MODEL ACCESS SOLUTIONS

ASSESSMENT METHODOLOGY & SELECTION CRITERIA

ABOUT

The document provides information on the assessment methodology and selection criteria for applications in the context of the Model Access Solutions. The successful proposals will be promoted in a dedicated repository as exemplary, replicable projects which have demonstrable value in improving access to healthcare for patients.

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SCOPE

Ever since its establishment in 2014, PACT has been fostering a patient-led respectful dialogue on access to healthcare between public health associations, healthcare professional associations and industry. PACT has also been instrumental in advocating for improving access for patients through an active European Parliament Interest Group on Equitable Access to Healthcare, effective liaison with the European Commission, World Health Organisation, Organisation for Economic Cooperation and Development and EU Presidencies, meaningful national and EU-level discussions at roundtables and conferences, and, through several policy initiatives, statements, and consensus documents.

Under its initiative "Model Access Solutions", the Patient Access Partnership will identify, explore, and promote selected evidence-based, workable solutions for better access to healthcare. This does not mean doing this ourselves but rather, acting as a catalyst to find mechanisms and partners to identify such solutions, assess them critically, and for PACT to provide an environment, through workshops, whereby they can be understood, promoted and the drivers for transformational change can be agreed, in a multi-stakeholder, inter-disciplinary way.

Set in a broader context, the European Commission has invested significant efforts to support health system reforms at the Member State level through European Structural and Investment Funds. However, we believe an important complement to this analysis would be to consider the patients' view on which practices demonstrate clear and operational added value for patients.

With its unique multi-stakeholder perspective and a patient-focused mission, the Patient Access Partnership has the capacity to understand the contextual patient and provider preferences and needs and identify the missing drivers for an impactful implementation.

We perceive this exercise as an **iterative inter-disciplinary learning process for society to transform healthcare systems** towards better patient health and improved value from care.

Our distinctive contribution to this end will be in **addressing the knowledge-practice gap by engaging the patient** who is the recipient of care and has, moreover, invaluable experience and information regarding inequitable access.

The overall goal is to provide Member States and different stakeholders with web-based **repository of models of excellence in the field of access, supplemented by a dedicated workshop, to explore how they can be replicated** by stakeholders and/or scaled on local, regional, or national level in the country of origin or another Member State.

Ideally, PACT will aim to conduct up to 2 cycles of selection of model access solutions per year.

THE MODEL ACCESS SOLUTIONS

Definition

'Model' access solutions are person-centred, correspond to the 5As, have demonstrable impact, and have the potential to be replicated and scaled in Europe

Topic

Initiatives to provide equity of access along the care pathway for patients with chronic conditions at times of major public health challenges, such as the COVID-19 pandemic.

Eligibility

Any stakeholder (directly or indirectly involved in the field of healthcare) whose initiative aims to improve equity of access to health and related care for patients can submit an initiative.

Benefits for selected initiatives

Recognition

Your initiative will be PACT's Model Access Solution!

Visibility

We will share your initiative in a dedicated web-based repository and a follow-up media coverage so that your initiative receives the attention of a broad network of stakeholders and donors (patient representatives, healthcare providers, policymakers, public health experts, digital experts, anthropologists, entrepreneurs, industry, and academics).

Discussion on scalability

We will organise a workshop to promote your initiative and discuss what are the critical success factors for its implementation in other countries.

Policy attention

We will draw on the evidence of your initiative to work closely with the Interest Group on Equitable Access in the European Parliament to convey powerful and clear messages about the role of the European Union in encouraging the systematic uptake and wider implementation of existing best practice examples, such as yours.

CRITERIA

A Model Access Solution will be assessed in line with **Inclusion, Outcome, and Advancement** criteria.

A. **Inclusion criteria: to assess whether the proposal meets the eligibility criteria**
- Relevance
- Ethical appropriateness
- Equity

B. **Outcome criteria: to assess the extent to which the proposal improves equity of access**
- Patient focus
- Outcomes
- Engagement

C. **Advancement criteria: to assess the potential of the proposal for further scale-up**
- Possibility for translation
- Sustainability
- Healthcare improvement
- Learning and quality improvement

Below is a description of each sub-criterion to provide general guidance.

