



Self-assessment process in the Basque Country



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- Kronikgune

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1 Introduction to the region

The Basque Country is an Autonomous region in Northern Spain, configured by three constituent provinces Áraaba, Biscay and Gipuzkoa. Bounded by the Bay of Biscay to the north and the autonomous communities of Navarra to the east, La Rioja to the south, and Cantabria to the west, it has a population of 2.19 million people. Its government consists of a president and a parliament. The autonomous government is based on the Statute of Autonomy of the Basque Country (1979), a foundational legal document providing the framework for the development of the Basque people on Spanish soil. The Basque Ministry for Health controls policy-planning, financing and contracting of health services; the Ministry for Employment and Social Affairs defines the social policies, whilst the contracting of social services is done by the Provincial Councils and municipalities. The process of commissioning and funding of the Ministry for Health defines the type and volume of activity and the founders of the care providers. This relationship is expressed in Law 8/1997, 26 June on Health Regulation in the Basque Country and is articulated through the Framework Contract with the public provider, Osakidetza. A minor part of the activity (elective surgery mainly) is outsourced to private providers.

1.1 Introduction to the regional healthcare system

The Basque health system is a Beveridge system working to improve the health status of the population. It is funded by taxes. The health system governs and funds the public healthcare provider, “Osakidetza - Servicio Vasco de Salud”, organisations in charge of biomedical research and innovation (BIOEF) and health services research in chronicity (KRONIKGUNE). According to Eustat¹ (Basque Institute of Statistics), the total public health budget in 2016 was 3.4 M€ which constitutes more than 30% of the Basque government’s total budget. It has a structural workforce of 26, 000 people and 7, 000 people on temporary contracts. Healthcare professionals are public employees.

The Basque health system is composed of 13 Integrated Care Organisations (ICOs). These include 324 primary care centers, 11 acute hospitals (4,100 beds), 4 sub-acute hospitals (500 beds), 4 psychiatric hospitals (777 beds) and 2 contracted long term mental health hospitals. The ICOs have been established to integrate primary and specialised care into one single organisation, trying to create synergies between the different levels of care.

1.2 Definition of integrated care

A clear strategic vision² by the Basque Government towards the challenge of ageing, chronicity and dependency has provided explicit support, leadership and capacities to transform the health and social care system towards integrated care in the Basque Country. Osakidetza has reinforced and extended this integrated approach. As a result, a number of

¹ <http://www.eustat.eus/indice.html>

² http://www.euskadi.eus/web01-s2osa/es/contenidos/plan_gubernamental/xleg_plangub_13/es_plang_13/index.shtml

processes and tools have been developed and implemented to support the integration of health and social care system. These include:

- People at the core of the actions proposed
- An integrated response to ageing, chronicity and dependence
- Culture of prevention and health promotion
- Ensure the sustainability of the system
- Promote the empowerment of the citizens
- Prominence and involvement of professionals
- Strengthening of research and innovation

A plan to achieve an integrated care has been launched and the concept of ICOs has been introduced to address the consequences of fragmentation and lack of coordination between different levels of care. The objective has been to achieve less fragmented, more coordinated, efficient and higher quality care.

Given the unique government arrangements of the Basque Country, the social, health and community ecosystem is highly complex and requires extensive coordination of efforts to ensure the best care. The Basque Strategy on Ageing 2015-2020³ has established an interdepartmental government body to guarantee the mainstreaming among the health and social providers in order to foster an integrated and coordinated care.

Integrated care in the Basque Country is mainly based on three pillars:

- Integrated governance that establishes the agents that participate in the organisation and provision of integrated care services, including the way services and departments are organised to manage the care process.
- Population approach, which implies coordination with social and public health agents. At present, the efforts are being made to extend the integrated electronic health record "Osabide" in all nursing homes, develop primary health and social care teams in all the ICOs and initiatives such as "InterRAI CA"⁴ that seek to ensure the interoperability of health and social information systems.
- Culture and values that imply a change from the culture of fragmentation to a culture of integration.

