1. Maturity assessment for integrated care

2. Capacity-building assets

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

Access to existing evidence

3. Knowledge transfer

4. Improvement Plans

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

SCIROCCO Exchange Knowledge Management Hub

Evidence-based Capacity-building Support
SCIROCCO EXCHANGE FINAL CONFERENCE - IMPROVEMENT PLANNING

Sophie Wang, Oliver Gröne

OptiMedis AG
Overview

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

Maturity Assessment

Knowledge Transfer

Improvement
SCIROCCO Exchange

Maturity Assessment

Knowledge Transfer

Improvement
SCIROCOCO Exchange

Maturity Assessment

Knowledge Transfer

Improvement
WP8 Objectives and approach
## WP8 Objectives and approach

<table>
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<td>Support regions in effective stakeholder engagement to optimize successful implementation of improvement plan</td>
<td>Introduce topic and facilitate working sessions</td>
<td>WP8</td>
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<td></td>
<td>Participate in bilateral calls and complete logic models</td>
<td>Regions</td>
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</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Partner-level outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCIROCCO deliverables (MA., KT)</td>
<td>Needs assessment</td>
<td>Regional summaries &amp; Mapping of regional improvement resource</td>
<td>Regional partners aware of underlying assumptions and causal linkages that connects planned activities and envisioned outcomes</td>
</tr>
<tr>
<td>Regional partners</td>
<td></td>
<td></td>
<td>Regional partners confident to independently review and iteratively refine logic model as initiative further develops</td>
</tr>
<tr>
<td>Quality improvement</td>
<td></td>
<td></td>
<td>Regional partners apply logic model to guide improvement planning</td>
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</tbody>
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- Regional partners are aware of underlying assumptions and causal linkages that connect planned activities and envisioned outcomes.
- Regional partners are confident to independently review and iteratively refine the logic model as the initiative further develops.
- Regional partners apply the logic model to guide improvement planning.
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

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Primary: regional partners</th>
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<tbody>
<tr>
<td></td>
<td>Secondary: local actors involved in integrated care planning and implementation</td>
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</table>

<table>
<thead>
<tr>
<th>Methods</th>
<th>Document review</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Elicitation strategy (IAP2 – “co-lead”)</td>
</tr>
<tr>
<td></td>
<td>Gap – analysis</td>
</tr>
</tbody>
</table>

| Analysis              | Thematic analysis of activities and outcomes from Logic model |
Summary of results
## Improvement focus

<table>
<thead>
<tr>
<th>Region</th>
<th>Improvement Focus</th>
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<td>Multimorbidity model pilot</td>
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<td>Long-term care improvement</td>
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<td>Werra Meißner Kreis, Germany</td>
<td>Digital infrastructure</td>
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<td>Process coordination</td>
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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**

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<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Care pathway design</td>
<td></td>
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<tr>
<td>Communication &amp; Dissemination</td>
<td></td>
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<tr>
<td>Needs assessment</td>
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<tr>
<td>Data Infrastructure</td>
<td></td>
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<tr>
<td>Data Intelligence</td>
<td></td>
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<tr>
<td>Digital care tools</td>
<td></td>
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<tr>
<td>Funding</td>
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<tr>
<td>Healthcare system efficiency</td>
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<tr>
<td>Patient centered care</td>
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<tr>
<td>Intervention evaluation</td>
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<td>Intervention planning</td>
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<tr>
<td>Knowledge exchange activities</td>
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<td>Shared decision making</td>
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<td>Stakeholder involvement</td>
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<td>System organization</td>
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<td>Trainings</td>
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How can logic models improve regional integrated care work?

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<td>• Clarify the intended changes to drive consensus among stakeholders</td>
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## How can logic models improve regional integrated care work?

