



Scirocco Exchange
Capacity-building for integrated care

Perspectives of Integrated Care for People with Chronic Mental and Behavioural Disorders in SR

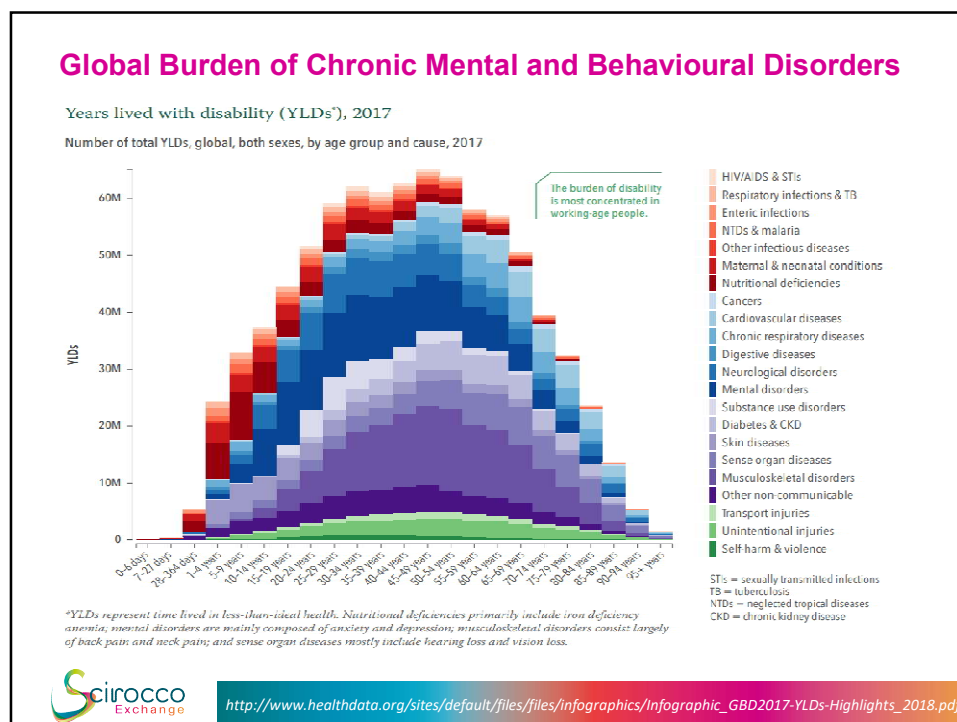
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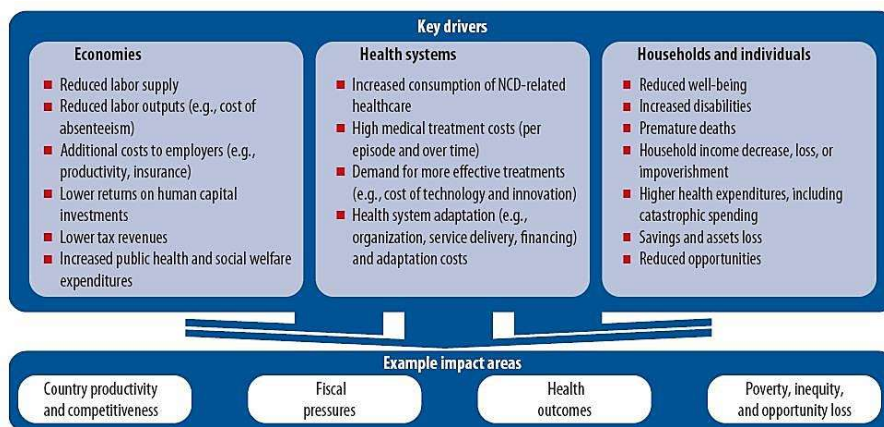
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International conference "Mental Health and Meaningful Life", 05-07 Sept 2019, Bratislava, Slovak Republic ¹