2 Self-assessment process in the Basque Country

2.1 Identification process of the local stakeholders

The Basque Country's local stakeholders were identified with the support of the Integration and Chronicity Service of Osakidetza. A multidisciplinary and multilevel group of experts in

³ http://www.ogasun.ejgv.euskadi.eus/r51-catpub/es/k75aWebPublicacionesWar/k75aObtenerPublicacionDigitalServlet?R01HNoPortal=true&N_LIBR=051715&N_EDIC=0001&C_IDIOM=es&FORMATO=.pdf

⁴ <http://www.euskadi.eus/gobierno-vasco/-/noticia/2017/innovando-en-el-modelo-de-atencion-sociosanitaria-en-euskadi-interrai-ca-como-embrion-de-la-h-sociosanitaria-vasca/>

healthcare integration was selected to assess the maturity of the region for the adoption of integrated care.

The profiles of the local stakeholders is provided in the table below:

Table 1: Stakeholders in the Basque Country

Name	Title	Organisation
<i>Eva Lamiquiz</i>	Insurance & Procurement unit's technical	Basque Health Department
Jose Antonio de la Rica	Health & social care Coordinator	Basque Health Department
Jaime Ruiz de Eguino	Economic Director of an ICO	Osakidetza
Aranzazu Gonzalo	Director of Integration of an ICO	Osakidetza
Mayte Bacigalupe	Deputy Director of Quality and Information Services of the General Directorate	Osakidetza
Rosa Gonzalez	Integration and chronicity service's technical of the General Directorate	Osakidetza
Javier Zubizarreta	Internal medicine service manager	Osakidetza
Miren Elicegui	Primary care unit manager	Osakidetza
Sonsoles San Martín García	Primary care nurse	Osakidetza
Iraide Sarduy	Hospital nurse	Osakidetza

After inviting the local stakeholders to participate in the self-assessment process, an introductory meeting was carried out by Kronikgune. The objective was to provide the experts with further information about the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), SCIROCCO project and the self-assessment tool as well as the self-assessment process and the scope of the integrated care to be assessed in the Basque Country. The meeting took place on 13 June 2017 in Kronikgune headquarters.

2.2 Self-assessment survey

In order to capture experts' individual perceptions and opinions on the maturity level of the Basque health system to adopt integrated care all selected participants were invited to:

- Register on the SCIROCCO Tool's web page translated into Spanish
- Perform the individual self-assessment
- Share their self-assessment outcomes with Kronikgune

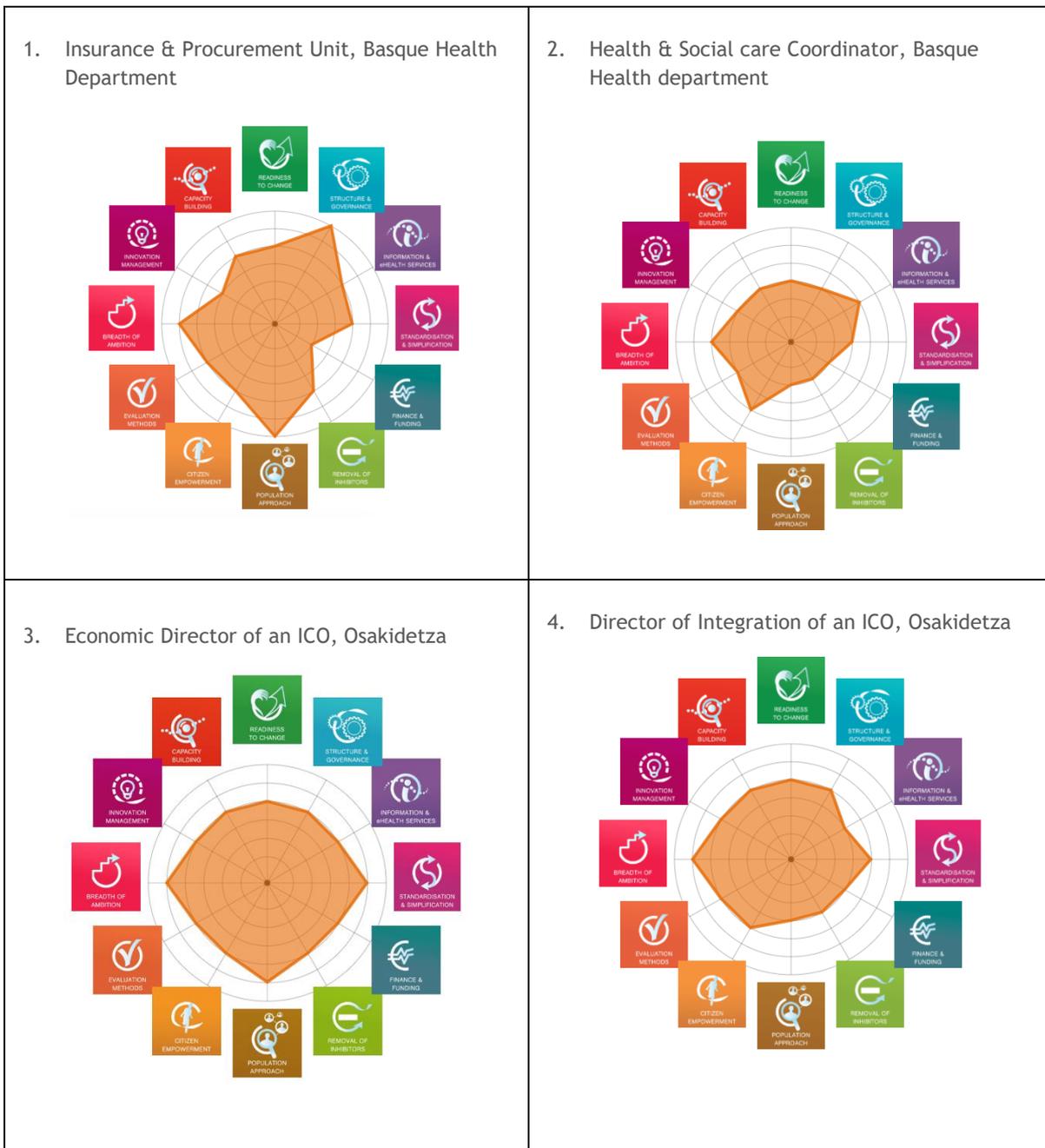
All stakeholders responded the online survey in the period of one week; 16 - 21 June 2018.

