Scirocco Exchange

Capacity-building for integrated care

CAPACITY-BUILDING SUPPORT FOR INTEGRATED CARE: IMPROVEMENT PLANNING

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

1.Maturity assessment for integrated care

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

2. Capacity-building assets

Access to existing evidence

SCIROCCO Exchange Knowledge Management Hub

4. Improvement Plans

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

3. Knowledge transfer

Capacity-building support

Scirocco Exchange

Capacity-building for integrated care

SCIROCCO EXCHANGE FINAL CONFERENCE - IMPROVEMENT PLANNING

Sophie Wang, Oliver Gröne

OptiMedis AG

OptiMedis

Co-funded by the Health Programme of the European Union

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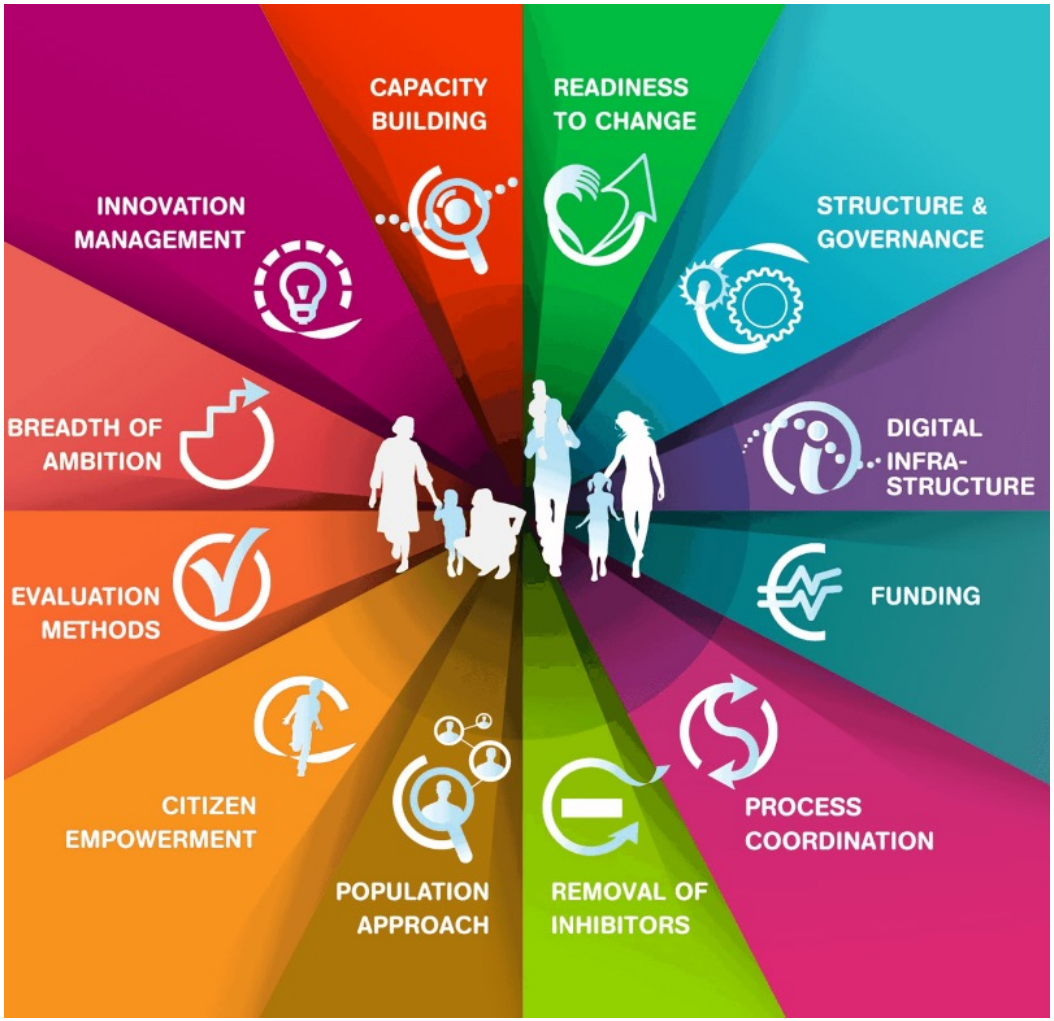
Overview

- WP8 objectives and approach
- Process
- Method and Analysis of Logic Model
- Summary of Results

SCIROCCO Exchange



Maturity Assessment

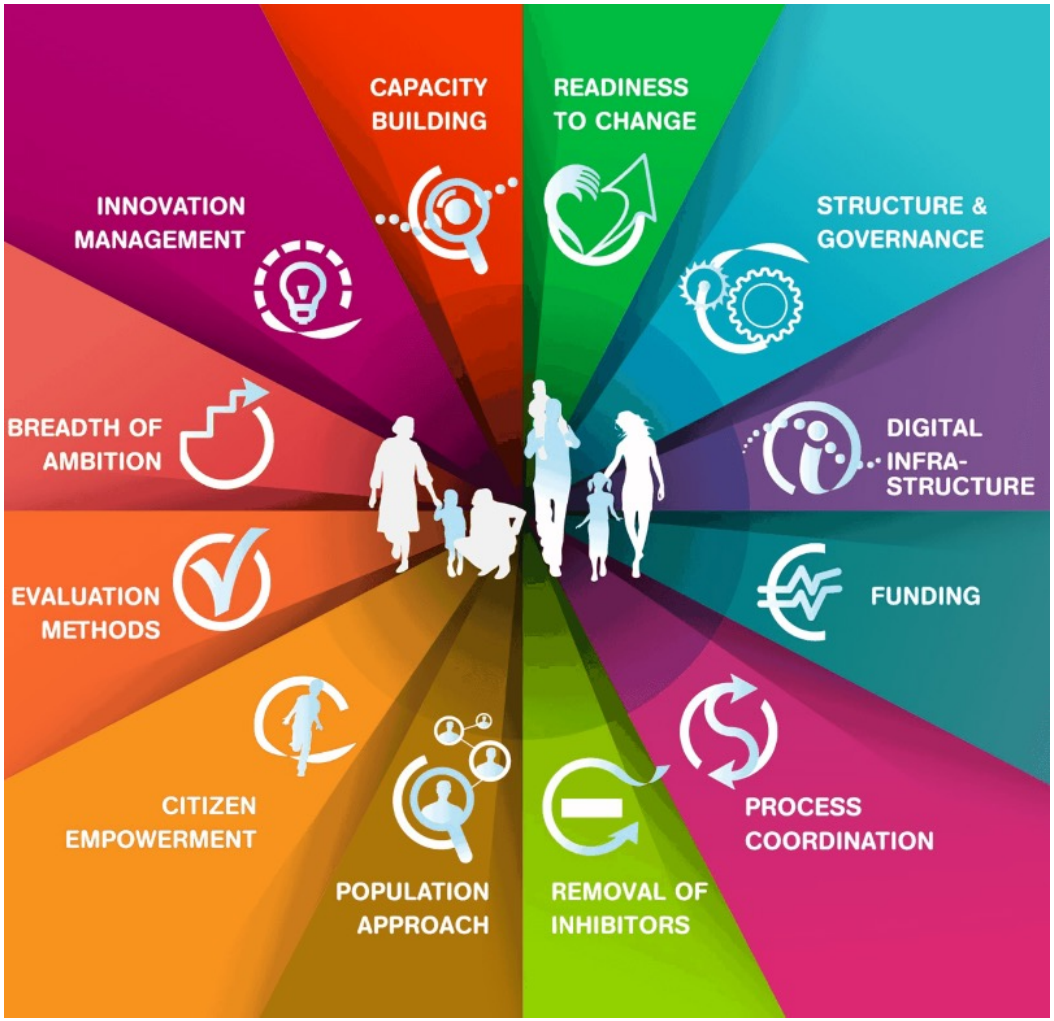
⬇

Knowledge Transfer

⬇

Improvement

SCIROCCO Exchange



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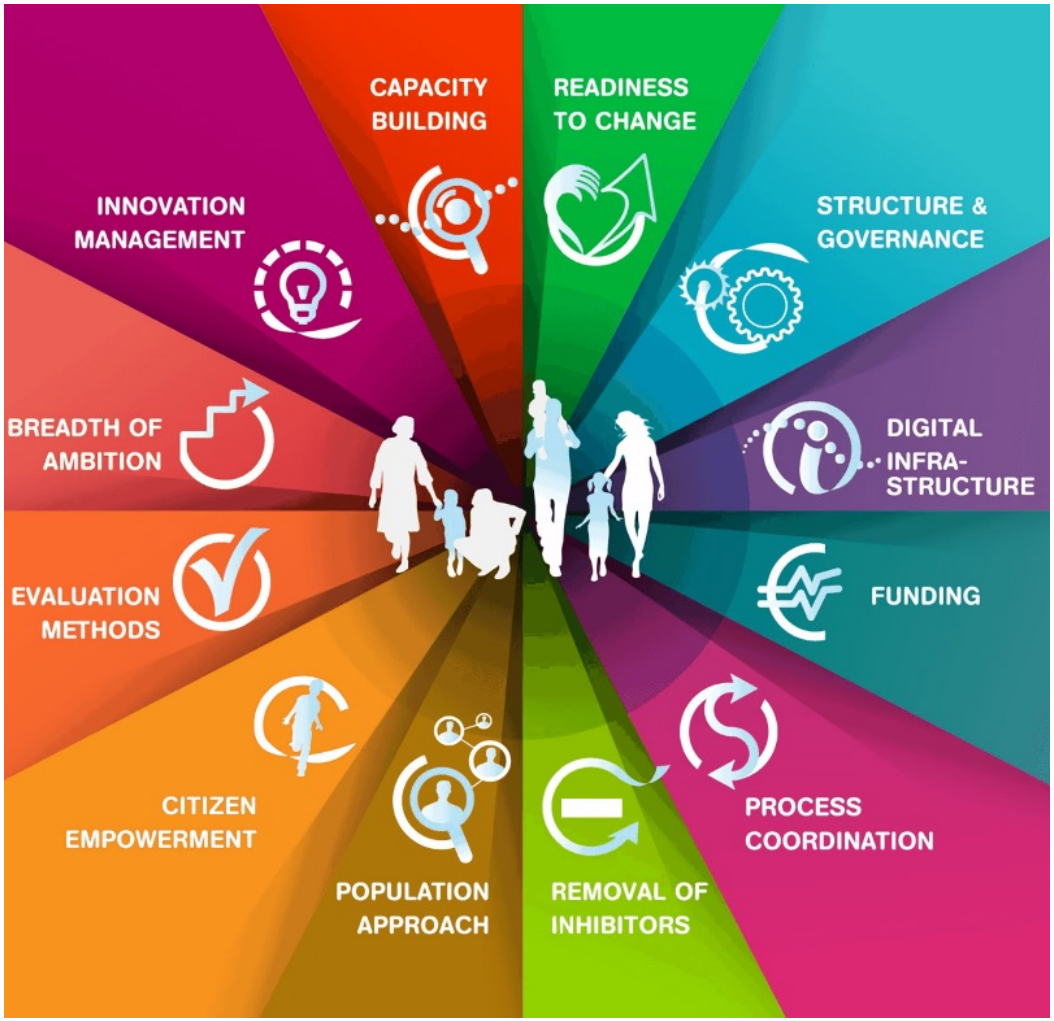

Maturity Assessment

⬇

Knowledge Transfer

⬇

Improvement

WP8 Objectives and approach

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WP 8 Objectives	What?	Who?	Deliverable
Mapping of current evidence and existing assets in improvement	Review existing evidence (international)	WP8	Improvement in integrated care using logic models – existing evidence and practice
	Consolidate existing local improvement activities, organizational resources, policies (Template 8.1)	Regions	

WP8 Objectives and approach

WP 8 Objectives	What?	Who?	Deliverable
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	Consolidate existing local improvement activities, organizational resources, policies (Template 8.1)	Regions	
Analyze outcomes of SCIROCCO Exchange activities to inform improvement plan codesign	Synthesize results from IC profile, MA, KT	WP8	

WP8 Objectives and approach

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	Consolidate existing local improvement activities, organizational resources, policies (Template 8.1)	Regions	
Analyze outcomes of SCIROCCO Exchange activities to inform improvement plan codesign	Synthesize results from IC profile, MA, KT	WP8	
Support regions in effective stakeholder engagement to optimize successful implementation of improvement plan	Introduce topic and facilitate working sessions	WP8	
	Participate in bilateral calls and complete logic models	Regions	

Conceptual Model

To support regional partners in cocreating a logic model with local stakeholder groups that reflects activities on the ground and bridges implementation gap

Inputs	Activities	Outputs	Partner-level outcomes
• SCIROCCO deliverables (MA., KT) • Regional partners • Quality improvement	Needs assessment	Regional summaries & Mapping of regional improvement resource	Regional partners aware of underlying assumptions and causal linkages that connects planned activities and envisioned outcomes Regional partners confident to independently review and iteratively refine logic model as initiative further develops Regional partners apply logic model to guide improvement planning
	Relationship-building	Bi-lateral meetings (min.3 / region)	
	Capacity-building	Workshops held with each region Support stakeholder engagement	
	Improvement support and analysis	Regional logic models Mapping of activities and outcomes	

Process

Process for Improvement Planning

Introductory call

Establish a common understanding of regional priorities for improvement planning

1st Logic Model Working Meeting

Operational meeting to co-develop a draft logic model

2nd Logic Model Working Meeting

Stakeholder Engagement

Finalized Logic Model and beyond

Synthesized improvement plan for each region
Collaborate on further improvement activities as opportunities allow

Method and analysis of regional logic models

Methods and analysis

Stakeholders	Primary: regional partners Secondary: local actors involved in integrated care planning and implementation
Methods	Document review Elicitation strategy (IAP2 – “co-lead”) Gap – analysis
Analysis	Thematic analysis of activities and outcomes from Logic model

Summary of results

Improvement focus

Region	Improvement Focus
Basque Country, Spain	Citizen empowerment
Flanders, Belgium	Goal-oriented care
Poland	Citizen empowerment
Midlothian, Scotland	Population approach Citizen empowerment
Slovakia	Capacity building
Lithuania	Multimorbidity model pilot
Trbovlje, Slovenia	Long-term care improvement
Werra Meißner Kreis, Germany	Digital infrastructure Process coordination
Puglia, Italy	Funds development

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Patient-centeredness

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Patient-centeredness **Process optimization**

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Patient-centeredness **Process optimisation** **Resource development**

Activities Types

- 16 different activity categories

- Care pathway design
- Communication & Dissemination
- Needs assessment
- Data Infrastructure
- Data Intelligence
- Digital care tools
- Funding
- Healthcare system efficiency
- Patient centered care
- Intervention evaluation
- Intervention planning
- Knowledge exchange activities
- Shared decision making
- Stakeholder involvement
- System organization
- Trainings

How can logic models improve regional integrated care work?

Proposed benefits

- Initiate discussions on the causal pathway leading to intended change
- Provide space to challenge and verify current design of program/process
- Clarify the intended changes to drive consensus among stakeholders
- Communication tool with external stakeholders

How can logic models improve regional integrated care work?

Proposed benefits

- Initiate discussions on the causal pathway leading to intended change
- Provide space to challenge and verify current design of program/process
- Clarity the intended changes to drive consensus among stakeholders
- Communication tool with external stakeholders

Regional partner perspectives

"…the logic models brings **structured and clear plan** how to improve regional integrated care work. … The intended results section serves both as **measurable** factor of integrated care improvement and also as motivation to front line workers who seek to reach the defined goal" - *Lithuania*

"They help to identify **if actions lead to outcomes** and to identify the key stakeholders." – *Midlothian*

"Being able to express this in a single graphic can also help in its **communication**" - *Basque*

Thank you

Regional Speakers

IMPROVEMENT PLANNING IN LITHUANIA

Elena Jureviciene, Rokas Navickas, Indre Lapinskaite, Laimis Dambrauskas

Vilnius University Hospital Santaros Klinikos (VULSK)

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 improvement Actions in Lithuania

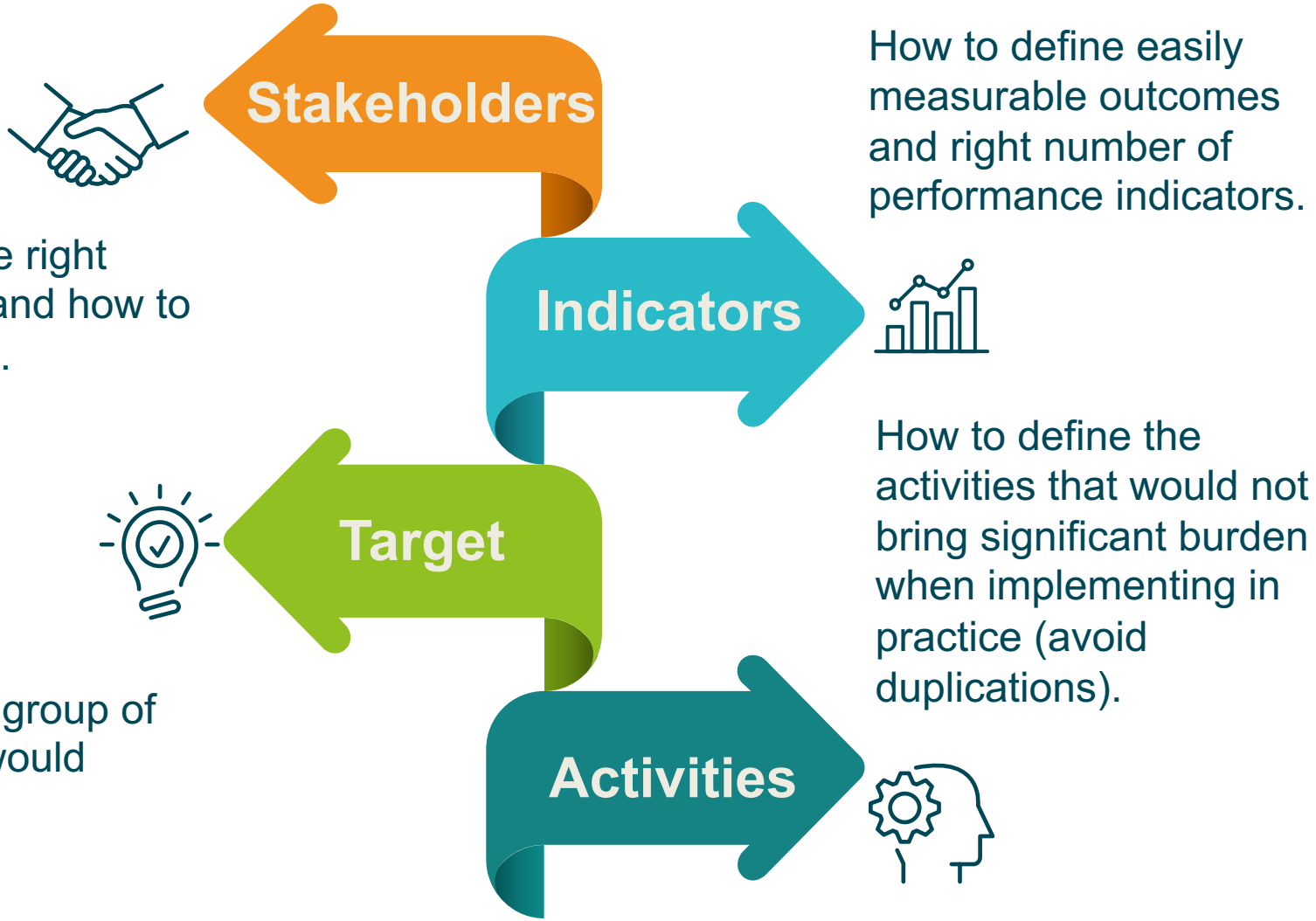
- Goal of improvement: Improve the multimorbidity care model.
- One of the main priorities – to strengthen public health services and primary care at local level, including:

  disease prevention, healthy lifestyle promotion, raising population's health literacy, implementing integrated health services.
- Focus – implement innovative multimorbidity health service models at national level.

