



# INTRODUCTION TO THE PROJECT

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Co-funded by  
the Health Programme  
of the European Union

# Who we are?



Co-funded by  
the Health Programme  
of the European Union

**Budget: €2,649,587**

**Start: 1 January 2019**

## 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

# Objectives of SCIROCCO Exchange

## 1. Maturity assessment for integrated care

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

## 4. Improvement Plans

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

## SCIROCCO Exchange Knowledge Management Hub



## 2. Capacity-building assets

## 3. Knowledge transfer

**Access to existing evidence**

**Capacity-building support**

# SCIROCCO Exchange Tool for Integrated Care

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

## (1) Assess

Online

self-assessment tool

to assess readiness for  
integrated care

Validated and tested in over  
80 regions/organisations

Available in 10 languages



# Capturing Maturity Level



## Objectives

If the existing systems of care need to be re-designed to provide a more integrated 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

## (1) Assess



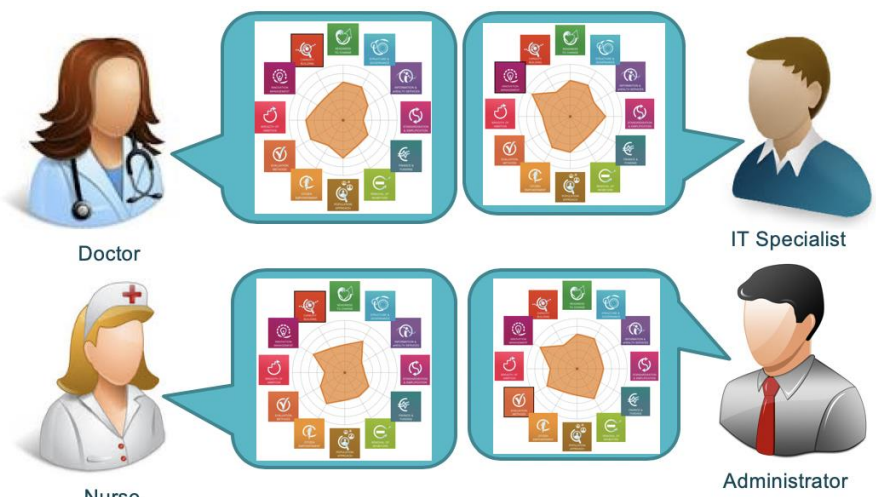


# (1) Are you ready for integrated care?

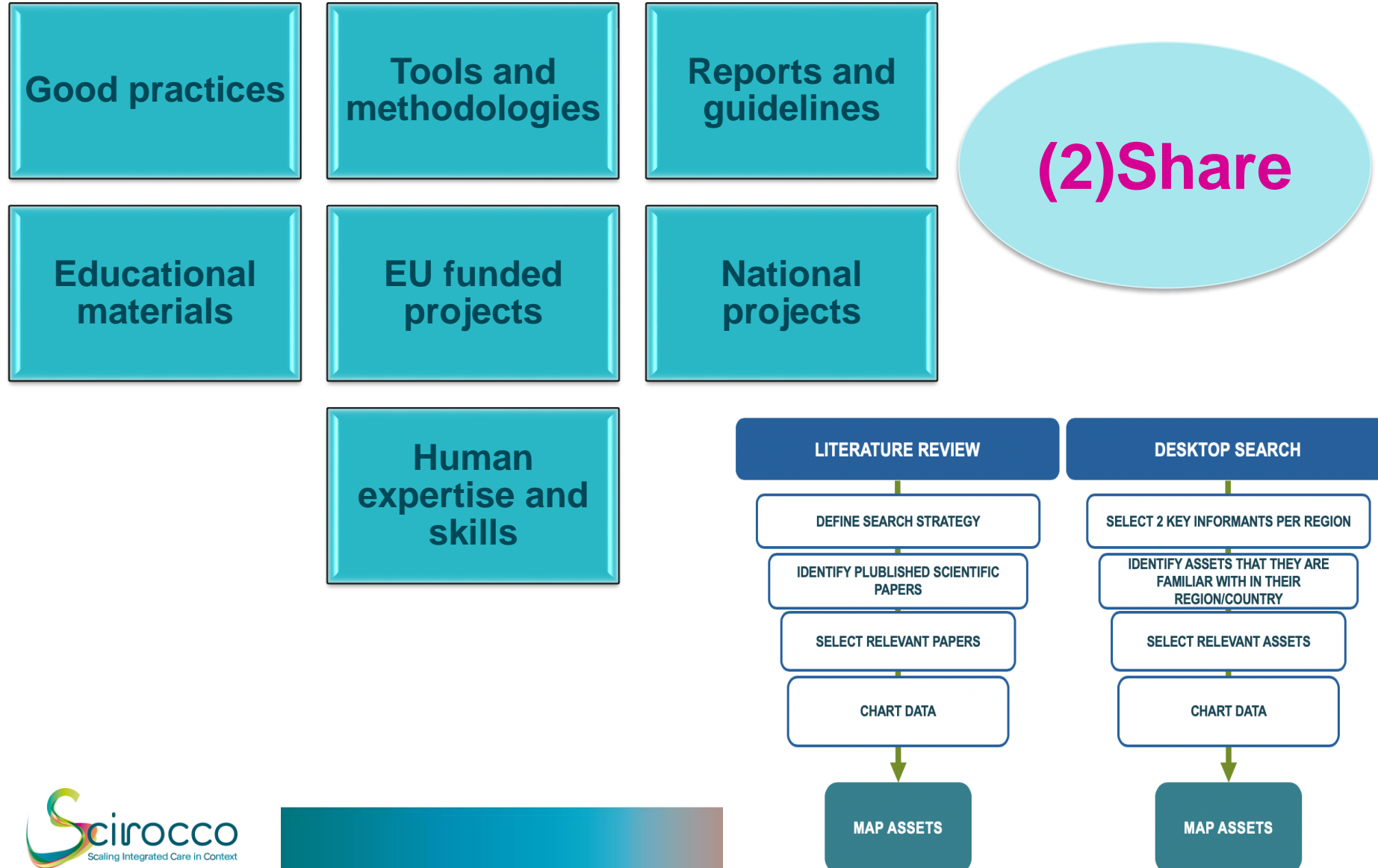
Assess



ASL BT: General Director & IT Specialist



## (2)What do we know about integrated care?



# (3)How to use existing evidence on integrated care?

## (3)Learn

Study visits  
Twinning & coaching  
Mentoring  
Exchange of professionals  
Educational webinars  
Awareness raising events



