WELCOME & MEETING OBJECTIVES

Donna Henderson

Scottish Government

Co-funded by
the Health Programme
of the European Union

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

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.

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Meeting Agenda

09.30	**Welcome & Meeting Objectives**
09.40	SCIROCCO Exchange Project – Update on the Progress: • Project management • Project communication
10.10	SCIROCCO Exchange Knowledge Exchange Programme • Flanders • Germany • Lithuania • Puglia
11.20	Coffee Break
11.30	SCIROCCO Exchange Knowledge Exchange Programme • Poland • Scotland • Slovakia • Slovenia
12.30	Lunch break
13.15	SCIROCCO Exchange Knowledge Management Hub
14.15	SCIROCCO Exchange Knowledge Exchange Programme • Basque Country
14.30	End of meeting

SCIROCCO EXCHANGE PROJECT – UPDATE ON THE PROGRESS

Andrea Pavlickova

Scottish Government

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.

Implementation of SCIROCCO Exchange
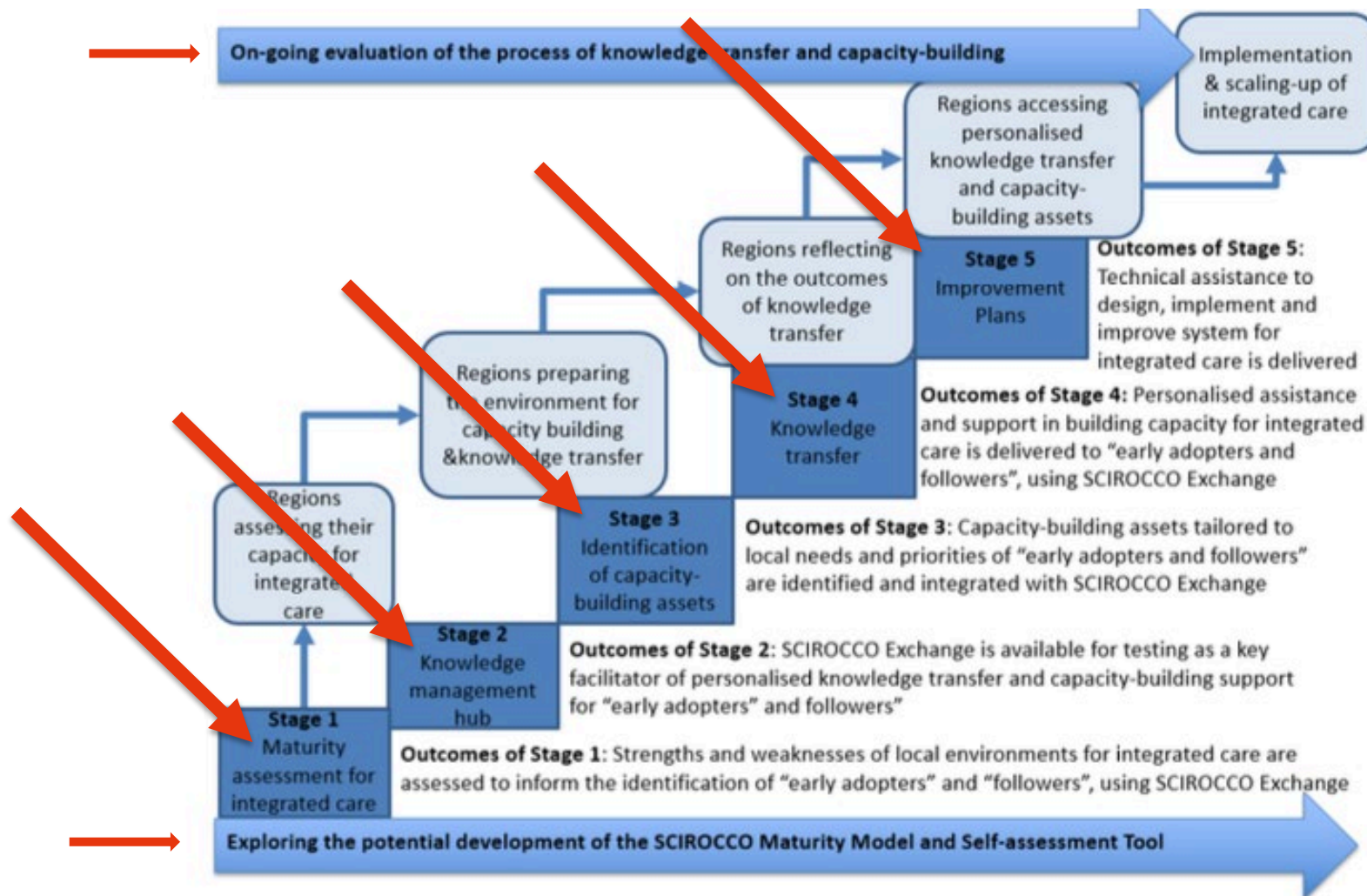
Stage 1
Maturity Assessment for Integrated Care

Specific Objective Number	1	
Specific Objective	SCIROCCO tool applied as a tool to assess the maturity of regions' local environment and readiness for integrated care	
Process Indicator(s)	Target	Results
Number of regions assessed	9	20 +7 (27)
Output Indicator(s)	Target	Results
Number of completed and documented assessments	9	975 +166 (1141)
Outcome/Impact Indicator(s)	Target	Results
Level of maturity assessed for regions	9	975 +166 (1141)

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

Specific Objective Number	2	
Specific Objective	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	
Process Indicator(s)	Target	**Results**
Use of the website	500 unique users	**50 daily unique visitors on average**
Number of followers in Twitter	≥300 followers	**279 + 85 (364)**
Number of scientific communications	≥5	7
Number of dissemination events	≥30	**37 + 15 (52)**
Output Indicator(s)	Target	**Results**
Access to SCIROCCO Exchange Knowledge Management Hub is provided	1	**1**
Number of stakeholders expressing interest in the SCIROCCO Exchange Knowledge Management Hub	50-100 unique users	**32 + 9 (41)**
Outcome/Impact Indicator(s)	Target	**Results**
Number of stakeholders using the SCIROCCO Exchange Knowledge Management Hub	50-100 unique users	**294 +91 (385)**

Stage 2
Fully translated/adapted Hub in 10 languages

**2 new languages
Estonian & French**

Stage 2
Challenges and delays

► **Challenges:**

- Continious improvement in formatting the capacity-building asssets

- 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)

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Stage 3
Identification of capacity-building assets

Specific Objective Number	3	
Specific Objective	Assets to build the capacity of healthcare authorities for integrated care are identified and tailored to their local needs	
Process Indicator(s)	Target	Results
Number of capacity-building assets for integrated care reviewed	≥50	523
Number of initiatives consulted regarding their integration with the Knowledge Management Hub	≥20	On-going
Output Indicator(s)	Target	Results
Agreed set of capacity-building assets	1	1
Outcome/Impact Indicator(s)	Target	Results
Capacity-building assets integrated with the Knowledge Management Hub	≥50	523

Stage 4
Knowledge Transfer

Specific Objective Number	4	
Specific Objective	European regions capacity to design, implement and evaluate integrated care is maximised.	
Process Indicator(s)	Target	Results
Number of knowledge transfer activities co-designed	9	9
Output Indicator(s)	Target	Results
Agreed personalised knowledge transfer and capacity-building approach	9	9 / On-going
Outcome/Impact Indicator(s)	Target	Results
Number of successfully implemented knowledge transfer activities	9	On-going

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 (Ammendment of Grant Agreement).

