



## **D5.1 Readiness of European Regions for Integrated Care**

### **Annex B: Self-assessment process in the Basque Country**

WP5 Maturity Assessment for Integrated Care



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<b>1</b>	<b>Introduction</b>	<b>3</b>
1.1	Characteristics of healthcare system .....	3
1.2	Integrated care in the Basque Country .....	5
<b>2</b>	<b>Self-assessment process in the Basque Country</b>	<b>7</b>
2.1	Identification process of the local stakeholders.....	7
2.2	Self-assessment survey .....	8
2.2.1	Outcomes of self-assessment survey .....	8
2.3	Stakeholder workshop .....	10
2.3.1	Negotiation and consensus building .....	10
2.3.2	Final consensus .....	11
	Dimension .....	12
	Scoring .....	12
	Justifications & Reflections .....	12
	Readiness to Change.....	12
	Structure & Governance .....	12
	Digital Infrastructure .....	12
	Process Coordination .....	12
	Funding .....	12
	Removal of inhibitors .....	12
	Population Approach .....	13
	Citizen Empowerment.....	13
	Evaluation Methods.....	13
	Breadth of Ambition.....	13
	Innovation Management .....	13
	Capacity Building .....	13
<b>3</b>	<b>Analysis of the outcomes</b>	<b>14</b>
<b>4</b>	<b>Key messages</b>	<b>15</b>
<b>5</b>	<b>Conclusions and next steps</b>	<b>16</b>
<b>6</b>	<b>Annex 1 Self-Assessment Workshop in the Basque Country- Agenda &amp; List of Participants</b>	<b>17</b>

# 1 Introduction

Euskadi, the Basque Country, is an autonomous region in Northern Spain configured by three constituent provinces; Araba, Biscay and Gipuzkoa. It is bounded by the Bay of Biscay and France to the north, the Autonomous Communities of Navarra to the east, La Rioja and Castilla León to the south, and Cantabria to the west. Vitoria-Gasteiz, located in the province of Araba, holds the Basque Parliament, the headquarters of the Basque Government and the Basque Autonomous Community's President's residency (Ajuria Enea Palace). The autonomous government is based on the Statute of Autonomy of the Basque Country (1979), a foundational legal document providing the framework for the development of the Basque people on Spanish soil. The regional Parliament has wide legislative power. The Basque Government is headed by the “Lehendakari” or President, with holds the executive power. The Basque Ministry for Health of the Basque Government controls policy-planning, financing and contracting of health services; the Ministry for Employment and Social Affairs of the Basque Government defines the social policies, whilst the contracting of social services is done by the Provincial Councils and municipalities.

## 1.1 Characteristics of healthcare system

Table 1 - Characteristics of the Basque Healthcare System

Item	Description
Region	Basque Country
Geographical scale	Regional
Geographical size and dispersion (km <sup>2</sup> )	7,234km <sup>2</sup>
Population size (thousands)	2,180,449
Population density (inhabitants/km <sup>2</sup> )	301.416 inhabitants/km <sup>2</sup>
Life expectancy (years)	Women 86.3 Men 80.4
Fertility rate (births/woman)	16090/1122505= 0.014
Mortality rate (deaths/1,000 people)	21745/1000= 21.745
Top three causes of death	Tumours (6360), Circulatory System Diseases (5776) and Respiratory Diseases (2330)
Organisation and governance of healthcare services	The Public Basque Health System ensures a public quality health care placing the population in the center of the system. It governs and funds the Basque Healthcare Public provider -Osakidetza, and the institutes in charge of biomedical and health service research and innovation, such as the Basque Foundation for Health Innovation and



