Maturity requirements of Good Practices viable for scaling-up

6.4 Puglia Region, Italy

6.4.1 First assessment (2016)

6.4.1.1 "Telehomecare". Telemonitoring, teleconsultation and telecare project aimed to patients with Heart Failure, Chronic Obstructive Pulmonary Disease and Diabetes

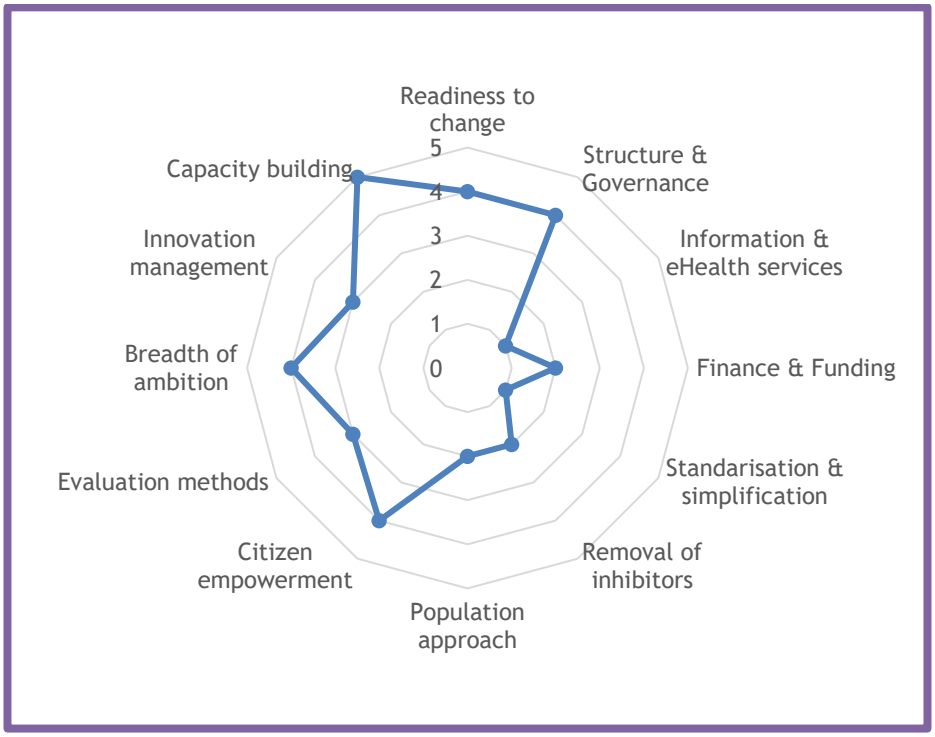

Figure 24: Maturity requirements for "TeleHomeCare project"

The "TeleHomeCare" Good Practice is being implemented in Puglia, Campania, Calabria, Sicilia, Piemonte, Emilia-Romagna and Lombardia regions in Italy. The objective of this Good Practice is to reduce re-hospitalisation and to improve the quality of care at patients' home by introducing ICT solutions.

The outcomes of the self-assessment process show an average maturity score of 2.92, with a maximum score of 5 for the dimension Capacity building, followed by the dimensions of Structure & Governance, Citizen empowerment, Breadth of ambition and Readiness to change. In contrast, a minimum score of 1 was assessed for Information & eHealth service and Standardisation & Simplification.

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 Capacity building, Structure & Governance, Citizen empowerment, Breadth of ambition and Readiness to change. Specifically, these are the establishment of a "learning healthcare system" enabling sharing of knowledge and retainment of skills, roadmap for change management,

access of citizens to health information and health data and clear leadership and vision for the integration of health and social care services.

