Scirocco
Scaling Integrated Care in Context

Self-assessment process in Puglia Region

Co-funded by
the Health Programme
of the European Union

The SCIROCCO project is co-funded by the Health Programme of the European Union under Grant Agreement No.: 710033 (CHAFEA)

Document information

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Delivery date – 11nd October 2017

Dissemination level

P	Public

Version history

Version	Date	Changes made	By	Sent to
V0.1	11/10/2017	Official format	F. Avolio R. Lagravinese	A. Pavlickova/
V0.2	27/03/2018	Revision of v0.1	A. Pavlickova	F. Avolio R. Lagravinese D.Henderson
V.03	16/04/2018	Revision v.0.2	F. Avolio R. Lagravinese R. Cascella	A. Pavlickova
V1.0	20/09/2019	Final revision	A.Pavlickova	D.Henderson

1 Introduction to the region

The Puglia Region is situated in the South of Italy. It comprises 19,345 km2, and its population is approximately 4.1 million. The capital of the Region is Bari, situated on the coast.

Puglia's healthcare system guarantees the delivery of healthcare to the entire population, according to universalistic principles. This means that all citizens have the right to receive healthcare treatments according to an equal level of quality, and safe procedures and care. Acute care is always free. Services can include a co-participation fee depending on income or/and specific pathologies.

1.1 Introduction to the regional healthcare system

In Puglia the healthcare system is mainly public. There are also private structures that contribute to the delivery of care and which cooperate formally with the public system so that citizens can access services by the same rules applied for public services. Over the last two years, the system has undergone a complete reorganisation. At the moment, the healthcare service delivery is organised as follows:

- 49 districts gathered in 6 Local Health Authorities which include 31 Integrated Health Community Centres;
- 5 second level hospitals (average 825 beds), 16 first level hospitals (average 299 beds) and 12 basic hospitals (average 127 beds). Hospitals include 2 Hospital Trusts and 2 Research Hospitals.

1.2 Definition of integrated care

In 2004 Puglia started introducing the Integrated Care Model to improve the disease and care management of chronic patients. The Model is now in its 3.0 revision and is based on vertical integration between professionals and different care settings (hospital and territory). It involves the definition of specific healthcare pathways for pathology; promotion of patient empowerment; co-creation of digital systems to support the delivery of care to citizens and facilitate communications between professionals for more effective disease and care management of chronic patients; better control of resources; and more appropriate settings for care delivery.

2 Self-assessment process in the Puglia Region

2.1 Identification process of the local stakeholders

The selected stakeholders represented the macro, meso and micro dimensions of the regional healthcare system. The profile of the local stakeholders is provided in the table below:

Table 1: Stakeholders in Puglia Region

Designation	Organisation
Macro level	
Regional Director of Innovation	Department of Economic Development
Regional Manager of ICT	Department of healthcare and social affair and sports for all
Welfare Regional Manager	Department of healthcare and social affair and sports for all
Meso level	
Clinician	Director of Health District
Health Director Local Health Authority	Health Director Local Health Authority
Manager of ICT regional cluster	Industry
Micro level	
Clinician	Specialist
Clinician	General Practitioner
Active Citizen association	Citizen's rights representative
CEO of APP INNOVAAL	Research Centre
CEO of AReSS	CEO

2.2 Self-assessment survey

In June 2017, the local coordinator of the SCIROCCO project shared the methodology for self-assessment with the Scientific Representative (SR) and the Chief Executive Officer (CEO) at Agenzia Strategica Regionale per la Salute e il Sociale (AReSS).

The AReSS local team sent an invitation email to all identified stakeholders including:

- An invitation letter in Italian, signed by the CEO and the SR, enclosed with the invitation letter in English agreed by the partners in the project
- The conceptual Maturity Model (MM)
- Methodology for self-assessment
- The Agenda for the consensus building workshop
- The link for online training on how to use SCIROCCO online tool
- The link to access the SCIROCCO self-assessment tool.

The stakeholders had one week to complete the questionnaire.

2.2.1 Outcomes of self-assessment survey

All invited stakeholders completed the questionnaire and they did not require additional information on how to complete the questionnaire.

The following spider diagrams (Figure 1) illustrate the perceptions of stakeholders on the progress towards integrated care in the Puglia Region:

Figure 1: Stakeholders' individual questionnaires in the Puglia Region

2.3 Stakeholder workshop

The consensus workshop was held on 2nd October 2017 at the regional headquarters of AReSS Puglia in Bari, Italy and the focus group meeting was organised on the same day. Eleven local stakeholders who completed the self-assessment survey attended the meeting. The workshop was held in Italian and the local SCIROCCO project managers translated the outcomes of the workshop into English afterwards.

