EXPERIENCE OF EUROPEAN REGIONS AND COUNTRIES IN MATURITY ASSESSMENT PROCESS

Tamara Alhambra
University of Valencia
Step 1: Defining the objectives of the Maturity Assessment Process

Step 2: Scoping the Maturity Assessment Process in the 9 European Regions involved in the project

Step 3: Selection of the stakeholders

Step 5: Building the consensus among the involved stakeholders

Step 6: Conducting the Focus Group to explore the stakeholders experience with the Scirocco Exchange Tool

Step 7: Defining the analysis criteria and analyse the assessment results

Step 4: Conducting the individual Assessment in the Regions
FOCUS GROUPS OBJECTIVES

1. To gather the experience with self-assessment process in the 9 European regions.

2. To reflect on the insights and outcomes of the self-assessment process.

3. To discover the potential factors influencing the self-assessment process.
<table>
<thead>
<tr>
<th>Experience with self-assessment process</th>
<th>Insights and outcomes of the self-assessment process</th>
<th>Potential factors influencing the self-assessment process</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is your experience with the SCIROCCO tool as a key facilitator of the self-assessment process?</td>
<td>Can you tell us about any specific insights (outcomes) of self-assessment process for your health and social care system?</td>
<td>How does the structure of your system affect the implementation of integrated care?</td>
</tr>
<tr>
<td>How did you use the Tool (with whom? in a group or on your own? type of practice/site?)</td>
<td>After the self-assessment, have you received/learned any new information or evidence on the maturity of your region’s health and care systems for integrated care?</td>
<td>What kinds of structural changes will need to be made to enhance integrated care in your system?</td>
</tr>
<tr>
<td>What kind of stakeholders (if any) have participated in the self-assessment process?</td>
<td>What kinds of actions do you think your region will need to take to increase its maturity to adopt and scale-up integrated care?</td>
<td>How does the culture of your system affect the implementation of integrated care?</td>
</tr>
<tr>
<td>Have you consulted other stakeholders regarding the process?</td>
<td>For what sort of decision(s) do you think the self-assessment process provides useful support?</td>
<td>What level of endorsement, support and/or actions can you expect from leaders in your organisation to adopt integrated care successfully?</td>
</tr>
<tr>
<td>Or have you discussed the results of the self-assessment with other stakeholders?</td>
<td></td>
<td>Are there any other factors that may influence the implementation of integrated care in your organisation/region and/or your country?</td>
</tr>
<tr>
<td>What do you think of the self-assessment process? Is there anything about it that can be improved?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Focus groups in the 9 regions (Sept 19 – March 20)

<table>
<thead>
<tr>
<th>COUNTRY/REGION</th>
<th>Background (Date and duration)</th>
<th>Attendees (Number and profile of the attendees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basque Country</td>
<td>18th October 2019 Duration: 30 min</td>
<td>9 professionals from the healthcare system</td>
</tr>
<tr>
<td>Flanders</td>
<td>16th January 2020</td>
<td>12 attendees care and health sector</td>
</tr>
<tr>
<td>Germany</td>
<td>27th January 2020 Duration: 3h 30 min (self-assessment + consensus + FG)</td>
<td>9 attendees (health managers, GPs, pharmacists, physiotherapist, nutritionist, manager health insurance) members of GWMK</td>
</tr>
<tr>
<td>Lithuania</td>
<td>4th December 2019 Duration: 1h 30 min</td>
<td>10 representatives from Primary Health Care Centres, Medical Doctors specialists, Ministry of Health and patients</td>
</tr>
<tr>
<td>Puglia</td>
<td>6 FG in different locations Sept 19 –Nov 19</td>
<td>5 to 7 attendees per FG from different background (medical director, IT specialist, nursing supervisor and citizen representative)</td>
</tr>
<tr>
<td>Scotland</td>
<td>14th January 2020</td>
<td>17 attendees: 4 from the Integration Joint Boards, 7 from Joint Management team, and 6 representatives from Strategic Planning Group</td>
</tr>
<tr>
<td>Slovakia</td>
<td>26th March 2020 Duration: 2h 30 min (online)</td>
<td>3 attendees from different backgrounds (social care, health care, municipality -Kosice self-Governing region)</td>
</tr>
<tr>
<td>Slovenia</td>
<td>27th November 2019</td>
<td>8 attendees from different backgrounds (social care, health care, municipality, associations)</td>
</tr>
<tr>
<td>Poland</td>
<td>Individual interviews</td>
<td>93 respondents from 39 healthcare centres at the primary level</td>
</tr>
</tbody>
</table>
FOCUS GROUPS RESULTS:
Experience with self-assessment process

