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VIRTUAL CONFERENCE
9th | 16th | 23rd | 30th
September 2020
20th International Conference on Integrated Care | Croatia

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Exchange
Capacity-building for integrated care

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

Co-funded by
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SCIROCCO Exchange Workshop, 9 September 2020

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WELCOME AND INTRODUCTION

- ► Donna Henderson
- ► Scottish Government

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INTRODUCTION TO SCIROCCO EXCHANGE PROJECT

- ► Andrea Pavlickova
- ► Scottish Government

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SCIROCCO Exchange Workshop, 9 September 2020

Who we are?

Co-funded by
the Health Programme
of the European Union

Budget: €2,649,587

Start: 1 January 2019

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

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Objectives of SCIROCCO Exchange

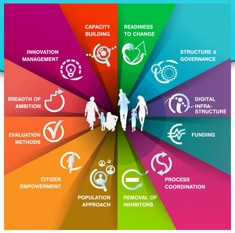
1.Maturity assessment for integrated care

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

2. Capacity-building assets

Access to existing evidence

SCIROCCO Exchange Knowledge Management Hub


CAPACITY BUILDING
READINESS TO CHANGE
STRUCTURE & GOVERNANCE
DIGITAL INFRA-STRUCTURE
FUNDING
PROCESS COORDINATION
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
INNOVATION MANAGEMENT

3. Knowledge transfer

Capacity-building support

4. Improvement Plans

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

SCIROCCO Exchange Tool for Integrated Care

https://scirocco-exchange-tool.inf.ed.ac.uk

Online

self-assessment tool

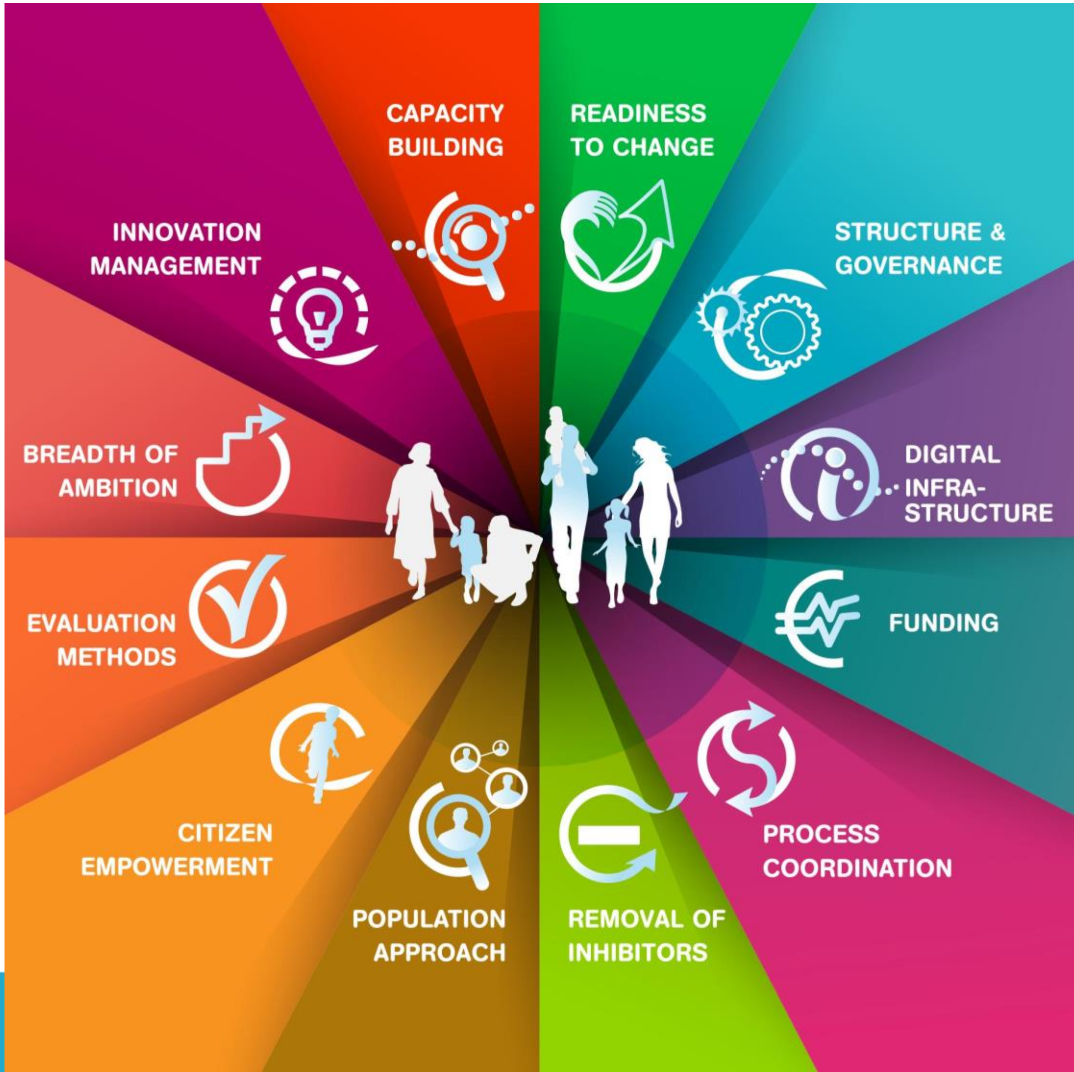
to assess readiness for

integrated care

Validated and tested in over

90 regions/organisations

Available in 9 languages


CAPACITY BUILDING
READINESS TO CHANGE
INNOVATION MANAGEMENT
STRUCTURE & GOVERNANCE
BREADTH OF AMBITION
DIGITAL INFRA-STRUCTURE
EVALUATION METHODS
FUNDING
CITIZEN EMPOWERMENT
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POPULATION APPROACH
REMOVAL OF INHIBITORS

SCIROCCO Tool for Integrated Care

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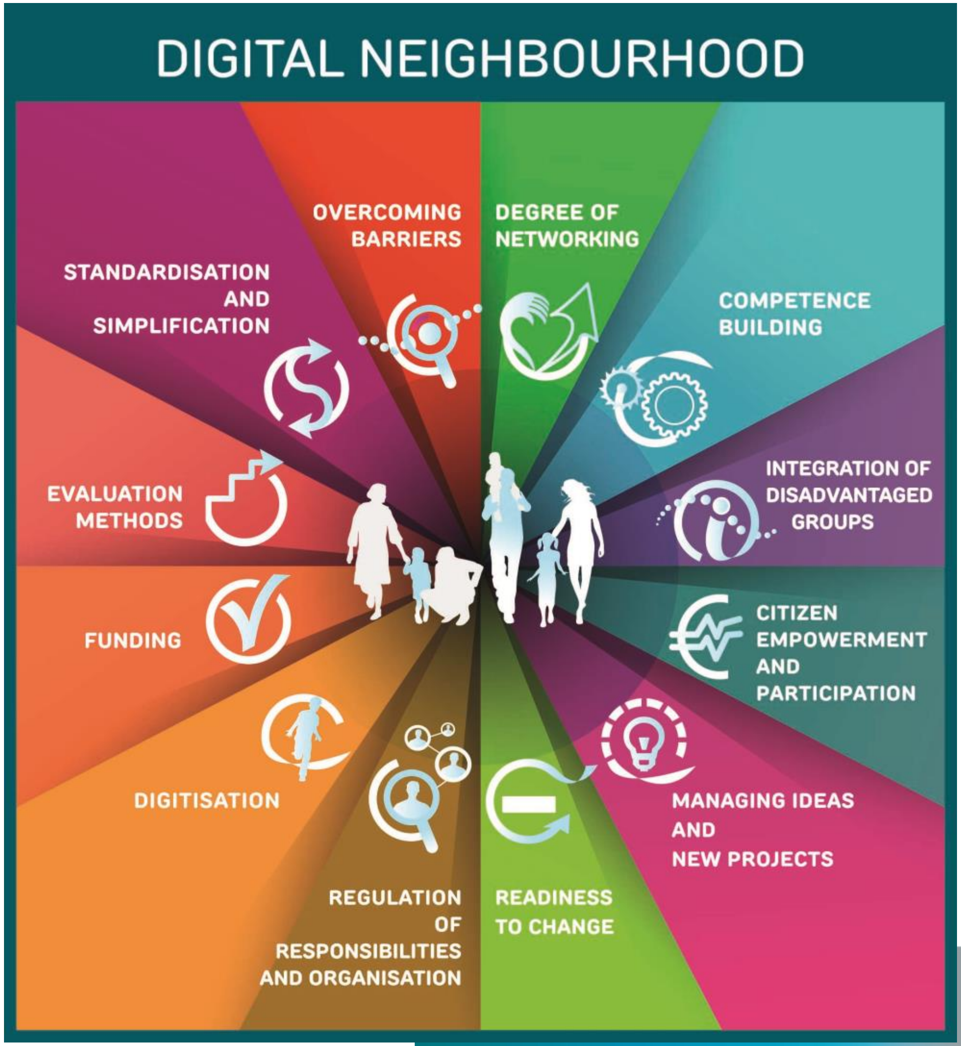
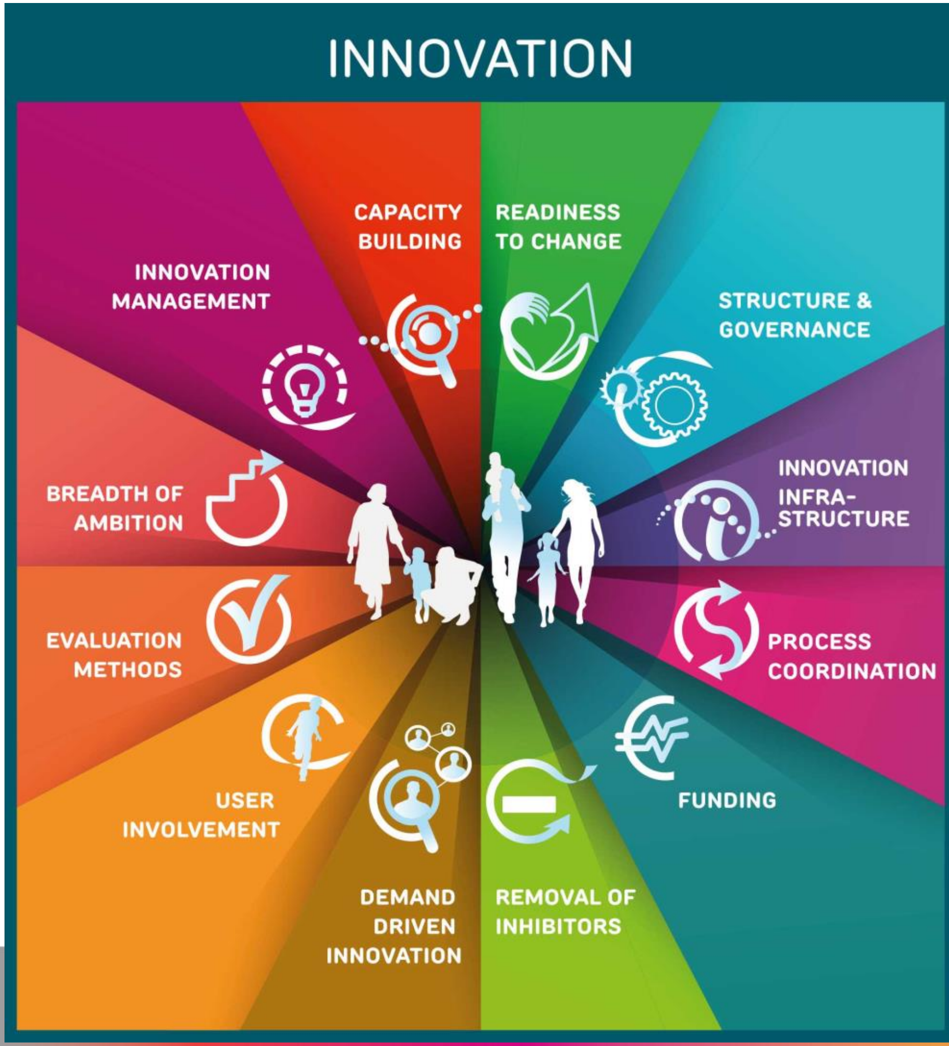

DIGITAL NEIGHBOURHOOD
OVERCOMING BARRIERS
DEGREE OF NETWORKING
STANDARDISATION AND SIMPLIFICATION
COMPETENCE BUILDING
INTEGRATION OF DISADVANTAGED GROUPS
EVALUATION METHODS
FUNDING
CITIZEN EMPOWERMENT AND PARTICIPATION
DIGITISATION
MANAGING IDEAS AND NEW PROJECTS
REGULATION OF RESPONSIBILITIES AND ORGANISATION
READINESS TO CHANGE

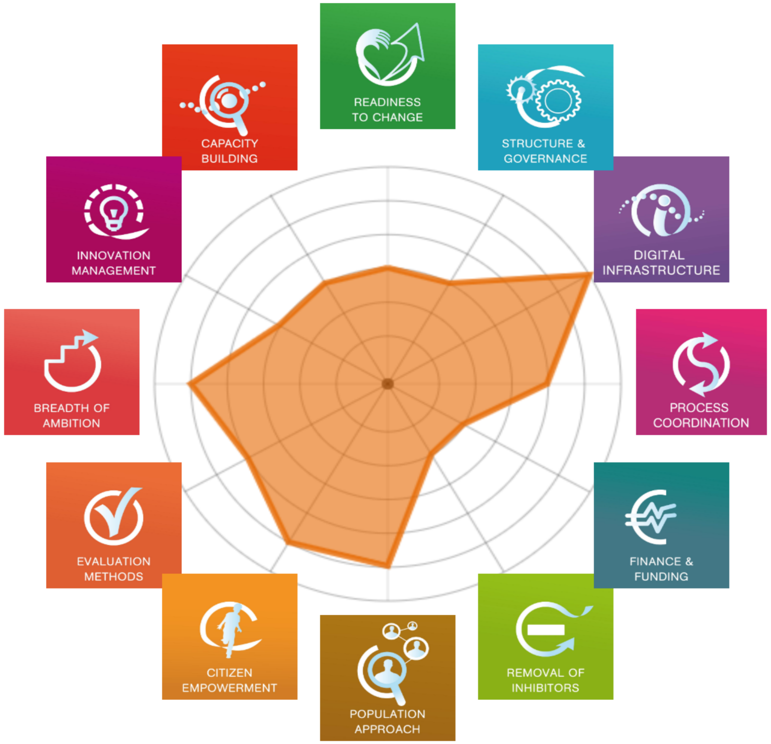

INNOVATION
CAPACITY BUILDING
READINESS TO CHANGE
INNOVATION MANAGEMENT
STRUCTURE & GOVERNANCE
BREADTH OF AMBITION
INNOVATION INFRA-STRUCTURE
EVALUATION METHODS
PROCESS COORDINATION
USER INVOLVEMENT
FUNDING
DEMAND DRIVEN INNOVATION
REMOVAL OF INHIBITORS

Capturing Maturity Level

READINESS
TO CHANGE

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

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Thank you!

andreapavlickova@nhs.net

Disclaimer

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UNDERSTANDING THE LOCAL READINESS FOR INTEGRATED CARE

- ► Cristina Adriana Alexandru
- ► University of Edinburgh

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Assessing the Maturity of a Healthcare System

- **The self-assessment process consist 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

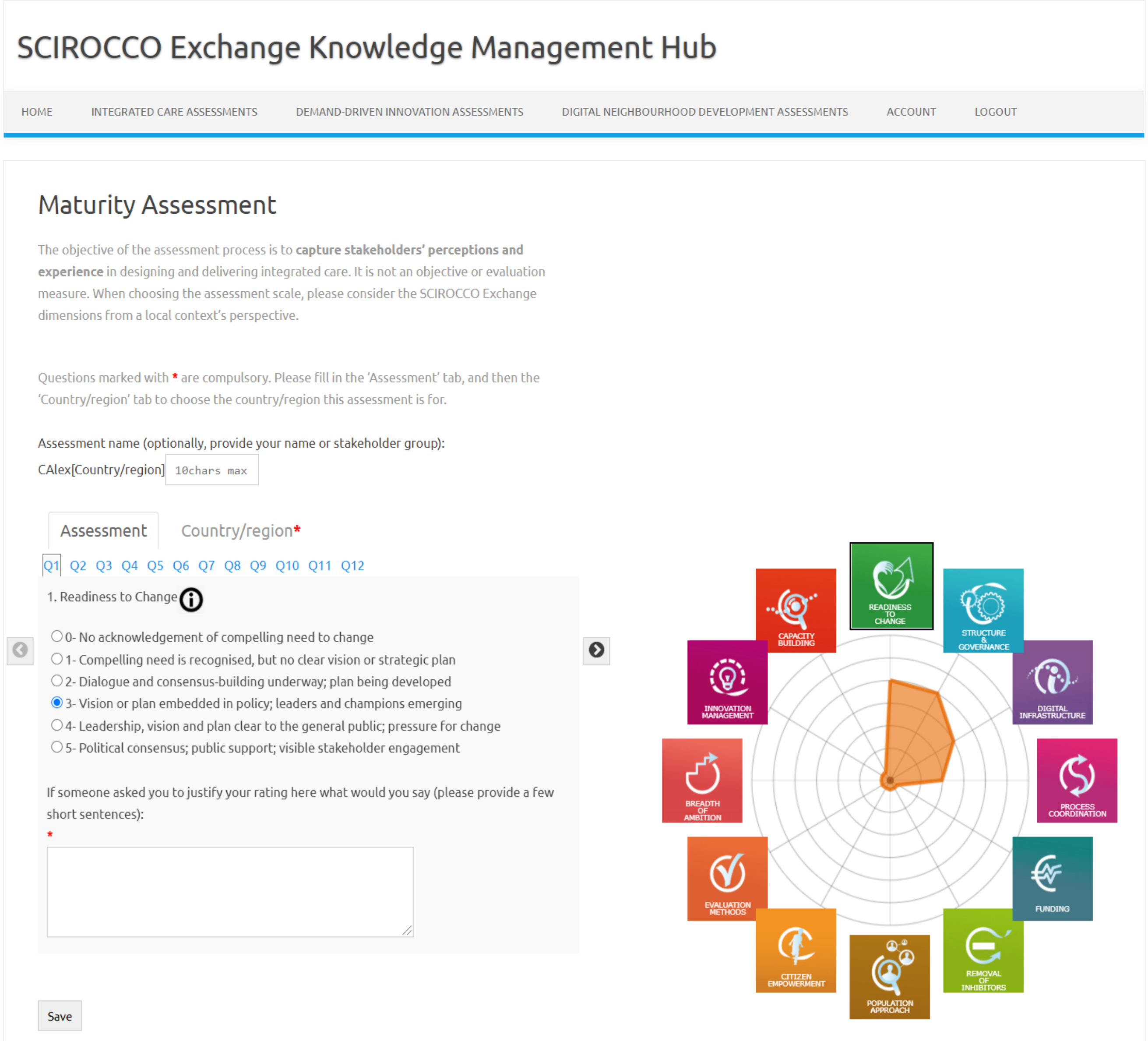
Doctor

Information Technology (IT) Specialist

Nurse

Administrator

Step 2: Performing an Individual Assessment



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DEMAND-DRIVEN INNOVATION ASSESSMENTS
DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
ACCOUNT
LOGOUT

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*
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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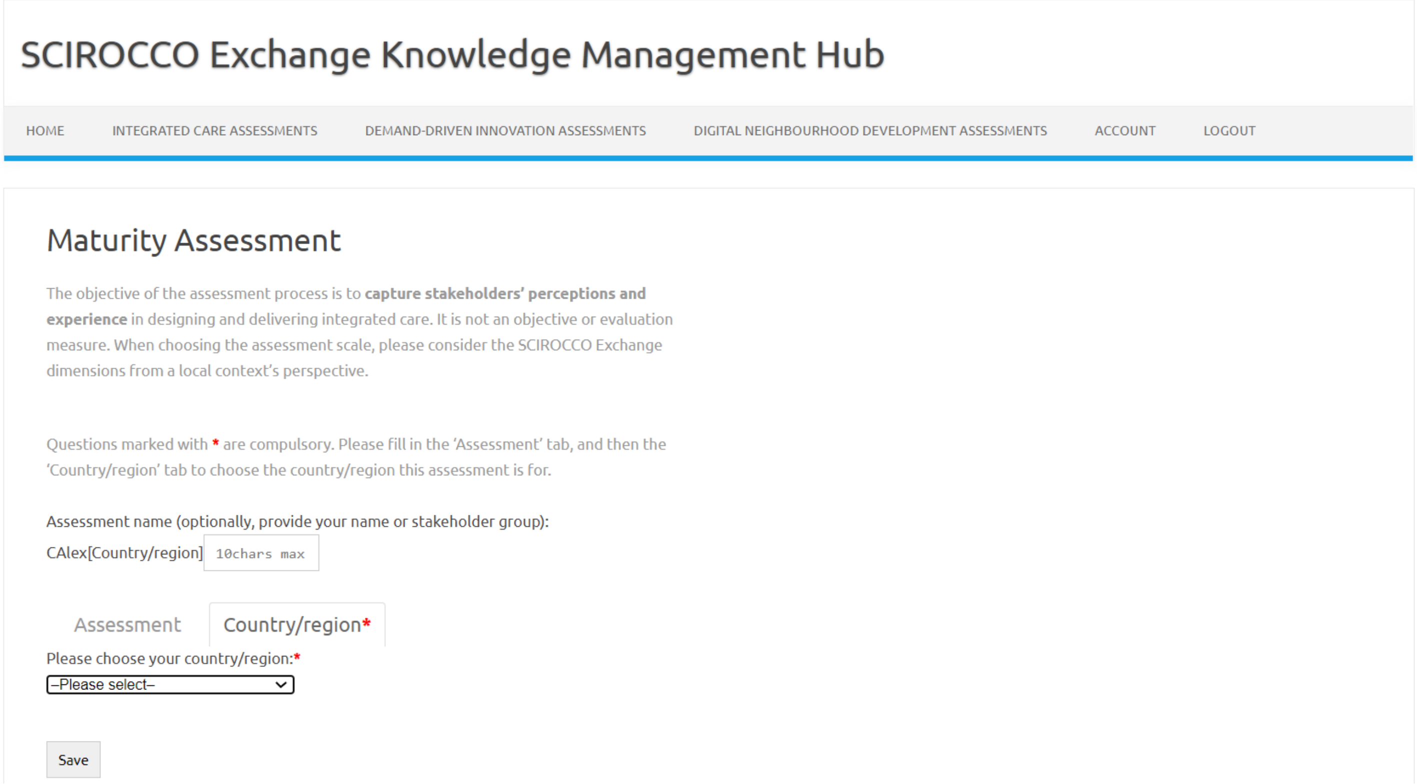
● 3- Vision or plan embedded in policy; leaders and champions emerging
○ 4- Leadership, vision and plan clear to the general public; pressure for change
○ 5- Political consensus; public support; visible stakeholder engagement

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

Save
READINESS TO CHANGE
STRUCTURE & GOVERNANCE
DIGITAL INFRASTRUCTURE
PROCESS COORDINATION
FUNDING
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
INNOVATION MANAGEMENT
CAPACITY BUILDING

Step 2: Performing an Individual Assessment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DEMAND-DRIVEN INNOVATION ASSESSMENTS
DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
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Assessment name (optionally, provide your name or stakeholder group):

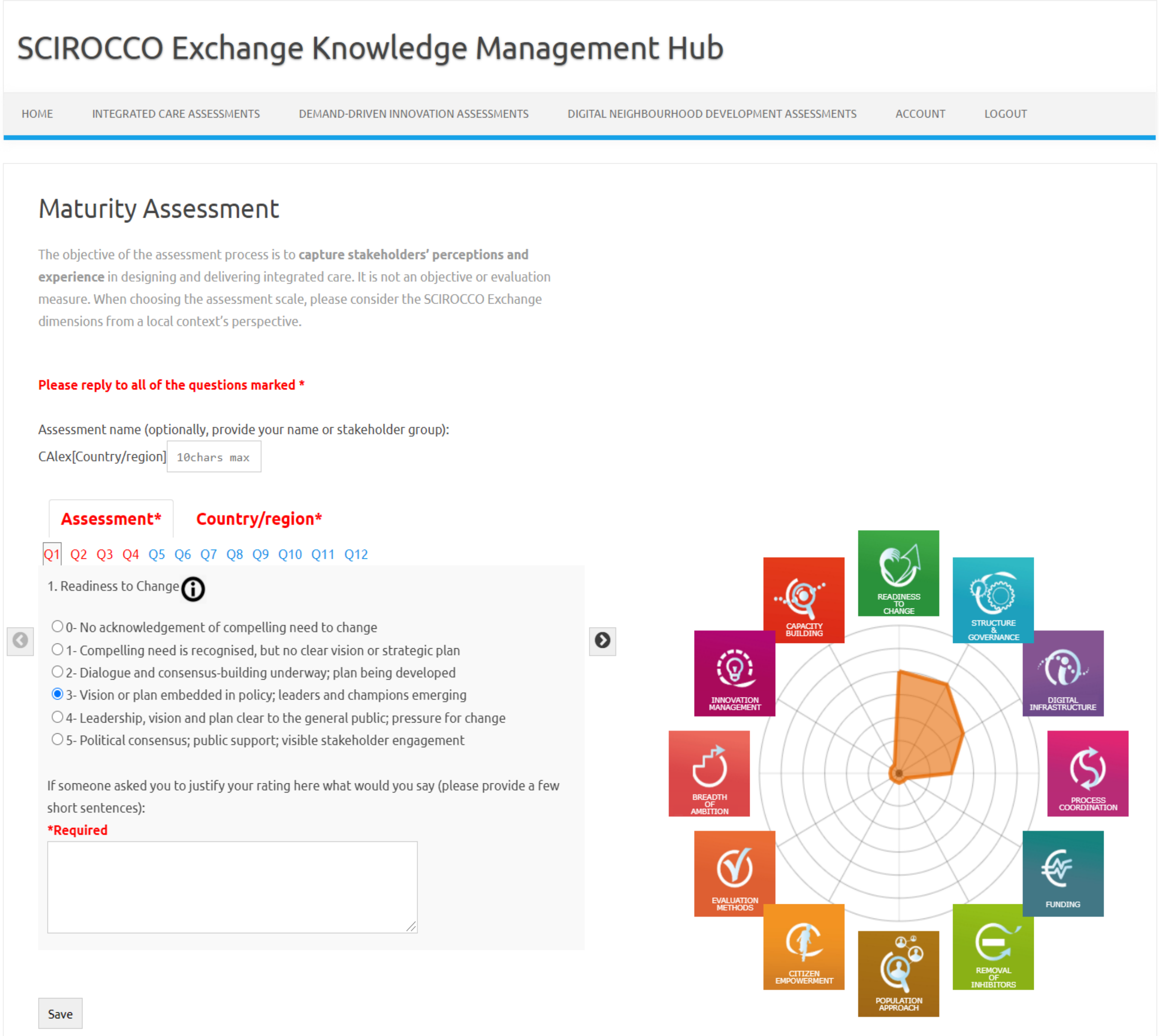
CAlex[Country/region] `10chars max`

Assessment
Country/region*

Please choose your country/region:*

--Please select--

Step 2: Performing an Individual Assessment



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DEMAND-DRIVEN INNOVATION ASSESSMENTS
DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
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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] `10chars 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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● 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

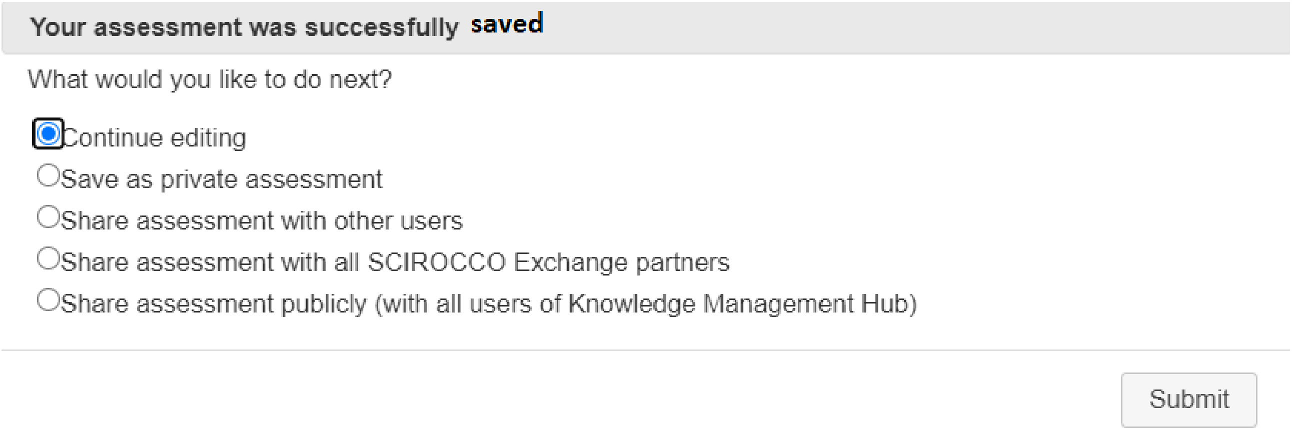
If someone asked you to justify your rating here what would you say (please provide a few short sentences):

***Required**

READINESS TO CHANGE
STRUCTURE & GOVERNANCE
DIGITAL INFRASTRUCTURE
PROCESS COORDINATION
FUNDING
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
INNOVATION MANAGEMENT
CAPACITY BUILDING
Save

Scirocco Exchange

Step 2: Performing an Individual Assessment

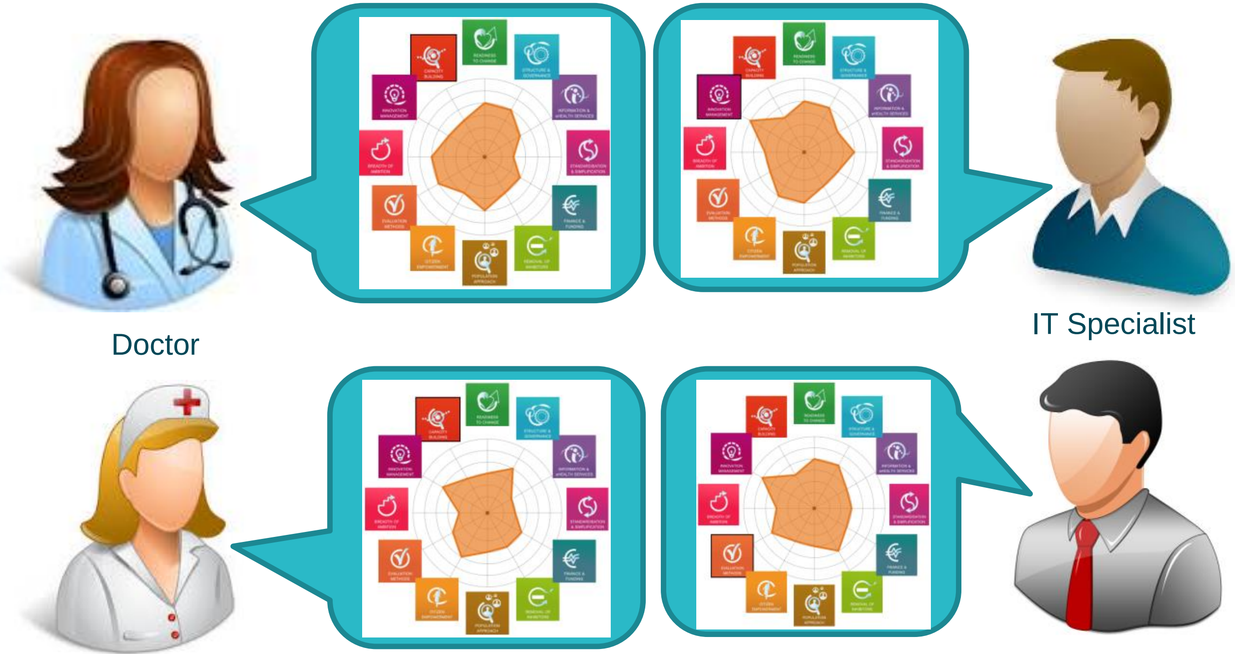


Your assessment was successfully saved

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)

