



CAPACITY-BUILDING FOR INTEGRATED CARE: FROM THE MATURITY ASSESSMENT TO IMPROVEMENT PLANNING



Co-funded by
the Health Programme
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The SCIROCCO Exchange project is co-funded
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(Chafea)



WELCOME AND INTRODUCTIONS

Donna Henderson
Digital Health and Care Directorate, Scottish Government



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Programme

09.05-09.30	Keynote presentation – Towards integrated care in Poland
09.03-09.40	SCIROCCO Exchange: Capacity-building for integrated care
09.40-10.40	Knowledge Management Hub: Maturity assessment and lessons learned
10.40-11.00	Coffee Break
11.00-11.45	From maturity assessment to capacity-building support: Assets on integrated care
11.45-12.00	Coffee break
12.00-12.45	Capacity-building support for integrated care: Knowledge transfer
12.45-13.30	Lunch
13.30-14.15	Capacity-building support for integrated care: Improvement planning
14.15-14.30	Coffee Break
14.30-15.15	Expansion and adaptation of SCIROCCO Exchange tool for integrated care
15.15-16.00	SCIROCCO Exchange Knowledge Management Hub: Beyond the project
16.00-16.05	Highlights from the conference
16.05-17.00	Networking reception



@SCIROCCOxchange

#integratedcare
#capacity-building



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TOWARDS INTEGRATED CARE IN POLAND

Katarzyna Klonowska

Department of Healthcare Services, National Health Fund, Poland



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TOWARDS INTEGRATED CARE - MODEL IN PRIMARY HEALTH CARE IN POLAND

Katarzyna Klonowska
POZ PLUS Project Manager
National Health Fund



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Poland – country profile

➤ GDP per capita	37 750 US dollars
➤ GDP growth rate	1.5%
➤ Population	37.9 milion
➤ 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:

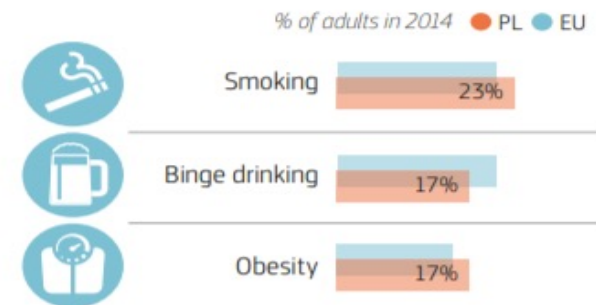
- ▶ Life expectancy remains 3,7 years below the European average (in Poland it is 76,7 for European it is 80,4)
- ▶ Large inequalities exist, with women expecting to outlive men by eight years while the gap between the highest and lowest-educated Poles is ten years
- ▶ People aged >65 spend only half 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

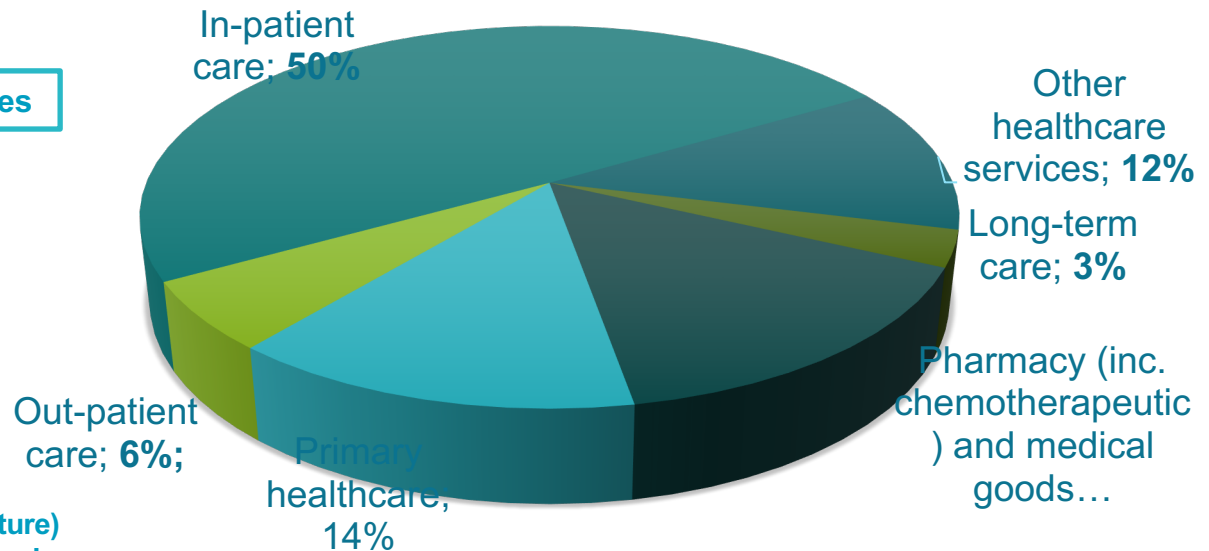


Background information (4)

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**

Share of budget on healthcare services



* 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

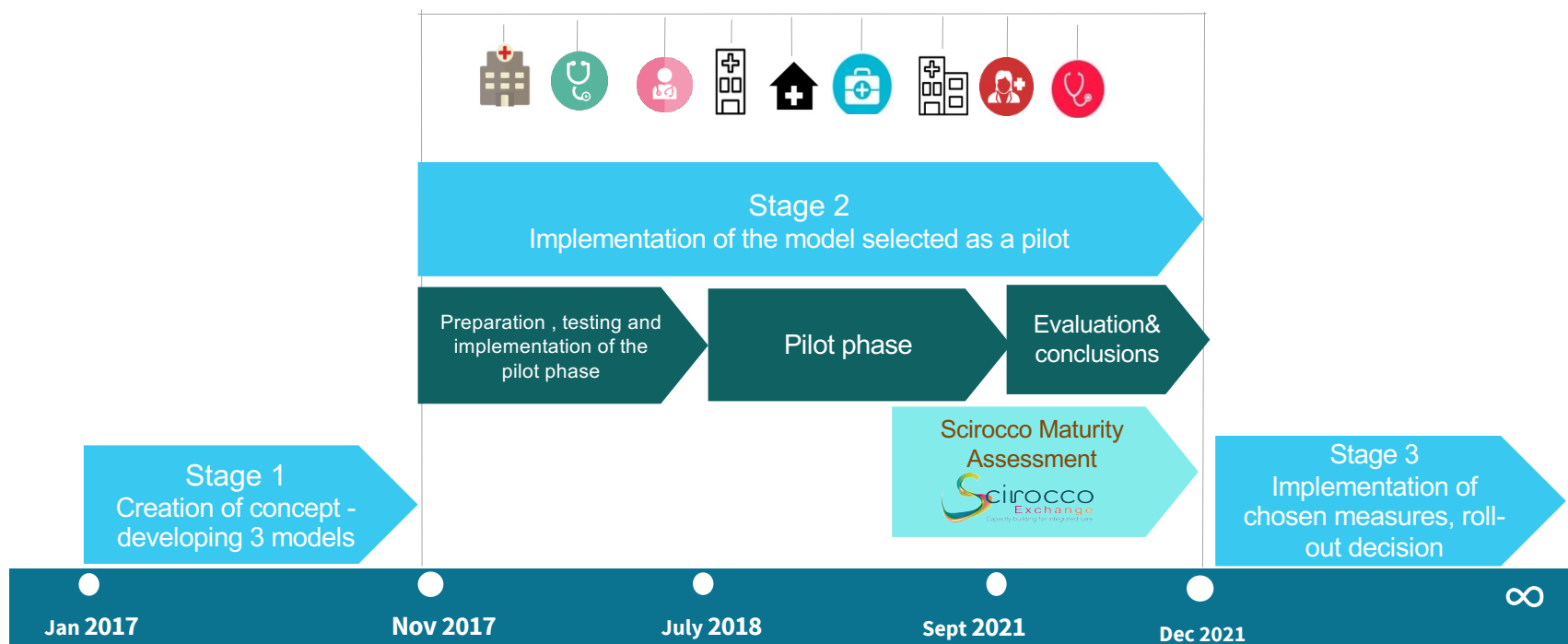
▶ **increasing the amount of medical services at the PHC level,**



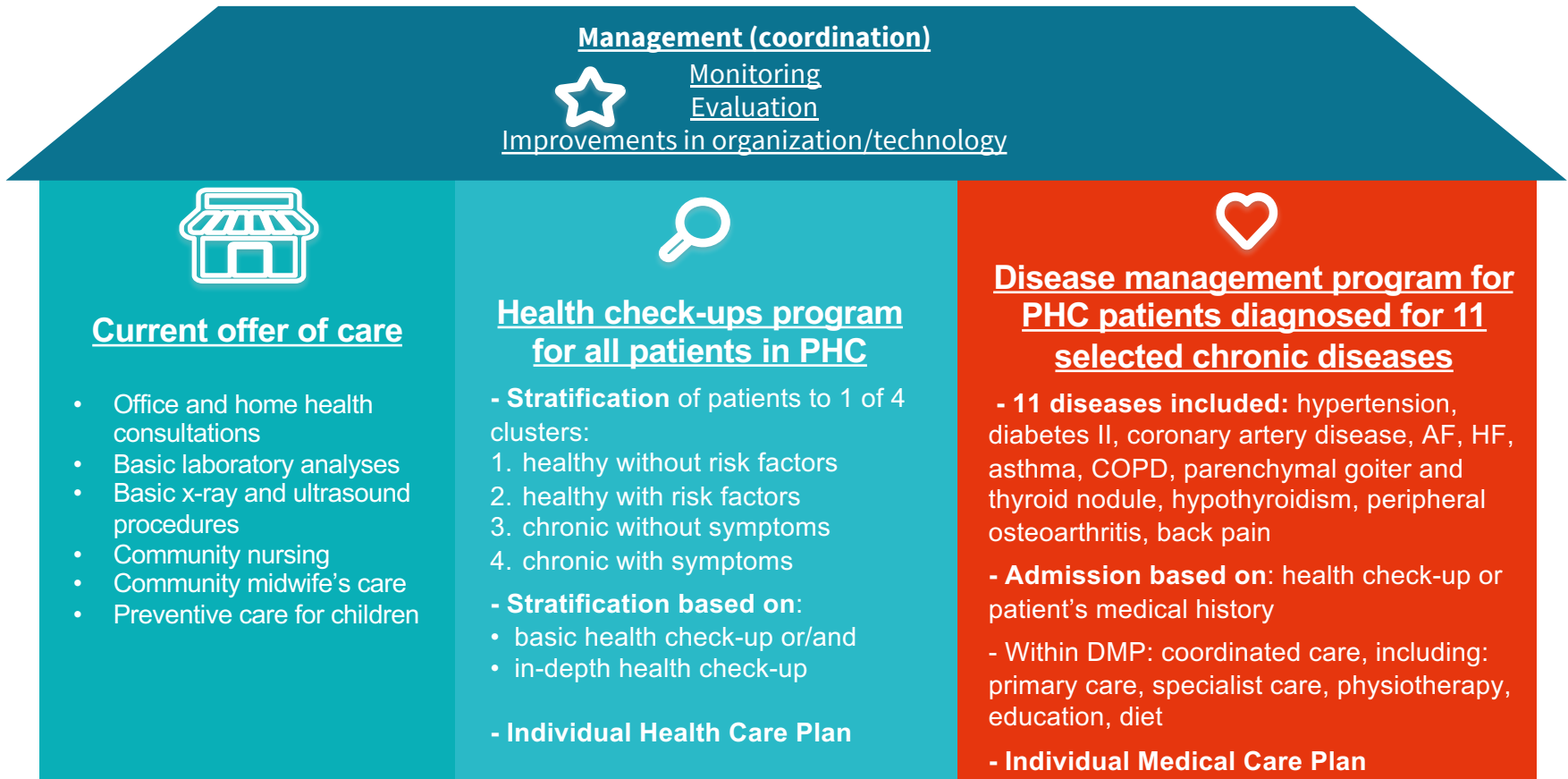
- ▶ improving population health status,
- ▶ improving patient experience,
- ▶ increasing quality of care from individual perspective,
- ▶ lowering system total expenditures

PHC - Primary Health Care

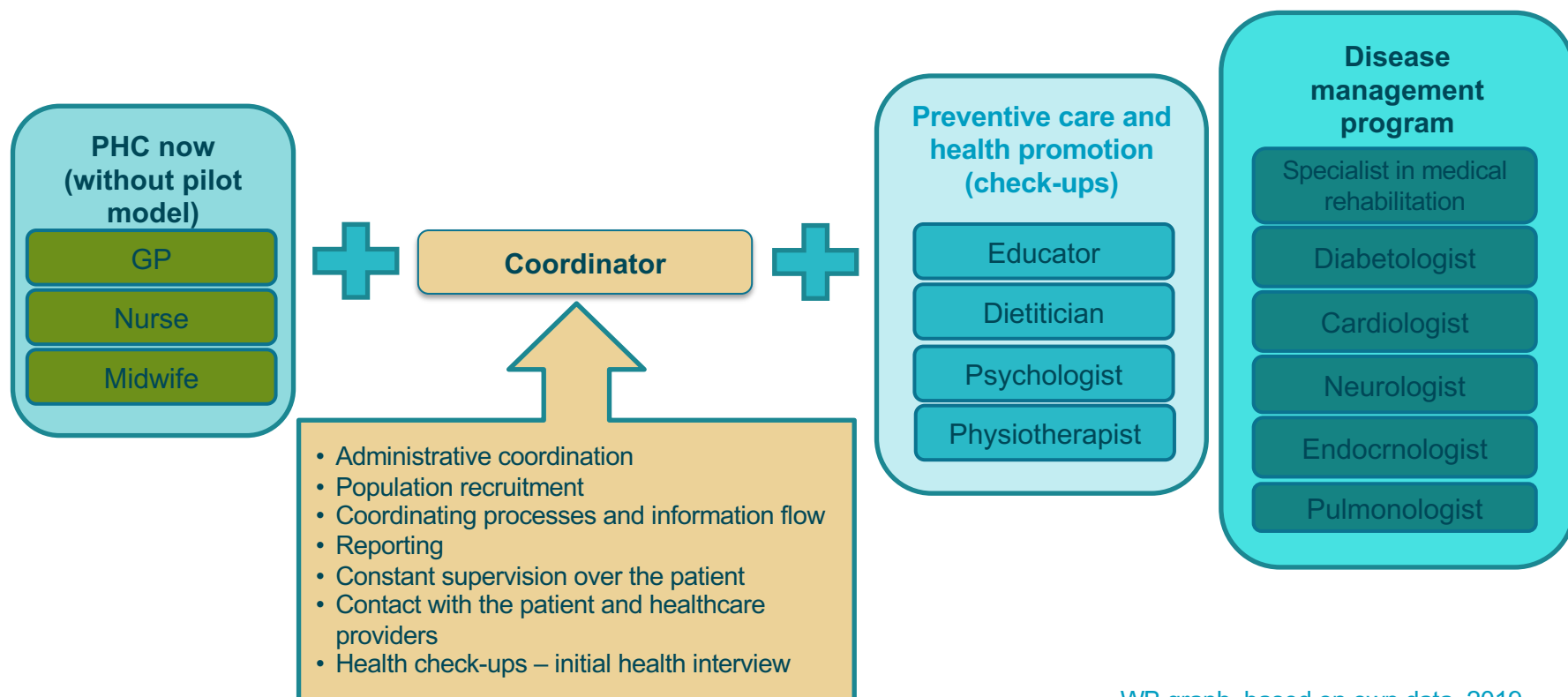
Pilot project schedule



PHC Plus pilot model



PHC now vs PHC Plus pilot model



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.

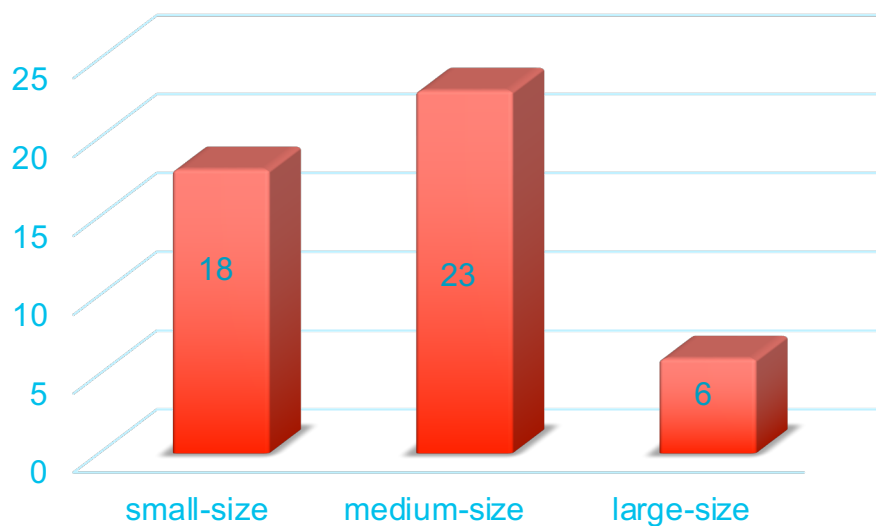


Targeted providers

- ▶ **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 - Primary Health Care

