

eHealth week

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In collaboration with:

Assessing Readiness to Deploy Integrated Care and Requirements for Transferring Good Practices

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10–12 May 2017 MALTA



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INTEGRATED CARE AT SCALE

- Integrated care: more appropriate care - more efficiently
- At scale: learn from others – transfer good practice
- Good practice leverages features of the context
- The health and care system is the context
- Introduce the idea of “maturity” to capture readiness for integrated care

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SIROCCO MATURITY MODEL TOOL

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



European Innovation
Partnership on Active
and Healthy Ageing

- Eases the adoption 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

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THE EIP ON AHA MATURITY MODEL

Based on interviews with Health and Care systems across Europe.

- **Maturity Model** for Integrated Care has 12 dimensions
- Each dimension is rated on a 0-5 scale
- The rating scale has face validity via a Delphi process
- Each point on the rating scale has a brief explanation.
- Each dimension has an explanatory Narrative

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The Maturity Model



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Dimensions and Assessment Scales

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.

2. Structure and Governance

- 0 – Fragmented structure and governance in place
- 1 – Recognition of the need for structural and governance change
- 2 – Formation of task forces, alliances and other informal ways of collaborating
- 3 – Governance established at a regional or national level
- 4 – Roadmap for a change programme defined and broadly accepted
- 5 – Full, integrated programme established, with funding and a clear mandate.

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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.
- 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.

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ASSESSING THE MATURITY OF A HEALTHCARE SYSTEM

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A Multidisciplinary Team



Doctor



IT Specialist



Nurse



Administrator

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Using the Tool

New Maturity Model Questionnaire

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

3. Information & eHealth Services *

- ☐ Information systems are not designed to support integrated care
- ☒ Information and eHealth services to support integrated care are being piloted
- ☐ Information and eHealth services to support integrated care are deployed but there is not yet region wide coverage
- ☐ Information and eHealth services to support integrated care are available via a region-wide service but use of these services is not mandated
- ☐ Mandated or funded use of regional/national eHealth infrastructure across the health-care system
- ☐ Universal, at-scale regional/national eHealth services used by all integrated care stakeholders

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

So far there is no plan to develop a shared record but there is some experimentation

How confident are you of your rating?

High



The doctor



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The nurse



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The IT Professional



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The Administrator



Discussion/Negotiation



Yes, but getting the devices to interoperate is a nightmare!

