PROJECT ASSEMBLY MEETING
21 APRIL 2021
VIRTUAL
WELCOME & MEETING OBJECTIVES

Donna Henderson
Scottish Government
Meeting Objectives – Day 1

► To review the project’s progress, including dissemination activities;

► To review the progress in SCIROCCO Exchange Knowledge Transfer Programme and its implementation;

► To review the progress in developing Knowledge Management Hub and planning of next steps.
# Meeting Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>09.30</td>
<td>Welcome &amp; Meeting Objectives</td>
</tr>
<tr>
<td>09.40</td>
<td>SCIROCCO Exchange Project – Update on the Progress:</td>
</tr>
<tr>
<td></td>
<td>• Project management</td>
</tr>
<tr>
<td></td>
<td>• Project communication</td>
</tr>
<tr>
<td>10.10</td>
<td>SCIROCCO Exchange Knowledge Exchange Programme</td>
</tr>
<tr>
<td></td>
<td>• Flanders</td>
</tr>
<tr>
<td></td>
<td>• Germany</td>
</tr>
<tr>
<td></td>
<td>• Lithuania</td>
</tr>
<tr>
<td></td>
<td>• Puglia</td>
</tr>
<tr>
<td>11.20</td>
<td>Coffee Break</td>
</tr>
<tr>
<td>11.30</td>
<td>SCIROCCO Exchange Knowledge Exchange Programme</td>
</tr>
<tr>
<td></td>
<td>• Poland</td>
</tr>
<tr>
<td></td>
<td>• Scotland</td>
</tr>
<tr>
<td></td>
<td>• Slovakia</td>
</tr>
<tr>
<td></td>
<td>• Slovenia</td>
</tr>
<tr>
<td>12.30</td>
<td>Lunch break</td>
</tr>
<tr>
<td>13.15</td>
<td>SCIROCCO Exchange Knowledge Management Hub</td>
</tr>
<tr>
<td>14.15</td>
<td>SCIROCCO Exchange Knowledge Exchange Programme</td>
</tr>
<tr>
<td></td>
<td>• Basque Country</td>
</tr>
<tr>
<td>14.30</td>
<td>End of meeting</td>
</tr>
</tbody>
</table>
SCIROCCO Exchange’s overarching objective is to help health and care authorities to reform their health and care systems and build their capacity for the design, implementation and evaluation of integrated care by improving their access to capacity-building assets and personalised knowledge transfer and support.
Specifically, the objectives are…

1. **Facilitate the assessment of the maturity of regions/countries readiness for the adoption and scaling-up of integrated care** in order to better understand the needs and priorities of national and regional healthcare authorities in integrated care.

2. **Develop a Knowledge Management Hub to act as an integrator** with existing integrated care evidence and assets in order to facilitate easier access to personalised support and knowledge transfer that matches the needs of European regions.

3. **Co-design personalised assistance for regions/countries** that are seeking support to prepare the ground for the transition and scaling-up of integrated care to improve their existing system design and understanding of the business care for integrated care.

4. **Utilise the outcomes of knowledge transfer and capacity-building activities to co-design Improvement Plans for implementing integrated care** that are tailored to the local context, maturity and aspirations of European regions and countries.

5. **Explore the potential expansion of the SCIROCCO Maturity Model** and its online self-assessment tool for integrated care to other relevant areas of active and healthy ageing.
# Stage 1
## Maturity Assessment for Integrated Care

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>SCIROCCO tool applied as a tool to assess the maturity of regions’ local environment and readiness for integrated care</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of regions assessed</td>
<td>9</td>
</tr>
<tr>
<td><strong>Output Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of completed and documented assessments</td>
<td>9</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Level of maturity assessed for regions</td>
<td>9</td>
</tr>
</tbody>
</table>
Stage 1
Engagement with external partners

- **Estonia** – the assessments are undergoing as part of the Structural Reform Support Programme; 12 assessments are completed so far.

- **Health Roundtable, Australia** – as part of this collaboration, 16 hospitals in New Zealand and Australia assessed their maturity for the adoption of integrated care; the assessment process is still ongoing.
  - 23 assessments completed in WA Country Health Service South West; the consensus-building workshop on 27 April 2021

- **ACSELL project** – as part of this collaboration, the expanded version of SCIROCCO Exchange Maturity Model – Maturity Model for Innovation was applied in 7 ACSELL regions (Baden-Württemberg in Germany, Flanders, North Denmark, Timis in Romania, Scotland, Slovenia, Venezia in Italy).
## Stage 2
### Knowledge Management Hub

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>Healthcare authorities are informed about, and are able to utilise, the Knowledge Management Hub to facilitate this access to personalised evidence on knowledge transfer on integrated care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Process Indicator(s)</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use of the website</td>
<td>500 unique users</td>
<td>50 daily unique visitors on average</td>
</tr>
<tr>
<td>Number of followers in Twitter</td>
<td>≥300 followers</td>
<td>279 + 85 (364)</td>
</tr>
<tr>
<td>Number of scientific communications</td>
<td>≥5</td>
<td>7</td>
</tr>
<tr>
<td>Number of dissemination events</td>
<td>≥30</td>
<td>37 + 15 (52)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output Indicator(s)</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to SCIROCCO Exchange Knowledge Management Hub is provided</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Number of stakeholders expressing interest in the SCIROCCO Exchange Knowledge Management Hub</td>
<td>50-100 unique users</td>
<td>32 + 9 (41)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome/Impact Indicator(s)</th>
<th>Target</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of stakeholders using the SCIROCCO Exchange Knowledge Management Hub</td>
<td>50-100 unique users</td>
<td>294 +91 (385)</td>
</tr>
</tbody>
</table>
Stage 2
Fully translated/adapted Hub in 10 languages

2 new languages
Estonian & French

Cele SCIROCCO Exchange
Wsparcie w budowie potencjału regionów oparte na dowodach

1. Ocena dojrzałości do opieki koordynowanej
2. Zasoby na rzecz budowy potencjału
3. Transfer wiedzy
4. Plany usprawnień

Sciurocco Exchange Knowledge Management Hub

Współtworzenie pomocy technicznej dostosowanej do poziomu dojrzałości oraz kontekstu lokalnego

Dostęp do istniejących dowodów naukowych
Stage 2
Challenges and delays

► Challenges:

◼ Continuous improvement in formatting the capacity-building assets

◼ Internal re-organisation at UEDIN

► Delays in:

◼ Final v.1 of Knowledge Management Hub (integration of capacity-building assets) has been implemented in M28 (April 2021) rather than M20 (December 2019);

◼ Knowledge Management Hub v.2 supporting personalised knowledge transfer has been implemented in M28 (April 2021) rather than M19 (July 2021)

◼ Knowledge Management Hub v.3 supporting improvement planning towards a community curated sustainable tool has not been initiated yet (initial date M20 – August 2021)
## Stage 3
### Identification of capacity-building assets

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>Assets to build the capacity of healthcare authorities for integrated care are identified and tailored to their local needs</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of capacity-building assets for integrated care reviewed</td>
<td>≥50</td>
</tr>
<tr>
<td>Number of initiatives consulted regarding their integration with the Knowledge Management Hub</td>
<td>≥20</td>
</tr>
<tr>
<td><strong>Output Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Agreed set of capacity-building assets</td>
<td>1</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Capacity-building assets integrated with the Knowledge Management Hub</td>
<td>≥50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of capacity-building assets for integrated care reviewed</td>
<td>523</td>
</tr>
<tr>
<td>Number of initiatives consulted regarding their integration with the Knowledge Management Hub</td>
<td>On-going</td>
</tr>
<tr>
<td>Agreed set of capacity-building assets</td>
<td>1</td>
</tr>
<tr>
<td>Capacity-building assets integrated with the Knowledge Management Hub</td>
<td>523</td>
</tr>
</tbody>
</table>
# Stage 4
## Knowledge Transfer

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>European regions capacity to design, implement and evaluate integrated care is maximised.</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of knowledge transfer activities co-designed</td>
<td>9</td>
</tr>
<tr>
<td><strong>Output Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Agreed personalised knowledge transfer and capacity-building approach</td>
<td>9</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of successfully implemented knowledge transfer activities</td>
<td>9</td>
</tr>
</tbody>
</table>
Stage 4
Challenges and delays

► Challenges:
- Delays in integrating capacity-building assets on the Hub (WP4)
- COVID-19 and difficulties with engaging local stakeholders

► Delays in:
- Implementation of knowledge transfer process has been postponed from M9 (September 2019) to M21 (September 2020).
- Implementation of Knowledge Transfer Programme postponed to November 2021 (Amendment of Grant Agreement).
## Stage 5
### Improvement Programme

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>Integrated care solutions are co-designed and tailored to the regions’ local needs and priorities</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of Improvement Plans generated</td>
<td>9</td>
</tr>
<tr>
<td><strong>Output Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Agreed outcomes of knowledge transfer activities</td>
<td>9</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of successfully designed Improvement Plans</td>
<td>9</td>
</tr>
</tbody>
</table>
Stage 5
Challenges and delays

➤ **Challenges:**

- Delays in integrating capacity-building assets on the Hub (WP4)
- Delays in launching knowledge transfer activities (WP7)
- COVID-19 and difficulties with engaging local stakeholders

➤ **Delays in:**

- Integration of improvement planning assets on the Hub has not been initiated (M8.2 December 2019).
- Implementation of Improvement Programme postponed to November 2021 (Amendment of Grant Agreement).
## Evaluation

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>Knowledge transfer and capacity-building process is evaluated</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of processes evaluated</td>
<td>9</td>
</tr>
<tr>
<td><strong>Output indicator (s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of processes documented</td>
<td>9</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td>Target</td>
</tr>
<tr>
<td>Number of regions with improved capacity for integrated care</td>
<td>9</td>
</tr>
</tbody>
</table>
Exploring the expansion of SCIROCCO Maturity Model for Integrated Care

<table>
<thead>
<tr>
<th>Specific Objective Number</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific Objective</strong></td>
<td>The potential for expansion of the SCIROCCO Maturity Model to other areas of active and healthy ageing, such as health promotion, prevention and digital maturity is identified.</td>
</tr>
<tr>
<td><strong>Process Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of topics reviewed for the potential expansion of the SCIROCCO Maturity Model to other area of active and healthy ageing</td>
<td>≥ 5</td>
</tr>
<tr>
<td>Number of experts consulted for their opinion about the expansion of the SCIROCCO Maturity Model</td>
<td>≥ 30</td>
</tr>
<tr>
<td><strong>Output Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>Number of suitable thematic areas identified for the expansion of the SCIROCCO Maturity Model</td>
<td>≥ 1</td>
</tr>
<tr>
<td><strong>Outcome/Impact Indicator(s)</strong></td>
<td><strong>Target</strong></td>
</tr>
<tr>
<td>The potential expansion of SCIROCCO Maturity Model to the other areas of active and healthy aging is identified</td>
<td>≥ 1</td>
</tr>
</tbody>
</table>
Upcoming project activities – May-June 21

► On-going dissemination and evaluation activities;
► Development of v2.0 of Knowledge Management Hub;
► Continue with mapping of the capacity-building assets;
► Implementation of Knowledge Transfer Programme;
► Implementation of the Improvement Programme;
► On-going expansion of the Maturity Model for Integrated Care.
► Mid-term workshop (May 2021)
► ACSELL/SCIROCCO Exchange Workshop (June 2021)
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Presentation at Conference or Workshop

SCIROCCO Exchange project partners have undertaken 15 virtual speaking events since July 2020 to March 2021.

