D6.1 Capacity-building assets mapping

WP 6 Capacity-building assets

Document information

Organisation responsible

Kronikgune Institute for Health Services Research

Authors

Jon Txarramendieta, Kronikgune Institute for Health Services Research

Irati Erreguerena, Kronikgune Institute for Health Services Research

Belén Castelló, Basque Department of Health

Yhasmine Hamu, Kronikgune Institute for Health Services Research

Ane Fullaondo, Kronikgune Institute for Health Services Research

Esteban de Manuel Keenoy, Kronikgune Institute for Health Services Research

Delivery date – 31 December 2021

Dissemination level

P	Public

Version history

Version	Date	Changes made	By	Sent to
V0.1	1/11/2021	Structure of the document	Jon Txarramendieta	-
V0.9	21/12/2021	Final draft	Jon Txarramendieta	Andrea Pavlickova Choni Doñate
V0.10	17/01/2022	Review of WP1 and WP3	Andrea Pavlickova and Choni Doñate	Jon Txarramendieta
V0.11	20/01/2022	Implementation of changes after the review	Jon Txarramendieta	Andrea Pavlickova
V1.0	24/01/2022	Final QA review	Donna Henderson	Chafea

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

EC Disclaimer

"The content of this Deliverable represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

Executive Summary

The objective of this document is to present the mapping of the capacity-building assets carried out in in the framework of Work Package 6 of the SCIROCCO Exchange project.

Mapping of assets means selecting and charting useful evidence-based resources on integrated care on the twelve dimensions of the SCIROCCO Exchange Maturity Model. This helps countries, regions and other organisations to readily access these resources as well as personalised support for knowledge transfer and improvement planning which are facilitated by the SCIROCCO Exchange Knowledge Management Hub.

This report focuses on the results of the asset mapping, including the methodology and strategy for this mapping. It includes existing international, European, national and regional evidence on integrated care.

Resources and evidence on integrated care were searched through a desktop search and a literature review. The desktop search mapped relevant grey literature developed by the countries and regions participating in the project, related to the twelve dimensions of the SCIROCCO Exchange Maturity Model. The literature review was a search of published scientific literature. It aimed to provide useful information to progress the development of integrated care.

A total of 654 assets were mapped: 387 in the desktop search, and 267 in the literature review (from the 1267 ones identified from the selected scientific databases).

The assets were charted to at least one of the twelve dimensions of the SCIROCCO Exchange Maturity Model and integrated with the SCIROCCO Exchange Knowledge Management Hub.

List of abbreviations

EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
EU	European Union
WP	Work Package
KMH	Knowledge Management Hub
UK	United Kingdom
MRL	Maturity Readiness Level
D	Dimension
MeSH	Medical Subject Headings

Table of Contents

Table of Figures

1 Introduction

The SCIROCCO Exchange project aims to support the readiness and capacity of health and social care authorities for the adoption and scaling-up of integrated care. The main objective of the capacity-building support is to facilitate access to tailored, evidence-based assets on integrated care and thus support personalised knowledge transfer and improvement planning.

The project builds upon the preliminary achievements of the B3 Action Group on Integrated Care of the EIP on AHA that first developed the concept of the B3 Maturity Model. Through the activities of the EU funded project SCIROCCO[1], the SCIROCCO Maturity Model was further refined and supported by a validated online self-assessment tool. In the SCIROCCO Maturity Model[2], the many activities that need to be managed in order to deliver integrated care have been grouped into 12 dimensions, each of which addresses part of the overall effort to implement integrated care.

The ambition of the SCIROCCO Exchange project is to maximise the value and impact of the SCIROCCO Model and Tool. It focuses on the development and testing of a Knowledge Management Hub[3] with the objective of facilitating access to personalised knowledge transfer and capacity-building assets to support the process of adoption and scaling-up of integrated health and social care services in Europe.

The project also explores the readiness of local environments for the adoption of integrated care, using the SCIROCCO Exchange online self-assessment tool to understand the local needs on the ground. This serves as a basis to design a tailored capacity-building approach and personalised assistance to national and regional health and social care authorities.

Within this framework, WP6 Capacity-building Assets, had three main objectives:

- Map the existing assets and evidence on integrated care at international, European, national and regional levels and identify any potential gaps that need to be addressed to improve knowledge transfer and capacity-building.
- Facilitate the integration of identified capacity-building assets within the SCIROCCO Exchange Knowledge Management Hub (KMH), developed by WP4 – Knowledge Management Hub.
- Identify and tailor relevant capacity-building assets on integrated care that help to address the needs and priorities of nine European regions.

To this end, the following tasks were performed in WP6:

- definition of SCIROCCO Exchange capacity-building assets;
- design of a capacity-building asset mapping strategy;
- mapping of capacity-building assets against each of the 12 dimensions of the SCIROCCO Exchange Maturity Model;

---

[1] https://www.scirocco-project.eu/
[2] https://www.scirocco-project.eu/scirocco-tool/
[3] https://SCIROCCO-exchange-tool.inf.ed.ac.uk/

- integration of the selected assets with the KMH.

The outcomes of this WP served as the basis for the design of personalised knowledge transfer and capacity-building support (WP7) and development of Improvement Plans (WP8) which were informed by the maturity requirements (WP5) of 9 European countries and regions participating in the project: Basque Country (Spain), Flanders (Belgium), Germany, Lithuania, Poland, Puglia (Italy), Scotland (United Kingdom), Slovakia and Slovenia.

This document details the mapping of existing international, European, national and regional capacity-building assets and evidence on integrated care that were incorporated as assets within the SCIROCCO Exchange KMH.

The structure of this deliverable is as follows:

- Chapter 1 Introduction
- Chapter 2 describes the mapping of the capacity-building assets performed under WP6, detailing the methodology, the results obtained and their descriptive analysis
- Chapter 3 includes a descriptive analysis of the mapped capacity-building assets
- Chapter 4 includes conclusions drawn from the work undertaken in this WP.
- Chapters 5, 6, 7 and 8 include Annexes I to V; the SCIROCCO Exchange Maturity Model for Integrated Care, the concepts behind the Model dimensions, its Maturity Readiness Levels (MRL) and the list of assets reviewed and mapped as part of both the desktop search and the literature review.

2 Mapping of capacity-building assets

Mapping of assets means selecting and charting useful resources on integrated care on the twelve dimensions of the SCIROCCO Exchange Maturity Model to facilitate more tailored and personalised knowledge exchange and improvement planning process. For the purpose of the project, capacity-building assets are defined as *"resources and evidence that stakeholders can use to increase the maturity of the context to support integrated health and social care"*.

Mapping of capacity-building assets includes searching, selecting and charting assets on the twelve dimensions of the SCIROCCO Exchange Maturity Model. The objective is to integrate these assets with the KMH so that European regions/countries and other interested organisations can access, track and retrieve these resources in order to improve integrated care.

2.1 Mapping strategy

A mapping strategy (Figure 1) was agreed by all SCIROCCO Exchange partners to ensure a homogenous approach. The crucial criterion was that assets have to address at least one of the twelve dimensions of the SCIROCCO Exchange Maturity Model. The latest version of the Model, revised in the SCIROCCO Exchange project, was used for this purpose (see ANNEX I).

DESKTOP SEARCH
- SELECT 2 KEY INFORMANTS PER REGION
- IDENTIFY ASSETS THAT ARE FAMILIAR WITHIN THEIR REGION/COUNTRY
- SELECT AND CHART ASSETS
- KEY INFORMATION TO MAP ASSETS

LITERATURE REVIEW
- DEFINE SEARCH STRATEGY
- IDENTIFY PUBLISHED SCIENTIFIC PAPERS
- SELECT AND CHART PAPERS
- KEY INFORMATION TO MAP ASSETS

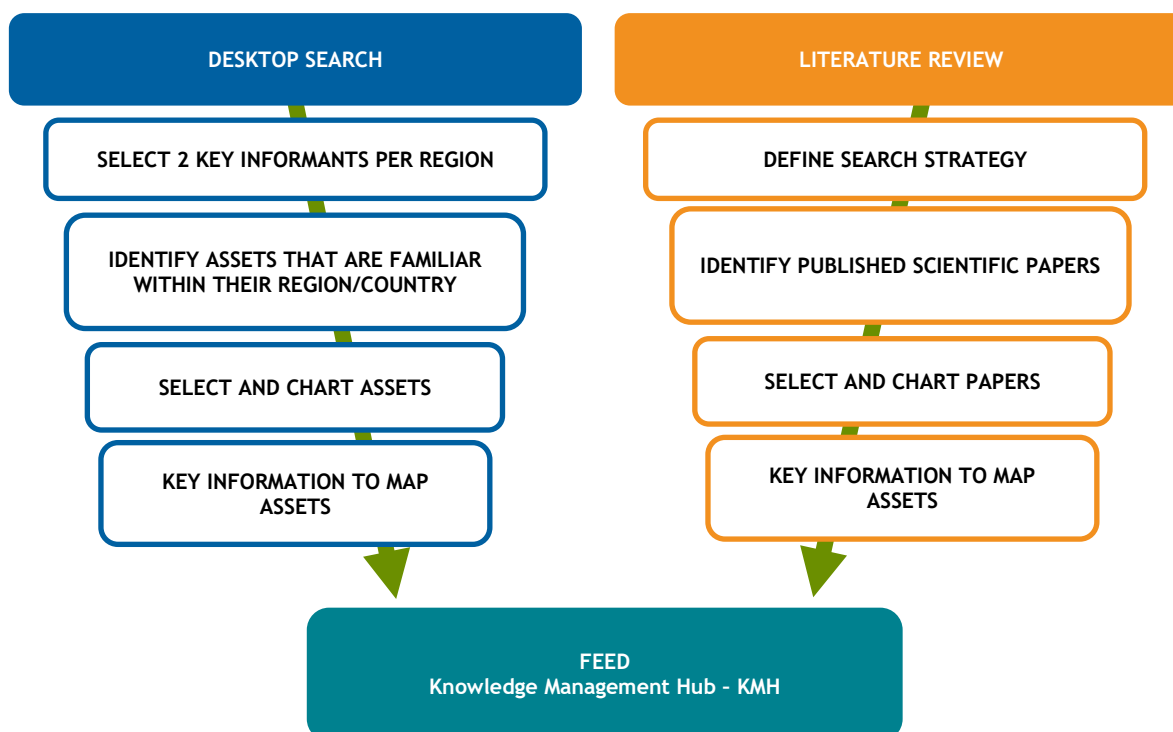**FEED**
Knowledge Management Hub – KMH

Figure 1: Outline of the capacity-building asset mapping strategy of SCIROCCO Exchange

Capacity-building assets were searched following a qualitative approach and agreed mapping strategy, through a:

1. Desktop search: identification of grey literature by SCIROCCO Exchange regional key informants.
2. Literature review: identification of published literature in a series of bibliographic databases, journal platforms, search engines, entities and official bodies.

The objective of the *desktop search* was to map the relevant grey literature developed by the SCIROCCO Exchange countries and regions; two experts in integrated care were selected by each country and region to provide relevant resources which have been used to develop integrated care in their health and social care systems.

The *literature review* was a search of published scientific literature related to the twelve dimensions of the SCIROCCO Exchange Maturity Model. The objective was to provide useful general information which helped to progress in the development of integrated care.

Selection criteria were defined. Resulting assets were charted and linked with one or more dimensions of the SCIROCCO Exchange Maturity Model. Desktop search assets were also linked to the Maturity Readiness Level (MRL) of these dimensions (see section 2.3.2). Once the selected assets were charted and key information was collected, the assets were then integrated within the SCIROCCO Exchange KMH.

2.2 Desktop search

The objective of the desktop search is to map grey literature on integrated care; that is, materials and research produced at all levels of government, by academics, business or industry, and non-governmental organisations.

This material is not included in traditional commercial or academic publishing and distribution channels. It frequently sits on the desks, shelves and intranets of personnel working in the health and social care systems.

It is often produced by organisations "on the ground". These can be government and inter-governmental agencies, non-governmental organisations and industry. They store information and reports on activities, either for their own use or wider sharing and distribution.

Experts on integrated care, from the different partners in the project, identified and reviewed grey literature (assets and evidence) related to the twelve dimensions of the SCIROCCO Exchange Maturity Model. The output of the desktop search is a map of assets on integrated care of the nine regions participating in the project.

The following steps were carried out in the desktop search:

1. Selection of two key informants per country/region.
2. Identification of relevant assets that key informants are familiar with in their country/region.

3. Selection and charting of the assets according to the dimensions and their maturity level.
4. Mapping of key information in the assets.

2.2.1 Selection of two key Informants in SCIROCCO Exchange regions and countries

Each of the SCIROCCO Exchange countries and regions participating in the project selected two key informants - experts on integrated care - to carry out the search, following these criteria:

- Expert profile: professionals that have, or have had, a relevant role in policymaking, development and/or implementation of integrated care in the country and region (hands-on experience of these activities).
- Minimum experience in the field of integrated care: 3 years.

2.2.2 Identification of relevant assets

The experts were required to use their background knowledge to identify assets on integrated care that they are familiar with in their region/country. They ascribe each asset to at least one of the following typologies (regional, national and international):

- Regulation and/or guidelines/"norms" document(s)
- Strategic and consultation documents (plans, green papers, white papers, etc)
- Report) (institutional, internal, technical or statistical)
- Project documents (deliverables, products, outcomes, from regional, national or European and international projects, etc)
- Guidance documents (guidelines on implementation, evaluation, etc)
- Good practices
- Tools (planning, implementation, management, evaluation, software…)
- Technical and commercial documentation (brochures, manuals, leaflets, etc)
- Other (specify).

Sources of search:

- Web search engines
- Library catalogues
- Websites, intranets or bulletins
- Organisations, businesses and/or official bodies
- Grey literature databases
- Repositories

Typology of the assets

The types of collected assets were:

- Regulation and/or norms document
- Strategic and consultation document

- Report
- Project document
- Guidance document
- Good practice
- Tool
- Technical and commercial documentation

2.2.3 Selection and charting of relevant assets

The selection and charting of the assets that are relevant for the countries/regions was done by the 18 regional experts that participated in this search process.

Selection of the assets

The following inclusion and exclusion criteria were defined to help regional experts to select the assets:

Inclusion criteria:

- Related to integrated care
- Linkable to at least one of the twelve SCIROCCO Maturity Model dimensions
- Action oriented
- Has been considered/used in the region's context
- Accessible (i.e., an ordinary reader/user can get hold of it/find it/locate it)
- Timeframe: last 10 years (from 2009 onwards)
- Languages: English, and official languages of the nine participant countries/regions in the SCIROCCO Exchange project
- Geographic coverage: International

Exclusion criteria:

- Published in academic publishing channels
- Documents/resources with draft status
- Confidential materials e.g., held under non-disclosure agreements.

Charting of the assets

Assets were charted based on one or more dimensions of the SCIROCCO Exchange Maturity Model to which they are linked to and the Maturity Readiness Level (MRL) the assets could contribute to and thus improve maturity in integrated care.

Charting Dimension(s) of the SCIROCCO Exchange Maturity Model

Each expert linked each asset with the dimension(s) of the Model (Figure 2). These are:

- D1: Readiness to change
- D2: Structure and governance
- D3: Digital infrastructure

- D4: Funding
- D5: Process coordination
- D6: Removal of inhibitors
- D7: Population approach
- D8: Citizen empowerment
- D9: Evaluation methods
- D10: Breadth of ambition
- D11: Innovation management
- D12: Capacity-building
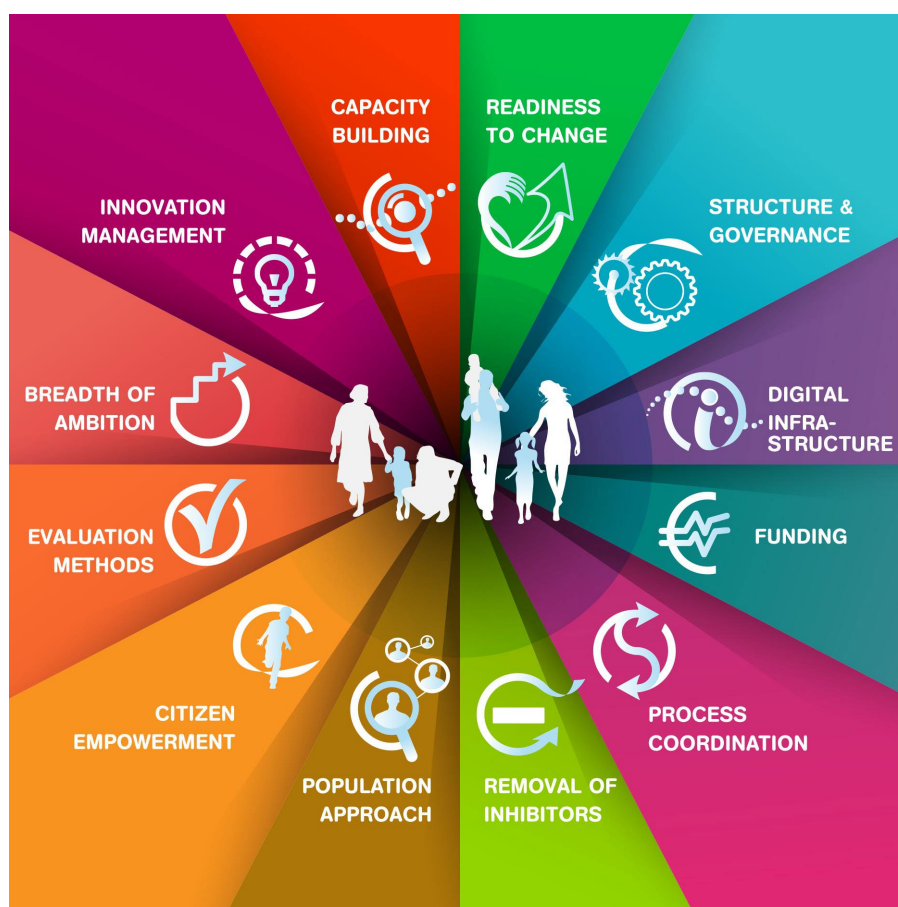
Figure 2- SCIROCCO Exchange Maturity Model for integrated care

To make it easier for experts to link the assets to the dimensions of the SCIROCCO Exchange Maturity Model, the concepts on which the dimensions are based were listed and agreed among the SCIROCCO Exchange consortium. This information is included in Annex II.

Maturity Readiness Level (MRL)

The aim of charting assets to MRLs was to link the identified capacity-building asset with the maximum MRL it could help a country/region to reach in each of the dimensions it was linked to. The scores of the dimensions' scales represent the level of maturity in each dimension,

based on the degree of deployment and/or institutionalisation of each dimension. Getting from one score to another requires specific actions.

The MRLs assigned to each asset were:

- MRL1: Awareness-raised
- MRL2: Small-scale deployment and/or plans
- MRL3: Mid-scale deployment and/or initial institutionalisation
- MRL4: Large-scale deployment and/or extended institutionalisation
- MRL5: Full deployment and/or institutionalisation

The experts charted the assets to MRLs according to their own knowledge and experience. To ease this exercise, a set of keywords for each of the five MRLs was defined (see ANNEX III).

A total of 387 assets were mapped in the desktop search between 2019 and 2021. The full list of assets, including all the information requested, is included in ANNEX IV.

The number of assets collected by each region participating in SCIROCCO Exchange is shown in the following graph:
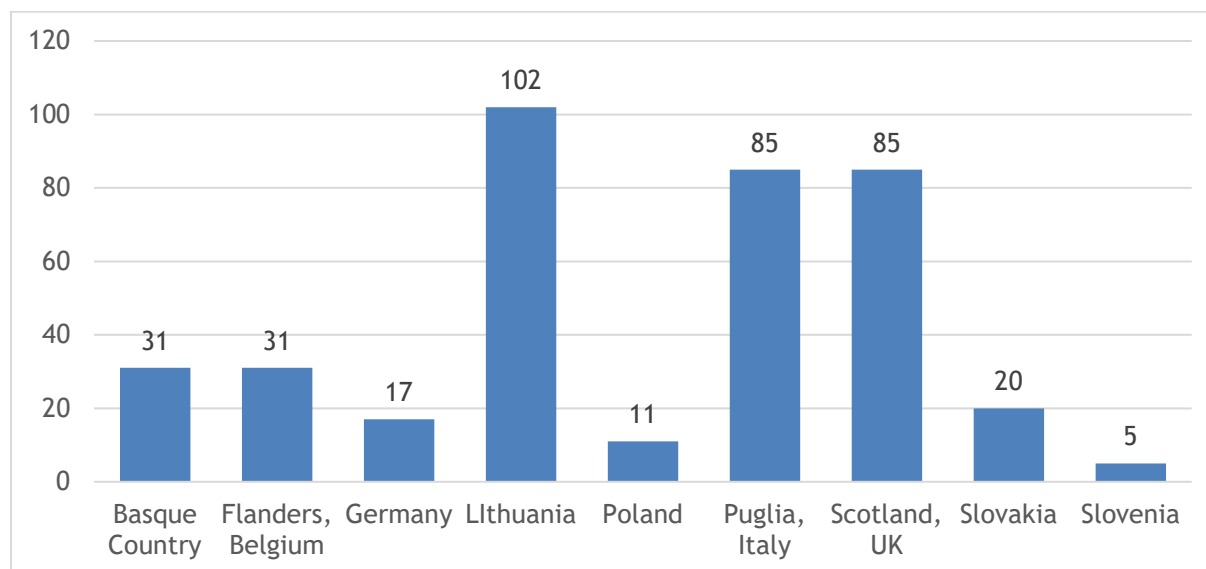
Figure 3 Assets collected by SCIROCCO Exchange regional experts

As it can be observed in the graph, Lithuania was the region that collected most assets (102), followed by Puglia and Scotland, (85 each), the Basque Country and Flanders (31), Slovakia (20), Germany (17), Poland (11) and Slovakia (5).

All assets were linked to one or more SCIROCCO Exchange Maturity Model dimensions, and to the MRL they could contribute to reach. This means that an asset could be linked to more than one dimension, but only to one MRL of each dimension.

2.2.4 Key information to map assets

To map the assets, key metadata to summarise and chart the assets were agreed in order to make the tracking easier. The metadata were:

- Author(s)
- Title
- Country/Region
- Year of publication
- Language
- Brief summary /Abstract/Executive summary. Maximum: 300 words
- Keywords
- Type of asset
- Access details: Link to an URL, repository, etc.
- Contact expert: Regional expert.
- Dimensions and MRLs the asset links to (If the asset is linked to more than one dimension, and/or more than one MRL, all of them neds to be indicated)

All these information were reflected in a table:

Title	[…]				
Author(s)	[…]				
Region/country	[…]	Year of publication	[…]	Language	[…]
Brief summary/Abstract/Executive summary (max. 300 words)					
[…]					
Keywords	[…]				
Type of asset	[…]		Dimensions and MRLs	[…]	
Access details	[…]				

Figure 4 Template for the mapping of assets

All assets gathered in the desktop search were shared with the University of Edinburgh as a leader of WP4 (Knowledge Management Hub) responsible for the development of KMH and integration of these assets with the Hub.

2.3   Literature review

A literature review is an overview of available literature on a specific topic. A literature review is supposed to provide a general image of existing knowledge on the topic under question. It can ensure that a proper research question has been asked and appropriate theoretical framework and/or research methodology have been chosen. It serves to situate the current study within the body of relevant literature and provides context for the reader.

The literature review in SCIROCCO Exchange responded to the need of gathering evidence on the topics related to the twelve dimensions of the SCIROCCO Exchange Maturity Model. This review aimed to complement research of assets conducted in the desktop search.

The following steps were carried out in the literature review:

1. Design of a search strategy
2. Identification of published scientific papers
3. Selection and charting of the identified papers
4. Mapping of key information

Each of these steps is detailed in the subsections below:

2.3.1   Search Strategy

The search strategy for the literature review defined the search sources, the inclusion criteria, the research questions, the documentary language for searching in scientific databases and the selection of a reference manager to facilitate the collection and review of publications.

Due to the large amount of literature published on integrated care, a qualitative review of the literature was carried out (an evidence analysis has not been performed). Qualitative research questions for the twelve dimensions of the SCIROCCO Exchange Maturity Model and a general one on integrated care were defined to then launch the searches in the selected scientific databases.

The search was performed between 2019 and 2021 through an iterative document language definition, database searches and language refinement, until an acceptable number of documents to be reviewed was found. Articles related to the twelve dimensions were selected in a peer review exercise, to ensure that they met the inclusion criteria, by reading the titles and abstracts of the articles.

Inclusion criteria and sources of search

The inclusion criteria were:

- Assets related to integrated care
- Linkable to at least one of the SCIROCCO Exchange Maturity Model dimensions
- Focused on common and transversal characteristics, not on a specific disease
- Timeframe: 10 years
- Accessible (non-confidential, no drafts)

- Languages: English
- Geographic coverage: International

The selected sources of search (scientific search databases) were:

- PubMed/Medline (https://www.ncbi.nlm.nih.gov/pmc/)
- EMBASE (OVID) (https://ovidsp.ovid.com/)
- PsycINFO (https://www.apa.org)
- Web of Science (WOS) (https://www.webofscience.com)

Search questions for the SCIROCCO Exchange Maturity Model Dimensions

For each of the dimensions of the SCIROCCO Exchange Maturity Model, a qualitative research question per dimension was created as well as a general one on integrated care. The aim was to saturate the search and increase the probability of not overlooking any paper that might be of interest.

The PS Model for qualitative questions of the McMaster University[4] was used, designed to discover meaning or gain an understanding of a topic. The PS Model questions are built as follows:

- P=Population/Problem
- S=Situation

Question construction: How do/does ___ [P] ___ deal with ____ [S] _____?

The following questions were defined and agreed among the project partners in a workshop carried out in Brussels in May 2019:

General question for integrated care: How do healthcare stakeholders [P] deal with building integrated care[S]?

Questions for each of the twelve dimensions:

- D1- Readiness to Change: How do healthcare stakeholders deal with fostering readiness to change from a fragmented model to an integrated one?
- D2- Structure & Governance: How do healthcare stakeholders deal with implementing changes at structural and at governance level for the integration of care system?
- D3- Digital Infrastructure: How do healthcare stakeholders deal with building digital infrastructure to support integrated care?
- D4 Funding: How do healthcare stakeholders deal with ensuring available funding to support integrated care?
- D5- Process Coordination: How do healthcare stakeholders deal with implementing coordinated care processes for the effective deployment of integrated care?
- D6- Removal of Inhibitors: How do healthcare stakeholders deal with withdrawing legal, organisational, financial, skill concerning and cultural barriers related with integrated care?

---

[4] https://hslmcmaster.libguides.com/c.php?g=441702&p=3590259

- D7- Population Approach: How do healthcare stakeholders deal with deploying population risk approach?
- D8- Citizen Empowerment: How do healthcare stakeholders deal with empowering citizens and including them in decision-making processes?
- D9- Evaluation Methods: How do healthcare stakeholders deal with evaluating integrated care services?
- D10- Breadth of Ambition: How do healthcare stakeholders deal with ambitioning integration of health and social care services?
- D11- Innovation Management: How do healthcare stakeholders deal with managing innovation supporting   integrated care?
- D12- Capacity-building: How do healthcare systems stakeholders deal with building capacity for integrated care?

2.3.2 Selection and charting of publications

To identify, select and chart publications the following steps were carried out:

First, a search methodology was defined for each of the scientific databases, based on the search questions of SCIROCCO Exchange Maturity Model dimensions and the concepts behind them (included in the ANNEX II). This means defining the documentary language and the document typology for each of them. This work was done through a process of trial and error and, for this purpose, Kronikgune, as the partner responsible for this literature review, was assisted by the service of documentation area and specialised libraries of the Department of Health of the Basque Government[5].

Once the search strategy for each database was refined, the searches were launched. A first search was done in April 2020 and alerts were programmed to collect articles until October 2021.

A first review to select assets was done through a peer review by two researchers of the Kronikgune team in 2020. Then, a second review of the assets gathered between May 2020 and October 2021 was performed by the same team.

Different search methodologies were applied for each of the databases:

Pubmed/Medline

MeSH and Majr descriptors from the Medline thesaurus (2019) were defined for each of searches associated with each dimension of the SCIROCCO Exchange Maturity Model. MeSH (Medical Subject Headings) is the National Library of Medicine's controlled vocabulary thesaurus, used for indexing articles for the MEDLINE®/PubMED® database. Each article citation is associated with a set of MeSH terms that describe the content of the citation. Subheading and Majr are defined to restrict a MeSH therm.

---

[5] https://www.euskadi.eus/biblioteca-sanitaria/

The selected descriptors are aligned with the concepts behind the 12 dimensions of the Model. Some correspond to Medline descriptors, others do not, nor do they correspond to other words used in the database.

In some searches where the results obtained numbered in the hundreds or even thousands, criteria have been applied to reduce and filter the results, in addition to those previously established, such as the 10-year retrospective. For example, the use of Majr instead of Mesh, narrowing by title/abstract, shortening the period of coverage (5 years), etc.

The document typology selected for PubMed was based on the typology of the assets defined in the desktop search as follows:

- Evaluation studies
- Government document
- Guideline
- Monograph
- Overview
- Outline
- Practice guideline
- Review
- Systematic review
- Technical report
- Validation studies

In each search syntax below was included the query that was used in the search made in April 2020. Noise detected after reviewing the results was eliminated. In all cases, the references for each dimension are those that appear in the final search (as for the rest of databases):

General dimension – Integrated Care

#1 Search, document Language (Mesh Descriptors): ("Delivery of Health Care, Integrated"[Mesh] AND "Health Policy"[Mesh]) AND "Capacity-building"[Mesh] Filters: published in the last 10 years = **8 references.**

#2 Search, document Language (Mesh Descriptors): ("Delivery of Health Care, Integrated"[Mesh]) AND "Stakeholder Participation"[Mesh] Filters: published in the last 10 years = **10 references.**

#3 Search #1 OR #2: 2 = **18 references.**

#4 Search, Natural language, free text ("integrated health care " OR "integrated care") AND (Scaling up OR Capacity-building OR Change maturity OR Model maturity) Filters: published in the last 10 years Filters: published in the last 10 years = **58 references.**

#5 Search: #3 OR #4: (((("integrated health care" OR "integrated care") AND (Scaling up OR Capacity-building OR Change maturity OR Model maturity)) AND "last 10 years"[PDat])) OR (((("Delivery of Health Care, Integrated"[Mesh]) AND "Stakeholder Participation"[Mesh] AND

"last 10 years"[PDat])) OR (("Delivery of Health Care, Integrated"[Mesh] AND "Health Policy"[Mesh]) AND "Capacity-building"[Mesh] AND "last 10 years"[PDat])) = **86 references.**

#6 Search: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#7 Search: #5 AND #6 (((("integrated health care" OR "integrated care") AND (Scaling up OR Capacity-building OR Change maturity OR Model maturity)) AND "last 10 years"[PDat])) OR (((("Delivery of Health Care, Integrated"[Mesh]) AND "Stakeholder Participation"[Mesh] AND "last 10 years"[PDat])) OR (("Delivery of Health Care, Integrated"[Mesh] AND "Health Policy"[Mesh]) AND "Capacity-building"[Mesh] AND "last 10 years"[PDat])) = **34 references**

D1- Readiness to change:

#1 Search, document Language (Mesh Descriptors): ("Health Care Reform"[Mesh] OR "Change Management"[Mesh]) AND "Organisational Innovation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] Filters: published in the last 10 years = **29 references found.**

#2 Search, Natural language, free text: ("integrated health care" OR "integrated care") AND ("Readiness to change" OR "Readiness for change" OR "Need to change" OR "New model") Filters: published in the last 10 years = **121 references found.**

#3 Search: #1 OR #2: (((("Health Care Reform"[Mesh] OR "Change Management"[Mesh]) AND "Organisational Innovation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((("integrated health care" OR "integrated care") AND ("Readiness to change" OR "Readiness for change" OR "Need to change" OR "New model")) AND "last 10 years"[PDat]) **Filters**: published in the last 10 years = **155 references found.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references found.**

#5 Search: #3 AND #4: ((((("Health Care Reform"[Mesh] OR "Change Management"[Mesh]) AND "Organisational Innovation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((("integrated health care" OR "integrated care") AND ("Readiness to change" OR "Readiness for change" OR "Need to change" OR "New model")) AND "last 10 years"[PDat])) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **47 references found.**

D2- Structure and Governance

#1 Search, document Language (Mesh Descriptors): ("Government"[Mesh]) AND "Organisation and Administration"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh], **Filters**: published in the last 10 years = **90 references.**

#2 Search, Natural language, free text: (Structure OR structures OR structural) AND (Governance AND Integrated care). **Filters**: published in the last 10 years = **118 references.**

#3 Search: #1 OR #2: (((Structure OR structures OR structural) AND Governance AND Integrated care) AND "last 10 years"[PDat])) OR ((("Government"[Mesh]) AND "Organisation and Administration"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]) **Filters**: published in the last 10 years = **218 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((Structure OR structures OR structural) AND Governance AND Integrated care) AND "last 10 years"[PDat])) OR ((("Government"[Mesh]) AND "Organisation and Administration"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]))) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies))) = **80 references.**

D3- Digital Infrastructure

#1 Search, document Language (Mesh Descriptors): (("Medical Informatics"[Mesh]) OR "Telemedicine"[Mesh]) AND "Delivery of Health Care, Integrated"[Majr] AND ("last 5 years"[PDat]) **= 199 references. Majr "Delivery of Health Care, Integrated" is used in order to reduce the results. Narrowed to the last 5 years.**

#2 Search, Natural language, free text: ("Data Systems" OR interoperability OR "digital infrastructure" OR telemedicine OR mHealth OR eHealth OR ICT OR digital first) AND ((("integrated health care" OR "integrated care"))) AND ("last 5 years"[PDat])= **198 references.**

#3 Search: #1 OR #2: (((("Medical Informatics"[Mesh]) OR "Telemedicine"[Mesh]) AND "Delivery of Health Care, Integrated"[Majr]) AND "last 5 years"[PDat])) OR ((("Data Systems" OR interoperability OR "digital infrastructure" OR telemedicine OR mHealth OR eHealth OR ICT OR digital first) AND ((("integrated health care" OR "integrated care")))) AND "last 5 years"[PDat]) AND ("last 5 years"[PDat]) = **370 References.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((("Medical Informatics"[Mesh]) OR "Telemedicine"[Mesh]) AND "Delivery of Health Care, Integrated"[Majr]) AND "last 5 years"[PDat])) OR ((("Data Systems" OR interoperability OR "digital infrastructure" OR telemedicine OR mHealth OR eHealth OR ICT OR digital first) AND ((("integrated health care" OR "integrated care")))) AND "last 5 years"[PDat]) AND ("last 5 years"[PDat])) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **143 References.**

D4- Process Coordination

#1 Search, document Language (Mesh Descriptors): (("Organisation and Administration"[Mesh]) AND "Outcome and Process Assessment (Health Care)"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] Filters: published in the last 10 years **= 452 references. To refine results, the MAJR is used:** Search (("Organisation and Administration"[Mesh]) AND "Outcome and Process Assessment (Health Care)"[Majr]) AND "Delivery of Health Care, Integrated"[Majr]. Filters: published in the last 10 years **= 114 references.**

(((("Organisation and Administration"[Mesh]) AND "Outcome and Process Assessment (Health Care)"[Majr]) AND "Delivery of Health Care, Integrated"[Majr])) OR ((coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care"))

#2 Search, Natural language, free text: (coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care") Filters: published in the last 10 years = **89 references.**

#3 Search #1 OR #2 : (((((("Organisation and Administration"[Mesh]) AND "Outcome and Process Assessment (Health Care)"[Majr]) AND "Delivery of Health Care, Integrated"[Majr])) OR ((coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care")))) OR ((coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care")) Filters: published in the last 10 years **= 114 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((((("Organisation and Administration"[Mesh]) AND "Outcome and Process Assessment (Health Care)"[Majr]) AND "Delivery of Health Care, Integrated"[Majr])) OR ((coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care")))) OR ((coordinated OR coordination) AND process AND ("integrated health care" OR "integrated care")))) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **42 references**.

D5- Funding

#1 Search, document Language (Mesh Descriptors): (("Insurance, Health, Reimbursement"[Mesh]) OR "Capital Financing"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] = **170 references.**

#2 Search, Natural language, free text: ((Funding[Title/Abstract]) OR financing[Title/Abstract]) OR reimbursement[Title/Abstract] AND ((("integrated health care"[Title/Abstract]) OR "integrated care"[Title/Abstract])) Filters: published in the last 10 years = **281 references.**

#3 Search #1 OR #2: ((((("Insurance, Health, Reimbursement"[Mesh]) OR "Capital Financing"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((((Funding[Title/Abstract]) OR financing[Title/Abstract]) OR reimbursement[Title/Abstract] AND ((("integrated health care"[Title/Abstract]) OR "integrated care"[Title/Abstract]))) AND "last 10 years"[PDat]) AND ("last 10 years"[PDat]) = **441 references.**

#4 Search, document typology: ((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((((("Insurance, Health, Reimbursement"[Mesh]) OR "Capital Financing"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((((Funding[Title/Abstract]) OR financing[Title/Abstract]) OR reimbursement[Title/Abstract] AND ((("integrated health care"[Title/Abstract]) OR "integrated care"[Title/Abstract]))) AND "last 10 years"[PDat]) AND ("last 10 years"[PDat]))) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **143 references.**

D6 – Removal of Inhibitors

#1 Search, document Language (Mesh Descriptors): ("Health Planning"[Mesh] AND ("Health Knowledge, Attitudes, Practice"[Mesh] OR "Attitude of Health Personnel"[Mesh)) AND ("Delivery of Health Care, Integrated"[Mesh]) Filters: published in the last 10 years = **147 references.**

#2 Search, Natural language, free text: (Remove* OR withdraw*) AND (inhibitors OR barriers OR obstacles OR impediments OR bottlenecks OR hindrances OR obstructions OR constraints OR hurdles OR restrictions OR difficulties OR pitfalls OR burdens OR shackles OR restraints OR lack of motivation) AND ("integrated health care" OR "integrated care")) Sort by: Best Match Filters: published in the last 10 years = **15 references.**

#3 Search #1 OR #2: ("Health Planning"[Mesh] AND ("Health Knowledge, Attitudes, Practice"[Mesh] OR "Attitude of Health Personnel"[Mesh) AND "Delivery of Health Care, Integrated"[Mesh]) OR (((Remove* OR withdraw*) AND (inhibitors OR barriers OR obstacles OR impediments OR bottlenecks OR hindrances OR obstructions OR constraints OR hurdles OR restrictions OR difficulties OR pitfalls OR burdens OR shackles OR restraints OR lack of motivation) AND ("integrated health care" OR "integrated care"))) Filters: published in the last 10 years = **275 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: (((("Health Planning"[Mesh] AND ("Health Knowledge, Attitudes, Practice"[Mesh] OR "Attitude of Health Personnel"[Mesh) AND "Delivery of Health Care, Integrated"[Mesh]) OR (((Remove* OR withdraw*) AND (inhibitors OR barriers OR obstacles

OR impediments OR bottlenecks OR hindrances OR obstructions OR constraints OR hurdles OR restrictions OR difficulties OR pitfalls OR burdens OR shackles OR restraints OR lack of motivation) AND ("integrated health care" OR "integrated care")))))) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies))) = **93 references.**

D7- Population Approach

#1 Search, document Language (Mesh and MAjr Descriptors): ("Population Surveillance"[Mesh] OR "Health Services Needs and Demand"[Majr] OR "Population Health Management"[Mesh] OR "Needs Assessment"[Majr] OR "Risk Factors"[Majr] OR "Health Status Indicators"[Mesh]) AND ("Persons"[Mesh] OR "Population Groups"[Majr]) AND "Delivery of Health Care, Integrated"[Mesh] Filters: published in the last 10 years **=193 references.**

#2 Search, Natural language, free text: ("Risk stratification"[All Fields] OR "Population health approach"[All Fields] OR "population risk"[All Fields] OR "Predicting demand"[All Fields] OR "anticipating needs"[All Fields] OR demands[All Fields] OR "population surveillance") AND ("integrated health care"[All Fields] OR "integrated care"[All Fields]) Filters: published in the last 10 years **= 99 references.**

#3 Search #1 OR #2: (((("Population Surveillance"[Mesh] OR "Health Services Needs and Demand"[Majr] OR "Population Health Management"[Mesh] OR "Needs Assessment"[Majr] OR "Risk Factors"[Majr] OR "Health Status Indicators"[Mesh]) AND ("Persons"[Mesh] OR "Population Groups"[Majr]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat]) OR ((("Risk stratification"[All Fields] OR "Population health approach"[All Fields] OR "population risk"[All Fields] OR "Predicting demand"[All Fields] OR "anticipating needs"[All Fields] OR demands[All Fields] OR "population surveillance") AND ("integrated health care"[All Fields] OR "integrated care"[All Fields])) AND "last 10 years"[PDat]) Filters: published in the last 10 years **= 287 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((((("Population Surveillance"[Mesh] OR "Health Services Needs and Demand"[Majr] OR "Population Health Management"[Mesh] OR "Needs Assessment"[Majr] OR "Risk Factors"[Majr] OR "Health Status Indicators"[Mesh]) AND ("Persons"[Mesh] OR "Population Groups"[Majr]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat]) OR ((("Risk stratification"[All Fields] OR "Population health approach"[All Fields] OR "population risk"[All Fields] OR "Predicting demand"[All Fields] OR "anticipating needs"[All Fields] OR demands[All Fields] OR "population surveillance") AND ("integrated health care"[All Fields] OR "integrated care"[All Fields])) AND "last 10 years"[PDat])) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **109 References.**

D8- Citizen Empowerment

#1 Search, document Language (Mesh Descriptors): "Community Participation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] Filters: published in the last 10 years **= 87 references.**

#2 Search, Natural language, free text: Search ("Patient engagement" OR "Self-care management" OR "Self-Management" OR "Community involvement" OR Community participation OR "patient participation" OR "patient empowerment" OR "Consumer engagement") AND ("integrated health care" OR "integrated care") AND Decision making: Sort by: Best Match Filters: published in the last 10 years **= 40 references.**

#3 Search #1 OR #2: (("Community Participation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat])) OR ((("Patient engagement" OR "Self-care management" OR "Self-Management" OR "Community involvement" OR Community participation OR "patient participation" OR "patient empowerment" OR "Consumer engagement") AND ("integrated health care" OR "integrated care") AND Decision making) AND "last 10 years"[PDat]). Filters: published in the last 10 years **= 126 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) **= 4665707 references.**

#5 Search: #3 AND #4: (((("Community Participation"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat])) OR ((("Patient engagement" OR "Self-care management" OR "Self-Management" OR "Community involvement" OR Community participation OR "patient participation" OR "patient empowerment" OR "Consumer engagement") AND ("integrated health care" OR "integrated care") AND Decision making) AND "last 10 years"[PDat]))) AND (((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))= **44 References.**

D9- Evaluation Methods

#1 Search, document Language (Mesh and Majr Descriptors): (("Health Services Research"[Majr] OR "Health Care Evaluation Mechanisms"[Majr] OR "Cost-Benefit Analysis"[Majr] AND ("Outcome Assessment, Health Care"[Mesh] AND "Delivery of Health Care, Integrated"[Majr]) Filters: published in the last 10 years **=191 references.**

#2 Search, Natural language, free text: Search (Evaluation AND satisfact* AND service* AND ("integrated health care" OR "integrated care")) Filters: published in the last 10 years **= 97 references.**

#3 Search #1 OR #2: ((((("Health Services Research"[Majr] OR "Health Care Evaluation Mechanisms"[Majr] OR "Cost-Benefit Analysis"[Majr] AND ("Outcome Assessment, Health Care"[Mesh] AND "Delivery of Health Care, Integrated"[Majr])) AND "last 10 years"[PDat])) OR (((Evaluation AND satisfact* AND service* AND ("integrated health care" OR "integrated care"))) AND "last 10 years"[PDat]) Sort by: Best Match Filters: published in the last 10 years) **= 377 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((((("Health Services Research"[Majr] OR "Health Care Evaluation Mechanisms"[Majr] OR "Cost-Benefit Analysis"[Majr] AND ("Outcome Assessment, Health Care"[Mesh] AND "Delivery of Health Care, Integrated"[Majr]))) OR ((Evaluation* AND satisfact* AND service* AND ("integrated health care" OR "integrated care"))))) AND ((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)) = **202 References.**

D10- Breadth of Ambition

#1 Search, document Language (Mesh Descriptors): ("Patient-Centred Care"[Mesh] AND "Continuity of Patient Care"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] **= 35 references.**

#2 Search, Natural language, free text: (Macro OR meso OR micro) AND level* AND ("integrated health care" OR "integrated care") Filters: published in the last 10 years **= 33 references.**

#3 Search #1 OR #2: ((("Patient-Centred Care"[Mesh] AND "Continuity of Patient Care"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]) OR (((macro OR meso OR micro) AND level* AND ("integrated health care" OR "integrated care")) AND "last 10 years"[PDat]) **= 69 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((((("Patient-Centred Care"[Mesh] AND "Continuity of Patient Care"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]) OR (((macro OR meso OR micro) AND level* AND ("integrated health care" OR "integrated care")) AND "last 10 years"[PDat])))) AND ((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)) = **37 references.**

D11- Innovation Management

#1 Search, document Language (Mesh and Majr Descriptors): ("Organisational Innovation"[Majr] OR "Diffusion of Innovation"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh] Filters: published in the last 10 years **= 163 references.**

#2 Search, Natural language, free text: Innovati* management AND (Diffusion OR make improvements OR spread OR speed up) AND ("integrated health care" OR "integrated care") Filters: published in the last 10 years = **50 references.**

#3 Search #1 OR #2: (((("Organisational Innovation"[Majr] OR "Diffusion of Innovation"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10

years"[PDat])) OR ((Innovati* management AND (Diffusion OR make improvements OR spread OR speed up) AND ("integrated health care" OR "integrated care")) AND "last 10 years"[PDat]) = **202 references.**

#4 Search, document typology: (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: (((((("Organisational Innovation"[Majr] OR "Diffusion of Innovation"[Mesh]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((Innovati* management AND (Diffusion OR make improvements OR spread OR speed up) AND ("integrated health care" OR "integrated care")) AND "last 10 years"[PDat])))) AND ((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)) = **59 references.**

D12- Capacity-building

#1 Search, document Language (Mesh Descriptors): "Capacity-building"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh]= **33 references.**

#2 Search, Natural language, free text: (((building capacity OR build capacity OR capacity development OR Increasing skills OR Building skills OR continuous improvement)) AND ((health personnel OR health workers OR health providers))) AND (("integrated health care" OR "integrated care")) Filters: published in the last 10 years = **44 references.**

#3 Search #1 OR #2: (("Capacity-building"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]) OR (((((building capacity OR build capacity OR capacity development OR Increasing skills OR Building skills OR continuous improvement)) AND ((health personnel OR health workers OR health providers))) AND (("integrated health care" OR "integrated care"))) AND "last 10 years"[PDat]) AND ("last 10 years"[PDat]) = **81 references.**

#4 Search, document typology (Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies) = **4665707 references.**

#5 Search: #3 AND #4: ((((("Capacity-building"[Mesh] AND "Delivery of Health Care, Integrated"[Mesh] AND "last 10 years"[PDat]) OR (((((building capacity OR build capacity OR capacity development OR Increasing skills OR Building skills OR continuous improvement)) AND ((health personnel OR health workers OR health providers))) AND (("integrated health care" OR "integrated care"))) AND "last 10 years"[PDat]) AND ("last 10 years"[PDat])))) AND ((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)) = **24 references.**

EMBASE (OVID)

General dimension – Integrated Care

The following terms were selected for EMBASE: (government document.mp. or Guideline.mp. or practice guideline/ or Monograph.mp. or book/ or outline.mp. or overview.mp. or "review"/ or "systematic review (topic)"/ or "systematic review"/ or review.mp. or technical report.mp. or validation studies.mp. or validation study/).

Some are EMTREE thesaurus descriptors (those that add the / sign), others are mapped or free text words (mp), since there is no such term in the thesaurus. In some cases, both have been chosen. Once the typology of articles or studies had been selected, they were combined using the OR operator.

The keywords "integrated health care" or "integrated care" were then searched for.

The following filters were applied to these keywords: 2009-Current date (March 2020), and Medline articles and references contained in EMBASE were excluded. The fields used to search for the selected keywords were: Abstract (ab), Candidate Term Word (dq), Floating subheading word (fx), Heading word (hw), keyword (KW), Original title (ot) and title (ti).

#1 search: integrated health care ab,fx,hw,kw,ot,ti,dq OR integrated care. ab,fx,hw,kw,ot,ti,dq.

#2 search: (government document.mp. or Guideline.mp. or practice guideline/ or Monograph.mp. or book/ or outline.mp. or overview.mp. or "review"/ or "systematic review (topic)"/ or "systematic review"/ or review.mp. or technical report.mp. or validation studies.mp. or validation study/)

#3 search: 1 AND 2 (exclude medline journals and embase (exclude medline journals and embase and yr="2009 -Current") and yr="2009 -Current") = **285 references**.

This search, conveniently combined, was the basis for the following searches of the 12 dimensions of the SCIROCCO Maturity Model:

D1- Readiness to change

#4 search: attitude to change/ ab,fx,hw,kw,ot,ti,dq AND Search #3 = **0 references.**

D2- Structure and Governance

#5 search: health care policy/ or Governance structure.mp. or "organisation and management"/ ab,fx,hw,kw,ot,ti,dq AND Search #3 = **41 references.**

D3- Digital Infrastructure

#6 search: Digital infrastructure. ab,fx,hw,kw,ot,ti,dq. or Interoperability. ab,fx,hw,kw,ot,ti,dq. or telemedicine. ab,fx,hw,kw,ot,ti,dq. or mHealth ab,fx,hw,kw,ot,ti,dq. or eHealth. ab,fx,hw,kw,ot,ti,dq. or ICT AND Search #3 = **15 references.**

D4- Process Coordination

#7 search: quality. ab,fx,hw,kw,ot,ti,dq. or efficiency. ab,fx,hw,kw,ot,ti,dq. or sustainability. ab,fx,hw,kw,ot,ti,dq. AND coordination. ab,fx,hw,kw,ot,ti,dq. AND Search #3 = **7 references.**

D5- Funding

#8 search: Funding. ab,fx,hw,kw,ot,ti,dq. or Reimbursement. ab,fx,hw,kw,ot,ti,dq. or Financing. ab,fx,hw,kw,ot,ti,dq. AND Search #3 = **27 references.**

D6 – Removal of Inhibitors

#9 search: inhibitors. ab,fx,hw,kw,ot,ti,dq. or barrier. ab,fx,hw,kw,ot,ti,dq. or burden. ab,fx,hw,kw,ot,ti,dq. or lack. ab,fx,hw,kw,ot,ti,dq. AND remov. ab,fx,hw,kw,ot,ti,dq. AND Search #3 = **2 references.**

D7- Population Approach

#10 search: Risk stratification. ab,fx,hw,kw,ot,ti,dq. or Population health approach. ab,fx,hw,kw,ot,ti,dq. or population risk approach. ab,fx,hw,kw,ot,ti,dq. or predicting future demand. ab,fx,hw,kw,ot,ti,dq. or anticipating demand or Health services' needs. ab,fx,hw,kw,ot,ti,dq. or surveillance. ab,fx,hw,kw,ot,ti,dq. or Monitoring. ab,fx,hw,kw,ot,ti,dq. or Mapping. ab,fx,hw,kw,ot,ti,dq. AND Search #3 = **35 references.**

D8- Citizen Empowerment

#11 search: patient participation. ab,fx,hw,kw,ot,ti,dq. or citizen empowerment. ab,fx,hw,kw,ot,ti,dq. or decision-making participation. ab,fx,hw,kw,ot,ti,dq. or community involvement. ab,fx,hw,kw,ot,ti,dq. AND Search #3= **8 references.**

D9- Evaluation Methods

#12 Search: cost benefits analysis. ab,fx,hw,kw,ot,ti,dq. or evaluation methods. ab,fx,hw,kw,ot,ti,dq. or evaluation process. ab,fx,hw,kw,ot,ti,dq. AND Search #3= **1 reference.**

D10- Breadth of Ambition

#13 search: continuity of Patient Care. ab,fx,hw,kw,ot,ti,dq. or Patient transition. ab,fx,hw,kw,ot,ti,dq. or Patient-Centred Care. ab,fx,hw,kw,ot,ti,dq. or micro level or meso level or macro level. ab,fx,hw,kw,ot,ti,dq. AND Search #3= **5 references.**

D11- Innovation Management

#14 search: Innovation management. ab,fx,hw,kw,ot,ti,dq. or change management. ab,fx,hw,kw,ot,ti,dq. or make improvements. ab,fx,hw,kw,ot,ti,dq. or innovation plan. ab,fx,hw,kw,ot,ti,dq. AND Search #3= **1 reference.**

D12- Capacity-building

#15 search: Building capacity. ab,fx,hw,kw,ot,ti,dq. or build capacity. ab,fx,hw,kw,ot,ti,dq. or capacity development. ab,fx,hw,kw,ot,ti,dq. or talent retention. ab,fx,hw,kw,ot,ti,dq. or person-centred learning. ab,fx,hw,kw,ot,ti,dq. AND Search #3= **2 references.**

PsycInfo

The typology defined for the assets did not completely coincide with that of psycInfo, so in some cases it was suppressed and in others a mapping was made to approximate it. A multi-field search was done and combined with the chosen typology:

- Validation studies.mp.
- Validation study.mp.
- Technical report.mp.
- Exp "Literature Review"/or Review.mp. or exp "Systematic Review"/
- Practice guideline.mp.
- Exp "Literature Review"/ or overview.mp
- Outline.mp.
- Monograph.mp.
- Exp Treatment Guidelines/ or guideline.mp.
- Exp Government/ or Government document.mp.
- Evaluation studies.mp
- Methodology/ or "literature review"/ or "systematic review"/

The fields used to search for the selected keywords were: Abstract (ab), Heading Word (hw), Key Concepts (id), MeSH (mh), Original Title (ot), Table of Contents (tc) and Title (ti). Subsequently, it was narrowed down by 2009-April 2020 and articles contained in PsycARTICLES journals.

General search:

#1 search: integrated care.ab,hw,id,mh,ot,tc,ti.i or integrated health care.ab,hw,id,mh,ot,tc,ti

#2 search: methodology/ or "literature review"/ or "systematic review"/ or evaluation studies.mp. or exp Government/ or Government document.mp. or exp Treatment Guidelines/ or guideline.mp. or monograph.mp. or outline.mp. or exp "Literature Review"/ or overview.mp. or practice guideline.mp. or exp "Literature Review"/ or Review.mp. or exp "Systematic Review"/ or technical report.mp. or validation study.mp. or validation studies.mp.

#3 search: 3. Search #1 AND Search #2: psycarticles journals and yr="2009 -Current" (April 2020) = **30 references.**

A search by dimension was not performed since the items found in the generic search were too few.

WOS

General dimension – Integrated Care

#1 search: TOPIC(("Integrated health care") OR TITLE: ("Integrated health care") OR TOPIC: ("Integrated care") OR TITLE: ("Integrated care") Refined by: DOCUMENT TYPES: (REFERENCE MATERIAL OR REVIEW) AND Databases: (WOS) AND YEARS OF PUBLICATION: (209-2020)= **35 references.**

Subsequently, all Web of Science databases were searched by TOPIC only. The search in Topic field searches for title, abstract, author keywords and more.

#2 search: TOPIC: ("Integrated health care") OR TOPIC: ("Integrated care") Refined by: Databases: (WOS OR CCC) AND [excluding] Databases: (KJD OR MEDLINE OR RSCI) AND DOCUMENT TYPES: (REVIEW OR BOOK) Years of publication: 209-2020. =**117 references.**

D1- Readiness to change

#3 search: TOPIC: (readiness to change) OR TOPIC: (readiness for change) OR TOPIC: (attitude to change) **AND #2 search = 1 reference.**

D2- Structure and Governance

#4 search: TOPIC: ("health care policy") OR TOPIC: ("Governance structure") OR TOPIC: (organisation management) **AND #2 search = 6 references.**

D3- Digital Infrastructure

#5 search: TOPIC: ("Digital infrastructure") OR TOPIC: (Interoperability) OR TOPIC: (telemedicine) OR TOPIC: (mHealth) OR TOPIC: (eHealth) **AND #2 search= 4 references.**

D4- Process Coordination

#6 search: TOPIC: (quality) AND TOPIC: (process assessment) **AND #2 search = 2 references.**

D5- Funding

#7 search: TOPIC: (Funding) OR TOPIC: (Reimbursement) OR TOPIC: (Financing) **AND #2 search = 5 references.**

D6 – Removal of Inhibitors

#8 search: TOPIC: (removal inhibitor*) OR TOPIC: (removal barrier*) OR TOPIC: (removal burden*) **AND #2 search = 1 reference.**

D7- Population Approach

#9 search: TOPIC: (Risk stratification) OR TOPIC: (Population health approach) OR TOPIC: (population risk approach) OR TEMA: (predicting future demand) OR TOPIC: (anticipating demand surveillance.) OR TOPIC: health services' needs) OR TOPIC: (monitoring Mapping) **AND #2 search = 24 references.**

D8- Citizen Empowerment

#10 search: TOPIC: **TEMA**: (patient participation) OR TOPIC: (citizen empowerment) OR TOPIC: (decision making participation) OR TOPIC: (citizen empowerment) OR TOPIC: (community involvement) **AND #2 search = 4 references.**

D9- Evaluation Methods

#11 search: TOPIC: (cost benefits analysis) OR TOPIC: (evaluation methods) OR TOPIC: (evaluation process) **AND #2 search = 9 references.**

D10- Breadth of Ambition

#12 search: TOPIC: (continuity of Patient Care) OR TOPIC: (Patient transition) OR TOPIC: (Patient-Centred Care) OR TEMA: (micro level) OR TOPIC: (meso level) OR TOPIC: (macro level) **AND #2 search = 15 references.**

D11- Innovation Management

#13 search: TOPIC: (Innovation management) OR TOPIC: (change management) OR TOPIC: (make improvements) OR TOPIC: (innovation plan) **AND #2 search = 12 references.**

D12- Capacity-building

#14 search: TOPIC: (Building capacity) OR TOPIC: (build capacity) OR TOPIC: (capacity development) OR TOPIC: (talent retention) OR TOPIC: (person centred learning) **AND #2 search = 1 reference.**

In total, the number of assets identified in the search made in April 2020 was 1717. In 2021, from the alerts programmed in the databases to gather assets from May 2020 to October 2021, the number of assets identified was 300. All the assets were charted, by linking them a SCIROCCO Maturity Model dimension. As a sum, a total of 2017 assets were identified, before deleting duplications.

The identified assets were registered in a reference manager. Zotero[6], JabRef[7], EndNote[8] or RefWorks[9] were analysed. RefWorks was selected, based on features of this software, as it:

- Allows the uploading of links/URL as well as full documents (if the link access is not available).
- Allows identifying duplication of assets.
- Is simple and easy-to-use. There are a lot of training webinars available to help users to learn how to use the tool.
- Permits sharing references, notes and attachments via the web, allowing viewers to provide feedback and create bibliographies, thereby further enhancing collaborative research.

---

[6] https://www.zotero.org
[7] https://www.jabref.org
[8] https://www.endnote.com
[9] https://refworks.com

- Consents to the exporting of research data to personal RefWorks databases from more than 300 sources such as Summon, Google Scholar, Scopus, ProQuest, EBSCOhost, etc.
- Allows users to access their databases from any web-connected source.
- Has a multi-lingual interface. Eight languages can be used: English, Spanish, French, German, Italian, Chinese, Korean and Japanese.
- Allows for the searching of references by using pre-defined tags (as Dimensions of the SCIROCCO Maturity Model in this case).
- Many of the world's leading academic and research organisations rely on RefWorks. The software is used by more than 1,200 organisations and three million registered users across the globe.

The assets gathered from the scientific databases were uploaded to RefWorks. Duplicated assets were deleted.

In the search made in 2020, 1717 assets were identified. After deleting duplications, it decreased to 1267. The distribution to the twelve dimensions of the SCIROCCO Maturity Model was:

SCIROCCO Exchange Maturity Model Dimension	Assets from the 2020 search
D1 – Readiness to change	82
D2 – Structure and governance	118
D3 – Digital infrastructure	177
D4 – Funding	58
D5 – Process coordination	158
D6 – Removal of inhibitors	99
D7 – Population approach	143
D8 – Citizen empowerment	72
D9 – Evaluation methods	214
D10 – Breadth of ambition	54
D11 – Innovation management	56
D12 – Capacity-building	36

Figure 5- List of identified assets from the 2020 search

In 2021, 289 more articles were identified from the alerts created in the databases (from the original 300, after deleting duplications). They related to the twelve dimensions of the SCIROCCO Exchange Maturity Model as follows:

SCIROCCO Exchange Maturity Model Dimension	Assets from the 2021 search
D1 – Readiness to change	21
D2 – Structure and governance	26
D3 – Digital infrastructure	61
D4 – Funding	6
D5 – Process coordination	69
D6 – Removal of inhibitors	6
D7 – Population approach	11
D8 – Citizen empowerment	8
D9 – Evaluation methods	18
D10 – Breadth of ambition	9
D11 – Innovation management	17
D12 – Capacity-building	37

Figure 6- List of identified assets from the 2021 search

A total of 267 assets were selected (17,15% of the total of 1556):

Dimension	2020 search	2021 search	Total
D1 – Readiness to change	36	4	40
D2 – Structure and governance	35	5	40
D3 – Digital infrastructure	29	8	37
D4 – Funding	16	0	16
D5 – Process coordination	25	7	32
D6 – Removal of inhibitors	11	1	12
D7 – Population approach	7	0	7
D8 – Citizen empowerment	10	1	11
D9 – Evaluation methods	26	5	31
D10 – Breadth of ambition	14	3	17
D11 – Innovation management	11	0	11
D12 – Capacity-building	12	1	13

Figure 7- The full list of identified assets

The 267 assets were linked to relevant dimensions of the SCIROCCO Exchange Maturity Model. Unlike the desktop search, MRLs were **not** assigned as there was no experience or information on how they could contribute to reach a higher level of maturity.

2.3.3 Key information to map assets

To map the assets, key metadata to summarise the assets and make tracking easier was extracted to integrate assets with the KMH. The metadata were:

- Author(s)
- Title
- Country/Region
- Year of publication
- Language
- Brief summary /Abstract/Executive summary.
- Keywords
- Type of asset
- Access details: Link to the scientific database URL where the asset is located
- Dimension the asset links to.

3   Analysis of the mapping of capacity-building assets

This section includes a descriptive analysis of the results obtained from the asset mapping in the SCIROCCO Exchange project.

A total of 654 assets were mapped between 2019 and 2021. The number of assets mapped in the desktop search is higher than in the literature review, with 387 and 267 respectively, as shown in the graph below.
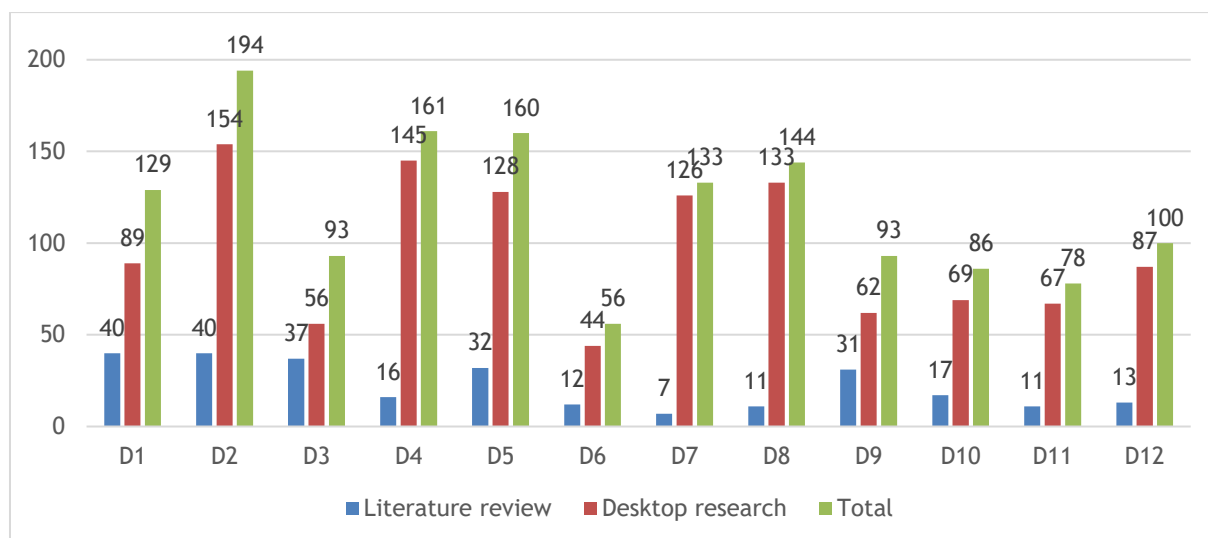
Figure 8- Capacity-building assets mapped against SCIROCCO Exchange Maturity Model dimension(s)

On average, 119 (118,9) assets were linked to each dimension, ranging from 194 in the case of D2 (Structure and governance), to 56 in the case of D6 (Removal of inhibitors). The coefficient of variation is 0,34 (34%). In general terms it can be concluded that although there was not huge variation between the assets linked to each dimension, there were two distinct groups and one exception, that was D6 (Removal of inhibitors).

The first group was made up of the dimensions D1 (Readiness to change), D2 (Structure and governance), D4 (Funding), D5 (Process coordination), D7 (Population approach) and D8 (Citizen empowerment). The average number of assets linked to the dimensions in this group is 154.5, with a coefficient of variation of 0,14 (14%).

The second group was made up of D3 (Digital infrastructure), D9 (Evaluation methods), D10 (Breadth of ambition), D11 (Innovation management) and D12 (Capacity-building). The average number of assets linked to these dimensions is 90, with a coefficient of variation of 0.08 (8%).

It was taken into account that if all assets linked to the dimensions in the desktop search (1160) were added up, it could be seen that the number did not match the total number of mapped assets (387). This was because in the desktop search, an asset could be linked to more than one dimension.

In the following sub-sections, an analysis of the results of the mapping of capacity-building assets resulting from the desktop search and the literature review is described in detail.

3.1 Desktop search

A total of 387 assets were mapped in the desktop search process by the experts from the countries/regions participating in SCIROCCO Exchange.

