CAPACITY-BUILDING ASSETS FOR INTEGRATED CARE: HOW TO USE THE EXISTING EVIDENCE TO ACCELERATE THE ADOPTION AND SCALING-UP OF INTEGRATED CARE?
WELCOME AND INTRODUCTION

- Donna Henderson
- Scottish Government

SCIROCCO Exchange Workshop, 9 September 2020
INTRODUCTION TO SCIROCCO EXCHANGE PROJECT

► Andrea Pavlickova
► Scottish Government
Who we are?

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

3 Universities and Competence Centers
- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikgune, Basque Country, Spain

2 Membership Organisations
- EHTEL (European Health Telematics Association), Belgium
- AER (Assembly of European regions), France

Budget: €2,649,587
Start: 1 January 2019
Objectives of SCIROCCO Exchange

1. Maturity assessment for integrated care

Priorities for improvement: strengths and weaknesses of local environment for integrated care

2. Capacity-building assets

Access to existing evidence

3. Knowledge transfer

Capacity-building support

4. Improvement Plans

Co-designing technical assistance tailored to the maturity and local context

Evidence-based Capacity-building Support
Online self-assessment tool to assess readiness for integrated care

Validated and tested in over 90 regions/organisations

Available in 9 languages

SCIROCCO Exchange Tool for Integrated Care
https://scirocco-exchange-tool.inf.ed.ac.uk
SCIROCCO Tool for Integrated Care
https://scirocco-exchange-tool.inf.ed.ac.uk
Capturing Maturity Level

Objectives

If the existing systems of care need to be re-designed to provide a more integrated services, this will require change across many levels, the creation of new roles, processes and working practices, and new systems to support information sharing and collaboration across care teams. This will be disruptive and may be viewed negatively by workers, press and public, so a clear case needs to be made for those changes, including a justification, a strategic plan, and a vision of better care.

Assessment scale

0– No acknowledgment of compelling need to change
1– Compelling need is recognised, but no clear vision or strategic plan
2– Dialogue and consensus-building underway; plan being developed
3– Vision or plan embedded in policy; leaders and champions emerging
4– Leadership, vision and plan clear to the general public; pressure for change
5– Political consensus; public support; visible stakeholder engagement
Thank you!

andreapavlickova@nhs.net

Disclaimer

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UNDERSTANDING THE LOCAL READINESS FOR INTEGRATED CARE

➤ Cristina Adriana Alexandru
➤ University of Edinburgh
Assessing the Maturity of a Healthcare System

The self-assessment process consists of the following steps:

1. Local organisers identify local experts to be involved in the assessment.
2. The experts individually perform the assessment by filling in a questionnaire on the Scirocco tool.
3. The experts share their individual questionnaires with the organisers.
4. A workshop is organised to discuss and reach a consensus amongst the different experts about the maturity of the healthcare system.
Step 1: A Multidisciplinary Team

- Doctor
- Nurse
- Information Technology (IT) Specialist
- Administrator
Step 2: Performing an Individual Assessment

SCIROCCO Exchange Knowledge Management Hub

Maturity Assessment

The objective of the assessment process is to capture stakeholders' perceptions and experience in designing and delivering integrated care. It is not an objective or evaluation measure. When choosing the assessment scale, please consider the SCIROCCO Exchange dimensions from a local context’s perspective.

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):
CAlex(Country/region) 18chars max

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Country/region*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1, Q2, Q3, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q11, Q12</td>
<td></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
3: Vision or plan embedded in policy; leaders and champions emerging
4: Leadership, vision and plan clear to the general public; pressure for change
5: Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):
Step 2: Performing an Individual Assessment

Maturity Assessment

The objective of the assessment process is to capture stakeholders’ perceptions and experience in designing and delivering integrated care. It is not an objective or evaluation measure. When choosing the assessment scale, please consider the SCIROCCO Exchange dimensions from a local context’s perspective.

