



# SCIROCCO TOOL FOR INTEGRATED CARE

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Co-funded by  
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of the European Union

# Outline of the Session

- ▶ Rationale and development of SCIROCCO tool
- ▶ Functionalities of SCIROCCO tool
- ▶ Lessons learned and policy implications
- ▶ From SCIROCCO tool to SCIROCCO Exchange Knowledge Management Hub
- ▶ Facilitated discussion with the participants



# **Rationale and Development of SCIROCCO Tool**

# Start of SCIROCCO Journey (2012)

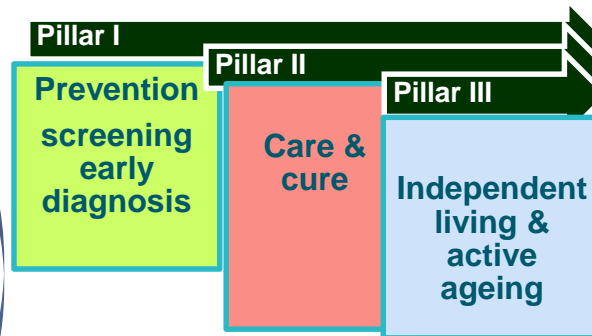
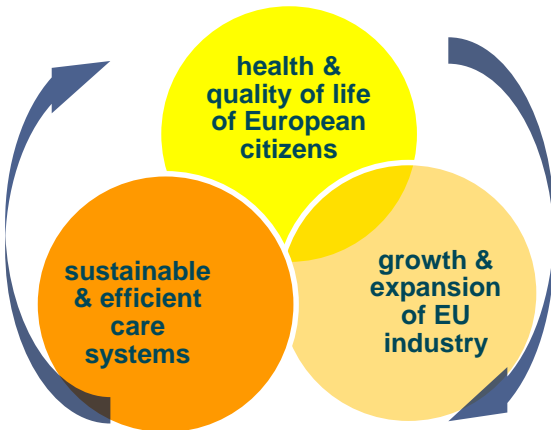
## European Innovation Partnership on Active and Healthy Ageing



**crosscutting, connecting & engaging stakeholders across sectors, from private & public sector**

**Specific Actions**

**+2 HLY by 2020**  
*Triple win for Europe*



# Rationale

A1 Adherence to prescription

A2 Falls prevention

A3 Lifespan Health Promotion [...]

**B3 Integrated care**

Key documents

Documents of meetings

Achievements

C2 Independent living solutions

D4 Age friendly environments



Action Group B3  
Replicating and  
for chronic di  
The Action Group on in  
around 120 multi-stake  
administrations, local

## Challenges of Scaling-up

Repositories and resources  
centres of good practices

Tools and methodologies

Reports and guidelines

Educational materials

EU funded projects

National projects

Human expertise and skills

How to use existing  
evidence?

What elements of Good  
Practice are transferable?

What is my local  
environment like?

Is my environment ready  
for integrated care?

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

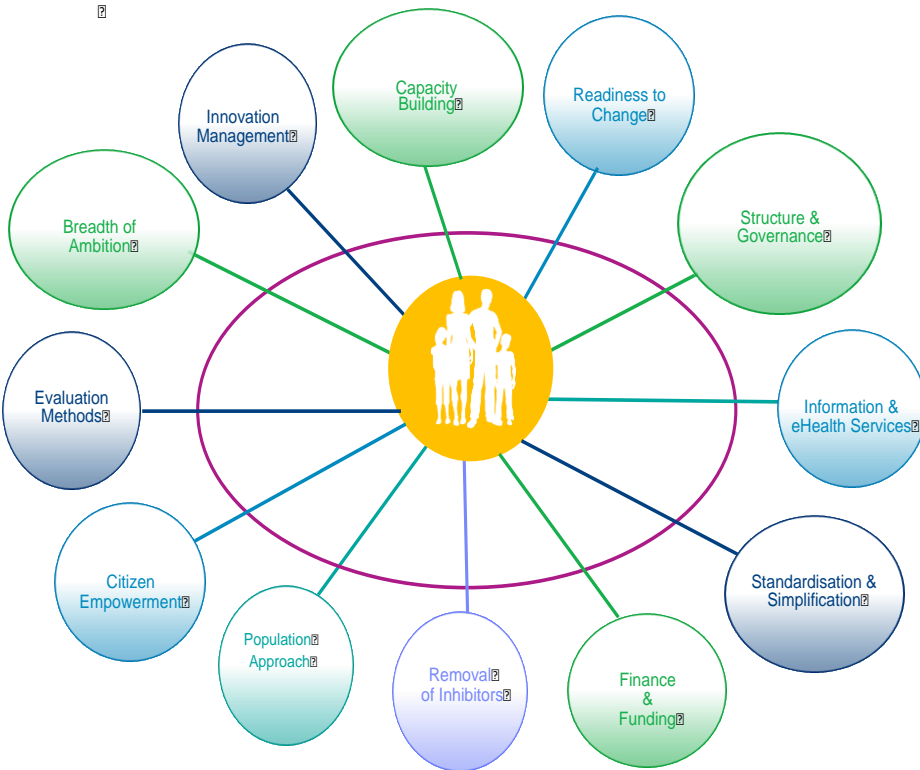
How to create local  
conditions for the  
adoption of integrated  
care?