The graph below shows the year of publication of the assets mapped in the desktop search:
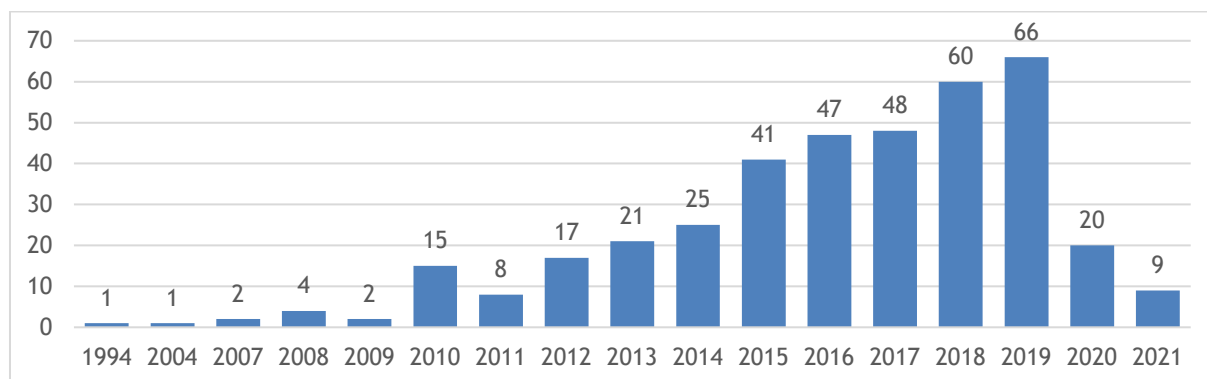
Figure 9- Year of publication of the assets mapped in the desktop search

Most of the collected assets between 2015 and 2019, 262, over the total of 387, accounting for 67'7%, with a clear upward trend from 2011 to 2019.
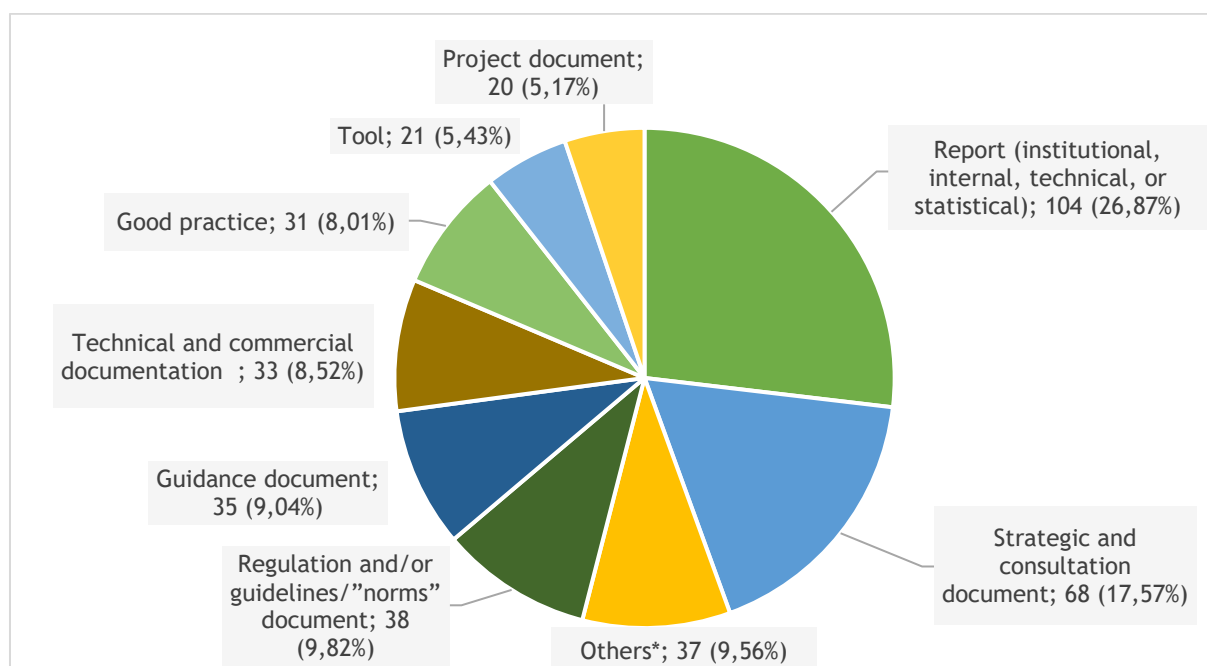
Figure 10- Typology of the assets mapped in the D=desktop search*

A total of 104 from the 387 assets mapped in the desktop search accounting for 26.87% of the total assets mapped were reports (institutional, internal, technical or statistical and other). This type of asset is followed by strategic and consultation documents (68)

---

* Others include: Degree Thesis, Case studies, Working papers, Research abstracts/reports, Communication Campaigns, Proceedings of a Conferences, National strategic documents, Pdfs, Position Papers, Presentations, Quarterly Magazine – special issue and/or Articles

accounting for 17.57% of total assets mapped. The rest of the typologies, represent between 5 and 10% of the total respectively.

In terms of the type of assets in each of the dimensions, the graph below shows that there is a lot of variation between them.
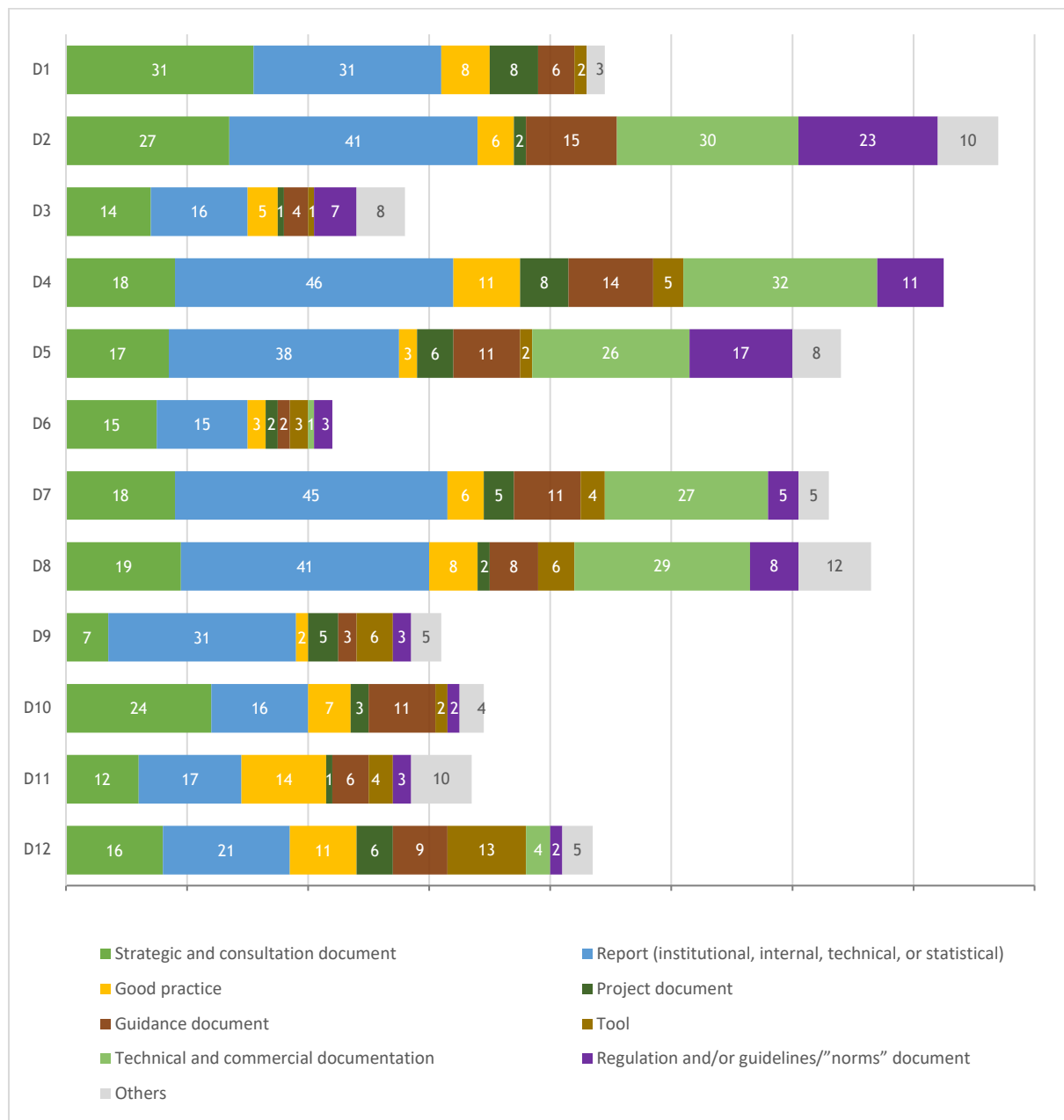
Figure 11- Type of capacity-building assets by SCIROCCO Exchange Maturity Model dimension

Most of the assets included were reports (26,87% of the total). This was also the case in all dimensions of SCIROCCO Exchange Maturity Model except dimension 10, Breadth of ambition, where most of the assets linked to it were Strategic and consultation documents.

The graph below shows the distribution of assets by SCIROCCO Exchange Maturity Model dimension and MRL:
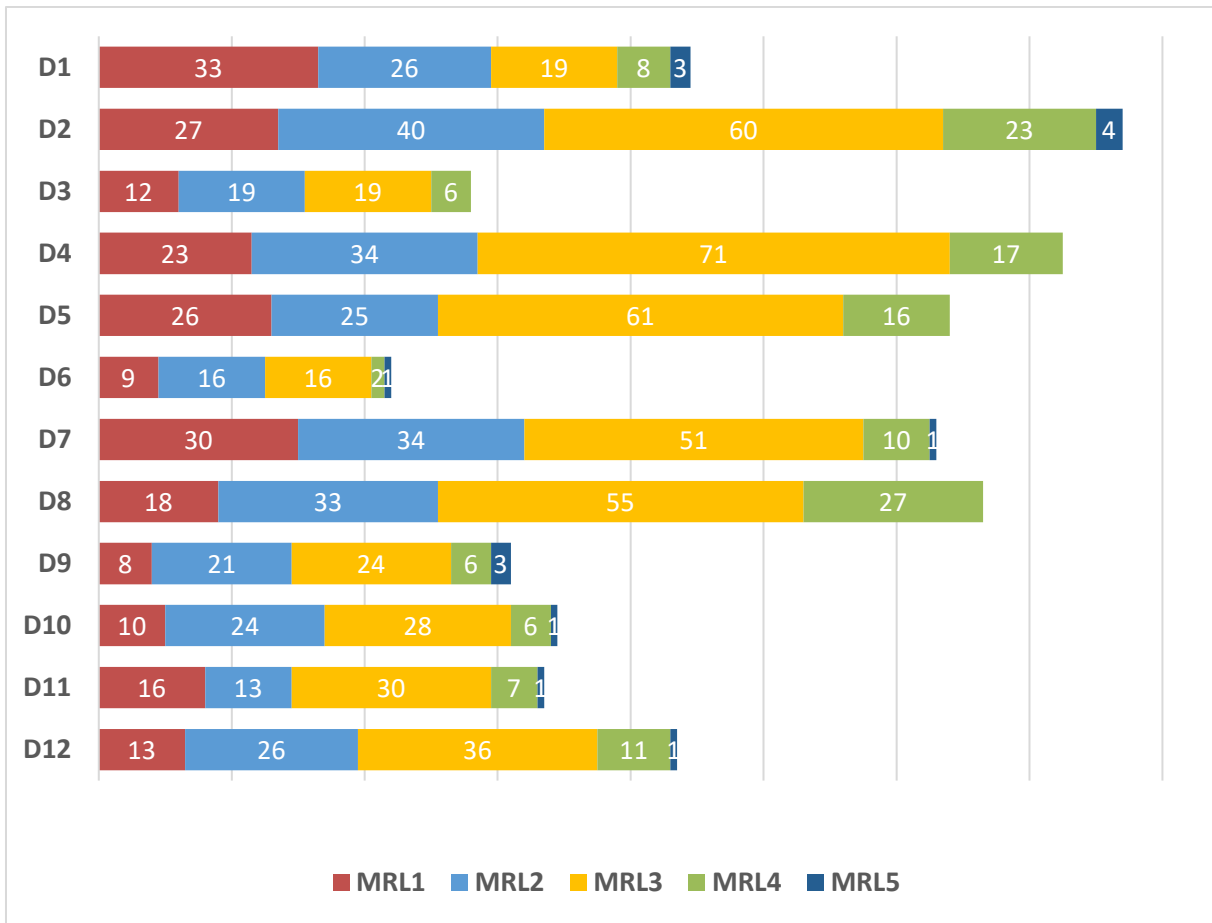
Figure 12- Distribution of assets by SCIROCCO Maturity Model dimension and MRL

Dimensions D1 (Readiness to change), D2 (Structure and governance), D6 (Removal of inhibitors), D7 (Population approach), D9 (Evaluation methods), D10 (Breadth of ambition), D11 (Innovation management) and D12 (Capacity-building) had assets connected to all their MRLs. On the other hand, dimensions D3 (Digital infrastructure), D4 (Funding), D5 (Process coordination) and D8 (Citizen empowerment) had assets connected to MRLs 1, 2, 3 and 4, but not to 5. It could also be seen that all dimensions except D1 (Readiness to change) and D3 (Digital infrastructure), most of the assets that link to those dimensions link to MRL 3.

3.2 Literature review

A total of 267 assets were mapped in the literature review.

The graph below shows the year of publication of the assets mapped in the literature review:
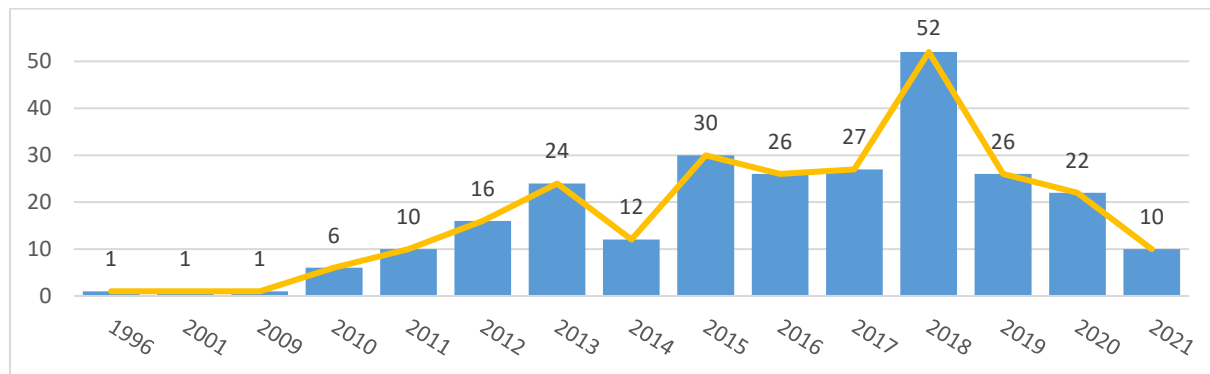
Figure 13- Literature review of capacity-building assets by year of publication*

Most of the assets were dated between years 2011 and 2020, with 2018 standing out with 52 publications. Two assets published before 2009 were included as an exception due to their known relevance. They were assets n°9 of D1 (Readiness to change), published in 1996 and the asset n° 11 of D9 (Evaluation Methods) published in 2001. Both were included in the asset mapping list included of the ANNEX V.

In relation to the production of articles per country, United Kingdom is the country that has published the most articles of the list of assets included in this mapping (92), followed by the United States (38), Canada (12), Germany (11) and the Netherlands (9).
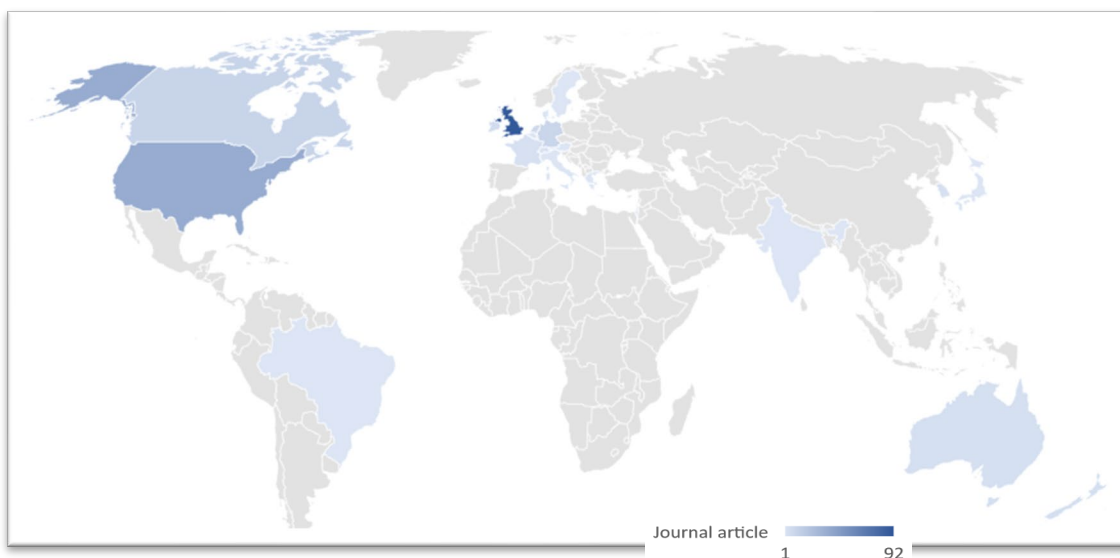
Figure – Mapping of capacity-building assets by origin country**

---

* No information is available for 5 of the assets.
** No information for 68 of the assets

4 Conclusions

Mapping of capacity-building assets included searching, selecting and charting of assets against twelve dimensions of the SCIROCCO Exchange Maturity Model for Integrated Care. The objective was to include these assets in the SCIROCCO Exchange Knowledge Management Hub (KMH). European regions/countries can track and retrieve these assets in order to support their efforts to improve implementation and scaling up of integrated care.

A total of 654 assets were mapped; 387 as a result of a desktop search and 267 of a literature review. Most of them were published or produced between years of 2015 and 2019.

On average, 119 assets were linked to each dimension of SCIROCCO Exchange Maturity Model foe Integrated Care. In general, it can be concluded that although there is not huge variation between the assets that are linked to each dimension, two groups can be distinguished and one exception can be noted, that is D6 (Removal of inhibitors).

In the literature review, 1267 assets were reviewed in a qualitative peer review process between 2019 and 2021. The assets identified by the desktop search came from actual experience in implementing integrated care and were charted to specific Maturity Readiness Levels.

The two strategies to identify assets made it possible to identify, select, chart not only updated scientific evidence but also grey literature, often not easily retrievable, based on the experience and background knowledge of the experts of the different countries and regions participating in SCIROCCO Exchange project.

All capacity-building assets gathered in SCIROCCO Exchange project were uploaded and integrated with the SCIROCCO Exchange Knowledge Management Hub. The objective for this assets mapping was that they will be used by European countries/regions in order to improve the provision of integrated care in their health and social care systems by more effective and tailored knowledge transfer, capacity-building support and improvement planning activities for integrated care.

5   ANNEX I – SCIROCCO Exchange Maturity Model for Integrated Care

This annex illustrates SCIROCCO Exchange Maturity Model for Integrated Care, including description of objectives and assessment scale of each of the 12 dimensions in the Model.
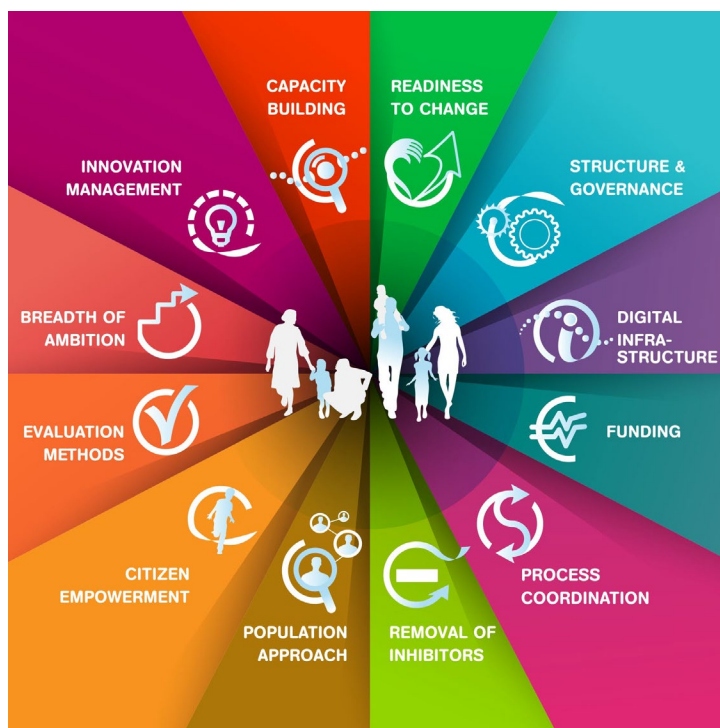
1. Readiness to Change

Objectives

If the existing systems of care13 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.

● Creating a compelling vision, with a real sense of urgency, and enlisting stakeholder support including political leadership, management, care professionals, public and press.

● Accepting the reality that care systems are unsustainable and need to change.

● Considering the need to address the risk of health and social inequalities.

● Publishing a clear description of the issues, the choices that need to be made, and the desired future state of the care systems, stating what will be the future experience of care.

---

[13] The term care refers to both health and social care.

- Creating a sense of urgency to ensure sustained focus and building a 'guiding coalition' for change.

Assessment scale

0 – No acknowledgement 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.

2. Structure & Governance

Objectives

The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with efficient change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of technology enabled care services in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing digital competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful digital innovation within a properly funded, multi-year transformation programme.
- Considering the need to address the risk of health and social inequalities.
- Establishing organisations with the mandate to select, develop and deliver digital services.

Assessment scale

0 – Fragmented structure and governance in place

1 – Recognition of the need for structural and governance change

2 – Formation of task forces, alliances and other informal ways of collaborating

3 – Governance established at a regional or national level

4 – Roadmap for a change programme defined and accepted by stakeholders involved

5 – Full, integrated programme established, with funding and a clear mandate.

5. Digital Infrastructure

Objectives

Integrated care requires data-sharing across diverse care teams. It leads progressively to systems that enable continuous collaboration, and the measurement and management of outcomes. This means building on existing digital care infrastructure in new ways to support integration and augmenting them with new capabilities such as enhanced security and mobility. The task can be made easier if the number of different systems in use, and the formats in which they exchange and store data, can be simplified.

Important elements of digital care infrastructure include:

- 'Digital first' policy (i.e. move face-to-face communication to digital services to reduce dependence on staff and promote self-service).

- Availability of essential components (ICT infrastructure) to enable data-sharing.

- Consolidation and standardisation of ICT infrastructure and solutions; fewer technical integration points to manage; interoperability and procurement.

- Data protection and security designed into patient records, registries and online services.

- Enabling of new channels for healthcare delivery and new services based on advanced communication and data processing technologies.

Assessment scale

0 – There is no digital infrastructure to support integrated care.

1 – There is a recognition of need but there is no strategy and/or plan on how to deploy and standardise digital infrastructure to support integrated care.

2 – There is a mandate and plan(s) to deploy regional/national digital infrastructure, including a set of agreed technical standards, across the health and social care system, but it is not yet implemented.

3 – Digital infrastructure to support integrated care are piloted but there is not yet region-wide coverage. A set of agreed technical standards exists to enable shared procurement of new systems; some large-scale consolidations of ICT are underway.

4 – Digital infrastructure to support integrated care is deployed widely at large scale but is not used by all stakeholders involved. A unified set of agreed standards is published; many shared procurements of new systems have been performed; shared services are widely deployed.

6. – Universal, at-scale regional/national digital infrastructure used by all stakeholders involved exists. A unified and mandated set of agreed standards is fully incorporated into procurement processes; the systems are fully interoperable; and use of shared services (including the cloud) is normal practice.

7. Process coordination

Objectives

Health and social care delivery is a complex series of processes that are linked and interact together to achieve specified outcomes. Care coordination of these processes demands new pathways and services to improve the quality and efficiency of care and avoid unnecessary

variation. The need for coordination increases when patient care requires the intervention of different professionals. Care pathways are widely used for a structured and detailed planning of the care process, including care standards. Standards' setting and use varies among process components. Professionals and organisations can adhere to the standards voluntarily, or they can comply with legal regulation.

Process coordination enables effective deployment and scaling up of integrated care by:
● Developing new processes and pathways that are replicable, funded and/or reimbursed, and agreed by pertinent stakeholders.

● Including an explicit statement of the goals and key elements of care

● Defining evidence-based guidelines and agreeing on plans for formal introduction and scaling-up new services into practice.

● Negotiating with a broad range of experts and authorities the introduction and deployment of measurable care standards.

● Safeguarding sustainability of new services and pathways.

Assessment scale

0 – No formal guidelines, description, agreements or standards on innovative coordinated care processes in integrated care services are in place or in development.

1 – The stakeholders produce some guidelines and recognise the need for the standardisation of coordinated care processes, but there are no formal plans to develop it.

2 – Some standardised coordinated care processes are underway; guidelines are used, some initiatives and pathways are formally described, but no systematic approach is planned.

3 –Services, pathways and care processes are formally described in a standardised way by the stakeholders. A systematic approach to their standardisation is planned but not deployed.

4 – Most coordinated care processes, including care pathways, are subject to a systematic approach, and are standardised and deployed throughout the whole region/country.

8. – A systematic approach to standardisation of coordinated care processes is in place across the region/country. The processes are scaled up, maintained and redesigned according to standards.

9. Funding

Objectives

Changing systems of care so that they can offer better integration requires initial investment and funding; a degree of operational funding during transition to the new models of care; and on-going financial support until the new services are fully operational and the older ones are de-commissioned. Ensuring that initial and on-going costs can be financed is an essential activity that uses the full range of mechanisms from regional/national budgets to 'stimulus' funds, European Union investment funds, public-private partnerships (PPP) and risk-sharing mechanisms.

Assessment scale

0 – No additional funding is available to support the move towards integrated care

1 – Funding is available but mainly for the pilot projects and testing

2 – Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation

3 – Regional/national (or European) funding or PPP for scaling-up is available

4 – Regional/national funding and/or reimbursement schemes for on-going operations is available

5 – Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development.

6. Removal of Inhibitors

Objectives

Even with political support, funded programmes and good eHealth infrastructure, many factors can still make integrated care difficult to deliver, by delaying change or limiting how far change can go. These include legal issues with data governance, resistance to change from individuals or professional bodies, cultural barriers to the use of technology, perverse financial incentives, and lack of skills. These factors need to be recognised early, and a plan developed to deal with them, so as to minimise their impact.

● Actions to remove barriers: legal, organisational, financial, skills considering the need to address the risk of health and social inequalities.

● Changes to the law concerning e.g., medical acts, information governance, data sharing –factors which may hold up innovation.

● Creation of new organisations or collaborations to encourage cross-boundary working ('normative integration').

● Changes to reimbursement to support behavioural change and process change.

● Education and training to increase understanding of innovations and technology enabled care solutions in order to speed up solution delivery.

Assessment scale

0 – No awareness of the effects of inhibitors on integrated care

1 – Awareness of inhibitors but no systematic approach to their management is in place

2 – Strategy for removing inhibitors agreed at a high level

3 – Implementation Plan and process for removing inhibitors have started being implemented locally

4 – Solutions for removal of inhibitors developed and commonly used

5 – High completion rate of projects & programmes; inhibitors no longer an issue for service development.

7. Population Approach

Objectives

Integrated care can be developed to benefit those citizens who are not thriving under existing systems of care, in order to help them manage their health and care needs in a better way, and to avoid emergency calls and hospital admissions and reduce hospital stays. This is a practical response to meeting today's demands. Population health goes beyond this and uses methods to understand where future health risk (and so, demand) will come from. It offers ways to act ahead of time, to predict and anticipate, so that citizens can maintain their health for longer and be less dependent on care services as they age.

- Understanding and anticipating demand; meeting needs better and addressing health and social inequalities.

- Improving the resilience of care systems by using existing data on public health, health risks, and service utilisation.

- Taking steps to divert citizens into more appropriate and convenient care pathways based on user preferences.

- Predicting future demand and taking steps to reduce health risks though technology-enabled public health interventions.

Assessment scale

0 – Population health approach is not applied to the provision of integrated care services

1 – Population-wide risk stratification considered but not started

2 – Risk stratification approach is used in certain projects on an experimental basis

3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users

4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population

5 – Whole population stratification deployed and fully implemented.

8. Citizen Empowerment

Objectives

Health and social care systems are under increasing pressure to respond to demands that could otherwise be handled by citizens and carers themselves. The evidence suggests that many individuals would be willing to do more to participate in their own care if easy-to-use services, such as appointment booking, self-monitoring of health status, and alternatives to medical appointments, were available to them. This means providing services and tools that enable convenience, offer choice, and encourage self-service and engagement in health management, considering the need to address the risk of health and social inequalities.

Assessment scale

0 – Citizen empowerment is not considered as part of integrated care provision

1 – Citizen empowerment is recognised as important part of integrated care provision but effective policies to support citizen empowerment are still in development

2 - Citizen empowerment is recognised as important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data

3 - Citizens are consulted on integrated care services and have access to health information and health data

4 – Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making process about their own health

5 – Citizens are fully engaged in decision-making processes about their health and are included in decision-making on service delivery and policy-making.

9. Evaluation Methods

Objectives

As new care pathways and services are introduced to support integrated care, there is a clear need to ensure that the changes are having the desired effect on quality of care, cost of care, access and citizen experience. This supports the concept of evidence-based investment, where the impact of each change is evaluated, e.g. by health economists working in universities or in special agencies. Health technology assessment (HTA) is an important method here and can be used to justify the cost of scaling up of integrated care to regional or national level.

- Establishing baselines (on cost, quality, access etc.) in advance of new service introduction.
- Systematically measuring the impact of new services and pathways using appropriate methods (e.g., observational studies, incremental improvement, clinical trials).
- Generating evidence that leads to faster adoption of good practice.

Assessment scale

0 – No evaluation of integrated care services is in place or in development

1 – Evaluation of integrated care services is planned to take place and be established as part of a systematic approach

2 – Evaluation of integrated care services exists, but not as a part of a systematic approach

3 – Some integrated care initiatives and services are evaluated as part of a systematic approach

4 – Most integrated care initiatives are subject to a systematic approach to evaluation; published results

5 – A systematic approach to evaluation, responsiveness to the evaluation outcomes, and evaluation of the desired impact on service redesign (i.e., a closed loop process).

10. Breadth of Ambition

Objectives

Integrated care includes many levels of integration, such as integration between primary and secondary care, of all stakeholders involved in the care process, or across many organisations. It may be developed simply for healthcare needs (i.e., vertical integration) or it may include social workers, the voluntary sector, and informal care (i.e., horizontal

integration). The broader the ambition, the more numerous and diverse the stakeholders who have to be engaged. Similarly, integration may include all levels of the system or may be limited to clinical information sharing. The long-term goal should be fully integrated care services which provide a complete set of seamless interactions for the citizen, leading to better care and improved outcomes.

● Integration supported at all levels within the healthcare system – at the macro (policy, structure), meso (organisational, professional) and micro (clinical) levels.

● Integration between the healthcare system and other care services (including social, voluntary, informal, family services).

● Seamless transition for the patient between and within care services.

Assessment scale

0 – Coordination activities arise but not as a result of planning or the implementation of a strategy

1 – The citizen or their family may need to act as the integrator of service in an unpredictable way

2 – Integration within the same level of care (e.g., primary care) is achieved

3 – Integration between care levels (e.g., between primary and secondary care) is achieved

4 – Improved coordination of social care service and health care service needs is introduced

5 – Fully integrated health & social care services are in place and functional.

11. Innovation Management

Objectives

Many of the best ideas are likely to come from clinicians, nurses and social workers who understand where improvements can be made to existing processes. These innovations need to be recognised, assessed and, where possible, scaled up to provide benefit across the system. At the same time, universities and private sector companies are increasingly willing to engage in open innovation, and innovative procurement, in order to develop new technologies, test process improvements and deliver new services that meet the needs of citizens. There is also value in looking outside the system to other regions and countries that are dealing with the same set of challenges, to learn from their experiences. Overall, this means managing the innovation process to get the best results for the systems of care and ensuring that good ideas are encouraged and rewarded.

● Adopting proven ideas faster

● Enabling an atmosphere of innovation from top to bottom, with collection and diffusion of best practice

● Learning from inside the system, as well as from other regions, to expand thinking and speed up change

● Involving regional health and social care authorities, universities and private sector companies and other sectors in the innovation process (i.e., 'open innovation').

● Using innovative procurement approaches (Pre-Commercial Procurement, Public Procurement of Innovation, Public Private Partnerships, Shared Risk, Outcome-Based Payment)

- Using European projects and partnerships (e.g., Horizon 2020, European Regional Development Funds, European Social Investment Funds and other).

Assessment scale

0 – No innovation management in place

1 – Innovation is encouraged but there is no overall plan

2 – Innovations are captured and there are some mechanisms in place to encourage knowledge transfer

3 – Formalised innovation management process is planned and partially implemented

4 – Formalised innovation management process is in place and widely implemented

5 – Extensive open innovation combined with supporting procurement and the diffusion of good practice is in place

12. Capacity-building

Objectives

Capacity-building is the process by which individual and organisations obtain, improve and retain the skills and knowledge needed to do their jobs competently. As the systems of care are transformed, many new roles will need to be created and new skills developed. These will range from technological expertise and project management to successful change management. The systems of care need to become 'learning systems' that are constantly striving to improve quality, cost and access. They must build their capacity so as to become more adaptable and resilient. As demands continue to change, skills, talent and experience must be retained. This means ensuring that knowledge is captured and used to improve the next set of projects, leading to greater productivity and increasing success.

- Increasing skills; continuous improvement.
- Building a skill base that can bridge the gap and ensure that the capacity needs are understood and addressed by digital solutions where appropriate.
- Providing tools, processes and platforms to allow organisations to assess themselves and build their own capacity to deliver successful change.
- Creating an environment where service improvements are continuously evaluated and delivered for the benefit of the entire care system.

Assessment scale

0 – Integrated care services are not considered for capacity-building

1 – Some approaches to capacity-building for integrated care services are in place

2 – Cooperation on capacity-building for integrated care is growing across the region

3 – Learning about integrated care and change management is in place but not widely implemented

4 – Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff

5 – A 'person-centred learning healthcare system' involving reflection and continuous improvement is in place.

6   ANNEX II – Concepts behind the SCIROCCO Exchange Maturity Model Dimensions

This table describes a set of eight concepts that lie behind each of the twelve dimensions used in the SCIROCCO Exchange Maturity Model:

D1: Readiness to Change	D2: Structure and Governance	D3: Digital infrastructure
1. Need to change 2. Pressure for change 3. New models of care 4. System re-design 5. Stakeholder support/engagement 6. Information sharing 7. Consensus-building 8. Political leadership	1. Stakeholder alignment 2. Distributed leadership 3. Fragmentation tackling 4. Structural integration 5. Governance scope 6. Alliances between stakeholders 7. Integrated governance 8. Stakeholder involvement	1. IT resources 2. Data analytics 3. Data protection and security 4. Data mobility 5. "Digital first" policy 6. Enabling of digital care services 7. Consolidation of applications and data centres 8. Interoperability
D4: Process Coordination	**D5: Funding**	**D6: Removal of Inhibitors**
1. Quality of care 2. Efficiency 3. Care pathways 4. Process planning 5. Coordination of care process 6. Evidence-based guidelines 7. Sustainability 8. Standardisation	1. Commissioning 2. Stimulus funds 3. Public-private partnerships 4. Risk-sharing mechanisms 5. Financial sustainability 6. Reimbursement schemes 7. Consolidated innovation funding 8. Regional/national/EU/international funding	1. Awareness of inhibitors/barriers 2. Barrier withdrawal (skill, financial, legal, organisational, cultural, etc.) 3. Data sharing 4. Change management (behavioural, process, data sharing, law concerning, etc.) 5. Decision making 6. Cross-boundary work 7. Project completion rate maximisation 8. Stakeholder support

D7- Population approach	D8- Citizen empowerment	D9- Evaluation methods
1. Health risks 2. Health needs 3. Demand anticipation 4. Data exploitation 5. Service utilisation 6. Prediction 7. Population health 8. Risk stratification	1. Access to health information and data 2. Health education 3. Decision-making participation 4. Citizens' capacities 5. Support mechanisms 6. Self-care 7. Easy-to-use services 8. Co-creation of healthcare services	1. Data availability 2. Evaluation processes 3. Baseline definition (cost, quality, access, etc.) 4. Impact measurement (quality of care, cost of care, access to care, citizens' experience) 5. Services and pathways' impact measurement 6. Health technology assessment (HTA) 7. Evidence production 8. Evidence-based investment
D10- Breadth of Ambition	**D11- Innovation management**	**D12- Capacity-building**
1. Stakeholder engagement 2. Information sharing 3. Integration scope 4. Level of integration 5. Degree of care coordination 6. Citizen as integrator 7. Integration support 8. Patient transition smoothness	1. Improvement making 2. Innovation plan 3. Encourage knowledge transfer 4. Capture and adopt innovations 5. Test process improvements 6. Spread innovations 7. Encourage and reward good ideas 8. Speed up change	1. Capacity development 2. Skill management (obtain, develop, improve, retain, capture and share) 3. New role creation 4. Access improvement 5. Talent retention 6. Provision of tools, processes and platforms 7. Systematic and person-centred learning 8. Continuous improvement

7 ANNEX III – Maturity Readiness Levels – Keywords

This table lists a set of keywords for each of the five Maturity Readiness Levels (MRLs) describing the various stages of maturity in the SCIROCCO Exchange Maturity Model.

MRL	Keywords
1. Awareness-raising	- Need of change recognition - Strategic Planning - Governance change - Systems design - Health policies - Needs assessment - System analysis - Organisational models - System integration - Continuity of care - Organisational models
2. Small-scale deployment and/or planning	- Small-scale deployment - Strategy agreement - Services development - Plans development - Policies development - Local development - Piloting/Testing - Innovation capture - Existence of evaluation
3. Mid-scale deployment and/or initial institutionalization	- Mid-scale deployment - Vision embedded in policies - Governance established - Definition of roadmaps for changes - Institutionalization - Local implementation - Process description

	• Regional deployment • Evaluation
4. Large-scale deployment and/or extended institutionalisation	• Large-scale deployment • Institutionalization • Evaluation • Decision-making • Citizens' support • Citizen involvement and participation • Stakeholder acceptance • Systematic approach to evaluation
5. Full deployment and/or institutionalisation	• Full implementation and deployment • Full service integration • Full Institutionalisation • Political consensus • Public support • Stakeholder engagement • Full interoperability • Systematic standardisation • Citizens full engagement in decision-making and policymaking • High completion rate of projects & programmes

8   ANNEX IV Desktop search. Asset mapping list in each SCIROCCO Exchange region

8.1   Basque Country

Title	2013-2016 Social and Health Care Plan				
Author(s)	Basque Ministry of Employment and Social Policies of the Basque Government				
Region/country	Basque Country, Spain		**Year of publication**	2013	**Language**	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)
The document includes the development of a model of effective and sustainable health and social care coordination, focused on the person, taking special care on security, autonomy, right to choose and decide, equity and wellbeing. How a multidisciplinary Social and Health Care Commission that represents all agents involved in social and health care is responsible for coordination and promotion and deployment of the strategic lines is defined.

Keywords	ageing, participation, process, citizen, social care, coordination		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D5, MRL4
Access details	https://www.bioef.org/wp-content/uploads/2016/04/k75aObtenerPublicacionDigitalServlet.pdf		

Title	A Strategy to Tackle the Challenge of Chronicity in the Basque Country				
Author(s)	Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain		**Year of publication**	2010	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)
This document provides a framework of action for the medium term transformation of the Basque Health System. It is independent but complementary to the interim measures and management policies that were put in place due to the economic crisis. While the interim measures attempt to reduce expenditure in the short term in order to ensure sustainability, the final result of this Chronic Patients Strategy aims to outline a new way of organising care that will have an impact on each and every aspect of the health system (health results, satisfaction, patient and carer life quality, and sustainability).

Keywords	chronicity, strategy, integrated care, population approach		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL1 + D6, MRL2 + D7, MRL2
Access details	https://ec.europa.eu/eip/ageing/sites/eipaha/files/practices/chronicitybasquecountry.pdf		

Title	Assehs project White paper			
Author(s)	Assehs project consortium			
Region/country	Europe	Year of publication	2015	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document aims to spread knowledge of risk stratification tools for the creation of policies, healthcare management and clinical practice. The White Paper describes in detail the good practices and lessons learnt in population risk stratification and aims to give support to other regions and healthcare systems as they are gradually transformed and adopt new models that provide specific and proactive interventions according to patients' needs.

Keywords	stratification, population approach		
Type of asset	Project document	Dimensions and MRLs	D7, MRL2
Access details	https://www.kronikgune.org/wp-content/uploads/2014/06/white-paper-assehs-european-project.pdf		

Title	Basque Country population approach strategy and process			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2012	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

Presentation about the Basque Country experience in the use of ICT for patient segmentation and prioritization of interventions. Information about Basque Country population approach and stratification process and tool.

Keywords	population approach, stratification, tool, interventions		
Type of asset	Good practice	Dimensions and MRLs	D7, MRL2
Access details	http://iv.congresocronicos.org/documentos/ponencias/tic-segmentacion-pacientes-priorizacion-intervenciones.pdf		

Title	BASQUE COUNTRY: TRANSFORMING THE HEALTH SYSTEM			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2012	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)			
In 2009, the Basque health system began a process of transformation to respond to the emerging challenges of demography, epidemiology, with their impact on chronicity, new technological models, etc. This document brings together the achievements made in the period from 2009 to 2012 as well as the challenges that remain to be tackled.			

Keywords	transformation, health system, chronicle strategy, results, next steps		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL5
Access details	https://www.euskadi.eus/contenidos/informacion/estrategia_cronicidad/es_cronicos/adjuntos/transformando_sistema_salud.pdf		

Title	Basque Digital Agenda 2020			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2017	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)			
This strategy promotes digital transformation in all environments, including the wide technological offer of a wide range of companies, technological and service organisations. It is aligned with the European Digital Agenda. The strategy addresses digitalization, robotisation of industry, artificial intelligence, impact of electronic trading, digital skills development in society, handling of cyber-security or Big Data.			

Keywords	innovation, digital, technology, transformation, public governance, active ageing, intergenerational solidarity		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D3, MRL4
Access details	http://www.euskadi.eus/contenidos/plan_departamental/14_plandep_xileg/es_def/adjuntos/Agenda%20Digital%20de%20Euskadi%202020%20-%20Anexo%202017.pdf		

Title	Basque Framework Programme Assessment model			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2018	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)			

The Public Basque Health System main evaluation tool is the Framework Programme Assessment model. It evaluates systematically the alignment of funds, resources and services to healthcare priorities of the Department of Health. It includes validated tools, such as IEMAC (integration), D'Amour (collaboration) and IEXPAC (patient experience).

Keywords	evaluation tool, Basque health system, funds, resources		
Type of asset	Guidance document	Dimensions and MRLs	D9, MRL5
Access details	https://opendata.euskadi.eus/catalogo/-/documentacion-relevancia-juridica/contrato-programa-direccion-general-de-osakidetza-2018/		

Title	Basque Governance Strategy with the Elderly (2019-2022)				
Author(s)	Basque Ministry of Employment and Social Policies of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2019	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

This strategic document seeks to consolidate the Basque Country as an innovative European region in public governance and promotes active ageing and intergenerational solidarity. Through Agenda NAGUSI it wants to implement a new model of governance, promote society participation, improve democratic functioning of the administration and public management processes, generate new networks, listen, attend and share with the citizen ideas and government aims.

Keywords	participation, innovation, citizen, empowerment, capacity-building		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D8, MRL4
Access details	http://www.euskadi.eus/web01-a2aznscp/es/k75aWebPublicacionesWar/k75aObtenerPublicacionDigitalServlet?R01HNoPortal=true&N_LIBR=052451&N_EDIC=0001&C_IDIOM=es&FORMATO=.pdf		

Title	Challenges and strategic projects 2017-2020 of Osakidetza				
Author(s)	Osakidetza Basque Health Service				
Region/country	Basque Country, Spain	Year of publication	2017	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

This strategic and reference document reinforced and extended an integrated approach in the Basque Country and Basque Health service. Through this document the Basque health system aims to attend and promote people's health, dealing with a sustainable public health system, adding value to society, and with professionals committed to results in health and the generation of knowledge. The document makes basis of Integrated Care, there are defined the integrated and person-centred care model, promoting the value of primary care, adapting hospital care to future challenges and betting for high specialization professionals.

Keywords	integrated care, person -centred, model, promote health, sustainability, coordination, communication		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL4 + D4, MRL4
Access details	https://www.osakidetza.euskadi.eus/contenidos/informacion/buen_gob_planes/es_def/adjuntos/PE_2017_2020_web_ESP.pdf		

Title	Chronic disease management. Are we ready for this new challenge?				
Author(s)	Antares Consulting				
Region/country	Spain	**Year of publication**	2008	**Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					

This report includes the main theoretical models for the management of chronic patients and details some innovative experiences at international level (Kaiser Permanente) and national level (Hospital Universitario La Fe - Valencia, Hospital Ramón y Cajal, Madrid).

Keywords	chronic disease, theoretical models, practical experiences. chronicity		
Type of asset	Good practice	**Dimensions and MRLs**	D1, MRL1
Access details	https://es.scribd.com/document/240408835/Gestion-Paciente-Cronico-2008		

Title	Chronic management strategy. Consensus document				
Author(s)	Spanish Society of Primary Care Managers				
Region/country	Spain	**Year of publication**	2012	**Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					

It is a consensus document that, from the reflection and experiences of managers at the three levels of management, can be useful for the design and implementation of management strategies for chronic patients in the various regional health services in Spain

Keywords	strategy, chronic patients management, key actions, recommendations		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL1
Access details	https://www.fesemi.org/sites/default/files/documentos/publicaciones/estrategias-gestion-cronicos.pdf		

Title	Cronos Report: Towards a Paradigm Shift in Chronic Care				
Author(s)	The Boston consulting groups				
Region/country	Spain		Year of publication	2014	**Language**	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

This report has been developed following a matched study methodology. A comprehensive literature review has been conducted with the aim of quantifying the burden of chronicity and specific chronic diseases, as well as identifying successful experiences at regional, national and international levels.

Keywords	innovative models in chronic management, initiatives and results in chronicity, stratification, transformation		
Type of asset	Good practice	**Dimensions and MRLs**	D1, MRL1
Access details	https://enfermeriacomunitaria.org/web/attachments/article/1075/INFORME%20CRONOS.pdf		

Title	D'amour evaluation tool: Development of a questionnaire to assess interprofessional collaboration between two different care levels				
Author(s)	Osakidetza Basque Health Service				
Region/country	Basque Country, Spain		Year of publication	2013	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This questionnaire bring the opportunity to measure the degree of collaboration between professionals from different care areas. It is incorporated into the Ministry of Health of the Basque Government's evaluation system through the Contract Programme, which allows Service Organisations to have an annual assessment of this indicator and to detect key factors in favour of integration between Primary and Specialized Care professionals.

Keywords	evaluation, healthcare organisations, healthcare organisations management		
Type of asset	Tool	**Dimensions and MRLs**	D9, MRL5
Access details	https://www.bioef.org/wp-content/uploads/2016/04/06A_PDF-Art%c3%adculo-Cuestionario-D%c2%b4amour.pdf		

Title	Decree on the Structure of Integrated Health Organisations
Author(s)	Ministry of Health of the Basque Government

Region/country	Basque Country, Spain			Year of publication		2018	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)								
These are the regulations governing the structure and governance of Osakidetza's integrated health organisations.								
Keywords	structure, integrated health organisations							
Type of asset	Regulation and/or guidelines/"norms" document			**Dimensions and MRLs**				D2, MRL4
Access details	https://www.euskadi.eus/gobierno-vasco/-/eli/es-pv/d/2018/07/03/100/dof/spa/html/							

Title	Healing and Caring: Innovation in Chronic Disease Management; A Practical Guide to Moving Forward							
Author(s)	Rafael Bengoa, Roberto Nuño, Ministry of Health of the Basque Government							
Region/country	Basque Country, Spain			Year of publication		2009	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)								
The book tries to show conceptual frameworks, tools, experiences and case studies that serve to extract practical ledctions, ideas and new models								
Keywords	chronic disease, theoretical models, practical experiences. chronicity							
Type of asset	Guidance document			**Dimensions and MRLs**				D2, MRL2
Access details	https://www.elsevier.com/books/curar-y-cuidar/bengoa/978-84-458-1949-4							

Title	Health Plan 2013-2020							
Author(s)	Ministry of Health of the Basque Government							
Region/country	Basque Country, Spain			Year of publication		2013	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)								
Health Policies for the Basque Country in the 2013-2020 period. It includes the health objectives to be developed for the Basque Country until 2020. Area 2 ("People with illnesses") sets out the lines of work related to comprehensive, integrated and people-centred social and health care, especially for patients with chronic and multiple illnesses, and to ensure continuous, personalised and efficient care based on scientific evidence.								

Keywords	health policies, coordination, integrated care, socio-health care		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL5
Access details	https://www.euskadi.eus/contenidos/informacion/plan_salud_2013_2020/es_def/adjuntos/plan_salud_2013_2020-web%2012_03_2018.pdf		

Title	IEMAC				
Author(s)	O.Solas, JJ Mira , R. Nuño, Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain	**Year of publication**	2012	**Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					

IEMAC-ARCHO is an instrument for the self-evaluation of health and social organisations in relation to their degree of implementation of chronicity management models. IEMAC is based on the CCM (Chronic Care Model) and has been specially designed for a national health system environment. It allows the evaluation of organisations at the macro level (formulation of policies and strategies and allocation of resources), meso level (management of organisations, centres and care programmes) and micro level (clinical activity among professionals and patients).

Keywords	chronicity, self-evaluation, health and social organisations, key factors, assessment		
Type of asset	Tool	**Dimensions and MRLs**	D9, MRL3
Access details	https://www.iemac.es/index.php		

Title	IEXPAC: Chronic Patient eXperience Assessment Tool				
Author(s)	Osakidetza Basque Health Service				
Region/country	Basque Country, Spain	**Year of publication**	2013	**Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					

This questionnaire brings the opportunity to measure Chronic Patient eXperience. This scale measures the experience of people with chronic diseases in their relationship with health and social professionals and services. This scale is called IEXPAC (Instrument of Evaluation of the eXperience of the Chronic Patient). IEXPAC is aimed at improving outcomes, both clinical and those relevant to the individual.

Keywords	evaluation, patient, experience, chronic patients, relationship

Type of asset	Tool			Dimensions and MRLs	D9, MRL5
Access details	http://www.iemac.es/iexpac/				

Title	Improving patient flow				
Author(s)	The health foundation				
Region/country	UK		Year of publication	2013	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

the health foundation created the flow cost quality improvement programme to focus on the relationship between patient flow, costs and outcomes in two NHS hospitals trust: south Warwickshire NHS foundation trust and Sheffield teaching hospital NHS trust. the programme helped the trusts to examine patient flow through the emergency care pathway and develop ways in which capacity could be better matched with demand, preventing queues and poor outcomes for patients

Keywords	quality of care, improving patient flow, flow cost quality, approaches change, design service, integrated care				
Type of asset	Guidance document			Dimensions and MRLs	D5, MRL1
Access details	https://www.health.org.uk/sites/default/files/ImprovingPatientFlow_fullversion.pdf				

Title	Improving patient flow through organisations and pathways				
Author(s)	The health foundation				
Region/country	UK		Year of publication	2013	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This scan compiled research about the methods used to improve patient flow across organisations or pathways. The Health Foundation wanted to consider how methods for analysing or changing flow might best be applied to support unscheduled care. Five bibliographic databases were searched from their inception to the end of October 2013 and 280 studies were included about pathway, organisational or systemwide initiatives. More than 150 additional examples were included to illustrate potential applicability to unscheduled care, even if on a narrower basis

Keywords	approaches to patient flow, lessons learned, pathways assessing patient flow, changing patient flow				
Type of asset	Guidance document			Dimensions and MRLs	D5, MRL1

Access details	https://www.health.org.uk/sites/default/files/ImprovingPatientFlowAcrossPathwaysAndOrganisations.pdf

Title	New model of provision in the Basque Country: Integrated Local Health Systems - Microsystems and their governance			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2012 **Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)				
A Local Integrated Health System/ or microsystem is proposed as the coordinated action of all health and social agents and organisations that serve the same population and operate in the care continuum of that reference population. In the specific case of the Basque Country, the Local Integrated Health Systems - Microsystems are geographically defined and the agents covered by the microsystem include public health organisations, primary care, specialised care, care of sub-acute patients, mental health and social care.				
Keywords	microsystems, integrated local systems, integration, social-sanitary integration			
Type of asset	Project document		**Dimensions and MRLs**	D1, MRL2
Access details	https://www.euskadi.eus/contenidos/informacion/estrategia_cronicidad/es_cronicos/adjuntos/gobernanza_web_oficina.pdf			

Title	New Provision Model for the Basque Country: Local Integrated Health Systems - Microsystems and their governance			
Author(s)	Ministry of Health of the Basque Government			
Region/country	Basque Country, Spain	Year of publication	2012 **Language**	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)				
This document, in addition to analysing the need and definition of Local Integrated Health Systems - Microsystems in the Basque Country, includes the ideas of a large group of managers and professionals from the sector, who met in July 2012 to analyse the type of local leadership and governance models that are suitable for governing an integrated local system of health - microsystem.				
Keywords	innovation, transformation, local, organisational culture, research, results, indicators, evaluation, extension, phases			
Type of asset	Report		**Dimensions and MRLs**	D2, MRL3
Access details	https://www.euskadi.eus/contenidos/informacion/estrategia_cronicidad/es_cronicos/adjuntos/gobernanza_web_oficina.pdf			

Title	Patients as partners Building collaborative relationships among professionals, patients, carers and communities				
Author(s)	Becky Seale				
Region/country	UK		Year of publication	2016	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

What helps to build collaborative relationships among health and care professionals, patients, service users, carers and communities? This guide is a response to that question. It stems from an evolving body of their work focused on exploring and supporting shared leadership. It is reinforced by a growing consensus that health services, agencies, patients and communities need to work together more – and differently.

Keywords	healthcare professionals, collaboration, shared leadership, health services, coordination		
Type of asset	Good practice	**Dimensions and MRLs**	D8, MRL2
Access details	https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Patients_as_partners.pdf		

Title	People centred care health systems in the WHO European Region: voices of patients and carers				
Author(s)	WHO				
Region/country	Europe		Year of publication	2015	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This publication is a collection of personal stories describing experiences in health systems associated with improved health and well-being. While these examples are not intended to replace technical guidance on how to organise, finance or deliver health and social services, they emphasise people-centred approaches from the perspective of patients and carers. Actively listening to patients, families and communities in order to design health systems that are more responsive to people's needs is a growing priority for governments worldwide. This publication serves as an open invitation to health leaders to embrace an inclusive approach that harnesses feedback from citizens to drive system-wide improvements

Keywords	patient voices, carer voices, people centred care, who		
Type of asset	Good practice	**Dimensions and MRLs**	D8, MRL2
Access details	http://www.euro.who.int/__data/assets/pdf_file/0008/286181/People-centred-health-systems-in-the-WHO-European-Region-voices-of-patients-and-carers.pdf?ua=1		

Title	Report on the progress of the chronicity strategy projects				
Author(s)	Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2011	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					
This document relates the level of progress of each of the 14 projects derived from the Timing Strategy in the Basque Country.					
Keywords	evolution, projects, chronicity strategy, office, OEC, milestones, integration, stratification				
Type of asset	Report		Dimensions and MRLs		D9, MRL3
Access details	https://www.euskadi.eus/web01-s2osa/es/contenidos/informacion/estrategia_cronicidad/es_cronicos/estrategia_cronicidad.html				

Title	Research and Innovation for Health Strategy 2020 (RIHS 2020)				
Author(s)	Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2016	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					
The proposed strategy aims to guide the path to evolve and develop a system characterized by poor development in terms of R & D. Improve the planning, management and governance model of research and innovation with a systemic and integrated vision.					
Keywords	r & d, innovation, integrated care, systematic approach, guidance, research				
Type of asset	Strategic and consultation document		Dimensions and MRLs		D11, MRL3
Access details	http://www.ogasun.ejgv.euskadi.eus/r51-catpub/es/k75aWebPublicacionesWar/k75aObtenerPublicacionDigitalServlet?R01HNoPortal=true&N_LIBR=051787&N_EDIC=0001&C_IDIOM=es&FORMATO=.pdf				

Title	Sharing the progress of the chronicity strategy				
Author(s)	Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2012	Language	Spanish
Brief summary/Abstract/Executive summary (max. 300 words)					

It presents the follow-up of the first two years of the implementation of the Basque Country Chronicity Strategy, with the specific actions of each of the projects carried out in that period.

Keywords	chronicity, chronic strategy, integrated care, transformation		
Type of asset	Report	Dimensions and MRLs	D9, MRL3
Access details	http://iv.congresocronicos.org/documentos/compartiendo-avance-estrategia-cronicidad.pdf		

Title	Strategic Guidelines 2013-2016 of the Healthcare service, Osakidetza				
Author(s)	Osakidetza Basque Health Service				
Region/country	Basque Country, Spain	Year of publication	2013	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

This strategic document launched by the Basque Health Service reinforced and extended an integrated approach. As a consequence and based on it, a number of processes and tools have been developed. They include: People as the core of the actions proposed, An integrated response to ageing, chronicity and dependence, Culture of prevention and health promotion, Ensure the sustainability of the system, Prominence and involvement of professionals and the Strengthening of research and innovation. Aplan to achieve Integrated Care has been launched.

Keywords	integrated care, integrated approach, structure & governance		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D2, MRL3 + D5, MRL3
Access details	https://www.osakidetza.euskadi.eus/contenidos/informacion/publicaciones_informes_estudio/es_pub/adjuntos/lineas_estrategicas_%20castellano.pdf		

Title	Strategic Social and Health Care guidelines for Basque Country 2017-2020				
Author(s)	Basque Ministry of Employment and Social Policies of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2015	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

The Basque Strategy on Active Ageing 2015-2020 is a strategic and reference document which objectives are (i) ensuring the role and participation of ageing people in this process, promoting the growth of voluntary action and participatory movements and community collaboration, (ii) assessing transfer of care and support provided in the family, encouraging co-responsibility and (iii) promoting friendliness processes in Basque Country.

Keywords	ageing, new governance model, prevention, welfare, friendliness

Type of asset	Strategic and consultation document	Dimensions and MRLs	D8, MRL4
Access details	http://envejecimiento.csic.es/documentos/documentos/ESTRATEGIAVASCA_2015.pdf		

Title	Strategy for Addressing Chronicity in the National Health System				
Author(s)	Ministry of Health Social Services and Equality. Spain				
Region/country	Spain	Year of publication	2012	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

Strategy for dealing with chronicity in the whole of the Spanish National Health System. The document aims to establish a set of objectives and recommendations for the National Health System to guide the organisation of services towards improving the health of the population and its determinants, preventing health conditions and limitations in chronic activity and providing comprehensive and integrated health care.

Keywords	chronicity, chronic strategy, integrated care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL5
Access details	https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA_ABORDAJE_CRONICIDAD.pdf		

Title	Strategy to tackle the challenge of chronicity				
Author(s)	Ministry of Health of the Basque Government				
Region/country	Basque Country, Spain	Year of publication	2010	Language	Spanish

Brief summary/Abstract/Executive summary (max. 300 words)

Based on international experience and models of attention to chronicity, a specific policy for attention to chronicity in the Basque Country is proposed. This document establishes the basis of the main keys for the transformation of the Basque Health System and its reorientation towards chronic care.

Keywords	chronicity, chronic strategy, integrated care, transformation		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL5
Access details	https://www.euskadi.eus/gobierno-vasco/contenidos/informacion/estrategia_cronicidad/es_cronicos/estrategia_cronicidad.html		

8.2 Flanders, Belgium

Title	Gids 'Geïntegreerde zorg voor een betere gezondheid'				
Author(s)	Federal Public Service Public Health				
Region/country	Belgium	Year of publication	2016	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
National Belgian Plan agreed with the Ministers of Health at Federal and Regional level to work on integration of the care for chronic patients.					
Keywords	awareness raising, integrated governance				
Type of asset	Guidance document	Dimensions and MRLs			D1, MRL2 + D2, MRL1
Access details	www.chroniccare.be				

Title	Pilot projects chronic care				
Author(s)	Federal Public Service Public Health				
Region/country	Belgium	Year of publication	2016	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
12 Pilot projects implemented by the care providers, care- and wellbeing organisations and professional organisations to set up and test innovative concepts or models along the principles of integrated care.					
Keywords	coordination of care process, alliances between stakeholders				
Type of asset	Project document	Dimensions and MRLs			D1, MRL3 + D10, MRL3
Access details	www.chroniccare.be				

Title	Cooperation initiatives Primary care (SEL) and Integrated Home Care Services (GDT)				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication	2016	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

A SEL wants to optimise the provision of care to persons with a need for care in its region:
by supporting healthcare providers in order to work better together and
by maximising the supply of care to the needs of the population in the region.

In the case of care questions from a person with a care emergency, the SEL can refer to the right healthcare provider. A SEL can also take initiatives for volunteers in the provision of care.

The tasks of a GDT, which is essentially the same organisation as the SEL, focus on the practical organisation and support for the multidisciplinary consultation around the person with a complex need of care. Only SEPs can also be recognized as GDT.

Keywords	system integration, local implementation, organisation models		
Type of asset	Good practice	**Dimensions and MRLs**	D2, MRL1 + D4, MRL4 + D6, MRL3
Access details	https://www.zorg-en-gezondheid.be/samenwerkingsinitiatieven-eerstelijnsgezondheidszorg-sel-en-ge%C3%AFntegreerde-diensten-thuisverzorging		

Title	Vision text "Towards integrated and recoverable care for people with an addiction problem".				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2015	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The mental health care vision sets out the chalk lines to address the care for addicts in a broad way. Two keywords "integrated" and "restore-oriented".					
Keywords	governance change, strategic planning				
Type of asset	Strategic and consultation document	**Dimensions and MRLs**			D1, MRL1 + D2, MRL1
Access details	https://www.zorg-en-gezondheid.be/vlaanderen-wil-zorg-voor-verslaafden-op-brede-manier-aanpakken				

Title	Care continuity – Family care An agreement on irregular performance is since 2018 embedded in a Flemish Intersectoral Agreement (VIA 5) for the social/not for profit sector.				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2019	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

The care and support provided by family care is an indispensable link in supporting people and families with a care or support question. The support should be as much as possible tailor-made, so if necessary also during the weekend, evening and at night. The capacity and possibilities of carers can also be decisive. The total number of irregular benefits eligible for subsidies (605,137 hours in 2017) is increased by 153,497 hours (an increase of 25%). The VIA5 agreement also includes measures to better subsidise family care and additional home care services for irregular hours and to compensate employees for greater flexibility and mobility.	

Keywords	public-private, process planning, care continuity		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D4, MRL4 + D5, MRL3 + D6, MRL4
Access details	https://www.zorg-en-gezondheid.be/zorg-aan-huis-tijdens-avond-en-weekend-wordt-fors-uitgebreid		

Title	60 Primary Care Zones				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2018	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

Care and support professionals have determined which municipalities together constitute a primary care zone.
General practitioners, pharmacists, physiotherapists, home nurses, psychologists, welfare workers... are the local health and social care providers closest to the citizen and so they are the first point of contact for persons with care and welfare questions. These professionals will now work more closely and share better their expertise. Among themselves, together with their patients, local government and local care and welfare organisations they determined their primary care zone: a zone of about 75,000 to 125,000 inhabitants within which this enhanced cooperation will take shape.

Keywords	change management, fragmentation, health needs, health risks		
Type of asset	Good practice	**Dimensions and MRLs**	D1, MRL4 + D2, MRL3 + D6, MRL3 + D7, MRL2
Access details	https://www.zorg-en-gezondheid.be/zorg-en-welzijnswerkers-verenigen-zich-in-60-eerstelijnszones		

Title	Creation Expertise Network Perinatal Mental Health				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2019	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

In order to align the partners in the mental health sector, an expertise network was set up to focus on perinatal care.

The Flemish Expertise Network for Perinatal Mental Health consists of the Mother-Baby units of Karus Gent and PZ Bethaniënhuis, the expertise centre perinatal psychiatry UPC KU Leuven and the Centre Perinatal Mental Health UZGent, the living units for pregnant women and mothers with their children within the rehabilitation conventions addiction care of De Kiem (Tipi), Adic (OP+), and Free Clinic (project GoiA) and Child and Family. This network will be further complemented by other partners involved in women's perinatal mental health.

Keywords	coordination of care process, fragmentation tackling, mental health		
Type of asset	Good practice	Dimensions and MRLs	D2, MRL3 + D4, MRL3
Access details	https://www.zorg-en-gezondheid.be/snellere-zorg-voor-mentale-gezondheid-van-zwangere-vrouwen		

Title	Flemish decision for subsidy to residential care centres, certain day care centres and umbrella organisations for the support and implementation of the computerisation pathways.				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication	2017	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

This is an allowance per facility to prepare them for the digitisation of the recording and invoicing process and the implementation of BelRAI as a scaling-up and care planning instrument (BelRAI-LTCF).

Keywords	capacity-building, digital literacy		
Type of asset	Project document	Dimensions and MRLs	D3, MRL2 + D12, MRL2
Access details	https://www.zorg-en-gezondheid.be/it-subsidie-implementatie-informatiseringstrajecten-residenti%C3%ABle-ouderenzorg		

Title	Flemish action plan 4.0 Making work in care				
Author(s)	Lon Holtzer, Flanders Agency for Care and Health , Department of Education Flanders				
Region/country	Flanders, Belgium	Year of publication	2018	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

This is a cooperation between the policy areas Welfare, Public Health and Family – Work – Equal Opportunities and Education in Flanders, and close consultation with Public Health and with Work at the federal level. The issue is the ageing of professionals in the care sector. The aim is therefore to enable people who are still part of the normal employment circuit to make a career switch to or in the care or welfare sector. Employees from shrinking sectors can also be part of the target group. They are initially led to the two main bottleneck professions in the care and welfare facilities: the carer or nurse. At a later stage, the target group can possibly be extended to all bottleneck professions in care and well-being.

Keywords	integrated governance, barrier withdrawal		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL2 + D12, MRL2
Access details	https://www.zorg-en-gezondheid.be/actieplan-40-werk-maken-van-werk-in-de-zorg		

Title	Rehabilitation plan Flanders				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2019	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

The plan is to work with a stepped care offer that is tailored to the care demand. This means that due to a balanced spread, a thorough specialisation and an outreach effect, the care taker gets his specific care at an acceptable distance. The less specialized care will be organised close to home. More specialised care requires fewer centres that will be better spread across the territory. This basic registration is the first stage. The more specialized the next stage. The upper stage supports the lower levels.

Keywords	coordination of care process, alliances between stakeholders, fragmentation withdrawal		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D8, MRL1 + D10, MRL1
Access details	https://www.zorg-en-gezondheid.be/een-stevig-fundament-voor-de-vlaamse-revalidatiesector		

Title	Projects reorganisation Primare care				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2017	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

1.Demarcation and start-up operation of the primary care zones 2.Creation of the Flemish Institute for Primary care 3.Support primary care practice forms and work on more care capacity 4.Care coordination and case management in relation to financing multidisciplinary consultation 5.Extension of the integrated broad welcome at local level 6.Informal care as a full-fledged partner in primary care 7.Communication about the reorganisation process in Flanders 8.Platform Welfare and Health 1.Demarcation and start-up operation of the primary care zones 2.Creation of the Flemish Institute for Primary care 3.Support primary care practice forms and work on more care capacity 4.Care coordination and case management in relation to financing multidisciplinary consultation 5.Extension of the integrated broad welcome at local level 6.Informal care as a full-fledged partner in primary care 7.Communication about the reorganisation process in Flanders 8.Platform Welfare and Health	

Keywords	patient-centred, quality of care, process planning, coordination of care		
Type of asset	Good practice	**Dimensions and MRLs**	D4, MRL3 + D7, MRL3 + D10, MRL3
Access details	https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/Samenvatting%208%20goedgekeurde%20projecten%20reorganisatie%20eerstelijn.pdf		

Title	Flanders policy vision: reform of the primary care				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	**Year of publication**	2017	**Language**	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
Outcome and vision of a multi-stakeholder debate in Feb 2017.					
Keywords	stakeholder alignment, cross-boundary work, system re-design				
Type of asset	Strategic and consultation document	**Dimensions and MRLs**		D1, MRL3 + D10, MRL3 + D11, MRL1	
Access details	https://www.zorg-en-gezondheid.be/sites/default/files/atoms/files/CELZ%20beleidstekst%20hervorming%20eerstelijnszorg.pdf				

Title	Flemish Informal Care plan: 110 action points
Author(s)	Flanders Agency for Care and Health

Region/country	Flanders, Belgium	Year of publication		2016	Language		Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

The informal care plan is built around 4 major themes:
•Social recognition and appreciation of carers
•Tailor-made support
•Cooperation between informal and professional care
•Young informal care
The informal care plan is built around 4 major themes:
•Social recognition and appreciation of carers
•Tailor-made support
•Cooperation between informal and professional care
•Young informal care

Keywords	decision-making participation, support mechanisms, tailor-made care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D7, MRL2 + D8, MRL2 + D12, MRL2
Access details	https://www.zorg-en-gezondheid.be/kent-u-mantelzorgersbe-al		

Title	Flemish Social Protection						
Author(s)	Flanders Agency for Care and Health						
Region/country	Flanders, Belgium	Year of publication		2019	Language		Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

The Flemish social protection comes on top of federal social security and is based on the solidarity health care premium that everyone pays yearly in Flanders. Most of it is supplemented from the Flemish treasury.
Flemish social protection:
1. Monthly budget for people with a need for care with which they can pay for help.
2.From 2019 onwards elderly care facilities will receive their funding via the care insurance organisations acknowledged by Flanders.
3. From 2019, Flemish social protection will reimburse mobility aids (such as roller cars and electric scooters).
2019-2025:
- funding care and treatment in the rehabilitation sector and the mental health care.
- financing Flemish home care (family care services).
- to work towards a financing based on the care profile of the users. With a "care ticket", this person will be able to enter various care facilities in Flanders.