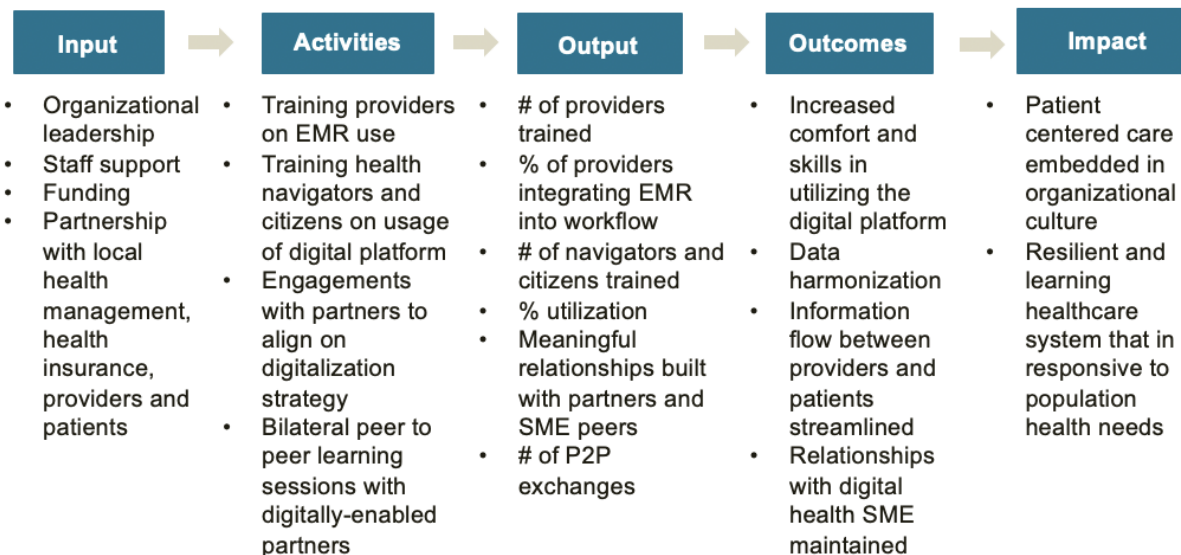


# (4)How to improve my local conditions?

## (4)Improve

### Logic Model Example – WMK (Germany)

#### Focus Area: Digital Infrastructure



# Expanded versions of SCIROCCO Maturity Model for Integrated care





[www.sciroccoexchange.com](http://www.sciroccoexchange.com)

[www.scirocco-project.eu](http://www.scirocco-project.eu)

[@SCIROCCOxchange](#)

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*North America  
Conference on  
Integrated Care 2021*



# **THE KNOWLEDGE TRANSFER PROGRAMME IN SCIROCCO EXCHANGE**

*Ms. Birgit Sandu*

*European Projects Manager, Assembly of European Regions*

*4th October 2021, NACIC 2021*



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# THE KNOWLEDGE TRANSFER PROGRAMME

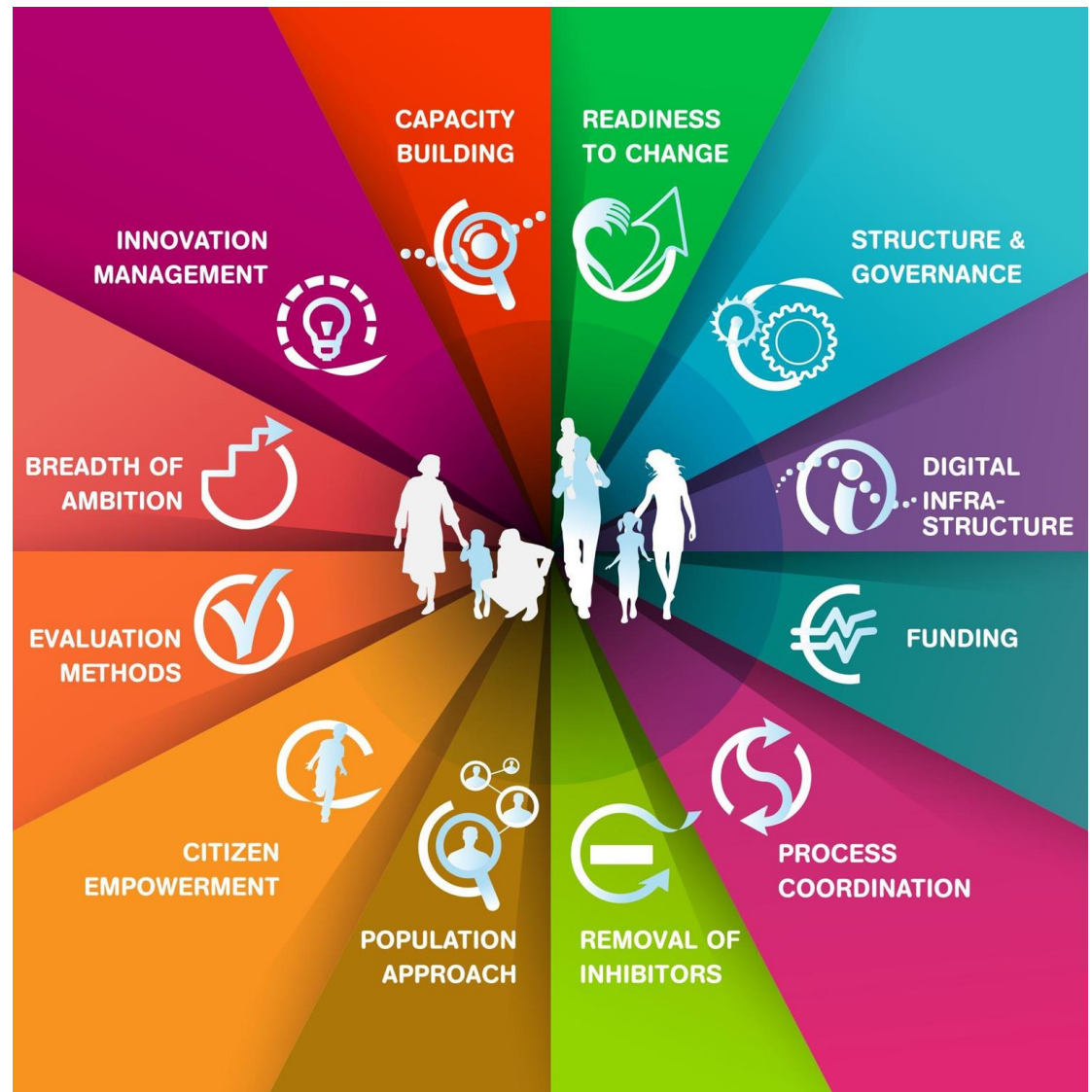
The knowledge transfer programme is a programme for the **exchange of knowledge and practices among the 9 regional and national healthcare authorities** participating in the project with the aim of adopting or scaling-up the provision of integrated care in their local healthcare systems