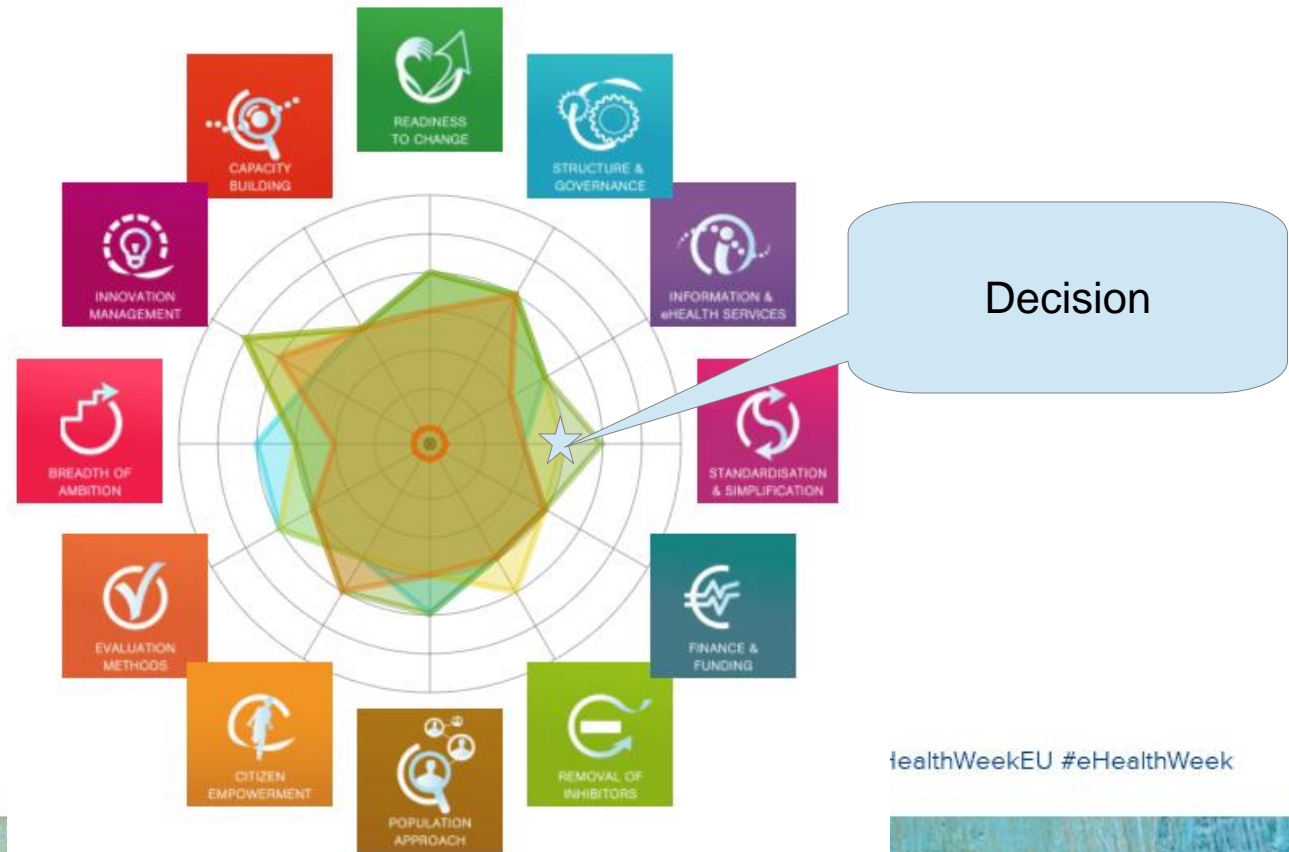


We are all using HL7 FHIR



This will all be resolved soon, as we are joining an international standards group for devices

Discussion/Negotiation Decision



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Discussion/Negotiation



So much of what we do still uses paper!



I haven't spoken enough with admins from other regions so I don't know



This is true, but our plans for Integration between and across levels are more ambitious than in neighbouring regions



I don't know



Discussion/Negotiation Decision



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Final Consensus



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ASSESSING MATURITY REQUIREMENTS OF A GOOD PRACTICE

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GOOD PRACTICE MATURITY REQUIREMENTS

- Good practice has some evidence of enabling integrated care in some health system.
- Maturity requirements capture how a good practice depends on some aspects of a dimension
- Assessment uses the Scirocco tool to capture these dependencies

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ASSESSING ANTICIPATORY CARE PLANNING

New Maturity Model Questionnaire

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

3. Information & eHealth Services

- ☐ Information systems are not designed to support integrated care
- ☐ Information and eHealth services to support integrated care are being piloted
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- ☐ Mandated or funded use of regional/national eHealth infrastructure across the health-care system
- ☐ Universal, at-scale regional/national eHealth services used by all integrated care stakeholders

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

The practice utilises a shared record that is accessible widely across agencies.

How confident are you of your rating?

High



















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COMPARING SYSTEM AND PRACTICE

Maturity Model Questionnaire Index

Create a new questionnaire

Individual questionnaires:

<input type="checkbox"/> ALEC DEMO				
<input type="checkbox"/> User Guide Demo				
<input checked="" type="checkbox"/> ACP practice demo				
<input checked="" type="checkbox"/> Region X				

Compare

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COMPARING

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

3.Information & eHealth Services *

- ☐ Information systems are not designed to support integrated care
- ☐ Information and eHealth services to support integrated care are being piloted ●
- ☐ Information and eHealth services to support integrated care are deployed but there is not yet region wide coverage
- ☐ Information and eHealth services to support integrated care are available via a region-wide service but use of these services is not mandated ●
- ☐ Mandated or funded use of regional/national eHealth infrastructure across the health-care system
- ☐ Universal, at-scale regional/national eHealth services used by all integrated care stakeholders

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

The practice utilises a shared record that is accessible widely across agencies.

So far there is no plan to develop a shared record but there is some experimentation



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COMPARING

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

7. Population Approach *

- ☐ Population health approach is not applied to the provision of integrated care services
- ☐ A population risk approach is applied to integrated care services but not yet systematically or to the full population ●
- ☐ Risk stratification is used systematically for certain parts of the population (e.g. high-use categories)
- ☐ Group risk stratification for those who are at risk of becoming frequent service users
- ☐ Population-wide risk stratification started but not fully acted on ●
- ☐ Whole population stratification deployed and fully implemented

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

There needs to be a good understanding of population risk stratification in order to select the sub-population for whom ACP is most beneficial.

