




**MATURITY ASSESSMENT PROCESS
FOR INTEGRATED CARE
IN THE WERRA-MEISSNER COUNTY, GERMANY**

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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 Werra-Meißner county, Germany to adopt integrated care.

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

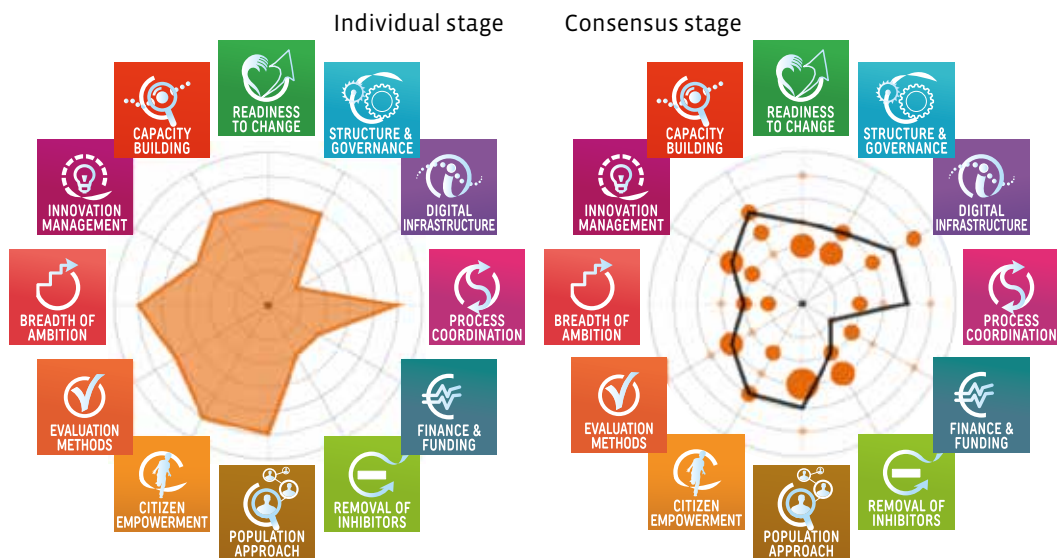
DIMENSIONS

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”**.

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 assessment process comprised **two separate stages**:

- a. Individual self-assessments, completed by each of the selected stakeholders separately; and
- b. Face-to-face workshop with an objective to reach the consensus among all participating stakeholders on the final level maturity of their organisations, regions and countries for integrated care.





MATURITY OF THE WERRA-MEIßNER COUNTY IN INTEGRATED CARE



ROLE	AFFILIATION
Branch Manager + 1x Health Care Manager	Gesunder Werra-Meißner-Kreis Ltd. (workshop moderation)
1x Teamlead - Care Services	Health insurance
1x Pharmacist	Pharmacy
2x General Practitioner	Physicians
1x Lawyer (medical law)	Lawyer
1x Nutritionist	Self-employed
1x Pharmacist	Pharmacy
1x CEO	Fitness studio
1x Manager Care Management	Medical supply store (Sanitätshaus)
1x Physiotherapist + Osteopathist	Therapy
1x CEO	Association for mental health / Psychiatry
1x Care Consultant	Care



MATURITY OF THE WERRA-MEIßNER COUNTY IN INTEGRATED CARE

SCOPE

Werra Meissner is a county in central Germany with a population of 101,000 (density: 99 residents/km²)

The integrated care region here was first established in 2018 and has grown steadily into 2021.

LANGUAGE

German



KEY FINDINGS

STRENGTHS

Citizen Empowerment – Implementation of health navigators supporting patients in pharmacies, GP & therapist practices

Process Coordination – Regional integrated care management provides organization for intersectoral care and the human resources to build capacity within the network

WEAKNESSES

Digital Infrastructure – Our institutional and individual level is underdeveloped. Wireless internet needed to be scaled up in the region. Capacity needs to be built in form of regional adapted apps that blend digital information with personal care. Staff should be trained to develop digital interventions.

Population Approach – Currently 24% of population are covered within our networks based on the contracted health insurances. Engagement and expansion of partnerships with other health insurance companies will not only widen the network but also harmonize data sharing and optimize regional strategic planning for integrated care provision.



Fritz Arndt
Health Manager,
Gesunder Werra-Meißner-Kreis Ltd.

“The SCIROCCO Exchange methodology helped our young managed care organization a lot to set priorities for change. After Covid-19 I see that the digital assessment approach of the project will have a pronounced benefit for other organisations looking for a tool for internal reflection.”

SUMMARY AND CONCLUSION

The overarching goal for the region is to facilitate and introduce blended, i.e. digitally and physically intertwined, managed care solutions. In addition, the introduction of new intersectoral processes will create new structures supporting self-management. Novel digital possibilities and new processes will form the basis for a new age of patient empowerment in the region.

MATURITY OF THE WERRA-MEIßNER COUNTY IN INTEGRATED CARE

KEY MESSAGES

- Digital Infrastructure is key enabler for integrated care
- Leadership team with experience in leading integrated care is an important success factor
- Dedicated time for change management for operational managers is very important
- Continuous training of senior change managers to junior managers is very helpful
- Healthcare providers that are willing to step outside their silos and collaborate across specialty divides are an important success factor
- Beyond intrinsic motivation, there needs to be an extrinsic motivation structure (€ or prestige)
- Having financial incentives in place to compensate providers for their time is important to sustain the interest
- Federal health care systems like Germany suffer from management buy in because each physician is his own economic unit with its own priorities
- Before taking the questionnaire, an introduction into to perspective the participants should take is important (personal vs. professional vs. regional view)
- We suggest to answer as representative for the regional professionals
- Be prepared that regional professionals do not know current developments in national legislation. This is an aspect the moderator need to prepare and update participants ad hoc

Werra-Meißner is right at the beginning of the change management cycle.



NEXT STEPS

- As a region, **new digitalisation** options are explored in order to facilitate **process coordination** on an institutional level and **self-management** on the personal level:
- Participation in EU ADLIFE-Project: new digitally enabled processes for COPD and heart failure patient management
- Local politicians are updated regarding the difference of wired-based and wireless internet connections, and why the cable based solutions thought up in 1970 are not enough for the 21st century....
- Scaling up of an regionally adapted care management and healthy life style app for members of the GWMK system
- Concurrently, we are working on improving consistent buy-in at the managerial level to ensure the availability of resources and an organizational setup that facilitates the success of integrated care systems.
- Regarding the **Population Approach**:
 - A novel health risk assessment system shared between GWMK and health insurances was introduced in early 2021. In a next step routines are introduced and strengthened to efficiently inform members of local health promoting options
 - Negotiations with other health insurances are planned after the national election at the end of 2021. It is a realistic goal to increase population coverage from 24% to 60-70% for the GWMK managed care system



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

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