

Maturity requirements of Good Practices viable for scaling-up

6.3 Olomouc Region, Czech Republic

6.3.1 First assessment (2016)

6.3.1.1 Improved management of visits in Home Care

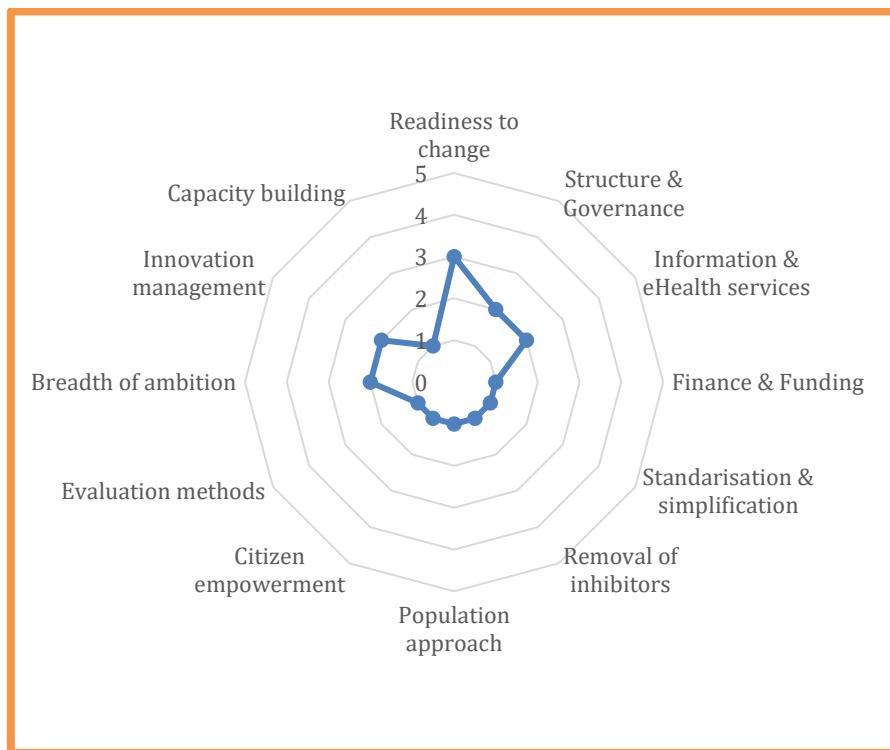


Figure 18: Maturity requirements for Improved management of visits in Home care

The “Improved management of visits in Home Care” Good Practice is being implemented in Prague, the capital of the Czech Republic. The objective of this Good Practice is to improve home care services by digital processing of routine operations in homecare.

The outcomes of the self-assessment process show an average maturity score of 1.5, with a maximum score of 3 for the dimension of Readiness to change. In contrast, a minimum score of 1 was assessed for the dimensions of Finance & Funding, Standardisation & Simplification, Removal of inhibitors, Population approach, Citizen empowerment, Evaluation methods and Capacity building.

The outcomes of the self-assessment process thus highlight that the most critical requirement for the transferability and scaling up of this Good Practice is Readiness to change. Specifically, this means the existence of a clear vision and plan for integrated care embedded in policy and supported by emerging leaders and champions.