The 15 events included 20 individual presentations from the SCIROCCO Exchange partners.

Other Dissemination Activities

14 other types of dissemination activities were undertaken by SCIROCCO Exchange partners including a series of project specific webinars, website articles, posters, conference exhibitions and journal articles.
In addition to the planned project dissemination activities, 9 new enquires were also received from 9 different countries related to the SCIROCCO Exchange project. These enquires range from requests to present the project at an event, to requests for information related to the tool or collaboration with other projects or authorities, not just from within Europe but worldwide.
| Requests to present the project at an event. | ![Meeting Icon] ![Microphone Icon] |
| Requests for information related to the tool. | ![Question Mark Icon] ![Tool Icon] |
| Collaboration with other projects or authorities. | ![Network Icon] ![Globe Icon] |
@SCIROCCOXCHANGE TWITTER FOLLOWERS

July 2020 = 267
March 2021 = 364
Content that is:

- Positive & raises awareness
- Reinforces the project goals
- Shares partner activities
- Links to resources on the website
- Offers opportunity to connect
- Updates our community
Resources

View or download our resources below.

**SCIROCCO Exchange Tool**

- **SCIROCCO Exchange Maturity Model**
  - Descriptions of the Dimensions and the Scoring Justifications

- **2020**
  - The SCIROCCO Exchange online self-assessment tool is available in nine languages. It has been tested and applied in more than 31 regions and organisations in Europe and beyond.

- **Translated Maturity Model**
  - Dutch
  - Translated Maturity Models

- **Translated Maturity Model**
  - German
  - Translated Maturity Models

- **Translated Maturity Model**
  - Spanish
  - Translated Maturity Models

- **Translated Maturity Model**
  - Italian
  - Translated Maturity Models

- **Translated Maturity Model - Lithuanian**
  - Translated Maturity Models

- **Translated Maturity Model - Polish**
  - Translated Maturity Models

- **Translated Maturity Model - Slovenian**
  - Translated Maturity Models

- **Translated Maturity Model - Slovakian**
  - Translated Maturity Models

- **Translated Maturity Model - Estonian**
  - Translated Maturity Models

- **SCIROCCO Exchange Tool User Guide**
  - User Guides

- **January 2019 - June 2020**
  - List of countries, regions and organisations using SCIROCCO Exchange tool
  - Countries and Regions Using the Tool

- **Expanded Maturity Model - Demand Driven Innovation**
  - Expanded Maturity Models

- **Expanded Maturity Model - Digital Neighbourhood**
  - Expanded Maturity Models

- **Experience of Users - SCIROCCO Exchange Focus Group Results and Conclusions Report**

- **SCIROCCO Exchange Tool Facilitator Guide**
  - User Guides
Knowledge Exchange Webinars

- Goal Oriented Care in Flanders 41 live + 39 on-demand
- Results of the European survey on integrated care and the start of the knowledge transfer program in Puglia 25 live + 28 on-demand
- Implementation of Electronic Health Records (EHR) in the Basque Country - OptiMedis 22 live + 23 on demand
- Transforming Local Systems - Participation and Co-creation with Citizens April 2020 42 live +
SUPPORT DISSEMINATION

HIGHLIGHT SUCCESSES

EXPAND THE APPLICATION OF THE TOOL

REACH NEW AUDIENCES

TRANSLATE KNOWLEDGE INTO PRACTICE
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OBJECTIVES

1. To **design bottom-up personalised assistance** and practical support to tailor the local needs and priorities in 9 European regions that are seeking the support in preparing their ground for the transition and scaling-up of integrated care and/ or to improve their existing system and service design.

   ► **Originally we prepared a knowledge transfer programme + a process for regions to pick activities once they would**
   
   - have identified one or more dimensions they wanted to work on (based on WP5)
   - specified their needs
   - identified stakeholders anticipating in the knowledge transfer
   - identified assets in the Knowledge Hub

   ► **In the context of the pandemic, chosen activities**
   
   - were first postponed
   - were progressively adapted online: the idea originally was to at least start something, with the hope that some activities would still be organised in person
   - were also adapted to the feedback and availability of health professionnals
   - are now completely designed online (however with a diversity of formats, processes, purposes...)
OBJECTIVES

2. To **facilitate the purposely designed knowledge transfer** in 9 European regions in order to prepare the local environment for implementation and scaling-up of integrated care.

- **Activities were adapted to the circumstances**, which meant online. Huge disappointment for all partners
- **The implementation of knowledge transfer activities started in January 2021.** The rule was: we should implement activities, even small ones. **This proved to be the right approach**
- The facilitation includes
  - **connecting** partners with specific requests
  - support with **logistics**,
  - **updates** (both asking and providing),
  - **encouraging** partners,
  - **trusting that partners are the experts** in this process: they know their ecosystem, the stakeholders and their circumstances
  - **expliciting what type of support** can be offered
Activities in the Knowledge Transfer Programme

The Knowledge Transfer Activities are classified into 5 main categories:

➢ Expert mission to receiving region
➢ Events in receiving region, or in other relevant place, with peers and experts from SCIROCCO Exchange Consortium
➢ Capacity-building activities in receiving region or elsewhere if relevant
➢ Study visit to transferring entity/region
➢ Exchange, secondment or placement of staff
A variety of knowledge transfer activities

Activities open to the whole consortium (not tailored to any specific knowledge transfer programme)

- **Webinar on goal-oriented care**, by Flanders
  - wish to share the work in Flanders on the concept of goal-oriented care
  - intention to adapt the maturity model to the Flemish context and take goal oriented care into consideration
  - request for feedback and advice from the Consortium
  - topic at the crossroads of different priorities shared by partners (citizen empowerment, population approach, coordination of care...)

- **Functioned like a study visit organised by a region that wants to show a practice they are proud of and take advantage of available collective intelligence to receive feedback**
- **Offered a first activity to all partners**: kicked-off the knowledge transfer.
- 2 Webinars on COVID-19 (upcoming)
  - COVID-19 - Mental Health & Well-being of Healthcare Professionals
  - COVID-19 - Digital tools

- original request by Basque Country during needs assessment
- interest confirmed by partners at consortium meeting

- Functions like a conference or other specialised event in receiving region or in relevant place.
- Will tick similar boxes: create content, provide opportunity for experience sharing and producing collective intelligence, engage stakeholders, raise awareness, contribute to building an international community
Peer learning activities tailored to the needs of partners

- **Exchanges on EHR** between Optimedis & the Basque Country
  - Optimedis prepared 1 page with questions for the Basque Country on the implementation of the EHR there
  - First meeting with practitioners to specify questions
  - Proposal of an agenda by the Basque Country
  - Online workshop, with translation

- **Exchanges on Readiness to change** between Slovenia & the Basque Country
  - Slovenia prepared 1 page with questions on Readiness to change and Innovation management for the Basque Country
  - The Basque Country narrowed the scope and proposed to organise 2 webinars on
    1/ Health and Social Coordination (including the approach, barriers, how it is integrated, etc.)
    2/ Interaction between healthcare and mental health care (including the model of care, services, institutionalisation, challenges, connection with community services, training to professionals, etc.)
Exchanges on the Scottish approach to service redesign between the Basque Country and Slovenia as receiving partner and Scotland as exporting partner
-the Basque Country looked for good practices
-was interested in the Scottish approach to service redesign
-as the topic was also relevant to Slovenia, were also invited

- Functioned like a study visit organised by a region which goes to visit another one because they want to know more about a specific practice or policy
- The intention is exchange information now, build up the relationship and in the future continue collaboration & mutual learning

Exchanges on the use of data to inform local decision-making between Scotland and Flanders
Activities within a regional ecosystem

- **Capacity building on EU cooperation & funding for local health authorities** by Puglia
  - Webinar with local health stakeholders + AER to share results of WP5 & present WP7
  - Development of certified training Master « Pianificazione e Programmazione dei Fondi Europei »

- **Capacity building activity on agile management** by Lithuania
  - Workshop with local health stakeholders in Lithuania to agree on the needs to be addressed through knowledge transfer
  - Development of training

- **Awareness raising, engagement & capacity building website on integrated care** by Slovakia
Activities within a regional ecosystem

- Awareness raising, engagement & capacity building website on integrated care by Slovakia

- survey on needs of healthcare providers in Poland + providing knowledge on patient empowerment for providers
  - they would like to organise a first online workshop with their providers.
  - Then we could organise a 2nd workshop with a partner from the consortium presenting a good practice + exchanges with Polish partners & healthcare providers

- feedback from patients: Question to the consortium:
  - questions for the project assembly:
  - how do you communicate/ connect with patients?
  - how do you know that patients access & benefit from the information you share
Findings since start of knowledge transfer process

In this phase we have addressed the impact of the COVID-19 pandemic:

- The COVID-19 pandemic has generally confirmed the results of the maturity assessments in WP5.
- As the pandemic continued, activities were adapted but the priorities and needs which were specified in WP7 remained current.
- The involvement of local health providers and stakeholders was generally difficult to secure due to their engagement in managing the sanitary situation.
- Translation is back: while interactive knowledge transfer activities are generally difficult to carry out with translation, organising online events meant technology allowed to have translation.
- Online events, especially with translation, allow to engage practitioners, who would not necessarily travel.
- Partners have adopted quite different approaches and the knowledge transfer process is different for each of them. Not just on topics addressed but also on stakeholders involved, type of activities, expected results/impact.
Next steps

► Complete the knowledge transfer processes with all 9 partners
► Capture stories via videos
► Report on the activities and outcomes of the knowledge transfer process
► Publication on the knowledge transfer in SCIROCCO Exchange
Thank you!

