



# HOW TO ACCELERATE SCALING UP OF INTEGRATED CARE IN CONTEXT

## SCIROCCO FINAL CONFERENCE



Co-funded by  
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# WELCOME & INTRODUCTIONS

**Donna Henderson**

**TEC & Digital Healthcare Innovation,  
Scottish Government**



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# Programme

09.40-10.00	Integrated Care – European Commission's Perspective
10.00-10.20	Integrated People Centred Care – WHO Perspective
10.20-10.40	Integrated Care in Flanders – A Regional Perspective
10.40-11.00	From B3 Maturity Model on Integrated Care to a Validated Tool
11.00-11.20	Coffee Break
11.20-11.30	From a Conceptual Model to a Self-assessment Tool
11.30-12.30	Assessing the Maturity of Healthcare Systems
11.30-12.30	Lunch
13.30-13.50	Assessing Good Practices for Adoption and Transferability
13.50-15.00	How the SCIROCCO Tool Facilitates Knowledge Transfer
15.00-15.20	Coffee Break
15.20-15.40	Lessons Learned and Policy Implications
15.40-15.55	SCIROCCO Self-assessment Tool - Beyond the Project
15.55-16.00	Concluding remarks
16.00-17.30	Networking reception



European Innovation  
Partnership on Active  
and Healthy Ageing



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**@EIP\_AHA**  
**#SCIROCCOproject**



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# INTEGRATED CARE - EUROPEAN COMMISSION'S PERSPECTIVE

Filip Domanski  
DG SANTE, European Commission



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# **EU SUPPORT TO DEPLOYMENT OF DIGITALLY-ENABLED INTEGRATED CARE**

**Filip DOMAŃSKI, DG SANTE**  
**Brussels, October 24<sup>th</sup>, 2018**



## Commission Communication on "effective, accessible and resilient health systems"

EU agenda for effective, accessible and resilient health systems

Strengthening effectiveness

Health systems  
performance assessment

Patient safety and quality  
of care

Integration of care

Increasing accessibility

A fit-for-purpose health  
workforce

Access to innovative  
medicines

Optimal implementation of  
2011 Directive on cross-  
border healthcare

Improving resilience

Health technology  
assessment (HTA)

Information for better  
governance

eHealth, mHealth



European  
Commission

## State of Health in the EU Companion Report 2017

[ec.europa.eu/health/state](http://ec.europa.eu/health/state)

1. Health Promotion & Disease Prevention
2. Primary Care
3. Integration of care
4. Health workforce
5. Patient at the centre





## **Communication on enabling the digital transformation of health and care in the Digital Single Market**

### **Three pillars for action:**

- 1. CITIZENS' SECURE ACCESS TO AND SHARING OF HEALTH DATA**
- 2. BETTER DATA TO PROMOTE RESEARCH, DISEASE PREVENTION AND PERSONALISED HEALTH AND CARE**
- 3. DIGITAL TOOLS FOR CITIZEN EMPOWERMENT AND FOR PERSON-CENTRED CARE**



## Digital Tools For Citizen Empowerment and Person-Centred Care

1. Support the **exchange of innovative and best practices, capacity building and technical assistance for health and care authorities** (for using open standards and **interoperable digital solutions** to promote health, prevent and manage chronic conditions, empower people and centre care on the person)
2. Raise **awareness** about innovative procurement and **investment possibilities** for digital transformation in public health and healthcare, **mobilising** relevant **EU programmes and financial instruments, collaborating** with the **European Investment Bank and investor networks**

## In short, support required for:

- 1. Building** and improving the **know-how & capacity** of care authorities **to implement new care models**
- 2. Mobilising investments** for transformation at scale



## Practical support to implementation of new care models

1. **Online Resource Centre** for Integrated Care
2. **Best Practice Portal** - health promotion, disease prevention and management of non-communicable diseases
3. **Dedicated workshops** – the “Implementation Rooms”
4. **Structural Reform Support Service**
5. **“Twinning” projects** for transfer of knowledge and good practice (from Health Programme)



## Collection of knowledge resources – support implementation

Document successfully created

**Agora** All contents Events **Library** News Search My networks Other networks

### Folders list

Folder view

+ Create folder Rename folder Delete folder

- Integrated Care Resource Centre
  - 01 - Good Practices
  - 02 - Case Studies
  - 03 - Tools
  - 04 - Designing and Implementation
  - 05 - Assessing
  - 06 - Contracting and Payment
  - 07 - Financing
- EU Health Award for NGOs
- EU Health Policy Platform
- European Commission
- Expert and Stakeholders Groups
- Health topics - Resources and Projects
- Policy & advocacy tools for non-communicable diseases prevention
- Thematic Networks & Joint Statements
- Tools for training of health professionals working with migrants

### Integrated Care Resource Centre

10 records per page Search

V	Title	Uploaded on
v0.00	Integrated Care & New Care Models	29-03-2018 15:28:05

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Edit details Add a document Bulk upload

Details Delete

**EU Health Policy Platform**

<https://webgate.ec.europa.eu/hpf/>

# Non-communicable Diseases

# Best Practice Portal



European  
Commission

<https://webgate.ec.europa.eu/dyna/bp-portal/>

Health

## Implementation Rooms

### *How to design and implement integrated care: Lessons from early adopters in Europe*

**@ ICIC17 in Dublin & ICIC18 in Utrecht**

- Focusing on successful examples from European regions and transferring knowledge in relation to aspects important for deployment
- Change management
- Political engagement
- Patient engagement
- ICT infrastructure and solutions
- Workforce/patients education and training
- Incentives

Commission service, with a mandate to:

- Support Member States with the preparation, design, and implementation of growth-enhancing reforms
- Provide tailor-made support on the ground
- Steer and coordinate technical support provided by the Commission

## SRSS facts

Created in  
July 2015

Offices in  
3 countries

150+  
staff members





# **SRSS - EXAMPLES OF TECHNICAL SUPPORT IN HEALTH**

**CAPACITY BUILDING FOR INFRASTRUCTURE PROJECTS**

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**FUNCTIONAL INTEGRATION OF HOSPITALS**

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**PRIMARY HEALTH CARE REFORM**

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**CANCER SCREENING PROGRAMMES**

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**CAPACITY BUILDING ON VALUATION OF HEALTH OUTCOMES IN HTA**

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**DRG SYSTEM**

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**PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICIES**

---

**REFORM OF LONG-TERM CARE SYSTEM**

---

**HEALTH SYSTEM PERFORMANCE ASSESSMENT**

---

**CENTRALISED PROCUREMENT**

# EU level financing possibilities



# Digital Health & Integrated Care

## 2014 - 2020

- **Horizon 2020**
- **Connecting Europe Facility**
- **Health Programme**
- **Structural Funds**  
**(ERDF/ESF)**
- **Investment Plan for Europe**

