for teaching and training. (Excellence Gateway, 2016)	5.1
		Information and support for health actions questionnaire. (Dodson et al, 2014)	4.5
		The European health literacy survey. (Sorensen, 2013)	4.5

#### Table 7 continued

Key strategies	Examples	Resources	Туре
		Patient activation measurement. (Hibbard et al, 2004)	4.3
		Health literacy universal precautions toolkit. (Agency for Healthcare Research and Quality, 2016)	1.5
	Improve patient- provider	Teach-back toolkit. (American Medical Association, 2016)	5.1
	communication	Adult community learning courses. (Essex County Council, 2016)	5.1
		<b>Digital participation programme.</b> (National Health Service, 2007)	5.2
		The European health literacy project. (Health Literacy Europe, 2011)	5.2
		Health literacy universal precautions toolkit. (Agency for Healthcare Research and Quality, 2016)	2.2
Supporting the development of community health	Work with the community and support coproduction	Community Health Framework. (United States Agency for International Development, 2015)	1.1
		Asset-based community development tool kit. (Northwestern University, 2009)	2.2
		Community stories. (University of Kansas, 2015)	5.2
		Reaching out: community engagement and health. (National Health Service, 2015)	5.2
		Training curriculum: building capacity for collaborative action. (University of Kansas, 2013)	5.1
		Active learning: using participatory theatre in the professional development. (Kumrai et al., 2009)	5.1
		Community development: improving population health. (Chanan, 2012)	2.1
		Community planning factsheet. (Community Development and Health Network, 2016)	2.1

#### Table 7 continued

Key strategies	Examples	Resources	Туре
	Engage community development workers	Coalition building: starting a coalition. (University of Kansas, 2015)	5.1
	and encourage coalitions	Community health improvement navigator. (Centres for Disease Control and Prevention, 2015)	5.4
		Reflective case story and template. (Community Development and Health Network, 2013)	5.4
		Knowledge hub digital collaboration platform for global public service. (Knowledge Hub, 2016)	5.2

## **Area for action: Engaging patients**

Table 8. Engaging patients: examples and resources

Key strategies	Examples	Resources	Туре
Supporting patient self-management	Develop self-care plans	Outcomes star. (Triangle Consulting Social Enterprise, 2009)	5.7
		Chronic disease self-management programme. (Stanford Patient Education Research Centre, 2016)	5.1
		My condition, my terms, my life. (Health and Social Care Alliance Scotland, 2016)	6.4
		European directory of health apps 2012-2013. (European Commission, 2012)	6.4
		Personal health budgets learning network. (National Health Service, 2016)	5.2
		Chronic disease self-efficacy scales. (Stanford Patient Education Research Centre, 2016)	4.3
		Measuring family perceived involvement in individualized long-term care. (Reid et al., 2007)	4.3
	Train providers to encourage self-management	Practitioner development programme. (The Health Foundation, 2013)	5.1
		Supporting self-management. (National Health Service, 2016)	5.1
		Promoting self-management. (Chest, Heart and Stroke Scotland, 2016)	5.1
		Education for partnership. (Hasman et al, 2006)	5.2
		Professional stories. (Health and Social Care Alliance Scotland, 2016)	5.2
		Where people need support. (Health and Social Care Alliance Scotland, 2016)	2.1
		Supporting people to manage their health: an introduction to patient activation. (Hibbard & Gilburt, 2014)	4.4
	Create a supportive environment	Self-management for long-term conditions in Scotland. (Government of Scotland, 2008)	2.3

#### Table 8 continued

Key strategies	Examples	Resources	Туре
		Learning from the co-creating health programme. (The Health Foundation, 2016)	5.4
		Quality standards. (Quality Institute for Self-Management Education and Training, 2016)	3.1
Supporting patients' shared decision-	Use decision aids	Ottawa personal decision guide. (Ottawa Hospital Research Institute, 2015)	6.3
making		Decision conflict scale. (Ottawa Hospital Research Institute, 2015)	6.3
		OPTION Scale. (Elwyn et al., 2005)	6.3
		Ottawa decision support tutorial. (Ottawa Hospital Research Institute, 2015)	5.1
	Raise public awareness	What you need to know about shared decision-making. (Informed Medical Decisions Foundation, 2016)	5.5
		Ask three questions. (The Health Foundation, 2013)	5.5
	Develop a culture of shared-decision making	Shared-decision making resource centre. (Mayo Clinic, 2016)	5.2
		Shared decision-making program research. (Informed Medical Decisions Foundation, 2011)	5.2
		Shared decision-making and self- management support collaborative programme. (National Health Service Advacning Quality Alliance, 2016)	5.1
		Shared decision-making in primary care. (Centre for Shared Decision-Making, 2016)	2.2
Strengthening patient peer-to-peer support	Encourage community health workers	Training and education resources. (Massachusetts Association of Community Health Workers, 2013)	5.1
		The Minnesota community health worker curriculum. (Minnesota Community Health Worker Alliance, 2013)	5.1
	Support peer networks	Global network of peer support. (University of North Carolina, 2016)	5.2
		National peer support collaborative learning network. (University of North Carolina, 2016)	5.2

#### Table 8 continued

Key strategies	Examples	Resources	Туре
Supporting patients' families and carers	Education and training for staff and carers	Your guide to care and support. (National Health Service, 2015)	6.1
		Building better caregivers online. (Stanford Patient Education Research Centre, 2016)	5.1
	Develop policy frameworks	Recognised, valued and supported: next steps for the carers strategy. (Department of Health, 2010)	1.1
		The Scottish Government's carers and young carers strategy. (Government of Scotland, 2010)	2.3
		The Welsh carers strategy action plan. (Government of Wales, 2013)	2.3
	Support networks of carers	Blended learning networks. (The Swedish Family Care Competence Centre, 2013)	5.2
		Professionals and parents' lessons learned on blended learning networks. (Wilder et al, 2015)	1.3

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## **Services delivery processes**

### **Domain two: Services delivery processes**

Table 9. Overview of domain two: services delivery processes

Area	Key strategies	Examples
Designing care across the life course	Including services across a broad continuum	<ul><li>Expand the range of services delivered</li><li>Prioritize early diagnosis and systematic screening of high-risk groups</li></ul>
Course	Standardizing practices	<ul><li>Develop care protocols and guidelines</li><li>Assign populations on a territorial basis</li></ul>
	Designing pathways	<ul><li>Discharge planning</li><li>Coordinate care transitions</li></ul>
	Tailoring patient care	Develop individual care plans
Organizing providers and settings	Introducing new and/or re-profiling settings	Initial assessment of primary and secondary care Reconfigure acute care centres Support assisted living and care in the home
	Structuring practices for a multidisciplinary approach	Develop new practice modalities Co-locate services
	Adjusting the roles and scope of practice	Expand provider roles and ehnance competencies Improve providers non-clinical skills
	Facilitating infor- mation exchanges	Streamline information flows
Managing services delivery	Ensuring appropriate resources	Assess services delivery Manage inventory and resources Plan inputs
	Linking meaningfully across actors	Connect information across sectors  Set up facility of district level programmes and plans
	Adopting a results- orientation	Identify waste and inefficencies  Make strategic choices
Improving performance	Creating a system of lifelong learning	Establish short-course trainings Promote problem based learning Set up working exchanges
	Strengthening clinical governance	Promote patient safety  Measure and report on quality  Solicit patient feedback

