DR ANDREA PAVLICKOVA

EUROPEAN SERVICE DEVELOPMENT MANAGER

NHS 24, SCOTLAND

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SCIROCCO Project

EU Health Programme (CHAFEA)

- ► **EC funding:** €1,322, 775
- ► **Budget:** €2,204,631.21
- ► **Start:** 1 April 2016
- ► **Duration:** 32 months
- ► **Coordination:** NHS 24
- ► **10 Partners:** leading European experts (NHS 24, UEDIN, VUB, UVEG, Kronikgune, Osakidetza, ARES PUGLI, FNOL, NLL, EHTEL)
- ► **5 Healthcare regions** as members: Basque Country, Norbotten, Olomouc, Puglia, Scotland.

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Scaling Integrated Care in Context

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

HOWEVER

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 developped 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)
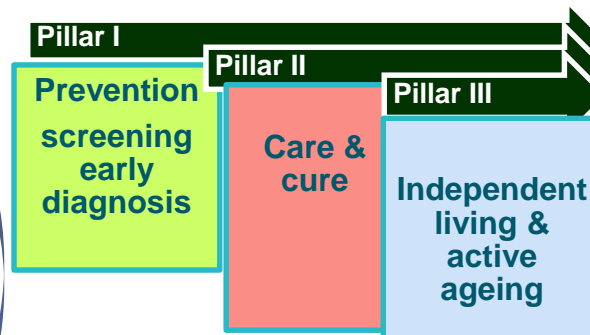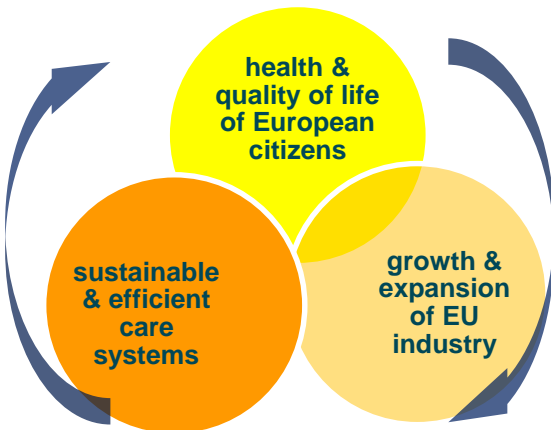
EIP on AHA B3 Maturity Model

SCIROCCO builds on the achievements of the European Innovation Partnership on Active and Healthy Ageing

crosscutting, connecting & engaging **stakeholders** across sectors, from private & public sector