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Stage 5
Improvement Programme

Specific Objective Number	5	
Specific Objective	Integrated care solutions are co-designed and tailored to the regions' local needs and priorities	
Process Indicator(s)	Target	Results
Number of Improvement Plans generated	9	On-going
Output Indicator(s)	Target	Results
Agreed outcomes of knowledge transfer activities	9	On-going
Outcome/Impact Indicator(s)	Target	Results
Number of successfully designed Improvement Plans	9	Not started

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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 plannign assets on the Hub has not been initiated (M8.2 December 2019).

  ■ Implementation of Improvement Programme postponed to November 2021 (Ammendment of Grant Agreement).

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Evaluation

Specific Objective Number	6	
Specific Objective	Knowledge transfer and capacity-building process is evaluated	
Process Indicator(s)	Target	Results
Number of processes evaluated	9	On-going
Output indicator (s)	Target	Results
Number of processes documented	9	Not Started
Outcome/Impact Indicator(s)	Target	Results
Number of regions with improved capacity for integrated care	9	Not started

Exploring the expansion of SCIROCCO Maturity Model for Integrated Care ★ ★ ★

Specific Objective Number	7	
Specific Objective	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.	
Process Indicator(s)	Target	Results
Number of topics reviewed for the potential expansion of the SCIROCCO Maturity Model to other area of active and heathy ageing	≥ 5	4 + 2 (6)
Number of experts consulted for their opinion about the expansion of the SCIROCCO Maturity Model	≥ 30	20 +7 (27)
Output Indicator(s)	Target	Results
Number of suitable thematic areas identified for the expansion of the SCIROCCO Maturity Model	≥ 1	4 + 2 (6)
Outcome/Impact Indicator(s)	Target	Results
The potential expansion of SCIROCCO Maturity Model to the other areas of active and healthy aging is identified	≥ 1	2

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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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SCIROCCO EXCHANGE PROJECT UPDATE - DISSEMINATION ACTIVITIES JULY 2020-FEBRUARY 2021

Nessa Barry

Scottish Government

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
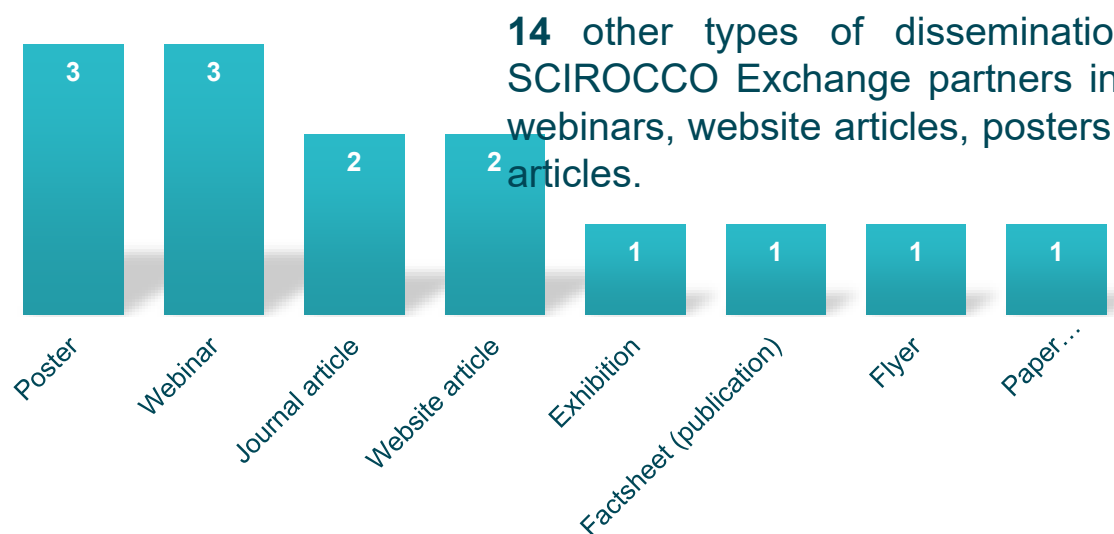
14 other types of dissemination activities were undertaken by SCIROCCO Exchange partners including a series of project specific webinars, website articles, posters, conference exhibitions and journal articles.

Bar chart:
- Poster: 3
- Webinar: 3
- Journal article: 2
- Website article: 2
- Exhibition: 1
- Factsheet (publication): 1
- Flyer: 1
- Paper…: 1

New Enquiries Received

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.
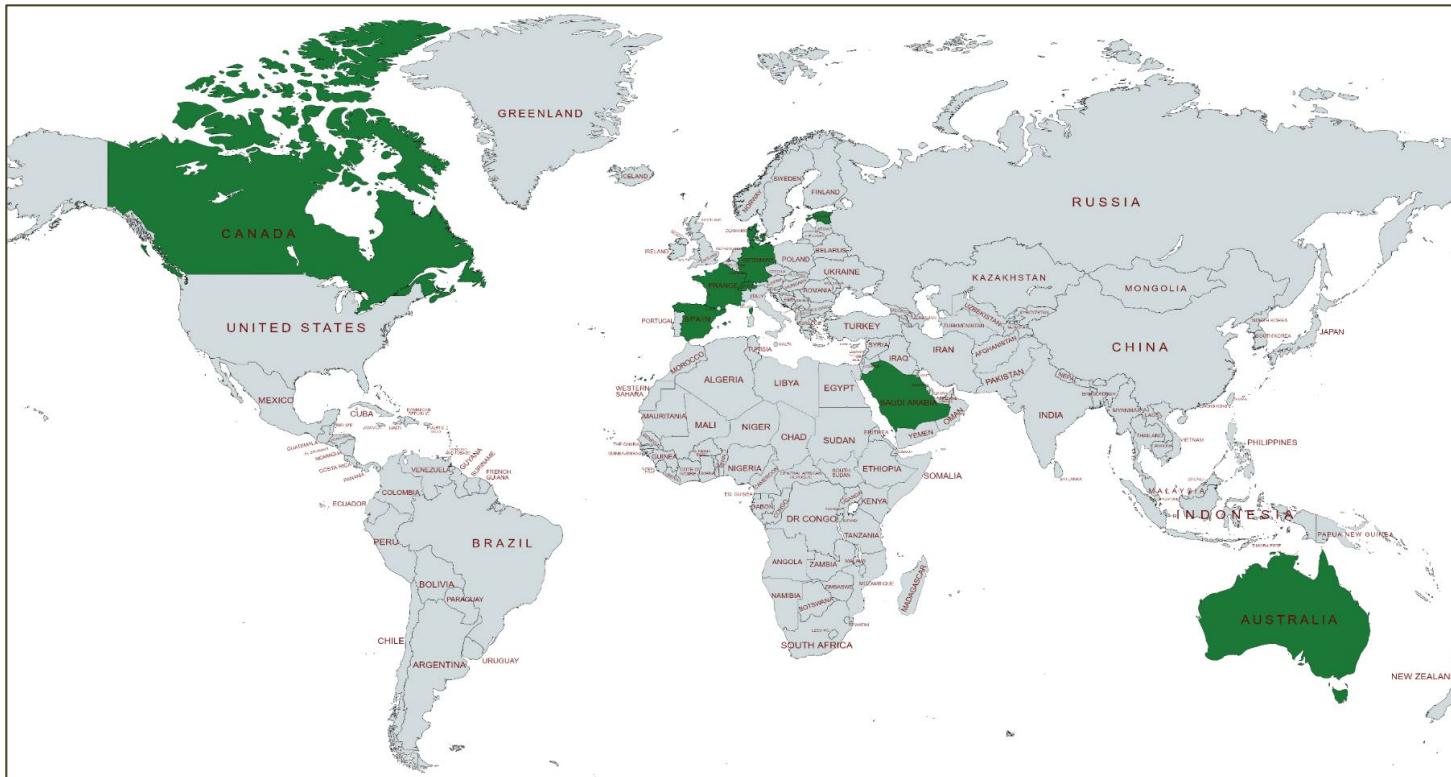
Countries

Saudi Arabia
Denmark
Estonia
Australia
Switzerland
Germany
France
Canada
Spain

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Requests to present the project at an event.	
Requests for information related to the tool.	
Collaboration with other projects or authorities.	