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):
CAlex[Country/region] 10chars max

Assessment Country/region

Please choose your country/region:
-Please select-

Save
Step 2: Performing an Individual Assessment

Maturity Assessment

The objective of the assessment process is to capture stakeholders’ perceptions and experience in designing and delivering integrated care. It is not an objective or evaluation measure. When choosing the assessment scale, please consider the SCIROCCO Exchange dimensions from a local context’s perspective.

Please reply to all of the questions marked *

Assessment name ( optionally, provide your name or stakeholder group):
CAlex(Country/region) 50 characters max

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
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5: Political consensus; public support; visible stakeholder engagement

If someone asked you to justify your rating here what would you say (please provide a few short sentences):

*Required
Step 2: Performing an Individual Assessment

Your assessment was successfully saved

What would you like to do next?

- [ ] Continue editing
- [ ] Save as private assessment
- [ ] Share assessment with other users
- [ ] Share assessment with all SCIROCCO Exchange partners
- [ ] Share assessment publicly (with all users of Knowledge Management Hub)

Submit
Step 2: Performing an Individual Assessment
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: Dr. (present user)

<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></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
- Decided
- Agreed
- Neutral
- Disagree
- Disputed

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 [Healthcare System] Stirling's no

1. Readiness to Change

- 0: No acknowledgement of compelling need to change
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If someone asked you to justify your rating here what would you say (please provide a few short sentences):


Save consensus assessment.
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 26-59% respondents (3-4 respondent(s))
- Voted by 60-75% 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, consx2

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Country/region*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12</td>
<td></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 1)

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
Step 4: Negotiating and Reaching Consensus

We are all using HL7 FHIR

Yes, but getting the devices to interoperate is a nightmare!

This will all be resolved soon, as we are joining an international standards group for devices.
Step 4: Negotiating and Reaching Consensus
Step 4: Negotiating and Reaching Consensus
Cristina Adriana Alexandru (Cristina.Alexandru@ed.ac.uk)
LOCAL NEEDS FOR INTEGRATED CARE – REGION/COUNTRY

► Andreja Rafaelic
► 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)
Healthcare System in Slovenia

• The Slovenian health system is largely financed by compulsory health insurance with the only provider the Health Insurance Institute of Slovenia.
• The compulsory health insurance does not cover all financial costs incurred during treatment. The other part of costs is covered by supplementary health insurance.
• With the collected funds, the Insurance Institute provides insured persons equal access to health services.
What does integrated care mean for Slovenia?

► Integration of social and health care services and sectors in LTC.
► Existing services are not integrated into one uniform system.
► In practice, there is no coordination of services which makes accessibility to services difficult and decreases its quality.
► Beneficiaries are not always provided with quality, equal and needed services.
Maturity assessment process

**Local level vs. national level**

- 27 municipalities (out of 212): with worse conditions and less successful when performing social care at home

Municipality of Trbovlje

Legend:
- razvojne občine
- občine v razvoju
- občine s potencialom
- zadržane občine
- občine s slabšimi pogoji
- občine, ki niso razvrščene
# Maturity assessment process

**Stakeholders**

<table>
<thead>
<tr>
<th>Invited</th>
<th>Participated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health centre of Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Centre for Social Work</td>
<td></td>
</tr>
<tr>
<td>Zagorje ob Savi Occupational Activity Centre</td>
<td></td>
</tr>
<tr>
<td>Nursing home of France Salamon Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Association of people with disabilities Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Municipality of Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Youth centre of Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Adult education centre of Zasavje</td>
<td></td>
</tr>
<tr>
<td>Seniors Association Trbovlje</td>
<td></td>
</tr>
<tr>
<td>Intergenerational association Upanje, Trbovlje</td>
<td></td>
</tr>
</tbody>
</table>
Maturity assessment process

I have a feeling that the local community waits for country to make first systematic moves, because it is the problem at the national level.
Maturity of integrated care in Trbovlje

SUCCESS FACTORS
► Implementation of telecare.
► Decision to employ a social worker at the hospital.
► Decision to organise local stakeholders meetings.