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN FLANDERS

- Karel Hermans – Sol Wallyn
- Flanders Institute for Primary Care and Flanders Agency for Care and Health
Setting the priorities for knowledge transfer
Objectives of knowledge transfer

- Population approach
- Process coordination
  - Interpretation of data by local level – Primary care Zones
  - Goal oriented Care
- Evaluation methods: learn and exchange
- Readiness to change: Primary care institute and Primary Care Academy
Knowledge transfer activities to deliver this change

➤ Data and informed decision making by Primary Care zones in Flanders with Scotland:
   ■ Workshop on Data Skills – co-creation: what do people want to know (Prep 13/04)
   ■ Workshop on Local Health and Care Data

➤ Webinar on Goal Oriented Care (21/01)
➤ Working Group on the Expansion of SE Maturity Model – Goal Oriented Care (31/03)
Implementation of knowledge transfer activities in Flanders – Next steps

► Aim is to have an adapted MMA-tool to be tested in September – October 2021

- Discuss with members of the Flemish Primary Care Academy and the Flemish Focal Point Wellbeing, Health (Steunpunt WVG)
- Starting point for WP7-8-9
Challenges/Concerns

► Time constraints

► ...
Thank you!

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN WERRA MEIßNER KREIS (GERMANY)

Fritz Arndt, Sophie Wang, Oliver Grüne

OptiMedis AG
Objectives of knowledge transfer

To improve the integrated care system along dimensions prioritized through the maturity assessment through bilateral exchanges with partners to both share our knowledge and learn.

To build relationships with subject matter experts from regions at various stages of integrated care on dimensions of integrated care.
KT Activity - Bilateral exchange with Basque Country

Purpose:
- To learn and exchange on facilitators and barriers in the implementation process of digital infrastructure within the Basque integrated health system.
- To build longer-term partnerships through multiple exchanges along the implementation continuum.
KT Activity - Bilateral exchange with Basque Country

1. Exchange focused on Digital Infrastructure
   a) What did the EHR implementation process look like?
   b) What are costs associated with the HER Introduction?
   c) How is the HER system used? By whom? For what purpose?

2. Exchange focused on Population Approach
   a) Mechanisms around risk stratification for population
   b) How are results used by public? Provider? Policymakers?
   c) How is balance achieved between high-risk/high-cost groups and low risk/high-impact groups?
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1. Exchange focused on Digital Infrastructure
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   b) How are results used by public? Provider? Policymakers?
   c) How is balance achieved between high-risk/high-cost groups and low risk/high-impact groups?
Digital Infrastructure webinar – 2/18/2021

Content
1. Integrated Electronic Health record
2. Personal Health Folder – Patient access to their health data
3. Virtual consultations integration into EMR

Learnings & Reflections
1. High uptake among seniors
2. Navigating information privacy
3. Vision of embedding a digital infrastructure into the system
4. Extended discussion
KT Activity - Bilateral exchange with Basque Country

1. Exchange focused on Digital Infrastructure
   a) What did the EHR implementation process look like?
   b) What are costs associated with the HER Introduction?
   c) How is the HER system used? By whom? For what purpose?

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Thank you!

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IMPLEMENTATION OF KNOWLEDGE TRANSFER 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)
Setting the priorities for knowledge transfer

The spider diagram of the total results

Priority dimensions for changes
Objectives of knowledge transfer

- **IDENTIFY** the most important issue
- **REMOVE** some of the key bottle neck
- **ENCOURAGE** cross-boundary collaboration
- **INCREASE** the knowledge and understanding of integrated care
Knowledge transfer activities

1. **Discussion with stakeholders**
   - To identify the spots where integrated care improvements would bring most value.

2. **Webinar with stakeholders**
   - Identified motivated local stakeholders to potentially collaborate further.

3. **Joint workshop**
   - Align the intervention depending on local needs, expectations, strategic objectives and possibilities.

4. **1st Training session**
   - Presenting the application of the integrated care model for MM patients in Lithuania.

5. **2nd Training session**
   - Define feasible objectives aligned with the improvement areas.

6. **Final meeting with stakeholders**
   - To agree on KPIs to assess the impact of the actions.
Knowledge transfer activities – Current progress

- **2019**: The Maturity Assessment
- **2020 spring**: Knowledge Transfer Activities – Impl. Plan
- **2020 DEC**: Meeting and Webinars with Stakeholders
- **2021**: Workshop with Stakeholders
- **2020 DEC**: Training Session
Implementation of knowledge transfer activities in Lithuania – Next steps

- PREPARE for the training (agenda, prep. material, logistics etc.)

- SCHEDULE a training session with stakeholders

- ALIGN the final agenda and training session participants

- INVITE the stakeholders

- START the registration
CHALLENGES/CONCERNS

COVID-19 and its impact.
Thank you!

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Setting the priorities for knowledge transfer

Bari Local Health Authority final spider diagram

Brindisi Local Health Authority final spider diagram

Barletta-Andria-Trani Local Health Authority final spider diagram

Foggia Local Health Authority final spider diagram

Lecce Local Health Authority final spider diagram

Taranto Local Health Authority final spider diagram
## Setting the priorities for knowledge transfer

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
<th>Q9</th>
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### Dimensions

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<thead>
<tr>
<th>Q1</th>
<th>Readiness to Change</th>
<th>Q7</th>
<th>Population Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q2</td>
<td>Structure &amp; Governance</td>
<td>Q8</td>
<td>Citizen Empowerment</td>
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<td>Q3</td>
<td>Digital Infrastructure</td>
<td>Q9</td>
<td>Evaluation Methods</td>
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<td>Q4</td>
<td>Process Coordination</td>
<td>Q10</td>
<td>Breadth of Ambition</td>
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<tr>
<td>Q5</td>
<td>Finance &amp; Funding</td>
<td>Q11</td>
<td>Innovation Management</td>
</tr>
<tr>
<td>Q6</td>
<td>Removal of Inhibitors</td>
<td>Q12</td>
<td>Capacity Building</td>
</tr>
</tbody>
</table>

**Legend**

- Green: 5 to 4
- Yellow: 3 to 2
- Red: 1 to 0
Setting the priorities for knowledge transfer

Major strengths include:
Q3 - Digital Infrastructure
Q4 - Process Coordination
Q8 - Citizen Empowerment
Q7 - Population Approach

Weaknesses
Q5 – Finance and Funding
Q6 - Removal of Inhibitors
Q9 – Breadth of Ambition
Objectives of knowledge transfer

The objective of the KT in Puglia is to plan initiatives to fill the gaps emerged thanks to the Integrated care maturity level assessment in the Region.

Q5 Finance and Funding. Although Puglia is one of the Italian regions with the highest level of performance in the use of European funds, the health sector suffers from the lack of specialized and/or dedicated human resources;
Knowledge transfer activities

➤ Training and Communication emerged as relevant levers of organisational change according to the involved stakeholders

➤ FIRST ACTION: Organisation of a workshop with 6 LHAs in February 2021
Knowledge transfer activities

25 February 2021
online

PARTICIPANTS
34 Attendees

GOALS
To update Apulian stakeholders about the SCIROCCO Exchange project
To present the WP5 results
To introduce the KT program
To present the Knowledge Management Hub
To share info about the next activities
Knowledge transfer activities – Current progress

- Analysis of training opportunities already in place in Puglia
- Identification of the Master in EU Funds of the:
  - Co-organisation of the Master
  - Memorandum of understanding with the LHAs
Implementation of knowledge transfer activities in Puglia – Next steps

► To tutor the training of stakeholders during their 1 year Master
► To create a regional task force working as a network for IC with at least one stakeholders from each LHAs, coordinated by AReSS
► To write and implement new projects on IC in a systematic way

Also we are working with the logic model on the same topic in order to envisage other additional / future possibilities to obtain effective results from this KT activities
Implementation of knowledge transfer activities in Puglia – Next steps

➢ The monthly newsletter in ITALIAN to inform the Stakeholders about all the knowledge Transfer activities and opportunities organised by the project
Challenges/Concerns

The pandemic and the uncertainty of its development and impact of our health system
Thank you!

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN POLAND

► Katarzyna Wiktorzak & Agata Szymczak
► National Health Fund

SCIROCCO Exchange Project Assembly, 21-22 April 2021
The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „small” PHC

14 providers with 39,296 patients taken care of
The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „medium” PHC

19/17 providers with 133 722 patients taken care of
The final spider diagram reflecting the outcomes of the maturity assessment in POLAND – group of „large” PHC

6 providers with 84,728 patients taken care of
KNOWLEDGE TRANSFER

After the maturity assessment we prepared Individual Scirocco Exchange Reports for each provider on their results along with a brief explanation of what is good and should be strengthened, and what dimensions should be correct.

We have added recommended literature, links to on-line courses prepared by government institutions, acts, public tenders on the Accessibility of PLUS („Dostępność PLUS” - applying for funds to adapt clinics to the needs of disabled people)

For knowledge transfer we selected two dimensions:

- PATIENT EMPOWERMENT
- DIGITAL INFRASTRUCTURE

*We haven’t selected any dimensions for coaching of other regions/countries*
Objectives and activities of knowledge transfer - PATIENT EMPOWERMENT

FOR PROVIDERS:

- Goal: engage in capacity building and raise awareness among healthcare providers about PATIENT/CITIZEN EMPOWERMENT

  - analysis of providers' needs
    - prepare survey for them [56 questions],
    - organize IDI [20 Managers, 20 Coordinators],
    - prepare scenario and organize 5-6 focus groups with patients and medical staff
    - gather answers/ analysis of answers,
    - share the results

  - providing knowledge of patient empowerment for providers
    - check hub/ project consortium partners for assets,
    - prepare agenda for meeting, organise study visit/online meeting with project consortium partners- sharing good practices – local and international)
Objectives and activities of knowledge transfer - PATIENT EMPOWERMENT

FOR PATIENTS:

- Goal: raise awareness among patients about PATIENT EMPOWERMENT
  - providing knowledge of patient empowerment for patient
    - prepare survey for patients (PAM)
    - gather answers/ analysis of answers
    - share the results
  - list of examples of tools/ nutrition plans, training plans, educational movies
  - sharing of tools for self-management/ Akademia NFZ
  - sharing and promoting information about prophylactics
The Patient Perceptions of Integrated Care (PPIC) survey

Sara J. Singer, Harvard School of Public Health

- YOUR DOCTOR
- CARE BY YOUR DOCTOR / PHC
- CARE BY OTHER PERSONNEL IN YOUR PHC
- CARE BY OTHER PEOPLE IN YOUR PHC
- CARE BY SPECIALISTS OUTSIDE YOUR PHC
- THE SPECIALIST YOU HAVE SEEN MOST OFTEN IN THE LAST 6 MONTHS
- YOUR LAST STAY IN THE HOSPITAL
- YOUR OVERALL EXPERIENCE IN HEALTHCARE
- ABOUT YOU
Health literacy describes an individual's ability to meet complex health-related requirements. As a result of health education and communication activities, it represents cognitive and social skills that determine individuals' motivation and ability to access, understand and use information in a way that promotes and maintains good health.