## OBJECTIVES

- ▶ **To design bottom-up personalised assistance** and practical support to tailor to the local needs and priorities in 9 European regions that are seeking the support in preparing their ground for the transition and scaling-up of integrated care and/or to improve their existing system and service design
- ▶ **To facilitate the knowledge transfer** in 9 European regions in order to prepare the local environment for the implementation and scaling-up of integrated care



**Strengthen 1 +  
dimension(s) of  
integrated care  
through  
personalised and  
local-based  
knowledge  
transfer  
programmes**



# INFORMED DECISIONS FOR KNOWLEDGE TRANSFER



- ▶ Each participating region/authority select the dimension of integrated care that they would like to strengthen through personalised knowledge transfer based on the **results of the maturity assessment**, as well as local needs and priorities.
- ▶ Results from the maturity assessment are not binding but employed by each region to make an **informed decision**

# ACTORS AND ROLES IN THE KNOWLEDGE TRANSFER

## SCIROCCO Exchange Knowledge Transfer Programme involves 9 European regions/authorities:

- Basque Country (ES)
- Flanders (BE)
- Werra Meißner District (DE)
- Lithuania
- Poland
- Puglia Region (IT)
- Scotland (UK)
- Kosice (SK)
- Slovenia

### Transferring region

*'Coaching' partner*

Supported by local stakeholders/healthcare professionals



Knowledge transfer facilitated  
by **AER and the LP**

### Receiving region

*'Learning' partner*

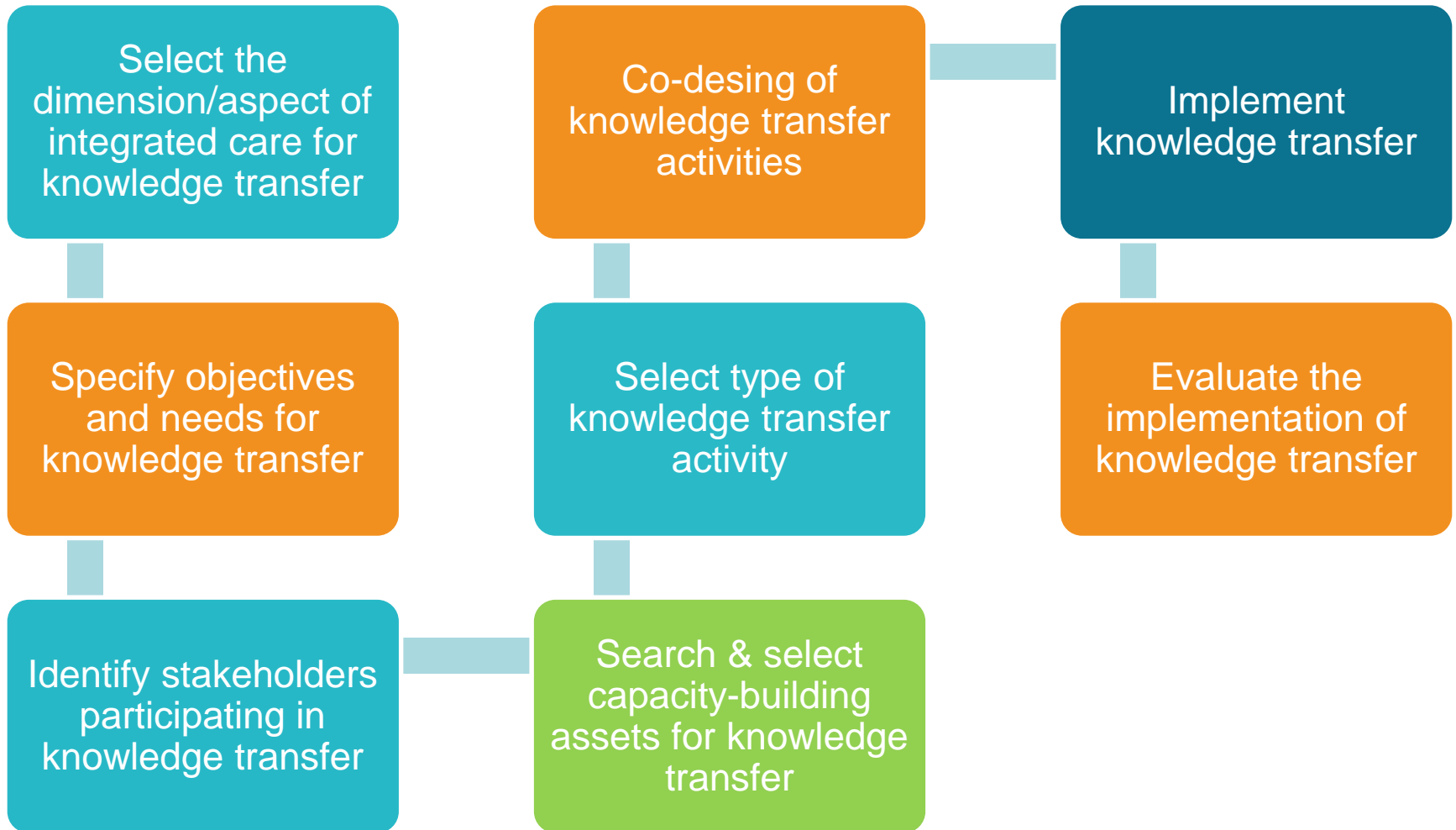
Including local stakeholders/healthcare professionals