CHALLENGES
► Development of coordinated actions.
► Capacity building.
► Evaluation of the development in LTC.
Local needs for integrated care

- Creation of a local action group
- Regular meetings organised by the municipality
- Comprehensive needs assessment in the area
How to address the local needs?

- 2 study visits to the Basque country and Scotland (autumn 2020 – spring 2021)
- Presenting good practices from other regions (knowledge transfer)
- Encouraging piloting and innovations.
- Implementing good practices at the national level (formalize the innovation management process).
Thank you for your attention!
LOCAL NEEDS FOR INTEGRATED CARE – LITHUANIA

- Elena Jureviciene, Rokas Navickas, Indre Lapinskaite, Laimis Dambrauskas
- Vilnius University Hospital Santaros Klinikos (VULSK)
Healthcare System evolution in Lithuania

- **1990**: Semashko-type health care
- **1992**: Decentralization of health care administration
- **1998**: Focus on the establishment of private GPs practices
- **2019**: Postgraduate training of GPs and retraining program for district physicians
- **2021**: Lithuanian Health Strategy 2014-2025 to ensure high quality and effective health care focused on population needs

- Number of GPs: 2468 (valid licence)
Healthcare System in Lithuania

Insurance coverage – 95% of the population provided by the NHIF.

Health policy implementation at local level – the Municipal health boards.

Teem work in family medicine has been introduced an expanded.

Health policy and regulations – the Ministry of Health.

Health policy implementation at national level – the National Health Board, subordinated to Parliament.

Family medicine centers (FMC)/polyclinics and small-to-medium sized hospitals – owners are 60 municipalities of Lithuania.
Health care and social inter-sectoral collaboration.

A functional integration of primary health care and public health surveillance activities started 2015.

Team work in primary care
Some cultural factors restricted the smooth completion of the questionnaire, and the lack of benevolence to delve into complex issues caused some difficulties in cooperating with the stakeholders. Unfamiliar wording meant some clarifications were needed most of the time.
The selection of the stakeholders was made based on the idea to cover a more comprehensive assessment of integrated care maturity in Lithuania.
Maturity of integrated care in Lithuania

Some dimensions were ranked more positively by PHCC; such results may have been influenced by the specialists’ more practical point of view as they rely on practice.

The results of Patients and the Ministry of Health highlights the problem of miscommunication between patients and the government.
The results of the self-assessment process before the consensus-building workshop and after vary quite strongly. The following three dimensions were highlighted as priority dimensions for changes:

- Process Coordination,
- Removal of inhibitors,
- Capacity Building.
Local needs for integrated care

KEY MESSAGES

3 key success factors:

• PHC in Lithuania is well developed, majority privately owned.
• PHCCs are willing to cooperate in order to adopt further change.
• Government support on quality improvements.

3 key challenges:

• Better intersectoral cooperation between the health care system and social care system.
• A big difference between rural and urban areas.
• Large workload for GPs.
# How to address the local needs?

<table>
<thead>
<tr>
<th>DIMENSION(S) FOR IMPROVEMENT WEAKNESSES</th>
<th>RATIONALE &amp; MATURITY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity Building</strong> CB=2</td>
<td>Considerable variation between the results of the self-assessment process before and after the consensus-building workshop was noted. The Capacity Building was highlighted as one of the priority dimensions for changes in the region. Due to limited know how, cooperation on capacity building for integrated care could enable the teams or institutions. Individual approaches exist at the MoH level, but there is a lack of communication and collaboration between the different players. The process of sharing experience and lessons learnt among service providers is fragmented and does not work in the region.</td>
</tr>
<tr>
<td><strong>Removal of inhibitors</strong> RI=1</td>
<td>The removal of inhibitors has the lowest evaluation in the overall consensus diagram and should be considered as the bottle neck. It was highlighted as a priority dimension for change. The awareness of inhibitors exists but no systematic approach to their management is in place.</td>
</tr>
</tbody>
</table>
Thank you for your attention!
LOCAL NEEDS FOR INTEGRATED CARE – FLANDERS - BELGIUM