The **model of health competences** assumes the existence of three factors: **health care**, **disease prevention**, and **health promotion** in four dimensions: obtaining information, understanding, assessing and applying the acquired knowledge.
EU Health Literacy Survey HLS - example

Could you say, using the response scale from "very easy" to "very difficult", how easy it is for you:

Very easy  Rather easy  Rather difficult  Very difficult  Don't know

► 6. …using information obtained from your doctor to make decisions about your illness

► 8. …finding information on how to deal with problems such as stress or depression?

► 10. …understanding why you should be screened? (mass, free, preventive checkups) (Instructions: breast exam, blood sugar test, blood pressure test)

► 16. …assess which of your everyday behavior affects your health? (Instructions: eating and drinking habits, exercise, etc.)
Objectives and activities of knowledge transfer – DIGITAL INFRASTRUCTURE

FOR PROVIDERS:

- Goal: engage in capacity building and raise awareness among healthcare providers about DIGITAL INFRASTRUCTURE
  - providing knowledge of digital infrastructure
    - prepare survey for providers, gather answers/analysis of answers
    - desktop search for good practices on digital infrastructure/Innovations (e.g. ETHEL, DHI Scottish)
    - prepare report/statement on best international experiences in Digital Infrastructure/Innovations
    - identify in Scirocco Exchange Knowledge Hub which regions/providers have identified digital infrastructure as a strength to see which good practices are available
Implementation of knowledge transfer activities in POLAND (INTEGRATED CARE PROVIDERS POZ PLUS) – Next steps

- Organizing the workshops for Polish providers about patient empowerment (dissemination of results) and digital infrastructure (best practice)
Additional activities

- **Cooperation with World Bank**
  - On July 2020 WB prepared more than 40 individual, very detailed reports for each integrated care provides, benchmarking
  - Plan to invite WB on on-line Scirocco Exchange seminar/workshops

- **Cooperation with POZ PLUS project**

- **WP8 – Logic model**
Challenges/Concerns

- Difficulties in direct communication with entities that provide coordinated care
- The need to organize online meetings (advantages and disadvantages), theoretically easier to arrange a short meeting/webinar, but obstacles like: technical problems, heavy workload of medical staff
- Contact with patients practically limited to ZERO, the possibility of conducting surveys and gathering information, but a problem with communicating the results of the evaluation to patients. Only via social media and the Internet (NFZ website, NFZ Academy)
Greetings from Poland
Thank you!

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KNOWLEDGE EXCHANGE PROGRAMME IN SCOTLAND

Andrea Pavlickova,
Scottish Government

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

Midlothian Health & Social Care Partnership

Dimensions for the knowledge transfer (Adopter)
- Digital Infrastructure
- Population Approach
- Removal of Inhibitors

Potential dimensions for coaching (Originator)
- Readiness to Change
- Citizen Empowerment
- Innovation Management
Objectives of Knowledge Transfer

► As adopter
  ■ Digital Infrastructure
    ▶ Digital skills
    ▶ Implementation of EHR and its integration in existing IT infrastructure
    ▶ Deployment and use of digital services
  ■ Population Approach
    ▶ Implementation of population-based approaches

► As originator
  ■ Readiness to change
  ■ Citizen empowerment
  ■ Innovation management
Knowledge Transfer Activities

► As adopter

- Mapping of capacity-building assets and exploring the opportunities for learning (peer reviews) with SCIROCCO Exchange Partners.
Knowledge Transfer Activities

► As originator

- Workshop with Slovenia (planning phase)
  - Legislation and policy frameworks/strategies
  - Awareness-raising and engagement with stakeholders
  - Governance and funding models

- Workshop with Slovenia (planning phase)
  - Innovation strategies
  - Good practices
  - Stakeholder Engagement
Knowledge Transfer Activities

► As originator

- Workshop with Slovenia (planning phase)
  - New governance for integrated care
  - De-institutionalisation and organisational changes
  - Increased role of social care
  - Best practices in providing support and care for adults with dementia and mental health
  - Community based services for adults with dementia and mental health
  - Role of health and social care authorities in the provision of mental health services
Knowledge Transfer Activities

► As originator

Knowledge Exchange Workshop: “Transforming local healthcare systems – co-creation and co-design with citizens”

- Basque Country and Slovenia

Date: April 13th 2021 (2 hours); 42 participants.

Topics covered:

- Explanation of the Scottish approach to service re-design
- Pathfinder programme as an example on how to transform local systems
- Practical experience from Midlothian – Improve the experience of people with frailty
Other Activities

 ► Development of a programme of self-evaluation in the Midlothian Health and Social Care Partnership

 ■ Internal learning and exploration of possibilities to embed SCIROCCO Exchange tool for Integrated Care as a routine practice.
Implementation of knowledge transfer activities in Scotland – Next steps

SCIROCCO Exchange Webinar
TBC 2021
14:00-15:30 CET / 13:00-14:30 GMT

COVID-19 – Mental Health & Well-being of Healthcare Professionals

Capacity-building and knowledge exchange is both the foundation and aspiration of SCIROCCO Exchange EU Health Programme funded project (www.sciroccoexchange.com). The ultimate objective of this project is to support health and social care authorities in their transformation towards sustainable integrated and more efficient health and social care systems through better understanding of local needs, mutual learning, access to tailored evidence and improvement planning. To achieve this objective, the SCIROCCO Exchange Knowledge Transfer Programme has been set up to facilitate the exchange of experience, good practices and lessons learned in order to speed up the adoption of integrated care in European regions and countries. The COVID-19 pandemics has proven to be a catalyst of change and of greater demand for coordinated and integrated health and social care services, with healthcare professionals and citizens at the centre of this change. As a result, healthcare professionals in particular are under enormous psychological pressure with stress, fatigues and anxiety being present in over 86% of health and social care workers worldwide (Vizeh, M.2020).

The objective of this webinar is to share the experience of Scotland and XY regions in supporting psychological well-being of healthcare professionals, highlighting the potential of digital solutions and importance of digital (technological) literacy in providing this support. Specifically, the webinar will feature
Implementation of knowledge transfer activities in Scotland – Next steps

- Workshop with Flemmish Agency for Health and Care (May 2021)
  - Use of data to inform local decision-making process
  - Data strategies
  - Data skills & literacy
  - Techniques and tools to support workforce in using the data
  - Interpretation of data
PROPOSAL FOR A VIRTUAL WORKSHOP:
THURSDAY, 20TH MAY 2021: 14 00 – 15 30 CET

WOULD WELCOME FURTHER FRONT ROW COMMENTATORS AND/OR ATTENDEES

“Strategies for new models of care: Hybrid care”

**Aims:** The aim of this virtual workshop is to compare and contrast two services/sites (from Scotland and India) and to determine what are the most effective strategies for developing new models of care, especially ‘hybrid care’.

**Outcomes:** Key outcomes will include:
- awareness-raising about what hybrid models of care are and what is needed to progress with them.
- as a follow-up, a list of **chief pointers** to the re-design of health and care **services** and health and care **pathways**.

**Speakers:** Ms Nessa Barry (Scotland); Dr. Marc Beswick (Near Me Network, Scotland); Prof. Dr. Krishnan Ganapathy (Apollo Telemedicine Networking Foundation (India)).

**Front row commentators:** Dr. Astrid van der Velde (Isala Heart Foundation, Netherlands).
Challenges/Concerns

- Assessing the impact & capturing the outcomes of learning;
- Transferability of learning and its potential adoption;
- Strategic alignment with on-going activities in the Partnership (time concerns);
- COVID-19 and its impact on the delivery organisations.
Thank you!

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KNOWLEDGE EXCHANGE PROGRAMME IN SLOVAKIA
Knowledge Transfer Programme in Slovakia

**Background:**
- political situation at all levels
  - unstable, unpredictable because of COVID-19 (but not only)
- new/updated strategies at all levels
  - national recovery plan and national guidelines, national actions plans
  - regional/local plans on social development
  - changed list of preliminary planned activities

1) Webplatform on IC for stakeholders
   
   **main communication tool** for other follow-up activities

2) Database of good practice examples from other countries and SK

3) Database of key stakeholders in SK
### ÚVOD
Introduction

### PRIPRAVIŤ SA
Ready

3 podstránky / parts:
- Integrovaná starostlivosť
  Integrated care
- Model CCM
  CCM model
- Príklady dobrej praxe z iných krajín
  Good practice examples from other countries

### POZOR
Steady

3 podstránky / parts:
- Strategické dokumenty
  Strategic documents
- Publikácie
  Publications
- Príklady dobrej praxe na Slovensku
  Good practice examples in Slovakia

### ŠTART
Go

3 podstránky / parts:
- Nástroje
  Tools
- Použitie na Slovensku
  Implementation

### O NÁS
About us

---

Design, štruktúra: podľa webstránky projektu INDEED - https://sk.indeed-project.eu/
Farby: podľa SCIROCCO_design a farby.pptx
Link novej web-platformy: https://mc3.sk/integratedcare.sk (predbežný návrh)
Vitajte na stránke Integrovaná starostlivosť na Slovensku

Táto online platforma bola navrhnutá v rámci medzinárodného projektu SCIROCCO Exchange - Centra riadenia znalostí - a slúži pre všetkých odborníkov pracujúcich v zdravotníctve a v sociálnom sektore. Cielom platformy je poskytnúť prehľad o súčasnom stave integrovanej starostlivosti, posilniť kompetencie a vedomosti v oblasti integrovanej starostlivosti, podporiť multidisciplinárnu spoluprácu, stimulovať budovanie siete profesionálnych kontaktov v sociálnych službách a zdravotníctve na národnej, regionálnej a lokálnej úrovni.

Viac informácií o dôvode vzniku online platformy nájdete v časti ÚVOD.

Začíname!

Pri prezeraní materiálov odporúčame začať so sekcii PRIPRAVIŤ SA, následne prejsť k sekci POZOR a na záver si preštudovať sekci ŠTART. Poradie štúdia dostupných materiálov si môžete samozrejme zvoliť aj individuálne, na základe Vašich preferencií. Kliknutím na jednu z farebných líšť vyššie, si zvolte sekcii, ktorú si chcete prezerať ako prvú.

