



SELF-ASSESSMENT PROCESS IN SLOVAKIA, KOSICE REGION

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SELF-ASSESSMENT PROCESS

METHODOLOGY

- The **SCIROCCO Exchange Tool** was used in the self-assessment process.
- The tool was structured as a **12-items questionnaire** associated with 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 was evaluated using the assessment scale ranging from **minimum rating of “0” to a maximum score of “5”**.
- The self-assessment process comprised **two separate stages**:
 1. Individual self-assessment survey, completed by each appointed stakeholder
 2. Online consensus building meeting due to COVID-19 restrictions

SELF-ASSESSMENT PROCESS

METHODOLOGY

A An individual self-assessment survey

A total of 7 out of 23 identified stakeholders filled-out the printed version of the individual integrated care assessment.

Each individual assessment was then entered into the online database using the SCIROCCO online tool by the Slovak research project team member.

Table 1: Participants of individual self-assessment survey, their role and affiliation

ROLE	AFFILIATION
General manager of the local provider of health and social facilities and services	Social facilities and services complex “Slnecny dom”
Manager of Social Insurance Agency in Slovakia – Kosice	Social Insurance Agency
Vice-director of the Regional Public Health Authority	Regional Public Health Authority in Kosice
Regional Expert for Physiotherapy and Medical Rehabilitation	Physioplus, Centre for physiotherapy and education
Social worker of Kosice District (Department of Social Affairs)	Local authority, Kosice-North
Director of Mental Health Association	INTEGRA, o.z., Michalovce
Head of Department of Social Care Facilities Administration	Kosice Self-Governing Region

SELF-ASSESSMENT PROCESS

INDIVIDUAL ASSESSMENT STAGE

KOSICE REGION, SLOVAKIA

The results of the individual self-assessments were plotted on individual spider diagrams (Figure 1) for each self-assessment completed. Next, the combination of these individual assessments during the consensus process resulted into a composite diagram over the scores individually provided and visualised with bubbles (Figure 2).



Figure 1

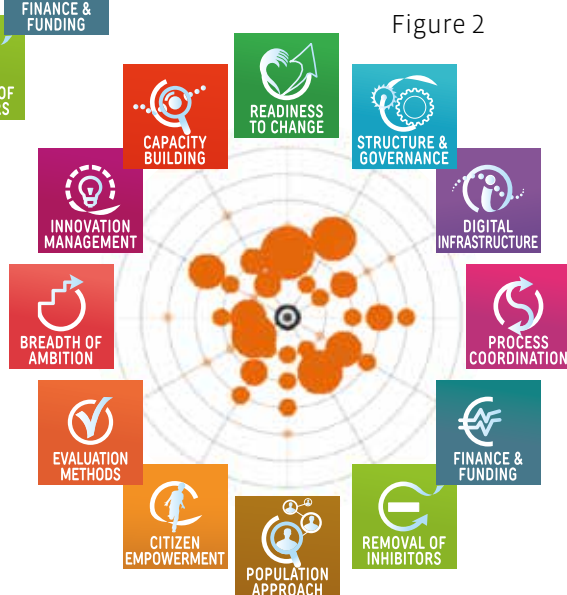


Figure 2

SELF-ASSESSMENT PROCESS



METHODOLOGY

B Consensus building meeting

- A short presentation with results of the individual assessments was sent in advance to confirmed participants of online meeting as a basis for stakeholders' discussion.
- Due to the restrictions related to safety measures to prevent the spread of COVID-19 in Slovakia the consensus meeting was organized online using the GoToMeeting Platform.
- A total of 3 professionals (out of 7 stakeholders who fulfilled individual self-assessment) were available for participation in online meeting.
- All attendees were representatives of different settings at regional or local level (self-governing region, health and social services, and clinical health care).
- Consensus building process was based on moderated discussion.
- The moderator was the SCIROCCO project national team member and expert in the field of health and social care.
- The discussion was triggered and facilitated by using the online shared presentation and also with the assistance of 2 other members of SCIROCCO project national team.
- The main principle of consensus building was built on expert discussion via shared facts, experience of the clinical practices, and social care experiences and responses to questions asked by the moderator.

