



Self-assessment process in Region Olomouc



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1	Introduction to the region	3
1.1	Introduction to the regional healthcare system	3
1.2	Definition of integrated care	3
2	Self-assessment process in the Olomouc Region	4
2.1	Identification process of the local stakeholders.....	4
2.2	Self-assessment survey.....	4
2.2.1	<i>Outcomes of self-assessment survey.....</i>	<i>4</i>
2.3	Stakeholder workshop	5
2.3.1	<i>Negotiation and consensus building.....</i>	<i>6</i>
2.3.2	<i>Final consensus</i>	<i>6</i>
3	Analysis of the outcomes	8
4	Key message	8
5	Conclusions and next steps	9
	Annex 1 Self-Assessment Workshop in Olomouc region - Agenda & List of Participants	10

1 Introduction to the region

Olomouc Region is one of 14 regions in the Czech Republic. This agriculture-industrial Region is located in the north-east of the country and has approximately 640 000 inhabitants. Similarly, as in other regions of the country and beyond, the ratio of older people in the whole population has been growing in recent years.

1.1 Introduction to the regional healthcare system

The healthcare system in the Czech Republic is based on the Bismarck model, with mandatory healthcare insurance. There are seven healthcare insurances that effectively control almost all financial flow in the sector. Healthcare policy is planned and implemented by the Ministry of Health and healthcare insurances. In addition, these authorities manage the introduction of novel innovative procedures and devices. Regions, on the other hand, have the responsibility for some healthcare services, e.g. ambulance services and long-term care services provided by hospitals. Home care is reimbursed through the system but is not widely deployed.

There are some eHealth initiatives emerging as a result of an eHealth strategy that has been in place since 2016. The strategy has been gradually implemented by the Ministry of Health and the current focus is mainly on e-prescription and the establishment of a national eHealth Centre with its headquarters in the University Hospital Olomouc. It is the largest hospital in the Region and is responsible for the provision of complex care in the Region. The hospital is also a driver of innovation in the Region. A number of eHealth and telemedicine initiatives are currently being piloted and implemented in the Region, however the lack of reimbursement remains a challenge to a wider deployment of these services.

Social care is managed and financed separately in both the Region and the Czech Republic. Responsibility for the provision of social care remains largely with the regional authorities. The services are partly financed by the state and partly by regional and local municipalities. Social care allowances are distributed by the state to citizens directly.

1.2 Definition of integrated care

There is no exact definition of integrated care in the Czech Republic or any official legislation in place in this area. However, there are some examples of care being provided in an integrated and coordinated way between healthcare providers. The University Hospital Olomouc, for example, has designed an integrated care programme for chronically ill patients.

Clinical integration is achieved through the implementation of national complex programmes for chronic patients based on commonly agreed pathways. This is very often supported by the strong role of medical societies in the country.

There are also some voluntary integrated care initiatives in the community settings - this “system of integrated supporting services” operate on the basis of clear health and social care integration. However, the uptake of these initiatives is affected by a lack of targeted financing.

2 Self-assessment process in the Olomouc Region

2.1 Identification process of the local stakeholders

The local stakeholders were identified according to the SCIROCCO self-assessment methodology and included health and care policy makers, administrators, health and social care providers from the Olomouc Region and the wider Czech Republic. The rationale for involving some of the national stakeholders was defined by the nature of the healthcare system in the country.

Over 20 stakeholders were contacted for the purpose of the self-assessment however, as the knowledge and progress of integrated care is very moderate in the Region, only five stakeholders agreed to participate in the process. These were namely:

- Representative of the Balneology Research Institute, Olomouc
- Representative of the social care department of Olomouc municipality council
- Representative of the Faculty of Health Sciences, Palacky University Olomouc
- Representative of the Faculty of Health Sciences, Palacky University Olomouc
- Representative of the General Health Insurance.

2.2 Self-assessment survey

The self-assessment process in the Olomouc Region consisted of three steps:

1. All participants were invited to register on the SCIROCCO tool and conduct the individual self-assessments. The objective of this first step was to capture individual perceptions of local stakeholders on the maturity of Olomouc Region for integrated care.
2. Consolidation of the individual assessments, resulting in a composite spider diagram illustrating different perceptions of stakeholders' perspectives on integrated care in the Olomouc Region.
3. Final assessment where consensus on the final spider diagram illustrating the progress of the Olomouc Region towards integrated care was reached.