► Solvejg Wallyn
► Flanders Agency for Care and Health

The SCIROCCO Exchange project is co-funded by the Health Programme of the European Union under Grant Agreement No.: 826676 (Chafea)
Healthcare System in Belgium – IC in Flanders

- Since 2014: reform of primary care (integrating health and social care), mental health care, hospital care and rehabilitation.
- via a comprehensive approach to reform health and social care,
- characterised by bottom-up approach
- focus on multi-disciplinary cooperation and
- Goal: towards person centred care
What does integrated care mean for Flanders?

• Digital education
• Informal care – Flemish Centre for expertise in informal care
• Forum for stakeholders – Collaboration Platform of Primary Care

• Centres of expertise in prevention
• Centres of expertise in palliation
• Centres of expertise in dementia
• Centres of expertise in mental health

• Merging existing structures (SEL, LMN,…to one structure (Primary care areas)}
60 Primary Care Boards

To strengthen collaboration and coordination between local authorities, primary care professionals, associations of people with a need of care and support, associations of informal carers and volunteers.
Maturity assessment process in Flanders

- Implement gradually and on a voluntary basis the MMA within every PC Board.
- The first step is to test the self-assessment within the Governing Board of Directors of VIVEL.
- The Board is composed of 15 members, 12 participated in the self-assessment.
- The organisations participating are a combination of health and care umbrella organisations; patient organization; insurance company
  - Representing the Flanders local situation in the PC
  - With the exception of the Cities and Communities organisation
Maturity of integrated care in Flanders

Looking at the overall consensus diagram, there is not a lot of dimensions which one would consider as strengths for Flanders’ region. None of the dimensions scored very high. The dimension of “Readiness to change”, “Innovation Management” and “Structure and Governance” reached the best score.
Local needs for integrated care

- Flanders will move on with the use of the Scirocco Exchange Maturity Assessment Tool towards the local level – Primary Care Boards.

- Change management is hard to comply with to change from working in silo’s to integration of care.
  - Primary – secondary care
  - Health and social care
  - However, COVID-19 opened interesting cooperation opportunities
How to address the local needs?

- Learn from the Scirocco partners how to address our challenges
- Adapt the MM Dimensions to the Flemish context (include a tailor made narrative)
- Improve communication regional – local level and between health and social care organisations.
Thank you for your attention!
MAPPING OF CAPACITY-BUILDING ASSETS FOR INTEGRATED CARE

- Jon Txarramendieta
- Kronikgune – Institute for Health Services Research
Index

► Capacity-building assets
► Mapping strategy
► Profiling
► Preliminary results
Capacity building assets

Objetives

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

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

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

Definition

“Capacity-building assets are available resources and evidence that support stakeholders to increase context’ maturity for integrated health and social care in the twelve dimensions of the SCIROCCO Maturity Model”
Mapping strategy

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

### Assets selection criteria and sources

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

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

Assets are profiled based on:

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

► Literature review:
  ► Scientific papers

► Desktop search:
  ► Regulation and/or guidelines/"norms" document(s)
  ► Strategic and consultation document(s) (plans, green papers, white papers, ...)
  ► Report(s) (institutional, internal, technical, or statistical)
  ► Project document(s) (deliverables, products, outcomes, from regional, national or European and international projects, ...)
  ► Guidance document(s) (guidelines on implementation, evaluation, ...)
  ► Good practice(s)
  ► Tool(s) (planning, implementation, management, evaluation, software...)
  ► Technical and commercial documentation (brochures, manuals, leaflets, ...)
Integrated care (general): How do healthcare stakeholders deal with building integrated care?

