APPCARE FINAL EVENT
23 MAY 2019, BRUSSELS

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Who we are?

Budget: €2,649,587

Start: 1 January 2019

9 Health and Social Care Authorities:
- Flanders Agency for Health and Care, Belgium
- Optimedis, Germany
- AReSS Puglia, Italy
- Vilnius University Hospital, Latvia
- National Health Fund, Poland
- **TEC Division, Scottish Government (Coordinator)**
- Safarik University, Slovakia
- Social Protection Institute of the Republic of Slovenia
- Osakidetza, Basque Country, Spain

3 Universities and Competence Centers
- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikgune, Basque Country, Spain

2 Membership Organisations
- EHTEL (European Health Telematics Association), Belgium
- AER (Assembly of European regions), France

Scirocco
Exchange

Aim of SCIROCCO Exchange

"To support the readiness and capacity of health and social care authorities for the adoption and scaling up of integrated care by facilitating their access to tailored, evidence-based assets on integrated care and supporting personalised knowledge transfer and improvement planning"

Knowledge transfer as an enabler of capacity-building support

"Knowledge transfer is a "contact sport"; it works better when people meet to exchange ideas and spot new opportunities" – Tim Minshall

**SCIROCCO Exchange
Knowledge Management Hub**

Integrator and facilitator of capacity-building support

Speed up!

Dedicated support and infrastructure for capacity-building

Rationale

Challenges of Scaling-up

- Repositories and resources centres of good practices
- Tools and methodologies
- Reports and guidelines
- Educational materials
- EU funded projects
- National projects
- Human expertise and skills

How to use existing evidence?

What elements of Good Practice are transferable?

What is my local environment like?

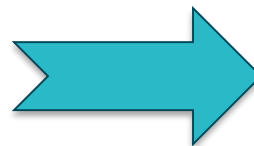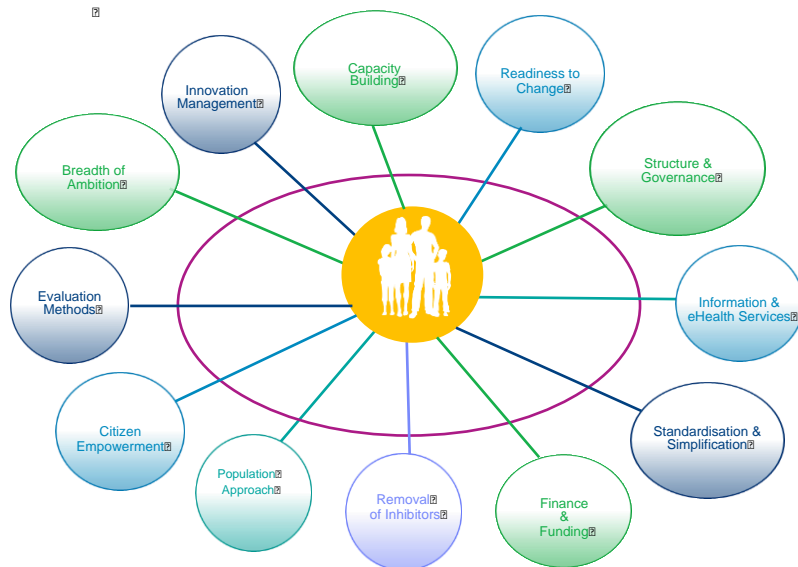**Is my environment ready for integrated care?**

What information do I need to enable the adoption of integrated care?

How to create local conditions for the adoption of integrated care?

SCIROCCO Exchange builds on the achievements of SCIROCCO project

SCIROCCO Tool for Integrated Care
http://scirocco-project-msa.inf.ed.ac.uk/login/

Online

self-assessment tool

to address the challenge

of adoption and scaling-

up of integrated care

Validated and tested in over

65 regions/organisations

CAPACITY BUILDING

READINESS TO CHANGE

INNOVATION MANAGEMENT

STRUCTURE & GOVERNANCE

BREADTH OF AMBITION

eHEALTH SERVICES

EVALUATION METHODS

FUNDING

CITIZEN EMPOWERMENT

STANDARDISATION & SIMPLIFICATION

POPULATION APPROACH

REMOVAL OF INHIBITORS

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READINESS TO CHANGE

If the existing systems of care need to be re-designed to provide a more integrated set of services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