**Tools / frameworks are needed** that can help us to understand **the local conditions and context** enabling the successful adoption and scaling-up of integrated care.



**Maturity Model for Integrated Care**

# B3 Maturity Model for Integrated Care



Qualitative assessment based on interviews and desk research

**Phase 1: Interviews with 6 regions involved in EIP AHA (Feb – April 2014)**

Athens; Basque Country; Catalonia; Galicia; N Ireland; Saxony

**Phase 2 Interviews with 6 regions involved in EIP AHA (Jan– March 2015)**

S Denmark; Skane; Scotland; Puglia; Medical Delta (Delft); Olomouc



# Further Development of B3 Maturity Model

## Finance & 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 decommissioned. Ensuring that initial and on-going costs can be covered uses the full range of mechanisms from regional/national investment funds, public-private partnerships (PPP)



### Indicators of maturity:

Use of regional/national stimulus funds; innovative procurement (e.g. multi-year contracts for IT service provision).

### Assessment:

- 0 – No special funding allocated or available
- 1 – Fragmented innovation funding, mostly for pilots
- 2 – Consolidated innovation funding available through competitive bidding
- 3 – Regional/national (or European) funding or PPP for testing and evaluation
- 4 – Regional/national funding for scaling-up and on-going operation
- 5 – Secure multi-year budget, accessible to all stakeholders, to enable innovation