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<th>Regional partner perspectives</th>
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<td>• Initiate discussions on the causal pathway leading to intended change</td>
<td>“…the logic models brings <strong>structured and clear plan</strong> how to improve regional integrated care work. … The intended results section serves both as <strong>measurable</strong> factor of integrated care improvement and also as motivation to front line workers who seek to reach the defined goal” - <strong>Lithuania</strong></td>
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<tr>
<td>• Provide space to challenge and verify current design of program/process</td>
<td>“They help to identify <strong>if actions lead to outcomes</strong> and to identify the key stakeholders.” – <strong>Midlothian</strong></td>
</tr>
<tr>
<td>• Clarity the intended changes to drive consensus among stakeholders</td>
<td>“Being able to express this in a single graphic can also help in its <strong>communication</strong>” - <strong>Basque</strong></td>
</tr>
<tr>
<td>• Communication tool with external stakeholders</td>
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</table>
Thank you

Regional Speakers
IMPROVEMENT PLANNING IN LITHUANIA

Elena Jureviciene, Rokas Navickas, Indre Lapinskaite, Laimis Dambrauskas

Vilnius University Hospital Santaros Klinikos (VULSK)

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

Stakeholders
How to choose right stakeholders and how to motivate them.

Indicators
How to define easily measurable outcomes and right number of performance indicators.

Target
Narrow target group of patients that would benefit most.

Activities
How to define the activities that would not bring significant burden when implementing in practice (avoid duplications).
Expected benefits

**PATIENT**
- Healthy life expectancy
- Clinical outcomes
- Service availability
- Remote health services

**MEDICINE STAFF**
- Administrative burden
- Professional competence
- Teamwork
- Working conditions

**HEALTHCARE SYSTEM**
- Hospitalizations
- Outpatients visits
- Home visits
- Hospital readmissions

Optimized usage of resources

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

**PATIENT**

- 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.

TO IMPROVE QUALITY AND AVAILABILITY OF HEALTH CARE SERVICES.

EMPOWER PATIENTS.

TRAIN MEDICAL STAFF.
IMPROVEMENT PLANNING IN MIDLOTHIAN IN SCOTLAND

Lois Marshall

Midlothian Health and 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.

- 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
- 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
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.
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
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

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

2. Develop a method to analyse feedback received to identify trends.

3. 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).

4. 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”
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

<table>
<thead>
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<th>Planned Work</th>
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<td><strong>Activities</strong></td>
</tr>
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</tr>
<tr>
<td>Local citizens</td>
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<tr>
<td>Planning Leads and staff teams</td>
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<tr>
<td>Service Managers</td>
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<td>Third sector partners and</td>
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<td></td>
<td>Develop a method to analyse feedback</td>
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</table>
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.
IMPROVEMENT PLANNING IN THE BASQUE COUNTRY

Igor Zabala

Osakidetza Basque Health Service
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 assessment

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

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<th>Dimension</th>
<th>Assets</th>
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<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>69</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>85</td>
</tr>
<tr>
<td>D3 – Digital infrastructure</td>
<td>47</td>
</tr>
<tr>
<td>D4 – Funding</td>
<td>70</td>
</tr>
<tr>
<td><strong>D5 – Process Coordination</strong></td>
<td><strong>67</strong></td>
</tr>
<tr>
<td>D6 – Removal of Inhibitors</td>
<td>32</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>63</td>
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<tr>
<td><strong>D8 – Citizen empowerment</strong></td>
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<tr>
<td>D9 – Evaluation methods</td>
<td>47</td>
</tr>
<tr>
<td>D10 – Breadth of Ambition</td>
<td>60</td>
</tr>
<tr>
<td>D11 – Innovation management</td>
<td>65</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>71</td>
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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*
Example of implementation in Midlothian - Pathfinder Program

Objective: To improve care for frail patients by improving care pathways and empowering and involving patients and professionals
Knowledge transfer activities to deliver this change – Process