Step 2: Performing an Individual Assessment



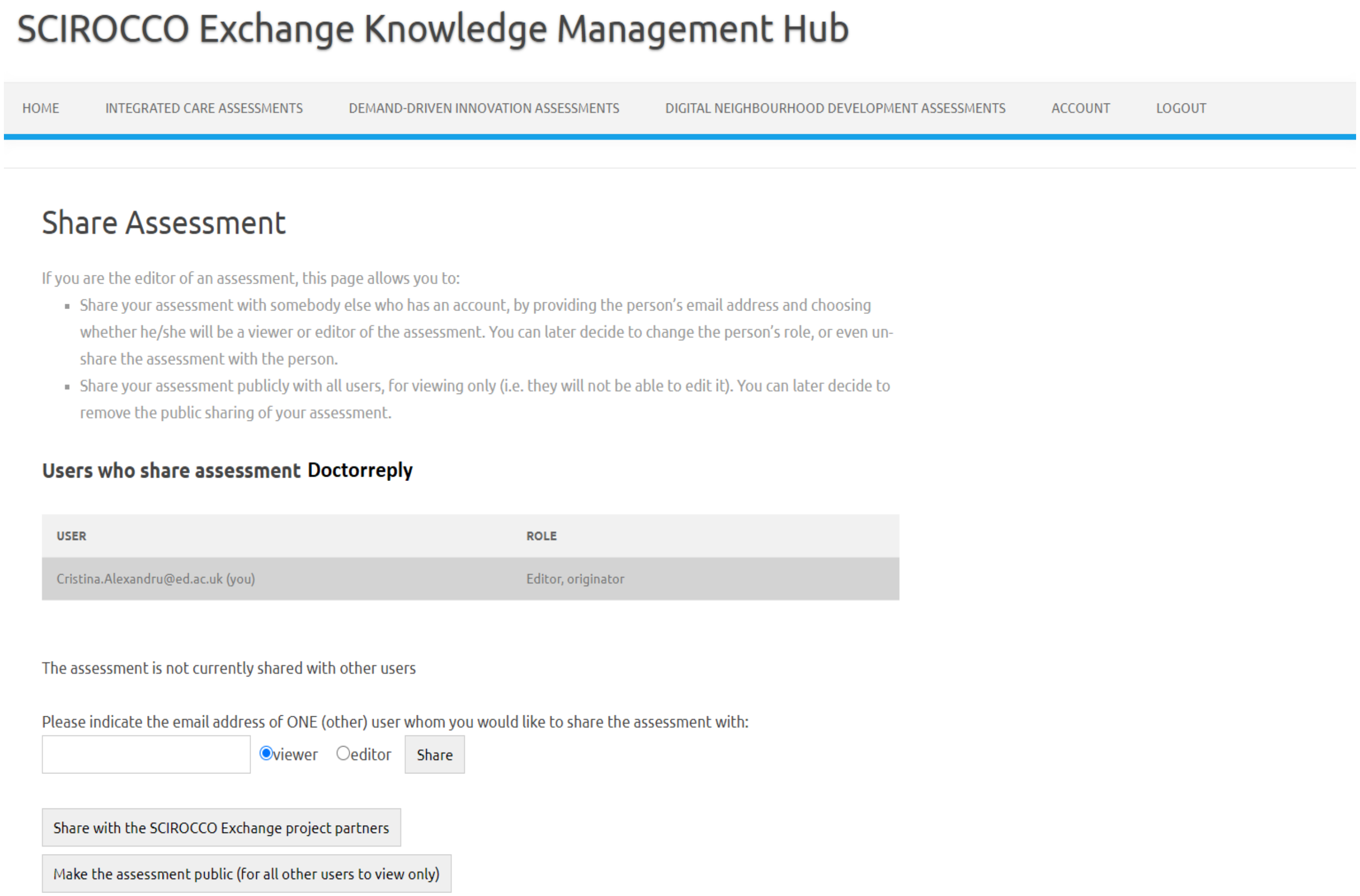
Doctor

IT Specialist

Nurse

Administrator

Step 3: Sharing Individual Assessments



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DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
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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 Doctorreply

USER	ROLE
Cristina.Alexandru@ed.ac.uk (you)	Editor, originator

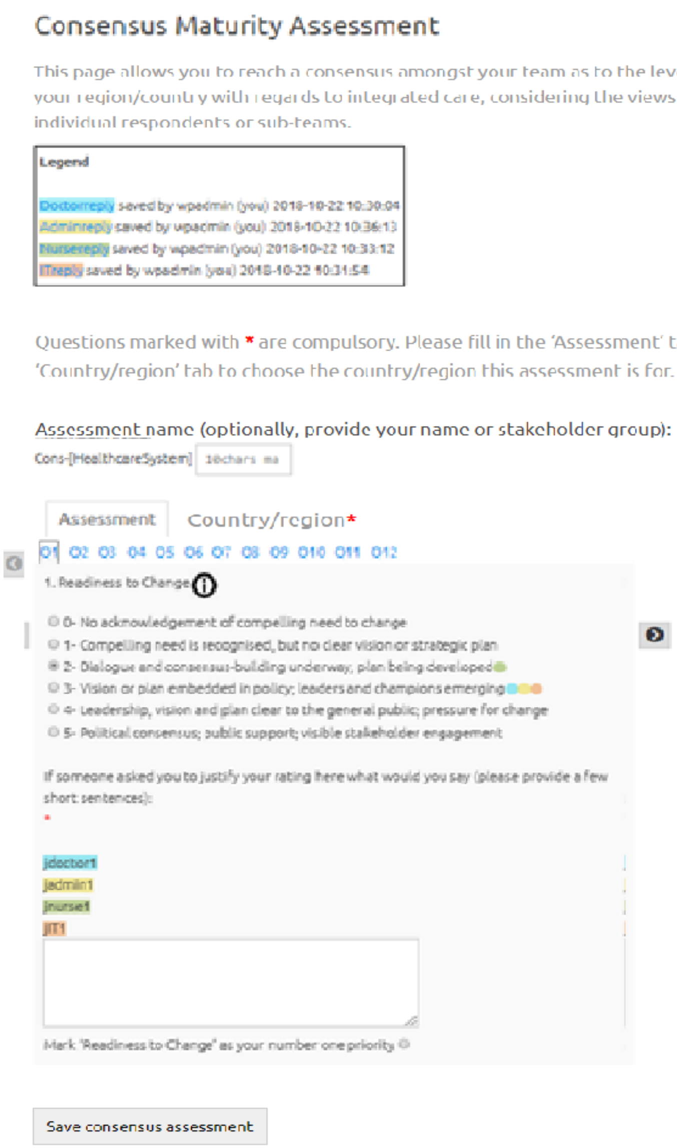
The assessment is not currently shared with other users

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

Doctorreply saved by wpadmin (you) 2018-10-22 10:30:04
Adminreply saved by wpadmin (you) 2018-10-22 10:36:13
Nursereply saved by wpadmin (you) 2018-10-22 10:33:12
ITreply saved by wpadmin (you) 2018-10-22 10:31:54

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-[HealthcareSystem] 10chars ma

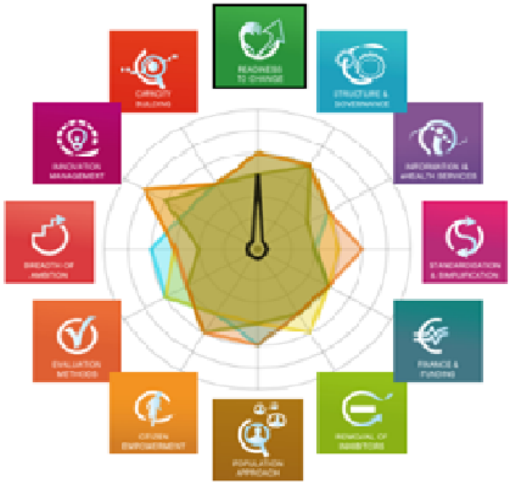
1. Readiness to Change

- ○ 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

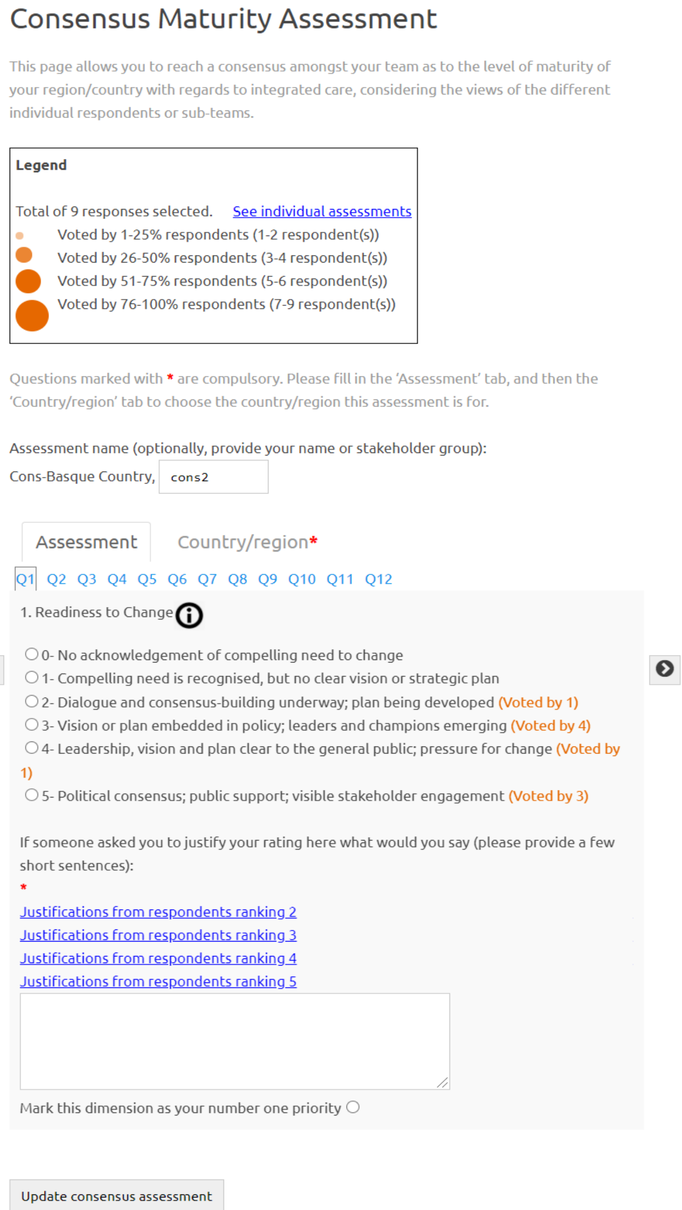
If someone asked you to justify your rating here what would you say (please provide a few short sentences):
*

jdoctor1
jadmin1
jnurse1
jIT1

Mark 'Readiness to Change' as your number one priority ○



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

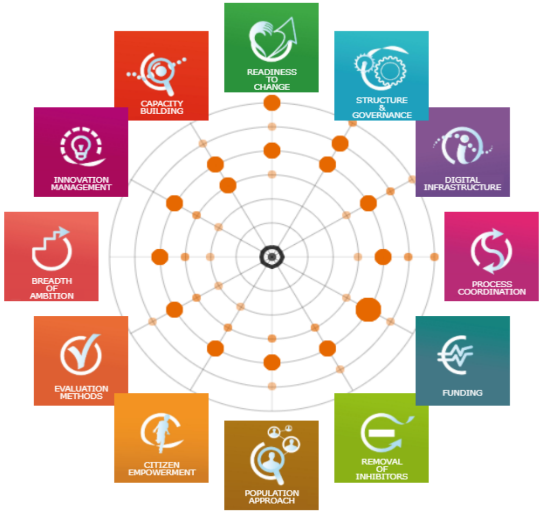
1. Readiness to Change

○ 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 ○



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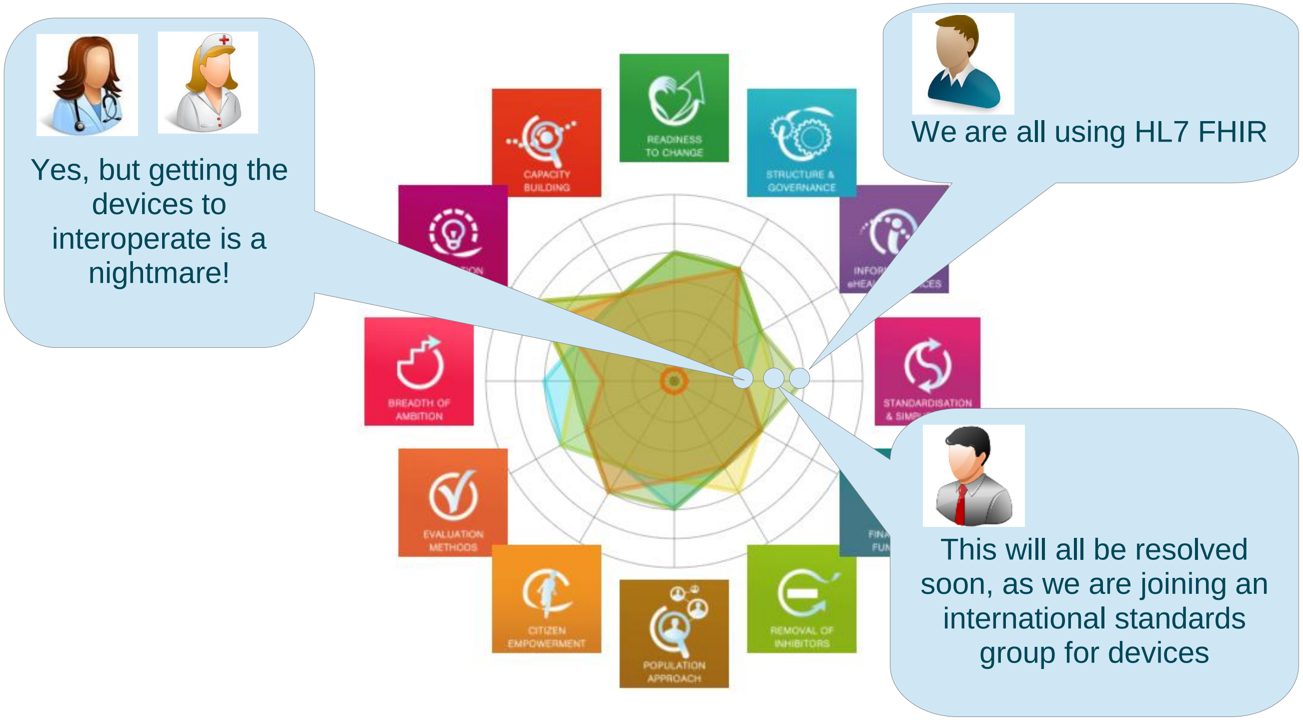
Step 4: Negotiating and Reaching Consensus

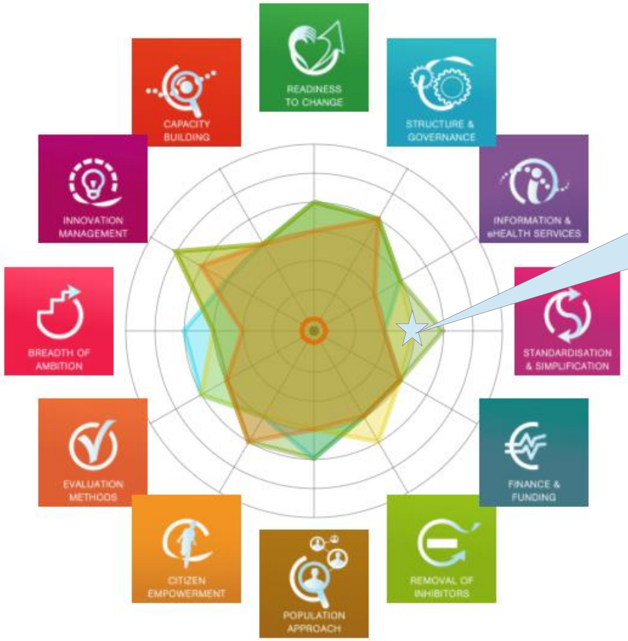

READINESS TO CHANGE
STRUCTURE & GOVERNANCE
STANDARDISATION & SIMPL
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
CAPACITY BUILDING

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

We are all using HL7 FHIR

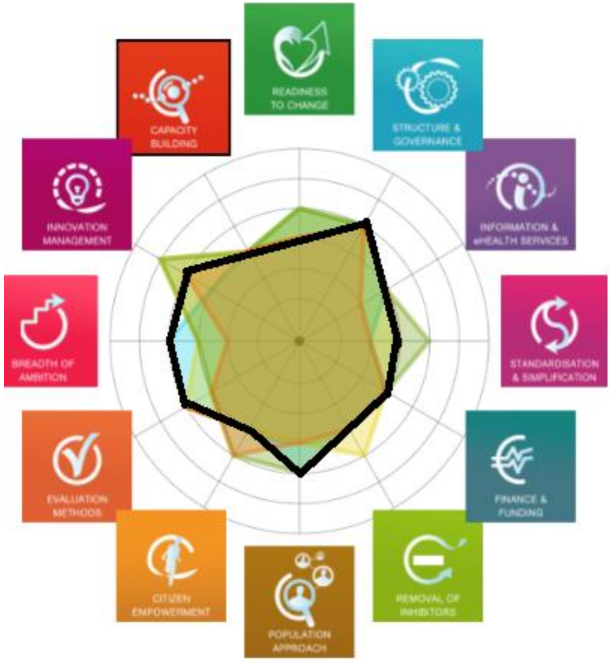
This will all be resolved soon, as we are joining an international standards group for devices

Step 4: Negotiating and Reaching Consensus



Decision

Step 4: Negotiating and Reaching Consensus



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Cristina Adriana Alexandru (Cristina.Alexandru@ed.ac.uk)

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LOCAL NEEDS FOR INTEGRATED CARE – REGION/COUNTRY

- Andreja Rafaelic
- Social Protection Institute of the Republic of Slovenia

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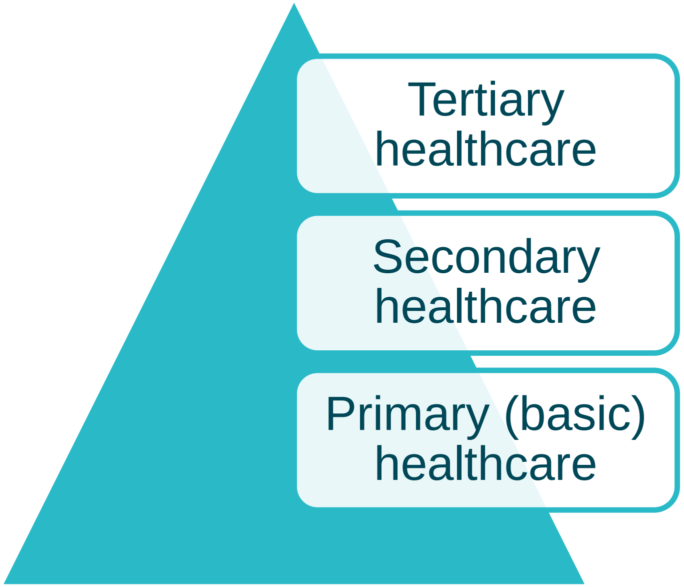
Healthcare System in Slovenia

- 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.



Tertiary healthcare

Secondary healthcare

Primary (basic) healthcare

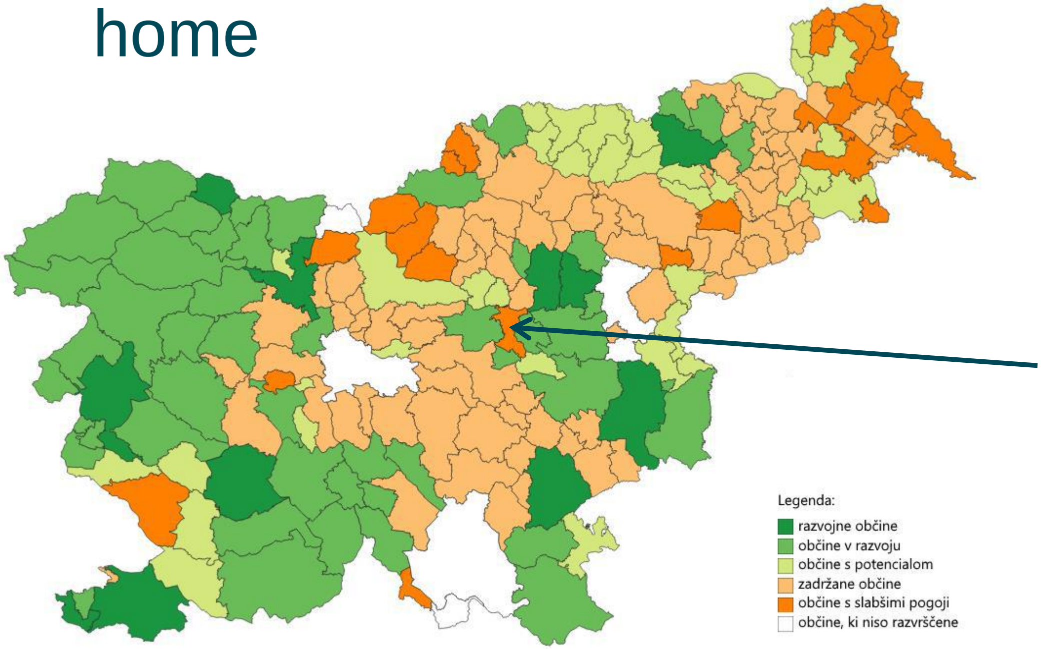
What does integrated care mean for Slovenia?

- 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


Legenda:
razvojne občine
občine v razvoju
občine s potencialom
zadržane občine
občine s slabšimi pogoji
občine, ki niso razvrščene

Municipality of Trbovlje

Maturity assessment process

Stakeholders

Invited	Participated
Health centre of Trbovlje	🔈
Centre for Social Work	🔈
Zagorje ob Savi Occupational Activity Centre	🔈
Nursing home of France Salamon Trbovlje	🔈
Association of people with disabilities Trbovlje	🔈
Municipality of Trbovlje	🔈
Youth centre of Trbovlje	🔈
Adult education centre of Zasavje	🔈
Seniors Association Trbovlje	
Intergenerational association Upanje, Trbovlje	

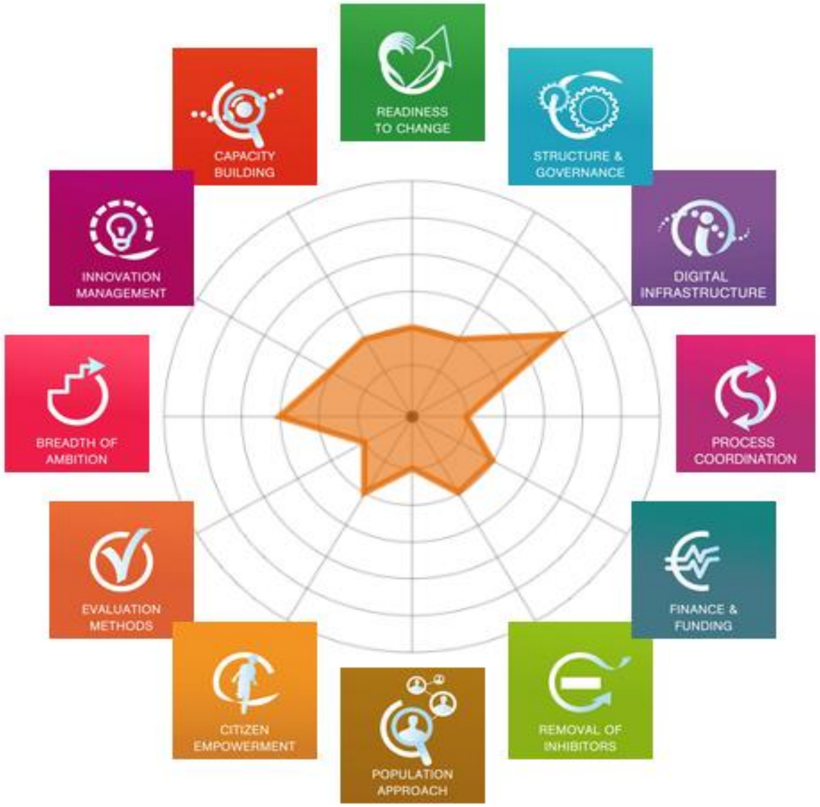
Maturity assessment process

- *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.
- Evluation 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).

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Thank you for your attention!

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LOCAL NEEDS FOR INTEGRATED CARE – LITHUANIA

- Elena Jureviciene, Rokas Navickas, Indre Lapinskaite, Laimis Dambrauskas
- Vilnius University Hospital Santaros Klinikos (VULSK)

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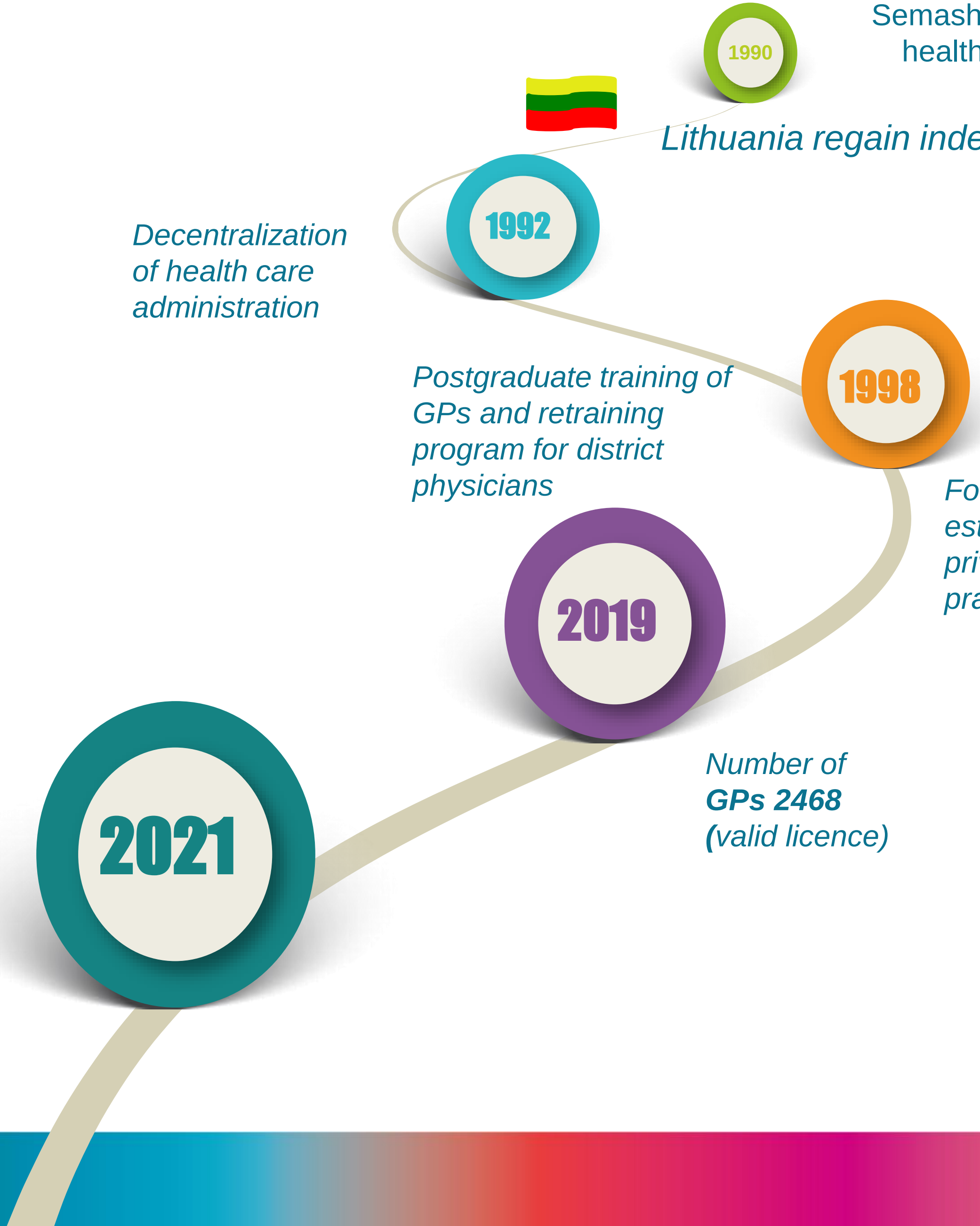
Healthcare System evolution in Lithuania



1990

Semashko-type health care

Lithuania regain independence.

1992

Decentralization of health care administration

1998

Postgraduate training of GPs and retraining program for district physicians

Focus on the establishment of private GPs practices

2019

*Number of **GPs 2468** (valid licence)*

2021

Lithuanian Health Strategy 2014-2025 to ensure high quality and effective health care focused on population needs

Healthcare System in Lithuania

State of Health in the EU

Lithuania

Country Health Profile 2017

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

Health policy and regulations – the Ministry of Health.

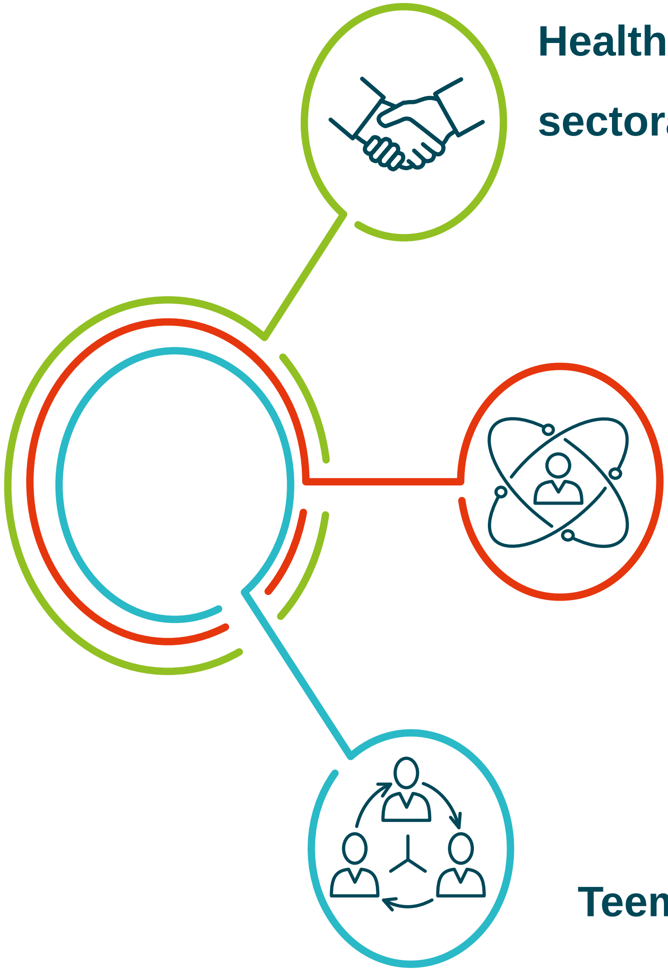
Health policy implementation at local level – the Municipal health boards.