Item	Description
	<p>Research BIOEF, Biodonostia, Biocruces Bizkaia, Bioaraba and the Institute for Health Services Research Kronikgune. The Public Basque Health System is funded by taxes on the basis of a Beveridge model (National Health Service) and ruled by the principles of universality, equity, solidarity, quality and participation. Free access to the system for all residents in the Basque Country is guaranteed and healthcare professionals are public employees.</p> <p>The process of commissioning and funding of the Ministry of Health of the Basque Government (Framework Contract) defines the type and volume of activity to be performed and budget allocated to care providers. A minor part of the activity (elective surgery mainly) is outsourced to private providers.</p> <p>The Basque Health System is made up of 13 Integrated Healthcare Organisations (IHOs), which were established to integrate primary and hospitalised care into one single organisation to create synergies between the different levels of care. The system includes 320 primary care centres, 12 acute hospitals (4,106 beds), 4 sub-acute hospitals (448 beds), 4 psychiatric hospitals (505 beds) and 2 contracted long term mental health hospitals. Activity indicators (2018) are: 9,690,801 primary care and 4,834,642 specialized care consultations; 274,000 hospital admissions, and 154,504 surgical interventions.</p>
Healthcare spending (% of GDP)	5.3% of GDP (3,800€*100/71,743M€)
Healthcare expenditure (thousands)	The total Public Health budget in 2019 is 3,800M€ with a public health expenditure of 1,730€ per person, the 32.2% of the Basque Government's total budget (11,784M€).
Distribution of spending	<p>Osakidetza: 2,875M€ (personnel costs: 65.7%)</p> <p>Investments: 69.7M€</p> <p>Pharmacy: 522.8M€</p> <p>Public Health expenditure (2019): 1,730 per person</p>
Size of the workforce (thousands) and its distribution (%)	<p>Structural workforce: 26,591</p> <p>Temporary workforce: about 7,000</p>
Healthcare policies	The Health Plan for the Basque Country 2013-2020 ( <a href="http://bit.ly/2LK6YbU">http://bit.ly/2LK6YbU</a> ) defines actions for active ageing, coordination of health and social care, healthcare for older people, promotion of independence, adherence to treatments, and new ICTs for improving quality of life.

Item	Description
	<p>Basque Social, Health and Community organisations shape a highly complex ecosystem. Providing best care requires good coordination. The Basque Government launched Basque Strategy of Active Ageing 2015-2020 (<a href="http://bit.ly/2LaqFKm">http://bit.ly/2LaqFKm</a>), centered on people, their rights and responsibilities as an active society. The Strategy aims to achieve positive, healthy ageing and a holistic integrated approach. It has three main areas:</p> <p>Area I: Adaptation of society to ageing, a new governance model</p> <p>Area II: Anticipation and prevention to age better</p> <p>Area III: Welfare society: Friendliness and participation</p> <p>Challenges and strategic projects 2017-2020 of Osakidetza (<a href="http://bit.ly/2S3eK1T">http://bit.ly/2S3eK1T</a>) reinforced and extended an integrated approach. Research and innovation become one of the six challenges established by the Ministry of Health of the Basque Government: People at the centre of the system and health inequalities; Prevention and health promotion; Ageing, chronicity and dependency; Sustainability and health system modernisation; and Professionals.</p> <p>Strategic Priorities for Socio-Health Care in the Basque Country 2017-2020 (<a href="http://bit.ly/2S2kAQY">http://bit.ly/2S2kAQY</a>) aims to integrate and coordinate health, social and community care actors. It is focused on the social and health needs and people quality of life. Main priorities are: coordination; resources; prevention and citizen participation; evaluation; and innovation.</p>

## 1.2 Integrated care in the Basque Country

The Basque Government, aiming to address the challenges of ageing, chronicity and dependency in the Basque Country, has developed a clear strategic vision<sup>1</sup> to provide explicit support, leadership and capacities to transform the health and social care system towards integrated care. Osakidetza has reinforced and extended this integrated approach through a number of processes and tools that have been developed and implemented. These are included in the challenges and strategic projects of Osakidetza for the period 2017-2020. These include:

<sup>1</sup> [http://www.euskadi.eus/web01-s2osa/es/contenidos/plan\\_gubernamental/xleg\\_plangub\\_13/es\\_plang\\_13/index.shtml](http://www.euskadi.eus/web01-s2osa/es/contenidos/plan_gubernamental/xleg_plangub_13/es_plang_13/index.shtml)

<sup>2</sup> [https://www.osakidetza.euskadi.eus/contenidos/informacion/buen\\_gob\\_planes/es\\_def/adjuntos/PE\\_2017\\_20\\_web\\_ESP.pdf](https://www.osakidetza.euskadi.eus/contenidos/informacion/buen_gob_planes/es_def/adjuntos/PE_2017_20_web_ESP.pdf)

- People at the centre and health inequalities
- Prevention and health promotion
- Ageing, chronicity and dependency
- Sustainability and modernisation of the health system
- Professionals
- Innovation and research.

A plan to achieve an integrated care was launched in 2010, and the concept of IHOs was introduced to address the consequences of fragmentation and lack of coordination between different levels of care<sup>3</sup>. The objective has been to achieve less fragmented, more coordinated, efficient and higher quality care. Currently, 13 IHOs have been constituted.

The ultimate goal of IHOs is to achieve integration between healthcare settings so that patients receive care that is fully coordinated, delivers quality and tailored to their needs. Integrated care in the Basque Country is mainly based on three pillars:

- Integrated governance that establishes the agents that participate in the organisation and provision of integrated care services, including the way services and departments are organised to manage the care process.
- Population approach, assuming responsibility for the health of the entire population of a given geographical area, which involves coordination with social and public health agents; it includes not only the design of strategies and action plans for the patients served, but also the healthy population to develop health promotion and prevention activities. A lot of efforts have been made to extend the integrated Electronic Health Record "Osabide" to Basque Country's nursing homes through the "Osabide Integra" tool. Primary health and social care teams have been developed in all the IHOs, and initiatives such as "InterRAI CA"<sup>4</sup> that seek to ensure the interoperability of health and social information systems.

Culture and values that imply a change from the culture of fragmentation to a culture of integration, of belonging to the same organization that has common objectives for all the actors involved in the assistance process.

Given the unique government arrangements of the Basque Country, the social, health and community ecosystem is highly complex and requires extensive coordination of efforts to ensure the best care. In this sense, regional, provincial and municipal institutions have designed a framework that resolves the problems raised by citizens in relation to the space generated in the continuity of care for people with simultaneous needs in the health and social plans. It has been necessary to overcome competency and service design barriers, reaching institutional consensus that guarantees social and health coordination. In order to respond to these realities, the Basque Council for Social and Health Care published the

<sup>3</sup> <https://www.euskadi.eus/gobierno-vasco/-/eli/es-pv/d/2018/07/03/100/dof/spa/html/>

<sup>4</sup> <http://www.euskadi.eus/gobierno-vasco/-/noticia/2017/innovando-en-el-modelo-de-atencion-sociosanitaria-en-euskadi-interrai-ca-como-embrion-de-la-h-sociosanitaria-vasca/>

current Basque Strategic Priorities for Socio-health Care 2017-2020, which are based on the successive strategic proposals that have made possible building in the of socio-health care model<sup>5</sup>. The Basque Strategy on Ageing 2015-2020<sup>6</sup> has established an interdepartmental government body to guarantee the mainstream among the health and social providers in order to foster an integrated and coordinated care.

## 2 Self-assessment process in the Basque Country

### 2.1 Identification process of the local stakeholders

The local stakeholders were identified with the support of the Integration and Chronicity Service of Osakidetza. A multidisciplinary and multilevel group of experts in healthcare integration was selected, to assess the maturity of the region for the adoption of integrated care. The profiles of the local stakeholders are provided in the table below:

Table 2: Stakeholders' profile

Profile	Organisation
Insurance & Procurement unit's professional	Basque Department of Health
Health & social care Coordinator	Osakidetza
Deputy Director of Quality and Information Services of the General Directorate	Osakidetza
Integration and chronicity service's professional of the General Directorate	Osakidetza
Head of department of internal medicine	Osakidetza
Primary care nurse	Osakidetza
Hospital nurse	Osakidetza
Organisational innovation professional	Basque foundation for health innovation and research
Citizen	-

<sup>5</sup> [https://www.euskadi.eus/contenidos/informacion/publicaciones\\_departamento/es\\_def/adjuntos/stp/lineas-estrategicas-sociosanitarias-2017-2020.pdf](https://www.euskadi.eus/contenidos/informacion/publicaciones_departamento/es_def/adjuntos/stp/lineas-estrategicas-sociosanitarias-2017-2020.pdf)