POSITIVE ASPECTS

• SCIROCCO tool facilitates the reflection on integrated care. It supports both creative and critical thinking about the integrated care.
• Individual assessments followed by a consensus meeting rated as the most positive aspect of the tool.
• The consensus meeting and the final results are very positive fruitful and beneficial.
• The self-assessment process facilitates discussion among different levels of stakeholder groups. These discussions help to align theoretical integrated care implementation process with current practice.
• The tool as a very powerful instrument to facilitate interdisciplinary discussion and to synthesize different visions.
FOCUS GROUPS RESULTS:
Experience with self-assessment process

IMPROVEMENT ASPECTS

- **Language issues** (Basque Country, Poland, Slovenia, Germany) (e.g. webpage menu not translated). A better translation considering the context was suggested.
- The web-tool is **not easy to be used for everyone** (support there is needed).
- **Better description of the tool dimensions and scores.** Difficulties in distinguishing the scoring level and some dimensions are described less clearly than others.
- The tool presents **complex terms**, and support and explanations need to provided during the self-assessment.
- **Questions and answers difficulties** (too many information per question and difficulties distinguishing the answers correctly).
- Implementation of a **FAQ system**.
POSITIVE ASPECTS

• The self-assessment provides **useful information, it enfolds blind spots.**
• The final **matrix reflects the system situation**, it presents a clear picture of health and care systems for integrated care.
• The self-assessment is very important to **analyse data and translate them in corrective action** in a faster way. All further work must be focused on the dimensions with the lowest scores in order to develop specific actions or programs to improve them.
• The **conclusion** extracted from the self-assessment must be **shared with the whole department**, the general director, the municipality… at coordination and policy levels.
• Even though it’s a subjective tool, it **allows comparison between different systems.**
FOCUS GROUPS RESULTS:
Insights and outcomes of the self-assessment process

IMPROVEMENT ASPECTS

• A lack of clear constructive communication and dissemination of knowledge between all the 4 groups of stakeholders (government; specialists; PHCC; patients) was highlighted as a problem for the effective implementation of integrated care.

• Importance of hearing from the uninterested people (people who are not involved in the day-to-day management).

• Political support or financing mechanisms beyond model projects are limited.

• Working together across organisational boundaries to progress complex issues and co-ordination of plans in relation to specific areas.

• Consistent and sustainable action plans (strategy) and a simpler pathway of information for integrated care on health and care system were underlined as needed.
FOCUS GROUPS RESULTS:

Potential factors influencing the self-assessment process

- **Structural changes** are needed in order to reach integrated care:
  - the integration of health and care competences between regional and federal.
  - better intersectional cooperation between healthcare system and social care system.
  - improved social & health information flow into the communities by means of health guides.
  - the integration of medium and long stay hospital.
  - facilitation of interdisciplinary communication through digital solutions.
  - face-to-face meeting opportunities.
  - better internet connection.

- Not enough **funding** for integrated care.
- Lack of **time**, especially in primary health care.
- **Technology** issues influence the implementation of integrated care.