Assessment scale

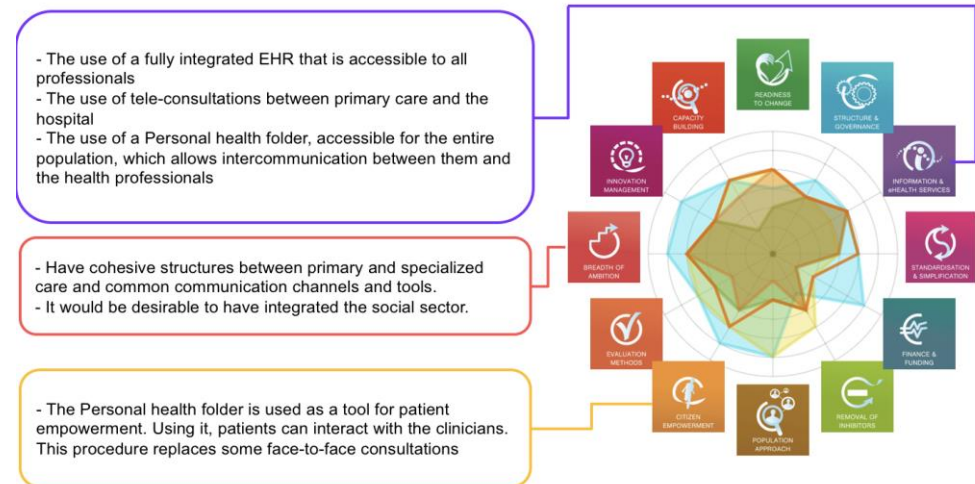0– No acknowledgment of compelling need to change

1– Compelling need is recognised, but no clear vision or strategic plan

2– Dialogue and consensus-building underway; plan being developed

3– Vision or plan embedded in policy; leaders and champions emerging

4– Leadership, vision and plan clear to the general public; pressure for change

5– Political consensus; public support; visible stakeholder engagement

What is the ambition of SCIROCCO Tool?

1. Assess:

- Maturity requirements of the Good Practice in order to understand transferable elements of the Good Practice/intervention for the adoption and scaling-up.

- Maturity of healthcare system for the adoption of integrated care solutions in order to understand the local context/conditions enabled the implementation of integrated care.

- The use of a fully integrated EHR that is accessible to all professionals
- The use of tele-consultations between primary care and the hospital
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals

- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations

Final Spider Diagram after the Consensum workshop

Strengths:
Structure & Governance
Finance & Funding
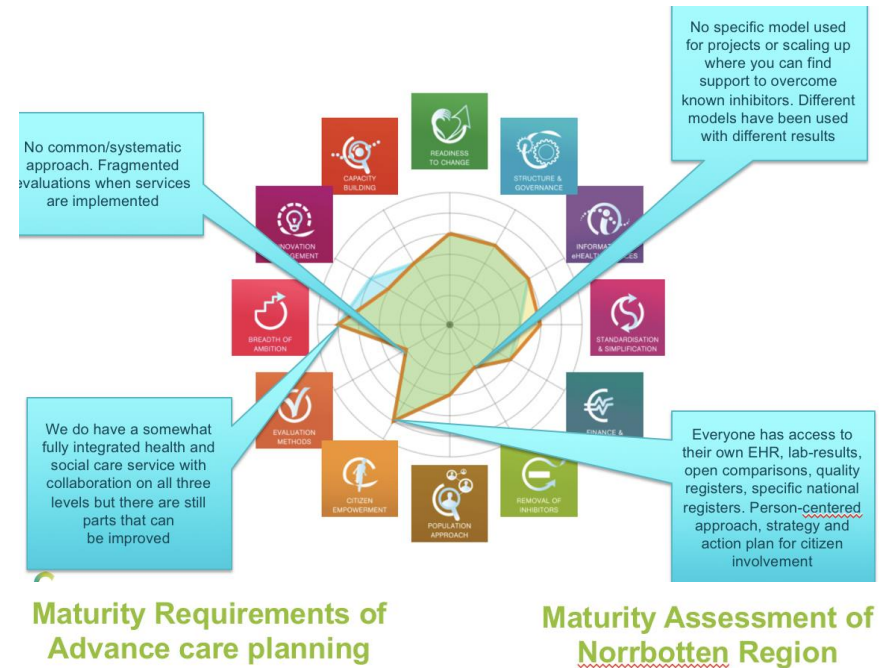Capacity Building

Weaknesses:
Citizen empowerment
Information & eHealth services
Population approach

These results are not surprising but in line with other evaluations. The region has invested heavily in governance and financial terms. The next step will be to develop a capillary service across the entire regional territory.

What is the ambition of SCIROCCO Tool?

2. Facilitate:

- Better understanding of the strengths and weaknesses and areas of improvement in the local healthcare systems in order to adopt integrated care.

- Multi-stakeholder discussions and consensus-building.

- Knowledge transfer and effective learning through the systematic flow of appropriate information and evidence between the between adopting and transferring entities.

No common/systematic approach. Fragmented evaluations when services are implemented

No specific model used for projects or scaling up where you can find support to overcome known inhibitors. Different models have been used with different results

We do have a somewhat fully integrated health and social care service with collaboration on all three levels but there are still parts that can be improved

Everyone has access to their own EHR, lab-results, open comparisons, quality registers, specific national registers. Person-centered approach, strategy and action plan for citizen involvement

Maturity Requirements of Advance care planning

Maturity Assessment of Norrbotten Region

Easy/ Possibly/ Showstopper

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Scaling Integrated Care in Context

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Knowledge Management Hub

Evidence-based Capacity-building Support

1.Maturity assessment for integrated care

Priorities for improvement: strengths and weaknesses of local environment for integrated care

SCIROCCO Exchange Knowledge Management Hub

4. Improvement Plans

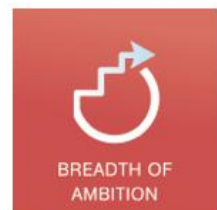**Co-designing technical assistance** tailored to the maturity and local context

2. Capacity-building assets

3. Knowledge transfer

Access to existing evidence

Capacity-building support

How can we help?

