HOW TO USE THE SCIROCCO TOOL TO ASSESS MATURITY REQUIREMENTS OF GOOD PRACTICES

Prof Stuart Anderson

University of Edinburgh

Scirocco
Scaling Integrated Care in Context

Co-funded by
the Health Programme
of the European Union

Assessing the Maturity Requirements of a Good Practice

► The assessment **process** consists of the following steps:

1. Organisers **identify local experts** to be involved in the assessment

2. The experts **individually perform the assessment** by filling in a questionnaire on the SCIROCCO tool and Identifying **relevant features** of the healthcare system for the adoption of a Good Practice.

3. The experts **share their individual questionnaires** with the organisers

4. A **workshop** is organised to **discuss and reach a consensus** amongst the different experts about the maturity requirements of a Good Practice. The workshop also agrees on the relevant features for the Good Practice.

scirocco
Scaling Integrated Care in Context

Step 1: A Multidisciplinary Team

Practitioner Perspective

Managerial Perspective
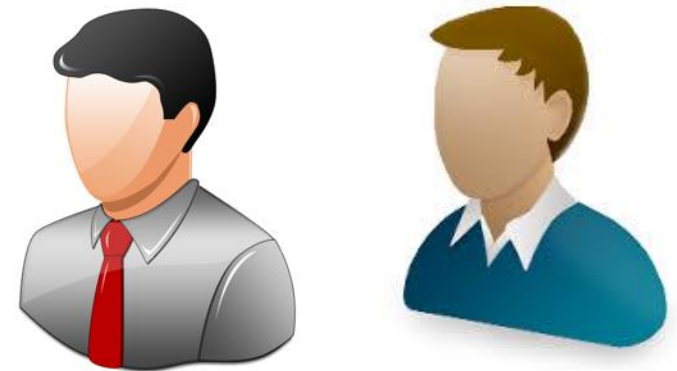
Step 2: Performing an Individual Assessment

Maturity Assessment

The objective of this page is to assess the maturity requirements of good practices. This is what the good practice needs from its environment in order for it to be possible to carry out the good practice.

Questions marked with * are compulsory

Assessment | Description*

Please provide a name for your assessment (e.g. your own name and that of the good practice): *

Pain Clinic

Healthcare system your good practice belongs to:* ⓘ

Basque Country, Spain

Good practice: * ⓘ

Basque Country: Transversal Approach of the Pain from a Pain Unit

Update

Share

Step 2: Performing an Individual Assessment

Step 2: Performing an Individual Assessment

Practitioner Perspective

Managerial Perspective

Scirocco
Scaling Integrated Care in Context

Step 3: Sharing Individual Assessments

Maturity Assessment

The objective of this page is to assess the maturity requirements of good practices. This is what the good practice needs from its environment in order for it to be possible to carry out the good practice.

Questions marked with * are compulsory

Assessment	Description*

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

2. Structure & 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 accepted by stakeholders involved
○ 5- Full, integrated programme established, with funding and a clear mandate

Please indicate the features of the domain which justify your reply: ⓘ *

Governance structure that spans primary and secondary care.
Governance is adequate to support tele consultation and limited
tele-prescribing

Update

Share

Step 4: Negotiating and Reaching Consensus

Governance is well-developed here but this is nothing new

Capturing pain clinic decisions took some work in the PHR

It took months of negotiation with the GPs to agree to teleconsultation

cirocco
Scaling Integrated Care in Context

Step 4: Negotiating and Reaching Consensus

Decision

Step 4: Negotiating and Reaching Consensus

Adoption and Transfer

► Features capture what the Good Practice needs in the environment.

► Features capture the originating healthcare system in some detail.

► Adoption and transfer involves exploring how to reconcile the features needed by the Good Practice with those available in the receiving healthcare system.

► As the population of Good Practices grows, the healthcare systems feature sets become more complete and better characterised.

SPOTLIGHT ON GOOD PRACTICE PAIN MANAGEMENT

Enrique Barez

Integrated Organisation Araba, Osakidetza

Basque Country

Co-funded by
the Health Programme
of the European Union

Basque Country's Health System

- Population: 2.17M

- Financed by taxes: 3,605 M€ in 2018

- Universal Healthcare coverage

- Healthcare providers

  - Basque Public Health Service-Osakidetza

    - 13 Integrated Care Organisations (ICO)

      - 14 Acute Hospitals, 313 Primary Care Centres

      - +30,000 Healthcare professionals

    - 2 Sub-acute Hospitals

    - 3 Mental Health Nets

  - Private health centres

Assessment Process

1. **Select a Good Practice viable to be transferred. Integrated Approach in Pain Management**

2. Identify the two sub-groups
4 people. 2 from the context, 2 from the practice

3. Introductory meeting
Meeting to introduce the project and the Scirocco Tool

4. Individual self-assessment surveys (4)
Using the current online version of the Scirocco Tool

5. Workshop
Consensus scores & features and discussion

ICO Araba

- Population 400,000
- More than 40 primary care centres
- 3 Hospitals
- Pain clinic

From: ENRIQUE MANUEL BAREZ HERNANDEZ
ent: **Wednesday, March 26, 2014 9:27 PM**
AMELIA CABELLO TORRES; MARIA BELEN BELTRAN D
ROBERTO SANCHEZ SANCHEZ; ANA MARIA PEREZ FERNA
Cc: M.CARMEN ITURRICASTILLO PEREZ; ENRIQUE MANU
AGUIRRE OTEIZA
Subject: Comienzo de trabajo en el HUACE, situación ac

Estimadas compañeras.

Aprovechando que estoy de guardia y tras analizar la de
email.
En primer lugar quiero agradecer el esfuerzo de cambio
en el HUACE, algo totalmente nuevo para todos.

También me gustaría transmitir que tras **citación a hue**
vistas o citadas todas las solicitudes (**teníamos 237 vola**
2014). **Se comenzó por los 47 Preferentes y se continu**
Ordinario. Espero que con esto lleguen menos solicitud
llegaban a ritmo de uno semanal +ó-).

Por meses, empezamos a ver pacientes **remitidos en Marzo de 2013** y en este mes nos hemos
colocado en Septiembre de 2013, quedándonos por atender (repito que ya están citados) unos
95 pacientes de 2013. No hay demora de Preferentes (hay huecos libres cada semana), y han
llegado unos 28 pacientes en 2014 de priorida

La citación de CNP desde Primaria va según l
están todos citados.

