WELCOME AND INTRODUCTIONS

Donna Henderson
Digital Health and Care Directorate, Scottish Government
<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.05-09.30</td>
<td>Keynote presentation – Towards integrated care in Poland</td>
</tr>
<tr>
<td>09.03-09.40</td>
<td>SCIROCCO Exchange: Capacity-building for integrated care</td>
</tr>
<tr>
<td>09.40-10.40</td>
<td>Knowledge Management Hub: Maturity assessment and lessons learned</td>
</tr>
<tr>
<td>10.40-11.00</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11.00-11.45</td>
<td>From maturity assessment to capacity-building support: Assets on integrated care</td>
</tr>
<tr>
<td>11.45-12.00</td>
<td>Coffee break</td>
</tr>
<tr>
<td>12.00-12.45</td>
<td>Capacity-building support for integrated care: Knowledge transfer</td>
</tr>
<tr>
<td>12.45-13.30</td>
<td>Lunch</td>
</tr>
<tr>
<td>13.30-14.15</td>
<td>Capacity-building support for integrated care: Improvement planning</td>
</tr>
<tr>
<td>14.15-14.30</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>14.30-15.15</td>
<td>Expansion and adaptation of SCIROCCO Exchange tool for integrated care</td>
</tr>
<tr>
<td>15.15-16.00</td>
<td>SCIROCCO Exchange Knowledge Management Hub: Beyond the project</td>
</tr>
<tr>
<td>16.00-16.05</td>
<td>Highlights from the conference</td>
</tr>
<tr>
<td>16.05-17.00</td>
<td>Networking reception</td>
</tr>
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</table>
TOWARDS INTEGRATED CARE IN POLAND

Katarzyna Klonowska

Department of Healthcare Services, National Health Fund, Poland
TOWARDS INTEGRATED CARE - MODEL IN PRIMARY HEALTH CARE IN POLAND

Katarzyna Klonowska
POZ PLUS Project Manager
National Health Fund
Poland – country profile

- GDP per capita: 37,750 US dollars
- GDP growth rate: 1.5%
- Population: 37.9 million
- Population age 65+: 18.2%
- Birth rate: 9.2 births/1,000 population
- Death rate: 12.4 deaths/1,000 population
- Median age: 41.4 years
- Life expectancy: 76.7 years
- Unemployment: 3.2% of labor force

OECD, 2020
Background information (1)

Health status:

- Life expectancy remains 3.7 years below the European average (in Poland it is 76.7 for European it is 80.4).
- Large inequalities exist, with women expecting to outlive men by eight years while the gap between the highest and lowest-educated Poles is ten years.
- People aged >65 spend only half of the rest of their life without disability.
- Cardiovascular diseases and cancer are the biggest causes of mortality.

OECD, 2020
Background information (2)

Risk factors

▶ Over a third of Poland’s disease burden can be attributed to behavioral risk factors
▶ Although the number of smokers fell over the past decade, more than a fifth of adults continue to smoke every day
▶ Alcohol consumption has increased substantially and one in six adults report heavy drinking on a regular basis
▶ One in six adults in Poland are obese, the rates are above the European average, which is around 15%

OECD, 2018
Background information (3)

Health system spending

- Health spending in Poland is among the lowest in the Europe
- In 2020, health expenditure was USD 2,289* per capita compared to the European average of USD 4,087**
- Public funds account for 72% of spending, lower than the European average (79%)
- Private spending is comparatively high (28%), raising accessibility concerns
- Public expenditure on health as a share of GDP increased from 5.3% in 2000 to 6.5% in 2019

*1,990 EUR; **3,553 EUR
OECD, 2019; Sowada, Health system review. Health Systems in Transition, 2019
Background information (4)

Healthcare expenditure in 2020

- total expenditure on health* – 121,5 bilion PLN (26,3 bilion USD)
- public expenditures on health as a share of GDP: 6,5 %
- budget on healthcare services** - 84% of total budget on health

* without out-of-pocket expenditure
** inc. pharmacy and medical goods
Background information (5)

Health system performance

▶ Effectiveness
  ▪ Despite reductions, Poland’s amenable mortality rate is still higher than in most European countries

▶ Access
  ▪ A relatively high proportion of the population reports unmet needs for medical care -> high out-of-pocket spending

▶ Resilience
  ▪ Poland is facing challenges to promote access to good-quality care and respond to growing needs for coordinated care

OECD, 2019; Sowada, Health system review. Health Systems in Transition, 2019
Current health care system in Poland

- Focused on specialised and inpatient care,
- Based on reactive provision of medical services,
- With poorly informed, non-cooperating patients, highly dependent on the system.
Targeted health care system in Poland

- Focused on primary health care,
- Based on coordinated, pro-active and preventive activities relevant to patient’s needs,
- Well educated and cooperating patients.

Focus on preventive tools rather than reactive provision of medical services in case of diagnosed diseases
Project information

- Agreement between National Health Fund (NHF) and Ministry of Health (MoH), November 2017
- Population covered with the pilot project:
  - about 300 000 patients
- Implementation period of project:
  - July 2018 - September 2021
- Source of funds:
  - European funds
  - NHF (own resources) - extra payment for disease management
- Partnerships:
  - The World Bank
- Cooperation:
  - Scirocco Exchange Project
Objectives of the Primary Health Care PLUS model

- Increasing the amount of medical services at the PHC level,
- Improving population health status,
- Improving patient experience,
- Increasing quality of care from individual perspective,
- Lowering system total expenditures
Pilot project schedule

Stage 1
Creation of concept - developing 3 models

Stage 2
Implementation of the model selected as a pilot

Preparation, testing and implementation of the pilot phase

Stage 3
Implementation of chosen measures, roll-out decision

Evaluation & conclusions

Scirocco Maturity Assessment

Jan 2017  Nov 2017  July 2018  Sept 2021  Dec 2021
PHC Plus pilot model

Management (coordination)
- Monitoring
- Evaluation
- Improvements in organization/technology

Current offer of care
- Office and home health consultations
- Basic laboratory analyses
- Basic x-ray and ultrasound procedures
- Community nursing
- Community midwife’s care
- Preventive care for children

Health check-ups program for all patients in PHC
- Stratification of patients to 1 of 4 clusters:
  1. healthy without risk factors
  2. healthy with risk factors
  3. chronic without symptoms
  4. chronic with symptoms
- Stratification based on:
  - basic health check-up or/and
  - in-depth health check-up
- Individual Health Care Plan

Disease management program for PHC patients diagnosed for 11 selected chronic diseases
- 11 diseases included: hypertension, diabetes II, coronary artery disease, AF, HF, asthma, COPD, parenchymal goiter and thyroid nodule, hypothyroidism, peripheral osteoarthritis, back pain
- Admission based on: health check-up or patient’s medical history
- Within DMP: coordinated care, including: primary care, specialist care, physiotherapy, education, diet
- Individual Medical Care Plan
PHC now vs PHC Plus pilot model

PHC now (without pilot model)
- GP
- Nurse
- Midwife

Cooperator
- Administrative coordination
- Population recruitment
- Coordinating processes and information flow
- Reporting
- Constant supervision over the patient
- Contact with the patient and healthcare providers
- Health check-ups – initial health interview

Preventive care and health promotion (check-ups)
- Educator
- Dietitian
- Psychologist
- Physiotherapist

Disease management program
- Specialist in medical rehabilitation
- Diabetologist
- Cardiologist
- Neurologist
- Endocrinologist
- Pulmonologist

WB graph, based on own data, 2019
PHC Plus pilot model

- Model covers all patients aged 18+ registered in selected 47 PHC clinic, population: ca. 300 000 patients
- Patients age 20-65 were subjects to health check-ups and disease prevention programs (preferred no prior history of healthcare services provided for at least 12 months)
- Patients age 18+ with 11 selected chronic diseases were assigned to the disease management programs (DMP)
- Patient had the right to unsubscribe from this type of care at any time
- Money followed the patient
Health risk health check-ups and disease prevention programmes

▶ Basic health risk check-ups:
- medical interview,
- assessment of basic vital and anthropometric parameters,
- diagnostic tests,

▶ Extended health risk check-ups:
- additional diagnostic tests in patients with health risk factors found,
- individual treatment plan based on obtained results

▶ Patient education on found risk factors
▶ Individual Health Care Plan
Disease management programme

- Physician develops a model of care aligned with the pre-determined diagnostic and therapeutic paths (DTP).

- **Complex visits** (1 to 3 every year, according to the recommendations in the DTP)

- **Individual medical care plan** (IMCP) with active registration to next visits/services

- **Additional diagnostics**

- **Patient education** (family) about the disease and self-care

- **Active primary care in collaboration with 6 specialists** physicians in: Diabetology, Endocrinology, Cardiology, Neurology, Pulmonology, Orthopedics

- **Qualification criteria:**
  - chronic disease suspected or confirmed,
  - excluding patients with severe conditions.
Targeted providers

- Primary health care facilities in all relevant regions of Poland,
- Selection assumption:
  - open and transparent recruitment,
  - proper balance between urban and rural areas.
- Mandatory:
  - proper organizational structure and internal IT systems in place in order to manage coordinated care
PHC units in the PHC PLUS model by size

- GPC small-size: < 5 000 inhabitants
- GPC medium-size: 5 000 - 10 000 inhabitants
- GPC large-size: > 10 000 inhabitants

medical professionals: 1 246

GPC - General Practice Clinic
Communication

Key components

1. Training
   - workshops, e-learning at NHF Academy
   - meetings with Providers’ Teams to discuss challenges and share practices
   - Guidelines (clinical pathways), standards, books, study materials

2. Direct Support
   - ongoing coaching,
   - health applications for patients
   - web site NHF Academy
   - constant feedback on quality progress
   - FAQ, social media, FB,
   - Conferences/teleconferences/webinars
   - digital documents for patients (IHCP, IMCP)

3. Monitoring & evaluation
   - constant feedback on patients included
   - feedback from the dashboard/ Benchmarking
   - monitoring visits at the medical facilities
   - data collection and management (database)
Preliminary conclusions and implementation progress(1)

Coordinated Care model in Primary Health Care in Poland can help to:

- transfer the burden of medical services from specialized/inpatient care to primary care,

- focus on preventive tools instead of provision of medical services
Monitoring and Evaluation - desirable outcomes

Have the patient outcomes improved?
- Have health outcomes of patients enrolled in the PHC+ model improved, as reported by patients?
- Have the ability and confidence of patients and their families to manage the patient’s condition been improved?
- Did lower rate of acute conditions of chronic care patients enrolled in the PHC+ model appear?

