6 Maturity requirements of GPs viable for scaling-up

The maturity requirements of Good Practices viable for scaling-up were analysed. This section presents the results of the two assessments of the prioritised 15 Good Practices. The first round describes the maturity of the context where the Good Practices were developed: It does not address whether the actual maturity levels were essential requirements for the Good Practice success or lower scores could have been enough. In this case, the Good Practice leaders individually carried out the assessments.

The second round assesses the maturity level needed to implement the Good Practices in different health and social care settings, highlighting the features required in each of the 12 dimensions of SCIROCCO tool. In this case, multi-stakeholder teams were invited to conduct the assessment, consisting of experts from both managerial and practice backgrounds. They performed the assessments individually and were then invited to a consensus-building meeting. The outcome of the consensus-building, including the features required, were then uploaded on the SCIROCCO Tool.

This section presents the outcomes of the both assessments per region. For each Good Practice, the results of the first assessment are presented in a form of a spider diagram, obtained from an Excel file, including the scores provided by the key informants and the key findings. Then, for the same Good Practice, a second assessment is provided in the form of spider diagram which captures the outcomes of the consensus-building of the assessment team. The outcomes also include the scoring, features and justifications per each of the 12 dimensions of the SCIROCCO Tool and are presented in the form of a table. Finally, some observations are provided on the individual variability and/or consensus processes described.

Maturity requirements of Good Practices viable for scaling-up

6.1 Basque Country, Spain

6.1.1 First assessment (2016)

6.1.1.1 Integrated approach in pain management

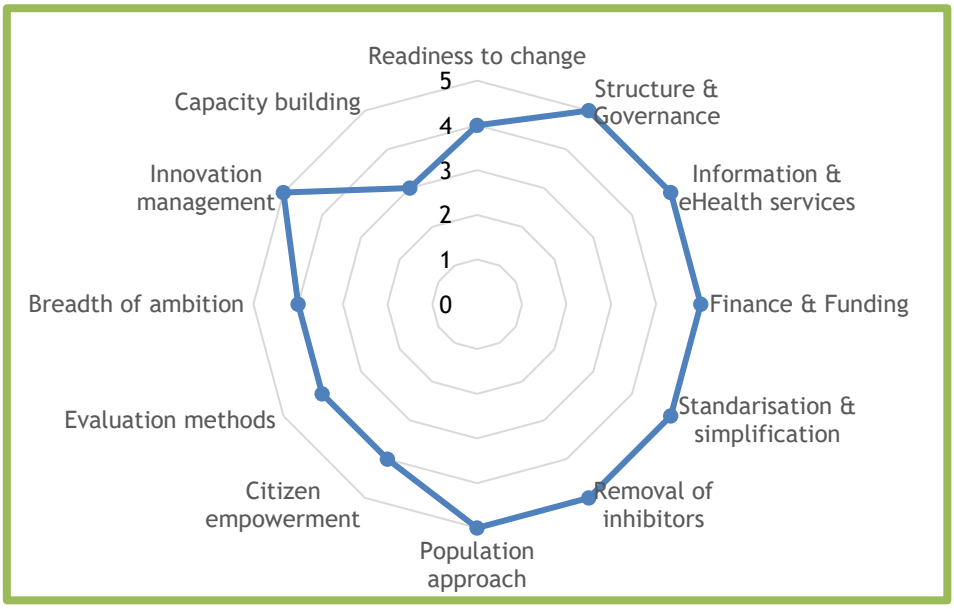

Figure 6: Maturity requirements for "Integrated approach in pain management"

The "Integrated approach in pain management" practice is being implemented in the Integrated Care Organisation (ICO) Araba, that is one of the 13 ICOs in Osakidetza. The objective of this Good Practice is to improve the care of patients with pain by introducing a Functional Coordinated Plan for pain treatment.