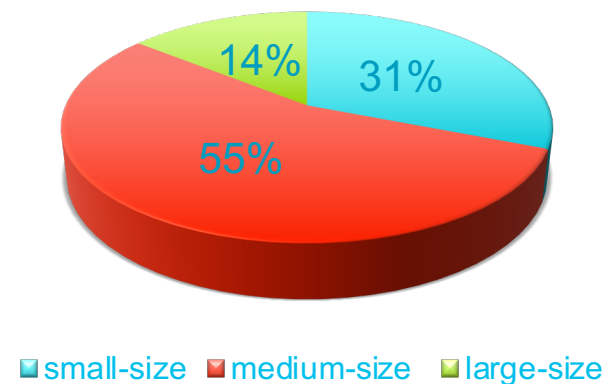
PHC units in the PHC PLUS model by size



GPC small-size: < 5 000 inhabitants

GPC medium-size: 5 000 - 10 000 inhabitants

GPC large-size: > 10 000 inhabitants



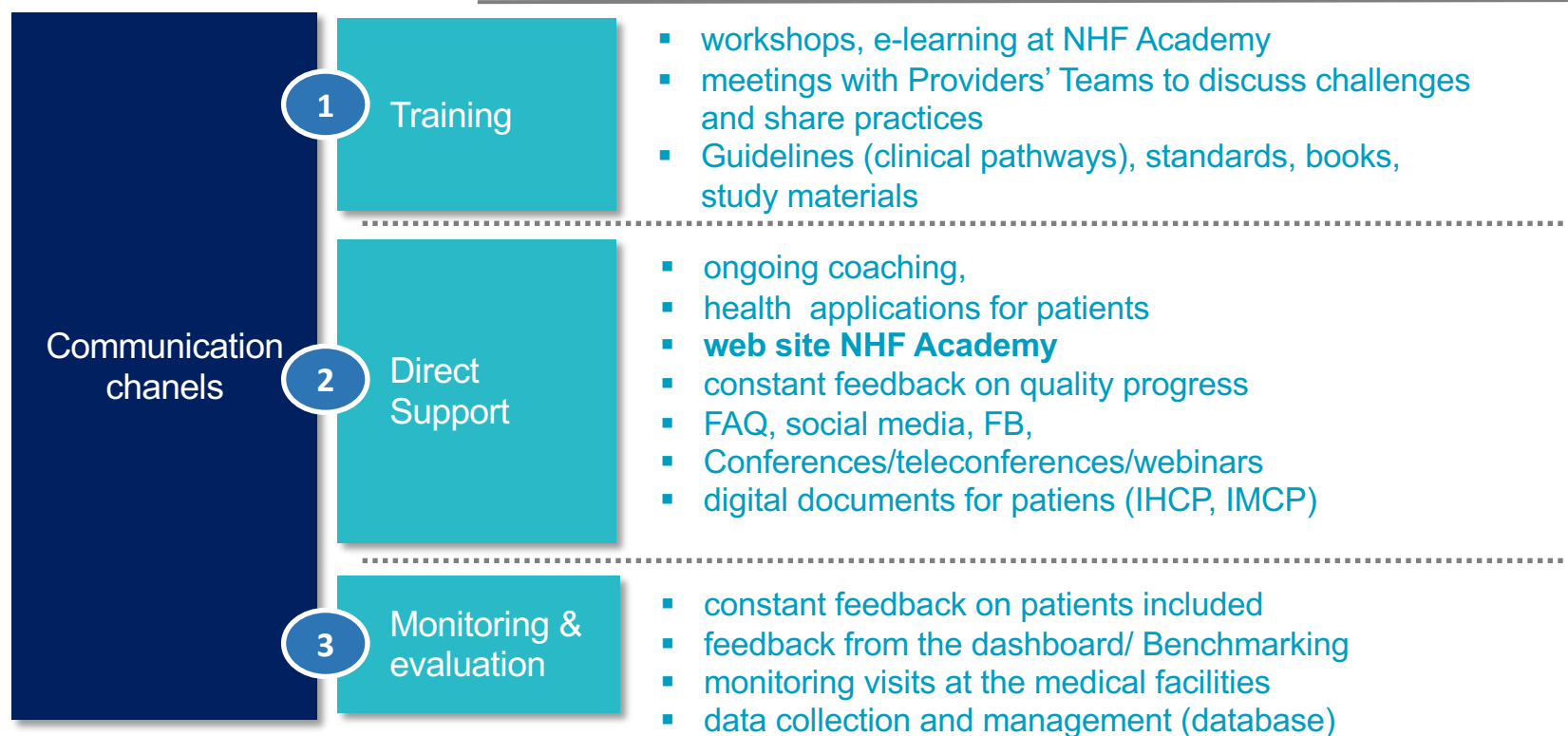
N=4
7

medical professionals: **1 246**

GPC - General Practice Clinic

Communication

Key components



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

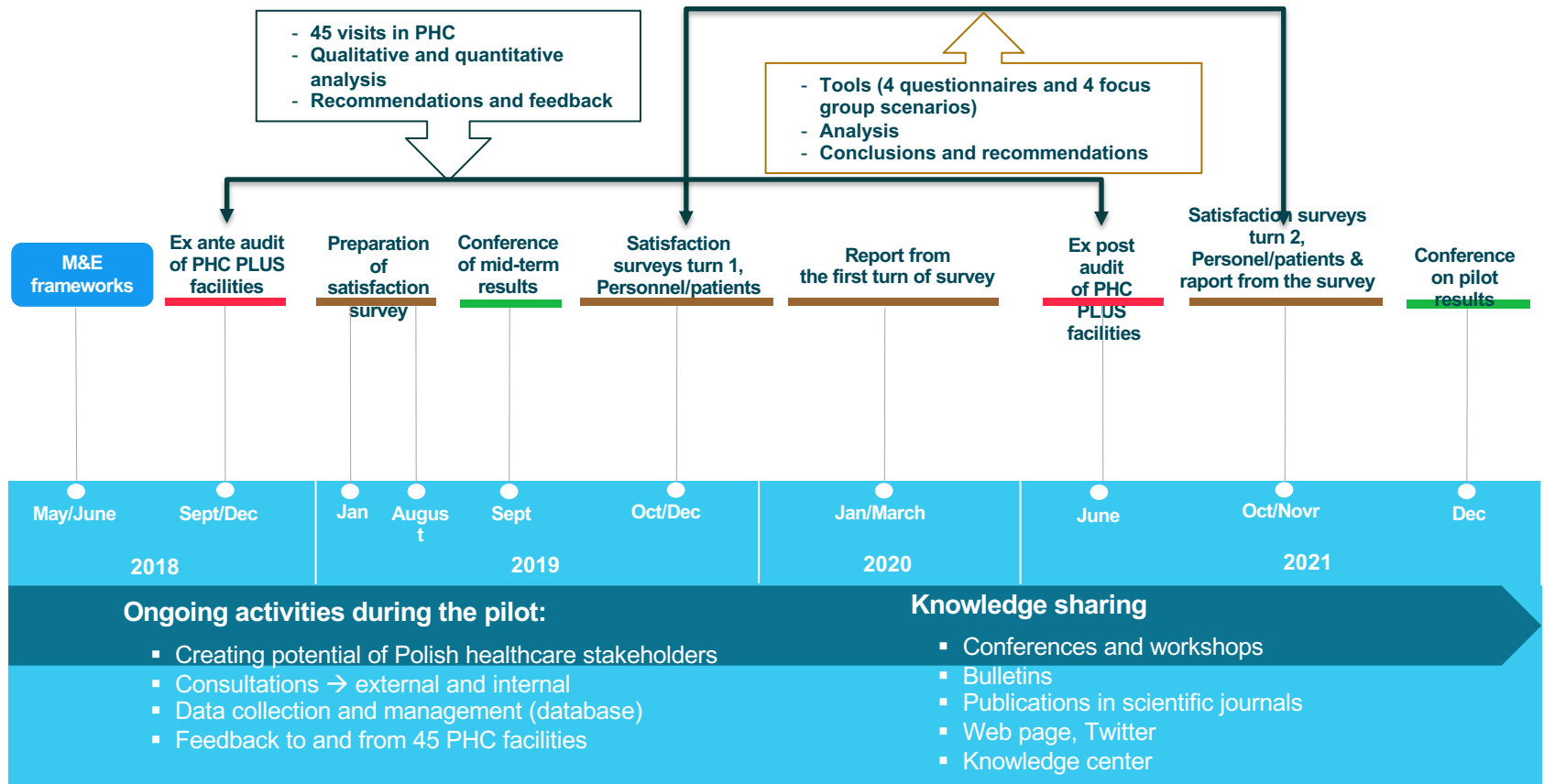
- ▶ using the tool for assessing the maturity of PHC providers for coordinated care developed within the framework of the Scirocco project
 - about 120 telephone interviews
 - conducted with about 40 entities)

Next step

- ▶ taking part in the continuation of the project as part of the team, creating an international knowledge hub



Monitoring and Evaluation timeline



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.

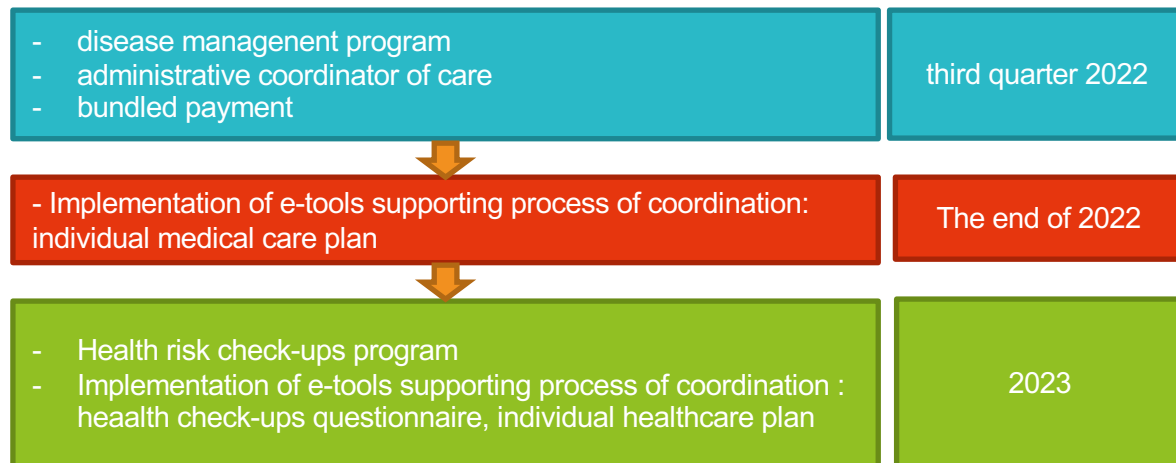
Lessons learned from the pilot and future plans

► 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:



▪ Next step:

THANK YOU

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Dr Andrea Pavlickova

Digital Health and Care Directorate, Scottish Government



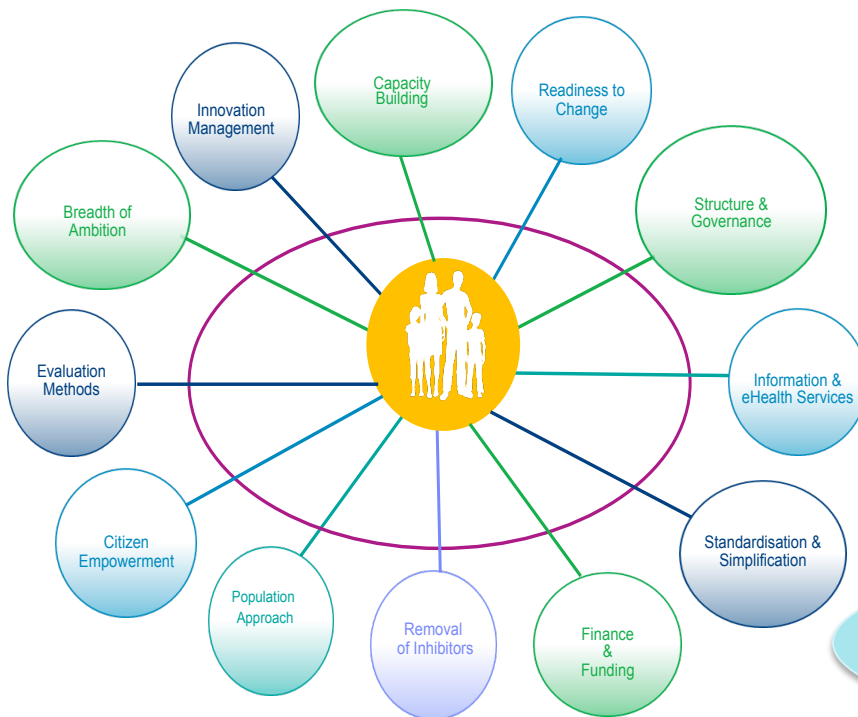
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Why?

Support is
needed...

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.



European Innovation
Partnership on Active
and Healthy Ageing

**Maturity Model
for
Integrated Care**

Local context
matters...

Who are we?



Budget: €2,649,587

Start: 1 January 2019

End: February 2022

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

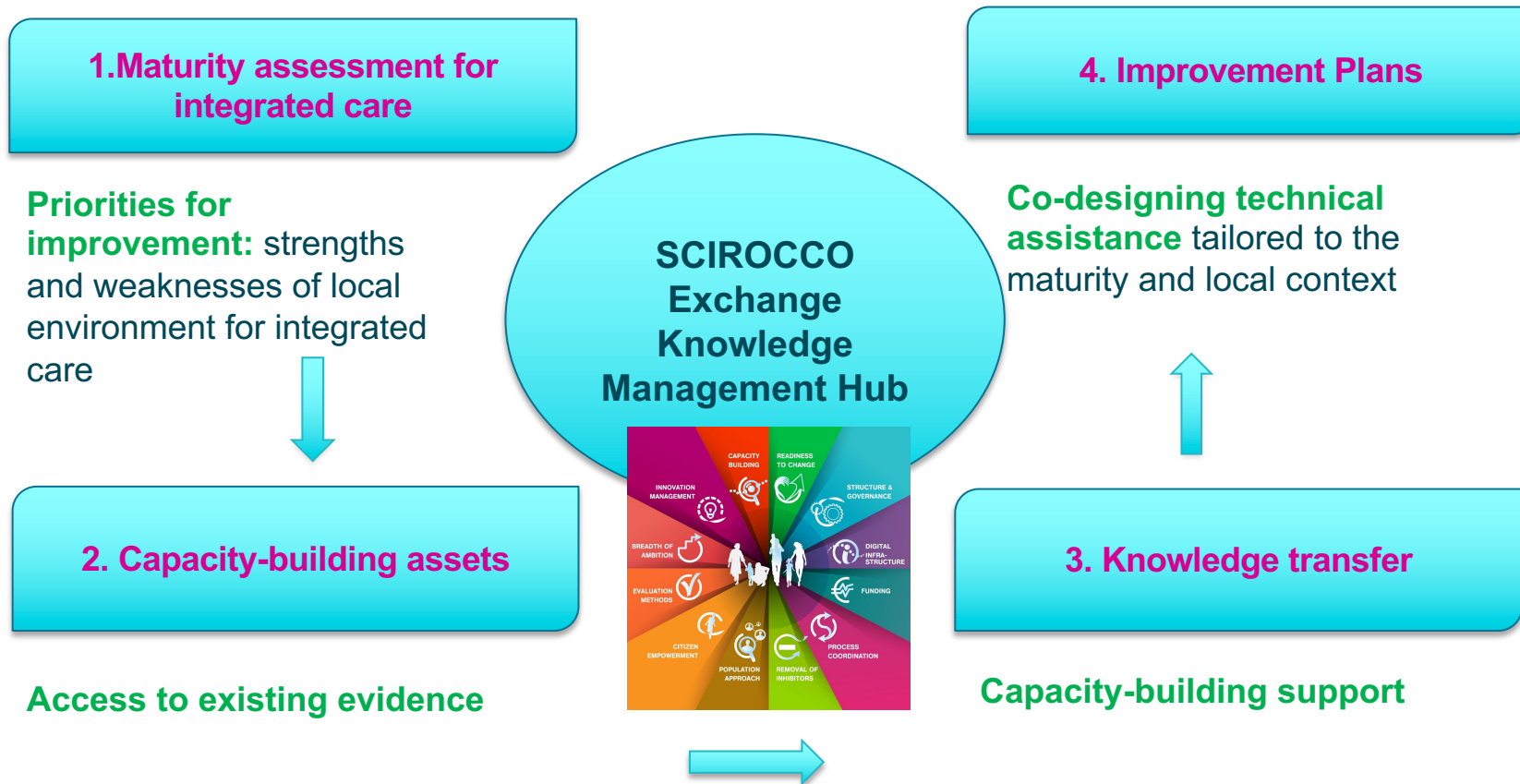
- ▶ University of Edinburgh, Scotland
- ▶ University of Valencia, Spain
- ▶ Kronikgune, Basque Country, Spain

2 Membership Organisations

- ▶ EHTEL (European Health Telematics Association), Belgium
- ▶ AER (Assembly of European regions), France

Objectives of SCIROCCO Exchange

What?



SCIROCCO Exchange Tool for Integrated Care

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



2016



2019

Online self-assessment tool

to assess the readiness for the adoption and scaling-up of integrated care

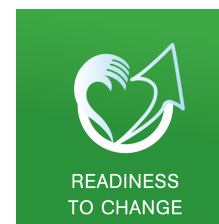
Capturing Maturity Level

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

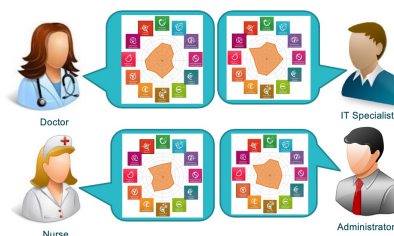
ASL BT: General Director & IT Specialist



Facilitate multidisciplinary discussions and dialogue

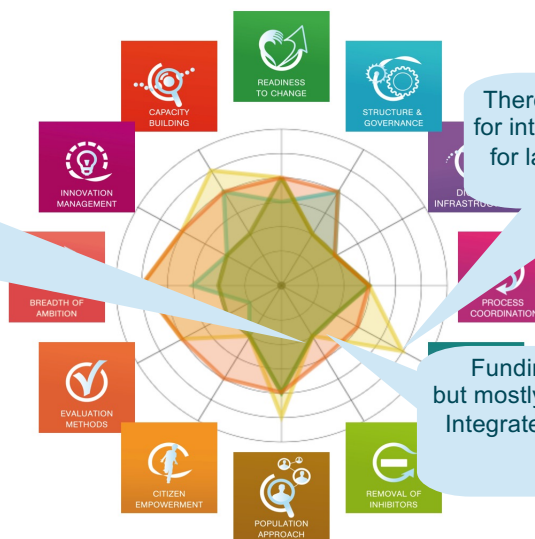
Can we agree on common priorities?

Exchange



Discuss

There is no dedicated funding available for integrated care

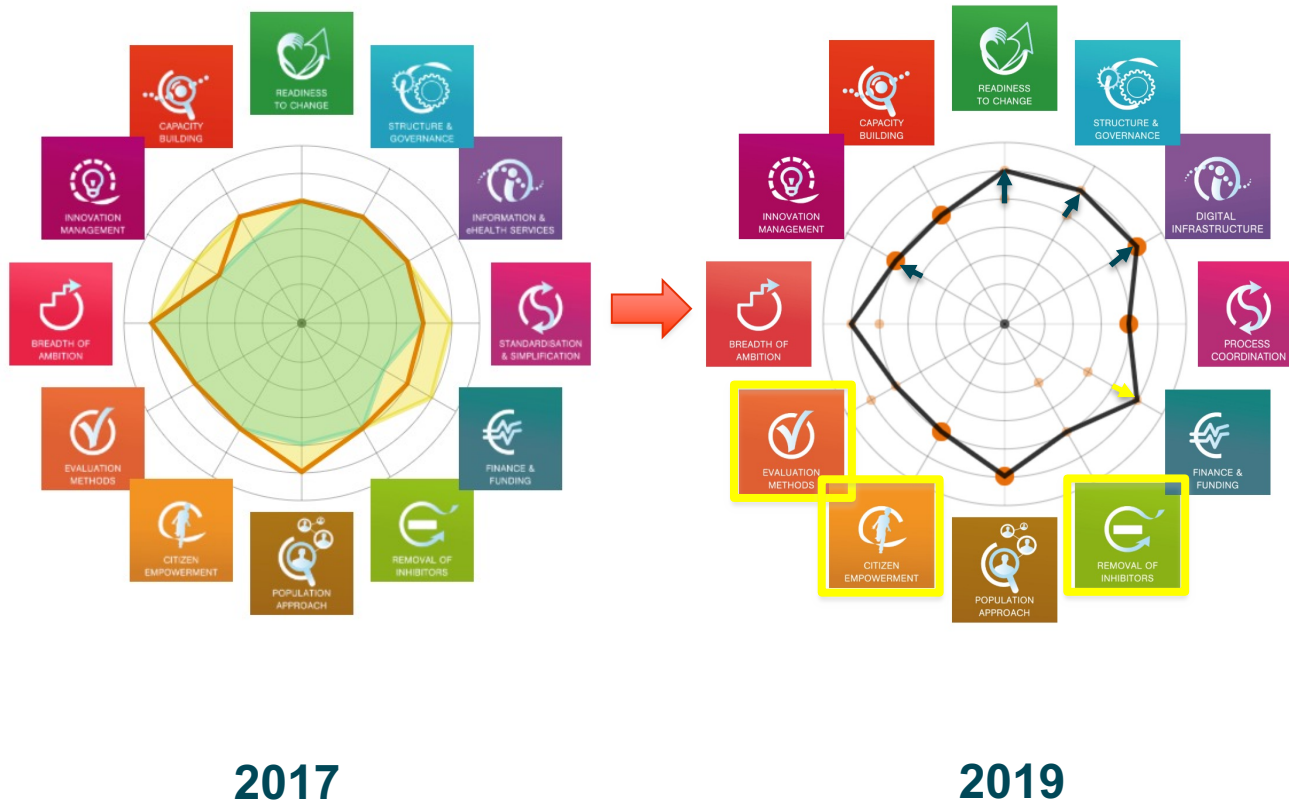


There is a dedicated funding for integrated care and support for large-scale deployment.