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

<table>
<thead>
<tr>
<th>Resources (9)</th>
<th>Activities (11)</th>
<th>Outputs (12)</th>
<th>Outcomes (10)</th>
<th>Impact (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizational leadership</td>
<td>1. Review of current situation and analysis</td>
<td>1. No. of patients involved in the design process</td>
<td>1. Improving PROMS in multimorbid patients</td>
<td>1. Improving the quality of life of chronic patients and carers.</td>
</tr>
<tr>
<td>2. Political support</td>
<td>2. Selection of participants.</td>
<td>2. No. of caregivers involved in the redesign process</td>
<td>2. Improved PREMS in multimorbid patients and caregivers</td>
<td>2. Systematize the co-design of processes and decision-making tool within the health system</td>
</tr>
<tr>
<td>4. Staff of Osakidetza, Kronikgune and Bioef</td>
<td>4. Training in the methodologies</td>
<td>4. No. of professionals-citizen meetings held</td>
<td>4. Improved patient and caregiver empowerment</td>
<td></td>
</tr>
<tr>
<td>5. Resources (€) for carrying out activities</td>
<td>5. Selection and/or development of tools</td>
<td>5. No. of interviews and focus groups conducted</td>
<td>5. Improved reconciliation and adherence to treatment</td>
<td></td>
</tr>
<tr>
<td>6. Infrastructures for the implementation of activities</td>
<td>6. Redesign the care pathway with patients and professionals</td>
<td>6. No. of professionals trained in the use of methodologies that include citizens in process redesign and decision making</td>
<td>6. Improved chronic care</td>
<td></td>
</tr>
<tr>
<td>7. Knowledge of the Scottish Health System on this topic</td>
<td></td>
<td>7. Guide/manual for the design, redesign and scaling of processes and pathways together with the citizenry</td>
<td>7. Systematise the design, redesign and scaling up of processes and pathways</td>
<td></td>
</tr>
<tr>
<td>8. Citizens, patients and carers</td>
<td></td>
<td>8. No. of professionals - citizen meetings held</td>
<td>8. Improved satisfaction of professionals</td>
<td></td>
</tr>
<tr>
<td>9. Funding to travel to Scotland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Logic model in the Basque Country - Process

<table>
<thead>
<tr>
<th>Resources (9)</th>
<th>Activities (11)</th>
<th>Outputs (12)</th>
<th>Outcomes (10)</th>
<th>Impact (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizational leadership</td>
<td><strong>Review of current situation and analysis</strong>&lt;br&gt;1. Review of current pathway and experiences in relation to care of multimorbid patients:&lt;br&gt;   o Interviews with professionals&lt;br&gt;   o Surveys&lt;br&gt;   o Focus groups&lt;br&gt;   o Results of previous projects&lt;br&gt;2. Analysis of methodologies for the design, redesign and scaling of processes together with the citizens&lt;br&gt;<strong>Selection of participants</strong>&lt;br&gt;1. Selection of a group of professionals from the system to participate in the redesign of the multimorbid patients’ pathway.&lt;br&gt;2. Selection of citizens (multimorbid patients and carers) to participate in the process of redesigning the multimorbid patients’ care pathway.&lt;br&gt;3. Creation of a joint group of professionals and patients for the redesign of the Osakidetza multimorbid patients’ care pathway.&lt;br&gt;<strong>Obtain information of participants</strong>&lt;br&gt;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.&lt;br&gt;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.&lt;br&gt;<strong>Training</strong>&lt;br&gt;1. Training sessions for health professionals in the use of methodologies that include citizens in design and decision making.&lt;br&gt;<strong>Selection and/or development of tools</strong>&lt;br&gt;1. Development of tools and processes to involve citizens in process redesign and decision making.&lt;br&gt;2. Design of evaluation system&lt;br&gt;3. Design and implementation of a change management strategy: Design of communication and dissemination strategy</td>
<td>1. No. of patients involved in the design process&lt;br&gt;2. No. of citizens involved in the redesign process&lt;br&gt;3. No. of caregivers involved in the redesign process&lt;br&gt;4. No. of healthcare professionals involved in the redesign process&lt;br&gt;5. Multimorbid patients’ care pathway redesigned, implemented and scaled up&lt;br&gt;6. No. of citizens involved in the design of the methodology to design, redesign and scale up processes and pathways&lt;br&gt;7. No. of professionals involved in the design of the methodology to design, redesign and scale up processes and pathways&lt;br&gt;8. No. of professionals-citizen meetings held&lt;br&gt;9. No. of interviews and focus groups conducted&lt;br&gt;10. No. of professionals trained in the use of methodologies that include citizens in process redesign and decision making&lt;br&gt;11. Guide/manual for the design, redesign and scaling of processes and pathways together with the citizen&lt;br&gt;12. List of shortcomings of the current Osakidetza pathway for multimorbid patients.</td>
<td>1. Improving PROMS in multimorbid patients&lt;br&gt;2. Improved PREMS in multimorbid patients and caregivers&lt;br&gt;3. Improved equity in multimorbid care&lt;br&gt;4. Improved patient and caregiver empowerment&lt;br&gt;5. Increased self-management of the disease (Osanaia, scale 1 to 5)&lt;br&gt;6. Improved reconciliation and adherence to treatment&lt;br&gt;7. Improved chronic care&lt;br&gt;   o Reducing avoidable admissions&lt;br&gt;   o Reduction of average length of stay&lt;br&gt;   o Increase in home visits&lt;br&gt;   o No. of IHs following the route (GIP)&lt;br&gt;   o No. of patients included in the pathway (GIP)&lt;br&gt;   o No. of emergency visits&lt;br&gt;   o No. of professionals using the pathway&lt;br&gt;8. Health professionals more receptive to including citizens in process design and decision making&lt;br&gt;9. Systematise the design, redesign and scaling up of processes and pathways&lt;br&gt;10. Improved satisfaction of professionals.</td>
<td>1. Improving citizens’ health and quality of life&lt;br&gt;2. Improving the quality of life of chronic patients and carers.&lt;br&gt;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.</td>
</tr>
</tbody>
</table>
## Implementation plan (extract)

