EXPERIENCE OF EUROPEAN REGIONS AND COUNTRIES IN MATURITY ASSESSMENT PROCESS

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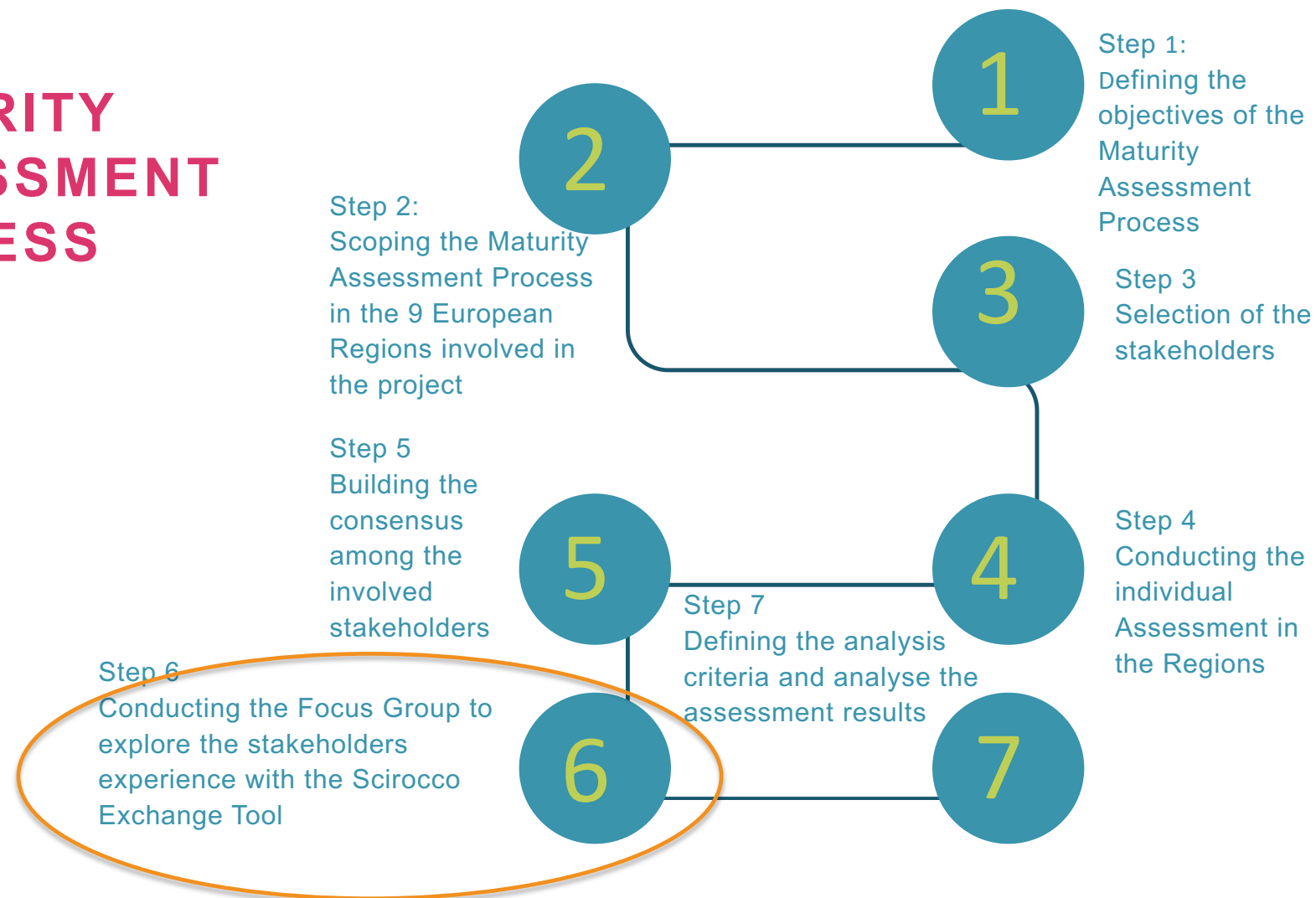
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FOCUS GROUPS OBJECTIVES

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.**

FOCUS GROUPS KEY QUESTIONS

Experience with self-assessment process

What is your experience with the SCIROCCO tool as a key facilitator of the self-assessment process?

How did you use the Tool (with whom? in a group or on your own? type of practice/site?)

What kind of stakeholders (if any) have participated in the self-assessment process?

Have you consulted other stakeholders regarding the process? Or have you discussed the results of the self-assessment with other stakeholders?

What do you think of the self-assessment process? Is there anything about it that can be improved?

Insights and outcomes of the self-assessment process

Can you tell us about any specific insights (outcomes) of self-assessment process for your health and social care system?

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?

What kinds of actions do you think your region will need to take to increase its maturity to adopt and scale-up integrated care?

For what sort of decision(s) do you think the self-assessment process provides useful support?

Potential factors influencing the self-assessment process

How does the structure of your system affect the implementation of integrated care?

What kinds of structural changes will need to be made to enhance integrated care in your system?

How does the culture of your system affect the implementation of integrated care?

What level of endorsement, support and/or actions can you expect from leaders in your organisation to adopt integrated care successfully?

Are there any other factors that may influence the implementation of integrated care in your organisation/region and/or your country?

Focus groups in the 9 regions (Sept 19 – March 20)

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

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**.

FOCUS GROUPS RESULTS:

Insights and outcomes of the self-assessment process

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**.

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 f**unding** 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.

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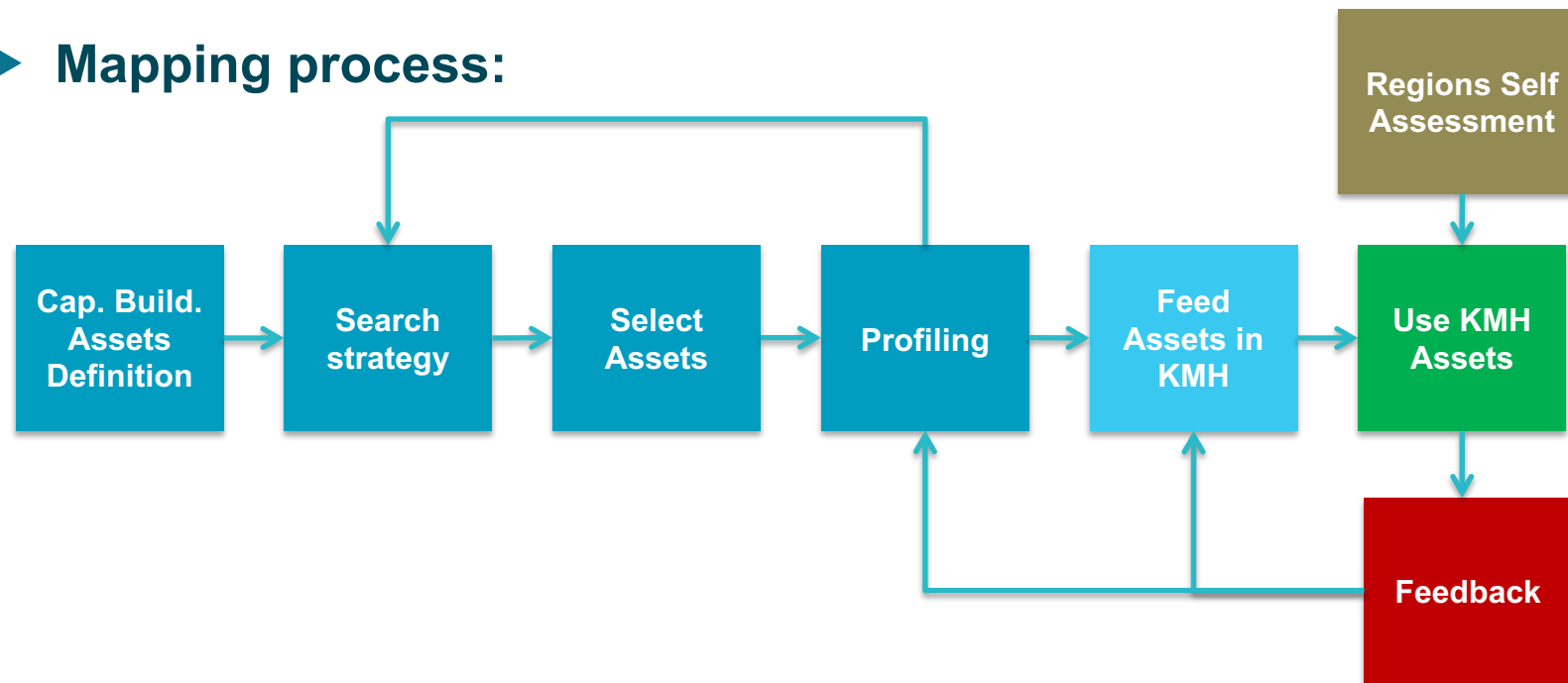
10.45-11.00 COFFEE BREAK
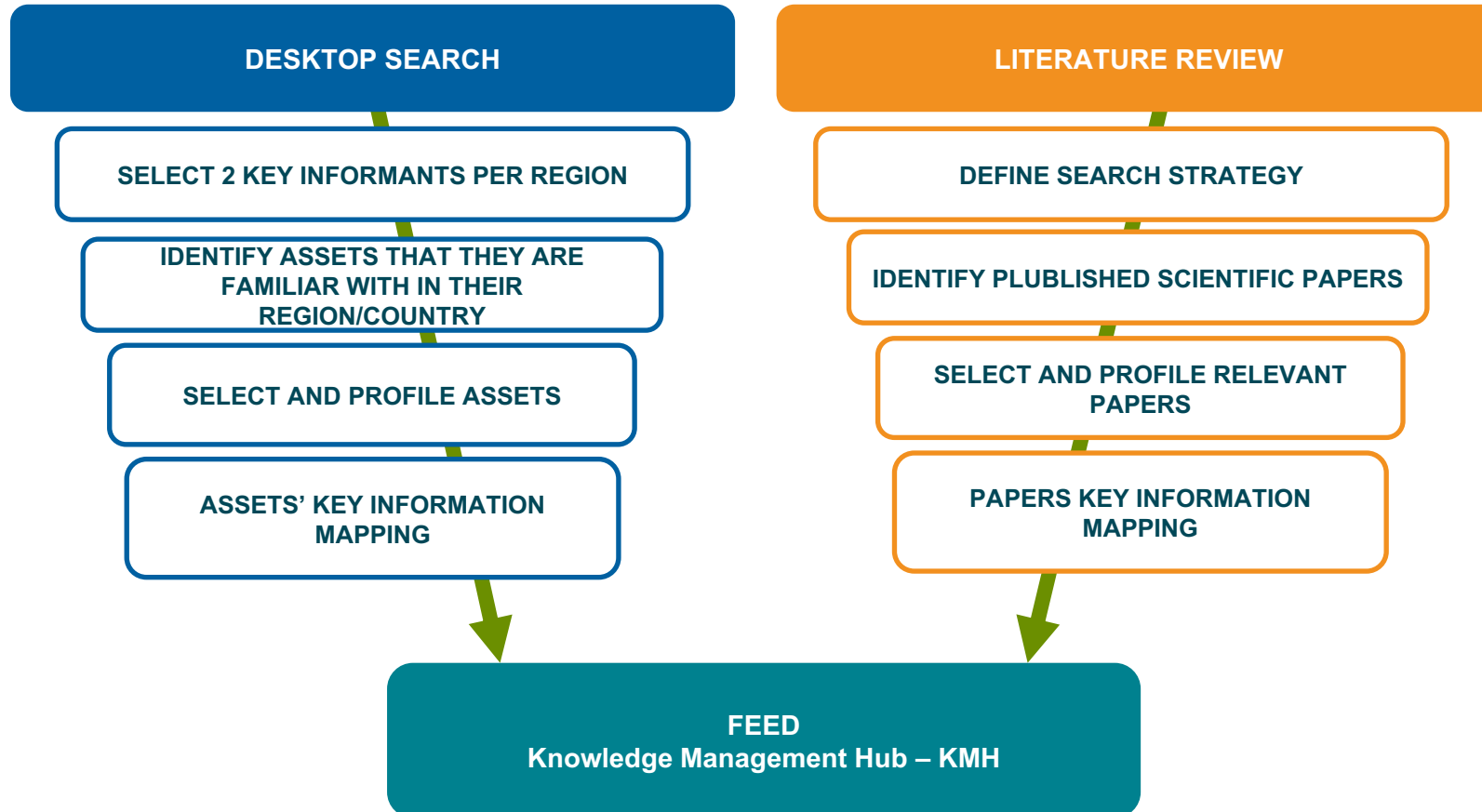
Capacity building assets
Objectives

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:**

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│ Cap. Build.  │──▶│   Search     │──▶│   Select     │──▶│  Profiling   │──▶│    Feed      │──▶│   Use KMH    │
│   Assets     │   │  strategy    │   │   Assets     │   │              │   │  Assets in   │   │   Assets     │
│ Definition   │   │              │   │              │   │              │   │    KMH       │   │              │
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┌──────────────┐
│ Regions Self │
│ Assessment   │
└──────────────┘

┌──────────────┐
│   Feedback   │
└──────────────┘

Mapping strategy

Assets selection criteria and sources

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

Scirocco Exchange

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   McMaster University

P - Patient/Population/Problem

S- Situation

How do/does ____[P]____ experience _____[S]_____?

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

https://hslmcmaster.libguides.com/c.php?g=441702&p=3590259

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

Deskto

ASSETS MAPPING - DESKTOP SEARCH
WORK PACKAGE 6 - CAPACITY BUILDING ASSETS
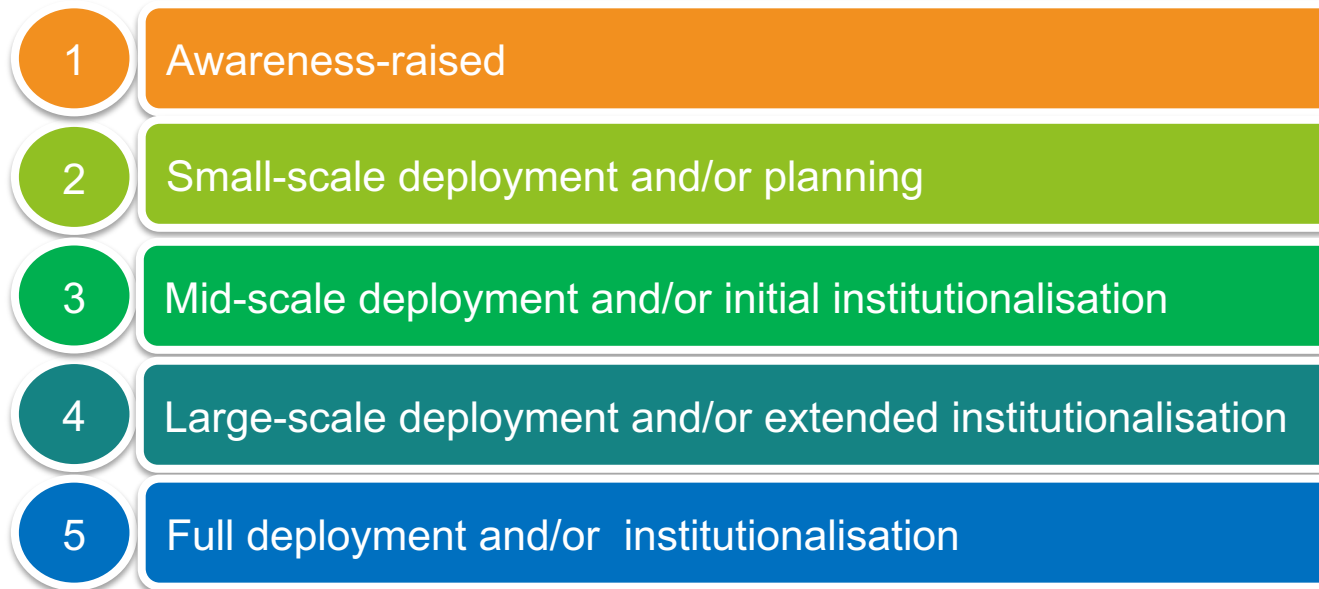
INSTRUCTIONS:

The present document serves as a template to mapp 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 consist of four sheets; Instruccions 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:
Consits of a set of cells to map identifyed 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/0lq6m3dmg23h7c5/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 Txarramendieta at jtxarramendieta@kronikgune.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:

Advance search definition: (((("Population Surveillance"[Mesh] OR "Health Services Needs and Demand"[Majr] OR "Population Health Management"[Mesh] OR "Needs Assessment"[Majr] OR "Risk Factors"[Majr] OR "Health Status Indicators"[Mesh]) AND ("Persons"[Mesh] OR "Population Groups"[Majr]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((("Risk stratification"[All Fields] OR "Population health approach"[All Fields] OR "population risk"[All Fields] OR "Predicting demand"[All Fields] OR "anticipating needs"[All Fields] OR demands[All Fields] OR "population surveillance") AND ("integrated health care"[All Fields] OR "integrated care"[All Fields])) AND "last 10 years"[PDat]) Filters: published in the last 10 years = **287 Assets**

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

Advance search definition: ((((((("Population Surveillance"[Mesh] OR "Health Services Needs and Demand"[Majr] OR "Population Health Management"[Mesh] OR "Needs Assessment"[Majr] OR "Risk Factors"[Majr] OR "Health Status Indicators"[Mesh]) AND ("Persons"[Mesh] OR "Population Groups"[Majr]) AND "Delivery of Health Care, Integrated"[Mesh]) AND "last 10 years"[PDat])) OR ((("Risk stratification"[All Fields] OR "Population health approach"[All Fields] OR "population risk"[All Fields] OR "Predicting demand"[All Fields] OR "anticipating needs"[All Fields] OR demands[All Fields] OR "population surveillance") AND ("integrated health care"[All Fields] OR "integrated care"[All Fields])) AND "last 10 years"[PDat]))) AND **(((Evaluation studies OR Government document OR Guideline OR Monograph OR Overview OR Outline OR Practice guideline OR Review OR Systematic review OR Technical report OR Validation studies)))**= **109 Assets**

Literature review (v2) - Results 25/10/2020

▶ Redefinition of types of assets to search

▶ 1899 assets found, 232 assets selected

Dimension	Identified assets	Selected assets
D1 – Readiness to change	82	36
D2 – Structure & Governance	118	35
D3 – Digital infrastructure	177	29
D4 – Funding	58	16
D5 – Process Coordination	158	25
D6 – Removal of Inhibitors	99	11
D7 – Population approach	143	7
D8 – Citizen empowerment	72	10
D9 – Evaluation methods	214	26
D10 – Breadth of Ambition	54	14
D11 – Innovation management	56	11
D12 – Capacity Building	36	12

Desktop search- Results 25/10/2020

▶ 752 assets identified by the Regions' Experts

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

Desktop search – Assets by Dimensions & MRL
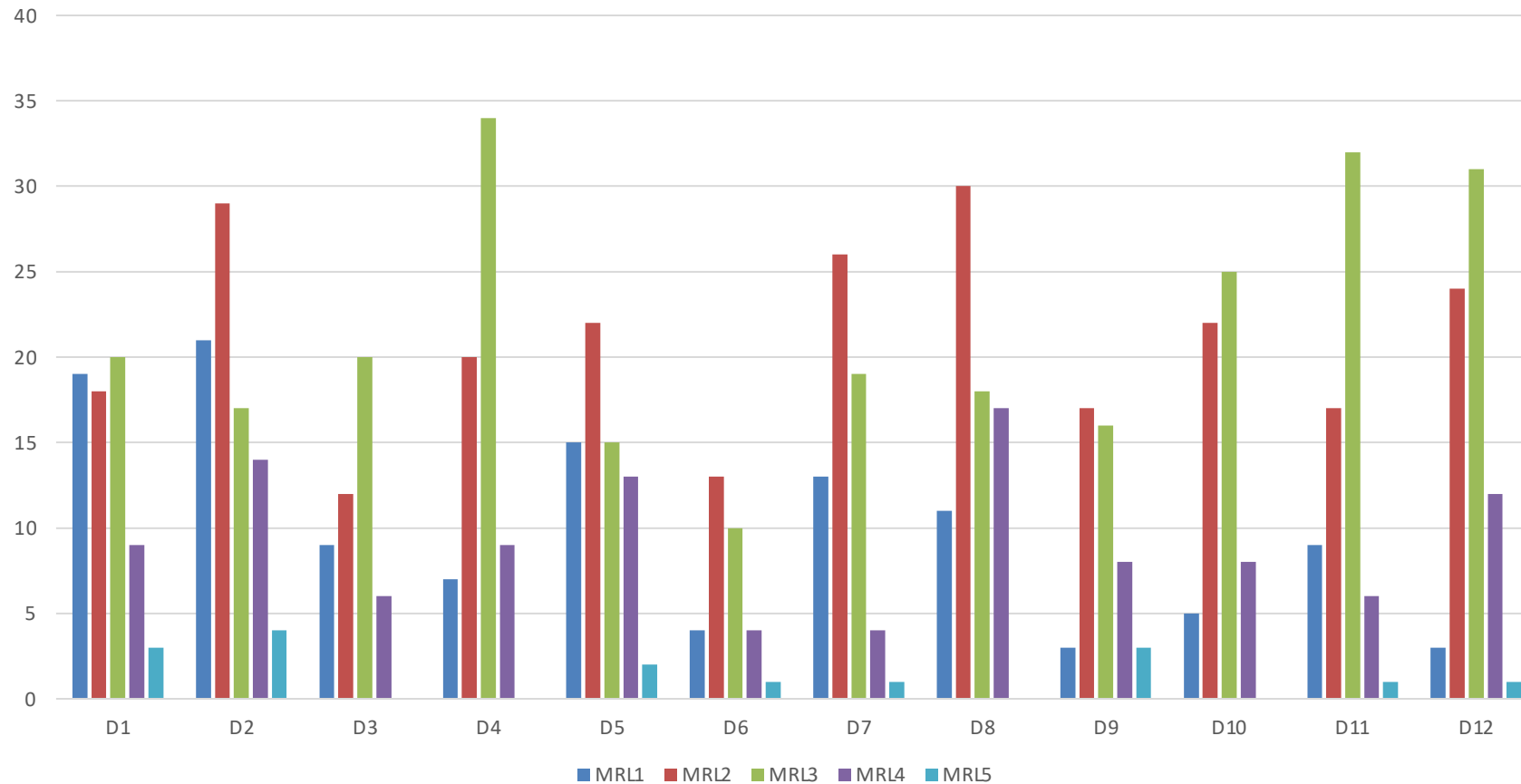
Asset Mapping – Desk. Search + Lit. rev
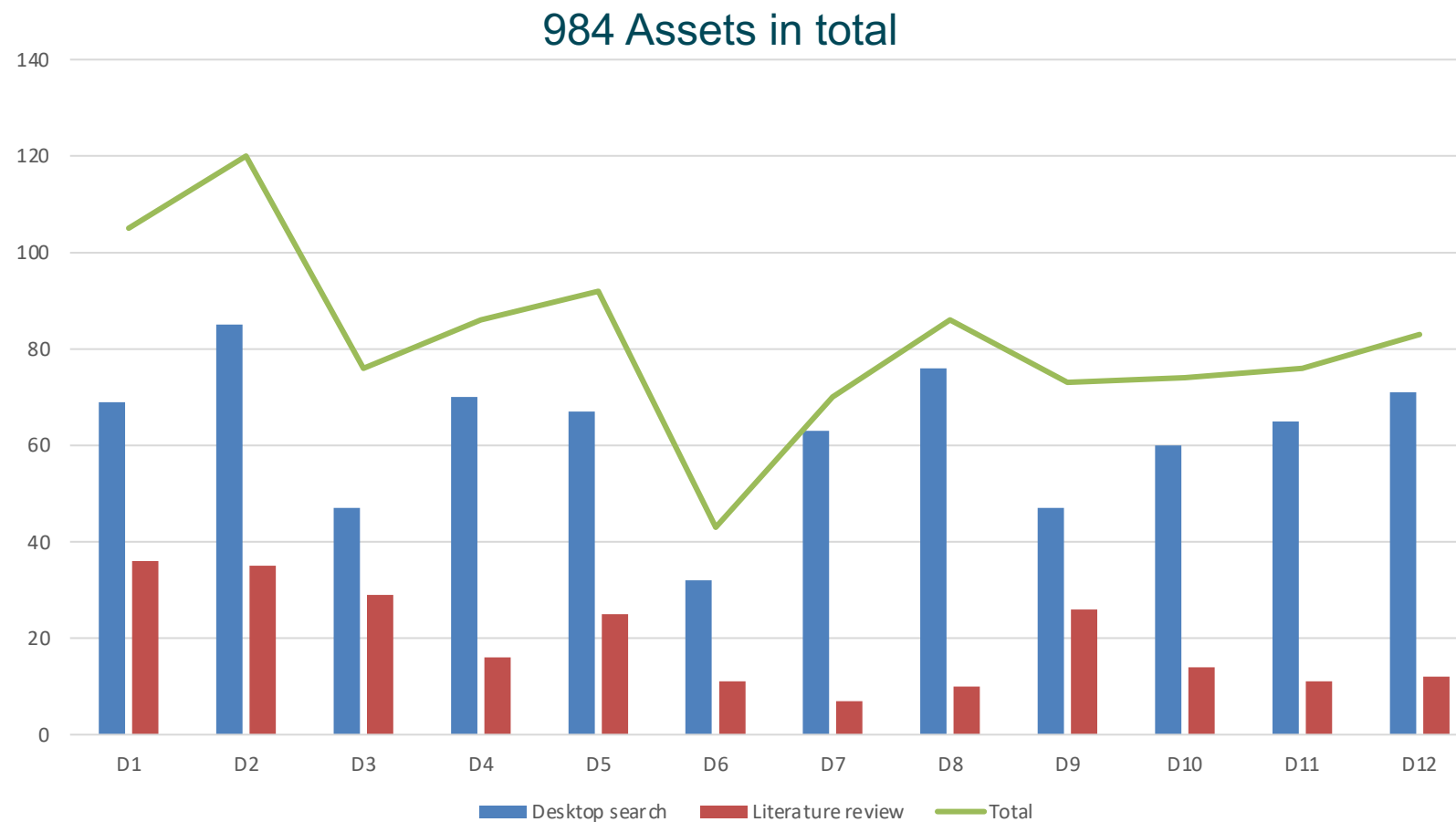
984 Assets in total

