



## SCALING INTEGRATED CARE IN CONTEXT

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Co-funded by  
the Health Programme  
of the European Union



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# SCIROCCO Project

## EU Health Programme (CHAFEA)

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



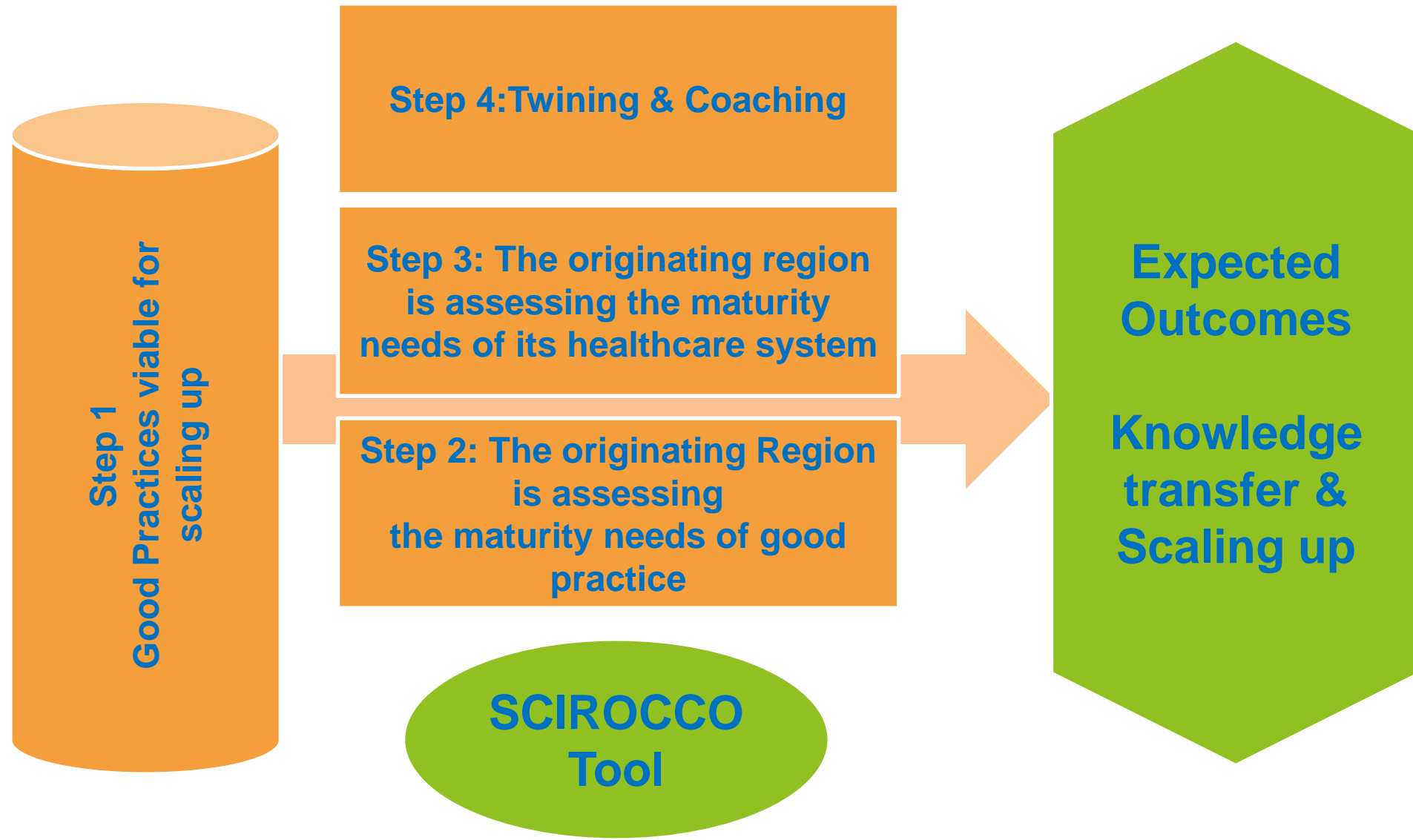
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# SCIROCCO's Objective