6.3.1.2 Telehealth service for patients with advanced heart failure

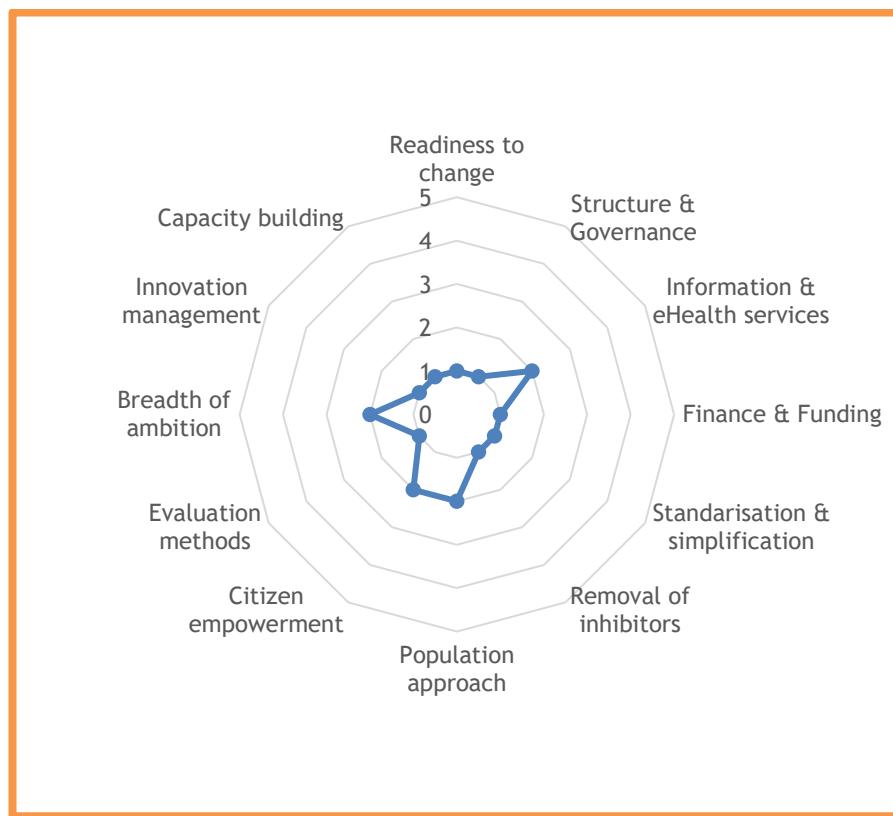


Figure 19: Maturity requirements for Telehealth service for patients with advance heart failure

The “Telehealth service for patients with advanced heart failure” Good Practice is being implemented in Olomouc in the Czech Republic. The objective of this Good Practice is to introduce specific remote monitoring of patients with Congestive Heart Failure, structural damage of the myocardium and left chamber dysfunction through the deployment of telehealth services and enhances relevant medical protocols.

The outcomes of the self-assessment process show an average maturity score of 1.33, with a maximum score of 2 for the dimensions of Information & eHealth services, Population approach, Citizen empowerment and Breadth of ambition. In contrast, a minimum score of 1 was assessed for the dimensions of Structure & Governance, Finance & Funding, Standardisation & Simplification, Removal of inhibitors, Evaluation methods, Innovation management, Capacity building 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 Information & eHealth services, Population approach, Citizen empowerment and Breadth of ambition. Specifically, this means piloting of Information and eHealth services to support integrated care within the same level of care, application of risk population approach to integrated care services and recognition of the need for effective policies to support citizen empowerment.

6.3.1.3 Tele-monitoring of patients with AMI and in anticoagulation regime

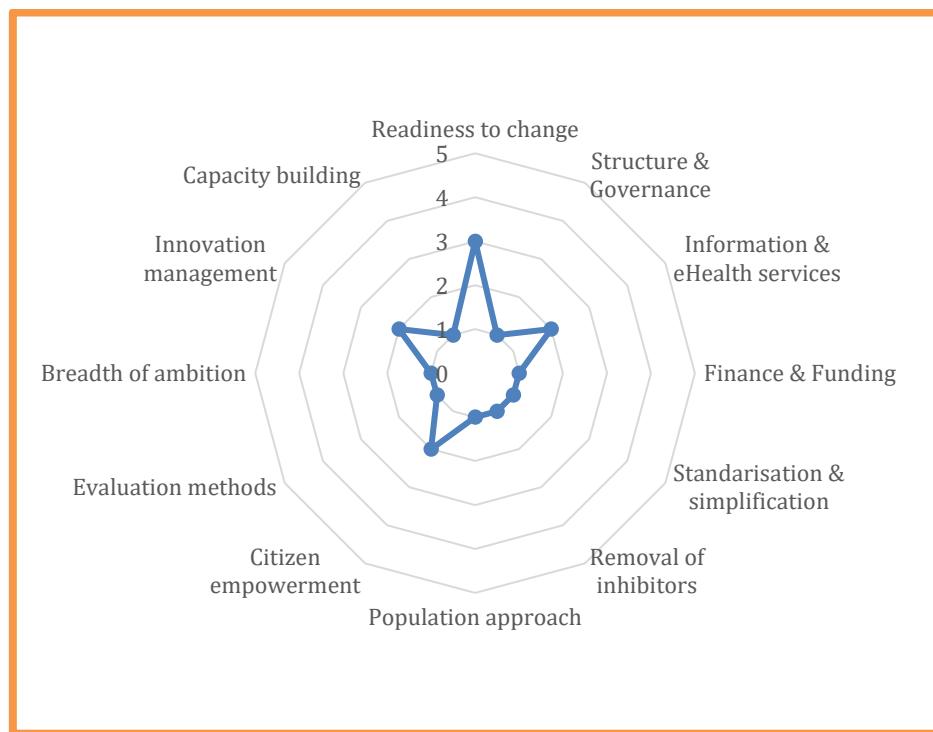


Figure 20: Maturity requirements for tele-monitoring of patients with AMI and in anticoagulation regime

The “Tele-monitoring of patients with AMI and in anticoagulation regime” Good Practice is being implemented in Olomouc region in the Czech Republic. The objective of this Good Practice is to introduce remote monitoring of older patients who are hospitalised for acute infarct of myocardium (AMI) in cases of newly diagnosed diabetes using telehealth services.

