



SCIROCCO Tool to Assess Readiness for Integrated Care

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Co-funded by
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The SCIROCCO Exchange project is co-funded
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(Chafea)

Study Visit to Israel – 12 December 2019

Outline of the Presentation

1. Rationale for SCIROCCO tool
2. What is SCIROCCO tool?
3. Functionalities of SCIROCCO tool
4. Next steps for SCIROCCO tool
5. Experience of users



RATIONALE FOR SCIROCCO TOOL



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Start of SCIROCCO Journey (2012)

European Innovation Partnership on Active and Healthy Ageing



crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

Specific Actions



Improving prescriptions and adherence to treatment



Better management of health: preventing falls



Preventing functional decline & frailty



Integrated care for chronic conditions, including telecare

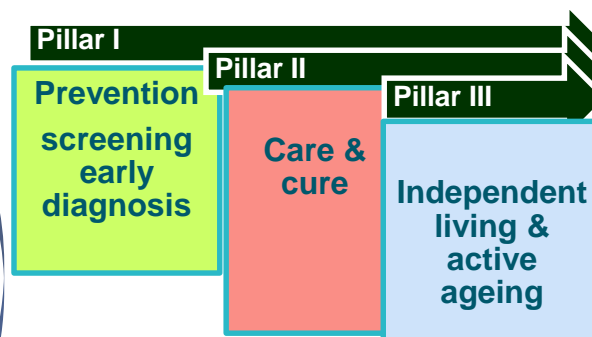
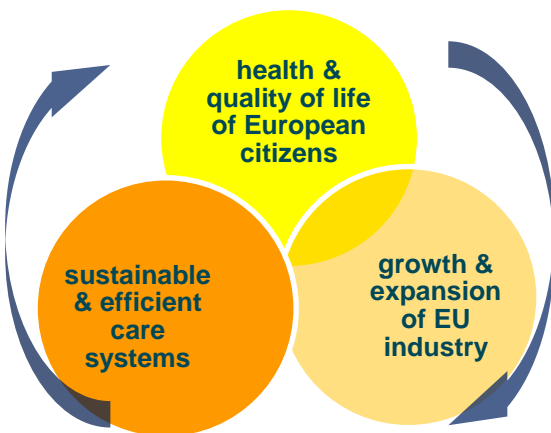


ICT solutions for independent living & active ageing



Age-friendly cities and environments

+2 HLY by 2020
Triple win for Europe



[A1 Adherence to prescription](#)[A2 Falls prevention](#)[A3 Lifespan Health Promotion \[...\]](#)**[B3 Integrated care](#)**[Key documents](#)[Documents of meetings](#)[Achievements](#)[C2 Independent living solutions](#)[D4 Age friendly environments](#)

Action Group B3

Replicating and tutoring integrated care for chronic diseases

The Action Group on integrated care has brought together around 120 multi-stakeholders, including health administrations, local authorities, and citizens, to develop and implement integrated care models.

Challenges of Scaling-up

How to use existing evidence?

What elements of Good Practice are transferable?

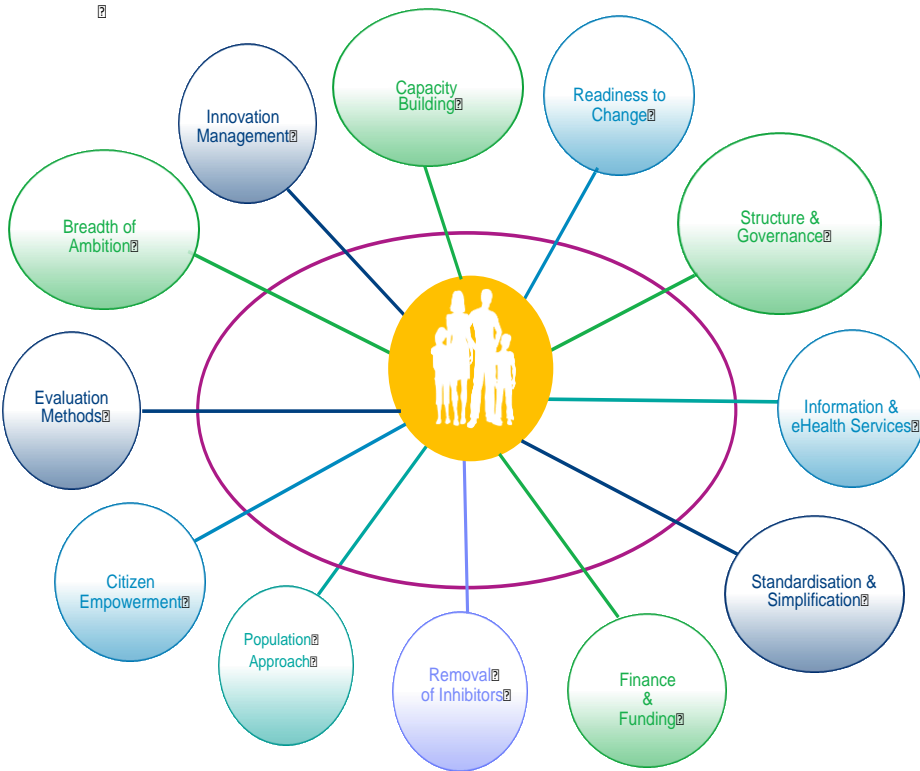
What is my local environment like?

Is my environment ready to adopt a Good practice?

What information do I need to enable the adoption of Good Practice?

How to create local conditions for the adoption of Good Practice?

From Challenges to Opportunities: B3 Maturity Model for Integrated Care



Qualitative assessment based on
interviews and desk research

Phase 1: Interviews with 6 regions
involved in EIP AHA (Feb – April 2014)

Athens; Basque Country; Catalonia;
Galicia; N Ireland; Saxony

Phase 2 Interviews with 6 regions
involved in EIP AHA (Jan– March 2015)

S Denmark; Skane; Scotland; Puglia;
Medical Delta (Delft); Olomouc

Further Development of B3 Maturity Model

Finance & Funding

Objectives:

Changing systems of care so that they can offer better integration requires initial investment and funding; a degree of operational funding during transition to the new models of care; and on-going financial support until the new services are fully operational and the older ones are decommissioned. Ensuring that initial and on-going costs can be covered uses the full range of mechanisms from regional/national investment funds, public-private partnerships (PPP)



Indicators of maturity:

Use of regional/national stimulus funds; innovative procurement (e.g. multi-year contracts for IT service provision).

Assessment:

- 0 – No special funding allocated or available
- 1 – Fragmented innovation funding, mostly for pilots
- 2 – Consolidated innovation funding available through competitive bidding
- 3 – Regional/national (or European) funding or PPP for testing and evaluation
- 4 – Regional/national funding for scaling-up and on-going operation
- 5 – Secure multi-year budget, accessible to all stakeholders, to enable innovation

European Innovation Partnership on Active and Healthy Ageing

B3 Action Group on Integrated Care

Maturity Model for Adoption of Integrated Care Enabled by ICT

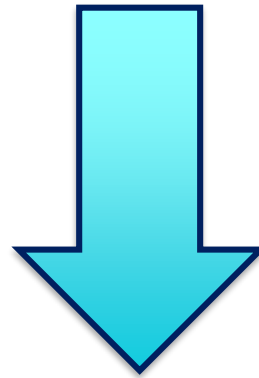
Quick Start Guide

The B3 Maturity Model is a conceptual model intended to show how healthcare systems are attempting to deliver more integrated care services for their citizens. It has been derived from interviews with 12 European countries, or regions within a country, responsible for healthcare delivery. The many activities that need to be managed in order to deliver integrated care have been grouped into 12 'dimensions', each of which addresses a part of the overall effort. By considering each dimension, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a 'radar diagram' which reveals areas of strength, and also gaps in capability. Using these [insights](#), and comparing the radar diagram with those of other regions/countries that have conducted the same exercise, it should be possible to find expertise to fill the gaps in capability, and to offer to others knowledge and experience from the sites' areas of strength.

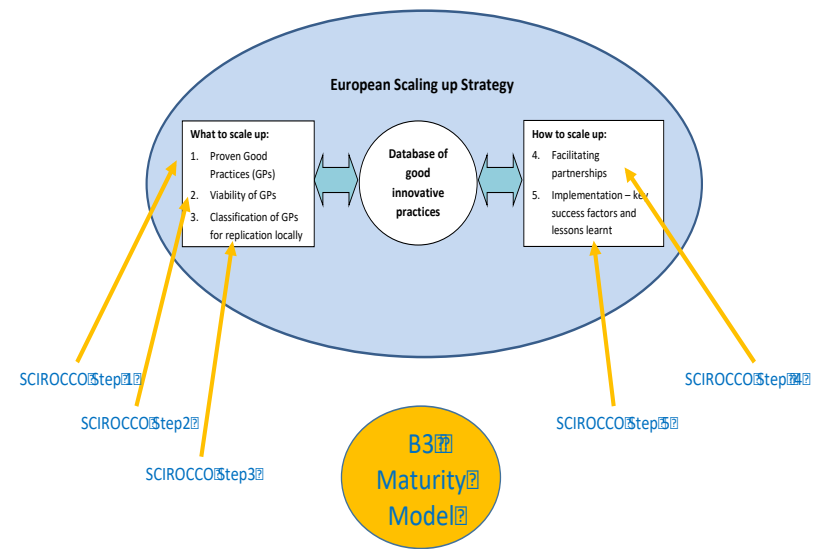
This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.

HOWEVER,

VALIDATION & TESTING IS NEEDED



2016



SCIROCCO PROJECT:

Scaling-up integrated care in context

EU Health Programme

- Budget: €2,204,631.21
- Start: 1 April 2016
- 10 Partners:

kronikgun
research centre on chronicity

 **REGION
NORRBOTTEN**

 **Vrije
Universiteit
Brussel**

 **THE UNIVERSITY OF EDINBURGH
informatics**


Osakidetza


**NHS
24**


Polibienestar
UNIVERSITAT DE VALÈNCIA

EHTEL
EUROPEAN HEALTH TELEMATICS ASSOCIATION

 **ARes**
PUGLIA

OBJECTIVES

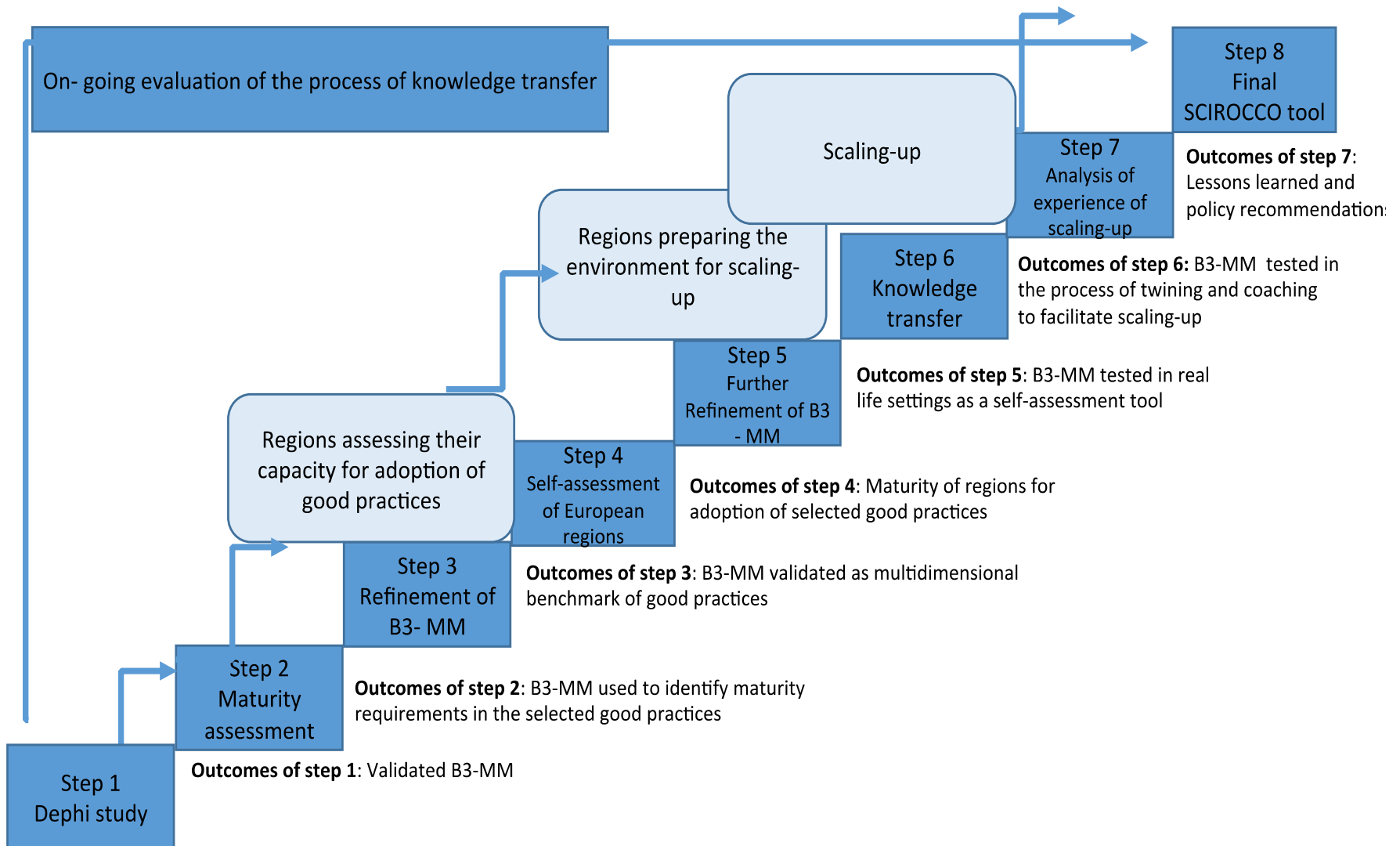
To improve **the assessment of good practices** in order to filter and identify potentially adoptable good practices for health and care systems;

To **assess the health and care delivery system** of a region in terms of its maturity to adopt good practice in the provision of integrated care;

To **facilitate the process of information** sharing between regions to shared lessons learned, thereby speeding up adoption and scaling-up;

To **provide a refined, validated and tested tool that facilitates the adoption of integrated care.**

What did we do?



Validity and Reliability

of the SCIROCCO tool

OBJECTIVE:

To systematically test the validity and reliability of the B3-MM/ SCIROCCO tool.

Step1 - Content Validity of B3-MM: Does the content of B3-MM, reflect what it is intended to?

- *Methods:* Literature review and Delphi survey.
- *Outcomes:* The wide range of dimensions and measurement scales reflect the maturity for integrated care.

Grooten L, Borgermans L, Vrijhoef HJM. An Instrument to Measure Maturity of Integrated Care: A First Validation Study. International Journal of Integrated Care. 2018;18(1):10.

Step2 - Structural validity of SCIROCCO tool: Do all the 12 dimensions contribute to assessing maturity for integrated care?

- *Methods:* Quantitative analysis to examine the structure of the Tool in the dataset.
- *Outcomes:* All 12 dimensions contribute to assessing maturity for integrated care.

Validity and Reliability

of the SCIROCCO tool

Step3 - Convergent Validity of SCIROCCO tool: Does the SCIROCCO tool show a relation with another tool which is supposed to assess a similar concept?

- *Methods:* Comparing the SCIROCCO tool to another test that assesses a related concept.
- *Outcomes:* Some support for convergent validity was found.

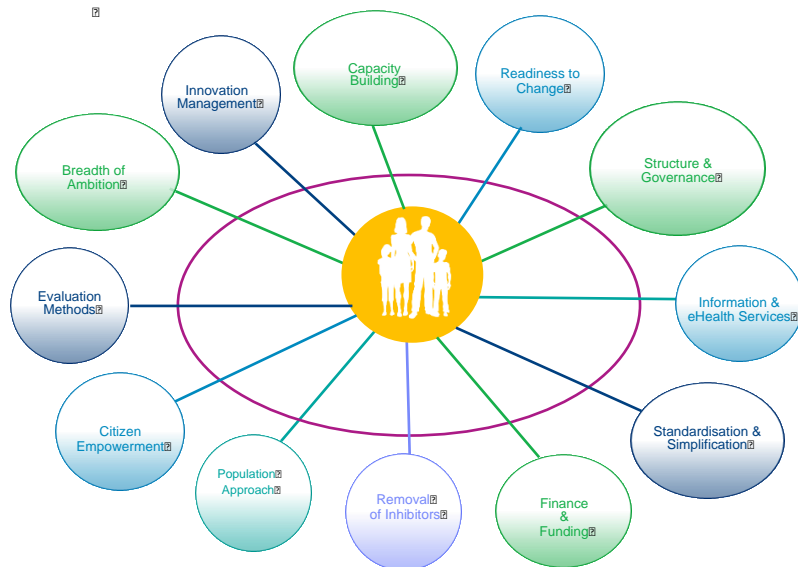
Step4 - Reliability of SCIROCCO Tool: Are the responses by stakeholders to the 12 dimensions on the tool consistent with each other?

- *Methods:* Quantitative analysis to examine the reliability of the tool in the dataset.
- *Outcomes:* The SCIROCCO tool showed good internal consistency.

Outcomes: SCIROCCO tool



European Innovation
Partnership on Active
and Healthy Ageing





WHAT IS SCIROCCO TOOL?



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SCIROCCO Tool for Integrated Care

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

Online

self-assessment tool

to assess the readiness for
the adoption and scaling-up
of integrated care

Validated and tested in over
72 regions/organisations

Available in 9 languages



SCIROCCO Exchange Community



European Innovation
Partnership on Active
and Healthy Ageing



- Australia
- Alberta, Canada
- Flanders, BE
- Sofia, BG
- Olomouc region, CZ
- Region of Southern DK
- Gesundes Kinzigtal, D
- Saxony, D
- Attica, GR
- Carinthia, GR
- Iceland
- India
- Bologna, IT
- Campania, IT
- Lombardy, IT
- Puglia, IT
- Kaunas, LT
- Poland, PL
- Amadora, PT
- Asturias, SP
- Badalona, SP
- Basque Country, SP
- Catalonia, SP
- Extremadura, SP
- Murcia, SP
- Valencia, SP
- Norrbottn, SE
- Skane, SE
- Northern Ireland, UK
- Scotland, UK
- Slovakia, SVK
- Slovenia, SLO
- Wales, UK



TOOLS AND METHODOLOGIES TO ASSESS
INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems
Performance Assessment

Health and
Food Safety



If the existing systems of care need to be re-designed to provide a more integrated set of 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

Capturing Maturity Level





FUNCTIONALITIES OF SCIROCCO TOOL



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Assessing readiness of healthcare system for integrated care



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Objective of the Assessment

The objective of the assessment process is to:

- **Capture the perceptions of stakeholders** on maturity and readiness of their healthcare systems for the adoption of integrated care;
- **Identify strengths and weaknesses** of regions/organisations in adoption of integrated care;
- **Facilitate multi-disciplinary discussions** and dialogue of stakeholders involved, including consensus on the current progress towards integrated care and future actions to address the gaps;
- **Provide basis for further improvement** of a particular domain of integrated care through knowledge transfer and twinning and coaching activities.

Scoping the Assessment – “What is a healthcare system”?

- ▶ The structure of healthcare systems vary considerably, as well as ambitions and understanding of integrated care across regions and countries. Hence, scoping of the system for the assessment remains **flexible and tailored to the local circumstances and needs.**

- ▶ **However, the following should be taken into consideration:**
 - **Local objectives of the assessment process**
 - What do you want to achieve with these outcomes?
 - **Local organisation of healthcare system**
 - What level of assessment to consider e.g. macro, meso and/or micro levels? National versus regional perspective?
 - **Local understanding of integrated care**
 - What is your ambition in integrated care?
 - Who is involved in the planning, commissioning and implementing integrated care?

Assessing the Maturity of Healthcare System

The self-assessment **process** consists of the following steps:

1. Local organiser(s) **identify local stakeholders** to be involved, based on the objectives and scope of the assessment process.



2. The stakeholders **individually conduct the assessment** by using SCIROCCO tool



3. The stakeholders **share their individual assessments** with the organiser(s) of the assessment process



4. A **workshop** is organised to **discuss the outcomes and reach a consensus** on the maturity of the healthcare system and future actions to be considered for the improvement.

Step 1: A Multidisciplinary Team

Integrated care is designed and deployed by the multidisciplinary teams. As such, it is important to capture the diversity of perspectives in the assessment process. The following should be taken into account:

- **Discipline** – decision-maker, healthcare professional, IT specialist, regulators, payers, users group, innovation agencies
- **Sector** – health care, social care, housing and voluntary sector.
- **Position in organisation** – seniority, front-line, back-office.



Step 2: Performing an Individual Assessment

- ▶ Invite the selected stakeholders to register and use SCIROCCO tool

https://scirocco-exchange-tool.inf.ed.ac.uk/login/?redirect_to=https%3A%2F%2Fscirocco-exchange-tool.inf.ed.ac.uk

- ▶ Inform / Distribute the various supportive documentation to inform stakeholders about the self-assessment process, including the online tutorials:

<http://www.scirocco-project.eu/maturity-model-in-practice-scirocco-tools-demos/>

- ▶ **Timeline: Usually 2 weeks**

Step 2: Performing an Individual Assessment Registration

Scirocco Self-Assessment Tool for Integrated Care

[HOME](#)[HEALTHCARE SYSTEM ASSESSMENTS](#)[GOOD PRACTICE ASSESSMENTS](#)[TWINNING AND COACHING](#)[LOGIN/REGISTER](#)

Login/Register

Username or E-mail

Password

☒ Keep me signed in

Login

Register

[Forgot your password?](#)

Choose your language!