### Area for action: Designing care across the life course

Table 10. Designing care across the life course: examples and resources

Key strategies	Examples	Resources	Туре
Including services across a broad continuum	Expand the range of services delivered	Choosing interventions that are cost- effective. (World Health Organization, 2014)	2.1
		How-to of health benefit plans. (Glassman et al., 2015)	2.1
		National health planning toolkit. (World Health Organization, 2010a)	2.2
		Package of essential noncommunicable disease interventions for primary health care in low-resource settings. (World Health Organization, 2010b)	2.1
		How do OECD countries define the basket of goods and services financed collectively? (Paris et al., 2014)	2.1
		Setting priorities in health. (Nuffield Trust, 2011)	1.1
	Prioritize early diagnosis and systematic screening of high-risk groups	Introducing a complex health innovation – primary health care reforms in Estonia (multi-methods evaluation). (Atun et al., 2006)	5.4
		Putting prevention into practice. (The Royal Australian College of General Practitioners, 2006)	2.1
		Geriatric resources for assessment and care of elders (GRACE). (Counsell et al., 2006)	4.3
		Chronic care model. (MacColl Institute, 2009)	1.2
		Managed care: the US experience. (Sekhri, 2000)	1.2
		Model of care costing tool. (North West London Integrated Care, 2014)	2.2
		Self-assessment tool for the evaluation of essential public health operations. (WHO Regional Office for Europe, 2015)	4.3
		Implementing integrated, patient-centred TB care and prevention. (World Health Organization, 2015)	2.1
		STEPwise approach to surveillance (STEPS). (World Health Organization, 2008b)	4.4

Table 10 continued

Key strategies	Examples	Resources	Туре
Standardizing practices	Develop care protocols and	Developing guidelines. (Shekelle et al., 1999)	2.1
	guidelines	AGREE Resource Centre for AGREE Instruments and practice guidelines. (AGREE, 2011)	3.1
		International classification of function. (World Health Organization, 2001)	4.3
		Clinical practice guidelines. (The Royal Children's Hospital Melbourne, 2016)	3.2
		Quality compass. (Health Quality Ontario, 2015)	2.1
		Standards and measures for patient centered primary care homes. (Oregon Health Authority, 2014)	3.1
		Best practice spotlight organization program. (Spanish Institute of Health Carlos III, 2012)	5.4
	Assign populations on a territorial basis	A population health guide for primary care models. (Care Continuum Alliance, 2012)	2.1
		Patient care groups: a model of population based primary health care for Ontario. (Price et al., 2015)	1.2
Designing pathways	■ Discharge planning	Discharge planning checklist. (United States Centres for Medicare and Medicaid Services, 2015)	3.3
		Discharge summary implementation toolkit. (The Royal College of Physicians of the United Kingdom, 2011)	2.2
		Re-engineered discharge (RED) toolkit. (Jack et al., 2015)	2.2
		bestPATH. (Health Quality Ontario, 2016)	2.2
		A toolkit for developing a clinical pathway. (Queensland Government, 2005)	2.2
		Integrated care pathways: a guide to good practice. (National Leadership and Innovation Agency for Healthcare, 2005)	2.1
		Clinical pathway development/review checklist. (The Royal Children's Hospital Melbourne, 2016)	5.1

Table 10 continued

Key strategies	Examples	Resources	Туре
	Coordinate care transitions	Patient referral checklist. (Improving Chronic Illness Care, 2016)	3.3
		Referral tracking guide. (American College of Physicians Practice, 2008)	2.1
		Care coordination tool for transition to long-term and post-acute care. (Health Information Technology Research Center, 2014)	3.3
		Post-hospital follow-up visit: a physician checklist to reduce readmissions. (Coleman, 2010)	3.3
Tailoring patient care	Develop individual care plans	Care and support planning guide. (National Voices, 2014)	2.1
		Personalized care and support planning. (Coalition for Collaborative Care, 2015)	2.1
		My shared care plan. (Institute for Healthcare Improvement, 2013)	6.3
		Shared care protocols. (Nottinghamshire Area Prescribing Committee, 2016)	3.2
		Shared care protocols. (National Health Service Cumbria, 2013)	3.2
		Shared care guidelines and protocols in the United Kingdom. (Majeed & Khunti, 2008)	3.2
		Key elements to include in a coordinated care plan. (Ontario Medical Association, 2014)	3.1

### **Area for action: Organizing providers and settings**

Table 11. Organizing providers and settings: examples and resources

Key strategies	Examples	Resources	Туре
Introducing new and/or re-profiling	Initial assessment of primary and	Primary care assessment tool (PCAT). (Starfield & Shi, 2005)	4.3
settings	secondary care	Measuring attributes of primary health care: development of a new instrument. (Flocke, 1997)	4.3
		Primary care evaluation tool (PCET). (WHO Regional Office for Europe, 2010)	4.4
		The European primary care monitor in building primary care in a changing Europe. (Kringos et al., 2015)	1.5
	Reconfigure acute care centres	Health care outside hospital: accessing generalist and specialist care in eight countries. (Ettelt et al., 2006)	5.4
		Reconfiguring hospital services: lessons from south east London. (Palmer, 2011)	5.4
	Support assisted living and care in the home	Transforming community services: ambition, action, achievement. (Department of Health, 2009)	2.3
		A policy guide for creating community based specialty clinics. (Ontario Ministry of Health and Long-Term Care, 2013)	2.1
		Realising the benefits of community care. (NHS Confederation & Community Health Services Forum, 2012)	1.5
		Community health service forum. (NHS Confederation, 2016)	5.2
		Community health care services: what does good look like? (The King's Fund, 2015)	5.3
		Home and community care: a guide to your care. (Government of British Columbia, 2007)	6.4
		Assisted living facility checklist. (CarePathways, 2016)	3.3
		Excellent innovation for aging: a European guide. (European Innovation Partnership on Active and Healthy Ageing, 2015)	5.4
		Home care across Europe: case studies. (Genet et al., 2013)	5.4

Table 11 continued

Key strategies	Examples	Resources	Туре
		The solid facts: home care in Europe. (WHO Regional Office for Europe, 2008)	1.5
		Best practices in home care for seniors: synthesis report from the 2014 international forum. (Government of British Columbia, 2015)	3.1
		Outcome assessment and information set. (O'Connor & Davitt, 2012)	4.3
Structuring practices for a multidisciplinary approach	Develop new practice modalities	The primary care provider training module. (Advancing Integrated Mental Health Solutions, 2016)	5.1
		Team building tool. (Advancing Integrated Mental Health Solutions, 2011)	5.1
		Enhancing capacity for inter-professional collaboration: a resource to support program planning. (Kim et al., 2010)	5.1
	Co-locate services	Team building and workflow guide. (Advancing Integrated Mental Health Solutions, 2013)	2.1
		Resources for effective integrated care. (Ratzliff et al., 2015)	2.2
		GRACE team care training and technical assistance tools. (Indiana University School of Medicine, 2015)	2.1
		Multi-disciplinary care planning and teamwork in primary care. (Mitchell et al., 2008)	1.2
		Co-locating health services: a way to improve coordination of children's health care? (Ginsburg, 2008)	1.5
		Primary care-mental health integration co-located, collaborative care. (Dundon et al., 2011)	2.1
		Integrating vertical health programmes into sector wide approached: experiences and lessons. (Brown, 2001)	5.4
		Making your clinic building work. (Management Sciences for Health, 2013)	2.1
		Integrated care toolkit. (Advancing Quality Alliance, 2012)	2.2