European Innovation Partnership on Active and Healthy Ageing

B3 Action Group on Integrated Care

Maturity Model for Adoption of Integrated Care Enabled by ICT

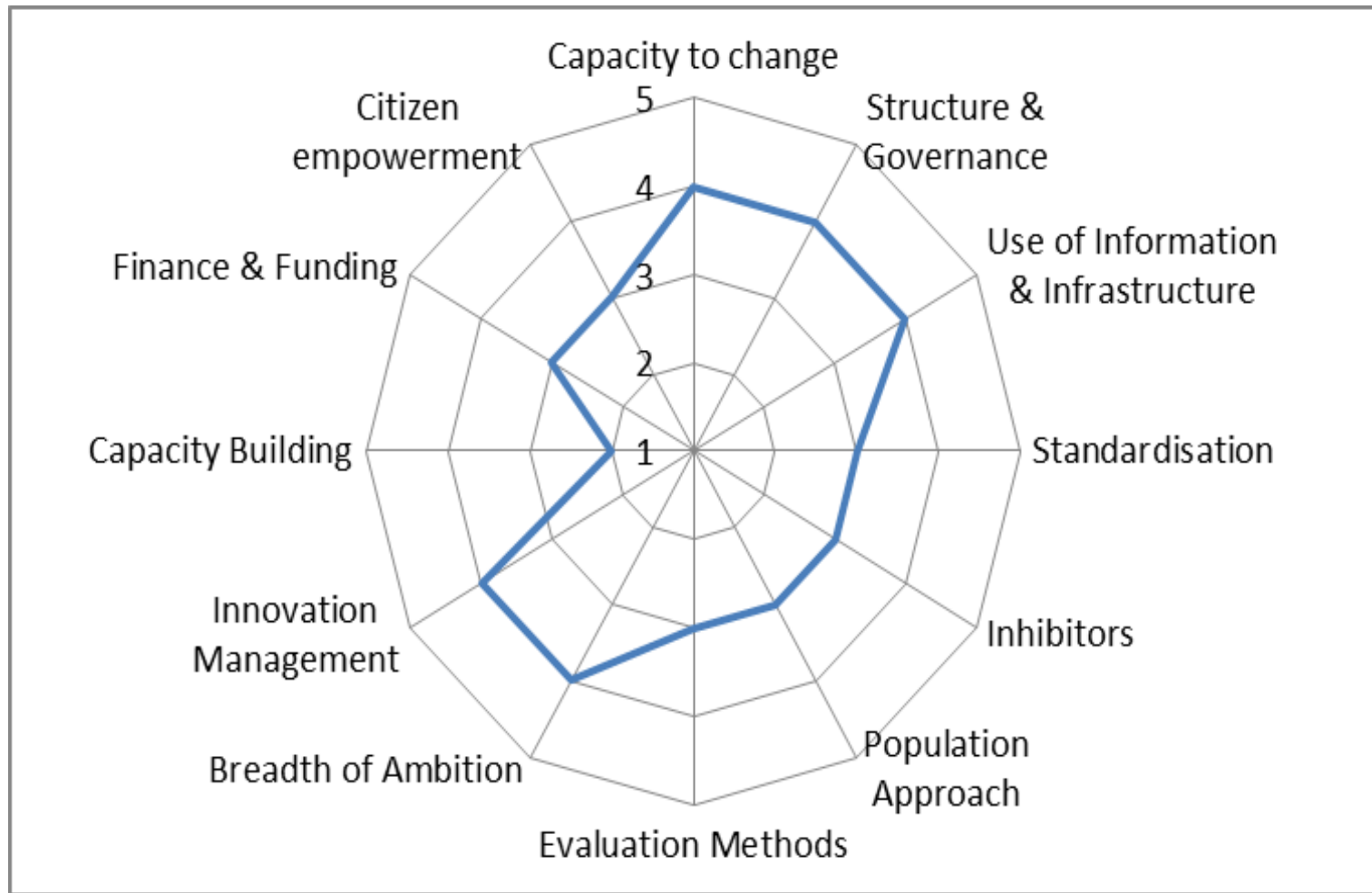
Quick Start Guide

The B3 Maturity Model is a conceptual model intended to show how healthcare systems are attempting to deliver more integrated care services for their citizens. It has been derived from interviews with 12 European countries, or regions within a country, responsible for healthcare delivery. The many activities that need to be managed in order to deliver integrated care have been grouped into 12 'dimensions', each of which addresses a part of the overall effort. By considering each dimension, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a 'radar diagram' which reveals areas of strength, and also gaps in capability. Using these [insights](#), and comparing the radar diagram with those of other regions/countries that have conducted the same exercise, it should be possible to find expertise to fill the gaps in capability, and to offer to others knowledge and experience from the sites' areas of strength.

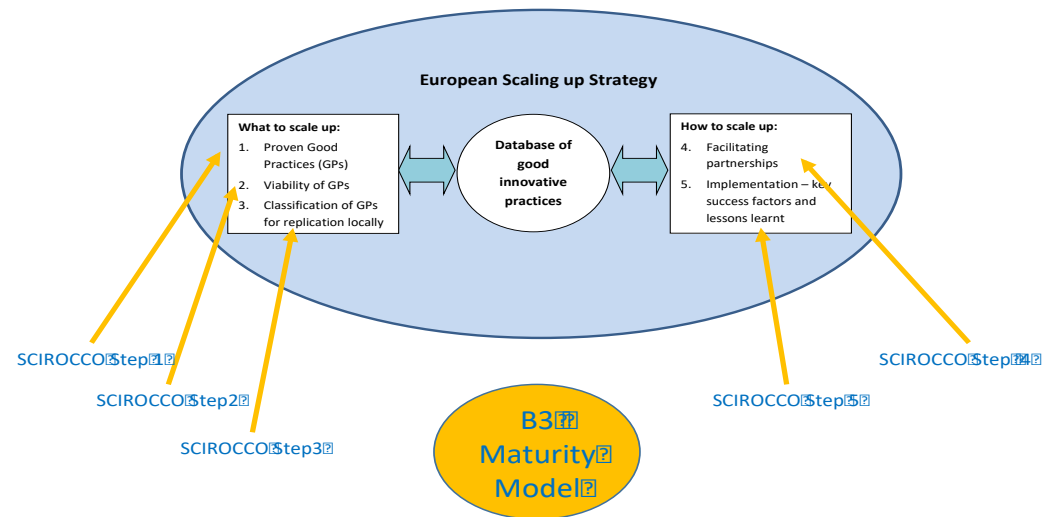
This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.



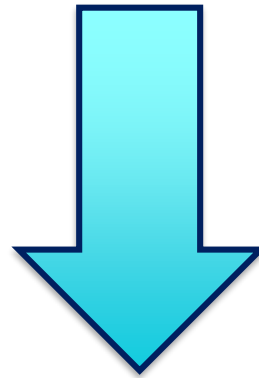
# Applying the B3 Maturity Model



# HOWEVER,



# VALIDATION & TESTING WAS NEEDED



## 2016

# SCIROCCO Project

## EU Health Programme (CHAFEA)

- **Budget:** €2,204,631.21
- **Start:** 1 April 2016
- **10 Partners:**



**Osakidetza**



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# SCIROCCO Community



European Innovation  
Partnership on Active  
and Healthy Ageing



Australia  
Alberta, Canada  
Flanders, Belgium  
Sofia, Bulgaria  
Region of Southern  
Denmark  
Gesundes Kinzigtal,  
Germany  
Saxony, Germany  
Attica, Greece  
Carinthia, Greece  
Iceland  
India  
Campania, Italy  
Lombardy, Italy