- The **culture** of the system affects integrated care in both positive and negative ways. Cure orientation is still strong.
- Not all employers can accept and understand the need for changes, not to mention contributing to change. Importance of working on the resistance to change and sense of belonging.
- All actors, at all levels will have to be and are committed to work on integrated care.
- A **stronger leadership** engagement is needed. Lack of political will and attitudes of national authorities.
- Low level of awareness of the need for integrated care in different population groups.
- Citizens involvement can help the growth.
- Importance of implementing a process of mandatory monitoring of integrated care.
Disclaimer

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10.45-11.00 COFFEE BREAK
ACHIEVEMENTS OF SCIROCCO EXCHANGE PROJECT
MAPPING OF THE CAPACITY-BUILDING FOR INTEGRATED CARE

Jon Txarramendieta
Kronikgune Institute for Health Services Research

Co-funded by the Health Programme of the European Union

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

Objectives

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

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

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

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

- **Mapping process**: 
  - Cap. Build. Assets Definition
  - Search strategy
  - Select Assets
  - Profiling
  - Feed Assets in KMH
  - Use KMH Assets
  - Feedback
  - Regions Self Assessment
Mapping strategy

**DESKTOP SEARCH**
- Select 2 Key Informants per region
- Identify assets that they are familiar with in their region/country
- Select and profile assets
- Assets' key information mapping

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

**Feed**
Knowledge Management Hub – KMH
## Mapping strategy

### Assets selection criteria and sources

<table>
<thead>
<tr>
<th>Desktop search</th>
<th>Literature review</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inclusion criteria:</strong></td>
<td><strong>Inclusion criteria:</strong></td>
</tr>
<tr>
<td></td>
<td>Related to integrated care</td>
</tr>
<tr>
<td></td>
<td>Linkable to at least one of the SCIROCCO Maturity Model dimensions</td>
</tr>
<tr>
<td></td>
<td>Timeframe: 10 years</td>
</tr>
<tr>
<td></td>
<td>Accessible (non confidential, no drafts)</td>
</tr>
<tr>
<td></td>
<td>Languages: English and SCIROCCO Exchange project participant regions’ languages</td>
</tr>
<tr>
<td></td>
<td>Geographic coverage: International</td>
</tr>
<tr>
<td><strong>Exclusion criteria:</strong></td>
<td><strong>Exclusion criteria:</strong></td>
</tr>
<tr>
<td></td>
<td>Published in traditional academic publishing and distribution channels</td>
</tr>
<tr>
<td></td>
<td>Documents/resources still in draft status</td>
</tr>
<tr>
<td></td>
<td>Confidential material under non-disclosure agreements</td>
</tr>
<tr>
<td><strong>Sources: Regional experts’ sources of search</strong></td>
<td><strong>Sources: Scientific search databases</strong></td>
</tr>
<tr>
<td></td>
<td>Web search engines</td>
</tr>
<tr>
<td></td>
<td>Library catalogues</td>
</tr>
<tr>
<td></td>
<td>Websites, intranets or bulletins</td>
</tr>
<tr>
<td></td>
<td>Organisations, businesses and/or official bodies</td>
</tr>
<tr>
<td></td>
<td>Grey literature databases</td>
</tr>
<tr>
<td></td>
<td>Institutional repositories</td>
</tr>
<tr>
<td></td>
<td>Experts’ resources (to specify)</td>
</tr>
<tr>
<td></td>
<td>Others (to specify)</td>
</tr>
<tr>
<td></td>
<td>Pubmed/Medline</td>
</tr>
<tr>
<td></td>
<td>EMBASE (OVID)</td>
</tr>
<tr>
<td></td>
<td>PsycINFO</td>
</tr>
<tr>
<td></td>
<td>WOS</td>
</tr>
</tbody>
</table>
Profiling

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

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

- **Literature review:**
  - Scientific papers

- **Desktop search:**
  - Regulation and/or guidelines/"norms" document(s)
  - Strategic and consultation document(s) (plans, green papers, white papers, ...)
  - Report(s) (institutional, internal, technical, or statistical)
  - Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, ...)
  - Guidance document(s) (guidelines on implementation, evaluation, ...)
  - Good practice(s)
  - Tool(s) (planning, implementation, management, evaluation, software...)
  - Technical and commercial documentation (brochures, manuals, leaflets, ...)
Profiling Dimension

Qualitative Questions: The PS Model

P - Patient/Population/Problem
S - Situation
How do/does \[P\] experience \[S\]?

