



European Week | Brussels
9-12 October 2017



SCIROCCO TOOL TO ASSESS READINESS FOR INTEGRATED CARE

Stuart Anderson

Professor of Dependable Systems, School of Informatics,
University of Edinburgh

 @StuartOAnderson



Co-funded by
the Health Programme
of the European Union

Meeting the Challenge of Ageing – 10 October 2017, Brussels



@ SCIROCCO_EU

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

Sirocco Maturity Model Tool

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



European Innovation
Partnership on Active
and Healthy Ageing

The EIP on AHA Maturity Model

- ▶ Based on interviews with 12 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

The Maturity Model for Integrated Care



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.

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.

ASSESSING THE MATURITY OF A HEALTHCARE SYSTEM

Methodology

- ▶ The Maturity Model has many dimensions
- ▶ No single individual or group “owns” a dimension
- ▶ For each dimensions there are multiple perspectives
- ▶ Methodology aims:
 - To rate the maturity of the health and care system on each dimension.
 - To justify the rating using whatever evidence is available.
 - To negotiate the rating across the stakeholders
- ▶ To build a tool that supports this

A Multidisciplinary Team



Doctor



IT Specialist



Nurse



Administrator

Diversity of the Team

- ▶ There are several potential dimensions of diversity e.g. functional, organisational, seniority, inclusiveness.
- ▶ Recent experience in Norbotten suggests a senior decision taker is important to include.
- ▶ A citizen perspective may also be important on some dimensions
- ▶ Diversity will also relate to the scope of the assessment.
- ▶ The four roles chosen for the illustration are not definitive.

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



The Nurse



The IT Professional



The Administrator



Discussion/Negotiation



Discussion/Negotiation Decision



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



Final Consensus



ASSESSING MATURITY REQUIREMENTS OF A GOOD PRACTICE

Good Practice Maturity Requirements

- ▶ Candidate good practices for transfer 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

Maturity Requirements Methodology

- ▶ This is **work in progress**.
- ▶ This will require a diverse multidisciplinary team.
- ▶ If the team is large it will require two stages: assessment in subgroups, merging the results of the subgroup assessments.
- ▶ Our preliminary approach has the following stages:
 - Scoping the good practice to establish the “boundary” between practice and context.
 - Identifying dependencies of the good practice on the context.
 - For each dimension in the Maturity Model:
 - ▶ Identify the group of relevant dependencies that provide a characterisation of the level of maturity required along that dimension.
 - ▶ Map from the group of relevant dependencies to a rating of the maturity required on the dimension.
 - ▶ Retain the group of dependencies, they provide a justification for the chosen Maturity Requirement

Maturity Requirements Methodology

- ▶ The result of this process is a maturity requirement for each dimension. This characterises the needs of the good practice at a high level.
- ▶ We can use this to identify whether it is likely a good practice can be supported in a particular health system.
- ▶ To support twinning and coaching will require additional work to:
 - Explore how dependencies in the originating health and care system can be met in the receiving health system.
 - Approaches to identifying sub-components of a good practice that can be substituted by similar components in the receiving context

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
- ☐ 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.

How confident are you of your rating?

High



















What the Methodology Requires

- ▶ Boundary setting around ACP, for example is the care summary part of the practice or part of the health and care system context?
- ▶ Identifying dependencies, these would include:
 - Access to a care summary to carry information
 - Risk stratification to target the correct group
 - Funding for Health/Social care meetings
 - Means to include Family/Informal carers
 - ...
- ▶ Clustering and assessing their significant might place emphasis on population approach and ICT, ...

Comparing System and Practice

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				

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



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



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

SCIROCCO Current Engagement



European Innovation
Partnership on Active
and Healthy Ageing



- Flanders, Belgium
- Catalonia, Spain
- Skane, Sweden
- Wales, UK
- Attica, Greece
- Saxony, Germany
- Iceland
- Lombardy, Italy
- Kaunas, Lithuania
- Netherlands
- Stawanger, Norway
- Lodz, Poland
- Region of South Denmark
- Asturias, Spain
- Northern Ireland, UK
- Amadora, Spain
- Gesundes Kinzigtal, Germany
- Murcia, Spain
- Valencia, Spain
- Extremadura, Spain
- Carinthia, Greece
- Badalona, Spain
- Sofia, Bulgaria
- Campania, Italy

Experience of Stakeholders so far...

- ▶ “SIROCCO tool is an effective tool to analyse the state of the art of the context. It enables **easy and quick detection of** areas of improvement, **gaps, and strengths**. It is a great tool to drive and **facilitates multidisciplinary discussions**” – Puglia region, Italy
- ▶ “This is a very valuable tool, useful for all stakeholders to reveal weaknesses, make comparative evaluations and **orientate efforts to the most effective collaborations**” – Attica region, Greece
- ▶ “This is **an easy to use model** that is understandable **to a broad spectrum of stakeholders** and beneficial for interregional and international comparison of integrated care” – Olomouc region, Czech Republic
- ▶ “SCIROCCO tool gives a clear list of aspirational goals to aspire to, **has allowed systematic consideration** and could also be considered for assessment at a local level” - Scotland



THANK YOU!

Stuart Anderson

Professor of Dependable Systems, School of Informatics,
University of Edinburgh

 @StuartOAnderson



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU