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Country assessment framework for the integrated delivery of long-term care

Working document
WHO European Framework for Action on Integrated Health Services Delivery

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Series editors

Juan Tello
Manfred Huber
Isabel Yordi

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Abstract

This document aims to provide guidance for assessing the integrated delivery of health and social services for long-term care. The assessment framework, which takes on a services and system perspective, serves as a blueprint for collecting data, structuring country visits, synthesising information and drafting an assessment report. The framework identifies the main components for an assessment according to care needs, entitlements, health and social services, care pathways, the organization of providers and system enablers. Gender and human rights are streamlined throughout the framework and its taxonomy. The document also includes pointers for initial desk research, with a rich list of sources to access data and conduct research, with questionnaires for administrating interviews and outlines for conducting workshops and focus groups.

Keywords

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Editors

Hector Pardo-Hernandez, WHO Regional Office for Europe
Juan Tello, WHO Regional Office for Europe

Contributors

The following individuals contributed to develop this document, in alphabetic order:

Erica Barbazza, WHO Regional Office for Europe
Stefania Ilanca, European Centre for Social Welfare Policy and Research
Margrieta Langins, WHO Regional Office for Europe
Kai Leichsenring, European Centre for Social Welfare Policy and Research
Asa Nihlen, WHO Regional Office for Europe
Ricardo Rodrigues, European Centre for Social Welfare Policy and Research
Altynai Satylganova, WHO Regional Office for Europe

Publication productions

Erica Barbazza, design
Jakob Heichelmann, layout

Preface

The European population is rapidly ageing due to low fertility rates and higher life expectancy *(1)*. In the WHO European Region, births per woman have remained below the fertility replacement level, at around 1.7 between 2000 and 2019 *(2)*. Average life expectancy has increased from 73 years at birth in 2000 to over 77 years in 2015 *(2)*. In the same period, life expectancy at age 65 has increased 2 years, reaching 18.4 years in 2015 *(2)* and the percentage of the population 65 years or older has increased from 13.3% to 15.5%. In countries of the European Union, the proportion of the population over 80 is 5.6% and expected to increase to 14.6% by 2100 *(3)*.

As the proportion and total number of older people increases, their needs and care should be accounted for. In 2017, cardiovascular diseases, neoplasms and neurological disorders were the leading causes of death and disability-adjusted life years among people aged 70 or older, whereas musculoskeletal disorders, sense organ diseases and cardiovascular diseases were the leading causes of years lived with disability *(4)*. The re-emergence and persistence of communicable diseases is an added challenge. In the WHO European Region, it is estimated that up to 72 000 people die every year due to seasonal influenza *(2)*. In countries of the European Union, almost 50% of people 65 or older reported long-term restrictions in daily activities, whereas over two thirds reported physical or sensory functional limitations, in 2014 *(3)*.

As a result of these dynamic scenarios, health systems have been compelled to adapt to meet the needs of older people *(5)*. Meeting these needs entails addressing symptoms or disability associated with diseases as well as promoting the development and maintenance of the functional ability that enables well-being in older age. This process is known as healthy ageing, and which allows people live a fulfilling life in accordance with their values *(6)*.

As part of the response to addressing the needs of older people, the 2016 Global Strategy and Action Plan on Ageing and Health calls for every country to implement a sustainable and equitable system of long-term care *(1)*. Long-term care refers to "the activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity, can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity" *(1)*.

Long-term care covers a wide range of health and social services that can be delivered in different settings, among others, the beneficiary's home, day-care facilities, hospices or nursing homes *(7)*. This multiplicity of providers and settings, however, is one factor that can give rise to greater fragmentation in the delivery of services *(8)*. This fragmentation has been associated with burdensome administrative procedures, hindrances in access to care and longer waiting times *(8)* and has been identified as a barrier to reducing hospitalisation for ambulatory care sensitive conditions *(9)*. The fragmentation in the delivery of services adds to the, largely documented, fragmentation of governance and financing arrangements for long-term care *(10)*.

In the WHO European Region, the Strategy and Action Plan for Healthy Ageing in Europe 2012–2020 provides policy directions for promoting healthy ageing *(11)* while the WHO European Framework for Action on Integrated Health Services Delivery fosters models that put people at the centre of health systems *(12)*.

Addressing the needs of older people is underpinned by a gender component that goes beyond biological factors and their differential effect on ageing *(13)*. The multiple facets of gender, understood as the social norms, roles and relationships of and between women and men, influence behaviours, needs, and the provision of services *(14)*. Older women report lower self-perceived health status and higher rates of unmet health care needs *(3)* and commonly provide unpaid care to older relatives at home *(15)*. Men are affected by higher rates of risky behaviours and lower healthy life expectancy *(3)*. The European strategies on health and well-being for women *(16)* and men *(17)* call for incorporating the determinants of men's and women's health in designing gender-responsive policies that respond to their specific needs.

These concerted efforts underpin WHO's initiative *Decade of Healthy Ageing 2020–2030*, the thematic priorities and approaches of the WHO's *13th General Programme of Work (13)* and are a step for ensuring healthy lives and well-being in the old age, in accordance with the United Nations *Sustainable Development Goals (18)*.

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About this document

This assessment framework intends to guide the design, development and reporting for assessing integrated delivery of health and social services for long-term care in countries. It focuses on unpacking the services aspects that lead to fragmentation in the provision of health and social services for long-term care. The framework consists of a taxonomy conceived to provide a structured and comprehensive inventory of domains, features and items to be accounted for in assessing the delivery of long-term care.