13 Questions. 1 General + 12, one for each Scirocco Model Dimension
Profiling

Maturity Readiness Levels (MRL)

- The MRL standardizes the scores of the dimensions’ scales

1. Awareness-raised
2. Small-scale deployment and/or planning
3. Mid-scale deployment and/or initial institutionalisation
4. Large-scale deployment and/or extended institutionalisation
5. Full deployment and/or institutionalisation
ASSETS MAPPING - DESKTOP SEARCH
WORK PACKAGE 6 - CAPACITY BUILDING ASSETS

INSTRUCTIONS:

The present document serves as a template to map the assets identified by the SCIROCCO Exchange regions’ experts in the Desktop search process.

The objective of the Desktop Search is to look for grey literature, that is, materials and research produced at all levels of government, and by academics, business or industry, and/or non-governmental organisations. Through this search, experts on integrated care will identify and review grey literature (assets and evidence on integrated care) they can know about, from the perspective of the twelve dimensions of the SCIROCCO Maturity Model.

It consists of four sheets: Instructions to fill in the document, Expert details, Mapping template and a Reference sheet. Please fill in first the Expert details sheet before proceeding with the Mapping template sheet.

Expert Details sheet:
- Consists of a set of cells to input information about the experts.
- Please fill in all cells except the “Contact Expert ID”, that will be automatically assigned once the region is chosen.

Mapping template sheet:
- Consists of a set of cells to map identified assets’ information.
- To fill the Mapping template sheet, please follow the process detailed in the Desktop search guidance document, available online in the following link:
  Scirocco Exchange Desktop search - Guidance document
  (https://www.dropbox.com/s/0ta6m3dmg23h7c5/Scirocco%20Exchange_Desktop%20search_Final.pdf?dl=0)

Reference Sheet:
- Information about “Scirocco Maturity Model” dimensions, “Maturity Readiness Levels” (MRLs) and list of the six “recommendations” that the assets can support.
- According to the task 6.3 of the WP6, each region will have to tag the assets according to the six recommendations listed in the “Reference sheet” tab.
- The aim is to recommend assets for specific activities of capacity building, based on the Regions’ experience (bottom-up), i.e. how each asset can be used and support capacity-building activities. Six different types “recommendations” have been identified, based on experience of 9 European regions in integrated care. Each asset can be tagged with one or more recommendations.

In case of any doubt or problem please contact Jon.Tzarramendeta at jtzarramendeta@kronigkune.org
Literature review

- Two searches:
  1st search- Summer-Autum 2019
    - 4411 assets found

  2nd search- after being revised search sentences – Winter- Spring 2020
    - 1899 assets found
Literature search – Revised Research questions

PubMed search D7- Risk stratification- Results with the search strategy v1:


PubMed search D7- Risk stratification- Results with the search strategy v2:

Redefinition of types of assets to search
1899 assets found, 232 assets selected

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Identified assets</th>
<th>Selected assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>82</td>
<td>36</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>118</td>
<td>35</td>
</tr>
<tr>
<td>D3 – Digital infrastructure</td>
<td>177</td>
<td>29</td>
</tr>
<tr>
<td>D4 – Funding</td>
<td>58</td>
<td>16</td>
</tr>
<tr>
<td>D5 – Process Coordination</td>
<td>158</td>
<td>25</td>
</tr>
<tr>
<td>D6 – Removal of Inhibitors</td>
<td>99</td>
<td>11</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>143</td>
<td>7</td>
</tr>
<tr>
<td>D8 – Citizen empowerment</td>
<td>72</td>
<td>10</td>
</tr>
<tr>
<td>D9 – Evaluation methods</td>
<td>214</td>
<td>26</td>
</tr>
<tr>
<td>D10 – Breadth of Ambition</td>
<td>54</td>
<td>14</td>
</tr>
<tr>
<td>D11 – Innovation management</td>
<td>56</td>
<td>11</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>36</td>
<td>12</td>
</tr>
</tbody>
</table>
752 assets identified by the Regions’ Experts