Specific Actions

+2 HLY by 2020
Triple win for Europe

health & quality of life of European citizens

sustainable & efficient care systems

growth & expansion of EU industry

Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing

Improving prescriptions and adherence to treatment

Better management of health: preventing falls

Preventing functional decline & frailty

Integrated care for chronic conditions, including telecare

ICT solutions for independent living & active ageing

Age-friendly cities and environments

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B3 Maturity (Conceptual) Model
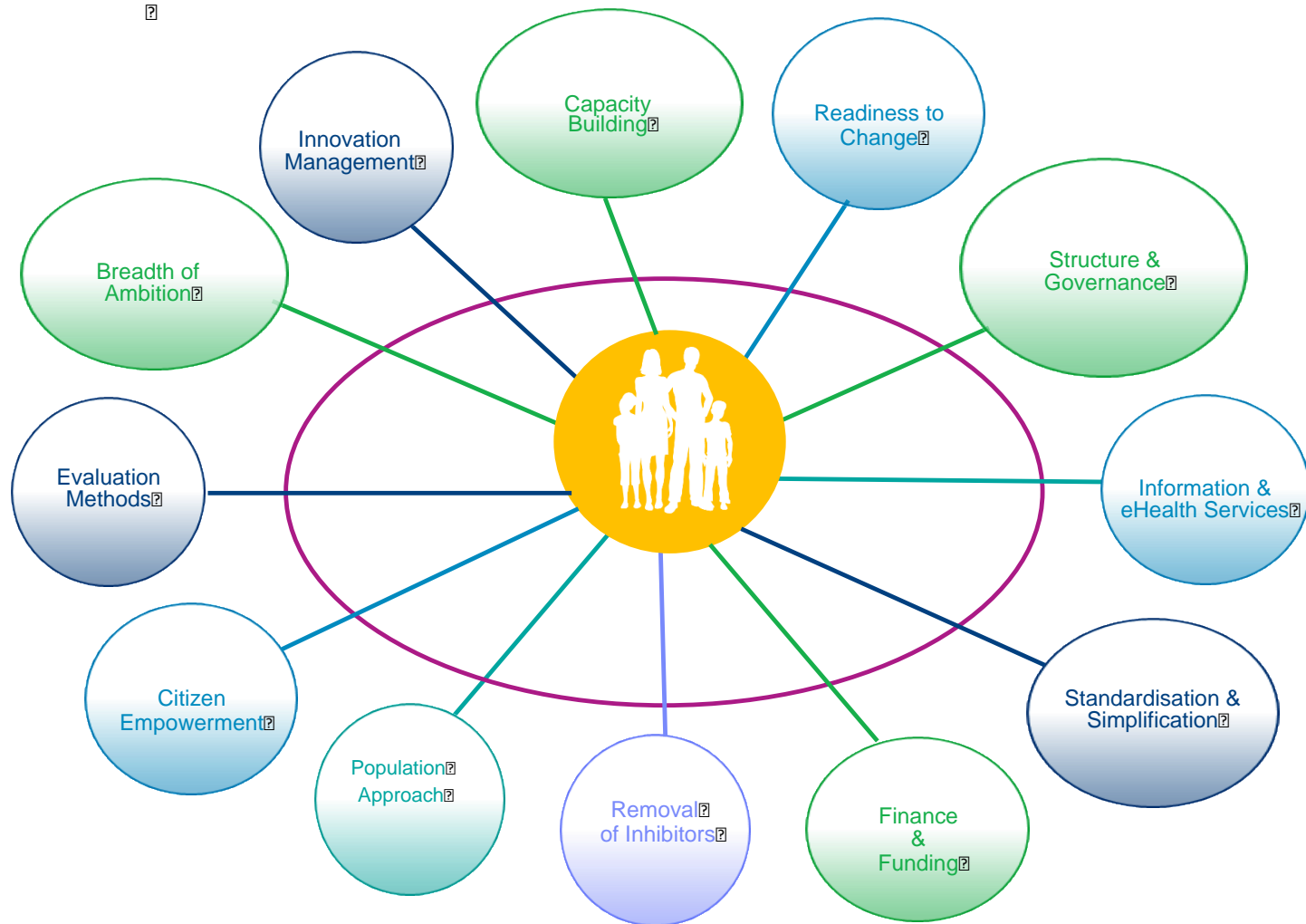
Information & eHealth Services

► **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 – Information systems are not designed to support integrated care

1 – Information and eHealth services to support integrated care are being piloted

2 – Information and eHealth services to support integrated care are deployed but there is not yet region wide coverage

3 – Information and eHealth services to support integrated care are available via a region-wider service but use of these services is not mandated