Step 2: Performing an Individual Assessment

Healthcare system assessment

Healthcare System Assessments

Starting from this page, you can perform the following actions:

- conducting a private healthcare system assessment with regards to integrated care [HELP](#)
- facilitating multi-disciplinary discussions and consensus-building about the healthcare system assessment [HELP](#)
- facilitating twinning and coaching informed by the maturity of the healthcare system for integrated care [HELP](#)

New private healthcare system assessment



Work assessments

Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

SHARED HEALTHCARE SYSTEM ASSESSMENTS

☐ APavLithuaniaTest



Step 2: Performing an Individual Assessment

New private healthcare system assessment

Maturity Assessment

The objective of this page is to assess the maturity of healthcare systems with regards to integrated care.

Questions marked with * are compulsory

Assessment name:

APavl[HealthcareSystem] 10chars max

Assessment

Description*

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

1. Readiness to Change ⓘ

- ☐ 0- No acknowledgement of compelling need to change
- ☐ 1- Compelling need is recognised, but no clear vision or strategic plan
- ☐ 2- Dialogue and consensus-building underway; plan being developed
- ☐ 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

Assessment

Description*

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

2- Dialogue and consensus-building underway; plan emerging

3- Vision or plan embedded in policy; leaders and staff engaged

4- Leadership, vision and plan clear to the general public

5- Political consensus; public support; visible stakeholders

If someone asked you to justify your rating here what would you say (in short sentences):

Q1. Readiness to Change: Objectives

If the existing systems of care need to be re-designed to provide a more integrated set of 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.

- Creating a compelling vision, with a real sense of urgency, and enlisting stakeholder support including political leadership, management, care professionals, public and press.
- Accepting the reality that care systems are unsustainable and need to change.
- Considering the need to address the risk of health and social inequalities.
- Publishing a clear description of the issues, the choices that need to be made, and the desired future state of the care systems, stating what will be the future experience of care.
- Creating a sense of urgency to ensure sustained focus and building a "guiding coalition" for change.

Ok

CAPACITY BUILDING

READINESS TO CHANGE

STRUCTURE & GOVERNANCE

DIGITAL INFRASTRUCTURE

PROCESS COORDINATION

FINANCE & FUNDING


REMOVAL OF INHIBITORS

POPULATION APPROACH

ENVIRONMENT

Save

Step 2: Performing an Individual Assessment

Assessment	Description*
Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	<p>5. Funding </p> <p><input type="radio"/> 0- No additional funding is available to support the move towards integrated care</p> <p><input type="radio"/> 1- Funding is available but mainly for the pilot projects and testing</p> <p><input checked="" type="radio"/> 2- Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation</p> <p><input type="radio"/> 3- Regional/national (or European) funding or PPP for scaling-up is available</p> <p><input type="radio"/> 4- Regional/national funding and/or reimbursement schemes for on-going operations is available</p> <p><input type="radio"/> 5- Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development</p> <p>If someone asked you to justify your rating here what would you say (please provide a few short sentences):</p> <p>*</p> <div style="border: 1px solid #ccc; padding: 5px; min-height: 100px;"> <p>Test\$</p> </div>



Step 2: Performing an Individual Assessment

Assessment

Description*

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

12. Capacity Building

- ☐ 0- Integrated care services are not considered for capacity building
- ☐ 1- Some approaches to capacity building for integrated care services are in place
- ☒ 2- Cooperation on capacity building for integrated care is growing across the region
- ☐ 3- Learning about integrated care and change management is in place but not widely implemented
- ☐ 4- Systematic learning about integrated care and change management is widely implemented; knowledge is shared, skills retained and there is a lower turnover of experienced staff
- ☐ 5- A "person-centred learning healthcare system" involving reflection and continuous improvement is in place

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

*

Test



Step 2: Performing an Individual Assessment Outcomes



Doctor



IT Specialist



Nurse



Administrator



Step 2: Performing an Individual Assessment Outcomes

ASL BT: General Director & IT Specialist



ASL BA: General Director & Patients' Representative



Step 2: Performing an Individual Assessment

Outcomes

Strategic versus Operational Level



Step 2: Sharing of Individual Assessment

Maturity Assessment

The objective of this page is to assess the maturity of your organisation's innovation management system for the rated care.

Questions marked with * are compulsory

Assessment name:

APavIScotland

Test

Your assessment was successfully saved

. What would you like to do next?


- ☒ Continue editing
 - ☐ Keep as private assessment, close
 - ☐ Share assessment with individual users, close
 - ☐ Share assessment with all Scirocco Exchange partners, close
- WARNING: This will share this assessment with up to 40 users
- ☐ Make the assessment public (for all users to view only)

Submit

Assessment

Description

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

1. Readiness to Change 

- ☐ 0- No acknowledgement of compelling need to change
- ☐ 1- Compelling need is recognised, but no clear vision or strategic plan
- ☒ 2- Dialogue and consensus-building underway; plan being developed
- ☐ 3- Vision or plan embedded in policy; leaders and champions emerging
- ☐ 4- Leadership, vision and plan clear to the general public; pressure for change



Step 3: Data Collection and Data Analysis

- ▶ Each regional organiser of the assessment process:
 - Reviews the individual responses and **produce the composite spider diagram** combining all stakeholders' responses using SCIROCCO tool.
 - Identifies the areas where consensus has been reached.
 - Identifies the areas where the consensus has not been reached and further consensus-building process needs to be planned.
 - Prepare **face-to-face consensus-building workshop** to review the outcomes of the individual assessments and reach the agreement on the maturity of a particular healthcare system, including suggestions for the future improvements.