6.4.1.2 CKD integrated-care

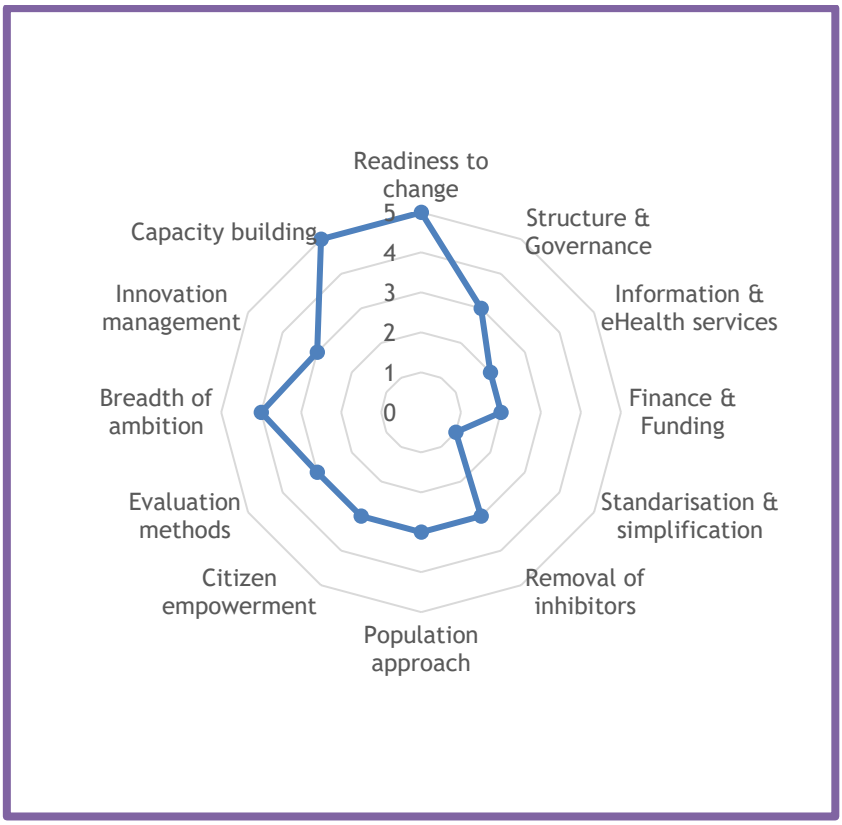

Figure 25: Maturity requirements of "CKD Integrated Care"

The "CKD integrated-care" Good Practice is being implemented in Ceglie Messapica (Brindisi) in Italy. The objective of this Good Practice is to create a new technological system – a platform with an e-learning environment – to increase de-hospitalisation of patients with CKD, improve quality of life and to reduce healthcare services.

The outcomes of the self-assessment process show an average maturity score of 3.08, with a maximum score of 5 for the dimension Capacity building and Readiness to change. In contrast, a minimum score of 1 was assessed for the dimension of Standardisation & Simplification.

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 Capacity building and Readiness to change. Specifically, these are the establishment of a "learning healthcare system" enabling sharing of knowledge and retainment of skills, supported by political consensus, public support and visible stakeholder engagement in implementing integrated care.

6.4.1.3 "RMHF". Remote monitoring in heart failure outpatients

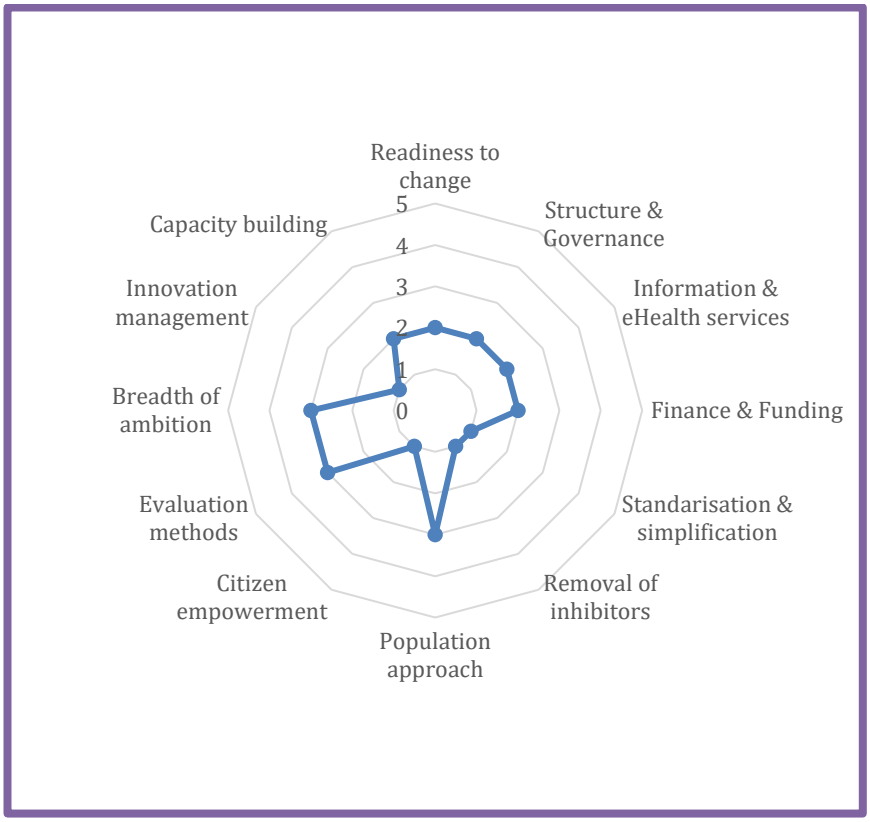

Figure 26: Maturity requirements for "RMHF"

The "Remote monitoring in heart failure outpatients" Good Practice is being implemented in the Puglia region in Italy. The objective of this Good Practice is to detect as many patients with the heart failure as possible and deploy telehealth services for monitoring and improved treatment of these patients.