2.2.1 Outcomes of the self-assessment survey

All stakeholders responded the survey; however, they have not provided written justifications of their ratings. Nevertheless, the experts were asked to bring their

justifications to the consensus-building workshop and discuss their perceptions with the rest of the group.

The following spider diagrams reflect the diversity of the stakeholders' perceptions on the maturity of the Basque health system for integrated care.



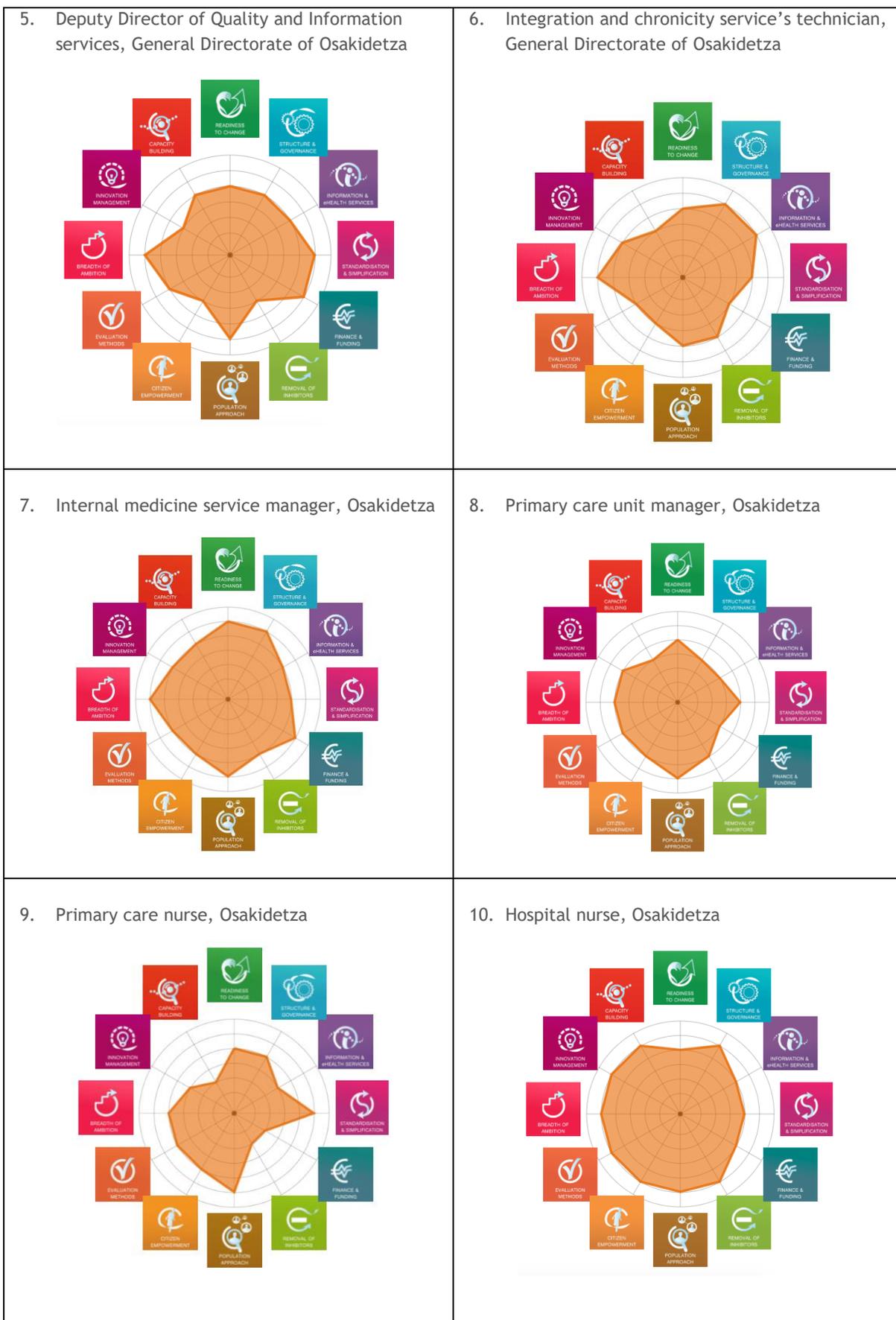


Figure 1: Stakeholders' individual questionnaires in the Basque Country

After the stakeholders filled in the individual questionnaires, the mean and dispersion have been analysed for each one of the dimensions of the maturity model.

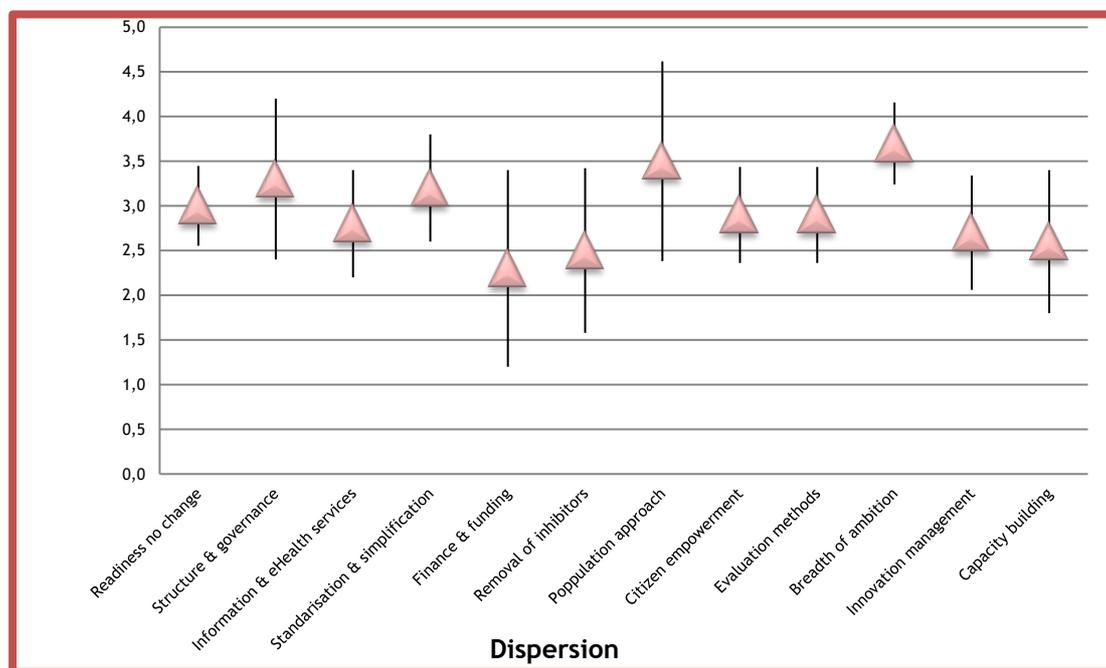


Figure 2: Mean and dispersion of the individual questionnaires' scores by each dimension