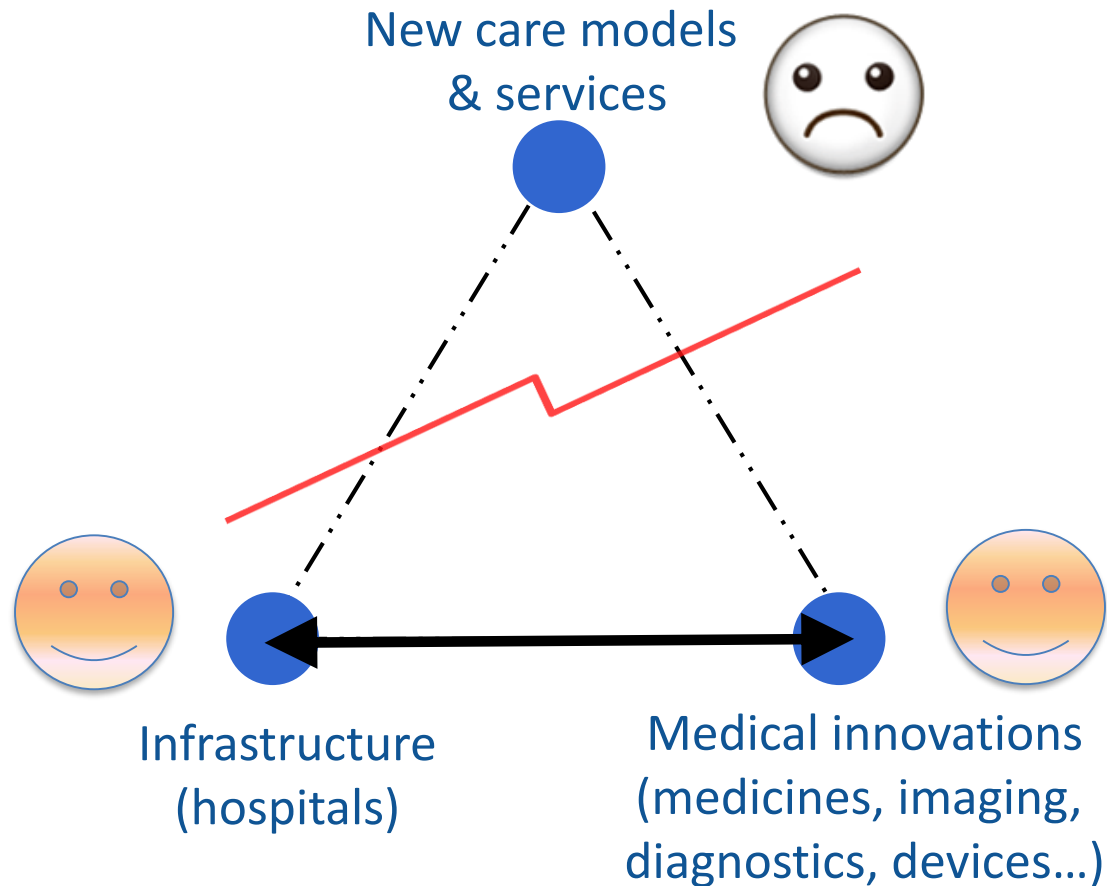
## EC proposals for 2021 - 2027

- **Horizon Europe**
- **Digital Europe Programme**
- **Structural Funds**
  - **ERDF**
  - **ESF+ *with* Health strand**
- **InvestEU Programme**  
(Implementation + Advisory Services)
- **Reform Support Programme**  
(Implementation + Technical Support)

# Investments in health care



**Now...**





## Main messages

- 1. Long-term investment strategies** that meet the **reform needs** of health systems
- 2. Integrated approach** to investments: consider **together** the investment needs for
  - ✓ **infrastructure**
  - ✓ **technology**
  - ✓ **service models**

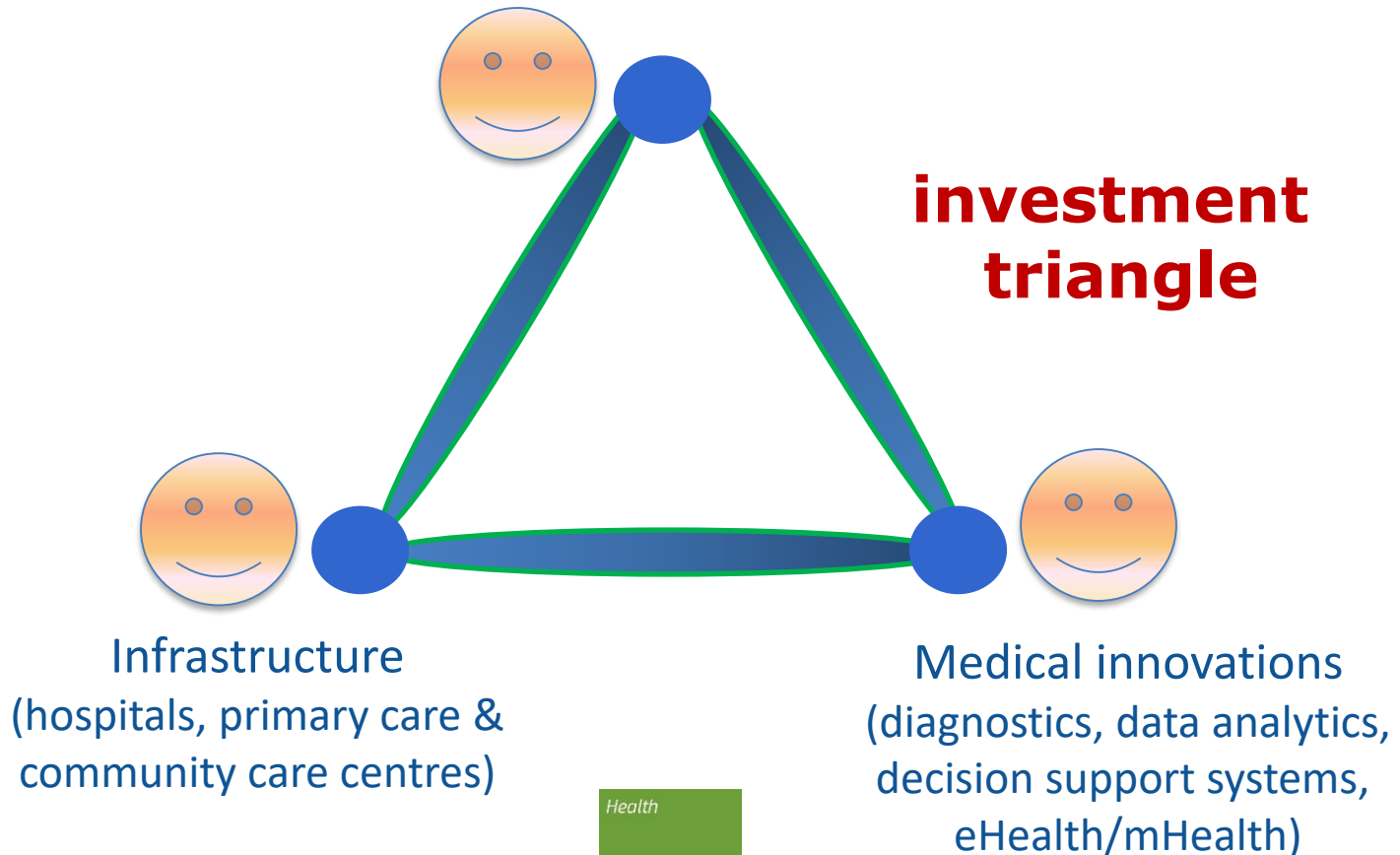
# The investment triangle in health



European  
Commission

## The future

New care models & services  
(prevention programmes, integrated care,  
patient pathways; workforce skills and roles;  
system re-organisation and governance, ...)





## Main messages

3. **Combine** financing instruments and **blend** financing from various sources
4. **Look beyond** national budgets and EU grants – develop **partnerships** with new stakeholders and learn to **manage new financing instruments**
5. **Contracting and payments models** to be considered in conjunction with the planned investments
  - ✓ as these will determine whether the investments will turn into successful service provision or not

# Thank you!

[filip-michal.domanski@ec.europa.eu](mailto:filip-michal.domanski@ec.europa.eu)



# INTEGRATED CARE - WHO PERSPECTIVE

Nuria Toro Polanco  
WHO Switzerland



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# WHO Framework on integrated people-centred health services

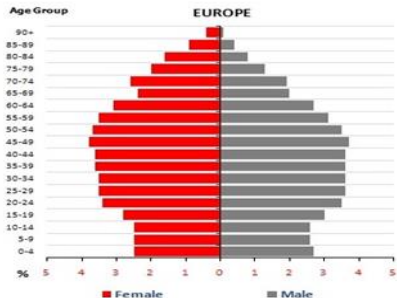
*Nuria Toro Polanco*  
*Service Delivery and Safety Department*

