

TO-REACH Final Conference 'Implementing and transferring innovations across health systems' Conference Report

On **Thursday, 20 May 2021** the TO-REACH project drew to a close after five years of intense work. The Final Conference, '**Implementing and transferring innovations across health systems**', brought together high-level speakers from the WHO, the European Commission and Ministries of Health, as well as project partners, academia, NGOs and the public at large to discuss the work done by the project over the years and the future of health systems and service research.

With over 230 attendees and an impressive speaker line-up, the Final Conference was the perfect chance to reflect on the challenges health systems are facing, the achievements of TO-REACH including its [Strategic Research Agenda](#) and [Policy Briefs](#), but also to look forward at the Partnership on Transforming Health and Care Systems that the project helped building.

Opening session – Health systems and services in times of COVID-19

Moderated by **Dr. Josep Figueras**, Director at the European Observatory on Health Systems and Policies, this high-level opening session saw the participation of **Dr. Hans Kluge**, Regional Director for Europe at the World Health Organization (WHO); **Ms. Maya Matthews**, Head of Unit – Performance of national health systems, DG SANTE, European Commission; **Dr. Vesna Kerstin Petrič**, Director-General of Public Health Directorate at the Ministry of Health of the Republic of Slovenia; and **Prof. Walter Ricciardi**, Principal Investigator and Coordinator of the TO-REACH project.

Dr. Hans Kluge discussed the consultation the WHO Regional Office for Europe held with its 53 Member States to develop the work programme 2020-2025. The consultation identified three priorities: universal health coverage; emergency preparedness; and health and wellbeing. Dr. Kluge stressed the WHO and his personal commitment to make the 'how' central to achieve this programmatic vision. He mentioned the essential role of partnerships; the importance of developing policies that have a positive impact in the countries that receive them; and the WHO commitment to listen to health workers, frontline workers, patients, and by and large the primary care sector. Finally, Dr. Kluge made reference to the Pan-European Commission on Health and Sustainable Development convened by the WHO Regional Office for Europe to rethink policy priorities in the light of pandemics. The Committee considered essential to create a conducive environment that pays attention to public goods, including health; to appropriately finance health; and to establish a new international governance.

Ms. Maya Matthews provided the viewpoint of the European Commission. The attention on health systems has never been higher in the political agenda, but it is essential to harness all innovations emerged during the pandemic and integrate them in the forward political directions. Ms. Matthews mentioned how the European Commission put together a number of instruments: the EU4Health Program; the Cohesion Funds; Horizon Europe; and the Recovery and Resilience Facility. The European Commission is committed to boost the recovery of Member States but with the clear goal to build back better. Ms. Matthews also named the three areas of focus of DG SANTE: firstly, building robust data to inform policy makers; secondly, increasing the sharing of best practices; finally, building a health union. Ms. Matthews concluded urging to use the tragedy of the COVID pandemic as a catalyst to transform health systems to make them more effective, accessible and resilient.

Following, **Dr. Vesna Kerstin Petrič** discussed the priorities of the upcoming Slovenian Presidency. Dr. Petrič mentioned how the COVID pandemic impacted immensely on health systems, but also showed their flexibility and adaptability. Among the priorities of Slovenia, she identified primary care and, specifically building a system that is locally based, close to people, working with communities and focusing on vulnerable populations. She also mentioned integration, intended as collaboration, development of synergies, and complementarity of policies. During its

Presidency, Slovenia intends to look at how to better invest in innovation at the European level and how to strengthen health systems making the best possible use of the instruments developed by the European Commission.

In conclusion of the session, **Prof. Walter Ricciardi** looked back at the achievements of TO-REACH and, by and large, health systems and service research. He reminded that health system and service research was ignored by most and unknown by many, whereas its importance and central role is now well understood. It has become clear that the difference in results depends on the capacity of health systems to respond to shocks. In countries that were better prepared and based decisions on evidence, the results were better. For the future, Prof. Ricciardi urged to continue making research central, and expressed optimism given the openness of Member States to engage in the Transforming Health and Care Systems Partnership and the funding instruments provided by the European Commission in this domain.