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>69</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>85</td>
</tr>
<tr>
<td>D3 – Digital infrastructure</td>
<td>47</td>
</tr>
<tr>
<td>D4 – Funding</td>
<td>70</td>
</tr>
<tr>
<td>D5 – Process Coordination</td>
<td>67</td>
</tr>
<tr>
<td>D6 – Removal of Inhibitors</td>
<td>32</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>63</td>
</tr>
<tr>
<td>D8 – Citizen empowerment</td>
<td>76</td>
</tr>
<tr>
<td>D9 – Evaluation methods</td>
<td>47</td>
</tr>
<tr>
<td>D10 – Breadth of Ambition</td>
<td>60</td>
</tr>
<tr>
<td>D11 – Innovation management</td>
<td>65</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>71</td>
</tr>
</tbody>
</table>
Desktop search – Assets by Dimensions & MRL
Asset Mapping – Desk. Search + Lit. rev

984 Assets in total
Task 6.3 - Facilitate the personalisation of capacity-building assets and evidence on integrated care to the maturity needs of 9 European regions

1st: Link the task 6.3 recommendations with the knowledge transfer purpose activities to help on the design of personalised knowledge transfer and capacity-building support in 9 European Regions (WP7).

<table>
<thead>
<tr>
<th>WP7 - Knowledge transfer purpose</th>
<th>Raise Awareness</th>
<th>Increase visibility, legitimacy, recognition of topic</th>
<th>Bring message across more efficiently</th>
<th>Build momentum</th>
<th>Engage stakeholders</th>
<th>Connect stakeholders</th>
<th>Bring new knowledge</th>
<th>Receive external expert advice (system level)</th>
<th>Receive feedback in context (individual level)</th>
<th>Create collective intelligence</th>
<th>Identify set of actions for implementation</th>
<th>Accelerate development &amp; implementation of actions (system level)</th>
<th>Learn how to implement actions in context (individual level)</th>
<th>Develop knowledge/skills (individual level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness-raising about the benefits of integrated care in a particular region.</td>
<td>x</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Build the skills and particular expertise in integrated care.</td>
<td></td>
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</tr>
<tr>
<td>Seek improvement and mentoring from the early adopters of integrated care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access relevant experts and/or networks to advise on specific aspects of integrated care.</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access relevant good practice(s) and/or repository of good practices.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>
Task 6.3 - Facilitate the personalisation of capacity-building assets and evidence on integrated care to the maturity needs of 9 European regions

2\textsuperscript{nd} : Facilitate the personalization of capacity-building assets and evidence on integrated care to the maturity needs. Each region revised their own assets and tagged them according to the following six recommendations:

<table>
<thead>
<tr>
<th>Tag - Keyword</th>
<th>How Assets can be used and support capacity-building on integrated care (Recommendations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness</td>
<td>Awareness-raising about the benefits of integrated care in a particular region.</td>
</tr>
<tr>
<td>Skills</td>
<td>Build the skills and particular expertise in integrated care.</td>
</tr>
<tr>
<td></td>
<td>Seek improvement and mentoring from the early adopters of integrated care.</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Access relevant experts and/or networks to advise on specific aspects of integrated care.</td>
</tr>
<tr>
<td>Experts</td>
<td>Access relevant good practice(s) and/or repository of good practices.</td>
</tr>
<tr>
<td>Good practice</td>
<td>Access particular tool(s), guidelines and/or framework(s) for implementation, design and assessment of integrated care.</td>
</tr>
</tbody>
</table>
Conclusions and next steps

- 984 assets to fill in the KMH... it is important to have a search tool in the hub

- The revised version of the Literature review strategy provided us with much more accurate results

- Still work to be done in the next months:
  - Regions to continue searching for new assets and updating the already included ones in the Desktop search
  - Identification and selection of base documents (literature review) based on the alerts made in the bibliographic databases
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SCIROCCO EXCHANGE KNOWLEDGE MANAGEMENT HUB

Stuart Anderson & Cristina Adriana-Alexandru
University of Edinburgh

The SCIROCCO Exchange project is co-funded by the Health Programme of the European Union under Grant Agreement No.: 826676 (ChafEA)
The template for identifying assets (desktop search)

