Crics9 Panel Presentation

Evaluation

- Evaluation is accountancy and learning.

- Learning implies promoting new solutions and governance location.

- Institutions in a fast changing world: partners, technology, management are in dynamic progress.

Evaluation as a learning tool

- Participatory/based on self evaluation.

- Forward looking/ identify the best approach to improve institutional delivery.

- Producing changes, ensure quality for excellence.

Emerging lines

- E-health and the importance of feed back.

- Incorporate innovation.

- Improve governance.

Evaluation and E-Health

AIM

The Panel will focus on evaluation in the institutional life as tools for promoting changes and introducing innovations. Experts from various sectors will share their experiences, including successes and challenges, in using evaluation in the dynamics of their own working contexts.

PANEL
Speaker: Ranieri Guerra, Scientific Attaché, Italian Embassy Washington DC
Speaker: Javier Guarnizo, Senior Quality Assurance, IAEA, Vienna - Austria
Speaker: Cameron Norman, Professor, University of Toronto – Canada

The Panel

- Evaluation as a tool to incorporate lessons learned and innovative solutions.
- Importance of governance and institutional profile of evaluation.
- Participatory process based on self evaluation.
- Forward looking approach to identify the best way to improve institutional delivery.
- Producing changes, ensure quality for excellence.

Ideas

E-health: service delivery, management, assessment

A complex and ever changing environment
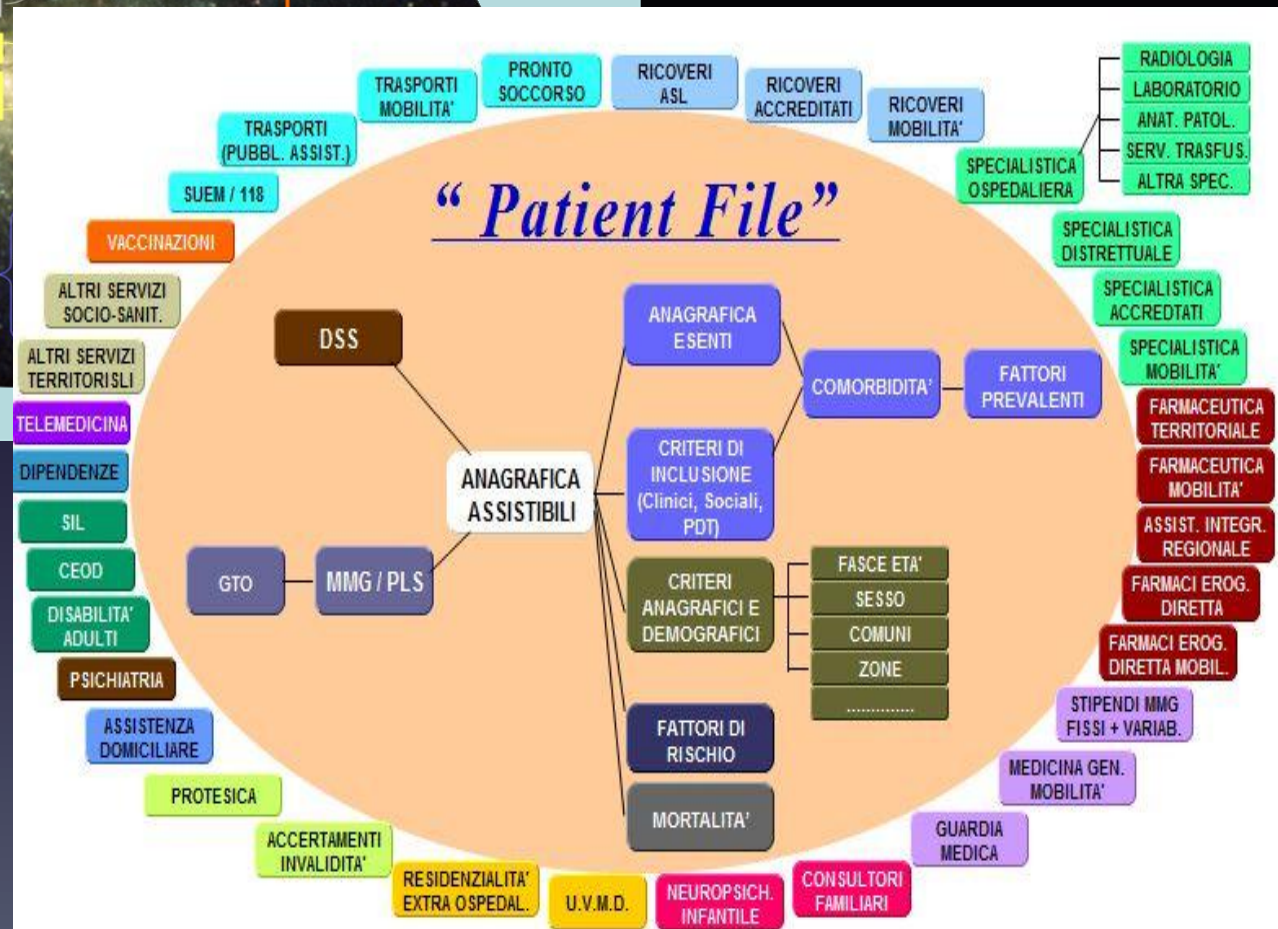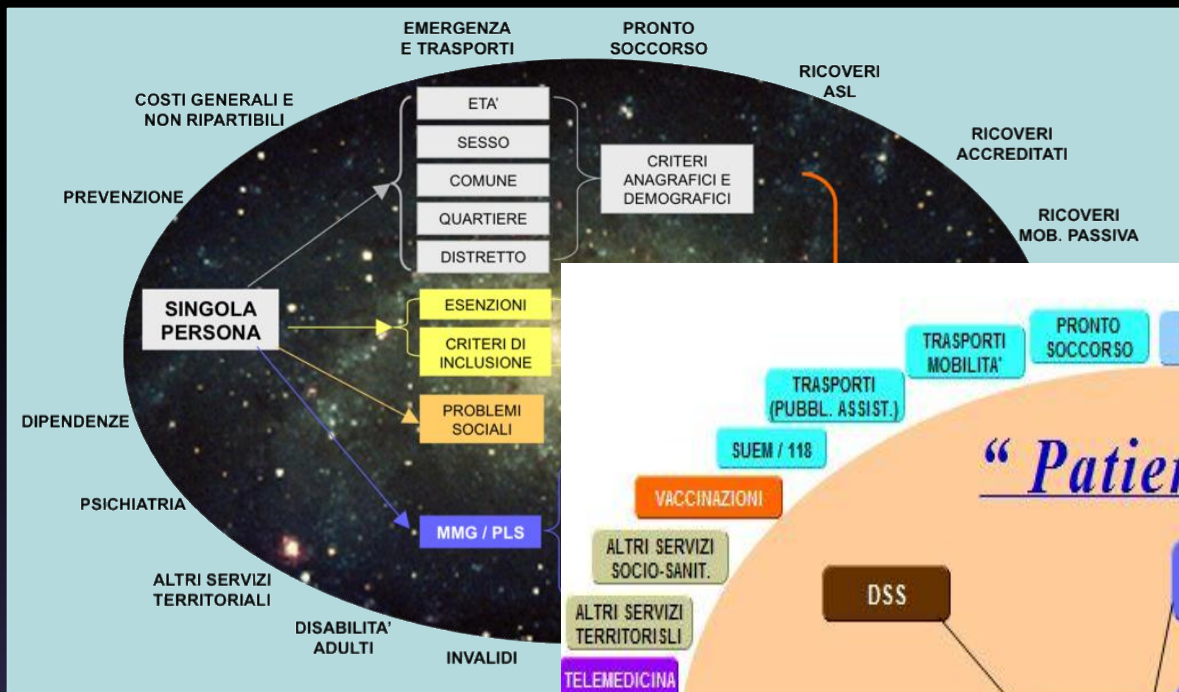
In trasitional demography, epidemiology, economics, politics

E-health: service delivery, management, assessment

POSITIVE ASPECTS

1. Evidence suggests telemedicine effectiveness in mental health, home based care for the elderly, diabetic complications prevention