Están bloqueadas todas las consultas de HUAC
hasta conocer la disponibilidad tanto del pers
Dolor. Cuando sepamos si podemos abrir esas
citados en esas tres semanas y adelantar algú

Desde febrero de 2014, tenemos las agendas
Estas dos últimas son iguales y aprovecho par
mejorando la demora, sobretodo de sucesivas
antiguo que os pido que no volváis a utilizar.
las 9h y en esa hora hay que estar en la sesión
consultas en la misma agenda, empezando a l
pendientes de cita sucesiva deben ser enviado
establecido y no otro. Cada día queda un huec
inesperados.

Es prioritario que antes de Semana Santa tengamos citados a TODOS los pacientes

pendientes de cita sucesiva. Por favor Ana, mándaselos a Loli Pereiro para que los vayan
citando, como ha hecho hasta ahora con los anteriores.

o que debe estar claro que las agendas
revisto, evitando cambios de ningún
1 siempre. Si tras la distribución de
segunda consulta (y esto solo lo
drá citar sobre la agenda de Santiago 2,

r algo ajeno al servicio de Anestesia, y
nes de trabajo. Debe quedar claro que a
de consulta disponible (una consulta
e la Unidad del Dolor estamos de
estros puestos de trabajo. Es decir, que
ubren las guardias o URPAS o tardes el
punto.

te también se deben respetar sin
modificar. Si nos vamos de vacaciones o de congreso, o si estamos entrantes o salientes de
ardia, también nos cubrimos entre nosotros. Por lo tanto el quirófano que coincide con el
ongreso de Toledo lo asumiremos los que estamos ese jueves, en lugar de hacer cambios. Así
pierde ese quirófano y no cambiamos agendas. Por lo tanto no es necesario hacer ningún
ambio.

estés libre de carga de
e lo dices) para quedar con
o antes, por favor, porque
el HUACE (llega a poner 25 ó
o días puedes mejor.

March 2014. They had a serious problem. More than 230 patients to be attended as first consultations and no time or place to serve them.

**So they agreed to change the management model.**

For patients: there are patients with reduced mobility, with intense work schedules, bad weather**...**

Integrated Approach to Pain Management

Improve patients pain management, coordinating the conventional care with various forms of non f2f services

Change Pain Management Model

Pain Unit

Hospitals Agreements Primary Care Centers
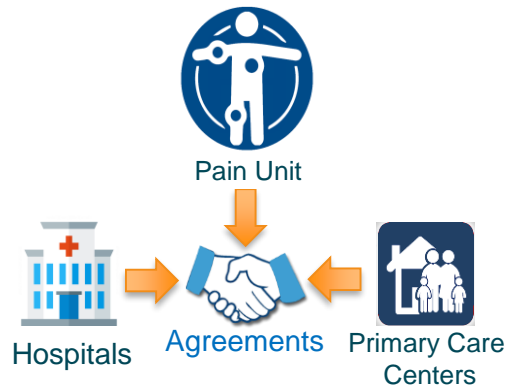
Integrated care approach

- Joint management Primary Care & Pain Unit

- Stratification

- Non face-to-face care

  - Teleconsultations and real-time sharing of patient information
    - Primary Care, hospitals and the pain unit
  - Personal health folder

- Personalised Management Plan

- Electronic prescription

cirocco
Scaling Integrated Care in Context
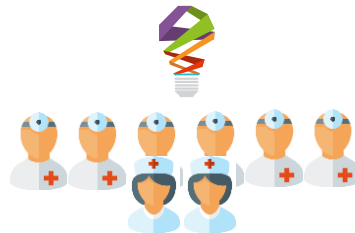
1. Scheduled telephone consultations
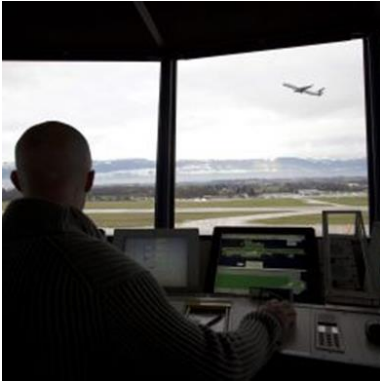

Consulta
Teléfonica

**Accounting for 1/3 of the follow-up to the Pain Clinic of OSI Araba.
Both by doctors and by nurses.
They have reduced visits and unexpected calls by 78%.**