<sup>6</sup> [http://www.ogasun.ejgv.euskadi.eus/r51-catpub/es/k75aWebPublicacionesWar/k75aObtenerPublicacionDigitalServlet?R01HNoPortal=true&N\\_LIBR=051715&N\\_EDIC=0001&C\\_IDIOM=es&FORMATO=.pdf](http://www.ogasun.ejgv.euskadi.eus/r51-catpub/es/k75aWebPublicacionesWar/k75aObtenerPublicacionDigitalServlet?R01HNoPortal=true&N_LIBR=051715&N_EDIC=0001&C_IDIOM=es&FORMATO=.pdf)

## 2.2 Self-assessment survey

In order to capture experts' individual perceptions and opinions on the maturity level of the Basque health system in integrated care, 12 stakeholders were invited to participate, and 9 accepted. The process was carried out between September and October 2019.

They were invited to:

- Register on the SCIROCCO Tool's web page in Spanish
- Perform the individual self-assessment
- Share their self-assessment outcomes with Kronikgune.

In this regard, the local stakeholders were given the following supporting documents:

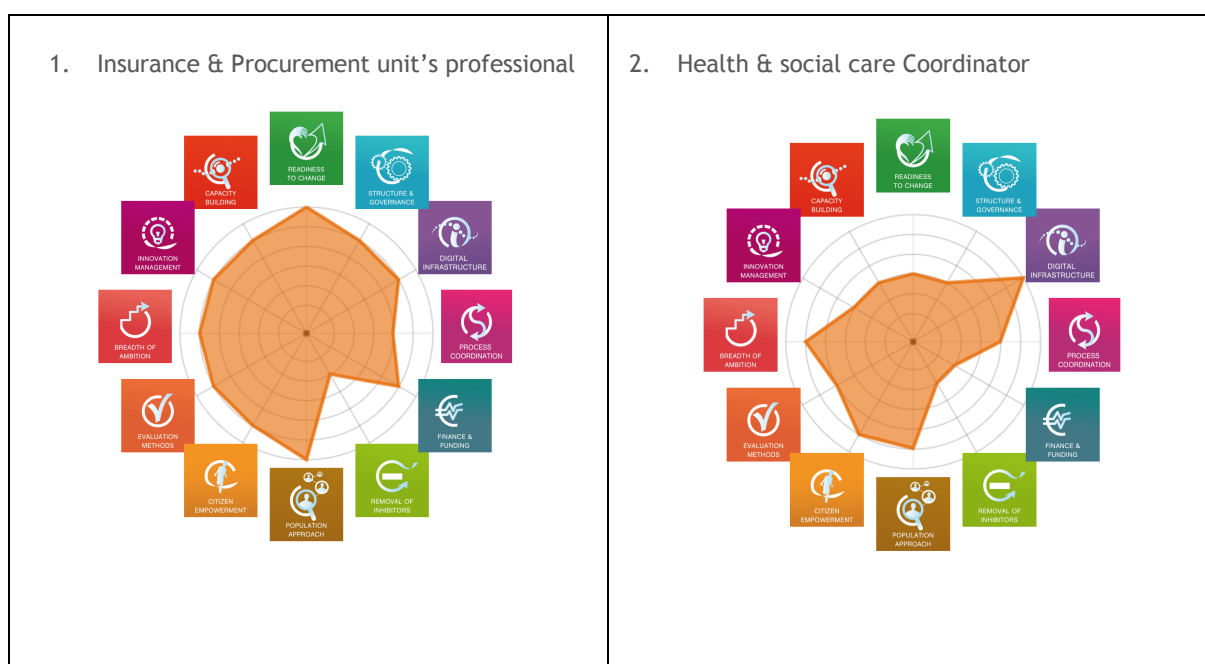
A PowerPoint presentation introducing the SCIROCCO Exchange project, the objectives and the process of the self-assessment in the Basque Country

- SCIROCCO Maturity Model in Spanish
- A user manual on how to use new version of the SCIROCCO Tool
- The agenda for the Consensus workshop.
- All stakeholders filled the online survey at the beginning of October 2019.