**SCIROCCO Final Conference**  
Wednesday, 24 October, 2018  
Brussels (Belgium)

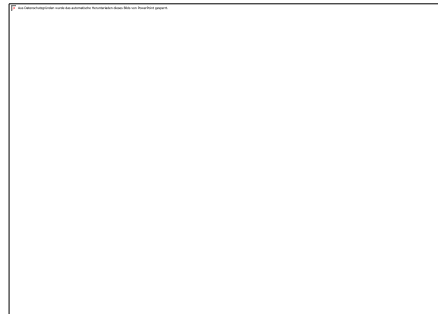


**World Health  
Organization**

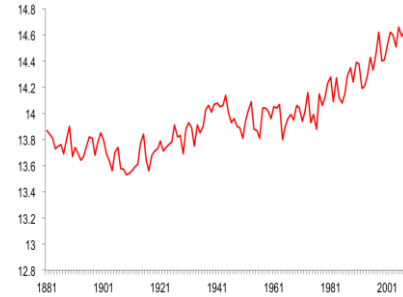
# The changing global context



Ageing



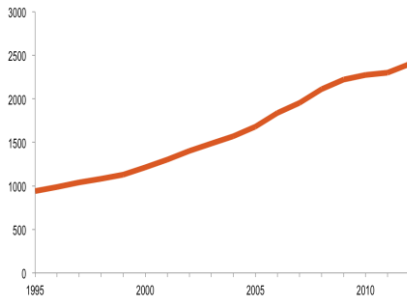
Migration



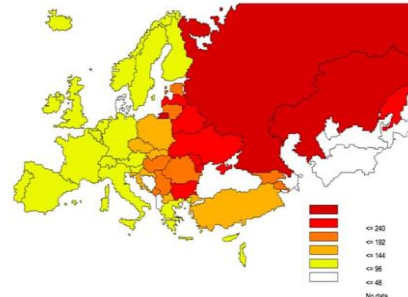
Climate change



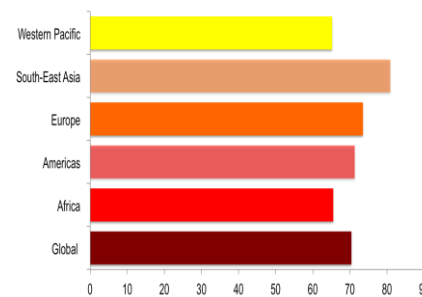
Globalization



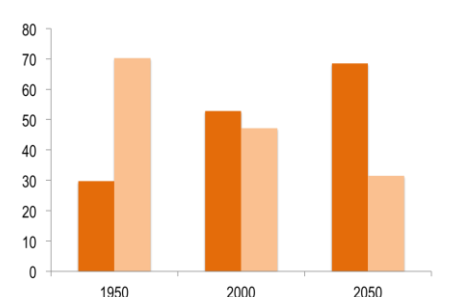
Rising costs



NCDs



Citizen voice



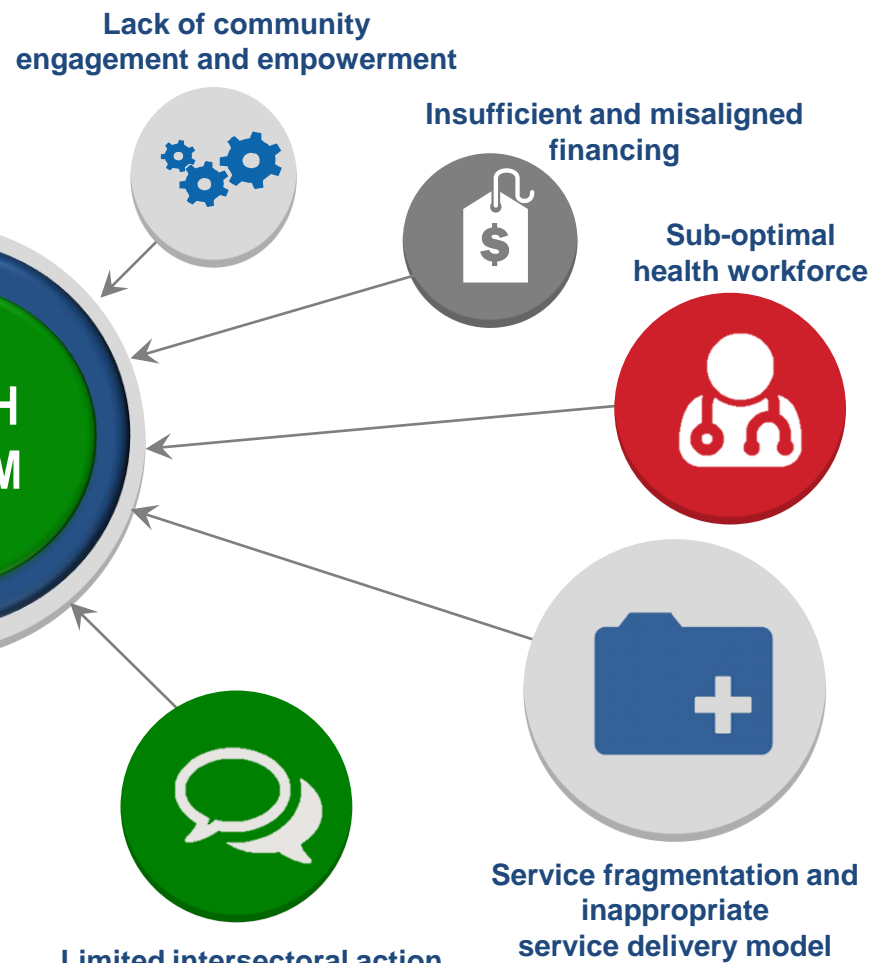
Urbanization

# Health systems challenges

## EMERGING DEMANDS



## SYSTEM CONSTRAINTS





## Vision of the Framework on integrated people-centred health services

*"All people have **equal access to quality health services** that are **co-produced** in a way that meets their life course **needs, are coordinated across the continuum of care** and are comprehensive, safe, effective, timely, efficient and acceptable; and **all carers** are motivated, skilled and operate in a supportive environment"*

# Defining integrated people-centred health services

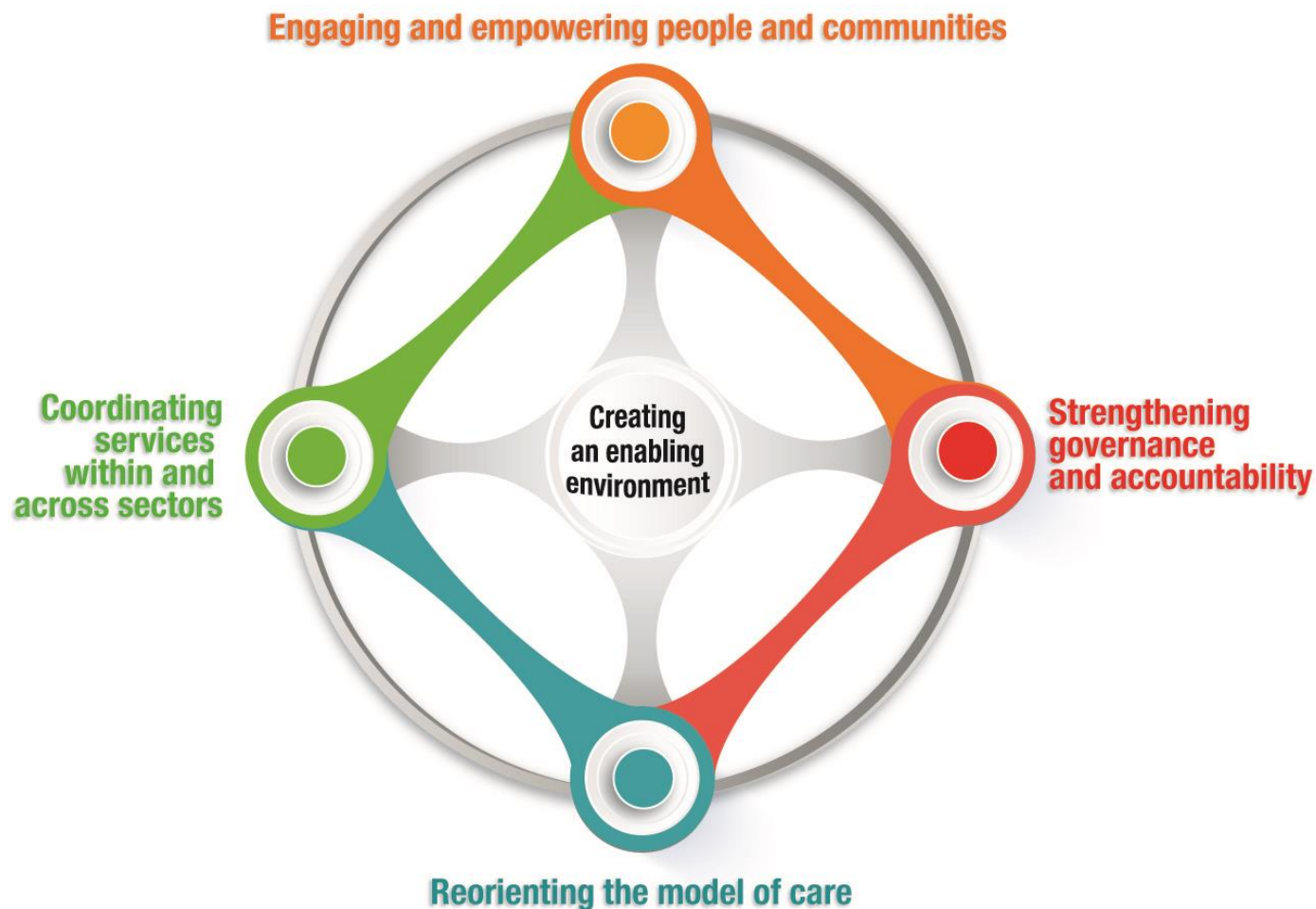


**What is**



**people-centred care?**

# Framework on integrated people-centred health services: five strategies







# 69<sup>th</sup> World Health Assembly

Geneva, 2016





# Supporting a people-centred approach

“**Empowerment of individuals and communities** in their dealings with health services **is imperative** for better clinical outcomes and universal access to quality services (*Austria*)”

