



THE SCIROCCO SELF-ASSESSMENT TOOL FOR INTEGRATED CARE

DR ANDREA PAVLICKOVA
INTERNATIONAL ENGAGEMENT MANAGER



SCIROCCO Project

EU Health Programme (CHAFEA)

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



Osakidetza



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



European Innovation
Partnership on Active
and Healthy Ageing

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



European Innovation
Partnership on Active
and Healthy Ageing



- 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.

Rating Scale

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.

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

Share: [f](#) [t](#) [g+](#) [in](#)

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 changes
- ☐ Formation of task forces, alliances and other informal arrangements
- ☐ Governance established at a regional or national level
- ☐ Roadmap for a change programme defined and agreed
- ☐ Full, integrated programme established, with full governance

If someone asked you to justify your rating here write a few short sentences:

How confident are you of your rating?

Who do you think could provide a more confident judgement?

Questionnaire name: *

ALEC DEMO

Save questionnaire

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.


Ok



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

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?



Co-funded by
the Health Programme
of the European Union

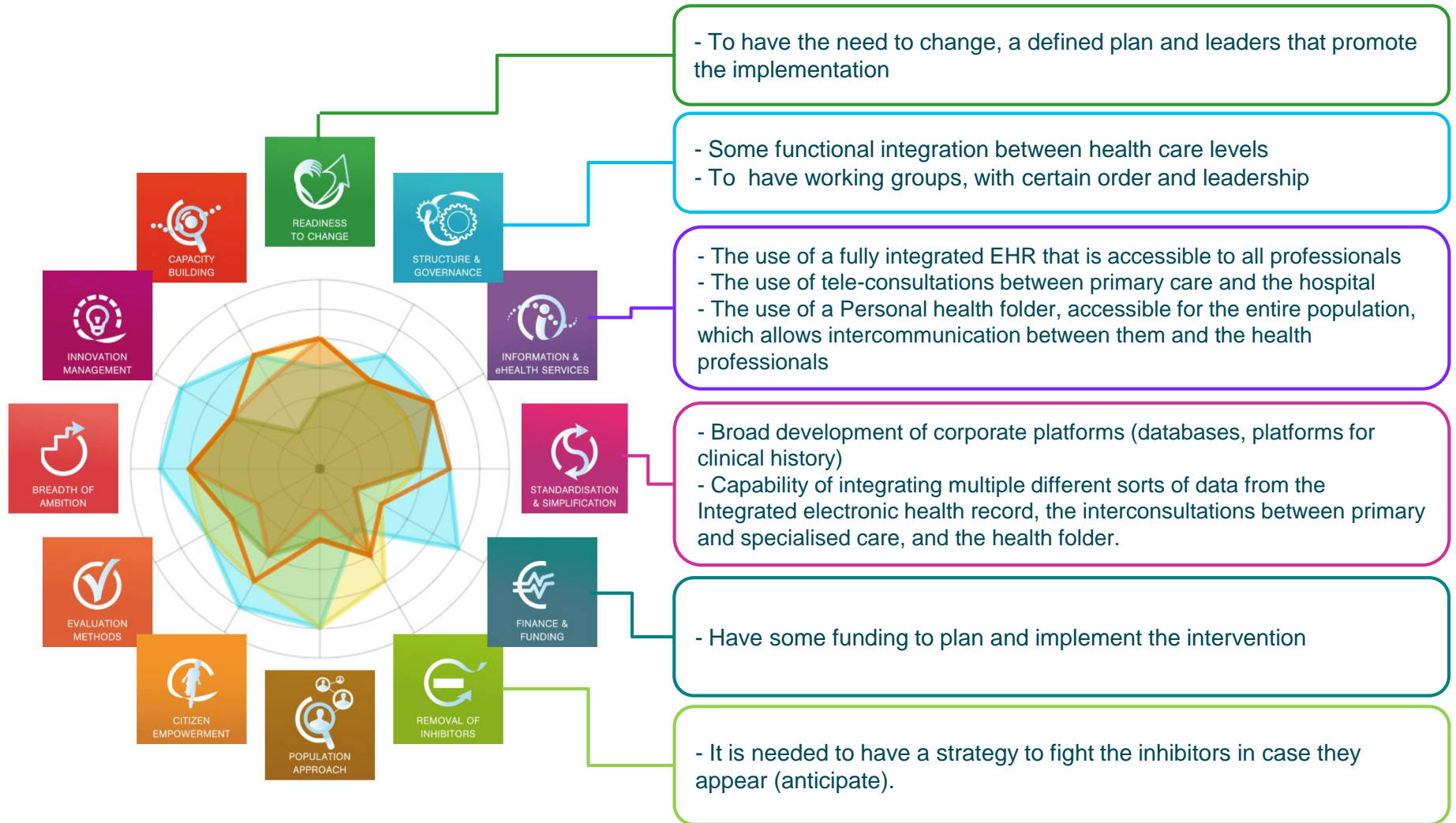


@ SCIROCCO_EU¹³

6th Annual Research Symposium – 22 April 2018

Tool to Assess Maturity Requirements of Good Practices

Pain Clinic in the Basque Country



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 Affairs
(AReSS Puglia)