Has the patient experience with chronic care improved?
- Did patients receive more coordinated range of chronic care services with less fragmentation, as reported through patient-reported experiences?
- Did patients have shorter waiting times and report that they can more easily navigate their way through the system?
- Are family members actively involved in client’s healthcare?

Has the disintegration of service provision reduced?
- Are extended screening, prophylactic and chronic care services available?
- Are enhanced IT tools used to strengthen integration and coordination at the patient, healthcare provider and payer levels?
- Has the disintegration of service provision been reduced, as reported by patients?

Has the integration of services reduced cost of care?
- Have fewer duplicate laboratory tests been reported?
- Have fewer duplicate prescriptions been reported?
- Have fewer hospitalizations for chronic patients covered by PHC+ model appeared?
Monitoring and evaluation (1)

In order to properly assess the effectiveness of coordinated care, an assessment of both health care professional’s and the patient’s perspective is crucial.

Following types of data are being collected as part of the M&E system:

- PROM, PREM and HL (as PAM) surveys
- Personnel satisfaction surveys
- Routine data collected by NHF
Monitoring and Evaluation assessing the maturity for coordinated care

▶ using the tool for assessing the maturity of PHC providers for coordinated care developed within the framework of the Scirocco project
  ▪ about 120 telephone interviews
  ▪ conducted with about 40 entities)

Next step

▶ taking part in the continuation of the project as part of the team, creating an international knowledge hub
Monitoring and Evaluation timeline

- 45 visits in PHC
- Qualitative and quantitative analysis
- Recommendations and feedback

- Tools (4 questionnaires and 4 focus group scenarios)
- Analysis
- Conclusions and recommendations

Ongoing activities during the pilot:
- Creating potential of Polish healthcare stakeholders
- Consultations → external and internal
- Data collection and management (database)
- Feedback to and from 45 PHC facilities

Knowledge sharing:
- Conferences and workshops
- Bulletins
- Publications in scientific journals
- Web page, Twitter
- Knowledge center
Findings – patient experience

- The PHC Plus delivered benefits for the patients. The following were observed:
  - Shorter waiting time for selected specialized services
  - Improved self-perceived health in selected chronic diseases
  - Better experience with the coordination of care (Fragmentation of Care Index improved - FCI 0.4 → 0.2)
  - Better experience with the care process
  - The PHC Plus reports a higher percentage of "very satisfied" healthcare professionals (and a lower percentage of those who declare that they are "satisfied")
Findings – disease management programme

- The following observations were made:
  - Twice as many “active” patients using the PHC than in the previous years
  - Four times more services than in the previous years (physiotherapy included)
  - Enhanced check-ups – the key tool in prevention
  - Disease Management Program (DMP) – used only by 12% of the dedicated population (age 18+, 11 diseases)
  - DMP – top numbers in Hypertension and Back Pain; with cardiologists “in demand” more frequently than consultants from any other medical field
  - Small facilities (< 5000 inhabitants) worked harder (more effective)
  - Only 50% of the patient population with a check-up completed participated in educational visits
  - Compared to previous years, more hospitalizations in selected chronic diseases
Findings – capacity and capability

In the pilot:

- The capacity of PHC facilities to implement new models of care and take on additional tasks varied considerably.
- The group of patients that may have benefited the most from the new model of care were patients with the worst self-assessments of their own health and who lived outside of big cities.
- The impact of the pilot interventions seemed to be greater in small and medium-sized facilities.
- Teamwork between PHC personnel and external specialist physicians ("outsiders") needs to be improved.
- Smaller facilities (and those that were not a part of larger medical networks) encountered more technical and administrative difficulties in recruiting specific medical specialists.
- Organisational capacity of the facilities to implement the pilot had not changed much.
- Medical personnel reported that the main problem that they encountered was an inadequately prepared IT.
Findings – capacity and capability

In the pilot:

- PHC facility managers reported:
  - significant organisational shortcomings
  - insufficient use of IT tools and no access to data beyond each provider.
  - insufficient communication among the key health stakeholders involved in implementing the integrated care model
  - insufficient capacity-building of PHC Plus facilities and little knowledge exchange among them.
  - limited proactive population management by PHC Plus facilities
  - there was not enough teamwork within PHC Plus facilities.
Lessons learned from the pilot and future plans

▶ Successful implementation of integrated care requires:

- team work ability (skills) inside and outside the health facilities
- e-health tools to allow for sharing of medical records and to improve communication with all the health stakeholders
- Adequate resources (financial, staff, medical equipment, medical and soft skills etc.)
- Capacity-building and experience-sharing initiatives to support PHC facilities at all the stage of implementation
- introducing and developing population management tools to support managers to monitor effectiveness of its facilities.
Lessons learned from the pilot and future plans

Future plans:
The 8th of July 2021 the Minister of Health established a team represented all the stakeholders to prepare recommendations of changes in primary health care based on the POZ PLUS pilot outcomes.

Recommendations of the team:

- the integrated care model will be implemented voluntarily and gradually by each facility in accordance with its capacity and business model
- first step:
  - disease management program
  - administrative coordinator of care
  - bundled payment
  - next step:
    - Health risk check-ups program
    - Implementation of e-tools supporting process of coordination: health check-ups questionnaire, individual healthcare plan
    - third quarter 2022
    - Implementation of e-tools supporting process of coordination: individual medical care plan
    - The end of 2022
    - 2023
THANK YOU

- [https://akademia.nfz.gov.pl](https://akademia.nfz.gov.pl)
- [koordynowana@nfz.gov.pl](mailto:koordynowana@nfz.gov.pl)
- [Katarzyna.Klonowska@nfz.gov.pl](mailto:Katarzyna.Klonowska@nfz.gov.pl)
Dr Andrea Pavlickova

Digital Health and Care Directorate, Scottish Government
Tools / frameworks are needed that can help us to understand the local conditions and context enabling the successful adoption and scaling-up of integrated care.

Maturity Model for Integrated Care

Local context matters…
Who are we?

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
- **Digital Health & Care Directorate, 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
End: February 2022
Objectives of SCIROCCO Exchange

What?

1. Maturity assessment for integrated care
2. Capacity-building assets
3. Knowledge transfer
4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub

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

Access to existing evidence

Capacity-building support

Evidence-based Capacity-building Support
SCIROCCO Exchange Tool for Integrated Care

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

Online self-assessment tool to assess the readiness for the adoption and scaling-up of integrated care
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 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
Capture stakeholders’ perceptions and experience

ASL BT: General Director & IT Specialist
Can we agree on common priorities?

Exchange

Discuss

There is no dedicated funding available for integrated care.

There is a dedicated funding for integrated care and support for large-scale deployment.

Funding is available but mostly for the piloting of integrated care solutions.
Inform about the evolution of the maturity of the system

Example from the Basque Country

2017

2019
Flexibility of the assessment

National level
Poland: Assessing the maturity of primary care zones in delivering integrated care

Regional level
Basque Country: Assessing the maturity of healthcare system, including coordination with social care services
Flanders: Assessing the maturity of integrated care services by VIVEL or Primary Care Institute
Germany: Assessing the maturity of a newly implemented integrated care system with a focus on digital health technologies
Lithuania: Assessing the maturity of primary care providers in delivering integrated care

Local level
Puglia: Assessing the maturity of the six local healthcare authorities in delivering integrated care
Scotland: Assessing the maturity of implementing integrated care in one selected Joint Integration Board
Slovenia: Assessing the maturity of health and social care integration in one municipality
The hub has been used in 40 different countries, an increase of 5 additional countries since the Project Assembly in November 2021, now with 738 unique users.

The countries with the highest number of users are Belgium, United Kingdom, Italy, Estonia and Slovenia.
Expansion of SCIROCCO Exchange Tool for Integrated Care

https://scirocco-exchange-tool.inf.ed.ac.uk
1654 assets mapped
654 assets linked to the Hub

Facilitative Tool

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

2. Existing evidence/assets on integrated care

LITERATURE REVIEW
- Define search strategy
- Identify published scientific papers
- Select relevant papers
- Chart data
- Map assets

DESKTOP SEARCH
- Select 2 key informants per region
- Identify assets that they are familiar with in their region/country
- Select relevant assets
- Chart data
- Map assets

https://scirocco-exchange-tool.inf.ed.ac.uk
### Example: Population Approach dimension

<table>
<thead>
<tr>
<th>Assessment scale</th>
<th>MRL</th>
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<tbody>
<tr>
<td>0 – Population health approach is not applied to the provision of integrated care services</td>
<td>0</td>
</tr>
<tr>
<td>1 – Population-wide risk stratification considered but not started</td>
<td>1</td>
</tr>
<tr>
<td>2 – Risk stratification approach is used in certain projects on an experimental basis</td>
<td>2</td>
</tr>
<tr>
<td>3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users –</td>
<td>3</td>
</tr>
<tr>
<td>4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population</td>
<td>4</td>
</tr>
<tr>
<td>5 – Whole population stratification deployed and fully implemented.</td>
<td>5</td>
</tr>
</tbody>
</table>

- BC’s strategy on Chronicity
- A guide on Risk Stratification tools
- Pilot Project evaluation
- White Paper of the ASSEHS project
- 2016-2020 Health Services Strategic Plan
Outcomes of the maturity assessment

Dimensions for improvement & learning

Potential dimensions for coaching of other regions/countries

3. Knowledge Transfer

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

9 co-designed knowledge transfer programmes
26 knowledge transfer activities
Provide basis for further improvement

3. Improve

9 co-designed improvement plans

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>
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</thead>
<tbody>
<tr>
<td></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></td>
<td>Training health navigators and citizens on usage of digital platform</td>
<td>% of providers integrating EMR into workflow</td>
<td>Data harmonization</td>
<td>Resilient and learning healthcare system that is responsive to population health needs</td>
</tr>
<tr>
<td></td>
<td>Engagements with partners to align on digitalization strategy</td>
<td># of navigators and citizens trained</td>
<td>Information flow between providers and patients streamlined</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bilateral peer to peer learning sessions with digitally-enabled partners</td>
<td>% utilization</td>
<td>Relationships with digital health SME maintained</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meaningful relationships built with partners and SME peers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td># of P2P exchanges</td>
<td></td>
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www.sciroccoexchange.com
www.scirocco-project.eu
@SCIROCCOxchange

Disclaimer

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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

Capacity-building support

4. Improvement Plans

Co-designing technical assistance tailored to the maturity and local context
SPOTLIGHT ON THE MATURITY ASSESSMENT PROCESS

Cristina Adriana Alexandru (University of Edinburgh, UK)
Cristina.Alexandru@ed.ac.uk
The Scirocco Tool for Integrated Care

Ever since the Scirocco Project, has been facilitating the scaling up of Integrated Care by:

- Defining **Maturity** to adopt Integrated Care
- Assessing the **Maturity of Healthcare Systems**
- Assessing the **Maturity Requirements of Good Practices**

- Link to the tool: [https://scirocco-exchange-tool.inf.ed.ac.uk](https://scirocco-exchange-tool.inf.ed.ac.uk)
Defining Maturity: The Integrated Care Maturity Model

Groups Integrated Care activities into 12 dimensions, each with objectives and a 0-5 rating scale allowing evaluation on that dimension.
Assessing Healthcare System Maturity: The Scirocco Project

- Main idea: including the Maturity Model in a form and offering a synchronised visual representation (spider diagram) can help record an expert’s opinion on Integrated Care maturity.
- Additionally, justifications can support their point of view

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No additional funding is available to support the move towards integrated care</td>
</tr>
<tr>
<td>1</td>
<td>Funding is available but mainly for the pilot projects and testing</td>
</tr>
<tr>
<td>2</td>
<td>Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation</td>
</tr>
<tr>
<td>3</td>
<td>Regional/national (or European) funding or PPP for scaling-up is available</td>
</tr>
<tr>
<td>4</td>
<td>Regional/national funding and/or reimbursement schemes for on-going operations is available</td>
</tr>
<tr>
<td>5</td>
<td>Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development</td>
</tr>
</tbody>
</table>

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

Regional funding is available, but there is no multi-year budget.
Assessing Healthcare System Maturity: The Scirocco Project

- Consensus between experts (max 5) can then be reached dimension-by-dimension through discussion

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

We are all using HL7 FHIR

This will all be resolved soon, as we are joining an international standards group for devices
The tool supports consensus discussions visually.

The consensus assessment can be recorded on the tool.

Assessment: Description

Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

4. Process Coordination

- 0: No formal guidelines, description, agreements or standards on innovative coordinated care processes in integrated care services are in place or in development.
- 1: The stakeholders produce some guidelines and recognise the need for the standardisation of coordinated care processes, but there are no formal plans to develop it.
- 2: Some standardised coordinated care processes are underway; guidelines are used, some initiatives and pathways are formally described, but no systematic approach is planned.
- 3: Services, pathways and care processes are formally described in a standardised way by the stakeholders. A systematic approach to their standardisation is planned but not deployed.
- 4: Most coordinated care processes, including care pathways, are subject to a systematic approach, and are standardised and deployed throughout the whole region/country.
- 5: A systematic approach to standardisation of coordinated care processes is in place across the region/country. The processes are scaled up, maintained and redesigned according to standards.

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

- jadmin
- j14
- nurse
- doctor

Despite problems in getting devices to interoperate, the joining of an international standards group for devices will soon improve this issue.
Assessing Healthcare System Maturity: The Scirocco Project

- Both private and consensus assessments can be shared
- Sharers can be editors or viewers; only one editor at a time: the owner

Share Assessment

This page allows you to make your assessment visible to somebody else who has an account, by providing his/her email address in the text field below. Once this email address gets populated in the table, you can also make that person the sole editor of the assessment by making him/her an owner. If you have originally created the assessment, you will always be able to edit who is the owner. If not, you will lose this right once you have made somebody else the owner.

Users who share assessment Cons-Basque Country,

<table>
<thead>
<tr>
<th>USER</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cristina.Alexandrued.ac.uk (you)</td>
<td>Viewer, originator</td>
</tr>
<tr>
<td></td>
<td>Owner</td>
</tr>
</tbody>
</table>

Please indicate the email address of ONE (other) user whom you would like to share the assessment with:

[Share]
Assessing Healthcare System Maturity: The Scirocco Project

A methodology for performing healthcare system maturity was also proposed during the Scirocco Project:

1. Local organisers identify local experts to be involved in the assessment

2. The experts individually perform the assessment by filling in a questionnaire on the Scirocco tool

3. The experts share their individual questionnaires with the organisers

4. A workshop is organised to discuss and reach a consensus amongst the different experts about the maturity of the healthcare system
Updates in Scirocco Exchange

1. The Maturity Model improved according to user feedback and localized: currently translated in 10 languages
2. Online guidance and improved wording on assessment/sharing
3. More intuitive next steps when saving a private assessment
Updates in Scirocco Exchange

4. Sharing mechanism updated to allow:
   - Selecting several individuals to share with at once, as editor or viewer
   - Sharing with pre-set communities of individuals
   - Sharing publicly with all registered users (as viewers only)
   - Multiple editors, originator of assessment always an editor, only allowing one editor to edit an assessment at once (lock mechanism)

Users who share assessment CAlexBasque Country,4

<table>
<thead>
<tr>
<th>USER</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Cristina.Alexandru@ed.ac.uk">Cristina.Alexandru@ed.ac.uk</a> (you)</td>
<td>Editor, originator</td>
</tr>
<tr>
<td><a href="mailto:cristinutza0107@yahoo.com">cristinutza0107@yahoo.com</a></td>
<td>Editor</td>
</tr>
<tr>
<td><a href="mailto:soa@staffmail.ed.ac.uk">soa@staffmail.ed.ac.uk</a></td>
<td>Viewer</td>
</tr>
</tbody>
</table>

Share with individuals Share with your communities Share publicly

Please indicate the email addresses of the user(s) whom you would like to share the assessment with:
Updates in Scirocco Exchange

5. Consensus assessments can include comparison of >5 private answers through use of blob alternative representation.
Assessment in Practice

» Healthcare system assessments were performed in 9 Scirocco Exchange Regions:
  - Basque Country, Spain
  - Flanders, Belgium
  - Poland
  - Puglia, Italy
  - Scotland, UK
  - Kosice region, Slovakia
  - Municipality of Trbovlje, Slovenia
  - Lithuania
  - Germany

» Each region adapted the methodology
Assessment in practice- 2 very different approaches

1. Basque Country: a top-down approach
   - Experts were guided through a presentation (introducing the project, the objectives and the process of the self-assessment in the Basque Country) and supportive documents (last model of the Maturity Model in Spanish, a user manual for the Tool, agenda of the Consensus workshop).
   - Well-structured consensus workshop including 2 rounds of negotiation and consensus building followed by reflection on the process

2. Flanders: Roll out to primary care zones
   - Flanders is reforming health and care delivery
   - Creation of Primary Care Zones
   - Roll out maturity assessment over a large number of zones assessing each for maturity.

More in next presentations…
Thank you! Questions?
MATURITY ASSESSMENT IN POLAND

Katarzyna Wiktorzak
National Health Fund, Poland
INTEGRATED CARE in POLAND - Primary Care Pilot Program POZ PLUS

Management (coordination)
- Monitoring, Evaluation
- Improvements in organization/technology

Current offer of care
- Disease management program for PHC patients diagnosed for 11 selected chronic diseases

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

- 47 primary healthcare centers (PHC) across Poland
- Duration: more than 3 years, from 1st July 2018
- Population: 300,000 patients
Readiness for integrated care in Poland – process of SCIROCCO Maturity Assessment

➤ The survey has been translated from English into Polish

➤ In order to provide more detailed information from respondents, additional questions were created for each of the 12 dimensions,

➤ It was decided to carry out a maturity assessment by means of individual interviews with the help of qualified interviewers

➤ Respondents were asked to provide examples of actions, events, tools or organizational solutions taken (or not) so that the interviewers could assign scores as accurately as possible.

➤ Employees of Primary Health Centres taking part in pilot POZ PLUS project were interviewed (medical personnel, executives of Centres and employee of IT department)

➤ The research was conducted by 2 interviewers employees of NHF

➤ There were 39 Primary Healthcare Centres which took part in the interviews

➤ There were 93 interviews conducted (2 or 3 respondents from each centre -)
Readiness for integrated care in Poland - results

„small” PHC
14 providers with 39,296 patients taken care of

„medium” PHC
19/17 providers with 133,722 patients taken care of

„large” PHC
6 providers with 84,728 patients taken care of
Readiness for integrated care in Poland strengths and weaknesses

Key strengths:
The first comprehensive healthcare provider assessment of maturity for integrated care was performed - a benchmark for future research
Assessment of the maturity of primary health care facilities using the SCIROCCO tool facilitates the comparability of results
The use of a spider diagram enables comparisons between institutions (in Poland and abroad) and facilitates matching activities in order to increase the maturity

Weaknesses:
Low level of understanding the questions, the support of the interviewers is necessary in the first phase
The long and multi-stage survey aroused the reluctance of participants to spend 1 hour on research
What is your ambition in future?

- **Scaling up the Scirocco Maturity Model in Poland** - solution proven during the Scirocco Exchange project on 40 providers. In the new financial perspective (Cohesion Policy 2021-2027 in Europe), 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.

- 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.

- **Develop the NHF Knowledge Transfer HUB** - 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.

- Organizing the webinars, meetings with providers, study visits, bilateral international workshops to help healthcare providers to increase their level of coordinated care maturity.
MATURITY ASSESSMENT IN FLANDERS (BELGIUM)

Sjoert Holtackers

VIVEL
Integrating care in Flanders

"Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency." – Definition WHO
Readiness for integrated care in Flanders
Readiness for integrated care in Flanders

**Strengths:**
Little golden nuggets of good practices & small innovations

“As a representative of the informal caregivers, I was apprehensive about the discussion and my expectations were low, as this seemed to be mainly about collaboration between care professionals. But I had a very good feeling about the consensus meeting.”

