

Knowledge Transfer - Slovakia

(extract from D7.1 Knowledge Transfer Programme)

Informed by the outcomes of maturity assessment on strengths and weaknesses in integrated care at regional level (Kosice self-governing region) and national level (Slovakia), the following dimensions were identified as priorities for the knowledge transfer:

- **Dimension(s) for coaching:** Potential areas for coaching included the experience with promoting multidisciplinary and cross-sectoral collaboration and networking. The maturity assessment clearly showed that there is a potential for cooperation between professionals within the health and social care systems, even though for time being there is no clear vision, planning or management of this collaboration on governance level. In general, Slovakia did not offer any dimension for coaching given the fact that the overall dimension score was very poor and the maturity level in the final consensus varied mostly between 0 (in 4 dimensions) and 1 (in 7 dimensions). Only one dimension (Process coordination) achieved a higher rating (score 2).
- **Dimension(s) for improvement:** these can be either weaker point, either relatively strong areas on which the region intended to improve further:
 - **Structure & Governance:** There are some initiatives characterised by non-systematic, individual, and bottom-up approach. Efficient structure & governance seems to be the most important starting point that may help to facilitate the process of adoption of all inevitable changes towards integrated care. However, one of the key problems is the lack of communication and coordination between the Ministry of Health and the Ministry of Labour, Social Affairs and Family. Governmental authorities are aware of the lack of integration between health and social care system or underdeveloped long-term care. Nevertheless, no efficient policy, guidelines or systematic actions have been taken.
 - **Population Approach:** A population-based approach is needed, but in Slovakia there are no systematic screening tools/approaches to identify vulnerable (at high-risk) population groups. There is also a lack of available community services that often leads to a high number of hospitalizations. Moreover, the care-pathways are not clearly identified/described and as such access to services is delayed and complicated.
 - **Evaluation Methods:** There is no expert working group that would be able to advise/propose measures for integration process and its evaluation at the national, regional level, and/or municipality level. A Health Technology Assessment strategy is planned; however, it has not been formally adopted by the competent national authorities yet.
 - **Breadth of Ambition:** Several pilot projects are ongoing. Scattered integration processes exist between some hospitals and outpatient health and social care providers.
 - **Capacity Building:** Isolated capacity building activities are usually driven by bottom-up initiatives and non-governmental organisations. At system level, the high mean age of healthcare professionals (especially general practitioners) and inadequate understanding of the importance of interdisciplinary teamwork in the management and practice represents significant obstacle in capacity building. The SCIROCCO Exchange (SE) project in Slovakia clearly identified capacity building crucial starting point for implementation and scaling up of integrated care.

The overall aim of knowledge transfer and capacity-building activities was to raise awareness about the importance of the concept of integrated care in Kosice self-governing region and/or in Slovakia. The following knowledge transfer and capacity-building activities were conducted in Kosice region/Slovakia:

a) Slovak educational platform on integrated care

An online educational platform was created. The platform can be accessed here:

<https://integratedcare.mc3.sk/>



The objective of this capacity-building activity was to:

- raise awareness about the importance of the concept of integrated care (IC) among stakeholders,
- prepare or create a knowledge base on IC principles and its implementation in practice,
- provide a database of good practice examples from other countries as well as Slovakia,
- build up a database of key stakeholders; to support networking and information sharing about ongoing activities in the field of IC.

The design of the platform was informed by mapping of the existing platforms and repositories (e.g. <https://sk.indeed-project.eu>, <https://www.sciroccoexchange.com>), and the 'traffic-light' system/logic (ready-steady-go) was used as a guiding principle. The following step was to collect existing published material, videos, and other relevant information on IC from different databases and platforms, including using the assets collected by SCIROCCO Exchange partners. The promotional and dissemination activities followed. This platform is considered to be the first platform in Slovakia dedicated to IC. As a result, stakeholders participating in this activity appreciated this initiative and expressed interest in future collaborations which can be considered as a first preliminary step to improve cross-sectoral collaboration and networking.

b) Presentations of the SCIROCCO Exchange project and principles of IC among current and future stakeholders at national conferences/workshops/seminars, formal university education, and life-long learning programme/training

The objective of this capacity-building activity was to raise awareness about the importance of the concept of integrated care among current and future health and social care

professionals. This included preparation and submission of conference abstracts, active participation at the events, oral and poster presentations of project results in Slovakia, incorporating the principles of IC to undergraduate courses, e.g. Social medicine, Healthcare management, Behavioural medicine and training young researchers and PhD students.