	Criteria	Description
Inclusion criteria	**Relevance**	The initiative aims to improve access to care for patients with chronic conditions during times of public health challenges, such as the COVID-19 pandemic.
	Ethical appropriateness	The initiative respects the current ethical rules for dealing with human populations of respecting the dignity, autonomy, health, integrity, and individual rights.
	Equity	The initiative does not discriminate against key populations and/or genders and addresses their needs in an equitable manner.
Outcome criteria	**Patient focus**	The initiative endorses and promotes patient-centered care.[1] Patient-centered care is the practice of caring for patients (and their families) in ways that are meaningful and valuable to the individual patient. It includes listening to, informing, and involving patients in their care. There are certain practices conducive to a positive patient experience, which are under the findings of Picker's Eight Principles of Patient-Centered Care, and namely: 1. Respect for patients' values, preferences and expressed needs 2. Coordination and integration of care 3. Information and education 4. Physical comfort 5. Emotional support and alleviation of fear and anxiety 6. Involvement of family and friends 7. Continuity and transition 8. Access to care

[1] Picker Institute. (1987). Principles of patient-centered care. Retrieved from here

	Outcomes	The initiative has achieved measurable, evidence-based, and socially significant outcomes (effectiveness) against reasonably utilized resources / timeframe (efficiency). Additionally, this principle considers to what extent the practice addresses one (or more) of the 5As of Access[2]: ▪ Availability: Whether services are available in the first place. ▪ Adequacy: Whether there is an adequate and continued supply of available services. ▪ Accessibility: Whether the services are effectively available for utilization. Access measured in terms of utilization is dependent on the physical accessibility and acceptability of services and not merely adequacy of supply. This can also refer to the time to get necessary healthcare, for example. ▪ Affordability: a system for financing health services so people do not suffer financial hardship when using them. ▪ Appropriateness: Services available must be relevant to the different parts of a population in terms of their health needs and material and cultural settings if the population is to 'gain access to satisfactory health outcomes'. In other words, available health care resources should meet the needs of different population groups.
	Engagement	The initiative promotes meaningful involvement of various stakeholders to foster collaboration within and beyond the healthcare sector. These may include (but are not limited to) patients, carers and /or patient representatives, healthcare providers, policymakers, public health experts, experts from academia, experts on health systems, digital experts, anthropologists, entrepreneurs, and academics.

[2] Souliotis K. at al, 2016. A Conceptual Framework of Mapping Access to Health Care across EU Countries: The Patient Access Initiative. Available here.

Advancement criteria	**Possibility for translation**	The initiative makes it possible to transfer the results to other contexts / settings / countries or to scale it up to a broader target population/geographic context.
	Sustainability	The initiative can be maintained in the long-term with the available resources, adapting to social, economic, and environmental requirements of the context in which it is developed.
	Healthcare improvement	The criterion shall assess the extent to which this practice has developed or delivered improvement in existing health policies, systems, and services to improve people's health.
	Learning and quality improvement	The initiative has applied quality improvement techniques to optimise safety, effectiveness, and experience of care for patients by: ● employing tools to analyse the complex healthcare environment with respect to the initiative. ● designing, testing, and implementing long-term changes[3]

[3] Jones B., Vaux E., Olsson-Brown A. How to get started in quality improvement. BMJ. 2019; 364:2–4. Available here.

SUBMISSION GUIDELINES & FORM

Thank you for your interest in contributing to the Model Access Solutions initiative of the Patient Access Partnership!

We are looking for initiatives which aim to provide equity of access along the care pathway for patients with chronic conditions at times of major public health challenges, such as the COVID-19 pandemic. They must be person-centred, have demonstrable impact, and have the potential to be replicated and scaled in Europe.
If your initiative is one of them, please complete the submission form below.

All applications will be assessed against a set of criteria (refer to previous the sections). The selected proposals will be promoted in a dedicated online repository, discussed at a dedicated workshop with relevant stakeholders, presented to the MEP Interest Group on Access to Equitable Healthcare and promoted in a follow-up communications campaign.

Please provide as much information throughout the form as you deem necessary to demonstrate that the initiative satisfies the assessment criteria.

Please further note that:

- The deadline for submission is 29 November, 23:59 CEST.
- No changes are accepted after the deadline.
- You will receive an e-mail upon successful submission.
- Applications submitted by email will not be considered.
- Applications can be submitted in English only.
- Abbreviations and acronyms should be in full when first mentioned in the text.
- All fields are mandatory.
- The form does not allow you to save the information and return later. We therefore advise that you prepare your answers in a Word document before copying and pasting them into the submission form.

