Scirocco
Scaling Integrated Care in Context

Self-assessment process in Region Norrbotten

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1 Introduction to the region

Region Norrbotten is the northernmost region of Sweden and the estimated population is around 250,000 citizens. Region Norrbotten is run by the county's inhabitants, through political elections. The Region's activities are funded by taxes.

1.1 Introduction to the regional healthcare system

There are three levels to consider in the health care system in Sweden:

- The national level is responsible for overall health and health care.
- The regional level, county councils/regions are responsible for financing and delivering health services to citizens.
- The local level, municipalities are responsible for care of the elderly and the disabled.

The healthcare sector in Region Norrbotten is the county's biggest employer with approximately 7400 employees. The Region Norrbotten provides healthcare and dental care and supports research and education. The hospitals provide the next level of care when district healthcare centres lack the necessary expertise or technical resources. Norrbotten has five hospitals. The Sunderby Hospital, between Boden and Luleå, is the Region's largest hospital. In case of the need for a highly specialised medical care, the Region collaborates with other hospitals throughout Sweden. In addition, the Region has 35 primary health centres, four of which operate as private entities. Healthcare for frail and older people living at home or in special accommodations for older and disabled people is provided by licensed healthcare professionals, employed by the municipalities, or by personnel with delegation. Healthcare delivery at home includes interventions, rehabilitation and nursing. The municipalities in the Region also have responsibly for the citizens' social welfare and care. The Region has been working with eHealth and telemedicine for many years and Region Norrbotten, can be considered as quite advanced in this field. Prevention and public health are also central in the Region and are the responsibility of the organisations such as athletics associations, academic organisations, schools and local authorities.

1.2 Definition of integrated care

The Region Norrbotten, with a large geographic spread and an increasingly ageing population, has worked towards integrated care during the last decades, especially for older people and people with multiple chronic conditions. Sweden has a model for integrated care that aims to link primary, hospital and community care based on the local agreements between healthcare providers. In addition, an ICT system which allows exchange of healthcare information and supports integration has been implemented. A typical chain of care includes a screening element in a primary care centre, treatment plans developed in specialist centres and rehabilitation provided by healthcare providers employed by the municipalities. Contractual agreements and alignment of incentives that enable efficient use of resources are distinctive features of the Swedish model.

2 Self-assessment process in the Region Norrbotten

2.1 Identification process of the local stakeholders

The local stakeholders in Norrbotten were identified with the support of the local Steering Group for the SCIROCCO project. All selected stakeholders were very knowledgeable about Norrbotten's healthcare system and the implementation of integrated care in the Region.

The profile of stakeholders is provided in the table below:

Table 1: Stakeholders in Region Norrbotten

Title	Organisation
Assistant professor/Knowledge management strategic officer	Region Norrbotten
Economic controller and business developer	Region Norrbotten
Assistant Director Community Health care	Region Norrbotten
Project director	Region Norrbotten
Researcher, Improvement strategic officer	Region Norrbotten
Business developer	Region Norrbotten
Healthcare centre manager and registered advanced clinical nurse	Region Norrbotten
Registered Nurse/PhD/Project manager	Region Norrbotten
IT-strategic officer, development strategic officer (e-health and innovation)	Region Norrbotten

2.2 Self-assessment survey

The self-assessment process in Region Norrbotten consisted of three steps:

1. All participants were invited to register on the SCIROCCO tool and conduct the individual self-assessments. The objective of this first step was to capture individual perceptions of local stakeholders on the maturity of Norrbotten Region for integrated care.

2. Consolidation of the individual assessments, resulting in two composite spider diagrams illustrating different perceptions of stakeholders' perspectives on integrated care in Region Norrbotten.

3. Final assessment where consensus on the final spider diagrams illustrating the progress of Region Norrbotten towards integrated care was reached.

All stakeholders responded within one week.

2.2.1 Outcomes of the self-assessment survey

All invited stakeholders responded to the survey. The stakeholders were asked to consider their scorings and justifications at the face-to-face meeting scheduled the week after the completion of the survey.

The following spider diagrams reflect the diversity of the stakeholders' perceptions on the maturity of healthcare system for integrated care in Norrbotten Region (Figure 1).