<table>
<thead>
<tr>
<th>Desktop search mapping template</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of asset: Strategic document</td>
</tr>
<tr>
<td>Dimension/Dimensions: D2, D6, D7</td>
</tr>
<tr>
<td>MRL per Dimension: D2MRL1, D6MRL2, D7MRL2</td>
</tr>
<tr>
<td>Title: A Strategy to Tackle the Challenge of Chronicity in the Basque Country</td>
</tr>
<tr>
<td>Author(s): Ministry of Health of the Basque Government</td>
</tr>
<tr>
<td>Year of publication: 2010</td>
</tr>
<tr>
<td>Region/Country: Basque Country, Spain</td>
</tr>
<tr>
<td>Source: Entity and/or official body</td>
</tr>
</tbody>
</table>

**Brief summary/Abstract/Executive summary:** This document provides a framework of action for the medium term transformation of the Basque Health System. It is independent but complementary to the interim measures and management policies that were put in place due to the economic crisis. While the interim measures attempt to reduce expenditure in the short term in order to ensure sustainability, the final result of this Chronic Patients Strategy aims to outline a new way of organising care that will have an impact on each and every aspect of the health system (health results, satisfaction, patient and carer life quality, and sustainability).

**Keywords:** Chronicity, strategy, system transformation, quality of care, sustainability

**Access details:**

**Contact expert ID:** BC1
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<th>DESCRIPTION</th>
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<td>Scotland</td>
<td>Care Inspectorate website</td>
<td></td>
</tr>
</tbody>
</table>

**Desktop search assets provided as Excel spreadsheets**
Saving the assets onto the Knowledge Management Hub

Substeps:

- Identifying the structure of the data and the ways we want to access it => the way to represent the data
- Identifying the right type of ‘database’ to store the data
- Considerations: cost, possibility to ultimately move this ‘database’ to the cloud
- Installing the ‘database’ system
- Converting the Excel data to the format required by the ‘database’
- Populating the database
Structure of the data- Knowledge Graph

“A Strategy…”

chronicity

strategy

System transformation


Ministry of Health…

“This document provides a framework…”

Jane Doe

Contact expert ID

first name

family name

e-mail

affiliation

Asset1

(resource) Asset1

BC1

(MRL 1)

(MRL 2)

existent

Dim2

Dim6

Dim7

title

author

Contact

expert ID

Dim2

keyword

access details

Dim7

keyword

…”

Jane Do
e@test.com

Asset2

Ministry of Health

MRL 2

MRL 1
Solutions

Identifying the way to represent the data

› Use of Resource Descriptor Framework (RDF) specification to represent such a knowledge graph as a set of subject-predicate-object relations

Identifying the right type of ‘database’ to store the data

› Triple stores can store such predicate-subject-object relations efficiently

Considerations: cost, possibility to ultimately move this ‘database’ to the cloud

› Apache Jena is open source, and can work on the cloud

Installing the ‘database’ system -> installing Apache Jena on test site, then live site

Converting the Excel data to the format required by the ‘database’

› Some cells in the spreadsheet needed splitting into sub-cells, then well-known ontologies were used

Populating the database
Using the Assets on the Knowledge Management Hub

- Main functionality:
  
  Searching assets:
  
  ‣ Related to a particular assessment
  
  ‣ In general

  Adding assets to an asset collection

  Editing asset collections: searching for more assets to add, removing assets, marking assets as in use, reviewing them (future work), reporting them as out of date (future work)

  Adding/editing new assets (future work)
Demo of the main functionality
Future work

▶ Recording relationship resource – expert assets in general and when an asset is marked ‘in use’
▶ Removing asset collections
▶ Adding/editing new assets - Distinguishing resource and expert assets
▶ ! Reviewing assets -> will require consultation with the partners
▶ Reporting assets as out of date
▶ Storing the history of assets and asset collections?
▶ Thorough usability testing with the partners
DISCUSSION:
PLANNING AND NEXT STEPS
Linkage to WP7 - Personalisation
How can we personalize?

▶ The hub uses a very flexible representation system.
▶ People, Region, Assessments,... can all be represented as assets.
▶ We can use this to filter out assets and personalize the collection of assets to the individual:
  Assets that are relevant to user profile information
  Assets that are owned by "trusted" others
  Assets that are closely related to ones the user looked at recently
  Assets that "fit" inside the users spider diagrams

How much of this is appropriate? How much control should the user have? How to control?
Linkage to WP7 - Personalisation
Linkage to WP7 - Personalisation
Other Questions on personalised knowledge

- Should we try to build a network of people?
- Do we want recommendation?
- Do we want to have contributed assets?
- Are there other suggestions?
- We want:
  - Low effort to use the hub
  - Good value for using the hub
Connection to WP8: Improvement Planning
Questions?

- Is the previous picture correct?
- Will we have assets relevant to things like improvement planning processes?
- Do we want to consider tool use?
- How can we make this sustainable? (process transfer is hard work for the donor?)
Supporting Process Transfer

Improvement Planning Process

Tool A

Tool B

Improvement Plan

Project 1

Project 2

Improving

Andrea

Tell me about...

Knowledge Hub

Tool A

Asset

Asset

Asset

Experiences

Experiences

Experiences

Andrea
Improvement Planning

- Improvement planning uses a wide range of tools (e.g. NHS England seems to use around 100 or more...)
- Should we look at transfer of tool expertise?
- Should we try to have some sort of rating or experience report on particular tools in context?
- How to make that lightweight enough to be sustainable?
- Tools are often not well integrated...
- Should we look at how the hub could contribute to integration – integrating knowledge across tools?
Summary

- There are lots of opportunities to personalise interaction with the knowledge hub to personalise knowledge transfer.
- All of those are available for personalisation in relation to improvement planning... BUT
- Improvement planning processes are structured and complex - do we want to look at how to transfer such processes in more detail?
Improvement Planning Process

Improvement Plan

Project 1

Project 2
soa@staffmail.ed.ac.uk
calexan@staffmail.ed.ac.uk

Disclaimer

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12.00-13.00 LUNCH BREAK
ACHIEVEMENTS OF SCIROCCO EXCHANGE PROJECT
EXPANSION AND STRATEGY / APPROACH FOR EXPLOITATION

Marc Lange, Tino Marti
EHTEL
Agenda

13:00 – 13:05 Introduction
13:05 – 13:15 Strategy and approaches to exploitation
13:15 – 13:30 Discussion with the Consortium
13:30 – 13:40 Expansion of SCIROCCO Exchange
13:40 – 13:55 Discussion with the Consortium
13:55 – 14:00 Next steps
INTRODUCTION
Topics on the table

▶ Exploitation, once the project has ended, of
  the on-line tool
  the knowledge hub

▶ Expansion of the on-line tool towards
  Open innovation (ACSELL)
  Digital neighbourhoods

▶ Exploitation and Expansion are mutually supporting each other
What do we want to achieve today

▶ Assessing
  The transferability of the on-line tool and the knowledge hub
  The possible transfer scenarios

▶ Reflecting on how to organise
  The growth of the knowledge hub
  The expansion of the on-line tool
Identification of assets

▶ Scirocco holds different types of assets:

  **Content**-based assets: multidimensional assessment of integrated care with maturity scales (12 domains, 6-levels), knowledge hub

  **Process**-based assets: multistakeholder, consensus-building, co-creation of implementation plans

  **Format**-based assets: templates, web-based application, knowledge hub architecture
STRATEGY AND APPROACHES TO EXPLOITATION
MARC LANGE - EHTEL
Check-list for exploitation

- The operations of the on-line tool and the knowledge hub need to be transferable to a third party
- Sustainable business model(s) need to be identified and implemented

- Contracts need to be set
  - A joint ownership agreement at consortium level
  - A transfer agreement with third party(ies)
Technical readiness

➤ The on-line tool is a WordPress website
  ◦ Exploitable as such
  ◦ Expandable since developed with a generic approach in mind
  ◦ To Dos
    – A customisation wizard
    – A generic guidance document on the methodology

➤ The Knowledge Hub on integrating health and care
  ◦ Cloud-ready, hence exploitable and expandable in its architecture
  ◦ How to exploit and expand its content still to be defined
Today’s situation
Approach A for post-project exploitation
Approach B for post-project exploitation