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



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

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

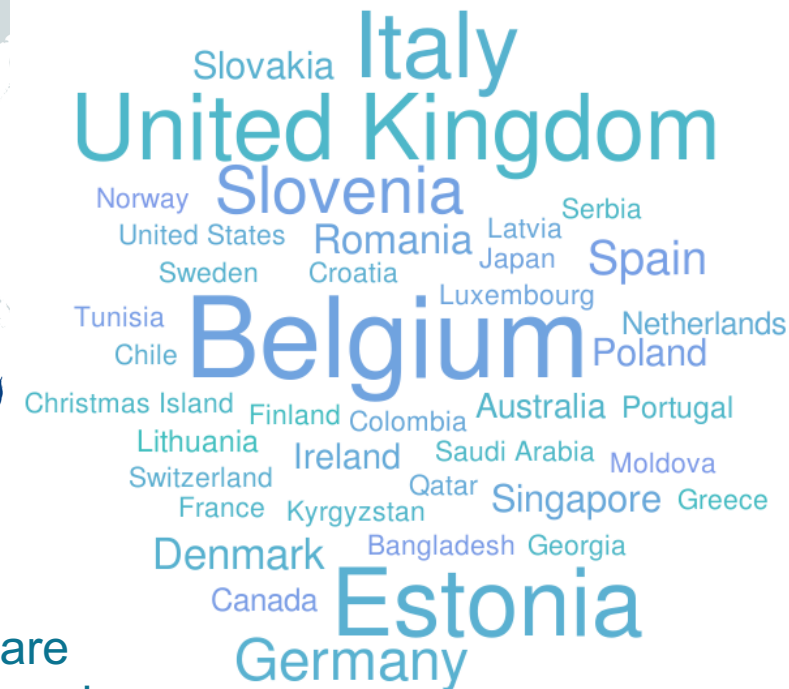
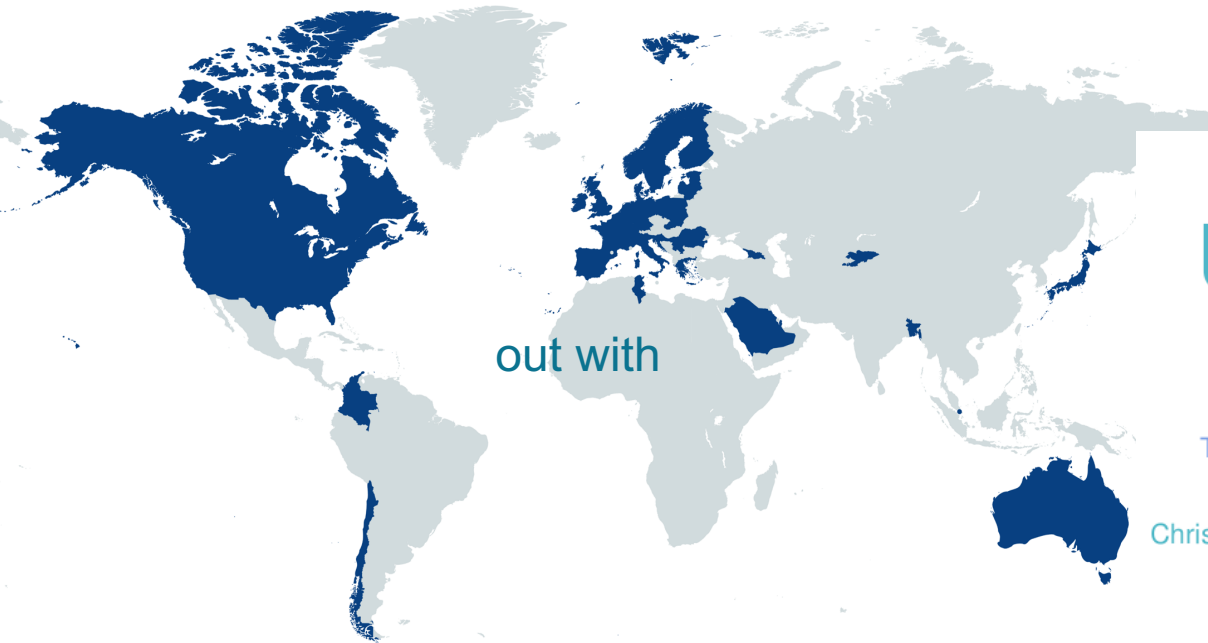
Scotland: Assessing the maturity of
implementing integrated care in one
selected Joint Integration Board

Slovenia: Assessing the maturity of
health and social care integration in
one municipality



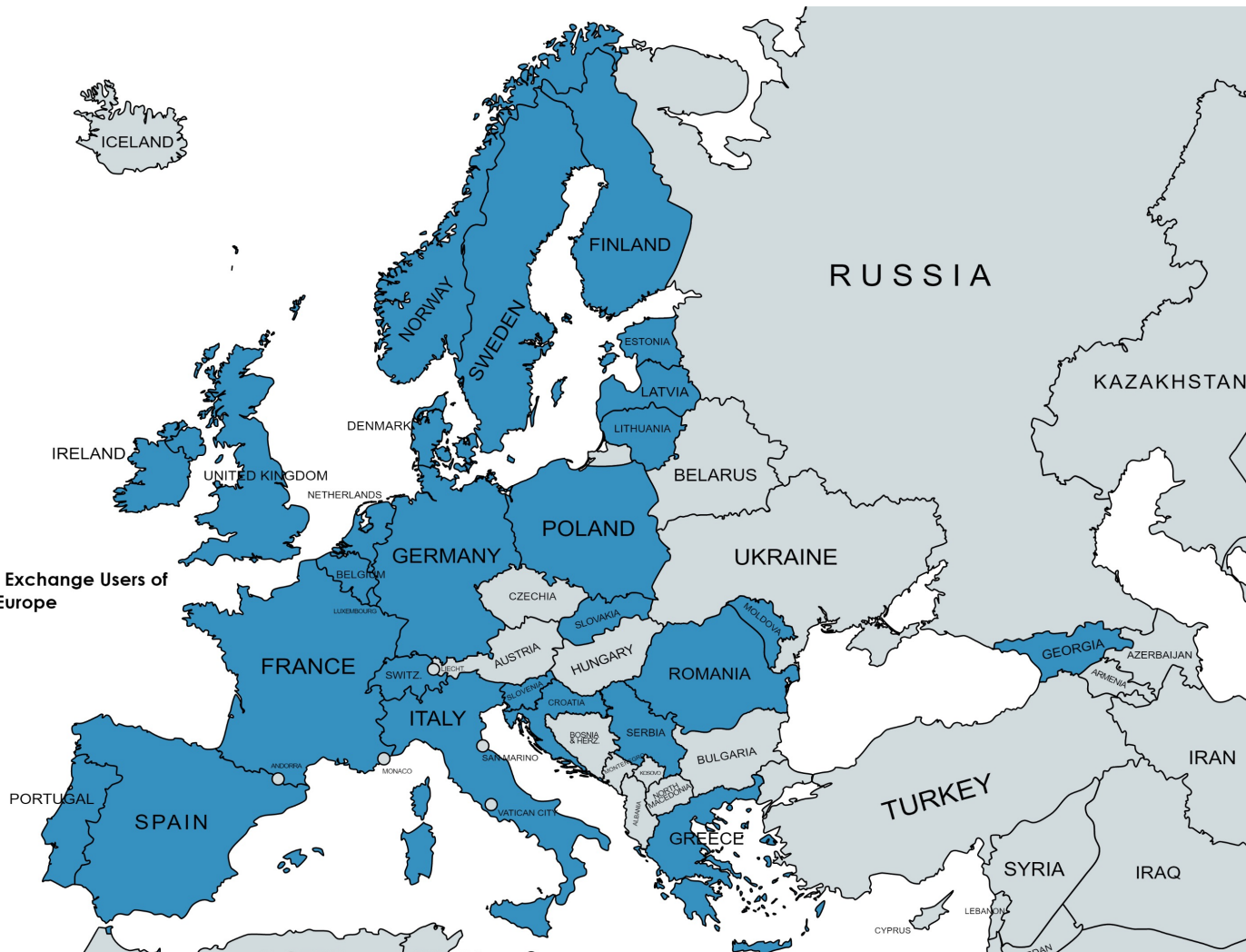
SCIROCCO Exchange Community

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.

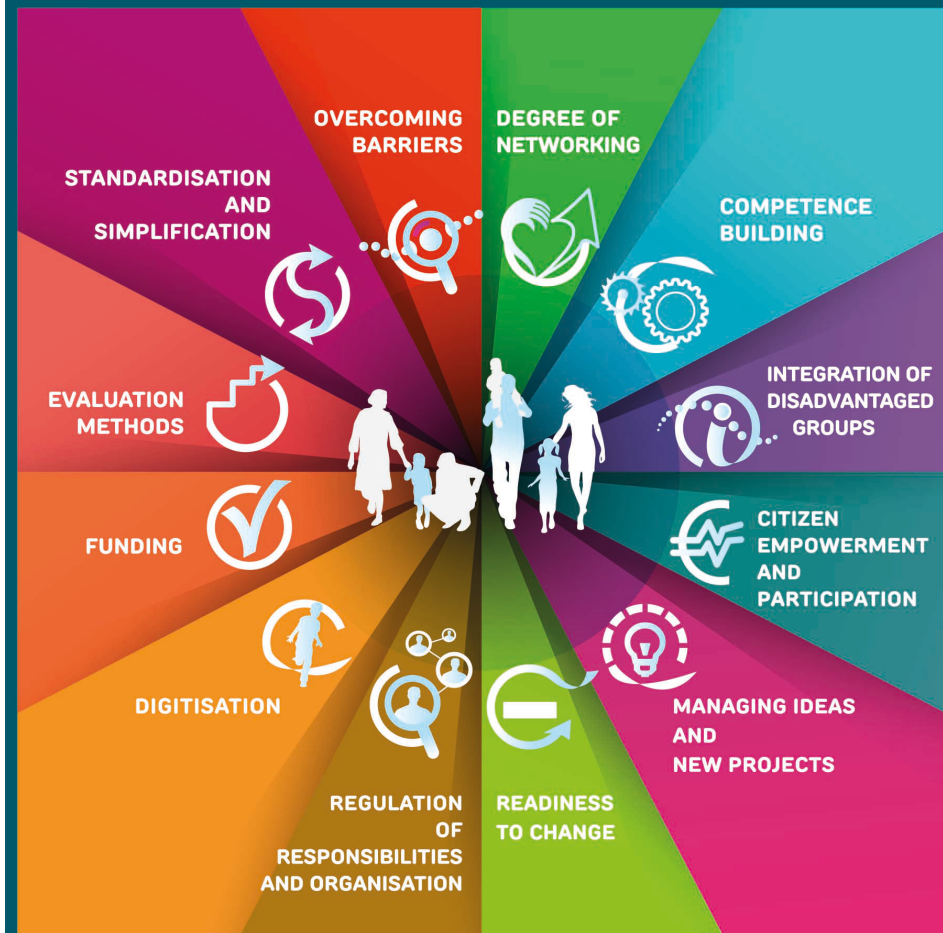
SCIROCCO Exchange Users of the Hub in Europe



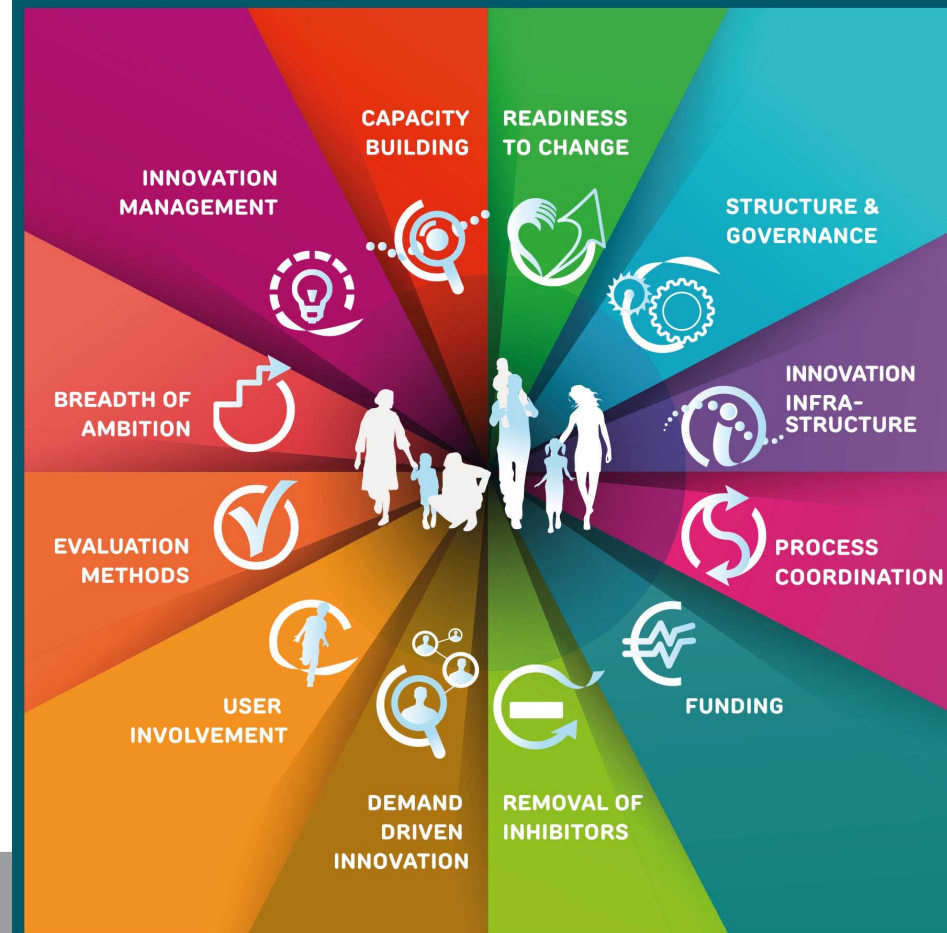
Expansion of SCIROCCO Exchange Tool for Integrated Care

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

DIGITAL NEIGHBOURHOOD

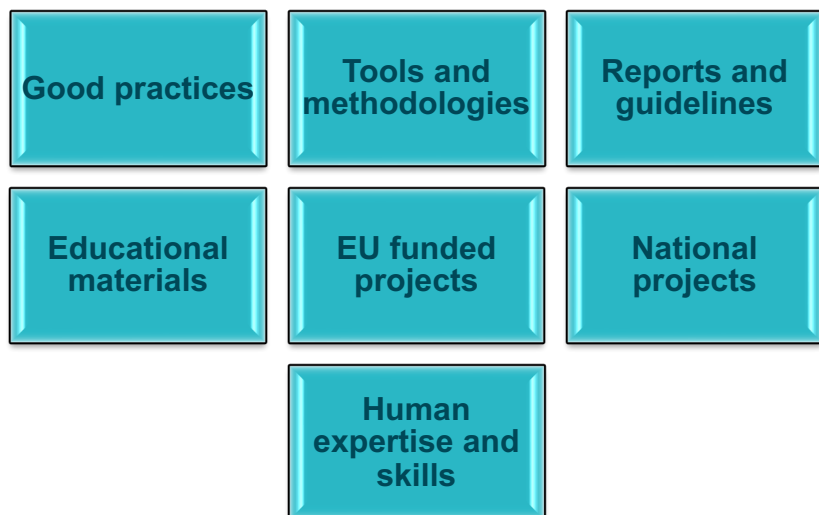


INNOVATION

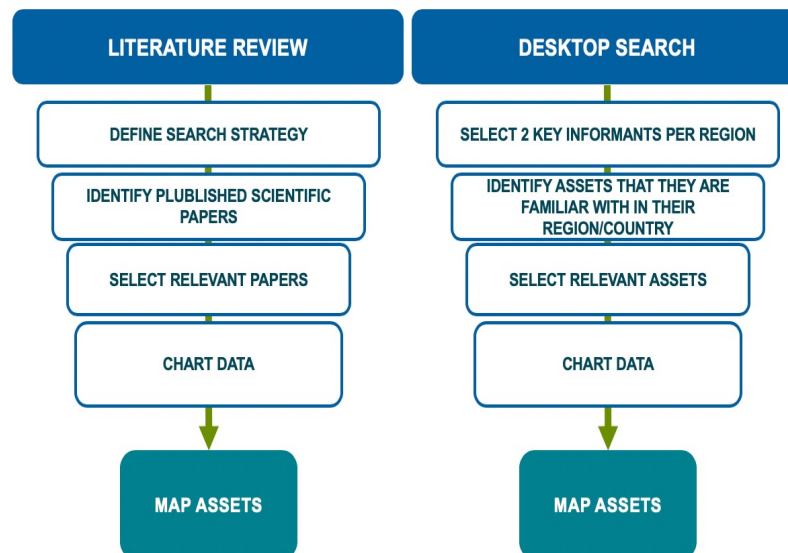


1654 assets mapped
654 assets linked to the Hub

Facilitative Tool








2. Existing evidence/assets on integrated care



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

Example: Population Approach dimension

Assessment scale	MRL	
0 – Population health approach is not applied to the provision of integrated care services	0	 BC's strategy on Chronicity
1 – Population-wide risk stratification considered but not started	1	
2 – Risk stratification approach is used in certain projects on an experimental basis	2	 A guide on Risk Stratification tools
3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users –	3	 Pilot Project evaluation
4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population	4	 White Paper of the ASSEHS project
5 – Whole population stratification deployed and fully implemented.	5	 2016-2020 Health Services Strategic Plan