SELF-ASSESSMENT PROCESS CONSENSUS STAGE IN KOSICE REGION

Table 2: Participants included in the consensus meeting; their role and affiliation

ROLE	AFFILIATION
Regional Expert for Physiotherapy and Medical Rehabilitation	Physioplus, Centre for physiotherapy and education
General manager of the local provider of health and social facilities and services	Social facilities and services complex “Slnečný dom”
Head of Department on Social Care Facilities Administration	Kosice Self-Governing Region

Final spider diagram as result of consensus meeting



SELF-ASSESSMENT PROCESS CONSENSUS STAGE

IN KOSICE REGION

SCOPE

- To capture the perception of multiple stakeholders on **maturity and readiness to change** in Kosice self-governing region, in order to **identify strenghts and weaknesses of the adoption process**, to provide the basis to enable improvement through knowledge transfer.

ASSESSMENT PROCESS

- Five step process:
 1. **identification** of local **stakeholders**;
 2. **individual self-assessment**;
 3. **share** of the individual assessments with stakeholders;
 4. online **consensus meeting**;
 4. **data analysis**;
 5. **regional report**.

STRENGTHS

- At the country as well as regional levels several **strategic documents** exist that emphasize integrated care approaches, but there is no real progress on the perspective of implementation.
- There is **potential for cooperation** between professionals within the health and social care systems, even though for time being there is no clear vision, planning or management of this collaboration on governance level.
- Only one dimension (**4. Process Coordination**) was able to reach higher - but still not satisfactory - level of maturity (score 2). There are some basic norms adopted and standard procedures developed; however, these standards are not uniform, interdisciplinary, and suitable for usage by a wide range of existing diagnoses.

WEAKNESSES

- The maturity level was found to have the lowest value (score 0) in the four following dimensions: **2. Structure & Governance**, **7. Population Approach**, **9. Evaluation Methods**, and **10. Breadth of Ambition**.
- Of those, **2. Structure & Governance** dimension seems to be the most important starting point that may help to facilitate the process of adoption and implementation of other inevitable change.



Marian Jendrichovsky
Regional Expert for Physiotherapy
and Medical Rehabilitation

“An expert working group needs to be created; it is necessary to enhance multidisciplinary discussion, allocate resources, involve the third sector and convince policy-makers to adjust legislation.”

SUMMARY AND CONCLUSION

- One of the key problem is **lack of communication and coordination between the Ministry of Health and the Ministry of Labour, Social Affairs and Family**. Governmental and regional authorities are aware of the lack of integration between health and social systems, including the long-term care. Nevertheless, no efficient national and regional policy, guidance, nor systematic actions have been taken.
- **An expert working group** that would be able to advise/propose measures for integration process at the regional and/or municipality level is needed.
- Although certain level of funding within the EU sources is available, these **financial resources** are primarily used for the (re)construction of so called ‘integrated care’ centres.
- **The need for improvement in all assessed dimensions is necessary** to deploy integration.

SELF-ASSESSMENT PROCESS



KEY MESSAGES - Slovakia

- The **level of integration** of health and social care system **is very low**.
- All assessed dimensions in Kosice Region have space for significant improvement.
- **There hasn't been recognised one single dimension** that could be **identified as having** reached **an appropriate maturity** level.
- The major strength identified in Kosice Region is **4. Process Coordination** as this dimension scored higher, but still not satisfactory (level of maturity score: 2).
- **Inhibitors are still present** and require systematic and organised action to be successfully removed.
- There is **low level of awareness** of the integrated care approaches among stakeholders and citizens in general. Consequently, there is no pressure on the competent authorities to get the concept of integrated care on the agenda of upcoming economic and social development programmes of the Kosice region. Moreover, the implementation of the national strategic documents on integrated care is inadequate and insufficient at regional level.
- **Structural characteristics**, such as high mean age of primary healthcare and social care workers as well as inadequate understanding of the importance of interdisciplinary team work in management and practice may have negative impact on the integration of health and social care services.
- **Cultural factors** may sometimes result in barriers. The problem may be excessive conservatism bias and resistance to change. Therefore, change is usually driven only by bottom-up initiatives and non-governmental organizations.
- New **financial schemes** at national level need to be developed; the EU funding should represent one of the multi-sourced financing mechanisms.

Read more: <https://www.sciroccoexchange.com/uploads/Maturity-Assessment-in-Slovakia-1.0.pdf>

About SCIROCCO Exchange

SCIROCCO Exchange is a 38 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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