2. Large volumes of relatively good quality data at (individual) point of care

3. Decision support systems at individual/clinical and at population level

4. GIS for epi-mapping, population alert, rescue operations and community targeting

5. Priority setting and allocation formulae based on quantitative evidence

E-health: service delivery, management, assessment

THE PROBLEMS

1. No integration between hospital and ambulatory care and service providers (by level, by complexity, by segment, e.g., medical and social care)

2. No consolidation, no patient based information systems, reiteration of exams, organ based and disease based diagnosis and decision support systems

3. Budget does not follow needs (demand driven planning at best)

4. Outcomes and impacts not politically palatable (domestically and internationally, with AID agencies)

5. Multiple databases (routine systems) and measures of failures neglected in favor of surveys and unnecessary sampling (SE and SD rarely considered)

E-health: service delivery, management, assessment

THE OPPORTUNITIES

1. Variability of costs/bills, procedures, outcome measurements: the road to *evidence based medicine*

2. Difficult control on volumes and quality of care delivered (clinical variations, multidimensional patients, dynamic assessments, medical and social services in the elderly, dementias): *the road to value based medicine (long quality life)*

3. Identifiable frauds: *the road to liability*

4. Pharmaceuticals and laboratory examinations: *the road to appropriateness*

5. Errors and guidelines: defensive medicine and clinical inertia: *the road to accountability*

E-health: service delivery, management, assessment

NEW SKILLS AND NEW ABILITIES

1. Clinical literacy

2. E-literacy

3. Continuity of care (and teamwork), adherence and trust

4. Treatment plans: rehabilitation, chronic degenerative conditions, palliative care

5. Need to interact with patients and families and to document procedures and results

E-health: service delivery, management, assessment

ISSUES IN CURRENT REFORMS

1. Digital infrastructure and interoperability

   (data follow the patient)

2. Digital prescriptions and e-billing

3. Patient summary and confidentiality

4. Vital events reporting system(s)

5. Health services benchmark

E-health: service delivery, management, assessment

1. Current ICT expenses: 1.1% public health budget (1.3 billion €/year, or 22€/person)

2. Public health budget: 7% GDP (1,650€/person) or 16% of government budget; out of pocket expenses: 2% GDP

3. 95% GPs with digital systems (52,000) and 100% digital sick leave certifications (17 miliion registered workers; 10.5 million certificates/year)

4. 65% patients with access to digital services

5. 100% hospitals and pharmacies networked (120,000 clinicians)

Investment areas:

- Digital clinical records and patient summary
- Cloud computing
- Dematerialization systems and procedures, digital logistics and e-procurement and digital prescriptions
- Digital access to services (with control to prevent duplications and frauds)
- Mobile health (mobile hospital, mobile care, mobile medicine)
- Business intelligence and clinical governance
- Home based services

Learning and Improving the TC Programme
Looking back, moving forward

Javier Guarnizo

Section Head

Quality Assurance Section (TCQAS)

Department of Technical Cooperation

IAEA

Atoms for Peace: The First Half Century
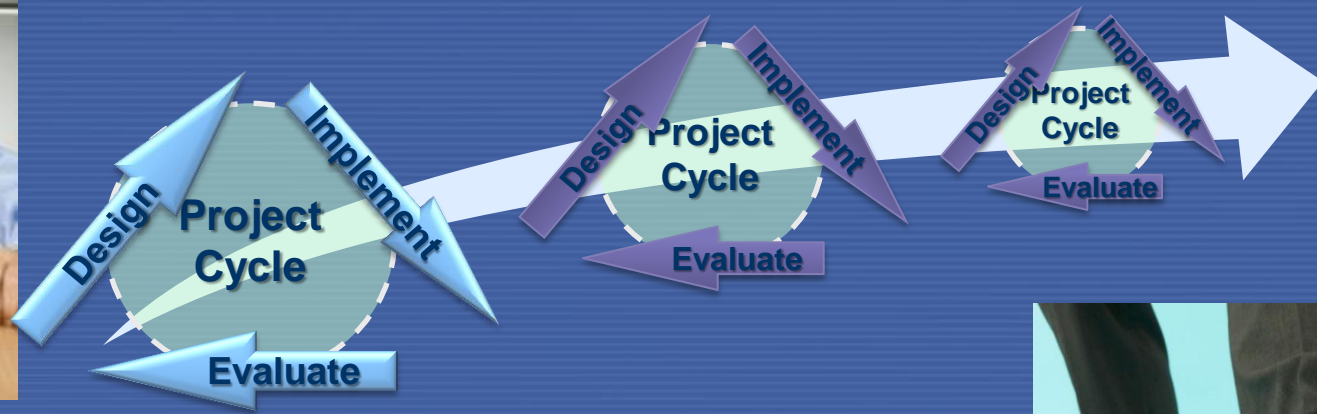*1957–2007*