- How do healthcare stakeholders deal with fostering readiness to change from a fragmented model to an integrated one?
- How do healthcare stakeholders deal with implementing changes at structural and governance level for the integration of care system?
- How do healthcare stakeholders deal with building digital infrastructure to support integrated care?
- How do healthcare stakeholders deal with ensuring available funding to support integrated care?
- How do healthcare stakeholders deal with implementing coordinated care processes for the effective deployment of integrated care?
- How do healthcare stakeholders deal with withdrawing legal, organisational, financial, skill concerning and cultural barriers related with integrated care?

Qualitative Questions: The PS Model

P - Patient/Population/Problem
S - Situation

How do does [P] experience [S]?
# Profiling

**Maturity Readiness Levels (MRL)**

- The MRL standardizes the scores of the dimensions’ scales

<table>
<thead>
<tr>
<th></th>
<th>Stage Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Awareness-raised</td>
</tr>
<tr>
<td>2</td>
<td>Small-scale deployment and/or planning</td>
</tr>
<tr>
<td>3</td>
<td>Mid-scale deployment and/or initial institutionalisation</td>
</tr>
<tr>
<td>4</td>
<td>Large-scale deployment and/or extended institutionalisation</td>
</tr>
<tr>
<td>5</td>
<td>Full deployment and/or institutionalisation</td>
</tr>
</tbody>
</table>
### Example: Population Approach dimension

<table>
<thead>
<tr>
<th>Assessment scale</th>
<th>MRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – Population health approach is not applied to the provision of integrated care services</td>
<td>0</td>
</tr>
<tr>
<td>1 – Population-wide risk stratification considered but not started</td>
<td>1</td>
</tr>
<tr>
<td>2 – Risk stratification approach is used in certain projects on an experimental basis</td>
<td>2</td>
</tr>
<tr>
<td>3 – Risk stratification used for specific groups i.e. those who are at risk of becoming frequent service users –</td>
<td>3</td>
</tr>
<tr>
<td>4 – A population risk approach is applied to integrated care services but not yet systematically or to the full population</td>
<td>4</td>
</tr>
<tr>
<td>5 – Whole population stratification deployed and fully implemented.</td>
<td>5</td>
</tr>
</tbody>
</table>
# Results 30/8/2020

**Desktop search:** 291 assets:

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>69</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>89</td>
</tr>
<tr>
<td>D3 – Digital infrastructure</td>
<td>44</td>
</tr>
<tr>
<td>D4 – Funding</td>
<td>71</td>
</tr>
<tr>
<td>D5 – Process Coordination</td>
<td>68</td>
</tr>
<tr>
<td>D6 – Removal of Inhibitors</td>
<td>31</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>63</td>
</tr>
<tr>
<td>D8 – Citizen empowerment</td>
<td>77</td>
</tr>
<tr>
<td>D9 – Evaluation methods</td>
<td>45</td>
</tr>
<tr>
<td>D10 – Breadth of Ambition</td>
<td>61</td>
</tr>
<tr>
<td>D11 – Innovation management</td>
<td>65</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>71</td>
</tr>
</tbody>
</table>

**Literature review:** 1899 assets found 232 assets selected

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Identified assets</th>
<th>Selected assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 – Readiness to change</td>
<td>82</td>
<td>36</td>
</tr>
<tr>
<td>D2 – Structure &amp; Governance</td>
<td>118</td>
<td>35</td>
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<tr>
<td>D3 – Digital infrastructure</td>
<td>177</td>
<td>29</td>
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<td>D4 – Funding</td>
<td>58</td>
<td>16</td>
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<tr>
<td>D5 – Process Coordination</td>
<td>158</td>
<td>25</td>
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<tr>
<td>D6 – Removal of Inhibitors</td>
<td>99</td>
<td>11</td>
</tr>
<tr>
<td>D7 – Population approach</td>
<td>143</td>
<td>7</td>
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<td>D8 – Citizen empowerment</td>
<td>72</td>
<td>10</td>
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<td>D9 – Evaluation methods</td>
<td>214</td>
<td>26</td>
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<tr>
<td>D10 – Breadth of Ambition</td>
<td>54</td>
<td>14</td>
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<td>D11 – Innovation management</td>
<td>56</td>
<td>11</td>
</tr>
<tr>
<td>D12 – Capacity Building</td>
<td>36</td>
<td>12</td>
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</table>
Thank you!
HOW TO USE THE EXISTING EVIDENCE FOR INTEGRATED CARE?

