FROM B3 MATURITY MODEL ON INTEGRATED CARE TO A VALIDATED TOOL

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From B3 Maturity Model to the SCIROCCO Tool
Start of SCIROCCO Journey (2012)
European Innovation Partnership on Active and Healthy Ageing

- health & quality of life of European citizens
- sustainable & efficient care systems
- growth & expansion of EU industry

specific actions:
- crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing

+2 HLY by 2020
Triple win for Europe

- Improving prescriptions and adherence to treatment
- Better management of health: preventing falls
- Preventing functional decline & frailty
- Integrated care for chronic conditions, including telecare
- ICT solutions for independent living & active ageing
- Age-friendly cities and environments
Challenges of Scaling-up

How to use existing evidence?

What elements of Good Practice are transferable?

What is my local environment like?

Is my environment ready to adopt a Good practice?

What information do I need to enable the adoption of Good Practice?

How to create local conditions for the adoption of Good Practice?
From Challenges to Opportunities

**B3 ASSETS**
- Tools
- Methodologies
- Review docs
- Papers
- EU-funded projects

**B3 MATURITY MODEL**
- Objective Self-assessment Tool for Regions
- Identification of Gaps
- Benchmarking of EIP B3 Regions

**B3 GOOD PRACTICES**
- Tailored recommendations
- Relevant Good Practices from other regions
- Knowledge Transfer

**REPOSITORY**
B3 Maturity Model for Integrated Care

Qualitative assessment based on interviews and desk research

Phase 1: Interviews with 6 regions involved in EIP AHA (Feb – April 2014)

Athens; Basque Country; Catalonia; Galicia; N Ireland; Saxony

Phase 2 Interviews with 6 regions involved in EIP AHA (Jan– March 2015)

S Denmark; Skane; Scotland; Puglia; Medical Delta (Delft); Olomouc
Further Development of B3 Maturity Model

Finance & Funding

Objectives:

Changing systems of care so that they can offer better integration requires initial investment and funding; a degree of operational funding during transition to the new models of care; and ongoing financial support until the new services are fully operational and the older ones are decommissioned. Ensuring that initial and ongoing costs can utilise the full range of mechanisms from regional/national Union investment funds, public-private partnerships (PPP).

Indicators of maturity:

Use of regional/national stimulus funds; innovative procure multi-year contracts for IT service provision.

Assessment:

0 – No special funding allocated or available
1 – Fragmented innovation funding, mostly for pilots
2 – Consolidated innovation funding available through competitive
3 – Regional/national (or European) funding or PPP for testing an
4 – Regional/national funding for scaling-up and on-going operati
5 – Secure multi-year budget, accessible to all stakeholders, to er

European Innovation Partnership on Active and Healthy Ageing
B3 Action Group on Integrated Care
Maturity Model for Adoption of Integrated Care Enabled by ICT

Quick Start Guide

The B3 Maturity Model is a conceptual model intended to show how healthcare systems are attempting to deliver more integrated care services for their citizens. It has been derived from interviews with 12 European countries, or regions within a country, responsible for healthcare delivery. The many activities that need to be managed in order to deliver integrated care have been grouped into 12 ‘dimensions’, each of which addresses a part of the overall effort. By considering each dimension, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a ‘radar diagram’ which reveals areas of strength, and also gaps in capability. Using these insights and comparing the radar diagram with those of other regions/countries that have conducted the same exercise, it should be possible to find expertise to fill the gaps in capability, and to offer to others knowledge and experience from the sites’ areas of strength.

This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.
HOWEVER,

VALIDATION & TESTING IS NEEDED

2016
SCIROCCO Project – Who are we?

EU Health Programme (CHAFEA)

- **Budget:** €2,204,631.21
- **Start:** 1 April 2016
- **10 Partners:**
SCIROCCO Community – Who do we work with?