**Weaknesses**
- Trust is key and influences the scoring and discussions
- Attribution bias: “we’re doing a great job vs. the government(s) have to fix this mess”
What is your ambition in future?

YOU GET A SCIROCCO SELF-ASSESSMENT

EVERYBODY GETS A SCIROCCO SELF-ASSESSMENT
MATURITY ASSESSMENT AT THE LOCAL LEVEL IN SLOVENIA

Mateja Nagode and Aleš Istenič

Social Protection Institute of the Republic of Slovenia
Integrated care in Slovenia

- Integration of social and health care services and sectors in LTC (both, vertical and horizontal).

- Better home care (prioritising home care); more health and social services at home; coordination.

- Municipalities (212) are responsible for social services.

- Local level as the opportunity to test the Scirocco tool (bottom-up).
## Readiness for integrated care at the local level

### Municipality of Trbovlje
- 8 assessments from 8 organisations
- 8 representatives from 6 organisations attended the workshop

Municipality with worse conditions and less successful when performing social care at home.

### Municipality of Domžale
- 14 assessments from 14 organisations
- 12 representatives from 12 organisations attended the workshop

Municipality, which, based on the needs assessment analysis, approached the development of a local strategy in the field of health and active aging.

- Stakeholders most familiar with the challenges of LTC in the municipality (representatives of centre for social work, municipality, health care centre, social home care providers, care homes, NGO‘s (senior‘s association, etc.)
Readiness for integrated care at the local level

- Local diversity in maturity of integrated care
- Space for improvement
Readiness for integrated care at the local level

- Flexible tool
- Consensus building workshop as a crucial step

- Local vs. national level (bottom – up approach)
Steps in the future

- Promoting the use of the Scirocco Tool in other local environments in Slovenia.
- The Scirocco Tool could also be applied on the national level and can be adjusted accordingly.
- LTC act was adopted in December 2021.
Insights from a Swiss nationwide survey using the SCIROCCO tool

Séverine Schusselé Filliettaz & Isabelle Peytremann-Bridevaux
Agenda

Context

Switzerland

Methods

Study design & Population

Comparison with the usual SCIROCCO process

Results

Discussion

BMJ Open

Healthcare system maturity for integrated care: results of a Swiss nationwide survey using the SCIROCCO tool

Isabelle Peytemann-Bridevaux,1,2 Sérénine Schusselé Filletetz,5 Peter Berchtold,3 Michelle Grossglaurer,1 Andrea Pavlickova,4 Ingrid Gilles1

ABSTRACT

Objectives To assess the maturity of the Swiss healthcare system for integrated care and to explore whether this maturity varied according to several variables.


Setting and population Stakeholders identified via lists of the Swiss Forum for Integrated Care and of the integrated care units of the Swiss Federal Office of Public Health, and representatives of 26 cantonal public health departments, were invited to participate.

Primary outcome measure The outcome was the maturity of the Swiss healthcare system for integrated care, measured with the Scaling Integrated Care in Context maturity model tool (SCIROCCO tool), which comprises 12 dimensions and questions rated on a 6-point scale.

Analysis Universe analyses were first performed, followed by bivariate analyses, to find out whether maturity varied according to working linguistic region, healthcare profession, main domain of professional activity, implication in integrated care, attitude towards integrated care, and attitude towards the Swiss healthcare system.

Results The 642 respondents were 55.7 years on average, 42.5% were women, 60.0% and 30.7% worked in the German and French-speaking parts of Switzerland, respectively. Overall, the maturity of the Swiss healthcare system for integrated care was evaluated as low, with dimension scores ranging from 1.0 (1-1) for the ‘Funding’ dimension to a maximum of 2.7 (1-5) for ‘Widen Services’. Results only varied according to the working linguistic region.

Conclusions Results highlight a limited maturity of the Swiss healthcare system for integrated care as assessed at a national level by a large and varied number of healthcare stakeholders. They represent important information for the further development of integrated care in Switzerland, and should help identify areas requiring attention for a successful transformation of the Swiss healthcare system towards more integrated care.

INTRODUCTION

Since the late 1990s, healthcare systems have been facing the challenge of preventing and managing chronic diseases and their related societal and individual burden. Since then, integrated care has emerged as a way to overcome the overall fragmentation of healthcare services, and various initiatives have been implemented across and within countries. Despite common overall goals, often aligned with the triple aim (ie, population health, quality of care/care experiences, costs), integrated care initiatives are very heterogeneous because of their context dependency. In fact, they often differ in terms of target populations, type of healthcare professionals and healthcare system levels involved, scope, components and size, among others. Additionally, integrated care initiatives often remain at the pilot stage as they present scaling up difficulties and limited transferability and replicability. For these reasons, understanding barriers and facilitators of the implementation and scaling up of integrated care programmes has been the focus of several comprehensive European projects.

Strengths and limitations of this study

The Scaling Integrated Care in Context (SCIROCCO) maturity model tool is a validated instrument targeting the maturity of healthcare system for integrated care, the results of which may support the implementation and further expansion of integrated care at the system and organisational level.

The SCIROCCO tool has not been previously used at a nationwide level, in Switzerland, more than 600 healthcare stakeholders took part in a national electronic survey.

We used the SCIROCCO tool in conditions different than those in which it was originally developed, without the consensus-like method which encourages discussion and sharing of experiences among smaller groups of key participants; the latter may also allow a common understanding and interpretation of the content of the dimensions and response modalities.

Due to the complexity of the Swiss health system, individual respondents of a large-scale survey may lack comprehensive knowledge of all dimensions.
Context

- **Federal country**
  26 cantonal health systems

- **Three linguistic areas**
  
  - German-speaking
  
  - French-speaking
  
  - Italian-speaking

- **Integrated care**
  
  Heterogeneity
  
  Local / cantonal specificities

Number of integrated care initiatives in Swiss cantons (n=155)
(Switzerland 2015-2016)

Source: Enquête suisse sur les soins intégrés (2016) © Obsan 2017
Methods (1)

3 SCIROCCO tools for Switzerland:
- German version
- French version
- Italian version
Study design
- Individual online survey (indep. from Scirocco platform)

Population
- Nationwide stakeholders
  - Integrated care
  - Public health authorities

Usual SCIROCCO process
- Interactive and iterative process (=>consensus)

Targeted and context-specific group of stakeholders
### Respondents’ characteristics (n=642)

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professions</strong></td>
<td>• Healthcare providers: 35.8 %</td>
</tr>
<tr>
<td></td>
<td>• Directors of institutions: 27.7 %</td>
</tr>
<tr>
<td><strong>Professional activity</strong></td>
<td>• University hospital: 22.1 %</td>
</tr>
<tr>
<td></td>
<td>• Independent: 19.4 %</td>
</tr>
<tr>
<td><strong>Working linguistic region</strong></td>
<td>• German-speaking part: 60.0 %</td>
</tr>
<tr>
<td></td>
<td>• French-speaking part: 20.7 %</td>
</tr>
<tr>
<td></td>
<td>• Italian-speaking part: 19.3 %</td>
</tr>
<tr>
<td><strong>Attitude towards the Swiss healthcare system</strong></td>
<td>• Implication in integrated care: 53.5 %</td>
</tr>
<tr>
<td></td>
<td>• Complete / Major change needed in Swiss healthcare system: 85.1 %</td>
</tr>
</tbody>
</table>
Switzerland 2019
(n= 642)

Source: Peytreman-Bridevaux et al 2021
## Discussion & conclusion

| Advantages of an online survey | • More respondents  
|                              | • Broader maturity assessment  
|                              | • Easier data collection  
| Disadvantages of an online survey | • Increased dispersion  
|                            | • Knowledge of local context vs federal  
|                            | • Local maturity = federal maturity  
|                            | • No consensus building process  
| Scirocco as an online survey | • Picture  
|                            | • Part of a participatory process  
|                            | • More centralised country  

Main references


Contacts

- Prof. Isabelle Peytremann-Bridevaux, MD, PhD
  isabelle.peytremann-bridevaux@unisante.ch

- Séverine Schusselé Filliettaz, RN, MSc, PhD
  s.schusselefilliettaz@ecolelasource.ch
Capacity-building assets for further collaboration/continuation of different health and social care actors?
MATURITY ASSESSMENT: LESSONS LEARNED

Tamara Alhambra-Borras / Ascensión Doñate-Martinez
Polibienestar Research Institute – University of Valencia

SCIROCCO Exchange Conference, 5 May 2022
Maturity assessment: *Lessons learned*

▶ Experience with self-assessment process

**POSITIVE ASPECTS**

- Individual assessments followed by a consensus meeting rated as the most positive aspect of the tool.

- SCIROCCO tool facilitates the **reflection on integrated care**. It supports both **creative and critical thinking** about integrated care.

- The self-assessment process facilitates **discussion among different levels of stakeholder groups**. It facilitates interdisciplinary discussion, and it is very useful to **synthesize different visions**.

- These discussions help to **align theoretical integrated care implementation process with current practice**.
Maturity assessment: Lessons learned

Experience with self-assessment process

IMPROVEMENT ASPECTS

- Language issues: a **better translation considering the context** was suggested.

- The **web-tool is not easy to be used** for everyone (support is needed).

- **Better description of the tool dimensions and scores.** Difficulties in distinguishing the scoring level and some dimensions are described less clearly than others.

- The tool presents **complex terms**, and support and explanations need to be provided during the self-assessment.
Maturity assessment: *Lessons learned*

- **Insights and outcomes of the self-assessment process**

- The self-assessment provides useful information, it enfolds blind spots.

- The final matrix reflects the system situation, it presents a clear picture of health and care systems for integrated care.

- The self-assessment is very important to analyse data and translate them into corrective actions in a faster way.

- The conclusions extracted from the self-assessment must be shared with all key actors (the whole department, the general director, the municipality, at coordination and policy levels).