Table 2: Agenda for the self-assessment workshop

Time	Session Title
09.30	**Welcome, Introductions & Meeting Objectives** Francesca Avolio
09.40	**Introduction to SCIROCCO project** Francesca Avolio, Irene Pisicchio
10.00	**Self-assessment process in Puglia Region** • Brief introduction to the organisation of the self-assessment process in Puglia Region • Presentation of the assessment outcomes for Puglia Region • Feedback and reflections from the local participants. Raffaele Lagravinese
10.30	**Negotiation & Consensus Building** • Facilitated discussion on the outcomes of the self-assessment process for Puglia Region. Facilitator of the session will introduce the outcomes per each dimension and seek the consensus from the partners on the final scoring per particular dimension, including the rationale for scoring. Francesca Avolio – Raffele Lagravinese – Elisabetta Graps
11.30	**Coffee Break**
11.45	**Final diagram for Puglia Region** • The facilitator of the session will present 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.
11.50	**End of the Workshop**

Figure 2: Regional manager during the consensus-building workshop in Puglia Region

2.3.1 Negotiation and consensus building

At the beginning of workshop, each stakeholder was provided with a folder with the outcomes of his own self-assessment survey. Each member of the local self-assessment team was assigned a number. In order to reach the final consensus, the SCIROCCO team presented the analysis of outcomes per each dimension, illustrating different responses using a bar graphic representation as per the Figure 3 below. It is important to underline that the stakeholders were not aware of the assigned numbers in order not to influence the discussion and possible reconsiderations of the scoring.

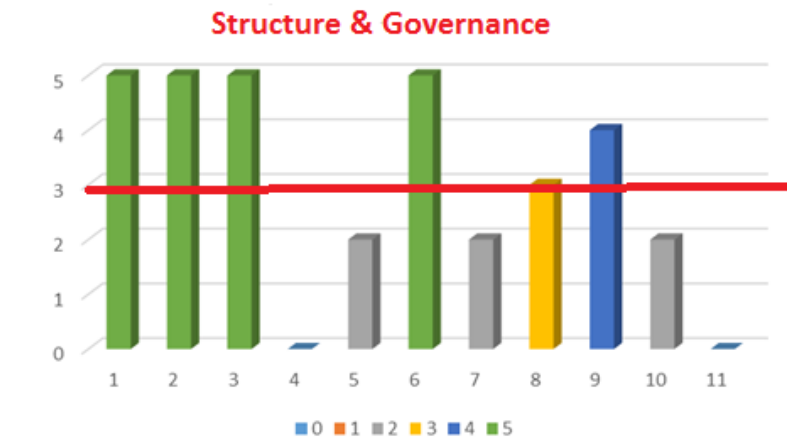

Figure 3: Dimension Structure & Governance: Analysis of single responses during the workshop

After the discussion on the different perspectives of stakeholders on progress towards integrated care in Puglia Region, the SCIROCCO team asked the participants to undertake a second vote to confirm the final position and scoring on each dimension of the SCIROCCO tool. In particular, this was the case for the dimensions with the most diverse assessment. The SCIROCCO team intended to reach a consensus as a conscious view of all stakeholders rather than taking into consideration any favourable views. The objective was to capture these differences in perceptions in order to agree on the future direction of travel, improve the services and inform the relevant future policies. The figure 4 shows the composite diagram with different views (green: macro; blue: meso; yellow: micro).

Figure 4: Composite diagram in Puglia Region

2.3.2 Final consensus

The final spider diagram shows the maturity of Puglia Region's healthcare system for integrated care, including the areas for improvement. The local stakeholders reached consensus across the number of dimensions such as Structure and Governance, Innovation Management. In contrast, the domains of Evaluation Methods and Population Approach proved to be more challenging to reach the consensus (see Figure 5).

Figure 5: Final spider diagram in Puglia Region

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

Dimension	Assessment scale	Description	Justifications & Reflections
Readiness to Change	2	Vision or plan embedded in policy; leaders and champions emerging	The regional system is ready for change, but there are still some critical issues: training, technological gap, generational and cultural gap.
Structure & Governance	3	Evidence of effective planning and management of change, including stakeholder involvement; collective decision-making;	Governance is mature for the integrated chronicity system.
eHealth Services	2	Unique citizen ID; linked health records; regional/national longitudinal electronic health record; at scale teleservices; ability to combine health and social care information; care collaboration platforms.	There are problems with the infrastructure.
Standardisation & Simplifications	2	Use of international standards and profiles reduction in total number of different applications; regional procurements to replace diverse applications with more integrated systems (e.g. a regional electronic patient record); policy mandates requiring information to be made available in agreed formats.	There is still not full integration between hospital and territory. Nevertheless, the situation is not homogeneous in the entire Region. Some areas are more developed than other.