scirocco
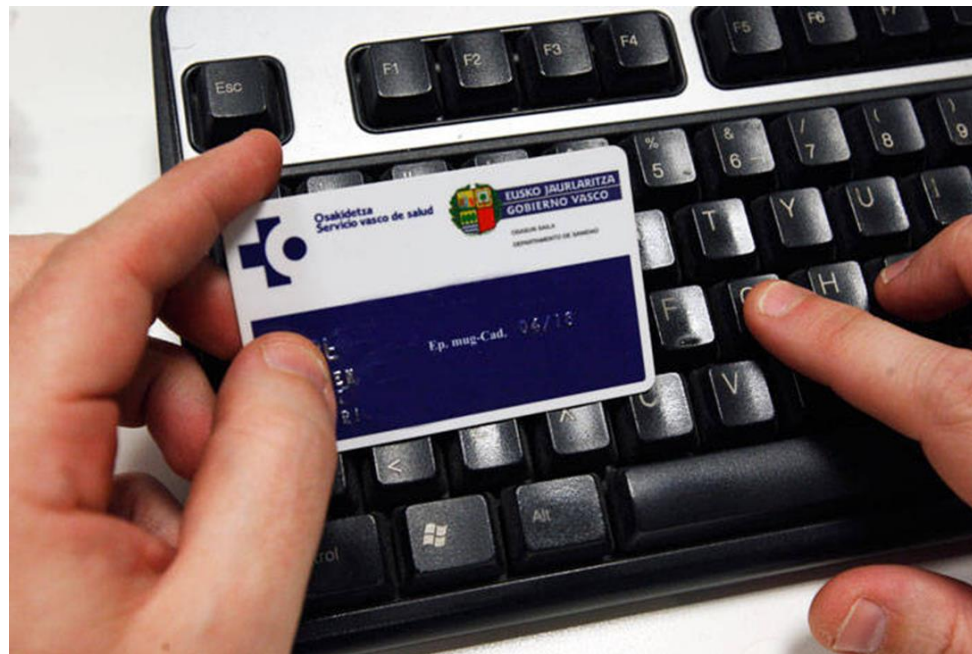Scaling Integrated Care in Context
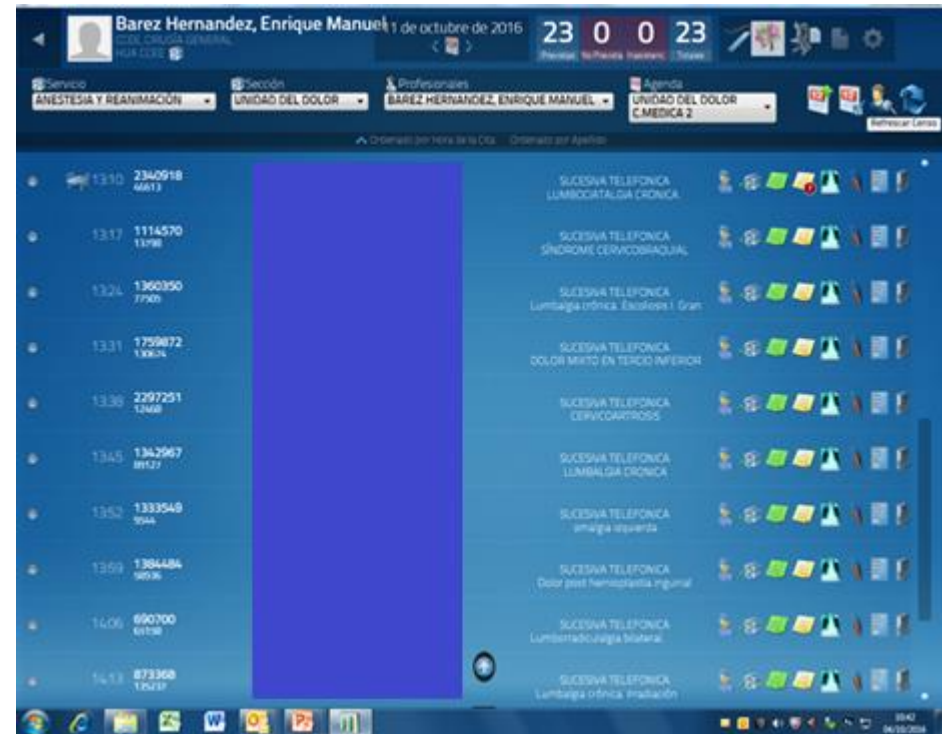
2. Remote control of known patients

To control the evolution (diagnostic tests, income, emergency ...). We get in touch with patients if there is a reason.

3. Videoconferencing

4. Consultations through the Health Folder (For asking questions, giving recommendations or writing a pain diary...)

Dudas con tu medico

Fecha Inicio: `DD/MM/AA 15` Fecha fin: `DD/MM/AA 15` Sección: `TODOS` ▼

DUDAS PENDIENTES (0)

DUDAS RESPONDIDAS (7)

14/04/2016 — *Doctoc Barez he tenido una mejoria a las dos semanas,al mes he tenido otra mejoria ahora hay dias que en ratos no me acuerdo de la pierna y otros dias que me duele todo el dia en resumen con la radiof*

Motivo de Consulta 📄

🔴 Alertas3 📋

⚠️ 26/10/2010 Alergia a Beta Lactámicos
☯️ 06/10/2005 EVITAR TOMA DE PENICILINA Y DERIVADOS
⚠️ 26/10/2010 tramadol

👥 Antecedentes Familiares y Personales

🧑 Diagnósticos de Episodios Previos 42 📋

💊 Tratamiento habitual.20 📋 +

📄 Evolución (Anamnesis-Exploración física)
Barez Hernandez, Enrique Manuel 19/09/2016 12:03:45
Explico bomba intratecal entiende y acepta. Meto en LE. Doy CI.

📄 Sin Informe de alta

📗 Últimas actividades 📋

🗒️ Constantes del Paciente 📋

📄 Evolutivos del paciente 38   −

🔴 21/07/2016 DIARIO PACIENTE
🔴 10/07/2015 URGENCIAS GENERALES
🔴 15/12/2014 TRAUMA CADERA INFANTIL
🔴 08/12/2014 TRAUMA CADERA INFANTIL
17/11/2014 HEMATOLOGIA GRAL
10/11/2014 ANESTESIA
04/06/2014 CIRUGIA GENERAL
🔴 30/05/2014 URGENCIAS GENERALES
🔴 06/03/2014 URGENCIAS GENERALES
10/02/2014 TRAUMA CADERA INFANTIL
26/11/2013 ANESTESIA
25/11/2013 OTORRINOLARINGOLOGIA
31/10/2013 DERMATOLOGIA
14/10/2013 REHABILITACION
27/09/2013 REUMATOLOGIA
🔴 03/09/2013 URGENCIAS GENERALES
28/05/2013 TRAUMATOLOGIA GRAL.
🔴 04/04/2013 URGENCIAS GENERALES
🔴 12/02/2013 TRAUMATOLOGIA C
06/02/2013 ANESTESIA
22/01/2013 PSIQUIATRIA GENERAL
20/12/2012 ENDOCRINOLOGIA
26/10/2012 TRAUMATOLOGIA GRAL.
09/10/2012 HEMATOLOGIA GRAL
🔴 28/09/2012 URGENCIAS GENERALES
05/09/2012 TRAUMATOLOGIA GRAL.
🔴 19/08/2012 URGENCIAS GENERALES

Mi Servicio ☐ Mi Episodio ☐ Ver por Procesos

5. mHealth: prescribing pain-related apps for smartphones and tablets, to improve their quality of life.
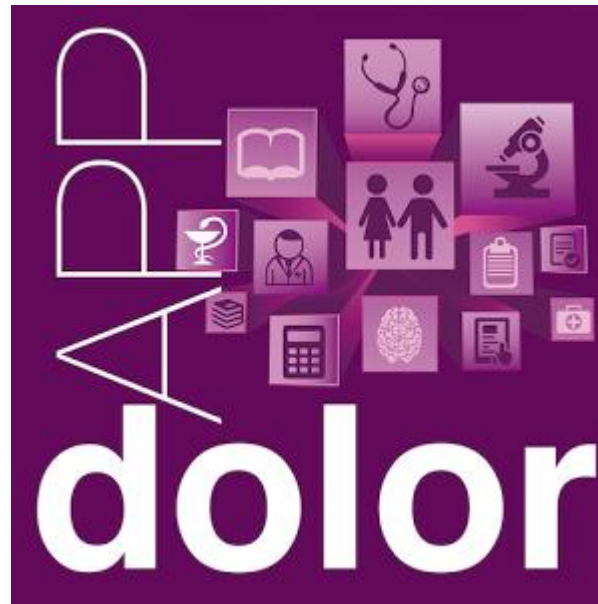
Challenge Addressed by the Good Practice

Improve the sat

Decrease the de

Avoid unnecess

Enhance trainir

Improve the sat

The waiting times for first ordinary and regular consultations has gone down from
more than 100 days in 2011 to
11 days in 2014
17 days in 2015 and
16 days in 2016
Two days for priority patients.