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).

		WP7 - Knowledge transfer purpose													
		Raise Awareness	Increase visibility, legitimacy, recognition of topic	Bring message accross more efficiently	Build momentum	Engage stakeholders	Connect stakeholders	Bring new knowledge	Receive external expert advice (system level)	Receive feedback in context (individual level)	Create collective intelligence	Identify set of actions for implementation	Accelerate development & implementation of actions (system level)	Learn how to implement actions in context (individual level)	Develop knowledge/skills (individual level)
WP6. Task 6.3 - Recommendations	Awareness-raising about the benefits of integrated care in a particular region.	x	x												
	Build the skills and particular expertise in integrated care.			x	x							x			x
	Seek improvement and mentoring from the early adopters of integrated care.							x							
	Access relevant experts and/or networks to advise on specific aspects of integrated care.					x	x		x	x					
	Access relevant good practice(s) and/or repository of good practices.														
	Access particular tool(s), guidelines and/or framework(s) for implementation, design and assessment of integrated care.												x	x	x

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

2nd : 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:

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

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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Disclaimer

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The template for identifying assets (desktop search)

Desktop search mapping template
Type of asset: Strategic document
Dimension/Dimensions: D2, D6, D7
MRL per Dimension : D2MRL1, D6MRL2, D7MRL2
Title: A Strategy to Tackle the Challenge of Chronicity in the Basque Country
Author(s): Ministry of Health of the Basque Government
Year of publication: 2010
Region/Country: Basque Country, Spain
Source: Entity and/or official body
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: https://ec.europa.eu/eip/ageing/sites/eipaha/files/practices/chronicitybasquecountry.pdf
Contact expert ID: BC1

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

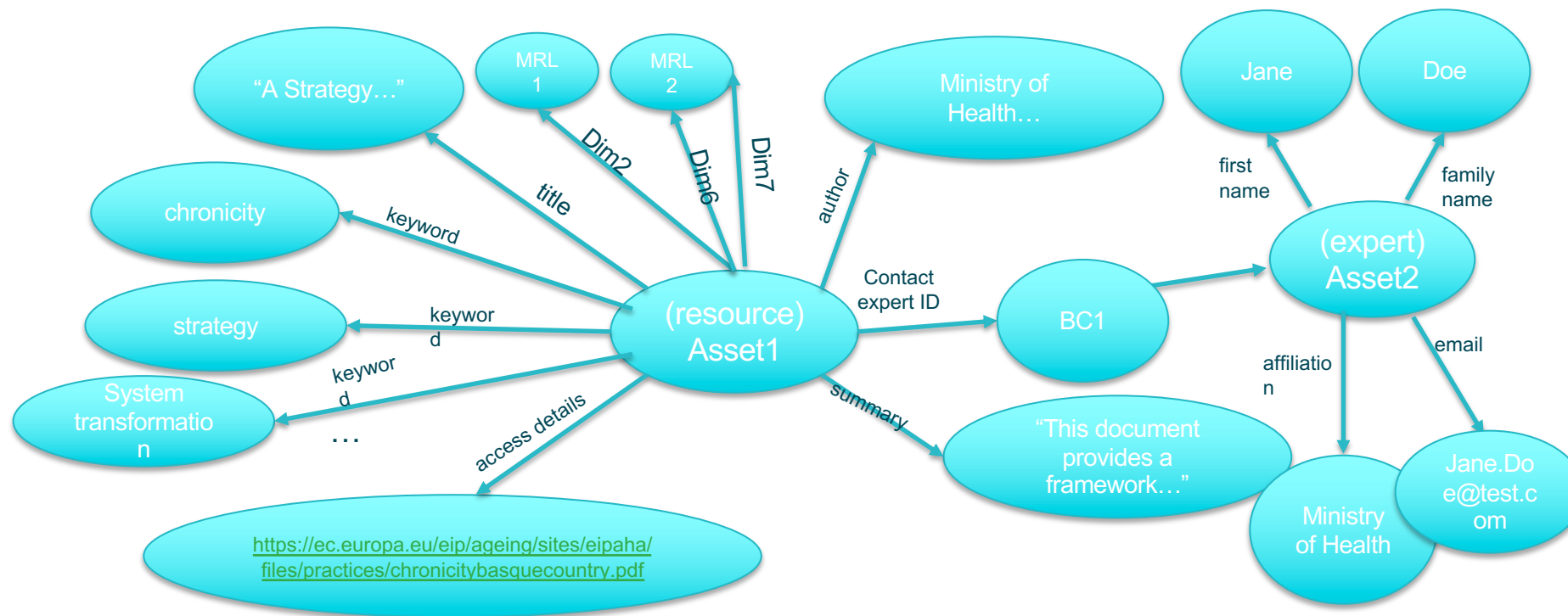Identifying the right type of 'database' to store the data