“**Health care systems should empower citizens**, facilitate continuity and coordination of care and address inequitable access” (*Canada*)

“The **new campaign for people-centred health services** mark a return to the **principles of primary health care** centred on the family and the community” (Senegal)

“Putting **patients first** and providing **increasing integration** is one way to ease the increasing strain on health services, and should be a priority for all stakeholders” (*Estonia on behalf of the Nordic and Baltic Countries*)



World Health  
Organization



## Support from Member States

"The Framework attempts to take a **holistic approach** to health services" (*Liberia*)

"The Framework **is essential for meeting new challenges**" (*Guinea*)

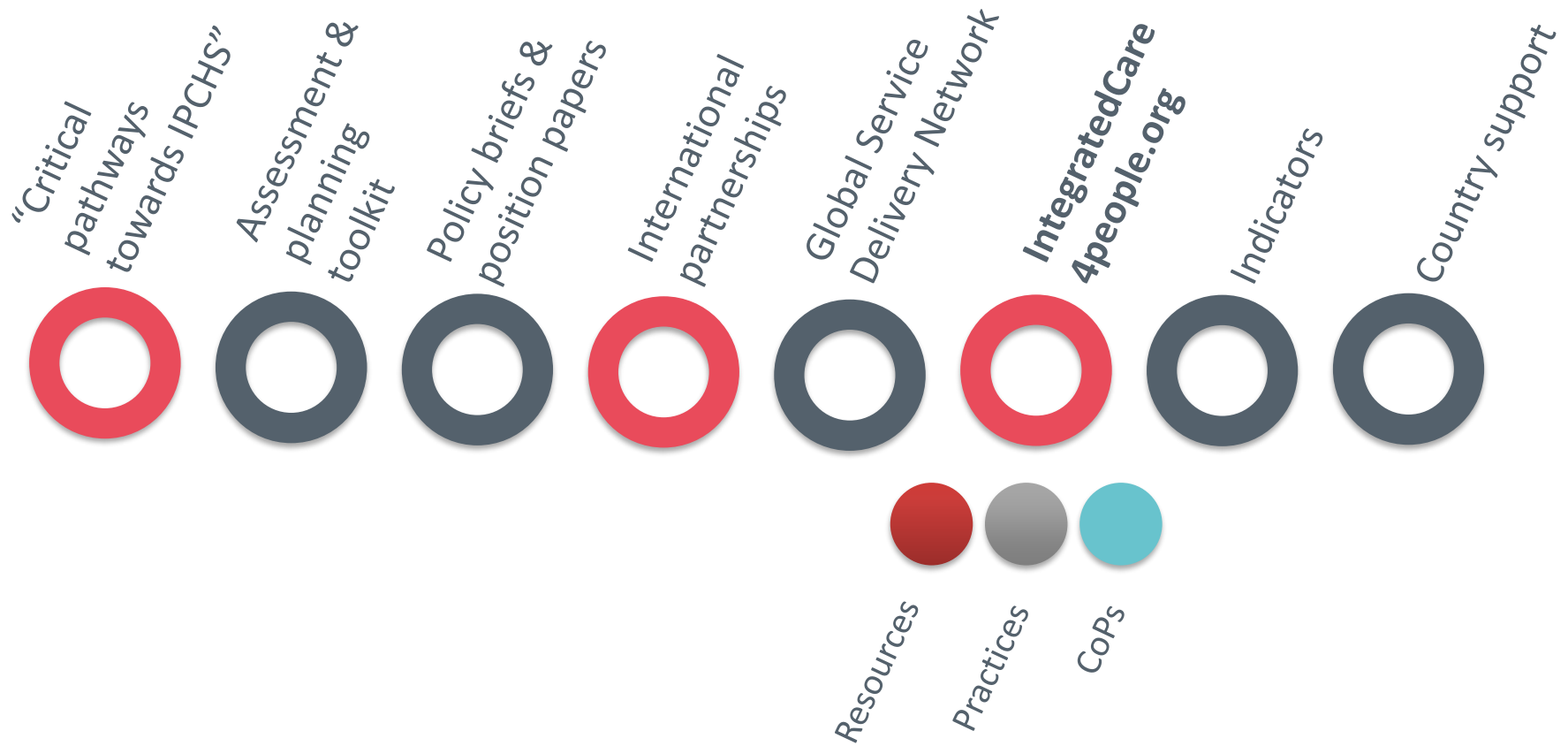
"The Framework sets out **suitable strategies for establishing a health service system able to cope** in the long term with issues such as ageing and rising health care costs according to the context in each country" (*Japan*)

"The Framework is comprehensive, well-researched and well-written and provides **a good reference for health system reform**" (*Philippines*)



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Organization

# Supporting implementation of IPCHS



# “Critical pathways towards IPCHS”

- It aims to provide an understanding of the **core capabilities of health care systems** that will be necessary to develop over time to enable countries to implement the Framework successfully.
- A twofold objective:
  - It provides policy makers a **self-assessment exercise** of the maturity of their national health systems and their current capabilities in each of the 4 core strategies
  - It proposes **a set of 10 policy levers to drive forward the system-wide changes** necessary to support the implementation of the 4 core strategies. These policy levers, which affect the financing, organization, payment and/or regulation of health care, are fundamental to initiating or sustaining IPCHS reforms.



World Health  
Organization



**toropolancon@who.int**

For more information on health services delivery visit  
<http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>



# INTEGRATED CARE IN FLANDERS A REGIONAL PERSPECTIVE

**Stef Steyaert**

**Flanders Agency for Care and Health, Belgium**



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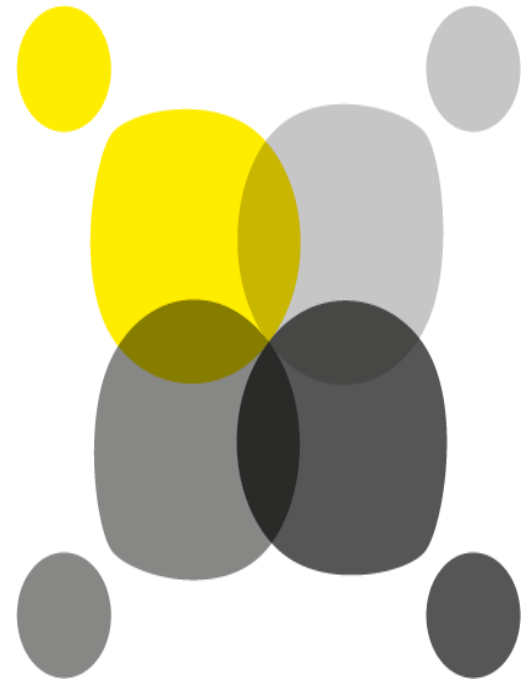


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# SCIROCCO Final Conference

24 October 2018

Scotland House, Brussels





# Overview

- ▶ Introduction to the Flanders Reform of Primary care / integrated care
- ▶ Discussing the progress based on the B3 Maturity Model that was made in April 2017





# Health competences since 2014

- ▶ Federal Competences
  - ▶ Reimbursement of medical procedures
  - ▶ Regulation and financing of:
    - ▶ Compulsory health insurance
    - ▶ Hospitals
    - ▶ Professional qualifications
    - ▶ Pharmaceuticals
- ▶ Flanders Regional Competences
  - ▶ Long term & mental health care
  - ▶ Elderly care
  - ▶ Compulsory care insurance
  - ▶ Disease Prevention
  - ▶ Health Promotion
  - ▶ Care at home
  - ▶ Care for disabled persons
  - ▶ Normative, infrastructure Hospitals
  - ▶ Rehabilitation





# Principles and challenge of the BE health system

- ▶ Belgium has a liberal system of service provision with a large therapeutic freedom for physicians and freedom of choice for patients.
- ▶ This liberal system is challenging for the increasing number of patients with chronic diseases, who need an integrated care approach.