Table 11 continued

Key strategies	Examples	Resources	Туре
Adjusting roles and scope of practice	Expand provider roles and enhance competencies	Strengthening the capacity of community health workers to deliver care for sexual, reproductive, maternal, newborn, child and adolescent health. (World Health Organization, 2015b)	1.1
		From staff-mix to skill-mix and beyond: towards a systemic approach to health workforce management. (Dubois & Singh, 2008)	1.1
		Task shifting: global recommendations and guidelines. (World Health Organization, 2008a)	3.2
		Nurses versus doctor management of HIV-infected patients receiving antiretroviral therapy: a randomized non- inferiority trial. (Sanne et al., 2010)	5.4
		Guidelines for care manager caseload size. (Advancing Integrated Mental Health Solutions, 2015)	3.2
	Improve providers non-clinical skills	Collaborative care implementation guide. (Advancing Integrated Mental Health Solutions, 2016)	5.1
		A checklist to facilitate cultural awareness and sensitivity. (Selbert et al., 2002)	3.3
		Enhancing cultural competency: a resource kit for health care professionals. (Alberta Health Services, 2009)	2.2
		Cultural competency item set. (Consumer Assessment of Healthcare Providers and Systems, 2012)	6.4
		Consultation and relational empathy measure. (Nursing Midwifery and Allied Health Professions Research Unit, 2016)	4.3
		Jefferson scale of physician empathy. (Hojat, 2016)	4.3
Facilitating information exchanges	Streamline information flows	Health information exchange as a multisided platform: adoption, usage, and practice involvement in service coproduction.  (Yaraghi et al., 2015)	1.3
		Revised framework for interaction between the European Medicines Agency and patients and consumers and their organisations. (European Commission, 2016)	1.1

### **Area for action: Managing services**

Table 12. Managing services: examples and resources

Key strategies	Examples	Resources	Туре
Ensuring appropriate resources	Assess services delivery	The service provision assessment. (United States Agency for International Development, 2012a)	4.3
		Organizational capacity assessment tool (OCAT). (Management Science for Health & United States Agency for International Development, 2013)	4.3
		Universal health coverage primary health care self-assessment tool. (Joint Learning Network for Universal Health Coverage, 2015)	4.3
	Manage inventory and resources	WHO operational package for assessing, monitoring and evaluating country pharmaceutical situations. (World Health Organization, 2007)	2.2
		Service availability and readiness assessment (SARA) methodology. (World Health Organization, 2015a)	4.3
		Logistics indicators assessment tool. (United States Agency for International Development, 2008b)	4.5
		Logistics system assessment tool. (United States Agency for International Development, 2009)	4.3
		IMAT: inventory management assessment tool. (Management Sciences for Health, 1997)	4.3
	Plan inputs	Integrated healthcare technology package. (World Health Organization, 2014)	2.2
		Human resources for health action framework. (United States Agency for International Development et al., 2016)	1.1
		Cost and staffing projection tools. (Management Science for Health, 2010)	4.5
		Access, bottlenecks, costs and equity (ABCE). (Institute for Health Metrics and Evaluation, 2016)	2.4
		Strategies for leadership: patient and family-centred care. A hospital self-assessment for inventory. (Institute for Family-Centred Care, 2004)	4.3

Table 12 continued

Key strategies	Examples	Resources	Туре
		Integrated care value case toolkit. (Local Government Association, 2015)	2.2
		Australian health facility guidelines. (Australian Health Infrastructure Alliance, 2016)	3.2
		Marginal budgeting for bottlenecks. (United Nations Children's Emergency Fund, 2016)	2.2
Linking meaningfully across actors	Connect information across sectors	E-health approach to link-up actors in the health care system of Austria. (Schabetsberger et al., 2006)	5.4
		Connecting for health: report for the world summit on information society: country profiles. (World Health Organization, 2006a)	5.4
		Framework for building a shared EHR. (Emergis, 1999)	1.1
		Improving care coordination and patient outcomes with next generation eHealth and population health management tools. (Olsen & Flynn, 2012)	1.5
		Connecting for health: report for the world summit on the information society. (World Health Organization, 2006a)	1.5
	Set up facility or district level programme and plans	Joint annual health sector reviews: why and how to organize them. (World Health Organization & The World Bank Group, 2014)	2.2
		Guide to planning local government health services. (Government of the Phillipines, 1999)	2.1
		Guidelines for setting performance targets at district level. (United States Agency for International Development, 2008a)	2.1
		Planning and implementation of district health services. (Chatora & Tumusiime, 2004)	5.1
		Participant's manual district health planning. (United States Agency for International Development, n.d.)	5.1
		The TEHIP Spark: planning and managing health resources at the district level. (Neilson & Smutylo, 2004)	5.4

Table 12 continued

Key strategies	Examples	Resources	Туре
Adopting a results orientation	Identify waste and inefficencies	Lean case studies. (National Health Service, 2011)	5.4
		Going lean in health care. (Institute for Healthcare Improvement, 2005)	2.2
	Ensure regular maintence of productivity	Quality of care: a process for making strategic choices in health systems. (World Health Organization, 2006b)	2.1
		Improving the delivery of health services: a Guide to choosing strategies. (Berman et al., 2011)	2.1
		Integrated care for people with Medicare and Medicaid: a roadmap for quality. (National Committee for Quality Assurance, 2013)	1.1
		Quality/organizational excellence handbook. (American Society for Quality, 2013)	6.4
		Total quality management system requirements. (American Society for Quality, 2014)	3.1
		Health managers website: sub-national and district management resources. (World Health Organization, 2016)	5.1

### **Area for action: Improving performance**

 Table 13. Improving performance: examples and resources

Key strategies	Examples	Resources	Туре
Creating a systems of life-long learning	Establish short- course trainings	Patient safety multi-professional curriculum. (World Health Organization, 2011)	5.1
		Agency for healthcare research and quality sponsored continuing education activities. (Agency for Healthcare Research and Quality, 2016)	5.1
		CINDI winter school. (WHO Regional Office for Europe, 2006.)	5.1
		CARMEN school. (Pan-American Health Organization, 2002)	5.1
		National conference "health care quality improvement." (European Union Network for Patient Safety and Quality of Care, 2014)	5.3
		Advanced team-training programme for safety. (Hussey et al., 2016)	5.1
	Promote problem based learning	The tutor in problem based learning. (Walsh, 2005)	5.1
		Preparing for problem based learning (PBL). (Woods, 2003)	5.1
		Global community of practice. (Knowledge Gateway, 2011)	5.2
	Set up working exchanges	International integrated care learning exchange. (Advancing Quality Alliance, 2016)	5.1
		Exchanges and professional exchanges. (International Federation of Medical Students Association, 2015)	5.1
		Global forum: the international visitors programme. (World Health Organization, 2003)	5.1
Strengthening clinical governance	Promote patient safety	Interim measures for patient experience at the interfaces between NHS services. (Department of Health, 2012)	4.5
		Patient safety quiz. (World Health Organization, 2013)	5.1
		Global trigger tool for measuring adverse events. (Griffin & Resar, 2009)	4.3

