



TRANSFORMING INTEGRATED CARE IN EUROPE THROUGH COLLABORATION & KNOWLEDGE TRANSFER



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU ¹



WELCOME & INTRODUCTION

Donna Henderson

Head of International Engagement

TEC and Healthcare Innovation Division, Scottish Government



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU ²



INTRODUCTION TO SCIROCCO

Dr Andrea Pavlickova

International Engagement Manager

TEC and Healthcare Innovation Division, Scottish Government



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU

SCIROCCO Project

EU Health Programme (CHAFEA)

- ▶ **Budget:** €2,204,631.21
- ▶ **Start:** 1 April 2016
- ▶ **10 Partners:**



Co-funded by
the Health Programme
of the European Union

SCIROCCO Engagement



European Innovation Partnership on Active and Healthy Ageing



- Australia
- Canada
- Flanders, Belgium
- Sofia, Bulgaria
- Region of Southern Denmark
- Gesundes Kinzigtal, Germany
- Saxony, Germany
- Attica, Greece
- Carinthia, Greece
- Iceland
- India
- Campania, Italy
- Lombardy, Italy
- Kaunas, Lithuania
- Amadora, Portugal
- Asturias, Spain
- Badalona, Spain
- Catalonia, Spain
- Extremadura, Spain
- Murcia, Spain
- Valencia, Spain
- Skane, Sweden
- Northern Ireland, UK
- Scotland, UK
- Wales, UK



BLOCKS



TOOLS AND METHODOLOGIES TO ASSESS INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems Performance Assessment



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 in order to transform health care systems.
- ▶ Sharing of experience of the good practices should lead to their **“easier and faster” adaptation** and implementation in other regions.

Challenges of scaling up

- Systematic use of different types of **evidence to maximise the use of existing knowledge** and encourage exchange of good practices
- 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

Why develop a self-assessment tool?

Lack of tools / frameworks that can help us to understand how to move towards more sustainable health and care systems; how to support implementation, scalability and transferability of integrated care solutions in Europe.



SCIROCCO Tool for Integrated Care



European Innovation
Partnership on Active
and Healthy Ageing

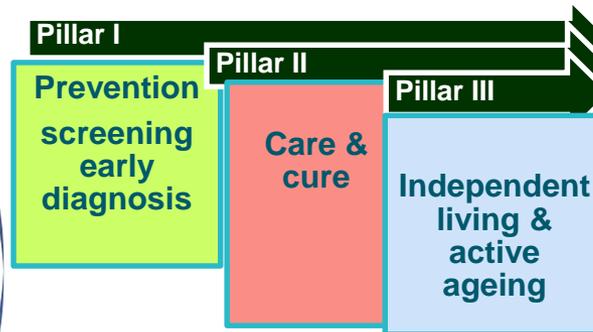
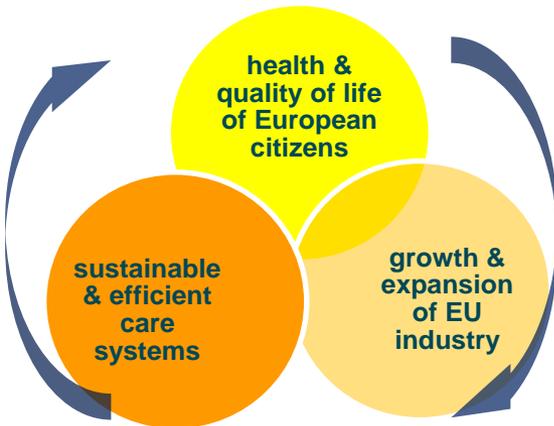
SCIROCCO builds on the achievements of the European Innovation Partnership on Active and Healthy Ageing



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

Specific Actions

+2 HLY by 2020
Triple win for Europe



-  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

Development of the SCIROCCO Tool



European Innovation Partnership on Active and Healthy Ageing



- Based on interviews with 12 European health & care systems
- 12 dimensions with explanatory narrative
- Each dimension is rated on a 0-5 scale;

Narratives

1. Readiness to Change (to enable more integrated care)

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.

- Creating a compelling vision, with a real sense of urgency, and enlisting stakeholder support including political leadership, management, care professionals, public and press.
- Accepting the reality that care systems are unsustainable and need to change.
- Taking into account the need to address the risk of health inequalities.
- Publishing a clear description of the issues, the choices that need to be made, and the desired future state of the care systems, stating what will be the future experience of care.
- Creating a sense of urgency to ensure sustained focus, and building a 'guiding coalition' for change.

Rating Scale

1. Readiness to Change (to enable more integrated care)

- 0 – No acknowledgement 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.



Reading: An Instrument to Measure Maturity of Integrated
Care: A First Validation Study

Share: [f](#) [t](#) [g+](#) [in](#)

Research & theory

An Instrument to Measure Maturity of Integrated Care: A First Validation Study

Authors: [Liset Grooten](#) , [Liesbeth Borgermans](#), [Hubertus J.M. Vrijhoef](#)

Abstract

Introduction: Lessons captured from interviews with 12 European regions are represented in a new instrument, the B3-Maturity Model (B3-MM). B3-MM aims to assess maturity along 12 dimensions reflecting the various aspects that need to be managed in order to deliver integrated care. The objective of the study was to test the content validity of B3-MM as part of SCIROCCO (Scaling Integrated Care into Context), a European Union funded project.

Methods: A literature review was conducted to compare B3-MM's 12 dimensions and their measurement scales with existing measures and instruments that focus on assessing the

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



Using the SCIROCCO Self-Assessment Tool

To assess:

- ❖ Maturity requirements of Good Practices
- ❖ **Maturity of healthcare systems for integrated care**

To facilitate:

- ❖ Knowledge transfer
- ❖ Effective learning
- ❖ Multi-stakeholder discussions
- ❖ Scaling-up of integrated care in Europe

Using the SCIROCCO Tool

<http://scirocco-project-msa.inf.ed.ac.uk/login/>

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 changes
- Formation of task forces, alliances and other infrastructure
- Governance established at a regional or national level
- Roadmap for a change programme defined and agreed
- Full, integrated programme established, with full governance

If someone asked you to justify your rating here with short sentences:

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Questionnaire name: *

ALEC DEMO

Save questionnaire

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.

Ok





SCIROCCO TOOL TO ASSESS MATURITY OF HEALTHCARE SYSTEMS

Cristina Adriana Alexandru/ University of Edinburgh



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU

The SCIROCCO Tool for Integrated Care

► Based on the Maturity Model developed by the B3 Action Group on Integrated Care of

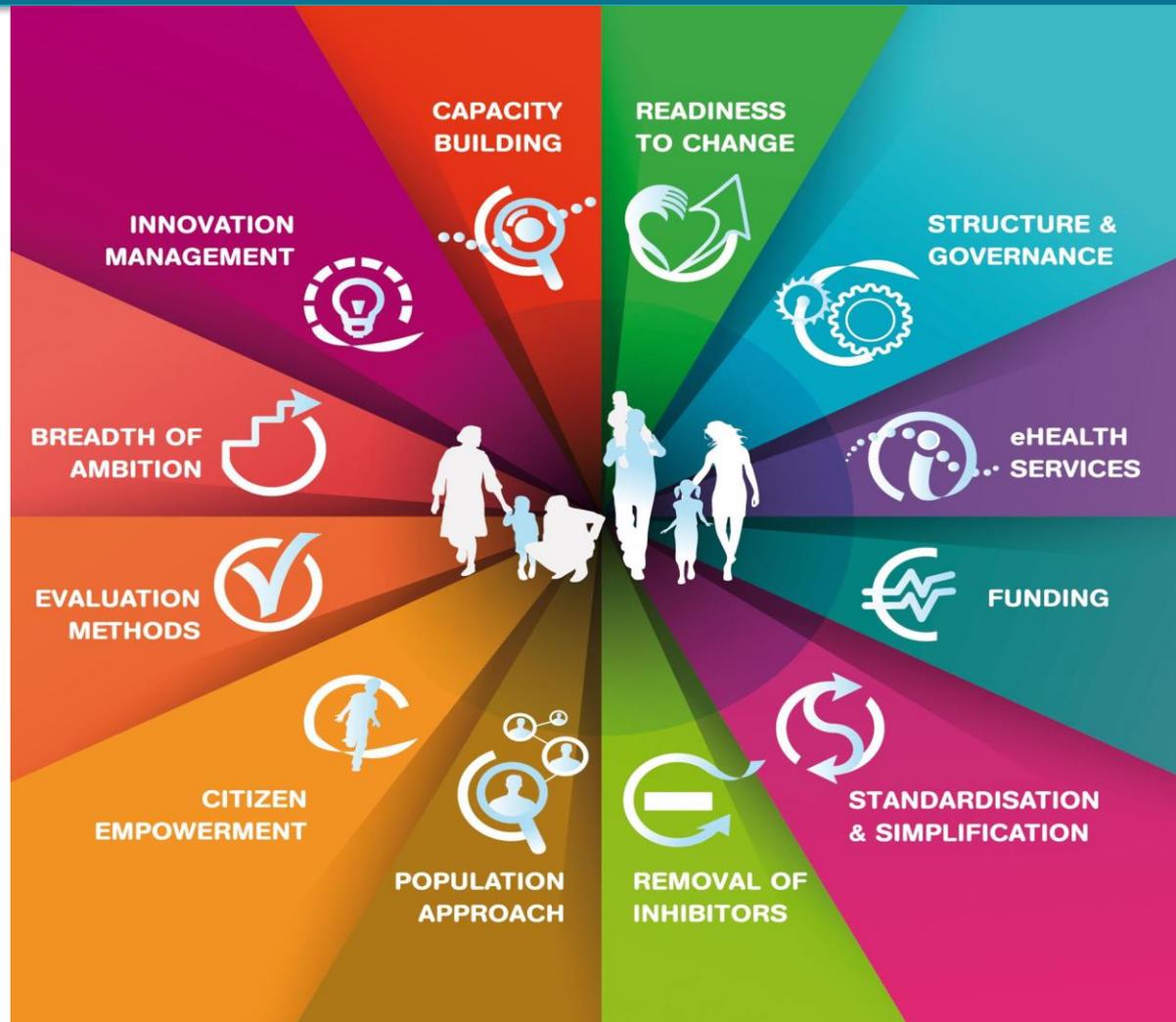


European Innovation
Partnership on Active
and Healthy Ageing

- **Aims:** Facilitate the scaling up of Integrated Care by:
 - Defining **Maturity** to adopt Integrated Care
 - Assessing the **Maturity** of Healthcare Systems
 - Assessing **Maturity Requirements** of Good Practices
 - Supporting **Twinning and Coaching** to transfer good practices

- **Evaluation:** Currently being tested by more than 40 European regions.