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

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

Scirocco Exchange

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

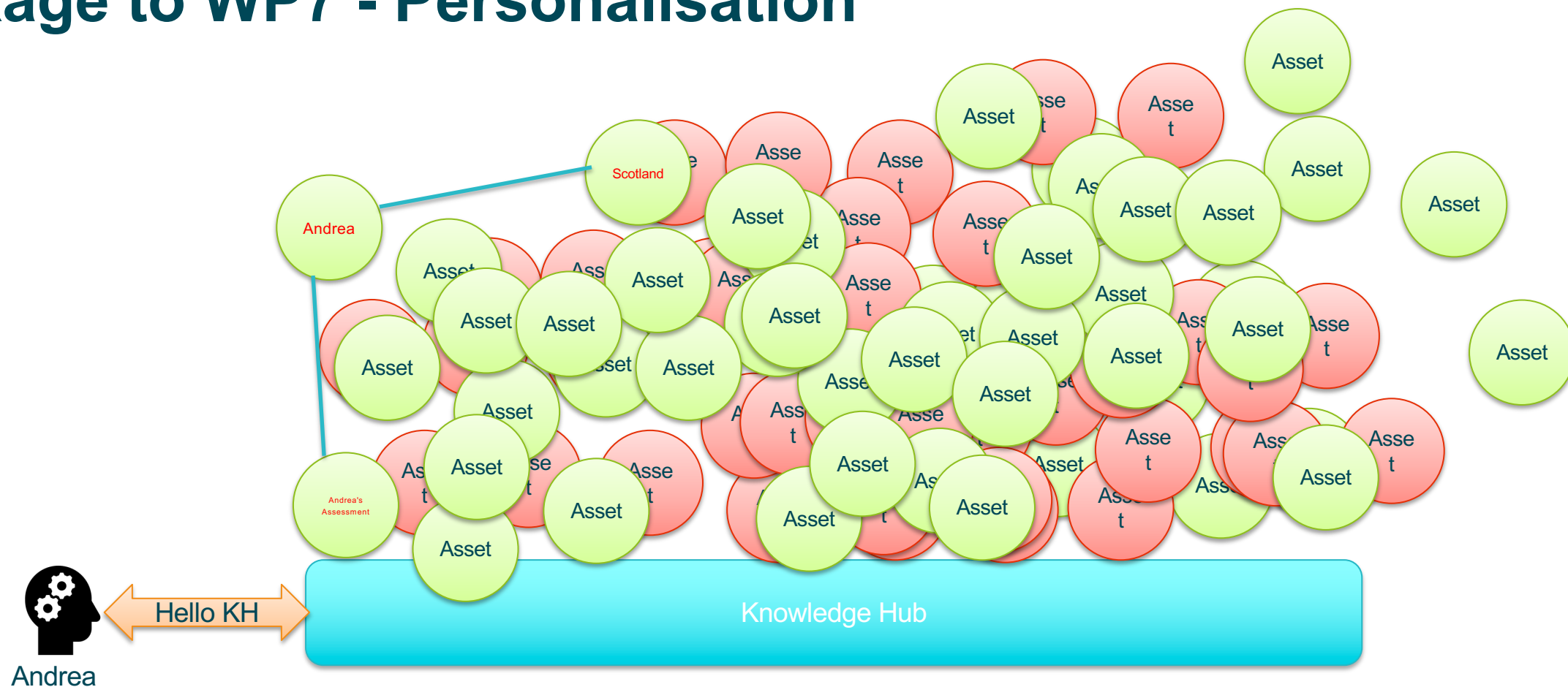# DISCUSSION:
PLANNING AND NEXT STEPS

Co-funded by
the Health Programme
of the European Union

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