Keywords	alignment of financial resources, service utilisation, tackling fragmentation		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL3 + D5, MRL3

Access details	https://www.vlaamsesocialebescherming.be/de-vlaamse-sociale-bescherming

Title	Integrated Broad Reception Service Partnership between welfare actors				
Author(s)	Flanders Department for Wellbeing, Public Health and Family				
Region/country	Flanders, Belgium	Year of publication	2018	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The local governments and the Flemish Region must ensure that people can lead a life that meets the standards of human dignity. A Decree of 2018 establishes the framework to achieve a maximum access to fundamental social rights for every citizen. The objectives are to make social assistance for citizens who need help as widely accessible as possible; to combat under-protection by ensuring that people's rights are being detected and put into practice effectively. There is a particular focus on vulnerable people.					
Keywords	integrated governance, access to care services, care needs				
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs		D7, MRL3 + D8, MRL3	
Access details	https://www.departementwvg.be/welzijn-en-samenleving/gbo				

Title	Reference document 'lk, jij, samen MENS" : A frame of reference for quality of life, living and caring for people with dementia.				
Author(s)	Flemish Expertise Centre on Dementia				
Region/country	Flanders, Belgium	Year of publication	2018	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
This reference frame is a cross-sectoral document that addresses any actor directly or indirectly involved in the care and support of people with dementia and their carers: home care facilities in the broadest sense of the word, various forms of housing for people with dementia and hospitals.					
Keywords	mental health care, patient centred care, support mechanism				
Type of asset	Tool	Dimensions and MRLs		D8, MRL2 + D12, MRL2	
Access details	https://www.dementie.be/wp-content/uploads/2019/01/klik-dan-hier-voor-de-handleiding.pdf				

Title	Primary Care Decree setting out the primary care structures				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication	2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The new decree provides new structures that bring health and care providers closer together throughout Flanders and exchange expertise.					
Keywords	governance, deployment, barrier withdrawal				
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs			D2, MRL5
Access details	https://www.zorg-en-gezondheid.be/decreet-van-26-april-2019-over-de-organisatie-van-de-eerstelijnszorg				

Title	Decree on the organisation and support of mental health care				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication	2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The new decree wants to step up in the fight against stigma. Increasing public knowledge about mental health is therefore described in the decree as an explicit mission of all organisations and institutions that work with mental health. The decree lays the foundation for the experience experts – people who have or have had psychologically difficult or have – to play a role both in care and at policy level. Involving the environment of the person with mental health problems is now explicitly as an assignment for mental health care in the decree, for which it must set up clear and transparent actions.					
Keywords	new role creation, system re-design				
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs			D2, MRL4 + D12, MRL3
Access details	https://www.zorg-en-gezondheid.be/decreet-van-5-april-2019-betreffende-de-organisatie-en-ondersteuning-van-het-geestelijke				

Title	Care Strategic Planning for Hospitals
Author(s)	Flanders Agency for Care and Health

Region/country	Flanders, Belgium	Year of publication		2017	Language		Dutch
Brief summary/Abstract/Executive summary (max. 300 words)							

New care strategic planning for Hospitals in Flanders supports them to meet the current care challenges (less institutions; better financing; demographic challenges, integrated care, more ambulant care, ...) . The goals are to align the care supply to actual needs; to stimulate cooperation between hospitals and care providers; to pool expertise, particularly for complex pathologies; to match expenditure to the financial context and
achieve a health-economic justifiable offer.

Keywords	care pathways, change management, primary and secondary care		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL2 + D4, MRL2 + D6, MRL3
Access details	https://www.zorg-en-gezondheid.be/nieuwe-financiering-voor-vlaamse-ziekenhuizen		

Title	Decree on Residential Care					
Author(s)	Flanders Agency for Care and Health					
Region/country	Flanders, Belgium	Year of publication		2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)						

The new Decree provides more protection of quality of life of the residents. Moreover, the compulsory recognition guarantees users, but also investors, to ensure that a recognised initiative meets the quality requirements in the areas of care, safety and infrastructure. The initiatives are also subject to price control and supervision by Care Inspection.

Keywords	quality of care, encourage innovation, new models of care		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3
Access details	https://www.zorg-en-gezondheid.be/woonzorgdecreet-en-uitvoeringsbesluiten		

Title	Prevention and health promotion in the care and wellbeing sector and organisations					
Author(s)	Flanders Institute Healthy Living					
Region/country	Flanders, Belgium	Year of publication		0	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)						

Healthy Living focuses on all care and well-being facilities that want to create a healthy environment for their patients and clients and want to encourage them to have a healthy lifestyle, e.g. with healthy diet, movement, do not smoke ... These organisations want to effectively integrate health promotion into their operation through a preventive health policy. Healthcare professions such as pharmacists, general practitioners, physiotherapists, psychologists, etc. who want to focus more on prevention in their daily work with patients and clients can visit Healthy Living. For the following sectors, there is already a tailor-made offer: youth aid organisations; residential care centres. The process guidance is sustained by a health matrix. This is an instrument that represents different levels and strategies. Implementing a quality health policy in the organisation / centre means to implement a mix of actions in different strategies, at different levels. The organisation / centre may use the health matrix to:
•to get a wide, visual view on which areas the provision already works on health themes, and in which areas there are still gaps;
•to list actions for a health theme or a specific objective in the preventive health policy of the provision.

Keywords	decision-making participation, capacity development, provision of tools, processes and platforms, health education		
Type of asset	Tool	Dimensions and MRLs	D8, MRL2
Access details	https://www.gezondleven.be/settings/zorg-en-welzijn		

Title	Goalseeker - Doelzoeker				
Author(s)	Flemish Patient Platform VPP				
Region/country	Flanders, Belgium	Year of publication	2017	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

Goalseeker' - Doelzoeker helps you to reflect about what matters in your life, what you like to do and what may increase your quality of life. It helps to define your concrete life goals. Once defined you can discuss them further with your care providers. Together the care can be better tailored to the personal needs. The Goalseeker can be used individually or with a trustworthy person.

Keywords	self-care, decision-making, health education, easy-to-use		
Type of asset	Tool	Dimensions and MRLs	D8, MRL3
Access details	http://vlaamspatientenplatform.be/themas/doelzoeker		

Title	éénlijn.be : website for care professionals				
Author(s)	Flemish Institute for Primary Care				
Region/country	Flanders, Belgium	Year of publication	2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

The project éénlijn.be aims to improve the interdisciplinary cooperation amongst primary care actors. At the same time it aims to improve the use of ehealth services for patient-centred care with the primary care actors. Eénlijn.be offers the support needed to realise these goals and make sure for primary care actors to share efficient and quality (medical) data. these data will be shared digitally using the existing eHealth services. The support provided consists of training (classical, webinar, e-learning) and phone helpdesk.	

Keywords	education, transfer of knowledge, enabling digital care services, provision of tools, data sharing, interoperability		
Type of asset	Tool	Dimensions and MRLs	D12, MRL3
Access details	https://www.eenlijn.be/		

Title	Inspirational guide - self-employed primary care providers in Care Boards				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication	2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The Agency for Care and Health, the Federation of Liberal Professions, Domus Medica (GPs) and the Flemish Network for Pharmacists developed an inspirational guide with tips and advice for the primary care boards to get the self-employed care providers more interested in cooperation in the primary care zone.					

Keywords	population health, stakeholder alignment		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D2, MRL2 + D10, MRL3
Access details	https://www.zorg-en-gezondheid.be/inspiratiegids-zelfstandige-zorgverstrekkers-in-zorgraden		

Title	BIBOPP - Citizens in Movement with the Online Prevention Platform				
Author(s)	Flemish Institute for Technology and Development - VITO				
Region/country	Flanders, Belgium	Year of publication	2019	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					

Based on a digital questionnaire, people can observe from home their health condition. LiCalab (partner in the project) organised three co-creation session. They were attended by end users and care professionals (GPs, tabacologists, physical coaches, …)
Based on the outcome a first draft of a digital health guide was developed in March 2019. This is a questionnaire with 20 questions assessing the person's health. This will result in advice for the person. The guide also informs about the activities and the care professionals in the neighbourhood. The answers can be forwarded to the GP. The data are collected to build a smart databank to support the development of new insights and health applications.

Keywords	self-care, data analysis, co-creation		
Type of asset	Tool	**Dimensions and MRLs**	D8, MRL1
Access details	https://www.licalab.be/nl/nieuws/detail/bibopp-ers-werken-mee-aan-een-gezondheidsapplicatie		

Title	Primary care psychological function: 6 projects, one per province			
Author(s)	Flanders Agency for Care and Health			
Region/country	Flanders, Belgium	**Year of publication**	2011	**Language**	Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

The primary care psychologist has three major assignments:
•Providing low-threshold, short-term and easily accessible care
•Ensure close cooperation with healthcare providers and develop a local network of actors inside and outside the healthcare sector
•Support the partners within and outside the healthcare sector to learn to detect psychological problems.
The primary care psychologist focuses on older people with mild to moderate psychological complaints who need short-term help and can be helped with few contacts.
He starts with an assessment of the problem and gives short-term care in five sessions. The general practitioner is the most important referrer, but older people can also reach the psychologist through other channels, such as the residential care centre or the social centres.
The primary-line psychologist works closely with the partners in the first line and mental health care in order to be able to refer the elderly targeted.
The primary care psychologist has three major assignments:
•Providing low-threshold, short-term and easily accessible care
•Ensure close cooperation with healthcare providers and develop a local network of actors inside and outside the healthcare sector
•Support the partners within and outside the healthcare sector to learn to detect psychological problems.
The primary care psychologist focuses on older people with mild to moderate psychological complaints who need short-term help and can be helped with few contacts.
He starts with an assessment of the problem and gives short-term care in five sessions. The general practitioner is the most important referrer, but older people can also reach the psychologist through other channels, such as the residential care centre or the social centres.
The primary-line psychologist works closely with the partners in the first line and mental health care in order to be able to refer the elderly targeted.

Keywords	need to change, new roles		
Type of asset	Good practice	**Dimensions and MRLs**	D1, MRL3 + D12, MRL3
Access details	https://www.zorg-en-gezondheid.be/vlaanderen-draait-proef-met-eerstelijnspsychologen-voor-ouderen		

Title	Premium installation general practitioners in priority areas				
Author(s)	Flanders Agency for Care and Health				
Region/country	Flanders, Belgium	Year of publication		2014	Language	Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

Wie zich als huisarts vestigt in zo'n zone, kan een opstartpremie van 20.000 euro aanvragen.A priority zone is a zone that meets one of the following criteria:
•A demarcated zone from a large city.
•A general practitioner zone with: -or less than 90 general practitioners per 100,000 inhabitants;
-either in sparsely populated areas (=less than 125 inhabitants per km^2) less than 120 general practitioners per 100,000 inhabitants.
A starting-up general practitioner in such a zone, can apply for a start-up premium of 20,000 euros.

Keywords	stimulus funds		
Type of asset	Tool	Dimensions and MRLs	D5, MRL3
Access details	https://www.zorg-en-gezondheid.be/financiële-ondersteuning-voor-huisartsen		

Title	Transition coaches for the Reform of Primary Care Zones				
Author(s)	Entity and/or official body				
Region/country	Flanders, Belgium	Year of publication		2018	Language	Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

A team of transition coaches guides and facilitates the formation of the primary care zones. The transition coaches have the important task of assisting healthcare providers, local authorities and departments of care and welfare organisations and associations in the realisation of a sustainable change process.

Keywords	stakeholders support / engagement, coaching, integration support at local level		
Type of asset	Good practice	Dimensions and MRLs	D1, MRL4 + D10, MRL4
Access details	https://www.zorg-en-gezondheid.be/per-domein/eerste-lijn/eerstelijnszones-in-vlaanderen		

Title	Application to set up 60 Primary Care Boards in Flanders
Author(s)	Flanders Agency for Care and Health

Region/country	Flanders, Belgium	Year of publication		2018	Language	Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

The Flemish Government has decided that a request for recognition for a care board can be submitted by 31 December 2019 at the latest. The most important is the state of the art determining the level of care and risk factors of the population.
The application for recognition shall be attached to a policy plan for the first two years of operation.
Such a policy plan implies the preparation of a state of the art of the zone. The Flanders Agency has collected a number of indicators that determines the severity of the care need of a population.

Keywords	risk factors, population needs		
Type of asset	Tool	Dimensions and MRLs	D7, MRL2
Access details	https://www.zorg-en-gezondheid.be/per-domein/eerste-lijn/eerstelijnszones-in-vlaanderen		

Title	Mental health Action Plan for Children and Adolescents					
Author(s)	Flanders Agency for Care and Health					
Region/country	Flanders, Belgium	Year of publication		2017	Language	Dutch

Brief summary/Abstract/Executive summary (max. 300 words)

1. Early intervention
Additional funding for the realization of a programme early detection and intervention in children, young people and young adults (0-23 years old) who show the first signs of a possible psychological problem. Focus on psychosis, suicide, eating disorders and addiction, which translates into specific interventions in the programme. Partners are in education and youth assistance.
2. Connection to care and after-care
The Action Plan is a continuum from prevention to care towards aftercare.
Additional resources mainly go to prevention (early intervention and detection) and generalist primary care (primary psychological function for children and young people).
But the plan also pays particular attention to vulnerable groups and people with increased sensitivity to mental problems, such as parents' children with mental or dependency problems (KOPP/KOAP). A specific project is also being set up for gifted children and young people with mental health problems. This is very in line with the choices made in the Youth Aid Action Plan 2.0.

Keywords	new models, quality of care, coordination of care process		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL3 + D2, MRL2
Access details	http://jovandeurzen.be/nl/nieuw-actieplan-geestelijke-gezondheid-focust-op-vroeg-ingrijpen-bij-kinderen-en-jongeren		

Title	Regional Platform Kempen regional Pact				
Author(s)	Streekplatform Kempen				
Region/country	Belgium	Year of publication		2015	Language	Dutch
Brief summary/Abstract/Executive summary (max. 300 words)					
The Pact sets up a strong regional network with more intersectoral integrated cooperation to jointly address challenges (including a well-being and care pillar, but also innovation and entrepreneurship), climate and spatial planning; work)					
Keywords	intersectoral collaboration, local level, governance at scale, decision-making participation				
Type of asset	Good practice	Dimensions and MRLs		D8, MRL2 + D11, MRL2	
Access details	http://streekplatformkempen.be/streekpact/				

8.3   Germany

Title	Rules of Engagement: Lessons from the PANORAMA Project				
Author(s)	The Change Foundation				
Region/country	Canada	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The Panorama project was a ground-breaking patient engagement project, as well as an incredible learning opportunity for The Change Foundation. Over the course of the two years, 31 panellists from across Ontario met to share their lived experiences and insights as patient and family caregivers on a range of issues related to improving people's healthcare experience					
Keywords	patient empowerment, cross sectoral				
Type of asset	Report		Dimensions and MRLs	D7, MRL4D8, MRL1	
Access details	https://changefoundation.ca/wp-content/uploads/2016/05/Rules-of-Engagement_PANORAMA-final-1.pdf				

Title	Telemedicine in Primary Care				
Author(s)	Doctors of BC				
Region/country	Canada	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Recommendations for the adoption of telemedicine in Primary Care: To ensure the optimal use of telemedicine services in British Columbia's primary health care system, Doctors of BC recommends: - Provincial primary care telemedicine investments, policy or regulation support comprehensive, continuous patient-centred care in alignment with the principles above. - Robust evaluation of telemedicine services to continually monitor quality and improve services for patients and providers, and curtail use where/if it detracts from the physician-patient relationship and the principles of enhanced primary care. - Primary care physicians who use telemedicine services: o consult the College of Physicians and Surgeons of BC's Professional Standards and Guidelines on Telemedicine, and o be supported to pursue continuing education on best practices for telemedicine to increase understanding of the opportunities and limitations of telemedicine in the clinical context.					
Keywords	digitalization, primary care, telehealth				

Type of asset	Strategic and consultation document	Dimensions and MRLs		D3, MRL2
Access details	https://www.doctorsofbc.ca/sites/default/files/final-telemedicine-in-primary-care-policy-statement.pdf			

Title	Implementation of the Integrated System of Primary and Community Care: Team-based care through Primary Care Networks Guidance to Collaborative Services Committee			
Author(s)	General Practice Services Committee			
Region/country	Canada	Year of publication	2017	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document provides recommendation on implementation of team-based primary and community care. Namely, by increasing primary care team availability, establishing Urgent Family Care Centres in communities of need, supporting GPs practices and the patient panel served and collaborating with local health authorities to enhance auxiliary services.

Keywords	implementation, integrated care			
Type of asset	Guidance document	Dimensions and MRLs		D2, MRL2
Access details	http://www.gpscbc.ca/sites/default/files/PMH%20PCN%20CSC%20Guidance%20201712.pdf			

Title	Tools for Change: Funding Incentives and Levers for Integrating Patient Care in Ontario			
Author(s)	The Change Foundation			
Region/country	Canada	Year of publication	2010	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document highlights 8 points to consider when embarking on a journey to change the healthcare system towards coordinated, integrated, and comprehensive care. 1) recognitive that system-wide perspective critical 2) organisational reach matters 3) Inclusion of primary care in system planning 4) Blunt the effects of fee-for-service 5) Financial incentives alone cannot change culture (non-financial incentives that support a culture of quality and continuous improvement) 6) Commitment to quality 7)Accountability and performance reporting 8) continuous improvement

Keywords	change, improvement, integrated care

Type of asset	Report	Dimensions and MRLs		D4, MRL3
Access details	https://changefoundation.ca/wp-content/uploads/2016/05/ToolsForChange.pdf			

Title	Besser, aber nicht ausreichend			
Author(s)	Stefan Spitzer (Dt. Gesellschaft für Integrierte Versorgung im Gesundheitswesen e.V).			
Region/country	Germany	Year of publication	2020	Language	German

Brief summary/Abstract/Executive summary (max. 300 words)

Press release.
Statement about the progress of integrated care implementation in Germany.
There is a slightly increased readiness to change within politics but still not enough to implement integrated care quickly and broadly. There is more support need by politics and other authorities.

Keywords	integrated care, reform, dgiv, cross-sectoral cooperation			
Type of asset	Report	Dimensions and MRLs		D1, MRL1 + D2, MRL2
Access details	http://dgiv.org/wp-content/uploads/2020/02/DGIV-Pressemitteilung-Fortschrittsbericht-Bund-L%C3%A4nder-Arbeitsgruppe.pdf			

Title	DGIV Positionspapier 2017 – Digitalisierung (Digitalisierung im Gesundheitswesen mit konkreteren Vorgaben versehen, beschleunigen und besser koordinieren)			
Author(s)	Stefan Spitzer (Dt. Gesellschaft für Integrierte Versorgung im Gesundheitswesen e.V).			
Region/country	Germany	Year of publication	2017	Language	German

Brief summary/Abstract/Executive summary (max. 300 words)

The position paper is about the need for digitalization to implement integrated care. It points out that standards regarding interoperability are necessary to connect the different sectors. The DGIV appeals to the government the need to establish a separate department of digitalization

Keywords	integrated care, dgiv, digitalization			
Type of asset	Report	Dimensions and MRLs		D2, MRL2 + D3, MRL2
Access details	http://dgiv.org/wp-content/uploads/2017/12/DGIV-Positionspapier-Digitalisierung.pdf			

Title	Telematikinfrastruktur – das digitale Gesundheitsnetz für Deutschland				
Author(s)	gematik				
Region/country	Germany	Year of publication	2020	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					
This website presents a telehealth infrastructure to connect physicians, patients and other stakeholders in order to communicate and share data.					
Keywords	data sharing				
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs			D3, MRL2
Access details	https://www.gematik.de/telematikinfrastruktur/#				

Title	Digitalisierung im Gesundheitswesen – hochwertige und effizientere Versorgung				
Author(s)	Bernhard Breil, Michael Dorries , Daniel Gensorwsky				
Region/country	Germany	Year of publication	2017	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					
Different articles dealing with digitalization in health care. The authors stress that it is important to implement digital features across sectors in order to interconnect silos and break down sectoral thinking and working. The article also deals with the funding through the governmental "innovation fund".					
Keywords	digitalization, health care, innovation fund				
Type of asset	Report	Dimensions and MRLs			D3, MRL2 + D4, MRL2
Access details	https://www.wirtschaftsdienst.eu/inhalt/jahr/2017/heft/10/beitrag/digitalisierung-im-gesundheitswesen-zwischen-datenschutz-und-moderner-medizinversorgung.html				

Title	Wie Vernetzung im Gesundheitsbereich gelingen kann				
Author(s)	Klaus Ebert, Phillip Hahn , Kathrin Happe				
Region/country	Germany	Year of publication	2013	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

key messages:
key messages: - interests of physicians for cross-sectoral and inter-sectoral cooperation is often low. - need to work cross-sectoral and expand cooperation - more cross-sectoral standardization and a central independent coordination body is needed - in order to implement integrated care models more efficiently, the models should be evaluated scientifically - Digitalization as a key to connect across sectors and physicians, and also to coordinate and evaluate integrated care models - Digitalization as a possibility for citizen empowerment

Keywords	integrated care, digitalization, cross-sectoral		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D2, MRL2 + D3, MRL2 + D4, MRL2 + D5, MRL1 + D7, MRL1 + D8, MRL2 + D9, MRL1 + D10, MRL1
Access details	https://www.leopoldina.org/uploads/tx_leopublication/2017_11_Studie_Gesundheitsinitiative.pdf		

Title	Wie die digitale Patientenreise integrierte Versorgung ermöglicht				
Author(s)	Katja Lorenz				
Region/country	Germany	Year of publication	2017	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

Digital Platform for mental health patients to deal with their disease online, to overcome waiting time for a physician´s appointment and to empower regarding to their mental status

Keywords	digitalization, mental health, integrated care		
Type of asset	Good practice	Dimensions and MRLs	D3, MRL2 + D8, MRL2 + D11, MRL1
Access details	https://www.minddistrict.com/de-de/blog/integrierte-versorgung-und-digitale-patientenreise?gclid=EAIaIQobChMIstDG_qqf6AIVkud3Ch2CuA-nEAMYASAAEgLgI_D_BwE		

Title	Innovationsfonds - Versorgung verbessern				
Author(s)	IGES Institut GmbH				
Region/country	Germany	Year of publication	2020	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

The IGES Institute helps health care providers and others to apply for funding from the national innovation fund. The innovation fund provides around 200 Mil. € to support new care models. Most of the time, these models are regional pilots. Funded projects are obligated to do an evaluation study. If the models prove to provide successful and efficient care for their patients, it will be included in the regular health care system.

Keywords	innovation fund, funding, integrated care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D2, MRL2 + D4, MRL2 + D6, MRL1 + D9, MRL1 + D11, MRL1
Access details	https://www.iges.com/e15094/e15112/e15116/e15118/IGES_Innovationsfonds_Web_ger.pdf		

Title	Gesundheitskiosk				
Author(s)	Alexander Fischer, Oliver Gröne				
Region/country	Germany	Year of publication	2017	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

The organisation Gesundheit for Billstedt/Horn simplifies the access to healthcare for residents in the districts of Billstedt and Horn in Hamburg, districts with low income and a high rate of immigrants. The so called health kiosk is an access point where the residents get information about health programmes, physician's appointments and general help regarding to their health also available in their native language. The aim is to empower the residents and to increase healthcare and prevention measures.

Keywords	integrated care, population approach, patient empowerment, prevention		
Type of asset	Good practice	Dimensions and MRLs	D7, MRL1 + D8, MRL2 + D10, MRL1 + D11, MRL1
Access details	http://experten.gesundheit-bh.de/gesundheitskiosk/		

Title	Gesundheitswesen aktuell 2016 - Beiträge und Analysen				
Author(s)	Uwe Repschläger, Claudia Schulte , Nicole Osterkamp				
Region/country	Germany	Year of publication	2016	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

This paper mainly deals with different structures and governance of integrated care. It also presents different models of integrated care like a GP-model or disease-management-programmes (DMP). One of the key messages is to work across sectors in health care and to also connect funding of these sectors. The paper criticizes the fact (as of 2016) that there is a general alignment to improve citizen empowerment but currently none of the models includes a promising approach.

Keywords	integrated care, population approach, innovation fund, cross sectoral		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D2, MRL2 + D4, MRL2 + D5, MRL1 + D6, MRL1 + D7, MRL1 + D8, MRL2 + D11, MRL1
Access details	https://www.barmer.de/blob/69752/b0c4133d9d5cafc649754f26e7dc4873/data/gwa-2016-seite-36-53-patientensteuerung-koordinierung-versorgung.pdf		

Title	Positionspapier der Arbeitsgruppe Patienten-Empowerment				
Author(s)	Katja Cramer, Christian Frenzel , Martin Häarter				
Region/country	Germany	Year of publication	2016	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

The paper explains patient empowerment and its place in health care as an active role of the patient. Patient empowerment affects all participants in the health care system like patients themselves, physicians, health insurances etc. and needs to be seen as a cross sectoral approach because of that. The paper stresses the importance of patient empowerment and the need for appropriate funding.

Keywords	patient empowerment, cross sectoral		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL1 + D8, MRL2
Access details	https://www.bmcev.de/wp-content/uploads/Positionspapier-AG-Patienten-Empowerment-4.pdf		

Title	Weiterbildungsveranstaltung des BMVZ e.V. - Gesundheitszentren - integrierte Versorgung				
Author(s)	Anselm Mugele (Bundesverband Psychosozialer Berufe e.V.)				
Region/country	Germany	Year of publication	2009	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

The author reports from a multi-professional conference, he took part of. He experienced that there is a lack of understanding of the role of psychotherapists in integrated care. Another problem in his opinion is that the regulations for psychotherapists to take part in integrated care are too difficult to fulfil and do not suit the reality of everyday health care.

Keywords	integrated care, psychotherapist, multi-professional, cross sectoral		
Type of asset	Report	Dimensions and MRLs	D6, MRL1 + D12, MRL1
Access details	https://www.dgvt-bv.de/news-details/?tx_ttnews%5Btt_news%5D=2218&cHash=d3de6f8dcc55dc2251acd9d0bbec2f30		

Title	DAK-Gesundheit: Beste Behandlung für chronische Wunden				
Author(s)	DAK-Gesundheit				
Region/country	Germany	Year of publication	2019	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

There is a programme about care of chronic wounds, initiated by a health insurance and several other medical and non-medical partners. The programme includes an online-platform to connect all participants and special trainings for physicians to build capacity. The evaluation shows that wounds of patients in the programme heal faster than other patients´ wounds. The health insurance plans to run the programme on a larger scale.

Keywords	cross-sectoral, multi-professional, chronic wound, health insurance		
Type of asset	Good practice	Dimensions and MRLs	D3, MRL2 + D4, MRL2 + D9, MRL1 + D10, MRL1 + D11, MRL1 + D12, MRL1
Access details	https://www.gesetzlichekrankenkassen.de/dokumente/pressemitteilungen/40/DAKGesundheit		

Title	Wege zu einer effektiven und effizienten Zusammenarbeit in der ambulanten und stationären Versorgung in Deutschland				
Author(s)	Eckhard Nagel, Benno Neukirch , Andreas Schmid				
Region/country	Germany	Year of publication	2017	Language	German
Brief summary/Abstract/Executive summary (max. 300 words)					

This report deals with possibilities to connect outpatient and inpatient care on a larger scale. It presents different models of integrated care and makes suggestions to improve the current situation for example regarding funding, patient empowerment, cross-sectoral demand planning or communication between physicians.

Keywords	cross-sectoral, integrated care, patient empowerment		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL1 + D2, MRL2 + D5, MRL1 + D6, MRL1 + D7, MRL1 + D10, MRL1
Access details	https://www.zi.de/fileadmin/images/content/Gutachten/Zi-Gutachten_ambulant_vor_station%C3%A4r_Mai_2017.pdf		

8.4 Lithuania

Title	Integrated children health care: international experience and recommendations (Integruota vaikų sveikatos priežiūra: tarptautinė patirtis ir rekomendacijos)				
Author(s)	Sigita Burokienė, Ieva Kisielienė , Vytautas Usonis				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The article analyses literature on integrated child health care. It advocates that integrated care for children should be based on clinical practice (improving accessibility and quality of primary care, application of modern and standardized diagnostic and treatment methods, treatment of chronic diseases), monitoring and planning (databases and analysis of child health indicators, child health care research and needs foresight) and children's health policies ("health for all" policies, national plans to improve children's health, increasing the responsibility of authorities at all levels).					
Keywords	children, integrated care, literature analysis				
Type of asset	Good practice	Dimensions and MRLs	D1, MRL1 + D2, MRL1 + D3, MRL1D5, MRL1 + D6, MRL1		
Access details	http://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2014.4(67)/VS%202014%204(67)%20LIT%20A%20Vaiku%20sveikatos%20prieziura.pdf				

Title	Development of Integrated Health Care in Lithuania (Integruotos sveikatos priežiūros plėtra Lietuvoje)				
Author(s)	Arvydas Skorupskas				
Region/country	Lithuania	Year of publication	2013	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The presentation is dedicated to discuss Lithuania national healthcare problems (population health irregularities; inequalities in reachability of health care services; inequalities in human resources of the Lithuanian National Health System; limited financial resources) and provide goals or solutions based on integrated care and dissemination of good practice (creation of Senior Specialist Institution of the Ministry of Health to ensure unified methodological management; pathology management based on functional/structural clusters; uniform treatment protocols for the most at-risk groups).					
Keywords	healthcare system, integrated care implementation, clusters				
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D2, MRL2 + D4, MRL2 + D5, MRL2 + D6, MRL2		

Access details	http://www.paneveziotlk.lt/userfiles/file/2014_II%20pusmetis/Integruota%20sveikatos%20prie%C5%BEi%C5%ABra%20Lietuvoje%20(SAM%20A_Skorupskas).pdf

Title	Integrated healthcare - Promoting a people-centred healthcare system in the European region (Integruotos sveikatos priežiūros paslaugos – į žmonių poreikius orientuotos sveikatos priežiūros sistemos skatinimas europos regione)				
Author(s)	Renata Kudukytė-Gasperė, Danguolė Jankauskienė				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The article aims to analyse the concept of integrated health care and the need for development in the European region, and also to figure out the Lithuanian health policy directions for the development of integrated health care services in Lithuania. In this article, using systemic analysis the authors analysed the main health policy documents of the World Health Organisation and the European Commission, as well as the main Lithuanian health policy documents: "Europe 2020", "Health 2020", "Strengthening People-Centred Health Systems in the WHO European Region: A Roadmap", the 2011-2015 Framework of Lithuanian Health System Development and 2014-2025 Lithuanian Programme of Health. Health policy documents for the European region set the strategic direction to adapt the health care systems to changes in the demographic and epidemiological situation in all the regions (population aging and increasing of age-related chronic diseases and conditions, increasing needs for social care service in the health care sector). Strategic direction proposes to re-orient health care systems, giving the priority to disease prevention, integrated health care, and social services, and ensure continuity of care, promoting coordinated care and case/disease management in all levels of care. Strategic guidelines state that a people-oriented health care system is cost-effective. Recommendations for the managerial innovations strengthening teamwork, case management in all levels of organisation of health care are proposed in the implementation of the National Health Programme					
Keywords	systemic analysis, health policy, management				
Type of asset	Report	**Dimensions and MRLs**	D2, MRL1 + D5, MRL1 + D7, MRL1 + D8, MRL1 + D11, MRL1 + D12, MRL1		
Access details	https://www3.mruni.eu/ojs/health-policy-and-management/article/download/3910/3755				

Title	Organization and delivery of integrated health and social services (Integruotų sveikatos priežiūros ir socialinių paslaugų organizavimas ir teikimas)				
Author(s)	Renata Kudukytė-Gasperė				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The presentation analyses concept of integrated health care in regard to nursing and social services and justifies the need for it in Lithuania. It provides theoretical and practical examples of integrated health care services models. Legislation approved in Lithuania allows the provision of integrated nursing and social services to patients at home, however, these services are provided by employees of different institutions, which results in fragmented planning and provision of services, complicated organization and coordination thereof. The healthcare funding of home help services to patients does not reflect the real cost of the services.					

Keywords	nursing, social services, integrated healthcare models		
Type of asset	Guidance document	**Dimensions and MRLs**	D2, MRL1 + D4, MRL1 + D5, MRL1
Access details	https://www.mruni.eu/mru_lt_dokumentai/fakultetai/politikos_ir_vadybos_fakultetas/naujienoms/R_Kudukyte_Gasper%C4%97.pdf		

Title	The first results of integrated health care were discussed (Aptarti pirmieji integruotos sveikatos priežiūros rezultatai)						
Author(s)	Klaipėdos TLK						
Region/country	Lithuania	**Year of publication**	2014		**Language**		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The article reports that integrated healthcare is thought to be an effective way of treating severe pathologies, helping people to prevent disability. Chief Specialist of the Republic Oncology Prof. Narimantas Samalavičius noted that during the first quarter of 2014 total of 32 consultations by highly qualified oncologist were provided to district health institutions. Professor Daiva Rastenytė stated that thrombolysis and thrombectomy methods in stroke treatment centres during the first half of the year was applied in 139 cases compared to 229 cases during the whole previous year. Hospital mortality has already fallen by 40 percent.

Keywords	oncology, teleconsultations, stroke clusters		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D5, MRL3
Access details	https://www.klaipedostlk.lt/aptarti-pirmieji-integruotos-sveikatos-prie%C5%BEi%C5%ABros-rezultatai		

Title	About the possibilities of integrated health care and emergency care (Apie integruotos sveikatos priežiūros bei skubios pagalbos teikimo galimybes)						
Author(s)	emedicina.lt						
Region/country	Lithuania	**Year of publication**	2018		**Language**		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The article describes the concept of cluster, it argues that it is important to expand emergency services for patients with acute myocardial infarction with ST-elevation. The article explains that there is a total of five centres (in Vilnius, Kaunas, Klaipėda, Šiauliai, and Panevėžys), where interventional cardiology services are provided 24 hours a day 7 days a week. Following the establishment of watch-points in the newly established centres of Šiauliai and Panevėžys, interventional coronary artery procedures are performed round the clock. Since 2014, with the introduction of the ST-segment elevation myocardial infarction, a growing number of patients have been referred to interventional cardiology centres, with more patients undergoing percutaneous coronary intervention. Comparisons were made between the implementation of the law in 2014 and 2015-2017: the time from the first contact to coronary angioplasty and the time from the admission to the hospital till the opening of coronary vessels has been significantly reduced at all five cardiology centres.

Keywords	clusters, acute myocardial infarction		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D2, MRL1 + D5, MRL1 + D7, MRL1
Access details	https://emedicina.lt/lt/gydytojui/lietuvos_naujienos/apie_integruotos_sveikatos_prieziuros_bei_skubios_pagalbos_teikimo_galimybes---.html		

Title	Relationships between the quality of life of patients with care needs and the need for integrated healthcare (Pacientų, turinčių globos-rūpybos poreikį, gyvenimo kokybės ir integruotų sveikatos priežiūros paslaugų poreikio sąsajos)				
Author(s)	Edita Valiūnienė				
Region/country	Lithuania	**Year of publication**	2017	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

The article is about research which aimed to identify how the quality of life of the patients with the demand of wardship, is related to integrated health care service demand. The tasks were: 1) To identify patient's quality of life; 2) To identify integrated health care service demand for patients, having wardship demand; 3) To evaluate interfaces between patient's quality of life and integrated health care service demand. A questionnaire to identify a need for wardship was handed out to patients. The bigger part (57,3%) of patients, participated in the research, evaluated the common quality of their life at an average. Components of physical health, psychological and social relationships quality of life, were as evaluated bad or very bad, while components of the environment – at an average. A statistically significant correlation between the quality of life and satisfaction of the health was identified in the research. The bigger part of the patients pointed out the need for family doctor services and community nurses. Meanwhile, around 34.2% stated that they require social service. The results indicated that the need for integrated health care service has a statistically eminent relationship with the common quality of life, but this dependence is not linear. The quality of life for patients with wardship needs is related to integrated health care service demand. The evaluation of life quality mostly depends on the evaluation of the health condition.

Keywords	quality of life, need for integrated services		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D7, MRL1
Access details	https://publications.lsmuni.lt/object/elaba:22760386/22760386.pdf		

Title	Integration of health and social services. Case study "Centre Outpatient Clinic" (Sveikatos ir socialinių paslaugų integracija. Atvejo analizė VšĮ Centro poliklinikoje)				
Author(s)	Renata Kudukytė-Gasperė, Danguolė Jankauskienė , Kęstutis Štaras				
Region/country	Lithuania	**Year of publication**	2012	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

The article is pending problems related to the integration of health care, nursing, and social care services providing for patients at home. It is assessed that demographical aging determines the increasing demands of services for older and disabled people, especially demands for home nursing. Also, providing services at a patient's home is proven to have a positive effect on the quality of life for older and disable people and it saves financial resources, dedicated to in-patient services for these patients. The aim article was to evaluate nursing and social care effectiveness in Centro out-patient clinics, providing nursing and social care services at the

patient's home. During the study, the experience of providing integrated nursing and social services for patients at home in the European Union and countries outside the EU, as well as national legal acts were evaluated. Aiming to measure changes in Centro out-patient clinics, tendencies of activities related to providing health and social care services for patients at home were examined. The article states that specialized nursing clinics, which actions are coordinated by a patient's care providing specialists are likely to achieve better results, comparing with the traditional model of care provision led only by a doctor. This conclusion was supported by the study conducted: it found that since care activities were undertaken by Nursing, palliative medicine and the social care clinic, the home nursing services became more accessible. Doctors are also more willing to assign home nursing services for Nursing, palliative medicine and social care clinic specialists.

Keywords	nursing, social services, integrated healthcare models		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D7, MRL1
Access details	https://repository.mruni.eu/handle/007/12844		

Title	The need for integrated nursing and psychosocial services for home nursing patients and their families. Case study "Centre Outpatient Clinic" (Integruotų slaugos ir psichosocialinių paslaugų poreikis namuose slaugomiems sunkios būklės pacientams ir jų šeimos nariams. Atvejo analizė všį centro poliklinikoje)
Author(s)	Renata Kudukytė-Gasperė, Kęstutis Štaras

Region/country	Lithuania	**Year of publication**	2015	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article argues that the aging population in Lithuania determinates the demand for integrated services, oriented in solving problems of senior, disable citizens and growing needs of home nursing. In 2015, Lithuania was only at the beginning of analysis for the demand for integrated health care as well as nursing and psychosocial services for long care patients. Although more and more attention is paid for the management of providing integrated nursing and psychosocial help for chronically ill patients at home, the real patient care burden still lies with the patients' family. The lack of attention for the needs of patient's relatives in health care and psychosocial services was noted. Public institution "Centro poliklinika" is almost the only institution in Vilnius, providing integrated home nursing, palliative medicine, and social services. The article assesses the integrated nursing and psychosocial services demands for "Centro poliklinika" chronically ill patients and their relatives. The survey was conducted in 2013. It was found that the chronically ill, long term home nursed patients need integrated comprehensive support and care provided by a multidisciplinary team of specialists, using a specific patient case management principle in organizing and providing diverse on the individual patient and his family members' needs-oriented services. Psychosocial services are not organised for the patient's relatives in Lithuania, however, the study has shown that patients' family members who are constantly taking care of them, particularly needs recreational services allowing them to rest from the day to daycare of the patient

Keywords	integrated services demand, home nursing		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D7, MRL1
Access details	https://sm-hs.eu/wp-content/uploads/2019/03/714-2283-1-SM.pdf		

Title	Senior experts from the Ministry of Health endorsed the integrated health care implementation plan (Vyriausi SAM respublikos specialistai pritarė integruotos sveikatos priežiūros įgyvendinimo planui)
Author(s)	Public Relations Unit of the Ministry of Health

Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The article briefly presents integrated health care services that already exist at that time (stroke, oncology, and cardiology clusters) and states that chief specialists in Lithuania agree with the 2014 integrated health care plan and its management.					
Keywords	clusters, integrated health care plan				
Type of asset	Report	**Dimensions and MRLs**			D2, MRL1
Access details	https://www.vaistai.lt/index.php?option=com_content&task=view&id=2696&Itemid=1080				

Title	The development of an integrated healthcare or functional cluster system is underway (Pradedama kurti integruotos sveikatos priežiūros arba funkcinių klasterių sistema)				
Author(s)	Republic magazine				
Region/country	Lithuania	**Year of publication**	2013	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
The article promotes remote oncology services (through e-medicine and field trips for specialists).					
Keywords	remote oncology services				
Type of asset	Report	**Dimensions and MRLs**			D2, MRL1
Access details	https://www.respublika.lt/lt/naujienos/mokslas/sveikata/pradedama_kurti_integruotos_sveikatos_prieziuros_arba_funkciniu_klasteriu_sistema/				

Title	Improving accessibility to healthcare services for patients with acute ST segment elevation acute myocardial infarction and endorsing patient flow management requirements (Dėl sveikatos priežiūros paslaugų, teikiamų ūminio miokardo infarkto su ST segmento pakilimu atveju, prieinamumo gerinimo ir šia liga sergančių ligonių srautų valdymo reikalavimų patvirtinimo)				
Author(s)	Vytenis Povilas Andriukaitis				
Region/country	Lithuania	**Year of publication**	2014	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This ministerial order confirms and consolidates the coordination of aid delivery for patients with myocardial infarction with ST-segment elevation. Firstly, it describes integrated care goals: to optimize the work of emergency and personal care facilities, ensure accessible and timely services to the population, to ensure equal access to services for urban and rural residents, reduce the number of STEMI sudden deaths, etc. Secondly, the healthcare facilities available to provide specialized services (PKI centres). Finally, quality criteria are specified: the time from the first patient contact with emergency care specialists to the time the patient is delivered to a PKI centre; the time from the first contact of the patient with emergency care specialists to the delivery of the patient to the ICU providing resuscitation and intensive care services; proportion of patients transported to a PKI centre for suspected STEMI; the proportion of patients who have been transported to an ICU for resuscitation and intensive care in the event of suspicion of STEMI, etc.

Keywords	st-elevation myocardial infarction cluster		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL4 + D5, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/f7b98af099d611e3aad2c022318814db		

Title	Lithuania health strategy 2014-2025 (Dėl Lietuvos sveikatos 2014-2025 m. strategijos patvirtinimo)		
Author(s)	Loreta Graužinienė		
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This resolution points out direction of Lithuania health strategy. In page 32, it is delcared that in order to increase the development of health infrastructure, access to health care and patient safety, it is necessary to: improve the organisation of primary health care by ensuring the equitable distribution of primary health care facilities in municipalities, close cooperation between primary health care professionals, sectoral and artistic workers, NGOs, local communities; to promote cooperation between different levels of health care, ensuring efficient organisation of public healthcare provision and management of patient flows. This would allow a more efficient use of human resources, a more even and rational use of equipment and laboratories, and would allow the residents of the area to have access to a broader and higher level of medical care.

Keywords	policy, healthcare system		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/35834810004f11e4b0ef967b19d90c08/asr		

Title	Concerning the approval of the Action Plan for Family Medicine Development 2016-2025 (Dėl šeimos medicinos plėtros 2016–2025 metų veiksmų plano patvirtinimo)		
Author(s)	Juozas Olekas		
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)			
This order of the Minister of Health describes development plan for family medicine services. It states that it is anticipated that the growing proportion of older people in the country will lead to more chronic illnesses, leading to the need for coordinated and integrated healthcare. The programme envisages the development of integrated residential healthcare through family medical services; developing and deploying integrated public health care models that include the provision of personal health care and public health services and integrating social care with family medicine to best meet the needs of the aging population.			
Keywords	family medical serves, residential healthcare		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/0b0610d183f211e6a0f68fd135e6f40c?jfwid=f4nne6wke		

Title	Concerning the approval of the National Public Health Care Development Programme 2016-2023 (Dėl nacionalinės visuomenės sveikatos priežiūros 2016–2023 metų plėtros programos patvirtinimo)				
Author(s)	Algirdas Butkevičius, Rimantė Šalaševičiūtė				
Region/country	Lithuania	Year of publication	2015	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
It is envisaged to develop and implement integrated public health care models covering the provision of personal health care services and public health care services.					
Keywords	integrated public health care models				
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs			D2, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/35c41ab0a3c411e59010bea026bdb259				

Title	Reduction of health inequalities in Lithuania 2014–2023 approval of the action plan (Dėl sveikatos netolygumų mažinimo Lietuvoje 2014–2023 m. veiksmų plano patvirtinimo)				
Author(s)	Vytenis Povilas Andriukaitis				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This ministerial order is an action plan to reduce health inequalities, it covers means to improve access to effective health care and promote disease prevention for people with disabilities, children, people from smaller cities, villages, etc. On page 34, it is said that one of the main objectives of this action plan is to implement an integrated system for the prevention, treatment and social integration of alcohol and other psychoactive substances users and their families. It is expected that integrated care would reduce social exclusion and increase the availability and quality of personal and public health and social services for vulnerable groups. It is stated that one of the means to achieve that objective is to cooperate with NGOs (Rehabilitation communities, Lithuanian support fund SOS Children's Villages in Lithuania, etc) to provide integrated services to families at social risk and other persons at risk of suicide and/or infectious/contagious infections with psychoactive substances and establish low-threshold cabinets if needed. Page 68 states that the development of ambulance and patient transport capacity is integral to the effective further implementation of integrated healthcare because it directly affects mortality and disability from circulatory system diseases, as the urgent need for assistance has consequences for the patient's future health. Page 83 emphasises that in the case of acute stroke treatment Lithuania already has a coherent, integrated and well-functioning system for all residents (not just big cities) since 2013. Page 128 states that to improve the accessibility of mental health services for children and adolescents and to reduce disparities between different regions, Lithuania has developed a model of integrated mental health care for children and adolescents.

Keywords	health inequalities, integrated treatment for addictions, ambulance integration, integrated model for mental health services		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/40be0b700df611e48595a3375cdcc8a3/asr		

Title	Law of the Republic of Lithuania on Health System (Lietuvos Respublikos sveikatos sistemos įstatymas)				
Author(s)	Seimas				
Region/country	Lithuania	**Year of publication**	1994	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This Law regulates the national health system of Lithuania, its structure, the basics of organisation and state administration of health activities and the rights and duties of the subjects of these activities. The document states that the basic principles of the Lithuanian National Health System are: 1) general management of health issues in the Republic of Lithuania; 2) ensuring social justice in health promotion activities; 3) integration of all resources of health activities into a common system, planning and utilization thereof following national priorities of health activities; 4) integration of personal health care and public health care into a common system; 5) ensuring the implementation of the Lithuanian Health Strategy, state and municipal health programmes; 6) ensuring interdepartmental coordination of health activities; 7) ensuring public participation in health policy-making.

Keywords	policy, healthcare system		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL4
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.5905/asr		

Title	Government Programme Implementation Plan approved by the Government in 2017 March 13 Resolution no. 167, Enforcement Progress Report 2018 (Vyriausybės programos įgyvendinimo plano, patvirtinto vyriausybės 2017 m. Kovo 13 d. Nutarimu nr. 167, vykdymo 2018 metais pažangos ataskaita)

Author(s)	Government Office				
Region/country	Lithuania	Year of publication	2018	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This document released by the Government Office, to inform the Government and the public on the progress of the implementation of the Government Programme Implementation Plan. In page 18, it is stated that to put in place effective models of care for patients with more than one chronic disease nationally Lithuania participates in "CHRODIS PLUS" EU joint project and implement "Pilot implementation of integrated health care models for patients with multiple illnesses", the implementation is already applied in pilot centres - Family medicine centre at Santara Clinic, Vilnius University, Kaunas clinics family medicine centre, Lithuania University of Health Sciences, Kaltanénai outpatient clinic, and LTD InMedica, Santariškės. It is said that competence centres in Vilnius, Kaunas, and Klaipėda are being strengthened, the development of sophisticated personal health care centres (disease clusters) is ongoing. In 2018, by ministerial order, a common health care delivery system to optimize patient with serious injuries flows is being developed to get quality assistance in time "Golden hour" by effectively managing available resources. The concept of new integrated long-term social care and nursing services are being developed in cooperation with the Ministry of Social Security and Labor. The purpose of these integrated services is to provide the patient with the necessary care and nursing care in a faster and simpler way through a single provider.

Keywords	integrated care for people with multiple illnesses		
Type of asset	Report	Dimensions and MRLs	D2, MRL4
Access details	https://lrv.lt/uploads/main/documents/files/VPIP%20ataskaita%20uz%202018%20m__2019-03-06.pdf		

Title	Innovations in Health Care Management (Sveikatos priežiūros įstaigų valdymo naujovės)				
Author(s)	Prof. HP. dr. Danguolė Jankauskienė				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This presentation talks about new concepts in health policy, essentials and innovations in management, organisational culture and leadership. Integrated healthcare is mentioned as one of the innovations in the health care strategy. It is stated that integrated care must meet the needs of the individual outside the health care institution, including public health care, social services, telehealth and telehealth.

Keywords	health care concepts, integrated care strategy		
Type of asset	Guidance document	Dimensions and MRLs	D11, MRL1
Access details	http://hi.simplit.lt/uploads/pdf/pranesimai/2019/Valdymo_%20naujoves_d._j..pdf		

Title	Priority funding for high quality services (Aukštos kokybės paslaugoms – prioritetinis finansavimas)
Author(s)	Kauno teritorinė ligonių kasa

Region/country	Lithuania	Year of publication		2014	Language		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article states that innovative treatment in specialized clusters of acute stroke and myocardial infarction, with thrombolysis, thrombectomy and cardiovascular stenting, will be paid for on a priority basis. It is claimed that in the first quarter of 2014, 26 thrombectomies were performed at stroke centres, while only 10 such operations were performed in the previous year. It is reported that stroke and infarction treatment results are better when treated in specialized clusters.

Keywords	clusters, acute myocardial infarction, stroke		
Type of asset	Report	Dimensions and MRLs	D2, MRL3 + D4, MRL3
Access details	https://www.ktlk.lt/istaigoms/naujienos/aspi/aukstos-kokybes-paslaugoms-prioritetinis-finansavimas		

Title	Development and Improvement of Integrated Home Support Services in Panevezys (Integralios pagalbos paslaugų, teikiamų namuose, plėtra ir kokybės gerinimas Panevėžio mieste)						
Author(s)	Public Institution Centre for Integrated Health Services (Viešoji įstaiga Integruotų sveikatos paslaugų centras)						
Region/country	Lithuania	Year of publication		2016	Language		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
During the project, integrated assistance is provided to the elderly, disabled people of working age and disabled children of Panevezys city who have special needs for permanent care. Throughout the project, integrated support will be provided to 36 people and will be provided by a multidisciplinary team consisting of a nurse, a nurse assistant, a social worker, a social worker assistant, a physiotherapist or an occupational therapist. 36 individuals will be provided with individual and group counseling to ensure that relatives (family members) of the beneficiaries of integrated care are more aware of and meet the needs of disabled and elderly people. The project is still ongoing.

Keywords	integrated care for disabled people		
Type of asset	Project document	Dimensions and MRLs	D2, MRL2 + D5, MRL2
Access details	https://www.ispcentras.lt/integrali-pagalba-2/		

Title	The right care, the right time, the right place: how Lithuania redesigned its cardiology treatment programme (Tinkama priežiūra, tinkamas laikas, tinkama vieta: kaip Lietuva pertvarkė kardiologijos gydymo programą)						
Author(s)	Santaros žinios						
Region/country	Lithuania	Year of publication		2016	Language		English

Brief summary/Abstract/Executive summary (max. 300 words)			
This article describes the reorganisation of cardiology services in Lithuania, known as the "Eastern Lithuania Cardiology Programme", which is cited by the World Health Organisation as an example of integrated healthcare. It is claimed that a system of referral (teleconsultation) has been put in place to reduce outpatient consultation and admission flows in hospitals. Special training was organised to improve cardiovascular health care in regional hospitals and smaller clinics. Patients were taught how to manage their illness and were given access to health records, which allowed them to better understand their health problems and build trust in service providers. It is reported that the programme significantly reduced mortality from heart attacks and strokes, improved prevention and management of risk factors for hypertension, increased cholesterol and diabetes.			

Keywords	integrated cardiology		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL2 + D5, MRL2
Access details	https://sam.lrv.lt/en/news/right-care-right-time-right-place-how-lithuania-transformed-cardiology-care		

Title	Implementing Health 2020: Lithuanian experience and achievements (Sveikata 2020 įgyvendinimas: Lietuvos patirtis ir pasiekimai)						
Author(s)	Rimantė Šalaševičiūtė						
Region/country	Lithuania	**Year of publication**		2015	**Language**		Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)							

This report by the Minister for Health on the experience and achievements of the Health 2020 programme cites examples of integrated action in the health sector. The presentation mentions clusters operating in Lithuania since 2014 in the fields of cardiovascular diseases, cerebrovascular disorders, oncological diseases, diabetes, mental health. It is reported that the establishment of clusters of cardiology and stroke significantly reduced lethality and increased the availability of timely quality medical care.

Keywords	integrated care, clusters		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL1
Access details	http://www.ulac.lt/uploads/downloads/Pranesimas%20lietuviu%20k.pdf		

Title	Acute Ischemic Syndromes 2015: Results of last year's integrated health care system are discussed („Ūminiai išeminiai sindromai 2015": aptarti praėjusių metų integruotos sveikatos priežiūros sistemos rezultatai)						
Author(s)	vlmedicina.lt						
Region/country	Lithuania	**Year of publication**		2015	**Language**		Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)							

This article on the Conference on Acute Ischemic Syndromes 2015 briefly discusses the outcomes of integrated health care, the need for urgent care in stroke and myocardial infarction. Welcoming the conference participants, Minister of Health Rimantė Šalaševičiūtė said that the integrated health care strategy launched in 2014 is already bearing fruit. Concerning the priority areas for action, the Minister stressed the need for coordination between services and professionals at all levels.	

Keywords	integrated care, acute ischemic syndromes		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL2
Access details	http://www.vlmedicina.lt/lt/uminiai-iseminiai-sindromai-2015-aptarti-praejusiu-metu-integruotos-sveikatos-prieziuros-sistemos-rezultatai		

Title	Main directions of health reform 2014-2020: Importance of EU funds' investments for reforms (Sveikatos reformos pagrindinės kryptys 2014-2020 m.: ES fondų investicijų svarba reformoms)				
Author(s)	Lithuania Ministry of Health				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This presentation outlines the main directions of health care reform: 1. Effective primary disease prevention and healthy lifestyle education, 2. Adequate health care services for persons at risk, 3. Effective integrated health care, 4. Effective family medicine. The priorities for effective integrated health care include: centralizing ambulance dispatchers to ensure quality of service; modernization of the network and infrastructure of emergency hospital admissions, with a rational allocation of patient flows; evidence-based, universally accessible, qualified treatment of complex illnesses in centres of excellence;	

Keywords	integrated care priorities		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3
Access details	https://www.esinvesticijos.lt/media/force_download/?url=/uploads/main/documents/docs/8267_05e78d6e4776ae67aed6a9f9032bdb58.pdf		

Title	Primary care and public health services integration and experience of countries (Pirminės sveikatos priežiūros ir visuomenės sveikatos paslaugų integravimas ir šalių patirtis)				
Author(s)	Gintarė Petronytė, Virginija Kanapeckienė				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article reviews the concept of integrated healthcare and the experience of countries in integrating primary care and public health services. The article focus on the integrated healthcare concept, principles for integration of primary care and public health and the most common integration form – collaboration and its models. More emphasis is given to the chronic care management models of integrated primary care and public health services in different countries. The perspectives of primary care and public health services integration in the national health care system are discussed.

Keywords	integrated care, review		
Type of asset	Good practice	**Dimensions and MRLs**	D2, MRL1
Access details	http://hi.lt/uploads/pdf/visuomenes%20sveikata/2014.2(65)/VS%202014%202(65)%20LIT%20Pirmine%20sveikatos%20prieziura.pdf		

Title	A review of the availability of mental health services for children with mental, behavioural and emotional disorders in Lithuania (Psichikos sveikatos priežiūros paslaugų prieinamumo vaikams, turintiems psichikos, elgesio ir emocijų sutrikimų, Lietuvoje apžvalga)				
Author(s)	Martynas Izokaitis, Vincentas Liuima , Loreta Stonienė				
Region/country	Lithuania	**Year of publication**	2015	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

The purpose of this paper is to review the need for mental health care services for children with mental, behavioral and emotional disorders, legal settings, service providers and human resources, and to analyse the availability of services in Lithuania. The article states that the model of integrated health care for children and adolescents is defined in the order of the Minister of Health of the Republic of Lithuania. The roadmap for improving the mental health of children, as set out in the adopted Mental Health Strategy, was not further developed and no major and measurable changes at the strategic level have taken place.

Keywords	integrated care, mental health		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL1 + D5, MRL1
Access details	http://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2015.3(70)/VS%202015%203(70)%20LIT%20A%20Psichikos%20sveikatos%20prieziura.pdf		

Title	Multimorbid patients in GP practice (Poliligoti pacientai šeimos gydytojo praktikoje)				
Author(s)	Vytautas Kasiulevičius				
Region/country	Lithuania	**Year of publication**	2012	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This presentation discusses multimorbid patients' prevalence in Lithuania, mortality, most often diseases combinations and risks. The author defines multimorbidy as two or more chronic conditions for the same person whose treatment requires significant human and material resources. It is stated that multimorbid patients more often suffer from poor quality of life, impaired functional status, more frequent depression, they take a lot of medication and suffer from drug interactions. However, the author outlines that despite the increasing number of multimorbid patients, all treatments in the recommendations are focused on patients with just one disease.

Keywords	multimorbidity		
Type of asset	Guidance document	**Dimensions and MRLs**	D1, MRL1 + D4, MRL1 + D7, MRL1
Access details	http://web.vu.lt/mf/v.kasiulevicius/files/2012/08/Poliligoti-pacientai-%C5%A1eimos-gydytojo-praktikoje.pdf		

Title	The View of the Family Physician Practitioner: Prospects for the Development of the Lithuanian Family Physician Institution (Šeimos gydytojo praktiko žvilgsnis: Lietuvos šeimos gydytojo institucijos plėtros perspektyvos)				
Author(s)	Vytautas Kasiulevičius				
Region/country	Lithuania	**Year of publication**	2016	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The presentation outlines the main prospects for the development of general practitioner (GP) practice. 4 new models of patient care are pointed out: 1) patient-centred, personalised and representative primary care for the individual; 2) promoting "decision making" in primary care; 3) the emergence of integrated healthcare; 4) development and implementation of a multimorbid patient care system. The author outlines necessary changes to the GP team: more prevention (healthy eating and lifestyle), nursing and social care professionals should be involved, public health should be more integrated. Changes in in the health care system are proposed: clear and evidence-based criteria for assessing the quality and effectiveness of health care services, and accreditation of primary care institutions. The author recommends the development of information technologies (telemedicine, information exchange between medical institutions) in family medicine. Changes in funding are offered: primary care should make up to 20% of the total health care budget.

Keywords	primary care, multimorbidity, integrated care, prospects		
Type of asset	Guidance document	**Dimensions and MRLs**	D1, MRL1 + D2, MRL1 + D3, MRL1 + D4, MRL1 + D5, MRL1 + D6, MRL1 + D11, MRL1 + D12, MRL1
Access details	0		

Title	Management of electronic multimorbid patients' health records in family medicine practice (Sergančiųjų keliomis lėtinėmis ligomis elektroninių sveikatos duomenų valdymas šeimos gydytojo praktikoje)
Author(s)	Kristina Ziutelienė

Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

The author of the paper reports that family physicians face the increase of the challenges imposed by multimorbidity and its accumulative amounts of data on e-health systems. It is said that health data in virtual space could be evaluated and analysed by the assistance of specific ehealth tools, tailored to manage multimorbidity in primary care. Author of the document argues that various sources in literature state that specific multimorbidity management in primary care through e-health tools not only improves patient empowerment and involvement in decision making but also adds to the benefit of health parameters improvement. The author concludes that there are emerging initiatives tailored for family physicians and their teams to address the e-health aspect in management of multimorbidity, meanwhile in Lithuania these processes are still ahead.

Keywords	primary care, e-health, multimorbidity		
Type of asset	Guidance document	**Dimensions and MRLs**	D3, MRL1 + D4, MRL1 + D8, MRL1 + D11, MRL1
Access details	https://www.lsmuni.lt/cris/handle/20.500.12512/23301		

Title	Clustering algorithms for high volume medical data (Klasterizavimo algoritmai didelės apimties medicinos duomenims)				
Author(s)	Roma Puronaitė				
Region/country	Lithuania	Year of publication	2018	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article discusses the use of electronic healthcare data to analyse disease trajectories in multimorbid patients and the "more realistic" inclusion of patients in clinical trials based on long term patient data analysis. It is argued that better inclusion criteria is one way of moving from a strictly defined inclusion to clinical trials to "real world" trials and data analysis. The authors argue that disease interactions are related to higher costs of treatment and decrease patients' quality of life, so finding the best care model and refining the existing care model is of great interest to health policy makers and medical practitioners and researchers. The authors point out that an additional challenge and question is how such data should be analysed, how different data sources should be combined, and electronic health records, administrative health databases should be enabled and maximized.

Keywords	e-health, multimorbid patients data analysis		
Type of asset	Report	**Dimensions and MRLs**	D3, MRL1 + D4, MRL1 + D7, MRL1 + D9, MRL1
Access details	https://www.mii.lt/files/doc/lt/doktorantura/ataskaitine_konferencija/09p_ma_2018_puronaite.pdf		

Title	The Trend of Prevalence of Multimorbidity and Needs of Out-Patient Health Care Services in Rural and Urban Areas in Klaipeda Region (Poliligotumo paplitimo dinamika ir ambulatorinių sveikatos priežiūros paslaugų suvartojimas Klaipėdos apskrities kaimo ir miesto populiacijose)				
Author(s)	A. Jurgutis, L. Kubiliutė , A. Martinkėnas				
Region/country	Lithuania	Year of publication	2012	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The article is about the changes in the prevalence of multimorbidity in the Klaipeda region and the needs of out-patient care in rural versus urban areas. The authors used the Johns Hopkins ACG system to group the population into six Resource Utilization Bands (RUB) which range from nonusers (RUB 0) to a very high comorbidity group (RUB 5). They revealed that during the investigation period (2009-2011) prevalence of multimorbidity (RUB 5) increased from 9.5/1000 to 9.6/1000 patients. The authors conclude that significantly more multimorbid patients live in urban areas and they consume more secondary and tertiary tier health care services, while rural residents were more likely to visit primary care institutions.

Keywords	multimorbidity, prevalence		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D7, MRL2 + D9, MRL2
Access details	https://sm-hs.eu/wp-content/uploads/2019/02/443-1555-1-PB.pdf		

Title	Concerning approval of the description of the procedure for joint provision of nursing and social services (Dėl slaugos ir socialinių paslaugų bendro teikimo tvarkos aprašo patvirtinimo).				
Author(s)	Rimvydas Turčinskas, Vilija Blinkevičiūtė				
Region/country	Lithuania	Year of publication	2007	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This document describes the goals, principles, recipients, organisation, documentation, and funding of nursing and social services (long-term care). The main principles of service provision are mentioned: 1. Accessibility - services must be provided as close as possible to the place of residence; 2. Relevance - the services must be of high quality and efficiency; 3. Co-operation - institutions providing services shall co-operate with state and municipal institutions, health care institutions and other organisations in providing services; 4. Complexity - the need for services must be assessed holistically, in combination with other forms of health and social protection; 5. Security - qualified and safe service provision must be ensured; 6. Teams - Services must be delivered in teams using specialist expertise and sharing responsibilities.
The recipients of long-term services are the people to whom social and care services are provided jointly. The purpose of long-term care is to enable the individual to live as independently and fully as possible in the community, at home, where he or she lives, to protect him/her from exacerbation or progression of existing symptoms, taking into account family needs and capacity.

Keywords	long-term care		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D4, MRL3 + D5, MRL3 + D6, MRL3 + D10, MRL3

Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.301549?jfwid=-9dzqnu48b

Title	European Union project - Healthcare Associated Infections in European Long Term Care Facilities, HALT (Europos sąjungos projektas - "Su sveikatos priežiūra susijusios infekcijos Europos ilgalaikės Priežiūros įstaigose")				
Author(s)	Rūta Markevičė				
Region/country	Lithuania	Year of publication	2010	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article discusses the purpose, objectives, progress and expected results of the European project HALT, in which the Institute of Hygiene was involved. The project aims to improve the management of healthcare associated infections, antimicrobial resistant microorganisms, antimicrobial use, and to select and evaluate infection management indicators in long-term healthcare facilities in Europe. Main objectives were set to determine the prevalence of infections, the risk of developing antimicrobial resistance and the potential for patient safety optimization in long-term health care and care settings. Selected measures are a one-time study of infection rates and antibiotic use in long-term care facilities. In the article, it is stated that the study will consist of a survey of an administration representative on health care services available, resources available to manage infection and antibacterial use in long-term care, residential care, and a one-time survey of infection and antibiotic use by all residents at study day. The authors expect that the results of the Infection Prevalence and Antibiotic Survey will help to extend the management of healthcare associated infections and antimicrobial resistance, to anticipate the need for necessary resources, to plan interventions, training, and to address timely healthcare-associated infections in Europe. ensuring the health and quality of life of their residents.

Keywords	infectious diseases in long-term care		
Type of asset	Report	Dimensions and MRLs	D1, MRL3 + D4, MRL1 + D7, MRL3
Access details	http://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2010.2(49)/Praktika_2.pdf		

Title	Evaluation of elderly health disorders and their links in long-term stationary care institutions (Pagyvenusio amžiaus žmonių sveikatos sutrikimų ir jų sąsajų vertinimas stacionariose ilgalaikės globos institucijose).				
Author(s)	Lina Spirgienė				
Region/country	Lithuania	Year of publication	2010	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This dissertation work discusses the health and social problems of older people in long-term care institutions and assesses their condition on the basis of a biopsychosocial model using standardized questionnaires. The article emphasises that the elderly have many medical conditions, nursing problems that are not properly identified. The article describes an in-depth geriatric study that included a biopsychosocial assessment of physical health, geriatric syndromes, nursing problems, functional conditions, cognitive functions, and social problems, both in inpatient long-term care institutions and in other residential settings. The author of the dissertation states that health and activity are very important for the quality of life of the elderly, but the elderly have many medical conditions, the elderly tend to enter the institution due to reduced independence, cognitive impairment or predominantly both. The aim of this work is to identify problems on a case-by-case basis for each individual, to identify problems and suggest programmes that help to maintain a high degree of autonomy, emphasizing quality care and ensuring the best quality of life for older people in inpatient long-term care.