1. Contact details

- Title of initiative[4]
- Name of submitting author
- Country
- Organisation
- E-mail address
- Telephone

2. Into which category would your initiative most likely fit?

- ☐ Health care service delivery
- ☐ Information / Awareness-raising campaign
- ☐ Intervention (school based / workplace / other)
- ☐ Screening
- ☐ Research project
- ☐ Public policies
- ☐ Tool / Instrument / Guideline
- ☐ E- health & mHealth
- ☐ Training
- ☐ Other (please specify)

3. Which of the following issue(s) of access to healthcare does your initiative address[5]? *Please specify <u>how</u> the initiative addresses the selected aspect.*

- ☐ Availability (please specify)
- ☐ Adequacy (please specify)
- ☐ Accessibility (please specify)
- ☐ Affordability (please specify)
- ☐ Appropriateness (please specify)

4. Where and when was your initiative implemented?

- Country _____ Region _____ City_____ [6]
- Start date[7] _____/_____ / End date (if terminated) / please specify the reasons for ending

[4] Not in capital letters

[5] Description of each of them will be provided:

- **Availability**: Whether services are available in the first place.
- **Adequacy**: Whether there is an adequate and continued supply of available services.
- **Accessibility**: Whether the services are effectively available for utilization. Access measured in terms of utilization is dependent on the physical accessibility and acceptability of services and not merely adequacy of supply. This can also refer to the time to get necessary healthcare, for example.
- **Affordability**: a system for financing health services so people do not suffer financial hardship when using them.
- **Appropriateness**: Services available must be relevant to the different parts of a population in terms of their health needs and material and cultural settings if the population is to 'gain access to satisfactory health outcomes'. In other words, available health care resources should meet the needs of different population groups.

[6] Please specify the country, region / city / specific place where this initiative has been implemented.

[7] Please indicate the initiative duration (start date-end date / ongoing). If the initiative is terminated, please specify the reasons for this.

5. Which type of partners are involved and what was their role?

- ☐ Patients (please specify)
- ☐ Informal carers (please specify)
- ☐ Healthcare professionals (please specify)
- ☐ Public health NGOs and experts (please specify)
- ☐ Academia (please specify)
- ☐ National institution (please specify)
- ☐ International Organization (please specify)
- ☐ Private sector / industry (please specify)
- ☐ Other (please specify)

6. What type of funding source have you used to implement your initiative?

- ☐ Public funding
- ☐ Private funding
- ☐ Crowdfunding
- ☐ Other (please specify)

7. Please provide 5 keywords which describe your initiative in essence.

8. Background

What is the context and the specific problem that the initiative addresses? What evidence and sources of information did you use to understand the problem? Which specific group of population was affected by the problem the most? Does the initiative address the needs of the specific population in ethical and equitable manner without discriminating against other population groups?

9. Outcomes

What are the main objectives and what has been implemented? What specific actions did you take to achieve the goals? How did you ensure that the initiative is person-centered and promotes valuable change for patients? What strategies did you use to ensure meaningful patient involvement in this initiative? How did the target population group benefit from this initiative? What are the results and the lessons learnt?

10. Advancement

What are the overall achievements and policy impact of this initiative in the long term? What enabling factors and challenges did you experience during the planning and implementation process? Have you performed any actions to measure the impact of your initiative or understand its impact (e.g. audit, feedback, assessment, etc.)? Do you think that this initiative can be applied in other locations and if yes, what recommendations would you provide to someone interested to replicate it? From your perspective, what are the necessary changes that need to be considered (e.g. socio-economic, environmental, cultural, factors) if your initiative is to be implemented in another country? Are there specific risks or considerations that need to be kept in mind in future (e.g. related to age, gender, socioeconomic status, ethnicity, rural-urban area, vulnerable groups, etc.)

ASSESSMENT METHODOLOGY

The Model Access Solutions project consists of a preparatory and three main phases (see Fig 1 and Fig. 2 in Annex):

Preparatory Phase

1. PACT Secretariat launches an open call for Advisory Board members applications.
2. PACT Steering Committee confirms final list of expert reviewers in the Advisory Board.
3. PACT's Secretariat initiates an open call via e-mail, website, and Twitter for stakeholders to submit proposals for evaluation using the submission portal [8]. Applicants have 45 calendar days[9] to submit proposals.

Phase I

4. The PACT Secretariat has 14 calendar days[10] to conduct the initial selection of proposals.
5. PACT Secretariat conducts the initial selection as per the Inclusion criteria only to ensure that only projects relevant to access to healthcare are submitted for further assessment to the Advisory Board.
6. The PACT Secretariat will assign "Selected" or "Not Selected" to the submitted proposals.

Selection process design	
Owner	PACT Secretariat
Scope	Inclusion criteria only
Methodology	Whether the proposal covers each specific sub-criterion
Measurement	Yes/No
Threshold	In case of non-fulfilment of one or more sub-criteria, proposal is not selected.

