THE SCIROCCO SELF-ASSESSMENT TOOL FOR INTEGRATED CARE

DR ANDREA PAVLICKOVA
INTERNATIONAL ENGAGEMENT MANAGER

NSS SCOTLAND

6th Annual Research Symposium – 22 April 2018
SCIROCCO Project

EU Health Programme (CHAFEA)

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

- NHS 24
- Region Norrbotten
- kron-ikgune
- Osakidetza
- RECIPE
- University Hospital of Puglia
- Polibienestar
- Universiteit Brussel
- EHTEL


Co-funded by the Health Programme of the European Union
Why develop a self-assessment tool?

**Lack of tools / frameworks** that can help us to understand how to move towards more sustainable health and care systems; how to support implementation, scalability and transferability of integrated care solutions in Europe.

**SCIROCCO Tool for Integrated Care**
Why SCIROCCO?

Challenges of scaling up:

• Systematic use of different types of evidence to maximise the use of existing knowledge and encourage exchange of good practices

• Understanding the context of scaling-up – features of the intervention need to “fit” into the context appropriately;

• Identification of transferable elements of good practice/intervention for scaling-up;

• Flow of appropriate information between adopting and transferring entities
Development of the SCIROCCO Tool

- Based on interviews with 12 European health & care systems
- 12 dimensions with explanatory narrative
- Each dimension is rated on a 0-5 scale;
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.
- Taking into account the need to address the risk of health inequalities.
- 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.
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.
Research & theory

An Instrument to Measure Maturity of Integrated Care: A First Validation Study

Authors: Liset Grooten, Liesbeth Borgermans, Hubertus J.M. Vrijhoef

Abstract

Introduction: Lessons captured from interviews with 12 European regions are represented in a new instrument, the B3-Maturity Model (B3-MM). B3-MM aims to assess maturity along 12 dimensions reflecting the various aspects that need to be managed in order to deliver integrated care. The objective of the study was to test the content validity of B3-MM as part of SCIROCCO (Scaling Integrated Care into Context), a European Union funded project.

Methods: A literature review was conducted to compare B3-MM’s 12 dimensions and their measurement scales with existing measures and instruments that focus on assessing the
From Conceptual Model to an Online Self-Assessment Tool for Integrated Care
Using the SCIROCCO Tool

http://scirocco-project-msa.inf.ed.ac.uk/login/

New Maturity Model Questionnaire

Please reply to all of the questions

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

2. Structure & Governance * Required

- Fragmented structure and governance in place
- Recognition of the need for structural and governance
- Formation of task forces, alliances and other institutional infrastructure
- Governance established at a regional or national level
- Roadmap for a change programme defined and implemented
- Full, integrated programme established, with full governance and management support

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

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Q2. Structure and Governance: Objectives

The broad set of changes needed to deliver integrated care at a regional or national level presents a significant challenge. It needs multi-year programmes with excellent change management, funding and communications, and the power to influence and (sometimes) mandate new working practices. This means alignment of purpose across diverse organisations and professions, and the willingness to collaborate and put the interest of the overall care system above individual incentives. It also means managing the introduction of eHealth services to enable integrated care in a way that makes them easy to use, reliable, secure, and acceptable to care professionals and citizens alike.

- Enabling properly funded programmes, including a strong programme, project management and change management; establishing ICT or eHealth competence centres to support roll-out; distributed leadership, to reduce dependency on a single heroic leader; excellent communication of goals, progress and successes.
- Managing successful eHealth innovation within a properly funded, multi-year transformation programme.
- Establishing organisations with the mandate to select, develop and deliver eHealth services.

Questionnaire name: *
ALEC DEMO

Save questionnaire
New Maturity Model Questionnaire

Your questionnaire was successfully saved

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
Planning for Self-assessment Process

1. Identification of regional/local stakeholders
   Outcome: XY experts

2. Self-assessment survey
   Outcome: Stakeholders’ perceptions on current state of art in integrated care

3. Data collection/data analysis
   Outcome: Spider diagrams – weakness and strengths in integrated care

4. Stakeholder workshops
   Outcome: Consensus on spider diagrams

5. Summary of results and feedback on the process
HOW CAN YOU BENEFIT?
To have the need to change, a defined plan and leaders that promote the implementation

Some functional integration between health care levels
- To have working groups, with certain order and leadership

The use of a fully integrated EHR that is accessible to all professionals
- The use of tele-consultations between primary care and the hospital
- The use of a Personal health folder, accessible for the entire population, which allows intercommunication between them and the health professionals

Broad development of corporate platforms (databases, platforms for clinical history)
- Capability of integrating multiple different sorts of data from the Integrated electronic health record, the interconsultations between primary and specialised care, and the health folder.

Have some funding to plan and implement the intervention

It is needed to have a strategy to fight the inhibitors in case they appear (anticipate).
Tool to Assess Maturity of the Healthcare System

“The SCIROCCO tool is useful to drive discussions during brainstorming: sometimes in meetings it is easy to miss the focus”. It also provides a clear vision of the strengths and weaknesses of the regional context. If used properly, it is an extraordinary participatory policy tool.”

Giovanni Gorgoni
CEO, Regional Strategic Agency for Health and Social Affair (AReSS Puglia)

“The SCIROCCO tool could also be used in the validation of other regional policies, not just related to chronicity.”

Active Citizenship

“The SCIROCCO tool helps us to understand the level maturity of eHealth in our regions. It is also useful as it provides information on the different views of regional stakeholders and for the provider to better understand patient needs.”
Tool to Facilitate Discussions & Negotiations
Experience of Scotland

Policy-maker

HSCPs

Voluntary sector
“Aiming for an integrated care system, Osakidetza has moved towards a new organizational and management model. This has meant a cultural change for Osakidetza’s professionals, whom have had to assume new roles and face new challenges. The SCIROCCO self-assessment process has allowed us to contrast opinions within a group of multidisciplinary colleagues, and review progresses in integrating health and care systems, making us better aware of where we are.”

Rosa González, Integration and chronicity service of the General Directorate of Osakidetza

“The Basque Country government devotes the largest amount of its budget to the Department of health; 35% in 2016.”

“Nevertheless, the Framework Contract promotes the integrated care of the system committing the 5% of the funding to integration issues.”

“Yes, but there is not enough funding for integration issues.”
Next steps:
Comparing the regional context

Twinning & Coaching
SCIROCCO engagement & sustainability

- Australia
- Canada
- Flanders, Belgium
- Sofia, Bulgaria
- Region of Southern Denmark
- Gesundes Kinzigtal, Germany
- Saxony, Germany
- Attica, Greece
- Carinthia, Greece
- Iceland
- India
- Campania, Italy
- Lombardy, Italy
- Kaunas, Lithuania
- Amadora, Spain
- Asturias, Spain
- Badalona, Spain
- Catalonia, Spain
- Extremadura, Spain
- Murcia, Spain
- Valencia, Spain
- Skane, Sweden
- Northern Ireland, UK
- Scotland, UK
- Wales, UK
WE ARE INTERESTED TO HEAR FROM YOU!

www.scirocco.eu
Andreapavlickova@nhs.net