**SCIROCCO EXCHANGE IMPROVEMENT PLANNING PROGRAMME**

Co-funded by
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# WP8 Objectives, approach, and timeline

# WP8 Objectives and approach

| WP 8 Objectives | What? | Who? | Deliverable |
|---|---|---|---|
| Mapping of current evidence and existing assets in improvement | Review existing evidence (international) | WP8 | Improvement in integrated care using logic models – existing evidence and practice |
| | Consolidate existing local improvement activities, organizational resources, policies (Template 8.1) | Regions | |
| Analyze outcomes of SCIROCCO Exchange activities to inform improvement plan codesign | Synthesize results from IC profile, MA, KT | WP8 | |
| Support regions in effective stakeholder engagement to optimize successful implementation of improvement plan | Introduce topic and facilitate working sessions | WP8 | |
| | Participate in bilateral calls and complete logic models | Regions | |

# Conceptual Model

To support regional partners in cocreating a logic model with local stakeholder groups that reflects activities on the ground and bridges implementation gap

| Inputs | Activities | Outputs | Partner-level outcomes |
|---|---|---|---|
| • SCIROCCO deliverables (MA., KT)<br>• Regional partners<br>• Quality improvement | Needs assessment | Regional summaries & Mapping of regional improvement resource | Regional partners aware of underlying assumptions and causal linkages that connects planned activities and envisioned outcomes |
| | Relationship-building | Bi-lateral meetings (min.3 / region) | |
| | Capacity-building | Workshops held with each region<br><br>Support stakeholder engagement | Regional partners confident to independently review and iteratively refine logic model as initiative further develops |
| | Improvement support and analysis | Regional logic models<br><br>Mapping of activities and outcomes | Regional partners apply logic model to guide improvement planning |

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# Process

# Step 1: Establish a common understanding of context and capacities

► Review prior regional work (maturity assessment results, knowledge exchange and capacity building) to better understand regional context

► Initiate an introductory call to establish a common understanding on local priorities, context, and our approach to improvement planning (use of logic model)

# Step 2: Logic Model workshop 1

► Introduce the concept of logic model to regional leads prior to the call

► Work with regional leads to cocreate a high-level operational logic model, with particular attention to specifying the target audience, geographic scope, and time horizon

► Work with each regional leads to iteratively refine the logic model

# Step 3: Logic Model workshop 2

► Work with regional leads to identify relevant stakeholder groups to engage

► Set up a stakeholder engagement workshop to test drive the logic model and ensure that assumptions are addressed, and it accurately reflects actions on the ground

► Regional leads provided reflections on the benefits of logic model in their integrated care scale up work

# Step 4: Follow up

► Work with regional leads to iteratively finalize logic models after stakeholder input

► Collaborate on future improvement opportunities as they arise

# Method and analysis of regional logic models

# Methods and analysis

**Stakeholders**
Primary: regional partners

Secondary: local actors involved in integrated care planning and implementation

**Methods**
Document review

Elicitation strategy (IAP2 – "co-lead")

Gap – analysis

**Analysis**
Thematic analysis of activities and outcomes from Logic model

# Summary of results

# Regional summaries

| Region (Country) | Maturity assessment | Years initiated | Knowledge Transfer Priorities -Strengths | Knowledge Transfer Priorities - Weaknesses | Improvement goal (s) |
|---|---|---|---|---|---|
| Basque (Spain) | 3.5 | 11 | Structure and Governance, Digital Infrastructure | Citizen Empowerment, Removal of Inhibitors | Citizen Empowerment |
| Flanders (Belgium) | 1.16 | 7 | Readiness to change | Population approach, Process coordination, Evaluation methods | Process Coordination |
| Lithuania | 2.16 | 6 | NA | Capacity building, Removal of inhibitors | Multimorbidity model |
| Poland | 3.08 | 4 | Digital infrastructure, Citizen empowerment | Digital infrastructure, Citizen empowerment | Citizen Empowerment |
| Puglia (Italy) | 2.08 | 17 | (disaggregated) | (disaggregated) | Funding |
| Scotland | 2.33 | 5 | Readiness to change Innovation management Citizen empowerment | Digital infrastructure Population management Citizen empowerment | Digital Infrastructure, Population Approach, Citizen Engagement |
| Slovakia | 0.75 | 7 | NA | Structure and governance, Population approach, Evaluation methods, Capacity-building, Breadth of ambition | Capacity Building |
| Slovenia | 1.00 | 4 | Digital infrastructure, Process coordination | Innovation Management | Long term care |
| Werra Meißner (Germany) | 1.33 | 2 | Citizen empowerment, Process coordination | Digital infrastructure, Population approach | Digital Infrastructure, Process Coordination |

