



INTEGRATED CARE: 12 DIMENSIONS FOR SCALING-UP

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Experience of regions with self-assessment process

- **SCIROCCO tool, contextual challenges, and breaking news**
- **Process**
- **Key findings and messages from the focus groups**
- **Next steps, including twinning and coaching**

Experience of regions with self-assessment process

SCIROCCO tool, contextual challenges, and breaking news

SCIROCCO Maturity Model for Integrated Care

- 12 dimensions
- (with an explanatory narrative)
- each with a rating scale (0-5)

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INTEGRATED CARE AT SCALE

- ▶ **Integrated care: more appropriate care, more efficiently**
- ▶ **At scale: learn from others, transfer good practice**
- ▶ **The health and care system is the context**
- ▶ **Good practice can be leveraged from one region to another**
- ▶ **Introducing 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 EUROPEAN INNOVATION PARTNERSHIP ON AGEING AND HEALTHY AGEING (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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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.

Breaking news from a socio-economic perspective – England and south of England

- ▶ *The Times*, p4, Thurs 8 March 2018.
- ▶ **“One in ten councils** (in England) faces going bust over the soaring cost of elderly care.”
- ▶ National Audit Office (UK) said: estimate number of people in need of care aged 65 and older has **increased by 14.3 per cent (since 2011)**.
- ▶ Social care spending accounts for **54.4 per cent** of local authorities' budgets, up from 43.3 per cent in 2010-2011.
- ▶ **Surrey (England's richest county)**: Has double the funding gap of the national average (12/8% vs. 6.9%).

Experience of regions with self-assessment process

Process:
self-assessment followed up by focus
groups

Self-Assessment Conversations: an On-Line Tool



Further discussion/negotiation



So much of what we do still uses paper.



I haven't spoken enough with administrations 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



Experience of regions with self-assessment process

Organisation of focus groups in five SCIROCCO regions

In each SCIROCCO region a focus group session has been organised with the objective **to capture the local experience in using SCIROCCO tool and to reflect on where each region is currently in terms of its progress towards integrated care:**

- **Norrbottnen, Sweden:** 23rd August 2017 (moderated by Diane Whitehouse)
- **Puglia, Italy:** 2nd October 2017 (moderated by Francesca Avolio)
- **Basque Country, Spain:** 3rd October 2017 (moderated by Tamara Alhambra)
- **Scotland, UK:** 26th October 2017 (moderated by Diane Whitehouse)
- **Olomouc, Czech Republic:** 1st and 3rd December 2017 (interviews conducted by Diane Whitehouse)

Experience of regions with self-assessment process

Organisation of focus group in five SCIROCCO regions

FOCUS GROUP IN THE BASQUE COUNTRY



Background

- 3rd October 2017
- Kronikune headquarters in Barakaldo (Basque Country, Spain).
- FG duration: 1h 00' 53"

Attendees

- 9 attendees from Osakidetza (8) and Basque Ministry of health (1).
- Profiles: nurses; coordinators and managers of different health services; directors of different health services.

Description

- FG took place 3 months after the regional self-assessment
- FG facilitated by TA and 2 local SCIROCCO team members (EdM and JT) attended.

Experience of regions with self-assessment process

Organisation of focus group in five SCIROCCO regions

FOCUS GROUP IN PUGLIA

Background

- 2nd October 2017
- Regional headquarters of the AReSS Puglia in Bari (Italy)

Attendees

- 9 attendees
- Profiles: different dimensions of the regional healthcare system: MACRO (Mangers, e.g. Regional Health Prog; MESO (Technological Cluste Director); MICRO (GPs, Citizens Rep)

Description

- FG was conducted as part of the local self-assessment workshop
- FG facilitated by FA and 3 local SCIROCCO team members attended (I. Pisicchio; R. Lagravinese; E. Graps)



Experience of regions with self-assessment process

Organisation of focus group in five SCIROCCO regions

FOCUS GROUP IN NORRBOTTEN

Background

- 23rd August 2017
- Region Norrbotten headquarters in Luleå (Sweden)
- FG duration: 1h 15'

Attendees

- **2 attendees**
- Profiles: a business developer and an associate professor in knowledge management.



Description

- FG took place 2 months after the self-assessment.
- FG session was facilitated by DW and 2 local SCIROCCO team members (A-CK and LL) attended.

Experience of regions with self-assessment process

Key findings and messages from the focus groups

Experience of regions with self-assessment process

Key findings and messages of WP8

Team has developed a matrix to enable analysis of FG outcomes

	Norrbottn	Puglia	Basque Country	Scotland	Olomouc
Background <i>(Date, place and duration of the FG)</i>					
Attendees <i>(Number and profile of the attendees. Cross-refer if needed to the numbers of attendees in the previous meetings)</i>					
Description <i>(Brief description of the FG session, e.g. if it took place immediately following the consensus-building on self-assessment workshop)</i>					
Experiences <i>(Brief description on how the tool was used for the self-assessment + attendees' observations /feedback on the use of the tool)</i>					
Enhancement of tool <i>(Attendees' suggestions made on how the SCIROCCO tool could be improved)</i>					
Comparison with other tools <i>(Attendees' observations about how SCIROCCO compares with other 'integrated care' assessment tools they have used)</i>					
Impact and outcomes <i>(Brief description of the outcomes of the use of the tool, attendees' reflections on the (potential) impact of using the tool, and wider implications of using the tool)</i>					
Lessons learned <i>(Preliminary set of "lessons learned" from this exercise by WP8, the project consortium, and for policy directions and content in general)</i>					

