



MATURITY ASSESSMENT PROCESS FOR INTEGRATED CARE **IN FLANDERS**

www.sciroccoexchange.com

 SCIROCCOxchange

MATURITY ASSESSMENT PROCESS

METHODOLOGY



The **SCIROCCO Exchange online self-assessment tool** was used in the maturity assessment process. The objective of this process was to assess the readiness of the Flanders region to adopt integrated care.

The Tool is structured as a **12 questions** survey, each of which is associated to a particular “dimension”.

DIMENSIONS

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

The maturity level in each dimension is evaluated by an assessment scale which ranges from a **minimum rating of “0” to a maximum rating of “5”**.

8 dimensions were chosen for the discussion in the consensus workshop. That were the dimensions with the greatest diversion in scores.

This assessment is part of the larger implementation in the 60 Primary Care Boards of Flanders. Therefore, 12 out of the 15 members of the Board of the Flanders Primary Care Institute VIVEL participated.



TWO EXAMPLES OF INDIVIDUAL ASSESSMENTS IN FLANDERS



Primary care institute

Wellbeing support
organisation





MATURITY OF FLANDERS REGION IN INTEGRATED CARE



ROLE	AFFILIATION
General Practitioners	Domus Medica
(Carers (family and friends),	Steunpunt Mantelzorg
Occupational Therapy	Ergotherapie Vlaanderen
Brussels support for primary health care providers	Huis voor Gezondheid
Home care network for family services	Zorggezind
Prof Emeritus – University of Ghent	Jan De Maeseneer
Patient Organisation	Vlaams Patiëntenplatform
Centre for General Wellbeing	Centrum voor Algemeen Welzijnswerk
General Hospitals, mental health, elderly care	Zorgnet Icuuro
Pharmacists	Vlaams Apothekersnetwerk
Home care and nursing	Wit-Geel Kruis
Insurance Company	Christelijke Mutualiteit
Flanders Primary Care Institute	VIVEL



KEY FINDINGS

SCOPE

‘How do we look today at integration of care in Flanders: only from the Flemish policy level? Is this possible or what conflict do we notice with federal level? What are our doubts looking at the description of the scores and why? All these nuances were part of the dialogue and of the consensus’.

It was good to have this discussion first before entering in the detail of the consensus because it gave people the opportunity to air some concerns about the description of the different scores. While during the individual assessments the participants were focused on the wording of the score description, this became less important during the consensus discussion.

LANGUAGE

Dutch.

STRENGTHS

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”** (after consensus) reached the best score. There are no dimensions where the maturity was already reached and there is definitely a need for further improvement.

WEAKNESSES

Process Coordination, **Evaluation Methods** and **Population Approach**.

“I was nicely surprised about the level of enthusiasm of the participants in the discussion, also about their eagerness to combine both health and social care. What is less surprising is that the awareness with the local health and social care professionals still has a long way to go.”



SUMMARY AND CONCLUSION

- The Tool can be used as a means for future task division or to unfold ‘blind spots’;
- To get a comprehensive view of which elements of integrated care are still missing in Flanders’s region;
- To provide an inspiration for the policy plan of VIVEL;
- As a means for the different organisations to identify where they can improve the reform process towards person centered care;
- The results give a basis for VIVEL to exchange good practices with other countries and regions as well as internally within Flanders and Belgium;
- The Tool is an opportunity to assist in capacity building at regional level to get people motivated.

MATURITY OF FLANDERS REGION IN INTEGRATED CARE



KEY MESSAGES

Some lessons learned can be summarised on the basis of Flanders' experience for those interested in organising the maturity assessments process:

- Consider that people will focus on the assessment scales which may have different interpretation at the stage of individual assessment. However, the wording of the assessment scales became less important during the consensus discussion.
- Clarify at some point in the process whether the self-assessment should consider the whole care system (Flanders) or should assess from the point of view of the area of expertise and the zone of the assessor.
- The web-tool was not for everyone practical in use: be prepared to intercept and pro-actively assist. If not, people may get bored using the tool.



NEXT STEPS

- The next step is to fine-tune the dimensions to the Flanders local situation.
- The following one would be to implement the Maturity Model on a voluntary basis in the 60 Primary Care Boards in Flanders.

About SCIROCCO Exchange

SCIROCCO Exchange is a 32 month project, running from January 2019 to February 2022. The project's total budget is € 2,649,587. The project consortium consists of 14 partners from 10 countries, including national and regional healthcare authorities, universities, competence centres and membership organisations. Capacity-building support will be provided to 9 national and regional healthcare authorities, with diverse maturity and organisation of integrated care.

SCIROCCO Exchange Consortium

National and Regional Health and Social Care Authorities

Belgium - Flanders Agency for Health and Care

Germany - Optimedis

Italy - Regional Agency of Health and Social Care of Puglia

Lithuania - Vilnius University Hospital Santaros Klinikos

Poland - National Health Fund

Scotland - Scottish Government (Project Co-ordinator)

Slovakia - Pavol Jozef Safarik University

Slovenia - Institute of Social Protection of the Republic of Slovenia

Spain - Basque Health Service - Osakidetza

Universities and Competence Centres

Scotland - University of Edinburgh

Spain - Kronikune - Institute for Health Services Research

Spain - University of Valencia

Membership Organisations

Belgium - European Health Telematics Association

France - Assembly of European Regions

This leaflet is designed as part of the SCIROCCO Exchange project (826676) which has received funding from the European Union's Health Programme (2014-2020)

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



Co-funded by
the Health Programme
of the European Union