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

Teem work in family medicine has been introduced an expanded.

Family medicine centers (FMC)/ polyclinics and small-to-medium sized hospitals – owners are 60 municipalities of Lithuania.

Integrated Care in Lithuania

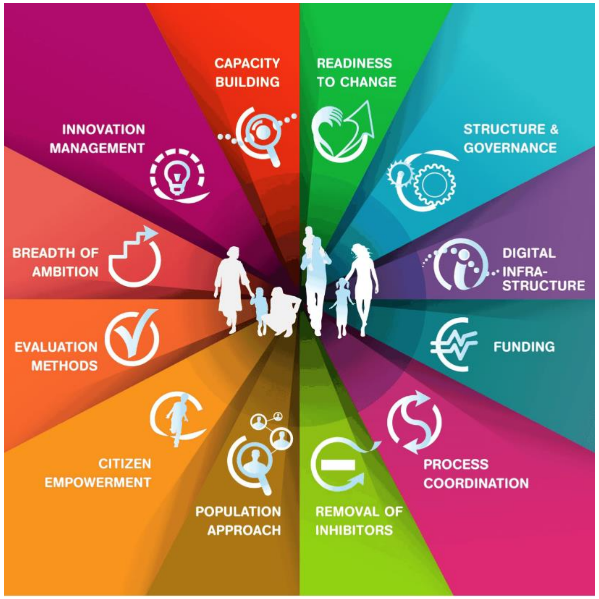


Health care and social inter-sectoral collaboration.

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

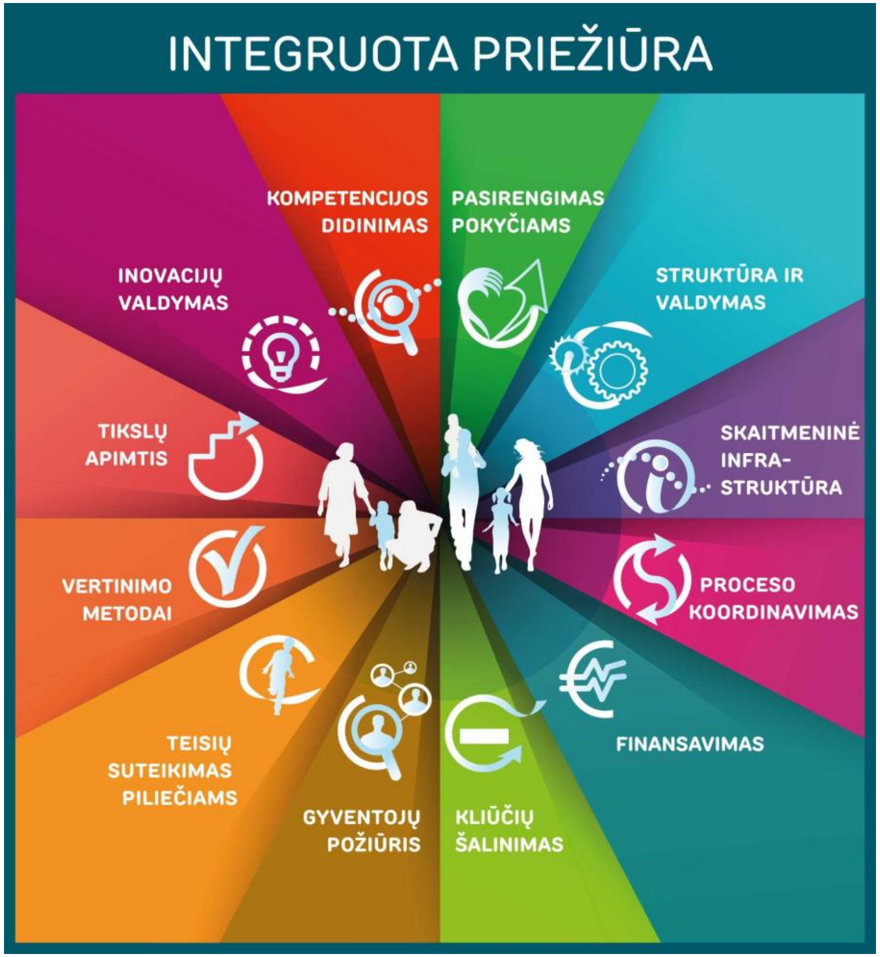
Teem work in primary care

Are we there yet?


CAPACITY BUILDING
READINESS TO CHANGE
INNOVATION MANAGEMENT
STRUCTURE & GOVERNANCE
BREADTH OF AMBITION
DIGITAL INFRA-STRUCTURE
EVALUATION METHODS
FUNDING
CITIZEN EMPOWERMENT
PROCESS COORDINATION
POPULATION APPROACH
REMOVAL OF INHIBITORS

Scirocco Exchange

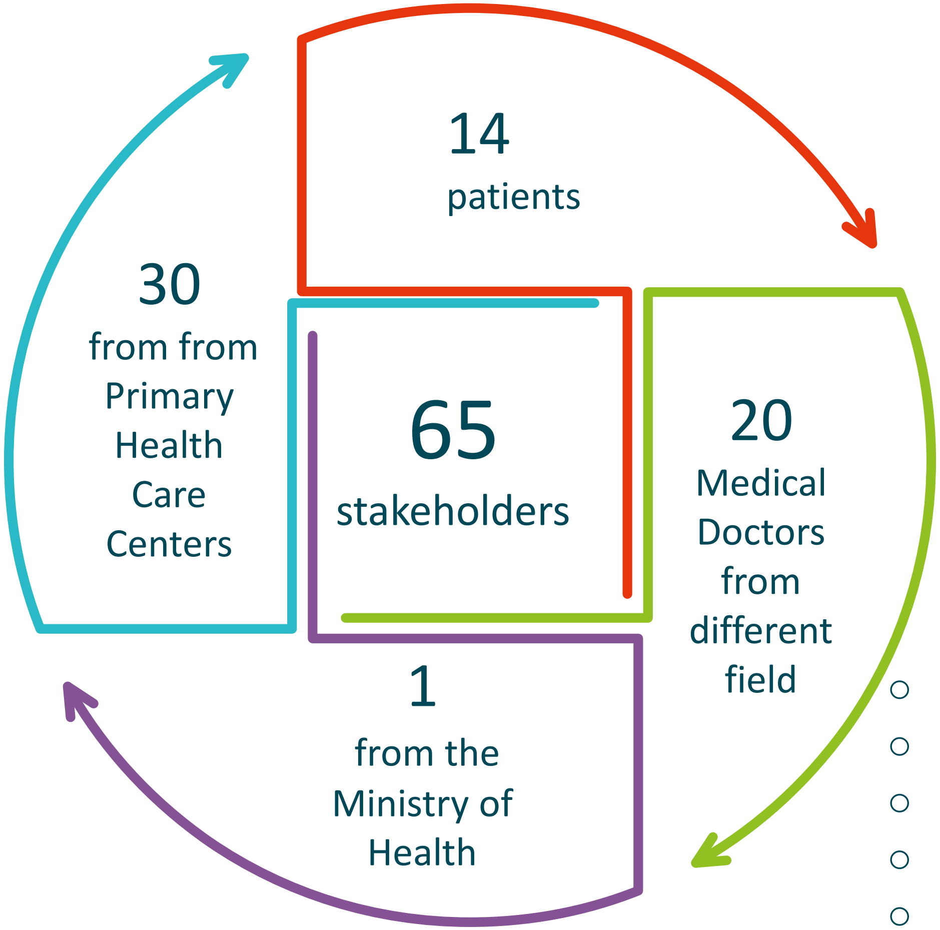
Translated Maturity Model


INTEGRUOTA PRIEŽIŪRA
KOMPETENCIJOS DIDINIMAS
PASIRENGIMAS POKYČIAMS
INOVACIJŲ VALDYMAS
STRUKTŪRA IR VALDYMAS
TIKSLŲ APIMTIS
SKAITMENINĖ INFRA-STRUKTŪRA
VERTINIMO METODAI
PROCESO KOORDINAVIMAS
TEISIŲ SUTEIKIMAS PILIEČIAMS
FINANSAVIMAS
GYVENTOJŲ POŽIŪRIS
KLIŪČIŲ ŠALINIMAS

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.

Maturity assessment process in Lithuania

○ Public PHCC, Vilnius: administrator, chief, nurse, resident, a family physician.
○ Public PHCC, Panevėžys: a family physician, midwife, chief, lawyer, social worker.
○ Public PHCC, Vilnius: family physician, administrator, chief, nurse.
○ Private PHCC, Kaunas: family physician, chief, nurse.
○ Private PHCC, Vilnius: family physician, regional manager, administrator, chief, nurse.



65
stakeholders

14
patients

20
Medical Doctors from different field

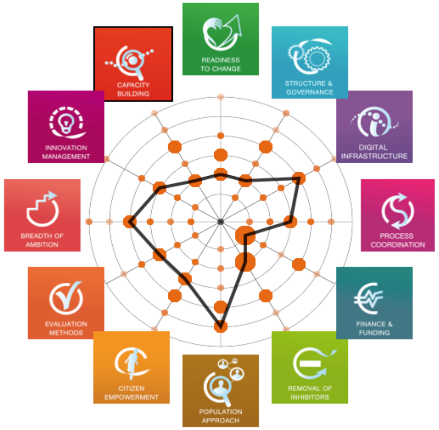
1
from the Ministry of Health

30
from from Primary Health Care Centers

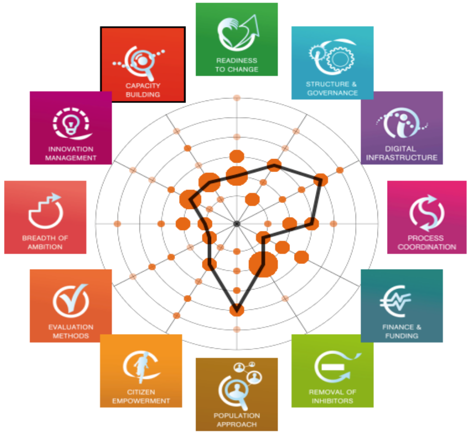
○ cardiologists
○ pulmonologists
○ allergist
○ endocrinologists
○ gastroenterologists
○ nephrologists
○ geneticists
○ pediatricians

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

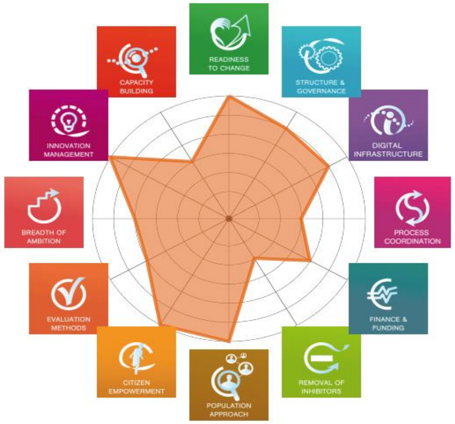


PHCC final spider diagram

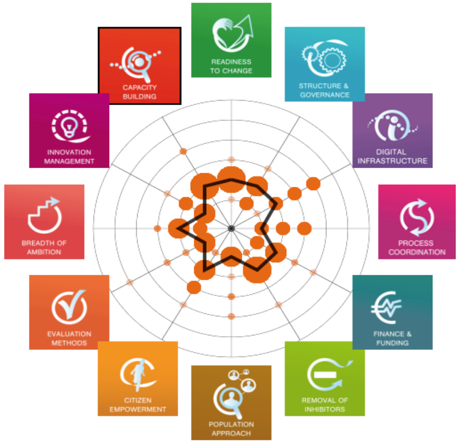


Medical doctors final spider diagram

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 Ministry of Health final spider diagram

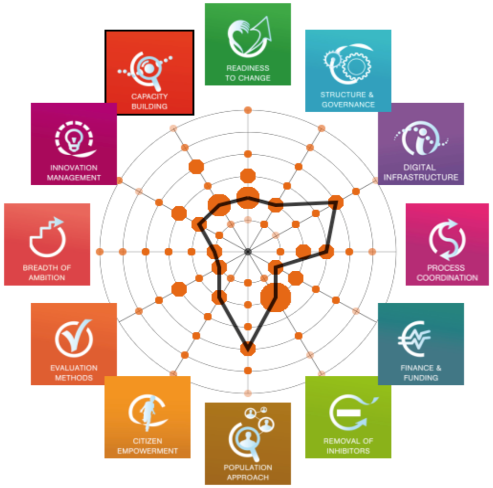


Patients final spider diagram

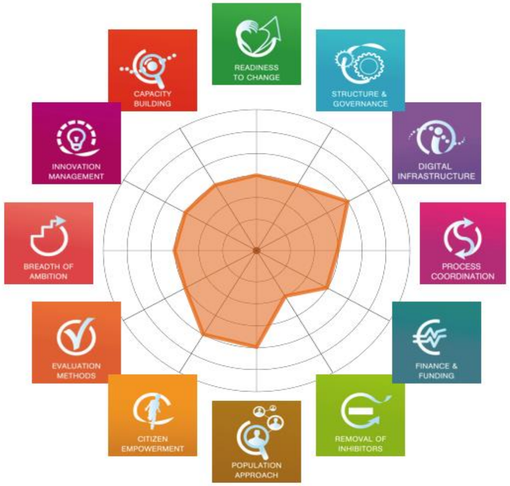
The results of Patients and the Ministry of Health highlights the problem of miscommunication between patients and the government.

Maturity of integrated care in Lithuania

THE FINAL RESULTS



The spider diagram of the total results before the workshop



The spider diagram of the total results after the workshop

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?

DIMENSION(S) FOR IMPROVEMENT - WEAKNESSES	RATIONALE & MATURITY LEVEL
Capacity Building **CB=2**	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
Removal **of inhibitors** **RI=1**	The removal of inhibitors has the lowest evaluation in the overal 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.