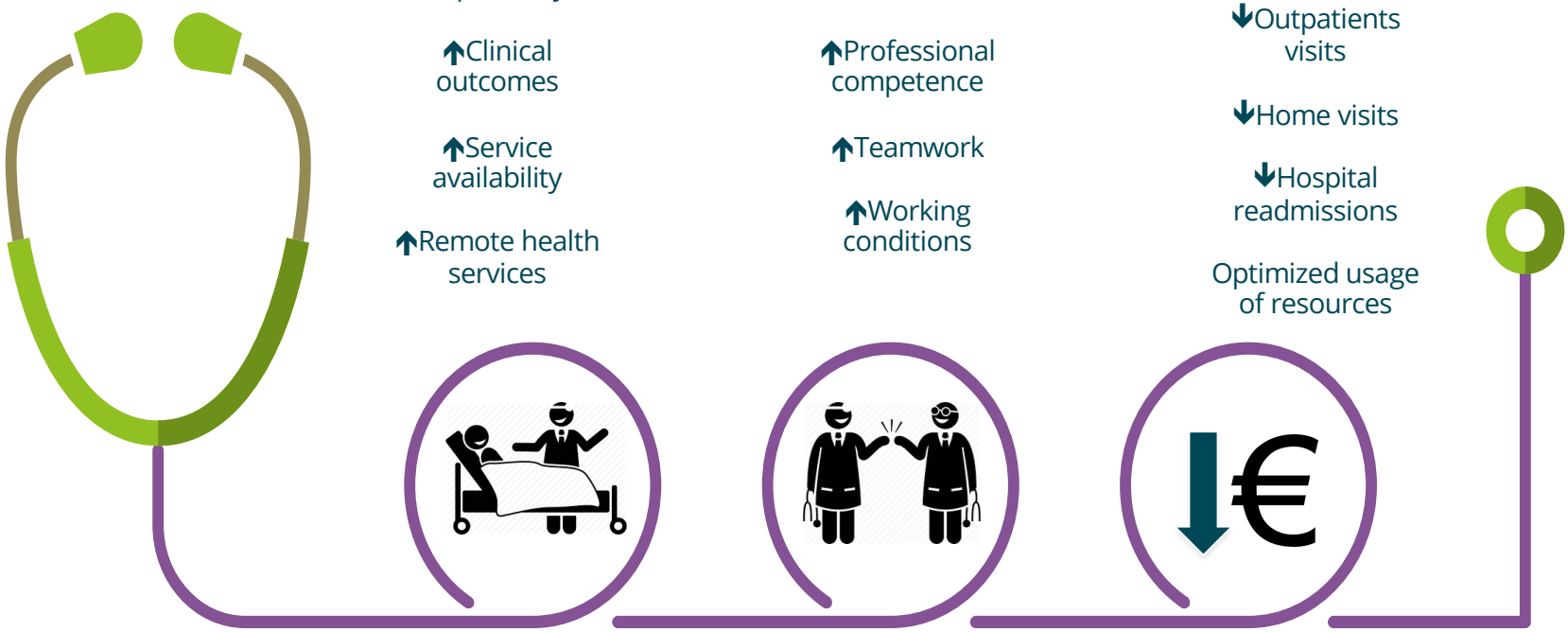
Logic model in Lithuania
Key activities

- Capacity building
- Model adaptation (translation)
- Administration
- Education
- Relationship-building

Reflections on improvement process
Main challenges



Expected benefits



Sustainable future in Lithuania

15 pilot **projects** implemented by 46 primary health care centers

COMMON AIMS

TO IMPROVE QUALITY AND AVAILABILITY OF HEALTH CARE SERVICES.

EMPOWER PATIENTS.

TRAIN MEDICAL STAFF.

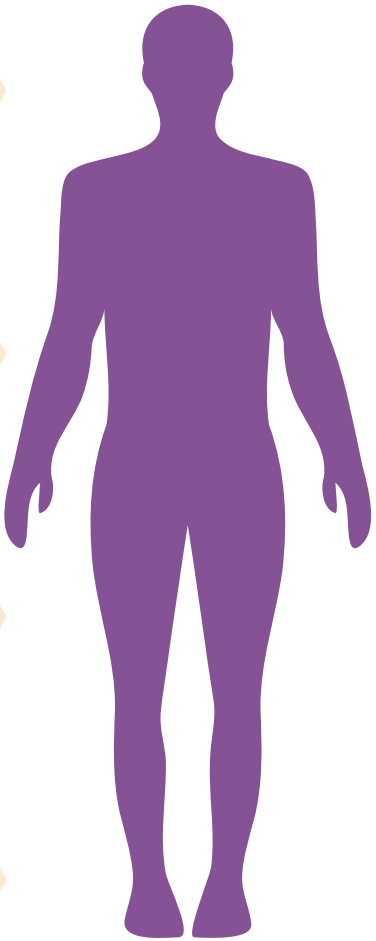
Development of individual health care plan (including the self-management section) for multimorbid patients

Define and agree with patient key health performance indicators. (involving patients in decision-making)

Provide tools to strengthen patients' self-management and self- efficacy.

Establish multidisciplinary team to follow the process.

PATIENT



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Capacity-building for integrated care

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IMPROVEMENT PLANNING IN MIDLOTHIAN IN SCOTLAND

Lois Marshall

Midlothian Health and Social Care Partnership

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
Improvement
Programme
Midlothian
Health & Social Care
Partnership

Midlothian Health & Social Care Partnership

Who we are

The Midlothian Health and Social Care Partnership brings together parts of Midlothian Council and NHS Lothian to help everyone in Midlothian live well and get health and social care support when they need it.

We (the IJB) plan and direct health and social care services and the budget of approximately £150 million per year.

Midlothian

- Social Work for adults (dementia, learning disabilities)
- Support for adults with physical and learning disabilities
- Care at Home services
- Health services for people who are homeless
- Extra Care Housing for people who need housing with extra support
- Services to support unpaid carers and breaks from caring (respite)
- Criminal Justice Social Work services

NHS Lothian

- Care in hospitals which isn't planned including Accident and Emergency, Minor Injuries, Acute wards.
- Midlothian Community Hospital
- Community-based health care including GPs, District Nurses, Dentists, Pharmacists.
- Health Visiting, School Nurses
- Allied Health Professionals including physiotherapists, dietitians, podiatrists
- Palliative and End of Life Care

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Midlothian Health & Social Care Partnership

Where we are

Midlothian has a population of approximately 93,150.

Midlothian is the second smallest Local Authority in mainland Scotland - but the fastest growing.

This brings challenges and opportunities for health and social care services and communities.

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Midlothian Health & Social Care Partnership

What we are trying to achieve

- Improve the quality of health and social care services and achieve the 9 national health and wellbeing outcomes
- Change how health and social care is delivered to better understand and meet the needs of people who need support, working with people as partners.
- Provide more support, treatment, and care for people in their homes, communities, or a homely setting rather than in hospitals

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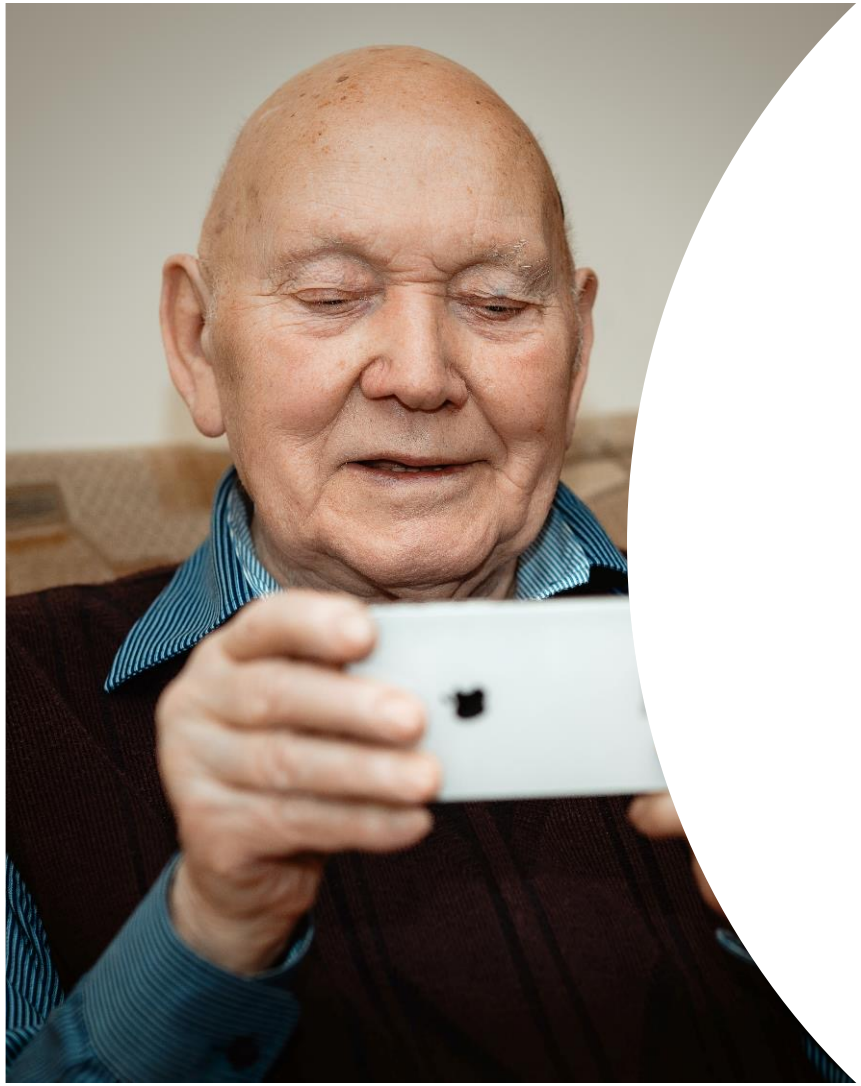
PROCESS



MATURITY SELF ASSESSMENT AND

CHOOSING AREAS FOR IMPROVEMENT

(MARCH 2020):

1. PUBLIC ENGAGEMENT
2. POPULATION MANAGEMENT
3. DIGITAL

DEVELOP DRAFT LOGIC MODELS AND REFINE WITH OPTIMEDIS

STAKEHOLDER WORKSHOPS – WHAT HAVE WE GOT RIGHT? WHAT ELSE DO WE NEED TO CONSIDER? (SEPTEMBER 2021)

UPDATE AND REFINE LOGIC MODEL AND DEVELOP IMPROVEMENT PLAN

Logic models in Midlothian

- 1 - Public Engagement – developing organization wide structures and processes to ensure engagement leads to service and strategy change.
- 2 - Population Management - co-design and development of pathways and further integration of preventative/supportive responses to achieve person centered pathways for all people with neurological conditions in Midlothian
- 3 - Digital Infrastructure - establish an enabling environment, priorities, and roadmap/framework which demonstrably matures our digital infrastructure as an integrated authority.

Objectives of improvement: Public Engagement

Develop a systematic approach to using what people tell us across the partnership on an ongoing basis, and report how what people tell us has influenced our actions and plans.

Public Engagement Logic Model: Key activities

Develop structure for all services to gather, discuss and incorporate service user and community consultation, engagement and feedback

Develop a method to analyse feedback received to identify trends

Develop a communication and engagement plan to motivate and engage public and staff to support and contribute with experiences and data (highlight benefits, focus on improvement)

Dedicate more resources (in people, time and budgets) to improve the participation of people, engage effectively and inform decision making,

Public Engagement Logic Model: Short Term Outcomes

- The HSCP undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust.
- Services change and adapt based on feedback from service users and public, this is communicated clearly and regularly.
- People representing a range of communities are involved throughout the development, planning and decision-making process for service change and strategy development.
- Gaps in services are identified
- Services and strategic plans are developed based on service user and public feedback, consultation and engagement
- Learning from engagement and consultation is shared and used across the partnership

Reflections on improvement process

Challenges in developing the logic models:

Knowing what we want to achieve but figuring out the activities that will really get us there!

Knowing what our assumptions and barriers are

Covid restrictions and impact of the pandemic on our work

“The structure should not be so stiff that it becomes an obstacle in itself to improving engagement”

Reflections on improvement process

The Stakeholder engagement was an important part of the process:

- identified challenges and gaps
- provided different perspectives on how to improve this area
- People validated the areas we had chosen to focus on, and the activities identified
- People were able to share and demonstrate their support for making improvements in this area – it brought momentum

“Feedback is the undertaker we send in after the event, we need to do it much earlier – at building, shaping and designing stage”

HSCP Public Engagement Workshop – 14 September 2021

Session output

Participant observations/thoughts

Public engagement

- Patient/service user/public involvement is key for improvement. The more the better.
- Gathering feedback should be engaging and fun!
- Engagement should be standard practice for shaping service delivery and influencing change.
- There must be a clear intended use of the service user/patient/public feedback (and should be clear what level of engagement is from start, what is open for negotiation)
- There needs to be a systematic approach with a clear process so the wider partnership see and use the feedback received (as well as individual services).
- Feedback needs to be a complete loop; we need to tell people how their contribution has been used, and what the outcome has been (you said, we did)
- We need to build and nurture the service user/patient-provider relationship (an ongoing conversation)
- Engagement needs to be lead from the top: IJB need to draw more attention to, and request more focus on public engagement. Senior Management need to take a lead.

SCIRROCO Exchange – WP 8 Logic Model Working Document

Region: Scotland

Regional lead: Lois Marshall

Goal of improvement: Develop a systematic approach to using what people tell us across the partnership on an ongoing basis, and report how what people tell us has influenced our actions and plans

Planned Work		Intended Results			
Input	**Activities**	**Outputs (Sample)**	**Short-term Outcome**	**Medium-term Outcome**	**Long-term Outcome**
Service users Local citizens Planning Leads and staff teams Service Managers Third sector partners and	Develop structure for all services to gather, discuss and incorporate service user and community consultation, engagement and feedback Develop a method to analyse feedback	% of services producing public reports on engagement – including number and types of feedback received and changes made based on feedback (every year) % of Staff and partners report confidence in HSCP approach to using service user and public engagement	The HSCP undertakes ongoing engagement with people and communities to ensure that services meet their needs, identify sustainable service improvements and to develop trust. Services change and adapt based on feedback from service users and public,	All Services take account of the views, feedback, complaints and comments of service users and public on a regular basis Service users and the public know and understand to what extent the partnership has used their views and feedback	The involvement of people and communities has an impact on service change and strategy development and is planned as part of the organisation's wider engagement strategy. Robust corporate governance arrangements are

Improvement planning in Midlothian– Next steps

- The public engagement logic model was used to inform the public engagement plan, and to inform the development of the new strategic plan 2022-2025 so this is integrated across all areas of the partnership.