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Knowledge Hub

Andrea

Scirocco
Exchange
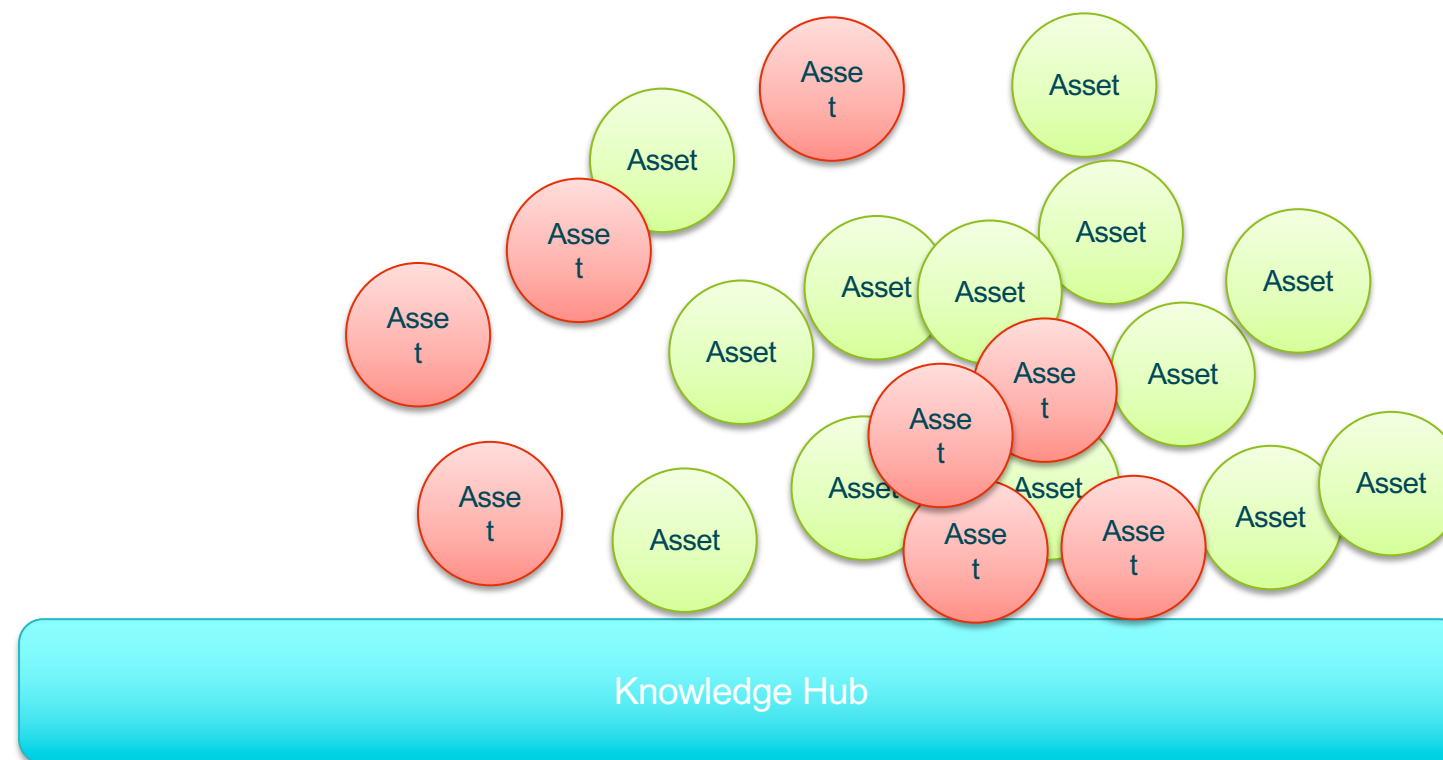
Linkage to WP7 - Personalisation
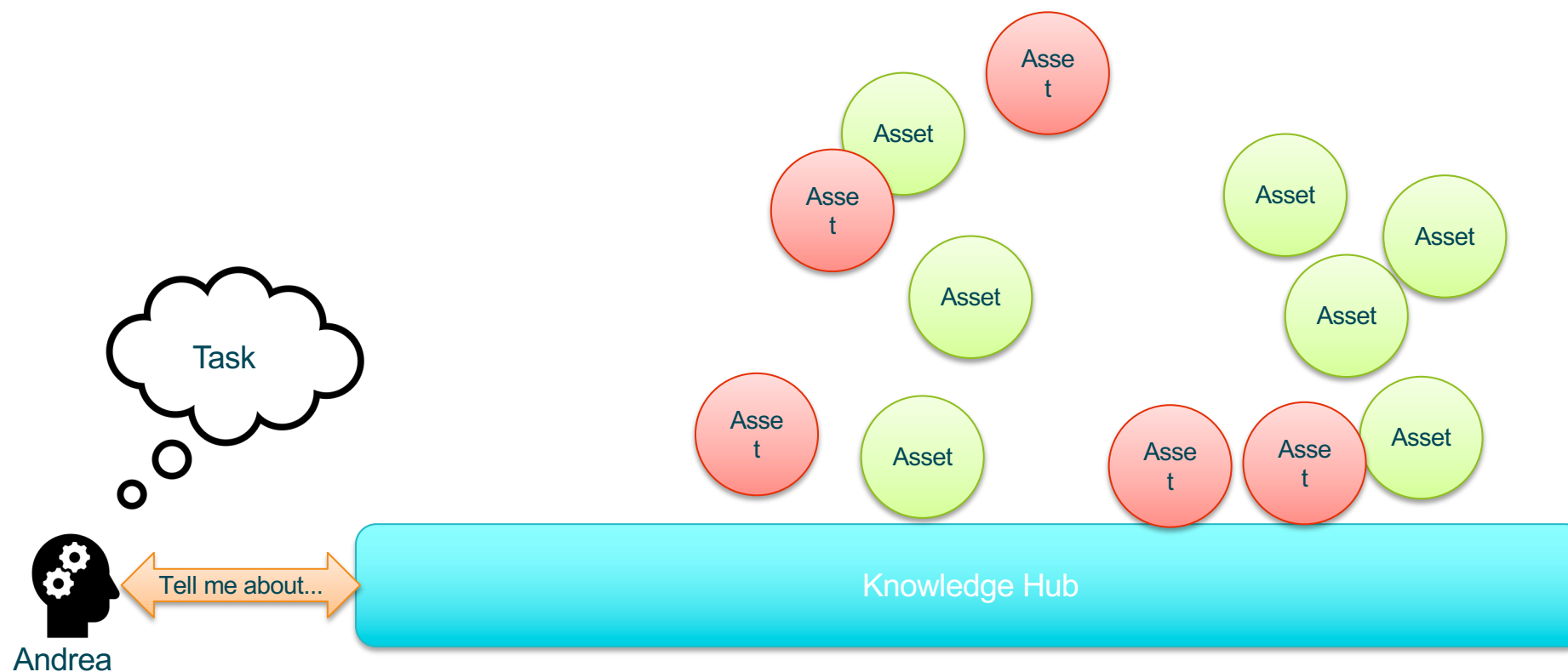
Linkage to WP7 - Personalisation
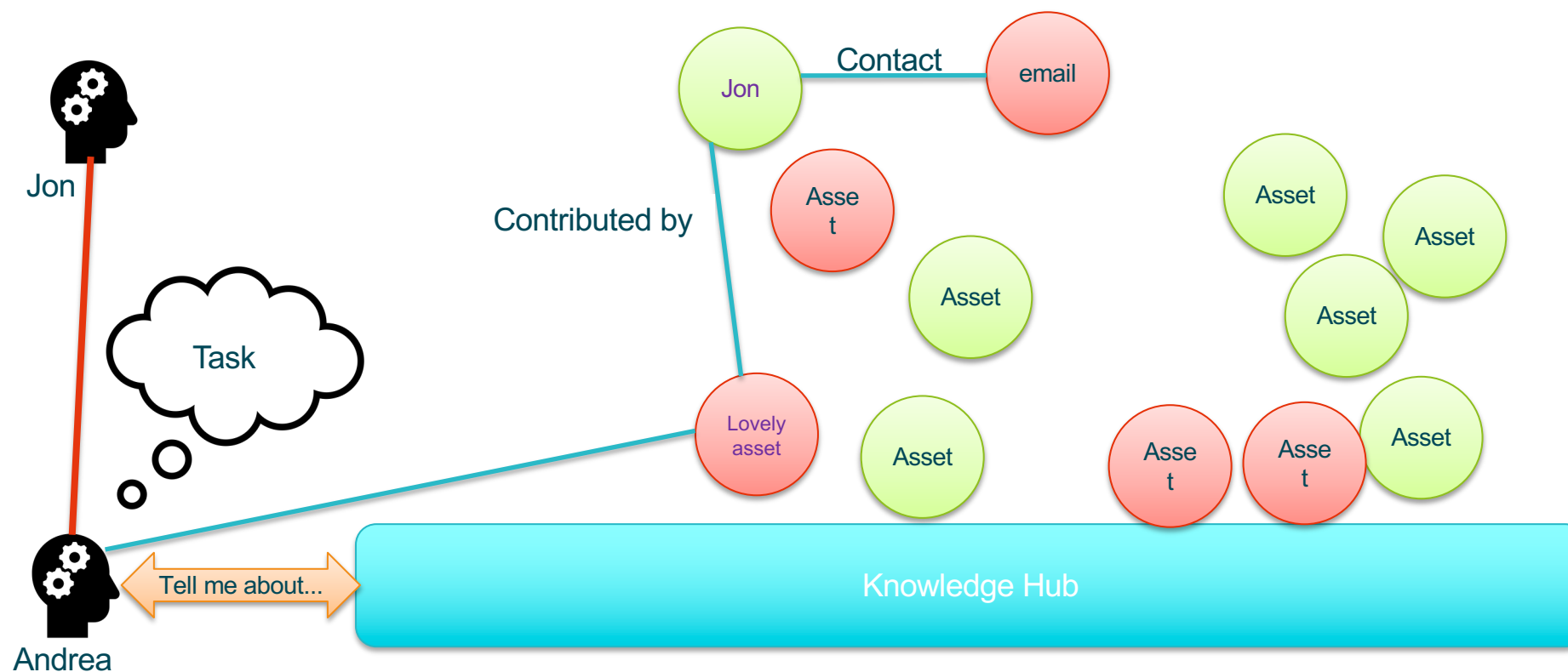
Other Questions on personalised knowledge

▶ **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
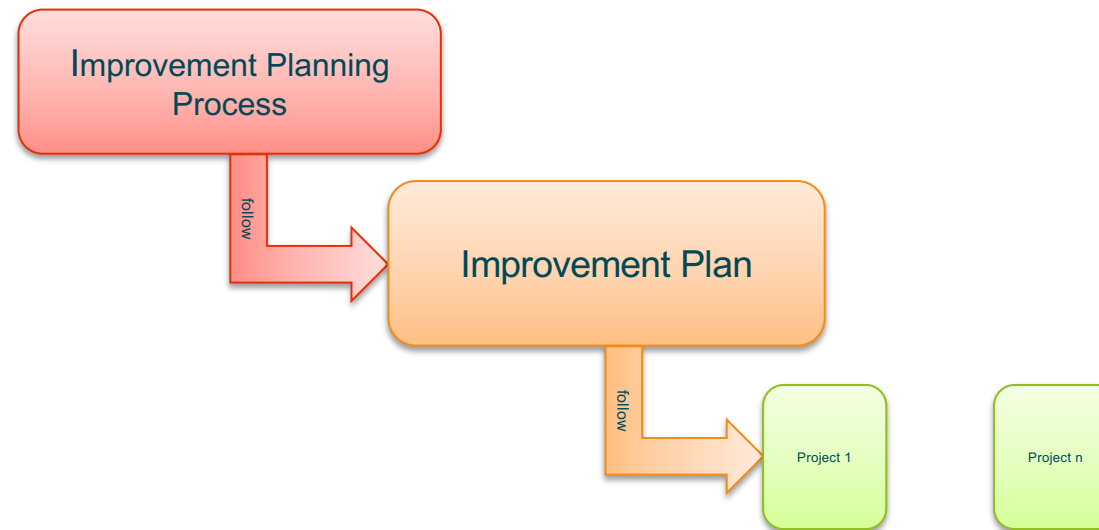
Questions?