### 2.2.1 Outcomes of self-assessment survey

The 9 stakeholders filled the survey, and all of them provided justifications (features) of their ratings. The following spider diagrams reflect the diversity of the stakeholders' perceptions on the maturity of the Basque Health System for integrated care.

Figure 1- Outcomes of the individual self-assessments



D5.1 Annex B - Self-assessment process in the Basque Country

3. Deputy Director of Quality and Information services, General Directorate of Osakidetza



4. Integration and chronicity service's technician, General Directorate of Osakidetza



5. Head of department of internal medicine



6. Primary care nurse



7. Hospital nurse



8. Organisational innovation professional





## 2.3 Stakeholder workshop

The consensus workshop was organised by Osakidetza and facilitated by Kronikgune on 18 October 2019. The objective of the workshop was to discuss the preliminary findings of the self-assessment survey in the region and seek a multi-stakeholder understanding of the maturity of healthcare system for integrated care in the Basque Country. The outcomes of the self-assessment surveys served as the basis for the multi-stakeholder discussion, negotiation and consensus-building. The workshop was held in Spanish and the local project team translated the outcomes of the workshop into English afterwards.

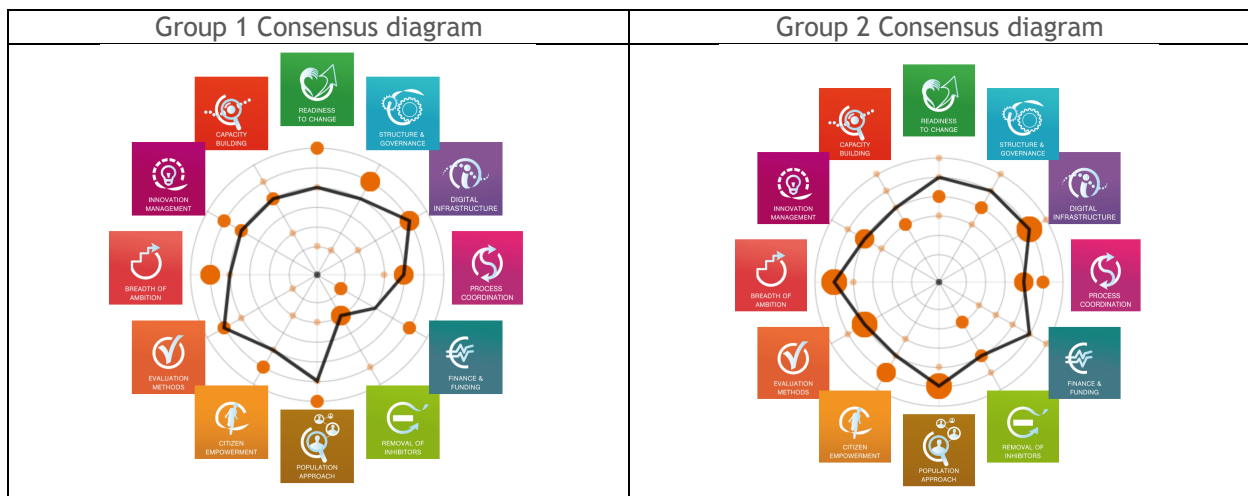
### 2.3.1 Negotiation and consensus building

The local stakeholders were grouped into two teams to ensure discussions and sharing of opinions among all participants. The objective was to reach a consensus across all 12 dimensions of SCIROCCO tool and to create a final spider diagram in each of the two groups. A method to avoid disagreement was proposed to facilitate the discussions; if there was no agreement on the final score of a dimension, the scoring with the majority of the votes was chosen. Each stakeholder presented its spider diagram to their peers and shared the scores and justifications of each dimension. Both groups reached consensus in about one hour and half. Negotiation was straightforward, amiable and fast.

After a coffee break both groups came together to reach a final consensus and provide justifications for the final scoring. A spokesperson for each group presented the agreed small group diagrams and the differences in scoring were discussed by all participants. The mostly discussed dimensions were “Funding”, “Removal of Inhibitors” and “Evaluation Methods”. After an hour and a half, a consensus was reached in all dimensions and features were uploaded into the SCIROCCO Tool.