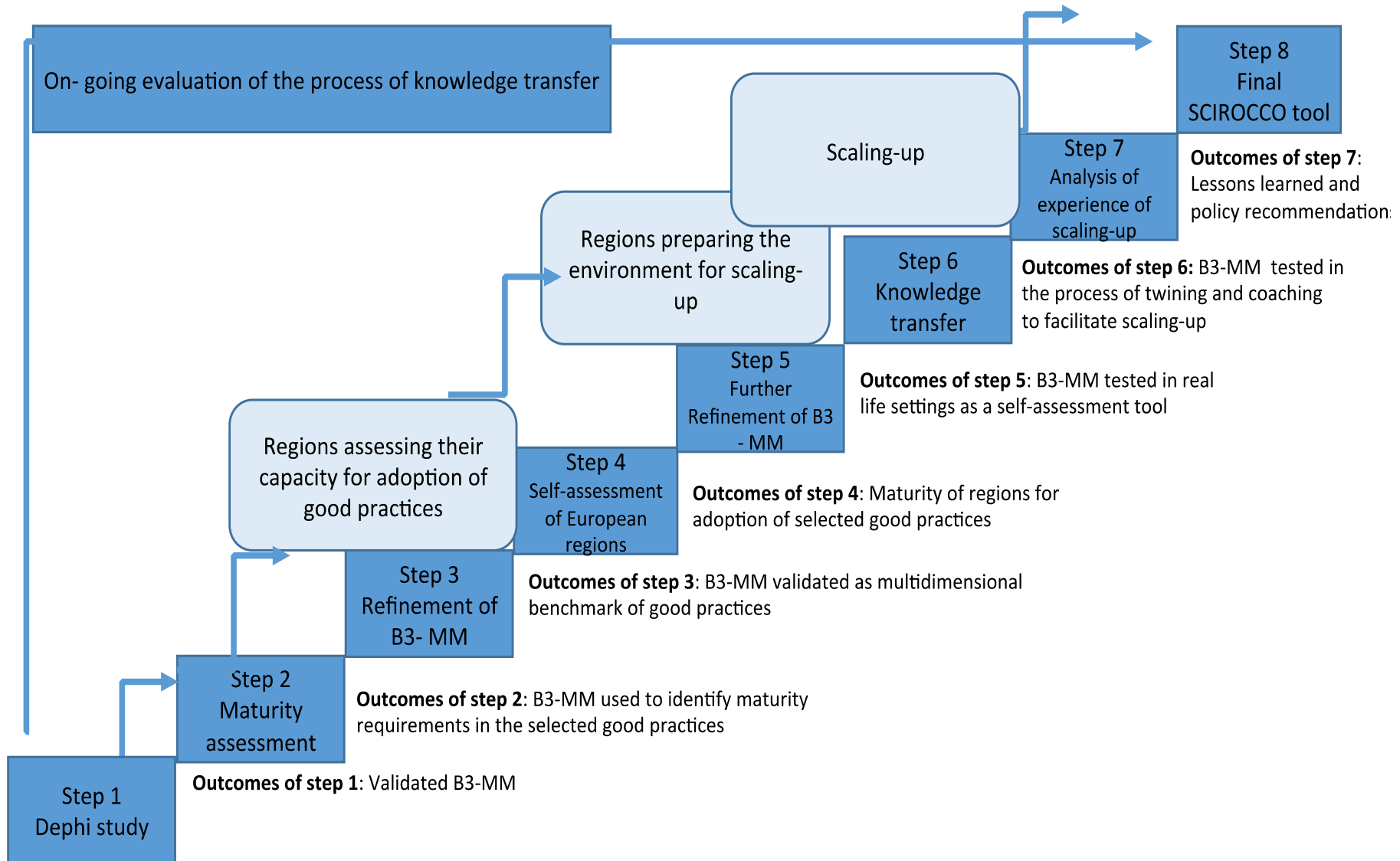
Kaunas, Lithuania  
Amadora, Portugal  
Asturias, Spain  
Badalona, Spain  
Catalonia, Spain  
Extremadura, Spain  
Murcia, Spain  
Valencia, Spain  
Skane, Sweden  
Northern Ireland, UK  
Scotland, UK  
Wales, UK

BLOCKS

TOOLS AND METHODOLOGIES TO ASSESS  
INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems  
Performance Assessment

# What have we done?



# SCIROCCO Tool for Integrated Care

<https://scirocco-exchange-tool.inf.ed.ac.uk>

Online

self-assessment tool

to address the challenge  
of adoption and scaling-  
up of integrated care

Validated and tested in over  
65 regions/organisations







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

## Assessment scale

- 0– No acknowledgment of compelling need to change
- 1– Compelling need is recognised, but no clear vision or strategic plan
- 2– Dialogue and consensus-building underway; plan being developed
- 3– Vision or plan embedded in policy; leaders and champions emerging
- 4– Leadership, vision and plan clear to the general public; pressure for change
- 5– Political consensus; public support; visible stakeholder engagement

# Using the SCIROCCO Tool

<https://scirocco-exchange-tool.inf.ed.ac.uk>

## New Maturity Model Questionnaire

Please reply to all of the questions

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

### 2. Structure & Governance \* Required

- ☐ Fragmented structure and governance in place
- ☐ Recognition of the need for structural and governance changes
- ☐ Formation of task forces, alliances and other informal arrangements
- ☐ Governance established at a regional or national level
- ☐ Roadmap for a change programme defined and agreed
- ☐ Full, integrated programme established, with full governance