*Figure 1 - Opening session: Health systems and services in times of COVID-19
Prof. Walter Ricciardi; Dr. Vesna Kerstin Petrič; Ms. Maya Matthews; Dr. Hans Kluge; Dr. Josep Figueras (from left to right)*

What are key priorities when studying service and policy innovation in health systems?

The session was introduced by **Dr. Nick Fahy**, Expert Adviser on innovation and implementation at the European Observatory on Health Systems and Policies. Dr. Fahy mentioned the importance of innovations and praised the commitment of all stakeholders and organisations to learning and implementing innovation, but recognised the struggles to actually learn, change and transform. If every health system is innovative and develops innovations, the challenge is around understanding how an innovation works in one place but struggles to spread and function effectively in another. Therefore, the persisting challenge is how countries, regions and health systems can learn from one another. The aim of TO-REACH was to address this challenge and facilitate the process of mutual learning across countries.

Dr. Johan Hansen, Senior Researcher at NIVEL, presented the policy brief produced by the TO-REACH consortium and focusing on the priorities of research in service and policy innovation. To identify the priorities a multidisciplinary approach combining quantitative and qualitative means was adopted. Additionally, national roundtables were organised, as well as an online consultation. The process started from large societal challenges and, from those, aimed to identify the groups that needed support, the sectors involved, the relevant health outcomes to ultimately come to specific research problems and questions.

Dr. Hansen reported on the outcomes of the mapping. Among the identified priorities he mentioned the need to move towards person-centred care and to involve patients and citizen, but also to reconfigure services. Integration was another key component. The sectors deserving more attention are long-term care, hospitals, primary care, and mental health. Additionally, the instruments that need support are the skill mix of the health workforce, informal care, digitalisations, ICT, quality improvement, as well as financing and governance. If there are several commonalities in priorities and challenges across countries, it is important to acknowledge nuances and differences in research design. Dr. Hansen concluded saying that knowing priorities is one thing, but being able to learn in a good, systematic and supporting way is another. Therefore, it is important to build and strengthen partnership at all levels, share best practices, and cultivate learning communities that focus on 'how' to learn and 'how' to implement learnings.

Prof. Silvio Brusafarro, President at Istituto Superiore di Sanità, described the Italian situation in the light of COVID-19. The pandemic forced Italy to reorganise care, specifically hospitals and their networks, making them more flexible. It was also essential to reorganise the health workforce. According to Prof. Brusafarro, research plays a central role to overcome this and any other future challenges, and should therefore be supported, protected and invested in. With regards to the priorities of research, Prof. Brusafarro mentioned digitalisation; developing more flexible systems; and integrating social and healthcare, starting from the workforce. Prof. Brusafarro concluded saying that the pandemic created the opportunity to develop a global perspective, and to work towards a more sustainable way of living. If the opportunity is great, it is essential to put science and implementation at the centre.

The experience of Austria was presented by **Dr. Claudia Hahl**, Deputy Head of the Health Economics Department at the Austrian Public Health Institute (GÖG). When discussing the Strategic Research Agenda, Austria involved various national stakeholders, but received limited input from the provincial and regional healthcare decision-makers. The TO-REACH consultation built on the national process of developing healthcare target and the Austrian healthcare reform. The consultation started with 28 priorities which were reduced to: 1) streamlining healthcare pathways, focusing on primary care and boosting day-care surgeries; 2) demographic changes and healthy aging 3) improving decision making with digital instruments; 4) improving digital and health literacy; and 5) workforce planning, including adaptation of curricula and integrated care. Dr. Hahl reported how having invested in primary care and digitalisation helped the national response to the COVID crisis. Austria is now focusing on preparedness, mental health and health promotion.