Facilitative Tool

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

Input	Activities	Output	Outcomes	Impact
<ul style="list-style-type: none"> Organizational leadership Staff support Funding Partnership with local health management, health insurance, providers and patients 	<ul style="list-style-type: none"> Training providers on EMR use Training health navigators and citizens on usage of digital platform Engagements with partners to align on digitalization strategy Bilateral peer to peer learning sessions with digitally-enabled partners 	<ul style="list-style-type: none"> # of providers trained % of providers integrating EMR into workflow # of navigators and citizens trained % utilization Meaningful relationships built with partners and SME peers # of P2P exchanges 	<ul style="list-style-type: none"> Increased comfort and skills in utilizing the digital platform Data harmonization Information flow between providers and patients streamlined Relationships with digital health SME maintained 	<ul style="list-style-type: none"> Patient centered care embedded in organizational culture Resilient and learning healthcare system that is responsive to population health needs



www.sciroccoexchange.com

www.scirocco-project.eu

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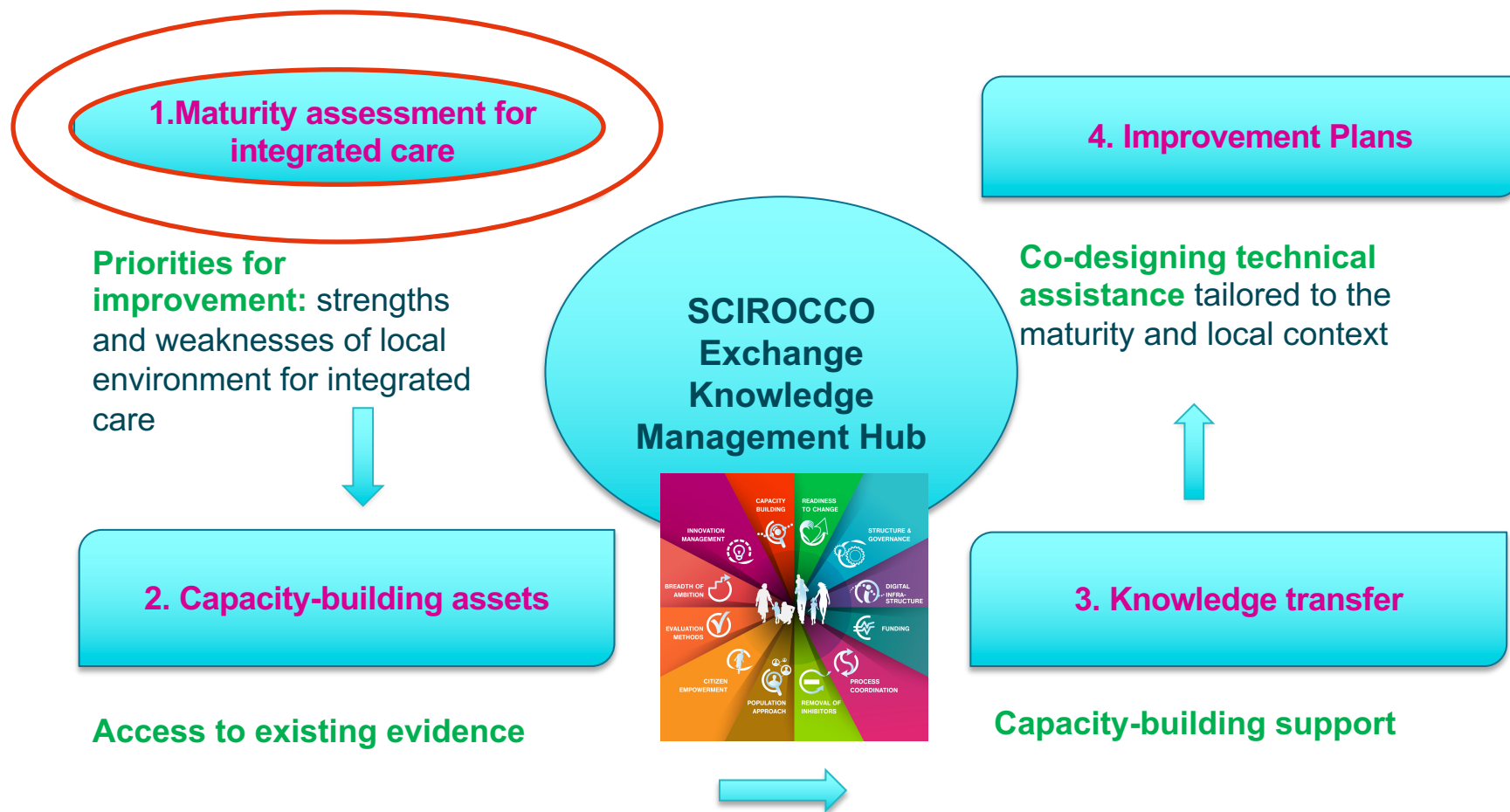
KNOWLEDGE MANAGEMENT HUB: MATURITY ASSESSMENT SUPPORT AND LESSONS LEARNED



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Objectives of SCIROCCO Exchange





SPOTLIGHT ON THE MATURITY ASSESSMENT PROCESS

Cristina Adriana Alexandru (University of Edinburgh, UK)

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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

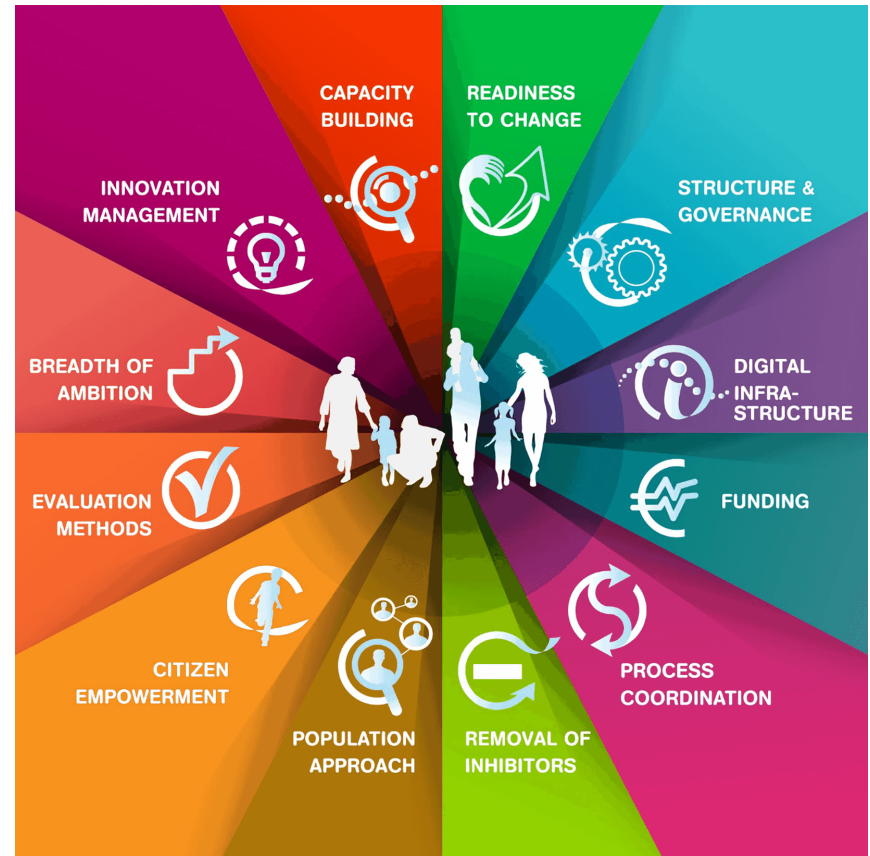
Assessing the **Maturity of Healthcare Systems**

Assessing the **Maturity Requirements of Good Practices**

- ▶ Link to the tool: <https://scirocco-exchange-tool.inf.ed.ac.uk>

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

Assessment	Description*
Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	
5. Funding ⓘ	
<input type="radio"/> 0- No additional funding is available to support the move towards integrated care	
<input type="radio"/> 1- Funding is available but mainly for the pilot projects and testing	
<input type="radio"/> 2- Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation	
<input type="radio"/> 3- Regional/national (or European) funding or PPP for scaling-up is available	
<input checked="" type="radio"/> 4- Regional/national funding and/or reimbursement schemes for on-going operations is available	
<input type="radio"/> 5- Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development	
If someone asked you to justify your rating here what would you say (please provide a few short sentences):	
<p>* Regional funding is available, but there is no multi-year budget</p>	



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



Assessing Healthcare System Maturity: The Scirocco Project

- ▶ 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):

*

jadmin4

jit4

jnurse4

idoctor4

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 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,

USER	ROLE	
Cristina.Alexandru@ed.ac.uk (you)	Viewer, originator	
[REDACTED]	Owner	

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

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

Your assessment was successfully updated

What would you like to do next?

- ☒ Continue editing
- ☐ Save as private assessment
- ☐ Share assessment with other users
- ☐ Share assessment with all SCIROCCO Exchange partners

This assessment is public (all users can view it only)

- ☐ Remove the public sharing of this assessment for viewing

Submit

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

USER	ROLE		
Cristina.Alexandru@ed.ac.uk (you)	Editor, originator		
cristinutza0107@yahoo.com	Editor		
soa@staffmail.ed.ac.uk	Viewer		

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:

☒ viewer

☐ editor

Share

Updates in Scirocco Exchange

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

Consensus Maturity Assessment

This page allows you to reach a consensus amongst your team as to the level of maturity of your region/country with regards to integrated care, considering the views of the different individual respondents or sub-teams.

Legend

Total of 6 responses selected. [See individual assessments](#)

- Voted by 1-25% respondents (1 respondent(s))
- Voted by 26-50% respondents (2 respondent(s))
- Voted by 51-75% respondents (3 respondent(s))
- Voted by 76-100% respondents (4-6 respondent(s))

Questions marked with ● are compulsory. Please fill in the 'Assessment' tab, and then the 'Country/region' tab.

Assessment name (optionally, provide your name or stakeholder group):

Cons-Norrbottn, Swe

Assessment Country/region*

D1 D2 D3 D4 D5 D6 D7 D8 D9 D10 D11 D12

1. Readiness to Change i
- ☐ 0- No acknowledgement 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 (Voted by 1)
 - ☒ 3- Vision or plan embedded in policy; leaders and champions emerging (Voted by 2)
 - ☐ 4- Leadership, vision and plan clear to the general public; pressure for change (Voted by 1)
 - ☐ 5- Political consensus; public support; visible stakeholder engagement (Voted by 1)

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

●

[Justifications from respondents ranking 2](#)

[Justifications from respondents ranking 3](#)

[Justifications from respondents ranking 4](#)

[Justifications from respondents ranking 5](#)

We decided to go with the arguments of the majority.



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

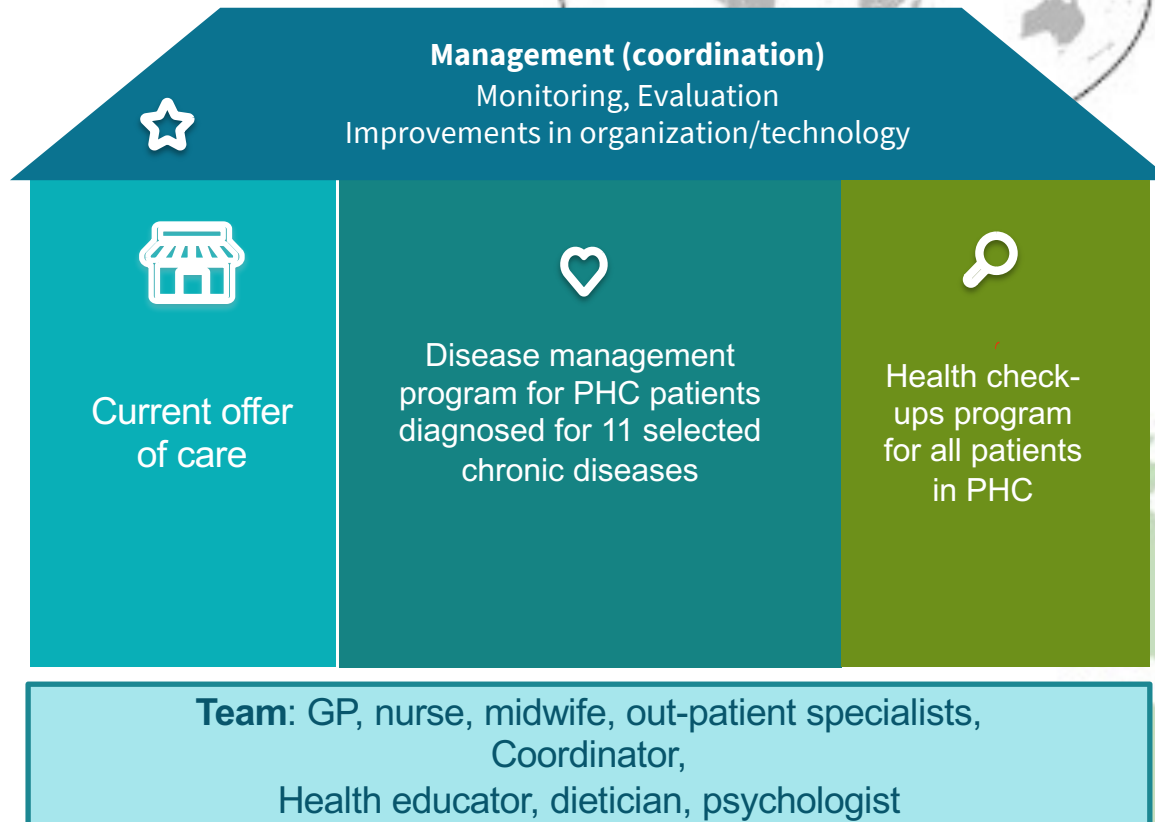
National Health Fund, Poland



Co-funded by
the Health Programme
of the European Union

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

INTEGRATED CARE in POLAND - Primary Care Pilot Program POZ PLUS



- ▶ 47 primary healthcare centers (PHC) accros Poland
- ▶ Duration: more then 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 personel, 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

[illegible]



MATURITY ASSESSMENT IN FLANDERS (BELGIUM)

Sjoert Holtackers

VIVEL



Co-funded by
the Health Programme
of the European Union

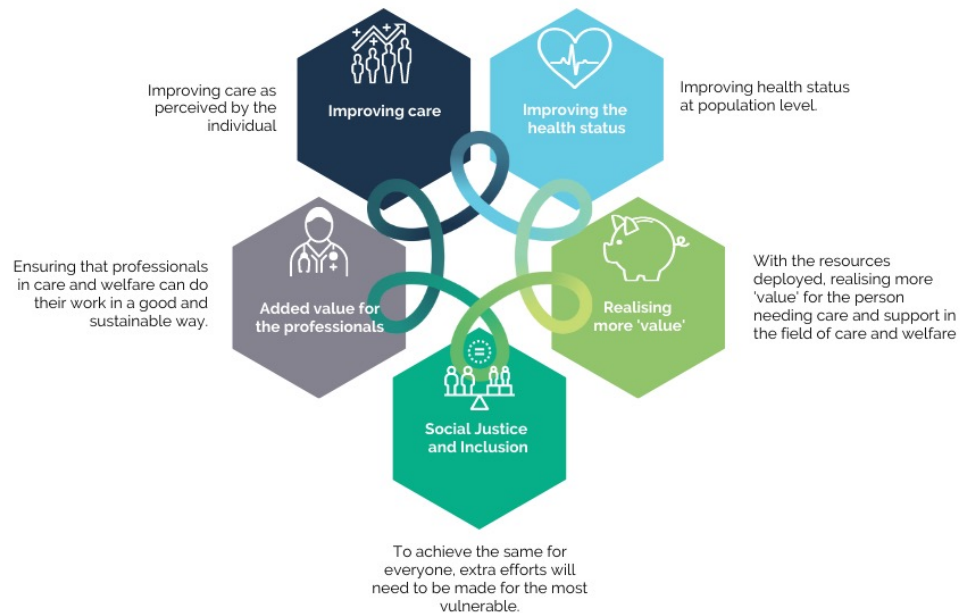
The SCIROCCO Exchange project is co-funded
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(Chafea)

Integrated 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

Quintuple Aim



Michael Matheny, Sonoo Thadaneey Israni, Mahnoor Ahmed, and Danielle Whicher, Editors, 2019. Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril. NAM Special Publication. Washington, DC: National Academy of Medicine. Translated, adapted, and reproduced with permission from the National Academy of Sciences, Courtesy of the National Academies Press, Washington, D.C.

Readiness for integrated care in Flanders



Readiness for integrated care in Flanders

Strengths:

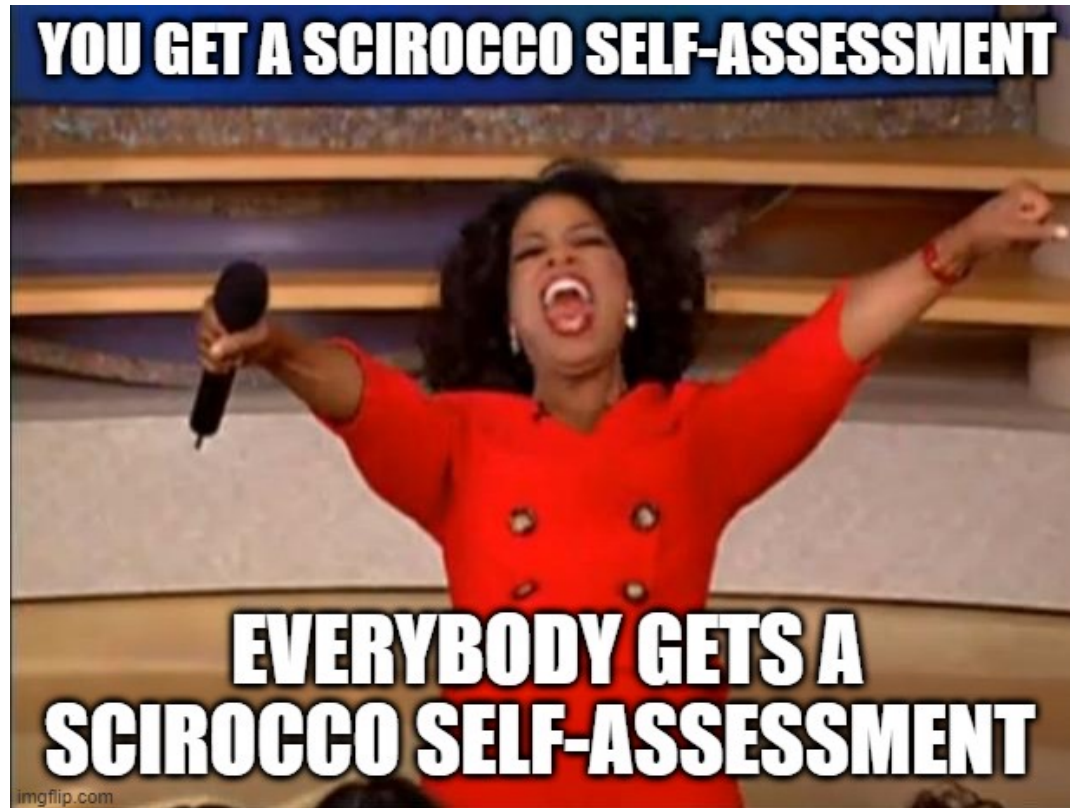
Little golden nuggets of good practices & small innovations

“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?