4

5

Assessment Process

1. Select a Good Practice viable to be transferred

2. Identify the two sub-groups
4 people. 2 from the context, 2 from the practice

3. Introductory meeting
Meeting to introduce the project and the SCIROCCO Tool

4. Individual self-assessment surveys (4)
Using the current online version of the SCIROCCO Tool

5. Workshop
Consensus scores & features and discussion

Individual Self-assessment Surveys

Managerial

Personal Health folder's manager

Director of integration of the ICO

Practitioner

Head of the Anaesthesiology Department

Head of the Pain Unit

Assessment Process

1. **Select a Good Practice viable to be transferred**

2. **Identify the two sub-groups**
   4 people. 2 from the context, 2 from the practice

3. **Introductory meeting**
   Meeting to introduce the project and the Scirocco Tool

4. **Individual self-assessment surveys (4)**
   Using the current online version of the Scirocco Tool

5. **Workshop**
   Consensus scores & features and discussion

Workshop

Managerial

■ Personal Health folder's manager

■ Director of integration of the ICO

Practitioner

■ Head of the Anaesthesiology Department

■ Head of the Pain Unit

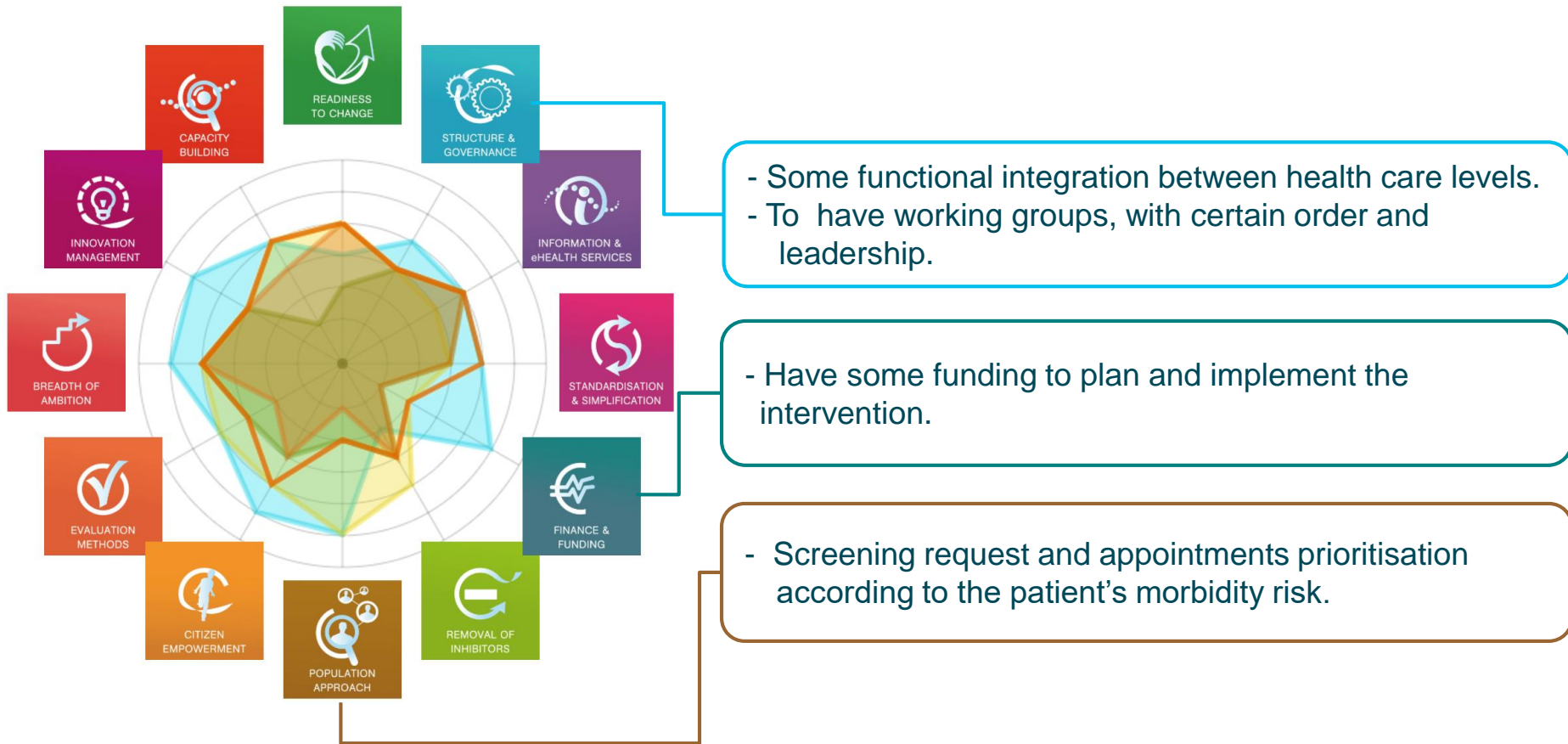# Implementation & Transferability – Most relevant

- 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.

- Have cohesive structures between primary and specialized care and common communication channels and tools.
- It would be desirable to have integrated the social sector.

- The Personal health folder is used as a tool for patient empowerment. Using it, patients can interact with the clinicians. This procedure replaces some face-to-face consultations.

scirocco
Scaling Integrated Care in Context

Implementation & Transferability - Not as relevant

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

- Have some funding to plan and implement the intervention.