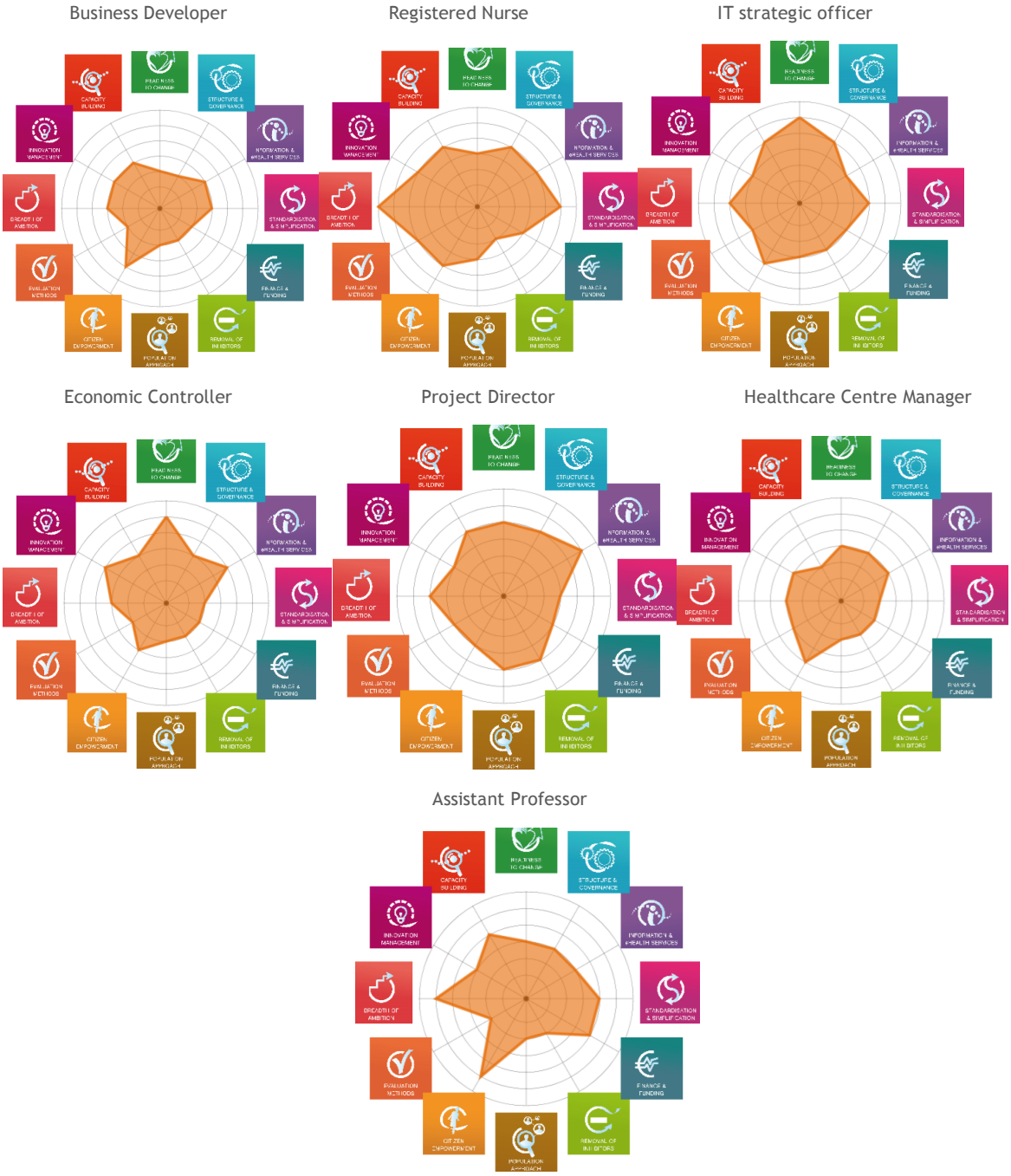

Figure 1: Stakeholders' individual questionnaires in the Norrbotten Region

The three domains with the biggest differences in scorings included Standardisation and Simplification, Finance and Funding and Removal of Inhibitors. The reason for these differences may be that the stakeholders had different experiences based on their knowledge, function and position in the Region. Three domains that the stakeholders reached common assessment scorings included: Structure and Governance, Evaluation Methods and Innovation Management. The potential reason may be that these were the

dimensions that most of the stakeholders came into contact with on a daily basis and it was, therefore, easier for them to reach consensus in these areas.

2.3 Stakeholder workshop

The follow-up workshop was organised on 14 June 2017 in Norrbotten. The objective of the workshop was to discuss the preliminary findings of the self-assessment surveys and gain a multi-stakeholder understanding of the maturity of healthcare system for integrated care in Region Norrbotten. All respondents accepted to participate in the meeting. The outcomes of the self-assessment surveys served as the basis to facilitate the multi-stakeholder discussions, negotiations and consensus-building. The workshop was held in Swedish and the local SCIROCCO project managers translated the outcomes of the workshop into English thereafter.