Keywords	long-term inpatient care		
Type of asset	Project document	**Dimensions and MRLs**	D1, MRL1 + D4, MRL1 + D9, MRL1
Access details	https://publications.lsmuni.lt/documents/2199899.pdf		

Title	A joint EU-project "Healthcare Associated Infections in European Long Term Care Facilities" is already underway in Lithuania (Bendras ES šalių projektas „Su sveikatos priežiūra susijusios infekcijos Europos ilgalaikės globos įstaigose" jau vykdomas Lietuvoje)				
Author(s)	Rūta Markevičė				
Region/country	Lithuania	**Year of publication**	2010	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes a joint project of EU countries called "Healthcare Associated Infections in European Long Term Care Facilities" progress in Lithuania. The main objectives of the project are to determine the prevalence of healthcare associated infections, to improve the management of antimicrobial-resistant microorganisms, the use of antimicrobial agents and the optimization of patient safety in long-term health care and care institutions. The Lithuanian Institute of Hygiene is involved in this project. The author of the article states that the majority of elderly people in residential care are older, have age-related changes in the immune system, suffer from chronic conditions, have physical disabilities and have functional disorders. They are more susceptible to infections and related complications due to the use of various medications and mechanical interventions. In the author's opinion, it is important to carry out the control of infections and resistant microorganisms in long-term care institutions, because they can become a "reservoir" of infections, their agents and resistant microorganisms. According to the article, 58 care homes from Lithuania were currently involved in the study, and the study has already been carried out in 23 of them. The results of the study on the prevalence of infections and antimicrobial use are expected to contribute to the future introduction or improvement of healthcare associated infections management and antimicrobial resistance control in long-term care facilities in Europe.

Keywords	long-term care, infectious diseases		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D4, MRL2 + D5, MRL2 + D7, MRL2 + D9, MRL2
Access details	https://sam.lrv.lt/lt/naujienos/bendras-es-saliu-projektas-su-sveikatos-prieziura-susijusios-infekcijos-europos-ilgalaikes-globos-istaigose-jau-vykdomas-lietuvoje		

Title	The need of the health and social care services at home for patients hospitalized in the nursing hospital (slaugos ir palaikomojo gydymo ligoninėje hospitalizuotiems pacientams bei jų artimiesiems namuose būtinų sveikatos priežiūros ir socialinių paslaugų poreikis)				
Author(s)	Renata Kudukytė-Gasperė, Danguolė Jankauskienė				
Region/country	Lithuania	**Year of publication**	2019	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The article describes current health care challenges in Lithuania associated with the aging population: growing morbidity of chronic diseases, growing needs of special nursing and complex social and health care, lack of resources in the primary health care sector. The authors highlight that the institutional care model, dominating in Lithuania, is not sufficient for the aging society and growing needs for integrated and long-term care services. The article is based on research in nursing home, the

	results show that more than half of patients with chronic illnesses had never received primary health care and social care services at home, more than half of the respondents didn't know about the social services organised and provided by the municipality, most respondents would prefer long-term health care services provided at home, but respondents would not agree to pay extra for these home care services. Authors emphasise that current differences in the legal framework for home health care and social services do not allow organisation and delivery of flexible, long-term, integrated home-based health care and social care services.		
Keywords	health care services for patient at home, needs for long-term care services		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D4, MRL1 + D7, MRL2 + D9, MRL3
Access details	https://www3.mruni.eu/ojs/health-policy-and-management/article/download/5247/4652		

Title	The seminar - a public consultation - discussed infection prevention in long-term care and care facilities (Seminare – viešojoje konsultacijoje aptarta infekcijų prevencija ilgalaikės sveikatos priežiūros ir globos įstaigose)				
Author(s)	manosveikata.lt				
Region/country	Lithuania	Year of publication	2012	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

The article is about a seminar – public consultation by Vilnius Public Health Centre about infectious diseases prevention in long-term care institutions. According to the author – hospital infections are significant problem in both developed and developing countries, the prevalence of hospital infections depends largely on the hospital wards, the procedures performed, the frequency of interventions, and to a certain extent, the state of hygiene and the effectiveness of the preventive measures in place. The article highlights that although hygiene conditions in public institutions are gradually improving, in 2012, 63 percent Vilnius County social care institutions and 17 percent nursing hospitals had hygiene violations identified by: inadequate care of instruments, facilities and equipment, inappropriate use of disinfectants, area per patient / inhabitant too small. Finally, it is stated that Vilnius Public Health Centre, in co-operation with colleagues from other health care institutions, plans to continue providing public consultation to target areas, thereby contributing to a healthier society.

Keywords	infectious diseases in long-term care, infection prevention		
Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D4, MRL2 + D7, MRL2
Access details	http://www.manosveikata.lt/lt/aktualijos/valstybe/seminare-viesojoje-konsultacijoje-aptarta-infekciju-prevencija-ilgalaikes-sveikatos-prieziuros-ir-globos-istaigose		

Title	Investment priorities in the health sector (sveikatos sektoriaus investiciniai prioritetai)				
Author(s)	Igoris Baikovskis				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This presentation describes health care system investment goals to achieve: 1) sustainable; 2) accessible; 3) high quality and efficient health care system. It stated that according to the European semester country report current Lithuania health care outcomes are poor and access to affordable health services and long-term care are limited. Moreover, it is emphasised that Lithuania is rapidly aging, about 25% of people aged 65 and over have a range of long-term care needs and Lithuania deals with this with inefficient and unsustainably expensive health care services. Also, according to the presentation, geographical accessibility of health services and infrastructure does not correspond to the current needs, while restructuring of the network is performed without sustainable, large and accessible primary care and long-term care and is unsupported by society.

Keywords	health care investment goals
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D3, MRL1 + D4, MRL1 + D5, MRL1 + D9, MRL1 + D12, MRL1
Access details	https://www.esinvesticijos.lt/media/force_download/?url=/uploads/main/documents/docs/108355_affacdc497a150ac1695081f53f35caf.pdf

Title	For people with chronic diseases, long-term specialist monitoring (Lėtinėmis ligomis sergantiems žmonėms – ilgalaikė specialistų stebėsena)				
Author(s)	Kauno teritorinė ligonių kasa				
Region/country	Lithuania	Year of publication	2014	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article presents a new law related to easier access to a specialist doctor without having to be referred every time by a family doctor. This is provided in the Description of the Procedure for Long-term Monitoring of Patients with Chronic Diseases. The new legislation emphasises the need for periodic follow-up by the same specialist and a list of chronic diseases that are needed for monitoring. According to the Minister of Health, it is important that the patient's condition is periodically monitored by the same physician, who will be able to better assess the dynamics of the disease and more accurately determine the prognosis of treatment. The list of diseases eligible for long-term monitoring consists of various allergies, oncological, nervous, endocrine and circulatory systems disorders, tuberculosis and other pulmonological disorders.

Keywords	chronic diseases monitoring, health care legislation
Type of asset	Report	**Dimensions and MRLs**	D1, MRL2 + D2, MRL2 + D4, MRL2 + D5, MRL2 + D6, MRL2
Access details	https://www.ktlk.lt/gyventojams/naujienos/Letinemis-ligomis-sergantiems-zmonems-ilgalaike-specialistu-stebesena/

Title	Provision of long-term (short-term) social care services to adults with disabilities and the elderly (Ilgalaikės (trumpalaikės) socialinės globos paslaugų skyrimas suaugusiems asmenims su negalia ir senyvo amžiaus asmenims)
Author(s)	Vilnius.lt

Region/country	Lithuania	Year of publication		2020	Language		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

The article describes the definition of long-term and short-term social care services, specifies the bodies providing these services in Vilnius city and documents to be submitted in order to receive social care. In addition, laws relating to social services are listed for further reading when needed.

Keywords	long-term care services		
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D4, MRL3
Access details	https://paslaugos.vilnius.lt/service-list/Ilgalaikes-(trumpalaikes)-socialines-globos-paslaugu-skyrimas-suaugusiems-asmenims-su-negalia-ir-senyvo-amziaus-asmenims		

Title	Lietuvos respublikos socialinių paslaugų įstatymas (Law on Social Services of the Republic of Lithuania)						
Author(s)	Lietuvos Respublikos Seimas						
Region/country	Lithuania	Year of publication		2017	Language		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This Law defines the concept, objectives and types of social services, regulates the management, designation and provision of social services, the licensing, financing, payment for social services and the settlement of disputes related to social services. Page 3 describes concept and objectives of social services as services that provide assistance to a person (family) who, due to age, disability, or diseases, has lost the independence or ability to take care of his / her personal (family) life and participate in society. The purpose of social services is to enable a person (family) to develop or strengthen their abilities and opportunities to independently solve their social problems, to maintain social relations with society and to help overcome social exclusion. Social services are provided to prevent social problems of the individual, family, community, as well as to ensure social security of the society. In page 10, among operating license types, there are 4 types dedicated to short-term and long-term social care – 1) for children with disabilities, children at social risk without parental care in a social institution; 2) for adults with disabilities, elderly people; 3) for adults at social risk; 4) for children left without parental care in the foster home.

Keywords	long-term, short-term social services		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D8, MRL3
Access details	https://www.e-tar.lt/rs/actualedition/TAR.91609F53E29E/bsMubOcLPi/format/ISO_PDF/		

Title	Prienai care home activities (Prienų globos namai veiklos sritys)						
Author(s)	Prienų globos namai						
Region/country	Lithuania	Year of publication		2020	Language		Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)			
The website represents Prienai care home for the elderly and adults with disabilities. Prienai care home is licensed to provide institutional social care (long term, short term) for the elderly and adults with disabilities and have a license to practice personal health care and provide primary mental health care, general care, community nursing, mental health care, physiotherapy and massage services. Prienai care home provides long term social care services - complete assistance for persons that require constant specialist care and are completely dependent on others. Also, they provide short-term social care (up to 6 months a year) for persons with a need for comprehensive specialist care in the event of 1) homelessness, 2) crisis, 3) when children are temporarily deprived of parental care, 4) family members or carers cannot provide care because of specific reasons (illness, business trip, vacation, family or work obligations, etc.).			

Keywords	long-term and short-term social services		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D4, MRL2
Access details	http://pgn.lt/pages/directions		

Title	Healthcare-associated infections are a threat to the safety of European patients (Su sveikatos priežiūra susijusios infekcijos – grėsmė Europos pacientų saugumui)			
Author(s)	ecdc.europa.eu			
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)			
This poster, published on the occasion of the European Antibiotic Awareness Day, describes the main facts concerning the spread of infections in hospitals and long-term care and outlines the main measures to prevent them. It is reported that around 8.9 million healthcare-associated infections are reported every year in hospitals and long-term care facilities in Europe. To prevent these infections, it is recommended to 1) follow hand hygiene rules, 2) conduct additional training for health professionals, 3) track infectiousness rates at local and national level, 4) implement antimicrobial care surveillance programmes, 5) better inform patients about the risk of infections, 6) use microbiological tests to more precisely identify infectious agents.			

Keywords	infectious diseases prevention		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D4, MRL1 + D7, MRL1 + D12, MRL1
Access details	http://www.ulac.lt/uploads/downloads/Su_sveikatos_prz.pdf		

Title	State of health in the EU (Europos sveikatos būklė)
Author(s)	European Commission

Region/country	Lithuania	Year of publication	2018	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This document provides a comparative analysis of the health status of EU citizens and the performance of their health systems in the 28 EU Member States, the 5 candidate countries and the 3 EFTA countries. It focuses on the need to strengthen efforts on promoting better mental health. It reviews possible strategies to reduce unnecessary healthcare costs, presents the latest trends in key health indicators, risk factors and healthcare costs, as well as progress in improving the efficiency of European healthcare systems, availability and resilience. The authors identify the need to increase the resilience of healthcare systems by responding more effectively to changing healthcare needs as a result of demographic change and to fully exploit the potential of new digital technologies. It is known that the population is gradually aging, that healthcare needs will increase in the future and that demand for long-term care will increase. According to the authors, the cost of long-term care will grow faster than the cost of health care and they argue to prepare for it.

Keywords	health status EU, aging, long-term care		
Type of asset	Report	**Dimensions and MRLs**	D4, MRL1 + D7, MRL1
Access details	https://www.oecd-ilibrary.org/docserver/8a9c35fc-lt.pdf?expires=1584264115&id=id&accname=guest&checksum=4030A8104682505F78CD28AA7A19CF3F		

Title	Integral Assistance (Day Care and Nursing Home Care) (Integrali pagalba (dienos socialinė globa ir slauga asmens namuose))				
Author(s)	Radviliškio parapijos bendruomenės socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the services provided by the Radviliskis Parish Community Social Services Centre - Integral Assistance (Day Social Care and Nursing) in the individual's home, and describes the concept, procedure, payment, and other related information for these services. Integral Assistance is defined as a set of services that provide a person with complex day-to-day care in a person's home. Integral Assistance is provided 5 times a week depending on the health of the recipient. The recipients of the services are adults with disabilities and the elderly, who have been identified by law as having a special need for permanent care and a degree of total disability.

Keywords	integral assistance		
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D2, MRL2 + D7, MRL2 + D8, MRL2
Access details	http://www.rpbspc.lt/index.php?id=134		

Title	Integrated home help services (Integrali pagalbos paslaugos asmens namuose)
Author(s)	Panevėžio socialinių paslaugų centras

Region/country	Lithuania	Year of publication	2020	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the Integral Assistance services provided at the Panevezys Social Services Centre, as well as the documentation that must be provided to receive these services. The source defines Integral Assistance services as care (personal health care services provided in a person's home to ensure accessibility, continuity of care, personal care at home, patient autonomy and quality of life) and personal home care (day care) services that provide the person with the care and social services needs that require constant, complex professional assistance and care. These services aim to provide high-quality, complex, day-care support throughout the day at the individual's home, enabling them to stay at home for as long as possible without losing contact with their loved ones, and to obtain the necessary qualified assistance guardianship. Services are available from 2 to 4.5 hours. per day and up to 5 days per week. Integral Assistance is provided by a team consisting of: nurse, nurse assistants, physiotherapist, social worker, social worker assistants.

Keywords	integral assistance			
Type of asset	Technical and commercial documentation	Dimensions and MRLs		D4, MRL2 + D7, MRL2
Access details	https://www.paneveziospc.lt/integrali-pagalbos-paslaugos-asmens-namuose/			

Title	Integral home help (Integrali pagalba į namus)			
Author(s)	Bį Liolių socialinės globos namai			
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes 2016 The project "Integral Home Assistance Development in Kelme District" is being carried out at Lioli Social Care Home Institution, which defines the concept of integrated care, goals, team composition, duration, criteria for receiving services, payment and other relevant information. The authors point out that Integral Assistance consists of two parts: (1) day social care in a person's home, and (2) home care in a person's home. The goals of integral assistance are to enable a person to live at home, in the community for as long as possible, to ensure proper organisation and provision of social care and nursing services, to strengthen the person's abilities and independence, to maintain social relations with family and community. Integral Assistance is provided on a team basis, consisting of: a social worker and his / her assistants, a nurse and his / her assistants and other health professionals (physiotherapist, masseur). Integral Assistance services are available to: disabled adults of working age, persons with disabilities, or persons with disabilities who have reached the age of retirement and who have a degree of total incapacity, as well as a special need for permanent nursing care as defined by law.

Keywords	integral assistance			
Type of asset	Technical and commercial documentation	Dimensions and MRLs		D2, MRL3 + D4, MRL3 + D5, MRL3 + D8, MRL3
Access details	https://www.lioliaisn.lt/?page_id=4774			

Title	A project: Integral home help (Projektas "Integrali pagalba į namus")

Author(s)	Rokiškio socialinės paramos centras				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article presents Rokiskis Social Support Centre project N. 08.4.1-ESFA-V-418-04-0019 "Integrated Home Assistance" (Social Care and Nursing) Home Services in Rokiskis City and District. They briefly describe project information: a concept to whom, why and how these services are provided. The duration of the project is 30 months. Integral Assistance services provide social and care assistance to the residents who have lost their independence. The project provides help of a variety of professionals to people with disabilities, the elderly and people unable to take care of themselves. As required, they are visited and supervised at home by a social worker and his or her assistants, a nurse and her assistants, and a massage therapist. Depending on the recipient's needs, Rokiskis Social Support Centre specialists provide them with a wide range of services, from injections and health advice to shopping and help with daily hygiene. Integral Assistance service specialists dedicate 2 to 4.5 hours to their client per day, 5 times per week.

Keywords	integral assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D8, MRL3
Access details	http://www.rokiskiospc.lt/projektas-integrali-pagalba-i-namus		

Title	Integrated home help changes the lives of patients and their loved ones (Integrali pagalba į namus keičia pacientų, jų artimųjų gyvenimą)				
Author(s)	Respublikos leidiniai				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the newly launched Integral Home Assistance services. It is reported that since 2013 The implementation of the Integrated Assistance Development Programme made it possible to receive not only social care but also nursing care at home. Persons wishing to receive Integrated Assistance services contact the municipality or the Social Services Centre, where they are provided with all the necessary information. Individual care plans assess the condition of clients, determine the number of hours of attendance and conclude a contract. In year 2016, Kaunas district provided Integrated Assistance services to 48 people, including many elderly people, disabled people of working age and a couple of disabled children, as well as had waiting lists. Integrated Assistance funding: nursing services are funded through European Social Fund and social services are funded through municipal, state grants for social care of persons with severe disabilities and other funds in accordance with the procedure established by the Law on Social Services. According to the article since 2013, 74 mobile teams were established in twenty-one Lithuanian municipalities, 77 vehicles were purchased for them, 635 nursing and rehabilitation specialists were employed, and 819 mobile team staff and volunteers were provided training. 1539 persons received Integrated Assistance services. According to the authors, it is planned that in 2016-2023. home help will be provided in all Lithuanian municipalities except Neringa.

Keywords	integrated assistance		
Type of asset	Report	Dimensions and MRLs	D2, MRL4 + D4, MRL4 + D5, MRL4 + D8, MRL4
Access details	https://www.respublika.lt/lt/naujienos/lietuva/kitos_lietuvos_zinios/integrali_pagalba_i_namus_keicia_pacientu_ju_artimuju_gyvenima/		

Title	Evaluation of the effectiveness of team-based integrated home care for persons in need of long-term nursing care (Namuose teikiamos integralios pagalbos asmenims, turintiems specialųjį nuolatinės slaugos poreikį, veiksmingumo įvertinimas)				
Author(s)	Lina Danusevičienė				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This doctoral dissertation reviews and studies effectiveness of team-based Integrated Home Assistance in Lithuania. The aim of the study was to research the processes of creating and implementing integrated team-based home care as a new service, and to evaluate the effectiveness of the service for persons in need of long-term nursing care from the viewpoint of the care receivers and the care providers. The author states, that the programme for strengthening the Integrated Assistance development established a new service structure: integrated team-based home care in twenty-one municipalities. However, it is noted that lack of health care specialists (community nurses, nurse assistants, kinezitherapists) is an obstacle for implementation of integrated team-based home care in the rural regions. The study concludes that nurse plays one of the key roles in connecting social care and health care sectors: the patients receive not only social assisted care, but also qualified legal nursing services.

Keywords	integrated assistance		
Type of asset	Project document	Dimensions and MRLs	D1, MRL2 + D4, MRL2 + D6, MRL2 + D9, MRL3 + D12, MRL2
Access details	https://publications.lsmuni.lt/object/elaba:18870617/18870617.pdf		

Title	Department of Social Services at Home (Socialinių paslaugų namuose skyrius)				
Author(s)	Vilniaus miesto Socialinės paramos centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the concept, goals, and contacts of the Home Services Unit of Vilnius District. This facility provides: 1) home help, 2) day social care in a person's home, 3) Integrated Assistance services. The following functions of the unit are envisaged: 1. information and consultation; 2. organisation and provision of transport; 3. provision of help at home (catering, household and housekeeping, health care, farm work, etc.); 4. provision of day care at home; 5. Provision of Integrated Assistance (social care and nursing services) in the person's home; 6. Preparation of documents for persons receiving home help and day social care in a personal home, regarding referral to social care institutions, independent living home.

Keywords	home care services, integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL1 + D4, MRL1

Access details	http://spcentras.lt/Pagalbos-i-namus-skyrius-786.html

Title	Integral assistance (day social care) in a person's home (Integrali pagalba (dienos socialinė globa) asmens namuose)				
Author(s)	Šakių socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the project of Šakiai Social Services Centre "Development of Integral Assistance in Šakiai District" financed from the European Union Structural Funds. The article describes the concept, goals, recipients and outcomes of Integrated Home Assistance. According to the article, Integrated Assistance services are home care and day social care services that provide the person with care and social service needs, with ongoing comprehensive specialist support and care. According to the document, a person has to pay for social care, while the care services and consulting of relatives are provided free of charge. The authors of the article state that the aim of providing Integrated Assistance services is to ensure high-quality, complex day-care assistance requiring continuous specialist care at home and to enable service recipients to stay in their own home for as long as possible without losing contact with loved ones in order to avoid inpatient institutional care. The recipients of Integral Assistance at Šakiai Social Services Centre are the disabled and the elderly. Every day, Integrated Assistance services are provided to 30 individuals identified as having a special need for permanent nursing or permanent help (care) and a high level of special needs.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D8, MRL3
Access details	https://www.sakiuspcentras.lt/integralios-pagalbos-dienos-socialines-globos-paslaugos-asmens-namuose		

Title	Integrated services will help the elderly get professional home care (Integralios paslaugos padės senoliams gauti profesionalią priežiūrą namuose)				
Author(s)	All Media Lithuania				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes Integrated Home Assistance, the service provision methods, their package and benefits. Integrated Assistance services is said to be professional assistance focused on the comfort of the elderly, the disabled, and the family members who care for them. According to the article, projects funded by the European Union provide combined free nursing and partially paid home care. The services are provided on weekdays while the relatives of seriously ill people are at work, with the help of professional specialists who take care of all the patient's needs: nurse assistants bandage wounds, wash, change diapers, lay man in the morning and evening, social assistants cook and clean, physicians provide on-site rehabilitation services. It is stated that in order to obtain these services, it is recommended to go to the social assistance department directly or consult a family doctor in advance - the most important criterion is that the person has a special need for permanent care. In addition to providing comprehensive assistance to the patient, Integrated Assistance service providers are committed to advising and informing their family members. It also helps patients to receive competent help even on weekends when Integrated Assistance services are not provided. According to the authors', integrated care has been provided in over 20 (twenty) municipalities for several years. This measure was initiated by the Ministry of Social Security and Labor. In 2017, all Lithuanian municipalities (except one) are expected to provide Integrated Assistance at home.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL3 + D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3
Access details	https://www.tv3.lt/naujiena/lietuva/890188/integralios-paslaugos-pades-senoliams-gauti-profesionalia-prieziura-namuose		

Title	Decision on the procedure for organisation and provision of integral home help services and approval of the price (Sprendimas dėl integralios pagalbos asmens namuose paslaugų organizavimo ir teikimo tvarkos aprašo ir kainos patvirtinimo)				
Author(s)	Vaclovas Andrulis				
Region/country	Lithuania	**Year of publication**	2016	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This decision of Kelmė District Municipal Council describes the procedure of organizing Integrated Assistance in the person's home, the procedure of its provision and prices. The document states the purpose of Integrated Assistance - to enable a person to live at home, in the community, for as long as possible, to ensure proper organisation and delivery of social care and nursing services, to strengthen a person's abilities and independence, to maintain social ties with family and community. According to the document, Integrated Assistance is prescribed and delivered in accordance with the principles of availability, relevance, collaboration, complexity, security and teamwork. It is stated that Integrated Assistance consists of two parts: (1) day social care in a person's home and (2) home care. According to the document, the recipients of integral care are persons with declared place of residence in Kelmė district municipality and are: disabled persons of working age or retirement age with a degree of total incapacity and special need for permanent care. The document also states that people with infectious, mental illness, or mental disability (if aggressive and unpredictable), chronic alcoholism, do not receive Integrated Assistance. The duration of the nursing service is determined by the nurse at the time of the first visit to the home with the person requesting the service. If the person does not receive sufficient Integrated Assistance services or is in a crisis situation, the person (or the caregiver) can apply for referral to a nursing hospital or long-term (short-term) care institution.

Keywords	integrated assistance		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D6, MRL3 + D10, MRL3
Access details	https://e-seimas.lrs.lt/rs/actualedition/a636e9d2cc7711e69185e773229ab2b2/sRWaShXWXJ/format/ISO_PDF/		

Title	A project: "Research on the Effectiveness and Applicability of Integral services" (Projekto „integralios pagalbos veiksmingumo ir pritaikomumo tyrimas")				
Author(s)	Eurointegracijos projektai				
Region/country	Lithuania	**Year of publication**	2015	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This document describes the final report of the Integrated Assistance Effectiveness and Applicability Study, and describes the objectives, goals, results and the guidelines developed by the study. The aim of the study is to evaluate the effectiveness and applicability of the Integrated Assistance Development Programme and to provide directions for the development of the long-term care social assistance system. Tasks: 1) evaluate the effectiveness and efficiency of the Integrated Assistance Development Programme; 2) Evaluate the applicability of the Integrated Assistance Development Programme; 3) Make suggestions on how the development of social services for the elderly should be developed (with economic calculations); 4) Provide directions for the development of the long-term care social assistance system. The document states that members of the Integrated Assistance Services team are working closely with each other, pilot projects have included applications to provide integrated assistance services only to those with nursing needs (excluding Vilnius), and an InterRai performance monitoring tool has been developed. The project identified factors contributing to the smooth running of Integrated Assistance development pilot projects (documentation of service delivery, qualified staff, appropriately allocated funds, staff training) and identified obstacles (limited experience with EU projects, lack of planning, lack of good practices). The project provides guidelines for the development and operation of a long-term care system and the provision of technical support for the long-term care system (development, maintenance, quality assurance, regulation, planning, execution and monitoring of long-term care).

Keywords	integrated assistance, integrated assistance effectiveness		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://socmin.lrv.lt/uploads/socmin/documents/files/administracine-informacija/tyrimai/projekto_Integralios%20pagalbos%20veiksmingumo%20ir%20pritaikomumo%20tyrimas_galutin%C4%97%20ataskaita.pdf		

Title	Integral assistance (social care and nursing) at home (Integrali pagalba (socialinės globa ir slauga) namuose)				
Author(s)	Palangos miesto socialinių paslaugų				
Region/country	Lithuania	**Year of publication**	2019	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article is about the Palanga City Social Services Centre project "Integrated Home Assistance". This project started in 2016. in October, it aims to provide integrated care (social care and nursing care) at home, for the disabled and the elderly, and counseling for members of their families. During the implementation of the project, Integrated Assistance (social care and nursing) is provided to 20 disabled and elderly persons at home. The project provides counseling services for family members caring for disabled or elderly people. It is hoped that family members will then have better access to the labor market and that the family members that needed care will be able to stay in their homes for as long as possible and receive the help they need. The project duration is 30 months. Two mobile teams have been formed to ensure quality Integrated Assistance services. Teams are provided with transportation, sanitary and hygiene goods, nursing equipment and facilities adapted to work with the disabled and the elderly.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://palangosspc.lt/integrali-pagalba/		

Title	Development and improvement of quality of home help services in Panevezys (Integralios pagalbos paslaugų, teikiamų namuose, plėtra ir kokybės gerinimas panevėžio mieste)

Author(s)	Viešoji įstaiga Šv. Juozapo globos namai				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article describes the project "Development and Quality Improvement of Integrated Home Assistance Services in Panevezys" of the public institution Integrated Health Services Centre. The goal of the Integrated Assistance project is to provide quality social care and home care services to disabled children, disabled people of working age and the elderly, and counseling to members of their families. As part of the project, the Public Institution Integrated Health Services Centre forms two mobile teams, while the Public Institution St. Joseph's Ward - One Mobile Team. Integrated Assistance is planned to be provided to 36 disabled and elderly persons, disabled children. The services are provided up to 4.5 hours per person per day, up to 7 days a week. Family members caring for loved ones will also receive help and individual/group counseling. During the project one mobile team with 1 nurse, 5 nurse assistants, 1 social worker, 1 physiotherapist / masseur, 5 social worker assistants was formed. Mobile teams will be provided with the all the necessary equipment and facilities to provide social care and nursing services. The project is also expected to facilitate the access to the labor market for relatives caring for their close relatives and improve care quality for family members under their care to enable them to remain in their homes for as long as possible and to receive the necessary assistance.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://www.juozapogloba.lt/socialine-globa-asmens-namuose/integrali-pagalba-asmens-namuose/		

Title	Integral help in Ukmergė district (Integrali pagalba Ukmergės rajone)				
Author(s)	Ukmergės nestacionarinių socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article describes the project "Integral Assistance in Ukmergė District" of Ukmergė Outpatient Social Services Centre. It covers the project concept, purpose, goals, team composition and responsibilities, recipients and other relevant information. According to this source, Integrated Assistance is a combination of nursing and social services that address the individual's needs for care and social services and provide ongoing comprehensive support and care from professionals. It consists of: 1) social care at home - a set of social services that provide a person with complex assistance at home during the day, promoting personal autonomy; (2) "home care" means the care provided to a person at home in order to ensure accessibility and continuity of care by meeting the care needs of the individual in the home environment and by promoting patient self-care. It is stated that the purpose of Integrated Assistance is to ensure the compatibility of social care and home care services, the proper organisation and provision of these services to the individual, to protect them from exacerbation or progression, and to meet the needs and capabilities of family members. The Integrated Assistance team consists of the following members: a social worker and his / her assistants, a nurse and his / her assistants. Other health care professionals (psychologist, physiotherapist, masseur, etc.) may be included in the team as needed and financially available. Integrated Assistance services are provided to adults with disabilities of working age, with total or partial disability, or to the elderly with total or partial disability.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3

Access details	http://www.ukmergesnspc.lt/integralios-pagalbos-socialines-globos-ir-slaugos-namuose-organizavimo-ir-teikimo-tvarkos-aprasas/

Title	Provision of integral assistance in Druskininkai municipality (Integralios pagalbos teikimas druskininkų savivaldybėje)				
Author(s)	Druskininkų savivaldybės socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This leaflet describes the project of Druskininkai Municipal Social Services Centre "Providing Integral Assistance in Druskininkai Municipality". The project started in 2016. It was sponsored by the European Social Fund Agency. The aim of this project is to provide Integrated Assistance (social care and nursing) at home, for disabled people of working age and the elderly, and counseling to members of their families. The project states that Integrated Assistance is a combination of nursing and social services that provide the individual with the necessary care and social services, and provide ongoing, complex support and care from professionals. The services consist of social care at home and nursing at home. This document states that Integrated Assistance (day care and nursing home care) services are provided on a team basis by a social worker, a nurse and their assistants. During the project 2 mobile teams were recruited and nursing professionals (nurse, nurse assistants) were recruited. Integrated assistance is provided to 20 disabled and elderly people. According to the project, integrated support for one person will be provided for up to 4.5 hours per day, up to 5 days per week. Individuals caring for relatives at home will receive individual counseling to provide them with the necessary knowledge, skills and care for the elderly and the disabled. The joint service package of social workers and nursing staff will facilitate the daily lives of people with disabilities and their relatives, improve the quality of life and provide family members with appropriate care for the carers. The project is expected to contribute to solving social problems and ensuring a better quality of life. Recipients of Integrated Assistance: elderly people with severe disabilities; adults of working age with severe disabilities; family members caring for the elderly and adults with disabilities. When receiving Integrated Assistance (day care and nursing home care), the client pays only for care services. The level of payment for day care is based on the individual's (family's) income.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3		
Access details	https://www.druskininkuspc.lt/wp-content/uploads/2017/10/Lankstinukas.pdf				

Title	Integrated home help for the disabled in Kaunas city (Integrali pagalba į namus neįgaliems asmenims Kauno mieste)				
Author(s)	Kaunas.lt				
Region/country	Lithuania	Year of publication	2018	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the project "Integrated Home Assistance for disabled persons in Kaunas city", which is being implemented by Kaunas Disabled Youth Centre since 2016. Nursing and day care at home is partially funded through the European Social Fund for the duration of the programme. Throughout this project, services are provided to adults and children (up to 18 years) with disabilities who have declared their place of residence in Kaunas City Municipality and who have special needs and a degree of total disability. Integrated Assistance is provided in the person's home for up to 4.5 hours. per day and up to five times per week. The intensity of care needed is determined by the social worker and the nurse who visit the home and evaluate each situation individually. These services are planned and organised taking into account the individual's needs, capabilities, social and physical health, available help from others and the resources of the facility. Individual work is done with each person. The multidisciplinary team of specialists consists of physiotherapist, community nurse, social worker and their assistants, they provide versatile home help - helping with personal hygiene, nourishing, cooking, helping to manage the home, supervising medication use. The Integrated Assistance team also provides nursing, compensatory techniques, bedwetting prevention, etc. A physiotherapist helps to relax, perform passive or active physical exercise.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://www.kaunas.lt/2018/11/svarbi-informacija/integrali-pagalba-i-namus-neigaliems-asmenims-kauno-mieste/		

Title	Integral home help (Integrali pagalba į namus)				
Author(s)	Juodšilių seniūnijos bendruomenės socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the project of Juodšiliai municipality community social services centre "Integral Assistance in Vilnius District". The project has been running since October 2016. The aim of the project is to provide Integrated Assistance (social care and nursing) at home for the disabled and the elderly as well as counseling for members of their families. During the implementation of the project Integrated Assistance (social care and nursing) is provided to 60 disabled and elderly persons at home. The project will also provide counseling services to family members looking after disabled or elderly people in order to facilitate their acquisition, improvement of professional qualifications and / or participation in the labor market, and to enable their family members to stay in their home for as long as possible help. The project will run for 33 months. According to the authors of the project, two mobile teams will be formed to provide quality Integrated Assistance. A vehicle, sanitary and hygiene products, nursing equipment and other work accessories adapted to work with disabled and elderly people will be provided to the Integrated Assistance team.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://juodsiliuspc.lt/padaliniai/integralines-pagalbos-teikimas-namuose/		

Title	Integral home help - when you want to live in your own home (Integrali pagalba į namus – kai nori gyventi savo namuose)				
Author(s)	Kėdainių rajono savivaldybė				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)		
This article is about Kėdainiai Community Social Centre project "Integrated Home Assistance in Kėdainiai District", funded by the European Union Structural Funds. Under this project, assistance is provided to persons with disabilities and the elderly who have been identified by law as having a special need for permanent care and a degree of total disability. According to the authors of the article, Integrated Assistance was initially provided only to individuals living in urban areas and later to patients living in rural areas. Kedainiai Community Social Centre provides Integrated Assistance to 30 persons. Some of them live in remote areas and need the help of nursing and social care professionals in particular. According to the approved schedule, people are visited by a nurse assistant, a visiting care worker and, if necessary, a nurse, a masseur and a social worker. The article states that nurse assistants bandage wounds, wash, replace diapers, and assist with movement and lying down. Visiting care professionals prepare food, manage the house, provide information, mediation and transport services. The authors point out that the Integrated Assistance teams are equipped with the vehicle and special equipment needed for the job: inflatable bathtubs for bathing, crawler stair copiers, lifting belts, sliding boards and transfer sheets. The staff is also provided with the necessary hygiene measures. Integrated Assistance services provide help for the whole family - team members teach relatives how to professionally nurse a person and answer their questions.		
Keywords	integrated assistance	
Type of asset	Technical and commercial documentation	**Dimensions and MRLs** D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://www.etaplius.lt/integrali-pagalba-i-namus-kai-nori-gyventi-savo-namuose	

Title	Home Services (Paslaugos į namus)				
Author(s)	Šiaulių miesto savivaldybės globos namai				
Region/country	Lithuania	**Year of publication**	2019	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes Integrated Assistance services of Šiauliai City Municipal Care Home. It is stated that these services are funded by the European Social Fund. According to the article, Integrated Assistance is a set of services that provide a person with complex day-to-day care in a person's home that requires specialist care. The purpose of these services is to seek quality Integrated Assistance for elderly and / or disabled people and counseling for family members caring for them. The challenge is to help family members who look after their loved ones to reconcile family and work responsibilities by providing Integrated Assistance for their loved ones at home. Integrated Assistance services of Šiauliai City Municipal Care Home are provided to adults with disabilities and elderly persons who have a special need for permanent care and who have declared their place of residence in Šiauliai City Municipality. Integrated Assistance services are a package of information, counseling, nutrition, hygiene, life skills development and support services. According to the authors, the Integrated Assistance team also supervises the use of medicines, injections, prophylaxis of bedsores, measurement of arterial blood pressure and other nursing procedures within the competence of the institution and specialists.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs** D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3			
Access details	http://www.siauliuglobosnamai.lt/index.php?qw=txt1&id3=30&id2=28&id1=3				

Title	Social Services (Integral Assistance, Assistant Services) (Socialinių paslaugų teikimo aktualijos (integrali pagalba, asistento paslaugos))

Author(s)	Akmenės rajono savivaldybė				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the project "Model of Integrated Social Care and Nursing Services in Akmene District Municipality" by Akmenė District Social Services Home and Akmenė District Municipal Administration. The article states that the provision of Integrated Assistance at home includes social care and nursing services for individuals who are unable to take care of themselves due to a medical condition. The purpose of this assistance is to ensure the individual's ability to live in his or her home for as long as possible. The source also provides links to documentation for more information. It also describes the personal assistant service - for individuals with physical or complex disabilities that respond to individual needs, providing personalised help at home and in the public environment, helping with and integrating into the community, and promoting independence in daily life. The services are provided to residents of Akmenė district from 16 to 65 years of age, who have a disability or working capacity determined by the Law on Social Integration of the Disabled due to physical and / or complex disability.

Keywords	integrated assistance, personal assistance services			
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3	
Access details	https://www.akmene.lt/socialine-parama/socialines-paslaugos/socialiniu-paslaugu-teikimo-aktualijos-integrali-pagalba-asistento-paslaugos/302			

Title	Integrali pagalba namuose: reikalinga ir ligoniams, ir jų artimiesiems (Integrali pagalba namuose: reikalinga ir ligoniams, ir jų artimiesiems)				
Author(s)	Alytusplius.lt				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the Alytus District Primary Care Centre Integrated Assistance services. The authors state that Integrated Assistance services are essential for patients and their relates, because relatives while nursing cannot attend their jobs, are at high risk of suffering from fatigue, and usually do not possess all the knowledge needed for proper nursing and care. According to the document, more than 50 residents of Alytus district are provided with Integrated Assistance services in almost two years. The article states that Integrated Assistance for Alytus district residents are provided with multidisciplinary, team-based approach by a social worker, his or her assistant, a nurse, a physiotherapist and a masseur if needed. They provide essential services to enable disabled people and elderly people with a need for care, to stay in their normal and close environment for as long as possible, so that as few people as possible are admitted to retirement homes or residential care facilities. Integrated Assistance services are provided by a social worker from 2 to 8 hours a day, and by a personal health care professional up to 4.5 hours a day. The document states that a complete degree of disability and need for ongoing care must be established by law for all recipients. Alytus District Primary Health Care Centre Integrated Assistance services are partially paid for: the assistance provided by a social worker is charged and the care is provided free of charge. The cost depends on the income of the resident.

Keywords	integrated assistance			
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3	

Access details	https://m.alytusplius.lt/naujienos/integrali-pagalba-namuose-reikalinga-ir-ligoniams-ir-ju-artimiesiems

Title	Integral home help in Vilkaviškis district (Integrali pagalba į namus Vilkaviškio rajone)				
Author(s)	Vilkaviškio socialinės pagalbos centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes the Vilkaviškis Social Assistance Centre project "Integrated Home Assistance". This project provides integrated social care and nursing services for disabled children, disabled people of working age, elderly people in order to create conditions for a person to live at home, in the community for as long as possible, to ensure proper organisation and provision of social care and nursing services, to strengthen a person's abilities and independence, to maintain social relations with family and community. The source states that 2 Integrated Assistance teams will provide services. Each team consists of the following professionals: social worker and his assistants, nurse and his assistants, masseur. It is planned to provide Integrated Assistance to 60 persons at their home. Vilkaviškis Social Care Centre Integrated Assistance services will be available for adults with disabilities and children who have a special need for permanent care and who have declared their place of residence in Vilkaviškis District Municipality. Family members will be given counseling to teach them how to care for their disabled family members properly. In order to provide high-quality services, the project envisages raising the qualification of employees.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**		D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3	
Access details	http://www.spcvilkaviskis.lt/vykdomi-projektai/es-2/				

Title	Integral home help in the Lazdijai district municipality (Integrali pagalba į namus lazdijų rajono savivaldybėje)				
Author(s)	Lazdijų rajono savivaldybės administracija				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes the Lazdijai district municipality project "Integrated Home Assistance in Lazdijai district municipality". The authors point out that the purpose of this project is to provide Integrated Assistance (social care and nursing) at home to disabled people of working age and elderly, disabled children and counseling to members of their families. The project organisers hope that the project will succeed in: 1) raising the qualification of the staff; 2) to provide Integrated Assistance at home services to 70 persons; 3) to meet the vital needs of disabled and elderly persons and disabled children; 4) to provide family members with advice on issues of concern to them; 5) Involve volunteers in the informal assistance process. The project starts in September 2016.					
Keywords	integrated assistance				

Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3
Access details	https://www.lazdijai.lt/lit/img/8565		

Title	Integrated care is provided to persons with special needs for ongoing care (Integrali pagalba teikiama asmenims, kuriems yra nustatyti specialieji nuolatinės slaugos poreikiai)				
Author(s)	Akmenės rajono socialinių paslaugų namai				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the Integral Assistance services project of the Akmene District Social Services Home. According to the authors of the source - providing Integrated Assistance includes social care and nursing services for individuals who are unable to take care of themselves due to their medical condition, ensuring the individual's ability to live in their home for as long as possible. Social care and nursing services can be provided up to 4 hours per day, up to 5 days per week. Integrated Assistance services are provided by competent specialists who have developed their professional qualifications. An Integrated Assistance team: nurse and nurse assistant, social worker and social worker assistant, physiotherapist. In Akmene District Social Services Home one mobile team to provide Integrated Assistance was formed with all the necessary equipment and tools. Home care (nursing) services are funded by the European Social Fund and are provided free of charge for the duration of the project. The amount of the payment for social services is determined individually on the basis of the individual's financial capacity to pay.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://www.akmenespn.lt/lt/paslaugos/integrali-pagalba/		

Title	Integral Assistance Unit (Integralios pagalbos skyrius)				
Author(s)	Raseinių socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

	This article describes Integrated Assistance services provided at the Raseiniai Social Services Centre. The authors write that home help is a home-based service that helps a person (family) manage their household and participate in public life. The article states that recipients of Integrated Assistance services are 1) adults with disabilities and their families; 2) elderly persons and their families; 3) children with disabilities and their families; 4) other persons and families (persons temporarily deprived of their independence due to illness or other reasons). Integrated Assistance services may also be provided in other contingencies, subject to approval by the Raseiniai District Municipality Special Needs Leveling and Social Welfare Services Commission. Integrated Assistance services are available at the person's home from 5 to 10 hours per week. The amount of the fee for social services is determined individually for the person (family), taking into account the financial capacity of the person (family) to pay for social services and the type of social services provided to the person (family).		
Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://rspc.lt/integrali-pagalba/		

Title	A project "Integrated Assistance for Elderly and Disabled People in Kretinga District" (Projektas „Integrali pagalba senyvo amžiaus ir neįgaliems asmenims Kretingos rajone")				
Author(s)	Kretingos socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This document describes the project of the Kretinga Social Services Centre "Integral Assistance for Elderly and Disabled People in Kretinga District". The project started in May 2016. According to the document, the aim of this project is to develop the quality of day care and nursing services in Kretinga district. This project is aimed at elderly and adult disabled people in Kretinga district who have a special need for permanent nursing or permanent care (assistance). During the project, integrated social care and nursing care for residents of Kretinga district, both in urban and rural areas, is provided by two Integrated Assistance mobile teams: social workers, social worker assistants, nurses, nurse assistants, and physiotherapists. Family members caring for loved ones at home receive personalised counseling that provides knowledge and skills in caring for the elderly and the disabled. During the implementation of the project, care services are provided free of charge to the recipients, and residents pay for social care services in accordance with the Description of Payment for Social Services in Kretinga Social Services Centre approved by the Kretinga District Municipality Council. Expected results of the project - provision of Integrated Assistance (social care and nursing) services at home (40 recipients), meeting vital needs of disabled and elderly persons, provision of counseling for family members (65 persons), raised qualification of service staff (20 employees).					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3		
Access details	http://www.spc.kretingos.lt/sites/default/files/doc/page/60/projektas-integrali-pagalba-senyvo-amziaus-ir-neigaliems-asmenims-kretingos-rajone.pdf				

Title	Integral home help for the disabled in Kaunas (Integrali pagalba į namus neįgaliems asmenims kauno mieste)

Author(s)	Kauno neįgaliojo jaunimo užimtumo centras				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This poster represents Integrated Assistance project for disabled people in Kaunas city. It invites to use Integrated Assistance services. According to the document, Integral Assistance is provided up to 4.5 hours per day, up to 5 times a week in persons home for disabled children and people of working age. Services are provided by a Integrated Assistance mobile team: a social worker and his / her assistant, a nurse and his / her assistant, a physiotherapist and, if necessary, volunteers. The contact for more information are provided.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**		D2, MRL3 + D4, MRL3 + D7, MRL3 + D8, MRL3	
Access details	http://www.nju.lt/images/skyriai/integrali_soc_pagalba/Informacija-internetui-2019-01-15.pdf				

Title	Integral social assistance is implemented in all municipalities (Integrali socialinė pagalba įgyvendinama visose savivaldybėse)				
Author(s)	lrytas.lt				
Region/country	Lithuania	Year of publication	2015	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes Integrated Assistance services in Lithuania and their development. The article mentions that in 2013-2015, more than 70 pilot Integrated Assistance mobile teams in 21 municipalities were created to provide nursing, social care services and counseling to the elderly or disabled and their relatives in their homes. The authors state that Integrated Assistance services were evaluated positively, therefore in 2014-2020. During the period of EU structural support, it is planned to provide Integrated Assistance to the population in all 60 municipalities. It is reported that prior to this programme, caregivers received only social care or home help services, and when they started this programme, they also received nursing services. In the opinion of the authors, this is especially relevant for elderly or disabled people who are no longer able to take care of themselves and their relatives. 2016-2020 An amount of EUR 11.6 million is planned for the integrated aid programme.					
Keywords	integrated assistance, development of integrated assistance				
Type of asset	Report	**Dimensions and MRLs**		D2, MRL4 + D4, MRL4 + D5, MRL4 + D7, MRL4D8, MRL4	
Access details	https://socmin.lrytas.lt/aktualijos/integrali-socialine-pagalba-igyvendinama-visose-savivaldybese.htm				

Title	Integral home help is a project that is planned to continue (Integrali pagalba namuose – projektas, kurį norima tęsti)
Author(s)	lrytas.lt

Region/country	Lithuania	Year of publication	2015	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes Integrated Assistance services, their concept, team, methods and results of providing these services. The document states that Integrated Assistance is nursing and social care services provided to disabled or elderly people in their homes to meet their daily care and nursing needs. According to the article, Integrated Assistance is provided on a multidisciplinary team basis, consisting of a social worker and his assistants, a nurse and his assistants, a physiotherapist, and other necessary specialists (psychologist, doctor, etc.) can be called upon if necessary. It is written that social care and nursing services can be provided from 2 to 8 hours a day to 5 times a week. According to the authors, by receiving comprehensive care at home, disabled people can receive the necessary help in their own home and avoid accommodation in a nursing or care home. The article states that it is planned to continue the Integrated Assistance project and finance it from the EU Social Fund for the period 2014-2020. According to the authors, it is very likely that this project will be implemented in all 60 municipalities. The authors conclude that Integrated Assistance at home is not only more effective help for both the cared for person and their relatives, but also a cheaper service than long-term personal care in a nursing or care home.					
Keywords	integrated assistance				
Type of asset	Report	**Dimensions and MRLs**	D2, MRL4 + D4, MRL4 + D5, MRL4 + D7, MRL4D8, MRL4		
Access details	https://socmin.lrytas.lt/es-parama/integrali-pagalba-namuose-projektas-kuri-norima-testi.htm				

Title	Integral assistance will allow relatives to remain in the labor market (Integrali pagalba leis artimiesiems išlikti darbo rinkoje)				
Author(s)	lrytas.lt				
Region/country	Lithuania	**Year of publication**	2015	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article discusses the benefits of Integrated Assistance. The authors argue that older and disabled people need access to the necessary social services in their own homes. It is written that Integrated Assistance measures provide precisely such services, so that the elderly and people with severe disabilities can receive the basic necessary health and social services, and their relatives can remain in the labour market because care is dedicated to professionals.					
Keywords	integrated assistance				
Type of asset	Report	**Dimensions and MRLs**	+ D4, MRL1 + D7, MRL1 + D8, MRL1		
Access details	https://socmin.lrytas.lt/vaizdo-reportazai/integrali-pagalba-leis-artimiesiems-islikti-darbo-rinkoje.htm				

Title	Description of the provision of an integrated home help service (Integralios pagalbos į namus paslaugos teikimo aprašymas)
Author(s)	Marijampolės socialinės pagalbos centras

Region/country	Lithuania	Year of publication		2020	Language		Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)							
This article describes public Integrated Assistance services in Marijampolė Social Assistance Centre. Service providers and contact persons are indicated. It is written that Integrated Assistance services are provided free of charge.							
Keywords	integrated assistance						
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**		D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3			
Access details	http://www.mspc.lt/paslaugos/integrali-pagalba-i-namus-172/lt/						

Title	Integral home help in Rokiškis social support centre (Integrali pagalba į namus Rokiškio socialinės paramos centre)						
Author(s)	Rokiškio socialinės paramos centras						
Region/country	Lithuania	Year of publication		2018	Language		Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)							
This article describes the Integrated Assistance services provided at the Rokiškis Social Support Centre. The authors write that home help is an effort to make life easier for people with disabilities and / or the elderly by providing social care and nursing care at home. In addition, the services include taking care of a person's social skills, health care and household needs. The authors state that in consultation with the institution's specialists, clients and their relatives can choose, according to their needs, which service they need more at a particular time - social care or nursing. The document also states that a group of volunteers has joined the project, they are expected to visit project clients on weekends and communicate with them so they would not feel lonely. To provide Integrated Assistance – two multidisciplinary mobile teams have been formed at the Rokiškis Social Support Centre. According to the authors, there are plans to buy a second vehicle to expand services. The article states that the most important thing while providing Integrated Assistance services is the quality of services, therefore, training of employees, improvement of their qualifications, knowledge, teamwork skills and more takes place extensively.							
Keywords	integrated assistance						
Type of asset	Report	**Dimensions and MRLs**		D2, MRL3 + D4, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3			
Access details	https://www.facebook.com/rokiskiospc/photos/integrali-pagalba-%C4%AF-namus-tai-pastangos-palengvinti-ne%C4%AFgali%C5%B3j%C5%B3-ir-ar-senyvo-am%C5%BEi/2014938942104530/							

Title	Integral help changes people's lives (Integrali pagalba keičia žmonių gyvenimus)						
Author(s)	Virginija Lapienė						
Region/country	Lithuania	Year of publication		2018	Language		Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)							

133

	This article writes about the Integrated Assistance services provided at the Priekulė Social Services Centre, discusses the advantages of Integrated Assistance, the persons who can receive it, and describes the Integrated Assistance teams. The authors point out that in 2017. Integrated Assistance was provided to 27 residents, and in 2018. - a bit more - 34. It is stated that after the completion of the project, the services of Integrated Assistance at a person's home are planned to be financed by Klaipėda District Municipality. Integrated Assistance - day social care in a person's home is provided by 19 employees employed at the Priekulė Social Services Centre. In addition to 10 social worker assistants, the team includes a social worker, a nurse, a nurse's assistant, a physiotherapist, and a psychologist. Specialists are equipped with 2 vehicles, nursing equipment and devices, which were purchased with European Union funds. According to the authors, day social care at the Priekulė Social Services Centre can be received by persons who have declared a place of residence in Klaipėda district, who have a special need for permanent nursing or permanent care (assistance) due to mental retardation or mental disorders. The article describes the services provided: social counseling, nutrition, housework, intravenous, intramuscular injections, connection and maintenance of the drip system, wound and bedside care and more.		
Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://www.gargzdai.lt/integrali-pagalba-keicia-zmoniu-gyvenimus/		

Title	Integral home help in Šiauliai (Integrali pagalba į namus Šiaulių mieste)				
Author(s)	Šiaulių miesto socialinių paslaugų centras				
Region/country	Lithuania	**Year of publication**	2020	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes the Integrated Assistance at home project in Šiauliai. The project is implemented by Šiauliai City Municipality Administration together with 3 partners: Šiauliai City Municipality Care Home, Šiauliai City Municipality Social Services Centre and Šiauliai Diocese Caritas. It is written that the aim of this project is to develop high-quality Integrated Assistance at home for disabled children, disabled people of working age, the elderly and to provide consulting assistance to family members caring for disabled children, disabled people of working age and the elderly in Šiauliai. Services are provided for disabled children and disabled people of working age, elderly people with severe disabilities and their family members in Šiauliai. The authors point out that the Integrated Assistance team of specialists provides clients with: 1) care services - purchase of goods, food preparation, purchase of medicines, house cleaning, payment of taxes, etc.; 2) nursing services - organisation of personal hygiene, organisation of health care, inversion of the patient, change of diapers, supervision of the use of medicines, etc.; 3) information, mediation, consulting and representation services.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3		
Access details	http://siauliuspc.lt/projektai/				

Title	ACCEPT: Integral assistance to individuals integrating into the labor market (PRIIMK: integrali pagalba asmenims integruojantis į darbo rinką)				
Author(s)	Lietuvos Caritas				
Region/country	Lithuania	**Year of publication**	2018	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)		
This article describes the European Union project implemented by Caritas Lithuania with Caritas of the Kaunas Archdiocese - "ACCEPT: Integral Assistance for Individuals Integrating into the Labor Market". During the project, it is planned to work with groups experiencing social exclusion, through a coherent programme of activities, helping them to integrate into the labor market. The project stipulates that during the implementation period, each person participating in the project will be able to participate in a 9-month programme of activities. The project programme consists of: personal needs assessment, individual motivation, group motivation, individual social counseling, soc. skills development and support, individual social skills development, social skills development through volunteering, psychological assistance, vocational guidance, employer attendance, English language courses, digital literacy courses, job placement and accompanying employment. It is planned to provide services to: the disabled people with epilepsy, people surviving homelessness, persons released from prisons, persons abusing alcohol, recipients of social benefits, families at social risk.		
Keywords	integrated assistance, integration to labor market	
Type of asset	Technical and commercial documentation	**Dimensions and MRLs** D2, MRL3 + D4, MRL3 + D5, MRL3 + D6, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://www.caritas.lt/page/gyvendinamas-naujas-projektas-63	

Title	Integral home help in Klaipeda (Integrali pagalba į namus Klaipėdos mieste)				
Author(s)	Neįgaliųjų centras „Klaipėdos lakštutė"				
Region/country	Lithuania	**Year of publication**	2019	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes the joint project "Integrated Home Assistance in Klaipėda" organised by the Klaipėda City Social Support Centre, public institution "Ori senatvė", Disabled People's Centre "Klaipėdos Lakštutė" and Klaipėda City Municipality Administration. The aim of the project is to promote the provision of quality Integrated Assistance (social care and nursing) at home for people with disabilities and the elderly and to provide counseling services to their caring family members. During the project it is planned to provide: 1) Integrated Assistance to disabled children, disabled persons of working age and the elderly; 2) to advise family members caring for disabled children, disabled relatives of working age or the elderly; 3) to train and prepare mobile team employees.					
Keywords	integrated assistance				
Type of asset	Technical and commercial documentation	**Dimensions and MRLs** D2, MRL2 + D4, MRL2 + D5, MRL2 + D7, MRL2 + D8, MRL2			
Access details	https://www.klaipedoslakstute.lt/apie-mus/projektai/projektas-nr-08-4-1-esfa-v-418-01-0012-integrali-pagalba-i-namus-klaipedos-mieste/				

Title	Novelty: for Panevėžys residents - integral help at home (Naujovė: panevėžiečiams – integrali pagalba namie)

Author(s)	Asta Sarapienė				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes Integrated Assistance services in Panevėžys, their concept, principles of service provision, recipients of the services, contacts. The concept of services is defined - the combination of nursing and social services, complex assistance and supervision of specialists. Integrated Assistance is provided on a team basis. The team consists of the following specialists: social worker and his assistants, nurse and his assistants, rehabilitation specialist. The authors of the article point out that Integrated Assistance consists of: 1) social care at home - a set of social services provided during the day, assistance in promoting human independence; 2) home care - health care services that meet the needs of human care at home and promote self-care. It is stated that the services are provided for the disabled. It is written that services in a person's home can be provided from 2 to 4.5 hours. daily 5 times a week. Recipients of Integrated Assistance services are children with severe disabilities, people of working age or the elderly who have been found to have a complete degree of disability. Another condition is that they must have declared their place of residence and actually live in Panevėžys.					
Keywords	integrated assistance				
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3		
Access details	https://www.manokrastas.lt/straipsnis/naujove-panevezieciams-%E2%80%93-integrali-pagalba-namie				

Title	Integrated home help will be provided in all municipalities of the country (Integrali pagalba į namus bus teikiama visose šalies savivaldybėse)				
Author(s)	Socialinės apsaugos ir darbo ministerija				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes Integrated Assistance services and their development. The article states that the Minister of Social Security and Labor Algimanta Pabedinskienė signed an order approving the financing of another 23 Integrated Assistance projects, which create and develop social care and nursing at home for disabled children, disabled people of working age, and the elderly. In May 2016, 21 projects have already been launched, and a total of 61 integrated aid projects will be implemented from October. Project activities include the creation of mobile teams to provide services, the purchase of vehicles for mobile team staff to visit the recipients, as well as nursing facilities (sanitary-hygienic), employment tools for participants, work clothes, equipment and facilities for social care and home care. The projects also provide training for nurses, nursing assistants, rehabilitation specialists, social workers and their assistants, volunteers, counseling of family members, caring for disabled children, disabled people of working age, and the elderly.					
Keywords	integrated assistance				
Type of asset	Report	**Dimensions and MRLs**	D2, MRL4 + D4, MRL4 + D5, MRL4 + D7, MRL4D8, MRL4		
Access details	http://www.negalia.lt/integrali-pagalba-i-namus-bus-teikiama-visose-salies-savivaldybese/				

Title	Providing Integrated Assistance in Joniškis District (Integralios pagalbos teikimas Joniškio rajone)				
Author(s)	Joniškio rajono savivaldybė				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This document describes the project "Provision of Integrated Assistance in Joniškis District" organised by Joniškis District Municipality Administration and Joniškis Centre for Social Services and Employment with the support of the European Union Investment Funds. The aim of the project is to provide Integrated Assistance (social care and nursing) at home for disabled children, disabled people of working age and the elderly, and counseling assistance for their family members. The main activities of the project: 1) Provision of Integrated Assistance to disabled children, disabled people of working age and the elderly; 2) Counseling of family members caring for disabled relatives individually and in groups; 3) Staff training and professional development. The authors point out that Integrated Assistance Services include: 1) Social care at a person's home - a set of social services that provide a person with comprehensive assistance at home during the day, promoting the person's independence; 2) Home care - the provision of personal health care services to a person in the home where he or she lives in order to ensure the availability and continuity of services, meeting the person's care needs at home and promoting the self-care of the disabled person. Integrated Assistance services during the project implementation will be provided to disabled children, disabled people of working age and disabled elderly people who have been found to have a high level of disability and a special need for permanent care. It is planned to provide services to 20 residents of the district. The services are provided by a mobile team, its employees provide a complex of both nursing and care services at the person's home according to the established schedule, taking into account the service needs identified for the person. Assistance is provided up to 4.5 hours. per day, 5 days a week. The share of home care services is provided to individuals free of charge, and the payment for social care services at home depends on the person's income and is determined in accordance with the procedure established by legal acts.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://www.joniskis.lt/get_file.php?file=bVoyWm44YWpiY3lYcTJ1ZW5LREwxNVptbTZXY1k1NmltOENXbXNpY2JxS1dtR3lqeDJSdzJwT2VicHh5bzh2Snh hcWFaNXFhbko1dnpaV1pubVJ2YVpscGFHbkpiWEthbkdhYW8zQ2JuOHFaY21haG5xU2RwWEhBbTUyWm9acWNsNkp0WHNhbGNNZklubXh1bTNLYw==		

Title	Successful project "Integrated home help" (Pasiteisinęs projektas „Integrali pagalba į namus")				
Author(s)	Irma Rutkauskienė				
Region/country	Lithuania	Year of publication	2018	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the project of the Rokiškis Social Support Centre "Integral Assistance at Home", during which Integrated Assistance services are provided in Rokiškis city and district. The article states that in Rokiškis city and district, Integrated Assistance is already provided and offered to residents who have lost their independence. People with disabilities, the elderly and those who are no longer able to take care of themselves receive the help of various specialists. They are visited and supervised at home by a social worker and his assistants, a nurse and her assistants, and a massage therapist. In 2018, 14 people were provided with Integrated Assistance in Rokiškis city and district. Integrated Assistance is provided by one mobile team, a second team is planned to be formed in the future. Equipment purchased: two mobile lifts, two mobile bathroom equipment, massage table, massage chair. According to the authors, the essence of integrated care is that it is complex, because the day-to-day social care provided in clients' homes has been more focused on clients' household care, and the new Integrated Assistance service consists of social care and nursing. Depending on the needs of the recipient, the specialists of Rokiškis Social Support Centre provide them with many and various services: from injections and health

consultations to planting, rinsing and shopping. Integrated Assistance service specialists dedicate from 2 to 4.5 hours to their client. per day, 5 times a week. It is written that the project is going well, clients and their relatives are happy with the Integrated Assistance service.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://www.rokiskiosirena.lt/naujiena/savivalda/pasiteisins-projektas-integrali-pagalba-namus		

Title	Integral home help helps you get back to life (Integrali pagalba į namus padeda grįžti į gyvenimą)					
Author(s)	Alytaus rajono savivaldybės informacija					
Region/country	Lithuania	**Year of publication**	2017	**Language**	Lithuanian	
Brief summary/Abstract/Executive summary (max. 300 words)						

This article is about the Integrated Assistance services provided to the residents of Alytus District. It is stated that three vehicles were purchased for the provision of the Integrated Assistance services, and a team of social workers and personal health care specialists was formed. In the article, the mayor of Alytus district A. Vrubliauskas states that Integrated Assistance is especially needed for people with serious health problems due to old age or disability, in his opinion, such help provides an opportunity to return to life. The source says that Integrated Assistance will be available to 30 residents of the district. It is partially paid and the amount of the tax depends on the income of the resident. The recipient of the Integrated Assistance has to pay for the assistance provided by the social worker, and the nursing service is provided free of charge. In the article, D. Kitavičienė, Director of the Public Health Bureau, states that people are very satisfied with the help they receive, because they are assisted by a nurse, a nurse's assistant, an occupational therapist, a physiotherapist, a social worker, his assistant. They provide such services as: changing diapers, exercising according to the doctor's recommendations, monitoring the general state of health, etc. It is written that Integrated Assistance services are available to disabled children, adults of working age and old-age pensioners with disabilities. The high level of disability and the need for permanent care must be established for all recipients.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://danielius.net/straipsniai/integrali-pagalba-i-namus-padeda-grizti-i-gyvenima		

Title	Integral assistance in a person's home for the residents of Elektrėnai municipality (Integrali pagalba asmens namuose Elektrėnų savivaldybės gyventojams)					
Author(s)	Elektrėnų socialinių paslaugų centras					
Region/country	Lithuania	**Year of publication**	2016	**Language**	Lithuanian	
Brief summary/Abstract/Executive summary (max. 300 words)						

This article describes the project of the Elektrénai Social Services Centre "Integrated Assistance in a person's home for the residents of Elektrénai municipality", the project was launched in 2016. May, its duration is 45 months. The article states that the aim of the project is the development of high-quality Integrated Assistance (nursing and social care) for disabled children, disabled people of working age or the elderly living in Elektrénai municipality, and counseling assistance for their family members. The article envisages that during the implementation of the project, a mobile team of qualified specialists will provide Integrated Assistance to forty people and consult up to fifteen members of their families. Employees of mobile teams will improve their skills in training on customer communication etiquette, work efficiency improvement, work safety and other subjects. The training is planned to be delivered to about 20 people.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3
Access details	http://soc.elektrenai.lt/index.php/integrali-pagalba-asmens-namuose-elektrenu-savivaldybes-gyventojams/		

Title	Training for integrated care providers (Mokymai integralios pagalbos teikėjams)				
Author(s)	Elektrėnų socialinių paslaugų centras				
Region/country	Lithuania	**Year of publication**	2017	**Language**	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the training provided by the Elektrénai Social Services Centre for nursing professionals providing nursing and rehabilitation services to people with severe disabilities at home. The article states that in 2017. In April, a two-day seminar "Development of Emotional Resilience of Nursing and Social Care Workers" was held. The aim of the training is to deepen the abilities and work skills of the nursing and social care staff working in the Integrated Assistance project, to strengthen their emotional resilience, to increase self-confidence, and to develop empathy for the disabled and sick person. A total of 25 specialists participated in the training.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D5, MRL3 + D12, MRL3
Access details	http://soc.elektrenai.lt/index.php/2017/04/08/mokymai-integralios-pagalbos-tiekejams/		

Title	Integrated home help is a success story for the countries of the European Union (Integrali pagalba namuose – sėkmės pavyzdys europos sąjungos šalims)				
Author(s)	Elektrėnų socialinių paslaugų centras				
Region/country	Lithuania	**Year of publication**	2018	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)		
This article describes the cooperation between specialists of the Elektrėnai Social Services Centre and the Institute of Public Policy and Management. The authors of the article point out that in 2018. May, two specialists of the Institute of Public Policy and Management visited the Elektrėnai Social Services Centre and presented a study on social policy innovations for the Joint Research Centre of the European Commission. It is stated that the Joint Research Centre selected the Integrated Assistance project implemented in Lithuania as one of the examples of great interest for their analysis. It is written that the analysis of the case of the Integrated Assistance project carried out by the Elektrėnai Social Services Centre will aim to explain the general role of Integrated Assistance in the context of the aging population, unemployment and the risk of social exclusion. The Elektrėnai Social Services Centre Integrated Assistance project was selected as an example of good practice for the study. During the interview, the project manager Dalytė Kutyrevienė told about the project development, implementation process, challenges, benefits and results. Project coordinator Jurgita Rosokackienė, social worker Daiva Šareikienė, nurse Asta Šimonienė and masseur Marija Radvinskienė participated in the focus group and analysed the practical side of the project.		
Keywords	integrated assistance	
Type of asset	Report	Dimensions and MRLs	D9, MRL2 + D11, MRL2
Access details	http://soc.elektrenai.lt/index.php/2018/05/10/integrali-pagalba-namuose-sekmes-pavyzdys-europos-sajungos-salims/	

Title	Integral assistance improves the quality of life of people with disabilities (Integrali pagalba gerina negalią turinčių žmonių gyvenimo kokybę)				
Author(s)	Elektrėnų socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2019	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This article describes the tasks, activities and expected results of the project "Integral Assistance at Home for the Residents of Elektrėnai Municipality" implemented by the Elektrėnai Social Services Centre. The article states that the project aims to expand quality Integrated Assistance (social care and nursing) at home for disabled children living in Elektrėnai municipality, persons of working age, the elderly and counseling assistance for their family members. The main task of the project is to strengthen the competence of employees, to provide quality Integrated Assistance services, including counseling assistance to family members. There are 3 activities: 1) training of mobile team employees in order to improve the quality of provided services, to protect employees from risk factors at work; 2) Integrated Assistance in the homes of disabled children, people of working age and the elderly; 3) Providing counseling services to family members caring for the disabled or elderly to provide knowledge and skills to family members on how to improve the quality of nursing and care for loved ones. The authors of the article state that the project activities will contribute to the implementation of the principles of gender equality and non-discrimination, which is important to care for the disabled or elderly, enabling family members to actively participate in the labor market, increase their income and remain active participants. By providing qualified Integrated Assistance services to individuals during the project, it is expected that they will be able to live in their own home without losing contact with the immediate environment and will be able to avoid long-term inpatient care.					
Keywords	integrated assistance				
Type of asset	Report	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3 + D12, MRL3		
Access details	http://soc.elektrenai.lt/index.php/2019/02/28/integrali-pagalba-gerina-negalia-turinciu-zmoniu-gyvenimo-kokybe/				

Title	Kaunas City Centre for Social Services project "Integral assistance for elderly people with disabilities in Kaunas city" (Kauno miesto socialinių paslaugų centro vykdomas projektas "Integrali pagalba senyvo amžiaus asmenims su negalia kauno mieste")				
Author(s)	Kauno miesto socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article describes the project of Kaunas City Social Services Centre, Integral Assistance for the Elderly with Disabilities in Kaunas". Kaunas City Social Services Centre provides Integrated Assistance services together with partners: Kaunas Archdiocese Caritas, which is responsible for organizing 3 informal assistance events to 40 community members and volunteers, and Kaunas Resurrection Parish, which organises 1 mobile team to provide Integrated Assistance services to elderly people living in Kaunas . The promoter and partners use the principles of Integrated Assistance in their activities and mobilize teams of community and professional staff. The authors of the article state that for the implementation of the project activities, 6 mobile teams have been formed, in which services are provided by 36 employees - nurses, nursing assistants, social workers, physiotherapists, social worker assistants and psychologists. The project also envisages that service users and their family members will be consulted by assessing the situation of each family individually. The article states that relatives will be consulted about: the peculiarities of care for an elderly person with a disability, "burnout" syndrome and its prevention, support in case of mourning. The authors point out that the aim of providing Integrated Assistance is to provide quality services, therefore the project envisages allocating a lot of resources to the preparation of employees to provide them. The provision of integrated (social care and nursing) assistance services at home meets the vital needs of disabled elderly people, ensures the counseling of family members on issues relevant to them, and encourages the involvement of the community of the place of residence and volunteers in the provision of informal assistance.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://kaunopoliklinika.lt/kauno-miesto-socialiniu-paslaugu-centro-vykdomas-projektas-integrali-pagalba-senyvo-amziaus-asmenims-su-negalia-kauno-mieste/		

Title	Decision on the description of the procedure for the provision of integrated assistance services to persons at home and approval of the price of the provision of daily social care services to persons at home (Sprendimas dėl integralios pagalbos paslaugų teikimo asmenims namuose tvarkos aprašo ir dienos socialinės globos paslaugų asmenims teikimo namuose kainos patvirtinimo)				
Author(s)	Audrius Klišonis				
Region/country	Lithuania	Year of publication	2016	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This document of Plungė District Municipality describes the regulations of providing Integrated Assistance services at a person's home. The document sets out the principles for applying for Integrated Assistance services, identifying needs, paying, liability and control. The definition of an Integrated Assistance service described on page 2 is a set of nursing and day social care services that aim to protect a person from exacerbation or progression of the disease, meet the social service needs of the person and his / her family members, take into account the needs of family members and care. The aim is to create conditions for a person to live at home and in the community for as long as possible, to ensure proper organisation and provision of day social care and nursing home services, strengthening personal abilities, maintaining social relations with family, community, helping family members to integrate into society and the labor market, reconciling family and work responsibilities, improving the quality of life of service users, developing their autonomy in the living environment, promoting their independence, and providing counseling to family members caring for people with disabilities to help them reconcile family and work responsibilities. The document states that the recipients of Integrated Assistance may be:

children with disabilities, adults with disabilities and persons with severe disabilities who have reached the retirement age and for whom a special need for permanent care has been established. It is also added that recipients has to be citizens of the Republic of Lithuania who have declared their place of residence in Plungė District Municipality. The page 3 describes that Integral assistance is provided on a team basis, it is formed by the director of Plungė Social Services Centre, the team works in accordance with the principle of teamwork, mutual trust, involvement of the client (his family members, relatives) in the process. On the page 4 – is a list of documents that are required to receive Integrated Assistance services: a certificate of disability, a certificate of special permanent care needs, a statement of personal income, etc. Payment for services is described on page 6 - the amount of payment for day care services at home is determined taking into account the financial capacity of the person (family) to pay for the services and the established price of social care. Page 7 shows service hours: Integrated Assistance services are provided from 1 hour to 4.5 hours per day up to 5 times a week. The duration of day care and nursing services is determined on the basis of an individual assessment of the need, taking into account the person's state of health, social and physical independence, living and living conditions and the ability of family members to help.

Keywords	integrated assistance		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://plungesspc.lt/wp-content/uploads/2019/03/Integralios-pagalbos-paslaug%C5%B3-teikimo-asmenims-namuose-tvarkos-apra%C5%A1as.docx		

Title	Order approving the Integrated Aid Development Programme (Įsakymas dėl integralios pagalbos plėtros programos patvirtinimo)				
Author(s)	Donatas Jankauskas				
Region/country	Lithuania	Year of publication	2012	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This document of the Minister of Social Security and Labor of the Republic of Lithuania sets out the goals, objectives, main requirements for Integrated Assistance service projects, expected results, implementation evaluation criteria and activities. The third page states the purpose of Integrated Assistance - quality social care and nursing assistance at home for the disabled, the elderly and counseling assistance for family members caring for the disabled and the elderly. Objectives of the programme: 1) to increase the quality of social care provided at home; 2) to promote the development of Integrated Assistance services; 3) increase the availability of Integrated Assistance; 4) to promote the development of a family counseling system for the care of the disabled and the elderly; 5) to promote and support informal assistance, cooperation of specialists and volunteers, members of the community in organizing and providing integrated assistance. The document describes the activities funded by the programme - pilot projects (creation of mobile teams, provision of tools, promotion of informal assistance) and studies to evaluate the effectiveness and applicability of integrated assistance. The fifth page describes the expected results - the development of Integrated Assistance, the creation of mobile teams, the creation of technical conditions for the provision of mobile assistance to specialists, the provision of counseling services for family members.

Keywords	integrated assistance		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D2, MRL4 + D4, MRL4 + D5, MRL4 + D7, MRL4D8, MRL4 + D9, MRL2 + D12, MRL2
Access details	https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.430819/asr		

Title	Programmes and projects (Programos ir projektai)

Author(s)	Lietuvos Respublikos socialinės apsaugos ir darbo ministerija				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article describes various programmes and projects of the Ministry of Social Security and Labor of the Republic of Lithuania, one of which is Integrated Assistance. It is written that this project aims at the creation and development of high-quality Integrated Assistance for disabled children, disabled people of working age, the elderly and family members caring for disabled children, disabled people of working age, the elderly. The objectives of the programme are to increase the quality of social care provided at home by Integrated Assistance services; to ensure the provision of Integrated Assistance services by mobile teams of social services and nursing professionals working together with individual carers, nursing assistants or universal individual care workers / nursing assistants who provide both social care and competence nursing, social workers, nurses , psychologists, physiotherapists, massage specialists, etc.; increase the availability of Integrated Assistance; to develop a system of counseling on family care assistance for the disabled (children, working age) and the elderly; to promote and support informal assistance, cooperation between professionals and volunteers, members of the community in organizing and providing integrated assistance. The article states that Integrated Assistance projects will be implemented in all municipalities except Neringa. The projects will run from 2015 to 2019. financed by the European Social Fund. The allocated funds amount to 16.4 million. Euros.

Keywords	integrated assistance		
Type of asset	Report	Dimensions and MRLs	D2, MRL4 + D4, MRL4 + D5, MRL4 + D7, MRL4D8, MRL4
Access details	https://socmin.lrv.lt/lt/veiklos-sritys/socialine-integracija/socialines-paslaugos/programos-ir-projektai		

Title	Integral assistance in a person's home for the residents of Šalčininkai district municipality (Integrali pagalba asmens namuose Šalčininkų rajono savivaldybės gyventojams)				
Author(s)	Šalčininkų socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)
This article of the Šalčininkai Social Services Centre describes the project "Integrated Assistance in a person's home for the residents of Šalčininkai district municipality". The project is planned to provide Integrated Assistance (social care and nursing) to disabled people of working age and the elderly, as well as counseling to their families. The project organisers hope that the seriously ill will be able to receive comprehensive care in their own homes, thus avoiding inpatient treatment or accommodation in a care home. The article describes Integrated Assistance as a set of nursing and day care services, the aim of which is to protect a person from exacerbation or progression of the disease, to meet the social service needs of the person and his / her family members. The document states that Integral Assistance consists of two parts: 1) social care home - a set of social services that provide comprehensive assistance to the person during the day, promoting the person's independence, and 2) home care - personal health care services are provided to the person at home, where he / she living to ensure the availability and continuity of services to meet a person's nursing needs at home. The authors of the article point out that Integrated Assistance in a person's home is provided on a team basis, the aim of which is to find out the need for a person's social care and nursing home services, to organise and provide these services using effective measures and social services. The team consists of the following professionals: a social worker and his/her assistants, a nurse and his/her assistants. During the implementation of the Šalčininkai Social Services Centre project, 2 mobile teams will be formed with 12 employees, including one nurse, five nursing assistants, five social worker assistants and one social worker. The project envisages that the target groups of service users are the disabled and the elderly.

Keywords	integrated assistance

Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://sspc.lt/2017/10/12/salcininku-socialiniu-paslaugu-centras-vykdo-projekta-integrali-pagalba-asmens-namuose-salcininku-rajono-savivaldybes-gyventojams-nr-08-4-1-esfa-v-418-04-0007-is-europos-sajungos-s/		

Title	Integral Assistance at home (Integrali pagalba į namus)				
Author(s)	Pakruojo nestacionarių socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article of Pakruojis Outpatient Social Services Centre describes Integrated Assistance services at home. The article states that Integrated Assistance is a set of nursing and day care services provided in a person's home. According to the document, Integral Assistance in a person's home is provided on a team basis, the purpose of which is to find out the need for a person's social care and nursing home services, to organise and provide these services using effective measures and social services. Recipients of the Integrated Assistance of the Pakruojis Non-Inpatient Social Services Centre are disabled people of working age with a severe disability and people with a severe disability who have received an old-age pension. The article states that Integral Assistance is provided to recipients on a team basis, the team consists of: a nurse, nursing assistants, social worker assistants, a physiotherapist. The authors point out that nurses provide integrated care for wounds and bedsores, measurement of arterial blood pressure, counseling on nursing, healthy lifestyle, prevention of diseases and complications, and so on. Social worker assistants perform a variety of housework and household chores, while nurse assistants monitor the person according to the nurse's instructions, bandage wounds, wash, change diapers, help with movement, lie down in bed, feed or help with food, and more. For project clients, the payment for day social care services in a person's home, providing integrated assistance in a person's home, is made taking into account the person's (family's) income. Day social care at a person's home is provided from 2 to 8 hours a day, 5 times a week. Nursing services are available from 2 to 4 hours per week.

Keywords	integrated assistance		
Type of asset	Technical and commercial documentation	Dimensions and MRLs	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	https://pnspc.lt/integrali-pagalba-i-namus/		

Title	The first step towards integrated healthcare has been taken (Žengtas pirmas žingsnis link integruotos sveikatos priežiūros)				
Author(s)	Vaiva Žostautaitė				
Region/country	Lithuania	Year of publication	2007	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article discusses a joint project between the Ministry of Health and the Ministry of Social Security and Labor to provide joint nursing and social services. The article states that this project aims to improve the coordination of nursing and social services in municipalities, to improve cooperation between different institutions providing nursing or social care services to a person. According to the document, under the new procedure, the patient will receive comprehensive assistance and care from nursing and social services specialists closer to his/her place of residence. According to the authors, the new procedure will allow the provision of social and nursing services where a person lives, to protect patients from exacerbations or progression of diseases. It is also written that this will improve access to nursing and social services. The source states that children and adults with disabilities, the elderly, people in need of palliative care and people with chronic and lifelong illnesses will receive Integrated Assistance services. It is planned to include the patient's family and immediate people in the provision of these services. The long-term care plan will take into account the family's financial situation, discuss current and potential problems and care needs with the patient's family members. Municipalities will be responsible for organizing Integrated Assistance services and forming a team of specialists. They will prepare and approve a description of the procedures for concluding contracts between institutions, companies and organisations. The services will be provided by a team consisting of a community nurse and / or mental health nurse, a social worker, and their assistants.

Keywords	integrated assistance		
Type of asset	Report	Dimensions and MRLs	D2, MRL4 + D4, MRL4 + D7, MRL4D8, MRL4
Access details	https://www.pasveik.lt/lt/sveikatos-ir-medicinos-naujienos/zengtas-pirmas-zingsnis-link-integruotos-sveikatos-prieziuros/14033/		

Title	An integrated health care system of Kaunas region is being developed (Kuriama integruota Kauno regiono sveikatos priežiūros sistema)				
Author(s)	vlmedicina.lt				
Region/country	Lithuania	Year of publication	2013	Language	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the development of integrated health care in Kaunas region and the changed procedure for appointing hospital managers. The article states that Kaunas City Council renounced the rights of the founder of Kaunas Clinical Hospital and the Ministry of Health became the founder of this institution. According to the Minister of Health, this reorganisation of the system will allow better coordination of the provision of health care services in Kaunas city and region. At the meeting of the Minister of Health V. P. Andriukaitis with the General Director of Lithuania Health Sciences University (LHSU) Hospital Kaunas Clinics prof. Renaldas Jurkevičius, General Director of Kaunas Republican Hospital Linas Vitkus and interim head of Kaunas Clinical Hospital Gediminas Abeciūnas discussed the outline of the development of an integrated health care system in Kaunas. According to the new model, the most difficult hospitals would be treated in LHSU Kaunas clinics, and the Republican and Kaunas Clinical hospitals would accept patients with less acute diseases. It is also planned to envisage some specialization in these two hospitals. Minister of Health at the meeting, emphasised the improvement of the flow of patients and the management of serious diseases, and the provision of services to patients, first of all to patients with oncological diseases. The Minister of health also noted that changes to some legislation will make it easier for medical consultants to provide advice to patients and help professionals in small hospitals.

Keywords	integrated care, clusters, kaunas region		
Type of asset	Report	Dimensions and MRLs	D2, MRL2 + D4, MRL2 + D6, MRL2
Access details	http://www.vlmedicina.lt/lt/kuriama-integruota-kauno-regiono-sveikatos-prieziuros-sistema/action=comment		

Title	Regarding the approval of the social services plan of Panevėžys district municipality for 2020 (Dėl panevėžio rajono savivaldybės 2020 metų socialinių paslaugų plano patvirtinimo)				
Author(s)	Virginija Savickienė				
Region/country	Lithuania	Year of publication	2020	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					
This document describes the plans for the provision of social services of Panevėžys district municipality in 2020. The second page of the document describes the goals of the provision and development of social services, it is planned to further develop Integrated Assistance services. On the third page it is written that in order to develop the activities of social institutions administered by Panevėžys municipality, it is planned to continue the Integrated Assistance project of the Panevėžys District Social Services Centre "Integrated Home Assistance in Panevėžys district". The seventh page describes the factors determining the needs of the population for social services: 1) Unemployment; 2) Social risk; 3) Disability; 4) The aging of the population - therefore more often needed help at home, in a social care institution, Integrated Assistance, transport services and technical assistance measures (wheelchairs, sticks, walkers, etc.). The fifteenth page describes the priority social services: 1) Improving the quality of long-term social care services for the elderly and older adults; 2) Development of daily social care for young people with intellectual disabilities in cooperation with the Public Institution "Vilties sodas"; 3) Development of general services at home for the elderly and the elderly and disabled; 4) Provision of Integrated Assistance services to dependent or partially independent disabled children, disabled people of working age, elderly people who do not need institutional social care and their families; 5) Development of social services and their accessibility for families at social risk and children growing up in them; 6) Provision of search, selection, counseling and assistance services for guardians (caregivers) and adoptive parents; etc. In 2020, it is planned to provide integrated assistance services at the home of about 60 people living in Panevėžys district.					
Keywords	integrated assistance				
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3		
Access details	0				

Title	Project "Development and Provision of Quality Integrated Assistance in Rietavas Municipality" (Projektas „Kokybiškos integralios pagalbos sukūrimas ir teikimas Rietavo savivaldybėje")				
Author(s)	Rietavo socialinių paslaugų centras				
Region/country	Lithuania	Year of publication	2017	Language	Lithuanian
Brief summary/Abstract/Executive summary (max. 300 words)					

This article describes the project of the Rietavas Social Services Centre "Development and Provision of Quality Integrated Assistance in Rietavas Municipality". The project aims to provide Integrated Assistance (social care and nursing) for disabled children, disabled people of working age and the elderly with severe disabilities who have a special need for permanent care, and counseling for their families. The project organisers envisage the formation of two mobile teams of staff to provide Integrated Assistance. During the project implementation period, it is planned to provide Integrated Assistance services to 20 people every day. In order to ensure that the relatives (family members) of the recipients of Integrated Assistance better understand and ensure the needs of the disabled and the elderly, nursing professionals will organise individual consultations. The provision of high-quality Integrated Assistance and counseling will be ensured by the high competence of employees. The team will consist of a nurse and nursing assistants, a physiotherapist / masseur. Mobile team staff will be trained according to the professional training programme for nursing assistants (6 people). Rietavas Social Services Centre will provide Integrated Assistance services from 1 to 4 hours per day - up to 5 days a week. The duration will be determined individually, assessing the need, taking into account the person's state of health, social and physical independence, living conditions, the ability of family members to help. The article provides application contacts for those in need of Integral help.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D5, MRL3 + D7, MRL3 + D8, MRL3
Access details	http://www.rspcentras.lt/index.php/2-uncategorised/23-projektas-kokybiskos-integralios-pagalbos-sukurimas-ir-teikimas-rietavo-savivaldybeje		

Title	Integral assistance: more access to social services at home (Integrali pagalba: galimybių gauti socialines paslaugas namie – daugiau)				
Author(s)	Laura Barkauskaitė				
Region/country	Lithuania	**Year of publication**	2016	**Language**	Lithuanian

Brief summary/Abstract/Executive summary (max. 300 words)

This article describes the development of Integrated Assistance in Klaipeda region. The author of the article writes that Integrated Assistance in a person's home is an effort to make life easier for the disabled and / or the elderly by providing social care and nursing in their home. Services include taking care of a person's social skills, health care, household needs. The article states that in Klaipėda, three institutions have been entrusted with the provision of Integrated Assistance services in a person's home - Klaipėda City Social Support Centre, public institution Ori senatvė and the disabled centre and institution Klaipėdos Lakštutė. Social care and nursing services in a person's home are provided during the working hours set by the institutions (not earlier than 7 am and no later than 11 pm) from 1 to 7 hours a day, 7 days a week. The staff of the institutions implementing the project informs, consults the cared for persons and their relatives on social issues, takes care of meals, personal hygiene, development and maintenance of daily skills, organises transport, coordinates health care. The article states that employees visiting homes for the disabled or elderly are particularly welcome - in addition to physically necessary services, they also desperately need communication. It is pointed out that the workload of social workers has significantly increased during the project, sometimes there is a shortage of employees, in the Klaipėda City Social Support Centre - 60 social clients have to coordinate services for one social worker. Some staff have to travel by public transport to the homes of the wards, taking the necessary tools with them. This takes a lot of time, which is not included in the payment for the service.

Keywords	integrated assistance		
Type of asset	Report	**Dimensions and MRLs**	D2, MRL4 + D4, MRL4 + D5, MRL3 + D7, MRL4D8, MRL4
Access details	http://kspic.lt/integrali-pagalba-galimybiu-gauti-socialines-paslaugas-namie-daugiau/		

8.5   Poland

Title	Human Capital Development Strategy 2020				
Author(s)	Ministry of Labor and Social Policy				
Region/country	Poland	Year of publication		2013	**Language**	Polish

Brief summary/Abstract/Executive summary (max. 300 words)
The Human Capital Development Strategy is one of nine sectoral strategies implementing the country's medium- and long-term development strategy and a key strategy for the labour market.   The main objective of the SRC is to develop human capital by exploiting the potential of individuals in such a way that they can participate fully in social, political and economic life at all stages of their lives.   The Human Capital Development Strategy 2020 (SRKL) was adopted by the Council of Ministers (Resolution No 104 of the Council of Ministers of 18 June 2013 on the adoption of the Human Capital Development Strategy 2020).

Keywords	strategy, human capital		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL5 + D6, MRL5 + D10, MRL5 + D12, MRL5
Access details	https://www.gov.pl/web/rodzina/strategia-rozwoju-kapitalu-ludzkiego-srkl		

Title	Health inequalities as a political challenge				
Author(s)	Dorota Cianciara				
Region/country	Poland	Year of publication		2015	**Language**	Polish

Brief summary/Abstract/Executive summary (max. 300 words)
The aim of the article is to present selected milestones in focusing the global attention on social inequalities in health and recapitulation of Polish national concern about health inequalities, to emphasise the significance of that problem for current health policies. The most important stages of the UK involvement and the efforts of the World Health Organisation are presented. In the Polish context it was emphasised that the Siemaszko system was population health friendly, albeit with varying degrees of success, and supported preventive medicine, infectious disease prevention, health education and health care for young children. After the political transformation in 1989 the problem of population health was marginalized and dominated by neoliberal economic theses. Some examples of a lack of vigilance with regard to health inequalities in Poland were discussed. It was noted that the Public Health Act, the new National Health Programme as well as predefined project "Reducing social inequalities in health" (within the programme PL13) are an opportunity to raise public awareness of the problem.

Keywords	health inequalities, social determinants		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D7, MRL1
Access details	Hygeia Public Health 2015, 50(3): 441-448		

Title	Measuring patient satisfaction in primary health care. Comparative analysis				
Author(s)	Rutkowska Aneta, Skonieczna Joanna , Olejniczak Dominik				
Region/country	Poland	Year of publication	2015	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

The main aim of the study was to assess the level of patient satisfaction with primary health system in Poland and Italy. There were analysed following parts(elements): obtaining information during the process of medical treatment, aesthetic aspects, waiting time and staff attitudes towards patients.
Material and methods
The survey was conducted in 2012 in Poland and Italy. In the study a method of diagnostic survey was used. Two versions of the anonymous questionnaires (in Polish and Italian) composed of 25 questions were used. The study included 200 adults, 100 Polish and 100 Italians. The age range was 18-75 years.

Keywords	primary health care, quality of health care, patients		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D7, MRL1
Access details	Comparative analysis. Journal of Education, Health and Sport. 2015;5(10):251 261. ISSN 2391 8306. DOI http://dx.doi.org/10.5281/zenodo.32858 http://ojs.ukw.edu.pl/index.php/johs/article/view/2015%3B5%2810%29%3A251-261 https://pbn.nauka.gov.pl/works/663413 Formerly Journal of Health Sciences. ISSN 1429-9623 / 2300-665X. Archives 2011–2014 http://journal.rsw.edu.pl/index.php/JHS/issue/archive		

Title	Coordinated healthcare - the goals and principles of organisation				
Author(s)	Izabela Banaś, Magdalena Zając				
Region/country	Poland	Year of publication	2015	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

the presentation called Coordinated healthcare - the goals and principles of organisation
provides basic information on coordinated care, histories, definitions and principles.

Keywords	coordinated health care, managed health care, free-for-service		
Type of asset	Project document	Dimensions and MRLs	D4, MRL1
Access details	http://docplayer.pl/4386038-Koordynowana-opieka-zdrowotna-cele-i-zasady-organizacji-izabela-banas-magdalena-zajac.html		

Title	Proposed key solutions in primary health care				
Author(s)	dr hab. n. med. Adam Windak				
Region/country	Poland	Year of publication	2016	Language	Polish
Brief summary/Abstract/Executive summary (max. 300 words)					
The document summarises the work of the PHC team appointed by the Minister of Health with proposed key solutions in primary health care . 1. PHC for everyone 2. Implementation of family medicine 3. Family medicine team 4. Improving financing 5. Strengthening the role of prevention and health promotion 6. Intra and cross-sectoral integration 7. Computerization 8. Reducing bureaucracy 9. Internal quality improvement 10. Development of scientific research.					
Keywords	primary health care, transformation				
Type of asset	Project document		**Dimensions and MRLs**		D1, MRL1
Access details	https://akademia.nfz.gov.pl/propozycja-kluczowych-rozwiazan-w-poz-prof-uj/				

Title	Coordinated Care model in Primary Health Care in Poland (PHC Plus pilot model)				
Author(s)	National Health Fund (NHF)				
Region/country	Poland	Year of publication	2018	Language	Polish
Brief summary/Abstract/Executive summary (max. 300 words)					
Website of project entitled: Preparation, testing and implementation of a coordinated care organisation (OOK) into the healthcare system. Stage II Pilot phase - PHC PLUS model. The site contains basic information about the project : objectives and principles of pilot programme of coordinated care in primary healthcare centres in Poland.					
Keywords	primary health care, quality of health care, coordinated health care, phc plus pilot model				
Type of asset	Project document		**Dimensions and MRLs**		D4, MRL2 + D9, MRL2 + D12, MRL2
Access details	https://akademia.nfz.gov.pl/poz-plus/				

Title	COORDINATED CARE: Design of models for the pilot programme Implementation strategy				
Author(s)	The World Bank				
Region/country	Poland	Year of publication	2017	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

In numerous international studies, Poland often notes poor results in terms of patient satisfaction and adaptation of healthcare to the needs of recipients. The reasons for Poland's far position in the rankings should probably be seen in factors such as the fragmentation of services, long waiting lists and only partial implementation of comprehensive preventive programmes. These are more and more pressing issues: according to forecasts, by 2060 the number of seniors in Poland will increase from the current 5.5 million to 11 million. The aging of the society and the accompanying increase in the number of patients with chronic diseases are extremely strong trends in the healthcare system. For Poland, the adoption of the coordinated care system is now more urgent than ever before. In 2013, the Ministry of Health (MH), the National Health Fund (NHF) and the World Bank (WB) initiated a discussion on the coordinated care system.

Keywords	Poland, coordinated health care, the coordinated care system		
Type of asset	Project document	Dimensions and MRLs	D1, MRL1D5, MRL1
Access details	https://akademia.nfz.gov.pl/wp-content/uploads/2017/10/strategia_final.pdf		

Title	Coordinated care around the world. Examples to help improve (primary) healthcare in Poland.				
Author(s)	Katharina Viktoria Stein				
Region/country	Poland	Year of publication	2016	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

The publication on the best international solutions devoted to coordinated care was implemented as part of the project entitled "Preparation, testing and implementation of a coordinated care organisation (OOK) into the healthcare system - Stage I Development of integrated / coordinated health care models for Poland" co-financed by the European Union under the European Social Fund.

Keywords	coordinated care, (primary) healthcare in Poland.		
Type of asset	Project document	Dimensions and MRLs	D5, MRL1
Access details	https://akademia.nfz.gov.pl/opieka-koordynowana-na-swiecie-przyklady-majace-pomoc-usprawnic-podstawowa-opieke-zdrowotna-w-polsce/		

Title	COORDINATED HEALTH CARE. INTERNATIONAL EXPERIENCES, PROPOSALS FOR POLAND					
Author(s)	Katarzyna Kowalska, Witold Paweł Kalbarczyk					
Region/country	Poland		Year of publication	2013	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

In the report, the authors present the concept of managed care - coordinated healthcare (hereinafter KOZ), the history of its creation and evolution, the principles that guide it, and examples of experience from the United States, Great Britain and Germany. Polish experience with coordinated healthcare, as well as the mainstream disease management programmes, case management and quality management are unfortunately very modest. Attempts to implement KOZ into the Polish healthcare system have taken place several times. First, as slogans and programmes of political parties, and then, partly as a consequence of discussions around these programmes, but largely independent of them, on the basis of pilot programmes and activities of several regional sickness funds in 2000–2002.

Keywords	coordinated care, coordinated healthcare, Poland		
Type of asset	Regulation and/or guidelines/"norms" document	Dimensions and MRLs	D5, MRL1
Access details	0		

Title	"Coordinated Care - Health Care Development Directions"					
Author(s)	National Health Fund (NHF)					
Region/country	Poland		Year of publication	2016	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

Summary of the international educational symposium that took place on December 14 in Warsaw. The meeting was organised by the National Health Fund together with the World Bank.

The theme of the discussion was building a healthcare system that will not only ensure high-quality care while maintaining low costs, but also help to increase patient satisfaction at every stage of treatment. Key questions asked to panellists during the discussion and the three thematic panels were:

Is Poland prepared for the introduction of integrated care?
Will the reform based on the assumptions of coordinated healthcare contribute to reducing the expenditure on healthcare covered by patients in the medium term?
Will the reform based on the assumptions of integrated healthcare contribute to increasing patient satisfaction and quality of contact with the healthcare system?
Will the reform based on the assumptions of integrated care contribute to the clinical quality of care?

Keywords	coordinated care, coordinated healthcare, Poland		
Type of asset	Project document	Dimensions and MRLs	D4, MRL1 + D12, MRL1

Access details	https://akademia.nfz.gov.pl/test-1/

Title	Meeting of the "OOK" project - preventive programmes, preventive healthcare and the budget entrusted as part of primary health care				
Author(s)	National Health Fund (NHF)				
Region/country	Poland	Year of publication	2016	Language	Polish

Brief summary/Abstract/Executive summary (max. 300 words)

The Presentation from the meeting of the "OOK" project . Preventive programmes, preventive care and the budget entrusted as part of primary healthcare were the main themes of the meeting of the project "Preparation, testing and implementation of coordinated care organisations (OOK) into the healthcare system - Stage I Development of integrated / coordinated health care models for Poland", which took place on April 25, 2016 at the headquarters of the National Health Fund.

The meeting was attended by NHF employees , World Bank experts and invited experts representing patient environments, healthcare providers, medical universities and public administration.

Keywords	coordinated care, coordinated healthcare, Poland		
Type of asset	Project document	Dimensions and MRLs	D7, MRL1
Access details	https://akademia.nfz.gov.pl/spotkania-projektu-ook-programy-profilaktyczne-profilaktyka-zdrowotna-i-budzet-powierzony-w-ramach-podstawowej-opieki-zdrowotnej/		

8.6 Puglia, Italy

Title	Mapping Integrated Care Cases in Australia "The Joint Approach" Project – Tweed Specialised Osteoarthritis Screening Clinic (SOS Clinic)				
Author(s)	IFIC Australia				
Region/country	Australia		Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Knee and hip osteoarthritis (OA) are linked to hip and knee pain; which is exacerbated by excess weight, weakness, stress and environmental factors. The SOS Clinic was established to provide holistic care for patients with OA though a person-centred model which engages all members of the health care team. GPs are integral as they oversee all their patients' needs; the OA team and orthopaedic surgeons can focus on their area of specialty. The SOS Clinic undertakes a comprehensive assessment including physical fitness and function, quality of life, weight and self-management. Holistic assessment, education, simple exercise and coaching improves joint pain and physical function in 3 out of 4 patients.

Keywords	integrated care, empowerment, person-centred model		
Type of asset	Case studies	Dimensions and MRLs	D8, MRL3 + D11, MRL4
Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3400-Mapping-Integrated-Care-Cases-in-Australia-Report-2018-v5.pdf		

Title	Mapping Integrated Care Cases in Australia Title of the project: Development of an organisation-level Integrated Care Strategy by a Queensland hospital and health service				
Author(s)	IFIC Australia				
Region/country	Australia		Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

In Australia, integrated care is often considered an issue for policy makers and managers, not one for front line service staff. Clinician buy-in to contemporary healthcare concepts such as integrated care is challenging. Children's Health Queensland Hospital and Health Service's (CHQ) Integrated Care Strategy addresses that issue and is structured as a brief and readily digestible document for busy clinicians and service leads. It is designed for reference at the meso and/or micro levels of integration. The intention is to highlight what can be done right now to better integrate care for children, young people and their families, irrespective of potential future changes to policy or funding arrangements.

Keywords	integrated care, children, young people, families, funds		
Type of asset	Case studies	Dimensions and MRLs	D11, MRL3

Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Development-of-a-CHQ-Integrated-Care-Strategy-v3.pdf

Title	Mapping Integrated Care Cases in Australia Title of the project: GP Liaison Programme				
Author(s)	IFIC Australia				
Region/country	Australia	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

The GP Liaison Programme at Children's Health Queensland Hospital and Health Service (CHQ) employs General Practitioners to work as GP Liaison Officers (GPLOs) within the organisation, improving the interface between the community and hospital health sectors and improving access to outpatient paediatric care. Through representation of general practice on steering committees and workgroups within CHQ, the GPLO role ensure the voice of primary care is heard throughout the organisation. GPLOs challenge CHQ to consider a broader view of the health system, beyond the hospital walls. Likewise, GPLOs challenge primary care to better understand the difficulties faced by a large, complex public hospital and health service, and for both parties to work collaboratively.

Keywords	integrated care, children, young people, families, general practitioners		
Type of asset	Case studies	Dimensions and MRLs	D11, MRL3
Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Development-of-a-CHQ-Integrated-Care-Strategy-v3.pdf		

Title	Mapping Integrated Care Cases in Australia - Title of the project: Navigate your Health				
Author(s)	IFIC Australia				
Region/country	Australia	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

Navigate your Health is a pilot project that aims to improve the health and wellbeing of children in out of home care in Brisbane by employing Health Navigators to assist children and their carers navigate the health system. A key lesson for implementation is that when involving inter-agency partners, the co-design process takes a significant investment of time to build relationships, trust and ensure a shared understanding of the future directions of the project. Large-scale system changes and reform activities such as this require solid foundations, and strong scaffolding, including legislative, industrial, collegiality and project governance to implement.

Keywords	integrated care, children, young people, families		
Type of asset	Case studies	Dimensions and MRLs	D10, MRL2

Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Nav-your-Health-v3.pdf

Title	Mapping Integrated Care Cases in Australia - Title of the project: Our Children and Communities Matter (OCCM)				
Author(s)	IFIC Australia				
Region/country	Australia	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Our Children and Communities Matter (OCCM) is a health intelligence led approach to planning, which is based on the principles of Children's Health Queensland Hospital and Health Service's (CHQ) Integrated Care Strategy. OCCM employs a population health perspective and takes a collaborative approach to developing a needs-driven and responsive child and family-centred service system for the provision of joined up primary, secondary and tertiary health and support services. Stage 1 of OCCM has seen the development of a data linkage capability that brings together data, information and evidence from health, education and social services, to create informed analyses of the needs of children and families across Queensland.					
Keywords	integrated care, children, young people, families				
Type of asset	Case studies		Dimensions and MRLs		D8, MRL2
Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Our-Children-and-Communities-Matter-OCCM-v3.pdf				

Title	Mapping Integrated Care Cases in Australia - Title of the project: Paediatric Optometry Alignment Programme				
Author(s)	IFIC Australia				
Region/country	Australia	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The Paediatric Optometry Alignment Programme (POAP) is an interprofessional education and collaboration model involving paediatric ophthalmologists from Lady Cilento Children's Hospital (LCCH) and community optometrists. POAP upskills community-based optometrists to provide ongoing care for children with stable eye conditions who have been treated at, and discharged from, LCCH. The key to implementation was recognising and tackling the long and complex history of mutual mistrust and lack of communication between these eye professionals. The major collaboration was around finding the common ground in diagnosis and management that formed the basis of the education programme, evidence-based management protocols and discharge guidelines.					
Keywords	integrated care, children, young people, families				

Type of asset	Case studies	Dimensions and MRLs	D12, MRL2
Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Paediatric-Optometry-Alignment-Program-v3.pdf		

Title	Mapping Integrated Care Cases in Australia Title of the project: Project ECHO®				
Author(s)	IFIC Australia				
Region/country	Australia	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Project ECHO® is a hub and spoke model of interprofessional education, which seamlessly integrates advice from multiple disciplines in the training of primary care providers. This disruptive innovation in specialty care was developed at the University of New Mexico (UNM). CHQ is an official replication partner of UNM, and the first paediatric hub site in Australasia. CHQ are implementing Project ECHO® to empower primary care providers to better manage a range of common, chronic paediatric conditions. The key lesson for implementation has been close collaboration between CHQ and the primary care community in determining relevant content and in recruiting participants.

Keywords	integrated care, paediatric, capacity-building		
Type of asset	Case studies	Dimensions and MRLs	D11, MRL2 + D12, MRL2
Access details	https://integratedcarefoundation.org/wp-content/uploads/2019/06/IFIC3443-Australia-case-study-Our-Children-and-Communities-Matter-OCCM-v3.pdf		

Title	INNOVCare - Innovative Patient-Centred - Memo on existing integrated care practices and exploration of possible application areas for rare disease patients Approach for Social Care Provision to Complex Conditions				
Author(s)	Nicol Gruber, Ursula Holtgrewe				
Region/country	Austria	Year of publication	2014	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Rare diseases are not only complex but also frequently unpredictable, requiring stays in hospital, specialist care and access to professional and medical knowledge that is not always available or may not even exist. Hence, rare diseases are likely to benefit considerably from integrated care that bridges professions and knowledge bases. However, they have special requirements which distinguish them from other complex or chronic diseases. Such requirements are not just practical but institutional as well. Generally, the successful implementation of integrated and innovative care models requires attention to several levels: clear commitments by the policy level, organisational and cross-professional capabilities, structures and processes, and competent provision of care, support and problem-solving to patients and their immediate environment. Due to the rareness of rare diseases, initiatives supporting patients and their families often lack the necessary policy background and connections and are therefore limited in impact and sustainability. Based on this experience and knowledge of the special needs concerning Rare Diseases, INNOVCare

draws on the various theoretical and practical concepts and case studies concerning the integration of health and social services (namely case management, care pathways, integrated care and innovative care) to scale-up the pilot implemented in Romania (NoRo) to other countries in the field of Rare Diseases. The literature review and desk research shows that pilots of integrated and innovative care have been implemented widely all over Europe in the areas of complex diseases, chronic diseases etc. This report assembles these findings in order to get a clearer picture of common requirements and useful strategies to ensure success and sustainability. In the next step, focus groups with professionals, policy makers and other relevant stakeholder groups will help to gather more in-depth information about necessities and requirements to implement and sustain of pilot projects.

Keywords	rare diseases, integrated care, pathway, rare diseases		
Type of asset	Project Report	**Dimensions and MRLs**	D5, MRL2
Access details	https://innovcare.eu/wp-content/uploads/2017/08/INNOVCare_WP9_Literature-review.pdf		

Title	THE ADDED VALUE OF PATIENT ORGANISATIONS				
Author(s)	Dorota Sienkiewicz, Corine van Lingen, Nicola Bedlington				
Region/country	Europe	**Year of publication**	2017	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					

The European Patients Forum (EPF) commissioned this report to give an overview of the role of patient organisations in Europe, to highlight their value as legitimate stakeholders in civil dialogue in health-related policies and to draw attention to the challenges patient organisations are facing. The objective of the report is to emphasise the contribution of patient organisations in representing and voicing the situation of a specific population that would otherwise not be represented. The main activities of patient organisations are set out in four different areas: policy, capacity-building and education, peer support and research & development (both health and pharmaceutical).

Keywords	patients, empowerment, policy, capacity-building, education, peer support, research		
Type of asset	Report	**Dimensions and MRLs**	D8, MRL2 + D12, MRL2
Access details	https://www.eu-patient.eu/globalassets/library/publications/epf_added_value_report_final.pdf		

Title	I NUOVI MODELLI DI ASSISTENZA SUL TERRITORIO e i servizi a valore aggiunto dell'industria				
Author(s)	Fabio Faltoni, Lorenzo Terranova, Paolo Gazzaniga				
Region/country	Italy	**Year of publication**	2018	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The present work intends to offer an analytical survey of the major challenges and opportunities, which await territorial assistance in the coming years, to respond more effectively to the emerging characteristics of the new health demands and to establish new profiles of economic sustainability of health system costs. These challenges concern:
• the redesign of the GP role in the management of the multidisciplinary and multi-professional teams to guarantee the continuity of hospital-territory assistance;
• coordination of health, social-health and social-assistance services for the unified care of the patient;
• the development of information and digital systems and of Telemedicine.
The first 4 chapters were created starting from the main evidences emerged from the international and national scientific literature and from the so-called grey literature, to summarise interpretative profiles, implementation schemes and critical factors matured in the sector of territorial services.
Chapters 5-6-7-8 present four case studies, related to the models of Emilia-Romagna, Lombardy, Tuscany and Veneto, as they emerge from the analysis of the main regional resolutions on the subject of the last decade.
Chapter 9 was carried out through a series of in-depth interviews on the field, conducted between June and September 2018 with senior representatives of the regional directorates responsible for the subject and with some of the main operators in the social-health sector. The result is a thematic map of the emerging needs of the stakeholders, which contains a series of generalizations and characteristic aspects, useful for understanding the evolution of the sector. Chapter 10 explores the point of view of industry on territorial services, the prospects of value-added services in the analysis of national and international case studies and the policy conditions necessary for realizing the expected potential.

Keywords	integrated care, primary care, chronicity, good practices, it services, e-health, telemedicine		
Type of asset	Working paper	Dimensions and MRLs	D2, MRL3 + D3, MRL3
Access details	www.assobiomedica.it, www.isimm.it		

Title	e-Health e Territorio. Alcune proposte per il Patto della Sanità Digitale				
Author(s)	Federsanità				
Region/country	Italy	Year of publication	2014	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
This document illustrates ten proposals to accelerate the digitalisation process of healthcare in Italy. The appendix explains the use of innovative procurement to overcome the obstacles linked to financing and the sustainability of the innovation process in health.					
Keywords	it, e-health, procurement				
Type of asset	Strategic document		Dimensions and MRLs		+ D3, MRL4
Access details	http://www.federsanita.it/public/10%20proposte%20federsanita%20x%20patto%20sanita%20digitale.pdf, e-mail: info@federsanita.it				

Title	Cronicità, invecchiamento e tecnologie digitali Predisporre il cambiamento. Acquisire innovazione
Author(s)	Angelo Rossi Mori, Valentina Albano , Gregorio Mercurio (Federsanità ANCI) in collaboration with the "Istituto Tecnologie Biomediche" of CNR

Region/country	Italy		Year of publication	2015	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document is produced within the framework of the STOPandGO project (Sustainable Technology for Older People - Get Organised) which has experimented a process to promote the procurement of innovation on health and social services enhanced by technology. It has defined a track for tenders in the sector, called "European Specification Template" (EST), in line with the objectives of Horizon 2020 and of the European Partnership for innovation on healthy and active aging (EIPonAHA). This Green Book is the result of a collaboration between the Innovation and Development Area of Federsanità ANCI and the Institute of Biomedical Technologies of the CNR on the "Quaderni di Innovazione e Salute", to lay the foundations for a discussion among the experts aimed at producing a White Paper with concrete proposals to accompany health agencies and municipalities in the joint planning of organisational models and technological solutions.

Keywords	it, e-health, procurement		
Type of asset	Green paper, good practices	Dimensions and MRLs	D1, MRL4 + D3, MRL4 + D11, MRL3
Access details	www.stopandgoproject.eu, http://www.federsanita.it/html/innovazione-e-sviluppo/ mail: progettieuropei@federsanita.it		

Title	La cura che cambia. Pratiche e culture di Salute Collaborativa in Italia					
Author(s)	Simona Bielli, Matteo Colombino e Marco Zappalorto - Nesta Italia; Serena Cangiano e Zoe Romano , WeMake					
Region/country	Italy		Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The "La cura che cambia" report is the product of a six-month research carried out by Nesta Italia in collaboration with LAMA and WeMake, with the contribution of UniCredit. The report studies a specific type of innovative approaches to health (here defined "Collaborative Health") that often arise from the bottom and are contributing to the remodelling of the traditional system of care, bringing a greater focus on the needs, resources and potential of the person and of the community. The research project not only aims to define the new concept of Collaborative Health, but also to support it by offering concrete examples of experiences already present in the Italian context, and formulating possible recommendations addressed to stakeholders to embrace this new approach. The aim is to promote system innovation and stimulate greater sustainability, appropriateness and equity in health services and models in Italy.

Keywords	people powered health, e-health, codesign, empowerment, engagement		
Type of asset	Report	Dimensions and MRLs	D8, MRL4
Access details	https://www.nestaitalia.org/wp-content/uploads/2018/10/La-cura-che-cambia_Nesta-Italia.pdf		

Title	Italian Health Ministry ATTO DI INDIRIZZO PER L'ANNO 2018				
Author(s)	Health Ministry				
Region/country	Italy	Year of publication	2018	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Document that defines the guidelines for the construction of the Health strategic objectives of 2018.					
Keywords	governance, ICT, prevention, communication, research, quality				
Type of asset	Strategic and consultation document	Dimensions and MRLs		D2, MRL4 + D5, MRL4 + D10, MRL4	
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2642_allegato.pdf				

Title	Le cure primarie in Italia: verso quali orizzonti di cura ed assistenza				
Author(s)	Antonietta Cappuccio, Valeria Gatti , Maria Giulia Marini				
Region/country	Italy	Year of publication	2013	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Document that analyses the evolution of the primary care, analysing the organisational choices of the Italian Regions, the ongoing experiments and initiatives on the theme of the association of general practitioners and paediatricians and the development of home care with repercussions on use in new technologies (e-health), conversion of hospital facilities, citizen empowerment actions and of sustainability and equity of the Italian health system; the voice of citizens and health professionals through the provision of web-based interviews; the overall situation and identification of the critical areas and the inhibitors of the development processes as well as the future development expectations.					
Keywords	e-health, empowerment, primary care, integrated care				
Type of asset	Report	Dimensions and MRLs		D3, MRL3 + D4, MRL2 + D8, MRL3 + D10, MRL2	
Access details	http://www.quotidianosanita.it/allegati/allegato4056763.pdf				

Title	MODELLI ORGANIZZATIVI E SISTEMI INFORMATIVI PER UN'ASSISTENZA SOCIO-SANITARIA INTEGRATA				
Author(s)	Valentina Albano				
Region/country	Italy	Year of publication	2008	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The thesis represents an analysis of the emerging need to identify new organisational solutions aimed at satisfying the growing need for integration between the various jurisdictions, institutions and professions involved in the care pathway. The aim is to ensure the re-composition of that unity of reactive and proactive interventions, which represents one of the key objectives of primary care (McWhinney, 1997) and which was traditionally guaranteed by the General Practitioner.

Keywords	integrated care, e-health		
Type of asset	Degree Thesis	Dimensions and MRLs	D2, MRL2 + D3, MRL3
Access details	https://iris.luiss.it/retrieve/handle/11385/200746/108528/albano-20080326.pdf		

Title	LINEE DI INDIRIZZO PER LA RIQUALIFICAZIONE DELLE CURE PRIMARIE				
Author(s)	Sardegna Region				
Region/country	Italy	Year of publication	2015	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The Regional Law of 17 November 2014, n. 23 lays down some urgent rules for the reform of the regional health system, in Article 1, point h, stating that the reform process is completed with the reorganisation of the territorial network of assistance and medicine of the territory. With Article 7, the Law identifies the place of aggregation in the Casa della Salute in order to qualify the territorial assistance at the service of the people, integrate care processes and ensure continuity of care. With Article 8, the Law assigns the functional connection between the hospital to the Community Hospital for acute and territorial services in order to guarantee adequate levels of care for all persons who do not need hospitalization in acute hospitals, but who in any case need protected health care that they could not receive at home, and only for medium-short periods of time. This document is drawn up in accordance with the provisions of the aforementioned Law of reform and is the result of listening to the territories, even if partial and preliminary.

Keywords	primary care, integrated care		
Type of asset	Strategic document for Sardegna	Dimensions and MRLs	D2, MRL3
Access details	https://cipesalute.org/cedo/allegati/4594-RiqualificazioneCurePrimarie-Sardegna.pdf		

Title	MASTERPLAN CHRONIC CARE - Piano per il potenziamento e l'armonizzazione dell'assistenza alle persone affette da patologie croniche nella Provincia Autonoma di Bolzano 2018-2020				
Author(s)	Provincia Autonoma di Bolzano				
Region/country	Italy	Year of publication	2018	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

	The "Chronic Care" Masterplan describes the principles for an implementation of an integrated services network (home-territory-hospital), which recognizes the value of collaboration between subjects who actively work in the clinical and care pathway.		
Keywords	chronic care, integrated care, chronicity		
Type of asset	Strategic document	**Dimensions and MRLs**	D2, MRL2
Access details	https://www.quotidianosanita.it/allegati/allegato2723807.pdf		

Title	LA CONTINUITÀ ASSISTENZIALE NELLA LONG TERM CARE IN ITALIA: buone pratiche a confronto				
Author(s)	Edited by Davide L. Vetrano with the contribution of Modesta Visca, with the technical support of Andrea Bellieni , A project of Italia Longeva coordinated by Cecilia Behmann Project Manager				
Region/country	Italy	**Year of publication**	2019	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

Italy Longeva - National Research Network on Active Aging and Longevity - is the non-profit association established in 2011 by the Ministry of Health with the Marche Region and the INRCA IRCCS. The survey opens with an overview of the international context, starting from the indications of the European Commission and the Organisation World Health, to get to the Italian reality, with a brief description of the services and of the long-term care actors, and a focus on the National Chronicity Plan and on the activities of the Control Room of the Ministry of Health. The first part of the report closes with the official data of the Ministry of Health on the services of home care services provided in recent years and the offer of assisted residency services. The second part of the survey is devoted to an examination of the experiences of continuity of care carried out in the field, starting from the analysis of the pillars on which an effective management is based, and the role of the various actors involved.

Keywords	home-care services, management, processes		
Type of asset	Good practice	**Dimensions and MRLs**	D2, MRL3 + D5, MRL3
Access details	http://www.italialongeva.it/wp-content/uploads/2019/07/Indagine-2019_-continuità-assistenziale_Italia-Longeva.pdf		

Title	La Babele dell'Assistenza domiciliare in Italia: chi la fa, come si fa				
Author(s)	Davide L. Vetrano, Ketty Vaccaro				
Region/country	Italy	**Year of publication**	2017	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

Significant changes are affecting our society: the progressive disintegration of the traditional family and the continuous process of urbanization generate gaps in that inter and inter-generational solidarity on which the assistance to the elderly in Italy has always been based. Aging is the main risk factor for the onset and accumulation of chronic diseases, the main cause of disability in industrialized countries. The chronic trend of these conditions imposes the need to devise and implement new care models, which are no longer focused on the response to acute events but aimed at a more effective and efficient management of the disability resulting from them, which draw the attention to the person and to the maintenance of an adequate quality of life.

Keywords	integrated care model, chronicity, home-care		
Type of asset	Research	Dimensions and MRLs	D2, MRL1 + D5, MRL2
Access details	http://www.italialongeva.it/wp-content/uploads/2017/07/RicercaAdi.pdf		

Title	Le Linee Guida Regionali per le Cure Domiciliari		
Author(s)	Puglia Region		
Region/country	Italy	Year of publication	2015	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)			

The Regional Guidelines for Home-Care represent a strategic tool for organizing the home care network. They are addressed to the Regional Health Authorities, which apply them through the Social-Health Districts, and to the Municipalities, associated in Territorial Areas. A more correct and effective management of the integrated home network passes through coordinated actions both of the Local Autonomy System and of the District Assistance in charge of the Regional Health Service. The Guidelines are born, therefore, from the need to supply directives to the Health Authorities and to the Municipalities capable of outlining homogeneous methods of organisation and provision of integrated home care that are more efficient and effective than what has been shown so far by the system of home care in place in the various territories, and this through a precise definition of care profiles , of the health and social care pathways of the Home Care, for all levels of care intensity, access routes, and economic enhancement of the services provided.

Keywords	home-care services, chronicity, over 65		
Type of asset	Apulian Regional Guide Lines	Dimensions and MRLs	D2, MRL4 + D5, MRL3
Access details	https://www.adibr.it/pdf/normative/linee_guida_regionali_per_le_cure_domiciliari_integrate_2015.pdf		

Title	REGOLAMENTO REGIONALE 21 gennaio 2019, n. 7 "Regolamento regionale sul modello organizzativo e di funzionamento dei Presidi Territoriali di Assistenza."		
Author(s)	Puglia Region		
Region/country	Italy	Year of publication	2019	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)			
This regulation defines the organisation of the community care centres and it is issued to modify the Regional Regulations n° 3/2005, 14/2015 and n. 07/2017 (integrated by R.R. 03/2018).			
Keywords	community care centres, integrated care		
Type of asset	Regulation and/or norms document	**Dimensions and MRLs**	D2, MRL5 + D5, MRL3
Access details	Puglia Region official Bullettin n. 9 2019.01.25		

Title	DPCM 29 settembre 2015, n. 178, Regolamento in materia di fascicolo sanitario elettronico				
Author(s)	AGID				
Region/country	Italy	**Year of publication**	2015	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Regulation on electronic health records					
Keywords	it, e-health				
Type of asset	Regulation and/or norms document	**Dimensions and MRLs**			D3, MRL3
Access details	DPCM 29 settembre 2015, n. 178, Regolamento in materia di fascicolo sanitario elettronico.				

Title	Linee guida per la presentazione dei piani di progetto regionali per il FSE				
Author(s)	AGID				
Region/country	Italy	**Year of publication**	2014	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
This document provides indications to the project referents, identified by the regions and provinces autonomous, for the drafting and presentation of the project plans for the realization of the Electronic Health Record in accordance with the provisions of Law 18 October 2012, n. 179, converted, with amendments, by the law of 17 December 2012, n. 221					
Keywords	it, e-health				
Type of asset	Guidelines	**Dimensions and MRLs**			D3, MRL2
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2141_allegato.pdf				

Title	DELIBERAZIONE DELLA GIUNTA REGIONALE 24 aprile 2018, n. 658 Approvazione del documento tecnico di indirizzo per costruire la rete assistenziale pugliese attraverso i Percorsi Diagnostici Terapeutici Assistenziale (PDTA).				
Author(s)	Puglia Region				
Region/country	Italy	Year of publication	2018	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Technical guidance document to build the Puglia assistance network through the Therapeutic Diagnostic Pathways					
Keywords	integrated care pathway				
Type of asset	Regulation and/or norms document	Dimensions and MRLs			D5, MRL4
Access details	https://aemmedi.it/wp-content/uploads/2016/09/PDTA_Puglia_24aprile2018.pdf				

Title	DELIBERAZIONE DELLA GIUNTA REGIONALE 2 maggio 2018, n. 712 Approvazione Percorso Diagnostico Terapeutico Assistenziale (PDTA) per i soggetti affetti da Talassemia. Istituzione della "Rete della talassemia e delle emoglobinopatie" della Regione Puglia				
Author(s)	Puglia Region				
Region/country	Italy	Year of publication	2018	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Therapeutic Assistive Diagnostic Pathway for people with Thalassemia. Establishment of the "Thalassemia and haemoglobin pathologies network" of the Puglia Region					
Keywords	pathway, network, Puglia				
Type of asset	Regulation and/or norms document	Dimensions and MRLs			D5, MRL4
Access details	https://www.thalassemicibari.it/wp-content/uploads/delibera_PDT-PDTA.pdf				

Title	Piano Nazionale per la Cronicità – short presentation				
Author(s)	Italian Health Minister				
Region/country	Italy	Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The National Chronicity Plan stems from the need to harmonize activities in this field at national level, proposing a document, shared with the Regions, which, compatibly with the availability of economic, human and structural resources, identify a common strategic plan aims to promote interventions based on the unity of approach, centred on the person and oriented towards a better organisation of the services and a full responsibility of all the assistance actors. The aim is to contribute to improving protection for people with chronic diseases, reducing their burden on the individual, his family and the social context, improving the quality of life, making health services more effective and efficient in terms of prevention and assistance and ensuring greater uniformity and equity of access to citizens.

Keywords	chronicity, care pathway, empowerment		
Type of asset	Pdf short presentation	Dimensions and MRLs	D2, MRL4 + D5, MRL4 + D7, MRL3 + D8, MRL4 + D9, MRL3
Access details	http://www.promisalute.it/upload/mattone/documentiallegati/R.Botti_Ilpianonazionaleperlacronicit_13660_2366.pdf		

Title	Piano nazionale della Cronicità				
Author(s)	Health Minister				
Region/country	Italy	Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The National Chronicity Plan stems from the need to harmonize activities in this field at national level, proposing a document, shared with the Regions, which, compatibly with the availability of economic, human and structural resources, identify a common strategic plan aims to promote interventions based on the unity of approach, centred on the person and oriented towards a better organisation of the services and a full responsibility of all the assistance actors. The aim is to contribute to improving protection for people with chronic diseases, reducing their burden on the individual, his family and the social context, improving the quality of life, making health services more effective and efficient in terms of prevention and assistance and ensuring greater uniformity and equity of access to citizens.

Keywords	chronicity, care pathway, empowerment		
Type of asset	National strategic document	Dimensions and MRLs	D2, MRL4 + D5, MRL4 + D7, MRL3 + D8, MRL4 + D9, MRL3
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2584_allegato.pdf		

Title	Assistenza per le persone con malattie croniche multiple in Italia: politiche e pratiche				
Author(s)	Maria Gabriella Melchiorre, Sabrina Quattrini , Roberta Papa				
Region/country	Italy	Year of publication	2014	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

Report produced in the framework of the Project "Innovating assistance for people with multiple chronic diseases in Europe" (ICARE4EU) funded by the European Union, within the Health Programme. The ICARE4EU project aims to identify, describe and analyse the most innovative models of integrated care for people with multimorbidity in 30 European countries, to facilitate a more effective implementation. To this end, an expert for each country was tasked with identifying the respective national / regional / local programs focused on assisting adults (or elderly) with multi-morbidity, or who in any case contain specific elements dedicated to this target group of patients. For each eligible programme, the national expert completed an online questionnaire. Furthermore, the experts also provided background data on the respective national context, with the support of additional information from European databases and provided by the project partners. The Study also provides for the identification of good practices on the basis of all available data, in addition to site visits in order to find additional qualitative data from different perspectives (for example managers, care providers, patients).

Keywords	integrated care, multimorbidity		
Type of asset	Report, good practices	Dimensions and MRLs	D7, MRL3
Access details	http://www.icare4eu.org/pdf/Country_Factsheet_Italy_ICARE4EU_italian.pdf www.icare4eu.org		

Title	Il Patient Empowerment nelle Aziende Sanitarie: un nuovo approccio verso lo sviluppo della pratica della cittadinanza attiva				
Author(s)	Luciana Ridolfi				
Region/country	Italy	Year of publication	2014	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

Starting from the analysis of the concept of patient empowerment, these pages intend to deepen the characteristics of this path of self-determination and verify how it can contribute to the development of active citizenship, understood as a method of social participation through which individuals live the experience of becoming the creators and protagonists of their lives. This approach is further boosted by the new digital models (E-health, web marketing, web strategies ...) that healthcare companies are implementing in the context of relations between the company and patients, with the shared goal of creating the "Value creation" for citizens / customers with ever greater expectations regarding direct access options to authoritative, personalised and immediately usable health information, to opportunities for direct and informal relationships with healthcare facilities and with professionals and, last but not least, to the legitimate claims to play an active role in the care networks, also through the comparison of their own experiences with those of others.

Keywords	patient empowerment, health authorities		
Type of asset	Report	Dimensions and MRLs	D5, MRL1 + D8, MRL3
Access details	http://www.espanet-italia.net/wp-content/uploads/2012/08/images_conferenza2014_sessioni_sessione_18b_Ridolfi_L._sessione_18_patient_empowerment.pdf, luciana_ridolfi@hotmail.com		

Title	Il sistema sanitario e l'empowerment				
Author(s)	Agenas – National Agency for Regional Health Services				
Region/country	Italy	Year of publication	2010	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)
Booklet dedicated to citizen empowerment. With respect to this topic, which in recent decades has assumed a role of increasing importance in the field of health services, the Agenas (Italian Agency for Regional Health Services) received a precise mandate from the "Conferenza Unificata Stato- Regioni" Conference of 20 September 2007, under which "the Agency favours and supports the planning, management and evaluation of strategies, research and training courses aimed at empowering local administrators, communities and developing the skills of employees of local authorities involved in social and health care integration activities, in line with international guidelines , national and regional authorities in terms of skills development ". In the light of the international and national framework, empowerment is confirmed as one of the strategic elements for the management of the National Health Service: whereas the development of the capacity for participation, responsibility and the sense of belonging of citizens and operators favour the sustainability of the system, it can be said that empowerment is a fundamental technical tool. In this perspective and by virtue of the mandate given to it, the Agenas in 2007 started a course in this field in close collaboration with the Ministry of Health, the Regions and the Autonomous Provinces of Trento and Bolzano. The fruit of this research work (funded by the Ministry of Health, as part of the Current Research 2007 programmes, pursuant to Article 12 of Legislative Decree 502/92 and subsequent amendments) is collected in the present Monitor Booklet.

Keywords	citizens, patients, empowerment, engagement		
Type of asset	Institutional Magazine /Report	Dimensions and MRLs	D8, MRL4
Access details	https://www.dors.it/public/ar54/Quaderno_AGENAS_Empowerment_2010.pdf		

Title	La valutazione della qualità assistenziale nelle Cure Primarie				
Author(s)	Bellentani M, Boiardi R , Morotti A				
Region/country	Italy	Year of publication	2010	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)
In 2010-2011 Agenas carried out a current research on the topic "The evaluation of new organisational models of general medical practice", given the need to start measuring some aspects of the quality of the care process of patients suffering from certain chronic diseases. greater impact and diffusion. The research through a retrospective observational cohort study, carried out on data relating to the years 2003-2009 in 21 Districts belonging to 6 Regions aims at: 1. Identifying the prevalence of patients suffering from the following diseases: Ischemic heart disease; Heart failure; Diabetes. 2. Measuring through multi-level analysis the impact, in terms of care process, of general medical practice in classical association (simple, network medicine and group medicine) with respect to the general practitioner who operates in an individual form. Research has shown that very different regions can share common measurement principles and tools, starting from different current information flows, taking into account the international models of reference. In particular, through the use of these information sources, a transparent, reproducible and exportable methodology has been defined that can read the adherence, on the part of general practitioners, to the guidelines for diabetes, heart failure and heart disease ischemic. In conclusion, in a patient-oriented view, the evolution of the association represents an organisational pre-requisite for a systemic change which, as already indicated in its essential elements, must not assume merely bureaucratic characteristics or passive containment of expenditure, but must be animated by empowerment, control-driving and involvement (accountability, assessment and advocacy).

Keywords	chronicity, citizens empowerment, accountability, assessment, advocacy		
Type of asset	Research Abstract	Dimensions and MRLs	D9, MRL3
Access details	0		

Title	Monitor – Focus di Monitor dedicato all'esperienza dei cittadini nella valutazione della qualità				
Author(s)	Giovanni Bissoni, Fulvio Moirano , Francesco Di Stanislao				
Region/country	Italy	Year of publication	2013	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)	

Booklet dedicated to the citizens' experience in quality assessment. In this issue of Agenas - National Agency for Regional Health Services' magazine, the results of a research project conducted by Agenas together with the Cittadinanzattiva and the Regions are presented. The research is entitled "Experimentation and transfer of organisational empowerment models for the evaluation and improvement of the quality of health services". The aim of the research was to build a set of indicators (identified with a participatory procedure) for the detection of the degree of humanization present in the hospitalization facilities.

Keywords	empowerment, evaluation, humanization		
Type of asset	Quarterly Magazine – special issue	Dimensions and MRLs	D8, MRL4 + D9, MRL4
Access details	https://www.agenas.gov.it/images/agenas/monitor/monitor_32.pdf		

Title	Health Technology Assessment e organizzazioni civiche. Linee guida per l'intervento				
Author(s)	Alessio Terzi, Francesca Moccia , Daniela Mondatore				
Region/country	Italy	Year of publication	2014	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)	

The Guidelines are divided into six chapters: information on the general features of the HTA; the involvement of citizens in health policies, from civic activism to forms of consultation, from empowerment policies to the representation of patients' experiences and the involvement of citizens in HTA, with particular regard to the very useful FAQs produced by HTA International ; some technical tools, for example relating to the representation of the patients' experience and the behaviours to be held during the meetings, proposed and taken up by the Health Equality Europe (HEE) Manual and Check List, and finally an overview of the HTA situation in Italy.

Keywords	hta, empowerment, evaluation		
Type of asset	Guidelines	Dimensions and MRLs	D8, MRL2 + D9, MRL2
Access details	https://www.cittadinanzattiva.it/files/progetti/salute/hta/Linee_guida_HTA_per_organizzazioni_civiche.pdf		

Title	PATTO PER LA SALUTE 2019 - 2021

Author(s)	Edited by; Gruppo Tecnico Scienza della Vita di Confindustria. With the collaboration of: AIOP; Confindustria Dispositivi Medici; Farmindustria; Federchimica/Assobiotec e Federterme.				
Region/country	Italy		Year of publication	2019	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document expresses the positions of the companies producing goods and services of the entire health supply chain in Italy and intends to highlight reflections and proposals in the discussion on the "Patto per la Salute 2019 – 2021"

Keywords	e-health, research, clinic studies		
Type of asset	Position Paper	Dimensions and MRLs	D2, MRL4
Access details	https://www.confindustria.it/wcm/connect/9fe906ce-3b28-470e-9d1d-5d3a2f738d64/Position+Paper_Patto+per+la+salute_Confindustria_ottobre+2019.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE-9fe906ce-3b28-470e-9d1d-5d3a2f738d64-mTfnaZ.it		

Title	WHO global strategy on people-centred and integrated health services				
Author(s)	World Health Organisation				
Region/country	Italy		Year of publication	2015	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The World Health Organisation (WHO) global strategy on people-centred and integrated health services is a call for a fundamental paradigm shift in the way health services are funded, managed and delivered. The strategy presents a compelling vision of a future in which all people have access to health services that are provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality. A vision where the services available to people are better able to provide a continuum of care that meets all their health needs, in an integrated way, throughout their life course. People-centred health services is an approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. It requires that people have the education and support they need to make decisions and participate in their own care. It is organised around the health needs and expectations of people rather than diseases. The WHO global strategy on people-centred and integrated health services was produced under the overall direction of Ed Kelley and Hernan Montenegro from the Service Delivery and Safety Department, WHO headquarters, Geneva, Switzerland. The present strategy is based on experience gained in different countries over the last few years, as well as on wide-ranging consultation with experts at the global, regional and national level, informed by a number of related global guidelines and policy commitments, regional strategies and initiatives in the area of universal health coverage, primary health care, health systems strengthening and social determinants of health. It should be emphasised that this is still an interim report that will undergo further broad consultation, with a view to being submitted to WHO's Governing Bodies in 2016.

Keywords	people-centred, integrated health, integrated care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D5, MRL4D6, MRL3 + D8, MRL3 + D10, MRL2
Access details	https://apps.who.int/iris/bitstream/handle/10665/155004/WHO_HIS_SDS_2015.7_eng.pdf;jsessionid=30160B280877B3049F241F2A5DB696D5?sequence=1		

Title	DELIBERAZIONE DELLA GIUNTA REGIONALE 24 luglio 2018, n. 1332 Obiettivi a carattere prioritario e di rilievo nazionale per Panno 2016. Approvazione progetti.					
Author(s)	Puglia Region					
Region/country	Italy		Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document approves and finances projects aimed at achieving at regional level, the priority and objectives indicated in the National Health Plan. Project Line 1 - Primary assistance activities: Implementation of Primary Assistance. Project Line 2- Development of humanization processes within the care pathways: Network for home care rehabilitation treatments. Project Line 3 - Palliative care and pain therapy. Development of palliative home care specialist: Regional Palliative Care Network. Project Line 4 - National Prevention Plan and support to the National Prevention Plan Project Line 5 - Chronicity Management: Chronicity Management - CCM in Puglia Project Line 6 - Oncological Networks: Apulian Oncological Network.