Table 13 continued

Key strategies	Examples	Resources	Туре
		Objective structured clinical examinations. (College of Registered Nurses of British Columbia, 2016)	4.4
		Patient safety research: introductory course. (World Health Organization, 2010)	5.1
	Measure and report on quality	Integrated care program: performance measures recommendations. (Palmer et al., 2006)	4.4
		Health plan employer data information set. (Coleman et al., 2002)	4.1
		Episode-based approaches to measuring quality. (Hussey et al., 2016)	4.4
		Review of quality measures of integrated health care settings: recommendations for initial core measurements set for CHIPRA. (Sternberg et al., 2011)	4.3
		The health system assessment approach. (United States Agency for International Development, 2012b)	4.3
		Tools for assessing the operationality of district health systems. (Sambo et al., 2003)	4.3
		Service provision assessments. (United States Agency for International Development, 2012c)	4.3
	Solicit patient feedback	Interim measures for patient experience at the interfaces between NHS services. (Department of Health, 2012)	4.5
		The English language person-centred climate questionnaire – patient version. (Edvardsson et al., 2015)	4.5
		Patient satisfaction questionnaire from RAND health. (Marshall & Hays, 1994)	4.5
		Exploring patient participation in reducing health-care-related safety risks. (WHO Regional Office for Europe, 2013)	1.5
		Guide to patient reported outcome measures (PROMs). (Health and Social Care Information Centre, 2016)	3.2

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## System enablers

### **Domain three: System enablers**

Table 14. Overview of domain three: system enablers

Area	Key strategies	Examples
Rearranging accountability	Assigning clear mandates	<ul> <li>Support joint budgeting and contracting across sectors</li> <li>Involve professionals and the community in governance and performance</li> </ul>
	Ensuring resources and tools	<ul><li>Align resources, vision and responsibilities</li><li>Conduct a situation analysis</li></ul>
	Generating evidence on performance	Assess the performance of system actors Hold actors accountable Publish information on performance Control the quality of health information Manage the coordination and integration of information Create opportunities for public feedback on services
Aligning incentives	Steering the allocation of resources for purchasers	<ul> <li>Set up the conditions for accountable care organizations</li> <li>Pool budgets</li> <li>Implement cross-sector capitation payments</li> </ul>
	Linking payment schemes for providers	<ul><li>Develop bundled payments</li><li>Pay providers for performance</li><li>Design non-financial incentives</li></ul>
	Implementing incentives for patients	<ul><li>Use personal health budgets</li><li>Create compliance incentives</li></ul>
Ensuring a competent health workforce	Recruiting and orientation based on competencies	Plan workforce needs Competency based recruitment and orientation
workforce	Enabling a supportive practice environment	<ul><li>Standardize core competencies</li><li>Expand and improve competencies</li></ul>
	Establishing continuing professional development	<ul><li>Establish continuous development scheme</li><li>Set up online programmes</li><li>Set up fellowship opportunities</li></ul>
Promoting the responsible use of medicines	Ensuring standardization for responsible use	<ul> <li>Ensure quality through standards, formularies and guidelines</li> <li>Establish oversight through national bodies and committees</li> <li>Implement labelling and storage standards</li> <li>Build provider capacity</li> </ul>
	Addressing prescribing, dispensing and admin practices	Establish networks of excellence
	Supporting the personalization of medicines	Manage multiple medications

Table 14 continued

Area	Key strategies	Examples
Innovating health technologies	Supporting the application of new technologies	Health technology assessments Plan for implementation
	Researching for optimization of medical devices	Use operational research
Rolling out e-health	Facilitating interoperability and user-friendly platforms	Develop standards for electronic health records     Evaluate and monitor eHealth and information systems
	Granting access to health data in secure and safe ways	Standardize eHealth practices and protecting data privacy

### **Area for action: Rearranging accountability**

Table 15. Rearranging accountability: examples and resources

Key strategies	Examples	Resources	Туре
Assigning clear mandates	Support joint budgeting and contracting across	Systems thinking: what it is and what it means for health systems. (de Savigny et al., 2009)	1.1
	sectors	Healthy city networks Europe. (World Health Organization, 2014)	5.2
		Alberta healthy living network. (Geneau et al., 2009)	5.2
		Joint commissioning governance model. (North West London Whole Systems Integrated Care, 2014c)	1.2
		Accountable care partnership governance. (North West London Whole Systems Integrated Care, 2014b)	1.2
	Involve professionals and the community in governance and performance	Accountable care partnership agreement template. (North West London Whole Systems Integrated Care, 2014a)	2.1
		Launching the model of care for an accountable care partnership. (North West London Integrated Care, 2014b)	5.4
		Community participation in local health boards in a decentralized setting: case from the Phillippines. (Ramiro et al., 2001)	5.4
		Experts by experience. (Care Quality Commission, 2016)	2.1
		Citizen council. (National Institute for Health and Care Excellence, 2016a)	5.2
		Working with patient and families as advisors: implementation handbook. (Agency for Healthcare Research and Quality, 2013)	6.4
Ensuring resources and tools	Align resources, vision and responsibilities	Assessing your organization's capacity to manage finances. (Management Sciences for Health, 2003)	4.3
		Stewarding resources responsibly. (United States Agency for International Development, 2014)	2.1
		Promoting accountability through methods and tools for planning, implementation and evaluation. (Chinman et al., 2004)	2.1

Table 15 continued

Key strategies	Examples	Resources	Туре
		Accountability and health systems: Overview framework and strategies. (Brinkerhoff, 2003)	1.1
		Priority setting in health: Building institutions for smarter public spending. (Glassman & Chalkidou, 2012)	2.1
	Conduct a situation analysis	Root cause analysis using five whys. (National Health Service, 2008)	4.3
		SWOT analysis. (Minnesota Department of Health, 2016)	4.3
		PEST/PESTLE. (Health Knowledge, 2011)	4.3
Generating evidence on performance	Assess the performance of system actors	Toolkits for analyzing public expenditures in human development. (The World Bank, 2013)	2.2
		Evaluating public spending: a framework for public expenditure reviews. (Pradhan, 1996)	1.1
		Citizen report card learning toolkit. (Asian Development Bank, 2007)	2.2
	Hold actors accountable	Performance-based financing dashboard. (Management Sciences for Health, 2016)	4.2
		Performance indicators used internationally to report publicly on healthcare organizations and local health systems. (Hibbert et al., 2013)	3.5
		Delivering for patients – the 2014/2015 accountability framework for NHS trust boards. (National Health Service, 2014)	1.1
		Critical care unit balanced scorecard toolkit. (Critical Care Secretariat, 2012)	4.4
		Pathways to accountability: a short guide to the GAP framework. (Blagescu et al., 2005)	1.2
	Publish information on performance	OECD interactive tool: international comparisons, peer countries. (Candian Institute for Health Information, 2016)	4.1
		Monitoring and evaluation of health systems strengthening: an operational framework. (World Health Organization, 2009)	1.1

Table 15 continued

Key strategies	Examples	Resources	Туре
		Health system outcomes and measurement framework. (Alberta Health Service, 2013)	1.1
		Monitoring what matters. (Health Quality Ontario, 2014)	2.1
		Health Council of Canada progress reports. (Health Council of Canada, 2013)	1.5
		Performance dashboard. (Department of Health, 2016)	4.2
		General practitioner patient survey. (National Health Service, 2016)	4.5
		Informatics. (North West London Whole Systems Integrated Care, 2016)	4.2
	Control the quality of health information	When and how to evaluate health information systems? (Wyatt & Wyatt, 2003)	4.4
		Health information technology evaluation toolkit. (Cusak et al., 2009)	2.2
		Guide to evaluating health Information exchange. (Pan et al., 2014)	2.1
		Information quality guidelines. (Agency for Healthcare Research and Quality, 2015)	3.2
		Data quality assessment framework. (International Monetary Fund, 2003)	1.1
		Handbook on data quality assessment methods and tools. (Bergdahl et al., 2007)	2.1
		Data quality assessment checklist and recommended procedures. (United States Agency for International Development, 2014)	3.3
	Manage the coordination of information	Toolkit on monitoring health systems strengthening: health information systems. (World Health Organization, 2008b)	2.2
		Health information system toolkit. (United Nations High Commission for Refugees, 2010)	2.2
		Health information system and strengthening activity survey. (United States Agency for International Development, 2011)	4.5