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 B3 Maturity Model Experience of Scotland
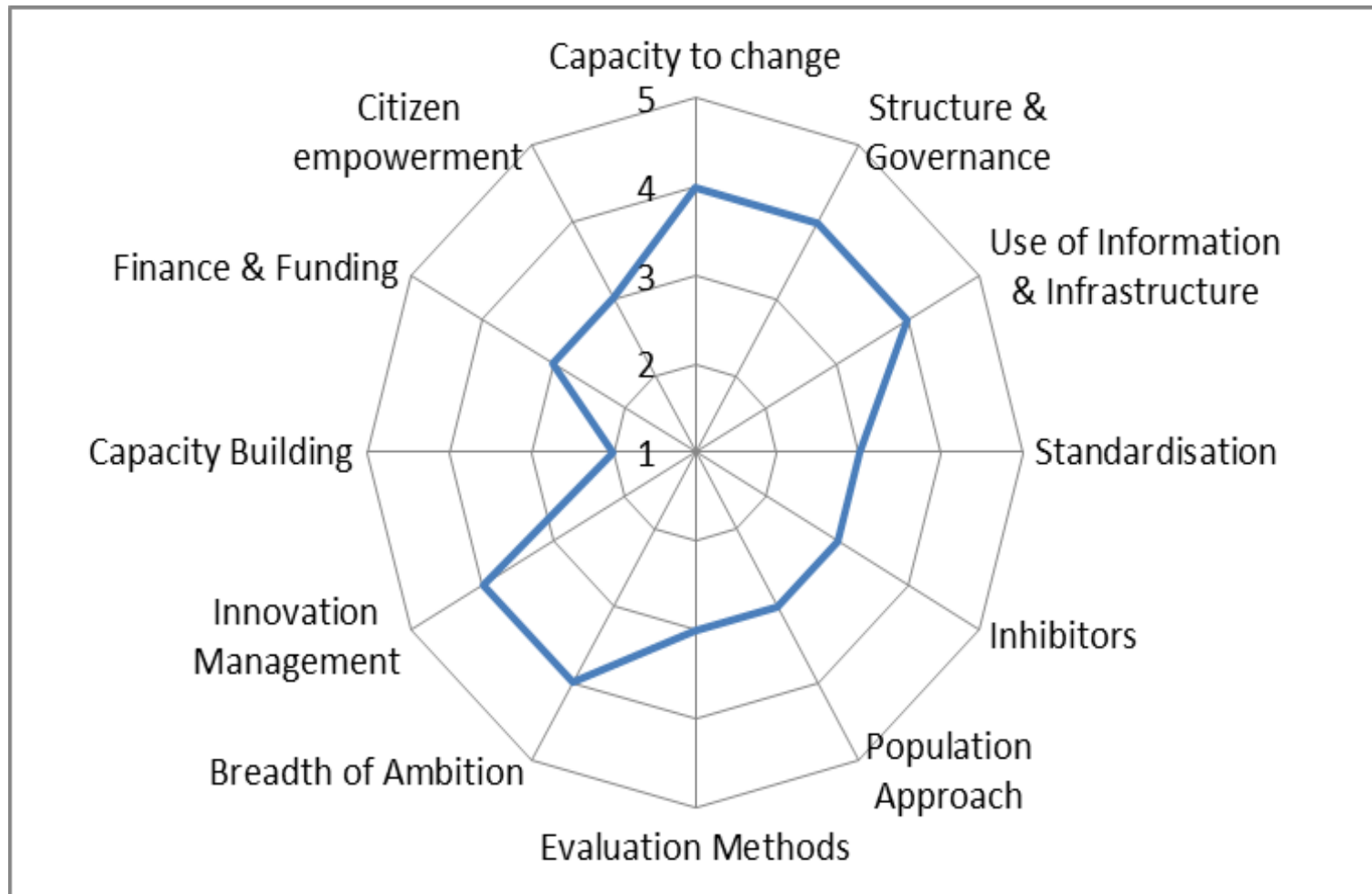
However,