## Tool to Assess Readiness for Integrated Care

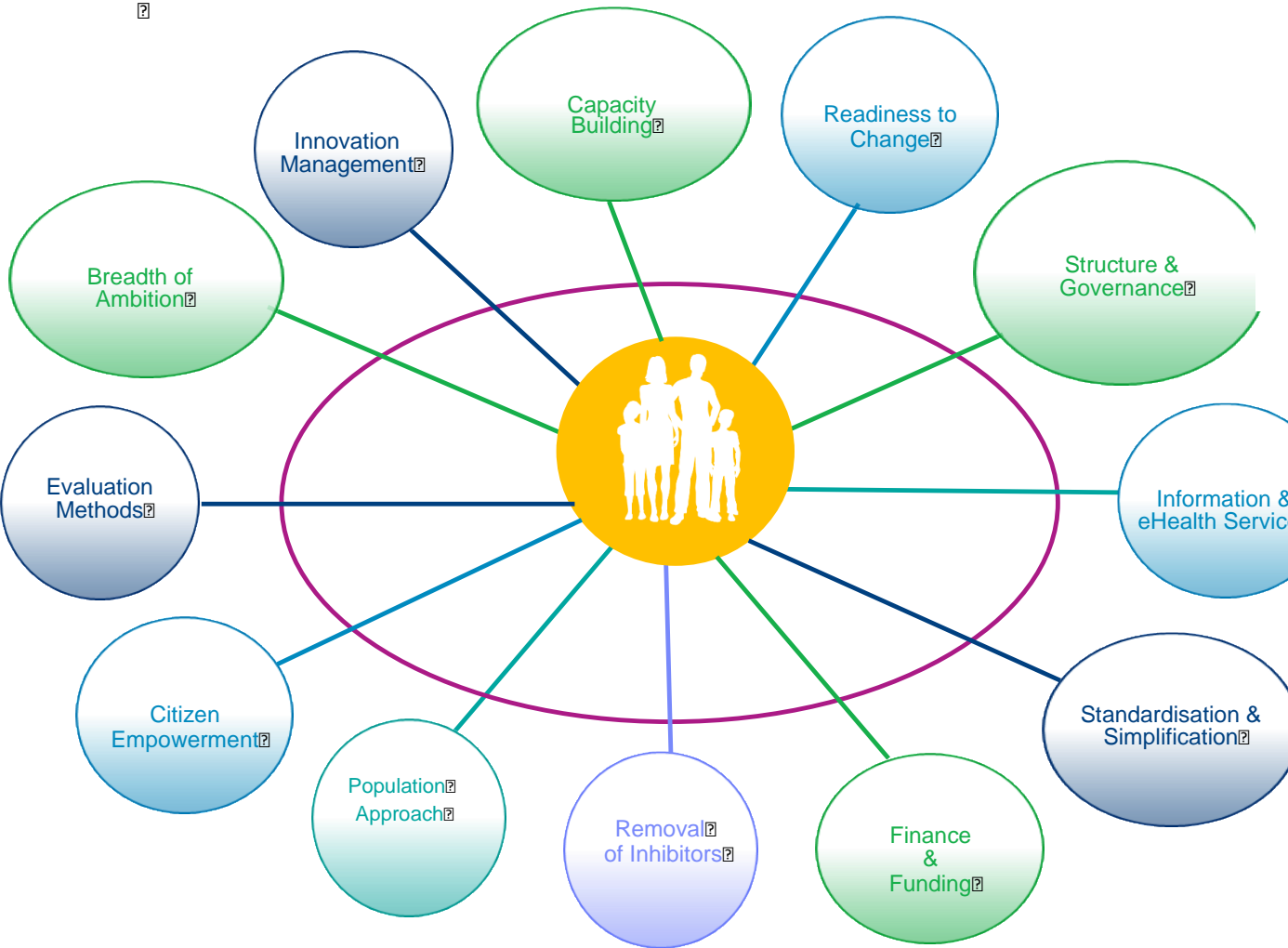


# Target Population

- ▶ **Multi-stakeholders**, all potential stakeholders involved in integrated care:
  - **Policy level**: politicians at European, national & regional levels, regional governments, city councils, CEO's of healthcare organisations, finance directors, operations directors, implementation bodies, etc.
  - **Health and social care systems level**: hospitals, primary and secondary care organisations / health care professionals, social workers and voluntary sector providers, etc.