Figure 2- Group consensus diagrams



### 2.3.2 Final consensus

The consensus spider diagram shows the maturity of the Basque healthcare system for integrated care. The local stakeholders reached consensus across the twelve dimensions of SCIROCCO tool.

Figure 3- Basque Country's final consensus diagram





Six of the dimensions scored four; other six scored three. The details of the stakeholders' assessment including the justifications for the scoring are provided in the following table:

Table 3: Scores, Justifications and Reflections assigned to each of the dimensions

Dimension	Scoring	Justifications & Reflections
Readiness to Change	4	The support and corporate commitment of the Basque Health System to healthcare integration are clear and decisive. The integration policies are defined and the need for change and a plan for change for the Organisation and its workers. Health and Social coordination is planned at an institutional level but not yet fully implemented at a welfare level.
Structure & Governance	4	Unified structure and governance aligned with the objective of integrated care and to face chronicity. The Healthcare Integration Plan was developed in 2010 and completed in January 2016, with the creation of 13 IHOs. There is a clear mandate from the Parliament, Government and Ministry of Health of the Basque Government, aligned with this objective. The health system is driving change, but progress is hampered as the health and social departments are managed independently. There is still a work to do in the coordination of the social and health sectors.
Digital Infrastructure	4	There is an extensive development of digital infrastructures and tools in the Basque health system, both for professionals and for patients aimed at supporting integrated care. The Electronic Health Record "Osabide" is integrated in the whole structure of Osakidetza and is accessible by all the professionals of the organisation. In addition, it is implemented in the social sphere (nursing homes) through the tool "Osabide Integra". There is a project for the creation of a socio-health record. There is also a clinical record for nursing "Osanaia". Other examples are the tele-assistance "Beti ON" and telemonitoring of patients with Chronic Obstructive Pulmonary Diseases (COPD) and Cardiac Health Failure (CHF), the e-Health portfolio and the electronic pharmacological prescription, accessible to the entire population of the Basque Country, virtual consultations between professionals and between professionals and patients/informal careers.
Process Coordination	3	There is a systematic approach to integrated and coordinated care with standardised processes deployed throughout the organisation. There are working groups and facilitating agents that have developed recommendations, standards, pathways at the corporate level with local adaptations (for chronic patients, multimorbid, palliative...). Even so, there are still not enough solutions and initiatives to fully coordinate the processes of the social and health sectors.
Funding	4	There is funding aligned with integrated care and the development of the IHOs. There is corporate funding for the development of bottom-up projects and European funding for the development of projects (mainly through Kronikgune). There is still insufficient support for social and health coordination due to the lack of agreement of the actors outside the health system.
Removal of inhibitors	3	From a legal and structural point of view, it is already underway. From a cultural point of view, it needs to be put into practice. There is a lack of knowledge among health professionals in relation with the inhibitors of Integrated Care, of their degree of focus and the way of approach them. Their elimination will mean a cultural change and a different perception of the healthcare fabric for patients and professionals.

Dimension	Scoring	Justifications & Reflections
Population Approach	4	The Basque Health System has a strong population health approach. The entire population has been stratified according to its morbidity risk. Even so, care programs have not been deployed for all groups, only for the most complex ones. Frailty and health determinants are not considered in the current risk stratification.
Citizen Empowerment	3	The Basque health system recognises the empowerment of patients and families as an important element of integrated care. There are corporate policies that have allowed the development of a series of tools for the empowerment of citizens, such as the School of Health “Osasun Eskola” and the Personal Health Folder, available to all citizens. Patients with high burden disease(s) are highly empowered through initiatives such as “Paciente Activo” or “KronikOn”. Citizens do not systematically participate in the decision-making processes on service delivery and policy-making.
Evaluation Methods	3	The Framework Contract makes it possible to align financing, resources and services with health care priorities, being the main tool used for systematic evaluation of integrated care in the Basque health system. It uses questionnaires such as D’amour <sup>7</sup> and IEMAC <sup>8</sup> . In the socio-health context, the lack of a balanced scorecard is an important handicap for evaluating fundamental aspects such as the impact of the policies implemented.
Breadth of Ambition	4	The Basque Country does not have a joint Ministry of Health and Social Care. Each province’s deputations are responsible for social care. Once structural integration has been completed, functional integration and full social and health coordination are expected. The social sector has access to health information on the Basque population, but the health system does not have access to the data generated by the social sector.
Innovation Management	3	The health department has defined a research and innovation strategy (2020) <sup>9</sup> . Bottom-up (regional), national and European projects promote innovation in health organisations. In some Integrated Care Organisations innovation units have been created. Ministry of Health of the Basque Government, BIOEF <sup>10</sup> , Kronikgune <sup>11</sup> , Biocruces Bizkaia <sup>12</sup> , Biodonostia <sup>13</sup> and Bioaraba <sup>14</sup> and the Integration and Chronicity Service of Osakidetza support innovation, acting in many cases as change agents.
Capacity Building	3	It has been working for years with an organisational and healthcare model based on integrated care centered on patients and people. It shares knowledge and works together in numerous meetings, forums and working groups, both at the corporate level and at the level of microsystems and services. The Basque health system invests, works, designs, innovates, reflects, learns in an incremental cycle of continuous improvement. Even so, the new transversal and multidisciplinary capacities that integration demands, especially in a social and health context, are not yet perceived as an element of health