7. The Steering Committee of PACT oversees the selection process.

[8] The procedure is open to PACT Partners and other organizations alike.
[9] Excluding bank holidays in the country of residence. May be extended depending on application rates.
[10] Excluding bank holidays in the country of residence

8. Selected proposals are submitted to the Advisory Board for further assessment (Fig.1 in Annex)

Phase II

9. PACT Secretariat submits the selected proposals to the Advisory Board members.
10. Advisory Board members sign a Declaration of Interest prior to the assessment to notify PACT Secretariat in case a proposal constitutes potential or actual conflict of interest. If so, they inform the PACT Secretariat and withdraw from the assessment process for the proposal in question.
11. The Advisory Board carries out an assessment of all selected proposals based on the Outcome and Advancement criteria.
12. Advisory Board members assess each proposal, awarding individual score to each specific sub-criterion. The assessment is done using a scoring binary selection system (calculation rationale described below).

Assessment process design	
Owner	Advisory Board
Scope	Outcome and Advancement criteria only
Methodology	Scoring to be applied to each specific sub-criterion
Measurement	4-point scoring scale (whole numbers only are allowed) + Weighted coefficient
Threshold	9 - 36 in mean value based on a total of 7 sub-criteria

Score	Name	Description
4	Excellent	The proposal exceeds the criterion expectations.
3	Good	The proposal meets the specific criterion adequately.
2	Fair	The proposal meets partially the specific criterion.
1	Poor	The proposal does not meet the criterion.

Rationale:

Step 1: Each individual expert assigns a score (scale of 1-4) to each sub-criterion which is then automatically multiplied by a weighted coefficient (score *x* coefficient). The final score is an aggregate amount of the scores for all sub-criteria.

Criteria	Score	Level of Significance	Weight Coefficient	Min. score	Max. score
Patient focus	1-4	Superior	1,5	1,5	6
Outcomes	1-4	Superior	1,5	1,5	6
Engagement	1-4	Superior	1,5	1,5	6
Possibility for translation	1-4	Superior	1,5	1,5	6
Sustainability	1-4	Essential	1	1	4
Healthcare improvement	1-4	Essential	1	1	4
Learning and quality improvement	1-4	Essential	1	1	4
Total				**9**	**36**

Step 2: The PACT Secretariat calculates the overall score of the entire Advisory Board for each proposal by aggregating the scores given by each individual expert reviewer and dividing the total by the number of expert reviewers ("Mean Value").

Category	Mean value
Model access solution	19 - 36
Non-selection	9 – 18

Example:
The overall score for a given proposal, assessed by 7 expert reviewers, is 129 points (with a maximum of 252 points possible), therefore, its Mean Value will be 18,4 (~18). Hence, this proposal falls in the "Non-selection" category.

13. The Advisory Board has 45 calendar days[11] to conduct individual assessment of the proposals.
14. The Advisory Board may decide to request applicants to answer additional questions on the proposals.
15. The Advisory Board members exchange insights regarding each proposal with other members during a final consultation meeting (teleconference). The consultation meeting is organized and hosted by the PACT Secretariat virtually.
16. The Advisory Board members share the scores with the PACT Secretariat following the final consultation meeting (teleconference).

[11] Excluding bank holidays in the country of residence. May be extended depending on summer holidays or other unforeseen circumstances.

17. The PACT Secretariat calculates aggregate scores for each proposal and shares them with the Advisory Board and the PACT Steering Committee with a list of selected "Model Access Solutions" as well as non-selected proposals.
18. PACT Secretariat informs the applicants of the selected / non-selected proposals likewise.

Phase III

19. PACT Secretariat publishes the selected proposals in a dedicated repository online.
20. Published proposals are eventually presented at thematic workshops to discuss their applicability and replication. The discussions and reflections from the workshop supplement the models with more information on the additional work, collaborative activities, or modification strategies to advance the model.
21. Selected proposals may be taken into consideration in the context of the activities of the MEP Interest Group on Access to Healthcare.
22. The PACT Secretariat will conduct follow-up activities to promote the Model Access Solutions.