TESTING & VALIDATION IS NEEDED

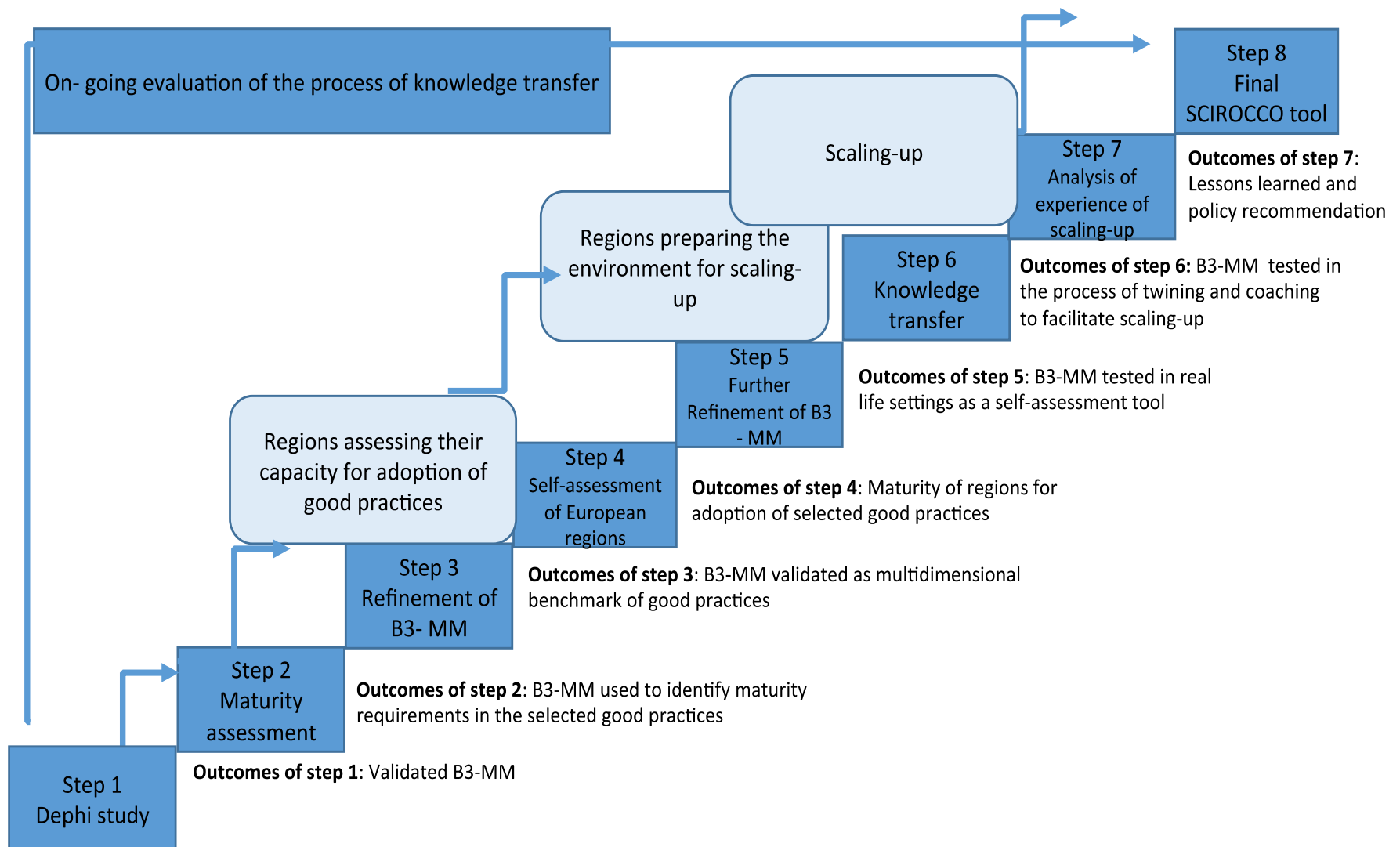# SCIROCCO

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From Conceptual Model to an Online Self-Assessment Tool for Integrated Care

SCIROCCO's Strategy to Implement the Project

On- going evaluation of the process of knowledge transfer

Step 8
Final SCIROCCO tool

Scaling-up

Step 7
Analysis of experience of scaling-up

Outcomes of step 7: Lessons learned and policy recommendation

Regions preparing the environment for scaling-up

Step 6
Knowledge transfer

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

Step 5
Further Refinement of B3 - MM

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

Regions assessing their capacity for adoption of good practices

Step 4
Self-assessment of European regions

Outcomes of step 4: Maturity of regions for adoption of selected good practices

Step 3
Refinement of B3- MM

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

Step 2
Maturity assessment

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

Step 1
Dephi study

Outcomes of step 1: Validated B3-MM

ACHIEVEMENTS SO FAR…

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Step 1 / Literature Review

► To compare B3-MM with other instruments developed to measure the level of maturity of integrated care.

► Articles retrieved from systematic review Bautista et al. (2015)*, **7 out of 300 articles selected.**

► Papers retrieved from narrative review in Google, Google Scholar and IDEA, 4 articles.

Bautista, M, Nurjono, M, Lim, Y, Dessers, E and Vrijhoef, HJM (2016). Instruments measuring integrated care: a systematic review of measurement properties. Millbank Quartery [Accepted for publication].