► Cristina Adriana Alexandru
► University of Edinburgh
Assets and the SCIROCCO Exchange Knowledge Management Hub

- SCIROCCO Exchange aims to support use and reuse of knowledge, evidence and experience
- The SCIROCCO Knowledge 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 each other, users, and to the dimensions of the SCIROCCO tool
- Search is linked to SCIROCCO assessments
Main functionality for managing assets

► Managing/curating assets

► Searching for assets

► Adding new assets
Managing and Curating Assets

SCIROCCO Exchange Knowledge Management Hub

Assets

Browse assets

Browse all assets OR Browse assets for assessment

Asset collections

<table>
<thead>
<tr>
<th>Private collections</th>
<th>Shared collections</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAlexScotland.UK1_assets</td>
<td>CAlexScotlandUK4_assets</td>
</tr>
<tr>
<td>CAlexScotlandUK2_assets</td>
<td>CAlexScotlandUK5_assets</td>
</tr>
<tr>
<td>CAlexScotlandUK3_assets</td>
<td>CAlexScotlandUK6_assets</td>
</tr>
</tbody>
</table>

My assets

Add new asset

- Health and Social Care Integration: an Update on Progress
- Review of Progress with Integration of Health and Social Care
- Health and Social Care Standards: My Support, My Life
- The 2018 General Medical Services Contract in Scotland

Marked as out-of-date
Editing Asset Collections

Asset Collection for Assessment CAlexScotland, UK1_assets

Title: Improving Together a National Framework...
Author: Scottish Government
Year: 2017

Title: Technology Enabled Care Review and Highlights
Author: Digital Health and Care Scotland
Year: 2018

See more
Searching Assets for Existing Assessment

SCIROCCO Exchange Knowledge Management Hub

Browse assets

Selected assessment: CAlexScotland, UK1

Browsing results

<table>
<thead>
<tr>
<th>Title: Improving Together a National Framework...</th>
<th>Not useful</th>
<th>Potentially useful</th>
<th>Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author: Scottish Government</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year: 2017</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

See more

<table>
<thead>
<tr>
<th>Title: The 2018 General Medical Services Contract in Scotland</th>
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<th>Useful</th>
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<tr>
<td>Year: 2017</td>
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</tr>
</tbody>
</table>

See more

<table>
<thead>
<tr>
<th>Title: Source Tableau Platform for Health and Social Care...</th>
<th>Not useful</th>
<th>Potentially useful</th>
<th>Useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author: Information Services Scotland</td>
<td></td>
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</tr>
<tr>
<td>Year: 2020</td>
<td></td>
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</table>

See more

<table>
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<tr>
<th>Title: Technology Enabled Care Review and Highlights</th>
<th>Not useful</th>
<th>Potentially useful</th>
<th>Useful</th>
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</thead>
<tbody>
<tr>
<td>Author: Digital Health and Care Scotland</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year: 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See more
Searching Assets by Choosing the Shape of the Assessment

SCIROCCO Exchange Knowledge Management Hub

Browse assets

Assessment: --- please select ---

Collection Name:

Browsing results

<table>
<thead>
<tr>
<th>Title</th>
<th>Net useful</th>
<th>Potentially useful</th>
<th>Useful</th>
</tr>
</thead>
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<td>Technology Enabled Care Review and Highlights Author: Digital Health and Care Scotland Year: 2018</td>
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<td></td>
<td></td>
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</tbody>
</table>
Adding a new asset

