
CONFERENCE ABSTRACT**The 7 Habits of Highly Effective Implementation of eHealth Enabled
Integrated Care**17th International Conference on Integrated Care, Dublin, 08-10 May 2017Wouter A. Keijser^{1,2}, Lianne Penterman¹, Jacco Smits¹, Guus van Montfort^{1,3},
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Introduction: 'E-health enabled integrated care' (eHEIC) has high potential to improve quality of care, widen access and increase efficiency. Experts and scholars increasingly report about difficulties of sustainable eHEIC implementation. These reports indicate in particular 'human factors' often being underestimated, in particular relating to changes in interdisciplinary collaboration and the role of physicians. More insight in determinants and interventions impacting these human factors is required to facilitate effective eHEIC implementation.

Method: To identify relevant determinants and interventions, a mixed methods approach was undertaken. Two systematic literature reviews were performed to scrutinize current knowledge and experience related to the constructs of medical leadership and interdisciplinary collaboration during eHEIC implementation. Results from these reviews were compared and synthesized with the thematic analysed transcripts of 84 interviews with groups and individuals across Europe, preceded with 13 scoping interviews with topic experts. All interviews were held during structured site visits at 11 different deployment sites of the 3 'trail-blazing' European eHEIC projects: BeyondSilos, CareWell and SmartCare. Furthermore, preparatory to all site visits, an online survey was (n = 159) held among the interviewees and their interdisciplinary teams.

Results: Results provide insights in determinants and interventions that impact implementation, specifically relating the role of physicians. Identified determinants are categorized in 7 'habits and conditions' characterizing effective eHEIC implementation: (1) Optimising work process impact, (2) (Re)defining and spanning interdisciplinary boundaries; (3) Knowledge sharing and mutual adaptability; (4) Creating and supporting reflective collaborations; (5) Hardwiring a climate of equality and trust; (6) Supporting laws, regulations and rules and (7) Leading for transformation. Identified interventions focus on: attitude, communication, engagement, knowledge, leadership/champions, relationships, shared mental model, tasks roles and responsibilities and training. Furthermore, this study revealed 6 domains relating the role of physicians engaged in eHEIC implementation, including:

competencies in guiding new work-processes and associated socio-emotional issues; medical leadership; virtual physician-patient relationship and change management. Interviews and surveys showed that physicians are to be regarded as most critical in eHEIC implementation, impacting several determinants and influencing other professionals. Furthermore, interviewees often stated that physicians should be champions and/or coordinators in leading this implementation

Discussion & Practical Implications: While process redesign and IT use related issues regarding eHEIC have been studied extensively; it is the impact of these innovations on human factors between individual and groups of actors that makes a difference. This study emphasises the multi-faceted and complex characteristics of effective eHEIC implementation programs. Based on the current literature and a pan-European field study on such factors in eHEIC projects the identified topics provide guidance when preparing various disciplines and professionals. Also, this study indicates towards new fields in education of healthcare workforces, in particular physicians.

Limitations & Further Study: Generalizability of our results must be reflected, as eHEIC implementation should be tailored to couleur locale. Although to date this study breaks new ground, it touches only on few aspects of eHEIC related change management. Further work, including wider variety of nations, regions and modes of integrated care, must be done to create omnipotent eHEIC implementation tool-kits.

Keywords: change management; human factors; medical leadership; interprofessional collaboration