- Screening request and appointments prioritisation according to the patient's morbidity risk.

scirocco
Scaling Integrated Care in Context

33

Key findings and Conclusions

➢ The consensus workshop has been key to achieve the results

➢ The features can reduce the variability

➢ The language used in the tool is somewhat complicated for front line professionals. A further refinement could be beneficial

"I would love to know not only the degree of transferability, but the level of effective transfer achieved between regions...

I imagine it will take a few years, I will wait… let me know"

THANK YOU!

HOW THE SCIROCCO TOOL FACILITATES KNOWLEDGE TRANSFER

Facilitated Discussion

Co-funded by
the Health Programme
of the European Union

HOW TO USE SCIROCCO TOOL TO FACILITATE KNOWLEDGE TRANSFER

Dr Cristina-Adriana Alexandru,

University of Edinburgh

Co-funded by
the Health Programme
of the European Union

Twinning & Coaching and Knowledge Transfer

➢ **Twinning and coaching** is the process by which:
- one healthcare system learns what it needs to create in local context to enable the adoption of a Good Practice **(HS-GP)**.
- one healthcare system learns from another more progressive healthcare system in order to improve its maturity in a particular dimension of integrated care **(HS-HS)**;

➢ **Knowledge transfer** is a central component, and widely recognised as effective for accessing evidence and learning on integrated care

➢ **The functionality of the tool for knowledge transfer** was designed iteratively, following initial experiences in 3 SCIROCCO regions and active partner participation

scirocco
Scaling Integrated Care in Context

The Knowledge Transfer Process: Healthcare System & Good Practice

Experts who have previously assessed the maturity of their healthcare system can use the SCIROCCO tool to:

1. Visually compare the level of maturity of their healthcare system with the maturity needs of Good Practices viable for scaling-up

2. Select a candidate Good Practice for knowledge transfer with the purpose of adoption within their healthcare system and invite the owners of the Good Practice for further knowledge transfer.

3. Facilitate a discussion on the features required for the transferability of the Good Practice, their feasibility and adaptation needed in the local context.

Scirocco
Scaling Integrated Care in Context

1. Visually comparing the HS assessment with assessments of Good Practices

GOOD PRACTICE ASSESSMENTS

☐ Cons-Czech Republic:ConsensusBC   Transfer

☐ Cons-Norrbotten: An Demo   Transfer

Transfer Good Practice to Healthcare System

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country,Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country,Demo for twinning and coaching

Scirocco
Scaling Integrated Care in Context

1. Visually comparing the HS assessment with requirements of the Good Practice

2. Selecting / inviting owner of the Good Practice for knowledge transfer

Transfer Good Practice to Healthcare System

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country,Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country,Demo for twinning and coaching

Transfer Good Practice to Healthcare System

You have successfully invited the owner of the good practice assessment Cons-Norrbotten: An Demo for twinning and coaching with your healthcare system

Choose the healthcare system assessment to compare with the good practice assessment Cons-Norrbotten: An Demo:

Cons-Basque Country,Demo (of healthcare system Basque Country, Spain)

Invite the owner of Cons-Basque Country,Demo for twinning and coaching

Dear Cristina Alexandru,

You have successfully invited wpadmin, the owner of the good practice assessment entitled Cons-Norrbotten: An Demo from the Norrbotten, Sweden healthcare system and the Norrbotten: An Effective Palliative Care Process good practice, for a twinning and coaching meeting between your teams. The comparison between your healthcare system assessment entitled Cons-Basque Country,Demo and their good practice assessment entitled Cons-Norrbotten: An Demo has also been shared between you, and is available here: http://scirocco-project-msa.inf.ed.ac.uk/tc-meeting?view=HS_GP&meeting=6. Please use this page to record the discussion between your teams.

Kind regards,

The Scirocco Project Team

3. Recording adaptation of features needed in HS for adoption of Good Practice

The Knowledge Transfer Process:
Healthcare System & Healthcare System

Experts who have previously assessed the maturity of their healthcare system can use the SCIROCCO tool to:

1. Identify one priority dimension in the healthcare system for improvement of its maturity

2. Facilitate the access to other healthcare systems which scored higher in a particular dimension and visually compare their level of maturity.

3. Invite a candidate healthcare system for knowledge transfer.

4. Facilitate a discussion on the features required for the improvement of particular dimension, their feasibility and adaptation needed in the local context.

scirocco
Scaling Integrated Care in Context

1. Recording one priority dimension for improvement

2. Facilitate access to healthcare system with higher maturity

Consensus assessments:

2. Compare visually two maturity assessments

Assessment Comparison

Legend

Cons-Basque Country,Demo saved by cristinutza0107@yahoo.com 2018-10-22 10:52:29
Cons-Norrbotten, Swe saved by wpadmin (you) 2018-10-22 12:44:32

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

1. Readiness to Change ⓘ

○ 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

If someone asked you to justify your rating here what would you say (please provide a few short sentences):
jcons1
jNorrbotten1

3. Invitation for knowledge transfer

Twin Healthcare System with Other Healthcare Systems

Candidate healthcare system assessments to contact for twinning the healthcare system assessment Cons-Basque Country,Demo on dimension Citizen Empowerment:

Cons-Norrbotten, Swecomposition2
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 1
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 2
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 3

Invite for twinning and coaching

Cons-Norrbotten, Swe

Invite for twinning and coaching

Twin Healthcare System with Other Healthcare Systems

You have successfully invited the owner of the healthcare system assessment Cons-Norrbotten, Swe for a twinning and coaching meeting

Candidate healthcare system assessments to contact for twinning the healthcare system assessment Cons-Basque Country,Demo on dimension Citizen Empowerment:

Cons-Norrbotten, Swecomposition2
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 1
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 2
This assessment is not accessible to you

Request access

Cons-Norrbotten, Sweconcensus 3

Invite for twinning and coaching

Cons-Norrbotten, Swe

Invite for twinning and coaching

Dear Cristina Alexandru,

You have successfully invited the owner of the healthcare system assessment entitled Cons-Norrbotten, Swe, wpadmin, for a twinning and coaching meeting between your teams. The comparison between your assessment entitled Cons-Basque Country,Demo and Cons-Norrbotten, Swe has also been shared between you, and is available here:http://scirocco-project-msa.inf.ed.ac.uk/tc-meeting?view=HS_HS&meeting=5. Please use this page to record the discussion between your teams.