▶ **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?)**

| Build will and conditions for change | Understand current system | Develop aim and change theory | Identify specific change ideas, test and refine using pdsa | Implement and sustain where tested | Share learning and spread where relevant |

Leadership, project planning and management, communication and measurement
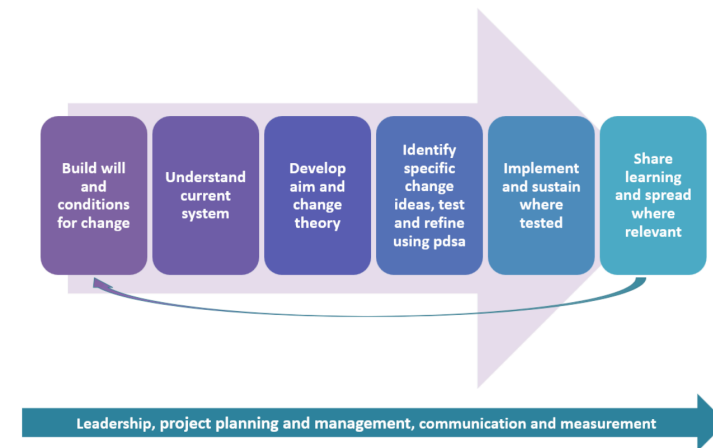
Supporting Process Transfer
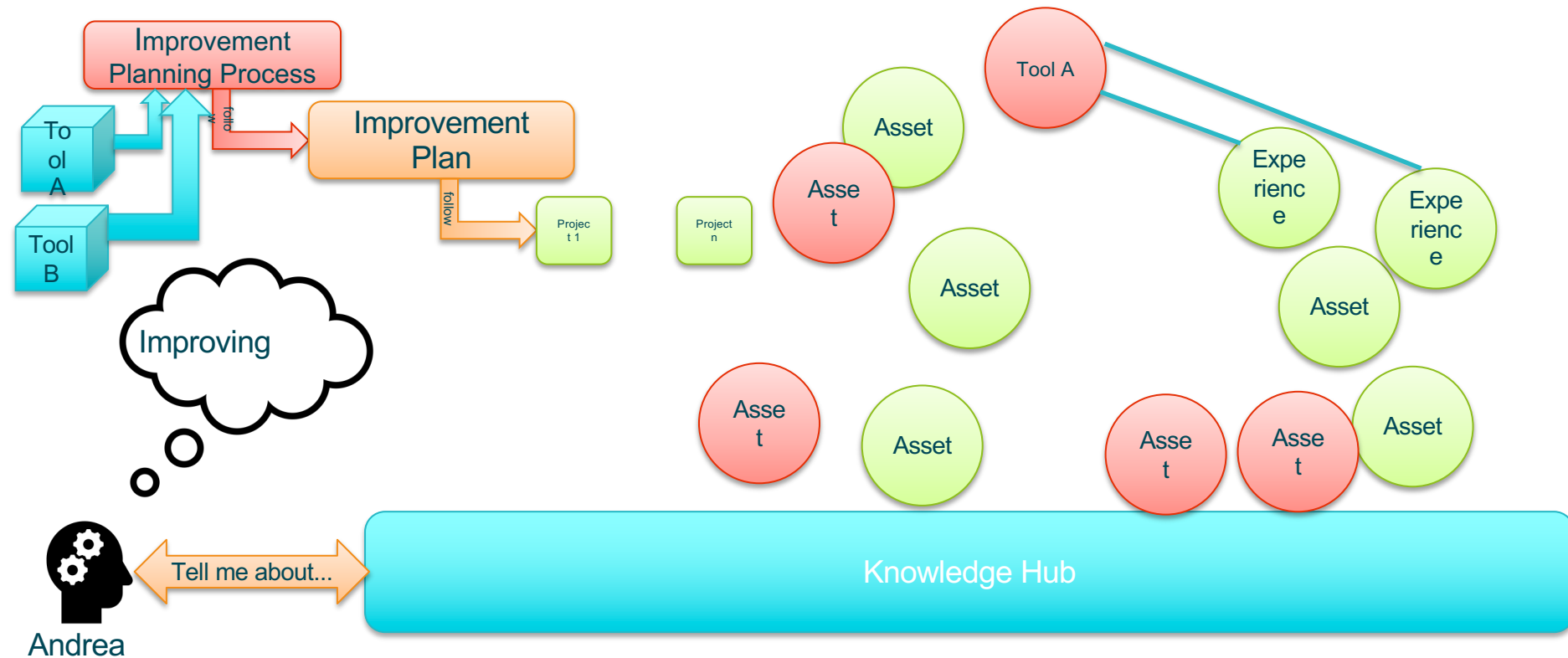
Improvement Planning

▶ **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?**

Scirocco Exchange

Capacity-building for integrated care
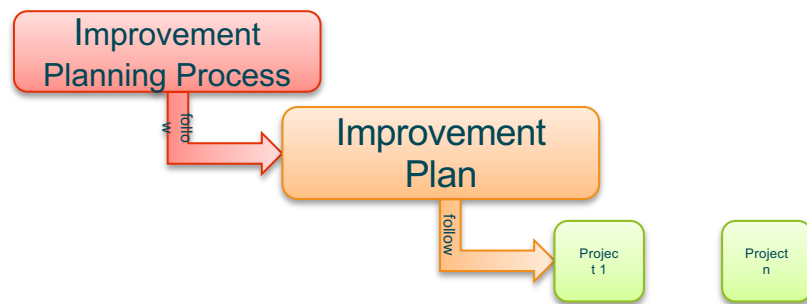
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Disclaimer

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12.00-13.00 LUNCH BREAK

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

Knowledge Hub

Maturity Model on-line tool

Integrated Care Community

Open Innovation Community

Digital Neighbourhood Community
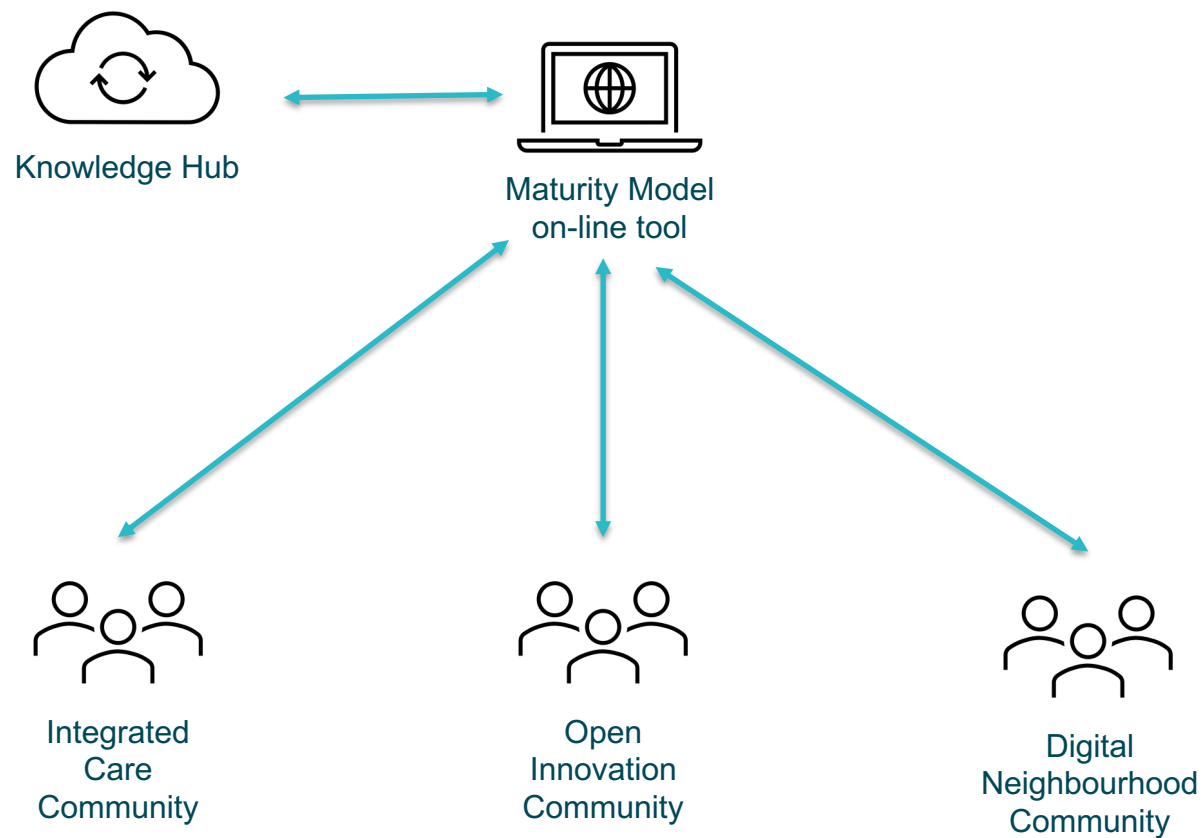
Approach A for post-project exploitation