- The logic model will be used to support the development and delivery of the neurological conditions project over 2022, a key part of this is focused on engagement

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IMPROVEMENT PLANNING IN THE BASQUE COUNTRY

Igor Zabala

Osakidetza Basque Health Service

Co-funded by the Health Programme of the European Union

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Basque Country

- Population: 2.19M
- High level of self-government (Education, Health, Police, etc.)Fiscal autonomy, own system of taxation.
- Basque health system: financed by taxes (Beveridge model).
  - **In 2021 4.352 M€. 1/3 of government expenditure. highest in Spain**
- Social services are managed by local and provincial authorities

Integrated care in the Basque Country

- **Structural integration** - Integrated Healthcare Organisations (IHO)
  - Merges a hospital and primary care centres under one organisation with a defined population.
    - 13 Integrated HealthCare Organizations (IHO).
    - +30.000 Healthcare professionals
- **Functional integration:**
  - Design clinical pathways for High Complexity Patients or Multimorbid patients
  - Social and Health coordination

Setting the priorities for knowledge transfer

Outcomes of the Maturity asessment

Potential dimensions for coaching (Originator)

Dimensions for the knowledge transfer (Adopter)

Objectives of knowledge transfer - Adopters

Citizen Empowerment

- Increase the participation of the population in co-creating:
  - Self-management activities

Process Coordination

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

Removal of Inhibitors

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

Asset Mapping

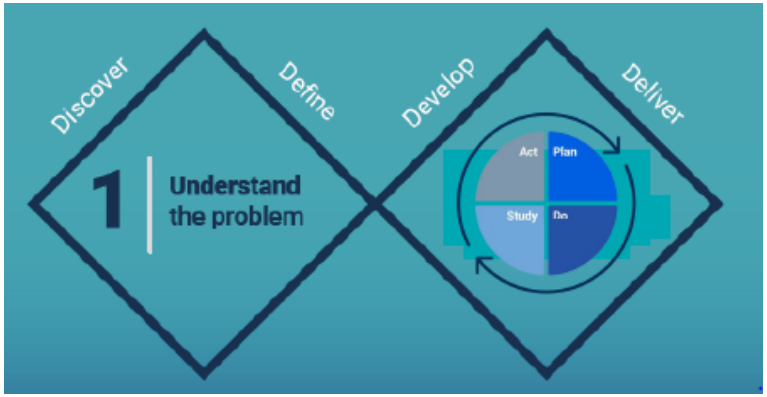
Dimension	Assets
D1 – Readiness to change	69
D2 – Structure & Governance	85
D3 – Digital infrastructure	47
D4 – Funding	70
D5 – Process Coordination	67
D6 – Removal of Inhibitors	32
D7 – Population approach	63
D8 – Citizen empowerment	76
D9 – Evaluation methods	47
D10 – Breadth of Ambition	60
D11 – Innovation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

Scottish Approach to Service Design (SAtSD)

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

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

Double diamond process



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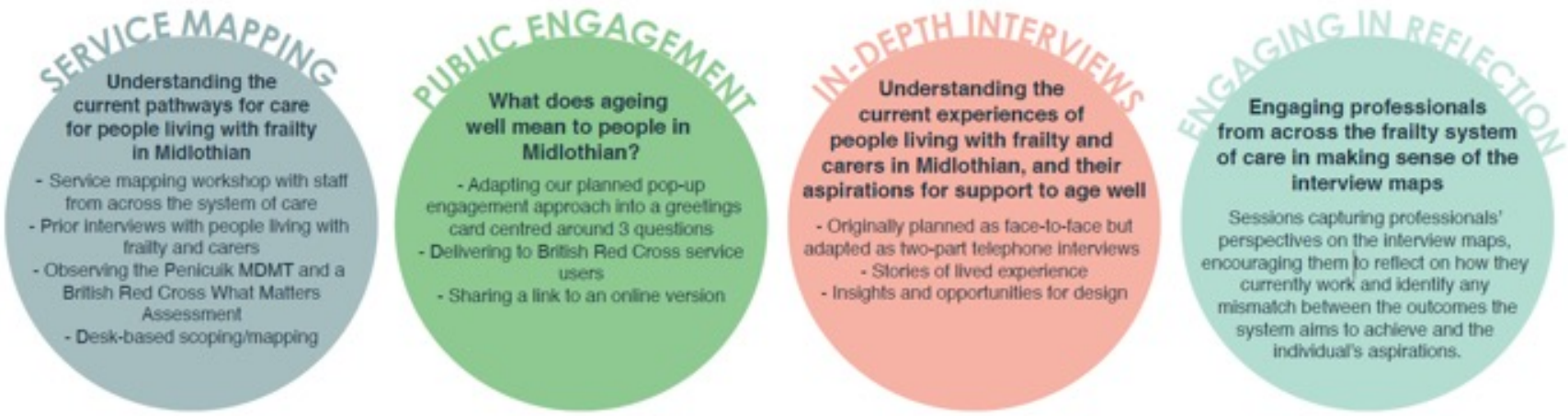
Example of implementation in Midlothian - Pathfinder Program

Midlothian Health & Social Care Partnership

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



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Knowledge transfer activities to deliver this change – Process

CITIZEN EMPOWERMENT

As adopters

- **Learning from Scotland on how they involve the population in the design and redesign of processes and pathways. Webinar on the 13th of April 2021.**

- **Transferring the learning to the context:**

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

Objectives of improvement in the Basque Country

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

Logic model in the Basque Country - Process

1. Build a working group with stakeholders from Osakidetza, BIOEF (Basque foundation for health innovation and research) and Kronikgune
2. Learn on the Logic Modelling methodology
3. Invert the logic model process to start from the desired impact

- Define the desired *impact* on the general population and the system.
  - For this purpose, what *outcomes* are expected to be obtained (objective of the intervention)?
    - What *outputs* will generate these effects on multimorbid patients (results of the activities)
      - What *activities* will be carried out to achieve these outcomes
        - What *resources* will be available to carry out these activities?

Logic model in the Basque Country - Process

Resources (9)	Activities (11)	Outputs (12)	Outcomes (10)	Impact (3)
1. Organizational leadership 2. Political support 3. Knowledge of Osakidetza health professionals 4. Staff of Osakidetza, Kronikgune and Bioef 5. Resources (€) for carrying out activities 6. Infrastructures for the implementation of activities 7. Knowledge of the Scottish Health System on this topic 8. Citizens, patients and carers 9. Funding to travel to Scotland	**1. Review of current situation and analysis** **2. Selection of participants.** **3. Obtain information of participants** **4. Training in the methodologies** **5. Selection and/or development of tools** **6. Redesign the care pathway with patients and professionals**	**1. No. of patients involved in the design process** **2. No. of caregivers involved in the redesign process** 3. No. of healthcare professionals involved in the redesign process 4. No. of professionals-citizen meetings held 5. No. of interviews and focus groups conducted **6. No. of professionals trained in the use of methodologies that include citizens in process redesign and decision making** **7. Guide/manual for the design, redesign and scaling of processes and pathways together with the citizenry**	**1. Improving PROMS in multimorbid patients** **2. Improved PREMS in multimorbid patients and caregivers** 3. Improved equity in multimorbid care 4. Improved patient and caregiver empowerment 5. Improved reconciliation and adherence to treatment 6. Improved chronic care o Reducing avoidable admissions o Reduction of average length of stay o Increase in home visits o No. of emergency visits **7. Systematise the design, redesign and scaling up of processes and pathways** 8. Improved satisfaction of professionals	**1. Improving the quality of life of chronic patients and carers.** **2. Systematize the co-design of processes and decision-making tool within the health system**

Logic model in the Basque Country - Process

Resources (9)

1. Organizational leadership
2. Political support
3. Knowledge of Osakidetza health professionals
4. Staff of Osakidetza, Kronikgune and Bioef
5. Resources (€) for carrying out activities
6. Infrastructures for the implementation of activities
7. Knowledge of the Scottish Health System on this topic
8. Citizens, patients and carers
9. Funding to travel to Scotland

Activities (11)

Review of current situation and analysis

1. Review of current pathway and experiences in relation to care of multimorbid patients:
   - Interviews with professionals
   - Surveys
   - Focus groups
   - Results of previous projects
2. Analysis of methodologies for the design, redesign and scaling of processes together with the citizens

Selection of participants

1. Selection of a group of professionals from the system to participate in the redesign of the multimorbid patients' pathway.
2. Selection of citizens (multimorbid patients and carers) to participate in the process of redesigning the multimorbid patients' care pathway.
3. Creation of a joint group of professionals and patients for the redesign of the Osakidetza multimorbid patients' care pathway.

Obtain information of participants

1. Interviews and focus groups with patients and carers for the development of a methodology for the design, redesign and scaling up of processes and pathways together with the citizens
2. Interviews and focus groups with healthcare professionals for the development of a methodology for the design, redesign and scaling up of processes and pathways together with the citizens

Training

1. Training sessions for health professionals in the use of methodologies that include citizens in design and decision making.

Selection and/or development of tools

1. Development of tools and processes to involve citizens in process redesign and decision-making
2. Design of evaluation system
3. Design and implementation of a change management strategy
   Design of communication and dissemination strategy

Outputs (12)

1. No. of patients involved in the design process
2. No. of citizens involved in the redesign process
3. No. of caregivers involved in the redesign process
4. No. of healthcare professionals involved in the redesign process
5. Multimorbid patients' care pathway redesigned, implemented and scaled up
6. No. citizens involved in the design of the methodology to design, redesign and scale up processes and pathways
7. No. professionals involved in the design of the methodology to design, redesign and scale up processes and pathways
8. No. of professionals-citizen meetings held
9. No. of interviews and focus groups conducted
10. No. of professionals trained in the use of methodologies that include citizens in process redesign and decision making
11. Guide/manual for the design, redesign and scaling of processes and pathways together with the citizenry
12. List of shortcomings of the current Osakidetza pathway for mulmimorbid patients.

Outcomes (10)

1. Improving PROMS in multimorbid patients
2. Improved PREMS in multimorbid patients and caregivers
3. Improved equity in multimorbid care
4. Improved patient and caregiver empowerment
5. Increased self-management of the disease (Osanaia, scale 1 to 5)
6. Improved reconciliation and adherence to treatment
7. Improved chronic care
   - Reducing avoidable admissions
   - Reduction of average length of stay
   - Increase in home visits
   - No. of IHOs following the route (GIP)
   - No. of patients included in the pathway (GIP)
   - No. of emergency visits
   - No. of professionals using the pathway
8. Health professionals more receptive to including citizens in process design and decision making
9. Systematise the design, redesign and scaling up of processes and pathways
10. Improved satisfaction of professionals

Impact (3)

1. Improving citizens' health and quality of life
2. Improving the quality of life of chronic patients and carers.
3. A health system that is more capable and inclusive with citizens for the co-design of processes and decision-making and therefore more efficient.

Implementation plan (extract)

Implementation plan – Basque Country	
Improvement	*Adoption of a methodology to involve citizens in the design, redesign and scaling of processes and pathways in Osakidetza, and its application in the improvement of the pathway for multimorbid patients*

Target population	Setting
25,000 people	Osakidetza Basque Health Service

Main aim

- To learn how to involve citizens in the design of pathways/processes by a new defined methodology.
- To improve the chronic care pathway for better care of multimorbid patients

Activities	Actors	Resources	Setting(s)	Timeline	Key Performance Indicators
Review of the current pathway and experiences in relation to care for moltimorbid patients	Professionals of Primary care and Hospital Care Managers Integration and chronicity service of Osakidetza (SIAC) BIOEF Kronikgune	Survey Platform Interviews Focus groups Rooms Questions	Osakidetza's headquarters	September-december 2021	Nº of IHO answered... Nº Professionlas Nº invitations sent
Training sessions for health professionals in the use of methodologies that include citizens in the design and decision making process.	SIAC clinicians IHO service designers Consulting company	Workshops organized by a Consulting company	Osakidetza's Integrated Healthcare Organizations	2022	Nº of sessions carried out Level of attendance of the sessions: participants/guests Post-session satisfaction survey
Design and implementation of a change management strategy	Health management directorate of Osakidetza	Meetings Workshops Rooms	Osakidetza's headquarters	2023	Strategy design (Yes/No) Degree of implementation of the strategy (0-100)
…					

Challenges/Concerns

- **Challenges:**

  As adopters:

  - Assess the feasibility of transferring the learning to the context is key.
  - Build long-term collaboration with the Scottish stakeholders to enhance learnings on the topic of the Knowledge exchange activity.
  - Explore specific topics for in-depth further knowledge exchange, **in person if possible**.
  - Build a concrete and agreed model to implement a project.

- **Concerns: COVID-19 pandemic:**
  - The Basque Healthcare system is still focused on safeguarding the health of the population and minimizing the impact of the pandemic and Lack of time to carry out research from the front-line professionals in Osakidetza was a problem.

Reflections on improvement process

- The logic model (LM) allows ensuring the logic behind the sequence resources →activities →outputs →outcomes →impact and identifying gaps when defining the improvement.
- The involvement of the correct stakeholders is key.
- The LM needs its time and “open minded” attitude to make it “a comfortable tool” for stakeholders.
- Crucial to be simple and feasible from the starting point. Too many, may be too much.
- Due to the COVID 19 situation, the engagement of the stakeholders was really challenging. **We had to extend the deadlines in the timeline we define before the summer**
- Carrying out the workshops in Spanish has facilitated a lot the design process (Thanks Nicolas and Optimedis)

Thanks!!

Scirocco Exchange

Capacity-building for integrated care

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Facilitated discussion

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Capacity-building for integrated care

COFFEE BREAK

14.15 – 14.30CET

Scirocco Exchange

Capacity-building for integrated care

EXPANSION AND ADAPTATION OF SCIROCCO EXCHANGE TOOL FOR 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)

Scirocco Exchange

Capacity-building for integrated care

Expansion and adaptation of SCIROCCO Exchange Tool for Integrated Care

TINO MARTI - EHTEL

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)

5 May 2022

SCIROCCO Exchange Tool for Integrated Care

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

Scirocco
Scaling Integrated Care in Context

2016

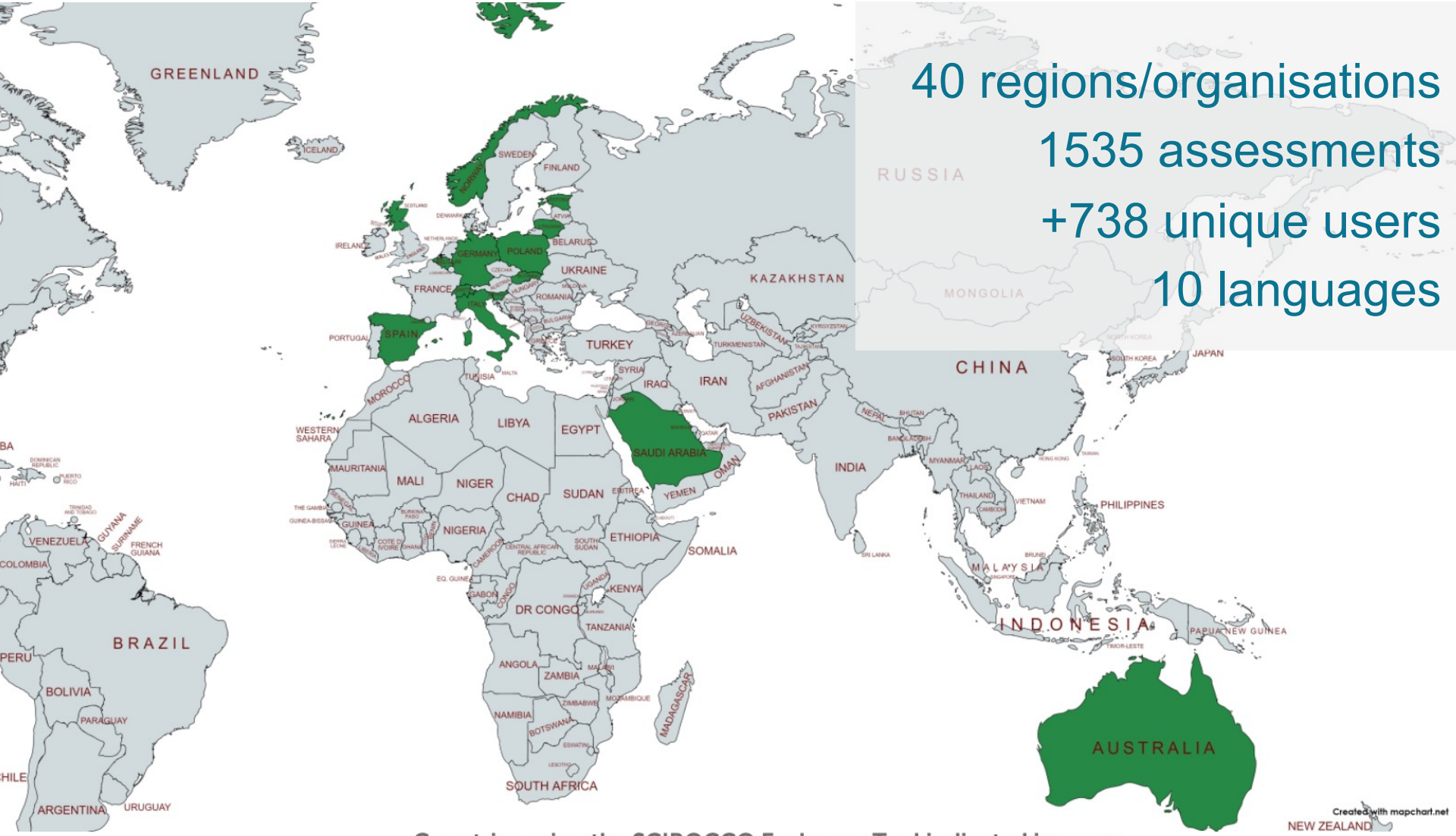
Scirocco Exchange
Capacity-building for integrated care

2019

Online self-assessment tool

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

Maturity Assessment



Countries using the SCIROCCO Exchange Tool indicated in green

Capturing Maturity Level

Objectives

If the existing systems of care need to be re-designed to provide a more integrated services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

Assessment scale

0– No acknowledgment of compelling need to change
1– Compelling need is recognised, but no clear vision or strategic plan
2– Dialogue and consensus-building underway; plan being developed
3– Vision or plan embedded in policy; leaders and champions emerging
4– Leadership, vision and plan clear to the general public; pressure for change
5– Political consensus; public support; visible stakeholder engagement

Participatory Tool

Learn

ASL BT: General Director & IT Specialist

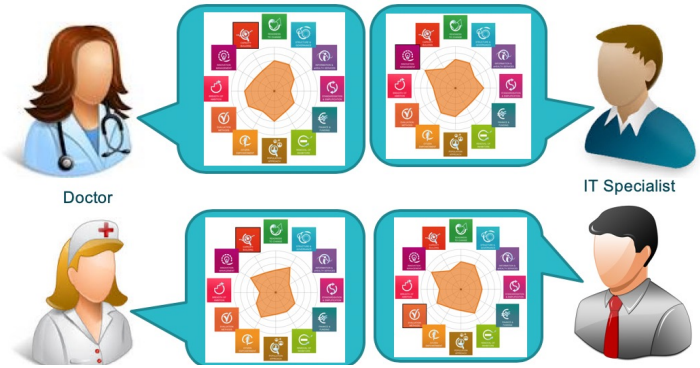
Capturing stakeholders' perceptions and experience

Scirocco Exchange

Facilitative Tool

Can we agree on common priorities?

