WELCOME & INTRODUCTIONS

Donna Henderson

TEC & Digital Healthcare Innovation,
Scottish Government
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INTEGRATED CARE - EUROPEAN COMMISSION’S PERSPECTIVE

Filip Domanski
DG SANTE, European Commission
EU SUPPORT TO DEPLOYMENT OF DIGITALLY-ENABLED INTEGRATED CARE

Filip DOMAŃSKI, DG SANTE
Brussels, October 24th, 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

Policy context

April 2014
Policy context

State of Health in the EU
Companion Report
2017

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

EU Health Policy Platform

https://webgate.ec.europa.eu/hpf/
Welcome to the Best Practice Portal

Identifying, disseminating and transferring best practices is a priority for DG SANTE in order to support the progress towards health promotion and non-communicable disease prevention in Europe to reach the Sustainable Development Goal 3.4 and the nine UN/WHO global voluntary targets.

This portal is a “one-stop shop” for consulting good and best practices collected in actions co-funded under the Health Programmes and submitting practices for assessment. All practices in the area of health promotion, disease prevention and management of non-communicable diseases are welcome. Those practices which will be selected as “best” against the criteria adopted by the Steering Group on Prevention and Promotion will also be published on this portal.

Related content: If you are looking for the latest scientific information on key health promotion and NCD prevention issues, please visit the Health Promotion and Disease Prevention Knowledge Gateway.

In this section you can find

A repository of good and best practices that have been selected by actions funded under the Health Programmes such as CHIRDER, JANPA, RAHA, NHCompass, SCIROCCO, as well as the pilot project “Vulnerable” in the areas of, mental health, nutrition, physical activity, preventing harmful use of alcohol, prevention of non-communicable diseases and integrated care.

This section is currently under construction. It will include practices which have been selected as “best” after submission to this portal and information on projects which support the transfer of best practices from one Member State to others.

You can submit a practice for assessment

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
Structural Reform Support Service (SRSS)

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 - EXAMPLES OF TECHNICAL SUPPORT IN HEALTH

CAPACITY BUILDING FOR INFRASTRUCTURE PROJECTS
FUNCTIONAL INTEGRATION OF HOSPITALS
PRIMARY HEALTH CARE REFORM
CANCER SCREENING PROGRAMMES
CAPACITY BUILDING ON VALUATION OF HEALTH OUTCOMES IN HTA
DRG SYSTEM
PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICIES
REFORM OF LONG-TERM CARE SYSTEM
HEALTH SYSTEM PERFORMANCE ASSESSMENT
CENTRALISED PROCUREMENT
EU level financing possibilities

2014 - 2020

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

Digital Health & Integrated Care

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...

- Infrastructure (hospitals)
- Medical innovations (medicines, imaging, diagnostics, devices...)
- New care models & services
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

The future

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

Infrastructure
(hospitals, primary care & community care centres)

Medical innovations
(diagnostics, data analytics, decision support systems, eHealth/mHealth)

investment triangle
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!

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INTEGRATED CARE - WHO PERSPECTIVE

Nuria Toro Polanco
WHO Switzerland
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)
The changing global context

- Ageing
- Migration
- Climate change
- Globalization
- Rising costs
- NCDs
- Citizen voice
- Urbanization
Health systems challenges

**EMERGING DEMANDS**
- Double-burden of disease and multimorbidity
- Unhealthy behaviours & lifestyle choices
- Greater citizens expectations
- Increased need to self-manage care
- Need for cost efficiency and accountability

**SYSTEM CONSTRAINTS**
- Lack of community engagement and empowerment
- Insufficient and misaligned financing
- Sub-optimal health workforce
- Service fragmentation and inappropriate service delivery model
- Limited intersectoral action
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

Integrated people-centred services delivery

- Evidence-informed
- Coordinated
- Led by whole-systems thinking
- Continuous
- Endowed with rights and responsibilities
- Shared accountability
- Ethical
- Holistic
- Preventive
- Sustainable
- Empowering
- Goal oriented
- Respectful
- Collaborative
- Co-produced
- Comprehensive
- Equitable
- Led by whole-systems thinking
- Sustainable
What is people-centred care?
Framework on integrated people-centred health services: five strategies

Engaging and empowering people and communities

Coordinating services within and across sectors

Creating an enabling environment

Reorienting the model of care

Strengthening governance and accountability
69th World Health Assembly

Geneva 2016
"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)
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)
Supporting implementation of IPCHS

"Critical pathways towards IPCHS”
Assessment & planning toolkit
Policy briefs & position papers
International partnerships
Global Service Delivery Network
IntegratedCare4people.org
Indicators
Country support

Resources
Practices
CoPs
The changing global context

"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.
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
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
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

2010
- Conference primary care (11 December 2010)

2013
- Symposium primary health care

2017
- 6 preparatory working groups (2016-2017)
- Conference primary care (16 February 2017)

6th State Reform
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
Complex care: care-coordinator
Complex care: case manager
Optimal support for carers
Re-organisation of the landscape

Flanders | Flanders’ Institute for Primary care

Regional Care zone

Primary care zone
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
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
From B3 Maturity Model to the SCIROCCO Tool

European Innovation Partnership on Active and Healthy Ageing

2012

2018
Start of SCIROCCO Journey (2012)
European Innovation Partnership on Active and Healthy Ageing

+2 HLY by 2020
Triple win for Europe

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

Pillar I
Prevention screening early diagnosis

Pillar II
Care & cure

Pillar III
Independent living & active ageing

Specific Actions
- 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

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

stakeholders
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
- Identification of Gaps
- Objective Self-assessment Tool for Regions
- Benchmarking of EIP B3 Regions

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

REPOSITORY
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 use 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 processes
3 – Regional/national (or European) funding or PPP for testing and evaluation
4 – Regional/national funding for scaling-up and on-going operations
5 – Secure multi-year budget, accessible to all stakeholders, to ensure sustainability

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:**

1. NHS 24
2. REGION NORRBOTEN
3. kron-ikgune
4. Osakidetza
5. UNIVERSITY HOSPITAL OLOMOUC
6. AReS PUGLIA
7. Polibienestar
8. Vrije Universiteit Brussel
9. EHTEL
10. Co-funded by the Health Programme of the European Union
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
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.

   - 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

   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

Prof Bert Vrijhoef & Liset Grooten, MSC
Vrije Universiteit Brussels
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.

Structural validity of SCIROCCO tool

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!