The highest mean values were given to the dimensions of Breadth of ambition and Population approach. The lowest mean values were given to the domains of Finance and funding and Removal of inhibitors. The dispersion for each dimension was analysed by calculating the standard deviation. The dimensions with the greatest variability are Finance & Funding (sd = 1.1), Population approach (sd = 1.1), Structure & Governance (sd = 0.9), and Removal of inhibitors (sd = 0.9). In contrast, the dimensions with smallest variability are Readiness to Change (sd = 0.4), Citizen Empowerment (sd = 0.5), Evaluation Methods (sd = 0.5) and Breadth of Ambition (sd = 0.5).

The dimensions that present the greater variabilities reflect the disparity of opinions among the stakeholders.

It may be due to:

- the complexity of the dimensions;
- the interpretation of what is described in the dimension is different among the stakeholders, although their opinion does not differ so much;
- the differences in stakeholders' perspectives.

2.3 Stakeholder workshop

A follow up workshop was organised by Osakidetza and facilitated by Kronikgune on 22 June 2017. The objective of the workshop was to discuss the preliminary findings of the self-assessment survey in the region and seek a multi-stakeholder understanding of the maturity

of healthcare system for integrated care in the Basque Country. The outcomes of the self-assessment survey served as the basis for the multi-stakeholder discussion, negotiation and consensus-building. The workshop was held in Spanish and the local project managers translated the outcomes of the workshop into English afterwards. Nine of the ten stakeholders joined the workshop.

Table 2: Agenda for the self-assessment workshop

Time	Session Title
09.30	Welcome, Meeting Objectives & Methodology <ul style="list-style-type: none"> • Presentation of the first individual spider diagram results. • Split stakeholders into two working groups, and selection of a representative for each one.
09.45	Negotiation & Consensus Building in the two working groups <ul style="list-style-type: none"> • Facilitated discussion on the outcomes of the self-assessment process for the region in the two groups, and reach an agreement resulting in a group-diagram.
11.15	Coffee break
11.30	Negotiation & Consensus Building. Final diagram for the Basque country <ul style="list-style-type: none"> • Presentation of the agreed group-diagrams to the whole group by the representatives of each group. • Agreement on the final diagram of the Basque Country. Consensus on the final scoring per each dimension, including the rationale for scoring.
13.00	Reflection of the stakeholders on the self-assessment process <ul style="list-style-type: none"> • Moderated discussion on the experience of local stakeholders with the self-assessment process.
13.25	Conclusion and next steps



Figure 3: Participants and facilitators of the stakeholders' workshop in the Basque Country

2.3.1 Negotiation and consensus building

After a short introduction to the workshop, the local stakeholders were grouped into two teams to ensure discussions and sharing of opinions among all participants. The objective was to reach a consensus across all 12 dimensions of SCIROCCO tool and to create a final spider diagram in each of the two groups. A method to avoid disagreement was proposed to

facilitate the discussions; if there was no agreement on the final score of a dimension, the scoring with the majority of the votes was chosen.

During the small group negotiations and consensus building, each stakeholder presented its spider diagram to their peers and shared the scores and justifications of each dimension. Both groups reached consensus in about one hour and half. Negotiation was straightforward, amiable and fast.

After a coffee break both groups came together to reach a final consensus and provide justifications for the final scoring. A spokesperson for each group presented the agreed small group diagrams and the differences in scoring were discussed by all participants. The dimensions of “Structure and Governance”, “Funding”, “Breadth of ambition” and “Population approach” were mostly discussed. After an hour a consensus was reached and final spider diagram addressing the maturity of the Basque Country to adopt integrated care was uploaded on the SCIROCCO Tool.