# Development of SCIROCCO Tool

## B3 Maturity Model (Conceptual Framework)



European Innovation  
Partnership on Active  
and Healthy Ageing

- Interviews with 12 European regions
- Analysis /Identification of “indicators” or “characteristics of maturity
- Development of an assessment scale



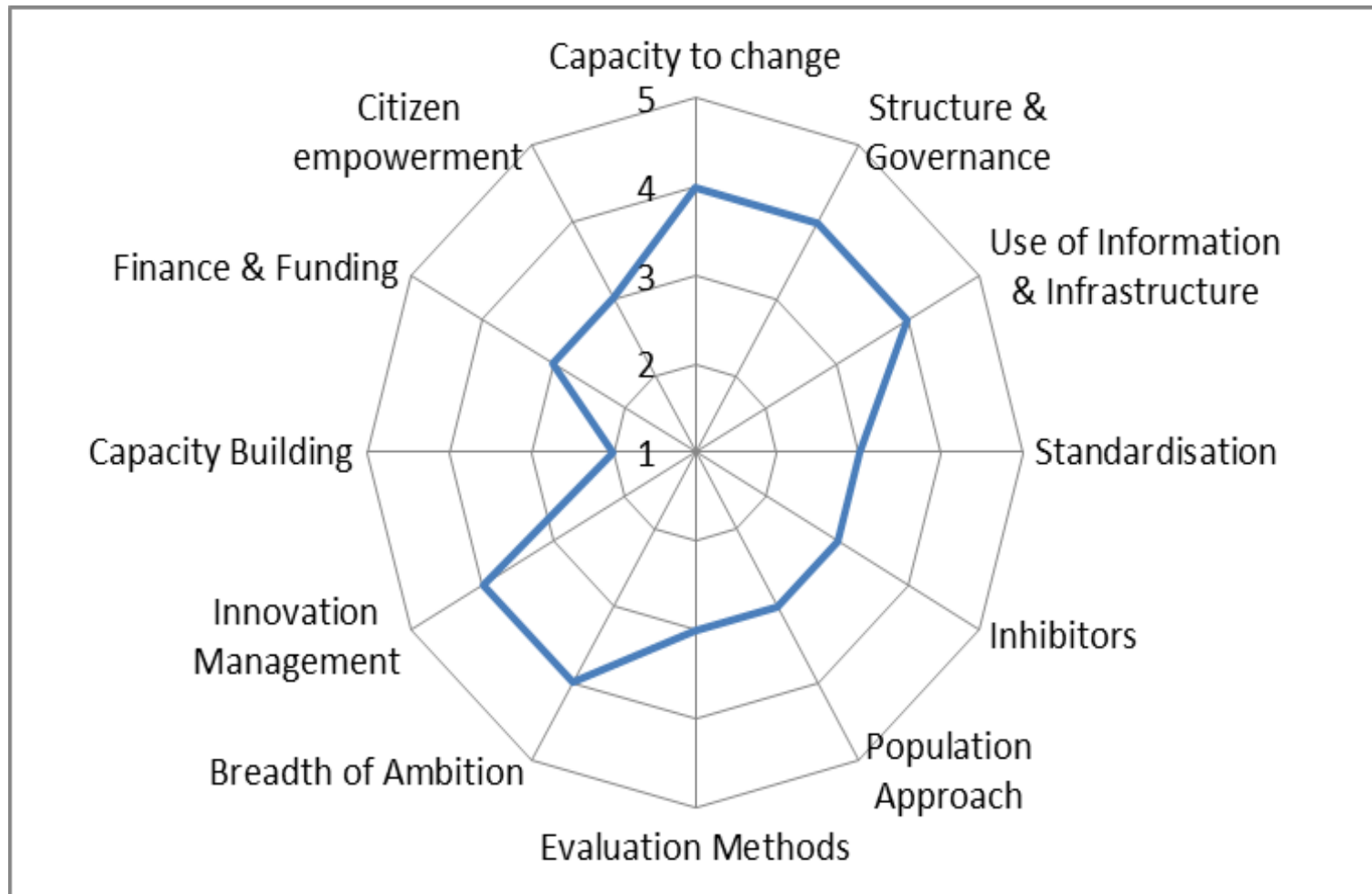
# Development of an Assessment Scale Information & eHealth Services