The outcomes of the self-assessment process show an average maturity score of 1.42, with a maximum score of 3 for the dimension of Readiness for change. In contrast, a minimum score of 1 was assessed for the dimensions of Finance & Funding, Standardisation & Simplification, Removal of inhibitors, Population approach, Evaluation methods, Breadth of ambition and Capacity building.

The outcomes of the self-assessment process thus highlight that the most critical requirement for the transferability and scaling up of this Good Practice is Readiness for change. Specifically, this means the existence of a clear vision and plan for integrated care embedded in policy and supported by emerging leaders and champions.

6.3.2 Second assessment (2018)

6.3.2.1 Improved management of visits in Home Care

The spider diagram below shows the maturity requirements of the “Improved management of visits in Home Care” Good Practice.



Figure 21: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	1	Need for new technologies in communication between patients and professionals. Strategic plan. Need of transparency.
Structure & Governance	1	Management of cost and quality. Organisation of homecare. Management of professionals.
eHealth Services	1	Interest in implementation of eHealth. Basic investment in ICT. Use ICT for internal management of care providers.
Standardisation & Simplification	1	Standardisation of technologies used. Proven mobile industry standards. Identification of technology standards.
Funding	1	Investment. Operation cost.
Removal of inhibitors	1	Design of practice with all stakeholders. Explanatory campaign. Understand the value of transparency.
Population Approach	1	Adjust capacity of the ICT system to the expected number of patients in homecare. Spectrum of interventions and its development over time.
Citizen Empowerment	1	Focus on patients, their education and their needs. Activation of interest of patients and families in their care.

Evaluation Methods	1	At least basic evolution of innovations HTA based. Capturing patients view.
Breadth of Ambition	1	Interest in further functional expansion of the good practice. Basic ambition in ICT eHealth use in care. Savings driven measures based on ICT.
Innovation Management	1	Basic level of innovation management by the care provider. Support of innovations with clear care improvements effects. Focus of the use of ICT in innovation.
Capacity Building	1	Upgrade education of nurses in care. Education of managers to understand the value of data. Update syllabus on universities, schools for nurses.

The outcomes of the assessment show consistent scoring of 1 across all dimensions. This means that the features identified as requirements for the implementation in a different context need to be at a very low maturity in that context. It also means that the Good Practice is operated with considerable effort by the professionals involved in the Good Practice.

6.3.2.2 Telehealth service for patients with advanced heart failure

The spider diagram below shows the maturity requirements of the “Telehealth service for patients with advanced heart failure” Good Practice.



Figure 22: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	1	Strategic plan. Long term planning. Cooperation between health and social care system.
Structure & Governance	1	Cooperation with region on new strategies. Coordination between primary care, General Practitioners and hospital is necessary. Implementation of eHealth solutions.
eHealth Services	1	Implementation of National eHealth strategy in the routine practice. Electronic Health Record to allow sharing of information between hospitals and General Practitioners.
Standardisation & Simplification	1	Standards for telemedicine technologies. Standards for better integration related to the aftercare (non-technical standards but care process related).
Funding	1	Projects/programmes supporting development of integrated care. Better coordination of the care between Region and their institutions and hospitals. Validate cost effectiveness in larger study.
Removal of inhibitors	1	Systematic approach and leadership by the Ministry of Health. Education focused on eHealth, telemedicine of various levels (nurses, doctors, managers, insurance companies). Create new expert groups focused on integrated care.
Population Approach	2	Better patient involvement in the treatment. Education. Cooperation with insurance companies.
Citizen Empowerment	3	Data sharing. Better communication between professionals from different care levels, including communication with patients. Investments for the ICT infrastructure and extension of hospital staff (care coordinators' roles).
Evaluation Methods	2	Evaluation methods on larger study. Storage of data in digital form.
Breadth of Ambition	0	Integration between hospital care and primary care. Cooperation between the Ministry of Health and Ministry of Social Affairs.
Innovation Management	1	Strategic plan for new technologies. Cooperation between technical universities, hospitals and medical universities (faculties). Sharing experiences from abroad (EU).
Capacity Building	3	More comprehensive education of broader aspects of chronic diseases on university level. Adopt new solutions (innovations) from abroad and transform them into the specific context (environment) in the Czech Republic.