Exchange



Build the evidence

Scirocco
Scaling Integrated Care in Context

Framing the expansion of the Scirocco model and tool

- Can we address **new audiences** interested in advancing integrated care?
- Can we address **new topics** somehow connected with integrated care?
- Can we **drill down** in the understanding of a particular domain of the Scirocco model?
- Can we **fully expand** the tool to a new topic with new users?

Four types of expansion by user and topic

Long-term care policy development

USER EXPANSION

Policymakers in Estonia have adopted the SCIROCCO model to develop long-term care policies.

The Ministry of Health in Estonia started a structural reform process to improve health and care integration for people with complex chronic health and social conditions.

Estonian health authorities deemed the SCIROCCO model fit-for-purpose to assess five areas and derive insights for developing new policies to improve long-term care.

Telemedicine

DRILL-DOWN EXPANSION

This modality of expansion consist of drilling-down in one of the 12 dimensions that structure the original maturity model for integrated care.

By drilling-down in one dimension, it is possible to gain further insights on the strengths and gaps when measuring readiness and maturity for improving integrated health and care.

momentum
ADVANCING TELEMEDICINE ADOPTION IN EUROPE

Open innovation in digital health and care

TOPIC EXPANSION

Out of the integrated care comfort zone, this expansion has addressed open innovation in digital health and care.

Accelerating SME innovation with a living lab approach is the overarching goal of the ACSELL project.

One of the domains for open innovation is digital health and care innovation. ACSELL has applied the SCIROCCO Model and Tool and adapted it to the local open innovation context. This work shows the level of adaptability to different topics other than integrated care.

Digital Neighbourhoods Maturity Model

FULL-BLOWN EXPANSION

Model expansion to a completely different and non-health-related topic (development of digital neighbourhoods) with a different type of users (local actors).

The Project "Technik im Quartier" (Technology in the neighbourhood) led by Furtwangen University in Germany aims to investigate how neighbourhood development concepts and technical assistance systems can mutually benefit from an integrated approach.

A full-blown expansion of the SCIROCCO Exchange Maturity Model was carried out to address the assessment needs of the project. The expansion process kept the structure of 12 dimensions and maturity scales. It adapted the description of dimensions and narratives to the assessment context.

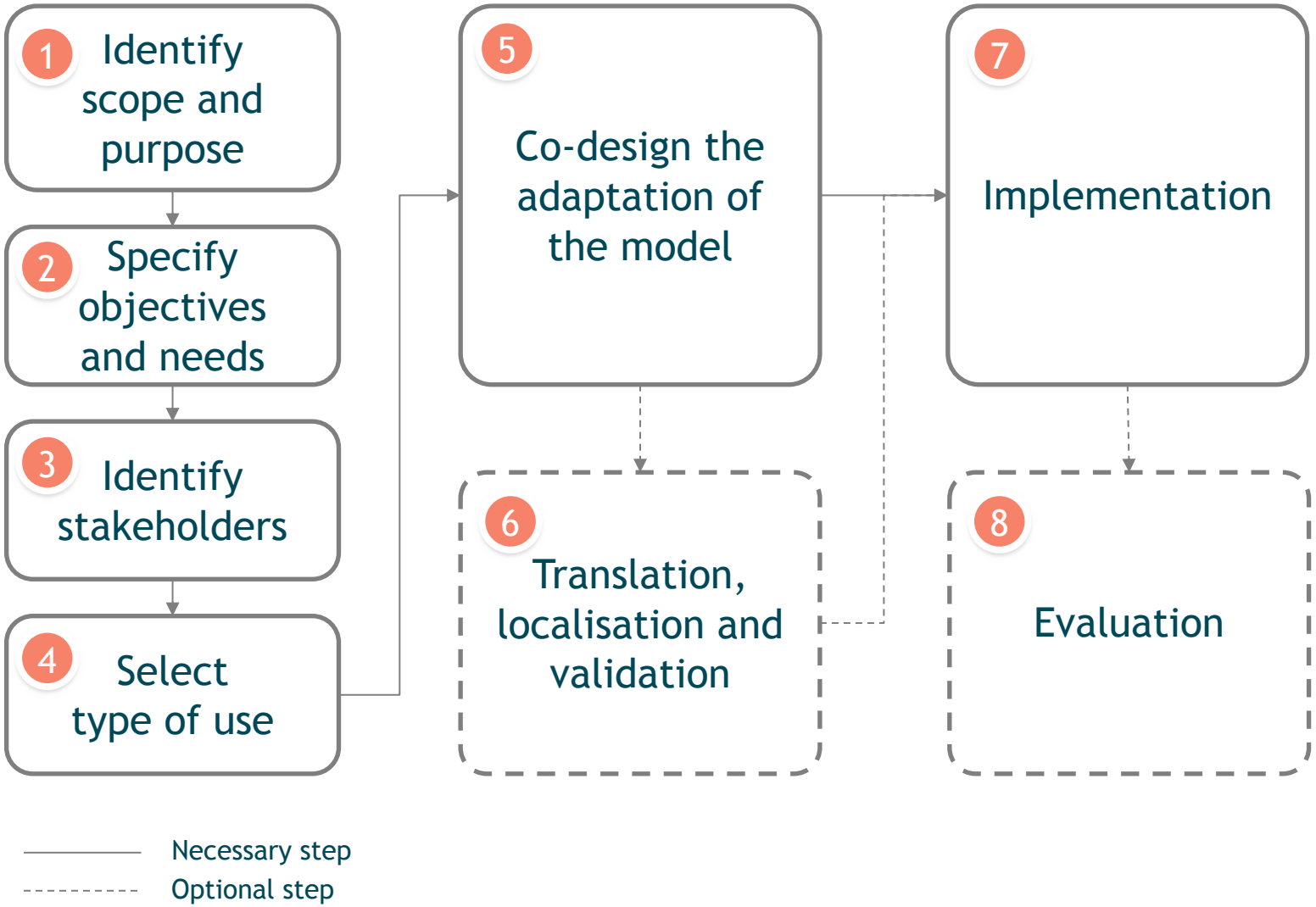
Scirocco Exchange

Applications of expanding the Scirocco model and tool

1. **Open innovation in local governments**: the ACSELL project
2. **Integrated care in nursing homes**: the experience in Catalonia
3. **Goal oriented care in primary care**: the experience in Flanders
4. **Long-term care reform**: the experience in Slovenia and Estonia
5. **Professional perception of the COVID-19 response**: the assessment in Puglia, Italy
6. **Digital development of neighbourhoods**: the Technik im Quartier project

Scirocco Exchange

8-steps methodology for expansion: workflow



8-steps methodology for expansion: Questionnaire

Steps	Description	Questions
1	Identify the scope and purpose of the expansion	Q1. What is the main objective of using and adapting the Scirocco model and tool? Q2. What is the theme to be explored? Q3. Which is the geographical context where the application will take place?
2	Specify objectives and needs for the expansion	Q4. Which are the specific objectives of the self-assessment process? Q5. Which are the specific requirements to apply the Scirocco Model and Tool in this context?

Full questionnaire available on the website

Main conclusions and take aways

- **High satisfaction**: overall, Scirocco “expanders” reported to be highly satisfied with the process and results achieved.
- **Flexibility**: the Scirocco model and tool has proven to be widely adaptable to different contexts, topics and audiences related to integrated care.
- **Wide scope**: the expansion towards domains not strictly related to integrated care shows the exploitation potential of the Scirocco tool.
- **Scientifically sound**: the validation process undertaken in the original Scirocco model provides robustness for integrated care applications.

Scirocco Exchange

Capacity-building for integrated care

Scirocco Exchange

Capacity-building for integrated care

OPEN INNOVATION ECOSYSTEMS

Adaptation of the SCIROCCO Exchange Tool in the ACSELL Project

Dr Sandra Evans, University of Tübingen

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)

Interreg Europe

- Aim: improve regional policies through exchange of experience and mutual learning

- How? identify good practices to be transferred to other regions based on their needs

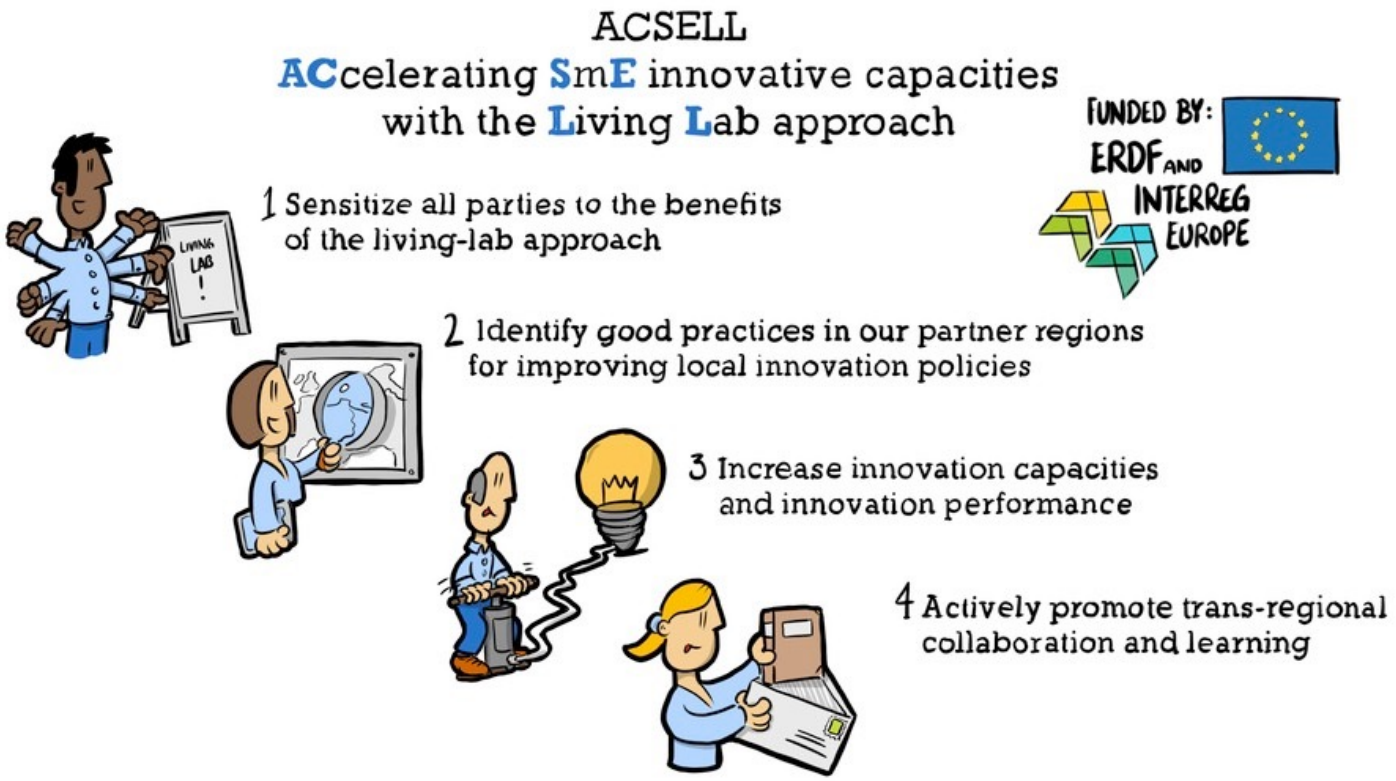
Assumptions

- **open innovation ecosystems** provide the optimal conditions for creating new value

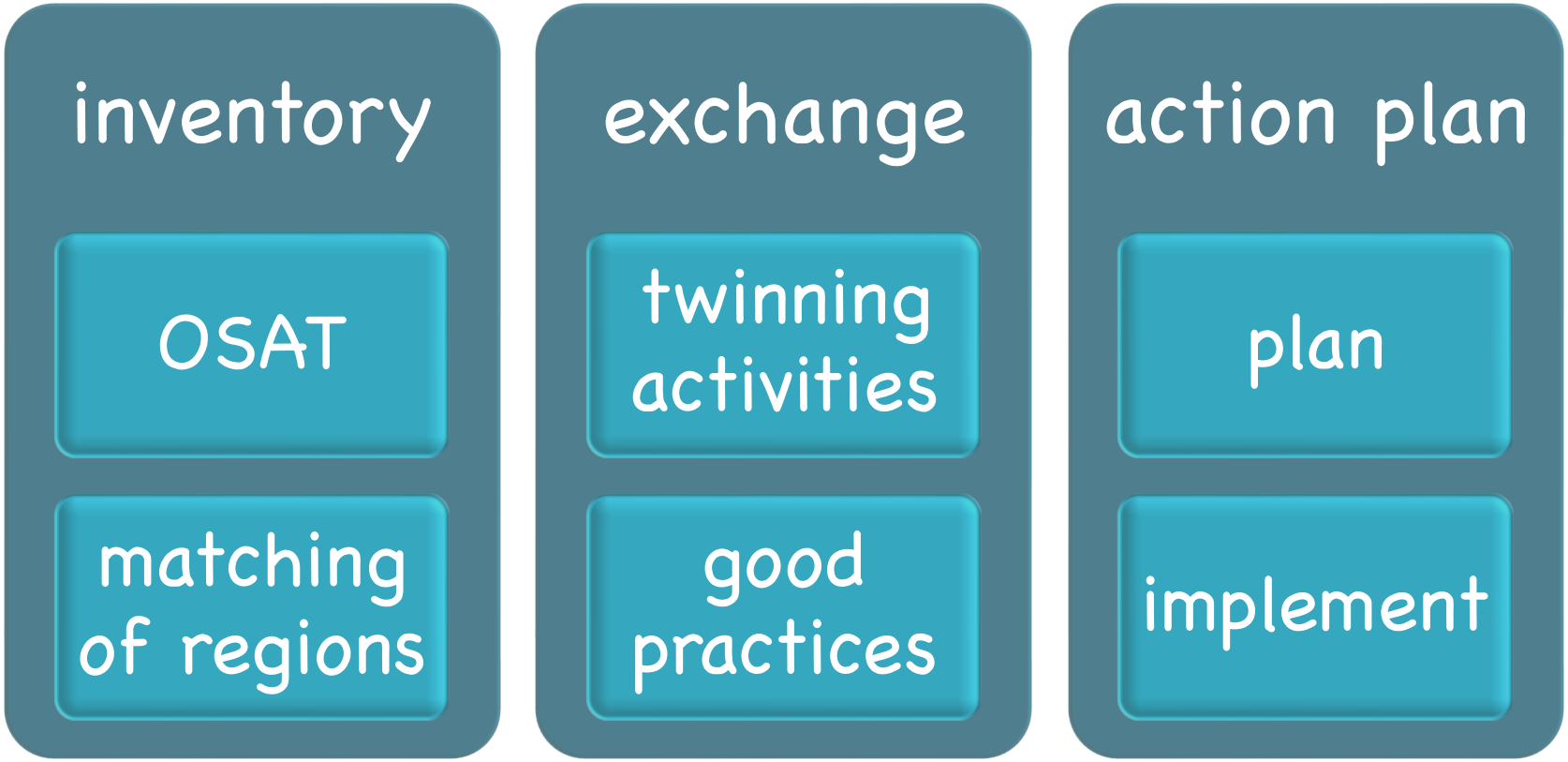
- a **problem-oriented culture**, **demand-driven innovation** and **outcome-based approaches** not only help to create relevant and sustainable solutions but is an important driver for innovation