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Step 1 / Literature Review

Dimensions B3-MM	Ahgren, 2005	Ahgren, 2009	Browne, 2004	VanDeusen Lukas, 2002	McGovern, 2012	Singer, 2012	Uyei, 2012	Bainbridge, 2010	Calciolari, 2014	Longpré, 2015	Minkman, 2009
Readiness to change											
Structure & Governance											
Information & eHealth services											
Standardistation & Simplification											
Finance & Funding											
Removal of Inhibitors											
Population approach											
Citizen Empowerment											
Evaluation methods											
Breadth of Ambition											
Innovation management											
Capacity building											

DIMENSIONS SYSTEM INTEGRATION: **Leadership:** System and facility leaders articulate clearly the system goals and objectives; staff understand their role in furthering those objectives and work together toward them. **Alignment:** Facility leadership and priorities are aligned with network goals, yet local needs and priorities do not get lost.
Shared vision: Network goals and objectives are known, understood, and agreed to by facility leadership; plans and resource decisions are made with network wide needs and priorities in mind.

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Step 1/ Delphi study- Completed

► Consensus on relevance of all dimensions of the B3-MM;

► Insufficient agreement on first indicators of **some** dimensions of the B3-MM;
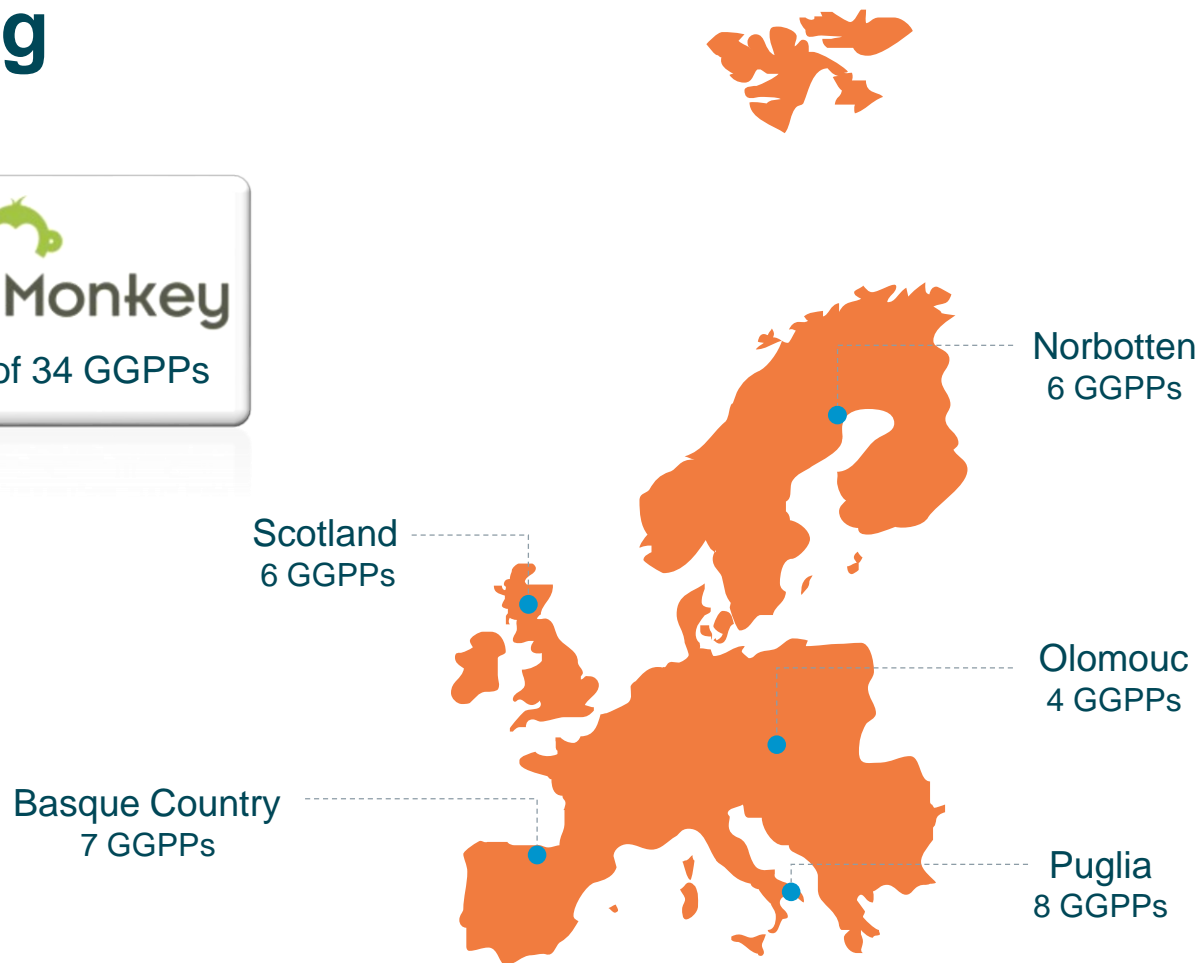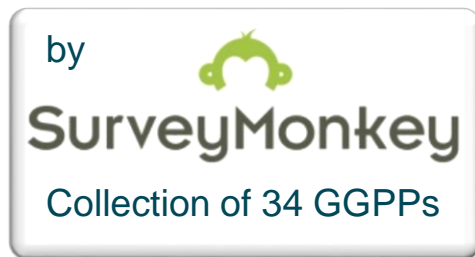
► Consensus reached in Round 2 and 3.