The SCIROCCO Tool for integrated Care



Assessing the Maturity of a Healthcare System

► The self-assessment **process** consists of the following steps:

1. Local organisers **identify local experts** to be involved in the assessment



2. The experts **individually perform the assessment** by filling in a questionnaire on the Scirocco tool



3. The experts **share their individual questionnaires** with the organisers



4. A **workshop** is organised to **discuss and reach a consensus** amongst the different experts about the maturity of the healthcare system

Step 1: A Multidisciplinary Team



Doctor



Information Technology (IT) Specialist



Nurse



Administrator

Step 2: Performing an Individual Assessment

Scirocco Self-Assessment Tool for Integrated Care

HOME MATURITY ASSESSMENT INDEX ACCOUNT LOGOUT

Maturity Assessment Questionnaire

The objective of the questionnaire is to assess the maturity of healthcare systems with regards to integrated care.

Questionnaire Description*

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

1. Readiness to Change ⓘ

- 0- No acknowledgement 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

Please indicate the features of the domain which justify your reply: ⓘ*

How confident are you of your rating? *

—Please select— ▾

Who do you think could provide a more confident judgement?

Save



Step 2: Performing an Individual Assessment



Doctor



IT Specialist



Nurse



Administrator

Step 3: Sharing Individual Questionnaires

Scirocco Self-Assessment Tool for Integrated Care

HOME MATURITY ASSESSMENT INDEX ACCOUNT LOGOUT

Share questionnaire

Sharing options for questionnaire ConsensusBCGP

USER	ROLE
Cristina.Alexandru@ed.ac.uk (you)	Owner, originator

The questionnaire is not currently shared with other users

Please indicate the email address of ONE (other) user whom you would like to share the questionnaire with:

Share

Step 4: Negotiating and Reaching Consensus

Scirocco Self-Assessment Tool for Integrated Care

HOME MATURITY ASSESSMENT INDEX ACCOUNT LOGOUT

Consensus Maturity Assessment Questionnaire

This questionnaire allows you to reach a consensus amongst your team as to the level of maturity of your healthcare system with regards to integrated care, considering the views of the different individual respondents or sub-teams.

Legend

Doctorreply saved by wpadmin (you) 2017-06-09 18:13:39
 Adminreply saved by wpadmin (you) 2017-06-10 00:35:22
 Nursereply saved by wpadmin (you) 2017-06-08 00:00:00
 Itreply saved by wpadmin (you) 2017-06-08 00:00:00

Questionnaire Description*

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

1. Readiness to Change ⓘ

- 0- No acknowledgement 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

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

justifDoctor
 justifAdmin
 justifNurse
 justifIT

How confident are you of your rating? *

-Please select-

Who do you think could provide a more confident judgement?

Save composite questionnaire



Step 4: Negotiating and Reaching Consensus



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



Step 4: Negotiating and Reaching Consensus



Step 4: Negotiating and Reaching Consensus





Cristina.Alexandru@ed.ac.uk

<https://www.scirocco-project.eu/>



USE OF SCIROCCO TOOL TO ASSESS MATURITY OF HEALTHCARE SYSTEMS

Practical Experience of three European Regions



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU



SELF-ASSESSMENT PROCESS IN THE BASQUE COUNTRY

**IGOR ZABALA
OSAKIDETZA**



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU³¹

Integrated Care in the Basque Country

► **Integrated Care Organisation (ICO)**

- To achieve less fragmented, more coordinated, more efficient and higher quality care

► **Integrated care is based on three pillars:**

- Integrative governance
 - Create synergies between different levels of care
- Population approach
 - Coordination with social and public health actors
- Culture and values
 - Change from the culture of fragmentation to a culture of integration

Self - Assessment in The Basque Country

“Outcomes”



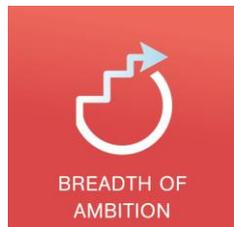
Final Consensus- Strengths



- Broad development of corporate platforms e.g. databases, platforms for clinical history, public procurement of Innovative solutions.
- The system is capable of integrating multiple different sorts of data from the Integrated electronic health record, the inter-consultation between primary and specialised care, and the health folder.



- The whole population has been stratified based on their morbidity risk
- Although:
 - The socio-health stratification is not implemented
 - Frailty is not taken into account in the current risk stratification



- A complete structural integration is accomplished.
- Although:
 - A complete functional integration and socio-health coordination is still in progress
 - The Basque Country does not have a combined Ministry of health and social care. The responsibility for social care is left to local authorities

Final Consensus- Weaknesses



- Insufficient funding for specific integration subjects; Osakidetza's framework program devotes only 5% of the budget to incentives on integration



- The innovation management is not systematized within Osakidetza
- Although:
 - The health department has an investigation and innovation strategy.
 - Bottom-up: to promote innovation of the healthcare organizations
 - In some Integrated Care Organizations, innovation units have been created
 - Health Department, BIOEF and Kronikgune support innovation



josebaigor.zabalarementeria@osakidetza.eus



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU³⁷



SELF-ASSESSMENT PROCESS IN REGION NORRBOTTEN

LISA LUNDGREN
REGION NORRBOTTEN



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU³⁸

Healthcare System in Norrbotten

- ▶ Public funded system with shared responsibility between national government and local authorities
- ▶ National level - legislation, monitoring and education/training
- ▶ County councils and regions (20) - healthcare, but also regional development and support to cultural activities and public transport
- ▶ Municipalities (290) - social services; care of elderly and disabled people, schools and school health care, spatial planning and building, health and environmental protection, rescue services, order and security and lots more

Integrated Care in Norrbotten

- ▶ Chains of care is an integrated care model developed in Sweden with the aim of linking primary, hospital and community care through integrated pathways based on local agreements with between providers
- ▶ Typical chains of care include screening element in a primary care centre, treatment plans developed in specialist centre and rehabilitation provided in community. Contractual agreements and alignment of incentives that enable efficient use of resources are distinctive features of the Swedish model.