ACSELL Objectives

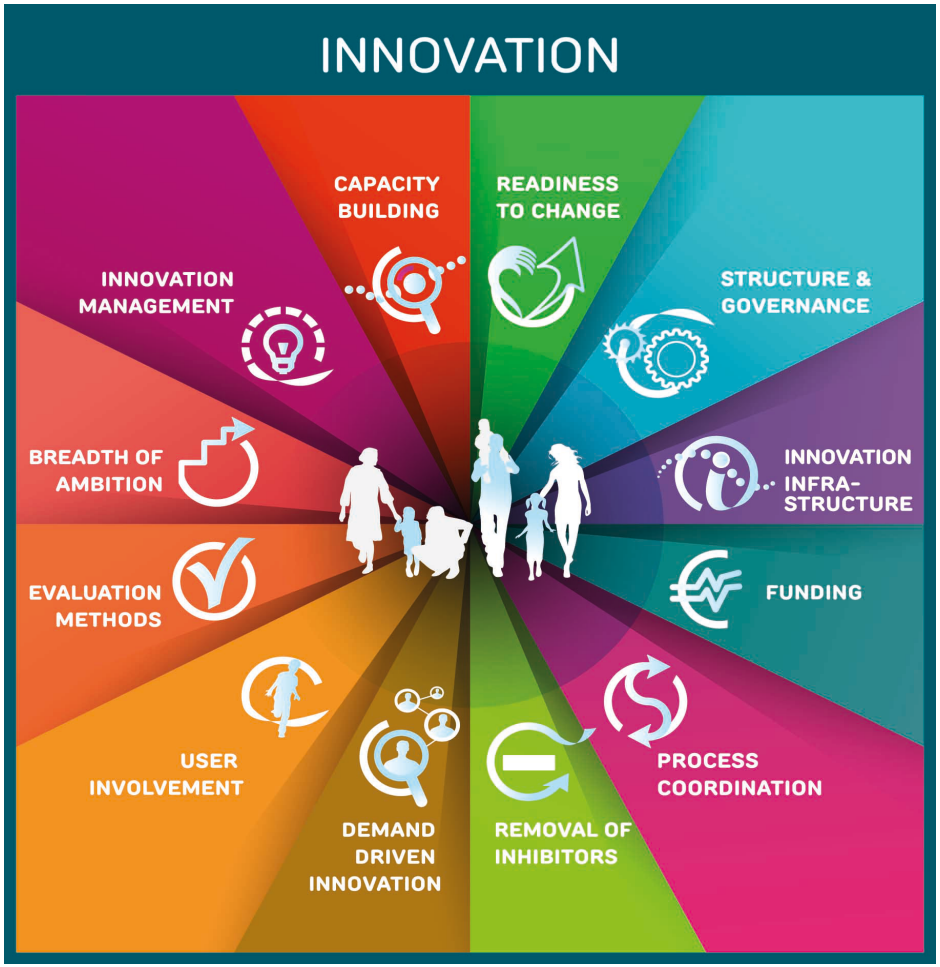
ACSELL
Interreg Europe

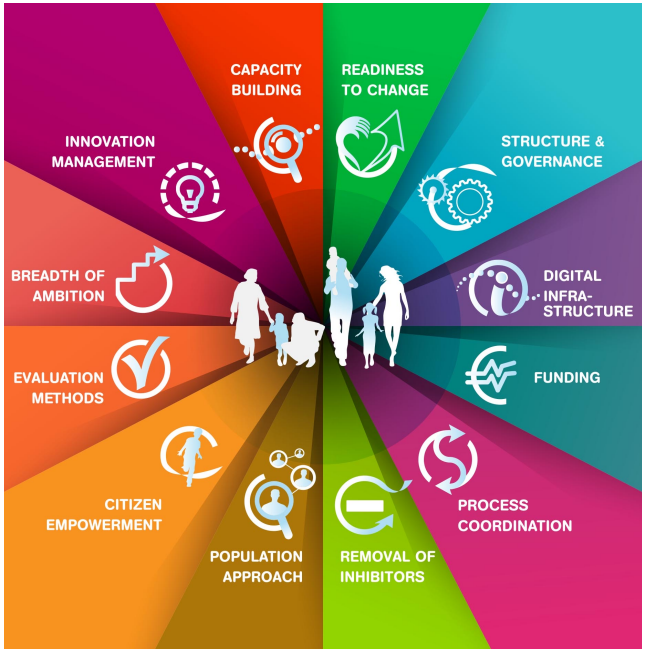


Project Architecture



Process of Adaptation



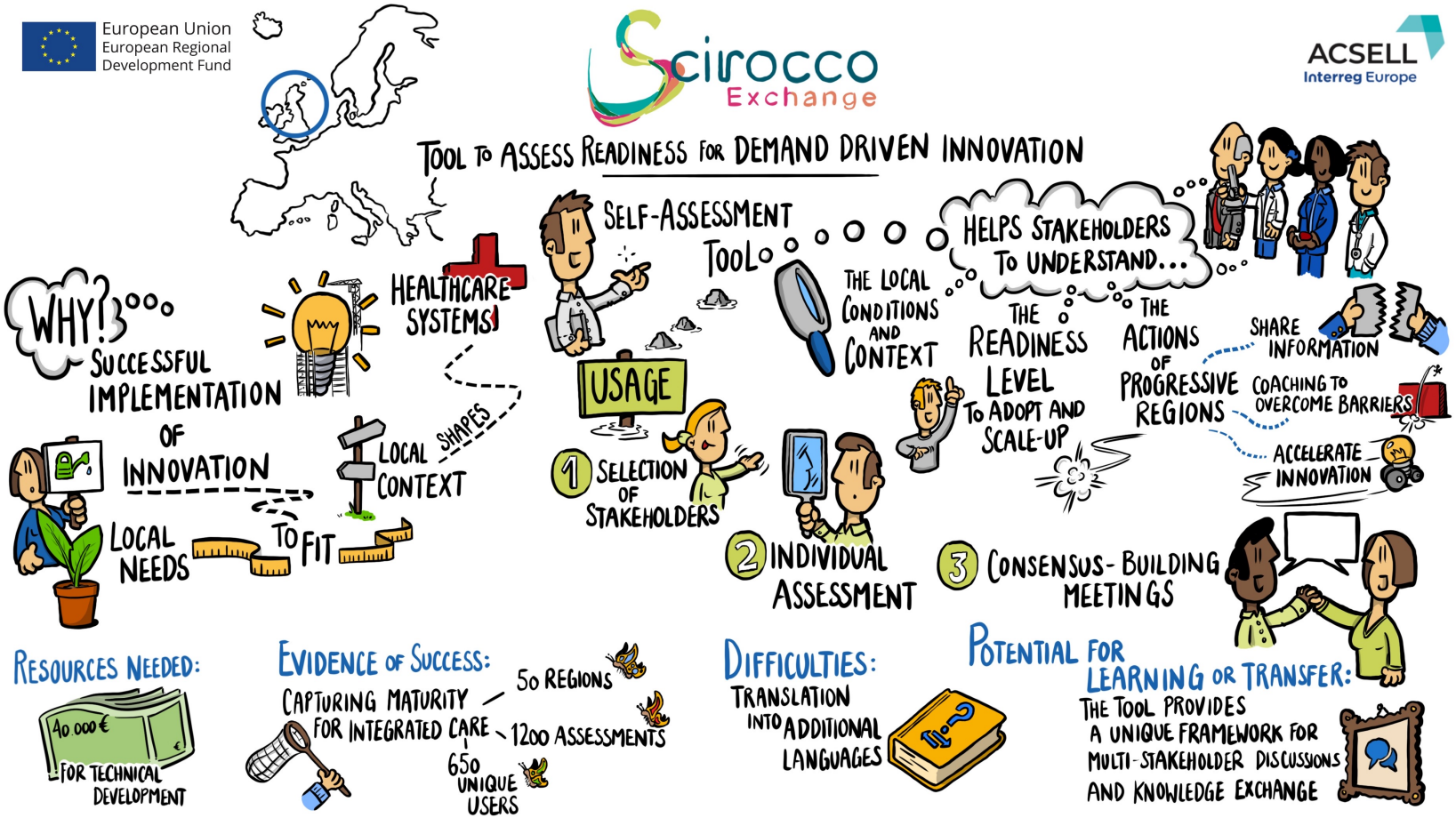


Feedback

- Helps to better understand local context
- structures multi-stakeholder dialogue
- Laid open different stakeholder perspectives/interests
- Process of finding a consensus is insightful

- Potential overlap between dimensions, can be confusing
- Not always clear what is meant
- Abstract, theoretical language

Good Practice on PLP Database



Function of the OSAT

- Help with identifying strengths and weaknesses in the regions to adequately pair regions for effective twinning activities

—> self-assessment merely at project level

- With the success: also at regional level
  - consensus-building
  - benchmarking
  - defining of missions / priorities / policy / strategy
  - planning
  - evaluation and monitoring
  - identification of good practices
- With the pandemic:
  - Identify topics for interregional learning and knowledge transfer

(1st step: merely dimensions, 2nd step: set of questions)

Thank you!

Scirocco Exchange
Capacity-building for integrated care

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Scirocco Exchange

Capacity-building for integrated care

MATURITY ON INTEGRATED CARE IN THE RESIDENTIAL CARE AREA IN CATALONIA

Fèlix Martínez. Department of Social Rights

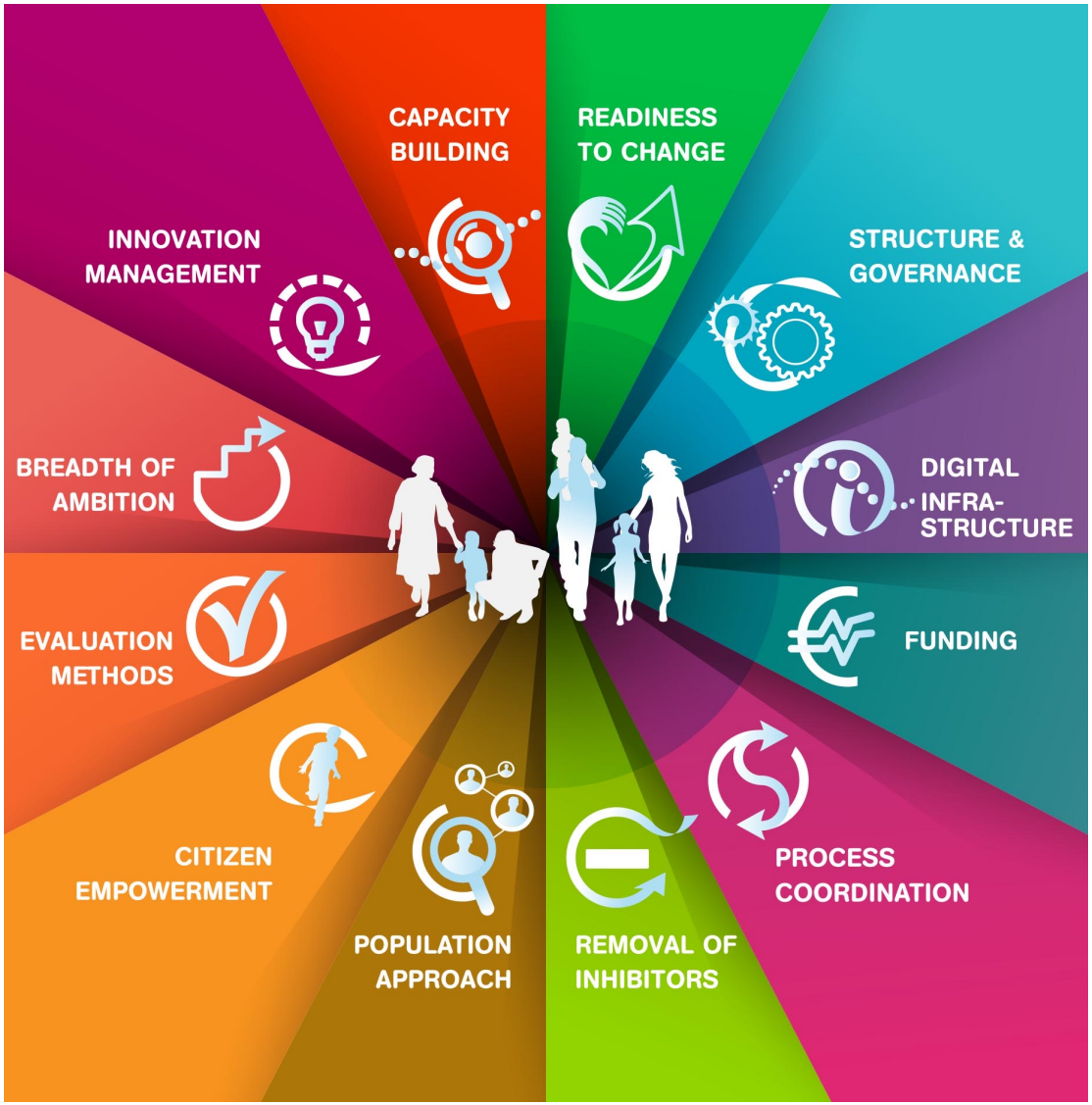
Joan Carles Contel. Department of Health

Generalitat de Catalunya
Government of Catalonia

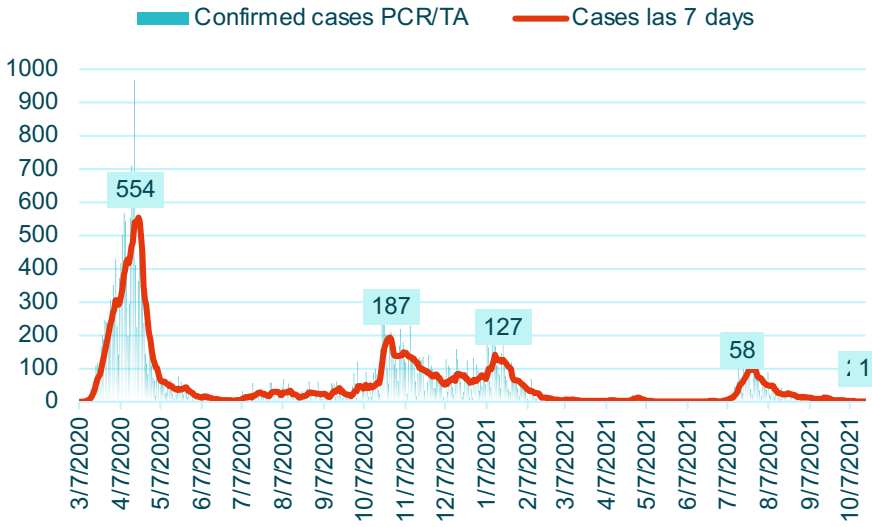
Co-funded by the Health Programme of the European Union

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

Maturity Model for Integrated Care



Context


Confirmed cases PCR/TA
Cases las 7 days
1000
900
800
700
600
500
400
300
200
100
0
554
187
127
58
3/7/2020
4/7/2020
5/7/2020
6/7/2020
7/7/2020
8/7/2020
9/7/2020
10/7/2020
11/7/2020
12/7/2020
1/7/2021
2/7/2021
3/7/2021
4/7/2021
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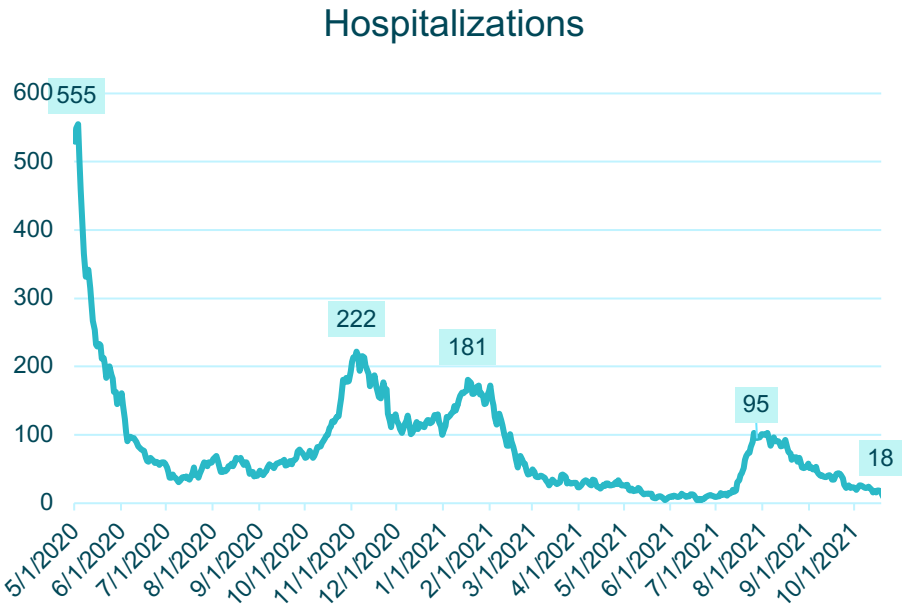
Hospitalizations
600
500
400
300
200
100
0
555
222
181
95
18
5/1/2020
6/1/2020
7/1/2020
8/1/2020
9/1/2020
10/1/2020
11/1/2020
12/1/2020
1/1/2021
2/1/2021
3/1/2021
4/1/2021
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7/1/2021
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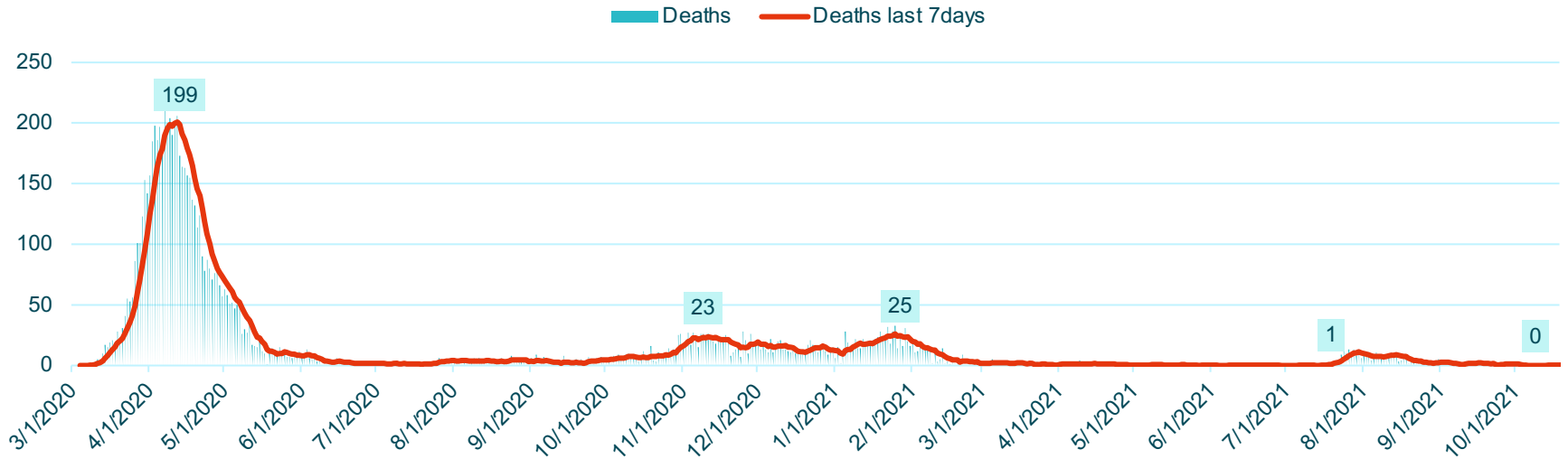
10/1/2021


Deaths
Deaths last 7days
250
200
150
100
50
0
199
23
25
1
0
3/1/2020
4/1/2020
5/1/2020
6/1/2020
7/1/2020
8/1/2020
9/1/2020
10/1/2020
11/1/2020
12/1/2020
1/1/2021
2/1/2021
3/1/2021
4/1/2021
5/1/2021
6/1/2021
7/1/2021
8/1/2021
9/1/2021
10/1/2021

Introduction and methodology

Objective:

- **Assess maturity of Integrated Care in the residential care area in Catalonia.**
- **Diagnose situation and areas of improvement related to Integrated Care in residential care.**
- **Compare different geographical areas.**

How:

- **SCIROCCO**
- **Quantitative and qualitative analysis**

  Individual Survey (pre-pandemic and current situation)

  Consensus sessions (current situation) → **qualitative analysis** of the arguments given on the debate to reach a consensus

When:

- **April-end of June 2021**

Who:

- **190 professionals with different profiles and areas of responsibility**
- **18 multidisciplinary territorial teams participating in consensus meetings leaded by Delegates**

Survey adaptation

- **Good adaptability of the SCIROCCO Maturity Model to the nursing homes reality.**
- **Very little changes introduced in the survey.**

  To focus the participants' attention in some aspects.