## 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**



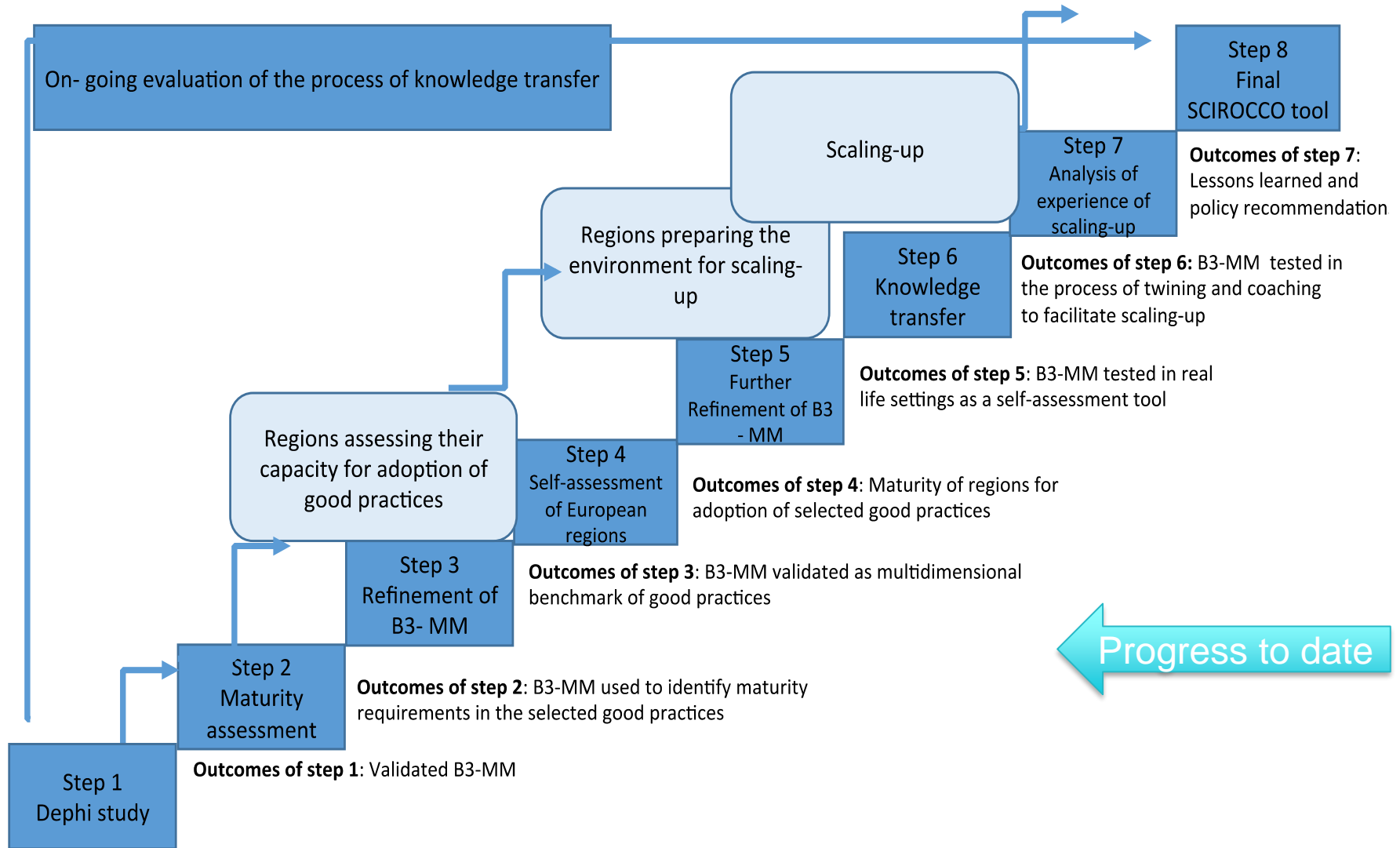
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