@SCIROCCOXCHANGE TWITTER FOLLOWERS
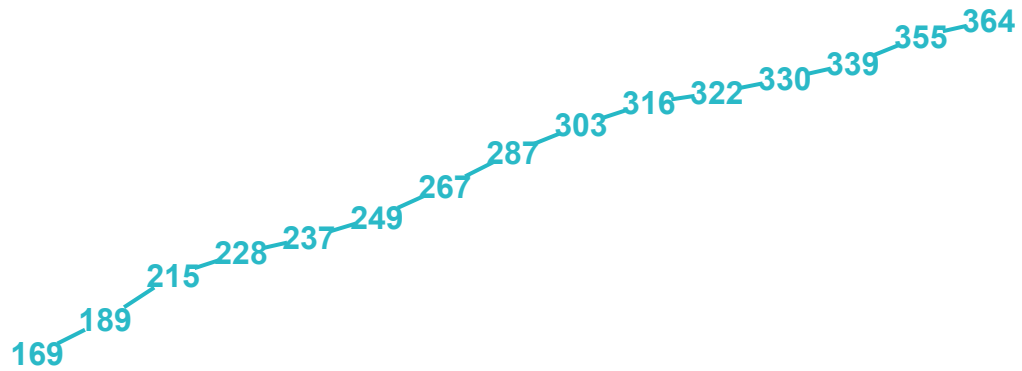
July 2020 = 267

March 2021 = 364

169 189 215 228 237 249 267 287 303 316 322 330 339 355 364

Jan-20 Feb-20 Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21

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

European Health Management Association @EHMAinfo · Apr 18
Regional and local #health authorities can not only share best practices on how to respond to this current threat but also how to better prepare for future challenges.
Join us tomorrow for our #EHMAwebinar at 12.30 PM. Save a spot here bit.ly/EHMAWebinar19

MANAGING SUSTAINABLE AND RESILIENT HEALTHCARE SYSTEMS
19 APRIL | 12:30-13:15 CEST

VALENTINA POLYLAS
Executive Director, EUREGHA

ANDREA PAVLICKOVA
International Engagement Manager, TEC and Digital Healthcare Innovation

#EHMAWEBINAR

Valentina Polylas and 2 others

Living Lab Scotland Ecosystem Scotland Highland and Islands Ecosystem SME

The ACSELL project Accelerating SME innovative capacities with the Living Lab approach

15th October 2020

One of the unique aspects of the ACSELL project is the activity to map the current situation with demand-driven innovation in the participating regions, using a newly developed adaption of the online self-assessment SCIROCCO Exchange Tool. [2]

During the first part of 2020, the Scottish Regional Stakeholder Group has been working through the process of assessing the strengths and weaknesses of the current state of demand driven innovation in the context of Scotland's health and care system (Figure 1). It has been a fascinating and insightful process so far. Different perspectives were expected between organisations and sectors but, interestingly, different perspectives have also been highlighted within organisations and teams regarding the maturity assessment dimensions in the SCIROCCO Exchange Tool.

Participants have also noted that an additional benefit of completing the assessment tool has been having the opportunity to think about their scoring and the justifications for score they have selected. In addition to completing this activity within their own teams, stakeholders have had the opportunity to share their results with each other ... sus and positive connections being made ... will be to organise twinning and knowledge ... ice to share, and also in areas where ... in relation to open demand-driven

Mar 2021 · 31 days

TWEET HIGHLIGHTS

Top Tweet earned 2,636 impressions

👋Check out our handy guide🧭 to each dimension of the @SCIROCCOxchange #MaturityModel for #IntegratedCare sciroccoexchange.com/resources
🔍 Available in 10 languages.
pic.twitter.com/lLUU4fOwek

Top mention earned 59 engagements

👋Check out our handy guide🧭 to each dimension of the @SCIROCCOxchange #MaturityModel for #IntegratedCare sciroccoexchange.com/resources
🔍 Available in 10 languages.
pic.twitter.com/lLUU4fOwek

11 12

View Tweet activity   View all Tweet activity

11 12

View Tweet activity   View all Tweet activity

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## Resources

View or download our resources below.

SCIROCCO Exchange Tool

SCIROCCO Exchange Maturity Model	2020	Translated Maturity Model - Dutch	Translated Maturity Model - German	Translated Maturity Model - Spanish	Translated Maturity Model - Italian
Descriptions of the Dimensions and the Scoring Justifications	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 Models	Translated Maturity Models	Translated Maturity Models	Translated Maturity Models

Translated Maturity Model - Lithuanian	Translated Maturity Model - Polish	Translated Maturity Model - Slovenian	Translated Maturity Model - Slovakian	Translated Maturity Model - Estonian	SCIROCCO Exchange Tool User Guide
Translated Maturity Models	Translated Maturity Models	Translated Maturity Models	Translated Maturity Models	Translated Maturity Models	User Guides

SCIROCCO Exchange Tool Facilitator Guide	January 2019 - June 2020	Expanded Maturity Model - Demand Driven Innovation	Expanded Maturity Model - Digital Neighbourhood	Experience of Users - SCIROCCO Exchange Focus Group Results and Conclusions
User Guides	List of countries, regions and organisations using SCIROCCO Exchange tool			Report
	Countries and Regions Using the Tool			

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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 +
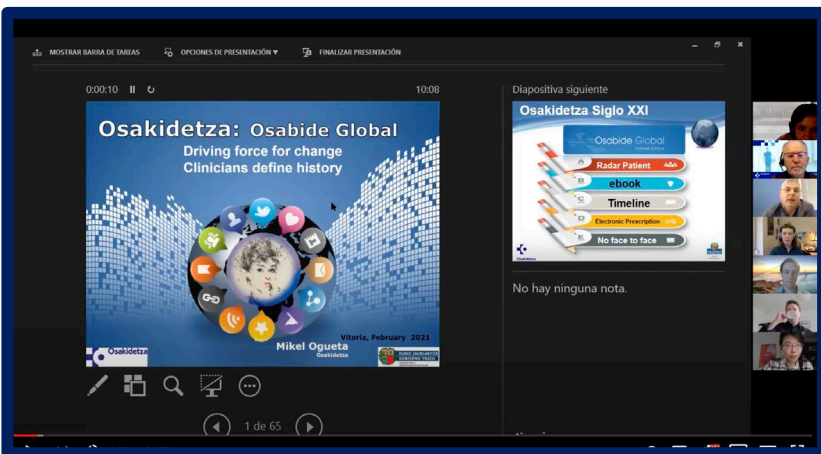
SUPPORT
DISSEMINATION

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 articipating 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 disappointement 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 wth 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)

- <u>Webinar on goal-oriented care</u>, 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*

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- 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

- <u>Exchanges on EHR</u> 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

- <u>Exchanges on Readiness to change</u> 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 aproach 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

- <u>Capacity building on EU cooperation & funding for local health authorities</u> by Puglia

-Webinar with local health stakeholders + AER to share results of WP5 & present WP7

-Developement of certified training Master « Pianificazione e Programmazione dei Fondi

Europei»

- <u>Capacity building activity on agile management</u> by Lithuania

-Workshop with local health stakeholders in Lithuania to agree on the needs to be addresssed

through knowledge transfer

-Development of training

- <u>Awareness raising, engagement & capacity building website on integrated care</u> by Slovakia

Activities within a regional ecosystem

- <u>Awareness raising, engagement & capacity building website on integrated care</u>
  by Slovakia

- <u>survey on needs of healthcare providers</u> in Poland
<u>+ providing knowledge on patient empowerment for providers</u>
-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

- <u>feedback from patients: Question to the consortium:</u>
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 adressed 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

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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!