Finally, **Dr. Taina Mäntyranta**, Director at the Department for Steering of Healthcare and Social Welfare at the Finnish Ministry of Social Affairs and Health, discussed the involvement of stakeholders during the consultations to define the Finnish research priorities. Finland has several funding bodies, each with their policies, procedures and stakeholder consultation processes. Dr. Mäntyranta mentioned that in Finland stakeholders are probably more used to compete over resources than to openly discuss and share ideas, as it was for the TO-REACH consultation. Additionally, there are stakeholders that speak the same languages of researchers and decision makers and can make their voices easily heard, whereas others have more difficulties, especially with online consultations. For Finland the TO-REACH experience was a great opportunity to engaged with stakeholders, and the country is about to launch a national mirror group. The work will focus on how to amplify the voices of more quiet stakeholders and to facilitate collaboration with them.



*Figure 2 – Session: What are key priorities when studying service and policy innovation in health systems?
Dr. Claudia Hahl, Dr. Nick Fahy, Dr. Johan Hansen, Prof. Silvio Brusafarro, Dr. Taina Mäntyranta (from left to right)*

What do we know about transferring service and policy innovations between health systems?

Prof. Ellen Nolte, Professor of Health Services and Systems Research at the London School of Hygiene and Tropical Medicine, presented the second policy brief focusing on how to transfer service and policy innovations across health systems. The process of learning across countries is not new, but it is difficult and often resulting in the transfer failing. This may be because the transfer is uninformed; incomplete; inappropriate because of contextual factors; or not affordable, acceptable or politically suitable to address a problem. Therefore, more is to be done to fully understand the transferring process and the factors contributing to successful implementation.

Understanding innovation is important, but there are also conducive attributes for adoption, implementation and wider spread. Evidence is important for decision-makers but more work is to be done to understand the nature of the evidence required. Inside knowledge on why an innovation works is also needed, given the pivotal role context has in transfer and adoption. Additionally, it is necessary to better understand the characteristics of health systems that are conducive for transferring innovations, as well as its nature and urgency. Finally, it is important to know which stakeholders are involved in the process of identifying and transferring and innovation.

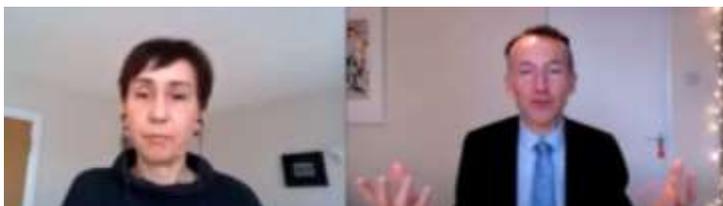


Figure 3 - Prof. Ellen Nolte and Dr. Nick Fahy

Prof. Nolte mentioned the role of international institutions, such as the WHO and the European Commission, in providing context insights that are key to facilitate transfer. It is also essential to better understand the features of health systems and the role of national level support structures that actively fund and support service innovation.

Finally, more work is needed to understand the

type of evidence needed to inform the transfer and the impact of health service and policy innovations on health systems performance.

Prof. Karine Chevreur, Director of the ECEVE team at INSERM, discussed examples of innovation transfer from the French perspective. According to Prof. Chevreur, organisational, service and policy innovation is any new pattern of organising and delivering preventative and curative services; or any new program or policy that helps to improve the achievement of health systems objectives. Examples of innovations transferred to France are in-hospital payment methods, payments for performance, and bundle payments. Another example is the transfer of skills from one profession to another. From the French perspective, it is important to notice that the context of the donating country has not been taken much into account, whereas the context and the interests of all stakeholders involved is fundamental for successful transfer. Prof. Chevreur also mentioned the importance of having a European platform to learn where innovation is taking place and where solutions to tackle similar challenges are being developed.