  Introduction of the pre-pandemic situation.

2. ESTRUCTURA I GOVERNANÇA

Objectius:

El conjunt de canvis necessaris per a prestar atenció integrada a nivell regional o nacional representa un repte important. Són necessaris programes plurianuals amb una excel·lent gestió del canvi, finançament i comunicació, així com el poder d'influir i (de vegades) exigir noves pràctiques de treball. Això significa l'alineament entre diverses organitzacions i professions, i la voluntat de col·laborar i posar l'interès del sistema general d'atenció per sobre dels incentius individuals. També significa gestionar la introducció dels serveis socials i de salut digital o d'atenció virtual per a permetre l'atenció integrada d'una manera que els faci fàcils d'usar, fiables, segurs i acceptables tant per als professionals sanitaris com pels ciutadans.

- Habilitar programes adequadament finançats, incloent un programa fort, la gestió de projectes i la gestió del canvi; establint centres de competència TIC i eSalut/eSocial (atenció virtual) per donar suport al desplegament; lideratge distribuït, per reduir la dependència d'un únic líder heroic; excel·lent comunicació d'objectius, progrés i èxits.
- Gestionar la innovació digital d'èxit en eSalut, eSocial i eCare dins d'un programa de transformació plurianual adequadament finançat.
- Considerar la necessitat d'abordar el risc de desigualtats socials i de salut.
- Establir organitzacions amb el mandat de seleccionar, desenvolupar i oferir serveis d'atenció virtual.

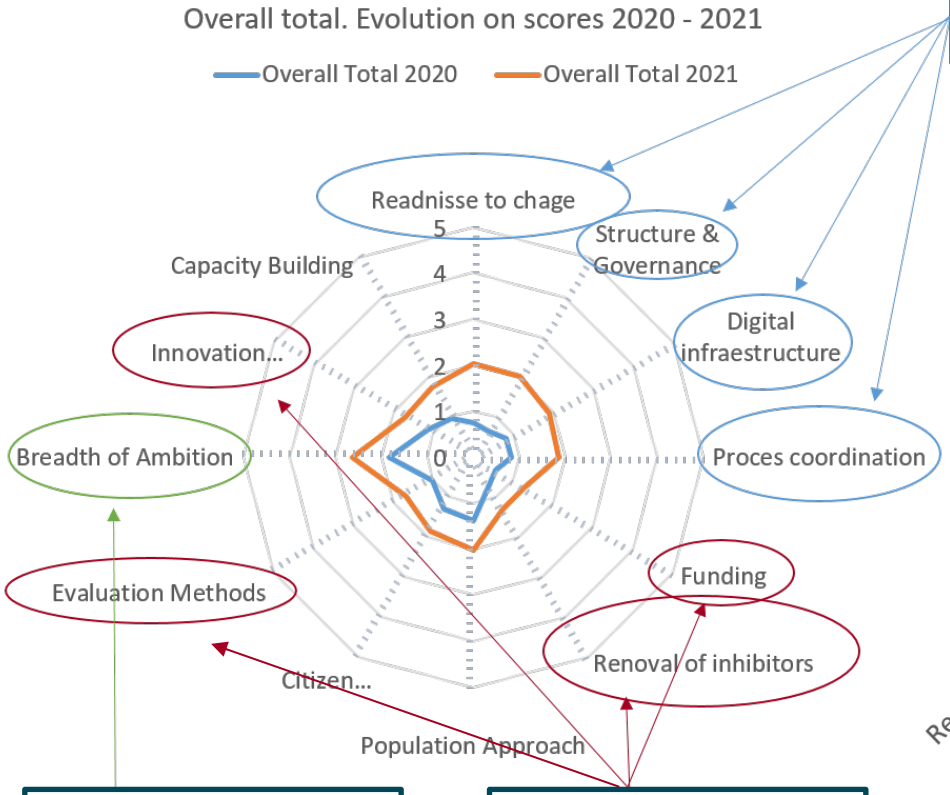
Escala d'avaluació:

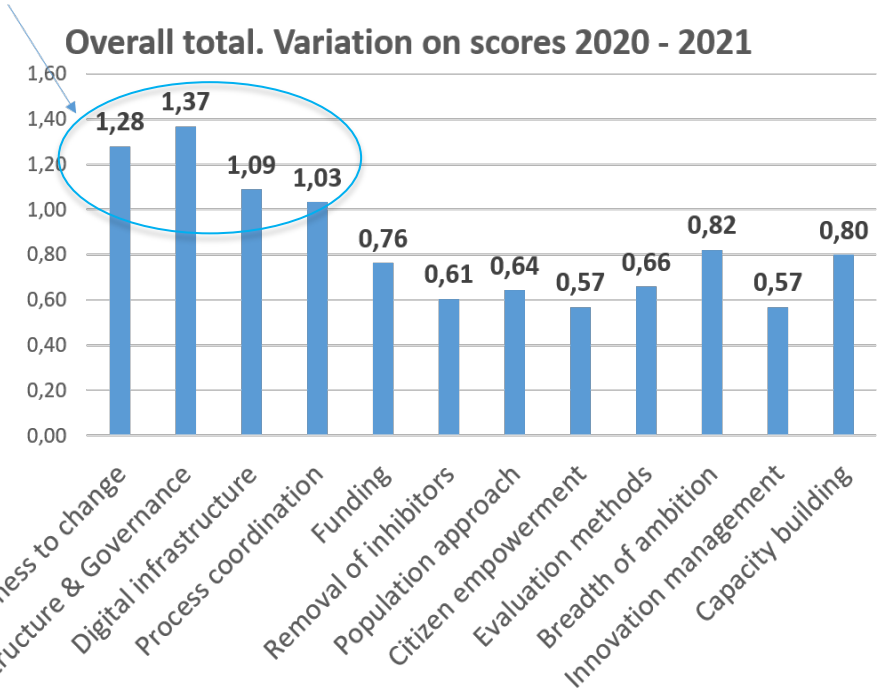
	Residències 2020	Residències 2021
0. Estructura i governança fragmentades		
1. Reconeixement de la necessitat d'un canvi estructural i de governança		
2. Formació de grups de treball, aliances i altres formes informals de col·laboració		
3. Governança establerta a nivell regional o nacional		
4. Full de ruta per a un programa de canvi definit i àmpliament acceptat		
5. S'ha establert un programa complet i integrat, amb finançament i amb instruccions clares.		

Analysis of individual scores: comparative 2020 - 2021

Average score is under 3. A lot of work to do.

All dimensions improve their scores in 2021, especially in **readiness to change**, **structure and governance**, **digital infrastructure** and **process coordination.**



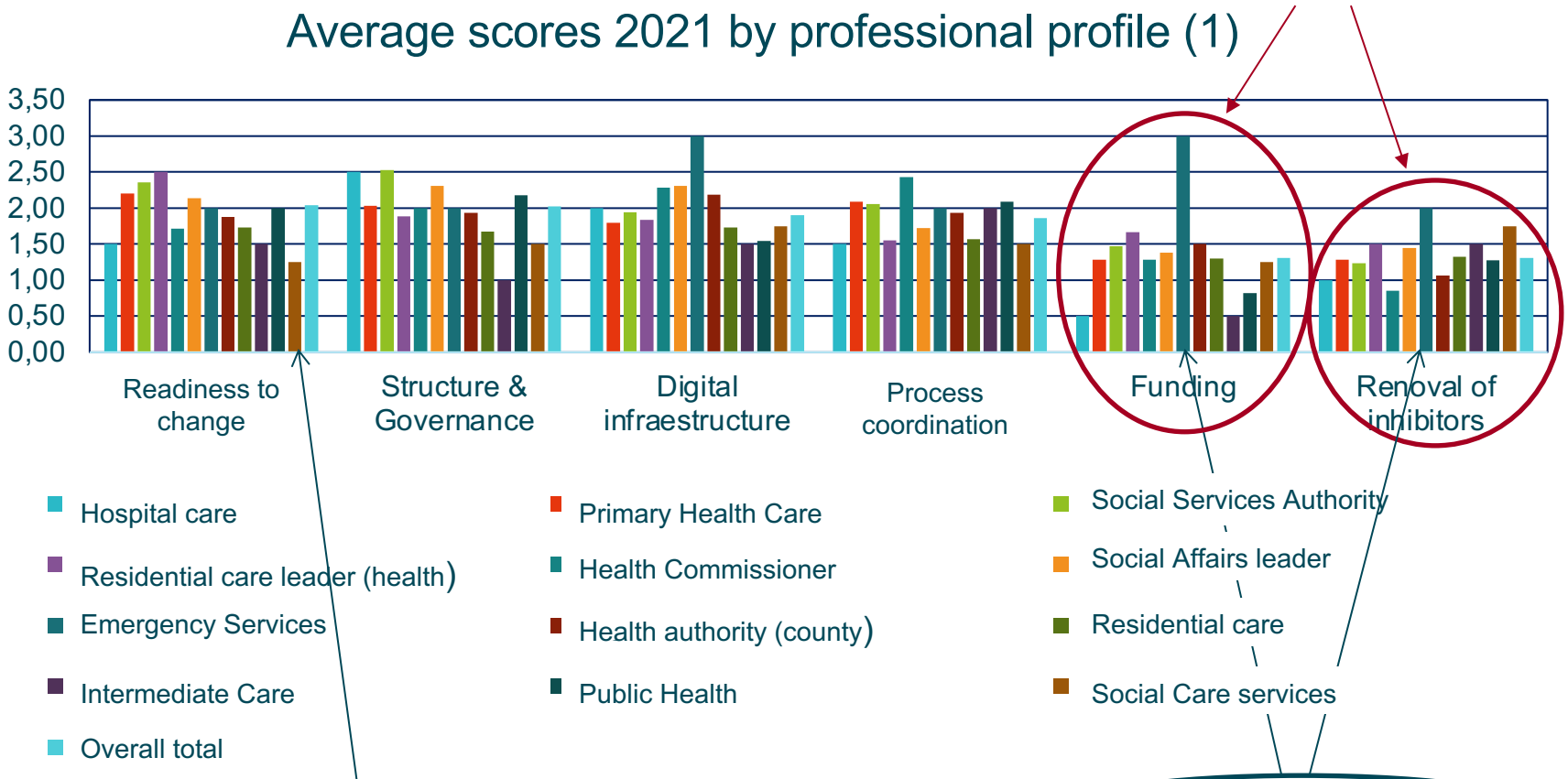


Highest score in 2021

Lower scores in 2021

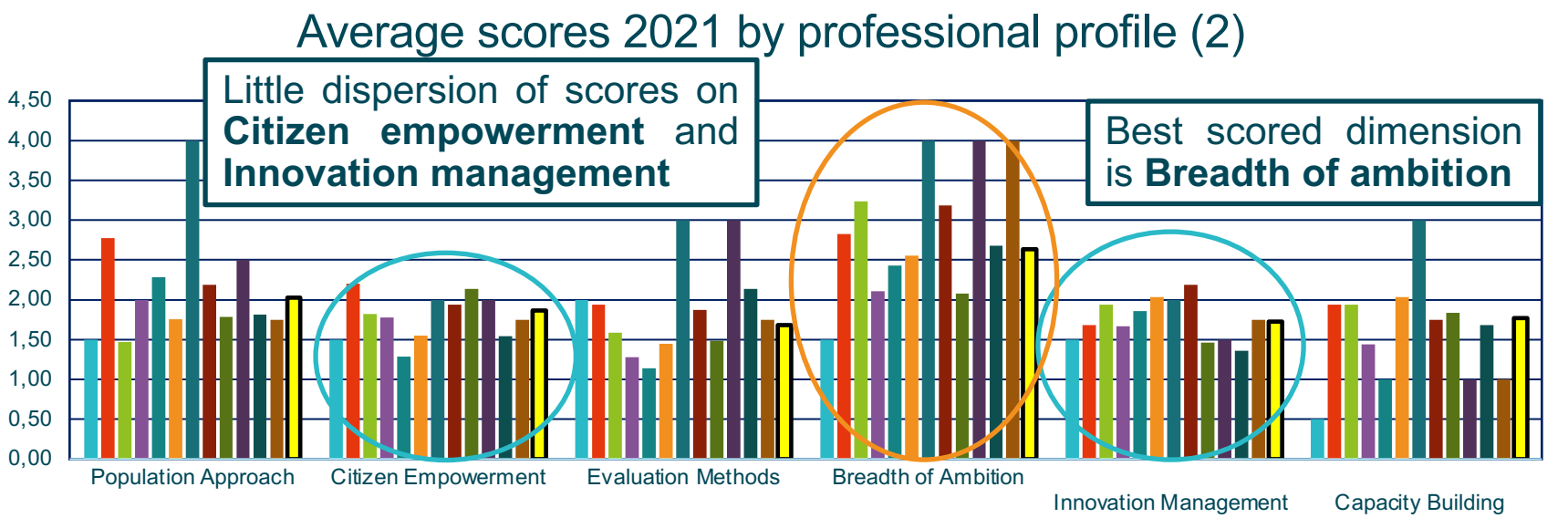
Analysis of individual scores: professional profile

Dimensions with the lowest scores are: funding and removal of inhibitors



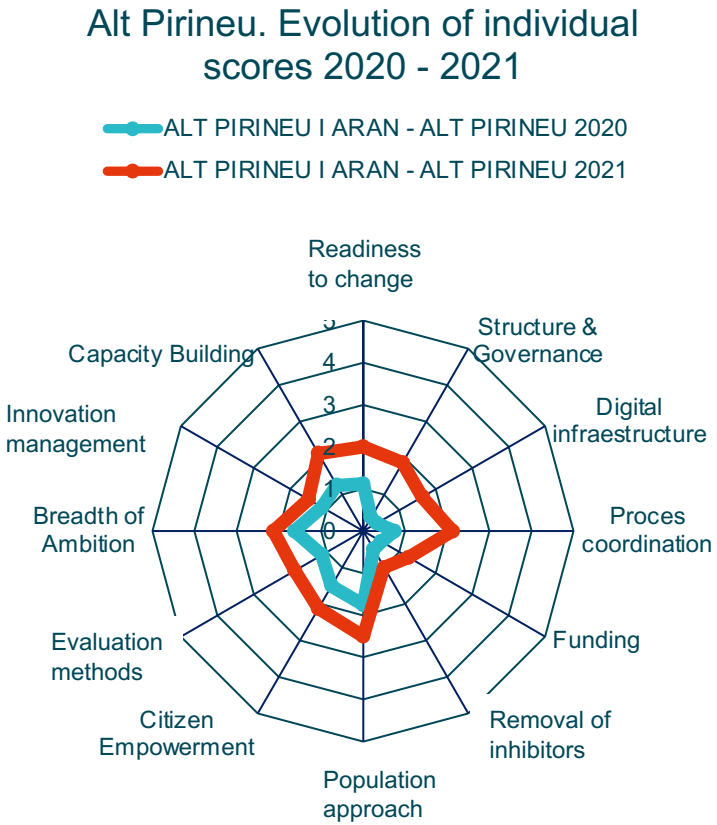
There are professional profiles with very small representation: responsible of Emergency services, Social Care services

Analysis of individual scores: professional profile



Consensus sessions: High Pyrenees territorial team

Comparative 2020 - 2021



Consensus session

Consensus sessions: The 18 territorial teams

Scores under 3 in most of the dimensions. Isolated high scores in **Funding**, **Population approach** and **Breadth of ambition**.

More than 75% of the territorial teams agree in their scores on **Readiness to change**, **Structure and governance**, **Digital infrastructure** and **Removal of inhibitors**.

More than 50% agree in **Process coordination**, **Funding**, **Population approach**, **Citizen empowerment** and **Innovation Management**.

High dispersion of scores in **Breadth of ambition** and **Capacity Building**.

Total of 18 responses selected. See individual assessments

- Voted by 1-25% respondents (1-4 respondent(s))
- Voted by 26-50% respondents (5-8 respondent(s))
- Voted by 51-75% respondents (9-12 respondent(s))
- Voted by 76-100% respondents (13-18 respondent(s))

Readiness to change

- Resistance to change. Fear of nursing homes of being transformed into health centres.
- Pandemic has generated change, but now strategic planning is required.
- Ministries leadership expected.

Structure & governance

- It is necessary to formalize and regulate informal agreements and alliances.

Digital infrastructure

- **Primary care electronic health record has limitations to be used in residential homes.**

  It is necessary a strategic plan for an Integrated Information System: “Integrated e-Health and Care record”.

- **Coexistence of 2 systems (health and residential care record).**

  Interoperability is required.

Process coordination

- Most recent health an social care joint protocols are based on COVID pandemic.

- Need for new joint protocols beyond the pandemic.

- Good impact of new Primary Care case managers who are working in residential care.

Finance & funding

- Need for a new funding model to encourage transformation.
- It is expected to fund new research in residential care.
- A better funding scheme should improve labor conditions of nursing workforce.

Removal of inhibitors

- **Prioritization of actions should be implemented.**
- **Integrated Care approach at Ministry level should be implemented to remove inhibitors.**

Population approach

- New stratification modelling and segmentation should be implemented.
- Great potential to aggregate and perform joint analysis of data from both health and social care sectors.

Citizen empowerment

- **More citizen empowerment and new and real co-creation dynamics should be encouraged.**

Evaluation methods

- A new systemic approach should be introduced.

- "It is required an integrated information scheme to evaluate integrated care system".