Table 15 continued

Key strategies	Examples	Resources	Туре
		Patients evaluate general/family practice: the EUROPEP instrument. (Grol & Wensing, 2000)	4.4
		Inpatient questionnaire. (National Health Service, 2012)	4.3
		Effective strategies for interactive public engagement in the development of healthcare policies and programs. (Abelson et al., 2010)	2.1
		Consumer and community engagement framework. (Queensland Government, 2012)	1.1
		Guide for engaging with consumers and the community. (Government of South Australia, 2013)	2.1
		Patient and public engagement: a practical guide for health and wellbeing boards. (National Health Service Cumbria, 2012)	2.1
		Good engagement practice for the NHS. (National Health Service Midlands and East, 2012)	2.1
		Practical resources to support patient and family engagement in healthcare decisions: a scoping review. (Kovacs Burns et al., 2014)	1.5

### **Area for action: Aligning incentives**

Table 16. Aligning incentives: examples and resources

Key strategies	Examples	Resources	Туре
Steering the allocation of resources for	Set up the conditions for accountable care organizations	Accountable care organizations. (Centres for Medicare and Medicaid Services, 2015)	1.5
purchasers		Adopting accountable care: an implementation guide for physician practices. (Colbert et al., 2014)	2.1
		Implementing accountable care organizations: aen potential mistakes and how to learn from them. (Singer & Shortell, 2011)	5.4
		Accountable care organizations case studies. (American Hospital Association, 2011)	5.4
		The road to accountable care: building systems for population health management. (McCarthy et al., 2014)	5.4
		A framework for evaluating the formation, implementation, and performance of accountable care organizations. (Fisher et al., 2012)	4.4
		Monitoring the building blocks of health systems: health systems financing. (World Health Organization, 2010a)	3.5
	Pool budgets	How can we commission integrated care? (North West London Integrated Care, 2016a)	2.1
		What do we want to achieve by pooling budgets? (North West London Integrated Care, 2016b)	1.2
		One place, one budget? approaches to pooling resources for public service transformation. (Lonsdale et al., 2015)	5.4
	Implement cross- sector capitation payments	How can commissioners align provider incentives? (North West London Integrated Care, 2014a)	2.1
		Payment model proposal. (North West London Integrated Care, 2014c)	1.2

Table 16 continued

Key strategies	Examples	Resources	Туре
Linking payment schemes for providers	Develop bundled payments	Bundled payments for care improvement initiative. (Centres for Medicare and Medicaid Services, 2016a)	5.4
		Integrating care by implementation of bundled payments. (Tol et al., 2013)	5.4
		Bundled payments for care improvement: learning and resource area. (Centres for Medicare and Medicaid Services, 2016b)	1.2
	Pay providers for performance	Questions to ask before implementing performance based financing. (World Health Organization, 2016f)	1.4
		The quality and outcomes framework. (Health and Social Care Information Centre, 2015)	1.1
		Commissioning for quality and innovation. (National Health Service, 2015a)	1.1
		Designing an effective pay for performance compensation system. (U.S. Merit Systems Protection Board, 2006)	1.1
		Main lessons on performance based financing (PBF) programmes to date. (World Health Organization, 2016e)	5.4
		Gesundes Kinzigtal Integrated Care: improving population health by a shared gain approach and a shared savings contract. (Hildebrandt et al., 2010)	5.4
		Provider incentive models for improving quality of care. (National Health Care Purchasing Institute, 2002)	1.5
		World health report: performance incentives for health in high-income countries key issues and lessons learned. (Elovainio, 2010)	1.5
		Learning lessons on implementing performance-based financing, from a multi-country evaluation. (Royal Tropical Institute et al., 2009)	1.5
		Performance-based financing toolkit. (Fritsche et al., 2014)	2.2
		Piloting results-based financing programs. (Asian Development Bank, 2012)	3.4

#### Table 16 continued

Key strategies	Examples	Resources	Туре
	Design non-financial incentives	Guidelines: incentives for health professionals: Non-financial incentives. (International Council of Nurses et al., 2008)	3.2
		Assessment of non-financial incentives for volunteer community health workers. (Haile et al., 2014)	5.4
Implementing incentives for patients	Use personal health budgets	Personal health budgets learning network. (National Health Service, 2016)	5.2
		Personal budget outcome evaluation tool. (Cockayne, 2015)	4.4
	Create compliance incentives	Paying the patient: improving health using financial incentives. (Jochelson, 2007)	1.5
		Technical briefs for policy makers: conditional cash transfers. (World Health Organization, 2008a)	1.5

# **Area for action: Ensuring a competent health workforce**

Table 17. Ensuring a competent workforce: examples and resources

Key strategies	Examples	Resources	Туре
Recruiting and orientation based on competencies	Plan workforce needs	Human resources data for decision- making eLearning course. (Human Resources for Health Global Resource Centre, 2016)	5.1
		The WHO global code of practice on the international recruitment of health personnel. (World Health Organization, 2010b)	3.4
		WHO policy dialogue on international health workforce mobility and recruitment challenges: technical report. (World Health Organization, 2013c)	3.4
		Recruitment and retention of the health workforce in Europe: policy recommendations. (European Commission, 2015c)	3.4
		European Union joint action on health workforce planning and forecasting. (European Commission, 2016c)	5.2
		Handbook on health workforce planning: methodologies across European Union countries. (Malgieri et al., 2015)	2.1
		Assessing future health workforce needs. (Dussault et al., 2010)	2.1
		Workforce planning in the National Health Service. (Addicott et al., 2015)	1.5
		Workload indicators of staffing need (WISN) user's manual. (World Health Organization, 2015f)	2.1
		Health workforce planning workbook. (Dewdney, 2001)	2.1
		Human resources for health: models for projecting workforce supply and requirements. (Hall, 2011)	1.2
		Planning and educating health workforce without borders. (European Commission, 2016a)	5.3
		Recruitment and retention of the health workforce in Europe: 8 case studies on selected topics addressing recruitment and retention of health professionals. (European Commission, 2015b)	5.4

Table 17 continued

Key strategies	Examples	Resources	Туре
	Competency-based recruitment and orientation	Human resource toolkit: getting the right people. (Community Foundations of Canada, 2016)	2.2
		Interview panel role definitions. (University of Leeds, 2013)	1.2
		Establishing a selection team and interview panel. (The University of Sheffied, 2016)	2.1
		Development and assessment of the multiple mini-interview in a school of pharmacy admission model. (Cox et al., 2015)	1.3
		Modified personal interviews: resurrecting reliable personal interviews for admissions? (Hanson et al., 2012)	1.3
		Predicting performance in Canadian dental schools: the new CDA structured interview, a new personality assessment and the DAT. (Poole et al., 2007)	1.3
		Cross training program. (University California Davis, 2016)	5.1
		Cross-training at your medical practice. (Conomikes, 2012)	5.1
		How-to guide: multidisciplinary rounds. (Institute for Healthcare Improvement, 2015)	5.1
Enabling a supportive practice environmen	Standardize core competencies	CanMEDS 2015 physician competency framework. (Royal College of Physicians and Surgeons of Canada, 2015)	1.1
		Transforming and scaling up health professionals' education and training. (World Health Organization, 2013b)	1.1
	Expand and improve competencies	Comprehensive interdisciplinary patient assessment tool. (American Nephrology Nurses Association, 2008)	4.3
		Developing an outcomes-based multi- disciplinary care-planning tool: process and outcomes. (Sabo et al., 2005)	2.1
		Development of a WHO global evaluation toolkit for health workforce education. (World Health Organization, 2016b)	2.2
		Competency assessment for public health professionals. (Public Health Foundation, 2014)	4.3