The outcomes of the self-assessment process show an average maturity score of 1.92, with a maximum score of 3 for the dimensions Population approach, Evaluation methods and Breadth of ambition. In contrast, a minimum score of 1 was assessed for the dimensions of Standardisation & Simplification, Removal of inhibitors, Citizen empowerment and Innovation management.

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 Population approach, Evaluation methods and Breadth of ambition. Specifically, these are the systematic use of risk stratification tools, evaluation of some integrated care services and integration of services within the same level of care.

6.4.2 Second assessment (2018)

6.4.2.1 TeleHomeCare

The spider diagram below shows the maturity requirements of the "TeleHomeCare" Good Practice.

Figure 27: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	4	Leadership. The Good Practice to be implemented need to be in line with the general vision of policy makers and professionals involved.
Structure & Governance	4	A clear roadmap for a change programme, including regulation. Shared vison with stakeholders involved.
eHealth Services	3	The implementation can start without the necessity of an Electronic Health Record. Information-sharing among professionals. A control room to coordinate the monitoring of patients.
Standardisation & Simplification	3	No need specific ICT standards. Interconnection with the Regional Platform.
Funding	4	An initial investment for a procurement of the bed side table. Nevertheless, the Good Practice can also be implemented by building an agreement with the provider (producer).
Removal of inhibitors	2	Minimum change in the routine of the professionals involved. Information sharing among the stakeholders involved, including patients and care givers can help the removal of possible obstacles or diffidence.
Population Approach	3	Population stratification is not needed. Shared health pathways among the actors of the Care team is envisaged in order to guarantee the correct monitoring of the patients both clinically and psychologically.
Citizen Empowerment	3	Awareness raising and capacity-building support for patients and care givers. Tools, incentives for self-motivation.
Evaluation Methods	4	Systemic evaluation system helps. Data collation to inform continuous improvement of the ICT system used.
Breadth of Ambition	3	Integration between hospital care and primary care. The practice can easily take off wherever there is integration on care levels.
Innovation Management	3	Change of approach in managing frail chronic patients out of hospital. Principle of de- hospitalisation embedded in the policy vision.

Capacity Building	3	Training of professional at the use of the devices. Activation of continuous learning and training processes on the job.

The maturity requirements of the "Telehomecare" Good Practice have an average score of 3.25. The consensus method has introduced some changes to the individual scores of the experts with the exception of the dimensions of "eHealth Services", "Removal of Inhibitors", "Innovation Management" and "Capacity Building" that scored 3 consistently.

The dimensions that had greater variability in the individual assessments were "Finance and Funding and "Breadth of Ambition". The domains "Readiness to Change", "Finance and Funding", and "Breadth of Ambition" proved to be more challenging to reach the consensus.

6.4.2.2 CKD integrated-care

The spider diagram below shows the maturity requirements of the "CDK integrated-care" Good Practice.

Figure 28: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	4	Leadership. The Good Practice to be implemented needs to be in line with the general vision of policy makers and professionals involved.
Structure & Governance	3	A clear roadmap for a change programme. Clear definition of regulation and related organisational structure. Shared vision of stakeholders involved.
eHealth Services	3	Electronic Health Record is not a requirement for Good Practice. Information sharing among professionals A control room to coordinate the monitoring of patients and give patient support any time during dialytic treatment.

Standardisation & Simplification	2	No need for specific ICT standards. Interconnection with the Regional Platform. The adopted Technology complies with the existing standards.
Funding	2	An initial investment for the procurement of the equipped armchair that sits in the patient's home to carry out dialysis. Structural funds supported the experimentation phase.
Removal of inhibitors	2	No change in in the routine of the professionals involved. Removal of inhibitors to allow information sharing.
Population Approach	3	Population stratification is needed. Shared health pathways and clinical condition among the actors of the Care team is mandatory in order to guarantee the correct monitoring of the patients both clinically and psychologically.
Citizen Empowerment	3	Motivation of patients to improve quality of their lives. Training to patients and care givers.
Evaluation Methods	3	Systemic evaluation. Data collection to inform improvements in the ICT systems and prevent the acute events.
Breadth of Ambition	3	Integration between hospital care and primary care.
Innovation Management	4	Importance of change of approach in managing patients affected by kidney disease and keep them out of hospital, embedded in the policy vision of de-hospitalisation.
Capacity Building	4	Training of professionals for the use of the devices. Incentives for continuous learning.