# Health services

- ▶ Private not for profit hospitals, almost no public hospitals anymore.
- ▶ Elderly residential care:
  - Private not-for-profit (most of them have a catholic origin)
  - Public sector (local authorities)
  - Market-driven initiatives
- ▶ Both physicians and hospitals are independent and work on a not-for-profit basis.
- ▶ GPs tend to work together, only a minority remain 'soloists'; specialists have contract with hospital

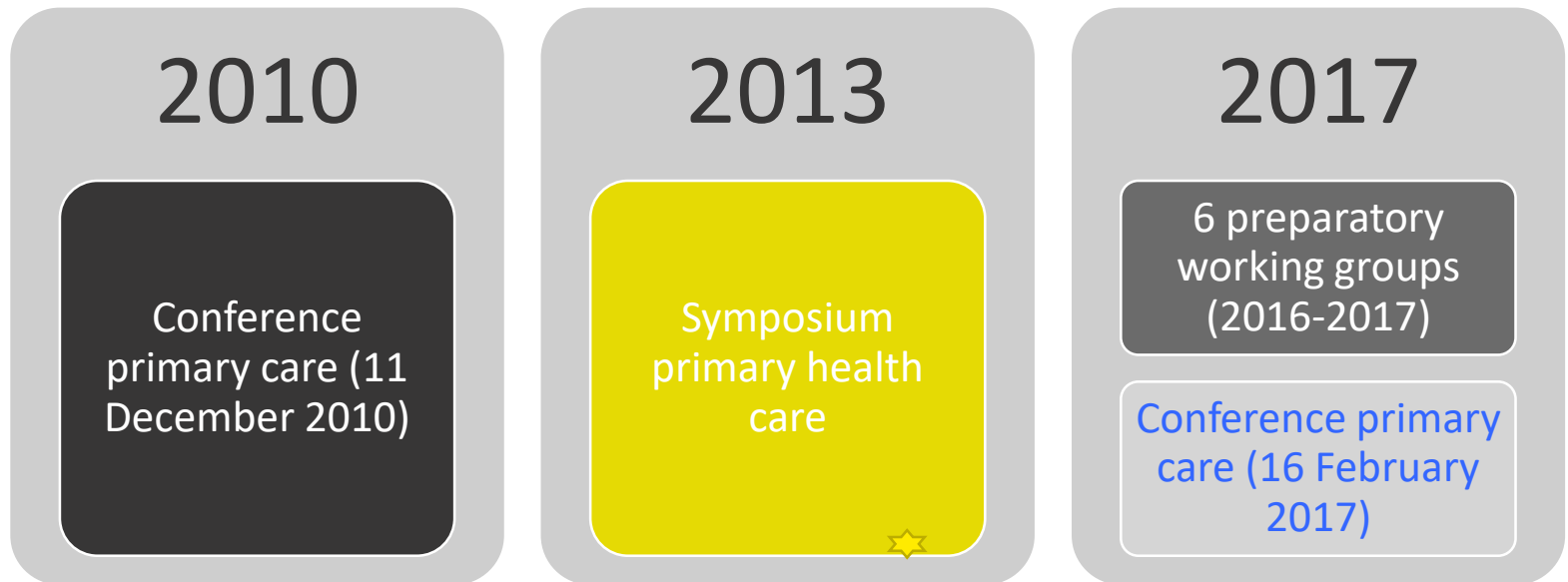
# BE policy process



- ▶ The Belgian health ministers initiated a common reflection in 2012 on the organization of integrated care, which will result in a reorientation of the health system (KCE, 2012, Federal coalition agreement).
  - Flanders adopted an approach for a reform of the primary care: health and social sector.



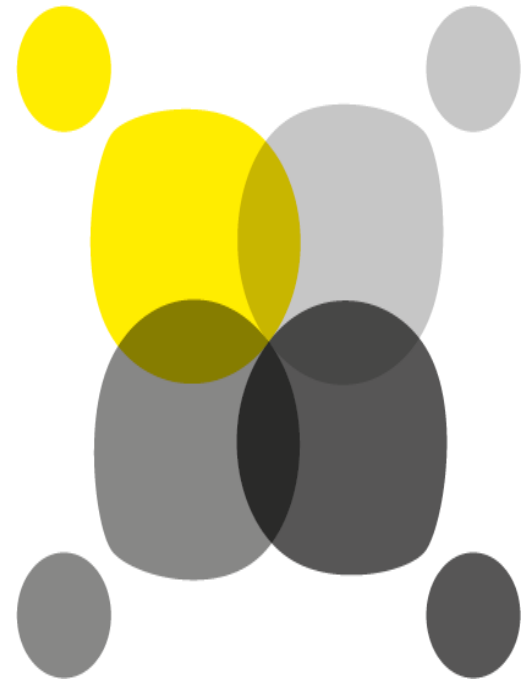
# Policy process in Flanders



6<sup>th</sup> State Reform

24.10.2018

What needs to  
change?

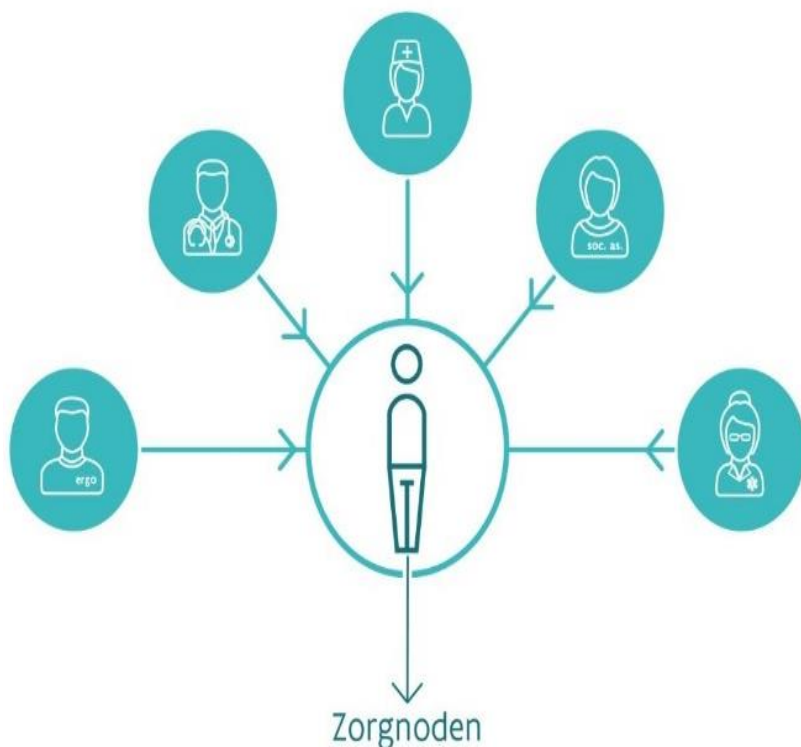




# Person centred care



# Person centred care



- ▶ Integral approach
- ▶ Improve self-management and skills
- ▶ Informal carer is a full partner in the care
- ▶ Care targets via a care plan
- ▶ More care in the neighbourhood
- ▶ Wide spread of information points
- ▶ Integration of prevention, mental health care, family care, care at home, social policy