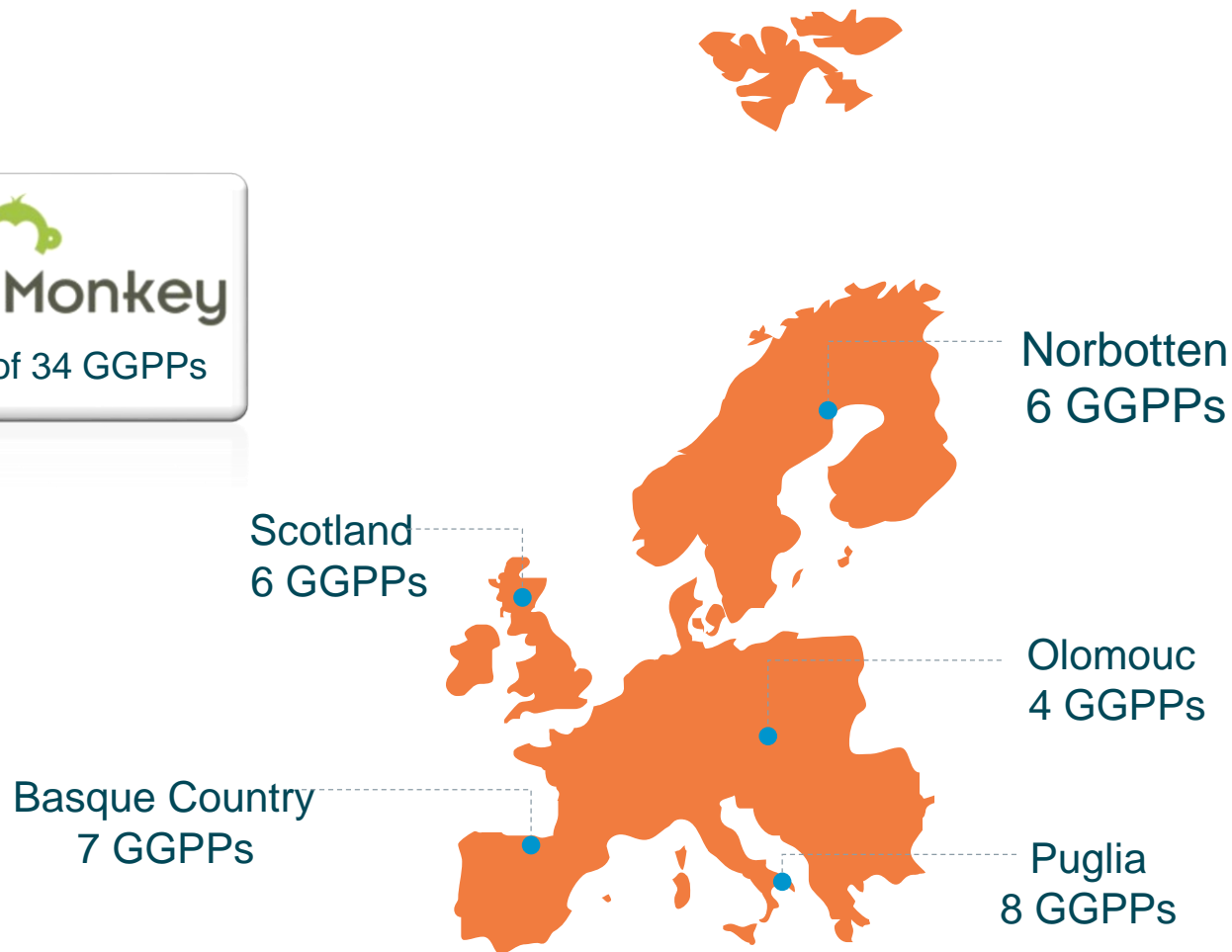
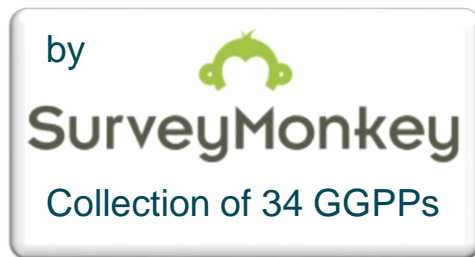
# From Conceptual Model to an Online Self- Assessment Tool for Integrated Care