Keywords	primary care, home care pathways, palliative care, pain therapy, chronicity, oncology network	
Type of asset	Regulation and/or guidelines/"norms" document(s)	**Dimensions and MRLs** D2, MRL3 + D4, MRL3 + D8, MRL3 + D11, MRL3
Access details	http://www.geologipuglia.it/doc/downloads/2552-d-g-r-13552018-deliberazione-della-giunta-regionale-24-luglio-2018-n-1355.pdf	

Title	DELIBERAZIONE DELLA GIUNTA REGIONALE 30 ottobre 2018, n. 1935Modello di gestione del paziente cronico "Puglia Care". Governo della domanda e presa in carico dei pazienti cronici – Determinazioni					
Author(s)	Puglia Region					
Region/country	Italy		Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document defines and approves Care Puglia 3.0, the Apulian Chronic Care Model project scheme.

Keywords	integrated care, general practitioners, primary care, chronicity, chronic care model	
Type of asset	Regulation and/o rguidelines/"norms" document(s)	**Dimensions and MRLs** D2, MRL2 + D5, MRL2 + D7, MRL2 + D8, MRL2
Access details	https://fimmg.bari.it/documenti/660B9_1.pdf	

Title	TELEMEDICINA - Linee di indirizzo nazionali

Author(s)	Italian Health Ministry				
Region/country	Italy	Year of publication	2012	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

National guidelines on Telemedicine approved by the General Assembly of the Superior Health Council in 2012. The guidelines represent the national unitary reference for the implementation of Telemedicine services and identify the reference elements necessary for a consistent design and use of these systems within the National Health System.

Keywords	e-health, governance, telemedicine		
Type of asset	Guidance document(s)(guidelines on implementation, evaluation, …)	**Dimensions and MRLs**	D3, MRL3 + D5, MRL3
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2129_allegato.pdf		

Title	eHealthLab: I trend della Sanità e il ruolo del Digitale. Stato dell'arte e sfide del sistema Italia				
Author(s)	Annamaria Di Ruscio, Claudio Caccia				
Region/country	Italy	Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

PowerPoint presentation about the challenge of the healthcare systems and the role of digital healthcare

Keywords	ehealth		
Type of asset	PowerPoint presentation	**Dimensions and MRLs**	D1, MRL1 + D3, MRL2
Access details	https://it.readkong.com/page/ehealthlab-i-trend-della-sanita-e-il-ruolo-del-digitale-5172226		

Title	DECRETO LEGISLATIVO 30 dicembre 2010 , n. 235 Modifiche ed integrazioni al decreto legislativo 7 marzo 2005, n. 82, recante Codice dell'amministrazione digitale, a norma dell'articolo 33 della legge 18 giugno 2009, n. 69.				
Author(s)	Italian Government				
Region/country	Italy	Year of publication	2010	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

Legislative Decree 30 December 2010, n. 235 - published in the Official Journal 10 January 2011, n. 6 - which amends and supplements the digital administration code (Legislative Decree 7 March 2005, no. 82). The Law is aimed at adapting the tools that public administrations can use in relations with citizens and businesses through the use of information and communication technologies, with a view to achieve a recovery of productivity (from an economic point of view).

Keywords	ict, e-government		
Type of asset	Regulation and/o rguidelines/"norms" document(s)	**Dimensions and MRLs**	D2, MRL3
Access details	https://www.gazzettaufficiale.it/gunewsletter/dettaglio.jsp?service=1&datagu=2011-01-10&task=dettaglio&numgu=6&redaz=011G0002&tmstp=1294827516472		

Title	DELIBERAZIONE DELLA GIUNTA REGIONALE 16 ottobre 2018, n. 1803 Art. 39 della L.R. n. 4/2010. Approvazione del Piano triennale 2018-2020 di Sanità Digitale della Regione Puglia.				
Author(s)	Puglia Region				
Region/country	Italy	**Year of publication**	2010	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

This programmatic rule identifies the Region as the body in charge of developing information systems in the health sector by establishing guidelines for the development of ICT and e-government in healthcare (eHealth).

Keywords	ehealth, innovation, ict, e-government		
Type of asset	Regulation and/o rguidelines/"norms" document(s)	**Dimensions and MRLs**	D2, MRL3 + D3, MRL4 + D5, MRL3
Access details	http://www.regione.puglia.it/documents/10192/36205299/DEL_1803_2018.pdf/0bc40e22-bc88-4686-998e-95a4743ed07f;jsessionid=DEBB2336E50ECDBD4F388DA21FA8AA09		

Title	L.R. 16/2011, "Norme in materia di sanità elettronica, di sistemi di sorveglianza e registri".				
Author(s)	Puglia Region				
Region/country	Italy	**Year of publication**	2011	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The Law defines the integrated e-health system of the Puglia Region as a system consisting of the regional health information system, the territorial health information system, the social information system and the other regional and business information systems, also establishes the electronic Health Record.

Keywords	ehealth, electronic health record		
Type of asset	Regulation and/o rguidelines/"norms" document(s)	**Dimensions and MRLs**	D3, MRL4 + D11, MRL4
Access details	https://www.sanita.puglia.it/documents/20182/76283944/LR_16_2011.pdf/dfc23578-14a8-4b02-8b90-e3329d8b930e		

Title	Italia Digitale: come evitare l'anno zero				
Author(s)	Osservatorio Agenda Digitale				
Region/country	Italy	**Year of publication**	2018	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Digital Agenda state of art report					
Keywords	ict				
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**			D3, MRL2
Access details	0				

Title	Dpcm del 12 dicembre 2018. Riparto del Fondo per le non auto-sufficienze				
Author(s)	Italian Government				
Region/country	Italy	**Year of publication**	2019	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The National Fund for Non-Self-Sufficiency was established in 2006 with Law no. 296 (art.1, co. 1264), with the aim of providing support to people with very serious disabilities and to elderly people who are not self-sufficient in order to avoid the risk of their institutionalization, as well as to guarantee the implementation of the essential levels of welfare services on the whole national territory. The Government sets the fund's resources on an annual basis.					
Keywords	funds, non-self-sufficiency, disabilities				
Type of asset	Regulation and/or guidelines/"norms" document(s)	**Dimensions and MRLs**			D4, MRL4
Access details	https://www.lavoro.gov.it/documenti-e-norme/normative/Documents/2018/DPCM-Fondo-non-autosufficienza-2018-12122018.pdf				

Title	Servizi socio-sanitari: dalla Legge 833/1978 alla devolution (Health and social system: from the Law 833/1978 to devolution)

Author(s)	Agazio E., Salerno P. , Taruscio D.				
Region/country	Italy	Year of publication	2004	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document reports the transformations occurred in the Italian healthcare system since the 1980s

Keywords	health and social services, health policy		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**	D2, MRL1 + D4, MRL2 + D5, MRL2 + D10, MRL2
Access details	https://docplayer.it/4711489-Istituto-superiore-di-sanita-servizi-socio-sanitari-dalla-legge-833-1978-alla-devolution-a-cura-di-elvira-agazio-paolo-salerno-e-domenica-taruscio.html		

Title	Il modello per intensità di cura e complessità assistenziale: il punto di vista della DPS				
Author(s)	Direzione delle Professioni Sanitarie – D.P.S. Servizio Sanitario Regionale Emilia Romagna; Azienda Ospedaliera di Reggio Emilia				
Region/country	Italy	Year of publication	2012	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document considers the Hospital according to the "intensity of care" model aimed at increasingly characterizing the hospital as an acute-care setting. The hospital will therefore be organised in Structures modulated on the intensity of care, with multidisciplinary and multi-professional work teams

Keywords	primary nursing, primary nurse, case management, case manager, pathways		
Type of asset	Strategic and consultation document(s)(plans, green papers, white papers, …)	**Dimensions and MRLs**	D2, MRL2 + D5, MRL3 + D10, MRL1
Access details	http://www.asmn.re.it/allegati/DITO/ilmodellointensitacuracomplessitassistenzialepuntovistadps.pdf		

Title	Il lavoro di assistenza e cura a domicilio				
Author(s)	Cesarina Prandi				
Region/country	Italy	Year of publication	2017	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The article proposes a reading of the home care needs and perspectives.

Keywords	chronicity, home care, lifestyles		
Type of asset	Article	**Dimensions and MRLs**	D7, MRL1 + D8, MRL2
Access details	https://www.google.it/url?sa=t&rct=j&q=&esrc=s&source=web&cd=18&ved=2ahUKEwilxZHmisfmAhVNuqQKHebpA-04ChAWMAd6BAgKEAc&url=http%3A%2F%2Fwww.supsi.ch%2Fdms%2Fdeass%2Fdocs%2Feventi-comunicazione%2Fbrochure-e-stampati%2Firide%2F02%2F11_Prandi.pdf&usg=AOvVaw23j7JCcP7Gg5XbwmobGvJB		

Title	Il Sistema delle Relazioni tra livelli di cura (Assistenza Sanitaria Primaria e Assistenza Specialistica)				
Author(s)	Direzione Sanitaria ATS Brianza Dip. Cure Primarie ATS Brianza Comitato aziendale MG Direzioni Sanitarie ASST Lecco- ASST Monza- ASST Vimercate				
Region/country	Italy	**Year of publication**	2017	**Language**	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The role of the GP is stated as the provision of primary care, preventive care, patient-centred care, continuing care, comprehensive care, and community-based care to individuals and their families. The role of the specialists on the other hand is that of a consultant to advise GPs who carry on the management after the patient leaves the specialist. The dynamics of the GP-specialist relationship are discussed in order to develop a territorial Health system in which there is mutual legitimization of professions and redefinition of integrated knowledge.

Keywords	integrated care, primary care, specialist assistance		
Type of asset	Regulation and/or guidelines/"norms" document(s)	**Dimensions and MRLs**	D2, MRL2 + D5, MRL2 + D9, MRL3
Access details	https://www.ats-brianza.it/images/pdf/dipartimentocureprimarie/Sistema%20delle%20Relazioni_18.12.2017%20-%20Completo.pdf		

Title	Il sistema di protezione e cura delle persone non autosufficienti Prospettive, risorse e gradualità degli interventi				
Author(s)	Cristiano Gori – Project of the Italian Ministry of Labour and Social Policy				
Region/country	Italy	**Year of publication**	2010	**Language**	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

Non-self-sufficient people are those who have suffered a permanent, total or partial loss of their physical, mental, sensory, cognitive and relational abilities and are consequently unable to perform the essential activities of daily living unaided. Frailness indicates an individual's greater vulnerability to stress. It restricts his/her ability to perform activities of daily living due to the presence of multiple comorbidities and a deterioration in health and the functional state, making him/her more prone to negative outcomes. More specifically, frailness affects elderly subjects with comorbidities and clinical instability, disability and risk of adverse events, with a high incidence of hospitalisation and/or death. The management of frail and/or non-self-sufficient subjects has taken on a priority role in the programming of health initiatives in recent years, precisely by virtue of the particular biological, psychological and social characteristics of these subjects. In this sense, aspects of key importance are the multidimensional assessment and formulation of an individual treatment and care project intended to protect the person's dignity. The document issued by the Italian Ministry of Welfare pin-pointed the national policies for Non-self-sufficient people.

Keywords	non-self-sufficient		
Type of asset	Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, …)	Dimensions and MRLs	D2, MRL3 + D4, MRL2
Access details	http://sitiarcheologici.lavoro.gov.it/Strumenti/StudiStatistiche/Documents/RicercaIRS_nonautosufficienzaott2010.pdf		

Title	"Il valore del Patient Engagement. Valutare il Patient Engagement per un reale impatto in sanità".				
Author(s)	Barello S., Palamenghi L. , Bosio C.				
Region/country	Italy	Year of publication	2019	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The Engagement Monitor project is based on the evidence based model of the Patient Engagement (PHE Model® and PHE-Scale® 1,2,3,4) developed by EngageMinds HUB. The model allows measuring of the patients' motivation to actively participate in therapeutic choices and to be active protagonists in their care path based on a psychological elaboration process. The model describes 4 incremental Engagement levels, which imply different levels of participation and relationship between the patient and the healthcare system as a whole.

Keywords	patients, engagement, empowerment		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	Dimensions and MRLs	D8, MRL2 + D9, MRL3
Access details	https://49fe7c63-36a9-48c6-9ba5-5e36ea43f48a.filesusr.com/ugd/29dcea_a71d6691f2024f40a00673ac673fdc6e.pdf?fbclid=IwAR2iYI-cHfXO7mDp0Nk3rMKp4Ptq1N8XYWAIRmuX0yfHgWexwk-OP071Rwg		

Title	Il Community care quale possibile modello di integrazione socio-sanitaria a livello territoriale				
Author(s)	Luciana Ridolfi				
Region/country	Italy	Year of publication	2011	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The document suggests a hypothesis of improvement of Primary Care services with the aim of proposing organisational solutions in the direction of a community dimension for health capable of overcoming the models of care in use (essentially a hierarchical and performance type) in favour of new relational, multisectoral and network approaches that are able to favour a perspective of socio-health integration at territorial and district level. The study pin-points the combination of a series of qualitative methodological approaches: - a sociological reflection on the role that the different types of social networks play in community care and the related ways of correlating with health / disease; - an analysis of national and international experiences on innovative organisational models for the delivery of primary care; - an assessment of the different role attributed to primary care in the context of the hierarchical-pyramidal and horizontal (network) concept.

Keywords	primary care, third sector, community care		
Type of asset	Paper for the Espanet Conference - "Innovare il welfare. Percorsi di trasformazione in Italia e in Europa"	Dimensions and MRLs	D1, MRL2 + D5, MRL2 + D8, MRL1
Access details	http://www.clitt.it/contents/scienze_umane-files/sociologia/60017_CommunityCare.pdf - mail: luciana_ridolfi@hotmail.com		

Title	LA SANITÀ DIGITALE				
Author(s)	ISIMM -SEMINARI ISIMM PER L'AGENDA DIGITALE				
Region/country	Italy	Year of publication	2014	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The document provides a comprehensive overview of the Healthcare digitalization process in Italy, with particular reference to the regulatory interventions of the recent years, and the "bottlenecks" that hinder the full deployment of the process, also due to the lack of adequate funds and investments.

Keywords	ehealth		
Type of asset	Working paper	Dimensions and MRLs	D2, MRL1 + D3, MRL2
Access details	http://www.sossanita.it/doc/2014_12_SANITA_DIGITALE_isimm.pdf		

Title	Le condizioni per lo sviluppo della Sanità Digitale: scenari Italia-UE a confronto				
Author(s)	CENSIS – ImpresaLavoro, Carla Collicelli , Giuseppe Greco				
Region/country	Italy	Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

In order to frame the Italian Digital Healthcare in terms of financial needs in the medium term, the study examines three different investments scenarios for 2020. The results of the analysis show that the National Health Service must make a decisive change of pace in the next few years in the financial resources to be invested in Digital Healthcare, in order to keep up with the most advanced European countries in this sector.

Keywords	ehealth		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**	D3, MRL3 + D4, MRL2 + D9, MRL2
Access details	https://www.sanita24.ilsole24ore.com/pdf2010/Editrice/ILSOLE24ORE/QUOTIDIANO_SANITA/Online/_Oggetti_Correlati/Documenti/2016/07/06/Sanita_digitale_2016.pdf?uuid=ADs36Io		

Title	PIANO STRATEGICO PER LA "SALUTE DIGITALE"				
Author(s)	Sicilia Region				
Region/country	Italy	**Year of publication**	2018	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

eHealth Regional Strategic Plan of the Sicily Region

Keywords	ehealth		
Type of asset	Strategic and consultation document(s)(plans, green papers, white papers, …)	**Dimensions and MRLs**	D2, MRL2 + D3, MRL2 + D5, MRL1
Access details	http://pti.regione.sicilia.it/portal/page/portal/PIR_PORTALE/PIR_Iniziative/Agenda_Digitale_Sicilia/Sanita%2B%2BDigitale%5B1%5D.pdf		

Title	Sanità e digitale: uno spazio per innovare - La Ricerca				
Author(s)	Osservatorio Innovazione Digitale in Sanità				
Region/country	Italy	**Year of publication**	2018	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The 2018 Research of the Digital Innovation in Healthcare Observatory explores topics such as the level of maturity of the main digital solutions with healthcare facilities and Regional authorities as well as the inefficiencies linked to "non-digital" processes and the roadblocks that need to be removed in order to reduce them.

Keywords	ehealth

Type of asset	Research Report	Dimensions and MRLs		D3, MRL2
Access details	https://www.01health.it/wp-content/uploads/sites/38/2018/05/Sanita_digitale_italia.pdf			

Title	Cittadini e sanità digitale. L'impatto sociale della digitalizzazione in sanità					
Author(s)	Fondazione CENSIS, Francesco Maietta , Cassandra Castro					
Region/country	Italy		Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						
In the document Censis investigates the social implications of digitization in healthcare in the Veneto Region, and in particular from a citizen's point of view, also comparing them with other regional cases.						
Keywords	ehealth					
Type of asset	Report(s)(institutional, internal, technical, or statistical)		Dimensions and MRLs			D3, MRL2
Access details	https://www.assinteritalia.it/OLD_content/download/589/5357/file/Arsenal.IT-CENSIS_Cittadini%20e%20Sanita%20Digitale_Studio%202016.pdf					

Title	IL FUTURO DELLA SALUTE PASSA ATTRAVERSO IL DIGITALE Come le startup e-Health si collocano all'interno dell'ecosistema sanitario italiano					
Author(s)	Alice Giordano					
Region/country	Italy		Year of publication	2018	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						
The digital innovation in the healthcare sector was carried out without a real overall strategic plan in Italy. The aim of the following thesis is to study the Italian entrepreneurial digital ecosystem, in particular in the health system, in order to find useful elements to ensure new and young businesses effective results in the sector, overcoming economic social and regulatory inhibitors						
Keywords	ehealth					
Type of asset	Degree Thesis		Dimensions and MRLs			D3, MRL3
Access details	https://webthesis.biblio.polito.it/7247/1/tesi.pdf					

Title	DIGITAL HEALTH Analisi dello sviluppo economico digitale nel settore sanitario.
Author(s)	Manuel RAZZA

181

Region/country	Italy		Year of publication	2017	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						
This paper analyses issues related to digital economic development in the health sector.						
Keywords	internet, data, artificial intelligence, ehealth					
Type of asset	Degree Thesis		**Dimensions and MRLs**			D3, MRL3
Access details	https://tesi.luiss.it/20713/1/672121_RAZZA_MANUEL.pdf					

Title	Rapporto OASI 2019 - Osservatorio sulle Aziende e sul Sistema sanitario Italiano					
Author(s)	Edited by CERGAS - Bocconi					
Region/country	Italy		Year of publication	2019	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						
Every year, the research carried out by OASI (Observatory on Healthcare Organisations and Policies in Italy) aims at offering a detailed analysis of the Italian healthcare system, outlining its future evolution. The OASI Observatory is a CERGAS - SDA Bocconi initiative. CERGAS (Centre for Research on Health and Social Care Management) is part of the SDA Bocconi School of Management, the top School of Management in Italy and one of the highest-ranking in the world. CERGAS researchers apply principles, instruments and techniques from policy analysis and management to support public institutions, not-for-profit organisations and enterprises targeting collective needs for health and social care.						
Keywords	healthcare system					
Type of asset	Report(s)(institutional, internal, technical, or statistical)		**Dimensions and MRLs**			D1, MRL3 + D9, MRL2
Access details	http://www.cergas.unibocconi.eu/wps/wcm/connect/71d70472-efb2-4ad2-ba89-e98b314517ff/Cap11OASI_2019.pdf?MOD=AJPERES&CVID=mWPHYEq					

Title	Lean healthcare: il miglioramento dell'esperienza del paziente come driver dell'innovazione di processo. La gestione dei percorsi nei Centri Sclerosi Multipla.					
Author(s)	Francesca Santi					
Region/country	Italy		Year of publication	2017	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						

The aim of the work is to illustrate the advantages of process innovation from a lean perspective in the healthcare context, in particular in the context of the administration of infusion therapies for the multiple sclerosis treatment.	

Keywords	lean management		
Type of asset	Degree Thesis	**Dimensions and MRLs**	D2, MRL3 + D5, MRL2 + D11, MRL3
Access details	http://dspace.unive.it/bitstream/handle/10579/11759/859970-1213402.pdf?sequence=2		

Title	Sanità 4.0: possibili applicazioni e trend di sviluppo				
Author(s)	Distretto Toscano Scienze della Vita. Distributed under Creative Common Licence: http://creativecommons.org/licenses/by-nc-nd/4.0/				
Region/country	Italy	**Year of publication**	2019	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The Toscana Scienze della Vita Foundation coordinates a working table on the new paradigms of Health 4.0, composed by the main stakeholders in the sector. The result of the working table is an overview of the application, intervention and development areas on which digital technologies will impact in the healthcare sector.

Keywords	innovation, technology transfer, digital technologies, ehealth		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**	D3, MRL3 + D11, MRL2
Access details	http://www.scienzedellavita.it/sites/default/files/reportsdocs/Sanità_4.0_possibil_applic_trend_DTSV2019.pdf Info: Segreteria Distretto Toscano Scienze della Vita Francesco Mazzini f.mazzini@scienzedellavita.it		

Title	Le misure a sostegno della famiglia e i fondi per le politiche sociali				
Author(s)	Italian Chamber of Deputies				
Region/country	Italy	**Year of publication**	2019	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					

The Report describes the Italian policies in favour of families and social care system for the three-year period 2019-2021

Keywords	caregivers, funds, inclusion, disability, family, new-borns		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**	D4, MRL2

Access details	https://www.camera.it/temiap/documentazione/temi/pdf/1104752.pdf

Title	La centralità della Persona in riabilitazione: nuovi modelli organizzativi e gestionali				
Author(s)	Edited by the Italian Health Minister. "Quaderni del Ministero della Salute"				
Region/country	Italy	Year of publication	2011	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Document based on the new role of Rehabilitation in the integrated care model					
Keywords	rehabilitation				
Type of asset	Report(s)(institutional, internal, technical, or statistical)	Dimensions and MRLs		D5, MRL2 + D11, MRL3	
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_1705_allegato.pdf				

Title	Cittadini e salute. La soddisfazione degli italiani per la sanità				
Author(s)	A cura di Ministero della salute. Quaderni del Ministero della Salute				
Region/country	Italy	Year of publication	2010	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
Italians satisfied with health services. This is what emerges from the survey carried out by Censis on citizens' expectations, opinions and assessments on health, on behalf of the National Centre for Disease Prevention and Control (Ccm) of the Ministry of Health. Some of the main results of the research carried out by Censis on behalf of the Ministry are reported in the first part of the Research. The second part, instead, is based on the evaluation of the quality perceived in healthcare.					
Keywords	customer satisfaction				
Type of asset	Report(s)(institutional, internal, technical, or statistical)	Dimensions and MRLs		D9, MRL3	
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_1702_allegato.pdf				

Title	Piano per l'applicazione e la diffusione della Medicina di Genere
Author(s)	Edited by Italian Ministry of Health

184

Region/country	Italy		Year of publication	2019	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						

The plan provides guidelines for the promotion of Gender Medicine through the dissemination, training and indication of health practices, which, in research, prevention, diagnosis and treatment, take into account the differences arising from gender, in order to guarantee the quality and appropriateness of the services provided by the National Health Service (NHS) in a homogeneous manner throughout the national territory.

Keywords	gender medicine, capacity-building		
Type of asset	Strategic and consultation document(s)(plans, green papers, white papers, …)	Dimensions and MRLs	D7, MRL2
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2860_allegato.pdf		

Title	Relazione sullo stato di salute del Paese 2012-2013					
Author(s)	Direzione generale della digitalizzazione del sistema informativo sanitario e della statistica					
Region/country	Italy		Year of publication	2013	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						

The report provides a synthesis of the health status in the country, the determinants of health (focusing on behavioral risk factors), an account of the organisation of the health system.

Keywords	funds, population, ehealth		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	Dimensions and MRLs	D9, MRL3
Access details	http://www.rssp.salute.gov.it/imgs/C_17_pubblicazioni_2258_allegato.pdf		

Title	Gruppo di lavoro 2 "Metodi, Formazione e Comunicazione" . Documento finale					
Author(s)	A cura di Cabina di Regia del Programma Nazionale HTA - Gruppo di lavoro 2 Metodi; Formazione e Comunicazione					
Region/country	Italy		Year of publication	2019	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)						

The document reports the main results of the PRONHTA Project working group on "Methodology, training and communication". The work was aimed at making the National HTA Programme operational, in line with the strategic elements predefined by the Italian HTA control room.	

Keywords	hta		
Type of asset	Report(s)(institutional, internal, technical, or statistical)	**Dimensions and MRLs**	D9, MRL2 + D12, MRL3
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2855_allegato.pdf		

Title	Cabina di Regia del Programma Nazionale HTA, Documento strategico				
Author(s)	A cura di Cabina di Regia del Programma Nazionale HTA				
Region/country	Italy	**Year of publication**	2017	**Language**	Italian

Brief summary/Abstract/Executive summary (max. 300 words)
Strategic plan of the Italian HTA Programme.

Keywords	hta		
Type of asset	Strategic and consultation document(s)(plans, green papers, white papers, …)	**Dimensions and MRLs**	D9, MRL3
Access details	http://www.salute.gov.it/imgs/C_17_pubblicazioni_2854_allegato.pdf		

Title	Patologie croniche: utilizzare i flussi amministrativi per conoscere i bisogni di salute e i percorsi assistenziali dei pazienti				
Author(s)	C.R.E.A. Sanità, Margherita Andretta , Daniela d'Angela				
Region/country	Italy	**Year of publication**	2016	**Language**	Italian

Brief summary/Abstract/Executive summary (max. 300 words)
The conference "Patologie croniche: utilizzare i flussi amministrativi per conoscere i bisogni di salute e i percorsi assistenziali dei pazienti", held in Padua on January 29, 2016, was organised by the Veneto Region in partnership with C.R.E.A. Sanità, with the objective of comparing the systems currently in use for the mapping of chronic diseases, highlighting their potential, limits and integration possibilities. The conference promoted a discussion on some models developed both nationally and regionally.

Keywords	chronic diseases, care pathways, patients		
Type of asset	Proceedings of the Conference	**Dimensions and MRLs**	D5, MRL3 + D7, MRL2
Access details	https://www.creasanita.it/images/pubblicazioni/report_atti_convegno_Veneto.pdf		

Title	Stratificazione della popolazione in relazione al rischio di ospedalizzazione per cause prevenibili e decesso: l'algoritmo RiskER				
Author(s)	Agenzia sanitaria e sociale regionale dell'Emilia-Romagna, Filomena Morsillo , Lucia Nobilio				
Region/country	Italy		Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document presents the methodology used to build the RiskER model and to evaluate it comparatively, and the results of this comparison.

Keywords	population, evaluation, research		
Type of asset	Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, …)	Dimensions and MRLs	D7, MRL2 + D9, MRL3
Access details	Contact person:filomena.morsillo@regione.emilia-romagna.it https://www.google.it/url?sa=t&rct=j&q=&esrc=s&source=web&cd=12&ved=2ahUKEwi57rrPtdXmAhWESxUIHbY-ADw4ChAWMAF6BAgBEAc&url=http%3A%2F%2Fassr.regione.emilia-romagna.it%2Fpubblicazioni%2Frapporti-documenti%2Freport-risker-2018%2F%40%40download%2FpublicationFile%2Frapporto-risker.pdf&usg=AOvVaw2TgPSKhJN4FsuSKAWq_Wz8		

Title	La riorganizzazione dei servizi territoriali per gli anziani fragili: la proposta del Gruppo				
Author(s)	A cura del Gruppo di Lavoro (GdL) Active Ageing della Società Italiana di Igiene e medicina Preventiva – sezione regionale del Lazio				
Region/country	Italy		Year of publication	2018	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The document proposes the creation of a new territorial primary care matrix, based on the assessment of fragility, consisting of the integration of a pro-active and flexible social service based on the figure of the community nurse for the purpose of building a territorial network that protects the health of the most fragile and prevents social isolation and health risks (prevention of falls, lack of adherence to drugs, malnutrition, specific diseases such as influenza through the vaccination support).

Keywords	active ageing, fragility, primary care, social care, nurse, integrated care		
Type of asset	Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, …)	Dimensions and MRLs	D5, MRL2
Access details	http://www.sitilazio.it/cms/images/docs/2019/1204romadoc.pdf		

Title	La Carta dei Pazienti sull'empowerment del paziente				
Author(s)	European Patients Forum				
Region/country	Italy		Year of publication	2017	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)			
The Charter was co-developed with EPF members and defines the fundamental principles of patient empowerment from the patients' perspective. The document should be "owned" by patient communities across the EU and supported by other stakeholders to ensure concrete commitment from the different actors. The Charter can be used as an advocacy and political tool to promote actions on the ground and at policy level. The Charter is designed as a poster that can be displayed anywhere and used to promote action and culture change "on the ground" in the healthcare environment, or at policy level. Soon available in several languages, patient organisations will be able use it as an important advocacy tool for their activities.			

Keywords	patients, empowerment, engagement		
Type of asset	Communication Campaign	Dimensions and MRLs	D8, MRL2
Access details	https://www.eu-patient.eu/globalassets/campaign-patient-empowerment/charter/charter-it.pdf - In English: Charter		

Title	"Empowerment del cittadino/paziente: realizzazione di un'applicazione di telemedicina per una migliore qualità di vita"				
Author(s)	Beatrice Mezzapesa				
Region/country	Italy	Year of publication	2015	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The aim of this work is to describe the Telemedicine project called Sm @ rtEVEN dedicated to chronic heart disease patients.					
Keywords	telemedicine, ehealth, app				
Type of asset	Degree Thesis		Dimensions and MRLs		D8, MRL2
Access details	https://amslaurea.unibo.it/10476/1/Empowerment_del_cittadino.pdf				

Title	Implementazione del Chronic Care Model in Puglia – CARE Puglia. Evidenze epidemiologiche per nuovi modelli organizzativi dell'assistenza				
Author(s)	Puglia Region				
Region/country	Italy	Year of publication	2013	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The document offers a first assessment of the Chronic Care Model in Puglia					
Keywords	integrated care, chronic care				

Type of asset	Report(s)(institutional, internal, technical, or statistical)	Dimensions and MRLs	D7, MRL2 + D8, MRL2 + D10, MRL2 + D11, MRL2
Access details	http://www.salute.gov.it/portale/temi/documenti/investimenti/4bBD.pdf		

Title	IL PROGETTO PILOTA DI DISEASE AND CARE MANAGEMENT IN PUGLIA				
Author(s)	Puglia Region				
Region/country	Italy	Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The Leonardo Project envisages a Disease and Care Management programme that aims to address the growing burden of cardiovascular disease, diabetes and heart failure in Puglia, thanks to the implementation of health care and disease management interventions aimed at improving patient outcomes and making resource use more efficient.					
Keywords	integrated care, chronicity, chronic care model				
Type of asset	Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, …)	Dimensions and MRLs		D5, MRL2 + D7, MRL2 + D10, MRL2	
Access details	http://www.quotidianosanita.it/allegati/allegato3073695.pdf				

Title	L'Expanded Chronic Care Model in Toscana: Un approccio più ampio al servizio del cittadino				
Author(s)	Mazzoni Andrea				
Region/country	Italy	Year of publication	2016	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The paper reports the experience of proactive medicine in Tuscany					
Keywords	proactive medicine, empowerment				
Type of asset	Degree Thesis	Dimensions and MRLs		D5, MRL3	
Access details	https://www.nursetimes.org/wp-content/uploads/2016/12/TESI-MAZZONI-ANDREA-.pdf				

Title	NUOVI MODELLI DI SANITÀ REGIONALE PER LE CRONICITÀ DEL LAZIO STUDIO COMPARATIVO SULLE BUONE PRATICHE DI GOVERNANCE DELLE CRONICITÀ ED INTEGRAZIONE PUBBLICO-PRIVATO

Author(s)	Centro di Ricerca e Studi sulla Leadership in Medicina (CLM) Università Cattolica del Sacro Cuore – Centro Collaboratore Organizzazione Mondiale della Sanità per la Leadership; la governance e le politiche Sanitarie in stretta collaborazione con Aiop Lazio – Associazione Italiana Ospedalità Privata del Lazio.				
Region/country	Italy	Year of publication	2019	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The purpose of this report is to identify and describe innovative experiences in the field of planning, organisation and integrated public-private management of health services, of the remuneration methods adopted by national and regional levels in Europe, especially in the management of chronic -degenerative diseases, with the aim of outlining the characteristics of a sustainable social and welfare system innovation-oriented.

Keywords	innovation, chronicity		
Type of asset	Good practice(s)	Dimensions and MRLs	D10, MRL2
Access details	https://www.aioplombardia.it/Pubblicazioni/ArtMID/1125/ArticleID/102674/Nuovi-modelli-di-Sanit224-regionale-per-le-cronicit224-del-Lazio		

Title	La gestione delle malattie croniche: un modello di intervento dell'ASL 5 di Pisa. Obiettivi, strumenti, metodologia, risultati preliminari e scenari futuri.				
Author(s)	Katia Di Stefano				
Region/country	Italy	Year of publication	2015	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)

The topic of this work is the analysis of the Self-empowerment education model used by the ASL5 of Pisa, with the aim of exploring a model for the management of chronic diseases that does not affect the health system economy excessively and improve the patients' quality of life.

Keywords	empowerment, chronic disease, self-management programme		
Type of asset	Degree Thesis	Dimensions and MRLs	D8, MRL2
Access details	https://core.ac.uk/download/pdf/79619930.pdf		

Title	"IL RUOLO DELL'INFERMIERE NEL CHRONIC CARE MODEL: LA PROATTIVITÀ PER PREVENIRE LE MALATTIE CRONICHE"				
Author(s)	Curcuruto Marialuisa				
Region/country	Italy	Year of publication	2015	Language	Italian

Brief summary/Abstract/Executive summary (max. 300 words)			
This thesis deals with one of the main health topics of the last decade: chronic diseases and their prevention and management. In this context, the document outlines the role of the nurse as care manager of the educational process aimed at helping the population to develop the knowledge, skills, attitudes and awareness necessary to effectively assume responsibility for decisions relating to their health.			
Keywords	chronic diseases, prevention, nurse, care manager, citizen empowerment		
Type of asset	Degree Thesis	**Dimensions and MRLs**	D8, MRL2 + D10, MRL2 + D11, MRL3
Access details	https://www.nurse24.it/images/wordpress-img/wp-content/uploads/2015/11/Tesi_CURCURUTO_MARIALUISA_Il_ruolo_dellinfermiere_nel_Chronic_care_model.pdf		

Title	EPF Background Brief: Patient Empowerment				
Author(s)	European Patients Forum				
Region/country	Italy	**Year of publication**	2015	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The document provides the definition of the Patient Empowerment from the patients' point of view					
Keywords	patients, empowerment				
Type of asset	Communication Campaign		**Dimensions and MRLs**		D8, MRL2
Access details	https://www.eu-patient.eu/globalassets/campaign-patient-empowerment/charter/charter-it.pdf				

Title	D.G.R. 1803/2018, "Art. 39 della legge regionale n. 4/2010. Approvazione del Piano triennale 2018-2020 di Sanità Digitale della Regione Puglia".				
Author(s)	Puglia Region				
Region/country	Puglia, Italy	**Year of publication**	2018	**Language**	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The 2018-2020 Puglia Region's eHealth Plan favours the rationalization of intangible infrastructures through the creation of software platforms, shared at a regional level. It standardizes data delivery methods.					
Keywords	telemedicine, ehealth, ict, e-government				
Type of asset	Regulation and/or guidelines/"norms" document(s)		**Dimensions and MRLs**		D3, MRL4 + D11, MRL4

Access details	http://www.regione.puglia.it/documents/10192/29055918/DEL_1017_2018.pdf/275202f0-78ad-4527-8bc7-2e1622e46ec3;jsessionid=593A2BD4185F309BDA718CA75DB05DFE

Title	D.G.R. 594/2019, "Art. 39 della L.R. n. 4/2010. Approvazione del documento "Obblighi informativi a carico delle Aziende ed Istituti pubblici, delle strutture private accreditate e del personale convenzionato con il SSR. Anno 2019".				
Author(s)	Puglia Region				
Region/country	Puglia, Italy	Year of publication	2019	Language	Italian
Brief summary/Abstract/Executive summary (max. 300 words)					
The rule provides the indications and terms for the provision of data to regional information systems. The standards shall apply to Public and accredited Private subjects.					
Keywords	telemedicine, ehealth, ict, e-government				
Type of asset	Regulation and/or guidelines/"norms" document(s)	**Dimensions and MRLs**			D3, MRL3
Access details	https://www.sanita.puglia.it/documents/20182/76283948/DGR+594-2019.pdf/9b6efdb2-5979-4d9d-8a47-afcc21523776				

Title	Economic evaluation of integrated care: a research agenda				
Author(s)	Apostolos Tsiachristas, Viktoria Stein , Silvia Evers				
Region/country	UK	Year of publication	2016	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Health economists are increasingly interested in integrated care in order to support decision-makers to find efficient solutions that tackle the threat that chronic diseases pose on population health and health and social care budgets. However, economic evaluation in integrated care is still in its early years, facing several difficulties. The aim of this paper is to describe the unique nature of integrated care as a topic for economic evaluation, explore the obstacles to perform economic evaluation, discuss methods and techniques that can be used to address them, and set the basis to develop a research agenda for health economics in integrated care. The paper joins the voices that call health economists to pay more attention to integrated care and argues that there should be no more time wasted for doing it.					
Keywords	integrated care, chronic diseases, economic evaluation				
Type of asset	Working paper	**Dimensions and MRLs**			D9, MRL2
Access details	https://www.selfie2020.eu/wp-content/uploads/2016/05/HE-SIG_working_paper.pdf				

Title	Integrated Care Fund Revenue, Capital and Dementia Guidance Revenue, Capital and Dementia Guidance				
Author(s)	Welsh Government				
Region/country	Wales, UK		Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)
This document provides guidance for regional partnership boards in relation to both the revenue and capital elements about the ICF's objectives and priorities; conditions; governance requirements; and reporting arrangements to Welsh Government. Whilst this guidance covers the period 1 April 2019 to 31 March 2021 it is revisited on an annual basis to ensure it remains fit-for-purpose.

Keywords	integrated care fund, funds, dementia		
Type of asset	Guidance document(s)(guidelines on implementation, evaluation, …)	Dimensions and MRLs	D4, MRL3
Access details	https://gov.wales/sites/default/files/publications/2019-02/integrated-care-fund-revenue-capital-and-dementia-guidance-april-2019.pdf		

8.7 Scotland, UK

Title	Public Bodies (Joint Working) (Scotland) Act 2014				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2014	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The documents present the legislative framework for the integration of health and social care in Scotland. It requires local integration of adult health and social care services, with Health Boards and Local Authority partnerships deciding whether to include other services in their integrated arrangements. It sets out the overarching Vision: Ensuring better outcomes for people where users of health and social care services can expect, for themselves and those that they care for, to be listened to; to be involved in not just in deciding upon the care they receive, but to be an active participant in how it is delivered; and to enjoy better health and wellbeing within their homes and communities as a result.					
Keywords	legislation, vision, governance				
Type of asset	Other (please specify at the beginning of the summary)	Dimensions and MRLs	D2, MRL2 + D7, MRL2 + D10, MRL2		
Access details	http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf				

Title	Facilitating the Journey of Integration				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The resource for people embarking on integrating care highlights the important roles that are required to make the integration of health and social care a success. It focuses on three main areas: How can an Integration Joint Board make a difference to people's lives in delivering integrated health and social care services through the principles of integration? ; What may be different about being a member of an Integration Joint Board? ; How can members make a difference on an Integration Joint Board? What skills and experience do members bring from their respective backgrounds?					
Keywords	guidance, governance, leadership, principles, competencies				
Type of asset	Guidance document	Dimensions and MRLs	D2, MRL2 + D7, MRL2 + D10, MRL2		
Access details	https://www.gov.scot/publications/hsci-guidance-facilitating-journey-integration/				

Title	Review of Progress with Integration of Health and Social Care				
Author(s)	Ministerial Strategic Group for Health and Community Care				
Region/country	Scotland, UK	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This is the final report from the Ministerial Strategic Group for Health and Community Care. It reviews the progress and draws together the proposals for ensuring the success of integration. The proposals focus on joint and mutual responsibility to improve outcomes for people using health and social care services in Scotland. They reflect a shared commitment to making integration work through Collaborative leadership and building relationships; Integrated finances and financial planning; Effective strategic planning for improvement; Governance and accountability arrangements; Ability and willingness to share information; and Meaningful and sustained engagement					
Keywords	progress, sustainability, strategic planning, governance, accountability				
Type of asset	Report		Dimensions and MRLs	D6, MRL3 + D9, MRL2 + D10, MRL3	
Access details	https://www.gov.scot/publications/ministerial-strategic-group-health-community-care-review-progress-integration-health-social-care-final-report/				

Title	Health and Social Care Integration Update on Progress				
Author(s)	Auditor General, Accounts Commission				
Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This report by the public sector independent scrutiny body reviewed progress on integration across Scotland. It noted that Integration Authorities (IAs) have started to introduce more collaborative ways of delivering services and have made improvements in several areas, including reducing unplanned hospital activity and delays in discharging people from hospital. People at the end of their lives are also spending more time at home or in a homely setting, rather than in hospital. These improvements are welcome and show that integration can work within the current legislative framework, but IAs are operating in an extremely challenging environment and there is much more to be done. The report identified six key areas that, if addressed, should lead to broader improvements and a systematic impact on health and care outcomes across their communities.					
Keywords	scrutiny, accountability, performance, good practices, impact				
Type of asset	Report		Dimensions and MRLs	D6, MRL3 + D9, MRL2 + D10, MRL3	

Access details	https://www.audit-scotland.gov.uk/report/health-and-social-care-integration-update-on-progress

Title	Health and Social Care Standards: My Support My Life				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

Since April 2018, the national Health and Social Care Standards My Support, My Life apply across all health and social care provision in Scotland including regulated care settings, social care, early learning and childcare, children's services, social work, healthcare provision, and community justice. The Standards seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld. The Standards are based on five headline outcomes: I experience high quality care and support that is right for me; I am fully involved in all decisions about my care and support; I have confidence in the people who support and care for me; I have confidence in the organisation providing my care and support; and I experience a high quality environment if the organisation provides the premises.

Keywords	quality, standards, care, outcomes, shared decision making		
Type of asset	Regulation and/or guidelines/"norms" document	**Dimensions and MRLs**	D4, MRL2
Access details	https://hub.careinspectorate.com/national-policy-and-legislation/health-and-social-care-standards/		

Title	Leading across health and social care in Scotland: learning from chief officers' experiences, planning next steps				
Author(s)	The King's Fund				
Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This report by the King's Fund explores how the chief officers of the integration authorities have developed their role in the Scottish health and social care system. The narrative describes the approach, achievements and direction of travel, drawing on research and analysis by The King's Fund on integrating health and social care and system leadership, as well as policy guidance from the Scottish Government. The report goes on to suggest how chief officers can further develop their role and the integration agenda and concludes by making recommendations to strengthen and further embed their roles.

Keywords	leadership, resilience, sustainability, governance, accountability		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL3 + D6, MRL2 + D9, MRL2 + D12, MRL3

Access details	https://www.kingsfund.org.uk/publications/leading-across-health-and-social-care-scotland

Title	National Monitoring and Evaluation Strategy for Primary Care in Scotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This National Monitoring and Evaluation Strategy for Primary Care sets out the approach to 'telling the story', through research and analysis, of the reform of primary care in Scotland over the next 10 years. It offers a perspective on what primary care means and how to understand what works, where, for whom and why, and at scale, and have the evidence needed to shape sustainable policy and service developments and understand how primary care contributes to equality in Scottish society, to ensuring our communities thrive, and to delivering public value. The research, data collection and analysis activity will acknowledge the interdependencies between primary and secondary care, social care, community resources and services, and public health, while maintaining an emphasis on work designed to reshape primary and community care.

Keywords	evaluation, performance, primary care, analysis, transformation		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D9, MRL3
Access details	https://www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/		

Title	The 2018 General Medical Services Contract in Scotland				
Author(s)	Scottish Government and BMA				
Region/country	Scotland, UK	Year of publication	2017	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document presents the new contract offer that is refocusing the role of the GP as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. The aim is to enable GPs to do the job they train to do and enable patients to have better care, with some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. The report describes priorities for transformative service redesign in primary care in Scotland over a three year transition period: vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services.

Keywords	primary care, contract, transformation, complexity, quality, interdisciplinary teams		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL1 + D2, MRL3 + D4, MRL3 + D12, MRL4

197

Access details	https://www.gov.scot/publications/gms-contract-scotland/

Title	Improving together A National Framework for Quality and GP Clusters in Scotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This report describes the approach to improving quality of primary care in GP clusters by facilitating strong, collaborative relationships across GP Clusters and localities with the intention of learning, developing and improving together for the benefit of local communities. The report sets out plans for support; relevant and timely data; analytical expertise; facilitation of dialogue; and implementation of improvement strategies. It describes a series of principles and values that will underpin this framework, including the key leadership role of GPs in shaping and monitoring the quality of services provided by new ways of working within Health and Social Care Partnerships; d provision of best value and best use of available finite resources, recognising the need for choices to be made in how resources are used in primary healthcare; and a commitment to Realistic Medicine and to achieving the triple aim of improving citizens' experience of care, the health and wellbeing of the population and the pursuit of high value care whilst also creating a professional working environment that is more attractive in which to practise.

Keywords	primary care, transformation, complexity, quality, clusters, interdisciplinary teams		
Type of asset	Guidance document	**Dimensions and MRLs**	D2, MRL3 + D4, MRL3 + D11, MRL3 + D12, MRL3
Access details	https://www.gov.scot/publications/improving-together-national-framework-quality-gp-clusters-scotland/		

Title	Health and Social Care Delivery Plan				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2016	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This delivery plan sets out the programme to further enhance health and social care services in Scotland in pursuit of longer, healthier lives at home or in a homely setting and through an integrated health and social care system that focuses on prevention, anticipation and supported self-management; will make day-case treatment the norm; focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. It acknowledges that change must take place at pace and in collaboration with partners across and outside of the public sector, and that partnership working is essential for the planning that will deliver the actions described here.

Keywords	implementation, delivery, outcomes, performance, priorities		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D2, MRL2 + D4, MRL2 + D10, MRL2

Access details	https://www.gov.scot/publications/health-social-care-delivery-plan/

Title	National Health and Social Care Workforce Plan Part 1 – a framework for improving workforce planning across NHS Scotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This Plan sets out recommendations to improve workforce planning in Scotland. It sets out 12 commitments and planned investment in general practice, primary care and wider community health, including community nursing over the next 3-5 years to develop multidisciplinary capacity across Scotland in the face of an ageing workforce and anticipated levels of staff turnover. It highlights the need to fully equip leaders in primary care to drive change; and enhance opportunities for the primary care workforce to further develop rewarding and attractive careers. The plan aims to build capability to deliver the six outcomes for Primary Care in Scotland: we are more informed and empowered when using primary care; our primary care services better contribute to improving population health; our experience of primary care is enhanced; our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care; our primary care infrastructure – physical and digital – is improved; and primary care better addresses health inequalities

Keywords	workforce, strategic planning' competencies, care, quality, sustainability		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D6, MRL2 + D10, MRL2 + D12, MRL2
Access details	https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-3-improving-workforce/		

Title	Gaun Yersel The Self-Management Strategy for Long Term Conditions in Scotland				
Author(s)	The Long Term Conditions Alliance Scotland				
Region/country	Scotland, UK	Year of publication	2008	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This is the first national strategy for self-management in Scotland, uniquely developed by people living with long term conditions. It describes self-management as the successful outcome of the person and all appropriate individuals and services working together to support him or her to deal with the very real implications of living the rest of their life with one or more long term condition. The strategy describes five principles that underpin self-management and identifies the key stages where people need support – from diagnosis, living for today, progression, transitions and end of life care. It describes examples of support and the impact that support can have on the experience and outcomes of care. It announces a national fund of £2 Million per annum to invest in self-management projects.

Keywords	self-management, shared decision making, co-production, support, communication, person centred		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL3 + D7, MRL2 + D8, MRL3 + D10, MRL3

Access details	https://www.alliance-scotland.org.uk/blog/resources/gaun-yersel/

Title	Making it easier: a health literacy action plan 2017-2025				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This action plan builds on the 2014 plan Making it Easy that raised awareness amongst the workforce of the hidden problem of health literacy and helped them respond better. The updated plan sets out actions to better support people's health literary needs through shared decision-making. It is supported by tools and resources accessed at http://www.healthliteracyplace.org.uk/					
Keywords	health literacy, shared decision making, self-management, collaboration, support, communication, person centred				
Type of asset	Guidance document	Dimensions and MRLs		D8, MRL4 + D11, MRL3 + D12, MRL4	
Access details	https://www.gov.scot/publications/making-easier-health-literacy-action-plan-scotland-2017-2025/				

Title	Report on the future delivery of public services by the commission chaired by Dr Campbell Christie.				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2011	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This is a report of an independent commission on the future delivery of public services in Scotland. The Christie Commission called for organisations delivering public services to work together and integrate in order to provide a more efficient and effective service to people. The key recommendations are: to empower individuals and communities receiving public services by involving them in the design and delivery of the services they use; for providers to work much more closely in partnership, to integrate service provision and improve outcomes they achieve; to prioritise expenditure on public services which prevent negative outcomes from arising; and our whole system of public services - public, third and private sectors - must become more efficient by reducing duplication and sharing services wherever possible.					
Keywords	public services, reform, collaboration, partnership, outcomes, accountability, prevention				
Type of asset	Strategic and consultation document	Dimensions and MRLs		D1, MRL3 + D10, MRL3	
Access details	https://www.gov.scot/publications/commission-future-delivery-public-services/				

Title	National Performance Framework				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This document summarises the Scottish Government's purpose, values and describes the national outcomes and indicators that track progress in achieving Scotland's purpose. These national outcomes reflect the values and aspirations of people in Scotland, are aligned with the UN Sustainable Development Goals, and will help to track progress in reducing inequality. The Scottish Government focuses its activities, investment and collaboration with public sector partners and others to meet these National Outcomes. The shared aim of the public sector partnerships in Scotland is to improve people's lives and experiences through listening to the people who use public services, partnership working and collaboration, focusing on preventing problems before they start, and doing things more efficiently.					
Keywords	purpose, values, strategy, indicators, outcomes, performance, accountability				
Type of asset	Guidance document	Dimensions and MRLs		D1, MRL2 + D7, MRL3 + D9, MRL4	
Access details	http://nationalperformance.gov.scot/				

Title	National Health and Wellbeing Outcomes Framework Guidance				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This document presents guidance on the national health and wellbeing outcomes which apply across all integrated health and social care services in Scotland. The nine outcomes focus on improving service experiences and quality for people using those services, carers and their families, and provide a strategic framework for the planning and delivery of population health and social care services. Each Integration Authority is required to publish an annual report on performance against these outcomes, alongside information on local context. This framework ensures NHS Health Boards, Local Authorities and Integration Authorities are clear about their shared priorities and joint responsibility and accountability for their delivery.					
Keywords	outcomes, indicators, performance, accountability				
Type of asset	Guidance document	Dimensions and MRLs		D1, MRL2 + D4, MRL3 + D7, MRL3 + D9, MRL4	
Access details	https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/				

Title	Roles, responsibilities and membership of the Integration Joint Board				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This Scottish Government guidance supplements the legislation on health and social care integration - Public Bodies (Joint Working) (Scotland) Act 2014. It provides advice on the roles, responsibilities and membership of the Integration Joint Boards that are responsible for planning, resourcing and operational delivery of all integrated services in Scotland. The Integration Joint Board is a legal entity in its own right that operates under public sector good practice governance arrangements proportionate to its responsibilities. The guidance clarifies the role of Board members in overseeing a significant number of functions and resources delegated to the Integration Authority from NHS Health Boards and Local Authorities.					
Keywords	legislation, guidance, accountability, governance, resources				
Type of asset	Guidance document	Dimensions and MRLs	D2, MRL2 + D7, MRL2 + D10, MRL2		
Access details	https://www.gov.scot/publications/roles-responsibilities-membership-integration-joint-board/				

Title	Guidance on the Principles for Planning and Delivering Integrated Health and Social Care				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This document provides guidance on the principles that underpin how integrated care should be planned and delivered in Scotland in accordance with legislation of the Public Bodies (Joint Working) (Scotland) Act 2014. These principles include expectation of a culture of respect, parity of esteem and genuine engagement in the planning and delivery of person-centred, high quality integrated care. They are intended to be the driving force behind the changes in culture and services required to deliver these reforms successfully and improve outcomes. The report also explains what people using services and their carers can expect from integrated services, and the behaviours and priorities expected of organisations and people planning and delivering care and support.					
Keywords	legislation, guidance, outcomes, accountability, principles, governance				
Type of asset	Guidance document	Dimensions and MRLs	D2, MRL2 + D7, MRL2 + D10, MRL2		
Access details	https://www.gov.scot/publications/guidance-principles-planning-delivering-integrated-health-social-care/				

Title	Strategic Commissioning Plans Guidance				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document presents the Scottish Government guidance on commissioning health and social care services. It sets out the duty of Integrated Joint Boards to involve a wide range of local stakeholders (service providers, service users and their carers, representative bodies, and professionals) in the commissioning process. In developing its Strategic Commissioning Plan for the functions and budgets it controls, each Health and Social Care Partnership has a legal duty to achieve best value in the use of its resources, and to report on its performance.

Keywords	commissioning, guidance, stakeholders, value, resources		
Type of asset	Guidance document	Dimensions and MRLs	D2, MRL2 + D5, MRL3 + D7, MRL3 + D10, MRL3
Access details	https://www.gov.scot/publications/strategic-commissioning-plans-guidance/		

Title	Localities Guidance				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2015	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This Scottish Government guidance explains why localities must have real influence on how resources are spent in their area. Localities are not prescribed by geography or population size but are described as a smaller area within the borders of an Integration Authority that offer a mechanism for local leadership of service planning, to be fed upwards into the Integration Authority's strategic commissioning plan. Every locality will involve a range of people from different backgrounds, who are accustomed to different working styles and arrangements.

Keywords	localities, strategic planning, stakeholders, participation, need assessment		
Type of asset	Guidance document	Dimensions and MRLs	D2, MRL2 + D7, MRL3 + D8, MRL3 + D10, MRL3
Access details	https://www.gov.scot/publications/localities-guidance/		

Title	Advice Note: Health and Social Care Prioritisation

Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2016	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This advice note describes the key characteristics that should be included in the prioritisation process by Integration Authorities making decisions on how best to allocate their limited resources in order to improve outcomes. Decisions must be made on the basis of clear criteria, a robust process and application of relevant and focused information and must take account of the Partnership's duty to achieve best value. It describes a range of methods, particularly options appraisal, when making investment and dis-investment decisions.

Keywords	strategic planning, prioritisation, needs assessment, value		
Type of asset	Guidance document	**Dimensions and MRLs**	D2, MRL2 + D5, MRL3 + D7, MRL3 + D10, MRL3
Access details	https://www.gov.scot/publications/advice-note-prioritisation-process/		

Title	Finance Guidance: Health and Social Care Integration				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2015	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This guidance was developed by Scottish Government officials with the Integrated Resources Advisory Group to consider the managerial and financial implications of integrating health and social care in Scotland. The report explains how the Health Board and Local Authority will make payments to the Integration Joint Board in respect of certain delegated functions. The Health Board will also, where appropriate, set aside amounts of funding in respect of certain hospital functions for direction and use by the Integration Joint Board. The guidance explains that the managerial arrangements, accountability and integrated financial arrangements for each health and social care partnership are set out in their Integration Scheme.

Keywords	integrated resources, finance, accountability, guidance, value		
Type of asset	Guidance document	**Dimensions and MRLs**	D2, MRL2 + D5, MRL3 + D7, MRL3 + D10, MRL3
Access details	https://www.gov.scot/publications/finance-guidance-health-social-care-integration/		

Title	Clinical and Care Governance Framework Guidance
Author(s)	Scottish Government

Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This national framework provides Integration Authorities with an overview of the key elements and principles that should be reflected in the clinical and care governance processes implemented by Integration Authorities in Scotland. It can be used to determine how best to integrate the governance mechanisms in place for services within partnerships, highlighting areas where revised and new processes will be needed to deliver requirements across all of the dimensions outlined. Each Integration Authority will develop local mechanisms to deliver clinical and care governance. There is no change to the regulatory framework within which health and social care professionals practice, or the established professional accountabilities that are currently in place within the NHS and local government.

Keywords	clinical governance, care governance, quality, accountability, regulation			
Type of asset	Guidance document	**Dimensions and MRLs**		D2, MRL2 + D4, MRL1
Access details	https://www.gov.scot/publications/clinical-care-governance-framework/			

Title	The Role of the Third Sector Interfaces: Advice Note				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2015	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This note explains the role of the Third Sector Interface (TSI) in the context of health and social care. The TSI acts as advocates of the third sector and as a bridge between the wider third and statutory sectors for the purpose of strategic commissioning. Some TSIs are single integrated agencies whereas others are partnerships of support organisations – for example, Centres for Voluntary Service (CVS's), Volunteer Centres (VCs) and Social Enterprise Networks (SENs). Some are geographic partnerships, especially in rural areas covering large geographies. A Scottish Government grant supports TSIs to deliver a minimum set of "common services".

Keywords	third sector, voluntary, collaboration, participation, commissioning			
Type of asset	Guidance document	**Dimensions and MRLs**		D2, MRL2 + D5, MRL1 + D10, MRL3
Access details	https://www.gov.scot/publications/role-third-sector-interfaces/			

Title	Strategic Narrative - Achieving Sustainable Quality in Scotland's Healthcare				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2011	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)			
In 2011, the Scottish Government set out its strategic vision for achieving sustainable quality in the delivery of healthcare services across Scotland. The 2020 Vision is the strategic narrative and context for taking forward the implementation of the Quality Strategy, and the required actions to improve efficiency and achieve financial sustainability. The Vision is that everyone may be able to live longer healthier lives at home, or in a homely setting and to have a healthcare system with integrated health and social care; a focus on prevention, anticipation and supported self-management; day case treatment as the norm and care in all settings is provided to the highest standards of quality and safety, with the person at the centre of all decisions; and ensuring people get back home or to a community environment as soon as appropriate, with minimal risk of re-admission.			

Keywords	quality, vision, communication, transformation sustainability		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL4
Access details	https://www2.gov.scot/Topics/Health/Policy/2020-Vision/Strategic-Narrative		

Title	National Health and Social Care Workforce Plan Part 2 - a framework for improving workforce planning for social care in Scotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2017	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This is the second of three national workforce plans that offer a framework for improving workforce planning for the health and social care workforce across Scotland. This report acknowledges distinct challenges in the social care sector: the complexity of service provision and commissioning; the dominant market dynamic; challenges within rural and urban areas; financial environment and resource constraints; substantial changes in service delivery; and the impact of social and technological change on demand for services and on workforce skill requirements and supply. It outlines specific initial priorities for action, including recruitment and retention, improved opportunities for career progression and addressing skill needs through improved training and education.					

Keywords	workforce, sustainability, recruitment, education, resilience, social care		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D4, MRL3 + D10, MRL3 + D12, MRL4
Access details	https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/		

Title	Everyone Matters Our Workforce 2020 Vision

Author(s)	Scottish Government			
Region/country	Scotland, UK	Year of publication	2013	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

The 2020 Workforce Vision recognises the vital role of the workforce in responding to the challenges that the NHS in Scotland is facing. It sets out a Vision for the workforce, the values that are shared across NHSScotland, and asks everyone who works for NHSScotland to play their part in supporting the changes and living the values. The Vision was informed by 10,000 people including NHS staff, trades unions, professional organisations and partners in the delivery of healthcare. It makes three commitments: valuing the workforce and treating people well; innovation and making better use of technology; and working with other healthcare providers to deliver improved and integrated services. Everyone who is involved in the delivery of healthcare in Scotland is asked to play their part in making this Vision a reality and to live the values in the way they work and the decisions they take.

Keywords	workforce, sustainability, resilience, vision, technology, collaboration		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D10, MRL3
Access details	https://www.gov.scot/publications/everyone-matters-2020-workforce-vision/		

Title	Personalising Realistic Medicine: Chief Medical Officer for Scotland's Annual Report 2017-2018			
Author(s)	Scottish Government			
Region/country	Scotland, UK	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This is the fourth in a series of Annual Reports by the Chief Medical Officer for Scotland. Each discuss the challenges facing the profession and progress a conversation with clinicians about how to change practice to a more personalised and collaborative approach with patients and carers and adopt shared decision making. Previous reports have made excellent use of used social media to reach a wide range of stakeholders and have stimulated a national conversation with professionals. The #realisticmedicine reached 6.7 million twitter feeds and over 3491 tweets from 1235 participants from January to October 2016 in 11 countries. The previous three annual reports can be accessed from the Realistic medicine pages of the Scottish Government website.

Keywords	person centred, shared decision making, collaboration, value		
Type of asset	Report	Dimensions and MRLs	D1, MRL4 + D4, MRL3 + D8, MRL3
Access details	https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018/		

Title	Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland				
Author(s)	Scottish Government and Joint Improvement Team				
Region/country	Scotland, UK	Year of publication	2012	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The purpose of this Framework is to raise awareness of Intermediate Care as a range of functions which focus on prevention, rehabilitation, reablement and recovery, depending on the needs of the individual. It encourages and guides the development of Intermediate Care as part of a range of enabling and preventative services and identifies the common and key components that should make up these services, however they may be configured. It does not describe a specific model but provides an overview of the issues to be considered when developing or reviewing local enabling services. It provides evidence of the benefits of Intermediate Care along with practical examples of successful services across the country.					
Keywords	intermediate care, reablement, recovery, transitions, interdisciplinary, rehabilitation				
Type of asset	Guidance document	Dimensions and MRLs		D4, MRL3 + D10, MRL3	
Access details	https://www.gov.scot/publications/maximising-recovery-promoting-independence-intermediate-care-framework-scotland/				

Title	'Co-production – how we make a difference together'				
Author(s)	Scottish Co-Production Network				
Region/country	Scotland, UK	Year of publication	Live website	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This is a suite of online resources – videos, case studies and information - to help spread understanding of co-production. It draws together the principles of co-production and gives examples of the different ways in which co-production approaches can be used. It was developed by the Scottish Co-production Network, the Joint Improvement Team, The Health & Social Care Alliance Scotland and Governance International along with many people and organisations sharing their experiences, skills and ideas. The range of materials include a policy overview and case studies available to download in PDF format					
Keywords	case studies, co-production, principles, partnership, outcomes				
Type of asset	Good practice	Dimensions and MRLs		D8, MRL4 + D10, MRL4 + D11, MRL2 + D12, MRL3	
Access details	http://www.coproductionscotland.org.uk/resources/				

Title	People Powered Health and Wellbeing				
Author(s)	Lisa Curtice & Nancy Greig, The Health and Social Care Alliance Scotland				
Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This web page describes a family of approaches to co-production characterised by their emphasis on values, relationships and the need to support a strengths-based approach to improving wellbeing. The resource was funded by the Scottish Government 'People Powered Health and Wellbeing programme led by the Health and Social Care Alliance Scotland (the ALLIANCE) with third and public sector partners and health and social care teams across Scotland. The tools aimed to develop capacity and capability of people who use, and people who provide, support and services to: have meaningful conversations about their outcomes, connect with assets that can support them, and become active collaborators in designing services and solutions to care delivery and in promoting their wellbeing.					
Keywords	case studies, co-production, person centred, outcomes, self-management				
Type of asset	Good practice	Dimensions and MRLs		D8, MRL4 + D10, MRL4 + D11, MRL2 + D12, MRL3	
Access details	http://www.coproductionscotland.org.uk/resources/people-powered-health-and-wellbeing/				

Title	Talking Points: personal outcomes approach - practical guide				
Author(s)	The Joint Improvement Team				
Region/country	Scotland, UK	Year of publication	0	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This guide was developed by the Joint Improvement Team to support the continued implementation of the Talking Points: Personal Outcomes Approach. This document provides an overview of Talking Points and practical guidance to support organisations to embed personal outcomes at the heart of their core business. It draws together evidence from research and practice and presents an overview of the key messages and learning from that work. The aim of a personal outcomes approach is to ensure that people using services and their family or unpaid carers are supported to live the best lives possible, building on their own capabilities. It ensures that organisations focus resources on the impact they have as well as the activities undertaken. The intended audience is practitioners and managers in diverse roles within integrated care and in in health, social care and related services, with the aim of supporting consistent understanding of the values and principles involved.					
Keywords	practitioner, assessment, care planning, co-production, outcomes				
Type of asset	Guidance document	Dimensions and MRLs		D4, MRL3 + D8, MRL4 + D12, MRL3	
Access details	https://lx.iriss.org.uk/content/talking-points-personal-outcomes-approach-practical-guide				

Title	Leading for Outcomes guides				
Author(s)	Iriss				
Region/country	Scotland, UK	Year of publication	2013	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Leading for Outcomes series guides are designed to support team leaders, managers and trainers to lead teams in the adoption and implementation of a personal outcomes-focused approach. The initial guide gives general evidence-based advice and support in leading this approach within the context of adult care services. Other editions include Understanding and promoting an outcomes-focused approach and Practising and sustaining the outcomes-focused approach in integrated working.					
Keywords	practitioner, assessment, care planning, co-production, outcomes				
Type of asset	Guidance document	Dimensions and MRLs	D4, MRL3 + D8, MRL4 + D12, MRL3		
Access details	https://www.iriss.org.uk/tag/leading-outcomes				

Title	Outcomes & Co conversation openers				
Author(s)	Iriss				
Region/country	Scotland, UK	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Outcomes & CO: conversation openers was created to support practitioners and managers across the social services sector reflect on their views, values and experiences of a personal outcomes approach. Personal outcomes are defined as what matter to people accessing support and their unpaid carers (adult and young). The tools provides a framework for open, honest conversations about personal outcomes. It does this by supporting reflective practice and building common understanding. It is flexible and can used or adapted for a range of audiences, including health, social care and housing.					
Keywords	practitioner, assessment, care planning, co-production, outcomes, tools, reflective practice				
Type of asset	Tool	Dimensions and MRLs	D4, MRL3 + D8, MRL4 + D12, MRL3		
Access details	https://www.iriss.org.uk/resources/tools/outcomes-co				

Title	Reshaping Care for Older People A programme for Change 2011-2021
Author(s)	Scottish Government

Region/country	Scotland, UK	Year of publication	2010	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

The Reshaping Care for Older People: A Programme for Change 2011-2021 describes the national vision for older people in Scotland – that 'Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting'. The strategy sets out plans to rebalance care and support towards more preventative, coordinated and anticipatory care at home, or closer to home. It describes plans for a Change Fund as a catalyst to drive the shift in the balance of care. This programme became the prototype for integrated care in Scotland.