Knowledge Hub

Maturity Model on-line tool

Community A

Knowledge Hub

Maturity Model on-line tool

Community B

Knowledge Hub

Maturity Model on-line tool

Community C
DISCUSSION WITH THE CONSORTIUM
Discussion topics

▶ Search for potential partners
  ‣ For the Tool
  ‣ For the Knowledge hub
  ‣ Reflection on approaches A, B or C

▶ Managing growth of the Knowledge hubs
  ‣ How to manage internal growth?
  ‣ Guidelines for creating a new knowledge hubs
  ‣ Technical readiness of multiple knowledge hubs
EXPANSION
OF SCIROCCO EXCHANGE
TINO MARTI - EHTEL
Key questions facing expansion

▶ What exactly can be expanded?
  ‣ Model, Tool, K-hub
▶ In which direction can Scirocco expand?
▶ How the expansion needs to be implemented to be successful?
Content-wise Expansion matrix

- Topic: integrated care or other
- User: integrated care stakeholder or other

<table>
<thead>
<tr>
<th>Topic / User</th>
<th>Incumbent user</th>
<th>New user</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incumbent topic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New topic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

▶ Topic: integrated care or other
▶ User: integrated care stakeholder or other
I. Drill-down expansion

- Select one domain and deepen one level down to gain specificity
- Example: from Digital infrastructure to Digital maturity for integrated care
- Includes: EHRs, health information exchange, eHealth services, mHealth, analytics, digital innovation, standardization, etc.
II. User expansion

Long-term care policy in Estonia

Structural reform process (Ministry of Health) to improve health and care integration in Estonia

Scirocco Model used as assessment tool in 5 pilot areas to define new health policies for long-term care

New user: policy-makers
III. Topic expansion

Open innovation

- ACSELL focus on accelerating SME innovation with a Living Lab approach.
- One of the domains for open innovation is digital health and care innovation.
- ACSELL has applied the Scirocco Model without a specific validation process of the tool.

https://www.interregeurope.eu/acsell/
Full-blown expansion

Digital Neighbourhood Maturity Model

► Project “Technik im Quartier” (Technology in the neighbourhood) led by Furtwangen University
► The project aims to investigate how neighbourhood development concepts and technical assistance systems can mutually benefit from an integrated approach.
► Expansion required to adapt dimensions
## Adaptation to Digital Neighbourhood Maturity Model

<table>
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<tr>
<th>Original</th>
<th>Adaptation</th>
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<tbody>
<tr>
<td>Readiness to change</td>
<td>Willingness to change for social space-oriented development</td>
</tr>
<tr>
<td>Structure and governance</td>
<td>Regulation of responsibilities and organizational structure</td>
</tr>
<tr>
<td>eHealth services</td>
<td>Digitization</td>
</tr>
<tr>
<td>Standardisation and simplification</td>
<td>Unification and simplification</td>
</tr>
<tr>
<td>Funding</td>
<td>Funding</td>
</tr>
<tr>
<td>Removal of inhibitors</td>
<td>Overcoming barriers</td>
</tr>
<tr>
<td>Population approach</td>
<td>Integration of disadvantaged groups</td>
</tr>
<tr>
<td>Citizen empowerment</td>
<td>Citizen empowerment &amp; participation in neighbourhood work</td>
</tr>
<tr>
<td>Evaluation methods</td>
<td>Evaluation and assessment methods</td>
</tr>
<tr>
<td>Breadth of ambition</td>
<td>Degree of networking</td>
</tr>
<tr>
<td>Innovation management</td>
<td>Dealing with ideas and new projects</td>
</tr>
<tr>
<td>Capacity building</td>
<td>Competence building to promote neighbourhood development</td>
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DISCUSSION WITH THE CONSORTIUM
Discussion topics

- Methodology for expansion
  - Scope and purpose
  - Single use vs continued use as an improvement monitoring tool
  - Model and tool adaptation: domains, narrative, scale labels
  - Validation method: biases and quality control
  - Stakeholder identification, engagement and collaboration
NEXT STEPS
NEXT STEPS

- Complete documentation of examples
  Joint workshop SE-ACSELL (Q4 2020)
- Develop a **methodology for expanding** the Scirocco Model and tool in all four directions
- Develop a **guideline for implementing** the expansion based on the lessons learned
END OF MEETING