### Implementation plan – Basque Country

<table>
<thead>
<tr>
<th>Improvement</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target population</strong></td>
<td><strong>Setting</strong></td>
</tr>
<tr>
<td>25,000 people</td>
<td>Osakidetza Basque Health Service</td>
</tr>
</tbody>
</table>

### 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

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

...
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!!
Facilitated discussion
COFFEE BREAK

14.15 – 14.30 CET
EXPANSION AND ADAPTATION OF SCIROCCO EXCHANGE TOOL FOR INTEGRATED CARE
Expansion and adaptation of SCIROCCO Exchange Tool for Integrated Care

TINO MARTI - EHTEL

5 May 2022
SCIROCCO Exchange Tool for Integrated Care

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

Online self-assessment tool to assess the readiness for the adoption and scaling-up of integrated care
Maturity Assessment

40 regions/organisations
1535 assessments
+738 unique users
10 languages

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

Capturing stakeholders’ perceptions and experience

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

Exchange

Build the evidence

Facilitative Tool

No common/systematic approach. Fragmented evaluations when services are implemented

We do have a somewhat fully integrated health and social care service with collaboration on all three levels but there are still parts that can be improved

No specific model used for projects or scaling up where you can find support to overcome known inhibitors. Different models have been used with different results

Everyone has access to their own EHR, lab-results, open comparisons, quality registers, specific national registers. Person-centered approach, strategy and action plan for citizen involvement
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**

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**

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.

**USER EXPANSION**

**TOPIC EXPANSION**

Open innovation in digital health and care

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.

**DRILL-DOWN EXPANSION**

**FULL-BLOWN EXPANSION**

Digital Neighbourhoods Maturity Model

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.
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
8-steps methodology for expansion: workflow

1. Identify scope and purpose
2. Specify objectives and needs
3. Identify stakeholders
4. Select type of use
5. Co-design the adaptation of the model
6. Translation, localisation and validation
7. Implementation
8. Evaluation

---

Necessary step
Optional step
# 8-steps methodology for expansion: Questionnaire

<table>
<thead>
<tr>
<th>Steps</th>
<th>Description</th>
<th>Questions</th>
</tr>
</thead>
</table>
| 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
OPEN INNOVATION ECOSYSTEMS
Adaptation of the SCIROCCO Exchange Tool in the ACSELL Project

Dr Sandra Evans, University of Tübingen
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
ACcelerating SmE innovative capacities with the Living Lab approach

1. Sensitize all parties to the benefits of the living-lab approach
2. Identify good practices in our partner regions for improving local innovation policies
3. Increase innovation capacities and innovation performance
4. Actively promote trans-regional collaboration and learning
Project Architecture

inventory
OSAT
matching of regions

exchange
twinning activities
good practices

action plan
plan
implement
Process of Adaptation

INNOVATION

CAPACITY BUILDING
READINESS TO CHANGE

INNOVATION MANAGEMENT
BREADTH OF AMBITION
EVALUATION METHODS
USER INVOLVEMENT
DEMAND DRIVEN INNOVATION
REMOVAL OF INHIBITORS

STRUCTURE & GOVERNANCE
INNOVATION INFRA-STRUCTURE
FUNDING
PROCESS COORDINATION
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!

Dr Sandra Evans
E-Mail: sandra.evans@ipc.uni-tuebingen.de
Web: interreg-europe.eu/acsell
Twitter: @ACSELL3
LinkedIn: ACSELL Interreg Europe
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

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 last 7 days

Hospitalizations

Deaths

Deaths last 7 days
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 signifia l'alineament entre diverses organitzacions i professionals, i la voluntat de col·laborar i posar l'interès del sistema general d'atenció per sobre dels incentius individuals. També signifia 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; establir centres de competència TIC i eSalut/eSocial (atenció virtual) per donar suport al desplegament; lideratge distribuit, 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:

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

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

Highest score in 2021

Lower scores in 2021
Analysis of individual scores: professional profile

Average scores 2021 by professional profile (1)

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

- Readiness to change
- Structure & Governance
- Digital infrastructure
- Process coordination

- Fundings
- Removal of inhibitors

There are professional profiles with very small representation: responsible of Emergency services, Social Care services.
Analysis of individual scores: professional profile

Average scores 2021 by professional profile (2)

Little dispersion of scores on Citizen empowerment and Innovation management

Best scored dimension is Breadth of ambition

- Hospital care
- Health Commissioner
- Residential care
- Overall total

- Primary Health Care
- Social Affairs leader
- Intermediate Care

- Social Services Authority
- Emergency Services
- Public Health

- Residential care leader (health)
- Health authority (county)
- Social Care services

0,00 0,50 1,00 1,50 2,00 2,50 3,00 3,50 4,00 4,50

Population Approach Citizen Empowerment Evaluation Methods Breadth of Ambition Innovation Management Capacity Building
Consensus sessions: High Pyrenees territorial team

Comparative 2020 - 2021

Consensus session

Alt Pirineu. Evolution of individual scores 2020 - 2021

Readiness to change
Capacity Building
Innovation management
Breadth of Ambition
Evaluation methods
Citizen Empowerment
Population approach
Funding
Process coordination
Digital infrastructure
Structure & Governance
Removal of inhibitors
Evaluation methods
Innovation management
Management

5th May 2022
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.
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 and 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.
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.
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
PRIORITY in Catalonia

Deployment of PRIORITIZED 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
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

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

3. Generate an 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/
Facilitated discussion
SCIROCCO EXCHANGE KNOWLEDGE MANAGEMENT HUB: BEYOND THE PROJECT
BEYOND THE PROJECT

Spotlight on the exploitation process

Marc Lange (EHTEL)
Exploitation ambition (post May 2022)

Exploited by the Scottish Government

Licensed to third party

Reference implementation
+ Promotional and educational activities
+ User community management

Expansion to another Integrated Care community

Expansion to another domain and its user community

+ Consultancy support to improvement plans

Curated assets
Assessment tool
Public access, on-line as is

Service Value

Resources

BMC to organise sustainability

Licensed to third party

Exploitation ambition (post May 2022)
Scirocco Exchange
Knowledge Management Hub

Assessment landing page
Login or Register

Integrated care Assessment
Health & Care System
Good Practice
Demand-Driven Innovation

Other Assessment
Digital Neighbourhood
Other Assessment

Assets
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 participant 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)

Maturity co-assessment and improvement plan co-design

Integrated care

- Former Scirocco beneficiaries
- External users
- IFIC (?)
- ...

Goal-oriented care

- Primary care Flanders
- ...

Open innovation
- Digital neighbourhood
- New assessment
- ...

Open innovation

Digital neighbourhood

New assessment

...
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
  ▸ …
SCIROCCO EXCHANGE

What’s next?

Sjoert P. Holtackers
“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. Facilitator program
   - Key role of facilitator consensus workshop
   - See one, do one, teach one
   - Intervision & supervision

3. Adaptation towards GOC
WHO ARE WE?

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

VLAIO Innovation support for SME’s: €267.5 million

Corona update: 56,252
Entrepreneurship: 69,696
Innovation subscribers: 8,456
Visits to Vlaio.be: 18,000,000

60%
Our mission

- Stimulate growth and innovation
- Promote entrepreneurship
- Support cluster work
- Create stimulating environmental factors
- Encourage internationalization of business activities
ACSELL: GOAL

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

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
THANK YOU &
Let’s discuss
Facilitated discussion
HIGHLIGHTS FROM THE CONFERENCE

Donna Henderson

_Digital Health and Care Directorate, Scottish Government_