Cross-country lessons from the SCUBY project on country-specific roadmaps for scaling up integrated care in Belgium, Slovenia, and Cambodia

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Background

The aim of the SCUBY project was to provide evidence on the scaling up of an Integrated Care Package (ICP) for type II Diabetes (T2D) and hypertension (HT) across three distinct health systems (Cambodia, Slovenia, and Belgium) through the development and implementation of country-specific roadmaps for a national scale-up strategy.

Here, we aim to reflect on the different elements that make up each country-specific roadmap, identify cross-country similarities and differences, and identify lessons learned.

Methods

Qualitative content analysis was used to derive key roadmap elements from key SCUBY documents (n=20) including policy briefs, consortium meeting notes, interim reports, amongst others. Extensive reflection took place between the consortium members driving the SCUBY roadmap work package, which included the various country-specific leads, to identify cross-country learnings.

Results

The content of the three roadmaps differed according to priority needs (See Table) and position of the change team in the country. Common cross-country elements were: (i) task-shifting to decentralise and involve patients, carers, and their environment, (ii) strengthening monitoring and evaluation, and (iii) creating an enabling environment for ICP implementation.

Discussion

Scale-up is a complex process that requires engagement with multiple stakeholders and contextual adaptation of plans. The roadmaps are thus living documents that require continuous engagement and reflection amongst stakeholders to identify key elements and priorities. The linkage of research teams with key implementation stakeholders and policy makers led to change-teams that allow moving from formative phase to implementation of roadmap strategies and full scale-up in due time.

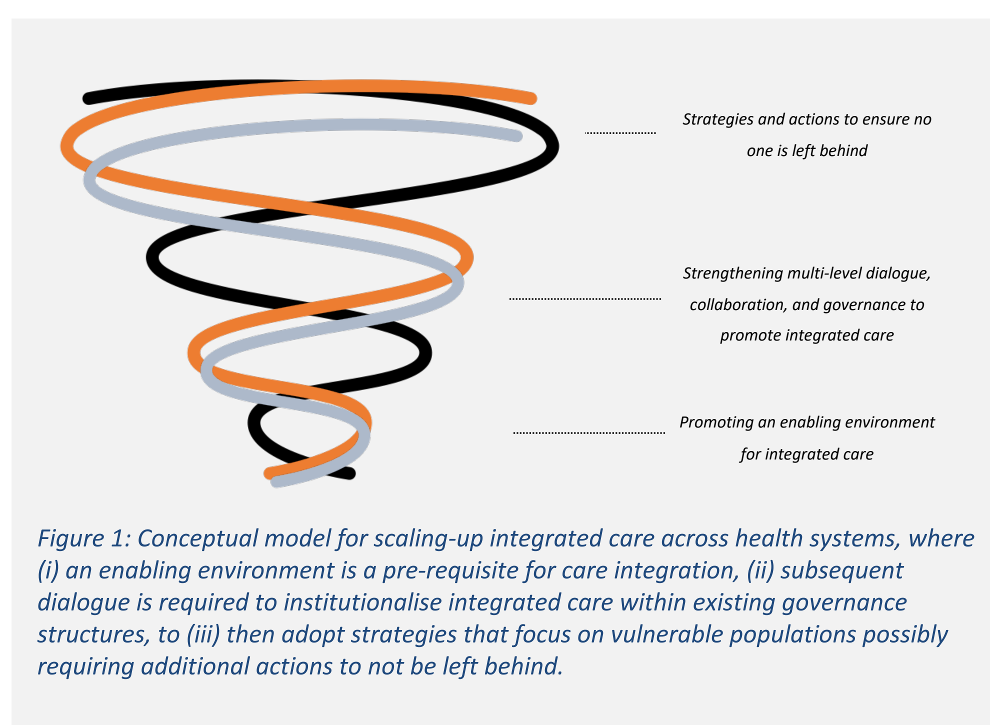

Figure 1: Conceptual model for scaling-up integrated care across health systems, where (i) an enabling environment is a pre-requisite for care integration, (ii) subsequent dialogue is required to institutionalise integrated care within existing governance structures, to (iii) then adopt strategies that focus on vulnerable populations possibly requiring additional actions to not be left behind.

Conclusion

Through the SCUBY project, members of the consortium have spanned boundaries and entered dialogues that can further assist the scale-up of integrated care across the various countries. The roadmaps and their development process have provided essential learnings that can help shape these dialogues moving forward.

Cambodia	Slovenia	Belgium
Component 1. Health Service Delivery and Governance Strategy 1.1: Increasing coverage of second-version PEN in primary healthcare. Strategy 1.2: Strengthening the workflow of Second-version PEN at the operational district level. Strategy 1.3: Renovate the Components of ICP. Strategy 1.4: Add community-based intervention to ICP. Strategy 1.5: Integration of Second-version PEN with other vertical programs. **Component 2. Medicine Supply** Strategy 2.1: Strengthening the essential medicine supply system. Strategy 2.2: Reinforce the capacity of staff in managing medicine inventories. **Component 3: HR** Strategy 3.1: Strengthen leadership and management of human resources for health at the operational district and health centre level. Strategy 3.2: Ensure the appropriate staff/staff capacity / skills-mix through practical training on T2D & HT care (on-site training), including nurses and midwives. **Component 4: Health financing** Strategy 4.1: To increase the investment in T2D and HT. Strategy 4.2: To increase service accessibility at public healthcare facilities. Strategy 4.3: Reduce financial burden to T2D and HT patients. **Component 5: Health information system** Strategy 5.1: monitoring and evaluation.	1. An **m-health** intervention to support and empower patients (telemedicine). 2. A **group education** programme **by patients** (patients as educators). 3. **Community-based education** programme (with healthy lifestyle intervention(s)). 4. An **intra-team collaboration** project: developing clinical pathways of patients for better team management (with a focus on the education of registered nurses).	**1. Change management at practice (micro) level:** 1a: Better chronic care by GPs through training. 1b: Human resource management: Budget for nurse in primary care team. **2. Data monitoring at organisational / population (meso) level:** 2a: Monitoring of chronic care indicators in Primary Care Zones. 2b: Monitoring care organisation at practice level. **3. Health financing at political (macro) level:** 3a: Budget for chronic care that stimulates quality. 3b: Alternative financing models in primary care.

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