Viac informácií o online platforme Integrovaná starostlivosť na Slovensku nájdete v časti O NÁS.
Integrovaná starostlivosť na Slovensku

Situácia na Slovensku
Slovensko čelí mnohým závažným problémom týkajúcich sa zdravotnej a sociálnej starostlivosti. Znepokojujúce zdravotné indikátory ako vysoká miera odvráteľných úmrtí, očakávaná dĺžka života a roky prežité v zdraví výrazne nižšie ako priemer EÚ, nedostatok zdravotného personálu, vysoký priemerný vek lekárov a nepriaznivá veková skladba sestier, nedostatočná kvalita a kapacita dlhodobej starostlivosti, nízky podiel výdavkov na dlhodobú starostlivosť, a v neposlednom rade absenťu a poddimenzované financovanie domácej starostlivosti. V dôsledku demografických zmien predstavuje integrácia zdravotnej a sociálnej starostlivosti čoraz vyzývajúcu spoločenskú výzvu. Starnúca ekonomika si vyžiada reformu dlhodobej starostlivosti vrátane jej integrovaného riadenia. Kvalita zdravotnej a sociálnej starostlivosti na Slovensku výrazne zaostáva za európskymi štandardmi, pokiaľ ide o vedomosti, praktické zručnosti a spoluprácu medzi zdravotníckym sektorom a sociálnymi službami, dostupnosť služieb a využívanie asistenčných technológií. Podobne ako aj v zdravotnej, tak aj v sociálnych službách je vysoká miera fragmentácie poskytovateľov a nedostatočné sieťovanie medzi jednotlivými sociálnymi službami, ale aj medzi sociálnymi službami a zdravotnou starostlivosťou. Vychádzajúc z holistického bio-psycho-sociálneho prístupu orientovaného na pacienta je nevyhnutné plne integrovať zdravotné a sociálne služby a umožniť človeku v nepriaznivej životnej situácii čo najdlhšie zotrvať v domácom prostredí za podpory komplexných a dostatočných sociálnych služieb a zdravotnej starostlivosti. Súčasne je nevyhnutné cieľene rozvíjať podporu verejného zdravia obyvateľstva a sociálnu integráciu v komunitách znevýhodnených a ohrožených skupín obyvateľstva (ekonomicky a sociálne slabé rodiny, minority). Zhoršený zdravotný stav človeka je často jedným z rizík a dôvodov pre vznik nepriaznivej sociálnej situácie. Často sú to najmä lekári primárnej zdravotnej starostlivosti, ktorí vedia identifikovať riziká vzniku nepriaznivej sociálnej situácie, ale na druhej strane nemajú dostatočné kompetencie a informácie potrebné na jej riešenie. Lekári primárnej zdravotnej starostlivosti nevedia, kam môžu distribuovať pacientov, ktorým hrozí riziko sociálneho vylúčenia a znevýhodnenia, nemajú dostatok informácií o sociálnych službách a podporných službách vo svojom regióne.

Dôvody vzniku online platformy
Ambíciou online platformy Integrovaná starostlivosť na Slovensku je sumarizácia existujúcich znalostí, informácií a skúseností v oblasti integrácie sociálnej a zdravotnej starostlivosti prostredníctvom:
• zvýšenia porozumenia tomu, aká je úroveň lokálnej pripravenosti a aké sú potreby a priority pri prijímaní a rozšírovani integrovanej starostlivosti
• zlepšenia prístupu k dostupným poznatkom o integrované starostlivosťi
• tvorby personalizovanej podpory pre tých, ktorí hľadajú pomoc pri príprave podmienok pre zmenu a/zlepšenie existujúcich návrhov systémov integrované starostlivosti, prostredníctvom individualizovaneho transferu poznatkov
• využívania výsledkov transferu poznatkov a budovania kapacít pre spolutovorbu plánov zlepšovania, ktoré sú prispôsobené lokálnemu kontextu, úrovni zrelosti a aspiráciam európskych regiónov a organizácií
## Úvod

**PRIPRAVIŤ SA**

- Integrovaná starostlivosť
- Model CCM
- Príklady dobrej praxe z iných krajín

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**POZOR**

- Sekcia PRIPRAVIŤ SA poskytuje:
  - prehľad základných poznatkov týkajúcich sa integrovanej starostlivosti
  - vysvetľuje východiskový teoretický model, na ktorom je založená integrovaná starostlivosť
  - popisuje hlavné ciele a princípy integrovanej starostlivosti
  - prináša široké spektrum príkladov dobrej praxe z iných krajín

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**ŠTART**

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**O NÁS**

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Integrovaná starostlivosť na Slovensku
Integrovaná starostlivosť na Slovensku

Základné koncepty a princípy integrovanej starostlivosti

Integrované zdravotnícké a sociálne služby zamerané na človeka znamenajú, že do centra zdravotných systémov sa dostanú komplexné potreby ľudí a komunít a občania získajú možnosť aktívnejšie sa podieľať na vlastnom zdraví (WHO, 2016). Integrovaná starostlivosť je najvhodnejšia pre ľudí s medicínsky zložitými alebo dlhodobými potrebami starostlivosti, tento termín by sa však nemal vzťahovať iba k zvládaniu zdravotných problémov, ale aj na širšiu podporu zdravia a celkovej fyzickej a psychickej pohody. Definícia integrovanej starostlivosti je fluidná, podlieha permanentnému vývinu a diskusii, ale v jadre tejto definície môžeme nájsť stabilný záväzok s cieľom zlepšovať kvalitu a bezpečnosť zdravotníckych a sociálnych služieb prostredníctvom trvalých a koproduktívnych partnerstiev (Goodwin, 2016).

Zdroje:
Integrovaná starostlivosť na Slovensku

Model CCM - Chronic Care Model

Model chronickej starostlivosti (the Chronic Care Model - CCM) pozostáva zo štyroch vzájomne prepojených systémových zložiek, ktoré sú považované za klúčové pri poskytovani kvalitnej starostlivosti o ľudí s chronickým ochorením: podpora self-manažmentu, dizajnu systému poskytovania starostlivosti, podpora rozhodovania a klinické informačné systémy. Tieto zložky sú umiestnené do kontextu zdravotného systému, ktorý spája primerane organizovaný systém poskytovania zdravotníckych služieb s komplementárnnymi komunitnými zdrojmi a politikami (Wagner et al. 2005). Model podporuje proaktivný prístup pri podpore posilnenia postavenia pacientov a ich komunity. CCM prispieva k zlepšovaniu kvality starostlivosti o pacienta a zdravia a eliminácii etnických a sociálnych nerovností. Každú z domén je možné ďalej aplikovať do stratégií, ktoré sú nevyhnutné na dosiahnutie integrovanej starostlivosti. Rozšírená definícia CCM v súčasnosti zahŕňa aj širšie spektrum determinantov zdravia ako je podpora zdravia, prevencia, skríning, personalizovaný manažment ochorení, rehabilitácia a paliatívnu starostlivosť (WHO, 2016).

Zdroje:
Integrovaná starostlivosť na Slovensku

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Oboznámte sa s výhodami multidisciplinárnej integrovanej starostlivosti a spoznajte význam a dôležitosť individualizovaných liečebných plánov, ktoré stavajú pacienta do centra pozornosti.

Zaujíma Vás ako vyzerá efektívna integrácia služieb sociálnej a zdravotnej starostlivosti? Inšpirujte sa príkladmi dobrej praxe z iných krajín!

**Náhľadová obrazovka cez konto na youtube**
- Chronické ochorenia sa týkajú nás všetkých. Prečo je integrácia dôležitá?
  [https://www.youtube.com/watch?v=da8iw9hvQX4&ab_channel=EUCHRODISplus](https://www.youtube.com/watch?v=da8iw9hvQX4&ab_channel=EUCHRODISplus)
- Chronické ochorenia a zdravé starnutie
  [https://www.youtube.com/watch?v=VE3CO8_SUZc&ab_channel=EUCHRODISplus](https://www.youtube.com/watch?v=VE3CO8_SUZc&ab_channel=EUCHRODISplus)
- Integrovaná starostlivosť. Príbeh Samuela
  [https://www.youtube.com/watch?v=3Fd-S66Nqio&ab_channel=TheKing%27sFund](https://www.youtube.com/watch?v=3Fd-S66Nqio&ab_channel=TheKing%27sFund)
- Integrovaná starostlivosť pre všetky komunity
  [https://www.youtube.com/watch?v=3YdlV1DsK54&ab_channel=NHSEnglandandNHSImprovement](https://www.youtube.com/watch?v=3YdlV1DsK54&ab_channel=NHSEnglandandNHSImprovement)
- Program Integrovanej starostlivosti pre seniorov: Embrace SamenOud (movie with English subtitles), – YouTube
  [https://www.youtube.com/watch?v=PMj4QXPPVDk&ab_channel=DundeeCityCouncil](https://www.youtube.com/watch?v=PMj4QXPPVDk&ab_channel=DundeeCityCouncil)
- Efektívna integrácia sociálnej a zdravotnej starostlivosti
  [https://www.youtube.com/watch?v=PMj4QXPPVDk&ab_channel=DundeeCityCouncil](https://www.youtube.com/watch?v=PMj4QXPPVDk&ab_channel=DundeeCityCouncil)
- Digitálne vylepšené a integrované zdravotnícke a opatrovateľské služby
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Sekcia POZOR prináša prehľad dokumentov o aktuálnom stave integrácie sociálnej a zdravotnej starostlivosti na Slovensku. Oboznámte sa so strategickými dokumentami, publikáciami a príkladmi dobrej praxe týkajúcimi sa integrovanej starostlivosti na národnej, regionálnej a lokálnej úrovni.
Integrovaná starostlivosť na Slovensku

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Oboznámte sa so strategickými dokumentami týkajúcimi sa integrovanej starostlivosti na Slovensku. Zistite viac o aktuálnom stave integrácie zdravotnej a sociálnej starostlivosti, navrhovaných konceptoch a pripravovaných legislatívnych zmenách.

- [Strategický rámec starostlivosti o zdravie pre roky 2014-2030](#)
- [Centrá integrovanej zdravotnej starostlivosti](#)
- [Stratégia dlhodobej sociálno-zdravotnej starostlivosti v Slovenskej republike](#)
- [Národný akčný plán prechodu z inštitucionálnej na komunitnú starostlivosť v systéme sociálnych služieb](#)
- [Plán obnovy a odolnosti](#)

Dokumenty v pdf formáte – uložené do dbf webstránky
Integrovaná starostlivosť na Slovensku

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Chronologický prehľad publikačií týkajúcich sa integrovanej starostlivosti na Slovensku


**CHRODIS – SK**

[http://chrodis.eu/contact-us/](http://chrodis.eu/contact-us/)

**MC3**

[https://mc3.sk/homepage/research/publications/](https://mc3.sk/homepage/research/publications/)

Odkliky na príslušné stránky s ilustračným obrázkom
Nájdite inšpiráciu, oboznámte sa s výhodami multidisciplinárnej integrovanej starostlivosti a spoznajte význam a dôležitosť individualizovaných liečebných plánov, ktoré stavajú pacienta do centra pozornosti.