Table 17 continued

Key strategies	Examples	Resources	Туре
		Guidelines for introducing human resource indicators to monitor health service performance. (Hornby & Forte, 2002)	3.2
Establishing continuing professional development	Establish continuous development scheme	CanMEDS 2015 physician competency framework. (Royal College of Physicians and Surgeons of Canada, 2015)	1.1
		Transforming and scaling up health professionals' education and training. (World Health Organization, 2013b)	1.1
		Continuing medical education and continuing professional development: international comparisons. (Peck et al, 2000)	1.3
		World directory of medical schools. (World Federation of Medical Education, 2016)	2.1
		Healthtraining.org. (Medicus Mundi, 2016)	2.1
		The New England Journal of Medicine continuing medical education program. (The New England Journal of Medicine, 2016)	5.1
	Set up online programmes	Online courses. (London School of Hygiene and Tropical Medicine, 2016)	5.1
		Virtual campus for public health. (Pan-American Health Organization, 2016)	5.1
		Directory for online health care courses. (MHA Degree, 2016)	5.1
		HINARI: The health internetwork access to research initiative. (World Health Organization, 2016d)	5.2
		Medicus mundi Switzerland. (Medicus Mundi Switzerland, 2016)	5.2
		Department of knowledge management and sharing. (World Health Organization, 2016a)	5.2
	Set up fellowship opportunities	WHO fellowship programme. (World Health Organization, 2016g)	5.1
		Interprofessional mentoring guide for supervisors, staff and students. (Deutschlander & Suter, 2011)	2.1
		Interprofessional collaboration: three best practice models of interprofessional education. (Bridges et al., 2011)	1.2

# **Area for action: Promoting the responsible use of medicines**

Table 18. Promoting the responsible use of medicines: examples and resources

Key strategies	Examples	Resources	Туре
Ensuring standardization for responsible use	Ensure quality through standards, formularies and guidelines	Quality standards library. (National Institute for Health and Care Excellence, 2016b)	3.1
		Governance for medicines: assessment instrument. (Baghdadi-Sabeti et al., 2009)	4.3
		Evidence-based guidelines. (Cancer Care Ontario, 2012)	3.2
		Australian regulatory guidelines for prescription medicines. (Department of Health, 2015)	3.2
		World Health Organization model formulary. (World Health Organization, 2008c)	1.2
		National medicines list. (WHO Regional Office, 2016)	1.2
		World Health Organization model list of essential medicines. (World Health Organization, 2015d)	1.2
		The pursuit of responsible use of medicines: sharing and learning from country experiences. (World Health Organization, 2012d)	5.4
	Establish oversight through national bodies and committees	European Medicines Agency. (European Commission, 2016b)	5.2
		Drug and Therapeutics Committee – a practical guide. (World Health Organization, 2003)	2.1
	Implement labelling and storage standards	Standardizing the storage and labelling of medications: Part 1. (Shultz et al., 2007a)	1.5
		Standardizing the storage and labelling of medications: Part 2. (Shultz et al., 2007b)	1.5
		Explicit and standardized prescription medicine instructions. (Agency for Healthcare Research and Quality, 2014)	2.1
	Build provider capacity	Promoting rational drug use teaching resources. (World Health Organization, 2004)	5.1

Table 18 continued

Key strategies	Examples	Resources	Туре
		Medicine information and evidence for policy teaching resources. (World Health Organization, 2016)	5.1
		Core elements of a comprehensive modular curriculum. (World Health Organization, 2015)	5.1
		Advancing pharmacy health literacy practices through quality improvement: curricular modules for faculty. (Agency for Healthcare Research and Quality, 2011)	5.1
Addressing prescribing, dispensing and	Establish networks of excellence	Advancing the Responsible Use of Medicines in Belgium. (IMS Health, 2015)	1.5
admin practices		Effect of behavioural interventions on inappropriate antibiotic prescribing among primary care practices: a randomized clinical trial. (Meeker et al., 2016)	1.3
		The network for excellence in health innovation. (The Network for Excellence in Health Innovation, 2016)	5.2
Supporting the personalization of	Manage multiple medications	Medicines use review (MUR) service. (National Health Service, 2015)	6.3
medicines		Medicines: tips for carers. (National Health Service, 2015)	6.4
		My medicine list. (American Society of Health System Pharmacists, 2015)	6.3
		Rx on the run. (Healthcare Ready, 2016)	6.3
		The consumer's guide to finding good medication management apps. (National Council on Patient Information and Education, 2016)	2.1
		Learn about drug and device approvals. (United States Food and Drug Administration, 2015)	6.1

## Area for action: Innovating health technologies

Table 19. Innovating health technologies: examples and resources

Key strategies	Examples	Resources	Туре
Supporting the application of new technologies	Health technology assessments	Health intervention and technology assessment programme (HITAP). (Ministry of Public Health, 2007)	5.1
		Commission implementing decision providing the rules for the establishment, management and transparent functioning of the network of national authorities or bodies responsible for health technology assessment.  (European Commission, 2013)	3.4
		Health technology assessment handbook. (Danish Centre for Health Technology Assessment, 2007)	2.1
		Health technology assessment of medical devices. (World Health Organization, 2011)	2.1
		2015 Global survey on health technology assessments by national authorities. (World Health Organization, 2015)	4.5
		Health technology assessment international vortal. (Health Technology Assessment International, 2016)	5.2
		2015 Global survey on health technology assessments by national authorities. (World Health Organization, 2015)	4.5
		Health technology assessment on the net: 2016. (Chojecki & Tjosvold, 2016)	2.1
		Health technology assessment core model handbook. (European Network for Health Technology Assessment, 2016)	5.1
		Introduction to mini-health technology assessment: a management and decision support tool for the hospital service. (Danish Centre for Evaluation and Health Technology Assessment, 2005)	2.1
	Plan for implementation	Appropriate healthcare technologies for low resource settings. (Intitute of Engineering and Technology, 2014)	2.1
		Toolkit on monitoring health system strengthening: health information systems. (World Health Organization, 2008)	2.2

Table 19 continued

Key strategies	Examples	Resources	Туре
		Developing an approach for using health technology assessments in reimbursement systems for medical products. (World Health Organization, 2015)	1.5
Researching for optimizing health technologies	Use operational research	Regions of Europe working together for health. (Kidholm et al., 2014)	1.5
		Can technology really improve health care? (The Health Foundation, 2014)	5.1
		Compendium of innovative health technologies for low resource settings, 2011-2014: assistive devices, eHealth solutions, medical devices, other technologies, technologies for outbreaks. (World Health Organization, 2015)	1.5
		The World Health Organization strategy on research for health. (World Health Organization, 2012)	2.4
		National assessment tool to assist member states in implementing the global strategy and plan of action on public health, innovation and intellectual property. (World Health Organization, 2015)	4.3
		How to organize the maintenance of your healthcare technology. (Temple-Bird et al., 2005)	2.1
		How to procure and commission your healthcare technology. (Kaur et al., 2005)	2.1

