INTRODUCTION TO THE PROJECT

Dr Andrea Pavlickova
International Engagement Manager
Digital Health and Care Division, Scottish Government
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
Objectives of SCIROCCO Exchange

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

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

4. Improvement Plans

Capacity-building support

SCIROCCO Exchange Knowledge Management Hub
Online self-assessment tool to assess readiness for integrated care

Validated and tested in over 80 regions/organisations

Available in 10 languages

(1) Assess

SCIROCCO Exchange Tool for Integrated Care
https://scirocco-exchange-tool.inf.ed.ac.uk
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) Are you ready for integrated care?

Assess

ASL BT: General Director & IT Specialist

Doctor

IT Specialist

Nurse

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

- Good practices
- Tools and methodologies
- Reports and guidelines
- Educational materials
- EU funded projects
- National projects
- Human expertise and skills
(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?

Logic Model Example – WMK (Germany)

Focus Area: Digital Infrastructure

<table>
<thead>
<tr>
<th>Input</th>
<th>Activities</th>
<th>Output</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Organizational leadership</td>
<td>• Training providers on EMR use</td>
<td>• # of providers trained</td>
<td>• Increased comfort and skills in utilizing the digital platform</td>
<td>• Patient centered care embedded in organizational culture</td>
</tr>
<tr>
<td>• Staff support</td>
<td>• Training health navigators and citizens on usage of digital platform Engagements with partners to align on digitalization strategy</td>
<td>• % of providers integrating EMR into workflow</td>
<td>• Data harmonization</td>
<td>• Resilient and learning healthcare system that in responsive to population health needs</td>
</tr>
<tr>
<td>• Funding</td>
<td>• Bilateral peer to peer learning sessions with digitally-enabled partners</td>
<td>• # of navigators and citizens trained</td>
<td>• Information flow between providers and patients streamlined</td>
<td>•</td>
</tr>
<tr>
<td>• Partnership with local health management, health insurance, providers and patients</td>
<td>• % utilization</td>
<td>• Meaningful relationships built with partners and SME peers</td>
<td>• Relationships with digital health SME maintained</td>
<td>•</td>
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</table>
Expanded versions of SCIROCCO Maturity Model for Integrated care
THE KNOWLEDGE TRANSFER PROGRAMME IN SCIROCCO EXCHANGE

Ms. Birgit Sandu  
European Projects Manager, Assembly of European Regions

4th October 2021, NACIC 2021
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
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

Receiving region
‘Learning’ partner
Including local stakeholders/healthcare professionals

Knowledge transfer facilitated by AER and the LP

► 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!

1. Select the dimension.aspect of integrated care for knowledge transfer
2. Specify objectives and needs for knowledge transfer
3. Identify stakeholders participating in knowledge transfer
4. Co-desing of knowledge transfer activities
5. Select type of knowledge transfer activity
6. Search & select capacity-building assets for knowledge transfer
7. Implement knowledge transfer
8. Evaluate the implementation of knowledge transfer
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-development 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!

Birgit Sandu, AER European Projects Manager
b.sandu@aer.eu
EXPERIENCE OF THE BASQUE COUNTRY

Jon Txarramendieta
Kronikgune Institute for Health Services Research, Basque Country
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

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Assets</th>
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<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>69</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>85</td>
</tr>
<tr>
<td>D3 – Digital infrastructure</td>
<td>47</td>
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<tr>
<td>D4 – Funding</td>
<td>70</td>
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<tr>
<td>D5 – Process Coordination</td>
<td>67</td>
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<tr>
<td>D6 – Removal of Inhibitors</td>
<td>32</td>
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<tr>
<td>D7 – Population approach</td>
<td>63</td>
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<tr>
<td>D8 – Citizen empowerment</td>
<td>76</td>
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<tr>
<td>D9 – Evaluation methods</td>
<td>47</td>
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<tr>
<td>D10 – Breadth of Ambition</td>
<td>60</td>
</tr>
<tr>
<td>D11 – Innovation management</td>
<td>65</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>71</td>
</tr>
</tbody>
</table>
Scottish Approach to Service Design (SAtSD)

- 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 13th 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!!

Scirocco Exchange
Capacity-building for integrated care
IMPLEMENTATION OF KNOWLEDGE TRANSFER IN POLAND

Katarzyna Wiktorzak & Agata Szymczak

National Health Fund 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 healthcare, 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

**Team**: GP, nurse, midwife, out-patient specialists, Coordinator, Health educator, dietician, psychologist

- Current offer of care
  - Management (coordination): Monitoring, Evaluation, Improvements in organization/technology
  - Disease management program for PHC patients diagnosed for 11 selected chronic diseases
  - Health check-ups program for all patients in PHC

**45 primary healthcare centers (PHC) across 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
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

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%).
Objectives and activities of knowledge transfer

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

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

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"
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.
Collection of good practices on patient empowerment
Nutrition plans (www.diety.nfz.gov.pl)
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.