Kind regards,

The Scirocco Project Team

4. Recording the features for adaptation required in the local context to enable creation of conditions for improvement

4. Recording the features for adaptation required in the local context to enable creation of conditions for improvement

Twinning and Coaching Meeting

Legend

Cons-Basque Country,Demo saved by cristinutza0107@yahoo.com 2018-10-22 10:52:29
Cons-Norrbotten, Swe saved by wpadmin (you) 2018-10-22 12:44:32

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

8. Citizen Empowerment ⓘ

○ 0- Citizen empowerment is not considered as part of integrated care provision
○ 1- Citizen empowerment is recognised as an important part of integrated care provision but effective policies to support citizen empowerment are still in development
○ 2- Citizen empowerment is recognised as an important part of integrated care provision, effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data●
○ 3- Citizens are consulted on integrated care services and have access to health information and health data
○ 4- Incentives and tools exist to motivate and support citizens to co-create healthcare services and use these services to participate in decision-making processe about their own health●
○ 5- Citizens are fully engaged in decision-making processes about their health, and are included in decision-making on service delivery and policy-making

If someone asked you to justify your rating here what would you say (please provide a few short sentences):
jcons8
jNorrbotten8

Which features need to be implemented in the receiving healthcare system (Basque Country, Spain) in order to improve its maturity assessment for the 'Citizen Empowerment' dimension?
*

Feature name	Already partially implemented?	Feasibility	Adaptation	
Offering incentiv	yes ▼	possible ▼	We need to change...│	✖
	▼	▼		✖

51

Outcomes of Knowledge Transfer SCIROCCO Action Plans

The outcomes of the twinning & coaching process will be captured in the form of Action Plans.

The Action Plans:

- Make recommendations / agree actions for modifying measures/interventions to be taken in the regions, including policy recommendations & potential impact(s).
- Inform the decision-makers about the priority actions necessary for the adoption of a particular good practice and/or improvement of a specific aspect of integrated care.

Note: The implementation of the Action Plans is not considered to be the scope of the project.

Scirocco
Scaling Integrated Care in Context

Cristina.Alexandru@ed.ac.uk

https://www.scirocco-project.eu/

TWINNING & COACHING OF SCOTLAND AND OLOMOUC REGION WITH PUGLIA REGION

Twinning and Coaching in Puglia Region

- ► **Type of the twinning and coaching:**
  - ■ Transferability of learning about the Good Practice

- ► **Role of the regions in twinning and coaching:**
  - ■ Scotland – Receiving region
  - ■ Olomouc Region – Receiving region
  - ■ Puglia Region – Transferring region

- ► **Focus of the twinning and coaching:**
  - ■ Telemonitoring, teleconsultation and telecare project for patients with Heart Failure, COPD and Diabetes in Puglia

Scirocco
Scaling Integrated Care in Context

Maturity Requirements of TeleHomeCare

Training of professionals, continuous learning

Change of approach in managing frail chronic patients out of hospital

Integration between hospital care and primary care

Evaluation habit; systematic evaluation and data collection

Training of patients; access to information in order to improve self-care and motivation for empowerment

Population stratification; shared care pathways among the actors

Leadership; shared vision and involvement of healthcare professionals

A clear roadmap for a change, including regulations

Sharing of information among professionals

Interconnection with the Regional Platform

Initial investment for the procurement of the bed side table

Small "change envisaged in the routine of the professionals involved

Capacity Building
Readiness to Change
Structure & Governance
Innovation Management
Information & eHealth Services
Breadth of Ambition
Standardisation & Simplification
Evaluation Methods
Finance & Funding
Citizen Empowerment
Population Approach
Removal of Inhibitors

Scirocco
Scaling Integrated Care in Context

SCOTLAND'S PERSPECTIVE

**Morag Hearty,
NHS Lanarkshire**

Co-funded by
the Health Programme
of the European Union

Rationale for twinning with Puglia Region – Scotland's perspective

► Identified similar issues and ambitions to assist people to be cared for at home or as near to home as possible (Scottish National Outcomes).

► Helped identify the areas of good practice to prioritise in our Action Plan.

Scotland's local conditions for the adoption of learning from Puglia's Good Practice

Feasibility of the features

► Feasible: Standardisation and simplification are possible with effort : plans already place re citizen portal and ensuring interoperability is a key standard in all new procurement.

► Not feasible: The engagement with local industry partners is problematic – due to both our rigorous procurement and financial policies and previous issues with platforms unable to support scale.

Scotland's priority actions to enable conditions for the adoption of learning

► Improved citizen empowerment- enabling truly integrated care requires an increase in public awareness and engagement.

► Evaluation – to enable robust future business cases we require data to be integrated from both health and social care systems.

Take home messages

► Scotland: if you have the opportunity – take it!

► Useful to have the a wide representation from clinicians, operational staff and strategic managers.

► The generosity of our twinning region of Puglia in sharing information freely across all their stakeholders with a full and relevant itinerary –Thank you.

OLOMOUC REGION'S PERSPECTIVE

Zdenek Gutter,
University Hospital Olomouc

Co-funded by
the Health Programme
of the European Union

Rationale for Twinning with Puglia Region

➤ **Rationale / motivation:**
Our focus in UHO is care of chronically ill (frail) patients between home and hospital;
UHO operates two good practices with some similarities to Puglia´s Practice and wants to extend their scopes and introduce other relevant innovations proven in EU countries

➤ **Addressing particular needs / problems in Olomouc / CR:**
The Puglia practice demonstrated sets of innovations that are valuable sources of inspiration for replications in the interest of improving quality and effectiveness of care services;

Local conditions for the adoption of learning – Olomouc Region

Maturity of Good Practice requirements

Maturity of Olomouc's healthcare system

Main commonalties: Population approach – based on sharing health pathways among the actors of the care team – similar approach as in the CR – patients stratification is driven by medical personnel

Differences: Almost all the other domains – conditions are either different or not yet ready to allow direct introduction of the practice
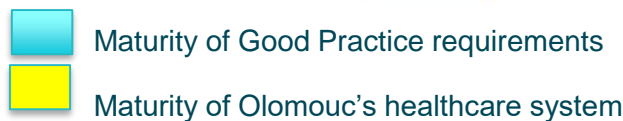
Priority actions to enable conditions for the adoption of learning – Olomouc Region

➢ **Collaboration on healthcare reform**

Innovative good practice requires conditions that can only be made available by reforms or system changes; UHO participates in the process on reforms in the CR;