Scirocco

Exchange

Capacity-building for integrated care





MATURITY ASSESSMENT AT THE LOCAL LEVEL IN SLOVENIA

Mateja Nagode and Aleš Istenič

Social Protection Institute of the Republic of Slovenia

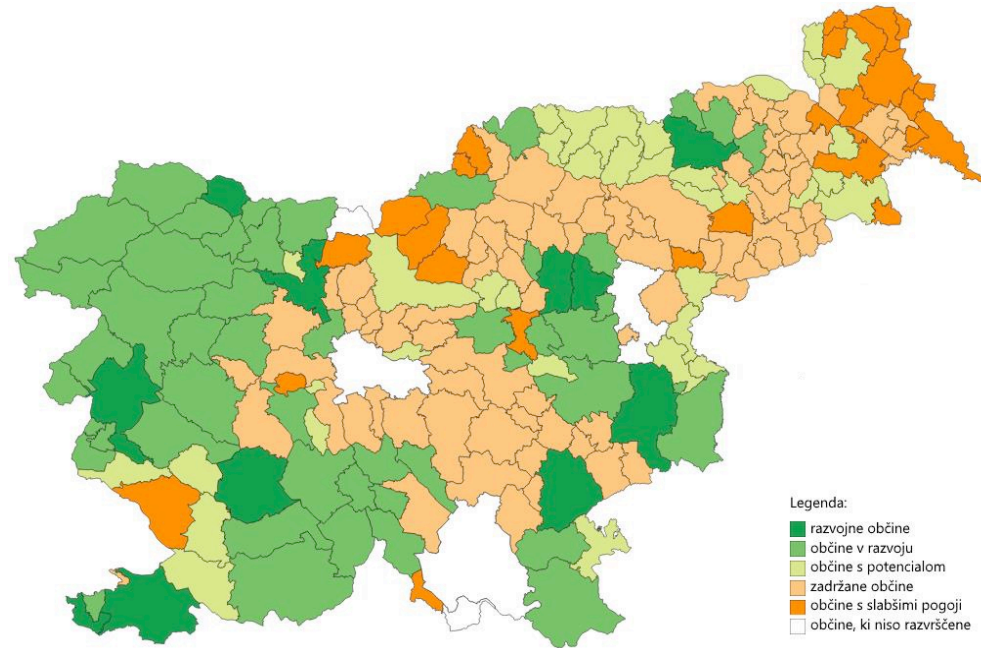


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of the European Union

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(Chafea)

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

Municipality of Trbovlje



Municipality of Domžale



- 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.





A word cloud featuring numerous expressions of gratitude in different languages. The most prominent words are "thank you" in English, "danke" in German, "謝謝" in Chinese, "gracias" in Spanish, and "merci" in French. Other visible words include "bedankt" (Dutch), "dziękuję" (Polish), "obrigado" (Portuguese), "arigato" (Japanese), "terima kasih" (Indonesian/Malay), "ngiyabonga" (Xhosa), "tesekkür ederim" (Turkish), "mochchhakkeram" (Bengali), "mamane" (Swahili), "kwalala" (Zulu), "nandith leat" (Setswana), "dank je" (Afrikaans), "misaulit" (Tagalog), "matando" (Hiligaynon), "padies grazzi" (Ligurian), "welan tack" (Frisian), "vinka spazibo" (Slovene), "blagodaram" (Croatian/Serbian/Bosnian), "merisi" (Hungarian), "barka" (Yoruba), "faleteati lava" (Tongan), "baýarlaaa" (Chechen), "spasibo" (Russian/Ukrainian), "killus dankie" (Lithuanian), "dhanyavadi" (Gujarati), "invala" (Kannada), "gracia" (Malayalam), "leesamin" (Telugu), "enikosi" (Ndebele), "zami" (Shona), "kwayizide" (Xhosa), "chakirane" (Zulu), "muthuzi" (Xhosa), "tuugere" (Setswana), "shukriya" (Urdu), "merci" (French), "dakujem" (Breton), "maith agat" (Marathi), "go raibh" (Irish Gaelic), "tanka" (Macedonian), "sulpay" (Uyghur), "gorais ago" (Basque), "chorakalotumun" (Georgian), "sukeyria" (Armenian), "kop khun krap" (Thai), "najas tuka" (Ojibwa), "kam sal human" (Pashto), "dall makhda" (Kabyle), "segoolun" (Hebrew), "dokaaji" (Somali), "mevra" (Persian), "ariga" (Vietnamese), "amari gao" (Khmer), "chanyavodagalu" (Tamil), "ditch" (Welsh), "xienite" (Cantonese), "gamssahnida" (Korean), "তোসাকে শন্যবাদ" (Bengali), and "ngiyabonga" (Xhosa). The words are arranged in a circular pattern around the central "thank you".

SCIROCCO EXCHANGE FINAL CONFERENCE – MAY 2022

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

Open access

Original research

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

Isabelle Peytremann-Bridevaux ¹, Séverine Schusselé Fillietaz ^{2,3},
Peter Berchtold,³ Michelle Grossglauser,¹ Andrea Pavlickova,⁴ Ingrid Gilles¹

To cite: Peytremann-Bridevaux I, Schusselé Fillietaz S, Berchtold P, *et al.* Healthcare system maturity for integrated care: results of a Swiss nationwide survey using the SCIROCCO tool. *BMJ Open* 2021;11:e041956. doi:10.1136/bmjopen-2020-041956

► Prepublication history and supplemental material for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2020-041956>).

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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.

Design A Swiss nationwide individual electronic survey in November 2019.

Setting and population Stakeholders identified via lists of the Swiss Forum for Integrated Care and of the integrated care unit 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 Univariate 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 53.7 years on average, 42.5% were women, 60.0% and 20.7% 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 means ranging from 1.0 (±1.0) for the 'Funding' dimension to a maximum of 2.7 (±1.1) for 'eHealth 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

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.

the overall fragmentation of healthcare services,¹ and various initiatives have been implemented across and within countries.² Despite common overall goals, often aligned with the triple aim (ie, population health, quality of care/care experiences, costs),³ integrated care initiatives are very heterogeneous because of their context dependency.⁴ 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.² 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.^{5–10}

BMJ

Peytremann-Bridevaux I, *et al.* *BMJ Open* 2021;11:e041956. doi:10.1136/bmjopen-2020-041956

1

Context

► Federal country

26 cantonal health systems

► Three linguistic areas

German-speaking

French-speaking

Italian-speaking

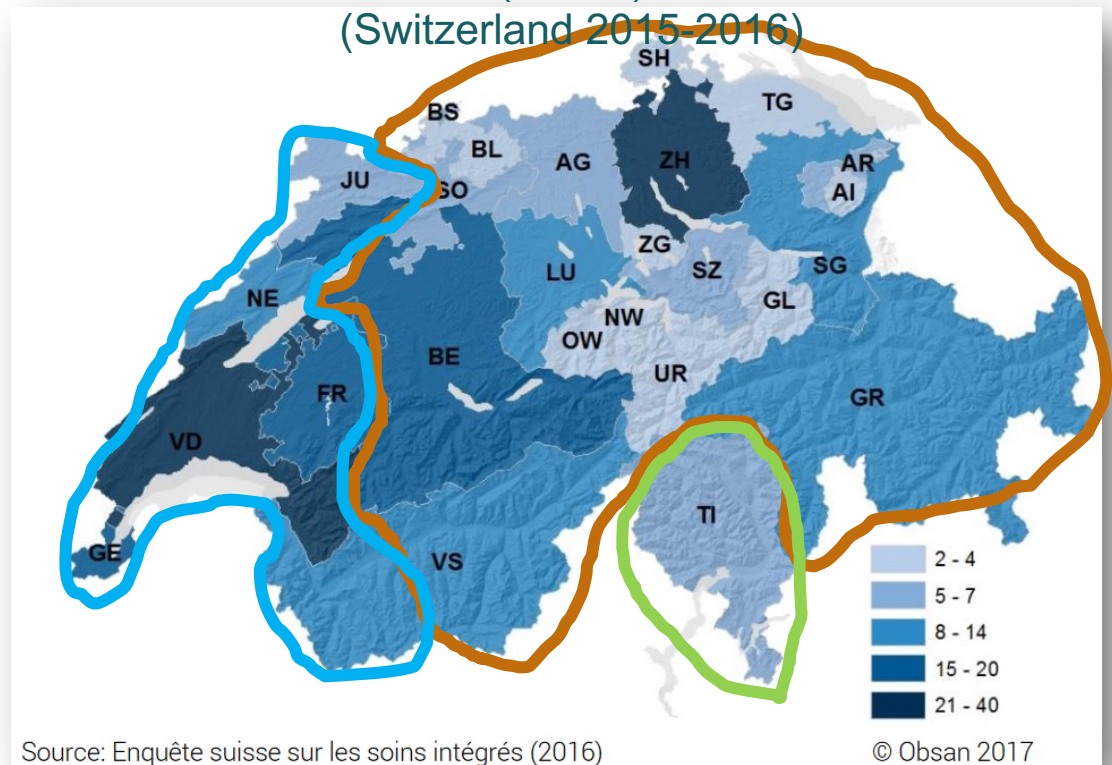
► Integrated care

Heterogeneity

Local / cantonal
specificities

Number of integrated care initiatives in Swiss cantons
(n=155)

(Switzerland 2015-2016)



Methods (1)

SCIROCCO existing
English version

Translation

Cultural adaptation

Pre-test

Adjustment

SCIROCCO existing
Italian version

Cultural adaptation

⇒ Italian version

3 SCIROCCO tools for Switzerland :

⇒ German version

⇒ French version

METHODS (2)

Study design

SCIROCCO Switzerland 2019

**Individual online
survey (indep. from
Scirocco platform)**

Usual SCIROCCO process

**Interactive and
iterative process
(=>consensus)**

Population

**Nationwide
stakeholders**

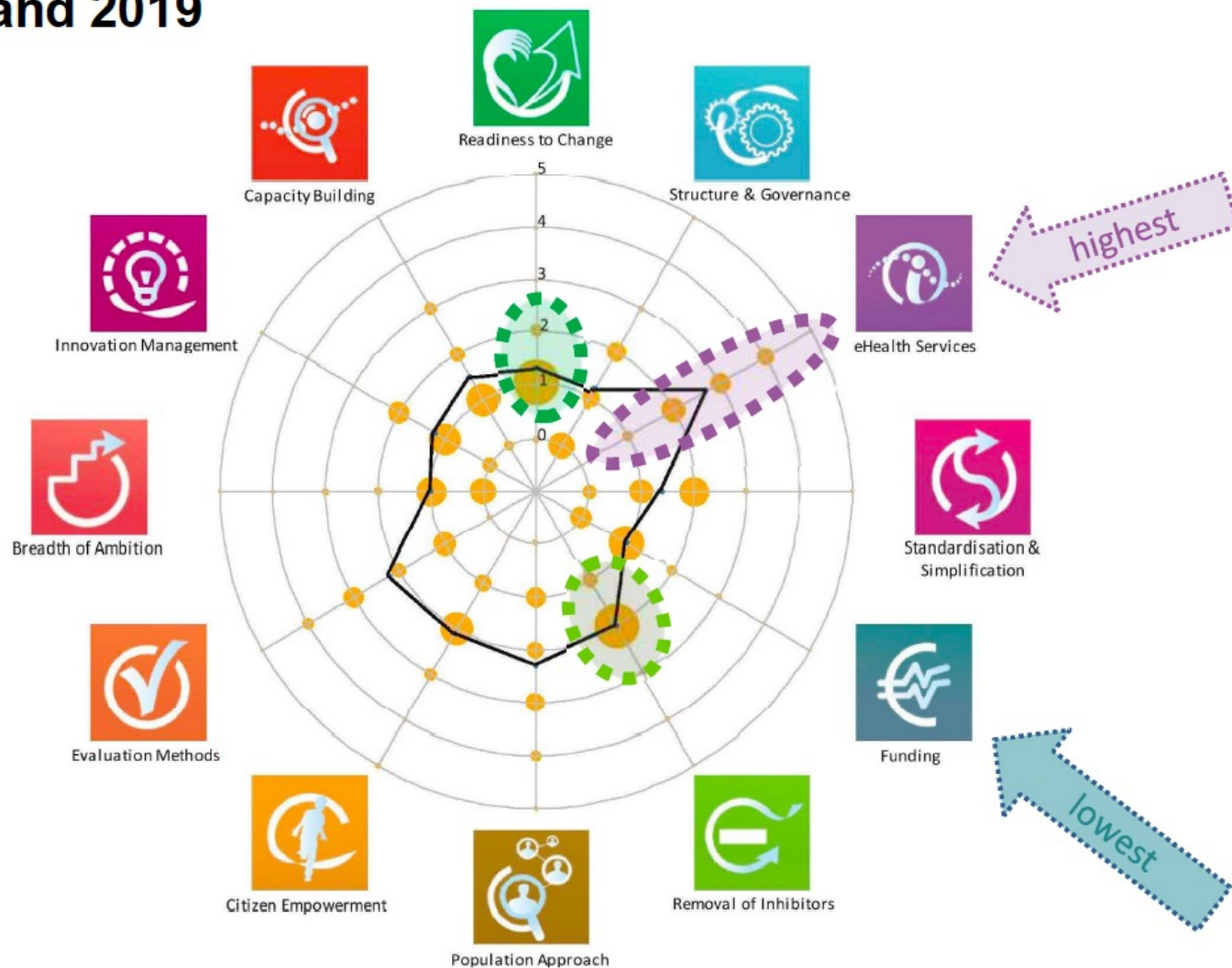
Integrated care
Public health
authorities

**Targeted and
context-specific
group of
stakeholders**

Respondents' characteristics (n=642)

Professions	<ul style="list-style-type: none">• Healthcare providers: 35.8 %• Directors of institutions: 27.7 %
Professional activity	<ul style="list-style-type: none">• University hospital: 22.1 %• Independent: 19.4 %
Working linguistic region	<ul style="list-style-type: none">• German-speaking part: 60.0 %• French-speaking part: 20.7 %• Italian-speaking part: 19.3 %
Attitude towards the Swiss healthcare system	<ul style="list-style-type: none">• Implication in integrated care: 53.5 %• Complete / Major change needed in Swiss healthcare system: 85.1 %

Switzerland 2019 (n= 642)



La Source
Institut de Recherche
Santé de la Vallée
Hes-so

unisanté
Centre universitaire de recherche
en santé publique

Scirocco Conference, May 2022 - Switzerland

Source: Peytremann-Bridevaux et al 2021

7

Discussion & conclusion

Advantages of an online survey	<ul style="list-style-type: none">• More respondents• Broader maturity assessment• Easier data collection
Disadvantages of an online survey	<ul style="list-style-type: none">• Increased dispersion<ul style="list-style-type: none">• Knowledge of local context vs federal• Local maturity = federal maturity• No consensus building process
Scirocco as an online survey	<ul style="list-style-type: none">• Picture• Part of a participatory process• More centralised country

Main references

- ▶ Peytremann-Bridevaux, I., Schussel  Filliettaz, S., Berchtold, P., Grossglauser, M., Pavlickova, A., & Gilles, I. (2021). Healthcare system maturity for integrated care : Results of a Swiss nationwide survey using the SCIROCCO tool. *BMJ Open*, 11(e041956), 12. <https://doi.org/10.1136/bmjopen-2020-041956>
- ▶ Schussel  Filliettaz, S., Berchtold, P., Kohler, D., & Peytremann-Bridevaux, I. (2018). Integrated care in Switzerland : Results from the first nationwide survey. *Health Policy*, 122(6), 568-576. <https://doi.org/10.1016/j.healthpol.2018.03.006>
- ▶ Schussel  Filliettaz, S., Kohler, D., Berchtold, P., & Peytremann-Bridevaux, I. (2017). *Soins int gr s en Suisse : R sultats de la 1re enqu te (2015 – 2016) [Integrated care in Switzerland : Results of the 1st survey (2015—2016)]* (N  57; Obsan Dossier, p. 84). Swiss Health Observatory (OBSAN); www.obsan.admin.ch/fr/publications/soins-integres-en-suisse

Contacts

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s.schusselefilliettaz@ecolelasource.ch



Capacity-building assets for further
collaboration/continuation of different health
and social care actors?





MATURITY ASSESSMENT: LESSONS LEARNED

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Polibienestar Research Insitute – University of Valencia



Co-funded by
the Health Programme
of the European Union

The SCIROCCO Exchange project is co-funded
by the Health Programme of the European
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(Chafea)

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 assesement: *Lessons learned*

► Experience with self-assessment process

IMPROVEMENT ASPECTS



IMPROVEMENT

- 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 assesement: *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 assesement: *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.





Scirocco

Exchange

Capacity-building for integrated care



A word cloud centered around the phrase "thank you" in various languages and scripts. The words are arranged in a circular pattern, with "thank you" being the largest and most central. Other visible words include: "danke", "tesekkür ederim", "gracias", "moachakkeram", "go raibh maith agat", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci".