Quality Management → Tool for Results

> "*If you don't know where you're going,…*
> *… any path will take you there …!*"

The Cheshire Cat - Alice in Wonderland

Quality Management → Tool for Learning

- TCP … Is a learning system…

"Why making the same mistakes over and over again....

... If there are many __new__ mistakes that we can make!"

Why MEASURING?

→ To Manage better:

  ✓ "What can't get measured, can't get managed"

→ To assess performance, results / impact, on an evidence-based manner

For learning and continuous improvement of the TCP!

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Atoms for Peace: The First Half Century
1957–2007

TC Programme Quality - Dimensions

Transfer of technology in a safe manner

Application for achieving results in MSs for social and economic development

Continuous improvement in the management of the programme

Learning through sharing knowledge, networking and building capacities

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Atoms for Peace: The First Half Century
1957–2007

TC KM System

- **Sharing Best Practices**
- **Collection and dissemination of Success Stories**
- **Monitoring & Evaluation Reports**

- **TC Programme Quality Criteria and Review Mechanism**
- **Thematic Indicators**
- **KPIs for TC Programme Review**

1. Identify Internal and External Sources of Information and knowledge

2. Develop mechanism for systematic sharing /collection of information, experiences and knowledge

3. Incorporate into the systems for continuous improvement

4. Transform into knowledge products, disseminate, get feedback

- **Reviewing and improving Management / IT Processes**
- **TC Workshops/ Orientation**

- **TC Programme Cycle Operations Manual**
- **Training/ Monitoring Manuals/Guidelines**

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From KM to Standards and Improvement

Dialogue

- Inclusive
- Focused
- Constructive

Clarifications

- Understanding different perspectives
- Testing (Reality checking)

Agreements

- Standards & Requirements
- Indicators & Metrics (KPIs)
- Best Practices

Measuring

- Compliance
- TCP Performance

Support TC Stakeholders:

- **Learning & Continual improvement**
- **Further instilling a Quality Culture**