<sup>7</sup> Nuño-Solinís R, Berraondo Zabalegui I, Sauto Arce R, San Martín Rodríguez L, Toro Polanco N (2013), “Development of a questionnaire to assess interprofessional collaboration between two different care levels”, Int J Integr Care. 2013 Apr 12

<sup>8</sup> <http://www.iemac.es/>

<sup>9</sup> [https://www.euskadi.eus/contenidos/plan\\_departamental/45\\_plandep\\_xileg/es\\_def/adjuntos/estrategia\\_es.pdf](https://www.euskadi.eus/contenidos/plan_departamental/45_plandep_xileg/es_def/adjuntos/estrategia_es.pdf)

<sup>10</sup> <https://www.bioef.org/es/>

<sup>11</sup> <https://www.kronikgune.org/>

<sup>12</sup> <https://biocrucesbizkaia.org/web/biocruces/inicio>

<sup>13</sup> <http://www.biodonostia.org/>

<sup>14</sup> <https://www.bioaraba.org/>

Dimension	Scoring	Justifications & Reflections
		care practice. The rotation of non-structural professionals is probably excessive in some cases.

Figure 4: Some of the participants and facilitators of the stakeholders' workshop



### 3 Analysis of the outcomes

1. In the last decade, the Basque health system has moved towards a new organisational and management model aiming for an integrated care system. The self-assessment outcomes reflect the actual maturity of the Basque health system, showing progress towards integrated care in all dimensions. The features that justify the scores in each of the dimensions provide evidence and allow comparing the outcomes with previous assessments and measuring progress.
2. The outcomes provide a harmonised approach, scoring or 3 or 4 in all dimensions. From the previous self-assessment, the one carried out in 2017, scores have improved by one level on 5 of the 12 dimensions: "Readiness to Change", "Structure and Governance", "Digital Infrastructure", "Funding" and "Innovation Management".
3. The inclusion of a citizen not professionally related to the health system in the process has introduced big discrepancies among this stakeholder and the healthcare professionals in all dimensions. The group reflected that citizens are unaware of the advances in integrated care that are being made in the Basque health system. It was agreed that it is necessary to work more with the citizens in the same process of change, and there is a lot to improve in this sense.
4. The greatest strengths of the Basque health system in integrated care relate to the dimensions of "Structure and Governance", "Digital Infrastructure" and "Population Approach". The healthcare structures have been unified and the governance aligned with

the objective of integrated care through the creation of 13 IHOs, digital and information systems have been created and standardised. A Unified Healthcare Record accessible for all the healthcare professionals and the nursing homes has been created, and a risk stratification strategy has been carried out and improved stratifying the entire population of the Basque Country. These and other actions in these domains aimed at integrated care have been and are a priority for the health system.