Self - Assessment in Norrbotten- “Outcomes”

Final diagram

No common/systematic approach. Fragmented evaluations when services are implemented

No specific model used for projects or scaling up where you can find support to overcome known inhibitors. Different models have been used with different results



We do have a somewhat fully integrated health and social care service with collaboration on all three levels but there are still parts that can be improved

Everyone has access to their own EHR, lab-results, open comparisons, quality registers, specific national registers. Personcentered approach, strategy and action plan for citizen involvement



THANK YOU!

LISA.LUNDGREN@NORRBOTTEN.SE



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU⁴²



Agenzia
Regionale
per la Salute
ed il Sociale
Puglia



SELF-ASSESSMENT PROCESS IN PUGLIA REGION

Francesca Avolio
Raffaele Lagravinese



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU

Puglia Region

- 4,1 millions population
- 40% Chronic patients
- 21% over 65yrs

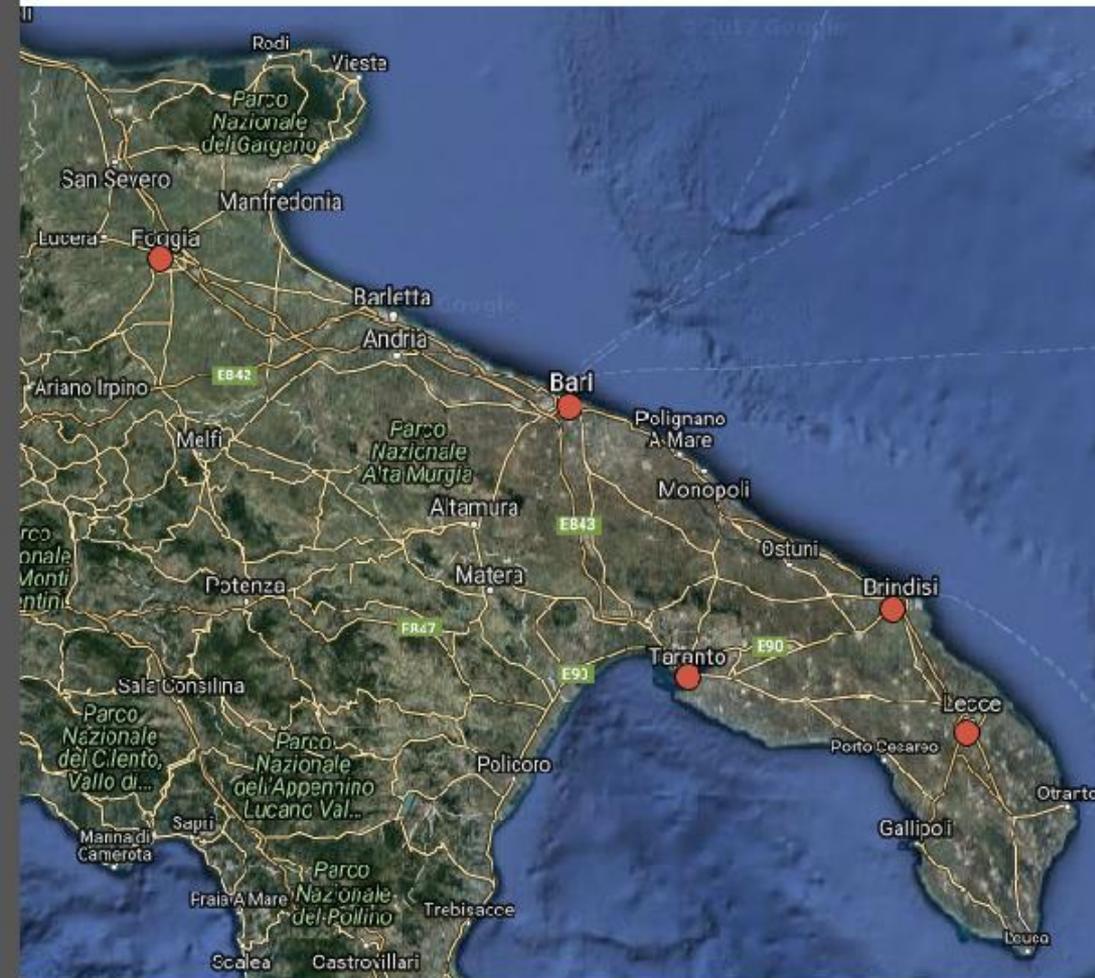


**Southern
Italy**

Healthcare System in Puglia

- ▶ In Puglia the healthcare system is mainly public. There are also private structures that contributes to the delivery of care cooperating formally with the public System so that citizens can access the service undergoing the same rules of the public services. In the recent two years the system is undergoing a complete reorganization. At the moment the service is organized as follow:
- ▶ 49 Districts gathered in 6 Local Health Authorities which includes 31 Integrated Health Community centers
- ▶ 5 second level hospitals (average 825 beds)16 first level hospitals (average 299 beds)12 basic hospitals (average 127 beds).
- ▶ The above listed hospitals includes 2 Hospital Trusts and 2 Research Hospitals.