The outcomes of the self-assessment process show an average maturity score of 4.5, with a maximum score of 5 for the dimensions Structure & Governance, Information & eHealth services, Finance & Funding, Standardisation & Simplification, Removal of inhibitors, Population approach and Innovation management. In contrast, a minimum score of 3 was assessed for the Capacity building.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Information & eHealth services, Finance & Funding, Standardisation & Simplification, Removal of inhibitors, Population approach and Innovation management. Specifically, these are the establishment of a fully integrated programme, with secure multi-year funding accessible to all stakeholders and supported by the existence of universal at-scale national eHealth services used by all stakeholders involved. The transferability of this Good Practice further requires whole population stratification, removal of all inhibitors (legal, organisational, financial and other), extensive open innovation combined with a clear strategy for procurement of new systems.

6.1.1.2 Malnutrition in older people and hospital stay

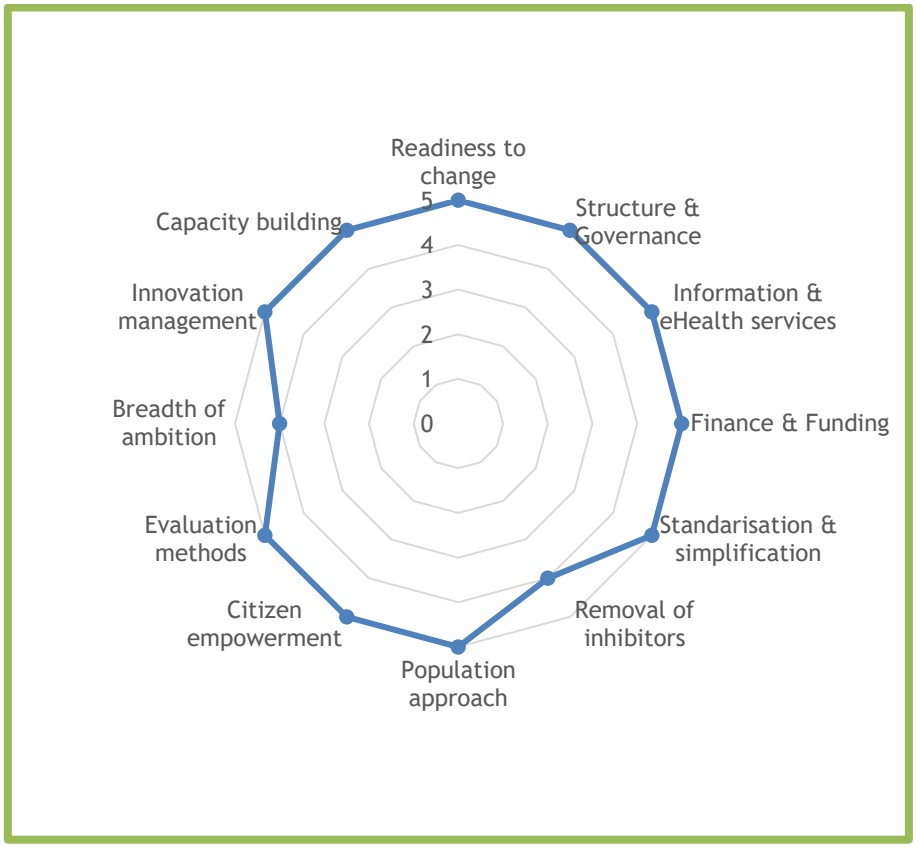

Figure 7: Maturity requirement for "Malnutrition in older people and hospital stay"

The "Malnutrition in older people and hospital stay" practice is being implemented in the Santa Marina Hospital, one of the two sub-acute Hospitals of Osakidetza. The objective of this Good Practice is to introduce a systematic nutritional assessment of older patients at hospital admission.

The outcomes of the self-assessment process show an average maturity score of 4.83, with a maximum score of 5 for the dimensions Structure & Governance, Information & eHealth services, Finance & Funding, Standardisation & Simplification, Population approach, Citizen empowerment, Evaluation methods, Innovation management, Capacity building and Readiness to change. In contrast, a minimum score of 4 was assessed for the Removal of inhibitors and Breadth of ambition.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Information & eHealth services, Finance & Funding, Standardisation & Simplification, Population approach, Citizen empowerment, Evaluation methods, Innovation management, Capacity building and Readiness to change. Specifically, these are the establishment of a fully integrated programme, with secure multi-year funding accessible to all stakeholders and supported by the existence of universal at scale national eHealth services used by all stakeholders involved. The transferability of this Good Practice further requires whole population stratification, involvement of citizens in decision-making processes and reflection of their needs in policy-making, extensive open innovation

combined with a clear strategy for procurement of new systems and systematic approach to evaluation.

6.1.1.3 Advance Care Planning in an Integrated Care Organisation

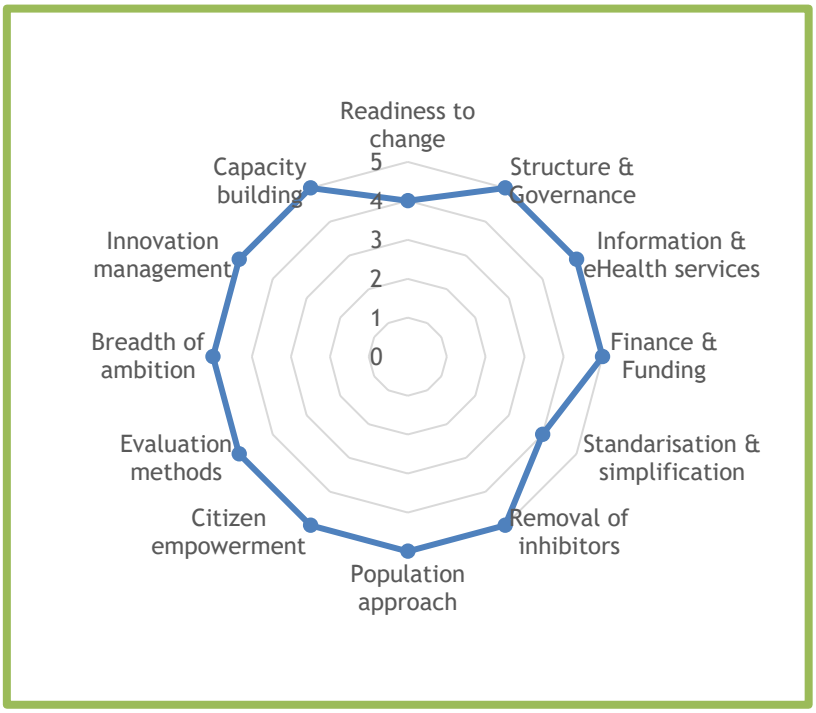

Figure 8: Maturity requirements for "Advance Care Planning in an Integrated Care Organisation"

The "Advance Care Planning in an Integrated Care Organisation" practice is being implemented in the ICO Araba. The objective of this good practice is to promote advance care planning for chronic patients.

The outcomes of the self-assessment process show an average maturity score of 4.83, with a maximum score of 5 for the dimensions Structure & Governance, Information & eHealth services, Finance & Funding, Removal of inhibitors, Population approach, Citizen empowerment, Evaluation methods, Breadth of ambition, Innovation management and Capacity building. In contrast, a minimum score of 4 was assessed for the Standardisation & Simplification and Readiness to change.

The outcomes of the self-assessment process thus highlight that the most critical requirements for the transferability and scaling up of this Good Practice are Structure & Governance, Information & eHealth services, Finance & Funding, Removal of inhibitors, Population approach, Citizen empowerment, Evaluation methods, Breadth of ambition, Innovation management and Capacity building. Specifically, these are the establishment of a fully integrated programme, with secure multi-year funding accessible to all stakeholders and supported by the existence of universal at scale national eHealth services used by all stakeholders involved. The transferability of this Good Practice further requires whole population stratification, removal of all inhibitors (legal, organisational, financial and other), extensive open innovation combined with a clear strategy for procurement of new systems. Involvement of citizens in the decision-making process and establishment of a

"learning healthcare system" enabling sharing of knowledge and retainment of skills are also required for the transferability of this Practice.

6.1.2 Second assessment (2018)

6.1.2.1 Integrated approach in pain management

The spider diagram below shows the maturity requirements of the "Integrated approach in pain management" Good Practice.