Australia
Alberta, 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, Portugal
• Asturias, Spain
• Badalona, Spain
• Catalonia, Spain
• Extremadura, Spain
• Murcia, Spain
• Valencia, Spain
• Skane, Sweden
• Northern Ireland, UK
• Scotland, UK
• Wales, UK
From a Conceptual Model to an Online Self-Assessment Tool for Integrated Care
1. Assessing:

- Maturity requirements of the Good Practice in order to understand transferable elements of the Good Practice/intervention for the adoption and scaling-up.

- Maturity of healthcare system for the adoption of integrated care solutions in order to understand the local context/conditions enabled the implementation of integrated care.

Strengths:
- Structure & Governance
- Finance & Funding
- Capacity Building

Weaknesses:
- Citizen empowerment
- Information & eHealth services
- Population approach

These results are not surprising but in line with other evaluations. The region has invested heavily in governance and financial terms. The next step will be to develop a capillary service across the entire regional territory.
The ambition is to address the challenges of adoption and scaling up of integrated care by:

2. Facilitating

- Better understanding of the strengths and weaknesses and areas of improvement in the local healthcare systems in order to adopt integrated care.
- Multi-stakeholder discussions and consensus-building.
- Knowledge transfer and effective learning through the systematic flow of appropriate information and evidence between the adopting and transferring entities.
Expected Outcomes vs Achievements

➢ Improved access to learning embedded in Good Practices
   • B3-MM and its Tool tested to assess the maturity requirements of Good Practices

➢ Improved capacity of regions for adoption of Good Practices
   • B3-MM and its Tool tested in the process of assessing maturity of healthcare systems for integrated care

➢ Faster adoption and scaling up of Good Practices in the provision of integrated care
   • B3-MM and its Tool tested in the process of twinning and coaching in order to facilitate knowledge transfer
Expected Outcomes vs Achievements

➢ Improved informed decision-making on European, national and local level
  • SCIROCCO has captured the lessons learned from using the B3-MM and its tool, including policy recommendations

➢ Increased use of the B3-MM and its Tool in the process of scaling-up
  • SCIROCCO has provided validated and refined Tool
FROM B3 MATURITY MODEL ON INTEGRATED CARE TO A VALIDATED TOOL

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Complexity of Integrated Care

- Challenge to obtain valuable insights.
- Need to understand the context and environment of integrated care interventions.
Testing the B3 Maturity Model / SCIROCCO Tool

- Our objective: To systematically test the validity and reliability of the B3-MM/SCIROCCO tool.

- Does the B3-MM assesses what it is designed for, namely the maturity for integrated care?
Content Validity of B3-MM

Step 1: *Does the content of B3-MM, reflect what it is intended to?*

Methods: Literature review and Delphi survey.

Outcomes: The wide range of dimensions and measurement scales reflect the maturity for integrated care.

Step 2: Do all the 12 dimensions contribute to assessing maturity for integrated care?

Method: Quantitative analysis to examine the structure of the Tool in the dataset.

Outcomes: All 12 dimensions contribute to assessing maturity for integrated care.
Convergent Validity of SCIROCCO tool

**Step 3:** Does the SCIROCCO tool show a relation with another tool which is supposed to assess a similar concept?

**Method:** Comparing the SCIROCCO tool to another test that assesses a related concept.

**Outcomes:** Some support for convergent validity was found.
Reliability of SCIROCCO Tool

Step 4: *Are the responses by stakeholders to the 12 dimensions on the tool consistent with each other?*

**Method:** Quantitative analysis to examine the reliability of the tool in the dataset.

**Outcomes:** The SCIROCCO tool showed good internal consistency.

Step 5: *Test-retest assessment is in progress.*
In short

- We found initial support for the SCIROCCO tool in assessing the maturity for integrated care.
- Further testing aspects of validity and reliability is recommended.
Take Home Message

The **SCIROCCO tool** offers regions a tailored approach, facilitating progress in integrated care.
THANK YOU!