1. COMPREHENSIVE HOSPITAL NETWORK



5

Second Level
Hospitals

average

825 beds

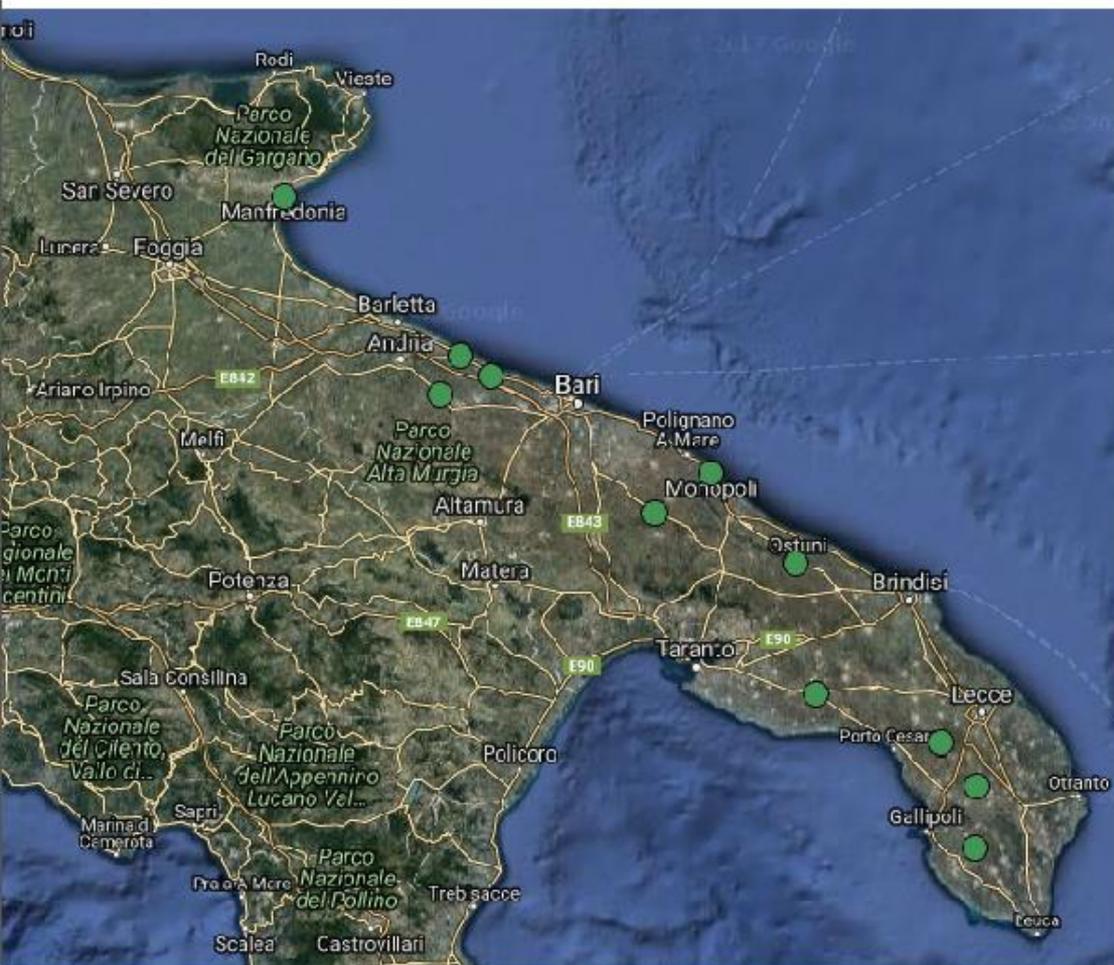
1. COMPREHENSIVE HOSPITAL NETWORK



16
First Level
Hospitals

average
299 beds

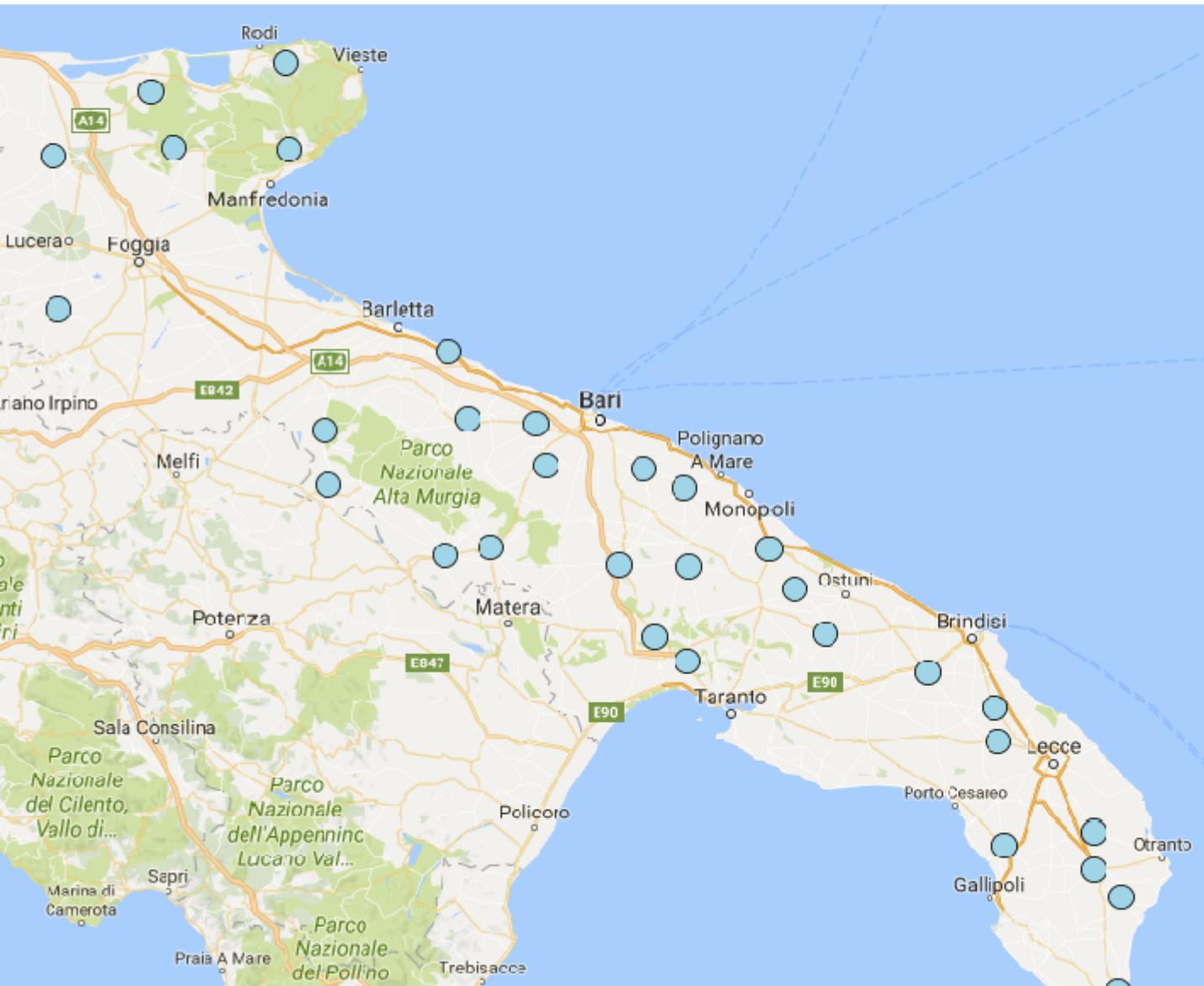
1. COMPREHENSIVE HOSPITAL NETWORK



12
Basic
Hospitals

average
127 beds