# SCIROCCO's Strategy to Implement the Project



# Step 2 / Maturity Assessment of Good Practices



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

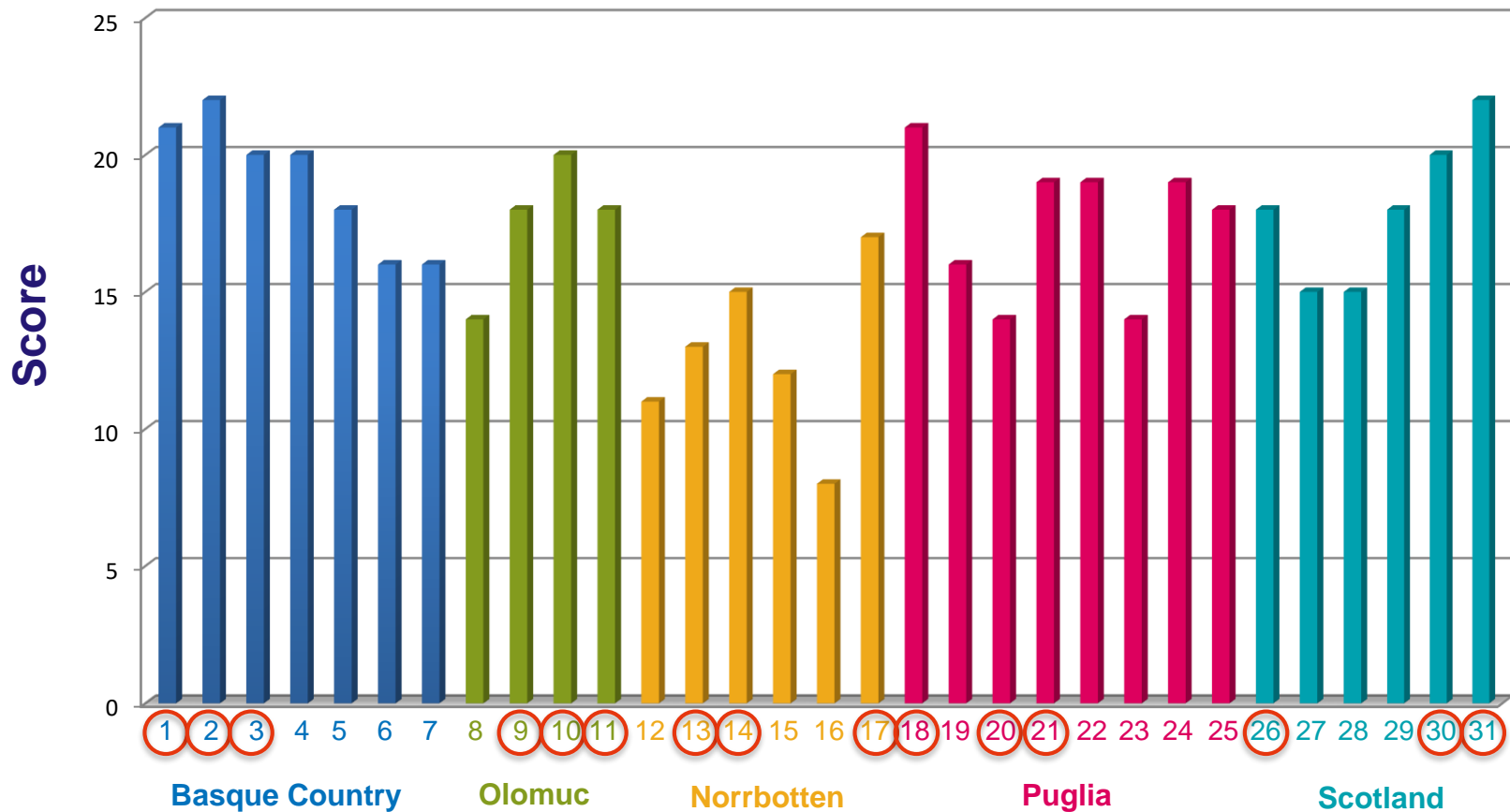
# Step 2 / Maturity Assessment of Good Practices

## Viability Assessment - Criteria

- 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?

# Step 2 / Maturity Assessment of Good Practices

Viability Assessment – Selection of Good Practices viable for scaling up



# Step 2 / Maturity Assessment of Good Practice

## New Maturity Model Questionnaire

Your questionnaire was successfully saved

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

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

- ☐ No acknowledgement of compelling need to change
- ☐ Compelling need is recognised, but no clear vision or strategic plan
- ☐ Dialogue and consensus-building underway; plan being developed
- ☐ Vision or plan embedded in policy; leaders and champions emerging
- ☒ Leadership, vision and plan clear to the general public; pressure for change
- ☐ 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):

There are policy documents in place, the minister is prepared to speak on this matter. However the organisations who will implement have not fully adopted the approach and it is patchily represented in their plans

How confident are you of your rating?

Moderately confident

Who do you think could provide a more confident judgement?