Zaujíma Vás, ako vyzerá efektívna integrácia služieb sociálnej a zdravotnej starostlivosti? Inšpirujte sa príkladmi dobrej praxe na Slovensku!

- Komplexný ošetrovateľský manažment v dome ošetrovateľskej starostlivosti. DOS Humenné [https://youtu.be/E-6kFLgmRNg](https://youtu.be/E-6kFLgmRNg)
- Komplexný ošetrovateľský manažment v zariadení sociálnej pomoci. DOS Humenné [https://www.youtube.com/watch?v=L0eM50oa-zo&ab_channel=%C5%A0tandardn%C3%A9postupy](https://www.youtube.com/watch?v=L0eM50oa-zo&ab_channel=%C5%A0tandardn%C3%A9postupy)
- Pomoc pre rodiny pri starostlivosti o človeka s demenciou v domácom prostredí. Alzheimerfórum [http://centrummemory.sk/alzheimerforum/](http://centrummemory.sk/alzheimerforum/)
- Portál Malina - Národný navigátor dostupnej služby v situácii bezvládnosti [https://app.portalmalina.sk/](https://app.portalmalina.sk/)
- e-MEDIUS - motivačný systém kreditovaného e-learningového vzdelávania pre zdravotníckych pracovníkov [https://www.e-medius.sk/sk/hlavna-stranka/](https://www.e-medius.sk/sk/hlavna-stranka/)
- Systém bezpečnosti pacienta, ktorý ochráni Vašu ambulanciu [https://www.medipravnik.sk/](https://www.medipravnik.sk/)
- Všetko, čo potrebujete vedieť skôr, ako navštívite vášho lekára [https://www.ambulancia.online/](https://www.ambulancia.online/)
- Lieky s rozumom: rozumná potreba liekov sa týka každého z nás [https://www.liekysrozumom.sk/o-projekte/filozofia-projektu](https://www.liekysrozumom.sk/o-projekte/filozofia-projektu)
- Slovenský pacient. Akadémia [https://slovenskypacient.sk/category/akademia-pacienta/](https://slovenskypacient.sk/category/akademia-pacienta/)
Chcete sa dozvedieť viac o úrovni implementácie integrovanej starostlivosti na Slovensku? Sekcia ŠTART vychádza z odborného posúdenia zrelosti zdravotných a sociálnych systémov v kontexte integrovanej starostlivosti na národnej, regionálnej a lokálnej úrovni.

Sekcia ŠTART slúži na:

- zvýšenie porozumenia, aká je úroveň lokálnej pripravenosti a aké sú potreby a priority pri prijímaní a rozširovaní integrovanej starostlivosti použítím online hodnotiaceho nástroja SCIROCCO Exchange
- zlepšenie prístupu k dostupným poznatkom o integrovanej starostlivosti
- spolutvorbu personalizovanej podpory pre tých, ktorí hľadajú pomoc pri príprave podmienok pre zmenu a/alebo zlepšenie existujúcich návrhov systémov integrovanej starostlivosti, prostredníctvom individualizovaného transferu poznatkov
- využitie výsledkov transferu poznatkov a budovania kapacít pre spolutvorbu plánov zlepšovania, ktoré sú prispôsobené lokálnemu kontextu, úrovni zrelosti a ašpiráciám európskych regiónov a organizácií
Integrovaná starostlivosť na Slovensku

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Nástroj SCIROCCO Exchange je **online seba-hodnotiaci dotazník**, ktorého cieľom je posúdiť pripravenosť krajín, regiónov a organizácií pre integrovanú starostlivosť. Vychádza z koncepčného Modelu zrelosti pre integrovanú starostlivosť, ktorý vypracovala Akčná skupina B3 pre integrovanú starostlivosť v rámci Európskeho inovatívneho partnerstva v oblasti aktívneho a zdravého starnutia (EIP – AHA). Model bol validizovaný a testovaný v rámci projektov financovaných z prostriedkov EÚ v oblasti zdravia (DG SANTE) SCIROCCO a SCIROCCO Exchange. Nástroj SCIROCCO Exchange bol testovaný a použitý vo viac ako 75 regiónoch a organizáciách v rámci Európy a tiež Austrálie, Kanady, Nového Zélandu, Singapuru a USA.

Nástroj SCIROCCO Exchange pomáha:

- **pochopiť silné a slabé stránky lokálneho kontextu integrovanej starostlivosti** a informovať tvorcov politík na národnnej, regionálnej a lokálnej úrovni o potenciálnych oblastiach zlepšenia
- **podporovať dialóg medzi zúčastnenými aktérmí (stakeholdermi)** o napredovaní pri implementácii a poskytovaní integrovanej starostlivosti
- **podporovať aktivity partnerstva a koučingu** v jednotlivých krajínách, regiónoch a organizáciách s cieľom lepšie pochopiť lokálne podmienky, ktoré umožnia úspešné zavedenie integrovanej starostlivosti

Integrovaná starostlivosť na Slovensku

Na Slovensku bolo prvé hodnotenie úrovne integrácie na regionálnej a národnej úrovni realizované v roku 2019 pomocou slovenskej verzie nástroja SCIROCCO Exchange s následným budovaním konsenzu so stakeholdermi prostredníctvom moderovanej diskusie vo fokusovej skupine.

Máte záujem zapojiť sa do vyplnenia online dotazníka a prispieť Vašim hodnotením k posúdeniu úrovne integrácie sociálnej a zdravotnej starostlivosti na Slovensku? Môžete tak urobiť kliknutím na:

https://scirocco-exchange-tool.inf.ed.ac.uk/sk/hs-assessments/?astype=1
Aká je úroveň integrácie na Slovensku?
Výsledky hodnotiaceho procesu.

• Konsenzus vytvorený na základe diskusie so stakeholdermi vo fokusovej skupine ukázal, že iba jedna dimenzia (Koordinácia procesu) dokázala dosiahnuť vyššiu, ale stále nie uspokojivú úroveň zrelosti (skóre 2).

• Celkové skóre jednotlivých dimenzií integrácie bolo velmi nízke a úroveň zrelosti sa pohybovala väčšinou medzi úrovňou 0 (v 4 dimenziách) a 1 (v 7 dimenziách).

• Zo štúdie vyplýva nutnosť ďalšieho zvyšovania úrovne integrácie vo všetkých posudzovaných dimenziách.

Správu o realizácii a výsledkoch hodnotiaceho procesu nájdete na: doplniť
# Integrovaná starostlivosť na Slovensku

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**Aká je úroveň integrácie na Slovensku? Výsledky hodnotiaceho procesu.**

- Diskusia s aktérimi v oblasti integrovanej starostlivosti ukázala, že jedným z klúčových problémov je **nedostatočná komunikácia a koordinácia** medzi Ministerstvom zdravotníctva a Ministerstvom práce, sociálnych vecí a rodiny SR. Vládne orgány si uvedomujú nedostatočnú integráciu medzi zdravotným a sociálnym systémom alebo nedostatočne rozvinutú dlhodobú starostlivosť, no napriek tomu sa od roku 2014 neprijíala efektívna politika ani systematické opatrenia.

- **Zmena** je podľa odborníkov **iniciovaná prevažne smerom zdola nahor** alebo prostredníctvom **mimovládných organizácií**.

- Potrebné je vytvorenie odbornej pracovnej skupiny, ktorá by bola schopná navrhuovať a riadiť opatrenia pre integračný proces na národnnej, regionálnej a/alebo miestnej úrovni.

- Aj keď je v rámci zdrojov EÚ k dispozícii určitá úroveň financovania, tieto zdroje boli doteraz používané primárne na rekonštrukciu alebo výstavbu centier integrovanej starostlivosti, nie na efektívnejšie prepájanie už existujúcich subjektov a posilňovanie ich spolupráce.

- **Štrukturálne charakteristiky**, ako je vysoký priemerný vek zdravotníckych pracovníkov a odborníkov v sociálnej starostlivosti, môžu mať negatívny vplyv na integráciu zdravotnej a sociálnej starostlivosti.
Integrovaná starostlivosť na Slovensku

- Projekt zameraný na Tvorbu postupov pre výkon prevencie a ich uplatnenie do medicínskej praxe [https://www.standardnepostupy.sk/standardne-postupy-prevencie/](https://www.standardnepostupy.sk/standardne-postupy-prevencie/)
- Projekt zameraný na Tvorbu klinických postupov a ich uplatnenie do medicínskej praxe [https://www.standardnepostupy.sk/sdtp-nove/](https://www.standardnepostupy.sk/sdtp-nove/)
- Informačný program zameraný na posilnenie kompetencí a zručností v starostlivosti o ľudí s demenciou [https://sk.indeed-project.eu/login](https://sk.indeed-project.eu/login)
- Projekt alertu a núdzovej intervencie počas pandémie COVID-19 (IT MZ SR)

Kľúčoví aktéri (stakeholders) integrovanej starostlivosti na Slovensku:
MZ SR
MPSVaR
MF – UHP
ÚVZ SR a RÚVZ
Integrovaná starostlivosť na Slovensku

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</table>

**O projekte**
V dôsledku starnutia populácie a nárostu chronických chorôb predstavuje dostupná efektívna zdravotná a sociálna starostlivosť čoraz väčšiu celospoločenskú výzvu. Kvalita zdravotnej a sociálnej starostlivosťi na Slovensku naviac stále výrazne zaostáva za európskymi štandardmi. Za účelom riešenia týchto výziev bol iniciovaný projekt SCIROCCO Exchange, do ktorého sa zapojilo celkovo 75 regiónov a organizácií v rámci Európy a tiež Austrálie, Kanady, Nového Zélandu, Singapuru a USA. Táto online platforma vznikla ako jeden z klúčových výstupov projektu SCIROCCO Exchange.

Online platforma Integrovaná starostlivosť na Slovensku vznikla s cieľom poskytnúť prehľad o súčasnom stave integrovanej starostlivosťi, posilniť kompetencie a vedomosti v oblasti integrovanej starostlivosťi, podporiť zručnosti pre multidisciplinárnu spoluprácu, stimulovať budovanie siete profesionálnych kontaktov v sociálnych službách a zdravotníctve.

Platforma je volne dostupná a môžete ju využívať *zdarma*.