The main value of this activity was the opportunity to strengthen networking opportunities, build new partnerships and invest into future generations of students.

c) Health and social care policies

The objective of this capacity-building activity was to influence the existing and strategic documents, evidence-based guidelines, and other governmental initiatives related to integrated care. This included activities such as participation in experts' advisory committees, evaluation committees and working groups at the level of Ministries and regional government. Specific examples include

- Membership in experts' advisory group on elaboration of the "Program of economic development and social development of the urban functional area of Kosice 2022+" in the field of social services and healthcare.
- Membership in experts' working group and preparation of three standard diagnostic and therapeutic procedures in the long-term care: (1) Management of timely provision of follow-up and long-term social and health care - Multidisciplinary standard; (2) Meeting clients' complex needs in follow-up and long-term care; and (3) Risk of destabilisation management in the context of developing the quality of care.

The main value of this activity was the opportunity to strengthen networking opportunities and build new partnerships at the level of regional and national governments.

d) National online workshop focused on stakeholders' engagement

The objective of this activity was to:

- build capacity among stakeholders on integrated care,
- raise awareness about the importance of the concept,
- increase understanding for the need of IC implementation at regional and national level.

This included preparation of the workshop agenda and background documents and identification of the key stakeholders involved in the implementation of IC projects. 30 stakeholders from governmental, regional and local level, representatives of various organisations (Ministry of Health of the SR; Ministry of Social Affairs, Labour & Family; Ministry of Investments, Regional Development & Informatisation of the SR; health and social service providers, universities, patients' NGOs, for profit organisations) and from different areas of expertise joined the workshop. The main outcome of this activity was an acknowledgment of the importance of capacity-building as a necessary step and priority for successful implementation and scaling up of IC. It was also agreed to organise these national workshops more regularly.

e) New research projects

The objective of this activity was to learn who to broaden the research knowledge-base for successful implementation of IC in Slovakia, including experimental testing of new approaches/intervention applicable in IC.

This activity included:

- Preparation and submission of research project proposals
- Carrying out the approved and financed projects
- Dissemination of the outcomes and implementation in practice

As a result of this activity, 3 funded projects were secured:

- IMMERSE: The Implementation of Digital Mobile Mental Health in Clinical Care Pathways (EC H2020, No. 945263)
- VEGA: Utilizing Eco-social and Behavioural Interventions in Preventing the Burden of Caregivers for People with Alzheimer's Disease (VEGA 1/0372/20)
- INHEAL: Innovation in Health Literacy (IVF, No. 22130093)

The main added value of this activity is the opportunity to pilot new innovative solutions and prepare the ground for the wider implementation and scale.

Challenges in the implementation of SCIROCCO Exchange Knowledge Transfer Programme in Kosice region / Slovakia

The following challenges were identified:

- Low awareness on the importance of IC among the stakeholders.
- Lack of publications on IC in Slovakia in general, minimum publications in English language, a lot of grey literature.
- Negative impact of COVID-19 on stakeholders' availability and motivation to participate in knowledge transfer activities. Limitations in organising in-person (large-scale) events.
- Due to COVID-19 travel restriction the exchange visits and sharing the experience with other project partners was not possible.

Impact of SCIROCCO Exchange Knowledge Transfer Programme

- The overall aim of the SE Knowledge Transfer Programme in Slovakia was achieved. The conducted activities raised awareness about the importance of the concept of integrated care in Kosice self-governing region and Slovakia.
- Moreover, the knowledge transfer activities for health and social care policies (e.g., participation in experts' advisory committees and working groups, commenting strategic documents) have a potential to speed up the implementation process.
- Strengthening existing partnerships and building new partnerships provides a solid basis for further collaboration both within Kosice self-governing region, Slovakia and other European regions and countries.