Disclaimer

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN FLANDERS

► Karel Hermans – Sol Wallyn

► Flanders Institute for Primary Care and Flanders Agency for Care and Health

SCIROCCO Exchange Project Assembly, 21-22 April 2021

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!

Disclaimer

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN WERRA MEIßNER KREIS (GERMANY)

Fritz Arndt, Sophie Wang, Oliver Gröne

OptiMedis AG

Co-funded by
the Health Programme
of the European Union

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

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?

KT Activity - Bilateral exchange with Basque Country

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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

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KT Activity - Bilateral exchange with Basque Country

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   c) How is balance achieved between high-risk/high-cost groups and low risk/high-impact groups?

Thank you!

Disclaimer

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN LITHUANIA

► Elena Jureviciene, Rokas Navickas, Indre Lapinskaite, Laimis Dambrauskas

► Vilnius University Hospital Santaros Klinikos (VULSK)

SCIROCCO Exchange Project Assembly, 21-22 April 2021

Setting the priorities for knowledge transfer

The spider diagram of the total results
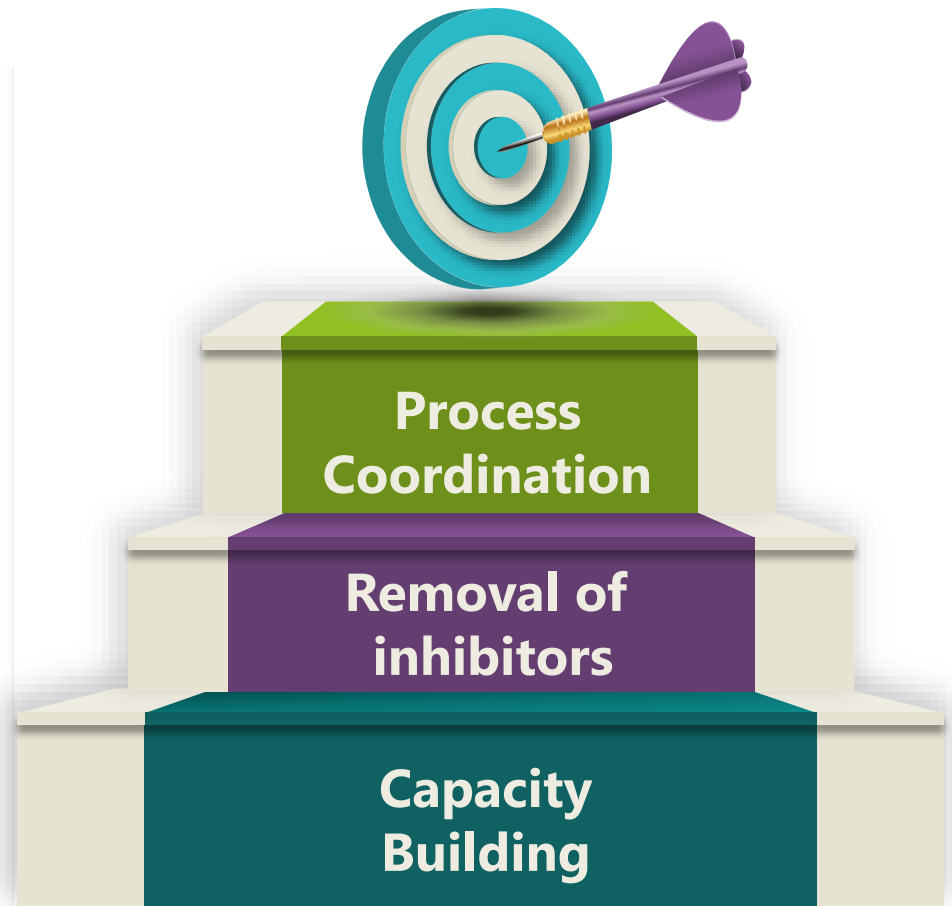
Priority dimensions for changes

Objectives of knowledge transfer

IDENTIFY

the most important issue

INCREASE

the knowledge and understanding of integrated care

ENCOURAGE

cross-boundary collaboration

REMOVE

some of the key bottle neck

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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

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Knowledge transfer activities – Current progress

2019

THE MATURITY ASSESSMENT

KNOWLEDGE TRANSFER ACTIVITIES – IMPL. PLAN

2020

2020 spring

MEETING AND WEBINARS WITH STAKE-HOLDERS

WORKSHOP WITH STAKE-HOLDERS

2020 DEC

2021

TRAINING SESSION

Scirocco Exchange

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.

Scirocco Exchange
Capacity-building for integrated care

Thank you!

Disclaimer

"The content of this Presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN PUGLIA REGION

► Serena Mingolla

► AReSS Puglia

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

Organisation	Tool Dimensions											
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
BA LHA	3	3	2	4	1	2	3	4	3	4	3	3
BR LHA	3	4	4	3	3	3	3	4	3	4	3	3
BT LHA	3	2	3	4	1	1	4	2	2	4	3	3
FG LHA	4	2	3	2	3	1	4	3	1	1	2	2
LE LHA	2	2	4	3	4	3	3	3	3	3	2	3
TA LHA	2	2	3	3	0	1	3	3	2	1	2	3

Dimensions			
Q1	Readiness to Change	Q7	Population Approach
Q2	Structure & Governance	Q8	Citizen Empowerment
Q3	Digital Infrastructure	Q9	Evaluation Methods
Q4	Process Coordination	Q10	Breadth of Ambition
Q5	Finance & Funding	Q11	Innovation Management
Q6	Removal of Inhibitors	Q12	Capacity Building

Legend				
				5 to 4
				3 to 2
				1 to 0

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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 h. 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
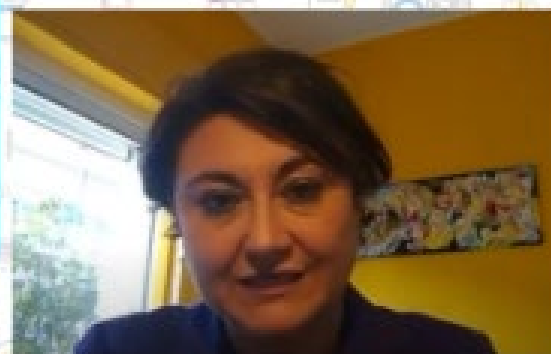
Knowledge transfer activities – Current progress

► **Analysis of training opportunities already in place in Puglia**

► **Identification of the Master in EU Funds of the:**

► **Co-organisation of the Master**

SCHOOL OF MANAGEMENT
UNIVERSITÀ LUM

► **Memorandum of understanding with the LHAs**

Implementation of knowledge transfer activities in Puglia – Next steps

- ► To tutor the training of stakeholders during their 1year 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!