Table 2: Agenda for the self-assessment workshop

Agenda for the workshop:
The self-assessment process consists of 2 phases:
Phase 1
• Presentation of the outcomes of the self-assessment process • Feedback and reflections from the local project group
• Negotiation and Consensus Building
• Facilitated discussion, the outcomes of the self-assessment process for Region Norrbotten. Facilitator of the session introduced the outcomes per each dimension and seek the consensus from the partners on the final scoring per particular dimension, including the rationale for scoring.
Phase 2
• Final diagram for Region Norrbotten, the facilitator of the session presented the final diagram for the Region to the local stakeholders and seek the feedback from the partners on the final version of the spider diagram, the whole group.
• Reflection of the stakeholders on the self-assessment process and moderated discussion on experiences from the local stakeholders about the self-assessment process.
• Conclusion and planning for next step in the project (focus group interviews)

2.3.1 Negotiation and consensus building

Unique knowledge was collected regarding the maturity of healthcare system for integrated care in Norrbotten across all 12 dimensions of the SCIROCCO tool. During the day, a number of dimensions with the biggest differences in stakeholders' perceptions were discussed in order to reach a common understanding of the maturity of Norrbotten's healthcare system for integrated care. These differences are captured in the spider diagrams below (Figure 2). The spider diagrams served as the basis to facilitate the consensus building and negotiations among the stakeholders. As the group had conducted seven individual assessments, the stakeholders were split into two groups resulting into two preliminary consensus diagrams. As a result, the stakeholders were asked to reach the consensus twice which made the discussions much more fruitful and indepth. In addition, the validity of the assessment can be expected to be higher, since the assignment was conducted several times and all steps in the process were discussed and validated carefully by the whole group. Moreover, the different experience and expertise of local stakeholders was taken into consideration during the workshop which contributed to a more robust self-assessment process and its outcomes.

Group 1 Interim consensus diagram

Group 2 Interim consensus diagram

Figure 2: Interim consensus diagram for Norrbotten Region

2.3.2 Final consensus

The final spider diagram below shows the maturity of Norrbotten's healthcare system for integrated care, including the areas identified for improvement. The local stakeholders reached consensus across the number of dimensions such as Breath of Ambition and Readiness to Change. In contrast, the domain of Citizen Empowerment proved to be more challenging to reach consensus (see Figure 3).

Figure 3: Final consensus diagram for Norrbotten Region

The details of the stakeholders' assessment including the justifications for the scoring are provided in the following table.

Table 3: Scores, justifications and reflections assigned to each of the dimensions

Dimension	Assessment scale	Description	Justifications & reflections
Readiness to Change	3	Vision or plan embedded in policy; leaders and champions emerging.	Many small projects concerning integrated care are running but there is a lack of collaboration and learning between the projects which often result in the different levels of existing knowledge and performance of integrated care in the Region. Models for managing change are established. There is a clear recognition of need for change. From a political point of view there is an acknowledgement of the unsustainability of current healthcare system and visions and policies to address the need to change have been adopted to some extent. Also, on an operational level several initiatives have been implemented and are running.
Structure & Governance	3	Governance established at a regional or national level.	A national strategy for eHealth has been developed and implemented; the Region has progressed well concerning eHealth solutions but there is a need for the municipalities to reach the same level of progress to be able to reach the good results of integrated care and overcome organisational boundaries. There is a structure for collaboration between the Region and the municipalities. Further development of eHealth is defined in our regional programmes such as the Regional Development Strategy, and the Regional Innovation Strategy. However, the Strategies still exist only at a strategic level and implementation is lacking. A clear roadmap and specific mandates are needed to ensure their implementation.
ICT & eHealth Services	3	ICT and eHealth services to support integrated care are planned and deployed widely at large scale but use of these services is not mandated.	National ICT solutions to increase the patients´ access to their medical records are implemented. National ICT solutions to support the patients´ participation in their own care are developed but not fully implemented yet. Regional ICT solutions to share patient related information between different care providers have been implemented in Norrbotten. We have 1177.se where patients can read their own healthcare data. The Region has also progressed well with building on existing platforms and infrastructure and creating new services to empower patients and ensure their ability to participate in the decision-making on their care and supporting self-care. However, scalability of these solutions remains the issue.
Standardisation & Simplification	3	A recommended set of agreed information standards at regional/national level; some shared procurements of new systems at regional/national level; some large-scale consolidations of ICT.	There is a lack of common standards between the healthcare providers at local and regional level and often even among the providers at the same level.
Funding	2	Consolidated innovation funding available through competitions/grants for individual care	External funding is most often limited to pilot projects rather than up-scaling. Internally, within the organisation, the budget is set for a year. Due to the financial crisis of the healthcare system in Norrbotten, the primary focus is on savings rather than spending. However, sometimes there is an opportunity to apply for funding for the projects.