Facilitated discussion



COFFEE BREAK

10.40 – 11.00CET



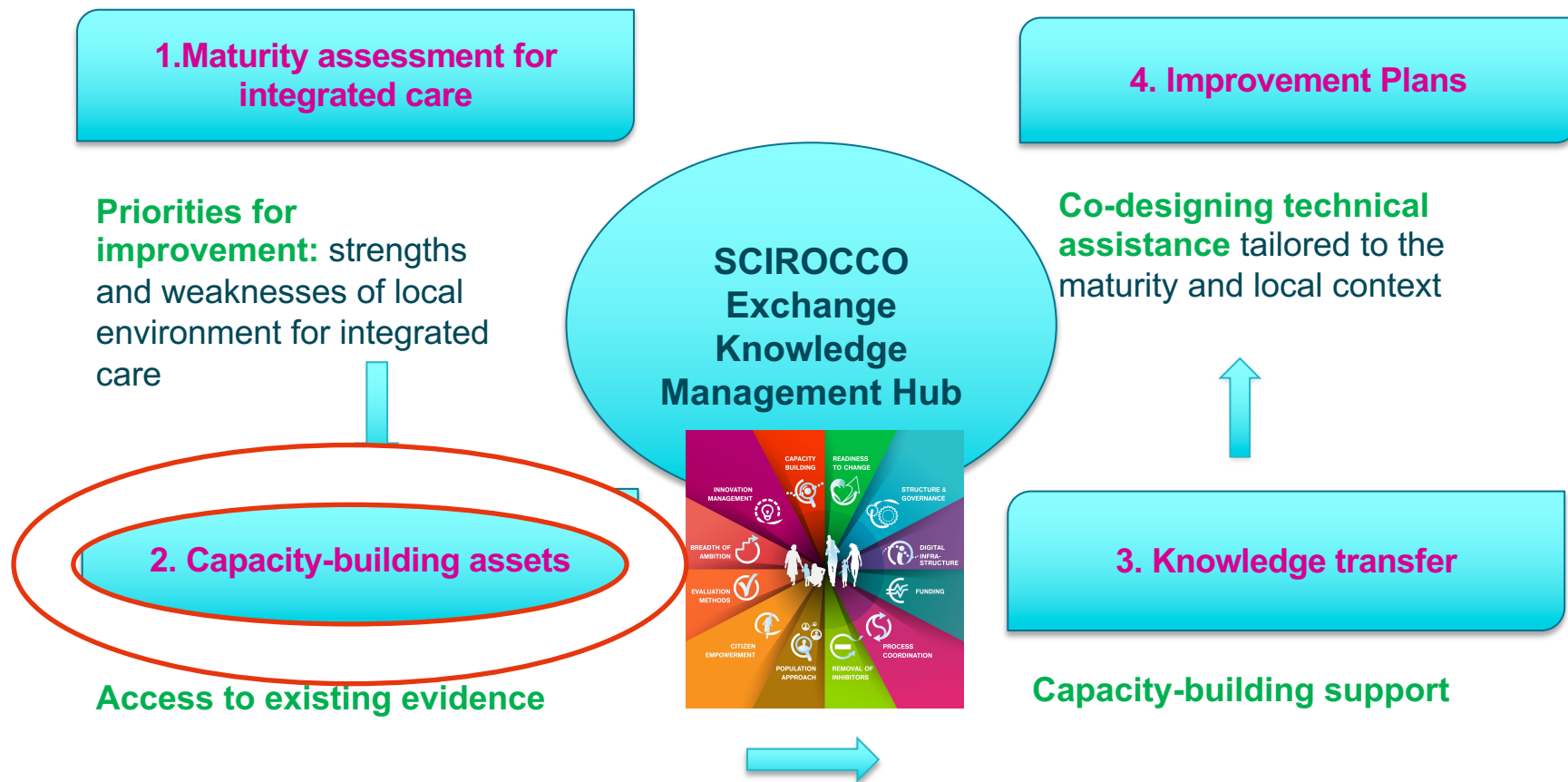
FROM MATURITY ASSESSMENT TO CAPACITY-BUILDING SUPPORT: ASSETS ON INTEGRATED CARE



Co-funded by
the Health Programme
of the European Union

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

Objectives of SCIROCCO Exchange





WP6 CAPACITY-BUILDING ASSETS

Jon Txarramendieta

Kronikgune Institute for Health Services Research



Co-funded by
the Health Programme
of the European Union

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)

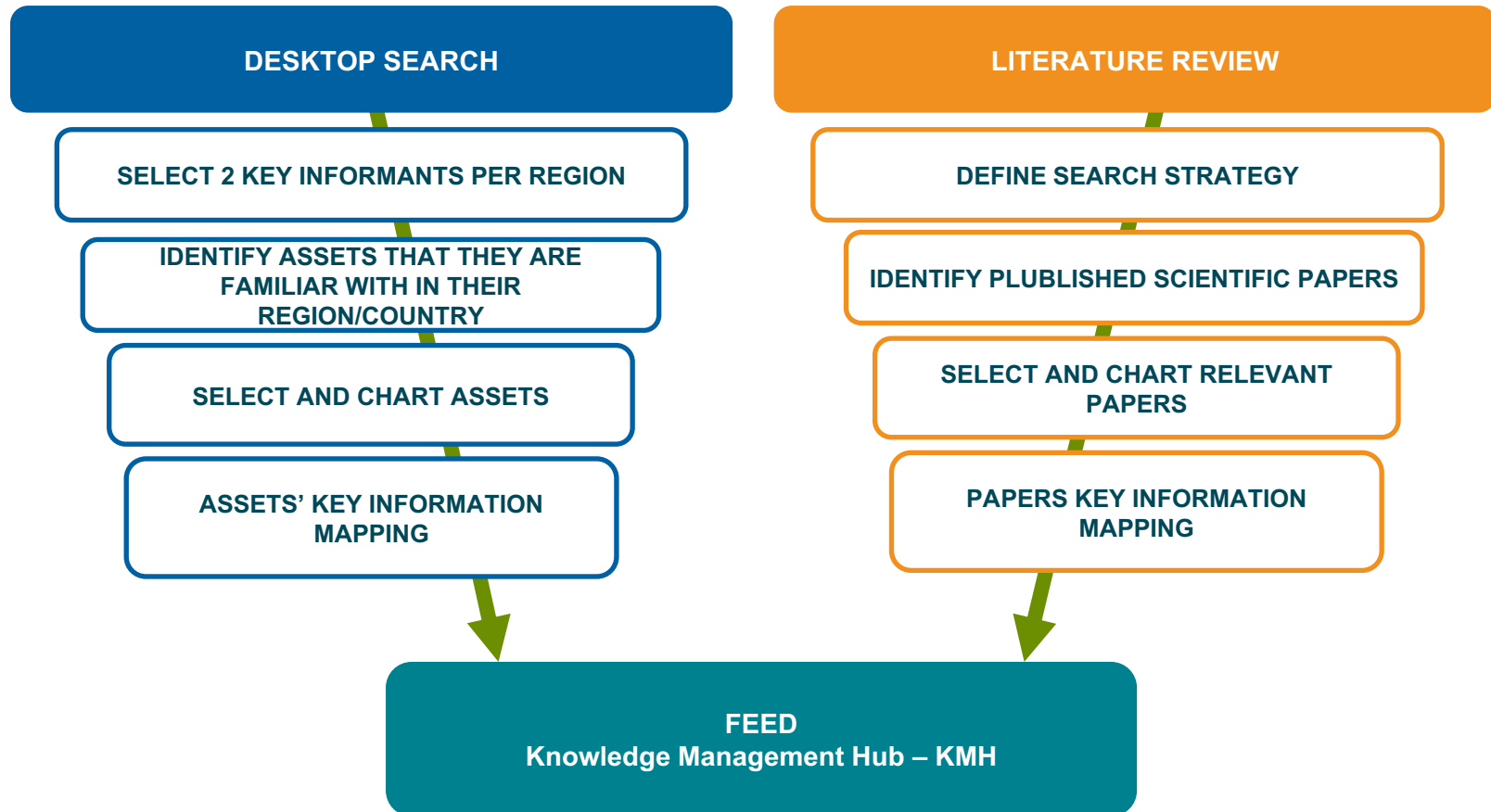
Capacity building assets

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.



Mapping strategy

Assets selection criteria and sources

Desktop search	Literature review
<p>Inclusion criteria:</p> <ul style="list-style-type: none">▪ 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 <p>Exclusion criteria:</p> <ul style="list-style-type: none">▪ Published in traditional academic publishing and distribution channels▪ Documents/resources still in draft status▪ Confidential material under non-disclosure agreements	<p>Inclusion criteria:</p> <ul style="list-style-type: none">▪ 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
<p>Sources: Regional experts' sources of search</p> <ul style="list-style-type: none">▪ 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)	<p>Sources: Scientific search databases</p> <ul style="list-style-type: none">▪ 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, ...)

Charting Dimension

Qualitative Questions: The PS Model

P - Patient/Population/Problem

S- Situation

How do/does ___[P]___ experience ___[S]___?

Integrated care (general): How do healthcare stakeholders deal with building integrated care?



READINESS TO CHANGE

How do healthcare stakeholders deal with fostering readiness to change from a fragmented model to an integrated one?



STRUCTURE AND GOVERNANCE

How do healthcare stakeholders deal with implementing changes at structural and at governance level for the integration of care system?



DIGITAL INFRASTRUCTURE

How do healthcare stakeholders deal with building digital infrastructure to support integrated care?



FUNDING

How do healthcare stakeholders deal with ensuring available funding to support integrated care?



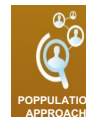
PROCESS COORDINATION

How do healthcare stakeholders deal with implementing coordinated care processes for the effective deployment of integrated care?



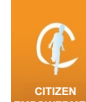
REMOVAL OF INHIBITORS

How do healthcare stakeholders deal with withdrawing legal, organisational, financial, skill concerning and cultural barriers related with integrated care?



POPULATION APPROACH

How do healthcare stakeholders deal with deploying population risk approach ?



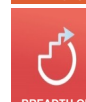
CITIZEN EMPOWERMENT

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



EVALUATION METHODS

How do healthcare stakeholders deal with evaluating integrated care services?



BREADTH OF AMBITION

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



INNOVATION MANAGEMENT

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



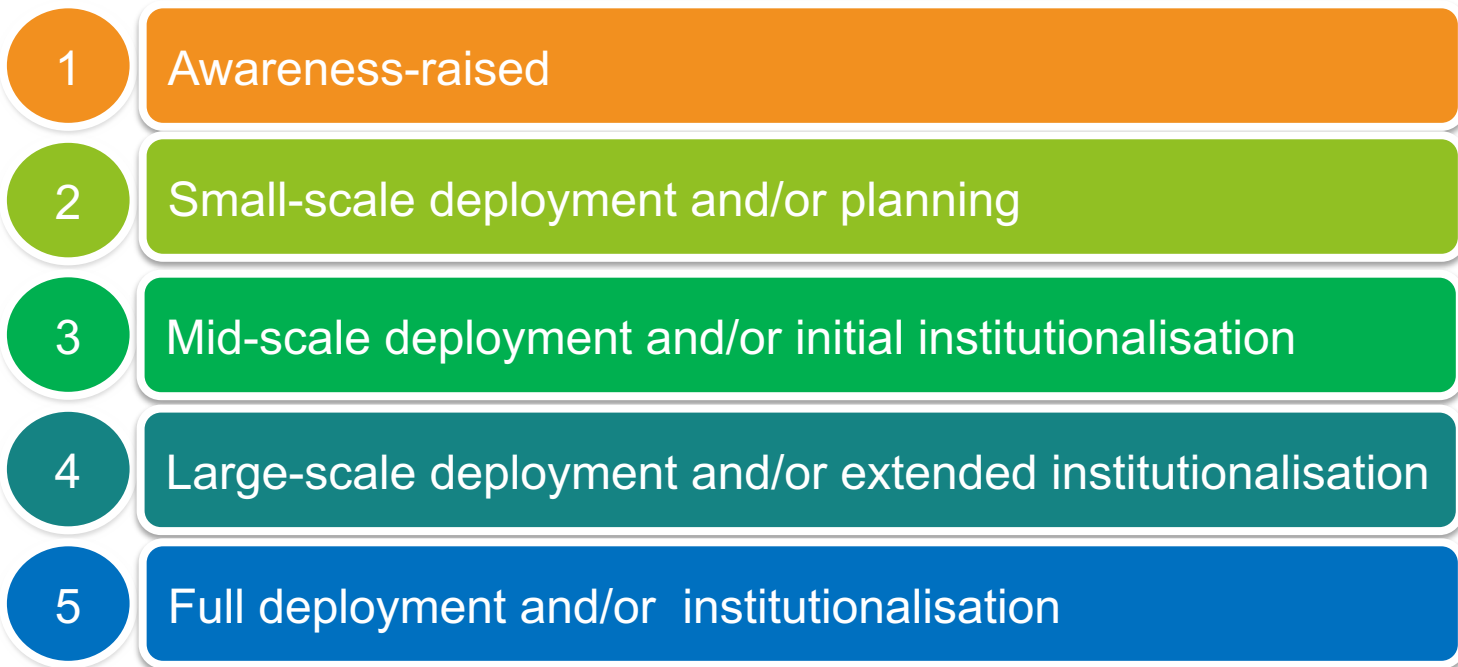
CAPACITY BUILDING

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



Outcome management

Template forms to summarize key information

SCIROCCO Exchange asset - Real example	
Type of asset:	Strategic and consultation document
Dimension (s):	D1 (Readiness to change)
MRL per dimensión (Desktop search):	MRL5
Title :	Strategy for Addressing Chronicity in the National Health system
Author (s):	Ministry of Health, Social Services and Equality of the Basque Country
Year of publication:	2012
Region/Country:	Basque Country, Spain
Source:	Ministry of Health, Social Services and Equality of the Basque Country
Brief summary/Abstract/Executive summary:	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.
Keywords:	Chronicity, chronic strategy, integrated care
Access details:	https://www.mscbs.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA_ABORDAJE_CRONICIDAD.pdf

Example: Population Approach dimension

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



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

Desktop search- Final Results

Dimension	Assets
D1 – Readiness to change	69
D2 – Structure & Governance	85
D3 – Digital infrastructure	47
D4 – Funding	70
D5 – Process Coordination	67
D6 – Removal of Inhibitors	32
D7 – Population approach	63
D8 – Citizen empowerment	76
D9 – Evaluation methods	47
D10 – Breadth of Ambition	60
D11 – Innovation management	65
D12 – Capacity Building	71
Total	385

Literature review

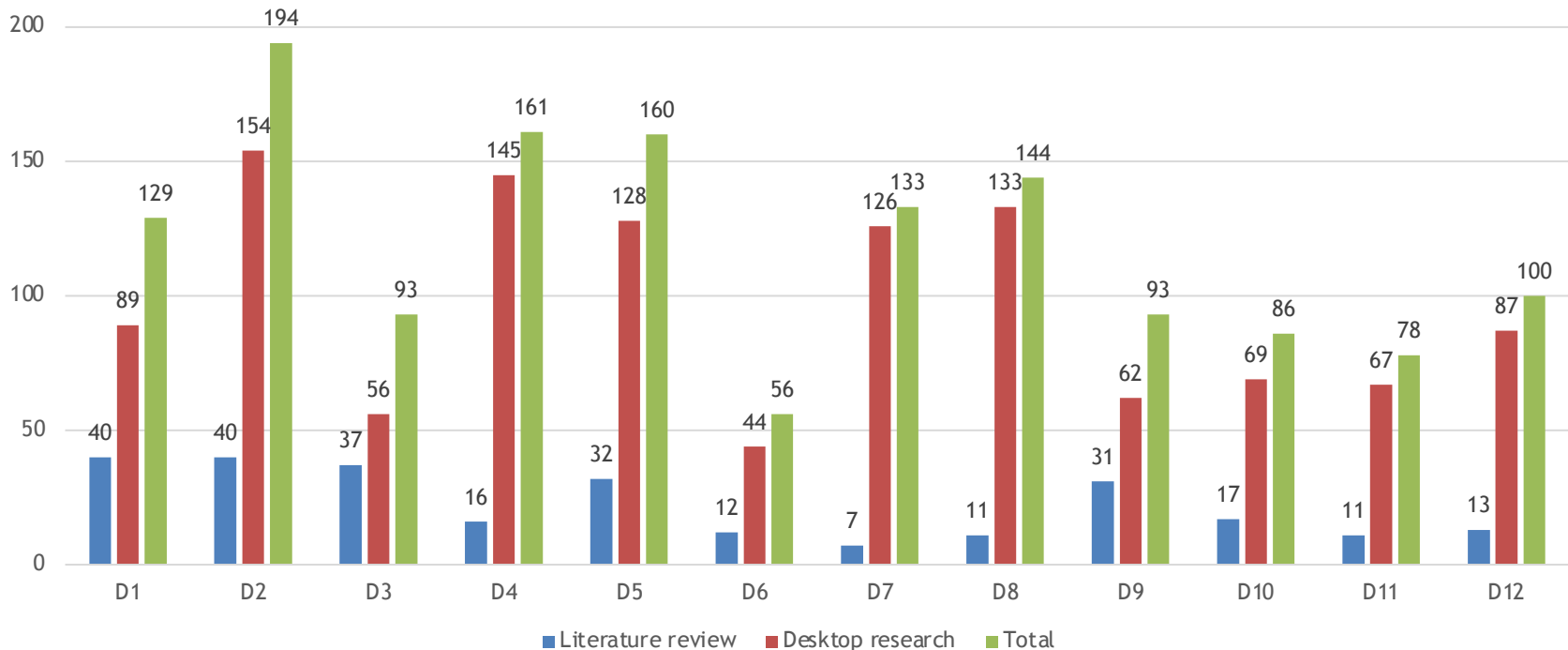
► Three searches:

- 1st search- Summer-Autum 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

Dimension	2020 search	2021 search	Total
D1 - Readiness to change	36	4	40
D2 - Structure and governance	35	5	40
D3 - Digital infrastructure	29	8	37
D4 - Funding	16	0	16
D5 - Process coordination	25	7	32
D6 - Removal of inhibitors	11	1	12
D7 - Population approach	7	0	7
D8 - Citizen empowerment	10	1	11
D9 - Evaluation methods	26	5	31
D10 - Breadth of ambition	14	3	17
D11 - Innovation management	11	0	11
D12 - Capacity-building	12	1	13
Total	232	35	267

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.



Scirocco

Exchange

Capacity-building for integrated care



A word cloud centered around the phrase "thank you" in various languages and scripts. The words are arranged in a circular pattern, with "thank you" being the largest and most prominent. Other visible words include: "danke", "tesekkür", "ederim", "gracias", "moachakkeram", "go raibh maith agat", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci".



SPOTLIGHT ON USING ASSETS ON THE KNOWLEDGE MANAGEMENT HUB

Cristina Adriana Alexandru, Stuart Anderson

University of Edinburgh, UK



Co-funded by
the Health Programme
of the European Union

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

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/ reviewingof assets that are potentially useful for a region

Adding Assets

SCIROCCO Exchange Knowledge Management Hub

HOME INTEGRATED CARE ASSESSMENTS OTHER ASSESSMENTS **ASSETS** COMMUNITIES ACCOUNT LOGOUT

Assets

SEARCH ASSETS	MANAGE ASSETS
Quick search	Create asset
Advanced search for my assessments ▼	My assets
Advanced search for other assessments ▼	My asset collections
Advanced general search	

Adding assets

Create/Edit asset

Instructions for filling in this form are available in the: [SCIROCCO Exchange Guidance Document](#)

Type of asset*:

MRL number per referenced dimension (leave empty if dimension not referenced):

Dimension1 MRL: Dimension2 MRL: Dimension3 MRL: Dimension4 MRL:

Dimension5 MRL: Dimension6 MRL: Dimension7 MRL: Dimension8 MRL:

Dimension9 MRL: Dimension10 MRL: Dimension11 MRL: Dimension12 MRL:

Title*:

Author(s)*:

<input type="text" value="Author 1"/>	<input type="text" value="Author 2"/>	<input type="text" value="Author 3"/>
<input type="text" value="Author 4"/>	<input type="text" value="Author 5"/>	<input type="text" value="Author 6"/>
<input type="text" value="Author 7"/>	<input type="text" value="Author 8"/>	<input type="text" value="Author 9"/>
<input type="text" value="Author 10"/>		

Year of publication*:

Language of Asset*:

Region*:

Source:

Brief summary/Abstract/Executive summary (max. 300 words)*:

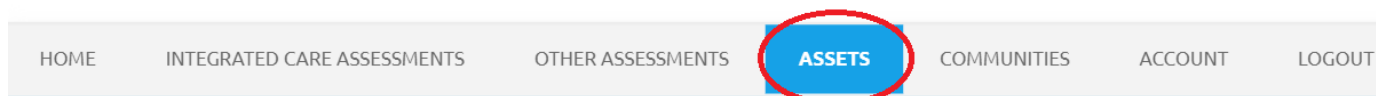
Keywords*:

<input type="text" value="Keyword 1"/>	<input type="text" value="Keyword 2"/>	<input type="text" value="Keyword 3"/>	<input type="text" value="Keyword 4"/>
<input type="text" value="Keyword 5"/>	<input type="text" value="Keyword 6"/>	<input type="text" value="Keyword 7"/>	<input type="text" value="Keyword 8"/>
<input type="text" value="Keyword 9"/>			

Access details (URL to the asset)*:

Editing Assets

SCIROCCO Exchange Knowledge Management Hub



Assets

SEARCH ASSETS	MANAGE ASSETS
<input type="text" value="Quick search"/>	<input type="button" value="Create asset"/>
<input type="text" value="Advanced search for my assessments"/> ▼	<input type="button" value="My assets"/>
<input type="text" value="Advanced search for other assessments"/> ▼	<input type="button" value="My asset collections"/>
<input type="text" value="Advanced general search"/>	

Editing Assets

SCIROCCO Exchange Knowledge Management Hub

[HOME](#)[INTEGRATED CARE ASSESSMENTS](#)[OTHER ASSESSMENTS](#)[ASSETS](#)[COMMUNITIES](#)[ACCOUNT](#)[LOGOUT](#)

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


SCIROCCO Exchange Knowledge Management Hub

HOME	INTEGRATED CARE ASSESSMENTS	OTHER ASSESSMENTS	ASSETS	COMMUNITIES	ACCOUNT	LOGOUT										
<h3>Assets</h3> <table border="1"><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>							SEARCH ASSETS	MANAGE ASSETS	Quick search	Create asset	Advanced search for my assessments ▾	My assets	Advanced search for other assessments ▾	My asset collections	Advanced general search	
SEARCH ASSETS	MANAGE ASSETS															
Quick search	Create asset															
Advanced search for my assessments ▾	My assets															
Advanced search for other assessments ▾	My asset collections															
Advanced general search																

Quick Search (Recommended!)