The underpinning model

This framework is based on the principles of systems thinking *(19)*, people-centeredness and integrated care *(11,20)*, life-course approach *(21)*, healthy ageing *(6)*, human rights *(22)* and gender perspective *(23)*. The conceptual model underpinning this assessment framework is the European Framework for Action on Integrated Health Services Delivery *(12)*. This policy framework calls for designing models of care based on the health and social needs and the alignment of the system enablers accordingly. Based on this, the framework is developed along four domains: health and social needs, performance, services delivery and system enablers *(12)*. These domains and their respective features are illustrated in Fig. 1 and listed in Table 2.

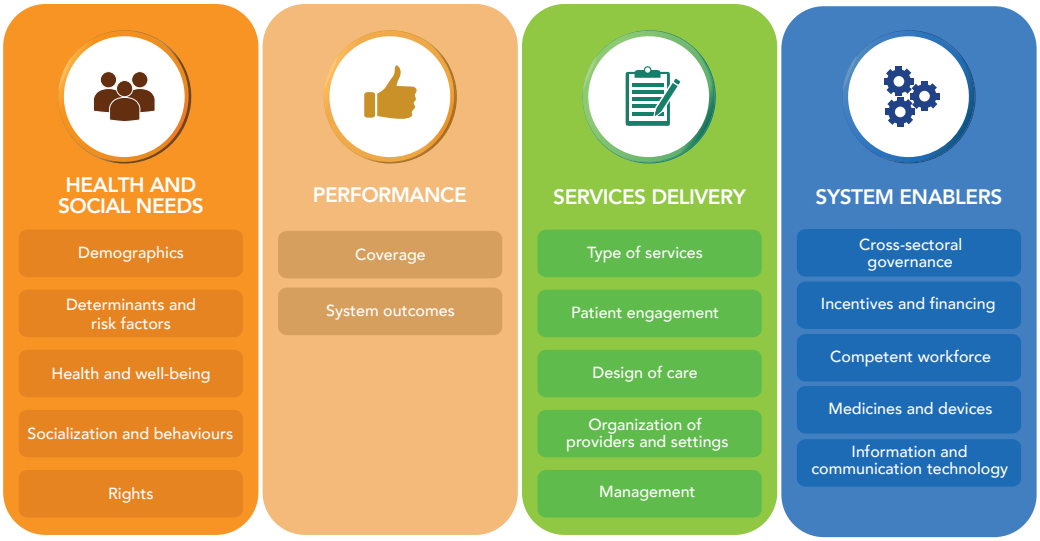
- **Health and social needs**. This domain explores the main demographic and epidemiological trends, with an emphasis on those aged 65 years or older. It includes determinants and lifestyle risk factors together with the health and social needs of older people. The latter includes self-assessed outcomes, measures of disability and daily life limitations. This domain also examines the profile and needs of carers, together with measures to ensure rights and dignity protection and the available support from the community for older people.

- **Performance**. This domain encompasses an appraisal of long-term care services coverage. It allows gauging the quality of long-term care provision using performance measures such as waiting times, hospital length of stay and hospitalisation rates for ambulatory care sensitive conditions and safety incidents prevention and reporting, among others.

- **Services delivery**. This domain facilitates a mapping of services available to older people and their carers, the procedures for assessing their needs, the management of transitions between settings and providers and the existence of care pathways. Policies for fostering patient engagement are also surveyed. This domain explores the profile of public and private service providers and the settings in which services are rendered. There is consideration of quality improvement efforts, of data capture efforts and of information sharing among providers.

- **System enablers**. This domain includes governance and financing, budgeting and allocation of resources as well as workforce measures to ensure its continuous development and professionalization and strategies for promoting technological innovations for information exchange that are interoperable across settings.

Fig. 1. Framework for assessing integrated delivery of long-term care



The framework embraced in this document was applied to selected countries for validation and gradually adjusted to capture the lessons learned during the field work. The countries assessed during this process were Croatia, Denmark, Germany, Portugal, Romania and Turkey. Findings of these country assessments will follow as country reports[1].

The framework was reviewed to align to and benefitted from additional resources available in the context of the initiative Integrated Care for Older People (ICOPE) *(24)* and work of the Pan American Health Organization *(27)*. Table 1 provides an overview of other resources that informed the tools.

Table 1. Snapshot of resources scoped on long-term care

Resource	Scope of features
Integrated care for older people implementation framework: guidance for systems and services *(24)*	WHO guidance for supporting countries in implementing long-term health and social care integration. Guidance includes a scoreboard consisting of 19 measures for appraising the integration of health and social services and the system alignment needed to support integrated care.
Guidance on person-centred assessment and pathways in primary care *(25)*	WHO handbook describing care pathways for managing priority health conditions associated with declines in intrinsic capacity. This handbook, addressed to community health and social workers, provides guidance for screening and assessing losses in intrinsic capacity, developing personalised care plans, designing referral pathways and engaging the community and carers.
From disability rights towards a rights-based approach to long-term care in Europe: Building an index of rights-based policies for older people *(26)*	A multi-dimensional composite measure, the Rights of Older People Index (ROPI), for assessing and overseeing legislative and policy frameworks, national standards, guidelines, monitoring mechanisms and resources in relation to the rights of older people. The index also allows tracking outcomes reflective of these dimensions in relation to long-term care.

[1] New publications of the WHO Regional Office for Europe on health services delivery are available at: http://www.euro.who.int/en/health-topics/Health-systems/primary-health-care/publications.

A 360-degree assessment of the health system's responsiveness to the needs of older persons *(27)*	A Pan American Health Organization's tool for measuring the system response to the needs of the older people and to identify strategic actions for improvement. The tool is structured upon five guiding aspects: population health status, barriers preventing an effective response to those needs, current health system response, sectors involved and recommendations on changes needed.

The framework provides possible sources of information and data for the assessment. These publications are complementary and serve as mutual sources of information. Specifically, attention has been given to supporting countries with guidance and concrete resources to design and assess long-term care services that respond to the health and social needs of older people with an integrated, people-centred model of care.