Figure 9: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	Recognised need to change. A defined plan and leaders that promote the implementation.
Structure & Governance	2	Some functional integration between health care levels. Existence of working groups and leadership.
eHealth Services	3	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.
Standardisation & Simplification	3	Broad development of corporate platforms (databases, platforms for clinical history). Capability of integrating multiple different sorts of data from the integrated electronic health record, the inter-consultations between primary and specialised care, and the health folder.
Funding	1	Have some funding to plan and implement the intervention.
Removal of inhibitors	2	A strategy to fight the inhibitors in case they appear and/or anticipate.
Population Approach	1	Screening request and appointments prioritisation according to the patient's morbidity risk.

Citizen Empowerment	3	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.
Evaluation Methods	2	Evaluate the reduction of the demand, the number of inter-consultations made and their quality.
Breadth of Ambition	3	Have cohesive structures between primary and specialised care and common communication channels and tools. It would be desirable to have integrated the social sector.
Innovation Management	2	Interest towards innovation in the professionals in order to consider the implementation of the practice. Enhancement of the implementation by the decision-makers.
Capacity Building	3	The system has to provide means for the development and use of the tools. It is also necessary to distribute information and perform coaching.

The maturity requirements of the "Integrated approach in pain management" Good Practice have an average score of 2.33. The consensus method has introduced some changes to the individual scores of the experts except the dimension of "eHealth services" where there was consensus on the scoring of 3.

The dimensions that had greater variability in the individual assessments were "Finance and Funding", "Population Approach" and "Capacity Building". They were also the dimensions the experts had the biggest discrepancies with during the workshop. It took about one hour and a half to reach consensus.

6.1.2.2 Advanced care planning in an Integrated Care Organisation

The spider diagram below shows the maturity requirements of the "Advanced care planning in an Integrated Care Organisation" Good Practice.

Figure 10: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	A legal framework and ethics committees. The initiatives to be implemented need to be included into the general policies and have the driving agents to lead the change.
Structure & Governance	3	Professionals that are motivated with clear ideas. A legal and structural protection is required.
eHealth Services	3	An integrated or shared clinical history between the different levels of care. The implementation can start without the necessity to have an electronic health record accessible. Integrated electronic support is recommended but not essential.
Standardisation & Simplification	3	The advance care planning document has to be adapted in order to have homogeneous technical standards throughout the different organisations. The document must be saved in some way that facilitates access for patients and professionals from different care levels.
Funding	2	Availability of funding for this type of innovations. System support for time release and time dedication of its own professionals (consultation and training time).
Removal of inhibitors	4	It is essential to foresee the difficulties that can arise and have a plan to handle them. The inhibitors can appear in relation to the training of professionals, workload, creation of working groups and the establishment of specific objectives, but above all the major issue is the resistance exerted by professionals to talk about death with patients. Continuous training to work the professionals' resistances on this subject.
Population Approach	2	The population stratification is not a necessity for the practice. It is important that the stratification process is being initiated to take cognisance of the need to implement this type of activity.
Citizen Empowerment	2	The participation of patient associations and citizen organisations. Patients' access to their health information and health data. It is not necessary to do it telematically, but for face-to-face consultations.
Evaluation Methods	3	It is important that the system has an evaluation habit. For example, it would be sufficient to have a structural evaluation in a systematic way.
Breadth of Ambition	3	Integration between primary care and hospital care. It is possible to start with the practice whenever there is coordination between care levels.
Innovation Management	2	The implementation of a new practice is based on the purpose of innovating and adapting other successful programmes. Mechanisms to bring innovations and to transfer knowledge are necessary.
Capacity Building	3	Implementation of integrated care and change management learning in a systematic way for any new practice.

The maturity requirements for "Advance care planning in an Integrated Care Organisation" Good Practice have an average score of 2.75. The consensus method has introduced some changes to the individual scores of the experts in all dimensions of SCIROCCO tool.

The dimensions that had greater variability in the individual evaluations were "Population Approach" and "Evaluation Methods" which resulted in a quite long consensus-building meeting (about 2 hours).

6.1.2.3 Malnutrition in older people and hospital stay

The spider diagram below shows the maturity requirements of the "Malnutrition in older people and hospital stay" Good Practice.