2. INTEGRATED HEALTH COMMUNITY CENTERS (PTA)



- 31 PTA (Presidi Territoriali di Assistenza)
- Most of them once (2010 e 2016) were hospitals
- PTA is not a “box full of things”
- ...but a center of integrated healthcare service

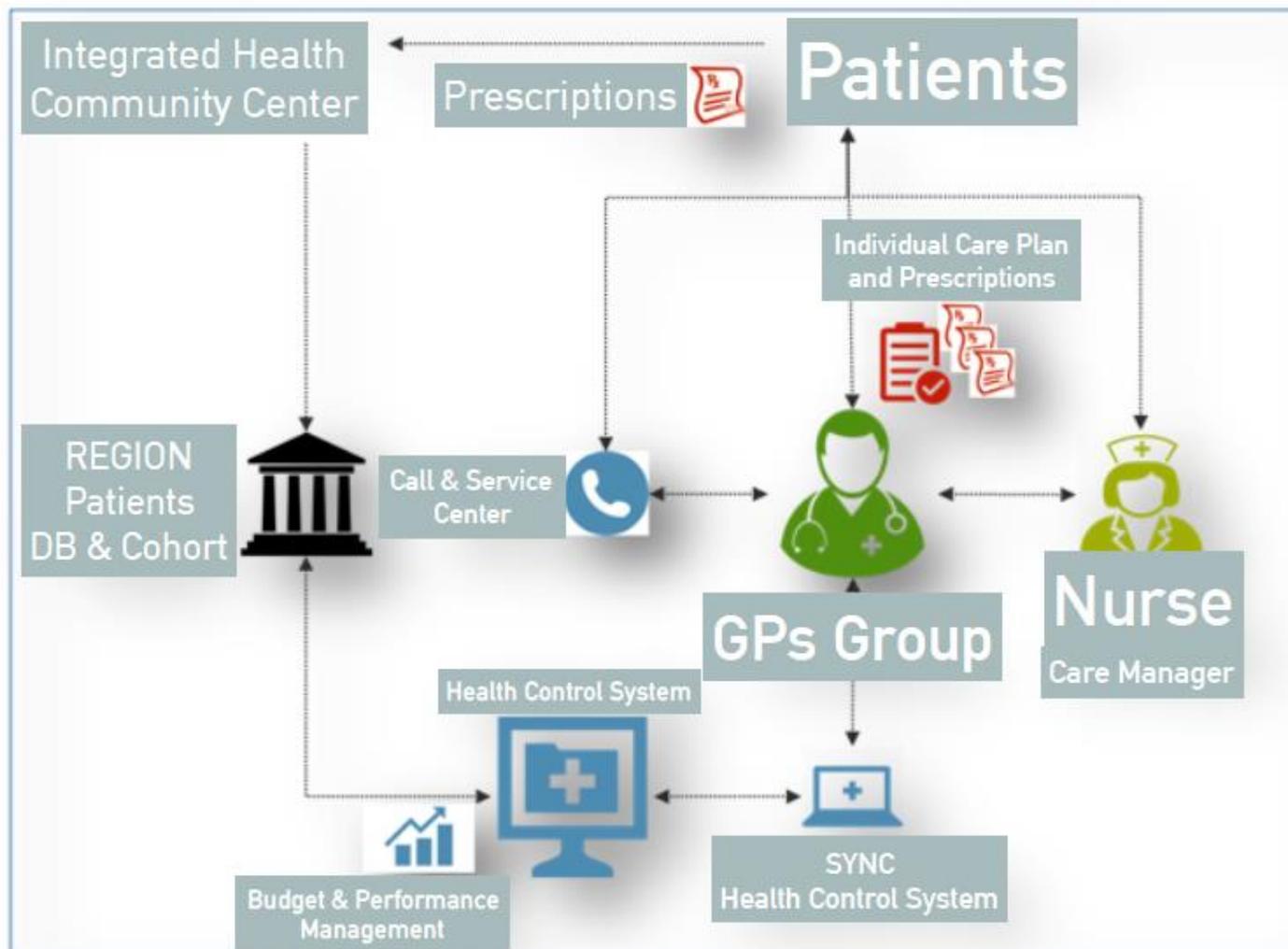
2. INTEGRATED HEALTH COMMUNITY CENTERS (PTA)