Disclaimer

11.10-11.20 COFFEE BREAK

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN POLAND

► Katarzyna Wiktorzak & Agata Szymczak

► National Health Fund

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 focous 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) ☹

Scirocco Exchange

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

EU Health Literacy Survey HLS [HLS-EU-Q]

Kristine Sørensen, Department of International Health/CAPHRI, Faculty of Health,

Medicine and Life Science, Maastricht University

► 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**, **health promotion** in four dimensions: <u>obtaining information, understanding, assessing and applying the acquired knowledge</u>.

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 ☺ ☹

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Implementation of knowledge transfer activities in POLAND (INTEGRATED CARE PROVIDERS POZ PLUS) – Next steps

► **Organizing the workshops for Polish providers about patient empowerment (disemmination 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, beanchmarking

  ■ Plan to invite WB on on-line Scirocco Exchange seminar/workshops

► **Cooperation with POZ PLUS project**

► **WP8 – Logic model**

RAPORT OKRESOWY
POZ Plus 3.5

Wykonanie pilotażu POZ Plus—
—analiza dla poszczególnych świadczeniodawców
Świadczeniodawca: 07_04
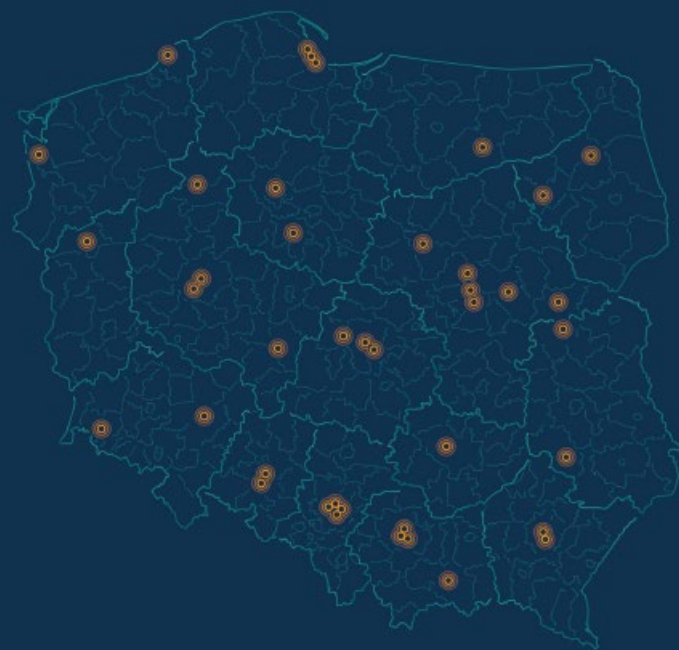
Okres:
czerwiec 2018–marzec 2020
dla analiz opartych na danych z aplikacji AP-PKUŚ
czerwiec 2018–grudzień 2019
dla analiz opartych na danych z bazy KLP

WORLD BANK GROUP   NFZ
                         Narodowy Fundusz Zdrowia

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)**
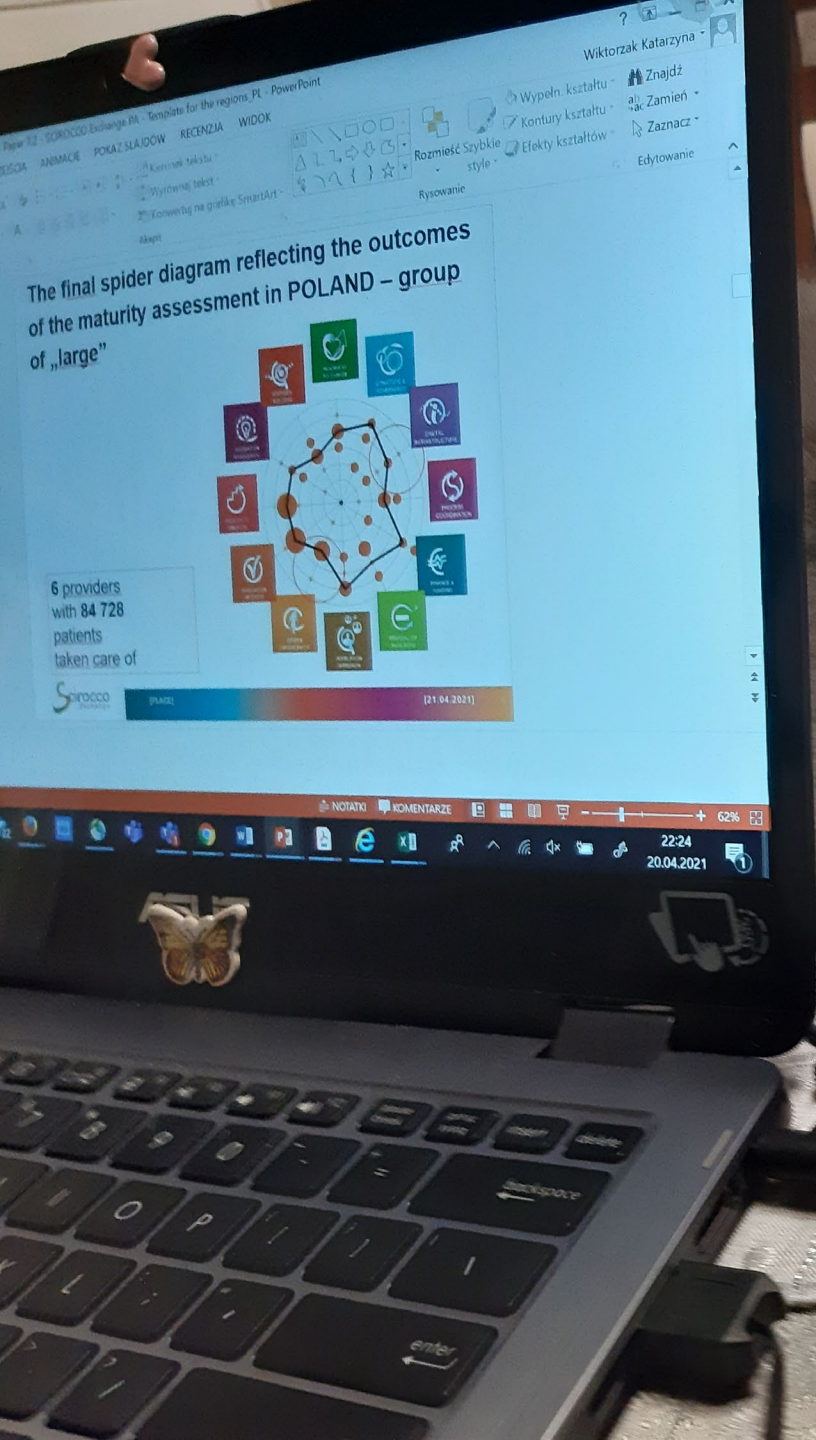
Greetings from Poland

Thank you!

Disclaimer

KNOWLEDGE EXCHANGE PROGRAMME IN SCOTLAND

Andrea Pavlickova,

Scottish Government

Priorities for Knowledge Transfer

Midlothian Health & Social Care Partnership

Dimensions for the knowledge transfer (Adopter)
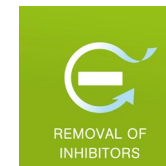
Potential dimensions for coaching (Originator)
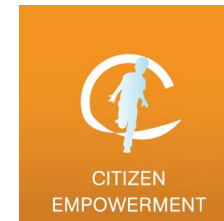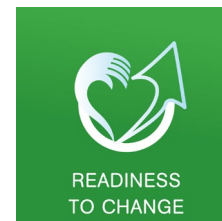
Objectives of Knowledge Transfer

- **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.
- ❑ Public engagement during COVID-19.