- **A Bi-directional exchange:** regions/authorities act as 'coaching' partner for one+ dimension on which they are already advanced, and they are 'learning' partners for one+ dimension they wish to strengthen



# **THE DEVELOPMENT AND IMPLEMENTATION OF PERSONALISED KNOWLEDGE TRANSFER PROGRAMMES**

# AN INFORMED AND CO-CREATIVE PROCESS!





# THE IMPACT OF THE PANDEMIC AND THE ADAPTION OF THE KNOWLEDGE TRANSFER PROGRAMME

- ▶ **Regular and continuous assessment** with each partner on whether there were changes in the 1) objectives; 2) stakeholders to be involved; 3) the ambition of the knowledge transfer; 4) the activities for knowledge transfer
- ▶ **Objectives and needs (step 2):** initial objectives and needs identified did not change following the outbreak of the pandemic but have been rather reaffirmed
- ▶ **Activities for knowledge transfer (step 5) :** activities initially proposed included movement and gathering of people – classified in 5 main categories:
  - ▶ Expert mission to receiving region
  - ▶ Events in receiving regions, or in other relevant places
  - ▶ Capacity-building activities in receiving region or elsewhere if relevant
  - ▶ Study visit to transferring entity/region
  - ▶ Exchange, secondment of placement staff

Progressively adaptation of onsite activities to the online format  
Small steps approach

# COVID-19 RESILIENT KNOWLEDGE TRANSFER

Online knowledge transfer activities fitting the same 5 categories and serving the same purposes:

## 1) Online workshops as study-visits to show a practice and received feedbacks

Webinar on goal-oriented care by Flanders

- Sharing the work in Flanders on the concept of goal-oriented care
- Intention to adapt the maturity model to the Flemish context and to take goal oriented care into consideration
- Request for feedback and inputs from the Consortium

## 2) Enlarged specialised webinars as conferences and other specialised events in receiving region or in relevant places

2 Webinars on COVID-19 (1 - Mental Health & Wellbeing of Healthcare Professionals; 2 - Digital tools) originally requested by the Basque Country and confirmed by partners

- Provided opportunity for experience sharing and production of collective intelligence
- Stakeholders engagement
- Raising awareness and building an international community

# COVID-19 RESILIENT KNOWLEDGE TRANSFER

## **3) Online Peer-learning activities tailored to the local needs of regions/authorities as study visits to learn more about a specific practice**

- Exchange on Electronic Health Records between Werra Meißner and Basque Country
- Exchange on Readiness to Change between Slovenia & Basque Country
- Exchange on the Scottish approach to service redesign between Basque Country and Slovenia (learning partners) and Scotland (coaching partner)
- Exchange on the use of data to inform local decision-making between Flanders and Scotland

Preparation of the exchanges:

- Initial document by the learning partner outlining the questions for the coaching partner
- Preparatory meeting with the practitioners to further specify the questions
- Coaching partner prepared and proposed an agenda for the online peer-learning session
- Workshop with local stakeholders/healthcare professionals from both regions
  
- Exchange information and tools & mutual-learning
- Build-up professional relationships that can continue in the future

# COVID-19 RESILIENT KNOWLEDGE TRANSFER

## 4) Capacity-building and awareness raising/engagement activities within a regional ecosystem

- Certified Master programme on EU Cooperation & Funding for healthcare professionals in Puglia
- Training for healthcare professionals on agile management in Lithuania
- Awareness raising, engagement & capacity building website on integrated care by Slovakia
- Survey on the needs of 1) healthcare providers and 2) patients in Poland

# KEY FINDINGS ON THE KNOWLEDGE TRANSFER PROGRAMME FOR INTEGRATED CARE

Despite the difficult circumstances, the co-developmet and implementation of the online knowledge transfer programmes has been meaningful for the purposes of the project providing also new opportunities for learning and long-lasting international cooperation.

## **Key elements for success:**

- Initial strong focus on the assessment of local needs
- After the outbreak of the pandemic, regular and continuous assessment on objectives, needs, and ambitions of the knowledge transfer
- Early-stage adoption of the small steps approach
- Suspended judgment and understanding of any possible limitation caused by the pandemic
- Well structured organisation of all online knowledge transfer activities (including preparatory documents and meetings)
- Build on the opportunities provided by online activities (instant interpretation; possibility to involve practitioners that would not necessarily travel in normal conditions)
- Pre-existing connection between the regions/authorities participating in the project





**Thank you!**

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## **EXPERIENCE OF THE BASQUE COUNTRY**

- ▶ Jon Txarramendieta
- ▶ Kronikgune Institute for Health Services Research,  
Basque Country



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# Basque Country

- ▶ Population: 2.17M
- ▶ High level of self-government: Basque Parliament and Government with major legislative and executive powers (Education, Health, Police, etc.)
- ▶ Fiscal autonomy, own system of taxation
- ▶ Highest investment in R&D in Spain, around European average.
- ▶ Basque health system: financed by taxes (Beveridge model).
  - 3,605 M€ in 2018
- ▶ Social services are managed by local and provincial authorities



# Integrated care in the Basque Country

## ► Based on three pillars:

### ➤ Integrative governance

- Create synergies between different levels of care

### ➤ Population approach

- Coordination with social and public health actors

### ➤ Culture and values

- Change from the culture of fragmentation to a culture of integration



# Integrated care in the Basque Country

- ▶ Structural integration - Integrated Healthcare Organisations (IHO)
  - To achieve less fragmented, more coordinated, more efficient and higher quality care
  - Merges a hospital and primary care centers under one organisation with a defined population catchment area.
    - 13 Integrated HealthCare Organizations (IHO).
    - +30.000 Healthcare professionals
- ▶ Functional integration:
  - Coordination of care process between primary and specialist care
  - Design clinical pathways for High Complexity Patients or Multimorbid patients
  - Polypharmacy management
  - Social and Health coordination