Figure 11: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	Distinguished and committed leaders. Coordination between all stakeholders involved. The practice can´t be carried out by a simple service, but rather by multi-disciplinary services.
Structure & Governance	2	Coordination between primary care and hospital. The creation of common procedures agreed upon by all professionals involved in the practice.
eHealth Services	4	An integrated electronic health record accessible for all professionals (both primary and hospital care). Communication channels between professionals from different care levels.
Standardisation & Simplification	3	Standards (scales) need to be available and integrated into ICT solutions for all stakeholders.
Funding	2	Involvement of external agents, i.e. nutritionists. This will help the sustainability of the practice. Only a small amount of budget is required to enable the practice.
Removal of inhibitors	4	Awareness raising for the professionals on the use of the procedures of this practice. The aim is to use the practice on a regular basis. The support of management team to facilitate the inhibitors elimination.
Population Approach	3	Although it is not necessary for the entire population to be stratified on the basis of their morbidity risk, it is necessary that the population over-65s is stratified.
Citizen Empowerment	2	Involvement of patients and families in their self-care, especially with regard to nutrition.
Evaluation Methods	3	Systematic evaluation e.g. for scale results, nutritional level, etc.
Breadth of Ambition	4	Coordination between health and social system, such as nursing homes.
Innovation Management	2	Mechanisms to promote knowledge transfer are needed (i.e. SCIROCCO tool).
Capacity Building	3	change management culture is needed.

The dimensions “Readiness to change”, “Finance and funding”, “Removal of inhibitors”, and “Population approach” proved to be most challenging to reach the consensus.

The maturity requirements of “Malnutrition in older people and hospital stay” Good Practice have an average score of 2.92. The consensus method has introduced some changes to the individual scores of the experts with the exception of the dimension of “Breadth of Ambition”, where all experts scored 4 in the individual assessments.

The dimensions that had greater variability in the individual assessment were “Readiness to Change” and “Innovation Management”. The biggest discrepancies regarding scores were found in the “Population Approach” and “Finance and Funding” dimension.

6.1.3 Key findings of the Basque Country’s assessments process

All three Good Practices had different scores in the two assessment rounds. Comparing the assessment outcomes of 2016 and 2018 of the “Integrated Approach in Pain Management” Good Practice, all dimensions except one scored lower in 2018 than in 2016. The only dimension that had similar score was “Capacity Building”, which was given a 2 in both assessments. The most striking are the differences between the dimensions of “Finance & Funding” and “Population Approach”. The respondent in 2016 scored 5 for both dimensions. In the second wave (2018), the experts scored 2 for both dimensions.

Comparing the assessment outcomes of 2016 and 2018 of the “Advanced Care Planning in an ICO” Good Practice, all dimensions except one scored lower in 2018 than in 2016. The only dimensions that scored the same was the “Removal of Inhibitors”, which was given a 4 in both assessments. The most significant are the differences between the dimensions of “Finance & Funding” and “Population Approach”. The respondent in 2016 scored 5 for both dimensions. In the second assessment (2018), the experts agreed a score of 2 for both dimensions.

Comparing the assessment outcomes of 2016 and 2018 of the “Malnutrition in older people and hospital stay” Good Practice, all dimensions except one scored lower in 2018 than in 2016. The only dimension that scored the same was the “Removal of Inhibitors”, which was given 4 in both assessments. The most striking are the differences between the dimensions “Structure and Governance”, “Finance & Funding”, “Citizen Empowerment” and “Innovation Management”. The respondent in 2016 scored 5 for these dimensions. In the second assessment (2018), the experts agreed a score of 2 for all of them.

The three assessments show big differences between describing the context (first assessment) and assessing the real requirements to have successful implementation of Good Practices (second assessment). Whereas in the first assessment most dimensions have very high scores, in the second one the scores are much lower. The differences between assessments’ scores can be explained by the difference in the focus of the assessments. The use of the refined version of the SCIROCCO tool and an introduction of multi-disciplinary team may have had some influence too. The introduction of the “features” in the refined methodology has been key in adding value to improve robustness of the scores.

Twelve experts where involved in the second assessment. All of them perceived very positively the opportunity to conduct the second assessment; three of them participated in

both assessments. The experts confirmed that the assessment outcomes for the three Good Practices are close to reality and reflect the needs of an adopting context in order to succeed in their implementation.