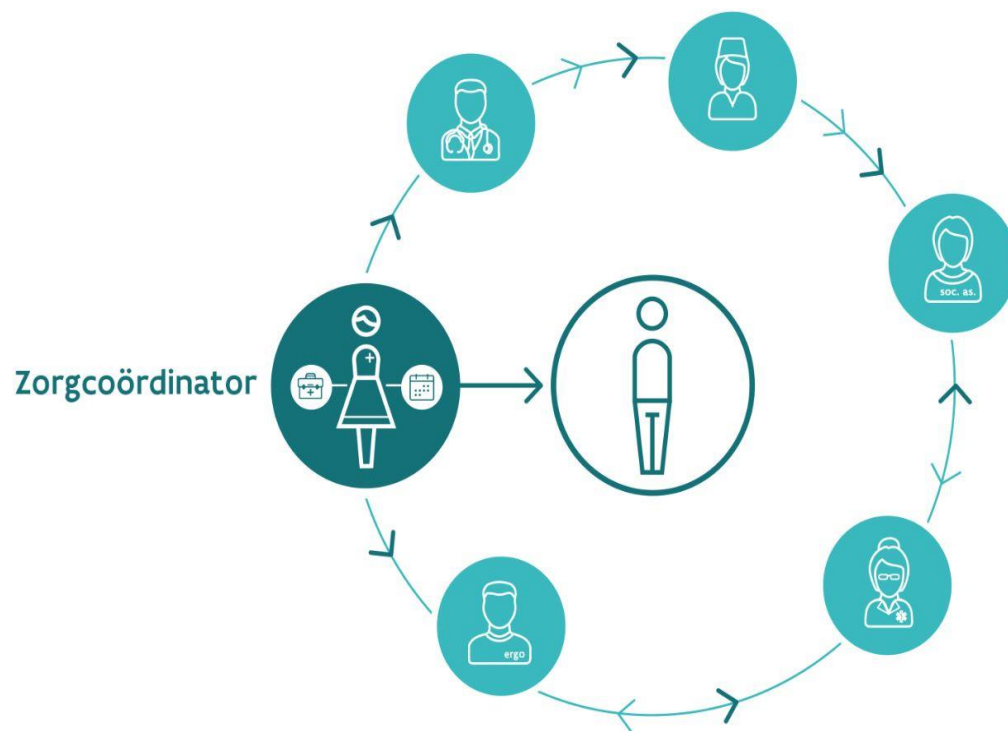
Agentschap Zorg en Gezondheid

24.10.2018



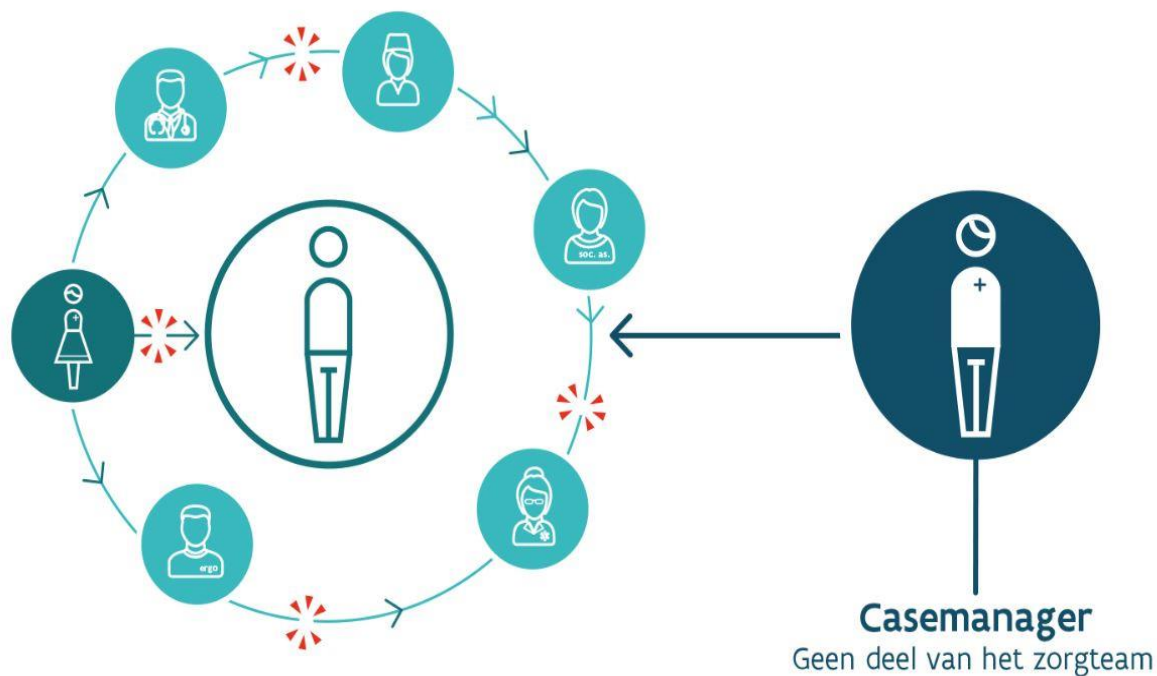


# Complex care: care-coordinator





# Complex care: case manager

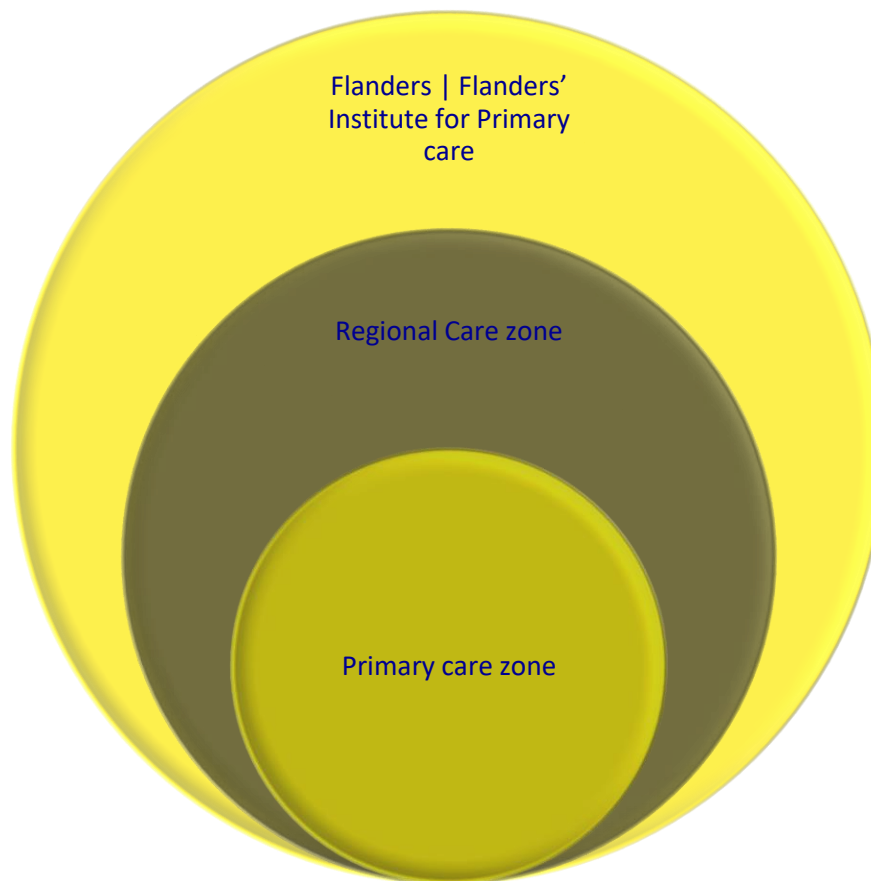




# Optimal support for carers



# Re-organisation of the landscape



24.10.2018

Agentschap Zorg en Gezondheid

# Transition



- ▶ Drafting of an action plan by a 'Programme manager' in Flanders
- ▶ Prepare legislation
- ▶ Re-allocation of personnel and resources
- ▶ Share ownership of the reform!!
- ▶ Align the different movements between professional actors and sectors



# Transition programme: working on 3 axes



- ▶ Content wise: changing the way care is provided
- ▶ Structure :new structures to support the changing care
- ▶ Instruments : how to facilitate the desired changes



# 13 projects transition programme



1. **Vorming en opstart werking van de eerstelijnszones**
2. Vorming en opstart werking van de regionale zorgzones
3. **Oprichting Vlaams Instituut voor de Eerste lijn**
4. **Ondersteuning eerstelijnspraktijkvormen en werken aan meer zorgcapaciteit in de eerste lijn**
5. **Zorgcoördinatie en casemanagement in relatie tot financiering multidisciplinair overleg**
6. **Naar een digitale eerste lijn**
7. Vormgeven kwaliteitsbeleid en klachtenbeleid
8. **Uitbouw geïntegreerd breed onthaal**
9. **Mantelzorg als volwaardige partner in de eerstelijnszorg**
10. Verzekeren basisopleiding en permanente vorming
11. Communicatie over reorganisatieproces en zorg in Vlaanderen
12. **Zorggeletterdheid en patiëntenparticipatie**
13. **De sociale kaart**