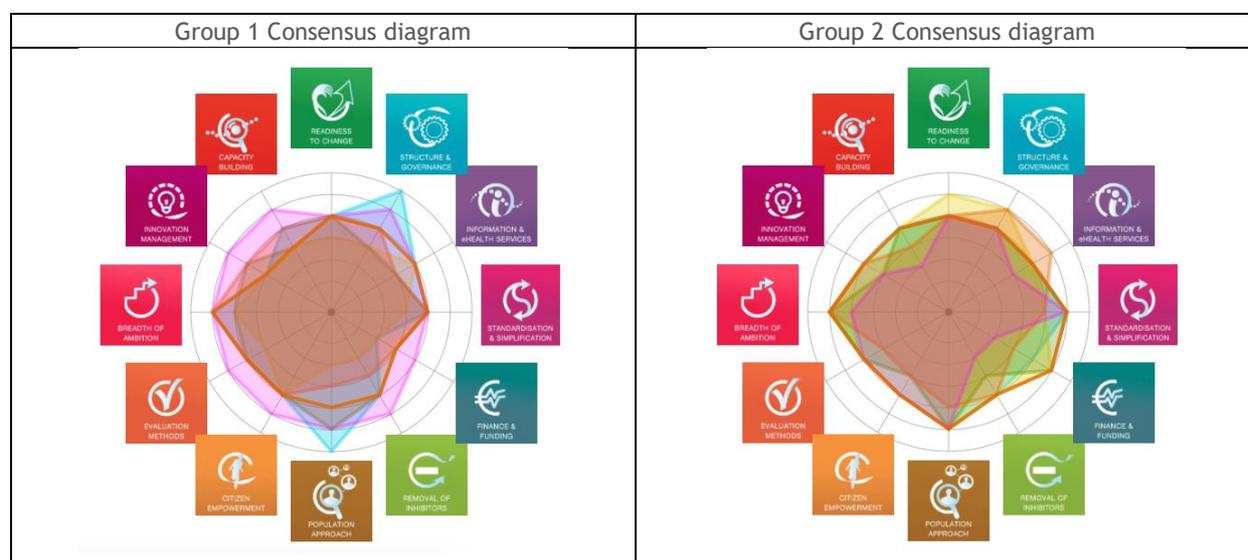


Figure 4: Both groups’ consensus diagrams

2.3.2 Final consensus

The final spider diagram shows the maturity of the Basque healthcare system for integrated care, including the areas for improvement. The local stakeholders reached consensus across the number of dimensions such as Readiness to Change, Structure and Governance, eServices, Population Approach or Breadth of Ambition. In contrast, the domains of Innovation management, Funding, Capacity building and Standardisations proved to be more challenging to reach the consensus (see Figure 5).



Figure 5: Basque Country’s final consensus diagram

The highest scores correspond to the “Population Approach” and “Breadth of Ambition” dimensions, both with a 4; the lowest one, to the “Innovation Management”, with a 2. The rest of the dimensions scored a 9. The details of the stakeholders’ assessment including the justifications for the scoring are provided in the following table:

Table 3: Scores, justifications and reflections assigned to each of the dimensions

Dimension	Assessment Scale	Description	Justifications & Reflections
Readiness to Change	3	Vision or plan embedded in policy; leaders and champions emerging	<ul style="list-style-type: none"> Integration policies in the Basque Country are clearly defined, but change management is poorly implemented. The Integrated Care Management plan is incorporated into the policies and structures, however change management is partially implemented.
Structure & Governance	3	Governance established at a regional or national level	<ul style="list-style-type: none"> There is a clear roadmap to change to an integrated system. The healthcare system is driving the change but the progress is hampered, as the health and social departments are managed independently.
eHealth Services	3	ICT and eHealth services to support integrated care are planned and deployed widely at large scale but use of these services is not mandated	<ul style="list-style-type: none"> There is a wide development of eHealth services to be used by professionals but not so much by the citizens. The willingness to use ICTs depends on each individual, professional.

