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Chronic diseases dominate the causes of both overall mortality and DALYs.
Socioeconomic impact of CDs
High Cost to Economies, Health Systems, Households and Individuals

**Key drivers**

**Economies**
- Reduced labor supply
- Reduced labor outputs (e.g., cost of absenteeism)
- Additional costs to employers (e.g., productivity, insurance)
- Lower returns on human capital investments
- Lower tax revenues
- Increased public health and social welfare expenditures

**Health systems**
- Increased consumption of NCD-related healthcare
- High medical treatment costs (per episode and over time)
- Demand for more effective treatments (e.g., cost of technology and innovation)
- Health system adaptation (e.g., organization, service delivery, financing) and adaptation costs

**Households and individuals**
- Reduced well-being
- Increased disabilities
- Premature deaths
- Household income decrease, loss, or impoverishment
- Higher health expenditures, including catastrophic spending
- Savings and assets loss
- Reduced opportunities

**Example impact areas**
- Country productivity and competitiveness
- Fiscal pressures
- Health outcomes
- Poverty, inequity, and opportunity loss

INTEGRATED CARE

COMMUNITY
- supportive environment
- public health
- community action

HEALTH SYSTEMS
- information system
- delivery system
- decision support

COMMUNITY
- self-management

improved outcomes
- education + empowerment + motivation of patient & proxies
- integrated disease management
- consumer
- public health
- social
- research

## Is the CCM / IC implemented?

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**Notes:**
- **X** Implemented
- **(X)** Systematic steps towards implementation
- **-** Not implemented

**Source:** Epposi White Paper 2012
Who we are?

9 Health and Social Care Authorities:
- Flanders Agency for Health and Care, Belgium
- Optimedis, Germany
- AReSS Puglia, Italy
- Vilnius University Hospital, Latvia
- National Health Fund, Poland
- **TEC Division, Scottish Government (Coordinator)**
- Pavol Jozef Safarik University, Slovakia
- Social Protection Institute of the Republic of Slovenia
- Osakidetza, Basque Country, Spain

3 Universities and Competence Centers
- University of Edinburgh, Scotland
- University of Valencia, Spain
- Kronikgune, Basque Country, Spain

2 Membership Organisations
- EHTEL (European Health Telematics Association), Belgium
- AER (Assembly of European Regions), France

Budget: €2,649,587
Start: 1 January 2019

Co-funded by the Health Programme of the European Union
Aim of SCIROCCO Exchange

“To support the readiness and capacity of health and social care authorities for the adoption and scaling up of integrated care by facilitating their access to tailored, evidence-based assets on integrated care and supporting personalised knowledge transfer and improvement planning.”
Why Integrated Care?

The evidence suggests that developing more integrated person-centred care has the potential to generate significant improvements in the health and care of all citizens, including better access to care, health and clinical outcomes, health literacy and self-care; increased satisfaction with care; and improved job satisfaction for health and care professionals, efficiency of services and reduced overall costs.

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector
What conditions enables the successful adoption and scaling-up of integrated care?

How to change existing boundaries and behaviours to work differently; in more co-ordinated and integrated way?

How to support leaders and all stakeholders involved to adopt a long journey of change towards the transformation and succeed in their efforts?

How to share learning more widely to build sustainable integrated care systems?

Maturity Model for Integrated Care
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; Delft; Olomouc
Online self-assessment tool to address the challenge of adoption and scaling-up of integrated care.

Validated and tested in over 65 regions/organisations.

SCIROCCO Tool for Integrated Care

https://scirocco-exchange-tool-tool.inf.ed.ac.uk
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
Using the SCIROCCO Tool

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

New Maturity Model Questionnaire

Please reply to all of the questions

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

2. Structure & Governance * Required

- Fragmented structure and governance in place
- Recognition of the need for structural and governance infrastructure
- Formation of task forces, alliances and other informal governance
- Governance established at a regional or national level
- Roadmap for a change programme defined and agreed
- Full, integrated programme established, with full buy-in

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

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Q2. Structure and Governance: Objectives

The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Questionnaire name: *

ALEC DEMO

Save questionnaire
Are we ready for integrated care?
Are all stakeholders involved?
Can we agree on common priorities?

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.
Can we learn from others?

**COMMONALITIES**
- Capacity building
- Innovation Management
- Structure and Governance
- eHealth

*Local conditions enable transferability of learning*

**DIFFERENCES**
- Readiness to change
- Standardisation & Simplification
- Population approach
- Citizen Empowerment
- Evaluation methods
- Breadth of ambition

*Not feasible to transfer*

**STRENGTHS**
1. Finance and funding
2. Removal of inhibitors

*No need for adaptation except for Dimension 6 that needs further work*
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

1. Maturity assessment for integrated care
2. Capacity-building assets
3. Knowledge transfer
4. Improvement Plans

SCIROCCO Exchange
Knowledge Management Hub

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