If someone asked you to justify your rating here with short sentences:

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Questionnaire name: \*

ALEC DEMO

Save questionnaire

### Q2. Structure and 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 excellent 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 eHealth services to enable integrated care 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 ICT or eHealth 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 eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Ok



# New Maturity Model Questionnaire

Your questionnaire was successfully saved

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

1. Readiness to Change (to enable more integrated care) \* 

- ☐ No acknowledgement of compelling need to change
- ☐ Compelling need is recognised, but no clear vision or strategic plan
- ☐ Dialogue and consensus-building underway; plan being developed
- ☐ Vision or plan embedded in policy; leaders and champions emerging
- ☒ Leadership, vision and plan clear to the general public; pressure for change
- ☐ Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

There are policy documents in place, the minister is prepared to speak on this matter. However the organisations who will implement have not fully adopted the approach and it is patchily represented in their plans

How confident are you of your rating?

Moderately confident

Who do you think could provide a more confident judgement?

XXX who leads on Change Mar



Questionnaire name: \*

ALEC DEMO

Update questionnaire



## Functionalities of SCIROCCO Tool

# What is the Ambition of SCIROCCO Tool?

## 1. Assess:

- Maturity **requirements of the Good Practice** in order to understand **transferable elements** of the Good Practice/intervention for the adoption and scaling-up.
- Maturity of **healthcare system** for the adoption of integrated care solutions in order to understand the **local context/conditions** enabled the implementation of integrated care.

# What is the Ambition of SCIROCCO Tool?

## 2. Facilitate:

- Better understanding of the **strengths and weaknesses and areas of improvement** in the local healthcare systems in order to adopt integrated care.
- **Multi-stakeholder discussions** and consensus-building.
- Knowledge transfer and **effective learning** through the **systematic flow of appropriate information** and evidence between the between adopting and transferring entities.





# Planning for Self-assessment Process

## 1. Identification of regional/local stakeholders

Outcome: XY experts

## 2. Self-assessment survey

**Outcome:** Stakeholders' perceptions on current state of art in integrated care

## 3. Data collection/data analysis

**Outcome:** Spider diagrams – weakness and strengths in integrated care

## 4. Stakeholder workshops

**Outcome:** Consensus on spider diagrams

## 5. Summary of results and feedback on the process

# Maturity Requirements of Good Practices

## Implementation & Transferability – Key Requirements

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

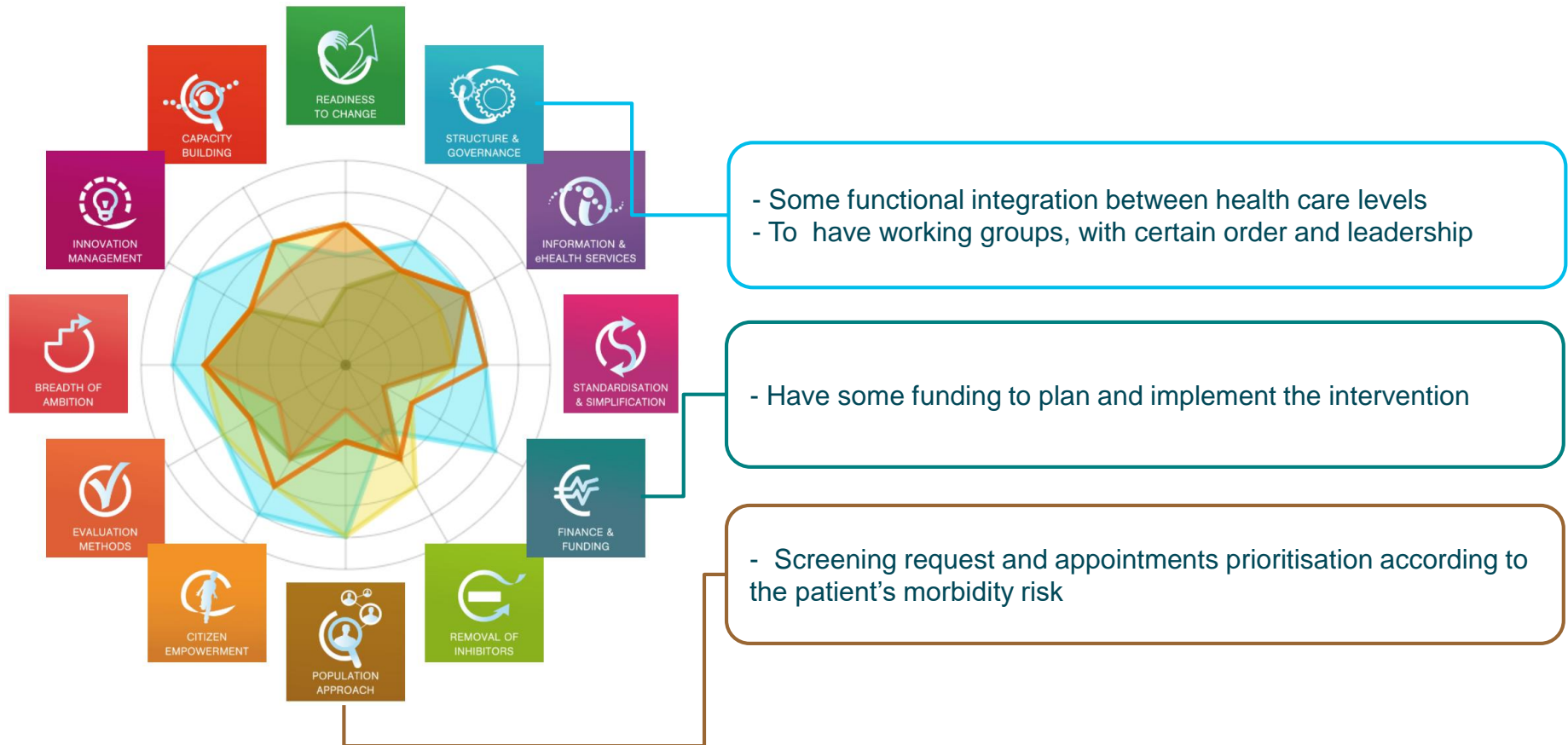
- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