Knowledge Hub   Knowledge Hub   Knowledge Hub

Maturity Model
on-line tool

Community
A

Community
B

Community
C
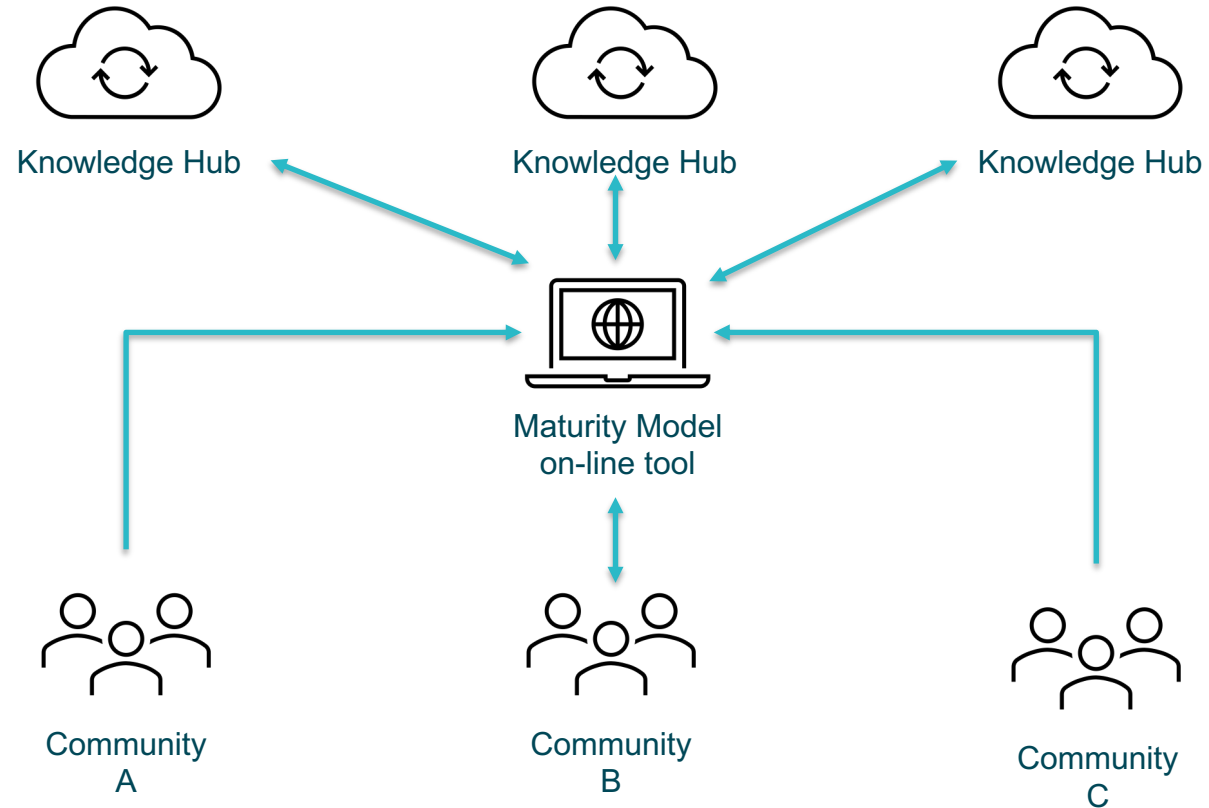
Approach B for post-project exploitation

Knowledge Hub

Knowledge Hub

Knowledge Hub

Maturity Model
on-line tool

Maturity Model
on-line tool

Maturity Model
on-line tool

Community
A

Community
B

Community
C
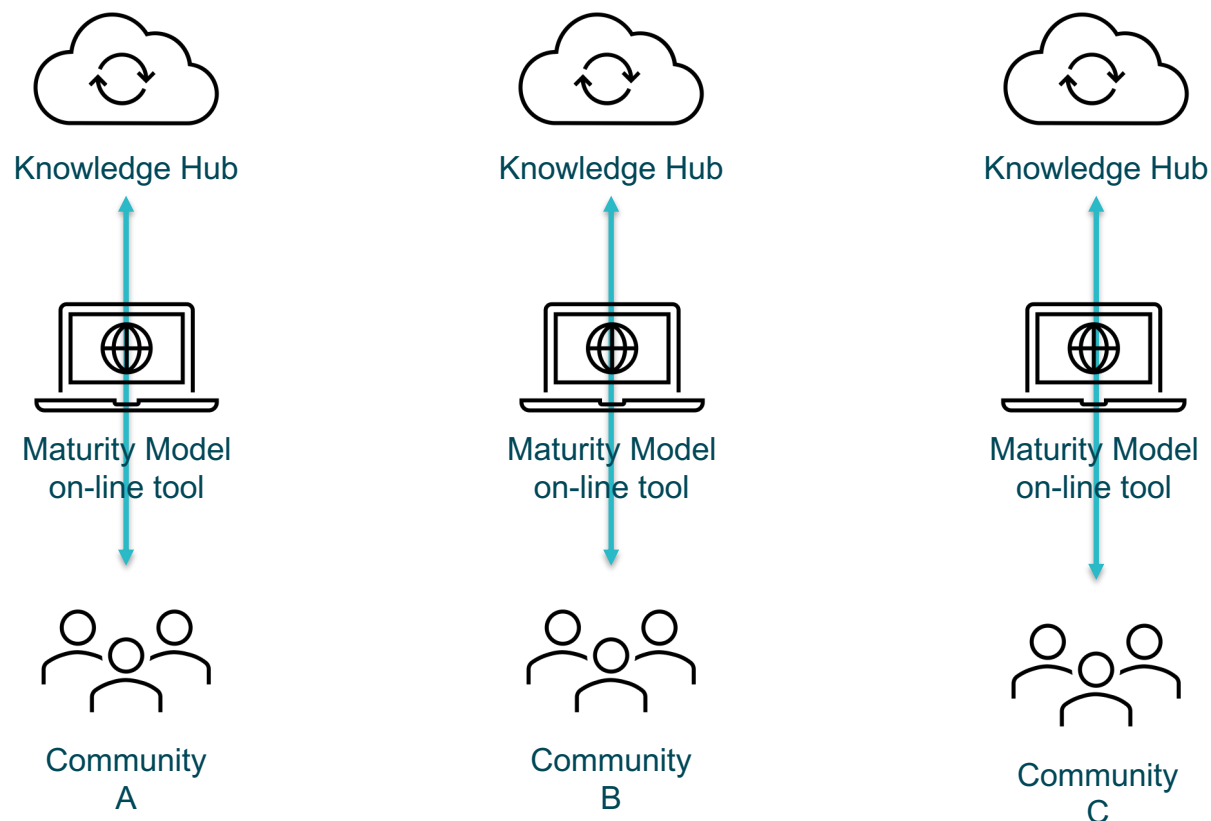
DISCUSSION WITH THE CONSORTIUM

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

Topic / User	Incumbent user	New user
Incumbent topic		
New topic		

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.

ACcelerating SmE innovation capacities with a Living Lab approach

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

Original	Adaptation
Readiness to change	Willingness to change for social space-oriented development
Structure and governance	Regulation of responsibilities and organizational structure
eHealth services	Digitization
Standardisation and simplification	Unification and simplification
Funding	Funding
Removal of inhibitors	Overcoming barriers
Population approach	Integration of disadvantaged groups
Citizen empowerment	Citizen empowerment & participation in neighbourhood work
Evaluation methods	Evaluation and assessment methods
Breadth of ambition	Degree of networking
Innovation management	Dealing with ideas and new projects
Capacity building	Competence building to promote neighbourhood development

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

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Disclaimer

END OF MEETING

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

Co-funded by the Health Programme of the European Union