- Even though it’s a subjective tool, it allows comparison between different systems.
Maturity assessment: *Lessons learned*

- **Improvement aspects for the effective implementation of Integrated Care**
  - A lack of clear constructive communication and knowledge-sharing between all the groups of stakeholders (government; specialists; PHCC; patients, etc.) was highlighted as a problem.
  - Importance of hearing from the uninterested people (people who are not involved in the day-to-day management).
  - Consistent and sustainable action plans (strategy) and a simpler pathway of information for integrated care on health and care system were underlined as needed.
  - Political support or financing mechanisms beyond projects are limited.
  - Working together across organisational boundaries to progress.
Facilitated discussion
COFFEE BREAK
10.40 – 11.00 CET
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

Capacity-building support

4. Improvement Plans

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

Evidence-based Capacity-building Support
WP6 CAPACITY-BUILDING ASSETS

Jon Txarramendieta
Kronikgune Institute for Health Services Research

The SCIROCCO Exchange project is co-funded by the Health Programme of the European Union under Grant Agreement No. 826676 (Chafea)
Capacity building assets

Objectives

1. Map the existing assets and evidence on integrated care at international, European, national and regional levels

2. Identify and tailor relevant capacity-building assets on integrated care that help to address the needs and priorities of nine European regions

3. Facilitate the integration of identified capacity-building assets with the SCIROCCO Exchange Knowledge Management Hub (KMH)
Capacity building assets

Definition

“Capacity-building assets are available resources and evidence that support stakeholders to increase context’ maturity for integrated health and social care in the twelve dimensions of the SCIROCCO Maturity Model”
Mapping strategy

Objective: Find and select capacity-building assets that are associated with the twelve SCIROCCO Maturity Model’s dimensions.

- DESKTOP SEARCH
  - Select 2 key informants per region
  - Identify assets that they are familiar with in their region/country
  - Select and chart assets
  - Assets’ key information mapping

- LITERATURE REVIEW
  - Define search strategy
  - Identify published scientific papers
  - Select and chart relevant papers
  - Papers’ key information mapping

FEED
Knowledge Management Hub – KMH
### Mapping strategy

#### Assets selection criteria and sources

#### Desktop search

**Inclusion criteria:**
- Related to integrated care
- Linkable to at least one of the SCIROCCO Maturity Model dimensions
- Timeframe: 10 years
- Accessible (non confidential, no drafts)
- Languages: English and SCIROCCO Exchange project participant regions’ languages
- Geographic coverage: International

**Exclusion criteria:**
- Published in traditional academic publishing and distribution channels
- Documents/resources still in draft status
- Confidential material under non-disclosure agreements

**Sources:** Regional experts’ sources of search
- Web search engines
- Library catalogues
- Websites, intranets or bulletins
- Organisations, businesses and/or official bodies
- Grey literature databases
- Institutional repositories
- Experts’ resources (to specify)
- Others (to specify)

#### Literature review

**Inclusion criteria:**
- Related to integrated care
- Linkable to at least one of the SCIROCCO Maturity Model dimensions
- Timeframe: 10 years
- Accessible (non confidential, no drafts)
- Languages: English
- Geographic coverage: International

**Sources:** Scientific search databases
- Pubmed/Medline
- EMBASE (OVID)
- PsycINFO
- WOS
Charting

- **Objective**: Connect each asset to the dimension it links to a Scirocco Model dimension, and if possible, to a score of the assessment scale of the dimension it links to that could help a healthcare system to reach.

- **Assets are charted based on**:  
  - The typology of the asset  
  - The dimension/dimensions to which it is linked and  
  - The Maturity Readiness Level (MRL) it could contribute to reaching.
Charting
Type of assets

- Literature review:
  - Scientific papers

- Desktop search:
  - Regulation and/or guidelines/"norms" document(s)
  - Strategic and consultation document(s) (plans, green papers, white papers, ...)
  - Report(s) (institutional, internal, technical, or statistical)
  - Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, ...)
  - Guidance document(s) (guidelines on implementation, evaluation, ...)
  - Good practice(s)
  - Tool(s) (planning, implementation, management, evaluation, software...)
  - Technical and commercial documentation (brochures, manuals, leaflets, ...)
Integrated care (general): How do healthcare stakeholders deal with building integrated care?

- How do healthcare stakeholders deal with fostering readiness to change from a fragmented model to an integrated one?
- How do healthcare stakeholders deal with implementing changes at structural and governance level for the integration of care system?
- How do healthcare stakeholders deal with building digital infrastructure to support integrated care?
- How do healthcare stakeholders deal with ensuring available funding to support integrated care?
- How do healthcare stakeholders deal with implementing coordinated care processes for the effective deployment of integrated care?
- How do healthcare stakeholders deal with withdrawing legal, organisational, financial, skill concerning and cultural barriers related with integrated care?

How do healthcare stakeholders deal with deploying population risk approach?

How do healthcare stakeholders deal with empowering citizens and including them in decision-making processes?

How do healthcare stakeholders deal with evaluating integrated care services?

How do healthcare stakeholders deal with ambitioning integration of health and social care services?

How do healthcare stakeholders deal with managing innovation supporting integrated care?

How do healthcare systems stakeholders deal with building capacity for integrated care?

https://hslmcmaster.libguides.com/c.php?g=441702&p=3590259
Charting Maturity Readiness Levels (MRL)

- The MRL standardizes the scores of the dimensions’ scales

1. Awareness-raised
2. Small-scale deployment and/or planning
3. Mid-scale deployment and/or initial institutionalisation
4. Large-scale deployment and/or extended institutionalisation
5. Full deployment and/or institutionalisation
SCIROCCO Exchange asset - Real example

<table>
<thead>
<tr>
<th>Type of asset:</th>
<th>Strategic and consultation document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dimension(s):</td>
<td>D1 (Readiness to change)</td>
</tr>
<tr>
<td>MRL per dimensión (Desktop search):</td>
<td>MRL5</td>
</tr>
<tr>
<td>Title:</td>
<td>Strategy for Addressing Chronicity in the National Health system</td>
</tr>
<tr>
<td>Author(s):</td>
<td>Ministry of Health, Social Services and Equality of the Basque Country</td>
</tr>
<tr>
<td>Year of publication:</td>
<td>2012</td>
</tr>
<tr>
<td>Region/Country:</td>
<td>Basque Country, Spain</td>
</tr>
<tr>
<td>Source:</td>
<td>Ministry of Health, Social Services and Equality of the Basque Country</td>
</tr>
<tr>
<td>Brief summary/Abstract/Executive summary:</td>
<td>Strategy for dealing with chronicity in the whole of the Spanish National Health System. The document aims to establish a set of objectives and recommendations for the National Health System to guide the organization of services towards improving the health of the population and its determinants, preventing health conditions and limitations in chronic activity and providing comprehensive and integrated health care.</td>
</tr>
<tr>
<td>Keywords:</td>
<td>Chronicity, chronic strategy, integrated care</td>
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## Example: Population Approach dimension

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<thead>
<tr>
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<th>MRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Population health approach is not applied to the provision of integrated care services</td>
<td>0</td>
</tr>
<tr>
<td>1 – Population-wide risk stratification considered but not started</td>
<td>1</td>
</tr>
<tr>
<td>2 – Risk stratification approach is used in certain projects on an experimental basis</td>
<td>2</td>
</tr>
<tr>
<td>3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users –</td>
<td>3</td>
</tr>
<tr>
<td>4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population</td>
<td>4</td>
</tr>
<tr>
<td>5 – Whole population stratification deployed and fully implemented.</td>
<td>5</td>
</tr>
</tbody>
</table>
## Desktop search- Final Results

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Assets</th>
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</thead>
<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>
</tr>
<tr>
<td>D4 – Funding</td>
<td>70</td>
</tr>
<tr>
<td>D5 – Process Coordination</td>
<td>67</td>
</tr>
<tr>
<td>D6 – Removal of Inhibitors</td>
<td>32</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>63</td>
</tr>
<tr>
<td>D8 – Citizen empowerment</td>
<td>76</td>
</tr>
<tr>
<td>D9 – Evaluation methods</td>
<td>47</td>
</tr>
<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>
<tr>
<td><strong>Total</strong></td>
<td><strong>385</strong></td>
</tr>
</tbody>
</table>
Literature review

Three searches:

- 1st search - Summer-Autumn 2019
  - 4411 assets found

- 2nd search - after being revised search sentences – Winter-Spring 2020
  - 1899 assets found

- 3rd search – autumn –Winter 2021
  - 289 new assets identified from the alerts in the scientific databases
## Literature review – Final Results

<table>
<thead>
<tr>
<th>Dimension</th>
<th>2020 search</th>
<th>2021 search</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 - Readiness to change</td>
<td>36</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>D2 - Structure and governance</td>
<td>35</td>
<td>5</td>
<td>40</td>
</tr>
<tr>
<td>D3 - Digital infrastructure</td>
<td>29</td>
<td>8</td>
<td>37</td>
</tr>
<tr>
<td>D4 - Funding</td>
<td>16</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>D5 - Process coordination</td>
<td>25</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>D6 - Removal of inhibitors</td>
<td>11</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>D7 - Population approach</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>D8 - Citizen empowerment</td>
<td>10</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>D9 - Evaluation methods</td>
<td>26</td>
<td>5</td>
<td>31</td>
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<tr>
<td>D10 - Breadth of ambition</td>
<td>14</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>D11 - Innovation management</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>D12 - Capacity-building</td>
<td>12</td>
<td>1</td>
<td>13</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>232</strong></td>
<td><strong>35</strong></td>
<td><strong>267</strong></td>
</tr>
</tbody>
</table>
Capacity-building assets mapped against the dimensions
Conclusions and final remarks

- **Mapping** of capacity-building assets included searching, selecting and charting of assets against twelve dimensions of the SCIROCCO Maturity Model for Integrated Care.

- The two strategies to identify assets made it possible to identify, select, chart not only updated scientific evidence but also grey literature, often not easily retrievable.

- A total of **654 assets were mapped**; 387 as a result of a desktop search and 267 of a literature review. Most of them were published or produced between years of 2015 and 2019.