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



# Maturity Requirements of Good Practices

## Implementation & Transferability – Not as Relevant Requirements



# Maturity of Healthcare System

Get ready!

## Strengths

## Weaknesses



# Facilitation of Discussions & Negotiations

## Policy-maker



## HSCPs

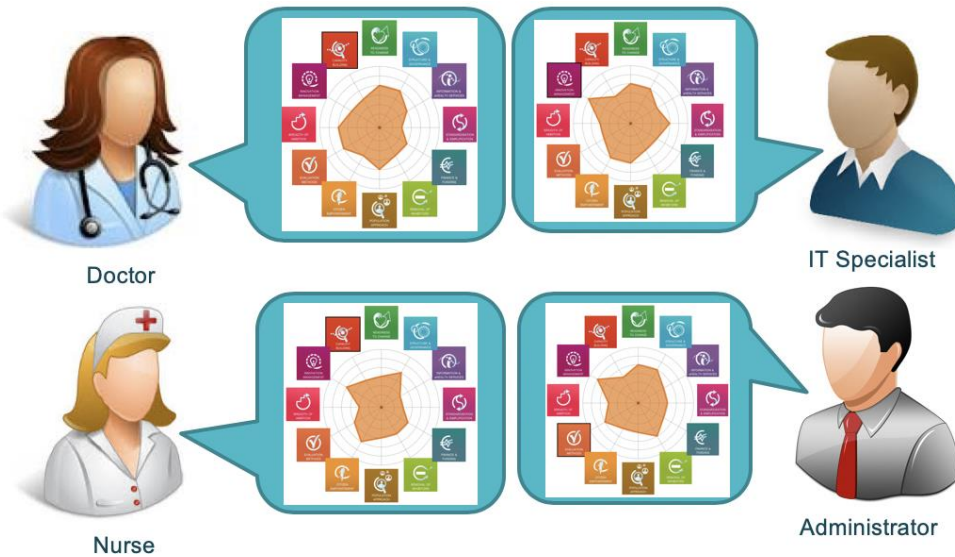


## Voluntary sector





# Facilitation of Discussions & Negotiations



**Build the evidence!**





# Planning for Twinning and Coaching

- **Twinning and coaching** is the process by which:
  - one healthcare system learns what it needs to create in local context to enable the adoption of a Good Practice.
  - one healthcare system learns from another more progressive healthcare system in order to improve its maturity in a particular dimension of integrated care.
- **Knowledge transfer** is a central component, and widely recognised as effective for accessing evidence and learning on integrated care.

# Planning for Twinning and Coaching

Experts who have previously assessed the maturity of their healthcare system and/or maturity requirements of Good practice can use the SCIROCCO tool to:

1. Visually compare the level of maturity of their healthcare system with other healthcare system and/or the maturity needs of Good Practices viable for scaling-up



2. Select a domain for the improvement and/or candidate Good Practice for knowledge transfer with the purpose of adoption of learning



3. Facilitate a discussion on the features required for the transferability of learning about particular domain for improvement and/or Good Practice, their feasibility and adaptation needed in the local context.