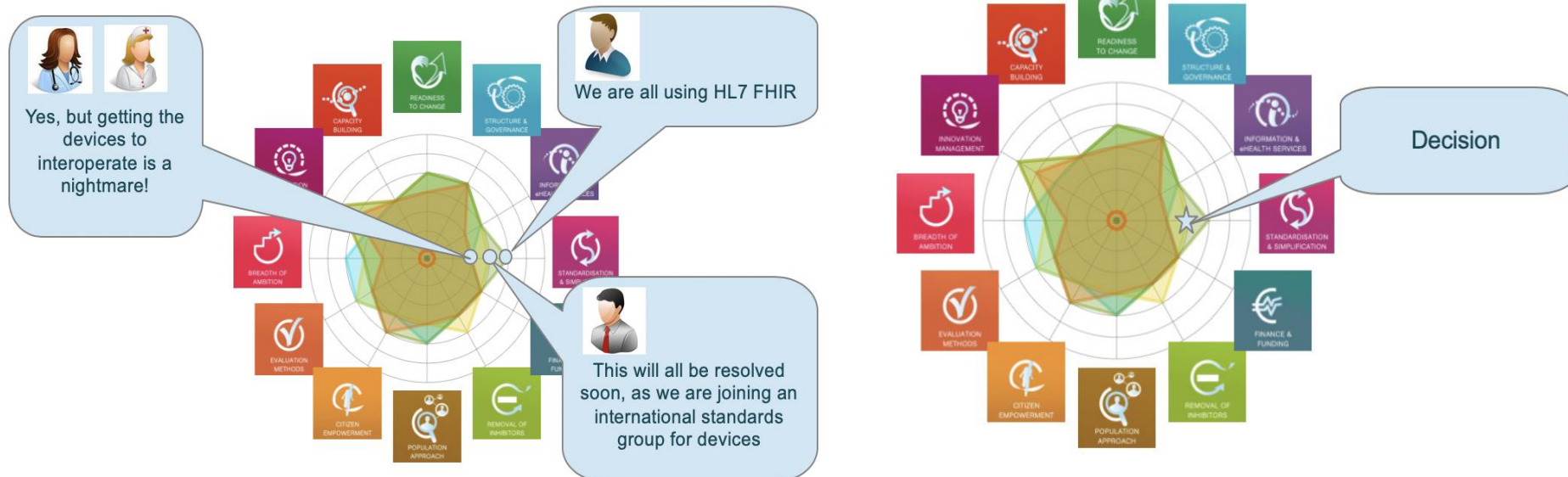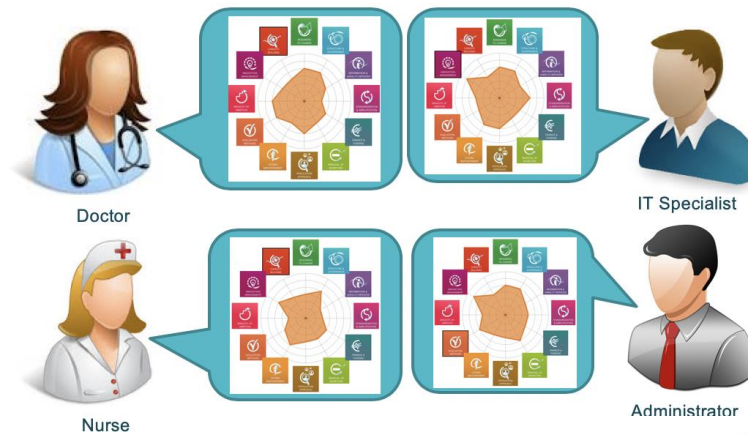## 1. Assess your capacity for integrated care

Get ready!

How can we help?

3. Access evidence-based capacity-building support

COMMONALITIES

Capacity building

Innovation Management

Structure and Governance

eHealth

Local conditions enable transferability of learning

Learn from others!

DIFFERENCES

Readiness to change

Standardisation & Simplification

Population approach

Citizen Empowerment

Evaluation methods

Breadth of ambition

Not feasible to transfer

How can we help?

4. Co-design the Improvement Plans/Strategies

Work together!

Study visits
Mentoring
Exchange of staff
Educational webinars
Awareness raising events

Expected Outcomes

Improved knowledge on local priorities and needs for support in implementing and scaling-up of integrated care.
Improved capacity to search for knowledge and capacity-building support for implementation and scaling-up of integrated care.
Improved capacity of healthcare authorities to adopt and scale-up integrated care.
Improved informed decision-making on the design, implementation and scaling-up of integrated care.
Increased use of the SCIROCCO Exchange Knowledge Management Hub in the process of adoption and scaling-up of active and healthy ageing solutions.

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