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LOCAL NEEDS FOR INTEGRATED CARE – FLANDERS - BELGIUM

- ► Solvejg Wallyn
- ► Flanders Agency for Care and Health

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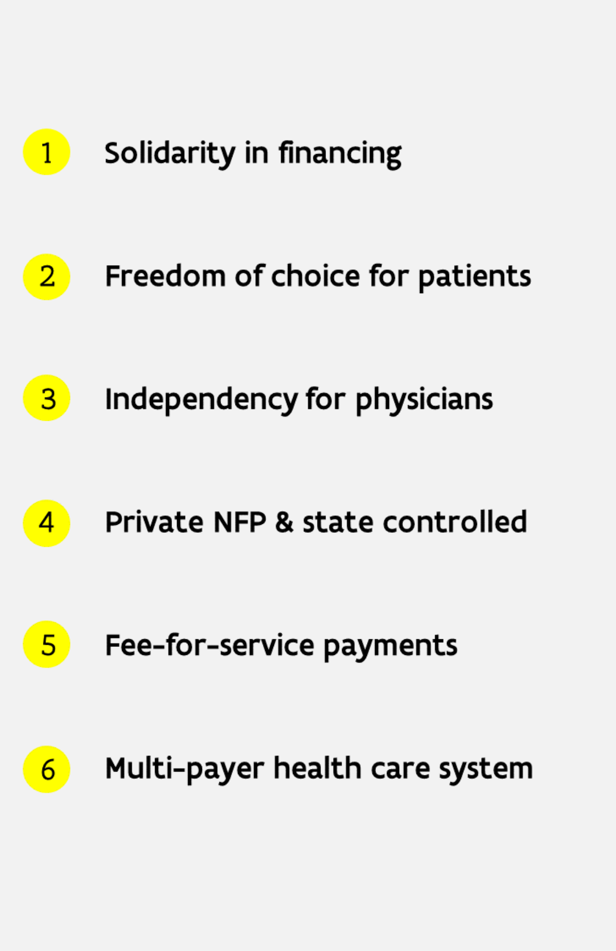
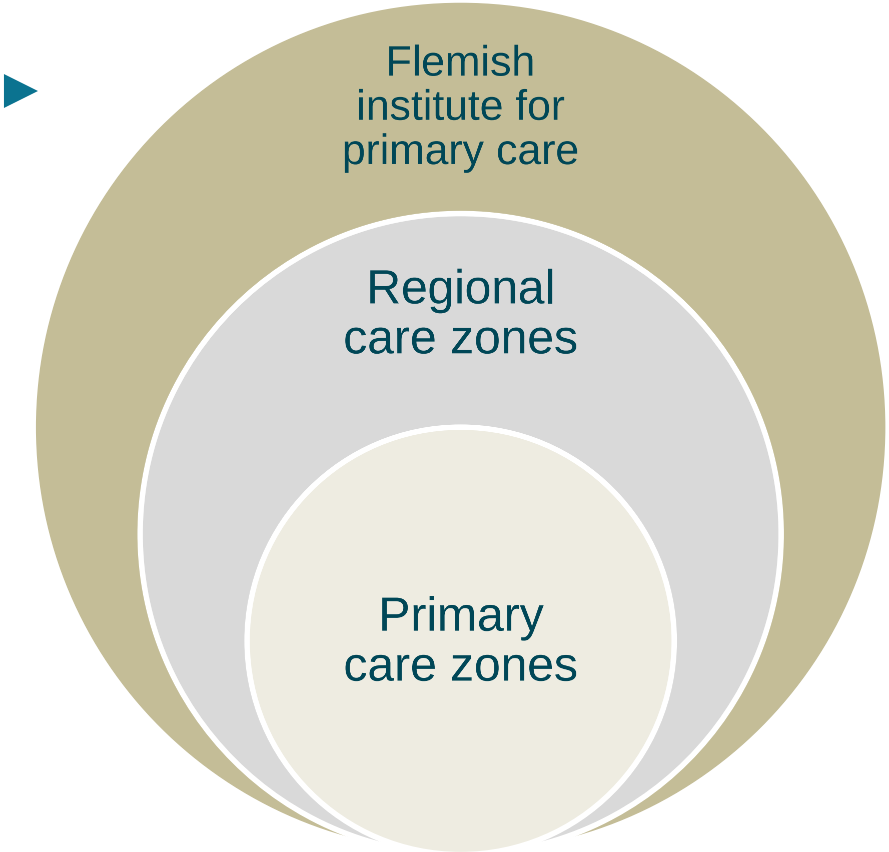
Healthcare System in Belgium – IC in Flanders



1. Solidarity in financing
2. Freedom of choice for patients
3. Independency for physicians
4. Private NFP & state controlled
5. Fee-for-service payments
6. Multi-payer health care system

- **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?

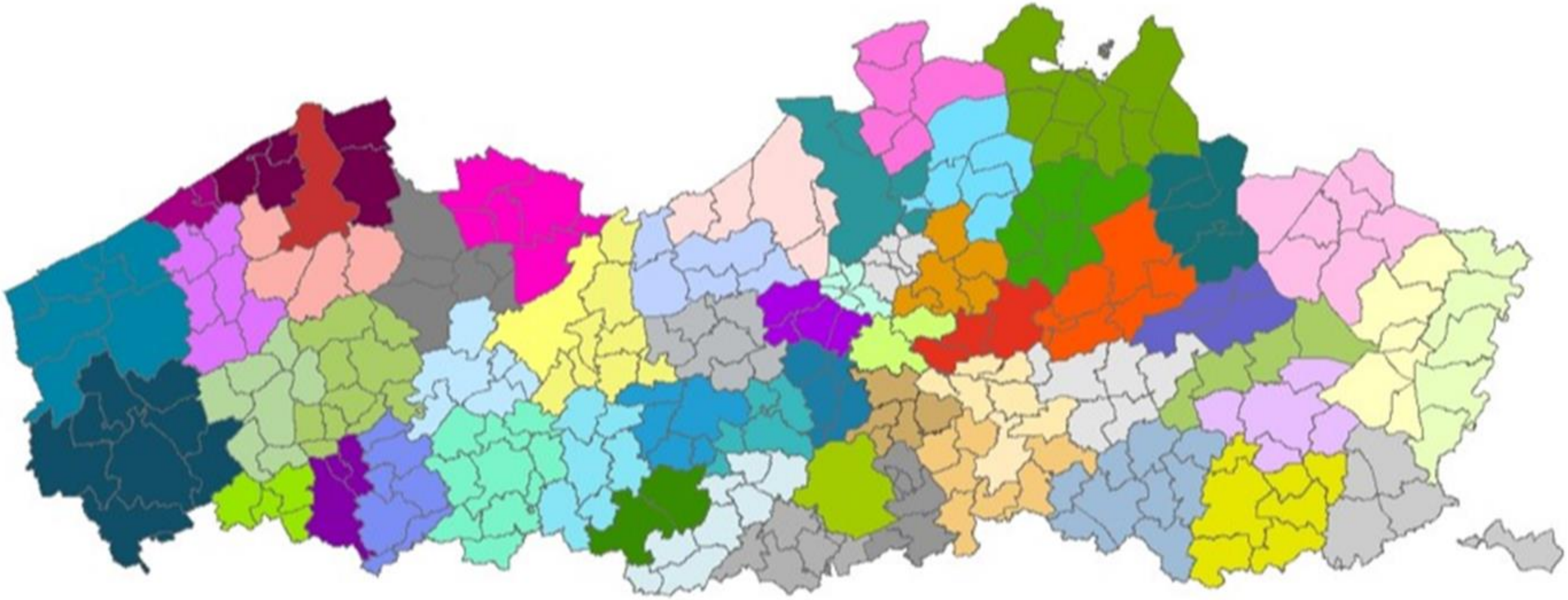

Flemish institute for primary care
Regional care zones
Primary care zones

- 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

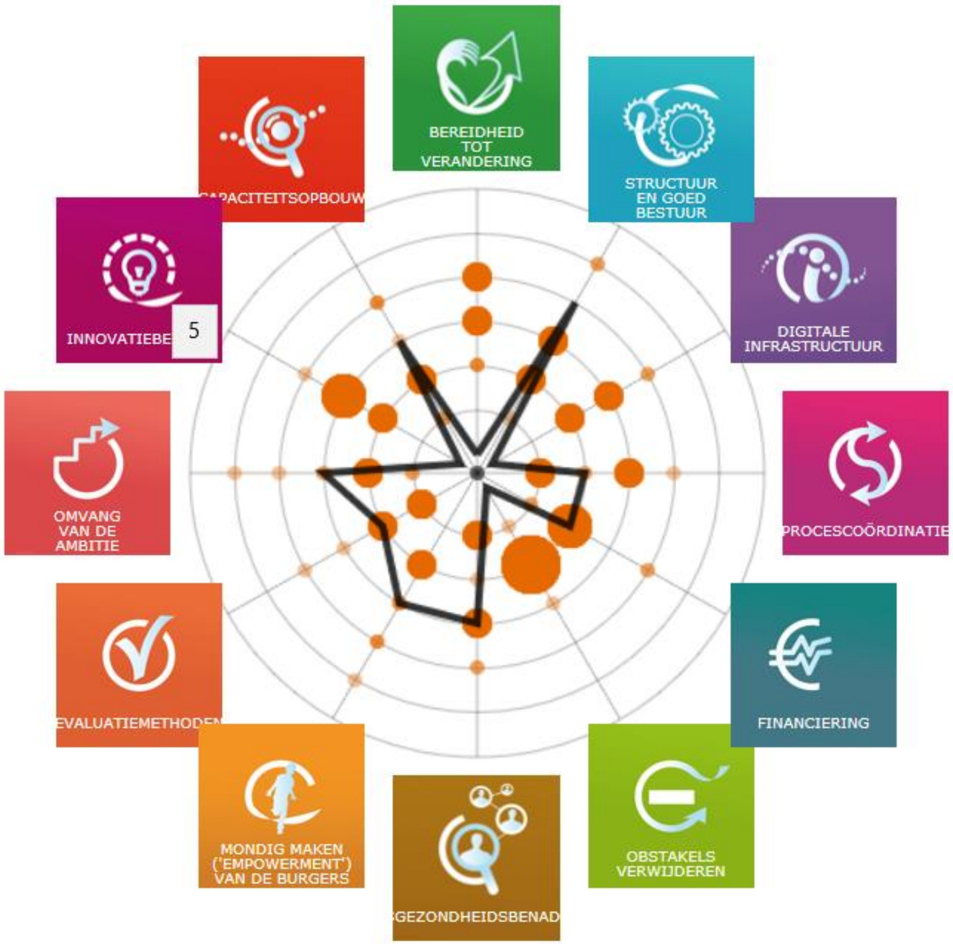


To strengthen collaboration and coordination between local authorities, primary care professionals, associations of people with a need of care and support, associations of informal carers and volunteers.

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.

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MAPPING OF CAPACITY-BUILDING ASSETS FOR INTEGRATED CARE

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

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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.**

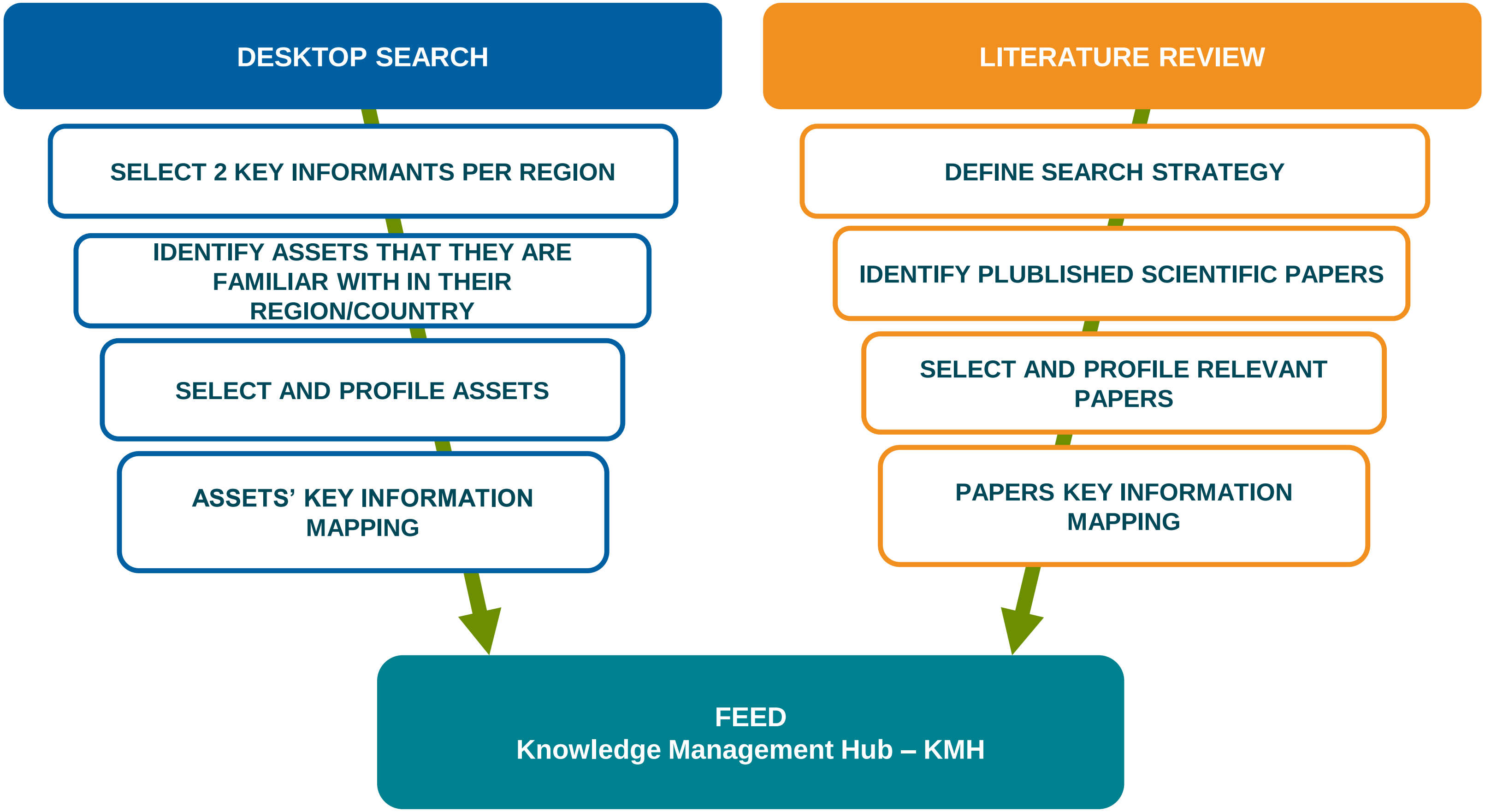
Capacity building assets

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.



DESKTOP SEARCH

SELECT 2 KEY INFORMANTS PER REGION

IDENTIFY ASSETS THAT THEY ARE FAMILIAR WITH IN THEIR REGION/COUNTRY

SELECT AND PROFILE ASSETS

ASSETS' KEY INFORMATION MAPPING

LITERATURE REVIEW

DEFINE SEARCH STRATEGY

IDENTIFY PLUBLISHED SCIENTIFIC PAPERS

SELECT AND PROFILE RELEVANT PAPERS

PAPERS KEY INFORMATION MAPPING

FEED
Knowledge Management Hub – KMH

Mapping strategy

Assets selection criteria and sources

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

Profiling

- **Objective:** Connect each asset to the dimension it links to a Scirocco Model dimension, and if possible, to a score of the assessment scale of the dimension it links to that could help a healthcare system to reach.
- **Assets are profiled based on:**
  - The typology of the asset
  - The dimension/dimensions to which it is linked and
  - The Maturity Readiness Level (MRL) it could contribute to reaching.

Profiling

Type of assets

- **Literature review:**
  - Scientific papers

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

Profiling
Dimension

McMaster University

Qualitative Questions: The PS Model

P - Patient/Population/Problem

S- Situation

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

Integrated care (general): How do healthcare stakeholders deal with building integrated care?

READINESS TO CHANGE	How do healthcare stakeholders deal with fostering readiness to change from a fragmented model to an integrated one?
STRUCTURE AND GOVERNANCE	How do healthcare stakeholders deal with implementing changes at structural and at governance level for the integration of care system?
DIGITAL INFRASTRUCTURE	How do healthcare stakeholders deal with building digital infrastructure to support integrated care?
FUNDING	How do healthcare stakeholders deal with ensuring available funding to support integrated care?
PROCESS COORDINATION	How do healthcare stakeholders deal with implementing coordinated care processes for the effective deployment of integrated care?
REMOVAL OF INHIBITORS	How do healthcare stakeholders deal with withdrawing legal, organisational, financial, skill concerning and cultural barriers related with integrated care?
POPPULATION APPROACH	How do healthcare stakeholders deal with deploying population risk approach ?
CITIZEN EMPOWERMENT	How do healthcare stakeholders deal with empowering citizens and including them in decision-making processes?
EVALUATION METHODS	How do healthcare stakeholders deal with evaluating integrated care services?
BREADTH OF AMBITION	How do healthcare stakeholders deal with ambitioning integration of health and social care services?
INNOVATION MANAGEMENT	How do healthcare stakeholders deal with managing innovation supporting integrated care?
CAPACITY BUILDING	How do healthcare systems stakeholders deal with building capacity for integrated care?

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

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Profiling
Maturity Readiness Levels (MRL)

- The MRL standardizes the scores of the dimensions’ scales

1. Awareness-raised
2. Small-scale deployment and/or planning
3. Mid-scale deployment and/or initial institutionalisation
4. Large-scale deployment and/or extended institutionalisation
5. Full deployment and/or institutionalisation

Example: Population Approach dimension

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

BC's strategy on Chronicity

A guide on Risk Stratification tools

Pilot Project evaluation

White Paper of the ASSEHS project

2016-2020 Health Services Strategic Plan

Results 30/8/2020

Desktop search: 291 assets:

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

Literature review: 1899 assets found
232 assets selected

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

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Thank you!

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HOW TO USE THE EXISTING EVIDENCE FOR INTEGRATED CARE?

- ► Cristina Adriana Alexandru
- ► University of Edinburgh

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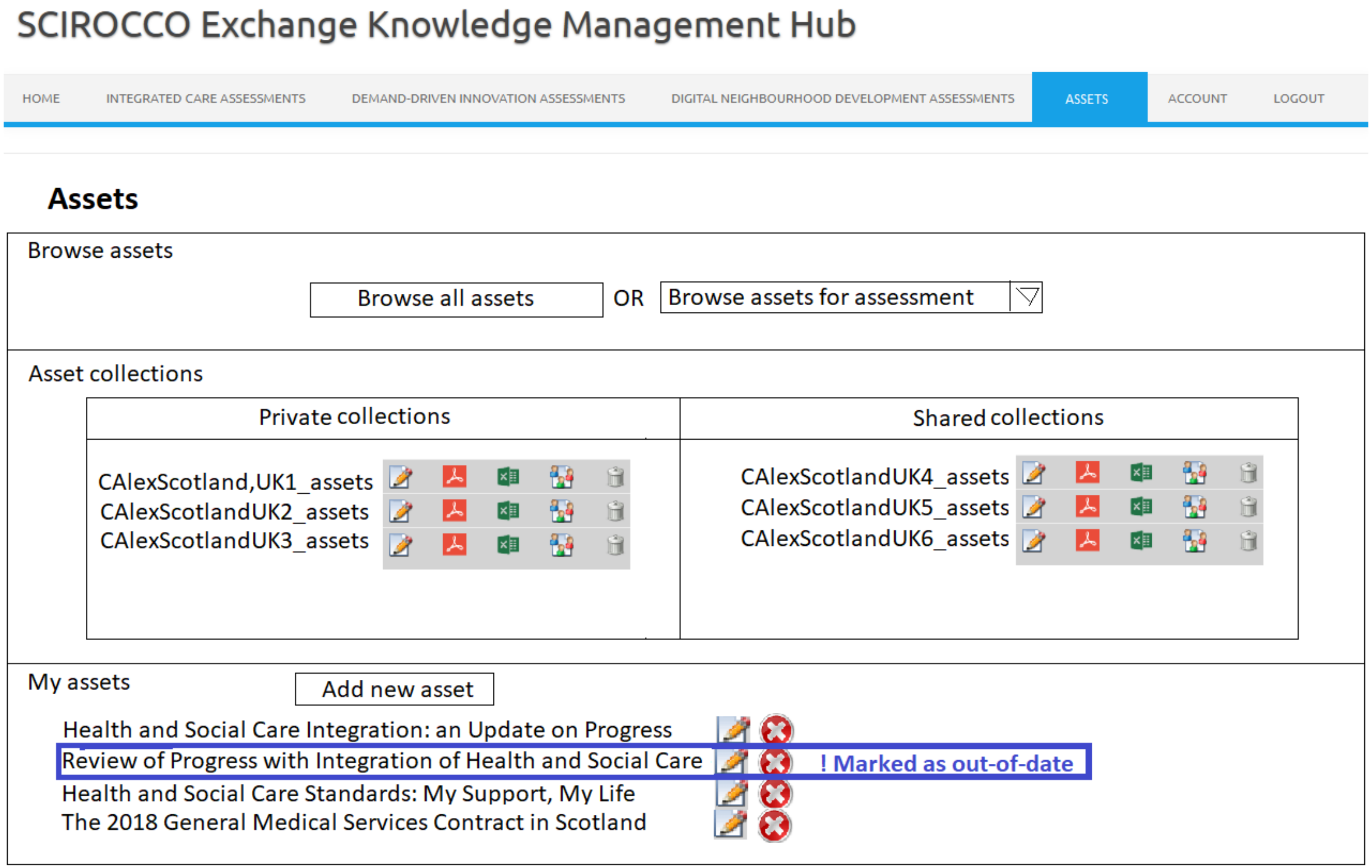
Assets and the SCIROCCO Exchange Knowledge Management Hub

- **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



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DEMAND-DRIVEN INNOVATION ASSESSMENTS
DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
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ACCOUNT
LOGOUT

Assets

Browse assets

Browse all assets
OR
Browse assets for assessment

Asset collections

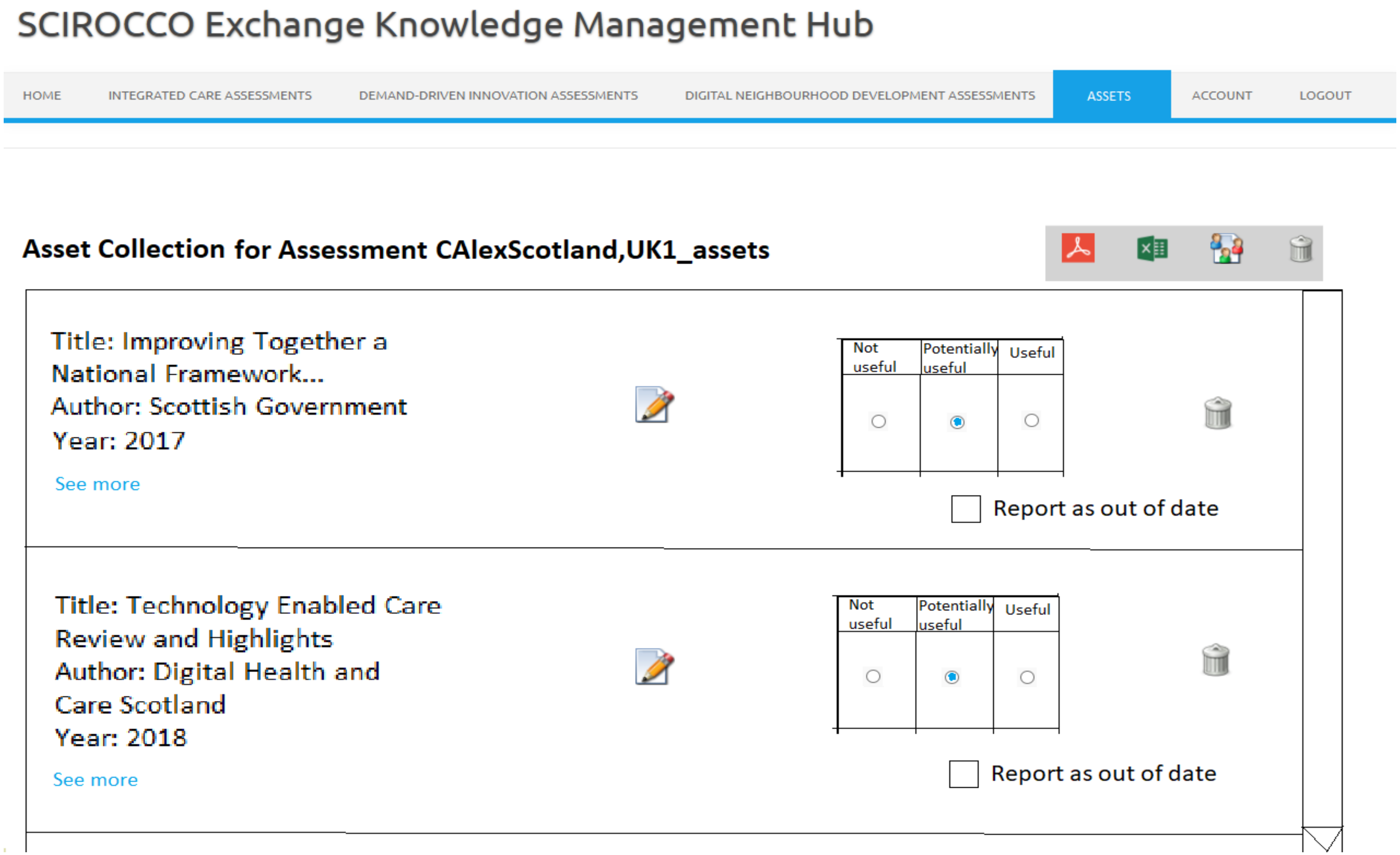
Private collections	Shared collections
CAlexScotland,UK1_assets	CAlexScotlandUK4_assets
CAlexScotlandUK2_assets	CAlexScotlandUK5_assets
CAlexScotlandUK3_assets	CAlexScotlandUK6_assets

My assets

Add new asset

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

Editing Asset Collections



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Asset Collection for Assessment CAlexScotland,UK1_assets

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

Not useful	Potentially useful	Useful
○	●	○

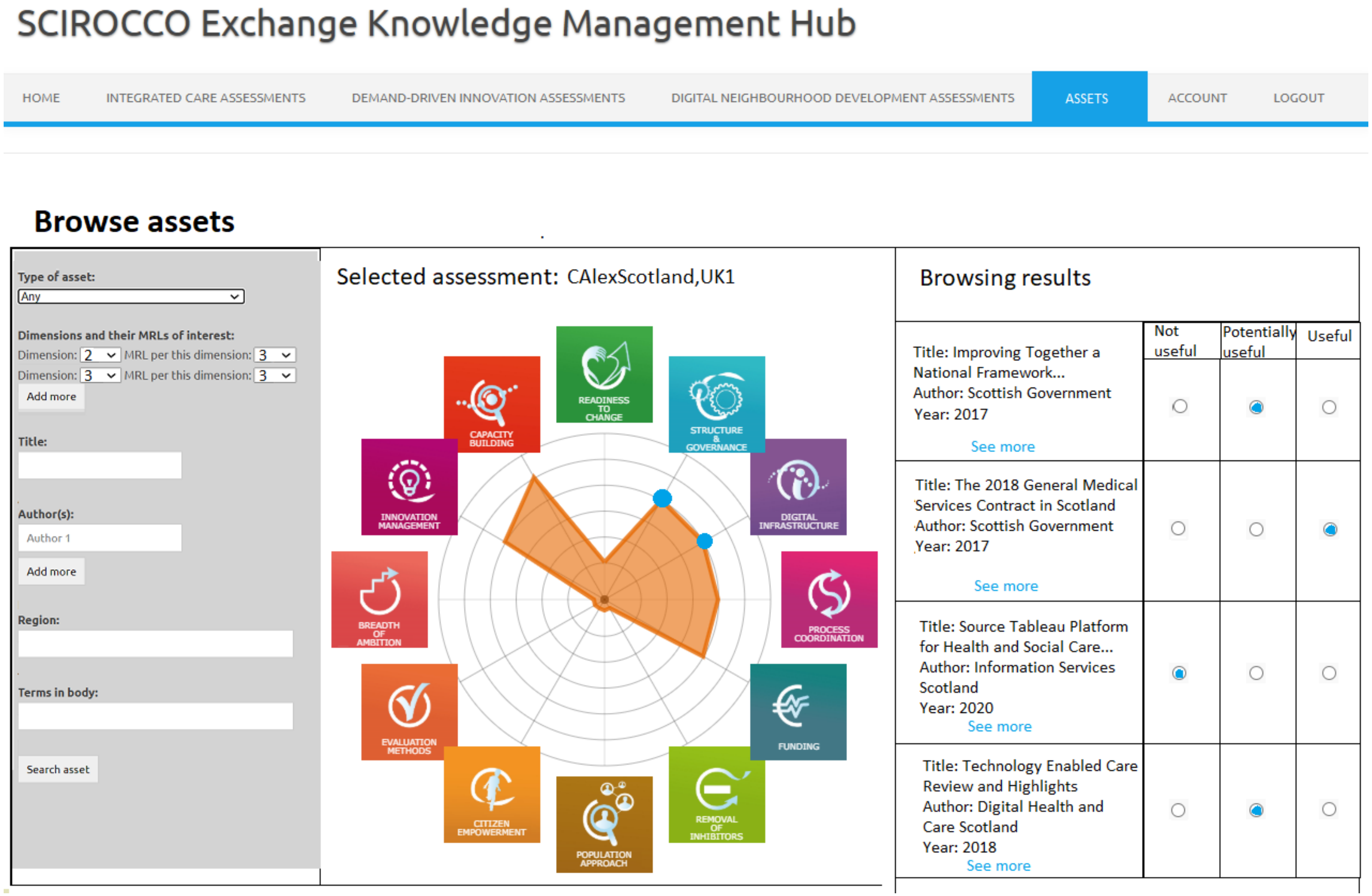
☐ Report as out of date

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

Not useful	Potentially useful	Useful
○	●	○

☐ Report as out of date

Searching Assets for Existing Assessment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Browse assets
Add more
Author 1
Add more
Search asset
READINESS TO CHANGE
STRUCTURE & GOVERNANCE
DIGITAL INFRASTRUCTURE
PROCESS COORDINATION
FUNDING
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
INNOVATION MANAGEMENT
CAPACITY BUILDING

Type of asset: Any

Dimensions and their MRLs of interest:
Dimension: 2 MRL per this dimension: 3
Dimension: 3 MRL per this dimension: 3

Title:

Author(s):

Region:

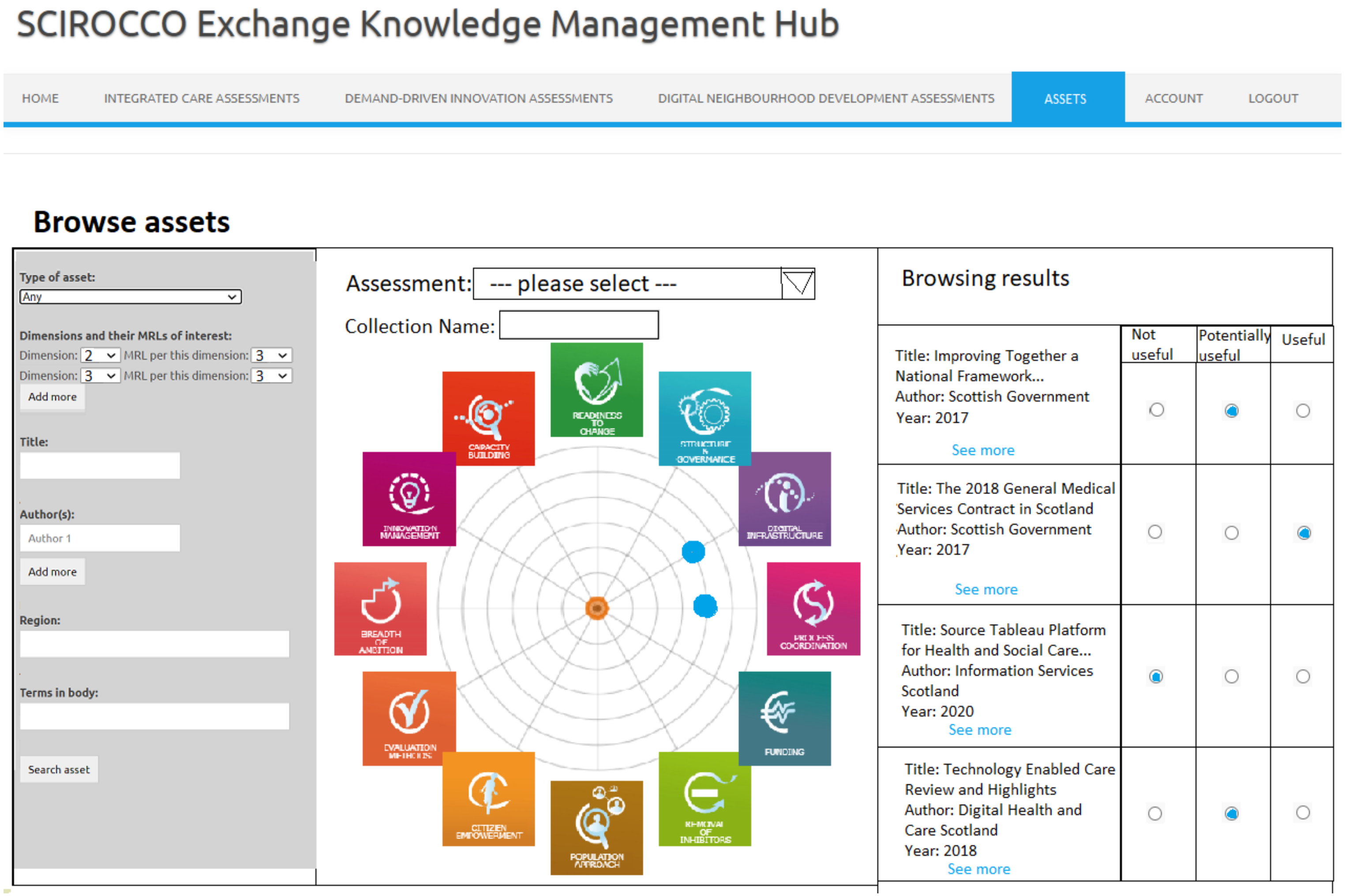
Terms in body:

Selected assessment: CAlexScotland,UK1

Browsing results

	Not useful	Potentially useful	Useful
Title: Improving Together a National Framework... Author: Scottish Government Year: 2017 See more	○	●	○
Title: The 2018 General Medical Services Contract in Scotland Author: Scottish Government Year: 2017 See more	○	○	●
Title: Source Tableau Platform for Health and Social Care... Author: Information Services Scotland Year: 2020 See more	●	○	○
Title: Technology Enabled Care Review and Highlights Author: Digital Health and Care Scotland Year: 2018 See more	○	●	○

Searching Assets by Choosing the Shape of the Assessment



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Browse assets

Type of asset: Any

Dimensions and their MRLs of interest:
Dimension: 2 MRL per this dimension: 3
Dimension: 3 MRL per this dimension: 3

Add more

Title:

Author(s): Author 1

Add more

Region:

Terms in body:

Search asset

Assessment: --- please select ---

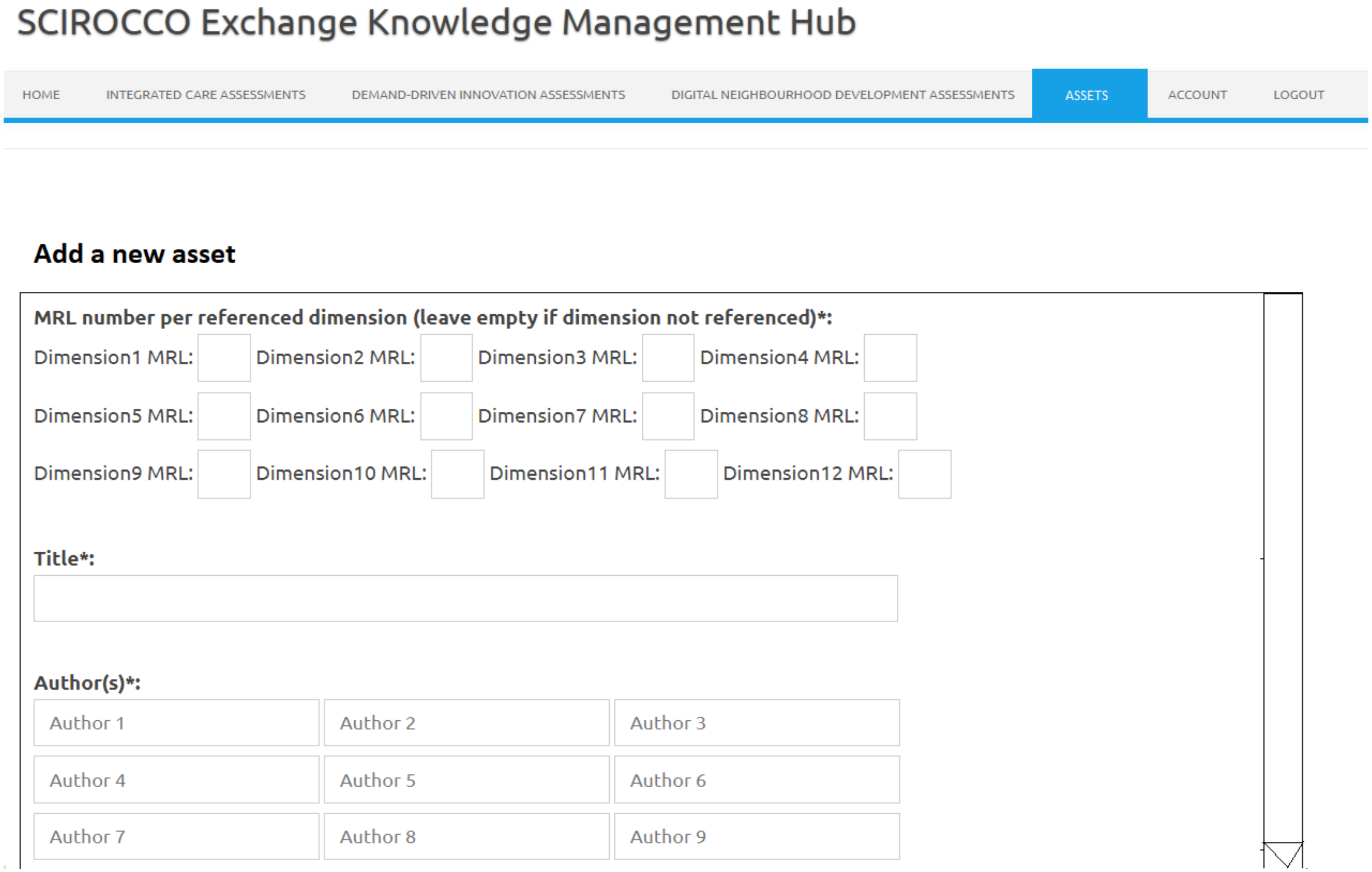
Collection Name:

READINESS TO CHANGE
STRUCTURE & GOVERNANCE
DIGITAL INFRASTRUCTURE
PROCESS COORDINATION
FUNDING
REMOVAL OF INHIBITORS
POPULATION APPROACH
CITIZEN EMPOWERMENT
EVALUATION METHODS
BREADTH OF AMBITION
INNOVATION MANAGEMENT
CAPACITY BUILDING

Browsing results

	Not useful	Potentially useful	Useful
Title: Improving Together a National Framework... Author: Scottish Government Year: 2017 See more	○	●	○
Title: The 2018 General Medical Services Contract in Scotland Author: Scottish Government Year: 2017 See more	○	○	●
Title: Source Tableau Platform for Health and Social Care... Author: Information Services Scotland Year: 2020 See more	●	○	○
Title: Technology Enabled Care Review and Highlights Author: Digital Health and Care Scotland Year: 2018 See more	○	●	○

Adding a new asset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DEMAND-DRIVEN INNOVATION ASSESSMENTS
DIGITAL NEIGHBOURHOOD DEVELOPMENT ASSESSMENTS
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LOGOUT

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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

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.

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EXPANSION OF SCIROCCO EXCHANGE KNOWLEDGE MANAGEMENT HUB

- ► Tino Marti
- ► EHTEL

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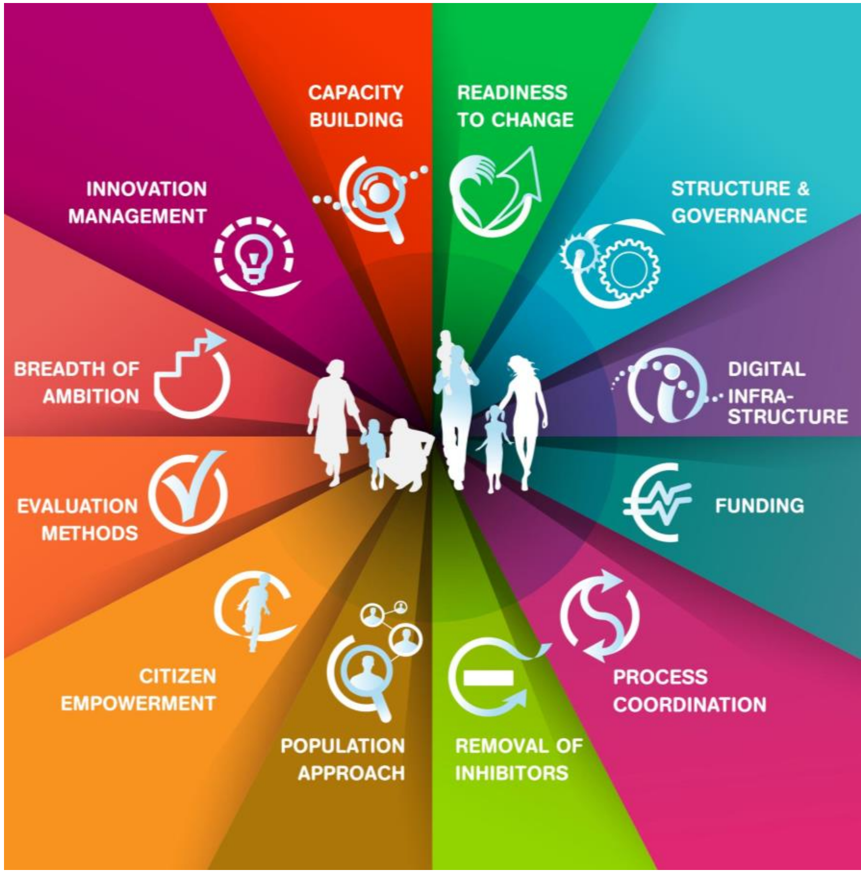
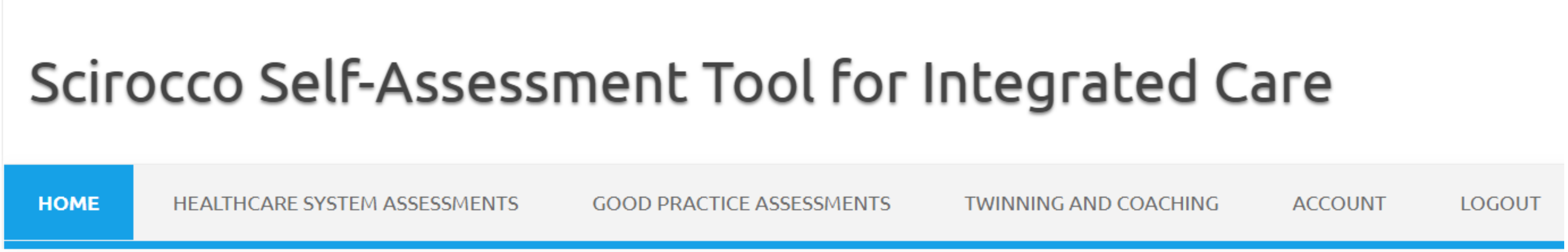
Facing expansion, many questions arise

- ► 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?


CAPACITY BUILDING
READINESS TO CHANGE
INNOVATION MANAGEMENT
STRUCTURE & GOVERNANCE
BREADTH OF AMBITION
DIGITAL INFRA-STRUCTURE
EVALUATION METHODS
FUNDING
CITIZEN EMPOWERMENT
PROCESS COORDINATION
POPULATION APPROACH
REMOVAL OF INHIBITORS

First, we need to clarify some concepts…

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


Scirocco Self-Assessment Tool for Integrated Care

HOME
HEALTHCARE SYSTEM ASSESSMENTS
GOOD PRACTICE ASSESSMENTS
TWINNING AND COACHING
ACCOUNT
LOGOUT

- 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

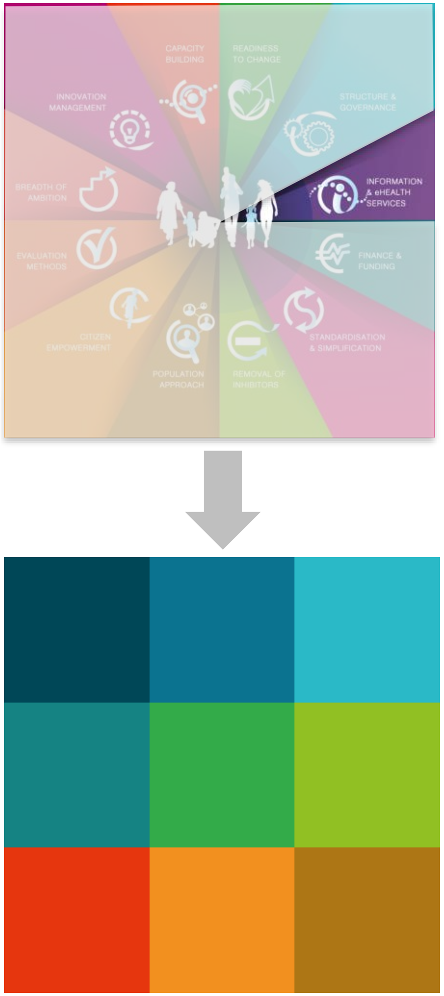
Expansion matrix

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

Topic / User	Incumbent user	New user
Incumbent topic		
New topic		

I. Drill-down expansion

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


CAPACITY BUILDING
READINESS TO CHANGE
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BREADTH OF AMBITION
INFORMATION & eHEALTH SERVICES
EVALUATION METHODS
FINANCE & FUNDING
CITIZEN EMPOWERMENT
STANDARDISATION & SIMPLIFICATION
POPULATION APPROACH
REMOVAL OF INHIBITORS

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**

Tallinn
Harjumaa
Rakvere
Lääne-Virumaa
Jõhvi
Ida-Virumaa
Läänemaa
Haapsalu
Rapla
Raplamaa
Järvamaa
Paide
Kärdla
Hiiumaa
Jõgeva
Jõgevamaa
Saaremaa
Kuressaare
Pärnumaa
Pärnu
Viljandimaa
Viljandi
Tartu
Tartumaa
Põlvamaa
Põlva
Valgamaa
Valga
Võru
Võrumaa

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.

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ACcelerating SmE innovation capacities with a Living Lab approach

https://www.interregeurope.eu/acsell/

Full-blown expansion

Digital Neighbourhood Maturity Model

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

Adaptation to Digital Neighbourhood Maturity Model

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

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

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THANK YOU

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FACILITATED DISCUSSION

- ► Donna Henderson
- ► Scottish Government

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SCIROCCO Exchange Workshop, 9 September 2020

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END OF WORKSHOP

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