Standardisation & Simplification	3	A recommended set of agreed information standards at regional/national level; some shared procurements of new systems at regional/national level; some large-scale consolidations of ICT underway	<ul style="list-style-type: none"> - Broad development of corporate platforms e.g. databases, platforms for clinical history, public procurement of innovative solutions. - ICT standardisation is still in process. - Not sufficient solutions and initiatives to integrate social and health sectors.
Funding	3	Regional/national (or European) funding or PPP for scaling-up is available	<ul style="list-style-type: none"> - Insufficient funding for specific integration matters; Osakidetza's framework program devotes only 5% of the budget for this purpose.
Removal of Inhibitors	3	Implementation Plan and process for removing inhibitors have started being implemented locally	<ul style="list-style-type: none"> - From a legal and structural point of view, it is already in place. From a cultural point of view, it needs to be implemented.
Population Approach	4	Population-wide risk stratification started but not fully acted on	<ul style="list-style-type: none"> - The whole population has been stratified based on their morbidity risk. - The socio-health stratification is not implemented. - Fragility is not taken into account in the current risk stratification.
Citizen Empowerment	3	Citizens are consulted on integrated care services and have access to health information and health data	<ul style="list-style-type: none"> - Important dichotomy between patient and citizen. Patients with high burden disease(s) are highly empowered. The same is not true for citizens. - The citizens do not participate to the co-creation of healthcare matters.
Evaluation Methods	3	Some integrated care initiatives and services are evaluated as part of a systematic approach	<ul style="list-style-type: none"> - The "Framework program" is the tool used for integrated care evaluation. It uses questionnaires such as D'amour⁵ and IEMAC⁶. Some other initiatives have been taken into account, but they are not in place yet.
Breadth of Ambition	4	Integration includes both social care service and health care service needs	<ul style="list-style-type: none"> - The Basque Country does not have a joint Ministry of Health and Social Care. The responsibility for social assistance is left to the each province (Deputations). - Once a complete structural integration is accomplished, a complete functional integration and socio-health coordination is expected.
Innovation Management	2	Innovations are captured and there are some	<ul style="list-style-type: none"> - The health department has an research and innovation strategy.

⁵ Nuño-Solinís R, Berraondo Zabalegui I, Sauto Arce R, San Martín Rodríguez L, Toro Polanco N (2013), "Development of a questionnaire to assess interprofessional collaboration between two different care levels", Int J Integr Care. 2013 Apr 12

⁶ <http://www.iemac.es/>

		mechanisms in place to encourage knowledge transfer	<ul style="list-style-type: none"> - Bottom-up approach to promote innovation of the healthcare organisations - In some Integrated Care Organisations, innovation units have been created - Health Department, BIOEF and Kronikgune support innovation - The innovation management is not systematised within Osakidetza
Capacity Building	3	Systematic learning about integrated care and change management is in place but not widely implemented	<ul style="list-style-type: none"> - Integrasarea ⁷ and the Framework program promote the change management and the learning on integration, but there is a need of a systematic method to standardised the capacity building within Osakidetza.

3 Analysis of the outcomes

The consensus method introduced some changes to the individual scores of the local stakeholders. Comparing the means of the values of the individual assessments with the final scores, obtained after the negotiation and consensus process, we found changes bigger than 0.5 points in four out of the twelve dimensions. In three of them (“Finance & Funding”, “Removal of Inhibitors” and “Population Approach”), the final score is higher. The Readiness to change is the only dimension where mean and final score are the same. We could conclude that although initially the stakeholders had very different opinions, probably due to the differences between their expertise and experiences, after listening to others in the workshop, some realised that they had been excessively critical. This could be partly explained that although the stakeholders work in the same healthcare system, they are not always aware of the perspectives of professionals from different departments.