Keywords	older people, strategy, transformation, collaboration, prevention, anticipatory care, long term care
Type of asset	Strategic and consultation document
Dimensions and MRLs	D1, MRL4 + D4, MRL3 + D6, MRL4 + D10, MRL4
Access details	https://www2.gov.scot/Resource/0039/00398295.pdf

Title	Age, Home and Community – The Next Phase
Author(s)	Scottish Government

Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

Age, Home and Community – The Next Phase sets out the national approach to housing and older people: providing the right advice, house and support will allow older people to live the way they choose. It builds on the previous strategy and was developed using what we have learned from the experiences of older people and the insights of organisations who work with them. To achieve the vision for older people in Scotland to enjoy full and positive lives in homes that meet their needs , the report describes three principles: Right Advice, Right Home and Right Support to enable a growing population of older people to live safely and independently at home for as long as they chose to do so. The strategy cuts across many areas of policy and practice, in a number of other areas such as dementia, and social isolation and loneliness.

Keywords	housing, ageing, place, home, community, strategy, vision
Type of asset	Strategic and consultation document
Dimensions and MRLs	D1, MRL3 + D5, MRL2 + D7, MRL2 + D10, MRL3
Access details	https://www.gov.scot/publications/age-home-community-next-phase/

Title	Anticipatory Care Planning Toolkit - Let's think ahead
Author(s)	Healthcare Improvement Scotland

Region/country	Scotland, UK	Year of publication	Live webpages	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)					
This web page offers a range of documents, tools and videos as guidance for professionals and advice for individuals on Anticipatory Care Planning (ACP). Many people with long term conditions or chronic health problems can benefit from having an Anticipatory Care Plan. This is described as 'thinking ahead', helping people to remain in control and able to manage any changes in their health and wellbeing, make choices about their future care and know how to use services better. ACP and sharing of the personalised plan is a central element of person centred integrated care					
Keywords	case studies, tools, care planning, anticipatory care, control, autonomy				
Type of asset	Tool		Dimensions and MRLs	D1, MRL4 + D4, MRL4 + D8, MRL4 + D11, MRL3 + D12, MRL3	
Access details	https://ihub.scot/project-toolkits/anticipatory-care-planning-toolkit/anticipatory-care-planning-toolkit/				

Title	Living Well in Communities - People with Frailty				
Author(s)	Healthcare Improvement Scotland				
Region/country	Scotland, UK		Year of publication	Live webpages	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This webpage offers a suite of Resources to improve integrated approaches to the prevention and management of frailty in the community. Frailty Screening and Assessment Tool Comparator; Frailty and Falls Assessment and Intervention Booklet and Poster ; Evidence for interventions in frailty that are community based, focused on the prevention of harms or poor outcomes, and supported by relatively high-level evidence; and Guidance notes on multidisciplinary team meetings to discuss those identified with frailty in the community.					
Keywords	falls, frailty, tools, screening, assessment, interdisciplinary team				
Type of asset	Tool		Dimensions and MRLs	D4, MRL3 + D10, MRL2 + D11, MRL3 + D12, MRL4	
Access details	https://ihub.scot/improvement-programmes/living-well-in-communities/people-with-frailty/				

Title	Living Well in Communities - People nearing the end of their lives				
Author(s)	Healthcare Improvement Scotland				
Region/country	Scotland, UK		Year of publication	Live webpages	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This web page offers a suite of resources to improve integrated palliative and end of life care. A Palliative and end of life care identification tools comparator ; A review of evidence on approaches that can improve continuity and coordination of palliative care; good practice guidelines on care for individuals with life limiting illness; and resources for health and social care workforce who come into contact with people who have palliative and end of life care needs

Keywords	palliative care, end of life, tools, coordination, case studies		
Type of asset	Tool	Dimensions and MRLs	D4, MRL3 + D10, MRL2 + D11, MRL3 + D12, MRL4
Access details	https://ihub.scot/improvement-programmes/living-well-in-communities/people-nearing-the-end-of-their-lives/		

Title	The Prevention and Management of Falls in the Community: A Framework for Action for Scotland 2014/15				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2014	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

The Framework for Action builds on the national pathway model presented in the Up and About resource and focuses on falls prevention and management and fracture prevention for older people living in the community. It is underpinned by evidence from research and draws on knowledge and experience gained by the falls prevention community in Scotland, and elsewhere, over the last four years. It identifies and describes key actions for health and social care services at each of the four stages of the falls and fracture prevention and management pathway.

Keywords	falls, frailty, tools, screening, assessment, interdisciplinary team, pathway		
Type of asset	Guidance document	Dimensions and MRLs	D4, MRL3 + D10, MRL2 + D11, MRL3 + D12, MRL4
Access details	https://www.gov.scot/publications/prevention-management-falls-community-framework-action-scotland-2014-15/		

Title	House of Care Learning Report				
Author(s)	Health and Care Alliance Scotland				
Region/country	Scotland, UK	Year of publication	2016	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

A Learning Report that shares the elements of good, person centred care emerged and embedded across Scotland's HoC Adopter network. The ALLIANCE, working closely with Year of Care Partnerships, British Heart Foundation, Health Boards, partner organisations and Scottish Government have given huge support, leadership, energy and momentum to the local adoption and spread by primary care teams of the Year of Care approach as "Scotland's House of Care". This think piece describes the early learning and experiences from people and professionals working together, supported by the "House of Care" . These lessons span health literacy, support for self-management, changing practice in care planning, and embracing local assets and opportunities for social prescribing.

Keywords	house of care, primary care, care planning, self-management, practitioner, person centred		
Type of asset	Report	**Dimensions and MRLs**	D4, MRL3 + D8, MRL4 + D11, MRL3 + D12, MRL3
Access details	https://www.alliance-scotland.org.uk/blog/resources/house-of-care-learning-report/		

Title	We Need to Talk about Integration				
Author(s)	Health and Care Alliance Scotland				
Region/country	Scotland, UK	**Year of publication**	0	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This narrative report by the ALLIANCE shares views of over 30 people with personal and professional experiences of integration in Scotland. Contributions from the third and independent sectors cover issues like children's and women's rights, Third Sector Interfaces, fuel poverty, palliative care and social housing. Personal views are shared by people with experience of integration in local areas and explore how integration could better intersect with social security and improve the experience for unpaid carers. The perspectives include national and local Government, Integration Authorities, academia, primary care and social work, amongst others.

Keywords	narrative, experience, voices, transformation, engagement		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL3 + D10, MRL3
Access details	https://www.alliance-scotland.org.uk/blog/news/we-need-to-talk-about-integration/		

Title	Developing a Culture of Health				
Author(s)	Health and Care Alliance Scotland				
Region/country	Scotland, UK	**Year of publication**	2016	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This report by the Health and Social Care Alliance explores the role of signposting and social prescribing in improving health and wellbeing, highlighting initiatives across Scotland and the UK. The examples are influencing ideas about how connectedness can improve outcomes at both individual and system level through local relationships and collaborative infrastructures. The report describes examples of Third sector and technology supported signposting and considers issues that should be addressed when setting up signposting systems, including addressing inequalities in access and health literacy.

Keywords	social prescribing, signposting, support, technology, self-management		
Type of asset	Report	Dimensions and MRLs	D4, MRL3 + D8, MRL4 + D11, MRL3 + D12, MRLL
Access details	https://www.alliance-scotland.org.uk/blog/resources/developing-a-culture-of-health/		

Title	Statement of Intent				
Author(s)	Health and Social Care Scotland				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This document marks the creation of Health and Social Care Scotland as a social movement influencing, enabling and creating health and social care Partnerships in Scotland to deliver high quality care in communities. The movement will create a culture that supports innovation, galvanising the full capacity and capabilities of our partners in care and identify breakthroughs, ensuring these are spread across the system and reflect the purpose, values, outcomes and ambition set out in the National Performance Framework to meet the needs of Scotland's population. It relies on collaboration, strong partnership and the spirit of working with communities, and working together to develop positive relationships across systems to enable change to happen and help create a more sustainable compassionate and caring Scotland. The five priority areas of work are: Supporting the planning of integrated health and social care services in our communities; Collaborating to help deliver sustainable health and social care services;
Championing the voices of people who use our services, our staff and our communities; Working together to shape and influence policy, practice and legislation; and Supporting the development of capable and confident system leaders

Keywords	strategy, leadership, transformation, collaboration		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL3 + D6, MRL2 + D10, MRL3 + D12, MRL2
Access details	https://hscscotland.scot/resources/		

Title	Evaluation of the Links Worker Programme in 'Deep End' general practices in Glasgow				
Author(s)	Health Scotland				
Region/country	Scotland, UK	Year of publication	2016	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)			
This is the interim evaluation of the Community Links Worker Programme which aims 'to support people to live well through strengthening connections between community resources and primary care in deprived areas in Scotland'. The Programme was delivered as a partnership between the Health and Social Care Alliance Scotland (The Alliance) and Glasgow General Practitioners (GPs) at the Deep End with the Scottish Association for Mental Health (SAMH) and the Royal College of General Practitioners Scotland (RCGP). The GPs at the Deep End is a collaboration of general practices serving the 100 most deprived practice populations in Scotland, with 86 of these practices in NHS Greater Glasgow and Clyde. This report describes the theory of change and methodology of the evaluation of the community links practitioner intervention compared to non-intervention practices.			
Keywords	community connector, navigator, signposting, social prescribing, primary care, multimorbidity		
Type of asset	Report	**Dimensions and MRLs**	D4, MRL2 + D9, MRL2 + D12, MRL2
Access details	http://www.healthscotland.scot/media/1201/27362-evaluation-of-the-links-worker-programme-in-deep-end-general-practices-in-glasgow-07-16.pdf		

Title	Links Worker Programme				
Author(s)	Health and Social Care Alliance Scotland				
Region/country	Scotland, UK	**Year of publication**	Live website	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This webpage hosts detailed learning tools and resources that describe the development of a national funded programme for ' link workers' to mitigate the impact of the social determinants of health in people that live in areas of high socioeconomic deprivation. The programme gathered and shared learning about the 'links worker' role over the first two years of programme delivery. The resources are arranged around specific elements of the programme. The Community Links Practitioners all have a third sector or community development background and have 3 main responsibilities: supporting people who are experiencing complex circumstances to identify and achieve goals through identifying and enabling access to local community assets; working with the entire primary care team to develop and apply the seven capacities that are required to adopt the Links approach; and supporting local community resources to become more accessible to people accessing them via primary care.					
Keywords	tools, community connector, navigator, signposting, social prescribing, primary care				
Type of asset	Tool	**Dimensions and MRLs**	D4, MRL3 + D9, MRL3 + D11, MRL4 + D12, MRL4		
Access details	https://www.alliance-scotland.org.uk/in-the-community/national-link-programme/				

Title	High Health Gain
Author(s)	Information Services Scotland

Region/country	Scotland, UK	Year of publication	Live website	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This paper describes the development of a predictive tool to help GP practices identify their most vulnerable patients who are predicted to have complex needs in the next 12 months and have the potential for 'High Health Gain'. The tool is designed to support healthcare professionals within primary care identify patients with complex care needs who are likely to benefit most from anticipatory health care intervention. Practices are encouraged to review their patient lists generated via this tool and consider if the patients identified would benefit from an Anticipatory Care Planning intervention, if not already in place, and which individuals or groups of patients identified would benefit from additional support, multidisciplinary discussion and/or review.

Keywords	risk prediction, tools, resource utilisation, primary care, screening		
Type of asset	Tool	**Dimensions and MRLs**	D7, MRL3 + D12, MRL3
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/High-Health-Gain/		

Title	Scottish Patients at Risk of Readmission and Admission Model				
Author(s)	Information Services Scotland				
Region/country	Scotland, UK	**Year of publication**	Live website	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This webpage contains a report on the Scottish Patients at Risk of Readmission and Admission - a risk prediction tool developed by ISD which predicts an individual's risk of being admitted to hospital as an emergency inpatient within the next year. SPARRA data can help health care professionals to prioritise patients with complex care needs who are likely to benefit most from anticipatory health care. SPARRA data can also be used in a service planning capacity by locating groups of patients who would benefit from specific interventions or services. SPARRA Version 3 uses a patient-level dataset which combines information on an individual's hospital inpatient admissions; community dispensed prescriptions; Emergency Department (ED) attendances; new outpatient attendances and psychiatric inpatient admissions. The new tool allows SPARRA scores to be calculated for 4.2 million individuals in Scotland and 95% of patients experiencing an emergency hospital admission during a year appear in the enhanced SPARRA cohort. A key feature of Version 3 is the division of the SPARRA cohort into three sub-cohorts: Frail Elderly, Long Term Conditions, and Younger Emergency Department that each have their own specific set of risk factors tailored to the characteristics of these particular populations.

Keywords	risk prediction, tools, resource utilisation, primary care, screening, readmissions		
Type of asset	Tool	**Dimensions and MRLs**	D7, MRL4 + D12, MRL4
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/SPARRA/SPARRA-Model/		

Title	Report on Community Indicator of Relative Need
Author(s)	Information Services Scotland

Region/country	Scotland, UK		Year of publication	Report 2017 and Live website	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)						

This webpage describes the development and redesign of the Indicator of Relative Need (ioRN) - a practice/clinical tool for people delivering and planning care and support services. Used by professionals the ioRN provides a summary of a person's functional needs and/or their degree of dependence/independence. The report on the community ioRN illustrates how it can be used to show the outcome of interventions such as during reablement or intermediate care. Practice and clinical staff find the ioRN easy-to-use. Recording the ioRN information takes minutes to do yet delivers key information for frontline practice, for effective delivery of care and support and for ensuring public resources are used well within an integrated health, social care and housing landscape. Versions of the ioRN are available for use in the community, for use in care homes as part of a staffing model, and more recently for use in hospital settings.

Keywords	practitioner, dependency, function, resources, tool			
Type of asset	Tool	**Dimensions and MRLs**		D7, MRL4 + D12, MRL4
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/In-the-Community/			

Title	Local Intelligence Support Team Framework for Information Governance					
Author(s)	Information Services Scotland					
Region/country	Scotland, UK		Year of publication	Reports 2019 and live website	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)						

This webpage explains how the work of the Local Intelligence Support Team (LIST) is delivered in accordance with the principles of Information Governance. The reports describe the framework for safely handling information to meet legal and ethical duties, including Data Protection legislation, developed with and approved by the Scottish Joint GP IT Committee, with representatives from Scottish General Practitioners Committee of the BMA (SGPC) and the Royal College of General Practitioners (RCGP). The LIST team has been operating for 4 years within Health and Social Care Partnerships and recently has expanded to work with Local Authorities, Community Planning Partnerships, the Third Sector and Primary Care staff in GP Cluster arrangements. The team provides on-site expert analytical support helping to source, link and interpret data and provide local decision makers with meaningful and actionable intelligence as a basis for improved outcomes for service users and patients. LIST staff have varied skills (data analysts, data scientists, project managers, data managers, information managers, information governance and graphic and digital design) which has allowed the team to flex resource and skills to meet local demands, priorities and requests for specific skill sets.

Keywords	analysis, information sharing, information governance, strategic planning, performance report			
Type of asset	Guidance document	**Dimensions and MRLs**		D3, MRL3 + D10, MRL3 + D12, MRL3
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Local-Intelligence-Support-Team/Information-governance/			

Title	Source Tableau Platform for Health and Social Care Information

Author(s)	Information Services Scotland				
Region/country	Scotland, UK	**Year of publication**	Live website	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This web page presents the Source Tableau Platform as an interactive visualisation tool for Health and Social Care Partnerships (HSCPs). It has a wide range of information on health activities, expenditure and linked data to support HSCPs with understanding local activities, decision making, planning and performance management. Information is available at three levels: level 1 - Scotland, level 2 - Partnership overview and level 3 - Partnership detailed. Information governance is an important part of the Source project. All of the work developed and delivered as part of the Source Project is underpinned by a national Data Sharing Agreement (DSA) which will enable NHS Boards, Local Authorities, Integrating Authorities and the Information Services Division of NSS to share and view data securely. A Data Sharing Agreement, developed in collaboration with the 31 Partnerships, specifies the purposes for which the Partners will use the data, who can get access, the process for authorisation and restrictions. There are various steps to be completed before an individual can access the Source platform. Information Sharing Protocol (ISP)

Keywords	analysis, information sharing, information governance		
Type of asset	Tool	**Dimensions and MRLs**	D3, MRL3 + D6, MRL3 + D9, MRL3 + D12, MRL3
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Health-and-Social-Care-Integration/Introduction/		

Title	Analytical Outputs - health and social care integration				
Author(s)	Information Services Scotland				
Region/country	Scotland, UK	**Year of publication**	2019 Report and live website	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

The analytical outputs include the annual release by Information Services Division (ISD) of the total net expenditure on health and social care provided by NHS Health Boards and at Local Authority level. The Integrated Resource Framework provides a perspective of historical patterns of service to support strategic planning and change; and enables a better understanding of costs, activity and variation for different population groups. The source for the NHS expenditure is the published Scottish Health Service Costs (Cost Book) that reports on around 95% of the NHS net operating costs, allocated to age groups and partnerships based on level of service usage. The social care expenditure figures are drawn from the Local Financial Return for Social Care, the expenditure relating to each Local Authority collected on an annual basis. The webpage also has links to population health data for strategic commissioning.

Keywords	integrated resource framework, finance, value, resources		
Type of asset	Tool	**Dimensions and MRLs**	D5, MRL2 + D6, MRL3 + D9, MRL3 + D12, MRL3
Access details	https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Publications/2019-11-26/2019-11-26-IRF-Health-and-Social-Care-Resource-Summary.pdf		

Title	Practising Collaborative Leadership: Reflection and Learning from the Enabling Collaborative Leadership Pioneer Programme				
Author(s)	Research for Real - Nick Bland and Cathy Sharp				
Region/country	Scotland, UK	Year of publication	2016	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This report describes the experience of the Enabling Collaborative Leadership Pioneer Programme by Workforce Scotland- a collaborative initiative to develop the workforce across public service organisations under the banner of the Scottish Leaders Forum: a network of senior leaders from central and local government, public services and the third sector. The aim was to share summaries of what works, and what does not, in reforming Scotland's public services. Eight themes emerged: Participation; Partnership; Governance; Workforce; Leadership; Prevention; Place; and Evidence.

Keywords	workforce, transformation, leadership, participation, collaboration		
Type of asset	Report	Dimensions and MRLs	D6, MRL2 + D12, MRL2
Access details	http://whatworksscotland.ac.uk/wp-content/uploads/2016/05/Pioneer-report-publication.pdf		

Title	Public services built around people and communities: exploring the roles of community anchor organisations in public service reform and social change				
Author(s)	What Works Scotland				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This Policy and practice briefing report draws from six exemplar community anchor organisations to explore their roles in engaging with, leading and challenging public service reform; how public services and the state can better support community anchors and community sector development; and the potential roles of anchors in building local democracy, community resilience for sustainable development, and wider social change. It seeks to support and inform the developing discussions between the community sector, public services and policymakers regarding how they can work together.

Keywords	community, participation, engagement, mobilisation, community anchor		
Type of asset	Report	Dimensions and MRLs	D7, MRL2 + D8, MRL2 + D12, MRL2
Access details	http://whatworksscotland.ac.uk/wp-content/uploads/2018/07/WWSExploringRolesofCommunityAnchorPolicyandPracticeBriefing.pdf		

Title	Framework for Community Health and Social Care Integrated Services				
Author(s)	Scottish Government and COSLA				
Region/country	Scotland, UK	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This framework offers a succinct description of what good looks like in terms of effective, integrated community-based assessment, treatment, care and support and offers a compelling basis from which good practice can be systematically identified, collated, shared, adapted and adopted at a local level. It clarifies the characteristics that are present when integrated care and support is at its most effective; describes the components of an effective, integrated health and social care system; and defines the 'enablers' that need to be in place if the benefits associated with effective integrated care are to be fully realised. This is a new resource for health and care partnerships to inform their work to scale up effective practices

Keywords	evidence, effective, case studies, enablers, outcomes, spread, scaling up		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D4, MRL2 + D10, MRL3 + D11, MRL3 + D12, MRL3
Access details	https://hscscotland.scot/resources/		

Title	Many Conditions One Life - Living Well with Multiple Conditions				
Author(s)	Joint Improvement Team and the Health and Care Alliance Scotland				
Region/country	Scotland, UK	Year of publication	2015	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This Action Plan was developed with people who live with multiple conditions. It describes actions to be taken in each GP practice, in all community teams and in every community in Scotland to improve the lives of people with multiple conditions. Listening to the experience and ideas of people who use our services offered valuable insight, advice and support to help improve these services.

Keywords	multimorbidity, chronic disease, personal outcomes, evidence, impact, case studies		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D4, MRL3 + D8, MRL3 + D11, MRL3 + D12, MRL3
Access details	https://integratedcarefoundation.org/wp-content/uploads/2018/07/Multiple-Conditions-20pp-new.pdf		

Title	Building on Progress - Report on Reshaping Care for Older People and the Change Fund
Author(s)	Joint Improvement Team

Region/country	Scotland, UK	Year of publication	2015	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

RCOP Change Fund Building on Progress Report describes the progress made over the first four years of the ten year programme. It builds on the Reflecting on Progress report published in November 2013. Both reports describe how partnerships have used their Change Fund to make a real difference to the lives of older people and their carers across Scotland. The report discusses the enablers and barriers of transformational change and how the programme is laying the foundation for integration of health and social care and collaboration with housing, Third and independent sectors.

Keywords	older people, transformation, value, evidence, impact, outcomes, case studies			
Type of asset	Report	**Dimensions and MRLs**	D5, MRL4 + D9, MRL4 + D10, MRL4 + D11, MRL4 + D12, MRL4	
Access details	https://integratedcarefoundation.org/wp-content/uploads/2018/07/Final-change-Fund-Report-June-2015.pdf			

Title	You as a Collaborative Leader				
Author(s)	NHS Education for Scotland, Scottish Social Services Council and Royal College of General Practitioners				
Region/country	Scotland, UK	Year of publication	Live website and reports 2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This web page presents Evaluation reports, tools and course content of the You as a Collaborative Leader programme. This was designed for primary care and social care professionals including GPs, senior primary care professionals, and middle or senior managers in statutory, third or independent social care organisations who are working to shape, develop and deliver integrated care. It aims to help recognise leadership strengths and sources of resilience and use these to lead change more collaboratively and effectively to deliver health and social care integration. The programme blends personal coaching and group workshop sessions, to support professionals to create greater presence, influence more effectively and have greater impact as a collaborative leader. The programme, offered in partnership by NHS Education for Scotland, the Scottish Social Services Council and the Royal College of General Practitioners (Scotland), received funding from the Scottish Government and has been extended with new cohorts commencing October 2019.

Keywords	leadership, workforce development, practitioners, collaboration, tools, education			
Type of asset	Tool	**Dimensions and MRLs**	D1, MRL2 + D6, MRL2 + D12, MRL3	
Access details	https://learn.nes.nhs.scot/641/leadership-and-management-programmes/you-as-a-collaborative-leader			

Title	Transforming social care: Scotland's progress towards implementing self-directed support 2011-2018				
Author(s)	Scottish Government and COSLA				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)			
This report reviews progress in Self-directed support since the introduction of legislation, covering all age groups, that requires that the local/ integration authority to actively involve the supported person (to the extent that they wish it) in assessing their requirements for social care, identifying the personal outcomes that support is designed to deliver, and in planning and delivering any subsequent support. The involvement should include an offer of four options over the way they receive support paid for by the Authority: a cash payment to spend against agreed outcomes; support organised by the Authority; support directed by the supported person but with finance and paperwork handled by a third party (an individual service fund); or a mix of the above. The legislation also requires signposting to information and additional support and reasonable steps to facilitate the person's dignity and participation in the life of the community. The report reviews implementation in three phases.			
Keywords	self-care, social care, support, autonomy, legislation		
Type of asset	Report	**Dimensions and MRLs**	D4, MRL4 + D5, MRL2 + D8, MRL3
Access details	https://www.gov.scot/publications/transforming-social-care-scotlands-progress-towards-implementing-self-directed-support/		

Title	Self-directed Support Implementation Study 2018: report 3 Self-directed Support Case Studies				
Author(s)	Social Research				
Region/country	Scotland, UK	**Year of publication**	2018	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This is a report of a series of 13 case studies highlighting self-directed support by six local authorities and HSCPs in Scotland. Some councils had already introduced more creative and flexible approaches to social care or demonstrated social work practice that already featured personalisation, choice and control. The cases offer insights across areas of deprivation and urban and rural geography and show how the populations and geographical locations present different challenges and needs.					
Keywords	self-care, social care, support, autonomy, case studies, practice				
Type of asset	Good practice	**Dimensions and MRLs**	D4, MRL4 + D5, MRL2 + D8, MRL3 + D12, MRL2		
Access details	https://www.gov.scot/publications/self-directed-support-implementation-study-2018-report-3-case-studies/				

Title	Self-directed Support: Practitioners Guidance				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2014	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)		
This document aims to provide practical guidance and support to practitioners tasked with bringing Self Directed Support legislation and policy objectives into everyday practice. It outlines the principles and values of the legislation and the legal duties for professionals and for authorities under the Act. It presents guidance and case examples of good assessment practice and the impact this has on people's lives.		

Keywords	self-care, social care, support, autonomy, case studies, practice, guidance		
Type of asset	Guidance document	Dimensions and MRLs	D4, MRL4 + D5, MRL2 + D8, MRL3 + D12, MRL2
Access details	https://www.gov.scot/publications/self-directed-support-practitioners-guidance/		

Title	National Evaluation of New Models of Primary Care in Scotland				
Author(s)	Scottish School of Primary Care				
Region/country	Scotland, UK	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)		
This report presents the findings of the evaluation of a Primary Care Transformation Fund (PCTF) and the Primary Care Fund for Mental Health (PCFMH). 'Tests of change' were conducted in every territorial health Board April 2016 - March 2018. The Scottish School of Primary Care (SSPC) – a multidisciplinary consortium of Scottish universities with expertise in academic primary care (www.sspc.ac.uk) - was commissioned to evaluate the progress of these tests of change plus other innovative primary care projects identified that had the potential to be transformative. The report 'tells the story' of primary care transformation in Scotland using a case study approach, conducted by in-depth investigation of what was working well and why, in selected case sites and across Scotland in two professional groups – Advanced Nurse Practitioners (ANPs) and Musculoskeletal (MSK) Physiotherapy. The inform learning relating to successful implementation. The report presents findings from the case studies and a set of recommendations for future work based on learning from the research.		

Keywords	primary care, transformation, mental health, outcomes, evaluation, case studies		
Type of asset	Report	Dimensions and MRLs	D4, MRL2 + D7, MRL2 + D9, MRL3
Access details	http://www.sspc.ac.uk/media/Media_645962_smxx.pdf		

Title	Putting people at the heart of their care				
Author(s)	British Heart Foundation				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)		

This publication describes the aims, outcomes, evidence and lessons learnt from the BHF House of Care programme in 5 demonstrator sites (3 in Scotland). The programme encouraged adoption of the House of Care framework describing what needs to be in place to undertake care and support planning conversations. Over three years, 41 general practices across five UK sites successfully introduced a care and support planning approach and made sustainable shifts towards person-centred care providing better quality care for people with heart and circulatory chronic disease. This also had a positive impact for healthcare professionals. Experience to date suggests that extending the approach to multiple conditions could further enhance the patient experience, reduce costs and save time through improved working practices.

Keywords	multimorbidity, self-management, house of care, care planning, evaluation, outcomes		
Type of asset	Report	**Dimensions and MRLs**	D4, MRL3 + D8, MRL4 + D9, MRL2 + D11, MRL3 + D12, MRL3
Access details	https://www.bhf.org.uk/for-professionals/healthcare-professionals/innovation-in-care/person-centred-care-and-the-house-of-care/the-bhf-house-of-care-programme/evidence-and-findings		

Title	Evaluation of a new service model - Forres Neighbourhood Care Team				
Author(s)	Healthcare Improvement Scotland				
Region/country	Scotland, UK	**Year of publication**	2019	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

This report by the Evidence and Evaluation for Improvement Team describes the support to Moray Health and Social Care partnership to evaluate a new community nursing model - Forres Neighbourhood Care Team - that embeds a collaborative way of working between housing and healthcare. The evaluation reported changes in emergency admissions, 28-day re-admissions and length of stay following the introduction of the Forres Neighbourhood Care Team and the before-and-after hospital admission costs of people cared for by the team. The findings indicate that the new model began to show signs of positive impact on emergency hospital admission rates. For the people cared for by the Forres Neighbourhood Care Team, there is some evidence of reduced costs associated with hospital admissions (reduction in number of admissions and length of stay).

Keywords	neighbourhood care, buurtzorg model, evaluation, interdisciplinary, intermediate care		
Type of asset	Good practice	**Dimensions and MRLs**	D4, MRL2 + D9, MRL2 + D11, MRL2 + D12, MRL2
Access details	https://ihub.scot/improvement-programmes/evidence-and-evaluation-for-improvement/summaries-of-evaluation-work/evaluation-of-a-new-service-model/		

Title	Informing Interventions to reduce health Inequalities (Triple I) National overview report 2019				
Author(s)	ScotPHO Public Health Information for Scotland				
Region/country	Scotland, UK	**Year of publication**	2019	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)			
These reports by Health Scotland describe the latest findings from their Triple I workstream: Informing Interventions to reduce health Inequalities (Triple I). They update and expand on previous work looking at how different income-based policies would affect health and health inequalities in Scotland. The reports and associated tools are useful for strategic planning and commissioning leads.			
Keywords	inequalities, evidence, investment, tools, population health		
Type of asset	Guidance document	**Dimensions and MRLs**	D5, MRL3 + D7, MRL2 + D12, MRL3
Access details	http://www.healthscotland.scot/media/2523/triple-i-overview-report-apr2019-english.pdf		

Title	Enhancing Leadership Capability				
Author(s)	Scottish Social Services Council				
Region/country	Scotland, UK	**Year of publication**	2016	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This refreshed strategy and delivery plan sets out what will happen to continue to develop leadership capability in social services in Scotland. It has been developed in partnership by the members of the Scottish Social Services Leadership Strategy Group with a key aim to improve outcomes for people receiving social services, families and communities by supporting the development of effective leadership; not only at all levels of the workforce but also with the people the workforce supports. The revised leadership outcomes are: a workforce that is trusted, skilled, confident and continually improving; services that are responsive and that provide people with good support; and an open and transparent culture where feedback and dialogue are valued. The plan has identified four leadership objectives to meet by the end of 2020.					
Keywords	social care, leadership, outcomes, competencies, education, workforce				
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D6, MRL2 + D11, MRL3 + D12, MRL2		
Access details	https://www.sssc.uk.com/knowledgebase/article/KA-02332/en-us				

Title	Polypharmacy Guidance				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2018	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This webpage hosts guidance and tools to optimise appropriate polypharmacy including an evidence based 7 steps approach on how to undertake medicine reviews for patients with multiple morbidities and/ or frailty. It includes clinical decision aids and drug efficacy tables for informed decision making; case studies to support learning on how to manage patients with polypharmacy; indicators that link into GP practices to support identification of patients to prioritise for review e.g. those where kidney function might be impaired; guidance on how to stop medications that are causing harm to an individual; Sick day rules guidance that can be tailored for patients; decision support tools available for patients in an app to support them having a conversation with clinicians re their treatment choices; and aa guide to what might be discussed as part of a medication review process and what questions they might want to ask to facilitate shared decision making. The 'Enhanced Medication Summary' tool is an online tool to help identify patients for polypharmacy reviews, particularly those with high-risk drugs or drug combinations.

Keywords	polypharmacy, prescribing, value, medicines, adherence, multimorbidity		
Type of asset	Guidance document	**Dimensions and MRLs**	D4, MRL4 + D6, MRL2 + D8, MRL4
Access details	https://www.therapeutics.scot.nhs.uk/		

Title	A Connected Scotland: our strategy for tackling social isolation and loneliness and building stronger social connections				
Author(s)	Scottish Government				
Region/country	Scotland, UK	**Year of publication**	2018	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

The Scottish Government's first national strategy to tackle social isolation and loneliness and build stronger social connections. It establishes a clear and compelling vision; defines social isolation and loneliness; sets key priorities in seeking to tackle social isolation and loneliness; and lays out a clear roadmap for implementing the strategy in a cross-cutting and collaborative way. It has four strategic outcomes: Understanding increases around social isolation and loneliness and causes/impacts, along with understanding of what works to reduce it; Social isolation and loneliness are reduced; harm resulting from the effects of social isolation and loneliness is reduced; and the conditions which help to reduce social isolation and loneliness are increasingly widespread. The four priorities areas for actions are: Empower communities and build shared ownership; Promote positive attitudes and tackle stigma; Create opportunities for people to connect; and Support an infrastructure that fosters connections.

Keywords	social isolation, strategy loneliness, community, inclusion, empowerment		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL2D7, MRL2 + D8, MRL2 + D10, MRL3
Access details	https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/		

Title	Compassionate Inverclyde Evaluation				
Author(s)	International Centre for Integrated Care				
Region/country	Scotland, UK	**Year of publication**	2018	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)			
This series of reports presents an overview of Compassionate Inverclyde, a small local initiative that has grown into a multi-award winning exemplar of a social movement that lives the values of people centred integrated care. It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly. The reports explore how it has evolved, and in what way it is similar, and different, to other compassionate communities, and present key messages about the enablers and barriers. They offer advice to those considering how they may take this approach forward in their own area and opportunities to learn and to share learning locally, within Scotland, and across the world.			
Keywords	compassionate communities, neighbourhood, evaluation, case study, outcomes		
Type of asset	Report	Dimensions and MRLs	D6, MRL2 + D7, MRL3 + D8, MRL2 + D9, MRL2 + D10, MRL3 + D11, MRL2
Access details	https://ardgowanhospice.org.uk/how-we-can-help/compassionate-inverclyde/		

Title	The Place of Kindness: Combating loneliness and building stronger communities				
Author(s)	Zoe Ferguson				
Region/country	Scotland, UK	Year of publication	2017	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This report by Carnegie Trust with the support of the Joseph Rowntree Foundation describes work in Scotland with seven organisations to test what, if anything, could be done to encourage kinder communities, exploring ideas around the importance of places and opportunities to connect, and the intrinsic values underpinning our interactions and relationships. This report highlights powerful examples of where kindness and everyday relationships can affect change and support the wellbeing of individuals and communities but also where major factors get in the way of engaging and encouraging kindness both in individuals and organisations, including real and imagined rules relating to risk; funders and policy makers valuing the formal and organisational over the informal and individual; and modern definitions of professionalism and good leadership crowding out everyday kindness and intuitive human interactions.					
Keywords	compassionate communities, kindness, leadership, enablers, barriers				
Type of asset	Report		Dimensions and MRLs	D7, MRL2 + D8, MRL2 + D11, MRL2	
Access details	https://www.carnegieuktrust.org.uk/publications/place-kindness-combating-loneliness-building-stronger-communities				

Title	Fairer Scotland Action Plan: progress report 2018
Author(s)	Scottish Government

Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This is the second annual Progress Report on the Fairer Scotland Action Plan, which launched in October 2016 with 50 concrete actions to build a fairer and more equal country. This Plan commits to immediate actions and lays the foundations of a longer-term goal for 2030 to create the fairer and more prosperous Scotland where poverty and inequality are seen to have been tackled and where there is genuine equality of opportunity, where all children and young people can realise their aspirations, and where there is support for all those who need it. The Plan is built on five high-level ambitions: - a fairer Scotland for all; ending child poverty; a strong start for all young people; fairer working lives and a thriving third age.

Keywords	inequalities, evidence, implementation, population health		
Type of asset	Report	Dimensions and MRLs	D1, MRL3 + D7, MRL3 + D9, MRL2 + D10, MRL2
Access details	https://www.gov.scot/publications/fairer-scotland-action-plan-progress-report-2018/		

Title	Technology Enabled Care Review and Highlights 2015 - 2018				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This report reviews the highlights of the national Technology Enabled Care Programme April 2015 to September 2018. It has sections on work to scale tried and tested TEC solutions in four work streams: Home and Mobile Health Monitoring (HMHM); Video Conferencing (VC) and Video Enabled Services; Digital Services, including a national framework for Digital Platforms; and Telecare, including a shift from Analogue to Digital Telecare.

Keywords	technology, digital health, self-management, health monitoring, progress		
Type of asset	Report	Dimensions and MRLs	D3, MRL3 + D6, MRL3 + D8, MRL2 + D11, MRL4 + D12, MRL3
Access details	https://www.digihealthcare.scot/home/resources/technology-enabled-care-tec/tec-news-resources/		

Title	A Fairer Scotland for Older People: framework for action				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)			
This framework has been developed to challenge the inequalities older people face as they age and to celebrate older people in Scotland. It is the result of an engagement process with people over 50 across Scotland through the involvement of many of the organisations that support them. They identified the issues that are key to ensuring people are healthy, happy and secure in older age: age friendly and inclusive communities; accessing services and support; and financial security. The frameworks sets out actions that span intergenerational approaches, transport, physical activity and welfare rights. It illustrates the community engagement and coproduction approach to policy development in Scotland.			
Keywords	inequalities, ageing, older people, human rights, participation, inclusion		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL3 + D7, MRL3 + D10, MRL2
Access details	https://www.gov.scot/publications/fairer-scotland-older-people-framework-action/		

Title	Supporting & Empowering Scotland's Citizens: National Action Plan for Technology Enabled Care				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2016	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The 2016 national action plan, Supporting & Empowering Scotland's Citizens served as a transition to the developing Digital Health and Care Strategy. It describes the overall aim for TEC: adding value to redesign of service processes, improving personalised and preventative care through more mobile, responsive and tailored solutions for those with care needs and their carers, and supporting citizens to make greater use of technology to manage their own health and wellbeing at home and in the community. Continuing to invest in the TEC Development Programme was one of the four main areas in the National Action Plan, along with Innovation, International Engagement and Cross Cutting Enablers such as research and evaluation, standards, and education.					
Keywords	technology, digital health, citizen empowerment, health monitoring, investment				
Type of asset	Strategic and consultation document	Dimensions and MRLs	D3, MRL3 + D6, MRL3 + D8, MRL2 + D11, MRL4 + D12, MRL3		
Access details	https://www.gov.scot/publications/supporting-empowering-scotlands-citizens-national-action-plan-technology-enabled-care/				

Title	Scotland's Digital Health and Care Strategy: enabling, connecting and empowering
Author(s)	Scottish Government

Region/country	Scotland, UK	Year of publication	2018	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
This strategy sets out Scotland's Vision, ambition, priorities and areas of work to maximise the use of digital technology in health and social care services. The Strategy was shaped and informed by many stakeholders, including an independent panel of experts and evidence presented to the Scottish Parliament's Health and Sport Committee's inquiry into technology and innovation in health and social care. There are six domains: National direction – establishing a joint decision-making Board to make national decisions for investment, priorities and policy, and achieve greater consistency, clarity and accountability; Information governance, assurance and cyber security; Service transformation to scale up and adopt successful models such as home and mobile health and care monitoring; integrated workforce capability to underpin successful uptake and use of digital technology; a National digital platform through which real-time data and information from health and care records is available to those who need it, when they need it, wherever they are, in a secure and safe way; and improve Transition in a joint approach between NHS National Services Scotland and the Local Government Digital Office to ensure that existing systems continue to work effectively.					
Keywords	strategy, citizen empowerment, vision, technology, digital health, electronic records				
Type of asset	Strategic and consultation document	**Dimensions and MRLs**		D1, MRL3 + D3, MRL3 + D6, MRL3 + D8, MRL3 + D11, MRL2	
Access details	https://www.gov.scot/publications/scotlands-digital-health-care-strategy-enabling-connecting-empowering/				

Title	TEC programme data review and evaluation: summary report				
Author(s)	Just Economics				
Region/country	Scotland, UK	**Year of publication**	2018	**Language**	English
Brief summary/Abstract/Executive summary (max. 300 words)					
Report presenting findings from the 2017 Technology Enabled Care (TEC) Programme data review and evaluation option study. Just Economics research team carried out an independent review of the evidence and evaluations on TEC in Scotland in order to provide recommendations on the approach to evaluation in future. The data review found a strong commitment to measurement, evaluation and use of data to support continuous improvement with solid evidence for the benefits of HMHM and Telecare and developing evidence for digital platforms and Videoconferencing that are still at earlier stages of implementation. The report recommends the development of guidance, resources and the creation of in-house expertise to support measurement and evaluation using approaches that address the need for flexibility, speed, adaptability, attention to contextual factors and the evolving nature of TEC interventions.					
Keywords	evaluation, technology, digital health, health monitoring, telecare, videoconferencing				
Type of asset	Report	**Dimensions and MRLs**		D3, MRL3 + D9, MRL3 + D11, MRL2	
Access details	https://www.gov.scot/publications/technology-enabled-care-programme-data-review-evaluation-options-study-summary				

Title	Carers Charter

Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

The charter will help carers understand their rights under the Carers (Scotland) Act 2016. It explains the requirements on the local authority to offer an adult carer support plan to anyone they identify as an adult carer. The plan will contain a variety of information about their circumstances and caring role including the impact on wellbeing and day-to-day life; emergency and future care planning, including any arrangements that are in place; what 'personal outcomes' matter in order to help the carer carry out caring responsibilities, to have a life alongside caring, and to improve their own health and wellbeing; whether support should be provided as a break from caring; and the circumstances in which the adult carer support plan is to be reviewed.

Keywords	carers, rights, strategy, care and support plan		
Type of asset	Guidance document	Dimensions and MRLs	D1, MRL3 + D8, MRL3
Access details	https://www.gov.scot/publications/carers-charter/		

Title	Integrated Care Matters webinars				
Author(s)	IFIC Scotland				
Region/country	Scotland, UK	Year of publication	2016 - 2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

This page hosts links to the 4 series of Integrated Care Matters webinars. Almost all of the webinars feature a good practice example of integrated care in Scotland alongside colleagues from other systems. Each webinar is accompanied by a topic resource, slides and AV materials

Keywords	good practices, case studies, inter sectoral working, interdisciplinary teams		
Type of asset	Good practice	Dimensions and MRLs	D1, MRL3 + D4, MRL2 + D11, MRL3 + D12, MRL2
Access details	https://integratedcarefoundation.org/ific-scotland-3		

Title	Emergent Good Practice - Promoting Healthy Independent Living				
Author(s)	Health and Social Care Scotland				
Region/country	Scotland, UK	Year of publication	2019	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)		
These good practice examples accompany the new framework for health and social care. The examples provide an insight into how Integration Authorities are already delivering High Impact changes and the benefits they have derived from these. Examples include support for self-management, technology enabled remote monitoring, training on asset based conversations and community development approaches. A summary diagram illustrates which of the National Health and Wellbeing Outcomes each good practice example links to.		

Keywords	good practices, prevention, independence, wellbeing, spread, scaling up		
Type of asset	Good practice	Dimensions and MRLs	D4, MRL2 + D11, MRL3 + D12, MRL2
Access details	https://hscscotland.scot/resources/		

Title	Emergent Good Practice - Working More Effectively				
Author(s)	Health and Social Care Scotland				
Region/country	Scotland, UK	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
These good practice examples accompany the new framework for health and social care. The examples provide an insight into how Integration Authorities are already delivering High Impact changes and the benefits they have derived from these. Examples include multidisciplinary community teams, virtual ward, discharge to assess and intermediate care services. A summary diagram illustrates which of the National Health and Wellbeing Outcomes each good practice example links to.					

Keywords	good practices, effective, community teams, intermediate care spread, scaling up		
Type of asset	Good practice	Dimensions and MRLs	D4, MRL2 + D11, MRL3 + D12, MRL2
Access details	https://hscscotland.scot/resources/		

Title	Emergent Good Practice - Accessible Responsive Services				
Author(s)	Health and Social Care Scotland				
Region/country	Scotland, UK	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

These good practice examples accompany the new framework for health and social care. The examples provide an insight into how Integration Authorities are already delivering High Impact changes and the benefits they have derived from these. Examples include single point of access, anticipatory care planning, enhanced care in care homes and intermediate care services. A summary diagram illustrates which of the National Health and Wellbeing Outcomes each good practice example links to.

Keywords	good practices, access, services, care homes, spread, scaling up		
Type of asset	Good practice	Dimensions and MRLs	D4, MRL2 + D11, MRL3 + D12, MRL2
Access details	https://hscscotland.scot/resources/		

Title	Good Practice Presentations				
Author(s)	Health and Social Care Scotland				
Region/country	Scotland, UK	Year of publication	2018 and 2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This section of the webpage hosts presentation from the 2018 conference highlighting good practice examples of integrated care in action across Scotland.

Keywords	good practices, case studies, inter sectoral working, interdisciplinary teams		
Type of asset	Good practice	Dimensions and MRLs	D4, MRL2 + D11, MRL3 + D12, MRL2
Access details	https://hscscotland.scot/resources/		

Title	A Decade of Impact of the Self-Management Fund				
Author(s)	Health and Social Care Alliance Scotland				
Region/country	Scotland, UK	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

Gaun Yersel' The Self-Management Strategy for Long Term Conditions in Scotland was written in partnership with people living with long term conditions and their unpaid carers in 2008 and adopted by the Scottish Government. One of the key recommendations in the strategy was to establish a fund to support self-management approaches across Scotland. Since 2009 the Self-Management Fund has provided grants supporting over 270 projects in Scotland across four iterations of the Fund. This web page hosts reports and links to examples of projects that have made an impact on the lives of people living with long term conditions in Scotland. The Decade of Impact report provides a 10 year summary and examples

Keywords	
Type of asset	Report

Dimensions and MRLs
D1, MRL4 + D5, MRL2 + D8, MRL4 + D9, MRL2 + D11, MRL3

Access details	https://www.alliance-scotland.org.uk/self-management-and-co-production-hub/self-management-policy-and-funding/

Title	An Integrated Health and Social Care Workforce Plan for Scotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This report describes key workforce factors to consider in assessing growing and changing demand; skills and size of the workforce needed; and actions to ensure a sustainable community-based workforce, mental health workforce, and to support improved access in other key areas of health and social care. It puts effective workforce planning at the forefront of achieving high quality health and social care services for the people of Scotland. The plan sets out recommendations focussing on national challenges including embedding integration, waiting times and mental health. This guidance should support a partnership approach to workforce plans which consider the needs of an integrated health and social care workforce, including third and independent sector. The report is accompanied by guidance setting out key commitments and steps to further improve workforce planning in Scotland, with links to a range of workforce planning methodologies, scenarios and supporting tools used across local authorities, the third and independent sector, and NHSScotland.

Keywords	workforce, planning, capabilities, sustainable, retention	
Type of asset	Strategic and consultation document	

Dimensions and MRLs
D4, MRL3 + D10, MRL3 + D12, MRL4

Access details	https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/

Title	The Healthcare Quality Strategy for NHSScotland				
Author(s)	Scottish Government				
Region/country	Scotland, UK	Year of publication	2010	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

This national strategy marked a systematic focus on Quality with a bold aim to deliver the highest quality healthcare services to people in Scotland and ensure that NHSScotland is recognised by the people of Scotland as amongst the best in the world. The aim is set at a high level, but the means to achieving it will be built from the combined effect of millions of individual care encounters that are consistently person-centred, clinically effective and safe, for every person, all the time. The strategy was built around what people in Scotland told us that they need and want: Caring and compassionate staff and services; Clear communication and explanation about conditions and treatment; Effective collaboration between clinicians, patients and others; A clean and safe care environment; Continuity of care; and Clinical excellence.

Keywords	quality, strategy, safety, person centred, effective		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D4, MRL3 + D11, MRL3
Access details	https://www.gov.scot/publications/healthcare-quality-strategy-nhsscotland/		

8.8 Slovakia

Title	Healthcare spending review II. Final report				
Author(s)	Ministry of finances of the Slovak Republic				
Region/country	Slovakia	Year of publication	2020	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					
Healthcare expenditure in SR equals 5.7% GDP, which is more than the average in V3 countries (5.1%) and less than the average in EU15 countries (7.2%). However, the outcomes of Slovak healthcare do not correspond to the expenses. Treatable mortality rate in Slovakia is 168 deaths per 100 thousand citizens which could have been avoided by early and effective healthcare. In outpatient care, support of gatekeeping before general practitioner visit (reduction of "administrative" visits, phone consultation instead of visit, home treatment of viral infections), re-evaluation of funding mechanism of doctor's offices (capitation and payment per procedure), more simple entry of general practitioners into the market and promotion of establishment of integrated general outpatient care centres are necessary. Furthermore, population ageing and insufficient long-term care present a huge challenge due to lack of hospital and community centre capacities and insufficient support of home care and integration of healthcare and social services. Investments in long-term care will improve the quality of life for dependent people and their families and, at the same time, reduce the burden on healthcare system as the necessary care will be transferred out of more expensive acute hospital beds. Integration of healthcare and social care and support of informal caregivers represent key factors that may help to improve quality of long-term care. Epidemiological research in SR shows that 67% of people with symptoms of depression, 84% of patients with anxiety, and 80% of people addicted to alcohol are not treated and this numbers are higher than OECD average. Thus, it is necessary to promote psychotherapy, consider psychological symptoms in diagnostics of physical diseases, remove barriers and stigma related mental health care and to support integration of mental health care.					
Keywords	integrated care, social care, homecare, long-term care, mental health care				
Type of asset	Strategic and consultation document		Dimensions and MRLs	D1, MRL2 + D2, MRL1 + D3, MRL3 + D4, MRL1 + D5, MRL3 + D7, MRL1 + D8, MRL1 + D10, MRL1	
Access details	https://www.mfsr.sk/sk/financie/hodnota-za-peniaze/revizia-vydavkov/revizia-vydavkov.html				

Title	Comparison of long-term care in European developed countries to possible implementation in Slovakia				
Author(s)	Lezovic M., Kovac. M.				
Region/country	Slovakia	Year of publication	2008	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					
The clinical study focused on comparison of long-term care in European developed countries states that there is no single solution of the problem of integration of the health and social care components of the long-term care in Slovakia. Consolidation and decentralization of administrative functions were identified as important integration strategies. Another critical element represents coordination of home care at administrative and client levels.					
Keywords	ageing population, health care, integration of long-term care, social care				
Type of asset	Other (please specify at the beginning of the summary)		Dimensions and MRLs	D1, MRL1 + D2, MRL1 + D3, MRL1 + D10, MRL1 + D11, MRL1	

Access details	https://pubmed.ncbi.nlm.nih.gov/18447257/

Title	eHealth in integrated care programmes for people with multimorbidity in Europe: Insights form the ICARE4YOU project				
Author(s)	Melchiore M.G. et al.				
Region/country	Slovakia	Year of publication	2018	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Care for people with multimorbidity requires an integrated approach in order to adequately
meet their complex needs. In this respect eHealth could be of help. This paper aims to describe the
implementation, as well as benefits and barriers of eHealth applications in integrated care programmes
targeting people with multimorbidity in 24 European countries. Within the framework of the ICARE4EU project, in 2014, expert organisations identified 101 integrated care programmes based on selected inclusion criteria. Out of 101 programmes, 85 adopted eHealth applications, of which 42 focused explicitly on elderly. In most cases Electronic Health Records (EHRs), registration databases with patients' data and tools for communication between care providers were implemented. However, no eligible programme was identified in Slovakia.

Keywords	ehealth, elderly, Europe, integrated care programme, multimorbidity		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D3, MRL1
Access details	https://pubmed.ncbi.nlm.nih.gov/28899575/		

Title	Transformation of social care services for the elderly in Slovakia				
Author(s)	Szüdi G., Kováčová J. , Konečný S.				
Region/country	Slovakia	Year of publication	2016	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Economic, demographic, and political factors significantly influence the transformation process of social care services for the elderly population in Slovakia. A major restructuring of the social care services in Slovakia is needed due to demographic (ageing population), historical (dependency), economic (the growing purchasing power of elderly and the general population), and political (new requirements formulated by the European Union and the general public) reasons. Historical documents, legislative acts, strategic documents, international project documents, and statistics were reviewed, and 34 open ended interviews within the framework of two case studies were carried out in order to obtain qualitative and quantitative data. The findings indicate that the Slovak social care service may become more similar to the advanced Central European systems, however, immediate legislative and financial changes are required. Nevertheless, after an unsuccessful legislative attempt to integrate the health and social care services, a strict division in terms of financing still exists. Health care services are covered by health insurance, while social care services are financed through municipalities and self-governing regions (taxation) and client co-payments (ranging between a two-thirds and one-third rate).

Keywords	deinstitutionalization, elderly, social services, transformation

Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D2, MRL1 + D3, MRL1 + D5, MRL1 + D6, MRL1 + D7, MRL1 + D8, MRL2 + D10, MRL2 + D11, MRL3
Access details	https://www.researchgate.net/publication/297658606_Transformation_of_Social_Care_Services_for_the_Elderly_in_Slovakia		

Title	State of the Health in the EU. Slovak republic. Country Health Profile				
Author(s)	OECD, WHO				
Region/country	Slovakia	Year of publication	2019	Language	English
Brief summary/Abstract/Executive summary (max. 300 words)					

The European Structural Funds have a significant role in addressing the challenge of integration by providing funding during the period 2014-20 for strengthening primary care. The funds will be used to establish or refurbish 'integrated care centres'. It is expected that 88 of them will open in the upcoming years. These centres aim to integrate specialists and GPs, and to improve care coordination and quality. They will be set up throughout the country, allowing more than 70 % of the population to reach a centre within a 20-minute drive. In 2018, some task shifting was also introduced between nurses and nursing assistants, and some nurse competencies were also expanded. Further development of the 'integrated care centres' and the introduction of greater task sharing between doctors and other health professionals could also help to address the shortage of doctors.

Keywords	health status, health system, integrated care centres, primary care		
Type of asset	Report	Dimensions and MRLs	D4, MRL3 + D5, MRL4 + D7, MRL1
Access details	https://www.oecd.org/slovakia/slovak-republic-country-health-profile-2019-c1ae6f4b-en.htm		

Title	Implementačná stratégia - systém integrovaného poskytovania zdravotnej starostlivosti: Modernizácia zdravotníckej infraštruktúry a zlepšenie dostupnosti kvalitných služieb v primárnej a akútnej lôžkovej zdravotnej starostlivosti.				
Author(s)	Ministerstvo zdravotníctva SR				
Region/country	Slovakia	Year of publication	2018	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					

Compared to many other EU countries, the Slovak health system has a low level of efficiency with a risk in terms of its economic sustainability. The main consequence of this situation is the adverse impact on the population health, such as less Healthy Life Years of the Slovak population (52.2 years) compared to the EU average (62 years). This further leads to early exclusion from the labour market and social exclusion and isolation of elderly people. While in many European countries including United Kingdom and Finland an integrated system of primary health care has become a common practice, in Slovakia a need for implementation of integrated care model has been recognized among the health care reform priorities only in 2013. Based on the analyses five action areas have been defined: 1. Establishment of integrated health care centres (integrated primary outpatient care centres); 2. Change of acute and regional centres of excellence in the hospital sector; 3. Implementation of clinical and therapeutic-preventive procedures; 4. Resident programme and education, in particular for doctors and nurses; and 5. Integration and dissemination of health promotion information.

Keywords	health care, integrated care centres, integrated care model, modernization of health infrastructure		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL2 + D2, MRL2 + D3, MRL2 + D4, MRL1 + D5, MRL2 + D7, MRL1 + D8, MRL1 + D9, MRL2 + D12, MRL3
Access details	https://www.health.gov.sk/Zdroje?/Sources/Sekcie/IZP/Implementacna-strategia-ICZS_update_december.pdf		

Title	Stratégia dlhodobej sociálno-zdravotnej starostlivosti v Slovenskej republike					
Author(s)	Levyová M. et al.					
Region/country	Slovakia	**Year of publication**	2019	**Language**	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)						

At present, health and social care in Slovakia represent two separate systems with minimal level of interconnection, both in legislation and direct coordination. The current situation in the area of long-term social and health care is alarming due to lack of the complex solution of the problems. Solution lies in comprehensive integration of health and social care, together with personnel capacity-building, their adequate financial rewarding and enhancement of their social status. Despite the repetitive declarations of the willingness of the state officials to solve the problem and several efforts to prepare a legislative solution, no fundamental changes have occurred so far.

Keywords	health care, integrated care, long-term care, social care		
Type of asset	Strategic and consultation document	**Dimensions and MRLs**	D1, MRL2 + D2, MRL1 + D3, MRL2 + D4, MRL1 + D5, MRL1 + D7, MRL1 + D9, MRL2 + D12, MRL1
Access details	https://www.health.gov.sk/Clanok?strategia-dlhodobej-socialno-zdravotnej-starostlivosti-v-sr		

Title	Dlhodobá starostlivosť v Slovenskej republike. Potreba systémovej zmeny					
Author(s)	Cangár M. and Machajdíková M.					
Region/country	Slovakia	**Year of publication**	2017	**Language**	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)						

Currently, there is still no long-term integrated social and health care system for persons with disabilities and population of elderly in Slovakia. Despite several attempts and efforts to reform and interconnect the system of social services and health care, still no fundamental changes have occurred. Healthcare and social services in Slovakia represent two separate systems with minimal level of coordination and interconnection. Each of these systems is governed by its own legislation and standards. The aim of this document (policy brief) is to summarise up-to-date information on long-term care in Slovakia in terms of providing these services. It further aims to describe demographic prognosis of the population development in Slovakia. Finally, it presents the basic recommendations for the efficient integrated, long-term, high-quality, flexible and person-centred support and care.

Keywords	health care, integrated care, long-term care, social care		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D2, MRL1 + D4, MRL1 + D5, MRL1 + D6, MRL1 + D7, MRL1 + D9, MRL1 + D10, MRL1 + D11, MRL1
Access details	https://www.rpsp.eu/wp-content/uploads/2018/04/LTCpolicybrief_final.pdf		

Title	Health Systems in Transition					
Author(s)	Smatana M., Pažitný P. , Kandilaki D.					
Region/country	Slovakia	**Year of publication**	2016	**Language**	English

Brief summary/Abstract/Executive summary (max. 300 words)

Common priorities of the Health 2020 document are defined as follows: (1) public health, (2) integrated outpatient health care and (3) inpatient health care. Projects such as incentivizing young medical doctors to work in rural areas are promising. However, most work in primary care reforms (i.e. broadening of GPs responsibilities, transforming medical education, establishing Integrated Care Centres) have yet to be fully implemented. There is a plan to build up to 140 "integrated care centres" by 2020 where GPs and a variety of specialists would provide several integrated services such as primary care, specialized outpatient care, nursing and health promotion. Clinician training and management should be based on the developed and shared primary care infrastructure (i.e. electronic medical records and integrated care centres. Therefore, primary care reform in Slovakia is comprised of four elements: (1) Residential programme, (2) Integrated care centres, (3) introduction of clinical guidelines and methodology, (4) Broadening of competences.

Keywords	delivery of health care, financing, health system, planning, integrated care		
Type of asset	Report	**Dimensions and MRLs**	D1, MRL1 + D3, MRL1 + D5, MRL2
Access details	https://apps.who.int/iris/rest/bitstreams/1280589/retrieve		

Title	MASTER PLÁN pre vytvorenie centier integrovanej zdravotnej starostlivosti v Košickom kraji					
Author(s)	Kosice self-governing region					
Region/country	Slovakia	**Year of publication**	2017	**Language**	Slovak

Brief summary/Abstract/Executive summary (max. 300 words)

The main objective of the Integrated Health Care Centres project is to increase the availability of primary health care in Slovakia. The need to integrate health care emerged from several factors: fragmentation of health care, the high number of general practitioners´ visits, and the high number of specialists´ visits. The main aim of the project is to build an integrated health care centres. Main activities are focused on (re)building of integrated care centres in the Kosice region to support the availability of healthcare especially in small towns and rural areas (<15.000 inhabitants). Master plan also aims to increase motivation of young health-care professionals to stay in Kosice region, to implement of residency programmes, support of ICT infrastructure, support campaigns with focus on health promotion, to support patient-centred care, and increase the ability of decision making at regional level.

Keywords	health care, integrated care, primary care, integrated regional operational programme		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D3, MRL2 + D5, MRL1 + D7, MRL1 + D8, MRL1 + D12, MRL1
Access details	http://docplayer.cz/66521859-Kosicky-samospravny-kraj-master-plan-pre-vytvorenie-centier-integrovanej-zdravotnej-starostlivosti-v-kosickom-kraji.html		

Title	Integrovaný regionálny operačný programme 2014 - 2020				
Author(s)	Ministry of Agriculture and Rural Development of the Slovak Republic				
Region/country	Slovakia	Year of publication	2014	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					

The Integrated Health Care Centres should offer a comprehensive primary outpatient health care. The main idea of Health Care Centres is based on previous tradition of health centres known in socialistic and early post-socialistic years, while plans to achieve the higher quality of health care. Moreover, patient will be able to receive multiple health and social services.

Keywords	health care, integrated care, primary care, integrated regional operational programme		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D2, MRL1 + D3, MRL2 + D4, MRL2 + D5, MRL3 + D7, MRL2 + D8, MRL1 + D10, MRL2 + D11, MRL5
Access details	https://www.mpsr.sk/index.php?navID=1036&navID2=1036&sID=67&id=9006		

Title	Regionálna integrovaná územná stratégia Košického kraja na roky 2014 – 2020. Integrovaná územná stratégia udržateľného rozvoja mestskej funkčnej oblasti mesta Košice 2014 – 2020				
Author(s)	Kosice self-governing region				
Region/country	Slovakia	Year of publication	2017	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					

The main problems of the Kosice region in the primary healthcare provision include: a high fragmentation of primary outpatient care providers, increased prevalence of chronic diseases and an aging population including a high age of GPs, as well as a lack of comprehensive, high quality, effective and always available primary outpatient care services. The identified needs of the Kosice region include: the possibility of interconnecting the provision of health care with selected social services, improving the availability and complexity of the services provided, more active involvement of the self-government, the possibility of using modern technologies (including the introduction of eHealth), changing treatment and creating opportunities for young doctors, and increasing the effectiveness of healthcare provision. The integration of regional health and social services will enable the implementation of new patient-centred processes to strengthen the primary contact with citizens coordinated with institutional care to: (a) improve the quality, efficiency and scope of healthcare and related services; (b) extend the scope, availability and effectiveness of health and related social services; and bringing such services closer to the population.

Keywords	health care, integrated care, primary care, integrated regional operational programme		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL2 + D2, MRL2 + D3, MRL1 + D5, MRL3 + D7, MRL1 + D8, MRL1 + D9, MRL4
Access details	https://web.vucke.sk/files/regionalny_rozvoj/2017/30-10/regionalna-integrovana-uzemna-strategia-kosickeho-kraja-roky-2014-2020.pdf		

Title	Community care in Slovakia: the Integrated care centre (ICC)				
Author(s)	Kokia E., Kaye R. , Shimshoni J.				
Region/country	Slovakia	Year of publication	2014	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					

Integrated care represents a key element of improved healthcare. The ability to achieve integrated, seamless and continuous care requires development of multi-disciplinary teams at the community level (including GPs, specialists and social workers), and strong integrated communication with community and health care professionals. In order to develop an integrated and sustainable health care system, regulations that assures an alignment of incentives of all responsible stakeholders, clearly defined authority and accountability within the system are required. Moreover, it must be very clear who in the system is responsible and accountable for the ongoing level of integration.

Keywords	community care, health care, integrated care, social care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL1 + D2, MRL1 + D3, MRL3 + D4, MRL1 + D5, MRL1 + D6, MRL2 + D7, MRL1 + D8, MRL1 + D9, MRL1 + D10, MRL1 + D11, MRL1 + D12, MRL1
Access details	0		

Title	Strategic framework for health for 2014 - 2030				
Author(s)	Government of the Slovak Republic				
Region/country	Slovakia	Year of publication	2013	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)	
The key responses of Slovak health system to address the current issues are: implementation of an integrated model of healthcare provision - community - provided healthcare based on the powerful position of general practitioners, agencies for nursing care services at home, reduction of specialized outpatient healthcare and acute inpatient care, a significant increase in efficiency of use of existing financial resources in health sector), a significant increase in labour productivity, especially in hospitals, transfer of care from acute hospital beds to outpatient healthcare, or nursing care services at home, reduction of a number of acute beds in hospitals and reduction of length hospitalisation, creating cost-effective system of social and medical beds for long-term patients, promotion of preventive programmes and activities for prevention of communicable and non-communicable diseases and disability including regular health checks in general practitioners, paediatric practitioners, dentists clinics, centres of early diagnosis and within scope of vaccination, as well as fast, affordable and effective exchange of information (eHealth). In accordance with the intention to prepare functioning integrated model of health care it is also necessary to increase people's own responsibility for preventing situations of reliance on the help of others and it is also the responsibility of public authorities at different levels to support enforcement of that interest (through awareness-raising and prevention activities) and then provide quality and sustainable services in the cases when such a dependence occurs.	

Keywords	demographic changes, efficiency of healthcare, integrated care, inpatient care, prevention, outpatient care		
Type of asset	Strategic and consultation document	Dimensions and MRLs	D1, MRL1 + D2, MRL1 + D3, MRL1 + D8, MRL1
Access details	https://www.health.gov.sk/Zdroje?/Sources/Sekcie/IZP/Strategic-framework-for-health-2014-2030.pdf		

Title	Preventívne postupy				
Author(s)	Ministry of Health of the Slovak Republic				
Region/country	Slovakia	Year of publication	2019	Language	Slovak

Brief summary/Abstract/Executive summary (max. 300 words)	
The project website presents the implementation of the national project on "Development of new and innovated procedures for prevention and their introduction into medical practice" financed by the EU structural funds. The main aim of the project is to create unified procedures for prevention at the appropriate levels of healthcare provision. Preventive procedures will be developed, implemented and subsequently innovated and revised across all the relevant areas and levels of prevention, focusing in particular on avoidable deaths and diseases. Particular emphasis will be placed on strengthening competencies and performance at primary outpatient health care, counselling, the introduction of a systemic concept of prevention, including population screening, health literacy, health education and support in the form of intersectoral and interdisciplinary concept on health promotion, health protection and patient safety. This approach will strengthen the reduction of inequalities in the availability and quality of health care for all citizens in the Slovak Republic.	

Keywords	evidence, preventive procedures, quality, human resources		
Type of asset	Other (please specify at the beginning of the summary)	Dimensions and MRLs	D11, MRL1 + D12, MRL3
Access details	0		

Title	Štandardné postupy

Author(s)	Ministry of Health of the Slovak Republic				
Region/country	Slovakia	Year of publication	2019	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					
The project website presents the implementation of the national project on "Development of new and innovated standard clinical procedures and their introduction into medical practice" financed by the EU structural funds. The main aim of the project is to develop standard clinical procedures and integrate them into a national healthcare system.					
Keywords	evidence, diagnostic and therapeutic procedures, quality, human resources				
Type of asset	Other (please specify at the beginning of the summary)	Dimensions and MRLs			D11, MRL3 + D12, MRL3
Access details	0				

Title	Migrácia a zdravie				
Author(s)	Ministry of Health of the Slovak Republic				
Region/country	Slovakia	Year of publication	2019	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					
The project website presents the implementation of the national project on " Development of recommended and standard procedures for prevention and early intervention in relation to migration of third-country nationals in Slovakia". The main aim of the project is migration-related health from perspective of prevention, crisis intervention, diagnosis and intervention/treatment of specific conditions and diseases.					
Keywords	evidence, health care, migration, prevention, quality				
Type of asset	Other (please specify at the beginning of the summary)	Dimensions and MRLs			D11, MRL1 + D12, MRL3
Access details	0				

Title	Portál MALINA - Národný navigátor dostupnej služby v situácii bezvládnosti				
Author(s)	Portál Malina n.o.				
Region/country	Slovakia	Year of publication	2019	Language	Slovak
Brief summary/Abstract/Executive summary (max. 300 words)					
The first national portal to help finding the most appropriate formal service in situations when people and their relatives are in need of social and health care support.					
Keywords	availability, dependency, health and social facilities, quality of life				

Type of asset	Good practice	Dimensions and MRLs	D3, MRL3 + D7, MRL5 + D11, MRL3
Access details	https://app.portalmalina.sk/		

Title	Integrated care for elderly in Slovakia				
Author(s)	WHO Country Office, Slovakia				
Region/country	Slovakia	Year of publication	2011	Language	Slovak

Brief summary/Abstract/Executive summary (max. 300 words)

One of the priorities of the Biennial Collaborative Agreement (BCA) 2011-2012 in Slovakia is policy and technical recommendations for long-term care of the elderly at national and local levels. The rising demand for long-term care (LTC) calls for policy approaches allowing for holistic and inclusive views that integrate the roles of different public programmes, sectors of society and private initiatives. Moreover, there is growing evidence about discrimination of dependent older people with respect to their access to mainstream health care and to prevention and rehabilitation that need to be addressed by health and LTC reforms. The objective of the WHO Regional Office for Europe's work in Slovakia in the framework of the BCA 2011-2012, was to analyse the LTC system for older people in the country, to identify and to address the needs and gaps by formulating recommendations for legislation and other sectors.