The maturity requirements of the "CKD integrated-care" Good Practice have an average score of 3. The consensus method has introduced some changes to the individual scores of the experts with the exception of the dimensions of "Standardisation & Simplification where stakeholders scored 2 in both cases.

The dimensions that had greater variability in the individual assessments were "Readiness to Change", "Innovation Management" and "Capacity Building". The dimensions of "Readiness to Change", "Innovation Management" and "Capacity Building" proved to be more challenging to reach the consensus.

6.4.2.3 "RMHF" Remote monitoring in heart failure outpatients

The spider diagram below shows the maturity requirements of the "RMHF" Good Practice.

Figure 29: Maturity requirements of the Good Practice

Scores and features required for the adoption of the Good Practice

Dimension	Score	Features
Readiness to Change	3	Leadership. The Good Practice to be implemented need to be in line with the general vision of policy makers and professionals involved.
Structure & Governance	2	A clear roadmap for a change programme. Clear definition of regulation and related organisational structure. Shared vision of stakeholders involved.
eHealth Services	3	Electronic Health Record is not a requirement for Good Practice. Information sharing among professionals. A control room is needed connected with the emergency system (118 number in Italy).
Standardisation & Simplification	3	The adopted Technology complies with the existing standards. Easy to use technology and interoperable.
Funding	1	No need of great investment. The Good Practice can also be implemented building an agreement with the provider (producer).
Removal of inhibitors	2	Not a big "change "envisaged in the routine of the professionals involved. Removal of inhibitors to allow information sharing.
Population Approach	3	A population risk approach. The risk assessment is part of the cardiac medical routine.
Citizen Empowerment	2	Patient enrolled in this Good Practice are patients carrying an implantable defibrillator, therefore already aware of their condition and informed about the need of being periodically monitored.

		The remote monitoring of the heart trends beating makes them feel safer and really cared of. No special training is therefore envisaged for them. They just receive an added value.
Evaluation Methods	2	Evaluation methods systematically performed support the improvement of patient management. Evaluation is part of the routine protocol normally used by cardiologists in treating patients with heart failure.
Breadth of Ambition	3	No need of high level of integration of services is needed. Coordination among professionals might support the implementation of clinical pathways.
Innovation Management	2	The implementation of the Good Practice follows the most common procedures envisaged in the monitoring of patients with heart failure. Therefore, no major change of approach is envisaged.
Capacity Building	3	Training of professionals in the use of the technology. Continuous learning.

The maturity requirements of the "RMHF" Good Practice have an average score of 2.42. The consensus method has introduced some changes to the individual scores of the experts across all dimensions. The dimensions that had greater variability in the individual assessments were "Population Approach", "Evaluation Methods", and "Breadth of Ambition".

6.4.3 Key findings of Puglia's assessments process

Comparing the assessment outcomes of 2016 and 2018 of the "TeleHomeCare" Good Practice:

- 6 dimensions scored higher in 2018
- 3 dimensions scored the same
- 3 dimensions scored lower in 2018

Comparing the assessment outcomes of 2016 and 2018 of the "CKD integrated-care" Good Practice:

- 3 dimensions scored higher in 2018
- 5 dimensions scored equally
- 4 dimensions scored lower in 2018

Comparing the assessment outcomes of 2016 and 2018 of the "RMHF" Good Practice:

- 7 dimensions scored higher in 2018
- 3 dimensions scored equally
- 2 dimensions scored lower in 2018

The assessment of the maturity requirements of Puglia's Good Practices provided interesting outcomes. In all three Good Practices, the assessment outcomes corresponded to the interpretation that the stakeholders would have given if interviewed on the potential requirements needed in order to succeed in the implementation/scaling-up of the Good Practices.

All the stakeholders overcame the diversity of opinions and really enjoyed the challenge of assessing the features of the Good Practice that are necessary to allow the Good Practice to be implemented in a specific context. The outcomes of the assessment process using the SCIROCCO tool are very coherent, reflecting the reality on the ground. This was spontaneously highlighted by the participants at the end of consensus workshop.

The participants also highlighted the complexity of the tool covering all dimensions is important for the implementation of integrated care concept. The dimensions of the SCIROCCO tool seemed to be very clear despite some examples where the stakeholders found that the assessment scales were not appropriate for assessing the requirements of a Good Practice. Whereas it is very clear and complete when using it for the maturity assessment of the regional context.

The assessment of the requirements of the Good Practices was therefore found very useful in order to activate processes of twinning and coaching for knowledge transfer in other regions and also to allow learning about the conditions necessary for the adoption and implementation of particular Good Practice.