# Application of the B3 Maturity Model / SCIROCCO Tool





# Maturity Model, dating April 2017

- ▶ **Assess the maturity of the Flanders' Reform (health system)** to adopt integrated care.
- ▶ Identify how confident we are in the process of change management
- ▶ Identify how confident and on track we are for the implementation
- ▶ Use it as a benchmark:
  - Own evolution - progress
  - Share with other regions



# Maturity of Flanders' healthcare system for integrated care





# Thank you!



# FROM B3 MATURITY MODEL ON INTEGRATED CARE TO A VALIDATED TOOL

**Dr Andrea Pavlickova**

**TEC & Digital Healthcare Division, Scottish Government**



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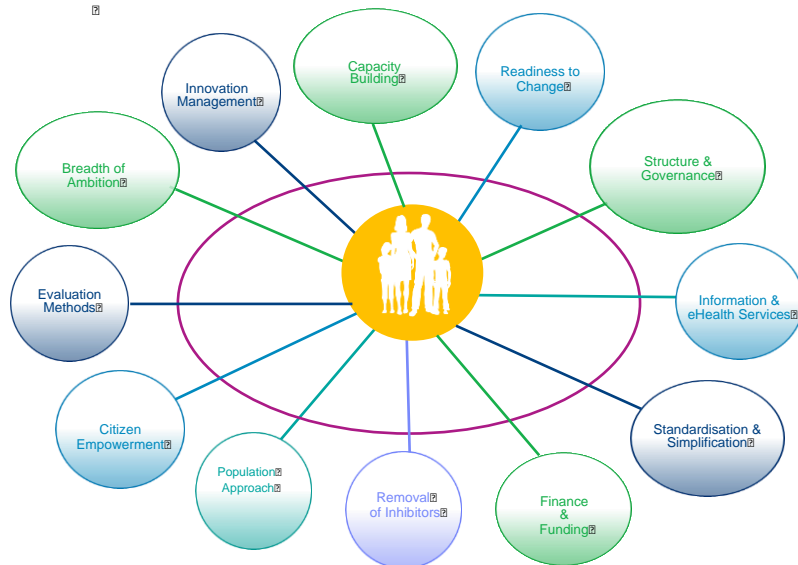


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# From B3 Maturity Model to the SCIROCCO Tool



European Innovation  
Partnership on Active  
and Healthy Ageing



# Start of SCIROCCO Journey (2012)

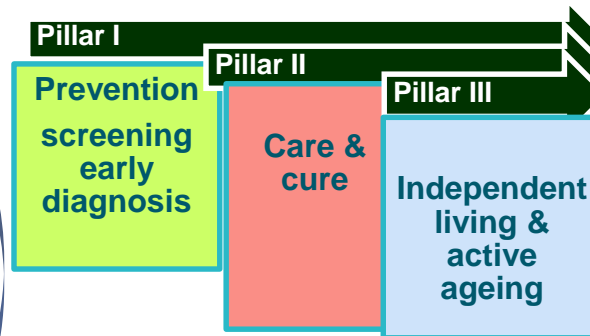
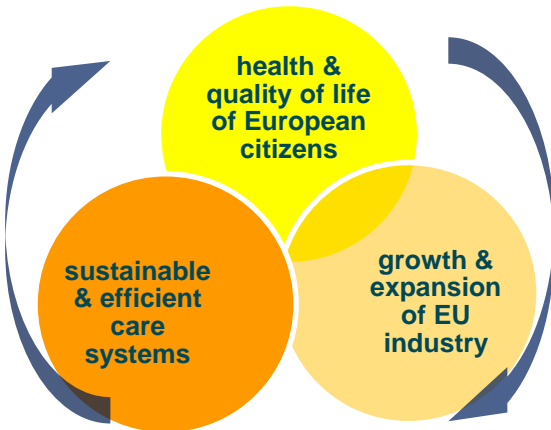
## European Innovation Partnership on Active and Healthy Ageing



**crosscutting, connecting & engaging stakeholders across sectors, from private & public sector**

**Specific Actions**

**+2 HLY by 2020**  
*Triple win for Europe*



[A1 Adherence to prescription](#)[A2 Falls prevention](#)[A3 Lifespan Health Promotion \[...\]](#)**[B3 Integrated care](#)**[Key documents](#)[Documents of meetings](#)[Achievements](#)[C2 Independent living solutions](#)[D4 Age friendly environments](#)

Action Group B3

Replicating and tutoring integrated care for chronic diseases

The Action Group on integrated care has been presenting around 120 multi-stakeholder administrations, local...

## Challenges of Scaling-up

**How to use existing evidence?**

**What elements of Good Practice are transferable?**

**What is my local environment like?**

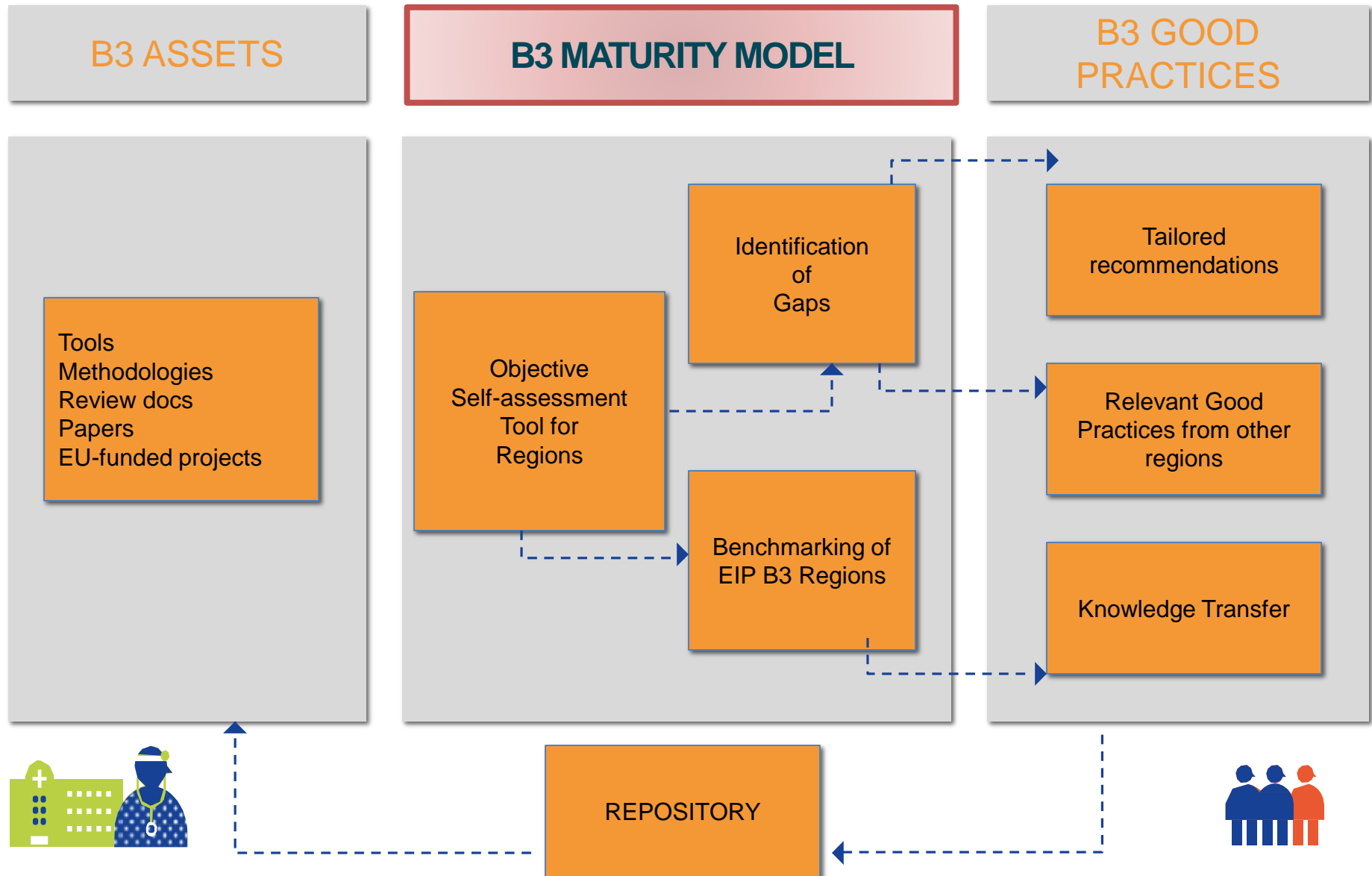
**Is my environment ready to adopt a Good practice?**