How to apply this framework

This document aims to guide and support an assessment of integrated delivery of health and social services for long-term care. The assessment can result from initiatives of international agencies, academia, local governments or services providers. Regardless of who initiates an assessment, the process should be inclusive of relevant stakeholders from the health and social sectors. Their involvement is envisaged through interviews, consultations, round-tables and workshops. Stakeholders include beneficiaries, their families, providers, policy-makers, planners and funding institutions.

During this process, the framework can serve as blueprint to identify challenges and facilitating factors in pursuing the integrated delivery of long-term care, while also offering practical guidance for data collection and analysis of findings. The assessment findings may inform future policy directions or optimise existing long-term care systems.

When?

This framework can be applied at any point in time. There is no specific advice on when and how often assessments need to be developed. The time needed to conduct the assessment will depend on the available resources in a given country.

Who?

This framework can be applied by actors with experience in policy analysis and research. These actors include beneficiary associations, carers associations, providers, researchers, technical officers, policy-makers, system planners and funding institutions. Policy recommendations and key findings should be discussed and validated with experts in the field and other key stakeholders.

How?

The tools included in this document should be adapted to national and subnational contexts. Some aspects may not be applicable to certain contexts or data may not be available at the time of the assessment. Experts are encouraged to adapt and validate locally the proposed tools.

Table 2. Summary of framework's domains, features and items

Domain	Subdomain	Feature
Health and social needs (*)	Demographics	Population structure and dynamics
	Determinants and risk factors	Socioeconomic status of older people
		Lifestyle and risk factors
	Health and well-being	Health and social needs of older people
		Disability and well-being of older people
	Socialization and behaviours	Social inclusions and networks
		Gender behaviours when seeking care
	Rights	Rights of older people
		Rights and needs of carers
Performance	Coverage	Long-term care services coverage
	System outcomes	Quality of care for older people
Services delivery	Types of services	Health services for older people
		Social services for older people
		Services for carers
	Patient engagement	Self-management support for older people
		Shared decision-making with older people
		Peer-to-peer support and social inclusion
	Design of long-term care	Needs assessment
		Pathways and integrated services delivery
		Disease management
		Management of transitions
		Care/case coordination or management
	Organization of providers and settings for long-term care	Long-term care settings (public and private)
		Long-term care providers
		Out-of-hours services
		Cultural, social and gender patterns of caring
	Management	Facility management
		Autonomy and decision making
		Quality management including quality improvement mechanisms
System enablers	Cross-sectoral governance	Integrated long-term care priorities
		Governance and accountability arrangements
		Shared planning
		Allocation of resources
	Incentives and financing	Provider payments
		Financial coverage
	Competent workforce	Planning, recruitment and staffing
		Workforce composition (*)
		Continuous professional development
		Professionalization of long-term care roles
	Medicines and devices for older adults	Mechanisms for the responsible use and management of medicines
		Access to medical devices by older people
	Information and communication technology	Data capture in health and social sectors
		Application of new technology and online platforms
		Information exchange

(*) Disaggregated for women and men to ensure gender-responsive assessment and policy recommendations.

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Assessment framework

Assessment framework features, items and possible sources of data

Domain: Health and social needs (*)		
Feature	**Item**	**Possible sources (databases, reports, others)**
Subdomain: Demographics		
Population structure and dynamics	**Current and forecasted life expectancy** (e.g. median age, life expectancy)	• Country-specific databases • European Health Information Gateway *(1)* • Eurostat: Population statistics *(2)* • Global Burden of Disease Study *(3)* • Global Health Observatory *(4)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • OECD Health Statistics *(6)* • The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013–2060) *(7)* • The United Nations Economic Commission for Europe Statistical Database *(8)* • The World Factbook – dependency ratios *(9)* • United Nationals Population Division's World Population Prospects *(10)*
	Population growth (e.g. fertility rate, migration trends)	
	Old-age dependency ratio (e.g. working age population relative to older people)	
Subdomain: Determinants and risk factors		
Socio-economic status of older people	**Living arrangements and family structure of older people** (e.g. family size; place of residence)	• Country profiles on nutrition, physical activity and obesity • Country-specific databases • European Core Health Indicators *(11)* • European Health Information Gateway *(1)* • Eurostat: Population statistics *(2)* • Global Health Observatory – Information System on alcohol and Health and Tobacco control *(4)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Nations Database on the Households and Living Arrangements of Older Persons 2018 *(13)* • OECD country health profiles 2017 • OECD Health Statistics *(6)* • Profiles of ageing 2019 *(14)* • SHARE - Survey of Health, Ageing and Retirement in Europe *(28)*
	Household income status and poverty rates of older people (e.g. income level and risk of poverty)	
	Vulnerable groups among older people (e.g. Roma)	
Lifestyle and risk factors	**Diet and physical activity trends** (e.g. body-mass index, obesity levels)	
	Metabolic risk factors (e.g. blood pressure, cholesterol, glucose levels)	
	Behavioural risk factors (e.g. tobacco smoking, risky use of alcohol)	

(*) Disaggregated for women and men to ensure gender-responsive assessment and policy recommendations.