**Kontaktný formulár**
Máte záujem zistiť viac o online platforme Integrovaná starostlivosť na Slovensku?
- Kontaktuje národnú koordinátorku Dr. Ivetu Nagyovú - iveta.nagyova@upjs.sk

Máte záujem dozvedieť sa viac o nástroji SCIROCCO Exchange a jeho využitií v praxi?
- Kontaktujte koordinátorku projektu SCIROCCO Exchange Dr. Andreu Pavlickovu - Andrea.Pavlickova@nhs.scot

Chcete nám poskytnúť spätnú väzbu?
- Zaregistrujte sa a prispejte do diskusie. Pre registráciu kliknite na tento [link](https://www.scirocco-project.eu/).

Táto online platforma vznikla v spolupráci Multidisciplinary Centre for Chronic Conditions (MC3) a je financovaná z projektu SCIROCCO Exchange Health Programme of the European Union under Grant Agreement 826676 (CHAFEA). Pre viac informácií prosím navštívte [https://www.scirocco-project.eu/](https://www.scirocco-project.eu/).
Thank you!

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN SLOVENIA

- Aleš Istenič in Mateja Nagode
- Social Protection Institute of the Republic of Slovenia

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

Municipality of Trbovlje

Two main challenges in introducing integrated care:

The awareness of the importance of integrated care at all levels – professional, public, political – needs to be raised.

A good environment for piloting and managing innovations and other good practices needs to be established.
Objectives of knowledge transfer

► increase awareness of importance of integrated care

► encourage stakeholders and support them in activities that will contribute to more integrated care

► present good practices from other countries
Knowledge transfer activities

- workshop with stakeholders in the local area
- knowledge transfer to stakeholders in Slovenia from Scotland and the Basque Country
- create promotional material about integrated care (video or publication)
Knowledge transfer activities – Current progress

Workshop with stakeholders in the local area - 18. 3. 2021

Topics we talked about:

- analysis of the situation in the field of service integration in the recent period (impact of COVID -19)
- presentation of knowledge transfer and discussion of the needs they have to improve health and social service integration
Knowledge transfer activities – Current progress

Knowledge transfer, Scotland - 13. 4. 2021

Transforming local systems – “Participation and co-creation with citizens”

Transforming Local Systems Pathfinder Programme – Practical experience Midlothian – Improve the experience of people with frailty
Implementation of knowledge transfer activities in Slovenia—Next steps

► evaluation of knowledge transfer from Scotland with local stakeholders

► knowledge transfer from the Basque Country

► workshop with local stakeholders – Discussion of activities carried out and planning of further activities

► preparation of promotional material about integrated care (video or publication)
Challenges/Concerns

- Situation related to Covid-19: stakeholders are often unable to attend events/workshops;

- Online workshops have limited possibilities in knowledge transfer.
Thank you!

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12.30-13.15 LUNCH BREAK
From the SCIROCCO Tool to the Knowledge Management Hub

- There is too much knowledge, evidence and experience around integrated care available—most of it is low relevance.
- The SCIROCCO Knowledge Management Hub creates a **curated collection of assets** that are **meaningful** to the community of users:
  - published works,
  - local working documents,
  - experience reports
- Assets are linked to the dimensions of the SCIROCCO tool
- The Knowledge Hub supports **searching** and **identification of assets that are useful for a region based on their consensus assessment**
Searching Assets on the Hub

SCIROCCO Exchange Knowledge Management Hub

Assets

Create a new collection by ...

- Searching assets
- Searching assets for my assessments
- Searching assets for other assessments

My assets

My asset collections
Searching Assets on the Hub

Search assets

Selected assessment: CAlexBasque Country

Please select criteria for the search:

- Type of asset: Report
- Dimensions, and their MRLs equal or above:
  - Dimension: 5 MRL: 4
  - Dimension: 7 MRL: 4

Add more

Number of search results: 4

- Title: Integral social assistance is implemented in all municipalities (Integrali socialine pagalba įgyvendinama visose savivaldybėse)
- Author: kytas.lt
- Year: 2015
- Region: Lithuania

This article describes Integrated Assistance services in Lithuania and their development. The article mentions that in 2013-2015, more than 70 pilot Integrated Assistance mobile teams in 21 municipalities were created to provide nursing, social care services and counselling to the elderly or disabled and their relatives in their homes. The authors state that Integrated Assistance services were evaluated positively, therefore in 2014-2020. During the period of EU structural support, it is planned to provide Integrated Assistance to the population in all 60 municipalities. It is reported that prior to this program, caregivers received only social care or home help services, and when they started this program, they also received nursing services. In the opinion of the authors, this is especially relevant for elderly or disabled people who are no longer able to take care of themselves and

Add to collection
Adding Assets to a Collection

Search assets

Selected assessment: CAlexBasque Country, 4

Please select criteria for the search:

- **Type of asset:**
  - Report

- **Dimensions, and their MRLs equal or above:**
  - Dimension: 5  MRL: 4
  - Dimension: 7  MRL: 4

Add more

- **Title:**

- **Author name(s) contain:**
  - Author 1

Add more

- **Year of publication:**

- **Region or country:**
  - Lithuania

- **Terms in body:**

Search asset

Number of search results: 4

1. **Asset:**

   - **Title:** Integral social assistance is implemented in all municipalities (Integral sociolės pagalba jrengdama visose savivaldybėse)

   - **Author:** lryzas.lt

   - **yr:** 2015

   - **region:** Lithuania

   - **Description:** This article describes Integrated Assistance services in Lithuania and their development. The article mentions that in 2013-2015, more than 70 pilot Integrated Assistance mobile teams in 21 municipalities were created to provide nursing, social care services and counseling to the elderly or disabled and their relatives in their homes. The authors state that Integrated Assistance services were evaluated positively, therefore in 2014-2020. During the period of EU structural support, it is planned to provide Integrated Assistance to the population in all 60 municipalities. It is reported that prior to this program, caregivers received only social care or home help services, and when they started this program, they also received nursing services. In the opinion of the authors, this is especially relevant for elderly or disabled people who are no longer able to take care of themselves and

   - **Add to collection**
Managing the Collection

SCIROCCO Exchange Knowledge Management Hub

Assets

Create a new collection by...

- Searching assets
- Searching assets for my assessments
- Searching assets for other assessments

My assets

My asset collections
Managing the Collection

SCIROCCO Exchange Knowledge Management Hub

Asset collections

PRIVATE ASSET COLLECTIONS

CAlex:CAlexBasque Country:4_assets

CAlex_assets
**Managing the Collection**

### Edit collection

**Collection name:** CAlex-CAlexBasque Country4_assets

**Add more assets (by searching)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Used</th>
<th>Review</th>
<th>Report out of date</th>
<th>Remove from collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Decade of Impact of the Self Management Fund</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>author: Health and Social Care Alliance Scotland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year: 2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>type: Report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>region: Scotland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>desc: Guan Yerel: The Self Management Strategy for Long Term Conditions in Scotland was written in partnership with people living with long term conditions and their unpaid carers in 2008, and adopted by the Scottish Government. One of the key recommendations in the strategy was to establish a fund to support self management approaches across Scotland. Since 2009 the Self Management Fund has provided grants supporting over 270 projects in Scotland across four iterations of the Fund. This website hosts reports and insights to examples of projects that have made an impact on the lives of people living with long term conditions in Scotland. The Decade of Impact report provides a 10 year summary and examples.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Used</th>
<th>Review</th>
<th>Report out of date</th>
<th>Remove from collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading across health and social care in Scotland: learning from chief officers’ experiences, planning next steps</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>author: The King's Fund</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year: 2018</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>type: Report</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>region: Scotland</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>desc: This report by the King's Fund explores how the chief officers of the integration authorities have developed their role in the Scottish health and social care system. The narrative describes the approach, achievements and direction of travel, drawing on research and analysis by The King's Fund on integrating health and social care and system leadership, as well as policy guidance from the Scottish Government. The report goes on to suggest how chief officers can further develop their role and the integration agenda and concludes by making recommendations to strengthen and further embed their roles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Status, Future Work

- Assets from a desktop search performed by 9 European regions and a thorough literature review available

- **Next steps:**
  - Allowing users to grow the whole asset collection by adding new assets
  - Linking assets to each other
  - Linking assets to experts
  - Reviewing assets
  - **Key goal:** making it sustainable by focusing on bringing value to the community and ease of use.
Design proposal for reviewing assets

Question: What do you think?
The SCIROCCO Consensus Tool

- It supports consensus building, it doesn’t “do” consensus building.
- It supports a documented process of consensus making that is interpreted by consensus makers.
- The interpretation varies from group to group.
- Originators of information have control over how information is shared.
- There is a visualisation of the shared information that supports consensus building.
- There is a way of capturing the agreed consensus
Step 3: Sharing Individual Assessments

SCIROCCO Exchange Knowledge Management Hub

Share Assessment

If you are the editor of an assessment, this page allows you to:

- Share your assessment with somebody else who has an account, by providing the person’s email address and choosing whether he/she will be a viewer or editor of the assessment. You can later decide to change the person’s role, or even un-share the assessment with the person.
- Share your assessment publicly with all users, for viewing only (i.e. they will not be able to edit it). You can later decide to remove the public sharing of your assessment.

Users who share assessment

<table>
<thead>
<tr>
<th>USER</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:Cristina.Alexandru@ed.ac.uk">Cristina.Alexandru@ed.ac.uk</a> (you)</td>
<td>Editor, originator</td>
</tr>
</tbody>
</table>

The assessment is not currently shared with other users

Please indicate the email address of ONE (other) user whom you would like to share the assessment with:

- [ ] Viewer
- [ ] Editor
  
  Share

Share with the SCIROCCO Exchange project partners

Make the assessment public (for all other users to view only)
Step 4: Negotiating and Reaching Consensus

Consensus Maturity Assessment

This page allows you to reach a consensus amongst your team as to the level of maturity of your region/country with regards to integrated care, considering the views of the different individual respondents or sub-teams.

**Legend**

<table>
<thead>
<tr>
<th>Total of 9 responses selected</th>
<th>See individual assessments</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 1-25% respondents (1-2 respondent(s))</td>
<td></td>
</tr>
<tr>
<td>○ 26-50% respondents (3-4 respondent(s))</td>
<td></td>
</tr>
<tr>
<td>○ 51-75% respondents (5-6 respondent(s))</td>
<td></td>
</tr>
<tr>
<td>○ 76-100% respondents (7-9 respondent(s))</td>
<td></td>
</tr>
</tbody>
</table>

Questions marked with * are compulsory. Please fill in the 'Assessment' tab, and then the 'Country/region' tab to choose the country/region this assessment is for.