Step 3: Data Collection and Data Analysis

Composite diagrams

Work assessments

Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

☒ APavLithuaniaTest



☒ APavScotlandTest



Compare Only

Compare and Enter Consensus

Step 3: Data Collection and Data Analysis

Composite diagrams

Assessment Comparison

Legend

APavLithuaniaTest saved by andreapavlickova@nhs.net 2019-10-10 23:52:28

APavScotlandTest saved by andreapavlickova@nhs.net 2019-10-10 23:42:00

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

1. Readiness to Change ⓘ

- ☐ 0- No acknowledgement of compelling need to change
- ☒ 1- Compelling need is recognised, but no clear vision or strategic plan
- ☐ 2- Dialogue and consensus-building underway; plan being developed
- ☐ 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):

test

Testing



Step 3: Data Collection and Data Analysis

Composite diagrams

Consensus Maturity Assessment

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

Legend

Total of 6 responses selected. [See individual assessments](#)

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

Questions marked with * are compulsory

Assessment name:

Cons-[HealthcareSystem] 18chars ma

Assessment	Description*
Q1 Q2 Q3 Q4 Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12	
1. Readiness to Change ①	<ul style="list-style-type: none"> ○ 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 2) ○ 3- Vision or plan embedded in policy; leaders and champions emerging (Voted by 2) ○ 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) <p>If someone asked you to justify your rating here what would you say (please provide a few short sentences):</p> <p>* Justifications from respondents ranking 2 Justifications from respondents ranking 3 Justifications from respondents ranking 4 Justifications from respondents ranking 5</p> <div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div> <p>Mark 'Readiness to Change' as your number one priority ②</p>



Save composite questionnaire

Step 4: Negotiating and Reaching Consensus

Consensus-building Workshop

- ▶ The follow up workshop is organised with the participants of the self-assessment process to discuss the preliminary findings of the process.
- ▶ The discussion is mainly focused around the dimensions with the greatest diversity of scoring.
- ▶ The workshop is facilitated by SCIROCCO Exchange partner and/or organiser of the assessment process in a particular region.
- ▶ At least one moderator and one person to take the notes from the meeting is needed.
- ▶ Outcomes of the workshop:
 - commonly agreed strengths and weaknesses in integrated care;
 - agreement on the priority areas for improvement.

Step 4: Negotiating and Reaching Consensus



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

Step 4: Negotiating and Reaching Consensus

Work assessments Public assessments

PRIVATE HEALTHCARE SYSTEM ASSESSMENTS

<input checked="" type="checkbox"/> APavLithuaniaTest				
<input checked="" type="checkbox"/> APavScotlandTest				



Compare Only

Compare and Enter Consensus

Step 4: Negotiating and Reaching Consensus

Assessment

Description*

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

6. Removal of Inhibitors ⓘ

- ☐ 0- No awareness of the effects of inhibitors on integrated care
- ☐ 1- Awareness of inhibitors but no systematic approach to their management is in place
- ☐ 2- Strategy for removing inhibitors agreed at a high level
- ☐ 3- Implementation Plan and process for removing inhibitors have started being implemented locally ●●
- ☐ 4- Solutions for removal of inhibitors developed and commonly used
- ☒ 5- High completion rate of projects & programmes; inhibitors no longer an issue for service development

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

*

test

Test

Test

Mark 'Removal of Inhibitors' 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 healthcare system with regards to integrated care, considering the views of the different individual respondents or sub-teams.

Legend

Total of 6 responses selected. [See individual assessments](#)

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

Questions marked with * are compulsory

Assessment name:

Cons-[HealthcareSystem] 10chars ma

Assessment Description*

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

5. Funding

- ☐ 0- No additional funding is available to support the move towards integrated care
- ☐ 1- Funding is available but mainly for the pilot projects and testing
- ☐ 2- Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation (Voted by 1)
- ☒ 3- Regional/national (or European) Funding or PPP for scaling-up is available (Voted by 4)
- ☐ 4- Regional/national funding and/or reimbursement schemes for on-going operations is available (Voted by 1)
- ☐ 5- Secure multi-year budget and/or reimbursement schemes, accessible to all stakeholders, to enable further service development

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](#)

decision

Mark 'Funding' as your number one priority

Save composite questionnaire



Step 4: Negotiating and Reaching Consensus Decisions

Assessment

Description*

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

1. Readiness to Change ⓘ

- ☐ 0- No acknowledgement of compelling need to change
- ☐ 1- Compelling need is recognised, but no clear vision or strategic plan
- ☒ 2- Dialogue and consensus-building underway; plan being developed
- ☐ 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):

*

test

Testing

Testing

Question 1

Mark 'Readiness to Change' as your number one priority



Step 4: Negotiating and Reaching Consensus

Decisions



Step 4: Negotiating and Reaching Consensus

Next Steps – Priority for Improvement

Assessment

Description*

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

1. Readiness to Change ⓘ

- ☐ 0- No acknowledgement of compelling need to change
- ☐ 1- Compelling need is recognised, but no clear vision or strategic plan
- ☒ 2- Dialogue and consensus-building underway; plan being developed
- ☐ 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):

