SCIROCCO TOOL FOR INTEGRATED CARE

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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

+2 HLY by 2020
Triple win for Europe

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

Specific Actions

- Improving prescriptions and adherence to treatment
- Better management of health: preventing falls
- Preventing functional decline & frailty
- Integrated care for chronic conditions, including telecare
- ICT solutions for independent living & active ageing
- Age-friendly cities and environments

health & quality of life of European citizens
sustainable & efficient care systems
growth & expansion of EU industry

Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing
Rationale

Challenges of Scaling-up

- 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?

Repositories and resources
- Centres of good practices
- Tools and methodologies
- Reports and guidelines
- Educational materials
- EU funded projects
- National projects
- Human expertise and skills
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 use the full range of mechanisms from regional/national Union investment funds, public-private partnerships (PPP)

Indicators of maturity:
Use of regional/national stimulus funds; innovative procurement 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 an
4 – Regional/national funding for scaling-up and on-going operation
5 – Secure multi-year budget, accessible to all stakeholders, to ensure sustainability

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:**

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[Logos and names of 10 partners]
SCIROCCO Community

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
What have we done?

- **Step 1**: Dephi study
  - Outcomes of step 1: Validated B3-MM

- **Step 2**: Maturity assessment
  - Outcomes of step 2: B3-MM used to identify maturity requirements in the selected good practices

- **Step 3**: Refinement of B3-MM
  - Outcomes of step 3: B3-MM validated as multidimensional benchmark of good practices

- **Step 4**: Self-assessment of European regions
  - Outcomes of step 4: Maturity of regions for adoption of selected good practices

- **Step 5**: Further Refinement of B3-MM
  - Outcomes of step 5: B3-MM tested in real life settings as a self-assessment tool

- **Step 6**: Knowledge transfer
  - Outcomes of step 6: B3-MM tested in the process of twining and coaching to facilitate scaling-up

- **Step 7**: Analysis of experience of scaling-up
  - Outcomes of step 7: Lessons learned and policy recommendation

- **Step 8**: Final SCIROCCO tool

- **Regions assessing their capacity for adoption of good practices**
Online self-assessment tool to address the challenge of adoption and scaling-up of integrated care. Validated and tested in over 65 regions/organisations.

SCIROCCO Tool for Integrated Care
https://scirocco-exchange-tool.inf.ed.ac.uk
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
- Formation of task forces, alliances and other initiatives
- Governance established at a regional or national level
- Roadmap for a change programme defined and executed
- Full, integrated programme established, with full buy-in from stakeholders

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
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 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

- Some functional integration between health care levels
- To have working groups, with certain order and leadership
- Have some funding to plan and implement the intervention
- Screening request and appointments prioritisation according to the patient’s morbidity risk
Maturity of Healthcare System

Get ready!

Strengths

- Readiness to Change
- Structure & Governance
- Innovation Management
- Breadth of Ambition
- Evaluation Methods
- Citizen Empowerment
- Population Approach

Weaknesses

- Finance & Funding
- Information & eHealth Services
- Standardisation & Simplification
- Removal of Inhibitors

Sciocco

Scaling Integrated Care in Context
Facilitation of Discussions & Negotiations

Policy-maker  HSCPs  Voluntary sector
Facilitation of Discussions & Negotiations

Build the evidence!

Yes, but getting the devices to interoperate is a nightmare!

We are all using HL7 FHIR

This will all be resolved soon, as we are joining an international standards group for devices

Decision
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 systems 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.
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

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

**Learn from others!**

**STRENGTHS**
5. Finance and funding
6. Removal of inhibitors

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

Local conditions enable transferability of learning

Not feasible to transfer
# Priority actions to enable conditions for the adoption of learning - Example of Puglia

<table>
<thead>
<tr>
<th>Priority Action</th>
<th>Objective of the Action</th>
<th>Anticipated outcomes</th>
<th>Policy implications, including the responsible actor and anticipated duration.</th>
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<tbody>
<tr>
<td>Reform of the third sector at a regional level</td>
<td>1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. 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.</td>
<td>Extension of the existing pilots at a regional level and embrace 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).</td>
<td>The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social innovation processes in the region. 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. 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 embedding of this successful experience of Scotland in engaging the third sector in the provision of integrated care.</td>
</tr>
<tr>
<td>Integration of funding system</td>
<td>1. Overcome the fragmentation of funding for integrated care service 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)</td>
<td>More effective distribution of resources</td>
<td></td>
</tr>
<tr>
<td>Improved data collection and information sharing</td>
<td>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. Accelerate the integration of ICT platform in order to share data (across health and social care settings)</td>
<td>Better management of citizens needs and reduction of inappropriate use of health and social care services</td>
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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

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

Dedicated support and infrastructure for capacity-building

Speed up!
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

3. Knowledge transfer

4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub
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.

BC’s strategy on Chronicity

A guide on Risk Stratification tools

Pilot Project evaluation

White Paper of the ASSEHS project

2016-2020 Health Services Strategic Plan
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:
## Expected Outcomes

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