SCIROCCO Exchange Knowledge Management Hub

Add a new asset

MRL number per referenced dimension (leave empty if dimension not referenced)*:

Dimension1 MRL:  
Dimension2 MRL:  
Dimension3 MRL:  
Dimension4 MRL:  

Dimension5 MRL:  
Dimension6 MRL:  
Dimension7 MRL:  
Dimension8 MRL:  

Dimension9 MRL:  
Dimension10 MRL:  
Dimension11 MRL:  
Dimension12 MRL:  

Title*: 

Author(s)*:

Author 1  
Author 2  
Author 3  

Author 4  
Author 5  
Author 6  

Author 7  
Author 8  
Author 9  

ICIC2020
Language is a Big Obstacle

- SCIROCCO Exchange aims to share experience across Europe
- Health workers mostly work in their mother tongue
- SCIROCCO Exchange already uses the community to work multilingually

=> **Key assets will include: translations, summaries in different languages, translation skills, … with support to ease moving assets from language to language.**
Future Work

► The Knowledge Hub is still in development
► We know that initiatives like this often fail when the project finishes

⇒ A key goal is to make the Knowledge Hub sustainable

► To be sustainable it is necessary:
  ■ That its use is sufficiently valuable to the community
  ■ It is easy to use.
  ■ Curating assets and developing the assets is simple and intuitive.
EXPANSION OF SCIROCCO EXCHANGE KNOWLEDGE MANAGEMENT HUB

► Tino Marti
► EHTEL
Facing expansion, many questions arise

► Can SCIROCCO be expanded?
► What exactly can be expanded?
► In which direction can SCIROCCO expand?
► How the expansion needs to be implemented to be successful?
First, we need to clarify some concepts…

- Scirocco is both a **model** and a **tool**

- It is a maturity model for **integrated care** and an assessment tool

- Their users are **health and care stakeholders** from a given integrated care area (national, subnational).
...and then deconstruct

- Scirocco holds different type of assets:
  - **Content**-based assets: multidimensional assessment of integrated care with maturity scales (12 domains, 6-levels)
  - **Process**-based assets: multistakeholder, consensus-building, co-creation of implementation plans
  - **Format**-based assets: templates, web-based application
Expansion matrix

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

<table>
<thead>
<tr>
<th>Topic / User</th>
<th>Incumbent user</th>
<th>New user</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Incumbent topic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New topic</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. Drill-down expansion

► Select one domain and deepen one level down to gain specificity

► Example: from Digital infrastructure to Digital maturity for integrated care

► Includes: EHRs, health information exchange, eHealth services, mHealth, analytics, digital innovation, standardization, etc.
II. User expansion

Long-term care policy in Estonia

- Structural reform process (Ministry of Health) to improve health and care integration in Estonia
- Scirocco Model used as assessment tool in 5 pilot areas to define new health policies for long-term care
- New user: policy-makers
III. Topic expansion

Open innovation

► ACSELL focus on accelerating SME innovation with a Living Lab approach.

► One of the domains for open innovation is digital health and care innovation.

► ACSELL has applied the Scirocco Model without a specific validation process of the tool.

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

Digital Neighbourhood Maturity Model

► Project “Technik im Quartier” (Technology in the neighbourhood) led by Furtwangen University

► The project aims to investigate how neighbourhood development concepts and technical assistance systems can mutually benefit from an integrated approach.

► Expansion required to adapt dimensions
## Adaptation to Digital Neighbourhood Maturity Model

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

► Complete documentation of examples
► Develop a methodology for expanding the Scirocco Model and tool in all four directions
► Develop a guideline for implementing the expansion based on the lessons learned
THANK YOU
FACILITATED DISCUSSION

► Donna Henderson
► Scottish Government

SCIROCCO Exchange Workshop, 9 September 2020
END OF WORKSHOP