All stakeholders responded within two weeks.

2.2.1 Outcomes of self-assessment survey

Ten invited participants used the SCIROCCO online tool to assess the maturity of healthcare systems in the Olomouc Region and five stakeholders completed the process. This was mainly due to the lack of time or no urgency of integrated care agenda in the Region. The language was also perceived as a barrier despite that fact that the Tool was translated into the Czech language. The wider adaptation of the language and concept of integrated care is required to reach greater engagement and mobilisation of local stakeholders. The diversity of stakeholders' perceptions is reflected in the spider diagram below:



Figure 1: Stakeholders' perceptions in Olomouc Region

2.3 Stakeholder workshop

The stakeholder self-assessment workshop was organised on 23 November 2017 at the University Hospital Olomouc in the Olomouc Region. Five stakeholders attended the meeting in person as outlined in the [section 6.4 above](#). The workshop was held in Czech.

Table 1: Agenda for the self-assessment workshop

Čas	Session Title
10.00	Přivítání, představení a shrnutí cílů workshopu
10.10	Představení projektu Scirocco
10.20	Proces sebehodnocení v Olomouckém Regionu <ul style="list-style-type: none"> Krátké představení procesu hodnocení v Olomouckém kraji/ ČR Prezentace výsledků hodnocení Olomouckého kraje Diskuze a zpětná vazba k problematice integrované péče (IP) v ČR
11:00	Coffee Break
11.15	Diskuze k jednotlivým hodnocením s cílem konsenzu <ul style="list-style-type: none"> Společná diskuze s účastníky workshopu na téma výsledky hodnocení IP v Olomouckém kraji/ČR. V rámci diskuze budou prezentovány výsledky hodnocení k jednotlivým dimenzím hodnotícího modelu a na základě konsenzu bude probíhat společné hodnocení.
12.15	Přestávka
12.30	Vytvoření finálního diagramu pro stav IP v Olomouckém kraji <ul style="list-style-type: none"> Prezentace finálního diagramu včetně zpětné vazby diskutujících.
13.00	Společná diskuze nad nástrojem pro hodnocení připravenosti IP <ul style="list-style-type: none"> Moderovaná diskuze shrnující silné a slabé stránky hodnotícího modelu
13.30	Závěr workshopu



Figure 2: Stakeholders' self-assessment workshop in the Olomouc Region

2.3.1 Negotiation and consensus building

The negotiation process was well facilitated and consensus was relatively easy to reach. All dimensions were discussed in depth and joint statements and rationale for the final rankings were provided by stakeholders. Some of the domains (e.g. Breadth of Ambition and Standardisation) required further explanation in terms of the language used and because of a lack of understanding of the concept of integrated care in the Olomouc Region. In addition, it was not clear for some stakeholders if the assessment should be focusing on the current state of play or future progress.

2.3.2 Final consensus

The final spider diagram shows the maturity of Olomouc's healthcare system for integrated care, including the areas identified for improvement. **The local stakeholders reached consensus across all dimensions of SCIROCCO Maturity model (see Figure 2).**



Figure 3: Final consensus diagram for Olomouc Region

The details of the stakeholders' assessment including the justifications for the scoring are provided in the following table:

Table 2: Scores, justifications and reflections assigned to each of the dimensions

