Maturity Model for Integrated Care
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Scaling-up Integrated Care In Europe

► Integrated care is being adopted at different rates and in diverse ways across regions in Europe

► Recognition of the need to maximise the use of existing knowledge and encourage exchange of good practices and knowledge transfer in Europe

► Sharing of experience of the good practices should lead to their “easier and faster” adaptation and implementation in other regions.

■ Building of European networks & repositories
HOWERVER

The challenge remains how to best leverage this existing body of evidence and utilise the good practice catalogue to make the learning embedded in the practices more readily and accessible to potential adopters.

✓ What actions have the more progressive regions taking in order to be successful?

✓ What can we learn from these pioneers about how to overcome barriers and accelerate results?

✓ Can these lessons be structured into a conceptual ‘maturity model’ that could help aspiring regions to speed their own adoption?
Challenges of Scaling Up

- Systematic use of different types of **evidence**;
- Understanding the **context** of scaling-up – features of the intervention need to “fit” into the context appropriately;
- Identification of **transferable elements** of good practice/intervention for scaling-up;
- **Flow of appropriate information** between adopting and transferring entities

Framework models/tools for scaling up are needed
Framework Models for Scaling Up

The majority of frameworks explicitly focus on scaling up health action in low and middle income country contexts but not so much on long-term care innovations that have been scaled up in developed healthcare systems;

- The Scaling Up Management Framework (Kohl, R. 2015)
- The WHO Framework (WHO, 2015)
- Framework and key success factors for scaling up global health initiatives (Yamey G. 2015)

EIP on AHA B3 Maturity Model
What is B3 Maturity Model?

➤ An initiative driven by the B3 Action Group on Integrated Care of the EIP on AHA;

➤ **Conceptual model** intended to show how healthcare systems are attempting to deliver integrated care services for their citizens and what is their capacity to adopt integrated approaches to deal with challenges of ageing;

➤ The Model helps a particular region / organisation to identify possible gaps and areas that need attention in health and care systems;

➤ Provides an opportunity to share good practices.
Development of B3 Maturity Model

- Bottom-up approach

- Face-to-face interviews with regional & local authorities;

- Phase 1 (February – April 2014)
  - Athens, Basque Country, Catalonia, Galicia, N Ireland, Saxony.

- Phase 2 (January – March 2015)
  - South Denmark, Scotland, Puglia Region in Italy, Medical Delta (Delft), Olomouc Region in Czech Republic.

- Extract common themes to build a “maturity model”
B3 Maturity Model

- Innovation Management
- Capacity Building
- Readiness to Change
- Structure & Governance
- Information & eHealth Services
- Standardisation & Simplification
- Finance & Funding
- Citizen Empowerment
- Population Approach
- Removal of Inhibitors
- Evaluation Methods
- Breadth of Ambition
Information & eHealth Services

► Objectives:

- Integrated care requires, as a foundational capacity, sharing of health information and care plans across diverse care teams that leads progressively to systems for enabling continuous collaboration, measuring and managing outcomes and enabling citizens to take a more active role in their care. This means building on the existing eHealth services, connecting them into new ways to support integration, and augmenting them with new capabilities, such as enhanced security and mobility.
Information & eHealth Services

Assessment:

0 – No connected health services, just isolated medical record systems

1 – No integrated health services used, only pilots/ local services

2 – eHealth deployed on some areas, but limited to specific organisations or patients

3 – Voluntary use of regional/national eHealth services across the healthcare system

4 – Mandated or funded use of regional/national eHealth infrastructure across the healthcare system

5 – Universal, at-scale regional/national eHealth services used by all integrated care stakeholders
How to Use Maturity Model?

- Readiness to Change
- Structure & Governance
- Information & eHealth services
- Standardisation & Simplification
- Removal of Inhibitors
- Population Approach
- Evaluation Methods
- Breadth of Ambition
- Innovation Management
- Capacity Building

Valchronic
Practice 2
Practice 3
How to Use Maturity Model? Example from Scotland
Example from Puglia Region, Italy

One example

Capacity to change

Use of information & infrastructure

Inhibitors

Population approach

Evaluation methods

Finance and Funding

Innovation Management

Capacity building

Breadth of ambition

Citizen Empowerment

Standardisation

Puglia1

Puglia2
Experience of Regions so far…

- “The B3 Maturity model is an effective tool to analyse the state of the art of the context. It enables easy and quick detection of areas of improvement, gaps, and strengths. It is a great tool to drive and facilitates multidisciplinary discussions” – Puglia region, Italy

- “This is a very valuable tool, useful for all stakeholders to reveal weaknesses, make comparative evaluations and orientate efforts to the most effective collaborations” – Attica region, Greece

- “This is an easy to use model that is understandable to a broad spectrum of stakeholders and beneficial for interregional and international comparison of integrated care” – Olomouc region, Czech Republic

- “The B3 maturity model gives a clear list of aspirational goals to aspire to, has allowed systematic consideration and could also be considered for assessment at a local level” - Scotland
However,

Further testing & validation of the B3 Maturity Model is needed to demonstrate its full potential as a tool for helping regions to understand the preconditions for successful scaling-up.
Refinement of the B3 Maturity Model

- **Step 1**: Dephi study
  - Outcomes of step 1: Validated B3-MM

- **Step 2**: Maturity assessment
  - Outcomes of step 2: B3-MM used to identify maturity requirements in the selected good practices

- **Step 3**: Refinement of B3-MM
  - Outcomes of step 3: B3-MM validated as multidimensional benchmark of good practices

- **Step 4**: Self-assessment of European regions
  - Outcomes of step 4: Maturity of regions for adoption of selected good practices

- **Step 5**: Further Refinement of B3-MM
  - Outcomes of step 5: B3-MM tested in real life settings as a self-assessment tool

- **Step 6**: Knowledge transfer
  - Outcomes of step 6: B3-MM tested in the process of twining and coaching to facilitate scaling-up

- **Step 7**: Analysis of experience of scaling-up
  - Outcomes of step 7: Lessons learned and policy recommendation

- **Step 8**: Final SCIROCCO tool

- **On-going evaluation of the process of knowledge transfer**
From B3 Maturity (Conceptual) Model…
…To an Online Self-Assessment Tool for Integrated Care
SCIROCCO Tool will help regions to identify:

- The **context requirements** of a good practice that is considered for adoption;
- The **level of maturity required** for the health and social care system to adopt a particular practice;
- The actions that more progressive regions have taken in order to be successful;
- Lessons learned from these pioneers to overcome barriers and accelerate results;
- The **process of information sharing on lessons learned** to help other aspiring regions to speed up their own adoption.
Expected Use of SCIROCCO Tool in Practice

Step 1: Good Practices viable for scaling up

Step 2: The originating Region is assessing the maturity needs of a particular practice

Step 3: The originating region is assessing the maturity needs of its healthcare system

B3 Maturity Model

Step 4: B3 Maturity Model facilitates partnership for scaling-up

Step 5: Knowledge transfer/Scaling Up
“B3-MM to become a key tool in facilitating exchange of good practices and scaling-up processes in Europe”

What to scale up:
1. Proven Good Practices (GPs)
2. Viability of GPs
3. Classification of GPs for replication locally

How to scale up:
4. Facilitating partnerships
5. Implementation – key success factors and lessons learnt
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