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

Social Welfare
Regional Manager

STRENGTHS

WEAKNESSES

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

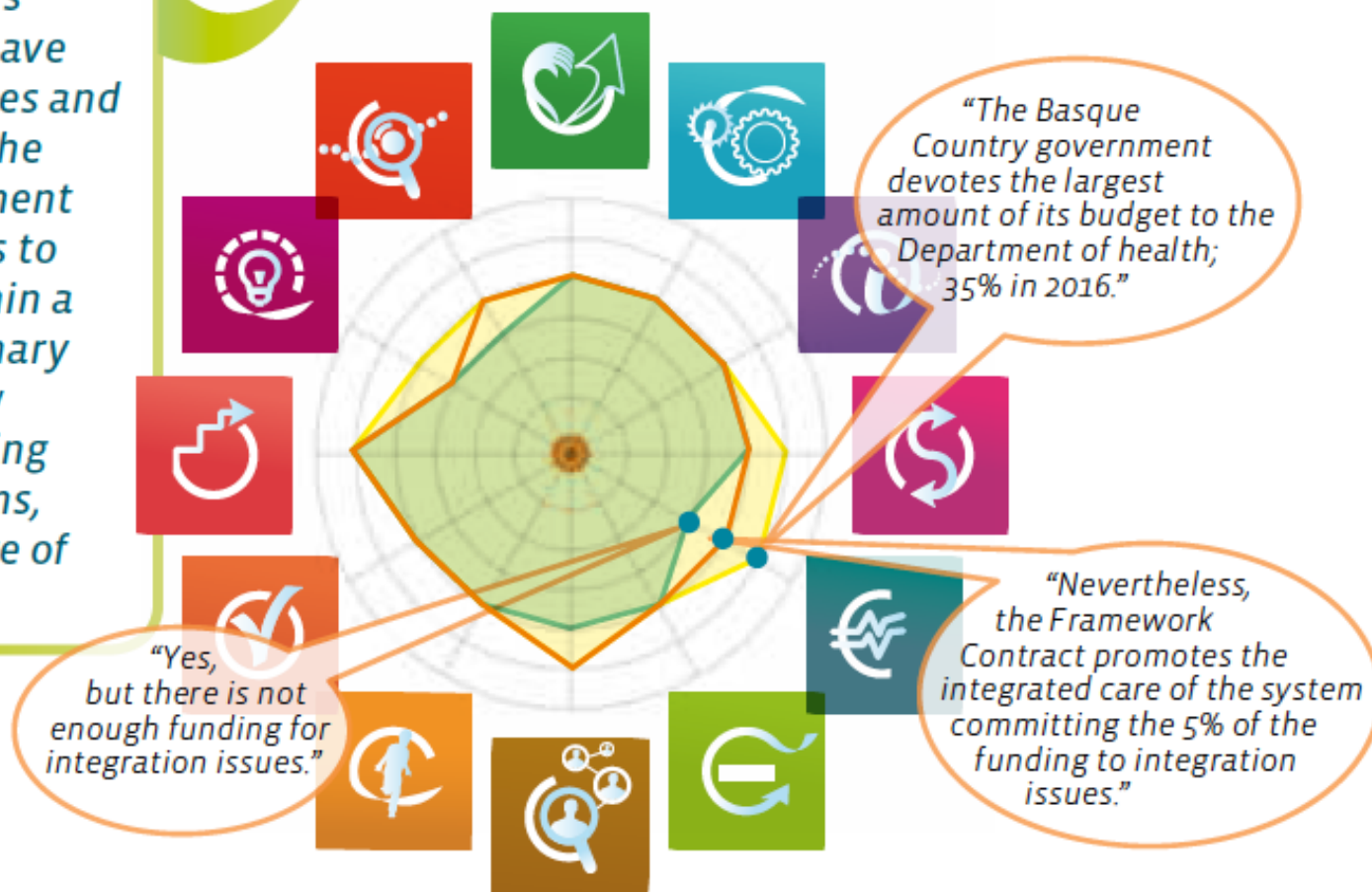


BASQUE COUNTRY

"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*



Next steps: Comparing the regional context

Region 1



Region 2



Q5 Q6 Q7 Q8 Q9 Q10 Q11 Q12

Health Services

Systems are not designed to support integrated care
eHealth services to support integrated care are being piloted
eHealth services to support integrated care are deployed but there is not
coverage
eHealth services to support integrated care are available via a region-
of these services is not mandated
ed use of regional/national eHealth infrastructure across the health-
ional eHealth services used by all integrated care stake-

to justify your rating here what would you say (please provide a few

This system uses 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



Twinning & Coaching

SCIROCCO engagement & sustainability



European Innovation
Partnership on Active
and Healthy Ageing



- 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

SAVE
THE DATE

24
October
2018

in Brussels

VENUE:

Scotland House
Conference Centre

Rond point Schuman
1040 Brussels





WE ARE INTERESTED TO HEAR FROM YOU!

www.sciocco.eu

Andreapavlickova@nhs.net



Co-funded by
the Health Programme
of the European Union



@ SCIROCCO_EU²¹