Maturity assessment: an average score all 12 dimensions assessed

# Improvement focus

| Region | Improvement Focus |
|---|---|
| Basque Country, Spain | Citizen empowerment |
| Flanders, Belgium | Goal-oriented care |
| Poland | Citizen empowerment |
| Midlothian, Scotland | Population approach<br>Citizen empowerment |
| Slovakia | Capacity building |
| Lithuania | Multimorbidity model pilot |
| Trbovlje, Slovenia | Long-term care improvement |
| Werra Meißner Kreis, Germany | Digital infrastructure<br>Process coordination |
| Puglia, Italy | Funds development |

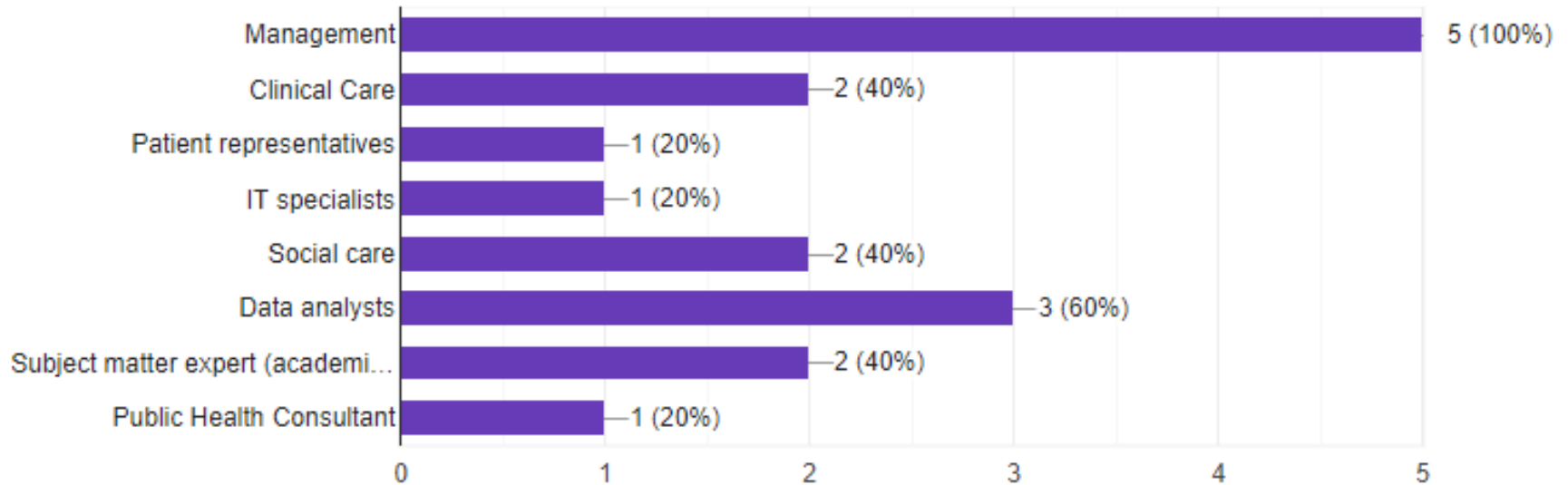**Patient-centeredness     Process optimization     Resource development**

# Activities Types

- 16 different activity categories

| | |
|---|---|
| • Care pathway design | • Patient centered care |
| • Communication & Dissemination | • Intervention evaluation |
| • Needs assessment | • Intervention planning |
| • Data Infrastructure | • Knowledge exchange activities |
| • Data Intelligence | • Shared decision making |
| • Digital care tools | • Stakeholder involvement |
| • Funding | • System organization |
| • Healthcare system efficiency | • Trainings |

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# Stakeholders engaged



N = 5 regions (4 regions to add once competed)

# of stakeholder presents range from 3 to 14

# How did stakeholder involvement improve the usability of the logic model?

- Identified external factors that affected or currently influences program design or implementation
- Identified missing activities that contributes to overall goal
- Identified missing components linking activities to outcomes
- Identified missing outcomes
- Identified existing assumptions
- Simplified terminology for more accessible use

# How can logic models improve regional integrated care work?

| Proposed benefits | Regional partner perspectives |
|---|---|
| • Initiate discussions on the causal pathway leading to intended chain<br><br>• Provide space to challenge and verify current design of program/process<br><br>• Clarity the intended changes to drive consensus among stakeholders<br><br>• Communication tool with external stakeholders | "…the logic models brings **structured and clear plan** how to improve regional integrated care work. … The intended results section serves both as **measurable** factor of integrated care improvement and also as motivation to front line workers who seek to reach the defined goal"  - *Lithuania*<br><br>"They help to identify **if actions lead to outcome**s and to identify the key stakeholders." – *Midlothian*<br><br>"Being able to express this in a single graphic can also help in its **communication***" - Basque* |

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