Feature	Item	Possible sources (databases, reports, others)
Subdomain: Health and well-being		
Health and social needs of older people	**Mortality trends** (e.g. standardized death rates)	• Country experts • Country-specific databases • European Core Health Indicators *(11)* • European Health Information Gateway *(1)* • Eurostat: Population statistics *(2)* • Global Health Observatory data repository *(4)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Long-term care resources and utilisation • OECD Health Statistics *(6)* • The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060) *(7)* • Global Burden of Disease Study *(3)* • The United Nations Economic Commission for Europe Statistical Database *(8)* • The World Factbook – dependency ratios *(9)* • SHARE - Survey of Health, Ageing and Retirement in Europe *(28)*
	Morbidity trends (e.g. leading causes of morbidity)	
Disability and well-being of older people	**Disability trends** (e.g. leading cases of disability, disability adjusted life years)	
	Self-reported measures of well-being (e.g. life satisfaction, social isolation)	
Subdomain: Socialization and behaviours		
Social inclusion and networks	**Social isolation, social networks that extend beyond spouses and immediate families**, widowhood and loneliness, patterns of marriage, re-marriage and cohabitation with children observed between women and men; gender equality, including share of women in decision-making positions or victims of violence and abuse by sex	• Country experts • National reports
Gender behaviours when seeking care	**Social norms, roles and relationships** of and between groups of women and men that are societal specific in seeking care; older women providing unpaid care at earlier stages of their lives that limited access to economic resources	
Subdomain: Rights		
Rights of older people	**Legislation for the protection of older people** (e.g. against abuse, maltreatment, segregation)	Country experts InformCare (EUROCARERS Portal) *(15)* Health System Reviews *(12)* Informal care in Europe: exploring formalisation, availability and quality *(16)*
Rights and needs of carers	**Profile of carers** (e.g. age, gender, relationship to older person)	
	Legal norms, rights and entitlements of carers	

Domain: Performance		
Feature	**Item**	**Possible sources (databases, reports, others)**
Subdomain: Coverage		
Long-term care services coverage	**Reported or estimated number of people receiving long-term care services** (e.g. actual number and percentage over total people 65 or older)	• Country experts • European Health Information Gateway *(1)* • Global Health Observatory data repository – Universal coverage *(4)* • OECD Health Statistics – Long-term care resources and utilization *(6)* • Provisions and providers in 33 European countries *(17)*
	Access barriers to care (e.g. waiting times, financial barriers to services, services skipped due to costs)	
Subdomain: System outcomes		
Quality of care for older people	**Hospitalization rates** including readmissions and length of stay, preventable hospitalizations, day surgeries, inpatient stays and discharge	• Country experts • Country profile on ambulatory care sensitive conditions *(18)* • European Core Health indicators *(11)* • European Health Information Gateway *(1)* • European inventory of national policies for the prevention of violence and injuries *(19)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • OECD Health Statistics *(6)* • OECD. Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Provisions and providers in 33 European countries *(17)*
	Unintended injuries or harm (e.g. pressure ulcers, slips and falls, amendable mortality, patient satisfaction with care **Medication-related incidents** (e.g. overmedication and medication errors)	

Domain: Services delivery		
Feature	**Item**	**Possible sources (databases, reports, others)**
Subdomain: Type of services		
Health services for older people	**Preventive care** (e.g. annual check-ups, influenza vaccination, mental health risk assessment, counselling services for lifestyle, diet, tobacco use, risk assessment for cardiovascular diseases, eye exams, hearing tests, dental cleaning, population-based screening such as breast/cervical/colon cancer screening)	• Adult social care outcomes framework: handbook of definitions *(20)* • Country experts • InformCare (EUROCARERS Portal) *(15)* • European Core Health Indicators *(11)* • European Health Information Gateway *(1)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Informal care in Europe: exploring formalisation, availability and quality *(16)* • Joint report on health care and long-term care systems & fiscal sustainability *(21)* • OECD country health profiles 2017 *(22)* • OECD Health Statistics *(6)* • Global Health Observatory data repository – Essential Medicines *(4)*
	Diagnostic services (e.g. laboratory testing, imaging services, confirmation of diagnosis)	
	Treatment services	
	Follow-up services (e.g. services post hospital discharge, medicines reconciliation, nursing (home) care services, secondary prevention)	
	Rehabilitation (e.g. physiotherapy for back pain, mobility problems, circulation, occupational therapy to support activities of daily living, speech language therapy, stroke recovery)	
	End-of-life services (e.g. hospice services, pain management, advanced care planning, living wills)	
Social services for older people	**Support for personal care** (e.g. personal hygiene, daily routines)	
	Support for household chores (e.g. household support for cleaning, laundry, household maintenance, household errands such as banking, grocery shopping)	
	Fitness/strength training (e.g. balance exercises like Tai Chi, yoga, fitness classes and strength training)	
	Driving and transportation (e.g. delivery of meals, delivery of medicines, accessible parking permits, drop in/out services)	
	Support and social integration (e.g. community clubs/groups, cultural programmes, leisure activities)	
	Social support services (e.g. stress management, conflict resolution, detection of older people abuse)	
Services for carers	**Training programmes for carers** for providing care, personal assistance programmes, respite care	
	Social support services for carers (e.g. programmes to prevent overburdening and burn-out)	

Feature	Item	Possible sources (databases, reports, others)
Subdomain: Patient engagemnet		
Self-management support for older people	**Self-management and health literacy enhancing services** (e.g. online services, patient portals)	• Country experts • OECD Health Statistics *(6)* • Patient involvement in Europe – a comparative framework *(23)*
	Mentoring services (e.g. therapeutic patient education)	
	Publicly available information on services for older people	
Shared decision-making with older people	**Legislation protecting user choice** (e.g. in relation to care setting, preferred course of treatment/care)	
	Involvement of users and carers in decisions about their care plan (e.g. participatory decision-making procedures, supported decision-making tools for people with impaired capacity)	
Peer-to-peer support and social inclusion for older people	**Friendship programmes,** learning programmes and support groups	
	Patient schools	
Subdomain: Design of long-term care		
Needs assessment	**Entitlements and specification of criteria for receiving benefits** (e.g. specific age, disability status)	• Country experts • Health System Reviews *(12)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)*
	Needs assessment or protocol for assessing needs (determining/verifying that a person meets health criteria to qualify for services) such as tools/instruments for needs assessment, degrees or levels of dependency categories, existence of health and social joint needs assessment	
	Means testing for determining / verifying that a person meets resource criteria to qualify for services	
	Process for initiating entitlements once verified	
Pathways and integrated services delivery	**Care pathways** (e.g. existing care pathways in the health and social sectors)	
	Joint delivery of health and social services (e.g. co-location of health and social services practitioners, sharing of information, sharing of medical records, electronic medical records); regular contact between general practitioners and home care teams	
	Multidisciplinary work (e.g. providing space and time for multidisciplinary work; reducing hierarchies between different professional groups across health and social sectors)	