Assets quick search

English


<p>Selected assessment: CAlexBasque Country,4</p> <p>More Filters</p>  <p>Reset search criteria</p> <p>Search assets</p>	<p>Search results</p>	<p>Collection: New collection</p> <p>There are no assets in this collection</p>
--	------------------------------	--

Quick Search (Recommended!)

Assets quick search

Selected assessment: CAlexBasque Country,4

[More filters](#)



[Reset search criteria](#)

[Search assets](#)

Search results

Number of search results: 16

☒ **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](#)

☒ **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

[Add to collection](#)

Quick Search (Recommended!)

Assets quick search

Selected assessment: CAlexBasque Country,4

More filters

Search results

Number of search results: 16

Collection: New collection

There are no assets in this collection

Assets:

- INNOVATION MANAGEMENT
- BREADTH OF AMBITION
- EVALUATION METHODS
- CITIZEN EMPOWERMENT
- POPULATION APPROACH
- REMOVAL OF INHIBITORS
- CAPACITY BUILDING
- READINESS TO CHANGE
- STRUCTURE & GOVERNANCE
- DIGITAL INFRASTRUCTURE

Search results:

☒ Title: 60 Primary Care Zones

Author(s): Flanders Agency for Care and Health

Year: 2018.0

Median_rating: Not yet rated

New collection

You have chosen to create a new asset collection. Please name this collection or click 'Cancel' to select a pre-existing collection from the right column.

BC1

Submit Cancel

gezonaneia

Author(s): Federal Public Service Public Health

Year: 2016.0

Median_rating: Not yet rated

Type: Guidance document

MRLforDimension1: 2

Reset search criteria

Search assets

Add to collection

Quick Search (Recommended!)


Assets quick search

English

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

Selected assessment: CAlexBasque Country,4

[More filters](#)



[Reset search criteria](#) [Search assets](#)

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: Gids 'Geïntegreerde zorg voor een betere gezondheid'

Author(s): Federal Public Service Public Health

Year: 2016.0

Median_rating:

Type: Guidance document

[Read More](#)


[Remove from collection](#)

Advanced Search: Overview

Search assets



Selected assessment: CAlexBasque Country,4



Please select criteria for the search:

Type of asset:

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

[Add more](#)

Title:

Author name(s) contain:

[Add more](#)

Year of publication:

Region or country:


Language of Asset:

Terms in description:

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

☒

Title: Integrated services will help the elderly get professional home care (Integralios paslaugos padės senoliams gauti profesionalią priežiūrą namuose)

Author(s):

Year: 2016.0

Median_rating: Not yet rated

Type: Report

MRLforDimension1: 3

MRLforDimension2: 3

[Read More](#)

☒

Title: Transformation of social care services for the elderly in Slovakia

Author(s):

Year: 2016.0

Median_rating: Not yet rated

Type: Report

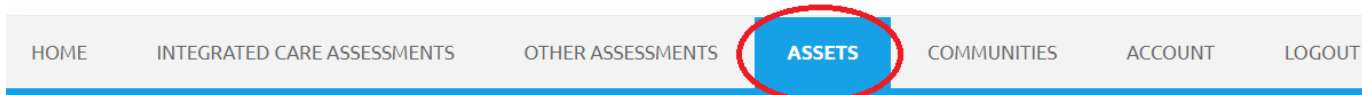
MRLforDimension1: 2

MRLforDimension2: 1

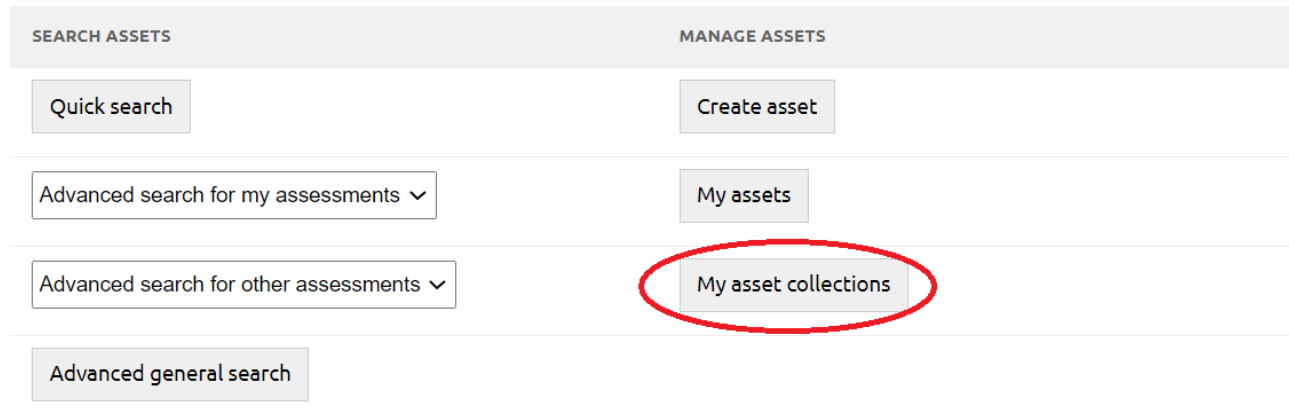
[Add to collection](#)

Editing Asset Collections

SCIROCCO Exchange Knowledge Management Hub


























Assets




Editing Asset Collections

Asset collections

PRIVATE ASSET COLLECTIONS

CAlex-CAlexBasque Country,4_assets			
CAlex-CAlexBasque Country,4_assets2			
Demo2			
CAlex_assets			
Scotland_a			
CAlex_assets2			
BC1			
CAlex-CAlexBasque Country,4_assets3			

SHARED ASSET COLLECTIONS

test			
Structure			
Demo_Scottish_Gov			

Editing Asset Collections

Edit collection

Collection name: BC1



Add more assets (by searching)

ASSET

Title: 60 Primary Care Zones

☐ Used

Rate Asset

Comment

Remove

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.

Title: Gids 'Geïntegreerde zorg voor een betere gezondheid'

☐ Used

Rate Asset

Comment

Remove

Year: 2016.0

Median_rating: Not yet rated

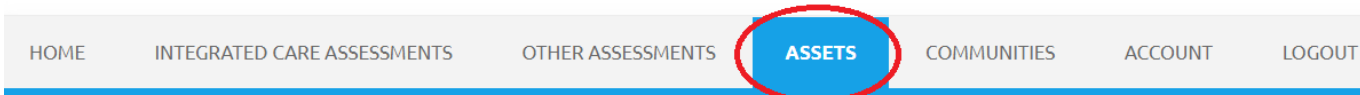
Type: Guidance document

Region: Belgium

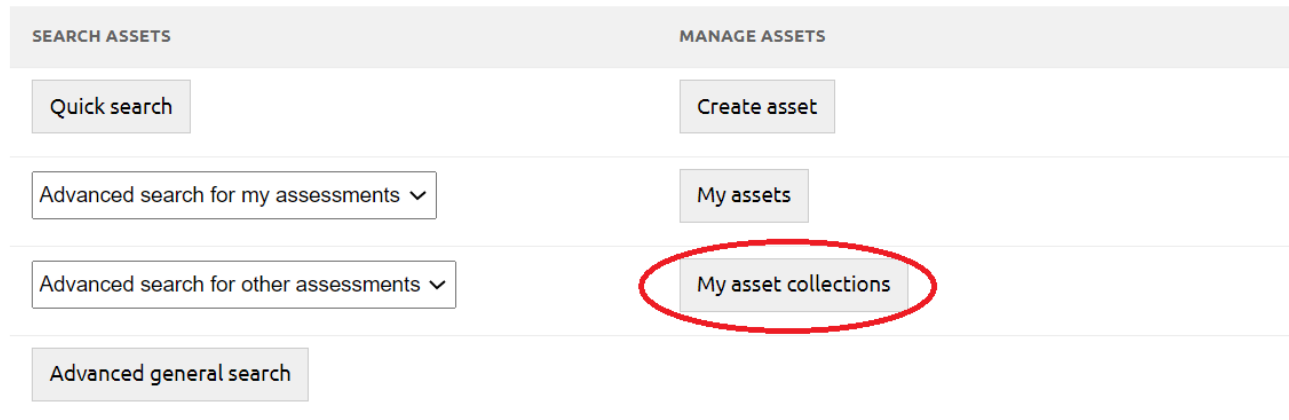
Description: National Belgian Plan agreed with the Ministers of Health at Federal and Regional level to work on integration of the care for chronic patients.

Sharing Asset Collections

SCIROCCO Exchange Knowledge Management Hub




































Assets



Sharing asset collections

Asset collections

PRIVATE ASSET COLLECTIONS				SHARED ASSET COLLECTIONS			
CAlex-CAlexBasque Country,4_assets				test			
CAlex-CAlexBasque Country,4_assets2				Structure			
Demo2				Demo_Scottish_Gov			
CAlex_assets							
Scotland_a							
CAlex_assets2							
BC1							
CAlex-CAlexBasque Country,4_assets3							


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

USER	ROLE	
Cristina.Alexandru@ed.ac.uk (you)	Editor, originator	
[REDACTED]	Editor	

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

Edit collection

English

Collection name: BC1 

Add more assets (by searching)

ASSET

Title: 60 Primary Care Zones

☐ Used

Rate Asset

Comment

Remove

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.

Title: Gids 'Geïntegreerde zorg voor een betere gezondheid'

☐ Used

Rate Asset

Comment

Remove

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

Edit collection

English

Please rate this asset or click 'Cancel' to close this dialog box without rating the asset.

60 Primary Care Zones

None ▾

Submit Cancel

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

Capturing experience, reviewing assets

Edit collection

Collection name: BC1 

Add more assets (by searching)

ASSET

Title: 60 Primary Care Zones

☐ Used

Rate Asset

Comment

Remove

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.

Title: Gids 'Geïntegreerde zorg voor een betere gezondheid'

☐ Used

Rate Asset

Comment

Remove

Year: 2016.0

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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

[<-- Back to Asset Collection](#)

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



A word cloud centered around the phrase "thank you" in various languages and scripts. The words are arranged in a circular pattern, with "thank you" being the largest and most prominent. Other visible words include: "danke", "tesekkür ederim", "gracias", "moachakkeram", "go raibh maith agat", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci".



FROM MATURITY ASSESSMENT TO PERSONALISED KNOWLEDGE TRANSFER

Birgit Sandu

Assembly of European Regions



Co-funded by
the Health Programme
of the European Union

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

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.

General approach: Evidence-based capacity-building support



- ▶ 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



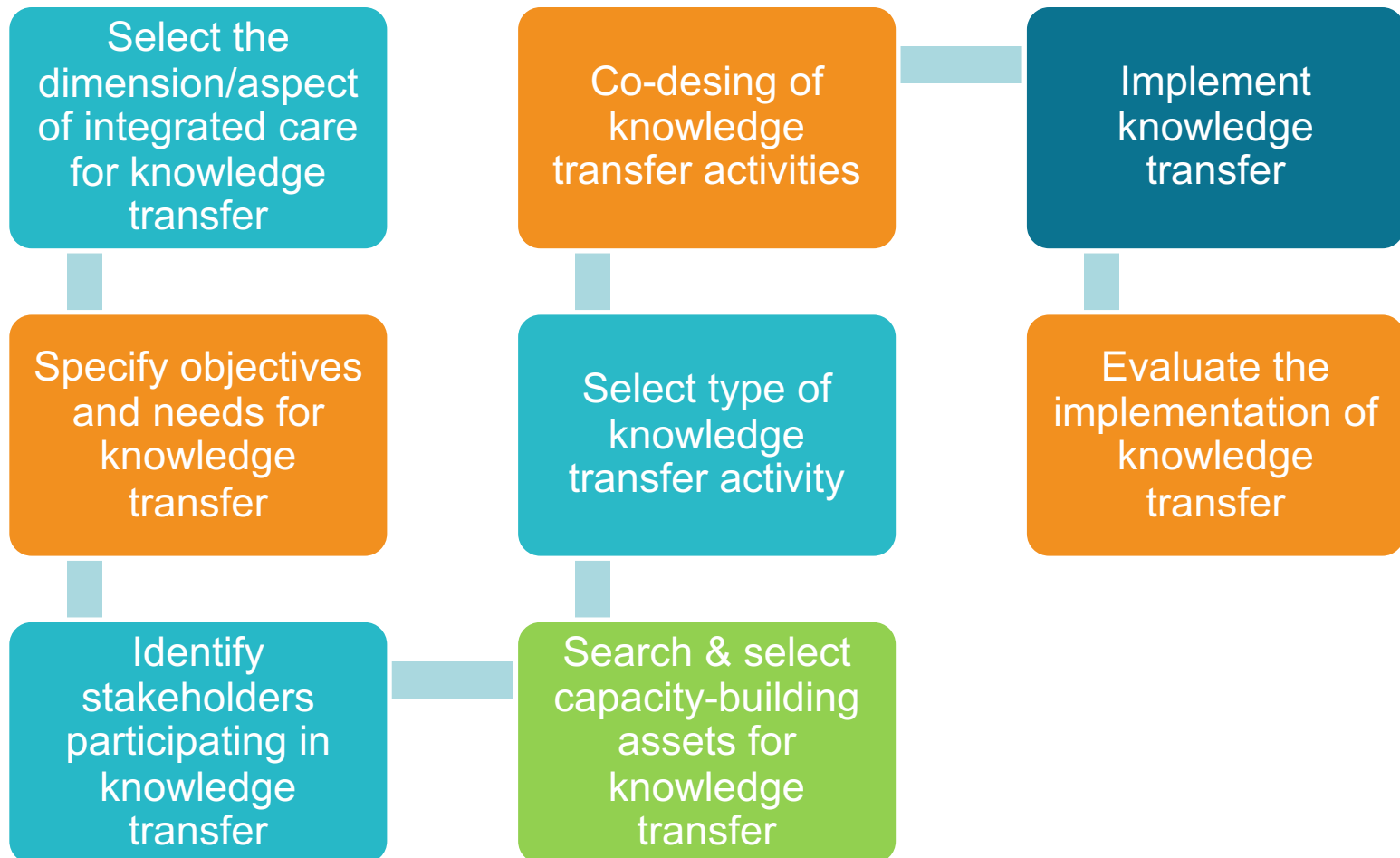
Receiving region

'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!



Step 5: Menu of activities for knowledge transfer

Scirocco Exchange Knowledge Transfer programme

Expert mission
to receiving
region

Examples

Explanation

Practicalities

Events in
receiving
region, or in
other relevant
place

Examples

Explanation

Practicalities

Capacity-
building
activities in
receiving region
or elsewhere if
relevant

Examples

Explanation

Practicalities

Study visit to
transferring
entity/ region

Examples

Explanation

Practicalities

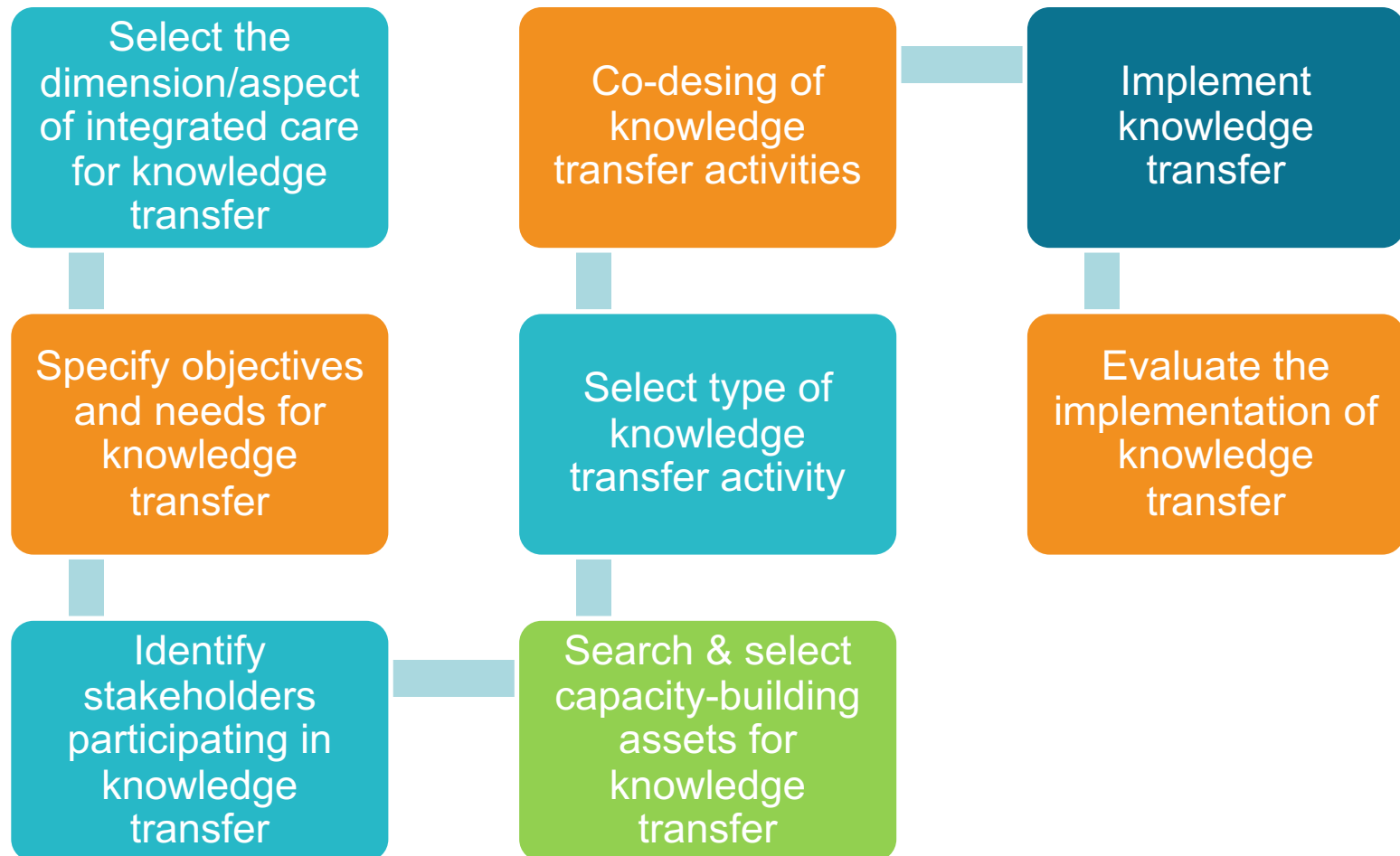
Exchange,
secondment or
placement of
staff

Examples

Explanation

Practicalities

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



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-developmet 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



Scirocco

Exchange

Capacity-building for integrated care



A word cloud centered around the phrase "thank you" in various languages and scripts. The words are arranged in a circular pattern, with "thank you" being the largest and most prominent. Other visible words include: "danke", "tesekkür ederim", "gracias", "moachakkeram", "go raibh maith agat", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci".