# Maturity for integrated care – Basque Country - 2019



# Setting the priorities for knowledge transfer

## Outcomes of the Maturity assessment



## Dimensions for the knowledge transfer (Adopter)



## Potential dimensions for coaching (Originator)



# Objectives of knowledge transfer

## ■ Citizen Empowerment

- ▶ Increase the participation of the population in co-creating:
  - Pathways and processes
  - Self-management activities



## ■ Process Coordination

- ▶ Definition of integrated Clinical processes and Pathways
- ▶ Strengthening the relationship between the health and social systems



## ■ Removal of Inhibitors

- ▶ Increase collaboration between levels of care: hospitals and primary care
- ▶ Work more as a team: achieve broader consensus in complex settings



# Mapping of resources on Citizen empowerment

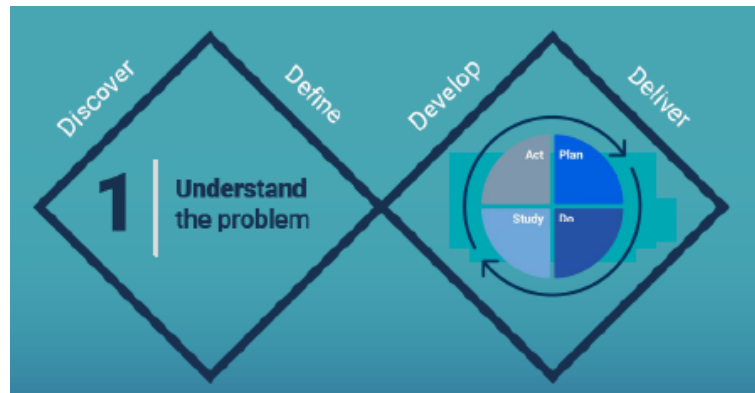
Dimension	Assets
D1 – Readiness to change	69
D2 – Structure & Governance	85
D3 – Digital infrastructure	47
D4 – Funding	70
D5 – Process Coordination	67
D6 – Removal of Inhibitors	32
D7 – Population approach	63
D8 – Citizen empowerment	76
D9 – Evaluation methods	47
D10 – Breadth of Ambition	60
D11 – Innovation management	65
D12 – Capacity Building	71

# Scottish Approach to Service Design (SAtdSD)

- Objectives:
  - To redefine service design in collaboration and with end users
  - To empower and support the Scottish citizens to actively participate in the definition, design and delivery of public services

*Design the service around people rather than the organisation of the system*

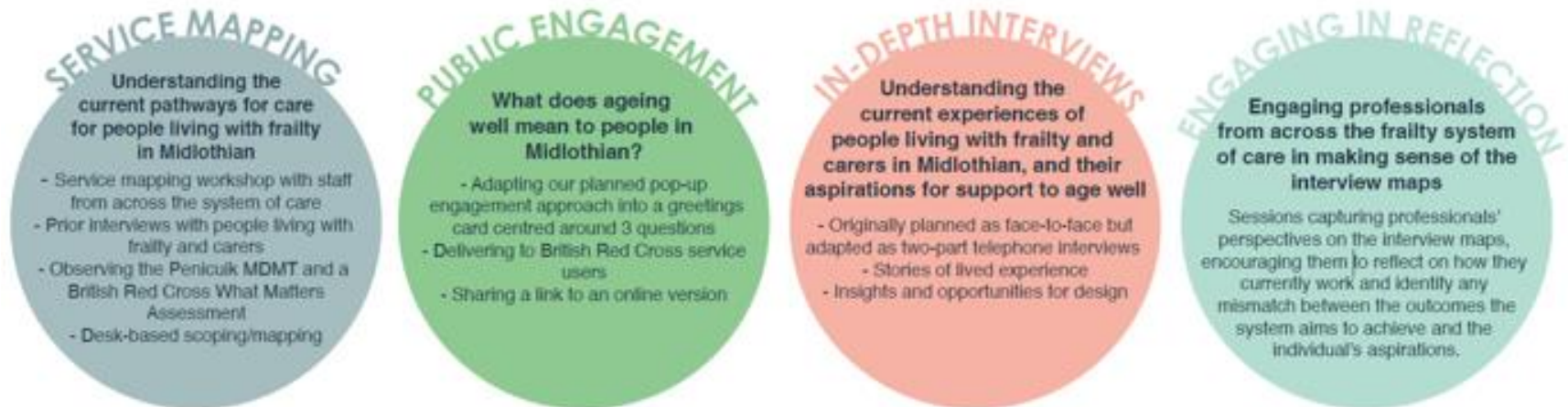
**Double  
diamond  
process**



# Example of implementation in Midlothian - Pathfinder Program



**Objective:** To improve care for frail patients by improving care pathways and empowering and involving patients and professionals





# Knowledge transfer activities to drive the change



- ▶ **Learning from Scotland on how they involve the population in the design and redesign of processes and pathways. Webinar on the 13<sup>th</sup> of April 2021.**
- ▶ **Transferring the learning to the context:**
  1. Explore whether relevant aspects of the Scottish innovative practice are suitable for adoption in the Basque Country.
  2. Define the objectives for the improvement in the Basque Country
  3. Populate a Logic Model to define the resources needed to implement a series of activities to achieve the desired outcomes and impact.
  4. Define an implementation plan to implement what is defined in the Logic model

# Improvement plan for the Basque Country

Design of an intervention to :

Design of a methodology to involve citizens in the design, redesign and scaling of processes and pathways in Osakidetza, and its application in the improvement of the pathway for multimorbid patients.

Objective(s):

- Design a methodology to involve citizens in the design, redesign and scaling up of pathways and processes
- Improve the multimorbid care pathway to better care for multimorbid patients.