Keywords	integrated care for elderly, social care, long-term care		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D7, MRL1
Access details	https://www.euro.who.int/en/health-topics/environment-and-health/urban-health/news/news/2011/11/integrated-care-for-elderly-in-slovakia		

Title	Developing an integrated primary care model in Slovakia				
Author(s)	Ministry of Health, Institute of Health Policy				
Region/country	Slovakia	Year of publication	2016	Language	English

Brief summary/Abstract/Executive summary (max. 300 words)

Growing political concern for the negative economic and social impact of suboptimal health outcomes pushed need for health system reform up the government agenda. The timely release of a European Commission report, published around the time that the Government of Slovakia was considering potential health reform strategies, helped illustrate how development of the health sector could improve economic sustainability and provided inspiration for reform. As a result, the Government of Slovakia committed to comprehensive health system reform to transition away from the hospital-centric model in place and work towards strengthening the role of primary care. Formalizing this ambition through the Strategic Framework of Healthcare 2014–2030, proposed changes included plans for the development of a network of primary-level integrated health care centres (IHCC) to co-locate providers and promote interdisciplinary team-working. Anticipated system-level adjustments to facilitate proposed changes include the introduction of performance-based financing mechanisms and strengthening of medical education. The area of Trencin has been selected as the pilot site to test reforms. Based on the analysis conducted, four acute-care facilities, eight large IHCCs and eight small IHCCs were determined to be adequate for covering care needs in Trencin. Existing facilities will be renovated and modernized where possible, however approximately half of all facilities will need to be newly constructed in new locations.

Keywords	integrated care, integrated care centres, national health reform, pilot project, primary care		
Type of asset	Report	Dimensions and MRLs	D1, MRL1 + D5, MRL1
Access details	https://www.integratedcare4people.org/practices/342/developing-an-integrated-primary-care-model-in-slovakia/		

8.9 Slovenia

Title	Provision of home help. Analysis of the situation in 2017 (Izvajanje pomoči na domu. Analiza stanja v letu 2017).					
Author(s)	Mateja Nagode, Lea Lebar , Sanel Ramović					
Region/country	Slovenia		Year of publication	2018	Language	Slovenian

Brief summary/Abstract/Executive summary (max. 300 words)

The analysis provides a national overview and statistics on the organisation and provision of home help in Slovenia, which is a basic social care service organised by local communities and promoted by the state within the framework of strategic documents in the field of social protection. The analysis is of great importance for verifying development since it provides national statistics in this field, while also offering a comparison between local environments (municipalities). In terms of getting acquainted with the situation and providing support for follow-up actions, it is useful for both political, professional and the lay public. This analysis shows that at the end of 2017, 7,731 beneficiaries in 210 Slovenian municipalities received home help, and that it was implemented by 81 different providers, most of them nursing homes. The user paid for the service on average slightly more than the year before - €5.30, one municipality co-financed the service in its entirety. The professional preparation, management and coordination were provided by 119 persons, while direct social care was provided by 1,074 persons. We found that a certain proportion of service needs remained unsatisfied and that at the end of 2017 there were 524 waiting lists. The analysis also points to a slow trend of pursuing the strategic goal (3.5%), as 1.7% of people 65 and over received assistance at home, which means that the REPNSV (2013-2020) goal is nearly half realised.

Keywords	social care, home help, service provision, monitoring		
Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D2, MRL1 + D3, MRL1 + D4, MRL1 + D5, MRL2 + D6, MRL1 + D7, MRL2 + D8, MRL1 + D9, MRL4 + D10, MRL2 + D12, MRL1
Access details	https://www.irssv.si/upload2/Analiza%20izvajanja%20PND%20za%20leto%202017.pdf		

Title	Direct funding of personalised care: Contradictions of introducing long term care (Individualiziranje financiranja storitev socialnega varstva: Protislovja uvajanja dolgotrajne oskrbe)					
Author(s)	Vito Flaker, Mateja Nagode , Andreja Rafaelič					
Region/country	Slovenia		Year of publication	2010	Language	Slovenian

Brief summary/Abstract/Executive summary (max. 300 words)

Access details: The final report on the pilot project Direct funding of personalised care aims to report and reflect on the experiment in direct payments for adults under 65 in need of long-term care. Based on the pilot project the report sets out the basis for the preparation and implementation of the Long-term care law. The pilot project introduced a new person-centre method of personal planning and coordinated care which is based on empowerment, user control, reflexivity and the right to make mistakes. At the same time, it tested a new form of the financing of long-term care in Slovenia – direct payments. The report also provides information on how to implement such innovations that totally transform the existing culture of care provision, the barriers that innovators face and how to overcome them.

Keywords	long - term care, direct funding, personalised care, experiment

Type of asset	Project document	Dimensions and MRLs	D1, MRL3 + D4, MRL3 + D5, MRL3 + D6, MRL3 + D8, MRL3 + D9, MRL3 + D10, MRL3 + D12, MRL3
Access details	https://www.fsd.uni-lj.si/mma/.../2010041610423307/		

Title	Analysis of services obtained under labour authorisation and register entry (Analiza storitev, opravljenih na podlagi dovoljenja za delo in vpisa v register)				
Author(s)	Mateja Nagode, Nadja Kovač				
Region/country	Slovenia	Year of publication	2013	Language	Slovenian
Brief summary/Abstract/Executive summary (max. 300 words)					

The focus of the analysis is on services provided outside the public service network - namely, social service and home help - in cases where the contractor did not obtain a municipality concession. The study, through the prism of legislation, establishes a framework for the provision of social care services on the basis of a work permit and entry in the register. The analysis presents the scope or prevalence of social care services provided by private individuals on the basis of work permits and registrations (hereinafter referred to as private individuals), as well as the practices and experience in providing social services. The authors propose a systematic monitoring of the implementation of the services provided on the basis of the work permit and provide the starting points that should be considered when introducing legal changes.

Keywords	social care at home, provision of social care services, work permit, governance		
Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D2, MRL2 + D4, MRL1 + D5, MRL1 + D6, MRL2 + D7, MRL2 + D8, MRL1 + D9, MRL3 + D10, MRL2 + D11, MRL1 + D12, MRL2
Access details	https://www.irssv.si/upload2/Analiza%20storitev,%20opravljenih%20na%20podlagi%20dovoljenja%20za%20delo_koncno%20porocilo%20-7.6.2013.pdf		

Title	Analysis of the organisation and provision of sheltered housing (Analiza organiziranosti in izvajanja oskrbe na področju oskrbovanih stanovanj)				
Author(s)	Mateja Nagode, Nadja Kovač , Lea Lebar				
Region/country	Slovenia	Year of publication	2015	Language	Slovenian
Brief summary/Abstract/Executive summary (max. 300 words)					

The study provides an overview of sheltered housing in Slovenia and reliable data that is vital for policy-making in the fields of housing and social affairs. The analysis establishes that there are approximately 1.000 sheltered housing units with approximately 700 residents, most of whom are women aged 65 and over. In many locations, there are no available capacities; however, in some locations almost all apartments are still available. There are different and uncoordinated practices regarding the provision of care in sheltered housing, which are reflected primarily in the role of caretaker, the availability of social alarm and in highly heterogeneous prices of rent and care. Considering the inadequate and ambiguous legislation and the unclear vision of sheltered housing in Slovenia, we recommend a proactive approach to regulate this field

Keywords	social care, long-term care, sheltered housing, provision and organisation of sheltered housing		
Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D2, MRL2 + D5, MRL1 + D6, MRL2 + D7, MRL1 + D8, MRL1 + D9, MRL3 + D10, MRL2 + D12, MRL1
Access details	https://www.irssv.si/upload2/Analiza%20organiziranosti%20OS_koncno_30.11.2015.pdf		

Title	Baselines for monitoring the inclusion of persons with ASCPMPI status in various forms of care or service (Izhodišča za spremljanje vključenosti oseb s statusom po ZDVDTP v različne oblike oskrbe oziroma storitve)				
Author(s)	Mateja Nagode, Simona Smolej Jež				
Region/country	Slovenia	Year of publication	2017	Language	Slovenian

Brief summary/Abstract/Executive summary (max. 300 words)

The starting points for monitoring the inclusion of persons with status under the ASCPMPI in various forms of care or services include evaluation of the census of the total population of persons with status under the Act on Social Care of Persons with Mental and Physical Impairments (ASCPMPI) and their inclusion in the organised system of care. Furthermore, the inventory of current databases that contain relevant information in this field is evaluated in the study. On this basis, the report proposes the strengthening of social work centres in the sense of a junction point, which will enable connection with other important databases and, thus, provide a comprehensive overview of the situation in the area of the population concerned.

Keywords	ascpmpi status, organised system of care, database, social work centres	
Type of asset	Report	Dimensions and MRLs	D1, MRL2 + D2, MRL3 + D6, MRL3 + D7, MRL1 + D8, MRL1 + D9, MRL3 + D10, MRL3 + D12, MRL1
Access details	https://www.irssv.si/upload2/Izhodisca%20za%20spremljanje%20vkljucenosti%20oseb%20s%20statusom%20po%20ZDVDTP_2017.pdf	

Title	For a better health and reduction: Integrated preventive care for chronic noncommunicable diseases and reduction of inequalities in adult health: Pilot testing of integrated processes of inclusion and treatment in the project Together for Health. (Za boljše zdravje in zmanjšanje neenakosti v zdravju odraslih: PROGRAMME INTEGRIRANE PREVENTIVE KNB IN ZMANJŠEVANJA NEENAKOSTI V ZDRAVJU PRI ODRASLIH: Pilotno testiranje integriranih procesov vključevanja in obravnav ciljne populacije v okviru projekta Skupaj za zdravje)

Author(s)	Jerneja Farkaš Lainščak, Ivanka Huber, Jožica Maučec Zakotnik				
Region/country	Slovenia	Year of publication	2015	Language	Slovenian
Brief summary/Abstract/Executive summary (max. 300 words)					
The pilot project plan for integrated preventive care Together for Health is presented. The aim of the project is to improve the health of the population, the quality of life and reduce the inequalities in health care. The planned project activities can be summarised as preparation for a strategic document for integrated preventive care, the use of a self-assessment tool for the promotion of equality in health care, training of health care staff, the establishment of integrated preventive teams which will provide user-centred care, the reinforcement of health promotion centres and the identification of vulnerable groups and the empowerment in working with vulnerable groups.					
Keywords	integrated preventive care, health inequalities, quality of life, self-assessment tool, vulnerable groups				
Type of asset	Project document	**Dimensions and MRLs**	D1, MRL2 + D4, MRL2 + D7, MRL2 + D8, MRL2 + D11, MRL2 + D12, MRL2		
Access details	https://www.nijz.si/sl/publikacije/programme-integriranje-preventive-knb-in-zmanjsevanja-neenakosti-v-zdravju-pri-odraslih				

9 ANNEX V Literature Review. Asset mapping list

9.1 Dimension 1 – Readiness to change

(1) Brown CL, Menec V. Integrated Care Approaches Used for Transitions from Hospital to Community Care: A Scoping Review. Can J Aging 2018 Jun;37(2):145-170.

(2) Turner A, Mulla A, Booth A, Aldridge S, Stevens S, Battye F, et al. An evidence synthesis of the international knowledge base for new care models to inform and mobilise knowledge for multispecialty community providers (MCPs). Syst Rev 2016 Oct 1;5(1):167-x.

(3) Amelung VE, Wolf S. Success criteria for the indication-related integrated care. Public Health Forum 2013;21(1):15.e1-15.e3.

(4) Thiyagarajan JA, Araujo de Carvalho I, Pena-Rosas J, Chadha S, Mariotti SP, Dua T, et al. Redesigning care for older people to preserve physical and mental capacity: WHO guidelines on community-level interventions in integrated care. PLoS Med 2019 Oct 18;16(10):e1002948.

(5) Macadam M. Progress toward integrating care for seniors in Canada: "We have to skate toward where the puck is going to be, not to where it has been.". Int J Integr Care 2011 Jan;11 Spec Ed:e016.

(6) Lawless MT, Marshall A, Mittinty MM, Harvey G. What does integrated care mean from an older person's perspective? A scoping review. Bmj Open 2020;10(1):e035157.

(7) Leijten FRM, Struckmann V, van Ginneken E, Czypionka T, Kraus M, Reiss M, et al. The SELFIE framework for integrated care for multi-morbidity: Development and description. Health Policy 2018 Jan;122(1):12-22.

(8) Evans JM, Baker GR, Berta W, Barnsley J. The evolution of integrated health care strategies. Adv Health Care Manag 2013;15:125-161.

(9) Coddington DC, Moore KD, Fischer EA. Making integrated health care work. Physician Exec 1996 May;22(5):24-28.

(10) FaulbaumDecke W. Integrated health care as a new approach in health care. Nervenheilkunde 2013;32(5):257-263.

(11) Mohrman SA, Kanter MH. Designing for Health: Learning from Kaiser Permanente. ; 2012.

(12) Khalil MKM, AlEidi S, AlQaed M, AlSanad S. The future of integrative health and medicine in Saudi Arabia. Integrative Medicine Research 2018;7(4):316-321.

(13) Ahgren B. The art of integrating care: Theories revisited. Open Public Health Journal 2012;5:36-39.

(14) Humphries R. Health and social care for older people: progress, problems and priorities. Quality in Ageing and Older Adults 2015;16(1):27-31.

(15) Smith J, Wistow G, Holder H, Gaskins M. Evaluating the design and implementation of the whole systems integrated care programme in North West London: why commissioning proved (again) to be the weakest link. BMC Health Serv Res 2019 Apr 15;19(1):228-5.

(16) Rudawska I. Towards More Integrated Health Care - The Review of the International Experience. Problemy Zarzadzania-Management Issues 2017;15(3):130-145.

(17) Saunders C, Carter DJ. Is health systems integration being advanced through Local Health District planning? Aust Health Rev 2017 May;41(2):154-161.

(18) Fooks C, Goldhar J, Wodchis WP, Baker GR, Coutts J, Brown AS, et al. Effective Approaches to Integrating Care: A Three-Part Series. Healthc Q 2018 Jul;21(2):18-22.

(19) Farmanova E, Kirvan C, Verma J, Mukerji G, Akunov N, Phillips K, et al. Triple Aim in Canada: developing capacity to lead to better health, care and cost. Int J Qual Health Care 2016 Dec 1;28(6):830-837.

(20) Mitchell GK, Burridge L, Zhang J, Donald M, Scott IA, Dart J, et al. Systematic review of integrated models of health care delivered at the primary-secondary interface: how effective is it and what determines effectiveness? Aust J Prim Health 2015;21(4):391-408.

(21) Brown A. Review of Integrated care: A guide for effective implementation. Fam Syst Health 2018 Dec;36(4):545-546.

(22) Crooks G, Henderson D. Implementing and Scaling up Integrated Care through Collaboration. ; 2014.

(23) Quaglio G, Figueras J, Mantoan D, Dawood A, Karapiperis T, Costongs C, et al. An overview of future EU health systems. An insight into governance, primary care, data collection and citizens' participation. J Public Health (Oxf) 2018 Dec 1;40(4):891-898.

(24) Hendriks AM, Habraken J, Jansen MW, Gubbels JS, De Vries NK, van Oers H, et al. 'Are we there yet?' - operationalizing the concept of Integrated Public Health Policies. Health Policy 2014 Feb;114(2-3):174-182.

(25) Smith T, Fowler Davis S, Nancarrow S, Ariss S, Enderby P. Towards a theoretical framework for Integrated Team Leadership (IgTL). J Interprof Care 2019 Nov 21:1-11.

(26) Frank C, Wilson CR. Models of primary care for frail patients. Can Fam Physician 2015 Jul;61(7):601-606.

(27) Harnett PJ. Improvement attributes in healthcare: implications for integrated care. Int J Health Care Qual Assur 2018 Apr 16;31(3):214-227.

(28) Silow-Carroll S, Lamphere J. State innovation models: early experiences and challenges of an initiative to advance broad health system reform. Issue Brief (Commonw Fund) 2013 Sep;25:1-12.

(29) Evans JM, Grudniewicz A, Baker GR, Wodchis WP. Organisational Context and Capabilities for Integrating Care: A Framework for Improvement. Int J Integr Care 2016 Aug 31;16(3):15.

(30) Crema M, Verbano C. Future developments in health care performance management. Journal of Multidisciplinary Healthcare 2013;6:415-421.

(31) Burns LR, Pauly MV. Accountable care organisations may have difficulty avoiding the failures of integrated delivery networks of the 1990s. Health Aff (Millwood) 2012 Nov;31(11):2407-2416.

(32) McKillop A, Shaw J, Sheridan N, Gray CS, Carswell P, Wodchis WP, et al. Understanding the Attributes of Implementation Frameworks to Guide the Implementation of a Model of Community-based Integrated Health Care for Older Adults with Complex Chronic Conditions: A Metanarrative Review. Int J Integr Care 2017 Jun 27;17(2):10.

(33) Tsasis P, Evans JM, Forrest D, Keith Jones R. Outcome mapping for health system integration. Journal of Multidisciplinary Healthcare 2013;6:99-107.

(34) Seshamani M, Sen AP. Moving Toward High-Value Health Care: Integrating Delivery System Reform into 2020 Policy Proposals. Issue Brief (Commonw Fund) 2018 Nov 1;2018:1-11.

(35) Hildebrandt H. Integrated care: Where do we stand? A public health-oriented stocktaking. Public Health Forum 2013;21(1):2.e1-2.e4.

(36) Spicer J. Integrated care in the UK: Variations on a theme? London Journal of Primary Care 2015;7(3):3-41.

9.1.1   Added in 2021

(1) Cheung NW, Crampton M, Nesire V, Hng T, Chow CK, Western Sydney Integrated Care Programme Investigators. Model for integrated care for chronic disease in the Australian context: Western Sydney Integrated Care Programme. Aust Health Rev 2019 -10;43(5):565-571.

(2) Kearney LK, Zeiss AM, McCabe MA, Thistlethwaite JE, Chana N, Chen S, et al. Global approaches to integrated care: Best practices and ongoing innovation. Am Psychol 2020 Jul-Aug;75(5):668-682.

(3) Trankle SA, Usherwood T, Abbott P, Roberts M, Crampton M, Girgis CM, et al. Key stakeholder experiences of an integrated healthcare pilot in Australia: a thematic analysis. BMC Health Serv Res 2020 -10-07;20(1):925.

(4) Innovative Integrated Health And Social Care Programmes In Eleven High-Income Countries.

9.2   Dimension 2- Structure and Governance

(1) Ovseiko PV, Davies SM, Buchan AM. Organisational models of emerging academic health science centres in England. Acad Med 2010 Aug;85(8):1282-1289.

(2) Qian Y, Hou Z, Wang W, Zhang D, Yan F. Integrated care reform in urban China: a qualitative study on design, supporting environment and implementation. Int J Equity Health 2017 Oct 25;16(1):185-8.

(3) Lewis RQ, Ling T. Integrated care pilots in England revisited. Journal of Integrated Care 2020;28(1):7-13.

(4) Wranik WD, Hayden JA, Price S, Parker RM, Haydt SM, Edwards JM, et al. How best to structure interdisciplinary primary care teams: the study protocol for a systematic review with narrative framework synthesis. Syst Rev 2016 Oct 4;5(1):170-9.

(5) Annamalai A, Staeheli M, Cole RA, Steiner JL. Establishing an Integrated Health Care Clinic in a Community Mental Health Centre: Lessons Learned. Psychiatr Q 2018 Mar;89(1):169-181.

(6) Wiktorowicz ME, Fleury MJ, Adair CE, Lesage A, Goldner E, Peters S. Mental health network governance: comparative analysis across Canadian regions. Int J Integr Care 2010 Oct 26;10:e60.

(7) Wu RR, Kinsinger LS, Provenzale D, King HA, Akerly P, Barnes LK, et al. Implementation of new clinical programmes in the VHA healthcare system: the importance of early collaboration between clinical leadership and research. J Gen Intern Med 2014 Dec;29 Suppl 4:825-830.

(8) Sowers KW, Newman PR, Langdon JC. Evolution of physician-hospital alignment models: a case study of co-management. Clin Orthop Relat Res 2013 Jun;471(6):1818-1823.

(9) Kirst M, Im J, Burns T, Baker GR, Goldhar J, O'Campo P, et al. What works in implementation of integrated care programmes for older adults with complex needs? A realist review. Int J Qual Health Care 2017 Oct 1;29(5):612-624.

(10) Heeringa J, Mutti A, Furukawa MF, Lechner A, Maurer KA, Rich E. Horizontal and Vertical Integration of Health Care Providers: A Framework for Understanding Various Provider Organisational Structures. Int J Integr Care 2020 Jan 20;20(1):2.

(11) Yoon TH. Global trends in health equity policy: Lessons from experiences in the UK, the Netherlands, Sweden, and the World Health Organisation. Journal of the Korean Medical Association 2013;56(3):195-205.

(12) Schepman S, Valentijn P, Bruijnzeels M, Maaijen M, de Bakker D, Batenburg R, et al. Do project management and network governance contribute to inter-organisational collaboration in primary care? A mixed methods study. BMC Health Serv Res 2018 Jun 7;18(1):427-8.

(13) Tsasis P, Evans JM, Forrest D, Keith Jones R. Outcome mapping for health system integration. Journal of Multidisciplinary Healthcare 2013;6:99-107.

(14) Martinez-Gonzalez N, Berchtold P, Ullman K, Busato A, Egger M. Integrated care programmes for adults with chronic conditions: a meta-review. Int J Qual Health Care 2014 Oct;26(5):561-570.

(15) Spicer J. Integrated care in the UK: Variations on a theme? London Journal of Primary Care 2015;7(3):3-41.

(16) Brown A. Review of Integrated care: A guide for effective implementation. Families, Systems, & Health 2018;36(4):545-546.

(17) Giovanella L. Networks, disease management programmes, GP coordinator: analysis of recent ambulatory reforms in Germany. Cien Saude Colet 2011;16 Suppl 1:1081-1096.

(18) Burstrom B, Burstrom K, Nilsson G, Tomson G, Whitehead M, Winblad U. Equity aspects of the Primary Health Care Choice Reform in Sweden - a scoping review. Int J Equity Health 2017 Jan 28;16(1):29-z.

(19) Yong LMO, Cameron A. What is the relevance of policy transfer and policy translation in integrated care development? Journal of Integrated Care 2019;27(1):5-14.

(20) Cousins K, Gauld R, Greatbanks R. Understanding the diversity of alliance governance in OECD healthcare settings A structured narrative review. Journal of Integrated Care 2019.

(21) Stephansen A. Neo-institutional perspective on the Norwegian coordination reform. International Journal of Health Governance 2020:ate of Pubaton: 2020.

(22) Balicer R, Bitterman H, Shadmi E. Multiple chronic conditions and morbidity burden: challenges and considerations for an organisational strategy. Harefuah 2012 Jul;151(7):388-92, 437.

(23) Witgert K, Hess C. Including safety-net providers in integrated delivery systems: issues and options for policymakers. Issue Brief (Commonw Fund) 2012 Aug;20:1-18.

(24) Wilson MG, Lavis JN, Gauvin FP. Designing Integrated Approaches to Support People with Multimorbidity: Key Messages from Systematic Reviews, Health System Leaders and Citizens. Healthc Policy 2016 Nov;12(2):91-104.

(25) Barbazza E, Kringos D, Kruse I, Klazinga NS, Tello JE. Creating performance intelligence for primary health care strengthening in Europe. BMC Health Serv Res 2019 Dec 27;19(1):1006-z.

(26) Stanhope J, Pearce C. Role, implementation, and effectiveness of advanced allied health assistants: A systematic review. Journal of Multidisciplinary Healthcare 2013;6:423-434.

(27) Al-Amin M, Weech-Maldonado R, Pradhan R. Hospital-physician relationships: implications from the professional service firms literature. Adv Health Care Manag 2013;15:165-184.

(28) Harnagea H, Lamothe L, Couturier Y, Esfandiari S, Voyer R, Charbonneau A, et al. From theoretical concepts to policies and applied programmes: the landscape of integration of oral health in primary care. BMC Oral Health 2018 Feb 15;18(1):23-8.

(29) Peritogiannis V, Lixouriotis C, Mavreas V. The integration of mental health services into primary health care in Greece. Archives of Hellenic Medicine 2014;31(6):669-677.

(30) Lyons J. The Independence of Ontario's Public Health Units: Does Governing Structure Matter? Healthc Policy 2016 Aug;12(1):71-83.

(31) Mann J, Devine S, McDermott R. Integrated care for community dwelling older Australians. Journal of Integrated Care 2019;27(2):173-187.

(32) Saeed M. Improving the public health/primary care partnership: A perspective from NHS Hounslow. London Journal of Primary Care 2012(2):100-103.

(33) Wambach V, Lindenthal J. Health care networks in Germany: status quo and key success factors. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2015 Apr;58(4-5):374-382.

(34) Farmanova E, Baker GR, Cohen D. Combining Integration of Care and a Population Health Approach: A Scoping Review of Redesign Strategies and Interventions, and their Impact. Int J Integr Care 2019 Apr 11;19(2):5.

(35) Nicholson C, Jackson C, Marley J. A governance model for integrated primary/secondary care for the health-reforming first world - results of a systematic review. BMC Health Serv Res 2013 Dec 20;13:528.

9.2.1   Added in 2021

(1) Amunarriz G, Alcalde-Heras H. Towards an Integrated Care Organisation from a CEO Perspective. Int J Integr Care 2020 -08-17;20(3):10.

(2) Mickan S, Dawber J, Hulcombe J. Realist evaluation of allied health management in Queensland: what works, in which contexts and why. Aust Health Rev 2019 -08;43(4):466-473.

(3) Murtagh S, McCombe G, Broughan J, Carroll Á, Casey M, Harrold Á, et al. Integrating Primary and Secondary Care to Enhance Chronic Disease Management: A Scoping Review. Int J Integr Care 2021 -02-09;21(1):4.

(4) Deschodt M, Laurent G, Cornelissen L, Yip O, Zúñiga F, Denhaerynck K, et al. Core components and impact of nurse-led integrated care models for home-dwelling older people: A systematic review and meta-analysis. Int J Nurs Stud 2020 -05;105:103552.

(5) Integrating Mental Health and Addiction Treatment Into General Medical Care: The Role of Policy.

9.3   Dimension 3 – Digital Infrastructure

(1) Masic I. The history and new trends of medical informatics. Donald School Journal of Ultrasound in Obstetrics and Gynecology 2013;7(3):301-312.

(2) Eason K, Waterson P. Patient Safety in Community Care: E-Health Systems and the Care of the Elderly at Home. ; 2017.

(3) Chouvarda I, Maglaveras N. Medical Informatics Education & Research in Greece. Yearb Med Inform 2015 Aug 13;10(1):220-226.

(4) Collins SA, Vawdrey DK, Kukafka R, Kuperman GJ. Policies for patient access to clinical data via PHRs: current state and recommendations. J Am Med Inform Assoc 2011 Dec;18 Suppl 1:2.

(5) MacLure K, Stewart D. From policy towards pharmacy practice: A review of the intended use of ehealth in pharmacy in Scotland. Health Policy and Technology 2017;6(3):279-285.

(6) Rigby M. The Core Vision of Person-Centred Care in a Modern Information-Based Society. ; 2014.

(7) Vo A, Shore J, Waugh M, Doarn CR, Richardson J, Hathaway O, et al. Meaningful use: a national framework for integrated telemedicine. Telemed J E Health 2015 May;21(5):355-363.

(8) Koch S, Hagglund M, Scandurra I. Informatics and Socio-Technical Challenges when Designing Solutions for Integrated eCare. ; 2017.

(9) Raney L, Bergman D, Torous J, Hasselberg M. Digitally Driven Integrated Primary Care and Behavioral Health: How Technology Can Expand Access to Effective Treatment. Curr Psychiatry Rep 2017 Sep 30;19(11):86-y.

(10) Dixon BE, Whipple EC, Lajiness JM, Murray MD. Utilizing an integrated infrastructure for outcomes research: a systematic review. Health Info Libr J 2016 Mar;33(1):7-32.

(11) Milani RV, Bober RM, Lavie CJ. The Role of Technology in Chronic Disease Care. Prog Cardiovasc Dis 2016;58(6):579-583.

(12) Liaw ST, Kearns R, Taggart J, Frank O, Lane R, Tam M, et al. The informatics capability maturity of integrated primary care centres in Australia. Int J Med Inform 2017 Sep;105:89-97.

(13) Roca J, Cano I, Gomez-Cabrero D, Tegner J. From Systems Understanding to Personalised Medicine: Lessons and Recommendations Based on a Multidisciplinary and Translational Analysis of COPD. Methods Mol Biol 2016;1386:283-303.

(14) Steinfeld BI, Keyes JA. Electronic medical records in a multidisciplinary health care setting: A clinical perspective. Professional Psychology: Research and Practice 2011;42(6):426-432.

(15) Bergh B, Brandner A, Heiss J, Kutscha U, Merzweiler A, Pahontu R, et al. The role of Integrating the Healthcare Enterprise (IHE) in telemedicine. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2015 Oct;58(10):1086-1093.

(16) North F, Uthke LD, Tulledge-Scheitel S. Internal e-consultations in an integrated multispecialty practice: a retrospective review of use, content, and outcomes. J Telemed Telecare 2015 Apr;21(3):151-159.

(17) De Raeve P, Gomez S, Hughes P, Lyngholm T, Sipila M, Kilanska D, et al. Enhancing the provision of health and social care in Europe through eHealth. Int Nurs Rev 2017 Mar;64(1):33-41.

(18) Herbek S, Eisl HA, Hurch M, Schator A, Sabutsch St., Rauchegger G, et al. The electronic health record in Austria: A strong network between health care and patients. European Surgery - Acta Chirurgica Austriaca 2012;44(3):155-163.

(19) Adaji A, Fortney J. Telepsychiatry in Integrated Care Settings. Focus (Am Psychiatr Publ) 2017 Jul;15(3):257-263.

(20) Hilty DM, Sunderji N, Suo S, Chan S, McCarron RM. Telepsychiatry and other technologies for integrated care: evidence base, best practice models and competencies. Int Rev Psychiatry 2018 Dec;30(6):292-309.

(21) Reime B, Kardel U, Melle C, Roth M, Auel M, Hildebrandt H. From Agreement to Realization: Six Years of Investment in Integrated eCare in Kinzigtal. ; 2014.

(22) Oluoch T, de Keizer NF. Evaluation of Health IT in Low-Income Countries. Stud Health Technol Inform 2016;222:324-335.

(23) Nguyen OK, Chan CV, Makam A, Stieglitz H, Amarasingham R. Envisioning a social-health information exchange as a platform to support a patient-centred medical neighbourhood: a feasibility study. J Gen Intern Med 2015 Jan;30(1):60-67.

(24) Park YT, Atalag K. Current National Approach to Healthcare ICT Standardization: Focus on Progress in New Zealand. Healthc Inform Res 2015 Jul;21(3):144-151.

(25) Brauns HJ. The Current Development of Telemedicine in Germany. European Research in Telemedicine 2014;3(1):3-7.

(26) Ghani MKA, Bali RK, Naguib RNG, Marshall IM, Wickramasinghe NS. Critical analysis of the usage of patient demographic and clinical records during doctor-patient consultations: A Malaysian perspective. Int J Healthcare Technol Manage 2010;11(1-2):113-130.

(27) Kushniruk AW, Borycki EM, Solvoll T, Hullin C. Human Factors for Nursing: From In-Situ Testing to Mobile Usability Engineering. Stud Health Technol Inform 2016;225:689-691.

(28) Shinbane JS, Saxon LA. Digital monitoring and care: Virtual medicine. Trends Cardiovasc Med 2016 Nov;26(8):722-730.

(29) Laleci Erturkmen GB, Yuksel M, Sarigul B, Arvanitis TN, Lindman P, Chen R, et al. A Collaborative Platform for Management of Chronic Diseases via Guideline-Driven Individualized Care Plans. Computational and Structural Biotechnology Journal 2019;17:869-885.

9.3.1 Added in 2021

(1) Comte B, Baumbach J, Benis A, Basílio J, Debeljak N, Flobak Å, et al. Network and Systems Medicine: Position Paper of the European Collaboration on Science and Technology Action on Open Multiscale Systems Medicine. Netw Syst Med 2020;3(1):67-90.

(2) O'Donnell C, Ryan S, McNicholas WT. The Impact of Telehealth on the Organisation of the Health System and Integrated Care. Sleep Med Clin 2020 -09;15(3):431-440.

(3) de Batlle J, Massip M, Vargiu E, Nadal N, Fuentes A, Ortega Bravo M, et al. Implementing Mobile Health-Enabled Integrated Care for Complex Chronic Patients: Intervention Effectiveness and Cost-Effectiveness Study. JMIR Mhealth Uhealth 2021 -01-14;9(1):e22135.

(4) Liaw S, Liyanage H, Kuziemsky C, Terry AL, Schreiber R, Jonnagaddala J, et al. Ethical Use of Electronic Health Record Data and Artificial Intelligence: Recommendations of the Primary Care Informatics Working Group of the International Medical Informatics Association. Yearb Med Inform 2020 -08;29(1):51-57.

(5) de Batlle J, Massip M, Vargiu E, Nadal N, Fuentes A, Ortega Bravo M, et al. Implementing Mobile Health-Enabled Integrated Care for Complex Chronic Patients: Patients and Professionals' Acceptability Study. JMIR Mhealth Uhealth 2020 -11-20;8(11):e22136.

(6) Lokken TG, Blegen RN, Hoff MD, Demaerschalk BM. Overview for Implementation of Telemedicine Services in a Large Integrated Multispecialty Health Care System. Telemed J E Health 2020 -04;26(4):382-387.

(7) Hussey P, Das S, Farrell S, Ledger L, Spencer A. A Knowledge Graph to Understand Nursing Big Data: Case Example for Guidance. J Nurs Scholarsh 2021 -05;53(3):323-332.

(8) Shahid N, Rac VE, Bielecki J, Berta W. Understanding factors critical to the implementation of ehealth in chronic disease management: a realist review protocol. BMJ Open 2021 -07-12;11(7):e048250.

9.4 Dimension 4 – Funding

(1) Stokes J, Struckmann V, Kristensen SR, Fuchs S, van Ginneken E, Tsiachristas A, et al. Towards incentivising integration: A typology of payments for integrated care. Health Policy 2018 Sep;122(9):963-969.

(2) SalvadorCarulla L, Solans J, Duaigues M, Balot J, GarciaGutierrez JC. The role of ethical banks in health care policy and financing in Spain. J Health Care Finance 2009;36(2):83-89.

(3) Muhlbacher AC, Amelung VE, Juhnke C. Contract Design: Financial Options and Risk. Int J Integr Care 2018 Jan 12;18(1):2.

(4) Nielsen M, Levkovich N. Promoting health payment reform literacy: Does integrated care save money? Families, Systems, & Health 2019;37(1):74-83.

(5) Billings J, de Weger E. Contracting for integrated health and social care: a critical review of four models. Journal of Integrated Care 2015;23(3):153-175.

(6) Stafinski T, Menon D, Davis C, McCabe C. Role of centralized review processes for making reimbursement decisions on new health technologies in Europe. ClinicoEconomics and Outcomes Research 2011;3(117-186):Arte Number: 5. ate of Pubaton: 2011.

(7) Freeman DS, Manson L, Howard J, Hornberger J. Financing the Primary Care Behavioral Health Model. J Clin Psychol Med Settings 2018 Jun;25(2):197-209.

(8) GarciaGoni M, Fouda A, Calder RV, Paolucci F. A new funding model for a chronic-care focused healthcare system in Australia. Health Policy and Technology 2018;7(3):293-301.

(9) Nielsen M, Levkovich N. Promoting health payment reform literacy: Does integrated care save money? Fam Syst Health 2019 Mar;37(1):74-83.

(10) Korda H, Eldridge GN. Payment incentives and integrated care delivery: levers for health system reform and cost containment. Inquiry 2011;48(4):277-287.

(11) O'Donnell AN, Williams M, Kilbourne AM. Overcoming roadblocks: current and emerging reimbursement strategies for integrated mental health services in primary care. J Gen Intern Med 2013 Dec;28(12):1667-1672.

(12) Tsiachristas A, Dikkers C, Boland MR, Rutten-van Molken MP. Exploring payment schemes used to promote integrated chronic care in Europe. Health Policy 2013 Dec;113(3):296-304.

(13) Mason A, Goddard M, Weatherly H, Chalkley M. Integrating funds for health and social care: an evidence review. J Health Serv Res Policy 2015 Jul;20(3):177-188.

(14) Islam MS, Majdzadeh R, Quddus AHG, Ashraf M. Does Integrated Healthcare System Reduce the Cost of Quality of Care for Older People? a Scoping Review. Asia Pacific Journal of Health Management 2019;14(2):74-84.

(15) Khayatzadeh-Mahani A, Nolte E, Sutherland J, Forest PG. International experiments with different models of allocating funds to facilitate integrated care: a scoping review protocol. BMJ Open 2018 Nov 15;8(11):21374.

(16) Levin LS, Gustave L. Aligning incentives in health care: physician practice and health system partnership. Clin Orthop Relat Res 2013 Jun;471(6):1824-1831.

9.5 Dimension 5 – Process Coordination

(1) Leijten FRM, Struckmann V, van Ginneken E, Czypionka T, Kraus M, Reiss M, et al. The SELFIE framework for integrated care for multi-morbidity: Development and description. Health Policy 2018 Jan;122(1):12-22.

(2) Belche JL, Berrewaerts MA, Ketterer F, Henrard G, Vanmeerbeek M, Giet D. From chronic disease to multimorbidity: Which impact on organisation of health care. Presse Med 2015 Nov;44(11):1146-1154.

(3) Dubuc N, Bonin L, Tourigny A, Mathieu L, Couturier Y, Tousignant M, et al. Development of integrated care pathways: toward a care management system to meet the needs of frail and disabled community-dwelling older people. Int J Integr Care 2013 May 17;13:e017.

(4) Gray JS, Swan JR, Lynch MA, Tay TM, Mackenzie MJ, Wiggers JH, et al. Hunter and New England HealthPathways: a 4-year journey of integrated care. Aust Health Rev 2018 Feb;42(1):66-71.

(5) Grimsmo A, Lohre A, Rosstad T, Gjerde I, Heiberg I, Steinsbekk A. Disease-specific clinical pathways - are they feasible in primary care? A mixed-methods study. Scand J Prim Health Care 2018 Jun;36(2):152-160.

(6) Berry LL, Rock BL, Smith Houskamp B, Brueggeman J, Tucker L. Care coordination for patients with complex health profiles in inpatient and outpatient settings. Mayo Clin Proc 2013 Feb;88(2):184-194.

(7) Vanhaecht K, Van Gerven E, Deneckere S, Lodewijckx C, Panella M, Vleugels A, et al. The 7 phase model to develop, implement, evaluate and continuously follow up care pathways. Tijdschrift voor Geneeskunde 2011;67(10):473-481.

(8) Stewart MJ, Georgiou A, Westbrook JI. Successfully integrating aged care services: a review of the evidence and tools emerging from a long-term care programme. Int J Integr Care 2013 Feb 22;13:e003.

(9) Miller R, Weir C, Gulati S. Transforming primary care: scoping review of research and practice. J Integr Care (Brighton) 2018;26(3):176-188.

(10) Baptista DR, Wiens A, Pontarolo R, Regis L, Reis WCT, Correr CJ. The chronic care model for type 2 diabetes: A systematic review. Diabetology and Metabolic Syndrome 2016;8(1):Arte Number: 7. ate of Pubaton: 22 Jan 2016.

(11) Bunn F, Goodman C, Russell B, Wilson P, Manthorpe J, Rait G, et al. Supporting shared decision making for older people with multiple health and social care needs: a realist synthesis. BMC Geriatr 2018 Jul 18;18(1):165-9.

(12) Pietrantonio F, Scotti E. Internal medicine network: A new way of thinking hospital-territory integration and public-private partnership. Ital J Med 2017;11(2):85-94.

(13) Wallang P, Kamath S, Parshall A, Saridar T, Shah M. Implementation of outcomes-driven and value-based mental health care in the UK. Br J Hosp Med (Lond) 2018 Jun 2;79(6):322-327.

(14) Raco M, Burdett T, Heaslip V. Exploring an integrated palliative care model for older people: an integrative review. Journal of Integrated Care 2019;27(2):111-122.

(15) Gandarillas MA, Goswami N. Merging current health care trends: innovative perspective in aging care. Clin Interv Aging 2018 Oct 23;13:2083-2095.

(16) Vrijhoef HJ, de Belvis AG, de la Calle M, de Sabata MS, Hauck B, Montante S, et al. IT-supported integrated care pathways for diabetes: A compilation and review of good practices. Int J Care Coord 2017 Jun;20(1-2):26-40.

(17) Brown CL, Menec V. Integrated Care Approaches Used for Transitions from Hospital to Community Care: A Scoping Review. Can J Aging 2018 Jun;37(2):145-170.

(18) Berntsen G, Strisland F, Malm-Nicolaisen K, Smaradottir B, Fensli R, Rohne M. The Evidence Base for an Ideal Care Pathway for Frail Multimorbid Elderly: Combined Scoping and Systematic Intervention Review. J Med Internet Res 2019 Apr 22;21(4):e12517.

(19) Kietzman KG, Pincus HA, Huynh PT. Planning for future pathways of transitions of care for older adults. Annual Review of Gerontology and Geriatrics 2012;31(1):231-254.

(20) Ismail S, Osman M, Abulezz R, Alhamdan H, Quadri KHM. Pharmacists as interprofessional collaborators and leaders through clinical pathways. Pharmacy 2018;6(1):Arte Number: 24. ate of Pubaton: 01 Mar 2018.

(21) Mewes JC, Ahmed SA, Vrijhoef HJM. How do integrated care programmes work for patients with cardiovascular disease, chronic obstructive pulmonary disease, depression, diabetes and multi-morbidity? A rapid realist review. International Journal of Care Coordination 2018;21(3):87-97.

(22) Peterson K, Anderson J, Bourne D, Charns MP, Gorin SS, Hynes DM, et al. Health Care Coordination Theoretical Frameworks: a Systematic Scoping Review to Increase Their Understanding and Use in Practice. J Gen Intern Med 2019 May;34:90-98.

(23) Winfield A, Burns E. Let's all get home safely: a commentary on NICE and SCIE guidelines (NG27) transition between inpatient hospital settings and community or care home settings. Age Ageing 2016 Nov;45(6):757-760.

(24) Ilott I, Booth A, Rick J, Patterson M. How do nurses, midwives and health visitors contribute to protocol-based care? A synthesis of the UK literature. Int J Nurs Stud 2010 Jun;47(6):770-780.

(25) Williams S, Radnor Z. An integrative approach to improving patient care pathways. Int J Health Care Qual Assur 2018 Aug 13;31(7):810-821.

9.5.1 Added in 2021

(1) Prajankett O, Markaki A. Integrated older people care and advanced practice nursing: an evidence-based review. Int Nurs Rev 2021 -03;68(1):67-77.

(2) Stoop A, de Bruin SR, Wistow G, Billings J, Ruppe G, Leichsenring K, et al. Exploring improvement plans of fourteen European integrated care sites for older people with complex needs. Health Policy 2019 -12;123(12):1135-1154.

(3) Peart A, Lewis V, Barton C, Russell G. Healthcare professionals providing care coordination to people living with multimorbidity: An interpretative phenomenological analysis. J Clin Nurs 2020 -07;29(13-14):2317-2328.

(4) Levers for integrating social work into primary healthcare networks in Austria.

(5) Mitchell GK, Young CE, Janamian T, Beaver KM, Johnson JLK, Hannan-Jones C, et al. Factors affecting the embedding of integrated primary-secondary care into a health district. Aust J Prim Health 2020 -06;26(3):216-221.

(6) Launois R, Diard M, Cabout E, Meto E, Eymere S. [Realist protocol for implementing integrated care pathways in France (waiver 51 LFSS 2018)]. Ann Pharm Fr 2021 -06-18.

(7) Nelson ML, Armas A, Thombs R, Singh H, Fulton J, Cunningham HV, et al. Synthesising evidence regarding hospital to home transitions supported by volunteers of third sector organisations: a scoping review protocol. BMJ Open 2021 -07-05;11(7):e050479.

9.6 Dimension 6 – Removal of inhibitors

(1) Benzer JK, Cramer IE, Burgess JF,J, Mohr DC, Sullivan JL, Charns MP. How personal and standardized coordination impact implementation of integrated care. BMC Health Serv Res 2015 Oct 2;15:448-6.

(2) Ling T, Brereton L, Conklin A, Newbould J, Roland M. Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots. Int J Integr Care 2012 Jul 24;12:e129.

(3) Harst L, Timpel P, Otto L, Richter P, Wollschlaeger B, Winkler K, et al. Identifying barriers in telemedicine-supported integrated care research: scoping reviews and qualitative content analysis. Journal of Public Health (Germany) 2019:ate of Pubaton: 2019.

(4) Hoerbst A, Schweitzer M. A Systematic Investigation on Barriers and Critical Success Factors for Clinical Information Systems in Integrated Care Settings. Yearb Med Inform 2015 Aug 13;10(1):79-89.

(5) Kozlowska O, Lumb A, Tan GD, Rea R. Barriers and facilitators to integrating primary and specialist healthcare in the United Kingdom: a narrative literature review. Future Healthc J 2018 Feb;5(1):64-80.

(6) Grazier KL, Smith JE, Song J, Smiley ML. Integration of depression and primary care: barriers to adoption. J Prim Care Community Health 2014 Jan 1;5(1):67-73.

(7) de Stampa M, Vedel I, Trouve H, Jean OS, Ankri J, Somme D. Factors facilitating and impairing implementation of integrated care. Rev Epidemiol Sante Publique 2013 Apr;61(2):145-153.

(8) Busetto L, Luijkx K, Calciolari S, Ortiz LGG, Vrijhoef HJM. Barriers and Facilitators to Workforce Changes in Integrated Care. Int J Integr Care 2018 Jun 1;18(2):17.

(9) Auschra C. Barriers to the Integration of Care in Inter-Organisational Settings: A Literature Review. Int J Integr Care 2018 Jan 16;18(1):5.

(10) Threapleton DE, Chung RY, Wong SYS, Wong E, Chau P, Woo J, et al. Integrated care for older populations and its implementation facilitators and barriers: A rapid scoping review. Int J Qual Health Care 2017 Jun 1;29(3):327-334.

(11) Ling T, Brereton L, Conklin A, Newbould J, Roland M. Barriers and facilitators to integrating care: experiences from the English Integrated Care Pilots. Int J Integr Care 2012 Jul 24;12:e129.

9.6.1   Added in 2021

(1) Zavrnik Č, Danhieux K, Monarres MH, Stojnić N, Lukančič MM, Martens M, et al. Scaling-up an Integrated Care for Patients with Non-communicable Diseases: An Analysis of Healthcare Barriers and Facilitators in Slovenia and Belgium. Zdr Varst 2021 -09;60(3):158-166.

9.7   Dimension 7 – Population approach

(1) Farmanova E, Baker GR, Cohen D. Combining Integration of Care and a Population Health Approach: A Scoping Review of Redesign Strategies and Interventions, and their Impact. Int J Integr Care 2019 Apr 11;19(2):5.

(2) Warnier RM, van Rossum E, van Velthuijsen E, Mulder WJ, Schols JM, Kempen GI. Validity, Reliability and Feasibility of Tools to Identify Frail Older Patients in Inpatient Hospital Care: A Systematic Review. J Nutr Health Aging 2016 Feb;20(2):218-230.

(3) Muhlbacher AC, Amelung VE, Juhnke C. Contract Design: Risk Management and Evaluation. Int J Integr Care 2018 Jan 12;18(1):3.

(4) Joung B, Lee JM, Lee KH, Kim TH, Choi EK, Lim WH, et al. 2018 Korean guideline of atrial fibrillation management. Korean Circulation Journal 2018;48(12):1033-1080.

(5) Juhnke C, Bethge S, Muhlbacher AC. A Review on Methods of Risk Adjustment and their Use in Integrated Healthcare Systems. Int J Integr Care 2016 Oct 26;16(4):4.

(6) Mohrman SA, Kanter MH. Designing for Health: Learning from Kaiser Permanente. ; 2012.

(7) Elissen AM, Struijs JN, Baan CA, Ruwaard D. Estimating community health needs against a Triple Aim background: What can we learn from current predictive risk models? Health Policy 2015 May;119(5):672-679.

9.8   Dimension 8 – Citizen empowerment

(1) Holzel LP, Vollmer M, Kriston L, Siegel A, Harter M. Patient participation in medical decision making within an integrated health care system in Germany: results of a controlled cohort study. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2012 Nov;55(11-12):1524-1533.

(2) Milavec Kapun M, Sustersic O, Rajkovic V. The Integrated Patient's Self-Care Process Model. Stud Health Technol Inform 2016;225:108-112.

(3) Sunderji N, Ion A, Lin E, Ghavam-Rassoul A, Jansz G. Participatory approaches to evaluating integrated care: the vital role for client inclusion and participation. BMJ Qual Saf 2018 Jan;27(1):90-91.

(4) Gardener AC, Ewing G, Kuhn I, Farquhar M. Support needs of patients with COPD: a systematic literature search and narrative review. Int J Chron Obstruct Pulmon Dis 2018 Mar 26;13:1021-1035.

(5) Mold F, de Lusignan S, Sheikh A, Majeed A, Wyatt JC, Quinn T, et al. Patients' online access to their electronic health records and linked online services: a systematic review in primary care. Br J Gen Pract 2015 Mar;65(632):141.

(6) Liu Z. Patient Engagement at the Household Level: A Feasible Way to Improve the Chinese Healthcare Delivery System Toward People-Centred Integrated Care. Camb Q Healthc Ethics 2018 Jul;27(3):408-420.

(7) Tzelepis F, SansonFisher RW, Zucca AC, Fradgley EA. Measuring the quality of patient-centred care: Why patient-reported measures are critical to reliable assessment. Patient Preference and Adherence 2015;9:831-835.

(8) Lorts A, Bucuvalas J. Identifying and Improving Value in Patients with Chronic Disease. Current Treatment Options in Pediatrics 2016;2(4):311-317.

(9) Recchia V, Dodaro A, Maglie RB, Leo CG. Communication and Education Processes Involved in COPD Patient Engagement Within the Italian Health System. ; 2018.

(10) Woolf SH, Zimmerman E, Haley A, Krist AH. Authentic Engagement Of Patients And Communities Can Transform Research, Practice, And Policy. Health Aff (Millwood) 2016 Apr;35(4):590-594.

9.8.1   Added in 2021

(1) Coultas C, Kieslich K, Littlejohns P. Patient and public involvement in priority-setting decisions in England's Transforming NHS: An interview study with Clinical Commissioning Groups in South London sustainability transformation partnerships. Health Expect 2019 -12;22(6):1223-1230.

9.9   Dimension 9 – Evaluation methods

(1) Grooten L, Vrijhoef HJM, Calciolari S, Ortiz LGG, Janeckova M, Minkman MMN, et al. Assessing the maturity of the healthcare system for integrated care: testing measurement properties of the SCIROCCO tool. BMC Med Res Methodol 2019 Mar 18;19(1):63-1.

(2) Rathod RH, Farias M, Friedman KG, Graham D, Fulton DR, Newburger JW, et al. A novel approach to gathering and acting on relevant clinical information: SCAMPs. Congenit Heart Dis 2010;5(4):343-353.

(3) Storkson S, Biringer E, Hartveit M, Assmus J, Vanhaecht K. Psychometric properties of the Norwegian version of the Care Process Self-Evaluation Tool. J Interprof Care 2016 Nov;30(6):804-811.

(4) Warburton J, Cowan S, Savy P, MacPhee F. Moving towards integrated aged care assessment: A comparison of assessment tools across three regional Victorian services. Australas J Ageing 2015 Sep;34(3):177-182.

(5) Takian A, Petrakaki D, Cornford T, Sheikh A, Barber N, National NHS Care Records Service, Evaluation Team. Building a house on shifting sand: methodological considerations when evaluating the implementation and adoption of national electronic health record systems. BMC Health Serv Res 2012 Apr 30;12:105.

(6) Grooten L, Borgermans L, Vrijhoef HJ. An Instrument to Measure Maturity of Integrated Care: A First Validation Study. Int J Integr Care 2018 Jan 25;18(1):10.

(7) Berntsen G, Hoyem A, Lettrem I, Ruland C, Rumpsfeld M, Gammon D. A person-centred integrated care quality framework, based on a qualitative study of patients' evaluation of care in light of chronic care ideals. BMC Health Serv Res 2018 Jun 20;18(1):479-z.

(8) Fullerton B, Nolte E, Erler A. The quality of chronic care in Germany. Z Evid Fortbild Qual Gesundhwes 2011;105(8):554-562.

(9) Mooss A, Hartman M, Ibanez G. Manual development: A strategy for identifying core components of integrated health programmes. Eval Programme Plann 2015 Dec;53:57-64.

(10) Briner M, Kessler O, Pfeiffer Y, Wehner T, Manser T. Assessing hospitals' clinical risk management: Development of a monitoring instrument. BMC Health Serv Res 2010 Dec 13;10:337.

(11) de Jong I, Jackson C. An evaluation approach for a new paradigm--health care integration. J Eval Clin Pract 2001 Feb;7(1):71-79.

(12) Davies SL, Goodman C, Bunn F, Victor C, Dickinson A, Iliffe S, et al. A systematic review of integrated working between care homes and health care services. BMC Health Serv Res 2011 Nov 24;11:320.

(13) Hildebrandt H, Pimperl A, Schulte T, Hermann C, Riedel H, Schubert I, et al. Pursuing the triple aim: evaluation of the integrated care system Gesundes Kinzigtal: population health, patient experience and cost-effectiveness. Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz 2015 Apr;58(4-5):383-392.

(14) Marino M, de Belvis AG, Tanzariello M, Dotti E, Bucci S, Colotto M, et al. Effectiveness and cost-effectiveness of integrated care models for elderly, complex patients: A narrative review. Don't we need a value-based approach? International Journal of Care Coordination 2018;21(4):120-139.

(15) Stephansen A. Neo-institutional perspective on the Norwegian coordination reform. International Journal of Health Governance 2020:ate of Pubaton: 2020.

(16) Tzelepis F, SansonFisher RW, Zucca AC, Fradgley EA. Measuring the quality of patient-centred care: Why patient-reported measures are critical to reliable assessment. Patient Preference and Adherence 2015;9:831-835.

(17) Bergmo TS. How to Measure Costs and Benefits of eHealth Interventions: An Overview of Methods and Frameworks. J Med Internet Res 2015 Nov 9;17(11):e254.

(18) Sanchez A, Grandes G, Cortada JM, Pombo H, Martinez C, Corrales MH, et al. Feasibility of an implementation strategy for the integration of health promotion in routine primary care: a quantitative process evaluation. BMC Fam Pract 2017 Feb 17;18(1):24-5.

(19) Franse CB, Voorham AJJ, van Staveren R, Koppelaar E, Martijn R, Valia-Cotanda E, et al. Evaluation design of Urban Health Centres Europe (UHCE): preventive integrated health and social care for community-dwelling older persons in five European cities. BMC Geriatr 2017 Sep 11;17(1):209-1.

(20) Pimperl A, Schreyogg J, Rothgang H, Busse R, Glaeske G, Hildebrandt H. Economic Evaluation of Integrated Care Systems - Scientific Standard Specifications, Challenges, Best Practice Model. Gesundheitswesen 2015 Dec;77(12):184.

(21) Ekeland AG, Grottland A. Assessment of Mast in European Patient-Centred Telemedicine Pilots. Int J Technol Assess Health Care 2015 Jan;31(5):304-311.

(22) Minkman MM, Vermeulen RP, Ahaus KT, Huijsman R. The implementation of integrated care: the empirical validation of the Development Model for Integrated care. BMC Health Serv Res 2011 Jul 30;11:177.

(23) Currie WL. TEMPEST: An integrative model for health technology assessment. Health Policy and Technology 2012;1(1):35-49.

(24) Rutten-van Molken M, Leijten F, Hoedemakers M, Tsiachristas A, Verbeek N, Karimi M, et al. Strengthening the evidence-base of integrated care for people with multi-morbidity in Europe using Multi-Criteria Decision Analysis (MCDA). BMC Health Serv Res 2018 Jul 24;18(1):576-4.

(25) Curry N, Harris M, Gunn LH, Pappas Y, Blunt I, Soljak M, et al. Integrated care pilot in north-west London: a mixed methods evaluation. Int J Integr Care 2013 Jul 25;13:e027.

(26) Takian A, Petrakaki D, Cornford T, Sheikh A, Barber N, National NHS Care Records Service, Evaluation Team. Building a house on shifting sand: methodological considerations when evaluating the implementation and adoption of national electronic health record systems. BMC Health Serv Res 2012 Apr 30;12:105.

9.9.1   Added in 2021

(1) Crocker H, Kelly L, Harlock J, Fitzpatrick R, Peters M. Measuring the benefits of the integration of health and social care: qualitative interviews with professional stakeholders and patient representatives. BMC Health Serv Res 2020 -06-06;20(1):515.

(2) Risco E, Sauch G, Albero A, Acar-Denizli N, Zabalegui A, Kostov B, et al. Spanish Validation of the "User Reported Measure of Care Coordination" Questionnaire for Older People with Complex, Chronic Conditions. Int J Environ Res Public Health 2020 -09-11;17(18).

(3) Fowler Davis S, Hinde S, Ariss S. Complex programme evaluation of a 'new care model' vanguard: a shared commitment to quality improvement in an integrated health and care context. BMJ Open 2020 -03-08;10(3):e029174.

(4) Wang X, Birch S, Chen L, Huang Y, Valentijn P. A Validation Study of the Rainbow Model of Integrated Care-Measurement Tool for Patients in China. Int J Integr Care 2021 -04-19;21(2):5.

(5) Searles A, Piper D, Jorm C, Reeves P, Gleeson M, Karnon J, et al. Embedding an economist in regional and rural health services to add value and reduce waste by improving local-level decision-making: protocol for the 'embedded Economist' programme and evaluation. BMC Health Serv Res 2021 -03-06;21(1):201.

9.10 Dimension 10 – Breath of ambition

(1) George J. Integrated care in action: A practical guide for health, social care and housing support. Aotearoa New Zealand Social Work 2018;30(2):84.

(2) Liljas AEM, Brattstrom F, Burstrom B, Schon P, Agerholm J. Impact of Integrated Care on Patient-Related Outcomes Among Older People - A Systematic Review. Int J Integr Care 2019 Jul 24;19(3):6.

(3) Hughes D. Social work and integrated health care: From policy to practice and back. Journal of Teaching in Social Work 2018;38(5):570-572.

(4) Funderburk JS, Fielder RL. Review of The academy: Integrating behavioural health and primary care http://integrationacademy.ahrq.gov. Families, Systems, & Health 2014;32(3):357-360.

(5) Humphries R. Health and social care for older people: progress, problems and priorities. Quality in Ageing and Older Adults 2015;16(1):27-31.

(6) Briggs AM, Araujo de Carvalho I. Actions required to implement integrated care for older people in the community using the World Health Organisation's ICOPE approach: A global Delphi consensus study. PLoS One 2018 Oct 11;13(10):e0205533.

(7) Fraser MW, Lombardi BM, Wu S, Zerden LdS, Richman EL, Fraher EP. Integrated Primary Care and Social Work: A Systematic Review. Journal of the Society for Social Work and Research 2018;9(2):175-215.

(8) Gonzalez SJ, de Grubb, Maria C. Mejia, Zoorob RJ. Patient-centred medical home and integrated care in the United States: An opportunity to maximize delivery of primary care. Family Medicine and Community Health 2015;3(2):48-53.

(9) Pearson M, Hemsley A, Blackwell R, Pegg L, Custerson L. Improving Hospital at Home for frail older people: insights from a quality improvement project to achieve change across regional health and social care sectors. BMC Health Serv Res 2017 Jun 5;17(1):387-9.

(10) Briggs AM, Valentijn PP, Thiyagarajan JA, Araujo de Carvalho I. Elements of integrated care approaches for older people: a review of reviews. BMJ Open 2018 Apr 7;8(4):21194.

(11) Marino M, de Belvis AG, Tanzariello M, Dotti E, Bucci S, Colotto M, et al. Effectiveness and cost-effectiveness of integrated care models for elderly, complex patients: A narrative review. Don't we need a value-based approach? International Journal of Care Coordination 2018;21(4):120-139.

(12) Dilks S, Emblin K, Nash I, Jefferies S. Pharmacy at home: Service for frail older patients demonstrates medicines risk reduction and admission avoidance. Clinical Pharmacist 2016;8(7):ate of Pubaton: July 2016.

(13) Frolich A. Identifying organisational principles and management practices important to the quality of health care services for chronic conditions. Dan Med J 2012 Feb;59(2):B4387.

(14) Baird LG, Fraser K. Home Care Case Managers' Integrated Care of Older Adults With Multiple Chronic Conditions: A Scoping Review. Prof Case Manag 2018;23(4):165-189.

9.10.1 Added in 2021

(1) Peterson K, Anderson J, Bourne D, Charns MP, Gorin SS, Hynes DM, et al. Health Care Coordination Theoretical Frameworks: a Systematic Scoping Review to Increase Their Understanding and Use in Practice. J Gen Intern Med 2019 -05;34(Suppl 1):90-98.

(2) Sezgin D, O'Caoimh R, O'Donovan MR, Salem MA, Kennelly S, Samaniego LL, et al. Defining the characteristics of intermediate care models including transitional care: an international Delphi study. Aging Clin Exp Res 2020 -11;32(11):2399-2410.

(3) Croft C, Currie G. Realizing policy aspirations of voluntary sector involvement in integrated care provision: Insights from the English National Health Service. Health Policy 2020 -05;124(5):549-555.

9.11 Dimension 11 – Innovation management

(1) Gandarillas MA, Goswami N. Merging current health care trends: innovative perspective in aging care. Clin Interv Aging 2018 Oct 23;13:2083-2095.

(2) Ellner AL, Stout S, Sullivan EE, Griffiths EP, Mountjoy A, Phillips RS. Health Systems Innovation at Academic Health Centres: Leading in a New Era of Health Care Delivery. Acad Med 2015 Jul;90(7):872-880.

(3) Hughes RL, Damin C, HeidenRootes K. Where's the LGBT in integrated care research? A systematic review. Families, Systems, & Health 2017;35(3):308-319.

(4) Silow-Carroll S, Lamphere J. State innovation models: early experiences and challenges of an initiative to advance broad health system reform. Issue Brief (Commonw Fund) 2013 Sep;25:1-12.

(5) Jensen TB. Design principles for achieving integrated healthcare information systems. Health Informatics J 2013 Mar;19(1):29-45.

(6) Murphy GT, Birch S, MacKenzie A, Rigby J, Purkis ME. The Drive towards Sustainable Health Systems Needs an Alignment: Where are the Innovations in Health Systems Planning? Healthc Pap 2017;16(3):40-46.

(7) Bhatti YA, Prime M, Harris M, Wadge H, McQueen J, Patel H, et al. The search for the holy grail: Frugal innovation in healthcare from low-income or middle-income countries for reverse innovation to developed countries. BMJ Innovations 2017;3(4):212-220.

(8) Jamieson M, Grealish L. Co-operative working in aged care: The Cooperative for Healthy Ageing Research and Teaching Project. Australas J Ageing 2016 Sep;35(3):22.

(9) McGlynn EA, McClellan M. Strategies For Assessing Delivery System Innovations. Health Aff (Millwood) 2017 Mar 1;36(3):408-416.

(10) Bull ER, Hart JK, Swift J, Baxter K, McLauchlan N, Joseph S, et al. An organisational participatory research study of the feasibility of the behaviour change wheel to support clinical teams implementing new models of care. BMC Health Serv Res 2019 Feb 4;19(1):97-8.

(11) D'Alfonso J, Zuniga A, Weberg D, Orders AE. Leading the Future We Envision: Nurturing a Culture of Innovation Across the Continuum of Care. Nurs Adm Q 2016;40(1):68-75.

9.12 Dimension 12 – Capacity-building

(1) Shaw J, Wong I, Griffin B, Robertson M, Bhatia RS. Principles for Health System Capacity Planning: Insights for Healthcare Leaders. Healthc Q 2017;19(4):17-22.

(2) Arya N, Dahlman B, Gibson C, Ponka D, Haq C, Rouleau K, et al. Developing family practice to respond to global health challenges: The Besrour Papers: a series on the state of family medicine in the world. Can Fam Physician 2017 Aug;63(8):602-606.

(3) Corso KA. Review of Integrated Healthcare Training Series. Families, Systems, & Health 2018;36(4):541-542.

(4) Navickas R, Petric VK, Feigl AB, Seychell M. Multimorbidity: What do we know? What should we do? J Comorb 2016 Feb 17;6(1):4-11.

(5) Weeks DL, Polello JM, Hansen DT, Keeney BJ, Conrad DA. Measuring primary care organisational capacity for diabetes care coordination: the Diabetes Care Coordination Readiness Assessment. J Gen Intern Med 2014 Jan;29(1):98-103.

(6) Shaw J, Wong I, Griffin B, Robertson M, Bhatia RS. Principles for Health System Capacity Planning: Insights for Healthcare Leaders. Healthc Q 2017;19(4):17-22.

(7) Hanlon C, Semrau M, Alem A, Abayneh S, Abdulmalik J, Docrat S, et al. Evaluating capacity-building for mental health system strengthening in low- and middle-income countries for service users and caregivers, service planners and researchers. Epidemiol Psychiatr Sci 2018 Feb;27(1):3-10.

(8) Neimeyer GJ, Minniti A, Taylor JM. Critical conversations in continuing education: Contemporary memes, themes, and dreams. Professional Psychology: Research and Practice 2019;50(2):63-69.

(9) Hurtado S, WhiteLewis D, Norris K. Advancing inclusive science and systemic change: The convergence of national aims and institutional goals in implementing and assessing biomedical science training. BMC Proceedings 2017;11:Arte Number: 17. ate of Pubaton: 04 e 2017.

(10) Farmanova E, Kirvan C, Verma J, Mukerji G, Akunov N, Phillips K, et al. Triple Aim in Canada: developing capacity to lead to better health, care and cost. Int J Qual Health Care 2016 Dec 1;28(6):830-837.

(11) Kobayashi Y. Kampo Medicine in the New Model Core Curriculum of Pharmaceutical Education. Yakugaku Zasshi 2016;136(3):423-432.

(12) Zulu JM, Kinsman J, Michelo C, Hurtig AK. Integrating national community-based health worker programmes into health systems: a systematic review identifying lessons learned from low-and middle-income countries. BMC Public Health 2014 Sep 22;14:987.

9.12.1 Added in 2021

(1) Kaló Z, Zemplényi A, Rutten-van Mölken M, Looman W, Huić M, Tandara Haček R, et al. Development of transferability guidance for integrated care models with special focus on Central and Eastern European countries. Croat Med J 2020 -07-05;61(3):252-259.