- The objective for this assets mapping was that they will be used by European countries/regions in order to **improve the provision of integrated care in their systems** by more effective and tailored knowledge transfer, capacity-building support and improvement planning activities for integrated care.

- All capacity-building assets gathered in SCIROCCO Exchange project **were uploaded and integrated with the SCIROCCO Exchange Knowledge Management Hub**.

- The challenge now is to **analyse to what extent the assets are useful for the regions using the Knowledge Management Hub**. We will be able to test this as they use them and assess their usefulness in advancing integrated care.
SPOTLIGHT ON USING ASSETS ON THE KNOWLEDGE MANAGEMENT HUB

Cristina Adriana Alexandru, Stuart Anderson
University of Edinburgh, UK
From the SCIROCCO Tool to the Knowledge Management Hub

- There is too much knowledge, evidence and experience around integrated care available—most of it is low relevance.
- The SCIROCCO Knowledge Management Hub creates a curated collection of assets that are meaningful to the community of users:
- Assets are linked to the dimensions and ratings of the SCIROCCO tool
- The Knowledge Hub supports:
  - Adding/editing
  - Searching and identifying
  - Adding to/editing collections
  - Sharing collections
  - Capturing experience with/reviewing of assets that are potentially useful for a region
Adding Assets

SCIROCCO Exchange Knowledge Management Hub

Assets

<table>
<thead>
<tr>
<th>SEARCH ASSETS</th>
<th>MANAGE ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quick search</td>
<td>Create asset</td>
</tr>
<tr>
<td>Advanced search for my assessments</td>
<td>My assets</td>
</tr>
<tr>
<td>Advanced search for other assessments</td>
<td>My asset collections</td>
</tr>
<tr>
<td>Advanced general search</td>
<td></td>
</tr>
</tbody>
</table>
Adding assets

Create/Edit asset

Instructions for fill in this form are available in the SCIROCCO Exchange Guidance Document.

Type of asset**:

Please select:  

MR1 number or referenced dimension (leave empty if dimension not referenced)

<table>
<thead>
<tr>
<th>Dimension 1</th>
<th>MR10</th>
<th>Dimension 2</th>
<th>MR11</th>
<th>Dimension 3</th>
<th>MR12</th>
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</thead>
<tbody>
<tr>
<td>Dimension 4</td>
<td>MR13</td>
<td>Dimension 5</td>
<td>MR14</td>
<td>Dimension 6</td>
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<tr>
<td>Dimension 7</td>
<td>MR16</td>
<td>Dimension 8</td>
<td>MR17</td>
<td>Dimension 9</td>
<td>MR18</td>
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Title**:


Author0**:

<table>
<thead>
<tr>
<th>Author 1</th>
<th>Author 2</th>
<th>Author 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author 4</td>
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<td>Author 6</td>
</tr>
<tr>
<td>Author 7</td>
<td>Author 8</td>
<td>Author 9</td>
</tr>
</tbody>
</table>

Author 10

Year of publication**:


Language of Asset**:

Please select:  

Report**:


Source:

Please select:  

Brief summary/Abstract/Executive summary (Max. 200 words)**:


Keywords**:

<table>
<thead>
<tr>
<th>Keyword 1</th>
<th>Keyword 2</th>
<th>Keyword 3</th>
<th>Keyword 4</th>
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<tbody>
<tr>
<td>Keyword 5</td>
<td>Keyword 6</td>
<td>Keyword 7</td>
<td>Keyword 8</td>
</tr>
<tr>
<td>Keyword 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Access details (URL to the asset)**:


Submit asset
Editing Assets

SCIROCCO Exchange Knowledge Management Hub

Assets

<table>
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<td>Quick search</td>
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<td>Advanced search for my assessments ✔</td>
<td>My assets</td>
</tr>
<tr>
<td>Advanced search for other assessments ✔</td>
<td>My asset collections</td>
</tr>
<tr>
<td>Advanced general search</td>
<td></td>
</tr>
</tbody>
</table>

Sciocco Exchange
Editing Assets

SCIROCCO Exchange Knowledge Management Hub

My assets

ASSETS

Integrated care pathways
Searching, Identifying Assets, Adding to Collections

- Searching is about **filtering the assets on the Knowledge Management Hub so we can find useful assets.**

- For example:
  - I am interested in assets that can help with improving my healthcare system’s integrated care assessment for the first 2 dimensions:
    - Readiness to Change
    - Structure and Governance
  - Current consensus assessment has ratings 1 and 0 respectively for them, so filtered assets should be describing ways of increasing these ratings (here, used term Maturity Readiness Level or MRL interchangeably with rating).
  - I may want to search assets published in certain years when I know there were examples of innovation in these dimensions.
  - For any identified assets that are potentially useful, I want to set up a *collection* which I can later keep adding to, review assets within, share with colleagues.
Searching, Identifying Assets, Adding to Collections

Several options:

- Advanced search: including numerous search filters
  - For the user’s assessments (as originator)
  - For other assessments that were shared with user
  - Not associated to an assessment (advanced general search)

Quick search: all-in-one of above but with fewer filters
Quick Search (Recommended!)

Assets quick search

Selected assessment: CAlexBasque Country

Search results

Collection: New collection
There are no assets in this collection

Reset search criteria

Search assets
Quick Search (Recommended!)

Assets quick search

Selected assessment: CAlexBasque Country.4

More filters

Search results
Number of search results: 16

1. Title: 60 Primary Care Zones
   Author(s): Flanders Agency for Care and Health
   Year: 2018.0
   Median_rating: Not yet rated
   Type: Good practice
   MRLForDimension1: 4
   MRLForDimension2: 3
   Read More

2. Title: Gids 'Geïntegreerde zorg voor een betere gezondheid'
   Author(s): Federal Public Service Public Health
   Year: 2016.0
   Median_rating: Not yet rated
   Type: Guidance document
   MRLForDimension1: 2

Collection: New collection
There are no assets in this collection

Reset search criteria
Search assets
Add to collection
Quick Search (Recommended!)
Quick Search (Recommended!)

Assets quick search

The selected asset(s) were successfully added to collection 'BC1'

Selected assessment: CAlexBasque Country 4

More filters

Search results

Collection: BC1
Number of assets in collection: 2

- Title: 60 Primary Care Zones
  - Author(s): Flanders Agency for Care and Health
  - Year: 2018.0
  - Median_rating:
  - Type: Good practice
  - Read More

- Title: Geïntegreerde zorg voor een betere gezondheid
  - Author(s): Federal Public Service Public Health
  - Year: 2016.0
  - Median_rating:
  - Type: Guidance document
  - Read More

Reset search criteria

Search assets
Advanced Search: Overview

Search assets

Selected assessment: CAlexBasque Country, 4

Please select criteria for the search:

- Type of asset:
  - Any

- Dimensions, and their MRLs equal or above:
  - Dimension: 1
  - MRL: 2
  - Add more

- Title:
  - [Input field]

- Author name(s) contain:
  - Author 1
  - Add more

- Year of publication:
  - 2016

- Region or country:
  - [Input field]

- Language of Asset:
  - Any

- Terms in description:
  - [Input field]
Advanced Search: Overview

Search assets

Selected assessment: CAlexBasque Country,4

Please select criteria for the search:

Type of asset:
Any

Dimensions, and their MRLs equal or above:
Dimension: 1, MRL: 2

Add more

Title:

Author name(s) contain:
Author 1

Add more

Year of publication:
2016

Region or country:

Language of Asset:
Any

Terms in description:

Number of search results: 3

1. Title: Integrated services will help the elderly get professional home care (Integralios pa-slabugos padės seniūnams gauti profesionalų priežiūrą namuose)
   - Author(s):
   - Year: 2016.0
   - Median_rating: Not yet rated
   - Type: Report
   - MRLForDimension1: 3
   - MRLForDimension2: 3

2. Title: Transformation of social care services for the elderly in Slovakia
   - Author(s):
   - Year: 2016.0
   - Median_rating: Not yet rated
   - Type: Report
   - MRLForDimension1: 2
   - MRLForDimension2: 1

Add to collection
Editing Asset Collections

SCIROCCO Exchange Knowledge Management Hub

<table>
<thead>
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<td>My asset collections</td>
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<tr>
<td>Advanced general search</td>
<td></td>
</tr>
</tbody>
</table>
## Editing Asset Collections

### Asset Collections

<table>
<thead>
<tr>
<th>PRIVATE ASSET COLLECTIONS</th>
<th>SHARED ASSET COLLECTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAlex-CAlexBasque Country,4_assets</td>
<td>test</td>
</tr>
<tr>
<td>CAlex-CAlexBasque Country,4_assets2</td>
<td>Structure</td>
</tr>
<tr>
<td>Demo2</td>
<td>Demo_Scottish_Gov</td>
</tr>
<tr>
<td>CAlex_assets</td>
<td></td>
</tr>
<tr>
<td>Scotland_a</td>
<td></td>
</tr>
<tr>
<td>CAlex_assets2</td>
<td></td>
</tr>
<tr>
<td>BC1</td>
<td></td>
</tr>
<tr>
<td>CAlex-CAlexBasque Country,4_assets3</td>
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</tr>
</tbody>
</table>

*Sciocco Exchange*
## Editing Asset Collections

### Edit collection

**Collection name:** BC1

- **Add more assets (by searching)**

<table>
<thead>
<tr>
<th>Asset</th>
<th>Title</th>
<th>Used</th>
<th>Rate Asset</th>
<th>Comment</th>
<th>Remove</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>60 Primary Care Zones</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Year: 2018.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Median_rating: Not yet rated</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Type: Good practice</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Region: Flanders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description: Care and support professionals have determined which municipalities together constitute a primary care zone. General practitioners, pharmacists, physiotherapists, home nurses, psychologists, welfare workers... are the local health and social care providers closest to the citizen and so they are the first point of contact for persons with care and welfare questions. These professionals will now work more closely and share better their expertise. Among themselves, together with their patients, local government and local care and welfare organisations they determined their primary care zone a zone of about 75,000 to 125,000 inhabitants within which this enhanced cooperation will take shape.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2 | Gids 'Integreerde zorg voor een betere gezondheid' | | | | | |
| | Year: 2016.0 | | | | | |
| | Median_rating: Not yet rated | | | | | |
| | Type: Guidance document | | | | | |
| | Region: Belgium | | | | | |
| | Description: National Belgian Plan agreed with the Ministers of Health at Federal and Regional level to work on integration of the care for chronic patients. | | | | | |
# Sharing Asset Collections

## SCIROCCO Exchange Knowledge Management Hub

![Image of SCIROCCO Exchange Knowledge Management Hub](image)

## Assets

<table>
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<tbody>
<tr>
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<tr>
<td>Advanced general search</td>
<td></td>
</tr>
</tbody>
</table>

![Image of SCIROCCO Exchange Knowledge Management Hub](image)
# Sharing asset collections

## Asset collections

<table>
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<td></td>
</tr>
<tr>
<td>CAlex-CAlexBasque Country,4_assets3</td>
<td></td>
</tr>
</tbody>
</table>
Sharing asset collections

Share Collection

If you are the editor of a collection, this page allows you to:
- Share your collection with somebody else who has an account, by providing the person's email address and making he/she an editor of the collection. You can later decide to un-share the collection with the person.

Users who share collection BC1

<table>
<thead>
<tr>
<th>USER</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Cristina.Alexandru@ed.ac.uk">Cristina.Alexandru@ed.ac.uk</a> (you)</td>
<td>Editor, originator</td>
</tr>
</tbody>
</table>

Please indicate the email address of ONE (other) user whom you would like to share the collection with:

[Editor] Share
Capturing experience, reviewing assets

Examples:
1. Suppose we have found an asset that reviews implementation plans for feasibility. We use the asset on a current implementation plan and we find it is particularly strong on identifying issues in interactions between activities but is poor in identifying resourcing issues.
2. One class of asset is “innovative practice”. Some innovative practices may result in improvements in the maturity dimensions of an adopting health system.

The Hub has the capacity to record:
Ratings for assets
Comments related to assets, where users can record aspects of use, strengths and weaknesses, evidence of improvements in maturity resulting from the adoption of an asset.
Capturing experience, reviewing assets

<table>
<thead>
<tr>
<th>ASSET</th>
</tr>
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<tbody>
<tr>
<td><strong>Title:</strong> 60 Primary Care Zones</td>
</tr>
<tr>
<td><strong>Year:</strong> 2018.0</td>
</tr>
<tr>
<td><strong>Median_rating:</strong> Not yet rated</td>
</tr>
<tr>
<td><strong>Type:</strong> Good practice</td>
</tr>
<tr>
<td><strong>Region:</strong> Flanders</td>
</tr>
<tr>
<td><strong>Description:</strong> Care and support professionals have determined which municipalities together constitute a primary care zone. General practitioners, pharmacists, physiotherapists, home nurses, psychologists, welfare workers... are the local health and social care providers closest to the citizen and so they are the first point of contact for persons with care and welfare questions. These professionals will now work more closely and share better their expertise. Among themselves, together with their patients, local government and local care and welfare organisations they determined their primary care zone: a zone of about 75,000 to 125,000 inhabitants within which this enhanced cooperation will take shape.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ASSET</th>
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<tbody>
<tr>
<td><strong>Title:</strong> Gelijkgesteld zorg voor een betere gezondheid</td>
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<tr>
<td><strong>Year:</strong> 2016.0</td>
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<tr>
<td><strong>Median_rating:</strong> Not yet rated</td>
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<tr>
<td><strong>Type:</strong> Guidance document</td>
</tr>
<tr>
<td><strong>Region:</strong> Belgium</td>
</tr>
<tr>
<td><strong>Description:</strong> National Belgian Plan agreed with the Ministers of Health at Federal and Regional level to work on integration of the care for chronic patients.</td>
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</table>
Capturing experience, reviewing assets
Capturing experience, reviewing assets

### Edit collection

**Collection name:** BC1

<table>
<thead>
<tr>
<th>Add more assets (by searching)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Asset</th>
<th>Used</th>
<th>Rate Asset</th>
<th>Comment</th>
<th>Remove</th>
</tr>
</thead>
</table>

#### 1. 60 Primary Care Zones

- **Title:** 60 Primary Care Zones
- **Year:** 2018.0
- **Median_rating:** Not yet rated
- **Type:** Good practice
- **Region:** Flanders

**Description:** Care and support professionals have determined which municipalities together constitute a primary care zone. General practitioners, pharmacists, physiotherapists, home nurses, psychologists, welfare workers... are the local health and social care providers closest to the citizen and so they are the first point of contact for persons with care and welfare questions. These professionals will now work more closely and share better their expertise. Among themselves, together with their patients, local government and local care and welfare organisations they determined their primary care zone: a zone of about 75,000 to 125,000 inhabitants within which this enhanced cooperation will take shape.

#### 2. Gids 'Een integreerde zorg voor een betere gezondheid'

- **Title:** Gids 'Een integreerde zorg voor een betere gezondheid'
- **Year:** 2016.0
- **Median_rating:** Not yet rated
- **Type:** Guidance document
- **Region:** Belgium

**Description:** National Belgian Plan agreed with the Ministers of Health at Federal and Regional level to work on integration of the care for chronic patients.
Capturing experience, reviewing assets

Asset Comments

Asset Name: 60 Primary Care Zones

Comments
There are no comments for this asset

Submit Your Comments

Comment
This asset is excellent in emphasising ..

Display name with comment
Submit
Scirocco Exchange
Capacity-building for integrated care
FROM MATURITY ASSESSMENT TO PERSONALISED KNOWLEDGE TRANSFER

Birgit Sandu
Assembly of European Regions

SCIROCCO Exchange Conference, 5 May 2022
Objectives:

1. To design bottom-up personalised assistance and practical support to tailor the local needs and priorities in the 9 European regions that are seeking support in preparing the ground for the transition and scaling-up of integrated care and / or to improve their existing system and service design.

2. To facilitate the purposely designed knowledge transfer in the 9 European regions in order to prepare the local environment for the implementation and scaling-up of integrated care.
Knowledge transfer was informed by the findings on the maturity of national, regional, and local healthcare systems and organisations for integrated care.

Results from the maturity assessment were employed to make an informed decision about what dimension(s) of integrated care they sought to strengthen through personalised knowledge transfer.
Actors and roles in the knowledge transfer

Knowledge Transfer Programme among the 9 regional/national health authorities participating in the project

- **Transferring region**
  - ‘Coaching’ partner
  - Supported by local stakeholders/healthcare professionals

- **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.
Co-development of the Knowledge Transfer Programme: A co-creative process!

Select the dimension/aspects of integrated care for knowledge transfer

Specify objectives and needs for knowledge transfer

Identify stakeholders participating in knowledge transfer

Co-desing of knowledge transfer activities

Select type of knowledge transfer activity

Search & select capacity-building assets for knowledge transfer

Implement knowledge transfer

Evaluate the implementation of knowledge transfer
Step 5: Menu of activities for knowledge transfer

Scirocco Exchange Knowledge Transfer programme

Expert mission to receiving region

Events in receiving region, or in other relevant place

Capacity-building activities in receiving region or elsewhere if relevant

Study visit to transferring entity/ region

Exchange, secondment or placement of staff

Examples
Explanation
Practicalities
Examples
Explanation
Practicalities
Examples
Explanation
Practicalities
Examples
Explanation
Practicalities
Examples
Explanation
Practicalities
Co-development of the Knowledge Transfer Programme: A 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
Adaption of the knowledge transfer programme to the pandemic

- Regular and continuous assessment with each partner on the impact of the pandemic on the
  - Objectives
  - Stakeholders involved
  - Ambition of the knowledge transfer
  - Activities to be implemented for knowledge transfer
- Reaffirmation of initially specified objectives and needs
- Progressive adaptation of onsite knowledge transfer activities to online formats
- Adoption of the small steps approach
Implementation of 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
   - Sharing the work in the learning region with the Consortium
   - Request for feedback and inputs from the Consortium
2. Online Peer-learning activities tailored to the local needs of regions/authorities as study visits to learn more about a specific practice

- Preparatory meeting with the practitioners to further specify the questions
- Proposed an agenda for the online peer-learning session prepared by the coaching partner
- 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
3. Enlarged specialised webinars as conferences and other specialised events in receiving region or in relevant places

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

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

The co-development and implementation of the online knowledge transfer programmes has been meaningful for the purposes of the project providing new opportunities for learning and long-lasting international cooperation.

Key elements for success:

▶ Strong focus on the specification of needs
▶ Tailor-made activities, with clear intention
▶ Clear value to stakeholders
▶ Peer-learning
▶ Regular and continuous reassessment after the outbreak of the pandemic
▶ Early-stage adoption of the small steps approach
▶ Well structured organisation of knowledge transfer activities (especially when they are online)
▶ Exploration and exploitation of new opportunities provided by the online
▶ Pre-existing connection between the regions/authorities participating in the project
Resources for practitioners:

- Report on the SCIROCCO Exchange Knowledge Transfer Programme
- SCIROCCO Exchange Toolkit for Knowledge Transfer

Soon available in the SCIROCCO Exchange Knowledge Management Hub
Facilitated discussion
COFFEE BREAK
11.45 – 12.00 CET
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

Capacity-building support

4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub

Evidence-based Capacity-building Support
KNOWLEDGE TRANSFER IN KOSICE REGION / SLOVAKIA

Nagyova I, Katreniakova Z, Timkova V
PJ Safarik University, Kosice, Slovakia
Objectives of KT in Kosice Region / SK

COACHING

KT objectives have been informed by the findings on the maturity assessment

Focus group: 26.3.2020 (online)

- Only dimension 4 achieved a higher rating (score 2)
- Strategic documents emphasizing IC approaches
- The potential for multidisciplinary cooperation - although not clear vision, planning or management of this cooperation at the administration level
- Standard procedures exist; however, they are not uniform, interdisciplinary

OBJECTIVE: promoting multidisciplinary and cross-sectoral collaboration and networking
Objectives of KT in Kosice Region / SK IMPROVEMENT

2. Structure and governance
7. Population approach
9. Evaluation methods
10. Breadth of ambitions

7 dimensions: 1,3,5,6,8,11,12

1 dimension - 4. Process cooperation

**OBJECTIVE: Capacity Building**
- Isolated bottom-up initiatives, driven by NGOs
- Shortage of younger GPs
- Inadequate understanding of the importance of interdisciplinary team work
KT activities in Kosice Region / Slovakia

To *raise awareness* about the *importance* of the concept of *integrated care* in Kosice self-governing region and/or in Slovakia
KT activities in Kosice Region / Slovakia

1. Slovak online **IC educational platform**

2. 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 programmes/trainings

3. KT activities for **health and social care policies**

4. National online **workshop** focused on logic model and stakeholders engagement (Nov 25, 2021 – online)

KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform

https://integratedcare.mc3.sk
KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform – cont.

https://integratedcare.mc3.sk
KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform – cont.

https://integratedcare.mc3.sk
KT activities in Kosice Region / Slovakia

Outcomes of KT activities in Kosice Region / SK

Example: 3. KT activities for health and social care policies

- **Knowledge transfer at governmental level** – connection to existing and currently implemented activities of the Ministry of Health of the SR (e.g. community hospitals, COVID-19 Intervention team, OECD workshop);

- Membership in the Evaluation committee of the Slovak Ministry of Health on **Standard diagnostic and therapeutic procedures**;

- **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 destabilization management in the context of developing the quality of care.