Socioeconomic impact of CM&BDs

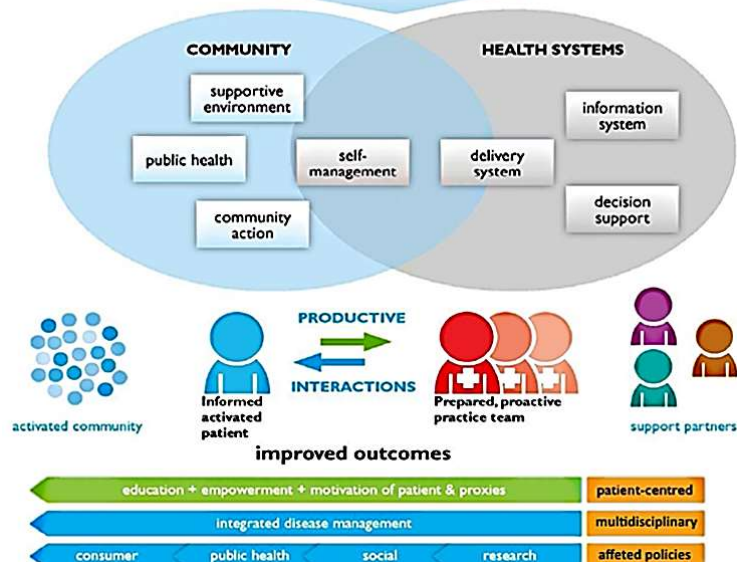
High Cost to Economies, Health Systems, Households and Individuals



Sources: World Bank analysis in "Chronic Emergency: Why NCDs Matter." *Health, Nutrition, and Population Discussion Paper*. 2011. Washington DC: World Bank.²



INTEGRATED CARE



CCM - Wagner et al. 1998, Epposi White Paper 2012

Is the CCM / IC implemented?

	Organisation of healthcare	Self-management	Decision support	Delivery system design	Clinical information systems	Community and policies
DK	X	X	X	X	X	(X)
D	(X)	(X)	-	-	X	-
FI	X	X	X	X	X	-
FR	(X)	X	X	X	(X)	(X)
I	X	(X)	(X)	(X)	(X)	(X)
NL	X	X	(X)	X	(X)	X
PL	(X)	-	-	-	(X)	-
SC	X	X	X	X	X	X
SK	(X)	-	-	-	-	-
SP	X	X	X	X	(X)	(X)

Notes: X Implemented

(X) Systematic steps towards implementation

- Not implemented



Source: Epposi White Paper 2012

Who we are?

9 Health and Social Care Authorities:

- Flanders Agency for Health and Care, Belgium
- Optimedis, Germany
- AReSS Puglia, Italy
- Vilnius University Hospital, Latvia
- National Health Fund, Poland
- **TEC Division, Scottish Government (Coordinator)**
- Pavol Jozef Safarik University, Slovakia
- Social Protection Institute of the Republic of Slovenia
- Osakidetza, Basque Country, Spain

3 Universities and Competence Centers

- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikune, Basque Country, Spain

2 Membership Organisations

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



Co-funded by
the health Programme
of the European Union

Budget: €2,649,587

Start: 1 January 2019



Aim of SCIROCCO Exchange

“To support the readiness and capacity of health and social care authorities for the adoption and scaling up of integrated care by facilitating their access to tailored, evidence-based assets on integrated care and supporting personalised knowledge transfer and improvement planning.”



Why Integrated Care?

The evidence suggests that developing more integrated person-centred care has the potential to generate significant improvements in the health and care of all citizens, including better access to care, health and clinical outcomes, health literacy and self-care; increased satisfaction with care; and improved job satisfaction for health and care professionals, efficiency of services and reduced overall costs.



**crosscutting, connecting & engaging stakeholders across sectors,
from private & public sector**



The King's Fund, 2014

Local context matters!

- What conditions enable the successful adoption and scaling-up of integrated care?
- How to change existing boundaries and behaviours to work differently; in more co-ordinated and integrated way?
- How to support leaders and all stakeholders involved to adopt a long journey of change towards the transformation and succeed in their efforts?
- How to share learning more widely to build sustainable integrated care systems?

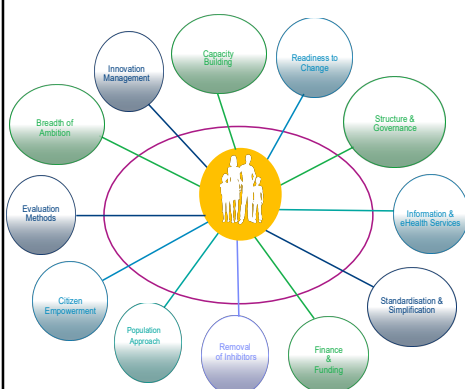


Maturity Model for Integrated Care



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B3 Maturity Model for Integrated Care



Qualitative assessment based on interviews and desk research

Phase 1: Interviews with 6 regions involved in EIP AHA (Feb – April 2014)

Athens; Basque Country; Catalonia; Galicia; N Ireland; Saxony

Phase 2 Interviews with 6 regions involved in EIP AHA (Jan– March 2015)