➢ **Use of Structural and other EU funding resources**

- The Ministry of Health Structural Reform Support Programme (2017- 2020)

- Pilot projects (Olomouc) designed to replicate good practices that demonstrate a better care coordination and increase of quality and effectiveness of care by using digital health tools

➢ **Olomouc policy implication**: UHO promotes essential learning from the Good Practice and makes all 3 key Czech stakeholders familiar with the Good Practice and its impact

Take Home Message

Olomouc Region

- Broad range of learnings comprising of:
  - approach to care integration,
  - innovation development,
  - financing and implementation, including details of the care pathways changes

TWINNING & COACHING OF THE BASQUE COUNTRY AND PUGLIA REGION WITH SCOTLAND

Co-funded by
the Health Programme
of the European Union

Twinning and Coaching in Scotland

➢ **Type of the twinning and coaching:**
- Transferability of particular aspect of integrated care

➢ **Role of the regions in twinning and coaching:**
- Basque Country – Receiving Region
- Puglia Region – Receiving region
- Scotland – Transferring region

➢ **Focus of the twinning and coaching**
- Role and engagement of the third sector organisations in the provision of health and social care in Scotland

Situation of Third Sector in Scotland

Legislation on health and social care integration provided the framework for the engagement of Third Sector; link to Scotland's vision and ambition of full integration

Dialogue; partnership-building approach
Existence of umbrella organisations to coordinate and align the activities

Third Sector Data in Health and Social Care Working Group to support building the partnerships and increase the capacity of data collection

Existence of Care Inspectorate which oversees the quality of services provided by third sector

BASQUE COUNTRY'S PERSPECTIVE

Esteban de Manuel Keenoy
Kronikgune

Co-funded by
the Health Programme
of the European Union

Situation of the Third sector in the Basque Country

It is composed of entities of social initiative, voluntary action and non-profit, which guide their activity to defend the rights and meet the social needs of the Basque population

2.1 M inhabitants
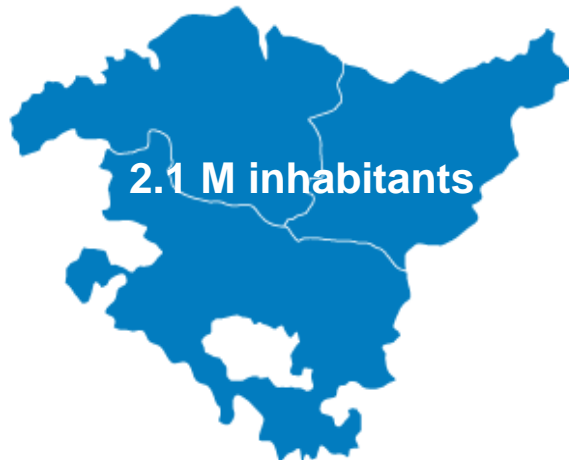
- **3,500** organisations

  125,000 volunteers
  (5.7% of the Basque Population)

  36,000 directly paid-staff
  (1.7% of the Basque Population)

- Annual turnover of 1,400 M€ (2.2% GDP)

- 45% of the total funding is private

- It is coordinated by the Ministry of Employment and Social Policies

- 42% of the organisations more than 20 years of history

Rationale for twinning with Scotland – Perspective of the Basque Country

➢ Culturally, **families are the ones that support** informal care of people at need

  • Economic crisis increased the burden on families

➢ Coordination between health and social sectors

➢ **But** regarding the collaboration between health and third sector:

  • Lack of **culture of working together**

  • Lack of a **framework** for the coordination of third sector

  • **Roles** are not defined

There is a **need to further engage the third sector** in the provision of integrated care to face the increasing aged population and limited resources

Objectives of this twinning

► Inquire **how to achieve greater involvement of the Third sector** as an active agent in creating a common vision of health and wellbeing

► **Learn from the Scottish system**, which has a strong Third sector, which carries out an enormous range of activities:

Local conditions for the transferability of learning – Basque Country

Scottish maturity requirements

Maturity of the Basque Country's Health system

Local conditions for the transferability of learning – Basque Country

There is a Care Inspectorate in place which oversees the quality of the provided integrated care services, including the provision of third sector services.

Local conditions for the transferability of learning – Basque Country

There is a strong ambition of the full integration of health, social, housing and third sector services, supported by legislation and dedicated funding however the Integration Act is not yet fully implemented.

Scirocco
Scaling Integrated Care in Context

Priority actions to enable conditions for the adoption of learning in Basque Country

Priority actions to **evaluate the quality of the provision of Third sector integrated care services**

- ➢ **Set up a group with** representatives from the Health and Social sectors, including representatives from the Third sector

- ➢ **Identify** a **set of indicators of** Third sector participation and activity and to include them in the:

  1. **Framework Contract** of The Ministry of Health and Osakidetza
     - » The Framework Contract is set as the main tool of the Health system, and allows aligning funding, resources and services to health care priorities
     - » It is evaluated annually

  2. **Preferential Offer** of the Integrated Care Organisations of Osakidetza
     - » Includes a set of preventive and diseases control interventions to be deployed in Primary and Community Care

Scirocco
Scaling Integrated Care in Context

Take Home Messages

➢ Basque Country

- Thanks to this exercise, the team has learned about the challenges and developments in a Region with a long tradition, strong culture, established structures and integrated governance in the voluntary sector.

- Using the SCIROCCO Tool, the team identified and discussed areas for the Third Sector engagement in the provision of a more integrated care to our citizens.

PUGLIA REGION'S PERSPECTIVE

Francesca Avolio
AReSS Puglia

Co-funded by
the Health Programme
of the European Union

Rationale for Twinning with Scotland Perspective of the Puglia Region

➤ Ageing population, growing numbers of people with multiple long-term conditions require services that are joined up.

➤ Many initiatives in Puglia over recent years have attempted to tackle this by promoting closer integration of health and care services.

➤ Integrated care remains the exception rather than the norm.

➤ The barriers to integration that have been identified include misaligned financial incentives and data collection.

➤ Challenges within the health care and social care workforces and lack of culture for information-sharing.

➤ The regional system also needs to encourage the growth of the "Third Sector", promoting initiatives useful to integrate care systems and services to the population.