- 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;

- **Commenting legislative documents and strategies related to IC**.
The overall aim of the SCIROCCO Exchange Knowledge Transfer Programme has been achieved.

The conducted activities raised awareness about the importance of the concept of integrated care in Kosice self-governing region and Slovakia.

The KT 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 of IC in Slovakia.

Strengthening existing partnerships and building new partnerships provides a solid basis for further collaboration.
Challenges / Concerns

- **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; as such the assets mapping process was challenging.
- Negative impact of COVID-19 on stakeholders’ availability and motivation to participate in knowledge transfer activities. Limitations in organizing 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.

Changes in or on the contrary confirmation of the ambition

- The overall attendance (number and representation of participants) at the national workshop was beyond our expectations. Participants welcomed the capacity building as a necessary next step and priority for successful implementation and scaling up of IC in Slovakia.
Future ambitions

1. Further development and improvement of the **IC educational platform**

2. **Developing cooperation with/among the stakeholders**, regular updates of the web-platform (adding new relevant content coming from stakeholders), planning joint activities (projects, conferences, training, etc.).

3. **Implementation of concrete IC projects** at regional and national level. Preparation of new project proposals.

4. Preparation of **IC certified course/training** within the context of life-long learning
Thank you for your attention
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KNOWLEDGE TRANSFER PROGRAMME IN PUGLIA REGION

Serena Mingolla – SCIROCCO Exchange Project Manager

Regional Strategic Agency for Health and Social Affair – AReSS Puglia
Knowledge transfer activities in Puglia Region

**Timeline**

**Assessment**
- Identification of strengths and weaknesses in the integrated care of our LHAs

**Knowledge Transfer**
- Phase 1: Participatory approach to choose a dimension identified by stakeholders as the main weakness
- Phase 2: Design and implementation
Assessment

Weaknesses
- Funding
- Removal of Inhibitors
- Breadth of Ambition
Knowledge Transfer: the participatory phase

As a result of this webinar, the stakeholders decided that among the 3 main dimensions identified as weaknesses, the “Funding” dimension was the priority to be addressed by a knowledge transfer program in the region.
Knowledge Transfer: design and co-creation

- **Analysis of training opportunities already in place in Puglia**
- **Identification of the Master in EU Funds organised by a private regional university**
- **co-creation of the Master in «European Project Planning and Management» with the University’s scientific board.**

Thanks to AReSS suggestions, the Master gained a specific module dedicated to programs and initiatives within the Health and Social domains.
Knowledge Transfer: implementation

- a Memorandum of Understanding was signed between AReSS and the 6 LHAs
- thanks to SCIROCCO Exchange Project AReSS supported LHAs financially to select their stakeholders and let them to attend the Master by a dedicated grant
- Each LHA selected a dedicated human resources with adequate background to attend the training course and to become the reference point for future projects
Today the 1 year Master is ended and the participants completed their training.

The Master will be repeated in its new 2022 edition maintaining the module focusing on the Health and Social domains planned and experimented in collaboration with AReSS Puglia in 2021 under the framework of the knowledge transfer program.

In 2022 AReSS is collaborating with the University of Bari to launch another Master on the same topic of integrated care evaluation and funding.
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Grazie!
KNOWLEDGE TRANSFER IN WERRA-MEISSNE COUNTY, GERMANY

Fritz Arndt

Healthy-Werra-Meißner-County Ltd. (GWMK)
Objectives of knowledge transfer in Werra-Meißner County, Germany

The objectives of the workshop were to:

- learn and exchange on facilitators and barriers in the implementation process of digital infrastructure within the Basque integrated health system.
- build long-term strategic partnership to enhance learning and mutual exchange
Knowledge transfer activities in Werra-Meißner County, Germany

Webinar on the 21. February 2021 between KRONIGUNE (Basque Country, Spain) and GWMK (Hesse, Germany)

• Part 1: Osabide Global IEHR
• Part 2: Personal Health Folder
• Part 3: Video Consultation
Outcomes of knowledge transfer activities
Werra-Meißner County, Germany

Learnings:

- Introduction of electronic health records (eHR) is a comprehensive change management task
- Uptake of eHR, even when technology is ready, is slow
- German eHR function release plan will not enable just-in-time use in ADLIFE project
- In order to go on with ADLIFE a separate database needs to be constructed and manually filled

→ ADLIFE in Germany reverted from an implementation action to a research action
Impact of knowledge transfer activities in Werra-Meißner County, Germany

- Contracting University of Kassel Chair of Communication Technology (ComTec) to build data base
  - iOS based pareto optimized App-Database-System Beta (“ADLIFE ePA”) release mid June (in schedule)

- Change Management:
  - Change of USP focus to shared decision making instead of digitally supported care plan definition
Challenges / Concerns

► Both parties favored a physical exchange prior to the COVID-19 pandemic.
  • Nevertheless, online exchange was successful.
What is your ambition in future?

- Finish development of „ADLIFE eHR“ in summer 2022
- KRONIGUNE and GWMK roll out the ADLIFE intervention study Dec 2022 – Dec 2023
- 2024: Transition von ADLIFE eHR to standardized German eHR as data source
KNOWLEDGE TRANSFER:

LESSONS LEARNED

Tamara Alhambra-Borras / Ascensión Doñate-Martinez

Polibienestar Research Institute – University of Valencia
Knowledge transfer: Evaluation

Key components of knowledge transfer and knowledge exchange from Prihodova et al. (2019)

**MESSAGE:** represents the information to be shared

- After the KT process, have you learned something that might help you improve or resolve the needs of your system? If so, what have you learned?
- Could your resulting shared knowledge be used to achieve something you have wanted to do for a while or to influence decision-making

**PROCESS:** represents the activities intended to implement the transfer of knowledge

- Was the KT process well targeted / well oriented towards its precise objectives?
- Was the facilitation provided as part of the KT activities was skilled enough?

**STAKEHOLDERS:** represent the people involved on either side of the exchange process

- What kinds of stakeholders were involved? Were the appropriate kinds of stakeholders involved?
- Have you missed the presence of an important type of stakeholder in the KT process?
- Do you think that the managers in your system (supervisors) are committed to making this change a success?

**CONTEXT:** represents local/organisational context and the wider context

- Do your co-workers support the change effort (that’s the changes that your organisation should do in order to achieve its objectives?)
- Will be any changes made, or planned to be made, in your organisation based on the shared knowledge?

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Knowledge transfer: *Lessons learned*

**MESSAGE: what have you learned?**

- KT activities provide a better understanding of where we need to go in order to assist the primary care boards with the use of data for their action plans.

- After KT, learnings on how to structure the personnel training within an institution and how to monitor the activities that are set in order to reach the goal.

- The planned KT activities were useful to help reaching the goal to professionalize the human resources within the health sector.

- In particular, KT activity on the population approach/risk stratification and digital services were extremely helpful to progress internal development of risk stratification approaches.

- Valuable learnings about approaches to goal-oriented care, and the structured way of standardizing processes and transferring knowledge/scaling up the change.
Knowledge transfer: Lessons learned

PROCESS: How was the KT process?

• The KT process was assessed as **timely**, the activities take place at the right time and it was **well targeted**.

• It was **inspiring and exploratory**.

• It was **well prepared**, very straightforward with good ideas.

• It was **oriented to solve weaknesses** emerged from the analysis.

• The **communication process** was assessed as **adequate** to allow participants to incorporate ideas. Participants were able to ask specific questions that were well addressed by the stakeholders delivering the KT session.

• The **facilitation** provided as part of the knowledge transfer activities was assessed as **skilled enough**.

• KT activities included speakers with **high level of expertise** who shared their knowledge.
Knowledge transfer: Lessons learned

STAKEHOLDERS: people involved on the KT process

• Different types of stakeholders, who are important in the field of integrated care, were involved (decision-makers, strategic planning leads, implementation leads, healthcare professionals, academic world and regional institutions...).

• Stakeholders from different regions were involved and that brought some new ideas, as they shared their different experiences.

• More stakeholders need to be involved in order to achieve substantial changes.
Knowledge transfer: *Lessons learned*

**CONTEXT: how is the local/organisational context?**

**MANAGERS**

- Half of participants answered that their managers were committed to making the change a success.
- The other half responded that just some of them or it depends on: time, competing priorities, motivation, support…

**CO-WORKERS**

- Most participants stated that their co-workers are committed or partially committed as it requires further communication effort. There is some natural resistance.
- Only a few respondents reported that their co-workers were absolutely committed to the change envisaged for the organization, or that their co-workers are not supportive when it comes to changes.
Knowledge transfer: *Lessons learned*

- KT process was useful to *clarify the changes to be done* in their particular context.

- Coaching and better planning skills were gained from the KT activities.

- KT activities were found particularly insightful both in terms of *learning from other regions* as well internal implications.
Facilitated discussion
LUNCH

12.45 – 13.30 CET