S Denmark; Skane; Scotland; Puglia; Delft; Olomouc



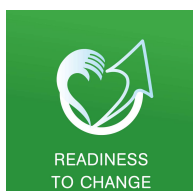
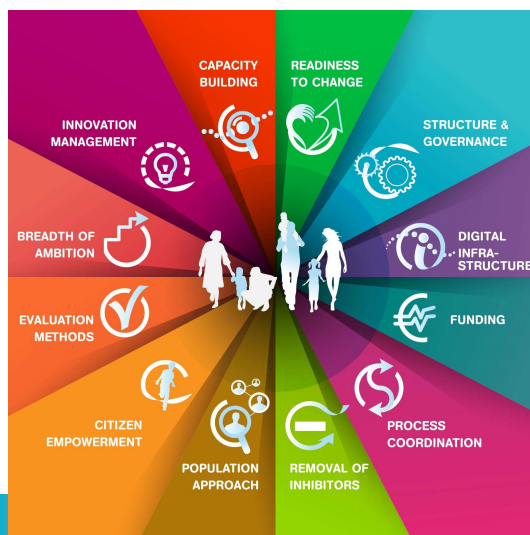
**European Innovation
Partnership on Active
and Healthy Ageing**

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SCIROCCO Tool for Integrated Care

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

Online
self-assessment tool
 to address the challenge
 of adoption and scaling-
 up of integrated care
Validated and tested in over
65 regions/organisations



READINESS
TO CHANGE

If the existing systems of care need to be re-designed to provide a more integrated set of 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.

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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



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Using the SCIROCCO Tool

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

New Maturity Model Questionnaire

Please reply to all of the questions

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

2. Structure & Governance * Required ⓘ

☐ Fragmented structure and governance in place

☐ Recognition of the need for structural and governance changes

☐ Formation of task forces, alliances and other informal arrangements

☐ Governance established at a regional or national level

☐ Roadmap for a change programme defined and agreed

☐ Full, integrated programme established, with full governance

If someone asked you to justify your rating here write a few short sentences:

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Questionnaire name: *

ALEC DEMO

Save questionnaire

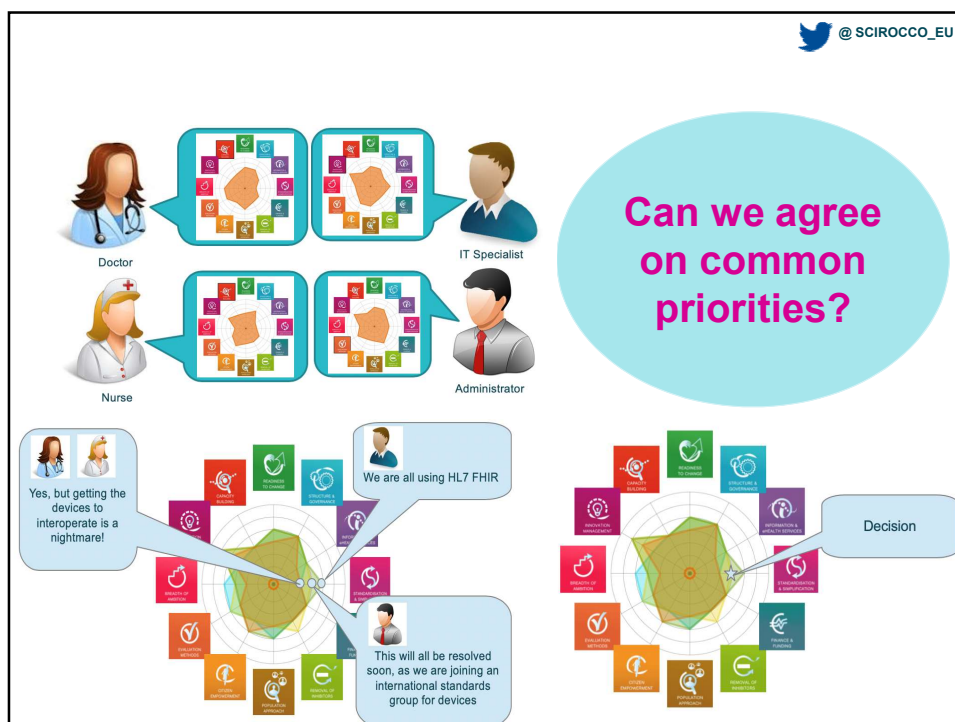
Q2. Structure and Governance: Objectives