- *Patient Information and Orientation*
- *Primary Care and GPs associated*
- *Ambulatory Care and Outpatient Surgery*
- *Bioimaging and Diagnostics*
- *Dyalysis Center*
- *Prevention and Vaccination Services*
- *Rehabilitation Services and Accommodation*
- *Health Community Housing (hospice, disability, senior)*
- *Family Counselling and Maternal Services*
- *Psychiatric services and housing*

Integrated Care in Puglia

- ▶ Since 2004 Puglia started experimenting the introduction of Integrated Care Model to improve the disease and Care Management of chronic patients.
- ▶ The experimented model, which is now at its 3.0 revision, is based on the vertical integration among professionals , among different care settings(Hospital and Territory). It implies the definition of specific Healthcare Pathways per pathology, promotion of Patients Empowerment, co-creation of Digital systems to support the delivery of care to citizens, facilitate communications among professionals for more effective disease and care management of Chronic Patients (see above picture), better control of resources, more appropriate care setting delivery.
- ▶ In Puglia Integrated Care concept the patient is not at the center of the care plan. The patient is actor of the decision about the personal care plan. The plan is tailored on patient needs as a result of a team work between Specialist, GP, Specialized nurse and care giver.

3. CARE PUGLIA FOR CHRONIC PATIENTS: THE MODEL



Self - Assessment in Puglia Region – “Outcomes”



Major strengths include building capacity, structure and governance, finance and funding, whereas citizen empowerment seemed to be a weak point.

Puglia Context came out to be coherent with the **2 stars level of maturity** stated by the EC when awarding Puglia Reference Site in the EIPonAHA: Governance infrastructure in place, rightly oriented in priorities and funding



Agenzia
Regionale
per la Salute
ed il Sociale
Puglia

Scirocco

Scaling Integrated Care in Context

Thank you!

f.avolio@arespuglia.it



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU



MODERATED DISCUSSION ON THE OUTCOMES OF THE SELF-ASSESSMENT PROCESS



Co-funded by
the Health Programme
of the European Union



Self-assessment outcomes

Basque Country



Norrbotten Region



Puglia Region





EXPERIENCE OF REGIONS WITH SCIROCCO TOOL

Tamara Alhambra / Polibienestar Research Institute – Universitat de València,

Diane Whitehouse / EHTEL



Co-funded by
the Health Programme
of the European Union



Experience using the SCIROCCO tool

Objective: To capture the experience of SCIROCCO regions using the SCIROCCO tool for the self-assessment process.

Method: Focus groups in regions participating in the SCIROCCO project

Content:

- Experiences in using the SCIROCCO tool
- Potential impact of the SCIROCCO tool
- Improvement and Enhancement of the SCIROCCO tool
- Comparison of the SCIROCCO tool with other tools for integrated care



Experience using the SCIROCCO tool

Practically speaking, the SCIROCCO tool:

- Is **easy** to use.
- Covers all the **relevant** dimensions.
- Is good at helping **consensus-building** and enables discussion and dialogue.
- Helps to reflect on the **regional healthcare system** (its strengths and weaknesses).
- Generates **knowledge** and helps to gain an overview of the **maturity** of the healthcare system.
- Provides **different points of views** which give a broader perspective.
- Is useful to drive **discussions during brainstorming**.



The tool can be enhanced by:

- Being **available in local languages**.
- Refining the **quantitative measurement**.
- Clarifying **one of the dimensions**: the “breadth of ambition” dimension.

Experience using the SCIROCCO tool

Key findings and messages of the regions' focus groups

Norrbotten

- Reported a **positive view of the process and experience**.
- Remarkd on the **organisation, composition, and process** used by the local self-assessment team.

Puglia

- The tool is **easy to use**.
- The **tool helps to understand the level of maturity of digital health** in the region.
- It is also useful to **provide information from different points of view** on how the healthcare delivery system works in the region and to **help the providers to better understand patients' needs**.
- It is effective to **analyse the state of the art of the context for integrated care**: provides easy/quick detection of areas of improvement, gaps, strengths.
- It **facilitates multidisciplinary consultations**: it has the potential to tackle issues from different angles giving broader views of the dimension of the problem.
- The flexibility of the tool make it easy to use and easy to be accepted also **at a policy-making level of discussion**.

Basque Country

- Initially the tool seemed complex but after working with it, it **became easier**.
- It **covers all the relevant dimensions, but not all were equally easy to score**.
- Difficult to clearly identify the level of maturity between the **scales 4 and 5**.
- There is a **subjective character** to the tool dimensions.
- Importance of the respondents experience and track-record in the organisation for conducting the self-assessment properly.
- **Consensus-building process is an enriching experience**. Its outcomes **reflected very well the healthcare system**.