*

test

Testing

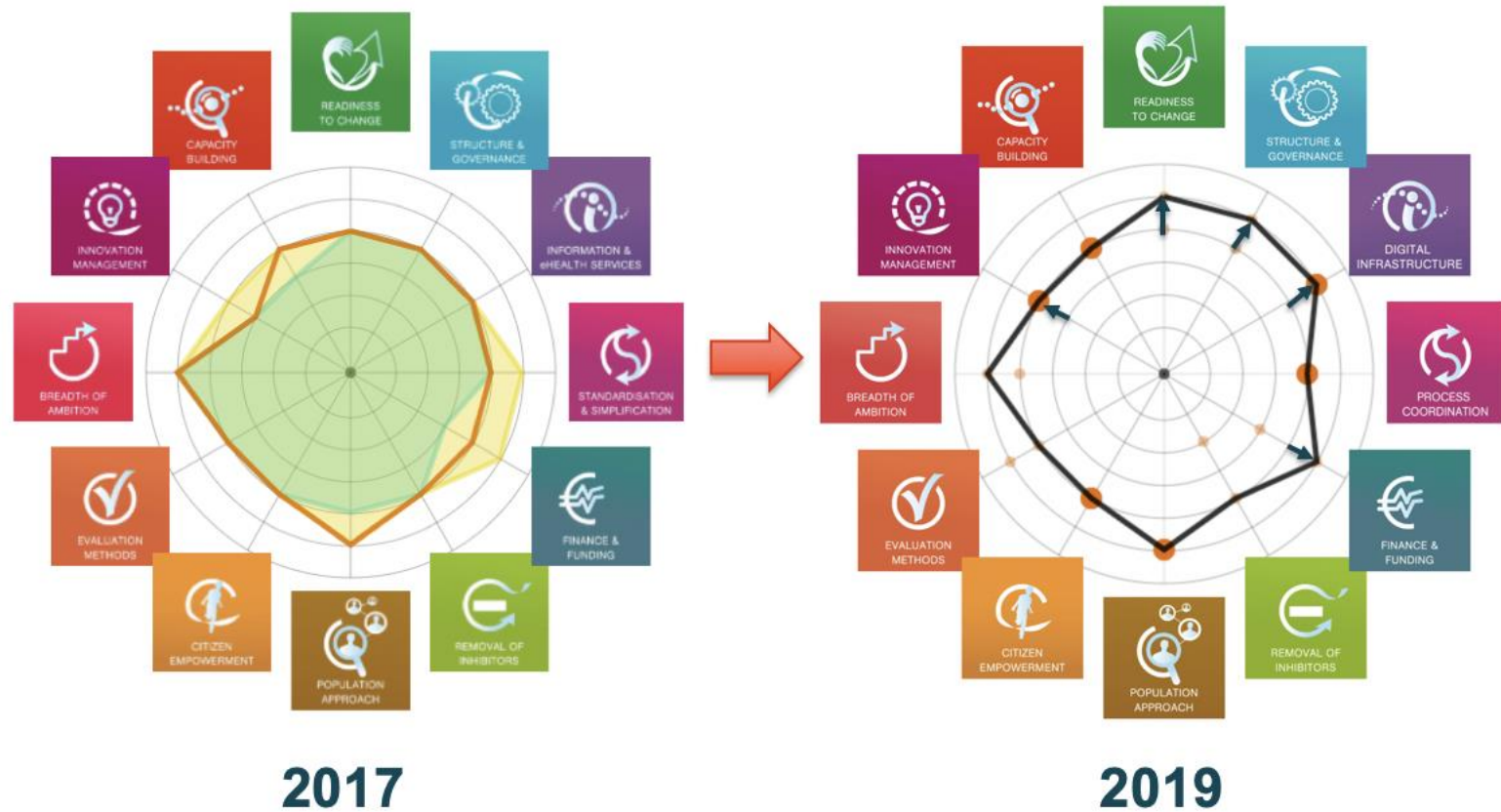
Testing

Question 1

Mark 'Readiness to Change' as your number one priority



Step 5: Monitoring the Progress





Assessing requirements for the adoption of the good practice



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Maturity Requirements of Good Practices

Implementation & Transferability – Key Requirements

- The use of a fully integrated EHR that is accessible to all professionals
- The use of tele-consultations between primary care and the hospital
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals

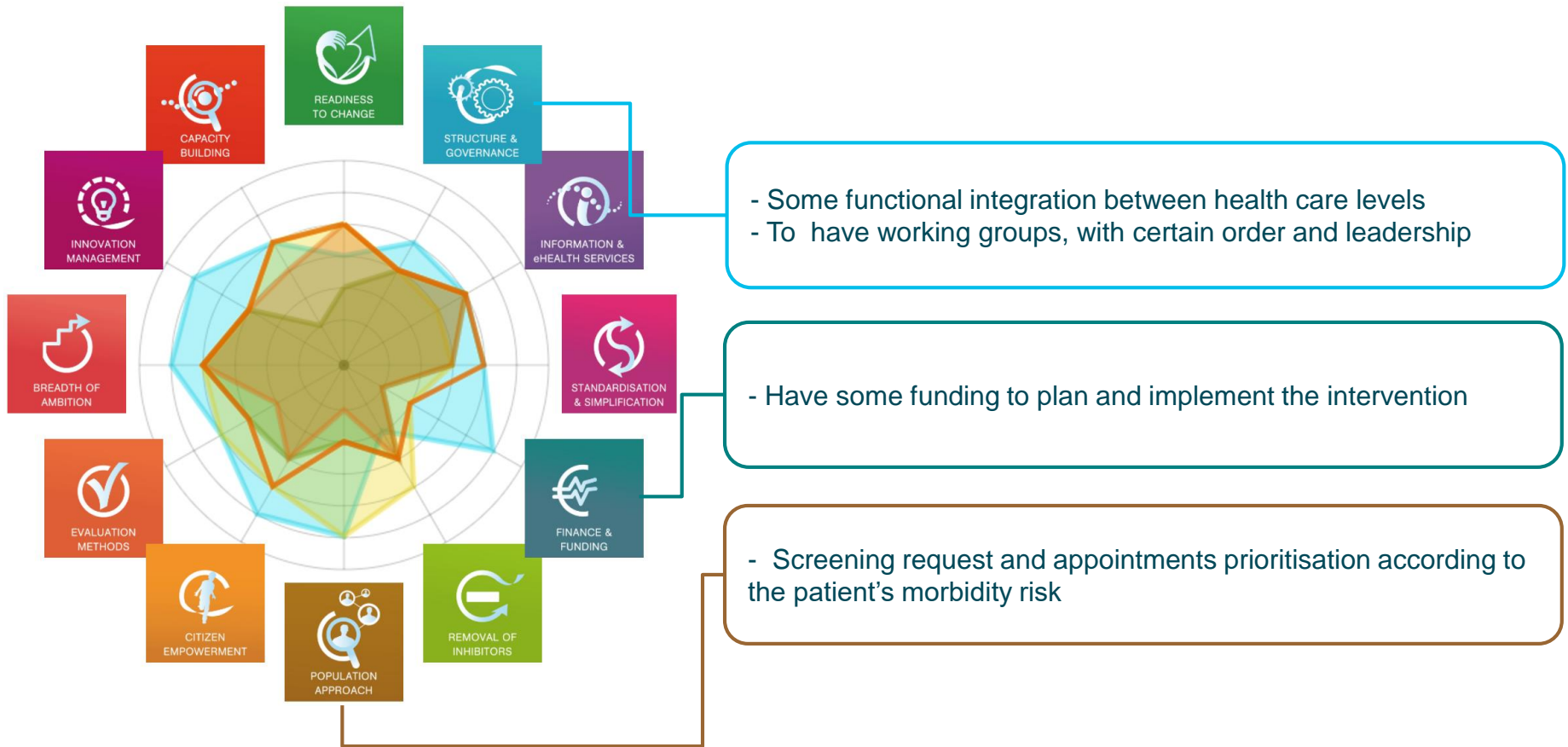
- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations



Maturity Requirements of Good Practices

Implementation & Transferability – Not as Relevant Requirements





Facilitating knowledge transfer



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Combining Two Maturity Assessments

Assessment Comparison

Legend

Cons-Basque Country, Demo saved by cristinutza0107@yahoo.com 2018-10-22 10:52:29

Cons-Norrbottnen, Swe saved by wpadmin (you) 2018-10-22 12:44:32

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

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):

jcons1

jNorrbottnen1



Combining Two Maturity Assessments



COMMONALITIES

- 12. Capacity-building
- 11. Innovation Management
- 2. Structure and Governance
- 3. eHealth

Not relevant for the adoption of the Good Practice except for Dimension 2

Combining Two Maturity Assessments



DIFFERENCES

1. Readiness to Change
4. Standardisation & Simplification
7. Population Approach
8. Citizen Empowerment
9. Evaluation Methods
10. Breadth of Ambition

Feasible to transfer with adaptation; except Dimension 4



NEXT STEPS



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From B3 Maturity Model to SCIROCCO Tool and SCIROCCO Knowledge Management Hub

Year 2012



European Innovation
Partnership on Active
and Healthy Ageing



Year 2016



Year 2018



Knowledge transfer as an enabler of capacity-building support

“Knowledge transfer is a “contact sport”; it works better when people meet to exchange ideas and spot new opportunities” – Tim Minshall



Dedicated support and infrastructure for capacity-building



EXPERIENCE OF USERS WITH SCIROCCO TOOL



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Users experience with the SCIROCCO tool



The tool itself and on the process of using the tool

- **Facilitates constructive collaboration** between different professionals for the purpose of consensus-building.
- Enables **dialogue**.
- **Generates knowledge and promotes reflection** on the ‘object of assessment’ (health system or a good practice).
- Provides **support to make decisions** or to present rationales to decision-makers and policy-makers with regard to integrated care.

Users experience with the SCIROCCO tool



Potential enhancements of the tool

- **Language** was an issue when using the tool.
- Some **difficulties in understanding** some dimensions (these may be due to language issues).
- Make **the tool friendlier** at a visual level and offer fewer features.
 - Use brighter **colours**.
 - Produce the final consensus diagram in only one colour.

Users experience with the SCIROCCO tool

Future uses/wider(policy) implications of the tool

- **SCIROCCO can be used in a great diversity of organisations, at different organisational and system levels, and with different stakeholders.**
- **Particularly useful when used at a high organisational level (e.g. from a strategic perspective, with management and decision-makers).**
- **Potentially useful in terms of determining areas of policy-making.**



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