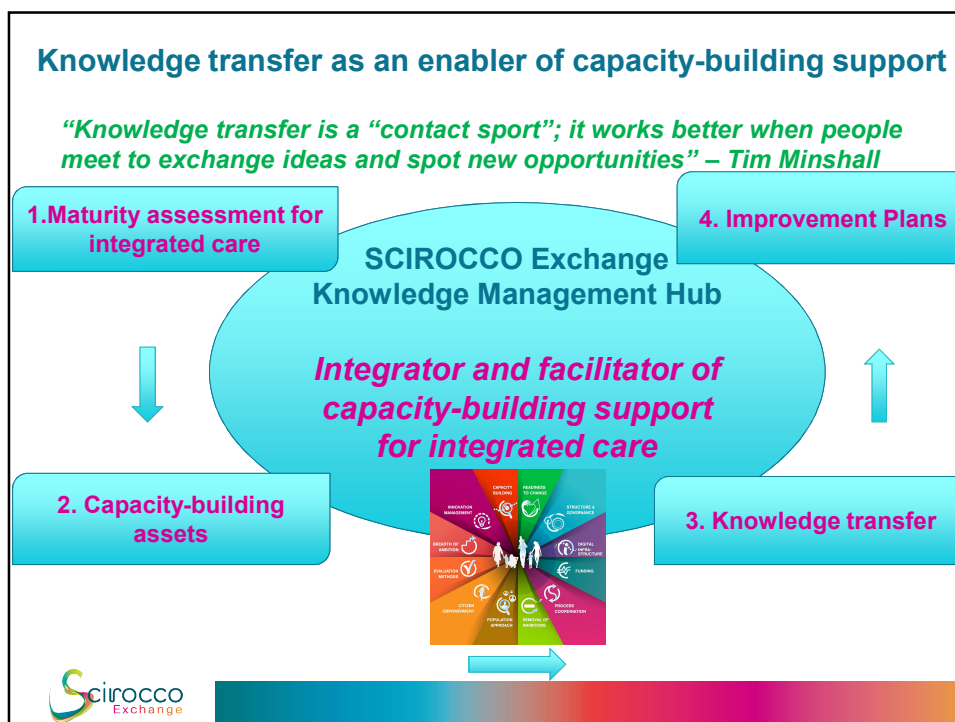
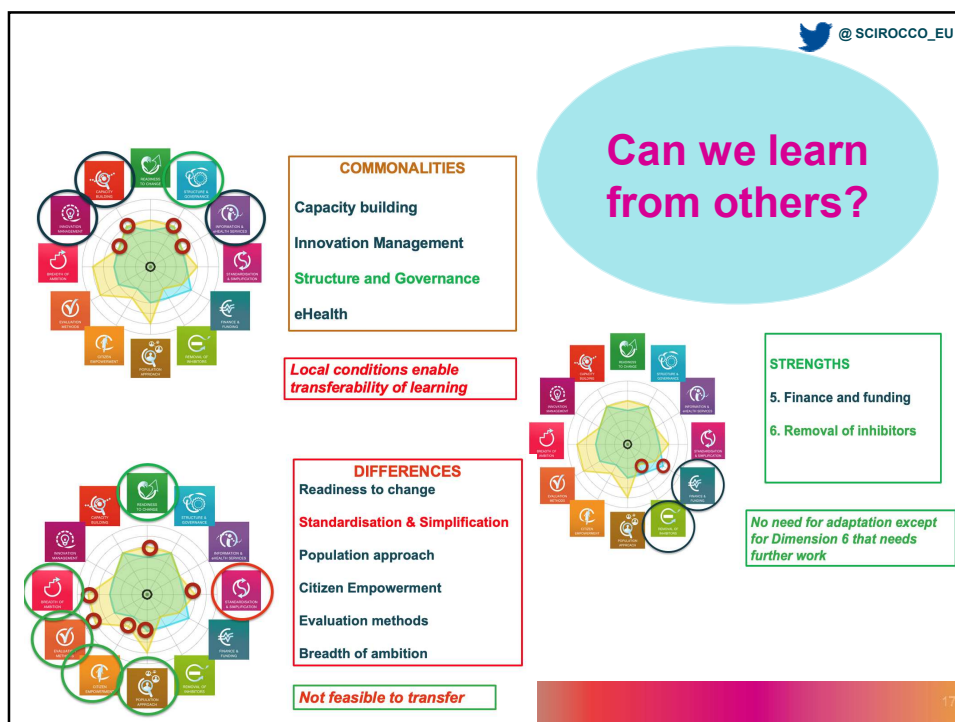
The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Ok









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