Breadth of ambition

- Integrated Care now focused in residential care should spread to other sectors like home care.
- Integrated Care Model should incorporate Social Care services developing also horizontal integration between Primary Health Care and Social Care services.

Innovation management

- **The Pandemic has contributed with good learning by doing, but in the future innovation should be planned and protected.**

Capacity building

- The understanding of Social Care services in the Health sector should be encouraged.

Others

- Territories value positively this process of assessment and consensus
- Uncertainty about the Integrated Care real progress after pandemic crisis scenario

PRIORITIES in Catalonia

Deployment of **PRIORIZED PROJECTS OF INTEGRATED CARE**

Integrated Care in RESIDENTIAL CARE

Integrated HOME CARE (involving health and social care)

integrated Care in MENTAL HEALTH

Integrated INFORMATION AND COMMUNICATION SYSTEMS

Creation of **AGENCY OF HEALTH AND SOCIAL CARE INTEGRATION**

Participated both by Department of Health and Department of Social Rights

Deployment of PRIORISED PROJECTS OF INTEGRATED CARE

INTEGRATED CARE IN RESIDENTIAL CARE

1. Integrated health care of people who live in residential homes involving Primary Health Care teams (PHC) in the integrated care pathways

   Initiate a new model of **pharmaceutical care** for the people living in residential homes

2. Review and develop a new model of residential care in Catalonia

3. Evaluate impact of the new model

4. Develop new environment of interoperability in ICT in residential care

Deployment of PRIORISED PROJECTS OF INTEGRATED CARE

INTEGRATED HOME CARE

1. Deployment of a model of Integrated Home Care (IHC) in Catalonia.

2. Identify good practice and generate knowledgment in Integrated Home Care (IHC)

3. Evaluate and monitor impact of IHC

Deployment of PRIORISED PROJECTS OF INTEGRATED CARE

INTEGRATING HEALTH AND CARE ICT

1. Develop environment of interoperability in process of formal assessment of dependency and disability (both protected by law)

1A **Incorporate** in Shared electronic record "HC3", PHC record "eCAP" and future eHR "HES" **information of special interest** related to **dependency and disability**.

1B **Provide key health information to teams responsible for formal assessment**

2. Develop a interoperability environment in residential care

2A *Now we have concurrent two electronic care records at the same time (both PHC record and internal residential care record)

Deployment of PRIORISED PROJECTS OF INTEGRATED CARE

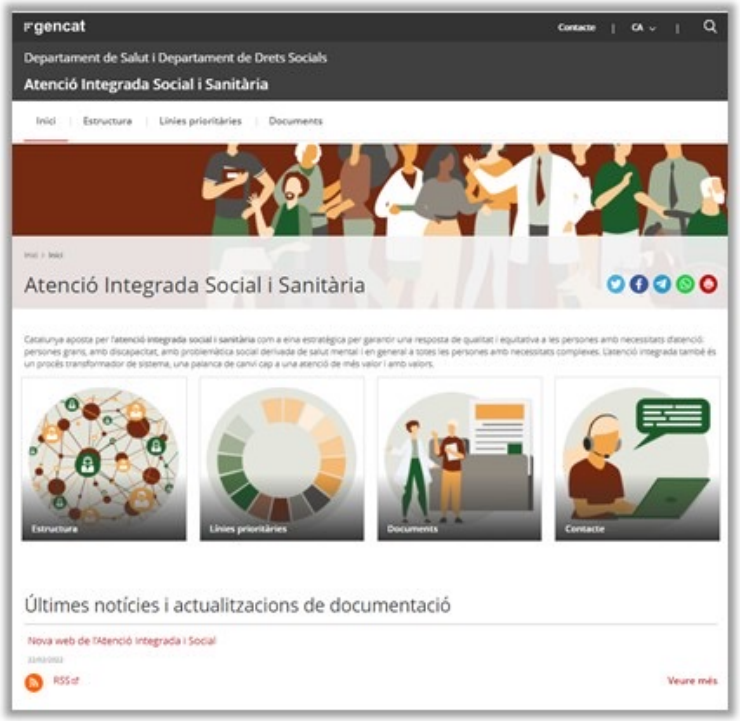
INTEGRATING HEALTH AND CARE ICT

3. Generate a interoperability environment between PHC record and different Social Care records

3A Go forward with **interoperability environment between PHC and Social care services**

4. Integrate both health and social care data to facilitate joint evaluation in residential care and integrated home care (IHC)

COMMUNICATION: New WEB



https://salutweb.gencat.cat/ca/site/aiss/inici/

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Facilitated discussion

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SCIROCCO EXCHANGE KNOWLEDGE MANAGEMENT HUB: BEYOND THE PROJECT

Co-funded by the Health Programme of the European Union

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BEYOND THE PROJECT

- Spotlight on the exploitation process

Marc Lange (EHTEL)

Co-funded by the Health Programme of the European Union

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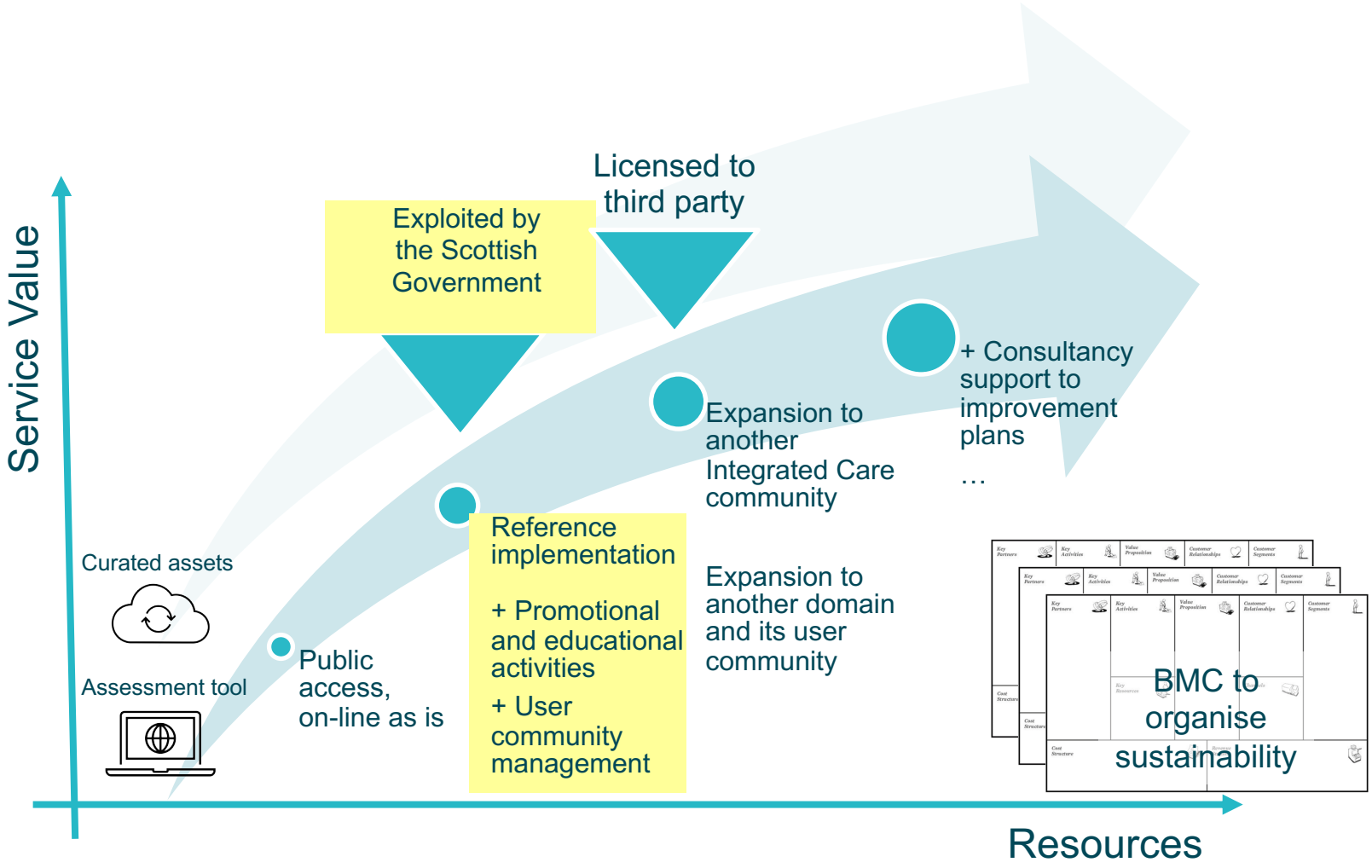
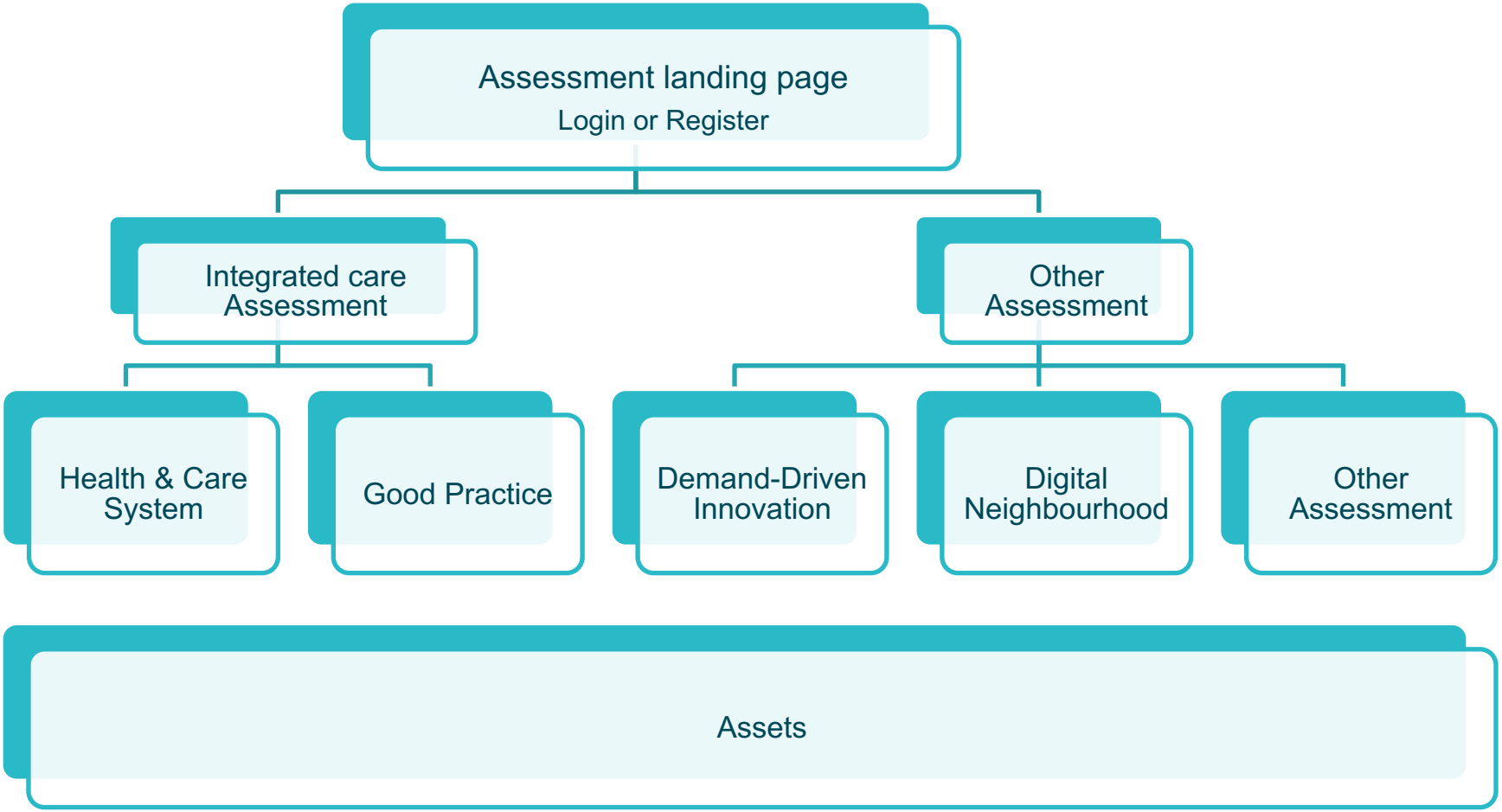
Exploitation ambition (post May 2022)



Scirocco Exchange Knowledge Management Hub



Becoming a use of the knowledge hub

- **Anonymous visitors will be offered the possibility to play with the tool (without saving any data however)**

- **Open to anyone, provided self-declaration of compliance to a code of conduct:**
  - For the sake of common goods,
  - For not-commercial purposes,
  - Open to collaboration with other (sub-)communities
  - With contribution in kind to the improvement of the knowledge hub
  - …

Becoming a user: typical workflow

An organisation wants to assess the readiness of its health and care system to Integrated care

- The project manager for this assessment needs to
  - Register him/herself
  - Create an assessment
  - Verify, adapt or translate the narratives (dimensions and rating) so that they will be well understood by all stakeholders
  - Organise the assessment process
    - » Which stakeholder to invite to contribute
    - » Who to manage the consensus building process
    - » How to train everyone …
- Every participants will need to
  - Register
  - Perform his/her own assessment privately
  - Ask questions if needed (e.g. the project manager, the consensus-building manager …)
  - Share the assessment to the consensus-building moderator
  - Contribute to the consensus-building process

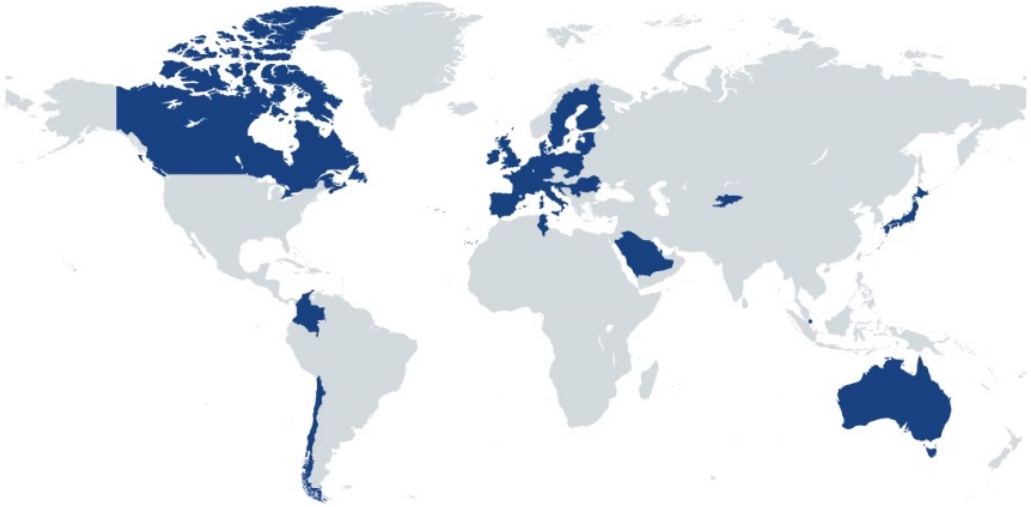
An additional – intangible – project asset

35 regions/organisations

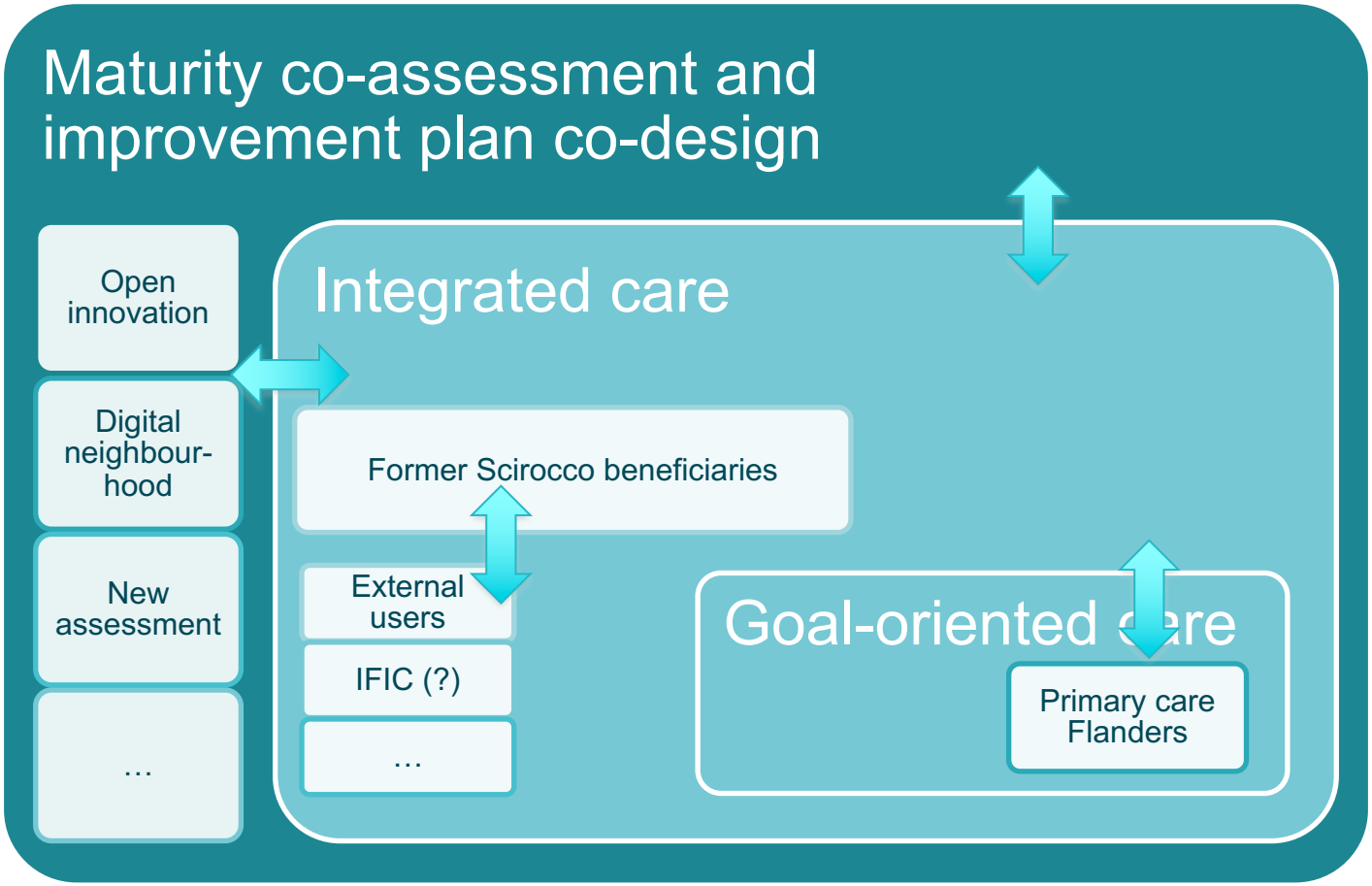
1264 assessments

485+ unique users

11 languages (EN + 10 translations)