Experience of regions with self-assessment process

Key findings and messages of WP8: EXPERIENCES

Norrbottn

Puglia

Basque Country

Scotland

- | | | | |
|---|--|--|---|
| <ul style="list-style-type: none"> • FG reported a positive view of the process and experience. • FG remarked on the organisation, composition, and process used by the local self-assessment team. | <ul style="list-style-type: none"> • SCIROCCO tool is easy to use. • The tool helps to understand the level of maturity of digital health in the region. • The tool is useful to provide information from different point of view on how the healthcare delivery system works in the region and to help the providers to better understand patient needs. • Effective tool to analyse the state of the art of the context for integrated care: 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. • Flexibility of the tool makes it easy to use and easy to be accepted also at a policy-making level of discussion. | <ul style="list-style-type: none"> • The tool covers all the relevant dimensions but not all were equally easy to score. • Consensus-building process as an enriching experience: its outcomes reflected very well the healthcare system. • Subjective character of the tool dimensions. • Initially the tool seemed complex but after working with it, it became easier. • The respondents' experience and track-record in the organisation is important for conducting the self-assessment properly. • Difficult to identify clearly the level of maturity between the scales 4 and 5. | <ul style="list-style-type: none"> • The tool was easy to use, facilitative and good at helping consensus-building. • It was helpful for enabling discussion and dialogue and to enable individuals to reflect on the country's health and care system. • The tool can be completed as a collective exercise. • Cross-checking the collective exercise with the views of others is viewed as positive. • Having a confidence scale is viewed as important. • Some people wanted to cross-check their own (individual) responses with others/teams. • There was some concern about the "confidentiality" of the expression of the opinion. |
|---|--|--|---|

Experience of regions with self-assessment process

Key findings and messages of WP8: COMPARISON WITH OTHER TOOLS

Norrbotten	Puglia	Basque Country	Scotland
<ul style="list-style-type: none"> Other tools mentioned that are used by the region included: “normalisation theory”; MAST; annual project planning; and the use of agile approaches e.g., agile software development. Other tools used with specific (occupational) groups are: the improvement of work methods; PDSA; leadership workshops; flowchart processes; lean theory and lean method; value-based approaches. 	<ul style="list-style-type: none"> Other tools mentioned that are used by the region included: EuneHTA, Medical and Surgical Interventions, etc., but these tools are more complex and need specific skills to be performed. SCIROCCO tool offers a graphic representation of the outcomes which is a novelty compared to other available tools. And it can be a viable method for facilitating meetings with stakeholders with different perspectives. 	<ul style="list-style-type: none"> SCIROCCO tool similar to other quality tools (e.g. D’Amour survey, IEMAC) used in the Basque Country healthcare system, but it doesn’t measure the same aspects. The SCIROCCO tool is a complementary measure. In comparison with other tools: <ul style="list-style-type: none"> SCIROCCO tool offers a more global assessment. It is simpler to use and takes less time. 	<ul style="list-style-type: none"> Direct comparisons were made with other tools (HIMSS EMRAM tool, digital maturity assessment, and the work of the NHS England sustainability and transformation partnerships). Explore whether the tool can be used “bottom-up”. If so, are facilitated workshops needed to accompany the tool use?

Experience of regions with self-assessment process

Key findings and messages: **LESSONS LEARNED** All focus groups agreed that SCIROCCO tool:

- **is easy to use.**
- **covers all the relevant dimensions**
(with one exception: Puglia reported that **inequalities** on access to care and to innovative technologies are not adequately considered).
- is good at **consensus-building**, enables **discussion and dialogue**.
- helps to **reflect on the strengths and weaknesses** of the regional healthcare system.
- **provides different points of views** which give a **broader view**
(however, for example, the Basque Country pointed out the **subjective character of these views** - and thus the **importance of knowing the respondents' profiles** when doing and looking at the self-assessment(s)).
- **generates knowledge** and **helps to gain an overview** of the maturity of the healthcare system.

How can the tool be enhanced?

- By being available in the **local language(s)**.
- By the refinement of the **quantitative measurement(s)** (e.g. insert numbers into the spider diagram; add extra scoring options; make clear differences between some scores).
- By clarifying one of the dimensions: the **“breadth of ambition” dimension**.

Experience of regions with self-assessment process

Key findings and messages of WP8: LESSONS LEARNED

Wider (policy) implications of the SCIROCCO tool:

- **useful in terms of policy-making**
(accompanied by a clear explanation/presentation, a complementary narrative).
- **use in a diversity of organisations (at different organisational and system levels** (e.g. local vs.regional), and with **different stakeholders** (e.g., patients, managers)).
- **presents** good arguments to **managers**.
- **can be used regularly**
(e.g., every year or so, but **not to be used over frequently**).
- **indicates which dimensions are improving or worsening.**
- **could** be used as a tool prior e.g., to starting on certain **projects** or initiatives.

Experience of regions with self-assessment process

**Next steps,
including twinning and coaching**

WP8 Next Steps

- To define the approach to collect lessons learned on **coaching and twinning**
- To refine the overall findings especially around **“lessons learned”** (e.g., by gathering opinions in Norrbotten and in Utrecht [May 2018] and through the Policy Advisory Group).
- Tool due to be fully ready by **October 2018!**

Twinning and coaching of regions

The Maturity Model can be used by policy makers of two regions to analyse weaknesses and strengths between regions and activate coaching processes

Region 1



Region 2



Thanks for your attention.

Any questions?

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