DIGITAL INFRASTRUCTURE

POPULATION APPROACH

Scirocco Exchange

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

  READINESS TO CHANGE
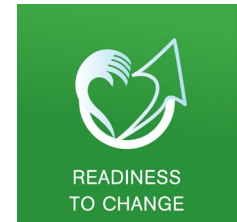
- **Workshop with Slovenia (planning phase)**
  - ‣ Innovation strategies
  - ‣ Good practices
  - ‣ Stakeholder Engagement

  INNOVATION MANAGEMENT

Scirocco Exchange

Knowledge Transfer Activities

► **As originator**

- **Workshop with Slovenia (planning phase)**

    ▸ New governance for integrated care

    ▸ De-instutionalisation 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

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

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

CITIZEN
EMPOWERMENT
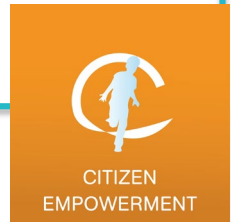
Scirocco Exchange

Other Activities

► **Development of a programme of self-evalaution 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

INNOVATION
MANAGEMENT

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.

Sirocco
Exchange

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!

Disclaimer

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

Integrovaná starostlivosť na Slovensku (SK) / Integrated care in Slovakia (EN)

Design, štruktúra: podľa webstránky projektu INDEED - https://sk.indeed-project.eu/
Design, obsah: na základe webstránky projektu SCIROCCO - https://www.sciroccoexchange.com/
Farby: podľa SCIROCCO_design a farby.pptx
Link novej web-platformy: https://mc3.sk/integratedcare.sk (predbežný návrh)

ÚVOD Introduction	PRIPRAVIŤ SA Ready	POZOR Steady	ŠTART Go	O NÁS About us
	3 podstránky / parts: **Integrovaná starostlivosť** **Integrated care** **Model CCM** **CCM model** **Príklady dobrej praxe** **z iných krajín** **Good practice examples from other countries**	3 podstránky / parts: **Strategické dokumenty** **Strategic documents** **Publikácie** **Publications** **Príklady dobrej praxe** **na Slovensku** **Good practice examples in Slovakia**	3 podstránky / parts: **Nástroje** **Tools** **Použitie na Slovensku** **Implementácia** **Implementation**	

Integrovaná starostlivosť na Slovensku
podľa webstránky projektu INDEED - https://sk.indeed-project.eu/

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS

Obrázok

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. **Cieľom** 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 sekciou PRIPRAVIŤ SA, následne prejsť k sekcii POZOR a na záver si preštudovať sekciu ŠTART. Poradie štúdia dostupných materiálov si môžete samozrejme zvoliť aj individuálne, na základe Vašich preferencií. **Kliknutím na jednu z farebných líšt vyššie, si zvoľte sekciu, 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 odvrátiteľných úmrtí, očakávaná dĺžka života a roky prežité v zdraví výrazne nižšie ako je 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 absentujúca podpora a poddimenzované financovanie domácej starostlivosti. V dôsledku demografických zmien predstavuje integrácia zdravotnej a sociálnej starostlivosti čoraz väčšiu 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 starostlivosti, 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 cielene rozvíjať podporu verejného zdravia obyvateľstva a sociálnu integráciu v komunitách znevýhodnených a ohrozených 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 rozširovaní integrovanej starostlivosti

• zlepšenia prístupu k dostupným poznatkom o integrovanej starostlivosti

• tvorby personalizovanej podpory pre tých, ktorí hľadajú pomoc pri príprave podmienok pre zmenu a/alebo zlepšenie existujúcich návrhov systémov integrovanej starostlivosti, prostredníctvom individualizovaného transferu poznatkov

• využívania 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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Integrovaná starostlivosť	**Model CCM**	**Príklady dobrej praxe z iných krajín**	

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

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Integrovaná starostlivosť	**Model CCM**	**Príklady dobrej praxe z iných krajín**	

Základné koncepty a princípy integrovanej starostlivosti

Integrované zdravotnícke 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:
WHO (2016) https://www.who.int/servicedeliverysafety/areas/people-centred-care/framework/en/
Goodwin N. Understanding Integrated Care. International Journal of Integrated Care. 2016;16(4):6. DOI: http://doi.org/10.5334/ijic.2530

Integrovaná starostlivosť na Slovensku

ÚVOD	**PRIPRAVIŤ SA**	**POZOR**	**ŠTART**	O NÁS
	Integrovaná starostlivosť	**Model CCM**	**Príklady dobrej praxe z iných krajín**	

Model CCM - Chronic Care Model

Model chronickej starostlivosti (the Chronic Care Model - CCM) pozostáva zo štyroch vzájomne prepojených systémových zložiek, ktoré sú považované za kľúčové pri poskytovaní 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 komplementárnymi komunitnými zdrojmi a politikami (Wagner et al. 2005). Model podporuje proaktívny 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).
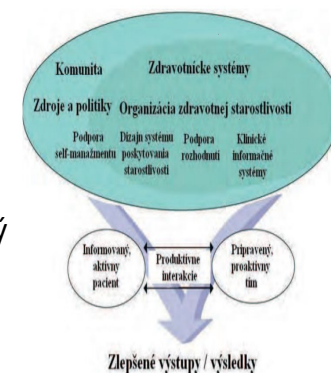
Obr. 1. Model starostlivosti o chronicky chorých (zdroj: Wagner et al. 1999)

Zdroje:
Wagner et al.(2005) "Finding common ground: patient-centeredness and evidence-based chronic illness care." *Journal of Alternative & Complementary Medicine* 11: 1.1-7.
WHO (2016) Integrated care models: an overview. Dostupné z:
https://www.euro.who.int/__data/assets/pdf_file/0005/322475/Integrated-care-models-overview.pdf

Integrovaná starostlivosť na Slovensku

ÚVOD	**PRIPRAVIŤ SA**	**POZOR**	**ŠTART**	O NÁS
	Integrovaná starostlivosť	**Model CCM**	**Príklady dobrej praxe z iných krajín**	

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
- Chronické ochorenia a zdravé starnutie
https://www.youtube.com/watch?v=VE3CO8_5UZc&ab_channel=EUCHRODISplus
- Integrovaná starostlivosť. Príbeh Samuela
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
- Program Integrovanej starostlivosti pre seniorov: Embrace
SamenOud (movie with English subtitles). – YouTube
- Efektívna integrácia sociálnej a zdravotnej starostlivosti
https://www.youtube.com/watch?v=PMj4QXPPVDk&ab_channel=DundeeCityCouncil
- Digitálne vylepšené a integrované zdravotnícke a opatrovateľské služby
https://learn.nes.nhs.scot/25389/digital-health-and-care/technology-supporting-people/coalition-of-care-and-support-providers-in-scotland-ccps

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Strategické dokumenty	**Publikácie**	**Príklady dobrej praxe na Slovensku**	

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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Strategické dokumenty	**Publikácie**	**Príklady dobrej praxe na Slovensku**	

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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Strategické dokumenty	**Publikácie**	**Príklady dobrej praxe**	

Chronologický prehľad publikácií týkajúcich sa integrovanej starostlivosti na Slovensku
https://scirocco-exchange-tool.inf.ed.ac.uk/sk/asset-collections/?trp-form-language=sk

CHRODIS – SK
http://chrodis.eu/contact-us/

MC3
https://mc3.sk/homepage/research/publications/
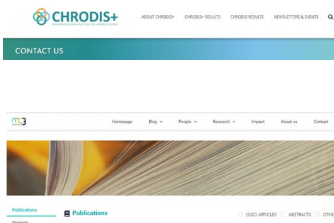
Odkliky na príslušné stránky s ilustračným obrázkom

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Strategické dokumenty	**Publikácie**	**Príklady dobrej praxe na Slovensku**	

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
- Komplexný ošetrovateľský manažment v zariadení sociálnej pomoci. DOS Humenné
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/
- Portál Malina - Národný navigátor dostupnej služby v situácii bezvládnosti
https://app.portalmalina.sk/
- e-MEDIUS - motivačný systém kreditovaného e-learningového vzdelávania pre zdravotníckych pracovníkov
https://www.e-medius.sk/sk/hlavna-stranka/
- Systém bezpečnosti pacienta, ktorý ochráni Vašu ambulanciu
https://www.medipravnik.sk/
- Všetko, čo potrebujete vedieť skôr, ako navštívite vášho lekára
 https://www.ambulancia.online/
- Lieky s rozumom: rozumná spotreba liekov sa týka každého z nás
https://www.liekysrozumom.sk/o-projekte/filozofia-projektu
- Slovenský pacient. Akadémia
https://slovenskypacient.sk/category/akademia-pacienta/

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	Použitie na Slovensku	Implementácia	

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 použitím 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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	**Použitie na Slovensku**	**Implementácia**	

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 národnej, regionálnej a lokálnej úrovni o potenciálnych oblastiach zlepšenia
• **podporovať dialóg medzi zúčastnenými aktérmi (stakeholdermi)** o napredovaní pri implementácii a poskytovaní integrovanej starostlivosti
• **podporovať aktivity partnerstva a koučingu** v jednotlivých krajinách, regiónoch a organizáciách s cieľom lepšie pochopiť lokálne podmienky, ktoré umožnia úspešné zavedenie integrovanej starostlivosti

Viac informácií o dotazníku SCIROCCO Exchange a popis jeho jednotlivých položiek nájdete na:
https://www.sciroccoexchange.com/uploads/SCIROCCO-Exchange-Translated-Maturity-Model-Slovak-v0.3.pdf

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	**Použitie na Slovensku**	**Implementácia**	

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

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	Použitie na Slovensku	Implementácia	

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 veľmi 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.

Obrázok 1: Individuálne hodnotenie úrovne integrácie   Obrázok 2: Výsledok konsensu v hodnotení úrovne integrácie

Správu o realizácii a výsledkoch hodnotiaceho procesu nájdete na: doplniť

Integrovaná starostlivosť na Slovensku

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	**Použitie na Slovensku**	**Implementácia**	

Aká je úroveň integrácie na Slovensku? Výsledky hodnotiaceho procesu.

- Diskusia s aktérmi v oblasti integrovanej starostlivosti ukázala, že jedným z kľúčových 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 neprijala efektívna politika ani systematické opatrenia.

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

- Potrebné je vytvorenie odbornej pracovnej skupiny, ktorá by bola schopná navrhovať a riadiť opatrenia pre integračný proces na národnej, 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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS
	Nástroje	**Použitie na Slovensku**	**Implementácia**	

- Projekt zameraný na Tvorbu postupov pre výkon prevencie a ich uplatnenie do medicínskej praxe
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/
- Informačný program zameraný na posilnenie kompetencií a zručností v starostlivosti o ľudí s demenciou
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

ÚVOD	PRIPRAVIŤ SA	POZOR	ŠTART	O NÁS

O projekte

V dôsledku starnutia populácie a nárastu chronických chorôb predstavuje dostupná efektívna zdravotná a sociálna starostlivosť čoraz väčšiu celospoločenskú výzvu. Kvalita zdravotnej a sociálnej starostlivosti 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 kľúčových výstupov projektu SCIROCCO Exchange.

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

Platforma je voľne 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 využití 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.

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/.

Thank you!

IMPLEMENTATION OF KNOWLEDGE TRANSFER IN SLOVENIA

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

Co-funded by
the Health Programme
of the European Union

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

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**
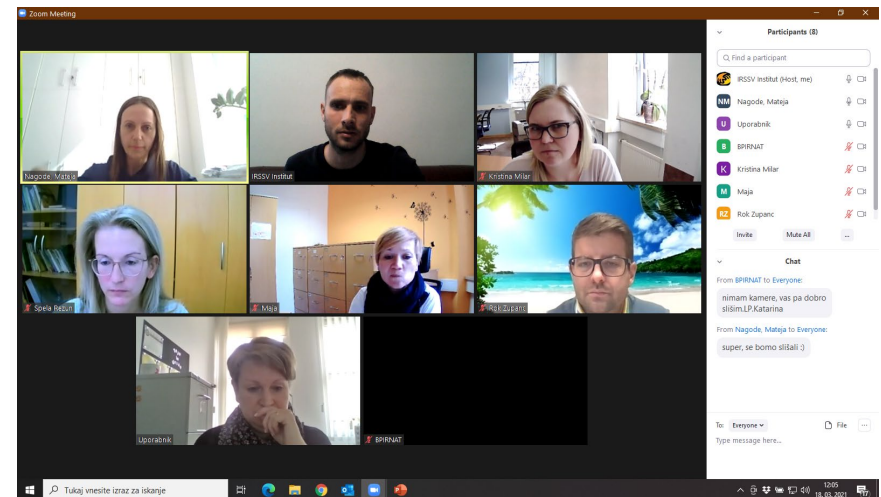
Knowledge transfer activities – Current progress

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
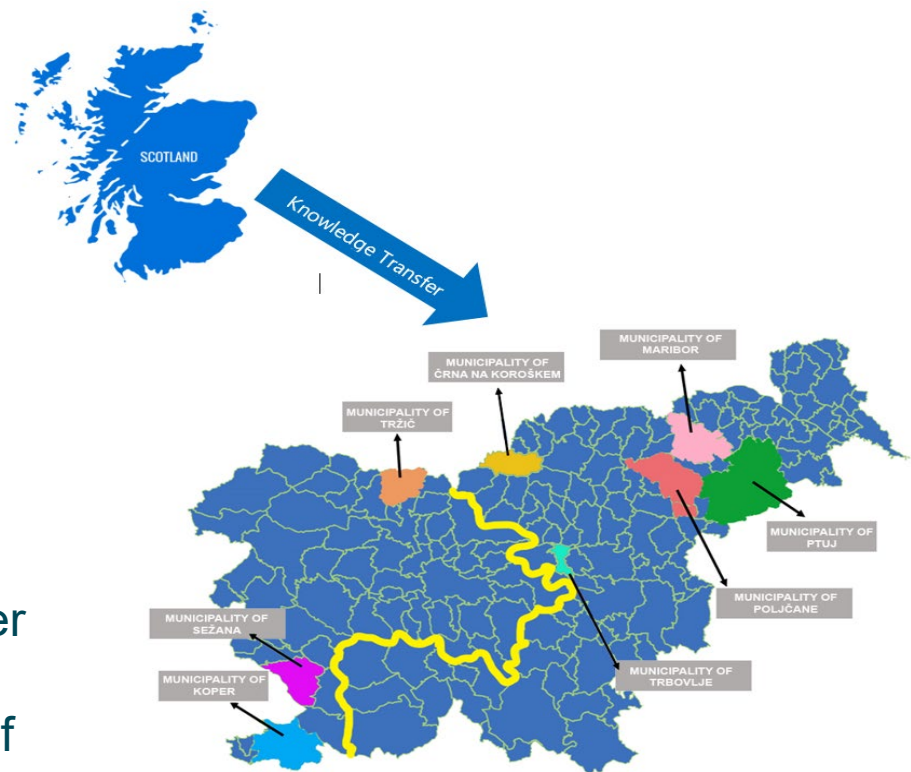
Implementation of knowledge transfer activities in Slovenia– Next steps

► evaluation of knowledge transfer from Scotland with local stakeholders

► knowledge transfer from the Basque Country

► workshop with local stakholders – 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.