## **Area for action: Rolling out e-health**

Table 20. Rolling out e-health: examples and resources

Key strategies	Examples	Resources	Туре
Facilitating interoperability and user-friendly	Develop standards for electronic health records	European health information initiative. (World Health Organization Regional Office for Europe, 2015)	5.2
platforms		Testing tools overview: testing tools gap analysis with description of required new tools. (Zoric et al., 2015)	4.4
		Healthcare interoperability test and conformance harmonisation. (Onken, 2009)	4.4
		Scalable, standard-based interoperability framework for sustainable proactive post-market safety studies. (SRDC Ltd, 2015)	1.1
		Mandate 403 eHealth interoperability. (European Commission, 2009)	1.1
		Expanding health data interoperability services. (European Commission, 2014b)	5.2
		Using electronic health records for clinical research: the case of EHR4CR project. (De Moor et al., 2014)	5.4
		Breaking new ground on eID and mandates. (Leitold et al., 2015)	5.4
		Tools and baseline evaluation results for the new services. (European Patients Smart Open Services, 2013)	4.4
		What informatics functionality will we need? (North West London Whole Systems Integrated Care, 2014)	2.1
	Evaluate and monitor eHealth systems	European health information gateway: e-health visualizations and indicators. (WHO Regional Office for Europe, 2016)	3.5
		Your toolkit for comparative performance analysis. (European Commission, 2013)	4.3
		Assessing SNOMED CT for large scale eHealth deployments in the European Union. (Hojen et al., 2015)	1.1

Table 20 continued

Key strategies	Examples	Resources	Туре
		eHealth is worth it: the economic benefits of implemented eHealth solutions. (Stroetmann et al., 2006)	5.4
Granting access to health data in secure and safe ways	Standardize eHealth practices and protecting data	eHealth standardization and interoperability. (World Health Organization, 2013)	3.4
	privacy	Directive of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare. (European Parliament, 2011)	3.4
		eHealth action plan 2012-2020: innovative health care for the 21st century. (European Commission, 2012)	3.4
		Global survey on eHealth. (World Health Organization, 2015c)	4.1
		National laws on electronic health records in the European Union and provision of cross-border eHealth services. (European Commission, 2014)	3.4
		Directory of eHealth policies. (World Health Organization, 2016)	3.4
		Telehealth services code of practice for Europe. (European Commission, 2014)	3.1
		Mobile medical applications: guidance for industry, food and drug administration staff. (United States Department of Health and Human Services Food and Drug Administration et al., 2015)	3.2
		eHealth standards and profiles in action for Europe and beyond. (European Commission, 2015)	3.1
		National eHealth strategy toolkit. (World Health Organization, 2012)	2.2
		Legal frameworks for eHealth. (World Health Organization, 2012)	1.1
		Contextual integrity. (Barth et al., 2006)	1.1
		Privacy by design. (Cavoukian, 2011)	1.1
		Compendium of innovative health technologies for low-resource settings. (World Health Organization, 2012)	6.3

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# **Change management**

## **Domain four: Change management**

Table 21. Overview of domain four: change management

Area	Key strategies	Examples
Strategizing change with	Creating a burning platform for change	Provide evidence on health needs and disparities  Make a case for change
people at the centre	Engaging across actors	Strategize for the target audience Network across actors
	Developing a planned approach	Create a strategic plan Set targets and measures for monitoring Develop a communication strategy
Implementing transformations	Implementing pilots	Test new models of care Document pilots through case studies
	Developing a high involvement culture	Develop collaborative capacity     Foster shared leadership
	Facilitating communication	Maintain effective communication     Activate platforms for regular discussion     Ensure transparency
Enabling sustainable	Building coalitions	Promote community coalitions Facilitate team and effective group work
system-wide change	Fostering resilience	Manage and adapt to the process of change Monitor progress
	Activating many levers	Scale up innovations Plan for long-term changes

# **Area for action: Strategizing change with people at the centre**

Table 22. Strategizing change with people at the centre: examples and resources

Key strategies	Examples	Resources	Туре
Creating a burning platform for change	Provide evidence on health needs and disparities	Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies. (World Health Organization, 2010)	4.3
		Health disparities calculator. (United States National Cancer Institute, 2016)	4.3
		Spectrum policy modeling system. (United States Agency for International Development, 2015)	1.2
		Integrated care toolkit. (National Health Service, 2012)	2.2
		Better NCD outcomes: challenges & opportunities for health systems: assessment guide. (WHO Regional Office for Europe, 2014)	2.1
	Make a case for change	Integrated Care Value Case Toolkit. (Local Government Association, 2015)	2.2
		The case for change: slide pack. (The King's Fund, 2013)	5.1
		Value case for coordinated health & social care. (Local Government Association, 2015)	1.5
		Making integrated care work in Canterbury, New Zealand: lessons for leaders and policy makers. (Meates, 2014)	5.1
		Integrating health and social care: what works? Where next? (Masland, 2009)	1.5
		A narrative for person-centred coordinated care. (National Voices, 2013)	2.4
		Toolkit chapter 2: vision and case for change. (North West London Integrated Care, 2016)	2.2
		Setting a shared strategic direction for health systems strengthening. (Management Sciences for Health, 2014)	2.3

Table 22 continued

Key strategies	Examples	Resources	Туре
		Creating a shared vision for collaborative care. (Advancing Integrated Mental Health Solutions, 2015)	2.1
		Health system efficiency: how to make measurement mater for policy and measurement. (European Observatory on Health Systems and Policies, 2009)	1.5
		Getting health reform right. (Roberts et al, 2008)	2.1
Convening and engaging actors	Strategize for the target audience	Involving colleagues in communicating your project. (The Health Foundation, 2015)	2.1
		A practical guide to integrated working. (Integrated Care Network, 2008)	2.2
		Identifying your audiences. (The Health Foundation, 2015)	2.3
		Prioritizing your audiences. (The Health Foundation, 2015)	2.3
		Simple audience research. (The Health Foundation, 2015)	2.1
		Creating messages for different audiences. (The Health Foundation, 2015)	2.1
	Network across actors	Engaging and communicating with patients, carers and the community. (The Health Foundation, 2015)	2.1
		Skilful convening: a powerful tool for health system redesign. (Landy, 2013)	1.3
		Stakeholder engagement framework. (Australian Department of Health, 2014)	1.1
		Guidelines for conducting a stakeholder analysis. (Schmeer, 1999)	2.1
		Engaging stakeholders for project success. (Miller & Oliver, 2015)	2.1
		Stakeholder engagement: tools for action. (Western and Pacfic Child Welfare Implementation Center & Los Angeles Department of Children and Family Services, 2013)	2.3

Table 22 continued

Key strategies	Examples	Resources	Туре
Developing a planned approach	Create a strategic plan	The 7S framework. (McKinsey and Company, 2008)	1.1
		Putting person-centred care into action: learning from experience. (The Health Foundation, 2015)	2.3
		Results based accountability in the Welsh chronic care demonstrator's programme. (National Leadership and Innovation Agency for Healthcare, 2013)	2.3
		Management and organizational sustainability tool (MOST). (Management Sciences for Health, 2010)	2.4
		Systematic organizational capacity building: tackling planning and implementation challenges. (Management Sciences for Health, 2011)	2.3
	Set targets and measures for	Menu of indicators on management. (Management Sciences for Health, 2006)	4.2
	monitoring	Framework and standards for country health information systems. (World Health Organization, 2008)	1.1
		Indicator and measurement registry. (World Health Organization, 2011b)	4.2
		A set of performance indicators across the health and aged care system. (Australian Institute of Health and Welfare, 2008)	3.5
		Integrated care and support pioneers: Indicators for measuring the quality of integrated care. (Raleigh et al, 2014)	3.5
		Core suite of integration indicators. (Government of Scotland, 2014)	3.5
		Health care quality indicators. (Organization of Economic Cooperation and Development, 2016)	3.5
	Develop a communication	Setting communication objectives. (The Health Foundation, 2015)	5.5
	strategy	Communication strategies template. (The Health Foundation, 2015)	5.5