# Third Sector in Scotland



Legislation on health and social care integration provided the framework for the engagement of Third Sector; link to Scotland's vision and ambition of full integration

Dialogue; partnership-building approach  
Existence of umbrella organisations to coordinate and align the activities

Third Sector Data in Health and Social Care Working Group to support building the partnerships and increase the capacity of data collection

Existence of Care Inspectorate which oversees the quality of services provided by third sector

# Why the Maturity Assessment Matters?



## COMMONALITIES

Capacity building  
Innovation Management  
Structure and Governance  
eHealth

*Local conditions enable transferability of learning*



## DIFFERENCES

Readiness to change  
Standardisation & Simplification  
Population approach  
Citizen Empowerment  
Evaluation methods  
Breadth of ambition

*Not feasible to transfer*

**Learn from others!**



## STRENGTHS

- 5. Finance and funding
- 6. Removal of inhibitors

*No need for adaptation except for Dimension 6 that needs further work*

**Work  
together!**

# Priority actions to enable conditions for the adoption of learning - Example of Puglia

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
Reform of the third sector at a regional level	<ol style="list-style-type: none"> <li>1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery.</li> <li>2. Map and coordinate third sector initiatives including at a regional level and thus facilitate the partnership building in order to systematically share strategies and co-design the Action Plans.</li> </ol>	Extension of the existing pilots at a regional level and embracement of innovation; e.g. improvement of the “Buoni Servizio” experience carried out in Puglia with a similar methodology for Self-Directed Support as applied in Scotland, including testing of the digital platform in use (Car Gomm).	<p>The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all.</p> <p>The Agency main role is to foster health and social Innovation processes in the region.</p>
Integration of funding system	<ol style="list-style-type: none"> <li>1. Overcome the fragmentation of funding for integrated care service</li> <li>2. Promote the scaling up of existing pilots(e.g. Buoni Servizio) carried out in Puglia on the definition of “Health and Social Care Pathways”( PDTA) and related co-payment system “concept” to be shared between health and social sector (integration of funds)</li> </ol>	More effective distribution of resources	<p>As such, the Agency will be involved in developing these priority actions further, e.g. by forecasting the skills, competences and knowledge needed for their implementation, including the development of feasibility study and SWOT analysis</p> <p>As a result, the Agency might consider useful to propose to the Department for Health Promotion, Social Affair and Sports for all to develop a Memorandum of Understanding with Scotland as a coaching region in order to support the transferability, adaptation and embedment of this successful experience of Scotland in engaging the third sector in the provision of integrated care.</p>
Improved data collection and information sharing	<ol style="list-style-type: none"> <li>1. Make possible the full implementation of the concept of personalise medicine and “big data” in order to inform the definition of the “PDTA” Health and Social Care Pathways and protocols.</li> <li>2. Accelerate the integration of ICT platform in order to share data (across health and social care settings)</li> </ol>	Better management of citizens needs and reduction of inappropriate use of health and social care services	



# Lessons Learned and Policy Implications



# Lessons Learned and Policy Implications

## HOW WERE THE LESSONS LEARNED AND POLICY IMPLICATIONS CAPTURED?



**Use of Focus Groups** to capture the experiences of the SCIROCCO regions on:

- Assessment of **maturity of each regional context** for integrated care.
- Assessment of **maturity requirements of good practices** implemented in the regional context.
- Process of **twinning and coaching** among regions.

# Lessons Learned and Policy Implications

► Reflect together on:

- The SCIROCCO **process**
- The SCIROCCO **Tool**
- SCIROCCO for **decision-making**





# The SCIROCCO process

- ▶ Builds **learning and knowledge transfer** step-by-step, in phases.
- ▶ Is **systematic**, and builds **consistency and coherence** of findings.
- ▶ Assists **constructive collaboration**.
- ▶ Shows the importance of **group work and sharing**, including good facilitation of meetings.
- ▶ Shows how useful **twinning and coaching** can be in the sharing of mutual experiences and good practices.

# The SCIROCCO Tool



- Points to the importance of **readiness**.
- Is about **people understanding their context**.
- Can be used in a **wide range of settings with broad ranges of people**, from patients/citizens themselves to high-level decision-makers.

## POTENTIAL ENHANCEMENTS TO THE TOOL:

- **Language** was an issue when using the tool. There needs to be cross-cultural adaptation of the Tool.
- Some **difficulties in understanding** some dimensions (these may be due to language issues).
- Make **the Tool friendlier** at a visual level and offer fewer features.
- Use brighter **colours**.
- Produce the final consensus diagram in only one colour.

# SCIROCCO for decision-making

- ▶ Provides **reassurance** on what is happening in local regions.
- ▶ Provides **evidence** and confirms **trends** on what is happening in local regions.
- ▶ Helps with **change management**.
- ▶ Helps with **building strategies**, and may be especially effective in developing digitisation strategies.





## **From SCIROCCO Tool to SCIROCCO Exchange Hub**

# Who we are?

## 9 Health and Social Care Authorities:

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

## 3 Universities and Competence Centers

- ▶ University of Edinburgh, Scotland
- ▶ University of Valencia, Spain
- ▶ Kronikgune, Basque Country, Spain

## 2 Membership Organisations

- ▶ EHTEL (European Health Telematics Association), Belgium
- ▶ AER (Assembly of European regions), France

Co-funded by  
the Health Programme  
of the European Union

**Budget: €2,649,587**

**Start: 1 January 2019**



# Why SCIROCCO Exchange?

There is a need to:

- ▶ Maximise the use and improve access to existing knowledge and evidence in order to increase the capacity of regions to implement integrated care
- ▶ Determine precisely how to improve capacity of regions to redesign and improve their healthcare systems in order to speed up the adoption and scaling-up of integrated care
- ▶ Tailor the capacity-building support and improvement planning to local needs and priorities in health and social care management hub

# Knowledge transfer as an enabler of capacity-building support

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

**SCIROCCO Exchange  
Knowledge Management Hub**

***Integrator and facilitator of  
capacity-building support for  
integrated care***

**Speed  
up!**

**Dedicated support and infrastructure for capacity-building**

# Knowledge Management Hub

## Evidence-based Capacity-building Support

### 1. Maturity assessment for integrated care

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



### 2. Capacity-building assets

**Access to existing evidence**

## SCIROCCO Exchange Knowledge Management Hub



### 4. Improvement Plans

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



### 3. Knowledge transfer

**Capacity-building support**

# Example

## Improvement of Population Approach dimension

### Assessment scale:

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

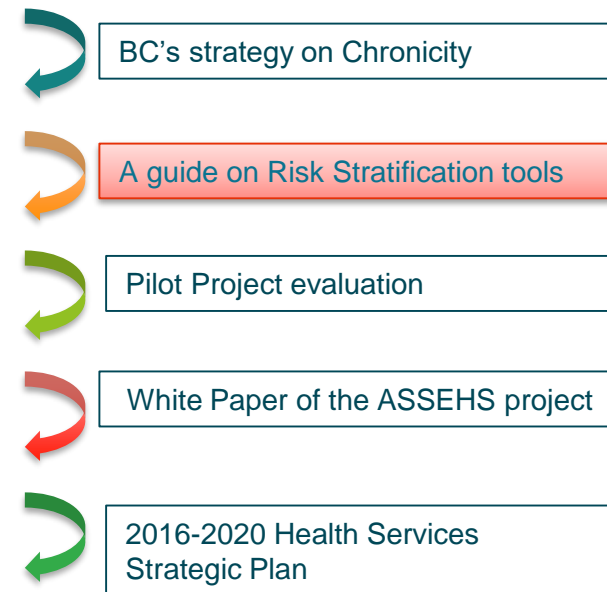
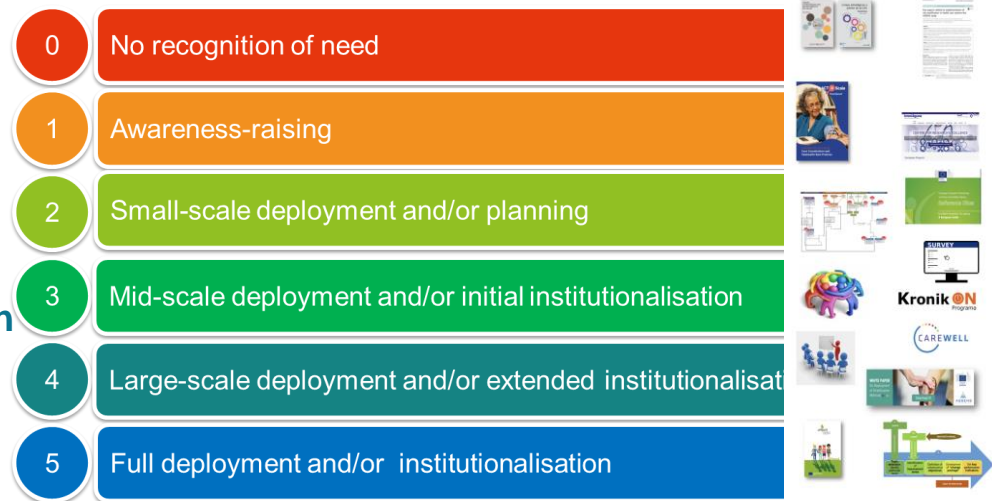
1 – Population-wide risk stratification considered but not started

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.



# Example – what is next?

**Knowledge transfer**  
and learning about the selected capacity-building assets – study visits, mentoring sessions, exchange of staff, etc.

**Assessing the feasibility** of transferring the learning and outcomes of knowledge transfer – how the asset fits into the local system, what adaptation is required, etc.

**Improvement planning**  
and assistance in creating local conditions to enable the adoption of particular asset in integrated care – change management, stakeholder engagement, business models, etc.

- ▶ Scores assets' worth or value for users.
- ▶ 5 stars scale and number of reviews
- ▶ Rated ex-post: based on users' experiences



*Similar to Amazon products' rating:*



[See all 2,228 reviews](#)

# Expected Outcomes

Improved knowledge on local priorities and needs for support in implementing and scaling-up of integrated care.

Improved capacity to search for knowledge and capacity-building support for implementation and scaling-up of integrated care.

Improved capacity of healthcare authorities to adopt and scale-up integrated care.

Improved informed decision-making on the design, implementation and scaling-up of integrated care.

Increased use of the SCIROCCO Exchange Knowledge Management Hub in the process of adoption and scaling-up of active and healthy ageing solutions.



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