Dimension	Assessment Scale	Description	Justifications & reflections
Readiness to Change	1	Compelling need is recognised, but no clear vision or strategic plan.	There is a leadership in place, however, the concept of integrated care is not reflected in legislation, hence the vision of policy makers is lacking as well.
Structure & Governance	0	Fragmented structure and governance in place.	Roadmap for change programme is missing hence it is difficult to create a shared vision and organisational structure for integrated care; the structure is fragmented. Some rare integrated care initiatives are active at the level of municipalities but there is no national/regional structure in place.
eHealth Services	0	ICT systems are not designed to support integrated care.	There is a national eHealth strategy (approved in November 2016) and gradually being implemented, however electronic health records are not available. As such, electronic sharing of health information across the care providers is a challenge and not really happening between health providers of diverse ownerships be they general practitioners, hospitals, clinics or other providers.
Standardisation & Simplification	1	Discussion of the necessity of ICT to support integrated care and of any standards associated with that ICT.	There has been some initial work around the standards; the need for standards is recognised.
Funding	1	Funding is available but mainly for the pilot projects and testing.	Lack of funding is the biggest barrier to implement any changes in the care models; sustainability remains an issue. Regardless of the funding some innovation is still happening at small scale.
Removal of inhibitors	1	Awareness of inhibitors but no systematic approach to their management is in place.	Culture plays a major role here; it is very difficult to change the day-to-day routine of healthcare professionals. In addition, sharing of information among the professionals is rather challenging.
Population Approach	1	A population risk approach is applied to integrated care services but not yet systematically or to the full population.	There are very limited risk stratification initiatives in place.
Citizen Empowerment	0	Citizen empowerment is not considered as part of integrated care provision.	Citizen empowerment is recognised in national strategy Health 2020 but its implementation remains a challenge. Healthcare by law still focuses on care and not on support of citizens in improving their health. There is a lack of capacity to support citizen empowerment initiatives.
Evaluation Methods	0	No evaluation of integrated care services is in place or in development.	There is no systematic evaluation in place; the health insurances pay usually for the cheapest or otherwise justified services. Olomouc already uses MAST (a model derived from HTA) for internal purposes of UHO - usually projects.

Dimension	Assessment Scale	Description	Justifications & reflections
Breadth of Ambition	1	The citizen or their family may need to act as the integrator of service in an unpredictable way.	There is some level of interaction /coordination of care at the level of hospitals.
Innovation Management	1	Innovation is encouraged but there is no overall plan.	The municipality in the Olomouc Region has widely recognised the need and benefits of innovation. However, the implementation of concrete actions is very difficult.
Capacity Building	1	Some systematic approaches to capacity building for integrated care services are in place.	Training of healthcare professionals is ongoing; the training on integrated care is already included in the curricula at the Universities, particularly Palacky University Olomouc.

3 Analysis of the outcomes

The final self-assessment outcomes show where the Olomouc Region has the potential to improve in the area of integrated care. The summary of the outcomes is provided below:

1. Looking at the overall consensus diagram, the stakeholders concluded that there were **two critical dimensions** that are significant to move the concept of integrated care in the Olomouc Region forward. These are: the dimensions of Capacity Building and eHealth Services as the introduction of ICT to enable sharing of health data, supported by the skills of healthcare professionals would significantly contribute to better integration between various levels of healthcare.
2. **The outcomes of the self-assessment process were not necessarily surprising** for the stakeholders. Very low scoring reflects the current picture of integrated care in the Czech Republic.
3. The spider diagram provided stakeholders with **a very comprehensive picture** of the current state of play and highlighted a number of areas which require future actions and improvement. The concept of home care and coordination of these services with other healthcare providers in the Region was one of the areas identified and discussed.
4. **One of the common factors of relatively low maturity of Olomouc's healthcare system is very strong reluctance and resistance to change.** This has a significant impact on the maturity rating in a number of dimensions of the SCIROCCO Maturity Model and is one of the key inhibitors to introduce a change in the Region.

4 Key message

One of the main messages of stakeholders participating in the self-assessment process was that the SCIROCCO tool and its Maturity Model are not complex tools and can be relatively easily used. There are, however, some dimensions which require further refinement and testing by users to improve their understanding.

In general, the use of the SCIROCCO tool and organisation of the self-assessment process was a good educational exercise for the Region where the concept of integrated care is not that

widely used or implemented. The Maturity Model is a very comprehensive conceptual model which provides an overview of all the actions considered when promoting the concept of integrated care in the Olomouc Region and the Czech Republic.


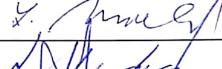
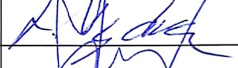

5 Conclusions and next steps

The SCIROCCO Maturity Model and its on-line self-assessment tool will be further used and explored as part of the discussions and awareness raising activities about the need for the concept of integrated care in the Czech Republic. In addition, a self-assessment process is also planned to be conducted in the Mid-Bohemian Region which is currently working on the development of a new plan for regional health and social care services.

Annex 1 Self-Assessment Workshop in Olomouc region - Agenda & List of Participants

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13.30	Závěr workshopu

Přehled účastníků

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