Facilitated discussion



COFFEE BREAK

11.45 – 12.00 CET



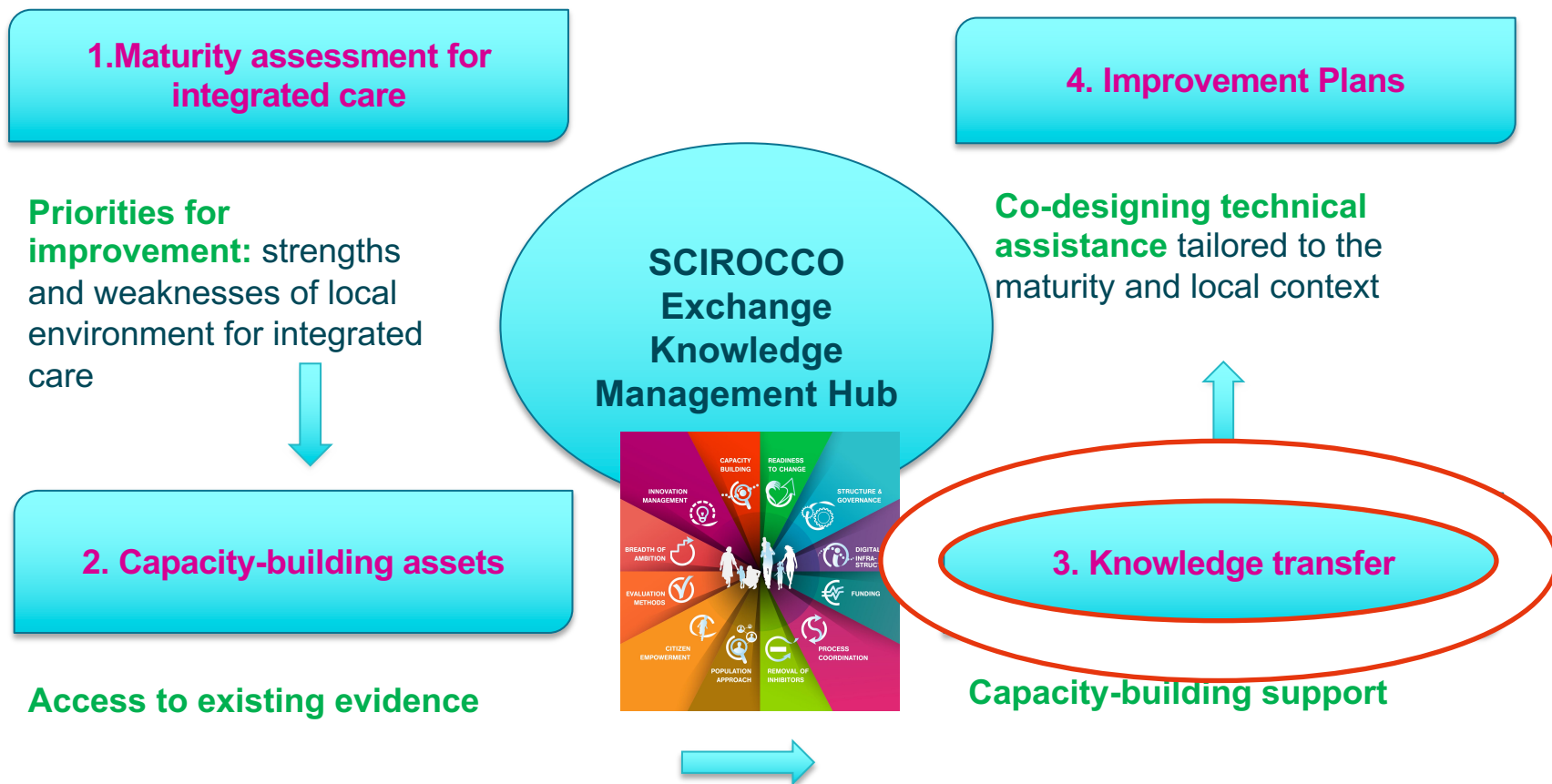
CAPACITY-BUILDING SUPPORT FOR INTEGRATED CARE: KNOWLEDGE TRANSFER



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(Chafea)

Objectives of SCIROCCO Exchange





KNOWLEDGE TRANSFER IN KOSICE REGION / SLOVAKIA

*Nagyova I, Katreniakova Z, Timkova V
PJ Safarik University, Kosice, Slovakia*



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Objectives of KT in Kosice Region / SK

COACHING

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

Stakeholders: Individual evaluations - Nov 2019-Mar 2020

Focus group: 26.3.2020 (online)

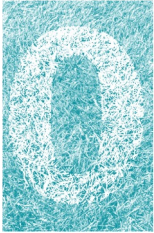
- Only dimension 4 achieved a higher rating (score 2)
- Strategic documents emphasizing IC approaches
- **The potential for multidisciplinary cooperation - although not clear vision, planning or management of this cooperation at the administration level**
- Standard procedures exist; however, they are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



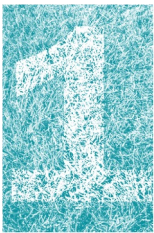
- ▶ **OBJECTIVE:** promoting multidisciplinary and cross-sectoral collaboration and networking

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)
5. New **research projects**: H2020 IMMERSE, VEGA, INHEAL
(submitted: InPrev-D, KSK-IC)

KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform



ONLINE PLATFORMA

Integrovaná starostlivosť na Slovensku

Vitajte na stránke
Integrovaná starostlivosť
na Slovensku

Cieľom platformy je poskytnúť prehľad o súčasnom stave, posilniť kompetencie a vedomosti v oblasti integrovanej starostlivosti, podporiť multidisciplinárnu spoluprácu, stimulovať budovanie siete profesionálnych kontaktov v sociálnych službách a zdravotníctve na národnej, regionálnej a lokálnej úrovni.

Viac informácií o dôvode vzniku online platformy nájdete v časti **ÚVOD**

Pri prezeraní materiálov odporúčame začať so sekciou **PRIPRAVIŤ SA**, následne prejsť k sekcii **POZOR** a na záver k sekcii **ŠTART**. Poradie dostupných materiálov si môžete zvoliť aj individuálne, na základe Vašich preferencií.

Zvoľte sekciu, ktorú si chcete prezerať ako prvú.

KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform – cont.

ÚVOD PRIPRAVIŤ SA POZOR ŠTART O NÁS

PRIPRAVIŤ SA

POZOR

ŠTART

Zvýšenie porozumenia a lokálnej pripravenosti na zistenie potrieb a priorít pri prijímaní a rozširovaní integrovanej starostlivosti použitím online hodnotiaceho nástroja SCIROCCO Exchange.

Zlepšenie prístupu k dostupným poznatkom o integrovanej starostlivosti.

Spoluprácu personalizovanej podpory pre tých, ktorí hľadajú pomoc pri príprave podmienok pre zmenu alebo zlepšenie existujúcich návrhov systémov integrovanej starostlivosti, prostredníctvom individualizovaného transferu poznatkov.

Využitie výsledkov transferu poznatkov a budovania kapacít pre spoluprácu plánov zlepšovania, ktoré sú prispôbené lokálnemu kontextu, úrovni zrelosti a aspiráciám európskych regiónov a organizácií.

Nástroje

Nástroje pre zefektívnenie implementácie integrovanej starostlivosti

Použitie na Slovensku

Použitie nástrojov pre implementáciu integrovanej starostlivosti na Slovensku

Implementácia

Projekty a kľúčovi aktéri v oblasti integrovanej starostlivosti na Slovensku



KT activities in Kosice Region / Slovakia

1. Slovak online IC educational platform – cont.



Oboznámte sa so strategickými dokumentami týkajúcimi sa integrovanej starostlivosti na Slovensku. Zistíte viac o aktuálnom stave integrácie zdravotnej a sociálnej starostlivosti, navrhovaných konceptoch a pripravovaných legislatívnych zmenách.

- Strategický rámec starostlivosti o zdravie pre roky 2014-2030
- Centrá integrovanej zdravotnej starostlivosti
- Stratégia dlhodobej sociálno-zdravotnej starostlivosti v Slovenskej republike
- Národný akčný plán prechodu z inštitucionálnej na komunitnú starostlivosť v systéme sociálnych služieb
- Plán obnovy a odolnosti - kapitola 11, 12 a 13



Chronologický prehľad publikácií týkajúcich sa integrovanej starostlivosti na Slovensku

- Strategický rámec starostlivosti o zdravie pre roky 2014 - 2030
- Stratégia dlhodobej sociálno-zdravotnej starostlivosti v Slovenskej republike
- Revízia výdavkov na zdravotníctvo
- Regionálna integrovaná územná stratégia Košického kraja na roky 2014 - 2020
- Comparison of long-term care in European developed countries to possible implementation in Slovakia
- eHealth in integrated care programs for people with multimorbidity in Europe: Insights from the ICARE4EU project
- Transformation of Social Care Services for the Elderly in Slovakia
- Slovakia. Health system review
- Integrated care for elderly in Slovakia
- Developing an integrated primary care model in Slovakia

CHRODIS - SK

Oficiálna stránka dvoch dokončených celoeurópskych projektov: CHRODIS a Chrodís plus

CHRODIS+

ABOUT CHRODIS+ CHRODIS+ RESULTS CHRODIS+ RESULTS NEWSLETTERS & EVENTS

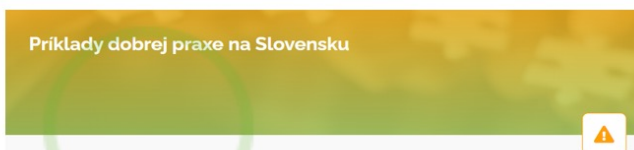
MC3

Oficiálna stránka Multidisciplinárne centrum pre chronické podmienky

Publications

2020 Effects of Nordic walking on cardiovascular performance and quality of life in coronary artery disease

2020 Achieving the SDGs in the European Region



Dom ošetrovateľskej starostlivosti, DOS Humenné

Zariadenie sociálnej pomoci, DOS Humenné

Pomoc pre rodinu pri starostlivosti o človeka s demenciou v domácom prostredí

Alzheimerforum

Online prístupy k ďalším subjektom integrovanej starostlivosti na Slovensku

PORTAL HALINA

emedius

medIPRÁVNIK.sk

Ambulancia online

AOPP

SLOVENSKÝ PACIENT

KT activities in Kosice Region / Slovakia

4. National workshop Nov 25, 2021: Logic model

The screenshot displays a Microsoft Teams meeting interface. At the top, a banner indicates "Recording and transcription have started. By attending this meeting, you consent to being included. Privacy policy". Below this, the meeting title "Logic model" is visible. The main area shows a grid of video feeds for participants. A list of participants is on the right, including names like Mgr. Iveta Rajničová Nagrová, Filipová Mária (Host), and others. The meeting chat is visible on the right side. The bottom of the screen shows a search bar and a taskbar with various application icons.

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.**

Impact of KT activities in Kosice Region / SK

- 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

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

iveta.nagyova@upjs.sk



KNOWLEDGE TRANSFER PROGRAMME IN PUGLIA REGION

Serena Mingolla – SCIROCCO Exchange Project Manager

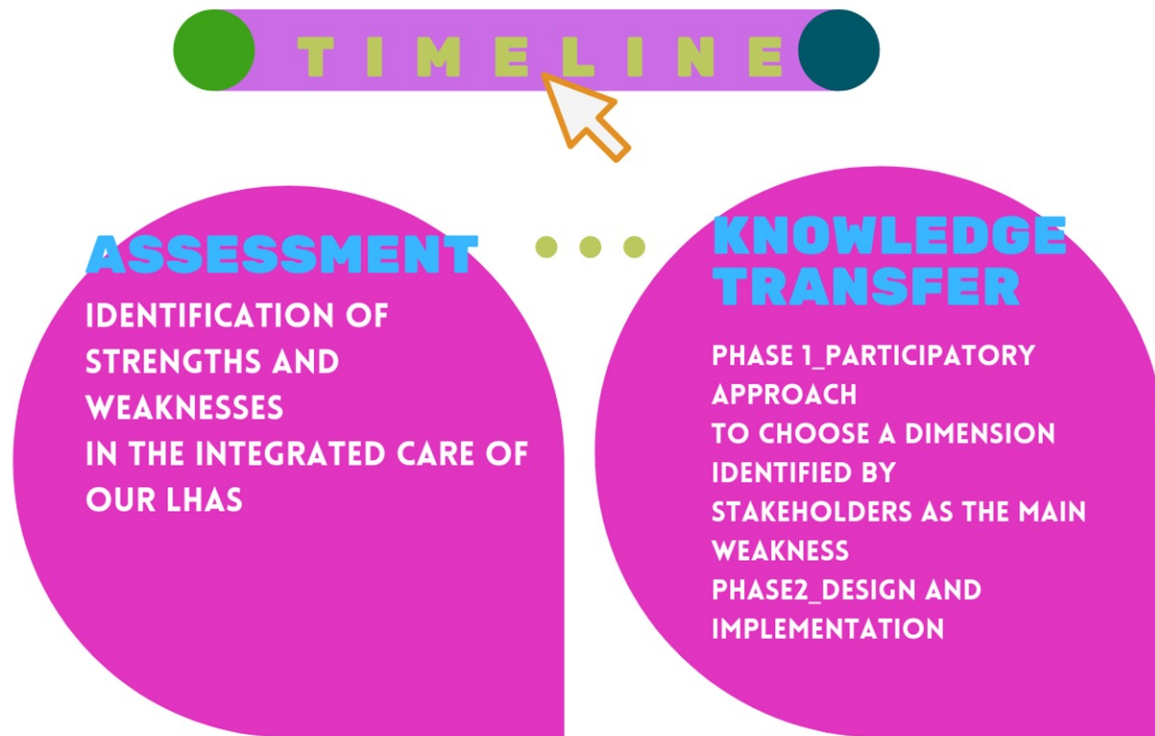
Regional Strategic Agency for Health and Social Affair – AReSS Puglia



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by the Health Programme of the European
Union under Grant Agreement No.: 826676
(Chafea)

Knowledge transfer activities in Puglia Region



Assessment



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meigeib rabiqz leni' yhoritua riteah' lecoJ i2Bm2B



meigeib rabiqz leni' yhoritua riteah' lecoJ inoT-rihA-2BheB



meigeib rabiqz leni' yhoritua riteah' lecoJ s2gpoT



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meigeib rabiqz leni' yhoritua riteah' lecoJ ch2e1eT

Weaknesses

- ❖ Funding
- ❖ Removal of Inhibitors
- ❖ Breadth of Ambition

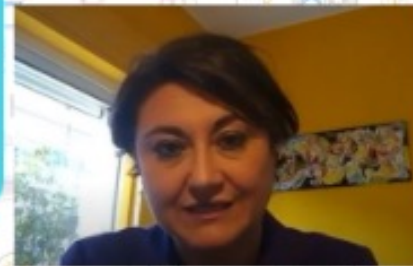
Knowledge Transfer: the participatory phase



25 February 2021
Online workshop

PARTICIPANTS

34 Attendees



Elisabetta Graps, AReSS Puglia

- LHA Top management;
- Representative of the Health and Social Care District;
- Representative with medical background (e.g. Care Manager, Chief Nurse);
- Representative of the ICT Team; and
- Patients' group representative.

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

Knowledge Transfer: present and future activities

- ▶ Today the 1year 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



mingollaserena@gmail.com

Grazie!



KNOWLEDGE TRANSFER IN WERRA-MEISSNE COUNTY, GERMANY

Fritz Arndt

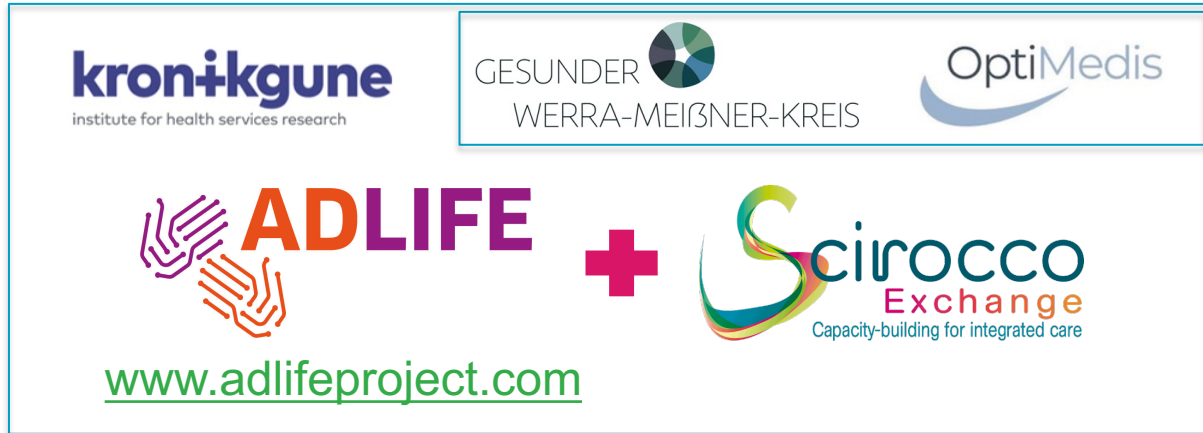
Healthy-Werra-Meißner-County Ltd. (GWMK)



Co-funded by
the Health Programme
of the European Union

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

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.
- identify key learnings – successful approaches and common challenges – in implementing electronic health records in the Basque Country.
- 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

The image shows two screenshots of a mobile application interface, connected by a blue arrow pointing from left to right. The left screenshot shows a patient list, and the right screenshot shows a detailed patient record.

Left Screenshot: Patienten

Nachname	Vorname	Geburt
AACd	Ab	25.03.22
Dr. Blubbern	Aha	17.03.22
Prof. Dr. Cd	Ab	16.03.22
Mustermensch	Gerrit	09.03.22
Dr. No	Gh	09.03.22
Peter	Hanso	02.01.06

Right Screenshot: AACd, Ab

Code	Status	Diagnose	Aufzeichner
12345	inaktiv	22.04.22	Niemand
78906	überwun...	05.04.22	Kwnvenue
B77.4	inaktiv	09.03.22	DW
X47.9	aktiv	06.04.18	LM
Z88.0	überwun...	16.04.15	D W

- 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**



Scirocco

Exchange

Capacity-building for integrated care



A word cloud centered around the phrase "thank you" in various languages and scripts. The words are arranged in a circular pattern, with "thank you" being the largest and most prominent. Other visible words include: "danke", "tesekkür ederim", "gracias", "moachakkeram", "go raibh maith agat", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci", "sukriya", "kop khun krap", "arigato", "takk", "dakujem", "merci".



KNOWLEDGE TRANSFER: **LESSONS LEARNED**

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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?

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 straight forward 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