XXX who leads on Change Mar

Questionnaire name: \*

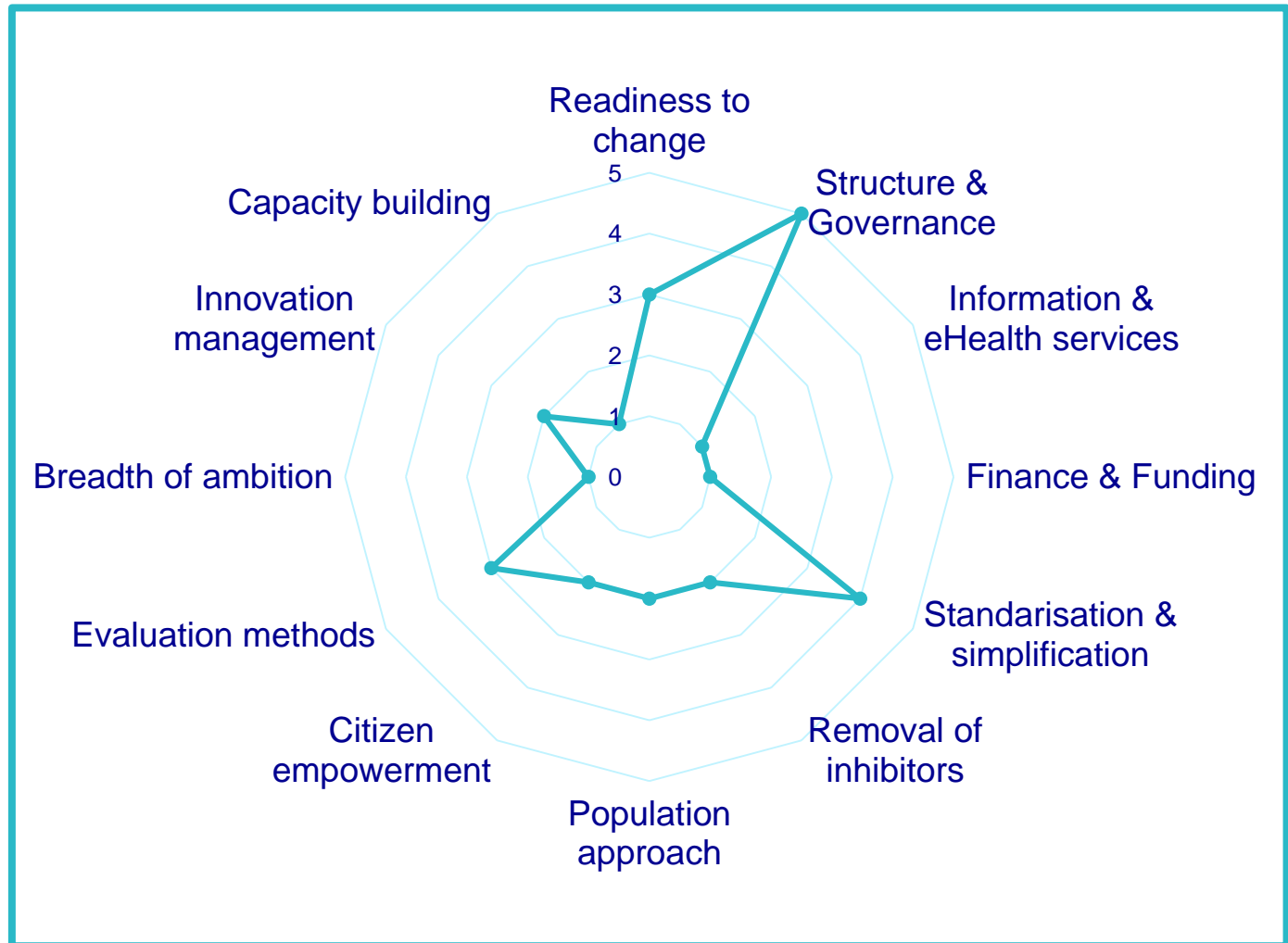
ALEC DEMO

Update questionnaire



# Step 2 / Maturity Assessment of Good Practices

## “Technology Enabled Care Programme” - Scotland



# Discussion

- ▶ The methodology used for the selection and collection of Good Practices was proved to be feasible and effective in very different healthcare settings;
- ▶ Pragmatic approach to data collection;
- ▶ The transferability of the Good Practice requires understanding of the context in which the Good Practice has emerged;
- ▶ The dimensions and scales of the online MM tool provide a very useful basis for the contextual assessment;
- ▶ The transferability potential of Good Practice depends on its viability but also on maturity of the system in which it is implemented; not all Good Practices require the same level of maturity.





**THANK YOU!**

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