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

**How to create local conditions for the adoption of Good Practice?**

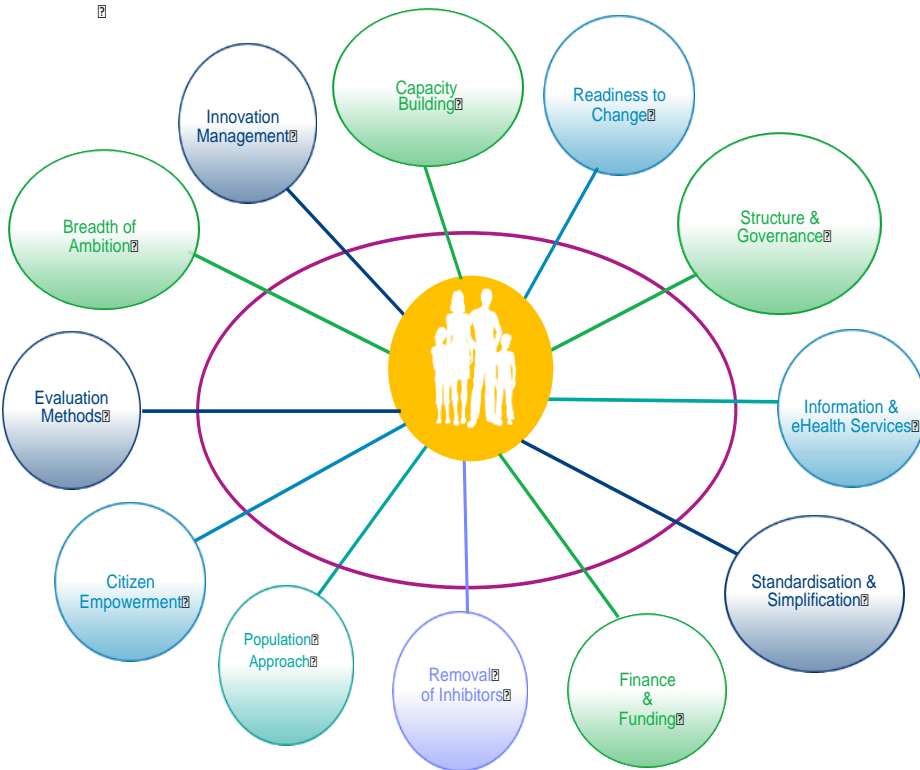


# From Challenges to Opportunities





# B3 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 on-going financial support until the new services are fully operational and the older ones are decommissioned. Ensuring that initial and on-going costs can be covered uses the full range of mechanisms from regional/national investment funds, public-private partnerships (PPP)



### Indicators of maturity:

Use of regional/national stimulus funds; innovative procurement (e.g. 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 bidding
- 3 – Regional/national (or European) funding or PPP for testing and evaluation
- 4 – Regional/national funding for scaling-up and on-going operation
- 5 – Secure multi-year budget, accessible to all stakeholders, to enable innovation

European Innovation Partnership on Active and Healthy Ageing

B3 Action Group on Integrated Care

Maturity Model for Adoption of Integrated Care Enabled by ICT

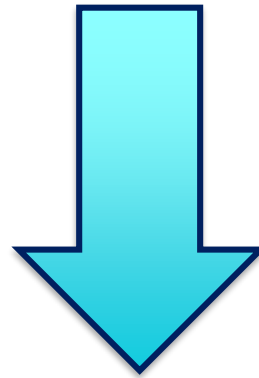
Quick Start Guide

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.

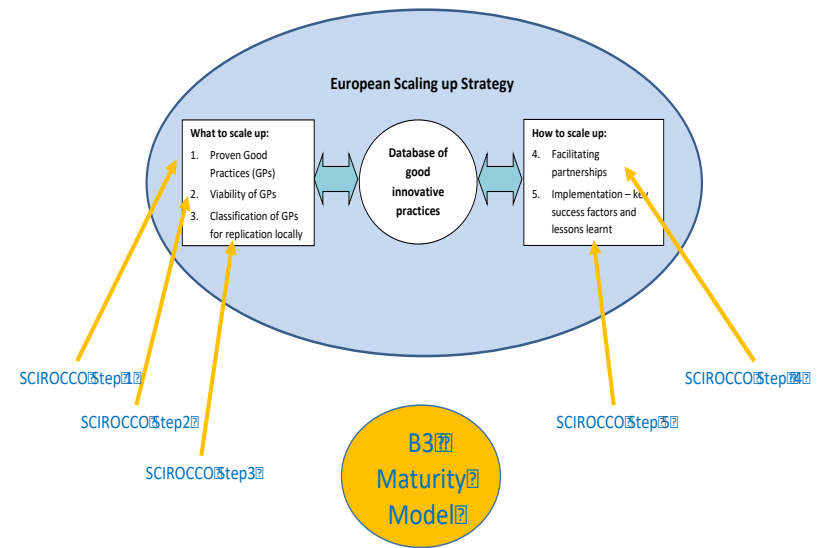
This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.

# 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:**



**Osakidetza**



Co-funded by  
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# SCIROCCO Community – Who do we work with?



European Innovation  
Partnership on Active  
and Healthy Ageing



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

BLOCKS

TOOLS AND METHODOLOGIES TO ASSESS  
INTEGRATED CARE IN EUROPE

Report by the Expert Group on Health Systems  
Performance Assessment



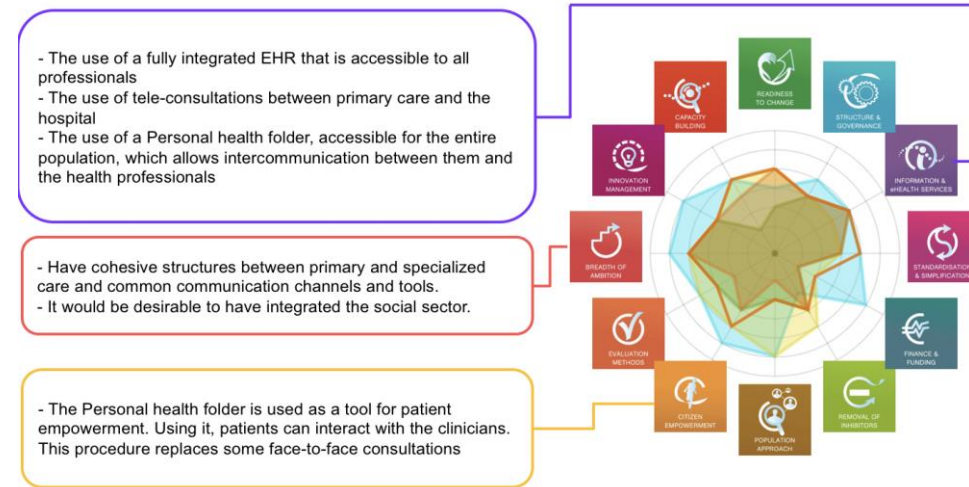
# From a Conceptual Model to an Online **Self- Assessment Tool** for Integrated Care



# The ambition is to address the challenges of adoption and scaling up of integrated care by:

## 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.



Final Spider Diagram after the Consensus workshop



### 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.



Maturity Requirements of Advance care planning

Maturity Assessment of Norrbotten Region





# 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?

1

2

3

4

5

# Content Validity of B3-MM

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

1

2

3

4

5

**Methods:** Literature review and Delphi survey.

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

Grooten L, Borgermans L, Vrijhoef HJM. An Instrument to Measure Maturity of Integrated Care: A First Validation Study. *International Journal of Integrated Care*. 2018;18(1):10.

# Structural validity of SCIROCCO tool

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

1

2

3

4

5

**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?*

1

2

3

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

4

5

**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?*

1

2

3

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

4

5

**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!**



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