5. The dimensions where the group has found **more room for improvement** are “**Process Coordination**”, “**Removal of inhibitors**”, and “**Citizen Empowerment**”. We would consider addressing the dimensions of “**Process Coordination**” and “**Citizen Empowerment**” dimensions as a priority in relation to SCIROCCO Exchange project.
6. There are some specific factors in the region that justify the scores. The transformation towards integrated care of the Basque health system has been promoted at a political level by the Ministry of Health of the Basque Government, highlighting the need to guarantee its quality and sustainability. To this end, **a series of structures and tools have been developed to make change possible and a process of awareness raising and training has been deployed for the management teams and front-line professionals**. The embracement of tools for the assessment of continuity of care as IEXPAC, IEMAC, D`AMOUR, Framework contract has also helped to monitor the process and maintains the focus.
7. All this has facilitated a cultural change for Osakidetza’ professionals, however the professionals have had to adopt new roles, adopt new ways of working and face new challenges, that has imply important changes across all the twelve domains implying a tremendous challenge for the system.

## 4 Key messages

The stakeholders valued their maturity assessment process and experience as very positive. The process was carried out successfully and could be performed as planned. **It has allowed stakeholders to reflect on the integrated care approach carried out in the Basque Country, the current level of development and the main gaps that still need to be covered.**

Some testimonials from the participants were:

*“The outcomes of this self-assessment reflect our situation quite well, especially with regard to the progress we have achieved in the last years. It corresponds quite closely to reality; it is quite realistic”.*

*“Conducting individual evaluations at the beginning of the process is very positive. The personal reflection is key to the successful completion of the final consensus exercise”*

*“Although it is a subjective self-evaluation, it allows us to see where we are, in which areas we have made the most progress and in which we still have much room for improvement”*

## 5 Conclusions and next steps

The SCIROCCO Tool and the self-assessment process has allowed us to reflect on the actions that have been made during the last years regarding integrated care and to assess the improvements made in our healthcare system since 2017.

The stakeholders have enjoyed the process valuing it as a very positive exercise to reflect on the situation in which we find ourselves with regard to the implementation of integrated care in the Basque Country. The decision of involving a citizen in the self-assessment process has allowed us to verify how informed the citizens are of the transformation and the interventions that are being carried out in the system.

The General Directorate of Osakidetza and the Ministry of Health of Basque Government have valued the usefulness of the Tool, presenting it at the 19th International Conference on Integrated Care celebrated in San Sebastian, Basque Country. The Basque team of the SCIROCCO Exchange project plans to propose to the Basque Ministry of Health the possibility of including the SCIROCCO Maturity Model as a self-evaluation tool for IHOs within the Framework Contract that is carried out annually.

## 6 Annex 1 Self-Assessment Workshop in the Basque Country- Agenda & List of Participants

Time	Session Title
09.30	<b>Welcome, Meeting Objectives &amp; Methodology</b> <ul style="list-style-type: none"> <li>Presentation of the first individual spider diagram results.</li> <li>Split stakeholders into two working groups, and selection of a representative for each one.</li> </ul>
09.45	<b>Negotiation &amp; Consensus Building in the two working groups</b> <ul style="list-style-type: none"> <li>Facilitated discussion on the outcomes of the self-assessment process for the region in the two groups, and reach an agreement resulting in a group-diagram.</li> </ul>
11.15	<b>Coffee break</b>
11.30	<b>Negotiation &amp; Consensus Building. Final diagram for the Basque country</b> <ul style="list-style-type: none"> <li>Presentation of the agreed group-diagrams to the whole group by the representatives of each group.</li> <li>Agreement on the final diagram of the Basque Country. Consensus on the final scoring per each dimension, including the rationale for scoring.</li> </ul>
13.00	<b>Focus group on stakeholders' experience</b> <ul style="list-style-type: none"> <li>Moderated discussion on the experience of local stakeholders with the self-assessment process.</li> </ul>
13.25	<b>Conclusion and next steps</b>

Figure 4: Some of the participants and facilitators of the stakeholders' workshop

Name	Organisation
Eva Lamiquiz	Basque Department of Health
Jose Antonio de la Rica	Osakidetza
Mayte Bacigalupe	Osakidetza
Rosa Gonzalez	Osakidetza
Javier Zubizarreta	Osakidetza
Sonsoles San Martín García	Osakidetza
Iraide Sarduy	Osakidetza
Koldo Piñera	Basque foundation for health innovation and research
Angel Irastorza	Citizen