Feature	Item	Possible sources (databases, reports, others)
Disease management	**Harmonization of the provision of services** (e.g. implementation of clinical guidelines and protocols, inclusion of carers in needs assessments and in the development of care plans)	
	Guidance and protocols to address comorbidities (e.g. protocols for assessing condition interactions and management of comorbid patients (e.g. review of medical records), best care practices when comorbid conditions may alter a patient's clinical course)	
Management of transitions	**Measures in place to manage transitions between services and providers** (e.g. between primary health care and hospitals)	
	Integrated health and social discharge care plan (e.g. protocols, templates, checklists)	
	Follow-up services in primary care (e.g. referral feedback to primary care, follow-up assessment in primary care, follow-up calls)	
Care/case coordination or management	**Availability of case managers**	
	Existence of care coordinators (e.g. care manager, liaison nurse or pharmacist)	
	Mechanisms for users and carers to receive information on services (e.g. upon discharge)	
Subdomain: Organization of providers and settings of long-term care		
Long-term care settings	**Types of long-term care settings** • Outpatient and inpatient health care • Community based centres, day care centres, small community groups and informal care settings • Day care services in residential institutions and support services in primary care facilities • Residential long-term care facilities (health and/or social services) • Home care • Rehabilitation care • Nursing homes • Hospice (end-of-life care), palliative care	• A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care *(24)* • Country experts • European Health Information Gateway – E-health *(1)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Long-term care for the elderly. Provisions and providers in 33 European countries *(17)* • OECD Health Statistics *(6)* • The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060) *(7)* • Country experts • National reports

Feature	Item	Possible sources (databases, reports, others)
Long-term care providers	**Number of formal and informal long-term care workers** (headcount)	• A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care *(24)* • Country experts • European Health Information Gateway – E-health *(1)* • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Long-term care for the elderly. Provisions and providers in 33 European countries *(17)* • OECD Health Statistics *(6)* • The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060) *(7)* • Country experts • National reports
	Types of health practitioners delivering long-term care services (e.g. generalist medical practitioner, nurses, social workers, psychologists, geriatricians, gerontologists, occupational therapists, physiotherapists, podiatrists, others such as social workers, community nurse/carers)	
	Practitioners working at the interfaces (e.g. nurses as discharge managers, nurses/ social workers as case managers)	
	Recognition of new professional categories and roles (e.g. nursing home doctor, dementia nurses, social and health care workers, community nurses/carers, care and case managers or care coordinators)	
	Role of unpaid carers; potential issues of quality in care provided, deskilling (e.g. when nurses of migrant background are employed below their skill level) and potential discrimination of carers of migrant background; informal carers may conciliate care and employment	
Cultural, social and gender patterns of caring	**Social factors related to gender** (e.g. gender roles and stereotypes, but also access to resources)	
Out-of-hours services	**Processes in place to ensure 24/7 access to services** (e.g. after-hours care, acute care services, ambulance services)	
Subdomain: Management		
Facility management	**Profile of human resources** (e.g. staff composition, staffing gaps, working conditions, use of agency staff)	• A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care *(24)* • Country experts • OECD Health Statistics *(6)*
	Stability of the flow of funds that make up the budget of facilities (e.g. public, private, voluntary contributions; stability for planning purposes)	
	Support services for workforce (e.g. training, mandatory leave, social support, crisis managers)	
Autonomy and decision-making	**Degree of autonomy for budgeting, recruitment, hiring, dismissal of personnel**	

Feature	Item	Possible sources (databases, reports, others)
Quality management including quality improvement mechanisms	**Processes for improving the delivery of health and/or social services** (e.g. learning loops/feedback on quality in facilities, assessment of partnerships between health and social services providers)	
	Quality standards for the provision of long-term care across different settings Availability of quality standards (accreditation mechanisms) for the provision of health services and long-term care across different settings (e.g. hospitals to primary health care, community care, home care)	
	Quality assurance by independent institutions (third party) and enforcement measures (e.g. inspection, public reporting)	

Domain: System enablers		
Feature	**Item**	**Possible sources (databases, reports, others)**
Subdomain: Cross-sectoral governance		
Integrated long-term care priorities	**Long-term care strategy** or framework	• Country experts • Health System Reviews *(12)* • Joint report on health care and long-term care systems & fiscal sustainability *(21)*
Governance and accountability arrangements	**Governance structure** of long-term care and roles of different governing stakeholders (e.g. national, regional or municipal government)	
	Performance monitoring including monitoring for new programmes, services and procedures (e.g. impact assessment)	
	Continuous assessment of outcomes from the perspective of users /carers	
Joint planning across sectors	**Health and social workforce organizations** in decision-making bodies	
	Alignment of policy goals and allocation of resources across sectors	
	Representation of health and social services in resource allocation	
	Flexibility of regulations to respond to emerging long-term care needs	
Allocation of resources	**Flexible allocation** of budgets across sectors	
	Budget allocation and coordination across multiple levels of governance (e.g. between national and regional governance levels)	
Subdomain: Incentives and financing		
Provider payment	**Fee-for-service financing or outcomes-based financing, pay-for-performance**	Country experts European Core Health indicators *(11)* European Health Information Gateway *(1)* Global Health Observatory data repository – Health financing; universal coverage Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* Health System Reviews *(12)* Informal care in Europe: exploring formalisation, availability and quality *(16)* Joint report on health care and long-term care systems & fiscal sustainability *(21)* OECD Health Statistics *(6)* OECD. Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060) *(7)*
	Alignment of provider incentives across sectors (e.g. reducing incentives to shift the care burden to another care level – hospital bed-blocking, early discharge)	
Financial coverage	**System for financing long-term care**	
	Domestic spending on long-term care including home-care, nursing homes, specialist (ambulatory care), other services (e.g. rehabilitation, assistive devices)	
	Incentives to timely access appropriate care (e.g. levels of co-payment, out-of-pocket expenses in different settings)	