User community(ies)



User communication tools

- **Sharing** (publicly, within a community or a sub-community)
  - An assessment,
  - A curated knowledge assets
- **A chat button is available e.g. to**
  - Ask for support in an assessment process
  - Contribute to a consensus-building process organised digitally and for asynchronous participation
  - Seek for a particular expertise or implementation experience
  - Liaise with the author of a knowledge asset …

User communication tools

- **Groups of users can be created to organise communities, sub-communities, working groups …**
  - They are used for organising chats/on-line forum and data sharing
  - Anyone who has an account can create a group by selecting email addresses
  - When offline, users will be notified by email
  - Everyone can belong to several groups
  - Each group has its own moderator, the originator of the group

Asset management beyond May 2022

- **Any registered users of the knowledge hub can access any assets (654 assets so far)**
- **These assets will be maintained by their originators**
- **Uploading new assets will remain possible, but this will depend from the willingness of communities to use the feature**
  - As of now, contributions will be ranked by users on their usefulness

Towards a sustainable business model

- **A Sustainability Board**
  - With consortium partners volunteers (pro-bono)
  - To prepare the next exploitation steps
- **The communities can work as a marketing instrument to raise funding through**
  - The organisation of conferences and e.g. integrated care awards
  - The exploitation by researchers of data provided by users
  - Consultancy support e.g. to exploit the outcome of the self assessment process and develop improvement plans
  - …

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SCIROCCO EXCHANGE

- *What's next ?*

Sjoert P. Holtackers

Co-funded by the Health Programme of the European Union

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"Scirocco for all"

- **In all 60 primary care zones in Flanders and Brussels (and beyond)**
- **Essential milestone in strategic planning**
- **Important tracker in progress and growth**
  - Local
  - Regional
- **Scirocco meets Goal Oriented Care (GOC)?**

FIRST STEPS

GETTING THERE

1. **Strategic meeting with the Flemish Agency for Care and Health.**
2. **Facilitatorprogram**
   - **Keyrole of facilitator consensusworkshop**
   - **See one, do one, teach one**
   - **Intervision & supervision**
3. **Adaptation towards GOC**

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Capacity-building for integrated care

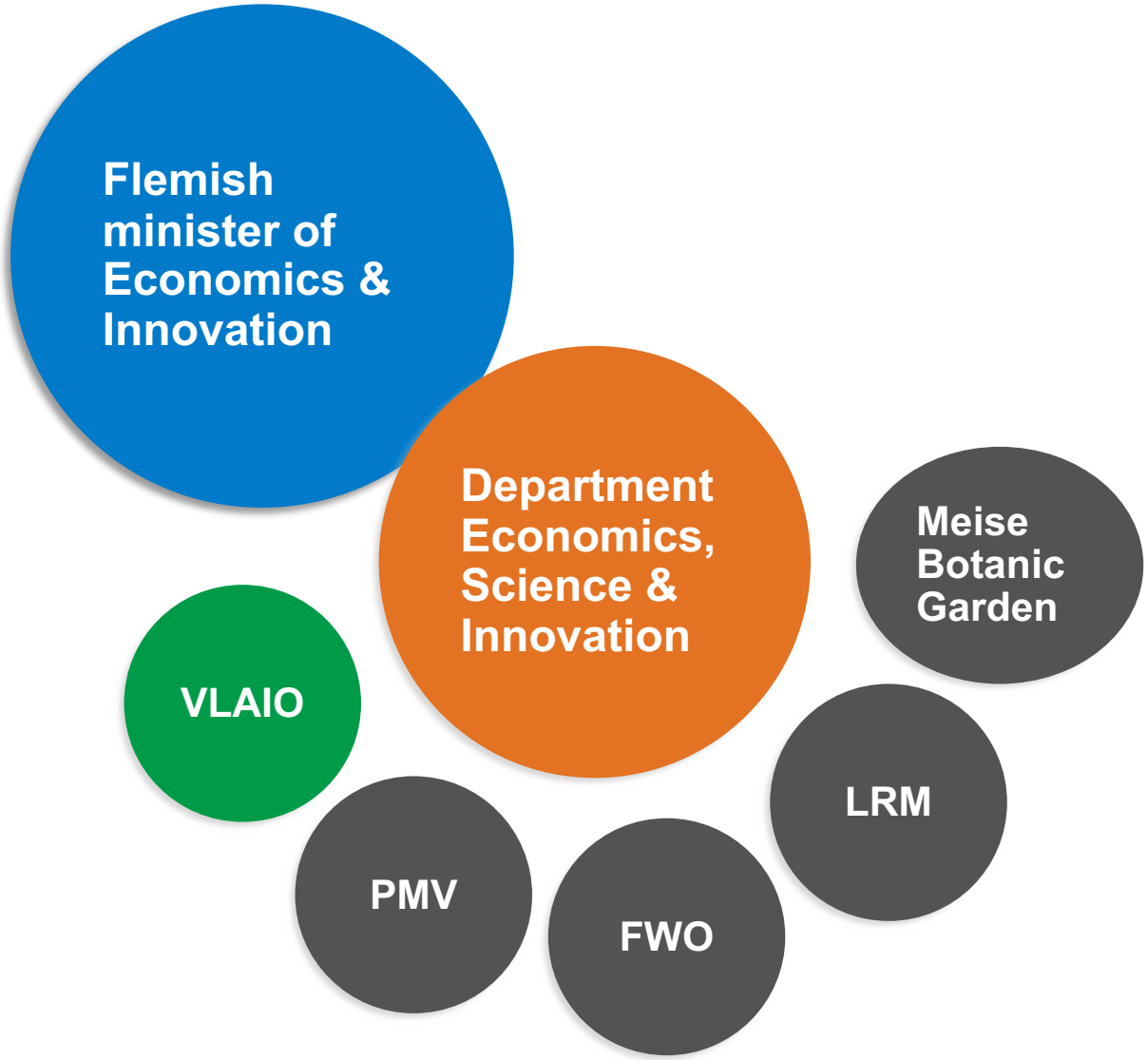
Flanders
State of the Art

SCIROCCO
Exchange Conference
5 May 2022

Alain Thielemans

FLANDERS INNOVATION & ENTREPRENEURSHIP

WHO ARE WE?


Flemish minister of Economics & Innovation
Department Economics, Science & Innovation
Meise Botanic Garden
VLAIO
LRM
PMV
FWO

Our **mission**

STIMULATE GROWTH AND INNOVATION

PROMOTE ENTREPRENEURSHIP

SUPPORT CLUSTER WORK

CREATE STIMULATING ENVIRONMENTAL FACTORS

ENCOURAGE INTERNATIONALIZATION OF BUSINESS ACTIVITIES

€1.6 billion

VLAIO Corona support

Corona update: **56.252**

Entrepreneurship: **69.696**

Innovation subscribers: **8.456**

VLAIO Innovation support for SME's

60%

VLAIO Innovation support

€267.5 million

Visits to Vlaio.be

18.000.000

Our **mission**

STIMULATE GROWTH AND INNOVATION

PROMOTE ENTREPRENEURSHIP

SUPPORT CLUSTER WORK

ACSELL
Interreg Europe

CREATE STIMULATING ENVIRONMENTAL FACTORS

ENCOURAGE INTERNATIONALIZATION OF BUSINESS ACTIVITIES

DEMAND-DRIVEN

INNOVATION IN

HEALTH AND

SOCIAL CARE:

SELF-ASSESSMENT

ON THE BASIS OF

THE SCIROCCO

MATURITY MODEL

ACSELL: GOAL

ACSELL
Interreg Europe

Overall objective of ACSELL => sensitize the **public sector**, **innovation intermediaries** (e.g., chambers of commerce, technology transfer offices, etc.) and **SMEs** to:

- integrate the **user** early in the innovation process
- **expand SME competencies** using (interregional) living lab approach

Partners

7 EU-regions: Flanders (BE), Baden-Württemberg (DE), TIMIS County (RO), Friuli Venezia Giulia (IT), Ljubljana (SI), Scotland (UK), North Denmark (DK)

Flanders

- VLAIO = partner
- LiCalab = advisory partner

Duration: Aug 2019 – Aug 2023

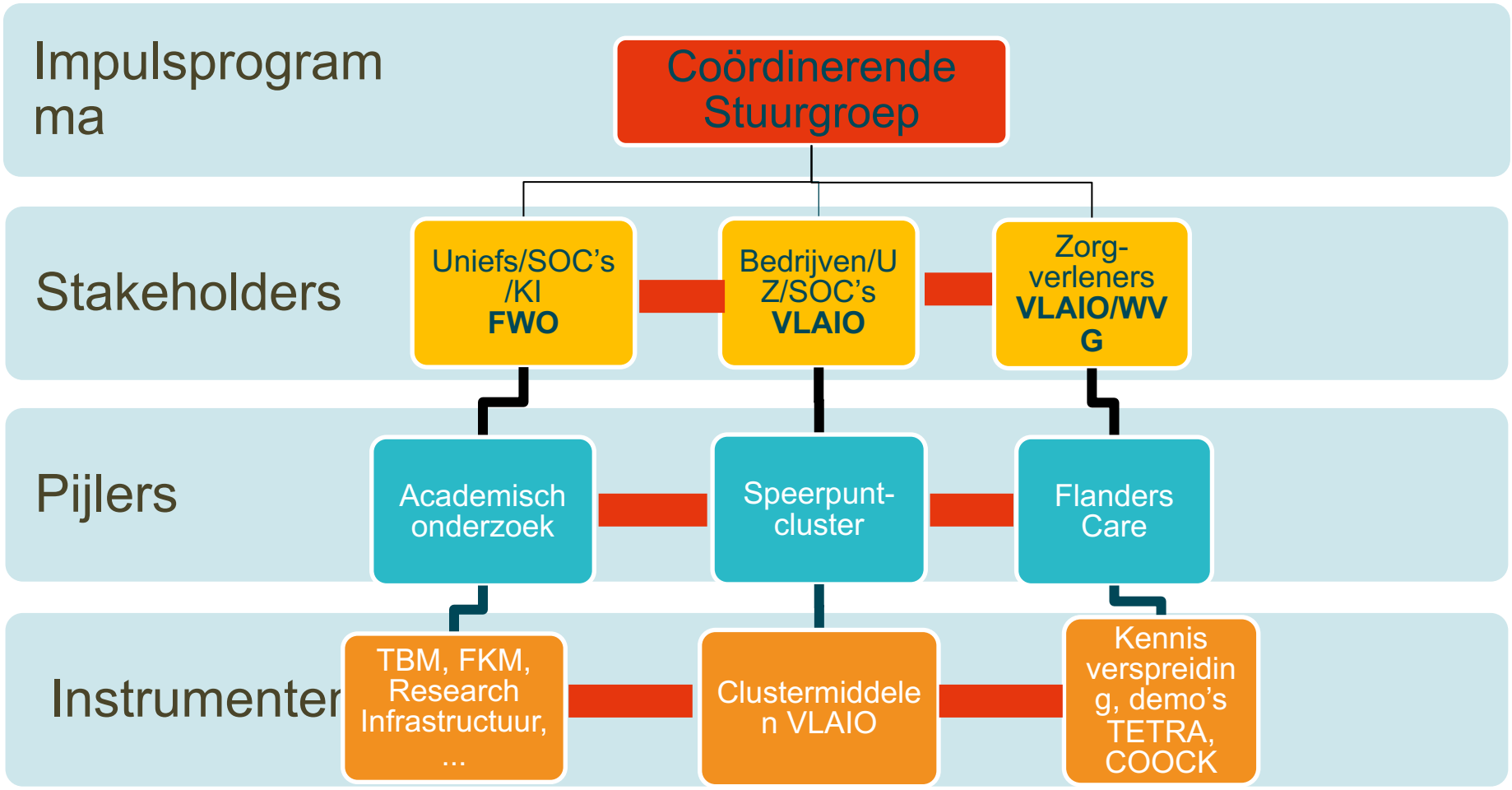
Regional Stakeholder Group Flanders

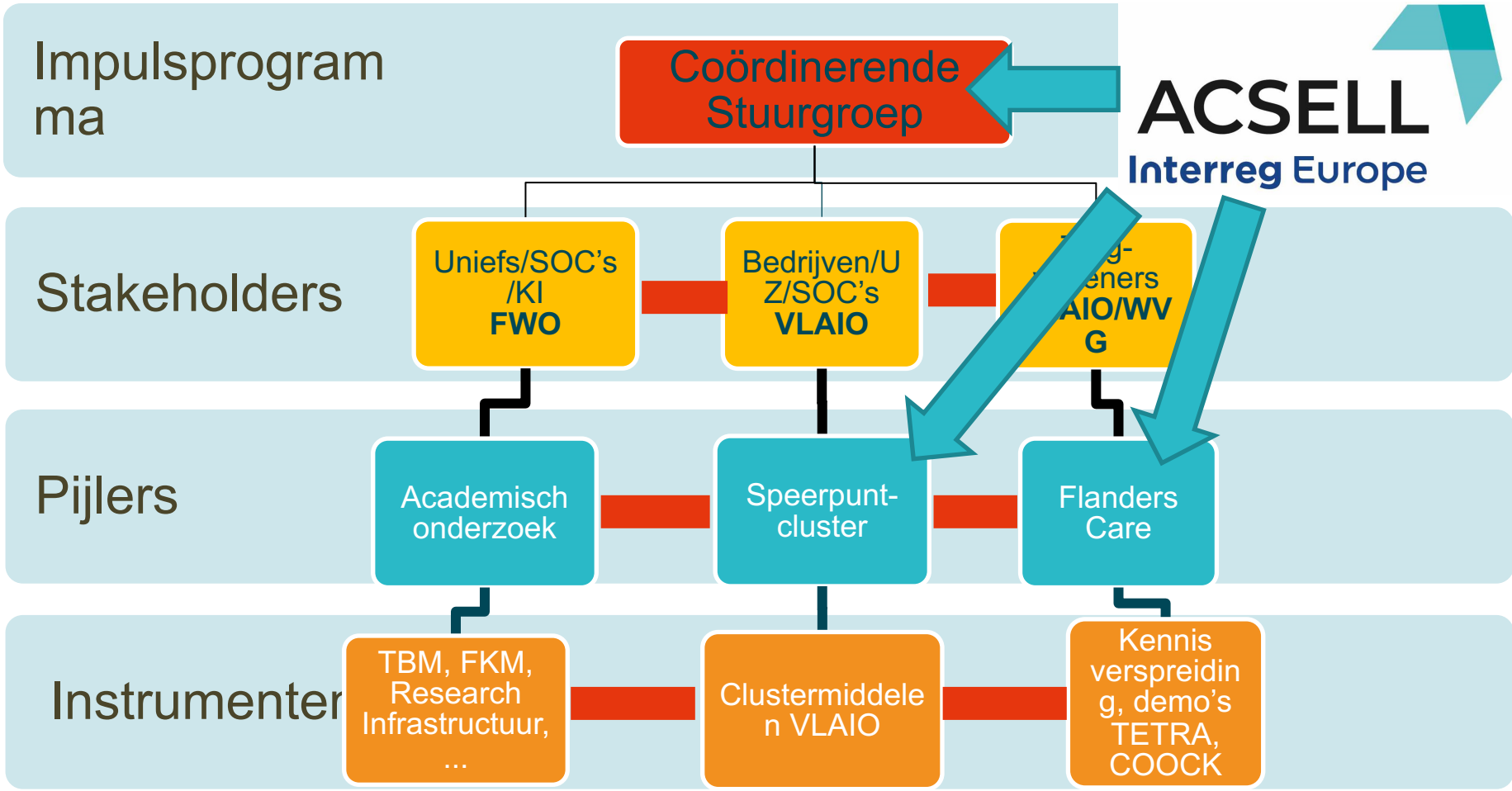
ACSELL
Interreg Europe

Innovation management
Weakness & deemed important
=> We want to **learn** about this one

Breadth of ambition
Strength
⇒ We want to **share** about this one

Funding & User empowerment
Mixed
⇒ We have strong things to **share**
⇒ Yet also want to **learn** how to get it right in all aspects


Impulsprogramma
Coördinerende Stuurgroep
Stakeholders
Uniefs/SOC's /KI **FWO**
Bedrijven/UZ/SOC's **VLAIO**
Zorg-verleners **VLAIO/WVG**
Pijlers
Academisch onderzoek
Speerpunt-cluster
Flanders Care
Instrumenten
TBM, FKM, Research Infrastructuur, ...
Clustermiddelen VLAIO
Kennis verspreiding, demo's TETRA, COOCK


Impulsprogram ma
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Flanders
State of the Art

THANK YOU &

Let's discuss

FLANDERS INNOVATION & ENTREPRENEURSHIP

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HIGHLIGHTS FROM THE CONFERENCE

Donna Henderson

Digital Health and Care Directorate, Scottish Government

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NETWORKING RECEPTION

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