Dimension	Assessment scale	Description	Justifications & reflections
		providers and small-scale implementation.	We can receive funding for early phases of the projects externally and internally but mostly for testing and piloting of the services.
Removal of inhibitors	1	Awareness of inhibitors but no systematic approach to their management is in place.	There is no specific model or existing project in Norrbotten with a clear mandate to remove inhibitors; there are different models used with different results. The collaboration between the municipalities and the Region is in place that facilitates the removal of inhibitors.
Population Approach	2	Risk stratification is used systematically for certain parts of the population (e.g. high-use categories).	Models to identify patients at risks are applied in Norrbotten and standardised care plans are implemented for some categories of patients. Both the population (or public) health unit as well as care divisions in the Region continuously perform certain risk analysis, followed by statistics and particular types of actions.
Citizen Empowerment	4	Incentives and tools exist to motivate and support citizens to co-create healthcare services and to participate in decision-making process about their own health.	Citizens do have access to health information and health data through "Health care in numbers and open comparisons', but this solution is not used systematically for decision-making. Not all data is made available yet.
Evaluation Methods	1	Evaluation of integrated care services exists, but not as a part of a systematic approach.	No common evaluation model is used in Region Norrbotten. There are some evaluations methods applied, but not as a part of a systematic approach.
Breadth of Ambition	4	Integration includes both social care service and health care service needs.	There is fully integrated health and social care services with collaboration established on all three levels of care, but the services can still be improved.
Innovation Management	2	Innovations are captured and there are some mechanisms in place to encourage knowledge Transfer.	There is no very much formalised innovation management process. There is no organisation with the functions which can work in all parts of the innovation process. Procurement is very much removed from the process today.
Capacity Building	2	Cooperation on capacity building for integrated care is growing across the Region.	There is still at the point where we need better support for create a learning organization and supporting "change managers" continuously.

3 Analysis of the outcomes

The final self-assessment outcomes show where the Region Norrbotten has the potential to improve in the area of integrated care - for example, in the dimension related to Evaluation Methods and Removal of Inhibitors. At the same time, the outcomes also provide a picture of areas where the ~Region's maturity was assessed as being high, for example, in the areas of Citizen Empowerment and Breath of Ambitions.

The outcomes for the Norrbotten Region can be summarised as follows:

1. Looking at the overall consensus diagram for Norrbotten, it shows a certain degree of diversity in the maturity of integrated care in the Region.

2. Some results of the self-assessment seem to be surprising - for example, relatively low scoring of the dimensions of eHealth, Evaluation Methods, Removal of Inhibitors and Population Approach. The stakeholder group discussed these outcomes and concluded that if they did not have the assessment scales and indicators provided by the SCIROCCO tool, the scoring would have been much higher.

3. The self-assessment outcomes captured in the form of the spider diagram provides the Norbotten Region with a visual picture of internal strengths and weaknesses in integrated care. However, even in the dimensions of a "high" score, they recognised that there is potential for improvement and that it is important to continue improving in these areas as well because healthcare is constantly changing and requires rapid changes of methods and procedures of delivering health and care.

In general, the spider diagram reflects the current situation in the Region, however there are some outcomes which stand out. The figure shows that the Region has a high degree of maturity with respect to Citizens Empowerment and in the dimension Breadth of Ambition.

4. The self-assessment outcomes are influenced by a number of internal and external factors, particularly the organisation of the healthcare system in Norrbotten which is a large system that requires a lot of time to change existing methodology and processes in care delivery. The Region also has a large geographical spread of citizens and dispersed population, in combination with an ageing population. In addition to the demographic challenges, the Region encounters challenges in terms of increased obesity and overall health status among the younger population which is often influenced by cultural habits. Finally, changes in terms of routines and methods within healthcare often depend on other factors such as patient safety and national guidelines.

4 Key messages

The SCIROCCO tool has facilitated the visualisation of the strengths and weaknesses of Region Norrbotten in integrated care. The self-assessment has contributed to the improved awareness of local stakeholders about the aspects of integrated care that still need to be developed and improved upon.

The stakeholder group suggested that the results from the self-assessment process could be used in the development of integrated healthcare services in the Region Norrbotten. Additionally, the validated tool could be useful in initiating and evaluating small and large internal and external projects in the area of integrated care.

5 Conclusions and next steps

The results from the workshop have been validated twice by the local project team. The local Steering Group in Norrbotten has been informed about the preliminary results from the self-assessment process. In the next step, the results from the self-assessment process from Region Norrbotten will be clustered in terms of its strengths and weaknesses.