Feature	Item	Possible sources (databases, reports, others)
	Support for carers (e.g. in cash such as care allowance, paid leave or in kind such as vouchers, respite services, social insurance contributions, unpaid care leave)	
Subdomain: Competent workforce		
Planning, recruitment and staffing	**Methods for allocating positions** (e.g. standardized core competencies) and for recruiting (e.g. based on competencies) at the system level	• A Good Life in Old Age? Monitoring and Improving Quality in Long-term Care *(24)* • Country experts • European Core Health indicators *(11)* • European Health Information Gateway *(1)* • Global Health Observatory data repository – Health workforce • Health System Reviews *(12)* • Joint report on health care and long-term care systems & fiscal sustainability *(21)* • OECD Health Statistics – Long-term care resources and utilisation • Strengthening a competent health workforce for the provision of coordinated/integrated health services *(25)* • The 2015 Ageing Report: Economic and budgetary projections for the 28 EU Member States (2013-2060) *(7)*
	Certification procedures for all core work profiles	
	Caseload	
Workforce composition (*)	**Workforce by roles and sex** (e.g. remuneration levels, qualification requirements or additional information on working conditions such part-time, turnover, conciliation of work and family life)	
	Workforce by origin (e.g. locals, migrants)	
Continuous professional development	**Availability of modular education** and specialization, training, retraining courses	
	Training for general practitioners, geriatricians and nurses on long-term care	
Professionalization of long-term care role	**Matching of workforce competencies** to evolving care tasks and target groups	
	Professionalization (e.g. increasing the number of licensed practitioners in home care and nursing homes) and Training for long-term care staff (e.g. increasing the number of licensed practitioners in home care and nursing homes)	
	Mutual/joint-learning opportunities across sectors, as well as between formal and informal care providers	
Subdomain: Medicines and devices for older adults		
Promoting responsible use and management of medicines	**Guidance for reducing the risks of polypharmacy**	• Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • OECD Health Statistics *(6)* • Country experts
	Availability of medication management/oversight	
	Existence of standards of clinical guidelines and protocols indicating the medicines, their inclusion in the list of free or reimbursed medicines	
	Oversight of prescribing practices in long-term care facilities including the use of generic	

(*) Disaggregated for women and men to ensure gender-responsive assessment and policy recommendations.

Feature	Item	Possible sources (databases, reports, others)
Access to medical devices for older people	**Legislation to support access to assistive devices for prevention, diagnosis, treatment and rehabilitation** (e.g. WHO Priority Assistive Product List (29): wheelchairs, other mobility devices, glasses/eyewear, hearing aids)hearing aids)	
	Policies for covering prices, reimbursement arrangements; management and replacements	
Subdomain: Information and communication technology		
Data capture in health and social sectors	**Electronic medical records system**	• Country experts • Health at a Glance: Europe 2018. State of health in the EU cycle *(5)* • Health System Reviews *(12)* • Third global survey on eHealth 2015 *(26)* • Readiness of electronic health record systems to contribute to national health information and research *(27)*
	Patient registries	
	Measures for secure and safe data access and data protection	
Application of new technologies and online platforms	**Guideline/strategy for encouraging technological innovation adoption**	
	Programmes for funding pilots of care technologies	
	Online platforms and patient portals	
Information exchange	**Information transfer between health and social services** (e.g. shared medical records)	

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Guide to country applications

Country assessment process

The process for conducting the country assessment is envisaged in the following steps: (i) initial desk research, (ii) country visit preparation, (iii) country visit completion (iv) analysis of data and evidence, and (v) reporting of findings. This standard process should be adapted according to the context. Fig. 2 outlines the sequential phases of the assessment process.

Fig. 2. Standard country assessment process

Source: editors' own.

Initial desk research

The initial desk research serves to gather information on the national context for the delivery of long-term care. Table 2 provides a checklist of items that should be covered during the assessment, structured around four domains: needs, performance, services delivery and system enablers. The framework provides a detailed description of the items to illustrate the properties for measurement and possible resources, as databases and reports available.

Preparation of the country visit

The scope of a country visit will be informed by the result of the initial desk research. The country visit should allow for addressing information gaps from the initial desk research and deepening knowledge on initiatives that deliver or pursue the integrated delivery of long-term care.

During the preparation for this visit, it is necessary to identify key informants, to plan site visits, to prepare for individual or group interviews and to organize workshops or focus groups with stakeholders. The key informants will contribute to complement data collection on the context, policies and delivery system. They can also provide information on ad-hoc initiatives pursuing integrated delivery of long-term care regarding, for example, how these initiatives were set up, how are they organised, their target groups, parties involved and stage of implementation.

Key informants may include:

- **Officials**. Officials may include a limited number of high-ranking representatives of relevant ministries (e.g. health and social sectors), both national and subnational levels as well as regulators, particularly on topics related to entitlements, accreditation of providers and quality.

- **Front-line health and social workforce**. This includes practitioners in direct contact with older people and their informal carers, such as general

practitioners, nurses, social workers, care workers, case managers and other providers.

- **Services delivery managers**. Informants may target representatives of managers from the health and social sectors at the local and regional levels, as well as managers of providers from public, private for-profit or private non-profit providers. Representatives from initiatives pursuing integrated delivery of long-term care should also be included.

- **Representatives of beneficiaries**. Informants may include representatives of consumers associations, patient associations, older people's advocacy organizations or associations of beneficiaries.

- **Carers**. Informants may include organizations that represent carers, patient associations or associations of the beneficiaries.

Completion of the country visit

The country visit consists of three key activities: (i) individual and group interviews to collect missing or additional information, (ii) site visits to appraise through direct observation the situation at local and facility levels including gaining perspective of beneficiaries, carers, providers and managers and (iii) workshops and focus groups to validate preliminary findings.

The *individual and group interviews* with key informants will serve as opportunities to complement the initial desk research, to confirm the preliminary findings and to collect first-hand information on the context, policies and system for delivering long-term care. Additionally, health and social sectors' reforms, system-level challenges and opportunities for integrated care could be discussed. Topics of interest by key informant may include:

- **Officials**. Health sector and social sector policies, long-term care policy and topics related to entitlements, accreditation of providers, quality of care.

- **Front-line health and social care workforce**. Their views on joint work, division of tasks and responsibilities, shared information, quality improvements, among others.

- **Service delivery executive and facility managers**. The motivations behind those initiatives pursuing integrated delivery of long-term care and the possible barriers and facilitators e.g. financing, accountability arrangements and regulatory framework, among others.

- **Representatives of beneficiaries**. Their views on the satisfaction of older people and their carers, joint work of practitioners with carers and volunteers. If representatives of the users are not available, the possibility of interviewing users and their carers should be explored.

- **Carers**. Interviews will include organizations that represent carers, patient associations or carers' needs and the services available. Additionally, this target audience can provide insights on how entitlements could be improved.

The *site visits* will allow for first-hand observation of services delivery, organization of settings and obtaining the perspective of practitioners (e.g. social workers, nurses, physicians and other practitioners) and managers. Site visits should include representations of different agency ownerships (e.g. public, private for-profit and private non-profit providers), types of settings (e.g. inpatient, day-care and community settings), jurisdiction (e.g. nation-wide and regional agencies) and location (e.g. different cities and regions).

Some site visits can be dedicated to document ongoing initiatives for integrating health and social services for long-term care. Reports should include: (i) the needs that the initiative aims to address (e.g. health, social); (ii) targeted groups (e.g. beneficiaries, carers); (iii) scope of the initiative (e.g. country-wide, regional or local); (iv) stage of development of the initiative (e.g. design, pilot, roll-out); (v) breadth of the integration including mechanisms used for promoting integration (e.g. for services, for providers); (vi) achievements to-date and (vii) website and contact for further information. Box 1 provides criteria for selecting initiatives that can illustrate the integrated delivery of long-term care.

Box 1

Criteria for selecting initiatives that can illustrate integrated delivery of long-term care

Breadth of the integration

Integrated care initiatives must include activities aimed at improving the integration of services across health and social sectors. The initiative(s) should include some form of coordination mechanism, e.g. case management, multidisciplinary teams, joint working and care planning, structured information sharing. Initiatives without formal arrangements should be excluded as well as those where providers or stakeholders are merely in contact with one another. Ideally, different initiatives of integration will be chosen within a given country to widen the scope of analysis of integration, while also allowing for the analysis of system enablers at different stages of integration.

Level of engagement

Initiatives should have significance in the context of the country being studied, assessed either by the number and relevance of target groups or stakeholders involved, originality and potential for the country.

Stage of development

Initiatives must be ongoing and expected to continue for a reasonable period to assess their impact. Initiatives could be at any stage of implementation from designing, piloting or roll-out.

The *workshops, consultations/round tables of multi-stakeholder groups* and focus groups will allow for reflecting and validating the preliminary findings of the interviews and the site visit. The workshops, consultations and round tables allow for inviting a larger number of participants that can then be broken down into smaller groups. Focus groups would allow the participation of 6 to 8 key informants. The validation process is an opportunity to refine and clarify issues emerged during the individual interviews and to explore possible solutions. See Table 3 for an outline of a proposed structure for these workshops and focus groups, including possible topics for discussion in small group and plenary formats in the Annex.

Table 3. Example of country workshop programme

Activity	Description	Duration
Introduction and participant presentation	**Plenary** The moderator briefly introduces the study and explains how the workshop results fit into the wider context of the analysis. The moderator introduces the objectives, schedule and practicalities of the workshop. The moderator leads a short round of introductions.	20 min
Services delivery innovation and integration achievement	**Small groups** • Participants are divided in pairs and asked to reflect on the innovations and processes for care delivery across the health and social services sectors put in place by the initiative/put in place recently in the country. Participants are instructed to focus specifically on measures and tools used to improve the level of care integration between the two sectors. • Each group is asked to agree on the most relevant measures and processes and to shortly describe them on provided cards (max 3 per pair) (10 min).	45 min
	Plenary • The moderator collects all cards and with the agreement of the group places them on a previously prepared flipchart template (flipchart A) that includes dedicated boxes for each Area for action within the Care services domain. • Once all cards have been placed, participants are invited to comment on the outcome. They are asked to evaluate the level of services delivery integration the initiative/the country has achieved and to reflect on why certain measure types (Areas for action) feature more prominently.	
System barriers and enablers for integrated services delivery	**Small groups** • Workshop participants are divided in two groups and asked to discuss and agree on what they consider the main barriers and enablers to integrated services delivery, based on their own experience. • Participants are instructed to focus on system features and are presented with a flipchart of categories of factors that they can consider (flipchart B). • Participants are instructed to write on cards the two most important barriers and the two most important enablers identified. • 20 minutes for group discussion.	45 min
	Plenary • The moderator collects the cards and discusses with participants their meaning, emphasizing in the discussion how and why each group has chosen to prioritize the two key barriers and enablers presented.	
Break		