There is some experience with risk stratification but this is not applied systematically



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ADOPTING A GOOD PRACTICE

- Tool provides a focus for discussion on potentially “difficult” issues in adoption.
- Visually represents the fit of a good practice into a health and care system
- The justification helps structure discussion on how best to manage difficulty

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CURRENT POSITION

- In use to assess health and care systems of Scirocco partners.
- In use by other EIPonAHA members.
- The tool is a “probe” gathering information on use and requirements.
- E.g. Flanders have identified the need for a “movie” of the evolution of the maturity of a system.
- Justifications capture the sorts of elements that are important in supporting an assessment.

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NEXT STEPS

- Complete the detailed manual for the model and tool.
- Provide more structure for justifications.
- Consider support for multi-language working... (tool already has considered localisation).
- Support for twinning and coaching
- More in-depth evaluation
- More consideration of the structure of the health and care system

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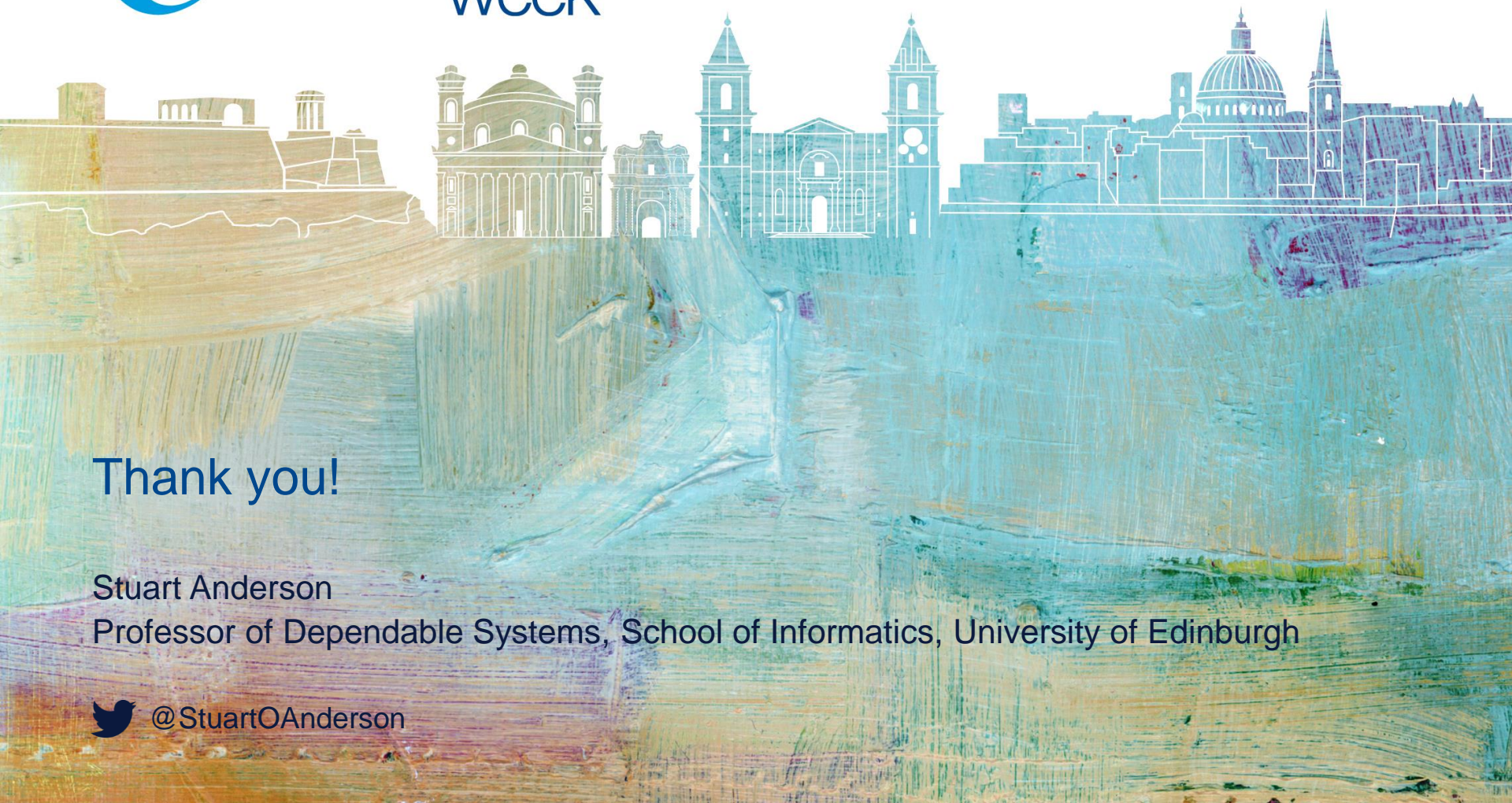


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