Dimension	Assessment scale	Description	Justifications & Reflections
Funding	3	Use of regional/national stimulus funds; innovative procurement approaches (e.g., PPP, risk-sharing, multi-year contracts for IT service provision).	In the recent years, there has been considerable investments at regional level in this subject.
Removal of inhibitors	2	Laws to enable data-sharing; financial incentives aligned to teamwork and outcomes (value rather than volume); training programmes to fill skills gaps; formation of new organisational structures or contracts between organisations to deliver integrated care.	It is necessary to increase information technology and organise training courses for the staff about removal inhibitors.
Population Approach	2	Use of risk stratification models; a range of care pathways available for different groups of citizens; strong public health and prevention programmes; feedback available about effectiveness of new pathways and interventions.	There is a stratification of the population, but it is necessary to spread the service uniformly across the entire regional territory.
Citizen Empowerment	1	At-scale use of teleservices; multi-channel ways to access care services; citizen portals offering booking & prescriptions refills; online access to health records; recommended apps and health management services, which are also integrated with medical records.	This is a point of weakness. We need to invest more in communication so that all patients are informed about the eHealth services. At the moment there is little awareness about this.
Evaluation Methods	2	Academic institutes and agencies with experts in health economics and HTA; published health impact measurements; measurable care cost/quality improvements.	The Region has an active monitoring and evaluation service.
Breath of Ambition	2	Evidence of successful integration as viewed by the citizen; both vertical and horizontal integration; strong connections between organisations based on protocols, service level agreements, contracts and (if required) mergers.	Services are not yet fully integrated into the territory. There is a need for greater linkage between hospital and territorial care.
Innovation Management	2	Innovation management methods; outreach to regions; creative involvement of academic & industry relations; innovative procurement methods.	The Region is mature about innovation, now it needs to spread more information on the territory and train the staff involved.
Capacity Building	3	Capturing knowledge from every project; nurturing deployment skills; creating new roles that bridge the gap between clinician and technologist; self-assessment tools to identify readiness, expose gaps, and acquire expertise.	The regional programming capacity for chronicity is adequate, future public policies should be geared towards greater involvement of the population and greater spread of eHealth in the Region.

3 Analysis of the outcomes

The outcomes for Puglia Region can be summarised as follows:

1. Looking at the overall consensus diagram, the level of maturity of the health care system in Puglia is medium to high. Major strengths include Capacity Building, Structure and Governance and Finance and Funding, whereas Citizen Empowerment seems to be a weakness.
2. These self-assessment results are not surprising and are in line with other conducted evaluations in the Region. The assessment of Puglia's local context for integrated care is coherent with the peer evaluation of Reference Sites in the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) where Puglia was awarded the 2 stars level of maturity. This can be explained by having a strong governance infrastructure in place, with clear defined priorities and dedicated funding. Puglia is half way towards a full-scale deployment of integrated care; however, the deployment has not been systematic in the territory.
3. It is also interesting to observe some connections between the SCIROCCO dimensions for integrated care. We found that regional managers have similar responses in the dimensions of Structure and Governance and Readiness to Change. The Region has invested heavily in governance and financial terms. Patients and ICT managers responded similarly on Population Approach and eHealth Services.
4. There are some specific factors in the Puglia Region that need to be considered in order to understand its strengths and weaknesses in integrated care. These are namely cultural and infrastructure gaps. Puglia Region has invested considerable resources in the care of chronicity in recent years, however the use of new technologies often clashes with these gaps. This is particularly seen in the case of telemedicine services which have not been provided uniformly across the Region.

4 Key messages

The local stakeholders highlighted the application of the tool in the Region as follows:

- The SCIROCCO tool helps us to understand the level maturity of integrated care in the Region.
- The SCIROCCO tool is useful as it provides information on the different views of regional stakeholders and particularly for the providers who are able to better understand patient needs.
- The SCIROCCO tool facilitates multidisciplinary discussion; it has the potential to tackle issues from different angles giving broader views of the dimension and scope of the problem in relation to integrated care.
- The SCIROCCO tool could be used to assess other regional policies not only integrated care.

5 Conclusions and next steps

The next steps for AReSS Puglia will include:

- At regional level: to try to implement the SCIROCCO self-assessment tool in other regional areas of interest (e.g. education, transport etc.).
- At national level: to try to test the Maturity Model and SCIROCCO tool in other Italian regions.