The maturity requirements of the Improved management of visits in Home Care” Good Practice have an average score of 1.42. The consensus method has introduced some changes to the individual scores of the experts in all dimensions of the SCIROCCO tool with the exception of the dimension of “Readiness to Change”, where all experts scored 1 in the individual assessments. The dimensions that had greater variability in the individual assessments were “Citizen Empowerment” and “Capacity Building”.

6.3.2.3 Tele-monitoring of patients with AMI and in anticoagulation regime

The spider diagram below shows the maturity requirements of the “Tele-monitoring of patients with AMI and in anticoagulation regime” Good Practice.



Figure 23: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	1	Cooperation with insurance companies. Cooperation with General Practitioners.
Structure & Governance	1	Pilot projects. Co-creation of Strategic plans with Ministry of Health and insurance companies Reimbursement of International Normalised Ratio (INR) service by insurance company.
eHealth Services	1	Strategic plan for integrated care. Implementation of eHealth solutions through strategy for electronic health care. Cooperation with patients' organisations.
Standardisation & Simplification	1	Defragmentation of information systems in hospitals. Cloud system for data storage. Technical norms.
Funding	1	Pilot projects. Setting of reimbursement scheme.
Removal of inhibitors	1	Systematic approach and leadership by the Ministry of Health. Setting of reimbursement scheme. Education focused on eHealth.
Population Approach	2	International cooperation with centres that have experience from monitoring of anticoagulation treatment. Tracking new trends in telemedicine.
Citizen Empowerment	2	Data sharing. Better communication between professionals from different care levels, including communication with patients. Investments for the ICT infrastructure and extension of hospital staff (care coordinator).

Evaluation Methods	0	Determined costs before implementation of the solution. Interim evaluation. Use of Health Technology Assessment (HTA).
Breadth of Ambition	0	Motivation of professionals. Support by hospital management. Cooperation between General Practitioners and Cardio-centres.
Innovation Management	1	Structured innovation management plan. Cooperation with region. International cooperation.
Capacity Building	2	Educational courses. Cooperation between technical universities, hospitals and medical faculties.

The maturity requirements of the “Tele-monitoring of patients with AMI and in anticoagulation regime” Good Practice have an average score of 1.08. The consensus method has introduced some changes to the individual scores of the experts in half of the dimensions of the SCIROCCO tool. The dimension that had greater variability in the individual assessments was “Capacity building”.

6.3.3 Key findings of Olomouc’s assessment process

Most of the dimensions of the three Good Practices from Olomouc Region scored 1 in the second assessment (2018). No big differences were found regarding the outcomes in the first assessment (2016). In all three Good Practices, the experts highlighted that outcomes of the assessment processes using the Tool were coherent with the reality in the Czech Republic.

Good Practices that contribute to better integration of care can operate even in an environment that is not yet informed by a clear (national) strategy of integrated care. The Good Practices either improve the management of healthcare services or the quality of care or are strongly dependent on ICT. ICT is also not yet well established as an indispensable tool for innovation in Czech healthcare systems, which means that introduction of the Good Practices was not easy. In fact, these initiatives are driven from the bottom, from the level of healthcare providers. All these aspects are reflected in low maturity across all dimensions. However, these outcomes do not prevent the interest and innovations that are embedded in Good Practices.

The experts faced some difficulties in understanding the SCIROCCO tool and its use to assess the Good Practices. Even though the SCIROCCO tool is not complex, the assessment requires specific points of view on the Good Practices, some skills in using the online Tool and knowledge of English as some functionalities of the Tool are not fully translated in Czech.

Defining features in the context of the SCIROCCO tool was also a challenge. The 12 dimensions of the SCIROCCO tool represent complex points of view on the Good Practices but still there are some aspects, such as standardisation of processes, that are not sufficiently reflected but are important for the context of a healthcare system in the Czech Republic.

However, the outcome of the assessment process using the SCIROCCO tool provided a coherent picture of the day-to-day status of healthcare in the Czech Republic as highlighted by the participants at the end of the consensus process.