Rationale for Twinning with Scotland – Perspective of the Puglia Region

➢ **Readiness to Change**

- Importance of culture; third sector activities need to be embedded in the society
- Need of the regulatory framework, policies and vision to better organise and align the activities of third sector organisations
- Partnership approach

➢ **Structure and Governance**

- Existence of legislation to support the involvement and the equal role of third sector
- Equal distribution of resources across the sectors to coordinate the services around the needs of citizens

➢ **Breadth of Ambition**

- Full integration of health and social care services with a recognised role of third sector
- Self-Directed Support service - existence of shared protocols to facilitate the funding around the needs of citizens

Scirocco
Scaling Integrated Care in Context

Local conditions for the transferability of learning – Puglia region

COMMONALITIES

12. **Capacity-building**

11. **Innovation Management**

2. **Structure and Governance**

3. **eHealth**

Not relevant for the adoption of the Good Practice except for Dimension 2

Local conditions for the transferability of learning – Puglia region

DIFFERENCES

1. **Readiness to Change**

4. **Standardisation & Simplification**

7. **Population Approach**

8. **Citizen Empowerment**

9. **Evaluation Methods**

10. **Breath of Ambition**

Feasible to transfer with adaptation; except Dimension 4

Local conditions for the transferability of learning – Puglia region

STRENGTHS

5. Finance and funding

6. Removal of inhibitors

No need for adaptation except for Dimension 6 that needs further work

Priority actions to enable conditions for the adoption of learning in Puglia region

Priority Action	Objective of the Action	Anticipated outcomes	Policy implications, including the responsible actor and anticipated duration.
Reform of the third sector at a regional level	1. Embed third sector collaboration in the regulation and policies related to health and social care service delivery. 2. Map and coordinate third sector initiatives including at a regional level and thus facilitate the partnership building in order to systematically share strategies and co-design the Action Plans.	Extension of the existing pilots at a regional level and embracement of innovation; e.g. improvement of the "Buoni Servizio" experience carried out in Puglia with a similar methodology for Self-Directed Support as applied in Scotland, including testing of the digital platform in use (Car Gomm).	The regional Agency for Health and Social Service (ARESS) provides the technical support for Department for Health Promotion, Social Affair and Sports for all. The Agency main role is to foster health and social Innovation processes in the region.
Integration of funding system	1. Overcome the fragmentation of funding for integrated care service 2. Promote the scaling up of existing pilots(e.g. Buoni Servizio) carried out in Puglia on the definition of "Health and Social Care Pathways"(PDTA) and related co-payment system "concept" to be shared between health and social sector (integration of funds)	More effective distribution of resources	As such, the Agency will be involved in developing these priority actions further, e.g. by forecasting the skills, competences and knowledge needed for their implementation, including the development of feasibility study and SWOT analysis As a result, the Agency might consider useful to propose to the Department for Health Promotion, Social Affair and Sports for all to develop a Memorandum of Understanding with Scotland as a coaching region in order to support the transferability, adaptation and embedment of this successful experience of Scotland in engaging the third sector in the provision of integrated care.
Improved data collection and information sharing	1. Make possible the full implementation of the concept of personalise medicine and "big data" in order to inform the definition of the "PDTA" Health and Social Care Pathways and protocols. 2. Accelerate the integration of ICT platform in order to share data (across health and social care settings)	Better management of citizens needs and reduction of inappropriate use of health and social care services	

Take Home Messages

Puglia Region

- The discussion during the study focused on specific issues of interest; facilitated discussion on each dimension of the SCIROCCO tool provides easy detection of barriers and suggest potential solutions.

- Concentration on one dimension allows reflecting on other connected intervention needed that may have impact on other dimensions / aspects of integrated care even though not directly connected with the Good Practice.

- Improved awareness of the situation in our region and reassurance that we are going at the right direction with our experimentations.

- The site visit experience provided mutual benefits and added value for both regions; regardless if it is transferring or receiving region.

- Bringing together health and social stakeholders for the site visit and discussing common /shared "interest of knowledge" made us aware that it is possible to work together and only together we can manage the needed change.

scirocco
Scaling Integrated Care in Context

TWINNING & COACHING OF NORBOTTEN REGION WITH SCOTLAND

**Lisa Lundgren
Norrbotten Region**

Co-funded by
the Health Programme
of the European Union

Twinning and Coaching in Scotland

➢ **Type of the twinning and coaching:**

■ Transferability of learning related to a particular dimension of SCIROCCO tool

➢ **Role of the regions in twinning and coaching:**

■ Norrbotten Region – Receiving region

■ Scotland – Transferring region

➢ **Focus of the twinning and coaching:**

■ Innovation management in Scotland

Innovation Management in Scotland

- Formalised innovation management process is planned and partially implemented; there are some good examples of systematic innovation in place

- Extensive innovation landscape which needs to be joined up

- Innovation champions

- Existence of innovation centres and networks to formalise and embed innovation

Rationale for Twinning with Scotland

We had quite a low scoring on innovation management, one of the 12 dimensions of the SCIROCCO Tool, based on:

- Innovations are captured and there are some mechanisms in place to encourage knowledge transfer

- There is not very much formalised process regarding innovation management processes

- There is no organisation with the functions which can work in all parts of the innovation process. Procurement is very much removed from the innovation process today.

scirocco
Scaling Integrated Care in Context

Local conditions for the adoption of learning in Norrbotten Region

Structure and Governance for innovation and collaboration; supported by dedicated funding – adaptation would be required around the funding for innovation in Norrbotten; incentives are needed.
Clear roadmap with specific mandates for all stakeholders involved - lacking clear definition of mandates to carry out innovation management in Norrbotten.

Same scoring of 3:
- ✓ Recognised need for innovation.
- ✓ Alignment of stakeholders and projects related to innovation to deliver on the same vision.
- ✓ Acceptance of the need for change across wide range of stakeholders; progress is not dependent on the champions only.

Priority actions to enable conditions for the adoption of learning in Norrbotten Region

➢ In terms of innovation management in integrated care data sharing is of importance and here we have challenges in Norrbotten between healthcare related and social care related data – needs actions

➢ Roles in innovation management and mandates

➢ Clear roadmap and funding needs to be overseen

Take Home Messages

➢ The SCIROCCO tool helped to focus the study visit, its content and discussions – it provides a structure for the learning and knowledge transfer

➢ Discussing "actions to be taken" during the visit helps to create engagement and a "sense of urgency"

➢ In terms of transferring it is important to understand the setup of different healthcare systems – regional vs. national, funding setup, roles and mandates etc.