Activity	Description	Duration
Initiative/ Integration outcomes so far and scope for improvement in the future	**Small groups** • Participants are grouped in pairs and asked to reflect on the key positive outcomes of the initiative/ improvements in integration at the national level (max 3 per pair) and the key shortcomings in terms of obtained outcomes (max 3 per pair). The moderator will stress that outcomes should mostly focus on users/patients/carers, but could also include staff, cost-effectiveness or simply costs. • Each pair writes their common answers onto cards (5 min). **Plenary** • The moderator collects the cards and attempts to generate a consensus through group discussion (20 min). • The moderator then prompts the group to offer suggestion for how to address the identified shortcomings in outcomes and sustain or improve the positive outcomes (20 min).	45 min
Wrap-up	**Plenary** • Each participant is invited to share with the group what they feel is the main "take home message" from the workshop. • The moderator summarizes the activities of the day and thanks the group for their participation.	15 min

Analysis of data and evidence

Once data and evidence collected during the initial desk research and country visit are available, the analysis of data and information should consist of comparing the needs of the older people against the performance measures and the overall services delivery. To the extent possible, a gender and human rights perspective should be adopted to ensure gender-responsive policy recommendations.

The analysis regarding services delivery should be assessed considering whether: (i) a comprehensive package of services is provided; (ii) services are designed based on the multidimensional needs of older people and their carers; (iii) transitions and pathways are properly defined; (iv) services are delivered by a coordinated team of practitioners working across settings and sectors; and, (v) services are effectively managed with standard actions put in place for improving performance while tackling determinants.

The analysis also seeks to verify whether the system conditions are in place to allow for the integrated delivery of long-term care. During the analysis, the main drivers and barriers of the domestic context, policies and systems should also be identified.

The analysis will provide the basis for the context-specific policy recommendations that may include timelines for their implementation. Policy recommendations can be informed by the guidelines available in different documents related to long-term care and integrated delivery of services.

Reporting of findings

The findings may be summarized in a country report. The report should provide a broad overview of the development and dynamics related to the current and potential integrated delivery of health and social services for long-term care.

Annex: Workshop resources

Flipchart A

The cards generated by the participants in pairs are placed in the cells according to the type of measure/ process described.

Pursuing integrated delivery through the design of care
For instance • Services across a broad care continuum • Support services for informal care givers • Standardization of practice (standardized needs assessment and care planning) • Care pathways • Tailored patient care (individualized care plan)

Pursuing integrated delivery through the re-organization of provider and settings
For instance • Care provided in innovative or re-profiled settings (day care programs in nursing homes) • Structuring practices for multidisciplinarity (e.g. promoting joint working) • Creating new roles (e.g. train / specialize care practitioners to work at the interfaces) • Facilitating information exchange (regular contact between general practitioners and home care teams)

Pursuing integrated delivery through the management of facilities
For instance • Appropriate resourcing (e.g. balanced and appropriate capacity and staffing levels across sectors) • Linking between sectors (promote partnership working) • Results oriented approach (assessment of outcomes of care)

Pursuing integrated delivery through learning systems that improve performance
For instance • Increasing professionalization in long-term care roles (e.g. licensed practitioners in home care and nursing homes) • Establishing a life-long learning system for long-term care practitioners • Developing continuous professional development and quality assurance

Flipchart B

The cards generated by the participants in pairs are placed in the cells according to the type of measure/ process described.

Are the governance structures in place well suited for promoting health and social services integration?	Are the incentive structures (i.e. both financial and non-financial) in place conductive to care integration?
Is there a clear separation of mandates between sectors (e.g. minimize overlaps and duplicated responsibilities)? Do health and social services providers share accountability (e.g. setting common goals across sectors)? Are policy goals between health and social services sectors aligned (e.g. compatible priority setting) Is the representation of health and social services decision-makers in regional/national bodies involved in resource allocation and planning balanced?	Are budgets allocated based on outcomes and needs across sectors and governance levels (e.g. national vs. regional)? Are provider incentives aligned across sectors (e.g. reducing incentives to shift the care burden to another care level – hospital bed-blocking, early discharge, cream-skimming)? Are there financial or non-financial incentives for providers to provide high quality care (e.g. payment mechanisms linked to performance, accessible quality indicators)? Are users incentivized to access the appropriate care level (e.g. co-payment mechanisms)?

Does the current health and social services workforce have the necessary competences and skills to support care integration?	What information and communication technology innovations have been introduced in the system that can be expected to support care integration?
Transparent and competency-based recruitment across sectors Availability of continuous professional development opportunities (e.g. are modular courses available? Are there training/retraining opportunities for emerging long-term roles?) Creating a practice environment that facilitates working between practitioners (e.g. general practitioners, care workers and nurses) Is the professional regulatory environment supportive for effective working across health and social care sectors? Is there a health and social care workforce governance framework that enables workforce stability? Is there an intersectoral mechanism in place to enable effective planning and governance of the health and social care workforce?	Guideline/strategy for encouraging technological innovation adoption that facilitates care integration (among staff, users, carers) Dedicated programs for financing/reimbursement of care technologies in long-term facilities against evidence-based assessment of their contribution to care integration Introduction of standard requirements and certification procedures conducive to interoperability Legislation to secure data privacy and safety while enabling shared use across sectors (e.g. e-health records)

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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Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
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Spain
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United Kingdom
Uzbekistan

World Health Organization
Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
E-mail: contact@euro.who.int
Website: www.euro.who.int