Assessment name (optionally, provide your name or stakeholder group):
- Cons-Basque Country, cons2

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Country/region*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>Q2</td>
</tr>
</tbody>
</table>

1. Readiness to Change

- 0: No acknowledgement 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 *(Voted by 1)*
- 3: Vision or plan embedded in policy; leaders and champions emerging *(Voted by 4)*
- 4: Leadership, vision and plan clear to the general public; pressure for change *(Voted by 1)*
- 5: Political consensus; public support; visible stakeholder engagement *(Voted by 3)*

If someone asked you to justify your rating here, what would you say (please provide a few short sentences):*
- Justifications from respondents ranking 2
- Justifications from respondents ranking 3
- Justifications from respondents ranking 4
- Justifications from respondents ranking 5

Mark this dimension as your number one priority ○
What KT Activities could the KH Support?

- From the previous PA the following KT activities were mentioned:
  - **Political lobbying:** strategy, materials, effectiveness
  - **Training:** strategy, materials, effectiveness
  - **Communications:** strategy, materials, effectiveness
  - **Sharing knowledge:** preparation, supporting sharing
  - **Peer discussions:** developing trust
  - **Coaching:** preparation, coaching sessions
  - **Crossboundary working:** developing trust
  - **Study visits:** preparation, capturing the visit
  - **Improvement:** on a particular Maturity Dimension
Scale and Scope of KT Activities

There is also a temporal dimension – activities develop through time.
Example: Training Strategy for Population Approach

- We develop a short document outlining how to approach this.
- What sorts of people need to be there.
- What preparation each should be expected to carry out e.g. develop an annotated collection of assets on a particular facet of the task.
- What is the output? Perhaps an agreed collection of assets with some mandatory and some desireable annotations.
Questions

► What activities should we prioritise?
► What should we develop as the first demonstration of the approach?
► What sorts of output should we see from the demonstration?
Challenge: Curation

Search assets

Please select criteria for the search:

Type of asset:
Any

Dimensions, and their MRLs equal or above:
Any

Add more

Title:

Author name(s) contain:
Author 1

Add more

Year of publication:

Region or country:
puglia

Terms in description:

Keyword(s) contain:

Number of search results: 2

Asset

Type: Regulation and/or guidelines/"norms" document(s)


Author: Puglia Region,

Year: 2018.0

Region: Puglia

Description: The 2018-2020 Puglia Region’s eHealth Plan favors the rationalization of intangible infrastructures through the creation of software platforms, shared at a regional level. It standardizes data delivery methods.

URL: http://www.regione.puglia.it/documents/10192/59555188/DEL_1017_2018.pdf/27520f078d4327f8bc272e1624e46ec3?Expires=559328D4185F309B-DA71BCA75EB0DFE

Asset

Type: Regulation and/or guidelines/"norms" document(s)


Add to collection
Curation

Errore 404
Questa pagina non c'è perché ci siamo appena trasferiti.
Siamo sistemando le ultime cose.

Naviga le sezioni principali
- Bollettino ufficiale
- Servizi e modulistica
- Strutture regionali
- Rubrica

Cerca nelle aree già organizzate.
- Agricoltura
- Ambiente
- Competibilità, ricerca e Innovazione
- Istituzione e partecipazione
- Lavoro, Istruzione e Formazione
- Pari Opportunità
- Politiche Europee e Cooperazione internazionale
- Politiche giovanili
- Salute, sport e buona vita
- Territorio, mobilità e infrastrutture
- Turismo e Cultura
- Welfare, Diritti e Cittadinanza

Torna alla home page
Curation

➤ Things change, sites get reorganised, better assets become available, …
➤ People only care about assets that are useful to them for specific purposes.
➤ For the Hub to be sustainable we need to distribute the curation tasks.
➤ We need to balance the benefits of distribution against possible quality problems.
Challenge: Language
Uso de las TICS para segmentación de pacientes y priorización de intervenciones.

J. Orueta Mendia
3. Pending completion of the public dialogue network envisaged by regional law no. 23 (Regional Health Plan 2008-2010) and by the resolution of the Regional Council of 27 October 2009, n. 2019 (Approval of the Dialytic Network for the assistance to chronic renal disease for the three-year period 2009-2011), the general managers are authorized to stipulate, with the structures referred to in paragraph 1, contractual agreements for volumes and types of pre-dialysis stations up to the competition of the optimal ratio of 3.5 patients per accredited kidney place and for three weekly treatments per patient, except for documented clinical needs of particular importance, within the limits of the number of patients who already in charge as of December 31, 2009. To ensure provision of benefits in favor of all patients in charge as of December 31, 2009, the services in excess of the optimal ratio referred to in this paragraph are remunerated applying the tariff regression of 30 percent from the date of entry into force of this law.
Language

- Possibly the biggest barrier
- Health and Care operates in the Mother Tongue of the region.
- Many participants will contribute more effectively in their Mother Tongue.
- Meeting this challenge is essential if we are to see knowledge transfer across European Health systems.
- Develop processes that involve “helpers” with language?
Challenge: Capturing Experience

- The SCIROCCO consensus tool had an “output” – the consensus assessment of the health system.
- That captures the experience of the participants in summary.
- What is the equivalent for the Knowledge Hub?
- The Knowledge Hub aims to support more processes.
- The output from the use of the Knowledge Hub is a collection of assets.
- Different processes will result in differently structured collections of assets.
Questions

► Do we agree we need to address all of these challenges to some extent?
► How much emphasis?
Mechanisms

- Use fairly standard, well understood, mechanisms rather than anything too complex.
- There should be a notion of a group of people who are treated just like a person.
- People and groups have rights and responsibilities towards some assets.
- Annotation as a general purpose way of enriching assets
- Updating/Deleting assets
- Filtering – controlling what assets you see
- Sharing/Publishing – controlling who sees your assets
- Notification – so changes are notified
Implementation: Flexible

This document provides a framework...

Ministry of Health...

Recall that the underlying Technology is easily extensible
Actions

► For the chosen demonstration activity write a short document outlining: people, preparation, activity at the meeting, and output.
► Add the new mechanisms
► Circulate the demonstration of the KH for comment.
Cristina Adriana Alexandru (Cristina.Alexandru@ed.ac.uk)
Stuart Anderson (soa@ed.ac.uk)

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN THE BASQUE COUNTRY

» Jon Txarramendieta
» Kronikgune Institute for Health Services Research

SCIROCCO Exchange Project Assembly, 21-22 April 2021
Setting the priorities for knowledge transfer

Outcomes of the Maturity Assessment

Dimensions for the knowledge transfer (Adopter)

Potential dimensions for coaching (Originator)
Objectives of knowledge transfer

- As adopters
  - Process Coordination
    - Definition of integrated Clinical processes and Pathways
    - Strengthening the relationship between the health and social systems
  - Removal of Inhibitors
    - Increase collaboration at both levels of care: hospitals and primary care
    - Increase collaboration at the local level with social services and community
    - Work more as a team: achieve broader consensus in complex settings
  - Citizen Empowerment
    - Increase the participation of the population in co-creating activities as:
      - Planning the school of health
      - Self-management
      - Pathways and processes
Objectives of knowledge transfer

► As originators

■ Structure and governance
  ▶ Creation of the Integrated Healthcare Organizations
  ▶ Socio Health coordination
  ▶ Integration of services in the integrated system

■ Digital infrastructures
  ▶ Osabide Global – Electronic Health Record
  ▶ Non-face-to face tools (Osarean - Personal health folder, eHealth Center, interconsultations between professionals and professionals and patients)

■ Population approach
  ▶ Risk stratification (RS) in the Basque Country
    – Methodology for population identification – ACG Grouper
    – Development of the dashboard and data mining process
Knowledge transfer activities to deliver this change

- **As adopters**
  - Workshop with Scotland, to learn about the Scottish approach to service re-design
    - Date: April 13th (2 hours)
    - Topics covered:
      - Explanation of the Scottish approach to service re-design
      - Pathfinder programme as an example on how to transform local systems
      - Practical experience from Midlothian – Improve the experience of people with frailty
Knowledge transfer activities to deliver this change

► As originators

- Workshop with Optimedis to share the work done around the implementation process of digital infrastructure within the Basque integrated healthcare system
  
  ► Date: February 18th (2 hours)

  ► Topics covered:
    
    ► Integrated Electronic Health Record (IEHR) – Osabide Global
    ► Personal Health Folder – Patient access to their health data
    ► Non-face-to-face IEHR – Inter-consultations (both audio and video) between healthcare professionals and patients

- Workshop with Slovenia about the Basque Health and Social Coordination (including the approach, barriers, how it is integrated, etc.)
  
  ► Working on the general plan with the Basque team (topics, agenda, date/time for the workshop)
Knowledge transfer activities to deliver this change

- Preparation process – activities carried out as adopters and originator:
  - Gathering of resources and materials related to the Good Practice
  - Creation of the Basque Team (KG+Osakidetza)
  - Introductory meetings within the Basque Team
  - Introductory call with the originator/adopter
  - Topics, agenda definition and presentations development
  - Hiring simultaneous translation
  - Zoom meetings software
Implementation of knowledge transfer activities in the Basque Country—Next steps

► As adopters
  ▶ Yet further analysis of the knowledge and experiences provided by the Scottish colleagues is needed.
  ▶ We will now assess the feasibility of transferring the learning to the context:
    – Explore whether relevant aspects of the innovative practice are suitable for adoption in the Basque Country.
    – Further discussions with the Basque Team to analysis the possibility to further collaborate and work on a local project.
    – Analyze the possibility to integrate this work with the logic model that will be developed in WP8 by creating an Implementation plan
    – Propose a study visit to Scotland to learn in situ from their experience (if COVID allows us)

► As originators
  ■ EHR with Optimedis: Support Optimedis in the coming months, in case they have questions or would like to address other areas, such as risk stratification.
  ■ Socio-health coordination with Eslovenia
    ▶ Team building (near to be closed)
    ▶ Introductory meeting with the group to discuss the approach
    ▶ Set a date for the workshop, find speakers and set the agenda
Challenges/Concerns

► Challenges:

■ As adopters:
  ▪ Assess the feasibility of transferring the learning to the context.
  ▪ 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

■ As originators:
  ▪ Provide information and access to resources and services to enable experts from Optimedis and Slovenia to acquire knowledge on the Basque approaches.
  ▪ Support the development of Implementation Plans about how the different elements of the Basque Experience could be adapted and transferred.

► 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

■ Lack of time to carry out research from the front-line professionals in Osakidetza. Anyway, we still believe it is vital not to stop. We hope this situation will change after summer
Thank you!

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END OF MEETING

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