Scirocco Exchange
Capacity-building for integrated care

Thank you!

Disclaimer

"The content of this Presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains."

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

Searching Assets on the Hub

Adding Assets to a Collection

Managing the Collection

Managing the Collection

Managing the Collection

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.

Scirocco Exchange

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

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

Total of 9 responses selected.   See individual assessments

- Voted by 1-25% respondents (1-2 respondent(s))
- Voted by 26-50% respondents (3-4 respondent(s))
- Voted by 51-75% respondents (5-6 respondent(s))
- Voted by 76-100% respondents (7-9 respondent(s))

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

Assessment   Country/region*

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

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 ○

Update consensus assessment

What KT Activities could the KH Support?

► From the previous PA the following KT activites 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

Scale (vertical axis): Single Process → Systemic

Scope (horizontal axis): One organisation, Multi organisation, Multi Region

- Systemic / One organisation: Lobbying for introduction of personal data stores in a hospital
- Systemic / Multi organisation: Lobbying for introduction of personal data stores In public services
- Systemic / Multi Region: Coaching on regulation for health and social care integration
- Single Process / Multi Region: Coaching on a particular innovation

There is also a temporal dimension – activites 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 activites 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

Curation

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

Language

Language

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

Recall that the underlying
Technology is easily extensible
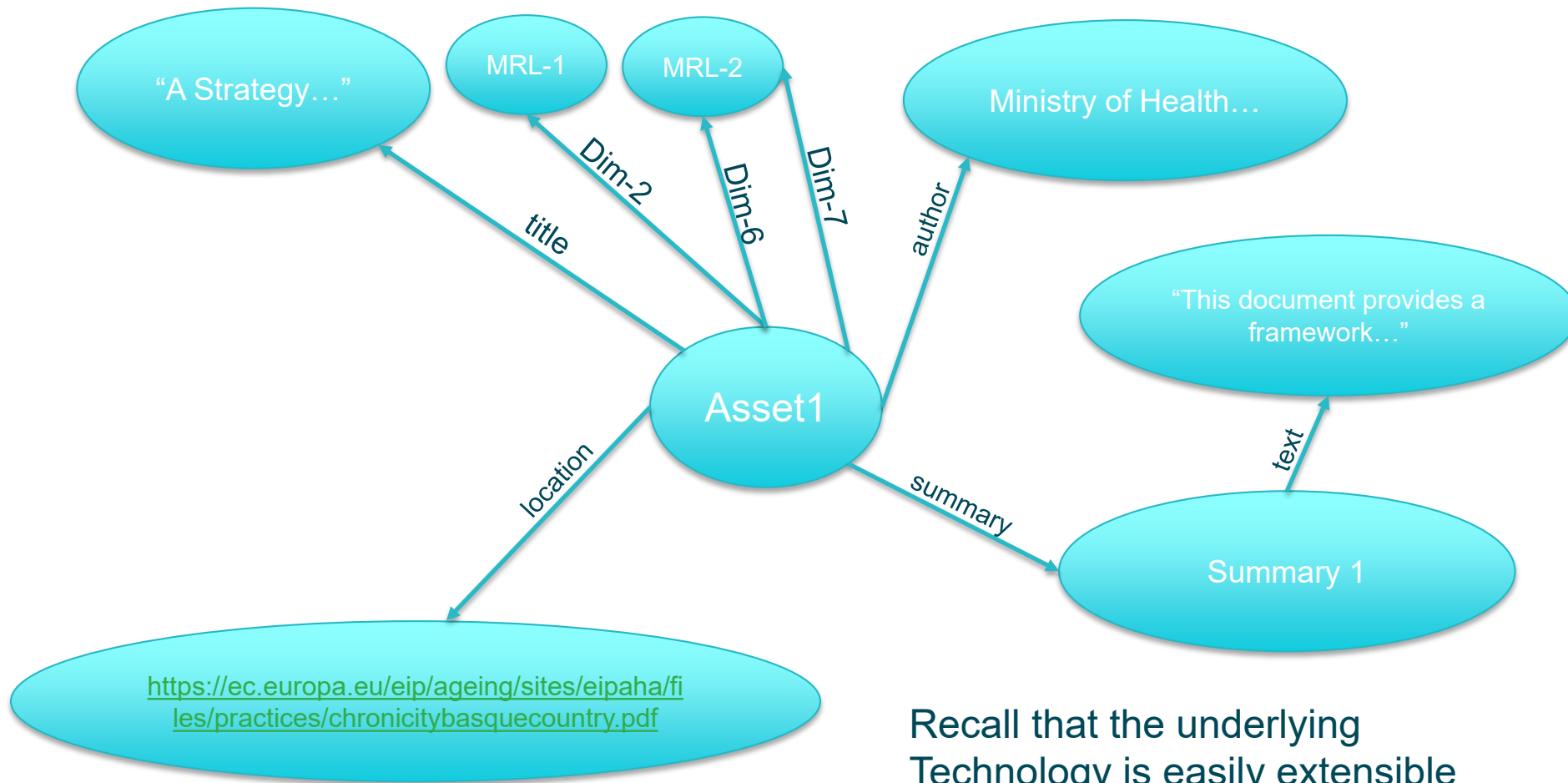
Actions

- ► 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.

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Stuart Anderson (soa@ed.ac.uk)

Thank you!

Disclaimer

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IMPLEMENTATION OF KNOWLEDGE TRANSFER IN THE BASQUE COUNTRY

► Jon Txarramendieta

► Kronikgune Institute for Health Services Research


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SCIROCCO Exchange Project Assembly, 21-22 April 2021

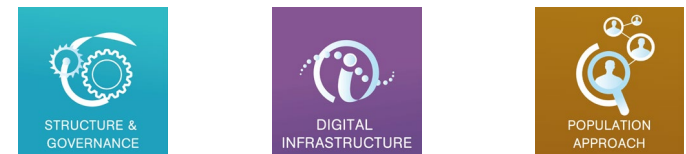# Setting the priorities for knowledge transfer

Outcomes of the Maturity Assessment

Dimensions for the knowledge transfer (Adopter)
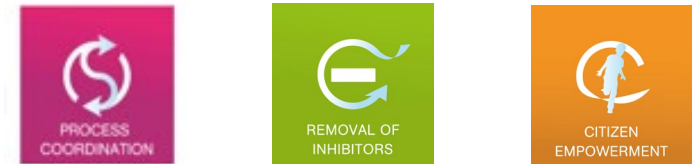
Potential dimensions for coaching (Originator)

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
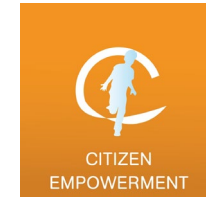
Knowledge transfer activities to deliver this change

► **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)

DIGITAL INFRASTRUCTURE

STRUCTURE & GOVERNANCE

Scirocco Exchange
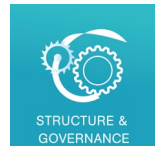
Knowledge transfer activities to deliver this change

► **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

Scirocco Exchange

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!

Disclaimer

END OF MEETING

Disclaimer