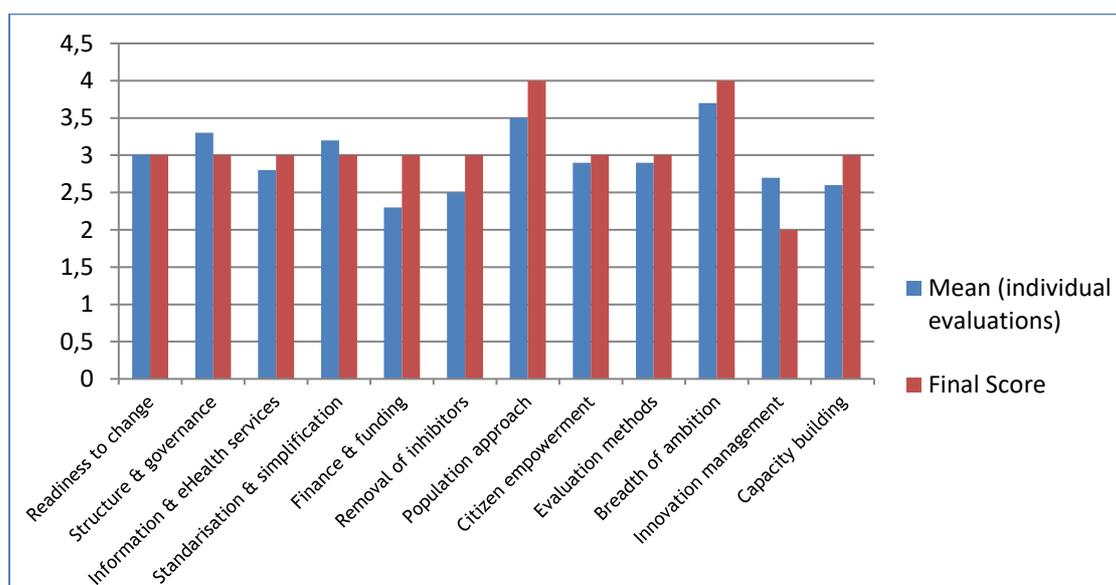


Figure 6: Means of the individual questionnaires and final scores for each dimension

⁷ <http://www.integrasarea.eus/index.php>

The outcomes for the Basque Country can be summarised as follows:

1. The spider diagram for the Basque Country is quite homogeneous with no big discrepancies in stakeholders' perceptions across most of the dimensions of SCIROCCO tool. It means that all of them are pretty much on the same page. The dimensions with the highest consensus are "Population approach" and "Breadth of ambition".
2. The outcomes of the self-assessment provide very harmonised approach to integrated care in the region. The outcomes show that there is a progress towards integrated care in all of the dimensions of the SCIROCCO tool. There are areas for improvement e.g. participation and empowerment of the citizens and innovation management that needs to be further promoted. It is also necessary to create right environments between the different agents involved to improve their collaboration.
3. There are some specific factors in the region that need to be taken into account to understand strengths and weaknesses identified in the self-assessment process.

Since 2010, Osakidetza, aiming for an integrated care system, has moved towards a new organisational and management model with the unification of healthcare structures, population stratification, and integrated information systems, among other elements. It facilitates the process across all dimensions of the SCIROCCO tool and the domain of the "Structure and Governance" specifically.

In addition, the embracement of tools for the assessment of continuity of care (eg. IEXPAC, IEMAC, D`AMOUR, Framework contract) has facilitated a cultural change for Osakidetza' professionals. The professionals have had to adopt new roles and face new challenges that imply across the domains of "eHealth Services" and the "Standarisation and Simplification".

Currently, the involvement of patients and citizens in the development of healthcare policies and services will become the main axis of the new model of care in the Basque Country.

4. The relationship and coordinated work between the Health and Social sectors is crucial to guarantee continuity of care and it is very much dependent upon culture, social and organisational aspects of a particular healthcare system.

4 Key message

The experts that participated valued the self-assessment process as a very positive experience. They appreciated its usefulness for enhancing negotiation and consensus building. It was agreed among the experts that the outcomes reflected realistically the current state of the healthcare system in the Basque Country.

Some statements raised were:

"The self-assessment process is a reflection exercise."

"When consensus is reached, extreme scores disappear and a more balance score is reached".

“The SCIROCCO self-assessment process has allowed us to contrast opinions with a group of multidisciplinary and multilevel colleagues, and to deepen in the current situation of the region in relation to integrated care, making us aware of where we are.”

5 Conclusions and next steps

The SCIROCCO tool can be a very useful tool to assess the evolution or the level of integration that are taking place in the healthcare systems. It can also help to facilitate the knowledge transfer processes, especially by providing evidence in the form of perceptions of the different stakeholders involved in the implementation of integrated care.

To conclude, the SCIROCCO tool can be useful as:

- 1- A framework to transfer the integrated care initiatives between the different regions in Europe.
- 2- A tool to facilitate sharing of good practices between organisations within a particular healthcare system.
- 3- A monitoring tool to assess the progress against the specific dimensions of integrated care.
- 4- An awareness raising tool to capture the perceptions of different groups of professionals/stakeholders within the same organisation.

After having analysed the results obtained during the SCIROCCO self-assessment process, Osakidetza and specifically the Healthcare Directorate of Osakidetza will aim to reflect on the usefulness of the tool for the Basque Country’s healthcare system. In particular, it is being considered to perform a test to analyse the usefulness of the SCIROCCO tool in the transfer of good practice among organisations in the region.