# Improvement plan for the Basque Country

## ■ Transferring the learning to the context:

1. Explore whether relevant aspects of the Scottish innovative practice are suitable for adoption in the Basque Country.
2. Define the objectives for the improvement in the Basque Country
3. Populate a Logic Model to define the resources needed to implement a series of activities to achieve the desired outcomes and impact.
4. Define an implementation plan to implement what is defined in the Logic model

# Conclusions

- The feasibility assessment of transferring the learning to the context is key
- Study visit help a lot to transfer knowledge, even if they are online
- Building long-term collaboration with the originators of the innovation to enhance learnings is highly recommended
- The design of a Logic Model allows ensuring the logic sequence between the resources and the activities needed and the desired outcomes and impact
- The definition of a personalized plan for the implementation the improvement allows the implementation process to be designed taking into account the characteristics of the context

Thanks!!



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## **IMPLEMENTATION OF KNOWLEDGE TRANSFER IN POLAND**

- ▶ Katarzyna Wiktorzak & Agata Szymczak
- ▶ National Health Fund Poland

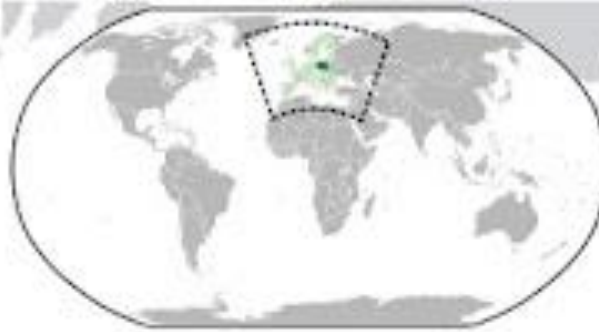


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Toronto, 4th October 2021



# POLAND



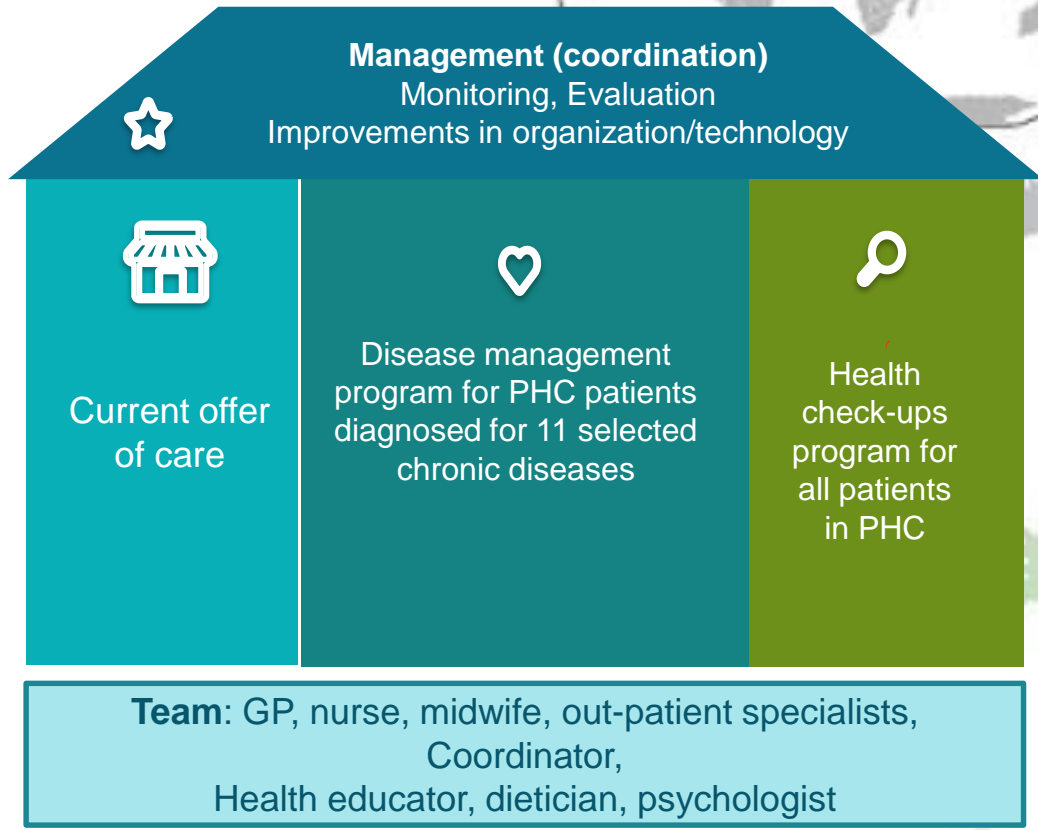
Population around **38 mln** people (6th in Europe)

**Health insurance system in Poland** is **public**, based on principles of equal treatment and access to healthcare services, available for **insured** (entitled) people who paid monthly contribution and for theirs family.

**National Health Fund (NFZ)** single payer, manages the healthcare system in Poland. It signs contracts with doctors and healthcare providers/medical centers as part of the overall healthcare system. The National Health Fund finances the benefits, like: primary health care, out-patients and in-patients services, rehabilitation, long-term care dental care, prevention and also covers the costs for refunding medicines.

NHF's annual budget about 120 bilion PLN (€ 38bln Canadian dollars)

# INTEGRATED CARE - Primary Care Pilot Program in Poland – POZ PLUS



- ▶ 45 primary healthcare centers (PHC) accros Poland
- ▶ Duration: almost 4 years, from 1st July 2018
- ▶ Population: 300 000 patients

# The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „small” PHC



**14** providers  
with **39 296** patients  
taken care of

# The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „medium” PHC



**19/17** providers  
with **133 722** patients  
taken care of



# The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „large” PHC



6 providers  
with **84 728** patients  
taken care of

# KNOWLEDGE TRANSFER PROGRAMME

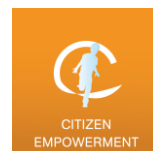
**Individual Scirocco Exchange Reports were prepared** for each provider on their results along with a brief explanation of what is good and should be strengthened, and what dimensions should be corrected.