Statements	Round 1 (n=26)				
	Overall Experts Median and IQR	Agreement in 7-9 region (%)	Agreement in 4-6 region (%)	Agreement in 1-3 region (%)	Overall consensus
Indicators					
1. Readiness to change to enable more integrated care					
1.1 No acknowledgement of crisis	6.5 (5)	50	23.1	26.9	Equivocal (Round 2)
1.2 Crisis recognized, but no clear vision or strategic plan	7 (2.25)	61.5	23.1	15.4	Equivocal (Round 2)
1.3 Dialogue and consensus-building underway; plan being developed	8 (1)	80.8	19.2	0	Relevant
1.4 Vision or plan embedded in policy; leaders and champions emerging	8 (2)	88.5	11.5	0	Relevant
1.5 Leadership, vision and plan clear to the general public; pressure for change	8.5 (1)	100	0	0	Relevant
1.6 Political consensus; public support; visible stakeholder engagement	8 (1)	88.5	11.5	0	Relevant

First Refinement of Maturity Model Completed

Readiness to change

- 1.1   No acknowledgement of crisis
- 1.2   Crisis recognized, but no clear vision or strategic plan
- 1.3   Dialogue and consensus-building underway; plan being developed
- 1.4   Vision or plan embedded in policy; leaders and champions emerging
- 1.5   Leadership, vision and plan clear to the general public; pressure for change
- 1.6   Political consensus; public support; visible stakeholder engagement

- 1.1   No acknowledgement of compelling need to change
- 1.2   Compelling need is recognised, but no clear version or strategic plan
- 1.3   Dialogue and consensus-building underway; plan being developed
- 1.4   Vision or plan embedded in policy; leaders and champions emerging
- 1.5   Leadership, vision and plan clear to the general public; pressure for change
- 1.6   Political consensus; public support; visible stakeholder engagement

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Step 2 / Maturity Assessment of Good Practices On-going

by

SurveyMonkey

Collection of 34 GGPPs

Norbotten
6 GGPPs

Scotland
6 GGPPs

Olomouc
4 GGPPs

Basque Country
7 GGPPs

Puglia
8 GGPPs

* 2 GGPPs from the B3 Action Group of the EIP-AHA

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(1) Viability Assessment of Good Practices

1 What is the time needed for the practice to be deployed?

2 What is the investment per citizen / service user / patient?

3 What is the evidence behind your practice?

4 What is the maturity of your practice?

5 What is the estimated time of impact of your practice?

6 What is the level of transferability of your practice?

Selection of 15 good practices viable for scaling-up

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Other Achievements

► Testing of SCIROCCO tool in additional 10 European Regions as part of the collaboration with SmartCare project

► WHO Collaboration / Endorsement

► Contribution of SCIROCCO to European Blueprint "Digital Innovation for an Ageing Society"

Next Steps in 2016

► Maturity assessment for 15 selected good practices

► Launch of an online tool at European Innovation Summit, 6-7 December 2016, Brussels

► Testing of SIROCCO tool in collaboration with ESN, EUREGHA and wider EIP on AHA network

► Preparation of the process and methodology for testing the SCIROCCO tool in the process of knowledge transfer.

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THANK YOU!

www.scirocco.eu

Andrea.pavlickova@nhs24.scot.nhs.uk