Feedback
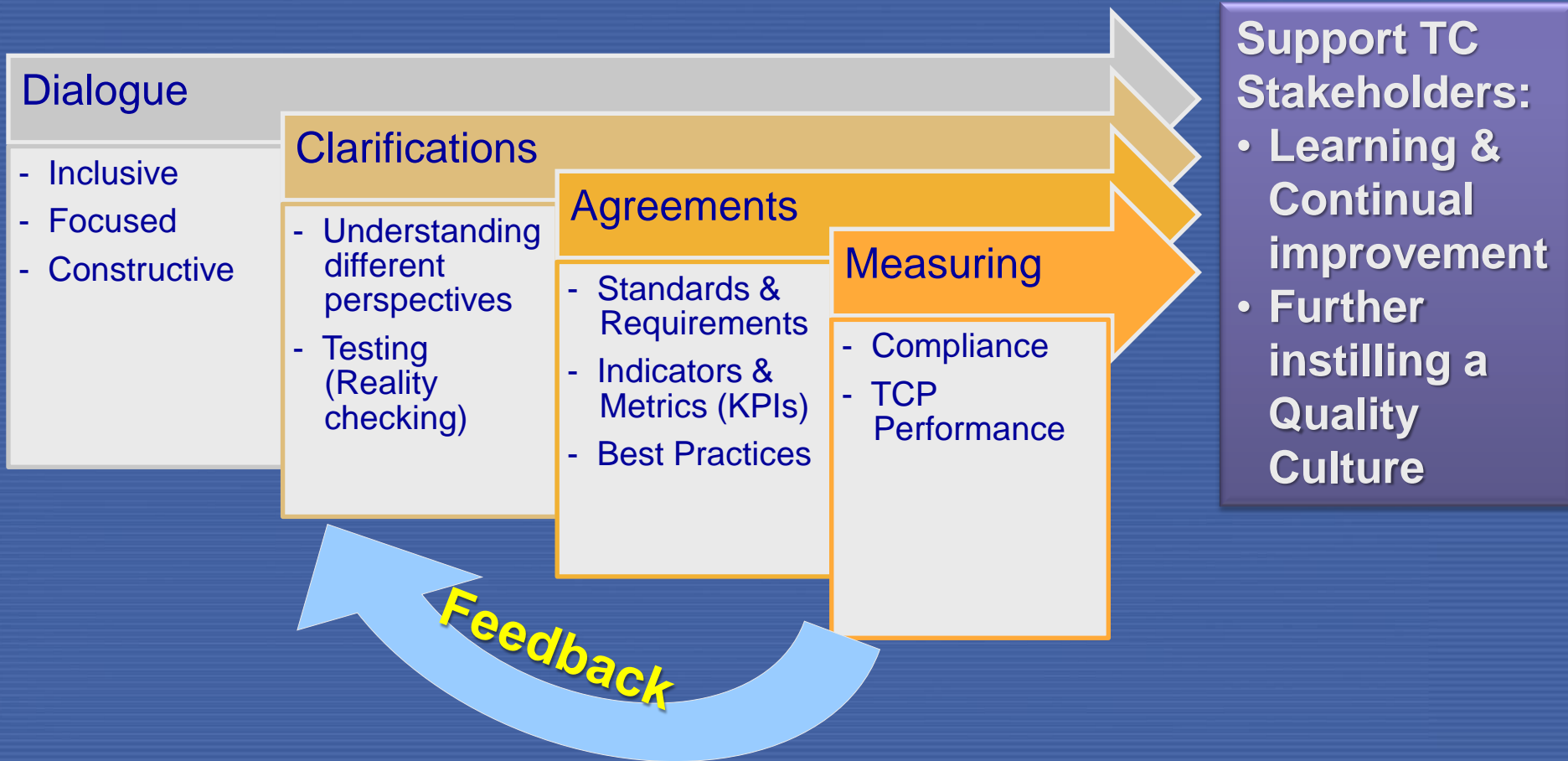
DevelopmentalEvaluation
Understanding Innovation in Action in eHealth Systems

Cameron D. Norman PhD

CENSE Research + Design
Dalla Lana School of Public Health, University of Toronto
Toronto, Canada

StrategicLearning

- Developmental evaluation (DE) has been advanced by Michael Quinn Patton to deal with programs that:

  - involve a high degree of novelty and innovation

  - operate in highly dynamic contexts

  - require adaptive approaches to dealing with change

  - where information sources are varied, unpredictable, and complex

- Emphasis on learning within the context of strategy

- Ongoing, iterative dialogues on data and its application

- Sense-making is part of the process

ParadigmShift

- Moves evaluation discussion away from prediction and control to understanding dynamic programs in context

- Evaluation is not a discrete event or isolated from program operations, it is integrated into decision making

- Moving both evaluator and client towards partners in evaluation and sense-making

- Extends utilization-focused evaluation to new contexts and circumstances

- Continuous learning

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EmbraceComplexity

- Complexity is understood to be inherent to the environment and cannot be eliminated

- Complexity refers to conditions that have many interacting components operating simultaneously with differing effects

- Focus of on emergent properties, time delays, both intended and unintended impacts, attractors, and feedback mechanisms

- Requires attention to effects at the local and global level

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Pay Attention

- Methods that capture subtle changes are ideal

- Engage stakeholders

- Multi-method data collection tools

- Quantitative and qualitative methods to capture trends and context simultaneously

- Real-time evaluation of programs

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Flexible Methods

- Stay consistent with strategy, but evolve the methods to suit the context and changes

- Consider the feedback loops and determine the best means to gather and interpret data

- Methods (suggested)

    - Ethnographic methods

    - System dynamics models

    - Social network maps

    - Design-oriented usability tracking

    - Rapid prototyping of methods and products

ThankYou

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