

## Coordinated Care

Group 3: A coordinated care approach is in place, with all essential components present, but there are areas for improvement across the system

## Proposed project:

Name the project and outline the purpose and objectives of the project.

Clarify the target audience and geographic scope.

<b>Project Title</b>	Areas for improvement in coordinated care system
<b>Purpose</b>	To prevent vision impairment/loss and blindness (Main purpose) Prevent the progression of eye disease (DR) Maintain or increase the patient's quality of life
<b>Objective(s)</b>	To implement a cost-effective program which provides coverage, quality and sustainability -> Redesign the service

# The who and the whom:

Clarify the stakeholders of the project and the target audience.

<p><b>Stakeholders</b></p>	<p>Politicians Healthcare policy makers Healthcare professionals Patient Associations (Diabetes) NGO Scientific Societies Media</p>
<p><b>Target Audience</b></p>	<p>Patients and family Caregivers General public</p>

# Actions:

Determine actions for each objective, and when and how these will be implemented and who is responsible.

Timeline	Steps
3 months	Submission of a proposal of the program to the relevant authorities (local, regional, national,..)
6 months	Following the acceptance of the proposal, nomination of a “Champion/lead” (may be a healthcare professional or a manager that will initiate and coordinate the program and who puts together a team to conduct scoping exercise
6 months - ?	Submission of the program to the healthcare policy makers to include staff and budgetary elements
6 months - ?	Review actual coordinated care to ensure provision ‘fit for purpose ‘
6 – 9 months	Raise awareness for the guidelines and adapt if necessary
	Appoint staff
	Education and training – accreditation
	Establish the screening base
2 years	Set-up of a pilot study
6 months	Presentation of the results of the pilot study to health authorities/ healthcare police makers
after	Expand the program to a national level and establish a center/centers of excellence, for the grading and coordination of the program, across the professional groups Number of centers according to the population size

# Evaluation and Impact

Outline mechanism for evaluating progress and how the impact of the program will be measured.

<p><b>Evaluation Mechanism</b></p>	<p>Collect data for audit purposes on a regular basis Report findings in peer-review journals</p>
<p><b>Impact Measurement (targets, indicators, etc.)</b></p>	<p>Reduction of vision impairment and blindness Reduction of other disease-related complications Reduction of the costs of the disease management Evaluation of cost-effectiveness, QOLY</p>

# Sustainability, Replicability, and Scalability

<p><b>Is the program a once-off, or does it require sustaining?</b></p>	<p>It requires sustaining (it needs political, public, professional, financial support) A validated register of patients is required</p>
<p><b>Can the program be replicated in other contexts?</b></p>	<p>Yes (with the appropriate modifications and adaptations)</p>
<p><b>Can the program be scaled up (expanded)?</b></p>	<p>Yes, to ensure equity of care</p>