Finally, **Ms. Valentina Polylas**, Director at European Regional and Local Health Authorities (EUREGHA), brought forward the perspective of European regions. Ms. Polylas underlined the role of regions in innovation implementation, and reiterated the importance of having a European framework to share experience that can then be adapted at the territorial level. She also highlighted the numerous instruments and funding available at the European level to support exchange and innovation, and the willingness of regions to co-invest in this domain. She mentioned the importance to focus on 'how' and create a system to scale-up innovations to be used in health and social care systems across Europe.

The TO-REACH project also saw the participation of non-European partners. **Dr. Arlene Bierman**, Director at the Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality (AHRQ) and **Dr. Rick Glazier**, Scientific Director at the Institute of Health Services and Policy Research at the Canadian Institutes of Health Research (CIHR) brought forward the perspective of the US and Canada respectively.

Dr. Bierman stressed the need to move from a health system that takes care of specific diseases to one that takes care of people living with diseases. She mentioned the US priorities being primary care; transforming care for people with multiple chronic conditions; integrating behavioural health in primary care; and that cross cutting issues are health equity and integrating clinical care with social services and public health. The COVID pandemic has identified shortcoming in health systems but also the critical need for research, so that it can become "the science of care in addition to the science of cure".

Dr. Glazier presented the Canadian priorities that include: 1) accelerating the discovery of innovation that transform health care delivery systems to achieve the quadruple aim and approve health equity; 2) moderanise health systems with digital health solution and data science; 3) integrating evidence into health service and policy decision for improved healthcare systems performance and outcomes; 4) strengthening capacity for solution-oriented research and evidence informed healthcare system transformation.

What's next? The future of health systems and service research

Ms. Irene Norstedt, Director at People Directorate of DG RTD at the European Commission, discussed the future of health system and service research with a focus on Horizon Europe. Ms. Norstedt stated that impact is the main feature of Horizon Europe. Examples of the commitment to achieve societal impact are the concept of 'Missions', as well as the creation of the European Innovation Council. Additionally, Horizon Europe will work to develop synergies within other EU funding programs to ensure uptake at national and regional level. With the COVID-19 pandemic health systems have been under incredible stress, but it has been known for long that health systems should be more sustainable, resilient, flexible, accessible, cost effective and reduce inequalities. The European Union needs to work together and countries to learn from each other to accelerate this transformation. To this aim there is no better way than through cross country research in innovation.



Figure 4 - Ms. Irene Norstedt, Director at People Directorate of DG RTD at the European Commission

Healthcare systems are central to Horizon Europe, so are digitalisation and personalisation. Ms. Norstedt mentioned a number of programmes that contributed to the development of Horizon Europe: namely, AAL, JPI MYBL, Active and healthy aging and the TO-REACH project. Specifically, the TO-REACH project was at the origin of the ideas of the European co-founded Partnership on Transforming Health and Care Systems. The Partnership will provide the needed framework and ambition to meet the gaps in research and innovation. Additionally, the Partnership will bring together the whole value-chain of healthcare stakeholders so that the complexity of health systems is duly taken into consideration.

In conclusion of the conference, **Ms. Sabrina Montante**, Italian Representative within the MS-AC Core Group for the Transforming Health and Care Systems Partnership, underlined how the increased stress on health and care systems due to the pandemic that also highlighted other pre-existing challenges. It is therefore paramount to use this opportunity to make concrete advancements. To put cooperation into practice requires a further engagement of policy-makers, users, bodies funding research and innovation, and those responsible for and involved in its implementation and practice. As such a partnership approach is needed. The transformation of European health systems is complex. It needs to be addressed from different angles and involve all actors at regional, national, and European level. It is crucial to helping healthcare systems with new knowledge and better implementation to become more resilient, sustainable, and enable equal access to innovations for all citizens. It is also important to build synergies among different existing initiatives. Countries are ready to align and continue in this fruitful dialogue. Ms. Montante concluded referencing the call for the Transforming Health and Care Systems Partnership that will be included in the first Horizon Europe work programme. The Partnership that the TO-REACH project helped building over the last five years, is a great opportunity to mobilising major research innovation funding to inform policy and practice.