Experience using the SCIROCCO tool

Wider implications of the SCIROCCO tool:

- It can be helpful to indicate which dimensions are **improving or worsening** over time in terms of scoring.
- It can be used in a **great diversity of organisations**, at **different organisational and system levels**, and with **different stakeholders**.
- It can help to **present good arguments** about underpinning rationales behind initiatives to managers.
- It can be very useful in terms of determining areas of **policy-making**.



Experience using the SCIROCCO tool

Key findings and messages of the regions' focus groups

Norrbotten

- Suggestions made:
Use the SCIROCCO tool more regularly (e.g., once a year); using it with people at **regional and local level**; **spot** which dimensions **decrease** (over time) in **terms of their scoring (as opposed to increase)**.
- Brainstormed chiefly about other uses of the tool, such as:
Use the tool before new projects start; the tool **can help present good arguments about rationale(s) to managers**; **use on many different organisational levels**; **use not simply for IT challenges**.

Puglia

- “SCIROCCO is **useful to drive discussions during brainstorming**. It **also provided a clear vision of the strengths and weaknesses of the regional context**. If used properly, it is an extraordinary **participatory policy tool**”.
- The tool brings many issues to the surface; it can be **used to present new and upcoming trends to the management** and explain the rationale behind them.
- From an integrated care perspective, it could be useful to **undertake the exercise periodically**, with a focus on specific topics or diseases.
- The tool can be **helpful to indicate which dimensions of integrated care are improving or potentially worsening** in terms of their scoring.

Basque Country

- The outcomes of the tool were **useful to inform on the current healthcare system**.
- The self-assessment **outcomes help to reflect on the system and its evolution** but may not produce a short-term impact.
- The **tool** is not going to change the system but **generates knowledge on the maturity of the healthcare system and raises awareness of the readiness for integrated care**.

Experience using the SCIROCCO tool

Comparison with other tools

Other tools that have been used in the regions were:

- D'Amour survey
- EuneHTA
- HIMSS EMRAM tool
- IEMAC
- MAST
- Normalisation theory



But these tools:

- Measure **different aspects**.
- Some are **more complex**.
- Some **need specific skills** to be performed.

The SCIROCCO tool is:

- A **complementary** measure.
- Offers a more **global assessment**.
- Offers a **graphic representation** of the outcomes. This is a novelty compared to other available tools.



Experience using the SCIROCCO tool – people’s voices

“The SCIROCCO tool facilitates multidisciplinary consultations: it has the potential to tackle issues from different angles giving broader views of the dimension of the problem.” (Puglia region)

“The tool is not going to change the system but generates knowledge on the maturity of the healthcare system and raises awareness of the readiness for integrated care”
(Basque Country region)

“The SCIROCCO tool explained to me why – when we have different eHealth projects – we experience certain problems. It explained for me why there are certain challenges. Also how we can develop the dimensions [listed in the tool]. ... We are going to have to use more technology to develop eHealth and care. So, the tool can help us to reveal on what dimensions we have to develop [further] in the region. It was obvious!” (Norrbotten region)



tamara.alhambra@uv.es
diane.whitehouse@ehtel.eu

<https://www.scirocco-project.eu/>



NEXT STEPS: TOWARDS TWINNING & COACHING

Dr Andrea Pavlickova

International Engagement Manager

TEC and Healthcare Innovation Division, Scottish Government



Co-funded by
the Health Programme
of the European Union



SCIROCCO Objectives

- ▶ To facilitate **the process of knowledge transfer and information sharing** among the European regions/authorities using the SCIROCCO tool.

- ▶ The twinning and coaching is informed by:
 - The findings on **the readiness of national/regional healthcare systems to adopt** a particular a good practice and/or to improve a particular aspect of integrated care as identified by SCIROCCO tool.
 - The outcomes of the self-assessment process offer information about **the strengths & weaknesses of a specific region in integrated care and can facilitate the knowledge transfer** in a particular domain / aspect of integrated care.

Twinning & Coaching Informed by the Maturity Assessment of Healthcare Systems

Maturity Assessment of healthcare system in Region 1

Maturity Assessment of healthcare system in Region 2



Comparing Healthcare Systems

- ▶ Two regions, that have completed their self-assessments, can compare themselves and start to set up their twinning agenda.
- ▶ Justifications for each dimension provide a starting point for the exchange of expertise.
- ▶ The tool can track changes over time to visualise progress.



Outcomes of Twinning & Coaching

- ▶ The outcomes of the twinning & coaching process will be captured in the form of Action Plans.

- ▶ **The Action Plans** will:
 - Reflect the rationale for twinning & coaching and inform about the problem(s) to be solved / informed by twinning & coaching;
 - Make recommendations / agree actions for modifying measures/interventions to be taken in the regions, including policy recommendations & potential impact(s);
 - Inform the decision-makers about the priority actions necessary for the adoption of a particular good practice and/or improvement of a specific aspect of integrated care;
 - List lessons learned from the twinning and coaching activities;

Note: The implementation of the Action Plans is not considered to be the scope of the project.

SAVE THE DATE

24
October
2018

in Brussels

VENUE:

**Scotland House
Conference Centre**
Rond point Schuman
1040 Brussels





Q&A

CONCLUSIVE REMARKS

Donna Henderson

Head of International Engagement

TEC and Healthcare Innovation Division, Scottish Government



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU⁷²