## **Area for action: Implementing transformations**

 Table 23. Implementing transformations: examples and resources

Key strategies	Examples	Resources	Туре
Implementing pilots	Test new models of care	Piloting health system reforms: a review of experience. (Bennett & Paterson, 2003)	5.4
		Improving health services and strengthening health systems: adopting and implementing innovative strategies. (World Health Organization, 2006)	1.5
		Catalogue of improvement projects. (The Health Foundation, 2016)	5.4
		EIP-AHA B3 toolkit to support scaling up in Europe. (Pavlickova, 2015)	2.2
		The development model of integrated care. (Minkman, 2012)	1.2
	■ Document pilots through case studies	Beginning with the end in mind: planning pilot projects and other programmatic research for successful scaling up. (World Health Organization, 2011)	2.4
		Making integrated care happen at scale and pace. (Ham & Walsh, 2013)	2.4
		What does it take to make integrated care work? (The ACT Programme, 2015)	1.5
		Step-by-step guide for developing profiles on health services delivery transformations. (WHO Regional Office for Europe, 2015)	2.1
		Lessons from the integrated care pilots. (Goodwin, 2012)	5.4
		Catalogue of improvement projects. (The Health Foundation, 2016)	5.4
		Primary care models: case studies. (The King's Fund, 2016)	5.4
		Integrated care practices web platform. (World Health Organization, 2016)	4.1
Developing a high involvement culture	Develop collaborative capacity	Integrated care and support: our shared commitment. (National Collaboration for Integrated Care and Support, 2013)	5.2
		Working group climate assessment tool. (Management Sciences for Health, 2003)	4.3

Table 23 continued

Key strategies	Examples	Resources	Туре
		Team climate assessment measure programme. (National Health Service, 2006)	4.3
		Team STEPPS teamwork attitudes questionnaire (T-TAQ). (Agency for Healthcare Research and Quality, 2016)	4.3
		Search engines for short and long-course studies. (World Health Organization, 2016)	5.1
		Oxford non-technical skills (NOTECHS). (Mishra et al., 2009)	5.1
	Foster shared leadership	Leadership in action. (The King's Fund, 2016)	5.1
		Leadership development programmes. (The King's Fund, 2016)	5.1
		Virtual leadership development program. (Management Sciences for Health et al, 2010)	5.1
		Integrating leadership and management curriculum into pre-service health institutions. (United States Agency for International Development, 2015)	5.1
		Developing collective leadership for health care. (West et al., 2014)	2.1
		Planning for leadership transition. (Management Sciences for Health, 2001)	2.1
		Local leadership, new approaches: how new ways of working are helping to improve the health of local communities. (Public Health England, 2015)	2.1
		Leading and managing framework. (Management Sciences for Health, 2005)	1.1
		Going universal: how 24 developing countries are implementing universal health coverage reforms from the bottom up. (The World Bank, 2015)	5.4
		Leadership and leadership development in health. (The King's Fund, 2015)	5.1
		WHO: to err is human – being an effective team player. (World Health Organization, 2012)	5.1

Table 23 continued

Key strategies	Examples	Resources	Туре
Facilitating communication	Maintain effective communication	How to lead and manage better care implementation. (Department of Health et al, 2015)	2.1
		Marketing your organization's services. (Management Science for Health, 2013)	2.1
		The NGO communications guide. (United States Agency for International Development et al, 2015)	2.1
		An empirical investigation of the efficiency effects of integrated care models in Switzerland. (Reich et al, 2012)	5.1
		Ten years of integrated care in Switzerland. (Berchtold et al, 2011)	5.1
		Principles of effective communication. (Department of Health, 2011)	2.1
		Making health communication programs work. (United States Department of Health and Human Services, 2010)	2.3
	Activate platforms for regular discussion	Health services delivery communities of practice. (World Health Organization Collaborating Centre for Integrated Health Services based on Primary Care, 2016)	5.2
		Communication channels: a guide. (The Health Foundation, 2015)	2.1
		International integrated care members network. (International Foundation for Integrated Care, 2016)	5.3
		Targeting or tailoring? maximizing resources to create effective health communications. (Schmid et al, 2008)	1.3
	Ensure transparency	Handbook on good governance. (European Commission, 2004)	6.4

### Area for action: Enabling sustainable change

Table 24. Enabling sustainable change: examples and resources

Key strategies	Examples	Resources	Туре
Building coalitions	Promote coalitions	Coalition building: starting a coalition. (University of Kansas, 2015)	2.1
		Coalition building: maintaining a coalition. (University of Kansas, 2016)	2.1
		Developing effective coalitions: an eight step guide. (Prevention Institute, 2002)	2.1
		Reviewing communications and gathering the evidence for spread. (The Health Foundation, 2015)	2.1
		Building collaborative capacity in community coalitions: a review and integrative framework.  (Foster-Fishman et al., 2001)	1.3
		Evaluating community partnerships and coalitions with practitioners in mind. (Butterfoss et al., 2004)	1.3
	Facilitate team and effective group work	Building and aligning energy for change: a review of published and grey literature, initial concept testing and development. (Land et al., 2013)	1.3
		The facilitator's toolkit: tools, techniques and tips for effective facilitation. (National Health Service, 2010)	2.2
		A hand guide to facilitation. (National Health Service, 2010)	2.1
Fostering resilience	Manage and adapt to the process of change	How to change practice: understand, identify and overcome barriers to change. (National Institute for Health and Clinical Excellence, 2007)	2.4
		Improving our services: a users' guide to managing change in the Health Service Executive. (Health Service Executive, 2008)	2.1
		Influencing a policy audience. (The Health Foundation, 2015)	2.1
		Guide to working with policy makers. (National Co-ordinating Centre for Public Engagement, 2016)	2.1
		Human barriers to change. (National Health Service, 2008)	2.1
		A step-by-step guide to tackling your challenges. (National Health Service, 2013)	2.1

Table 24 continued

Key strategies	Examples	Resources	Туре
		Building capability and talent to meet short- and long-term priorities. (Chartered Institute of Personnel and Development, 2011)	2.1
	■ Monitor progress	Assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions. (WHO Regional Office for Europe, 2016)	2.1
		Monitoring and evaluation of national strategies. (World Health Organization, 2011)	1.5
		Impact evaluation in practice. (Gertier et al, 2010)	4.4
Activating many levers	Scale up innovations	Scaling up health service delivery: from pilot innovations to policies. (World Health Organization, 2007)	2.4
		Practical guidance for scaling up health service innovations. (World Health Organization, 2009)	2.4
		Scaling up improvement. (The Health Foundation, 2016)	2.1
		The journey to integration: learning from seven leading localities. (Richardson et al., 2016)	5.4
	■ Plan for long-term changes	Sustaining the work or initiative. (University of Kansas, 2016)	2.2
		Facilitating change. (CARE, 2003)	2.1
		Webinar series: the building blocks of integrated care. (International Foundation for Integrated Care, 2015)	5.1
		Strategies for the long-term sustainability of an initiative. (University of Kansas, 2016)	2.2
		Implementing and sustaining transformational change in health care: lessons learnt about clinical process redesign. (McGrath et al., 2008)	5.4
		Sustaining improved outcomes: a toolkit. (Thomas & Deborah, 2010)	2.2
		Sustaining change: once evidence-based practices are transferred then what? (Virani et al., 2009)	1.3

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#### The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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