Additions:

- ▶ recommended literature,
- ▶ links to on-line courses prepared by government institutions, acts, public tenders on the Accessibility of PLUS („Dostępność PLUS” - applying for funds to adapt clinics to the needs of disabled people)

**For knowledge transfer we selected two dimensions:**

- ▶ **CITIZEN / PATIENT EMPOWERMENT**
- ▶ **DIGITAL INFRASTRUCTURE**



*We haven't selected any dimensions for coaching of other regions/countries*



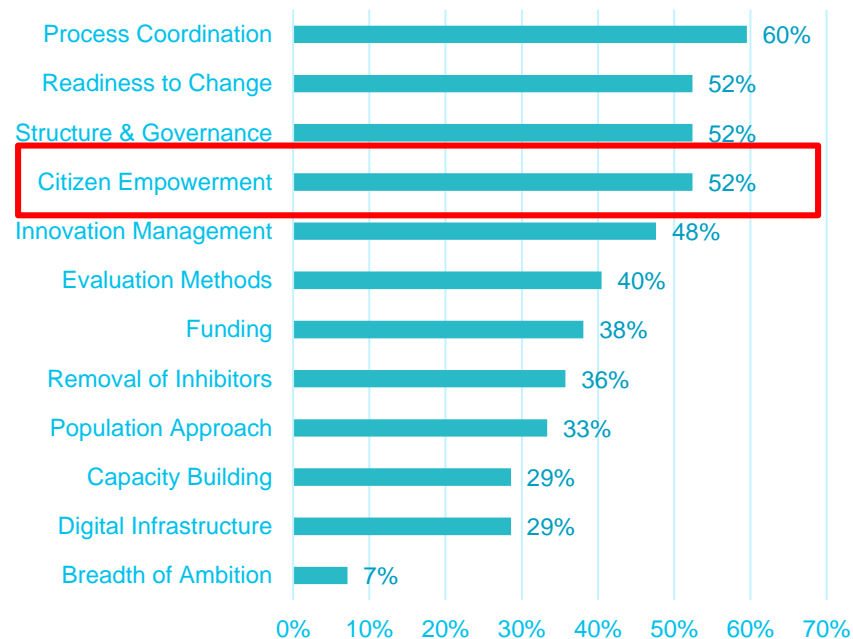
## Additional survey conducted in June 2021 among employees of healthcare providers (managers, medical staff, coordinators) on areas of interest in knowledge transfer



CITIZEN  
EMPOWERMENT

More than a half of respondents (52%) were interested in sharing knowledge in the field of Citizen Empowerment. It was the 2nd (ex aequo) field mostly chosen by respondents. It was mostly often chosen by POZ Plus coordinators (62%) as well as medical staff (58%).

In which field would you be interested to share knowledge?



# Objectives and activities of knowledge transfer



CITIZEN  
EMPOWERMENT

## ► FOR PROVIDERS 1/3:

■ Goal: engage in capacity building and raise awareness among healthcare providers about CITIZEN EMPOWERMENT

### ► analysis of providers' needs

- prepare a survey for PHC centres,
- organize IDI [20 Managers, 20 Coordinators],
- prepare scenario and organize 5-6 focus groups with patients and medical staff
- gather answers/ analysis of answers,
- share the results (Conference & workshops are planned at mid December 2021)

# Objectives and activities of knowledge transfer



CITIZEN  
EMPOWERMENT

## ► FOR PROVIDERS 2/3:

■ Goal: engage in capacity building and raise awareness among healthcare providers about CITIZEN EMPOWERMENT

### ► providing knowledge of patient empowerment for providers

- Gather the list of good practices/examples of citizen empowerment tools, nutrition plans, training plans and educational movies and promote them
- Search the good practices on SCIROCCO Exchange Knowledge Management Hub
- Select the most valuable assets for the knowledge transfer and share with NHF Academy
- prepare meetings, organise study visit/online meeting with project consortium partners- sharing good practices – local and international)

# Objectives and activities of knowledge transfer



CITIZEN  
EMPOWERMENT

## ► FOR PROVIDERS 3/3:

- Goal: increasing the knowledge of service providers with international experience
  - **Create a NHF Knowledge Transfer HUB portal at the gov.pl domane as a Polish repository for Scirocco Exchange KTM**
    - Map the existing assets on coordinated care linked to SE hub
    - Map other existing relevant resources
    - Review and filter identified resources and assets
    - Translate the selected examples
    - Develop regional platform informed by the identified resources and assets
    - Communication and promotion of the platform in the region

# Objectives and activities of knowledge transfer



## ► FOR PATIENTS:

### ■ Goal: raise awareness among patients about CITIZEN EMPOWERMENT

#### ► providing knowledge of patient empowerment for patient

- prepare survey for patients (PAM)
- gather answers/ analysis of answers
- share the results (NHF website, conferences)
- list of examples of tools/ nutrition plans, training plans, educational movies
- sharing of tools for self-management/ NHF Academy
- sharing and promoting information about prophylactics

# Collection of good practices on patient empowerment

## E-learning on NHF Academy

We offer training and audiovisual materials in the field of:

### Training for patients:

- proper eating habits and maintaining proper body weight in children and adolescents, as well as adults and seniors,
- physical activity of children and adolescents,
- breastfeeding for mothers,

### Training for medical staff:

- ABC of Health promotion
- stress management techniques,
- interpersonal communication,
- breastfeeding - for medical staff.

eBooks, guidelines for patients and healthcare providers about fighting depression, recommending healthy diet in metabolic syndrome and for patients with stoma. All materials are in electronic form and can be easily downloaded from the website of the NHF Academy.





# Collection of good practices on patient empowerment Guidelines, books, study materials


YouTube channel of the NHF Academy:

- Exercises for pregnant women in the first, second and third trimester;
- A series of films from physiotherapy: muscle palpation, self-massage
- Exercises for children and adults - easy and difficult exercise sets
- A series of films recorded during the lock down associated with COVID-19 together with public television "Coach at your home - Morning stretching" and Psychological support during the epidemic
- Advisory series "Thank you, I do not sweeten"
- Series „Preventive Wednesdays" interviews with experts: Days of the fight against cancer. Lifestyle and cancer, Obesity. Fruit - facts, myths and instructions for use, Osteoporosis. Prevention of osteoporosis in children, and others.



# Collection of good practices on patient empowerment mhealth applications, patient self-management tools

mobile applications for pregnant women with diabetes – SweetPregna  
Mobile application that assesses the risk of contracting the most common cancers - CanCell Cancer.



### Sweet Pregna


Narodowy Fundusz Zdrowia Zdrowie i fitness

★★★★★ 31

PEGI 3

Aplikacja jest zgodna ze wszystkimi Twoimi urządzeniami.

Zainstalowana




The screenshots show the app's main interface with a pregnant woman, a 'Wybierz odpowiednią dla siebie dietę!' (Choose the diet suitable for you!) button, and a 'Dzienniczek samokontroli' (Self-control diary) section displaying blood sugar levels and trends.

Jesteś w ciąży i dowiedziałas się, że masz cukrzycę?

Nie wiesz jak prawidłowo się odżywiać w tym czasie?

Nie wiesz jak prawidłowo dokonać pomiaru cukru we krwi?



### CanCell Cancer

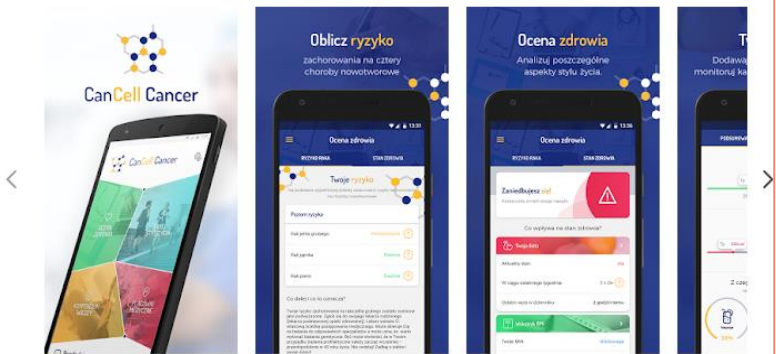
Narodowy Fundusz Zdrowia Zdrowie i fitness

★★★★★ 34

PEGI 3

Aplikacja jest zgodna ze wszystkimi Twoimi urządzeniami.

Zainstalowana




The screenshots show the app's main interface with a 'CanCell Cancer' logo, a 'Oblicz ryzyko' (Calculate risk) button, and a 'Ocena zdrowia' (Health assessment) section displaying risk factors and health status.

CanCell Cancer to aplikacja mobilna skierowana do osób zdrowych, które poprzez codzienne podejmowanie decyzji sprzyjających zdrowiu chcą prowadzić zdrowy tryb życia i w ten sposób zapobiegać zapadalności na choroby nowotworowe, a w szczególności do osób zdrowych o podwyższonym ryzyku zachorowania na nowotwór.

SMOKING  
CESSATION  
PLAN

# Collection of good practices on patient empowerment

## Nutrition plans ([www.diety.nfz.gov.pl](http://www.diety.nfz.gov.pl))

**Diety**  **NFZ**  
Narodowy Fundusz Zdrowia

**Zaloguj się, wprowadź e-mail i hasło.**

☒ Zapamiętaj login

**Czy jesteś w tym serwisie po raz pierwszy?**

Aby otrzymać dostęp do pełnej funkcjonalności serwisu, w tym m.in. jadłospisu na 28 dni, możliwości wymiany posiłków, listy zakupów stwórz konto teraz!

**JEDZ ZDROWO, ŻYJ ZDROWO!**

**TYLKO TRZY KROKI, ABY SKORZYSTAĆ Z DIET OPRACOWANYCH PRZEZ SPECJALISTÓW:**

- 1 ZAREJESTRUJ SIĘ**  
Wystarczy podać adres e-mail i ustalić hasło
- 2 WPISZ DANE**  
Dzięki nim sprawdzisz wskaźnik BMI i zapotrzebowanie energetyczne
- 3 WYBIERZ DIETĘ**  
Personalizacja pod względem kaloryczności, a także dolegliwości chorobowych

**WYBIERZ DARMOWE PLANY ŻYWIENIOWE DASH**  
**SKORZYSTAJ Z LISTY ZAKUPÓW**

# Conclusions

- ▶ We managed to activate and equip a group of about 45 PHC providers who were already involved in coordinated care (implementers of POZ PLUS project) with tools to strengthen Citizen Empowerment.
- ▶ The experience gathered thanks to the Scirocco Exchange project **will allow the National Health Fund to use it for further evaluation of integrated care among service providers.**
- ▶ The language barrier made it difficult for us to involve representatives of primary healthcare centers in the active exchange of experiences at the international level.
- ▶ To remedy this, we proposed two solutions:
  - creating a Polish repository of good practices containing Polish experiences and translated (fully / partially) experiences of other countries, which are also supplied by the Scirocco Exchange Knowledge Management HUB (as part of the Scirocco Exchange project)
  - and a guarantee of its maintenance and development for the next years (as part of the tasks and funds of the National Health Fund)



# Future plan - Cohesion Policy 2021-2027 in Europe

- ▶ From October 1, 2021, new regulations apply requiring PHC centers to implement coordinated care
- ▶ In the new financial perspective (subsidies for European Union members), the National Health Fund submitted to the Polish Ministry of Health a proposal to implement a project to assess the maturity of subsequent primary care facilities for the implementation of coordinated care (scaling the solution proven during the Scirocco Exchange project on a group of about 40 entities that have been assessed according to SE Maturity Model)
  - Assessment of the maturity of primary care facilities for the organization of coordinated care or its elements based on the international, validated SCIROCCO Maturity Model for Integrated Care
  - Identify the strengths and weaknesses of care coordination in the facility.
  - Development of knowledge transfer models supporting primary care facilities in implementing changes in the optimization and / or increasing coordination of care in selected dimensions (12).
  - Conducting evaluation studies in selected areas of SCIROCCO Maturity Model for Integrated Care intervention with the use of questionnaire and focus studies, interviews and data analysis.
  - Organization of workshops, seminars between medical entities, regional and national decision-makers, public payer in order to support and exchange good practices and to present proposals for improvements / changes.