Responsibilities

The PACT Secretariat

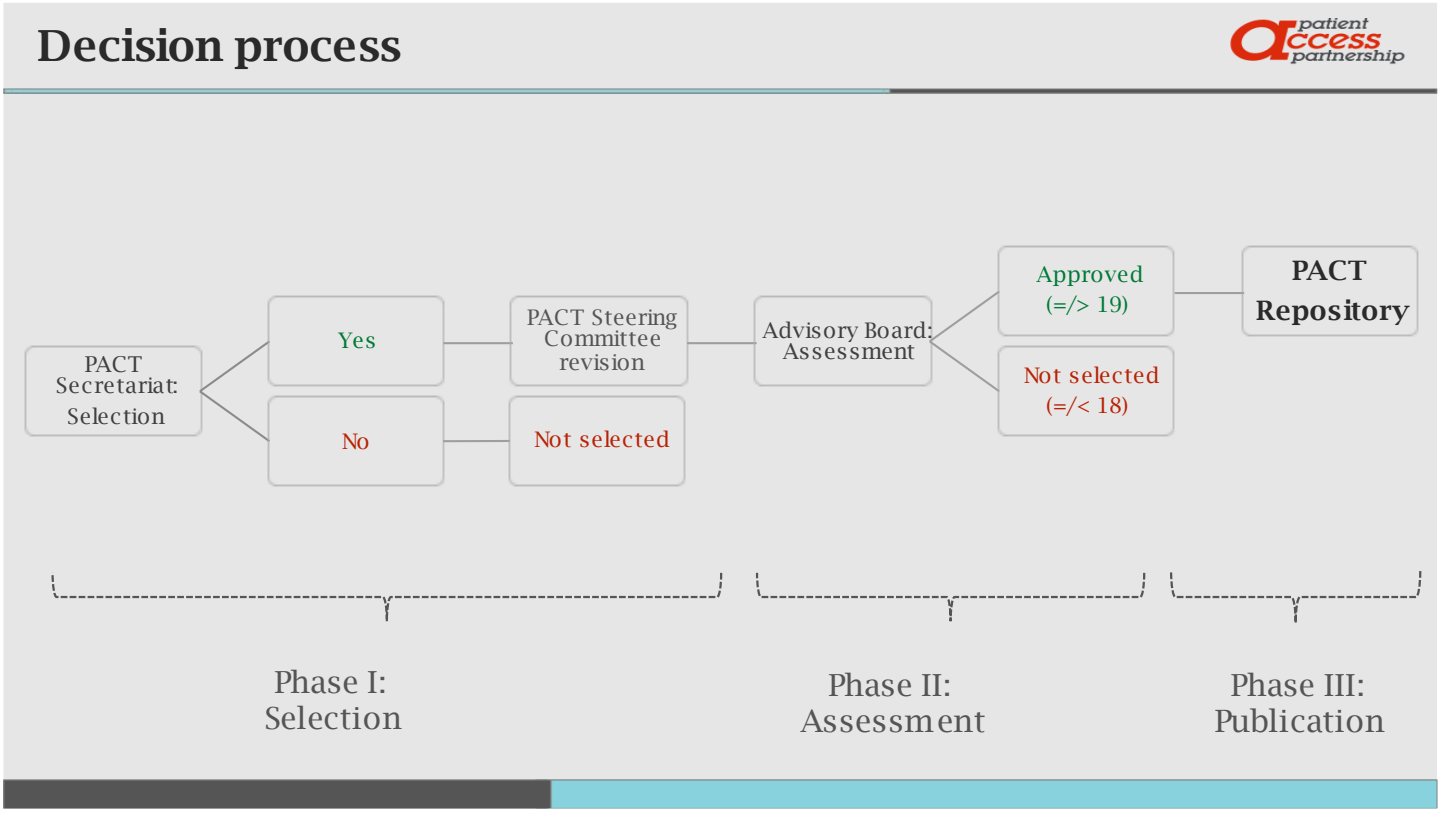
23. Shall conduct the initial selection of the proposals as per the Inclusion criteria.
24. Shall host, organize, and report Advisory Board meetings.
25. Shall provide additional materials, support, information, when requested.
26. Shall NOT assess the proposals.
27. Shall NOT express opinion during the Advisory Board final consultation meeting.

The Advisory Board

28. Shall conduct the assessment of the proposals as per the Outcomes and Advancement criteria.
29. Shall demonstrate impartiality and integrity when making their decisions
30. Shall take part in the Advisory Board final selection meeting.
31. Shall appoint a substitute in case is unable to attend the meeting.

ANNEX

Fig.1. Assessment process overview



Declaration of Interest

I, [*name*] confirm that in my capacity of a member of the Advisory Board to review applications for PACT Model Access Solutions project,

☐ I believe I have no potential or actual conflicts of interest with respect to any of the applications. I agree to declare if I become aware of such at a later stage.

☐ I have one or more potential or actual conflicts of interest with respect to the applications. I have notified PACT Secretariat and will not participate in the assessment of the specific application.

The Declaration applies to the Terms of Reference of this specific project only.

Date:
Signature: