Scirocco
Scaling Integrated Care in Context

HOW TO ACCELERATE SCALING UP OF INTEGRATED CARE IN CONTEXT

SCIROCCO FINAL CONFERENCE

Co-funded by
the Health Programme
of the European Union

Scirocco
Scaling Integrated Care in Context

WELCOME & INTRODUCTIONS

Donna Henderson

TEC & Digital Healthcare Innovation,

Scottish Government

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the Health Programme
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Programme

09.40-10.00	Integrated Care – European Commission's Perspective
10.00-10.20	Integrated People Centred Care – WHO Perspective
10.20-10.40	Integrated Care in Flanders – A Regional Perspective
10.40-11.00	From B3 Maturity Model on Integrated Care to a Validated Tool
11.00-11.20	Coffee Break
11.20-11.30	From a Conceptual Model to a Self-assessment Tool
11.30-12.30	Assessing the Maturity of Healthcare Systems
11.30-12.30	Lunch
13.30-13.50	Assessing Good Practices for Adoption and Transferability
13.50-15.00	How the SCIROCCO Tool Facilitates Knowledge Transfer
15.00-15.20	Coffee Break
15.20-15.40	Lessons Learned and Policy Implications
15.40-15.55	SCIROCCO Self-assessment Tool - Beyond the Project
15.55-16.00	Concluding remarks
16.00-17.30	Networking reception

European Innovation Partnership on Active and Healthy Ageing

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Scaling Integrated Care in Context

@SCIROCCO_EU
@EIP_AHA
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INTEGRATED CARE - WHO PERSPECTIVE

Nuria Toro Polanco

WHO Switzerland

Co-funded by the Health Programme of the European Union

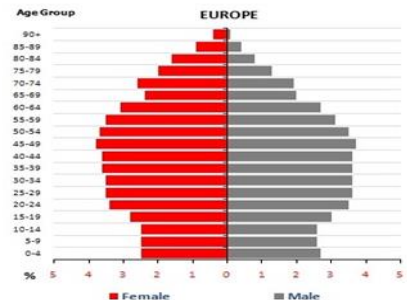
WHO Framework on integrated people-centred health services

Nuria Toro Polanco
Service Delivery and Safety Department

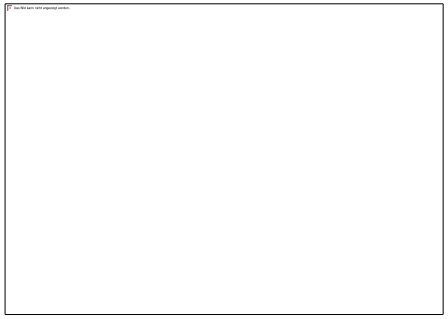
SCIROCCO Final Conference
Wednesday, 24 October, 2018
Brussels (Belgium)

World Health Organization

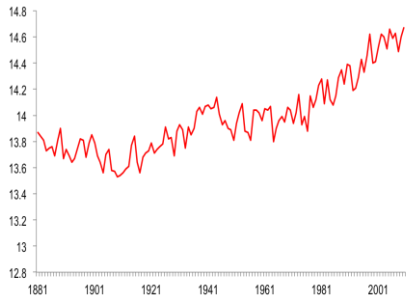
The changing global context



Ageing

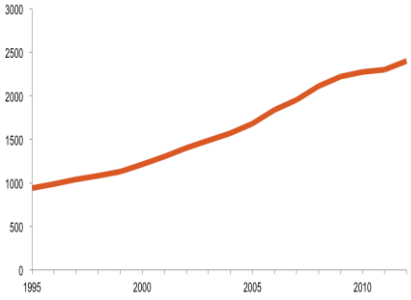


Migration

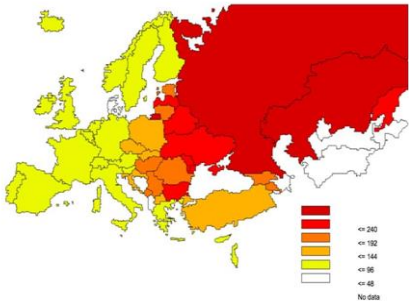


Climate change

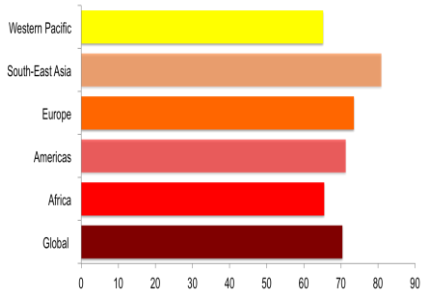
Globalization



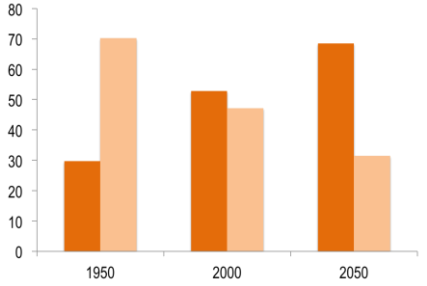
Rising costs



NCDs



Citizen voice

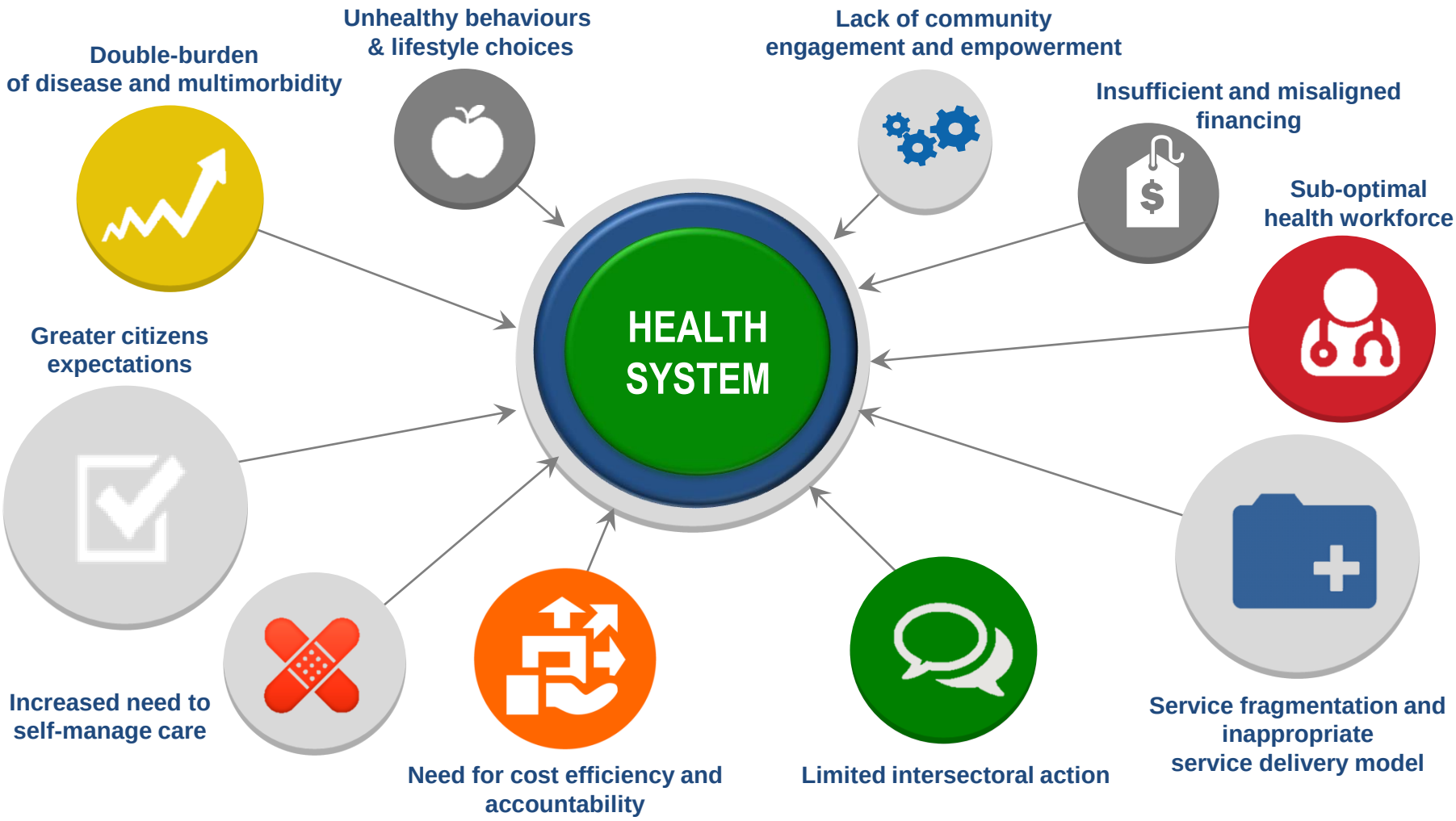


Urbanization

Health systems challenges

EMERGING DEMANDS

SYSTEM CONSTRAINTS

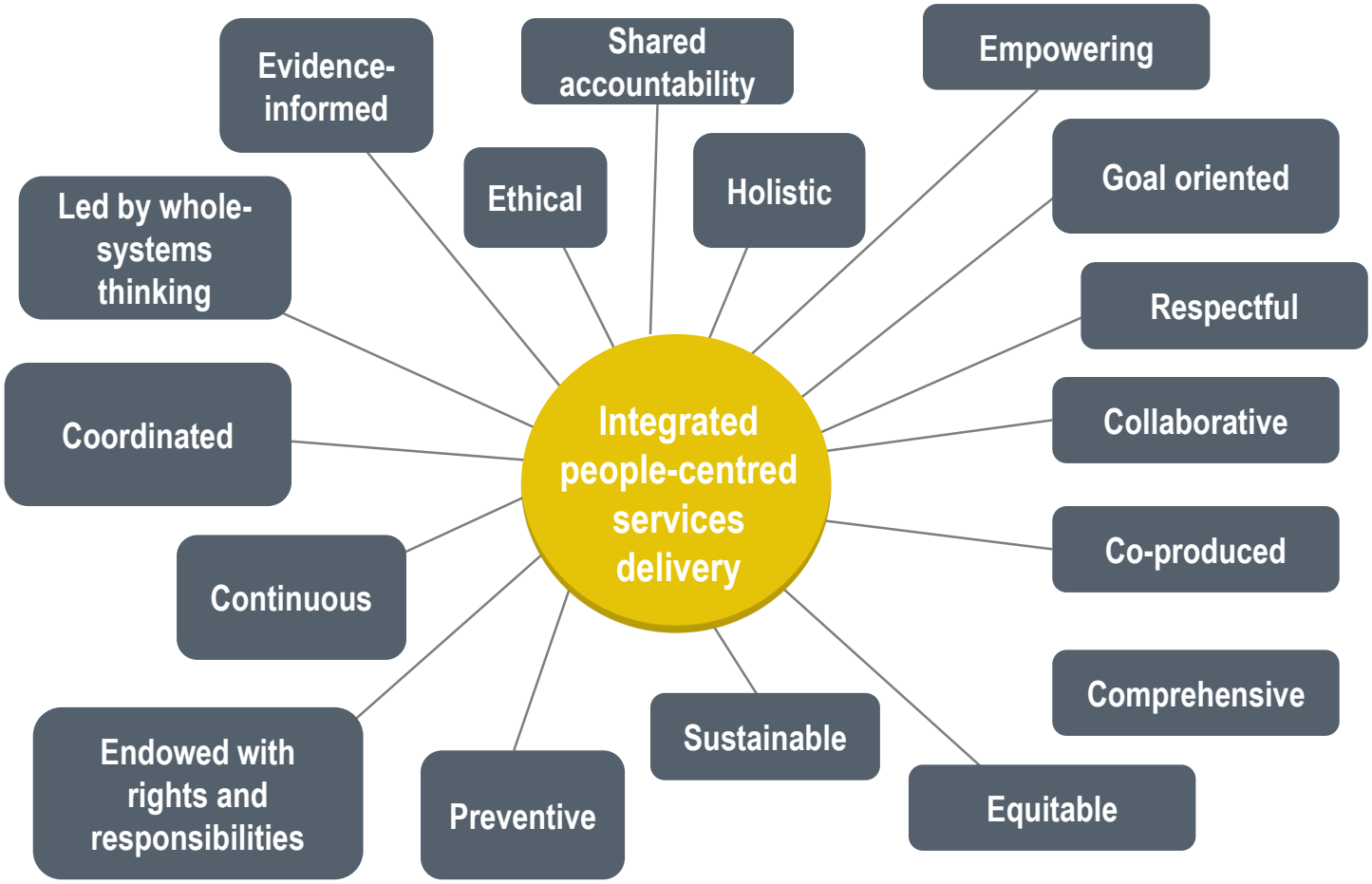


Vision of the Framework on integrated people-centred health services

*"All people have **equal access to quality health services** that are **co-produced** in a way that meets their life course **needs**, **are coordinated across the continuum of care** and are comprehensive, safe, effective, timely, efficient and acceptable; and **all carers** are motivated, skilled and operate in a supportive environment"*

World Health Organization

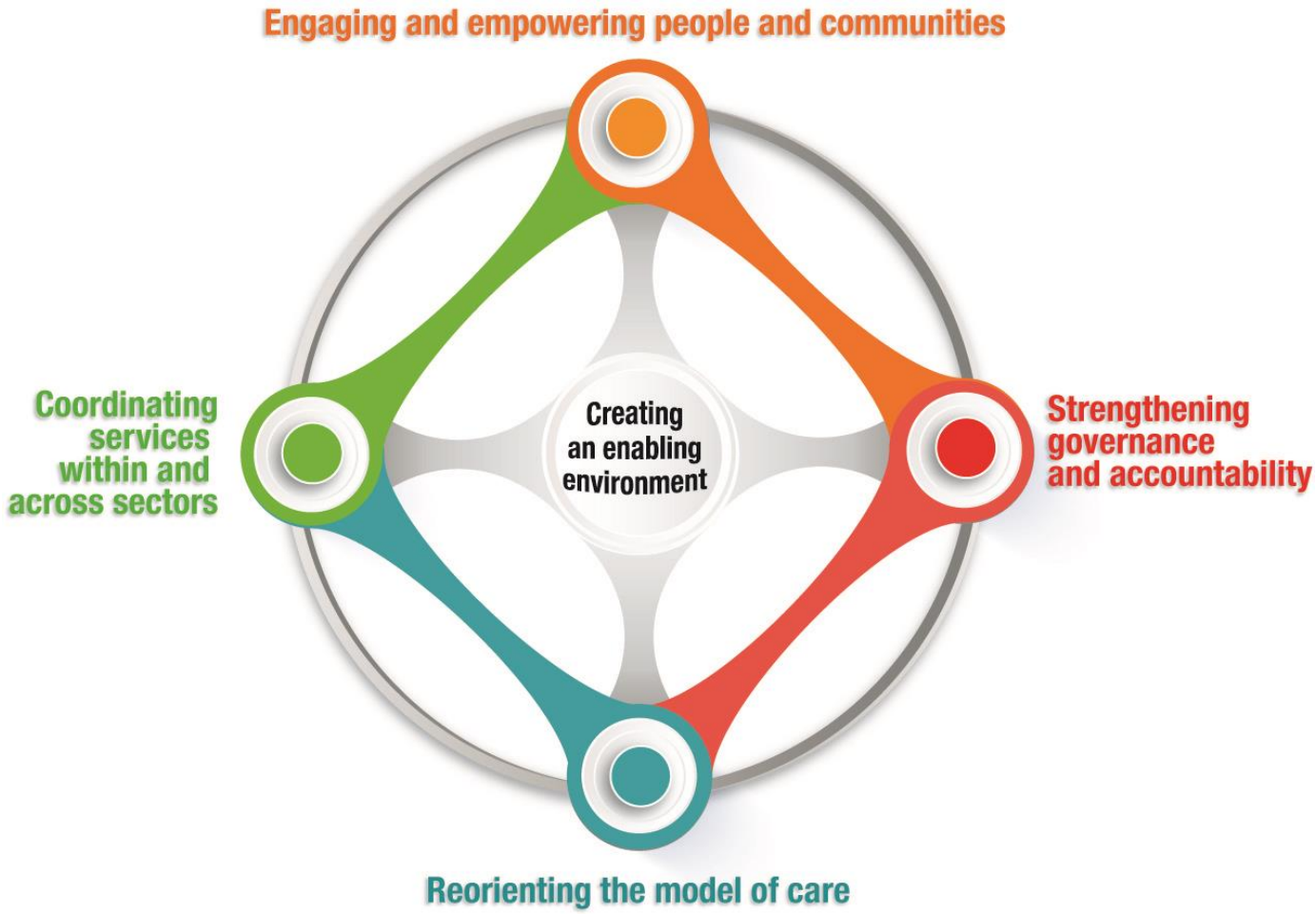
Defining integrated people-centred health services



What is

people-centred care?

Framework on integrated people-centred health services: five strategies



© World Health Organization 2016

69th World Health Assembly
Geneva, 2016

Supporting a people-centred approach

"**Empowerment of individuals and communities** in their dealings with health services **is imperative** for better clinical outcomes and universal access to quality services (*Austria*)"

"**Health care systems should empower citizens**, facilitate continuity and coordination of care and address inequitable access" *(Canada)*

"The **new campaign for people-centred health services** mark a return to the **principles of primary health care** centred on the family and the community" (Senegal)

"Putting **patients first** and providing **increasing integration** is one way to ease the increasing strain on health services, and should be a priority for all stakeholders" (*Estonia on behalf of the Nordic and Baltic Countries*)

World Health Organization

Support from Member States

"The Framework attempts to take a **holistic approach** to health services" *(Liberia)*

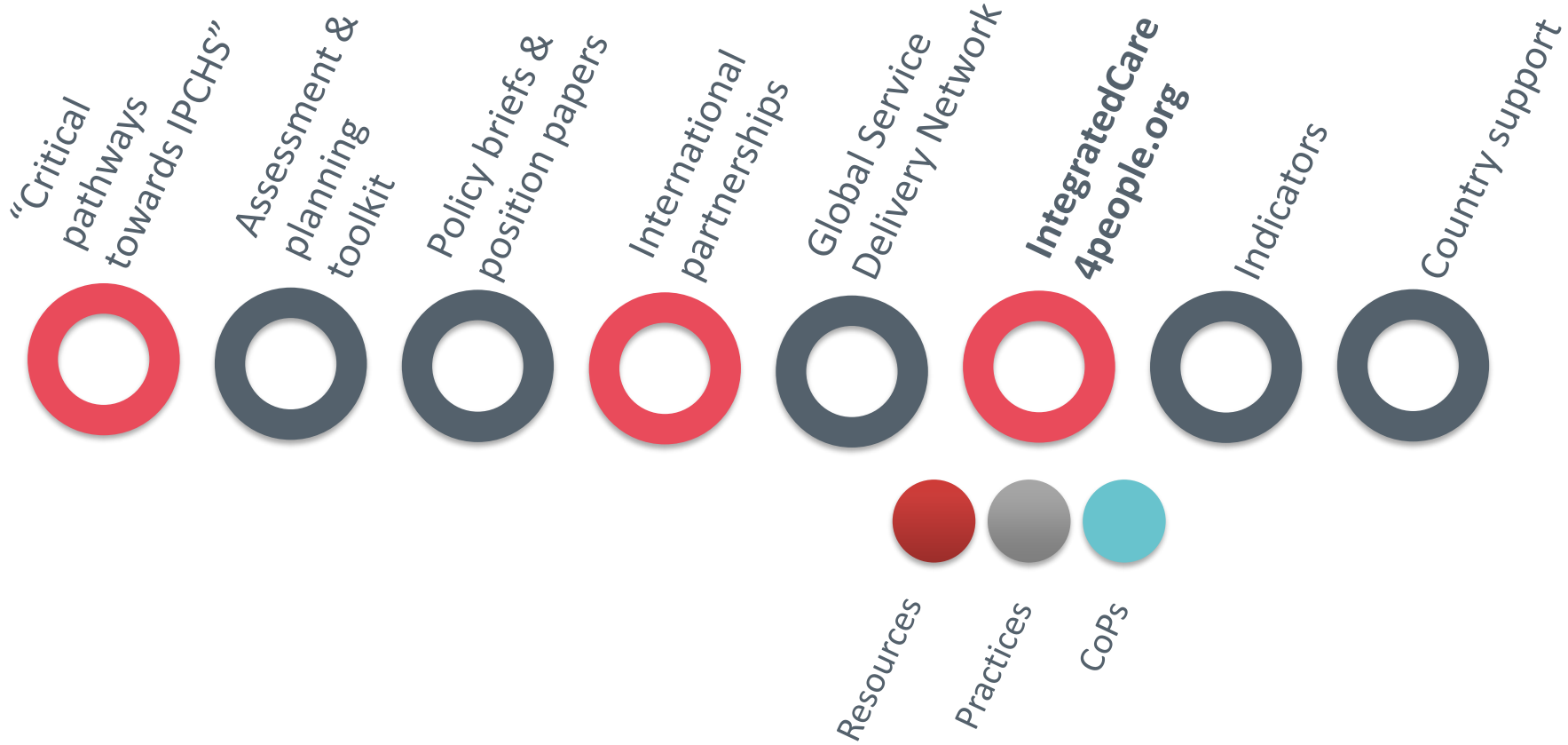
"The Framework **is essential for meeting new challenges**" (*Guinea*)

"The Framework sets out **suitable strategies for establishing a health service system able to cope** in the long term with issues such as ageing and rising health care costs according to the context in each country" (*Japan*)

"The Framework is comprehensive, well-researched and well-written and provides **a good reference for health system reform**" (*Philippines*)

World Health Organization

Supporting implementation of IPCHS



“Critical pathways towards IPCHS”

- It aims to provide an understanding of the **core capabilities of health care systems** that will be necessary to develop over time to enable countries to implement the Framework successfully.
- A twofold objective:
  - It provides policy makers a **self-assessment exercise** of the maturity of their national health systems and their current capabilities in each of the 4 core strategies
  - It proposes **a set of 10 policy levers to drive forward the system-wide changes** necessary to support the implementation of the 4 core strategies. These policy levers, which affect the financing, organization, payment and/or regulation of health care, are fundamental to initiating or sustaining IPCHS reforms.

World Health Organization

toropolancon@who.int

For more information on health services delivery visit http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/

Integrated care - European commission's perspective

Filip Domanski

DG SANTE, European Commission

EU support to deployment of digitally-enabled integrated care

- Filip DOMAŃSKI, DG SANTE

- Brussels, October 24th, 2018

Policy context

April 2014

European Commission

Commission Communication on "effective, accessible and resilient health systems"

EU agenda for effective, accessible and resilient health systems

Strengthening effectiveness	Increasing accessibility	Improving resilience
Health systems performance assessment	A fit-for-purpose health workforce	Health technology assessment (HTA)
Patient safety and quality of care	Access to innovative medicines	Information for better governance
Integration of care	Optimal implementation of 2011 Directive on cross-border healthcare	eHealth, mHealth

Policy context

European Commission

November 2017

State of Health in the EU
Companion Report 2017

ec.europa.eu/health/state

1. Health Promotion & Disease Prevention
2. Primary Care
3. Integration of care
4. Health workforce
5. Patient at the centre

Health and Food Safety

Policy context

European Commission

April 2018

Communication on enabling the digital transformation of health and care in the Digital Single Market

Three pillars for action:

1. CITIZENS' SECURE ACCESS TO AND SHARING OF HEALTH DATA
2. BETTER DATA TO PROMOTE RESEARCH, DISEASE PREVENTION AND PERSONALISED HEALTH AND CARE
3. DIGITAL TOOLS FOR CITIZEN EMPOWERMENT AND FOR PERSON-CENTRED CARE

Digital Tools For Citizen Empowerment and Person-Centred Care

1. Support the **exchange of innovative and best practices**, **capacity building** and **technical assistance** for **health and care authorities** (for using open standards and **interoperable digital solutions** to promote health, prevent and manage chronic conditions, empower people and centre care on the person)

2. Raise **awareness** about innovative procurement and **investment possibilities** for digital transformation in public health and healthcare, **mobilising** relevant **EU programmes and financial instruments**, **collaborating** with the **European Investment Bank and investor networks**

European Commission

In short, support required for:

1. **Building** and improving the **know-how** & **capacity** of care authorities **to implement new care models**

2. **Mobilising investments** for transformation at scale

Support from the Commission

European Commission

Practical support to implementation of new care models

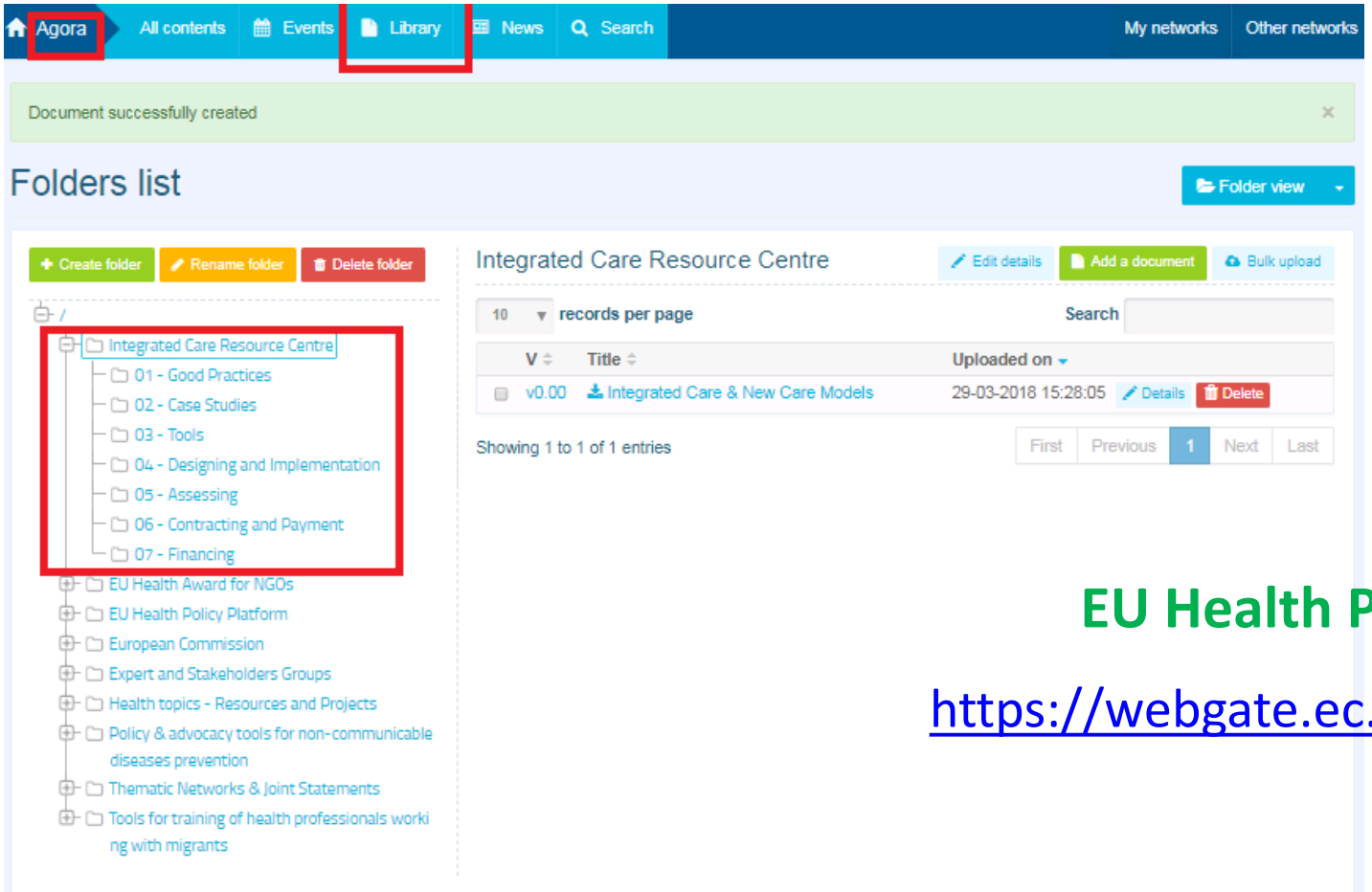
1. **Online Resource Centre** for Integrated Care
2. **Best Practice Portal** - health promotion, disease prevention and management of non-communicable diseases
3. **Dedicated workshops** – the "Implementation Rooms"
4. **Structural Reform Support Service**
5. **"Twinning" projects** for transfer of knowledge and good practice (from Health Programme)

Integrated Care

Resource Centre

European Commission

Collection of knowledge resources – support implementation



EU Health Policy Platform

https://webgate.ec.europa.eu/hpf/

Non-communicable Diseases

Best Practice Portal

European Commission

https://webgate.ec.europa.eu/dyna/bp-portal/

Technical Assistance

Knowledge transfer

Implementation Rooms

How to design and implement integrated care: Lessons from early adopters in Europe

@ ICIC17 in Dublin & ICIC18 in Utrecht

- Focusing on successful examples from European regions and transferring knowledge in relation to aspects important for deployment

- Change management
- Political engagement
- Patient engagement
- ICT infrastructure and solutions
- Workforce/patients education and training
- Incentives

Health

Structural Reform Support Service (SRSS)

Technical Assistance

Commission service, with a mandate to:

- Support Member States with the preparation, design, and implementation of growth-enhancing reforms
- Provide tailor-made support on the ground
- Steer and coordinate technical support provided by the Commission

SRSS - EXAMPLES OF TECHNICAL SUPPORT IN HEALTH

CAPACITY BUILDING FOR INFRASTRUCTURE PROJECTS

FUNCTIONAL INTEGRATION OF HOSPITALS

PRIMARY HEALTH CARE REFORM

CANCER SCREENING PROGRAMMES

CAPACITY BUILDING ON VALUATION OF HEALTH OUTCOMES IN HTA

DRG SYSTEM

PHARMACEUTICAL PRICING AND REIMBURSEMENT POLICIES

REFORM OF LONG-TERM CARE SYSTEM

HEALTH SYSTEM PERFORMANCE ASSESSMENT

CENTRALISED PROCUREMENT

EU level financing possibilities

Digital Health & Integrated Care

European Commission

2014 - 2020

- **Horizon 2020**
- **Connecting Europe Facility**
- **Health Programme**
- **Structural Funds (ERDF/ESF)**
- **Investment Plan for Europe**

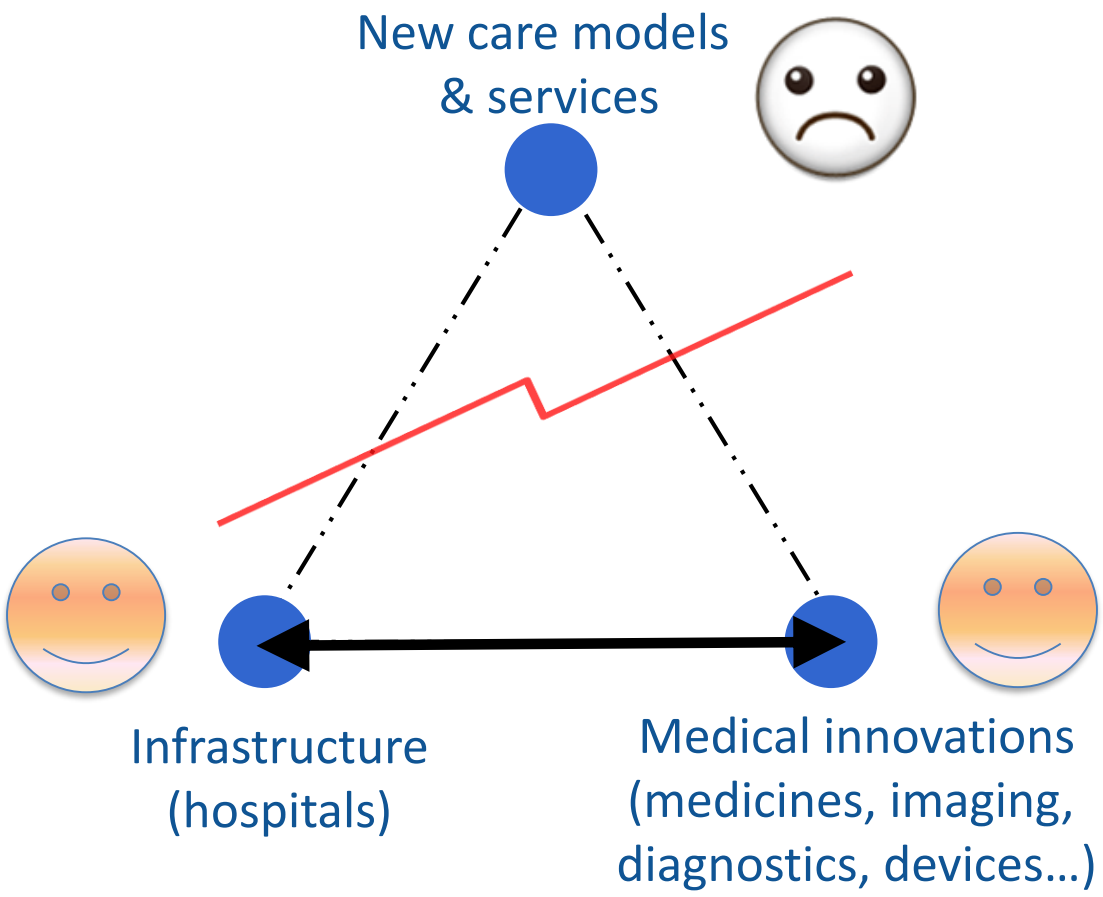
EC proposals for 2021 - 2027

- **Horizon Europe**
- **Digital Europe Programme**
- **Structural Funds**
  - **ERDF**
  - **ESF+** *with* **Health strand**
- **InvestEU Programme**
  (Implementation + Advisory Services)
- **Reform Support Programme**
  (Implementation + Technical Support)

Investments in health care

European Commission

Now…



Main messages

1. **Long-term investment strategies** that meet the **reform needs** of health systems

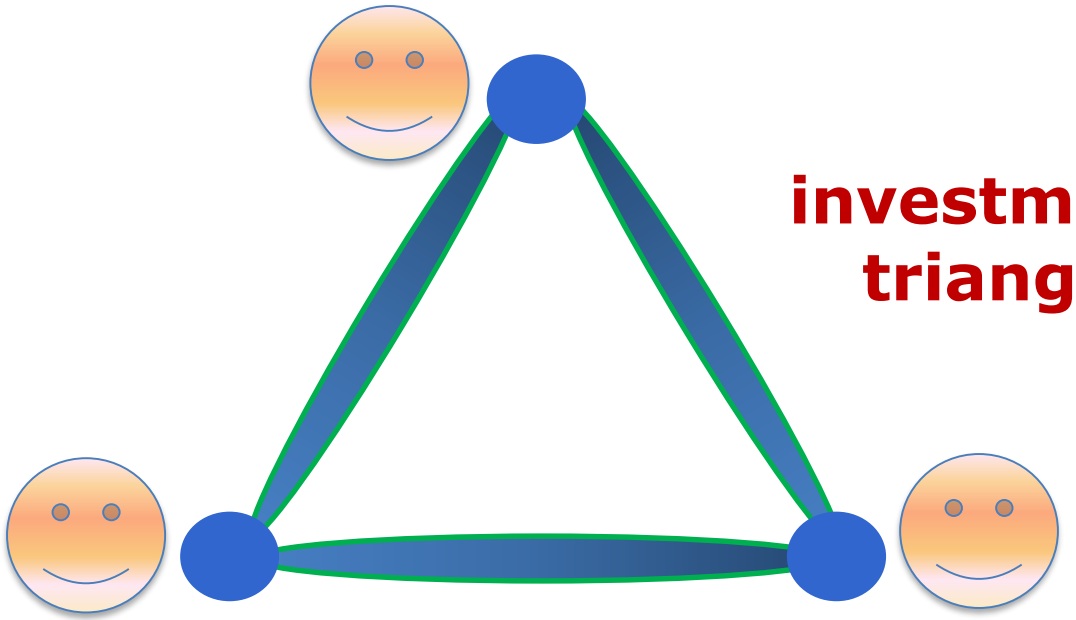
2. **Integrated approach** to investments: consider **together** the investment needs for
   - ✓ **infrastructure**
   - ✓ **technology**
   - ✓ **service models**

The investment triangle in health

European Commission

The future

New care models & services
(prevention programmes, integrated care, patient pathways; workforce skills and roles; system re-organisation and governance, …)



investment triangle

Infrastructure
(hospitals, primary care & community care centres)

Medical innovations
(diagnostics, data analytics, decision support systems, eHealth/mHealth)

Main messages

3. **Combine** financing instruments and **blend** financing from various sources

4. **Look beyond** national budgets and EU grants – develop **partnerships** with new stakeholders and learn to **manage new financing instruments**

5. **Contracting and payments models** to be considered in conjunction with the planned investments
   - ✓ as these will determine whether the investments will turn into successful service provision or not

European Commission

Thank you!

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INTEGRATED CARE IN FLANDERS
A REGIONAL PERSPECTIVE

Stef Steyaert

Flanders Agency for Care and Health, Belgium

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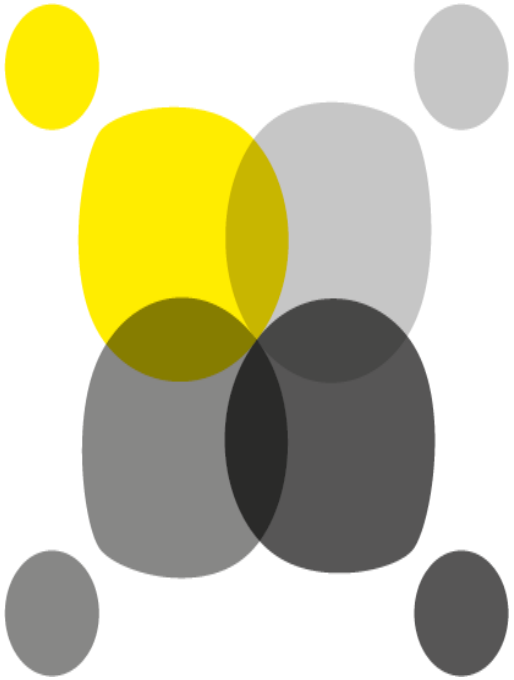
SCIROCCO
Final Conference

24 October 2018

Scotland House, Brussels



Overview

- Introduction to the Flanders Reform of Primary care / integrated care
- Discussing the progress based on the B3 Maturity Model that was made in April 2017

Health competences since 2014

- Federal Competences
  - Reimbursement of medical procedures
  - Regulation and financing of:
  - Compulsory health insurance
  - Hospitals
  - Professional qualifications
  - Pharmaceuticals
- Flanders Regional Competences
  - Long term & mental health care
  - Elderly care
  - Compulsory care insurance
  - Disease Prevention
  - Health Promotion
  - Care at home
  - Care for disabled persons
  - Normative, infrastructure Hospitals
  - Rehabilitation

Vlaamse overheid

Principles and challenge of the BE health system

- Belgium has a liberal system of service provision with a large therapeutic freedom for physicians and freedom of choice for patients.

- This liberal system is challenging for the increasing number of patients with chronic diseases, who need an integrated care approach.

Health services

- Private not for profit hospitals, almost no public hospitals anymore.
- Elderly residential care:
  - → Private not-for-profit (most of them have a catholic origin)
  - → Public sector (local authorities)
  - → Market-driven initiatives
- Both physicians and hospitals are independent and work on a not-for-profit basis.
- GPs tend to work together, only a minority remain ‘soloists’; specialists have contract with hospital

BE policy process

- The Belgian health ministers initiated a common reflection in 2012 on the organization of integrated care, which will result in a reorientation of the health system (KCE, 2012, Federal coalition agreement).

→ Flanders adopted an approach for a reform of the primary care: health and social sector.

Vlaamse overheid

Policy process in Flanders

2010

Conference primary care (11 December 2010)

2013

Symposium primary health care

2017

6 preparatory working groups (2016-2017)

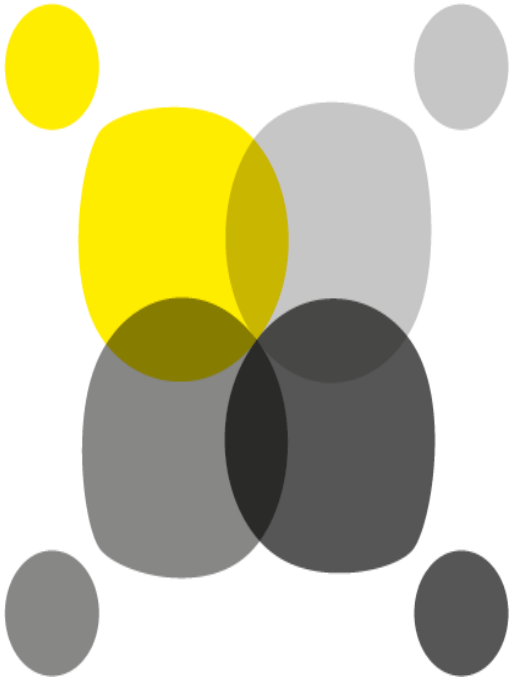
Conference primary care (16 February 2017)

6th State Reform

Vlaamse overheid

Vlaamse overheid

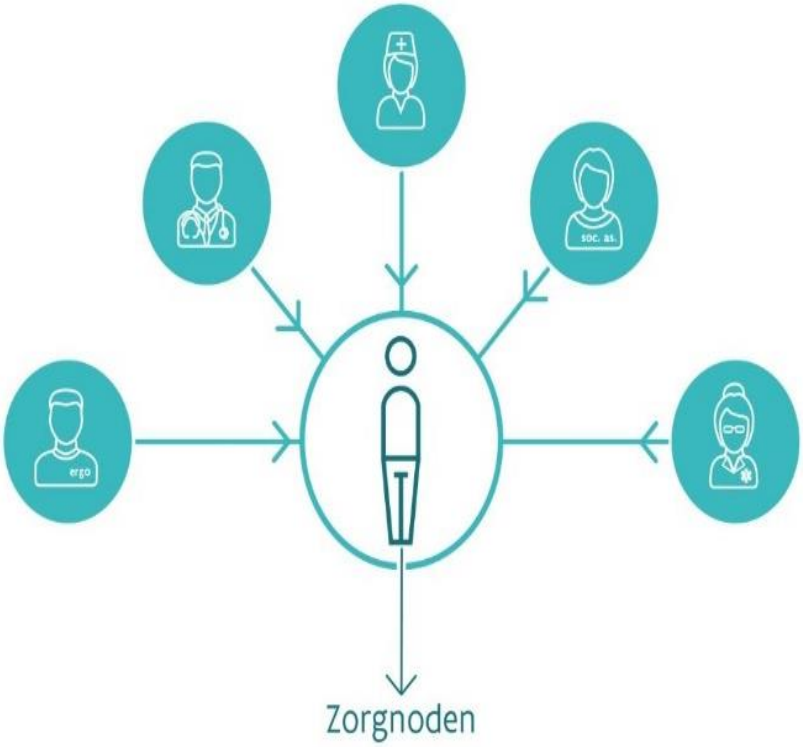
What needs to change?



Person centred care

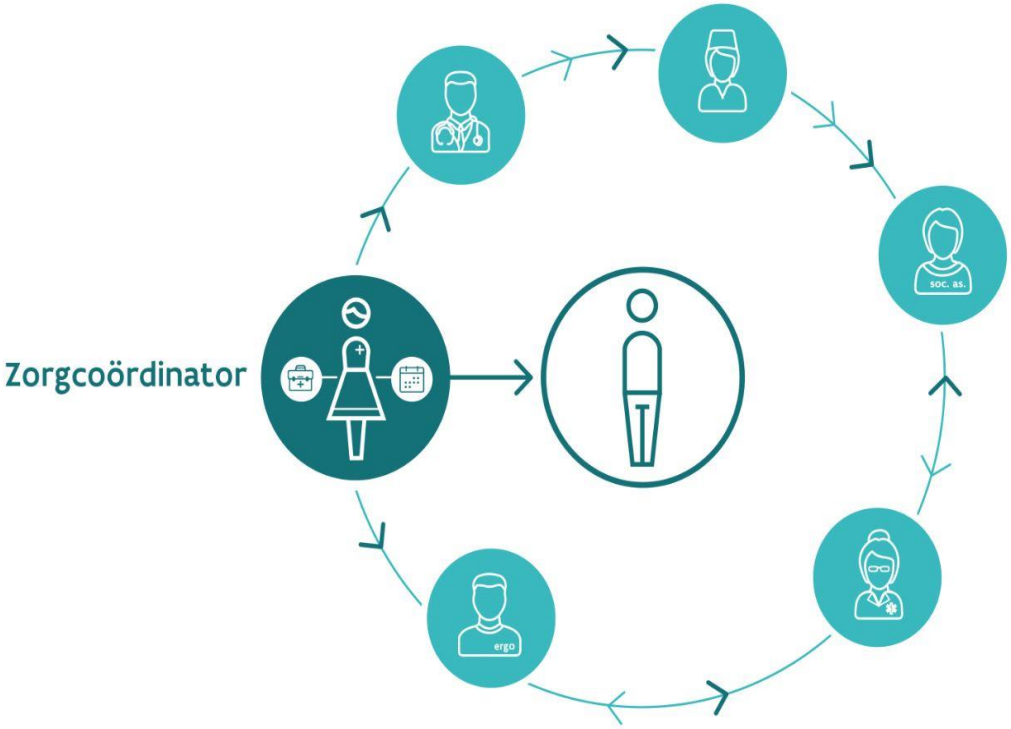
Vlaamse overheid

Person centred care

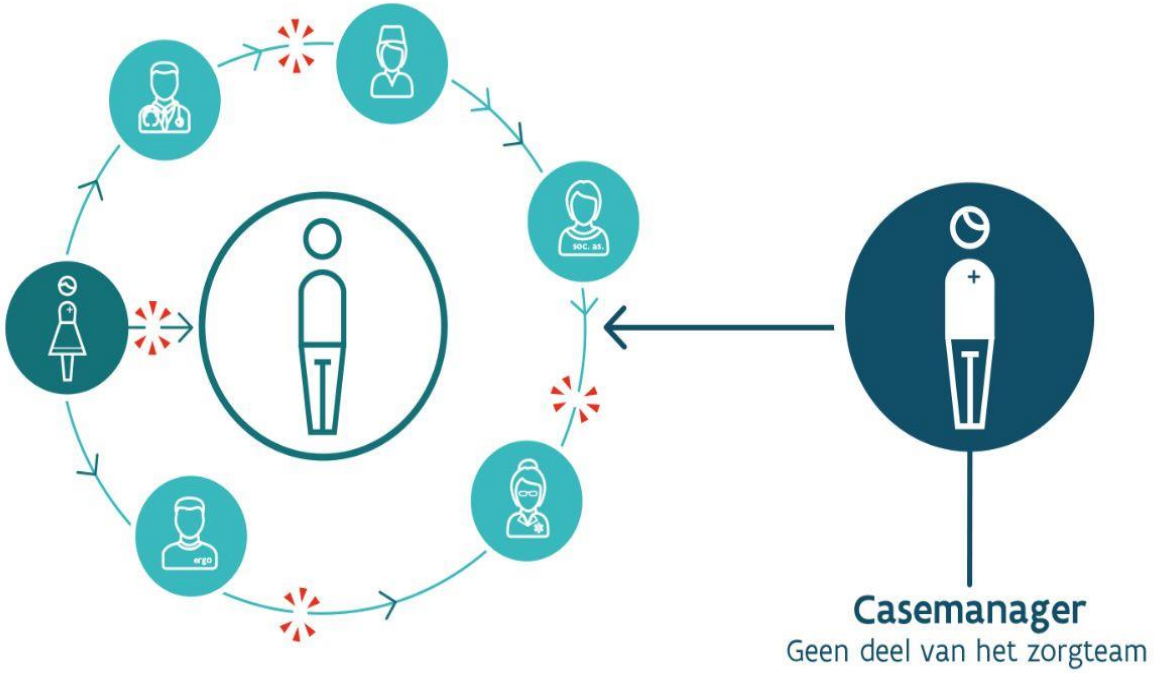


- Integral approach
- Improve self-management and skills
- Informal carer is a full partner in the care
- Care targets via a care plan
- More care in the neighbourhood
- Wide spread of information points
- Integration of prevention, mental health care, family care, care at home, social policy

Complex care: care-coordinator



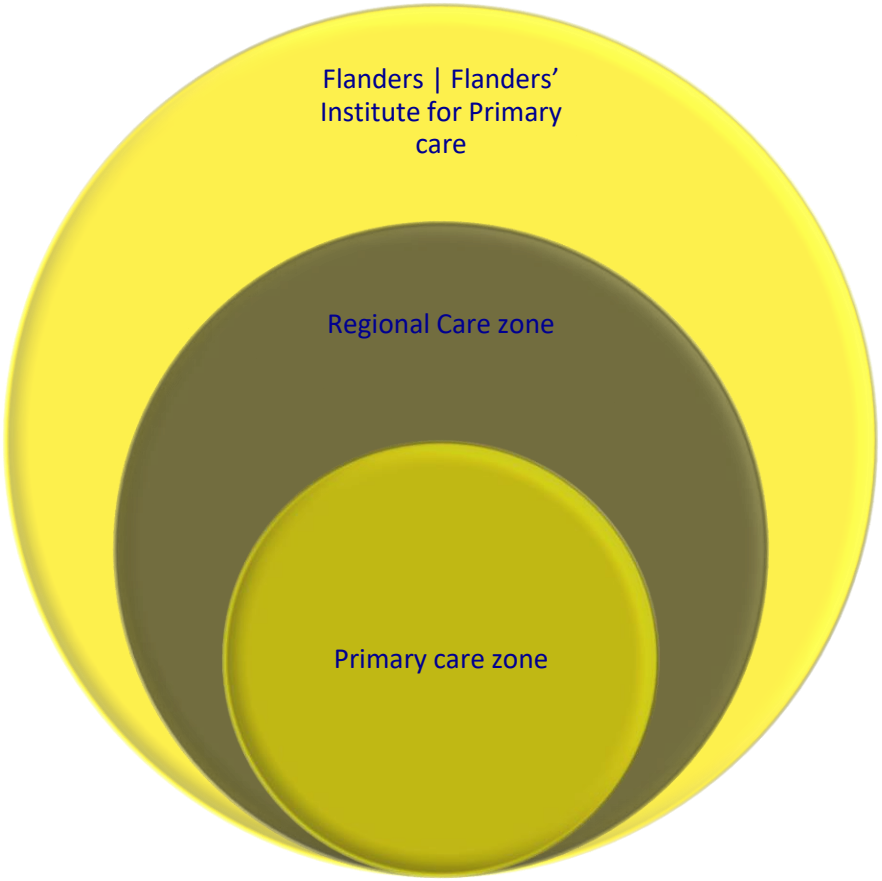
Complex care: case manager



Optimal support for carers

Vlaamse overheid

Re-organisation of the landscape



Transition

- Drafting of an action plan by a ‘Programme manager’ in Flanders
- Prepare legislation
- Re-allocation of personel and resources
- Share ownership of the reform!!
- Align the different movements between professional actors and sectors

Transition programme: working on 3 axes

- Content wise: changing the way care is provided
- Structure :new structures to support the changing care
- Instruments : how to facilitate the desired changes

Vlaamse overheid

13 projects transition programme

1. **Vorming en opstart werking van de eerstelijnszones**
2. Vorming en opstart werking van de regionale zorgzones
3. **Oprichting Vlaams Instituut voor de Eerste lijn**
4. **Ondersteuning eerstelijnspraktijkvormen en werken aan meer zorgcapaciteit in de eerste lijn**
5. **Zorgcoördinatie en casemanagement in relatie tot financiering multidisciplinair overleg**
6. **Naar een digitale eerste lijn**
7. Vormgeven kwaliteitsbeleid en klachtenbeleid
8. **Uitbouw geïntegreerd breed onthaal**
9. **Mantelzorg als volwaardige partner in de eerstelijnszorg**
10. Verzekeren basisopleiding en permanente vorming
11. **Communicatie over reorganisatieproces en zorg in Vlaanderen**
12. **Zorggeletterdheid en patiëntenparticipatie**
13. **De sociale kaart**

Vlaamse overheid

Application of the B3 Maturity Model / SCIROCCO Tool

Vlaamse overheid

Maturity Model, dating April 2017

- **Assess the maturity of the Flanders' Reform (health system)** to adopt integrated care.
- Identify how confident we are in the process of change management
- Identify how confident and on track we are for the implementation
- Use it as a benchmark:
  - → Own evolution - progress
  - → Share with other regions

Maturity of Flanders' healthcare system for integrated care

Vlaamse overheid

Thank you!

Vlaamse overheid

Scaling Integrated Care in Context

FROM B3 MATURITY MODEL ON INTEGRATED CARE TO A VALIDATED TOOL

Dr Andrea Pavlickova

TEC & Digital Healthcare Division, Scottish Government

Co-funded by the Health Programme of the European Union

From B3 Maturity Model to the SCIROCCO Tool

European Innovation Partnership on Active and Healthy Ageing

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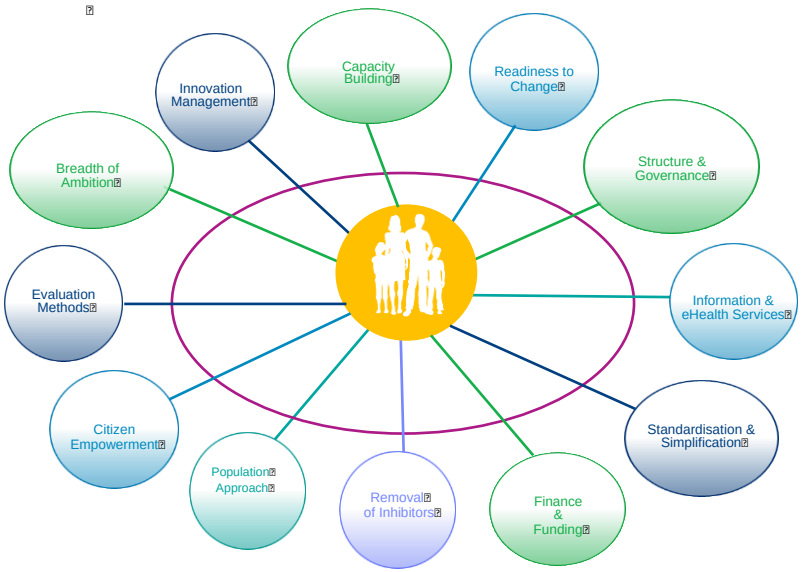
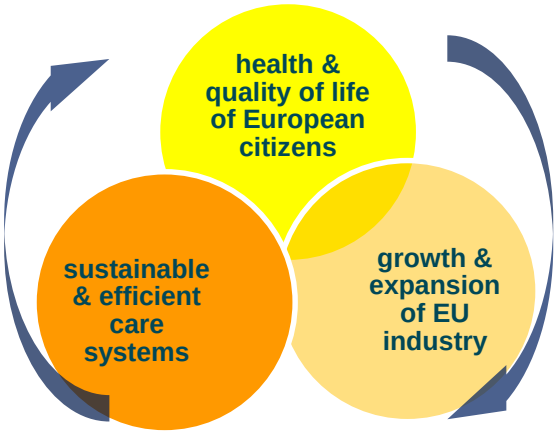


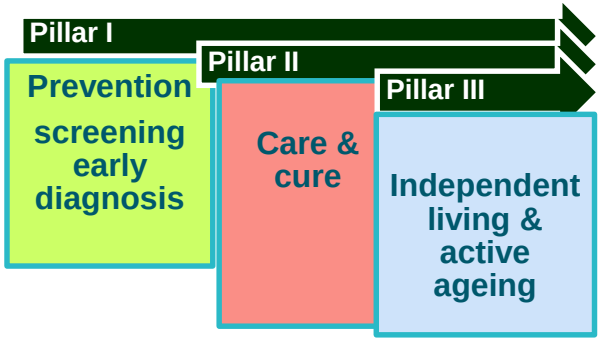
Start of SCIROCCO Journey (2012)
European Innovation Partnership on Active and Healthy Ageing

crosscutting, connecting & engaging stakeholders across sectors, from private & public sector

+2 HLY by 2020

Triple win for Europe





Specific Actions

Improving prescriptions and adherence to treatment

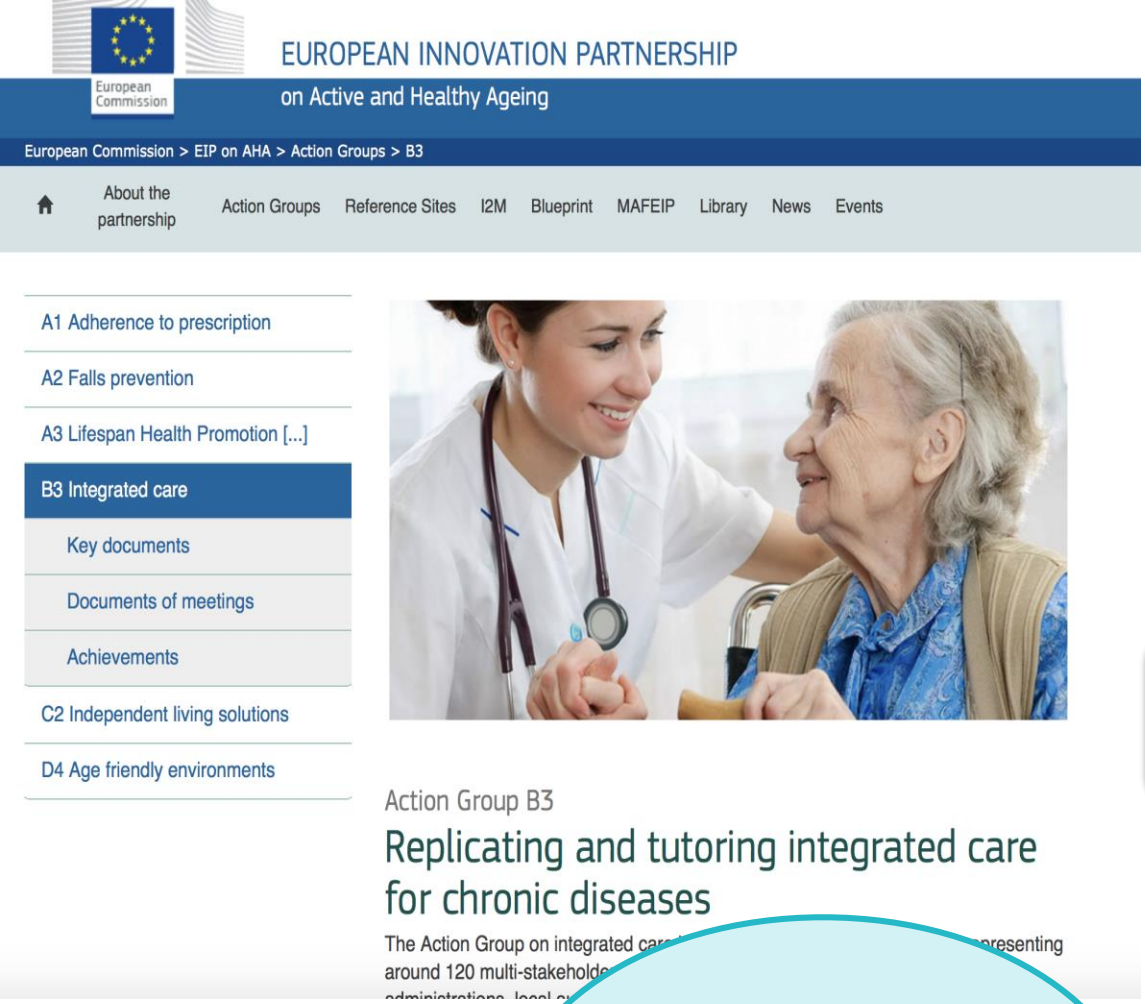
Better management of health: preventing falls

Preventing functional decline & frailty

Integrated care for chronic conditions, including telecare

ICT solutions for independent living & active ageing

Age-friendly cities and environments



How to use existing evidence?

What elements of Good Practice are transferable?

What is my local environment like?

Is my environment ready to adopt a Good practice?

What information do I need to enable the adoption of Good Practice?

How to create local conditions for the adoption of Good Practice?

Challenges of Scaling-up

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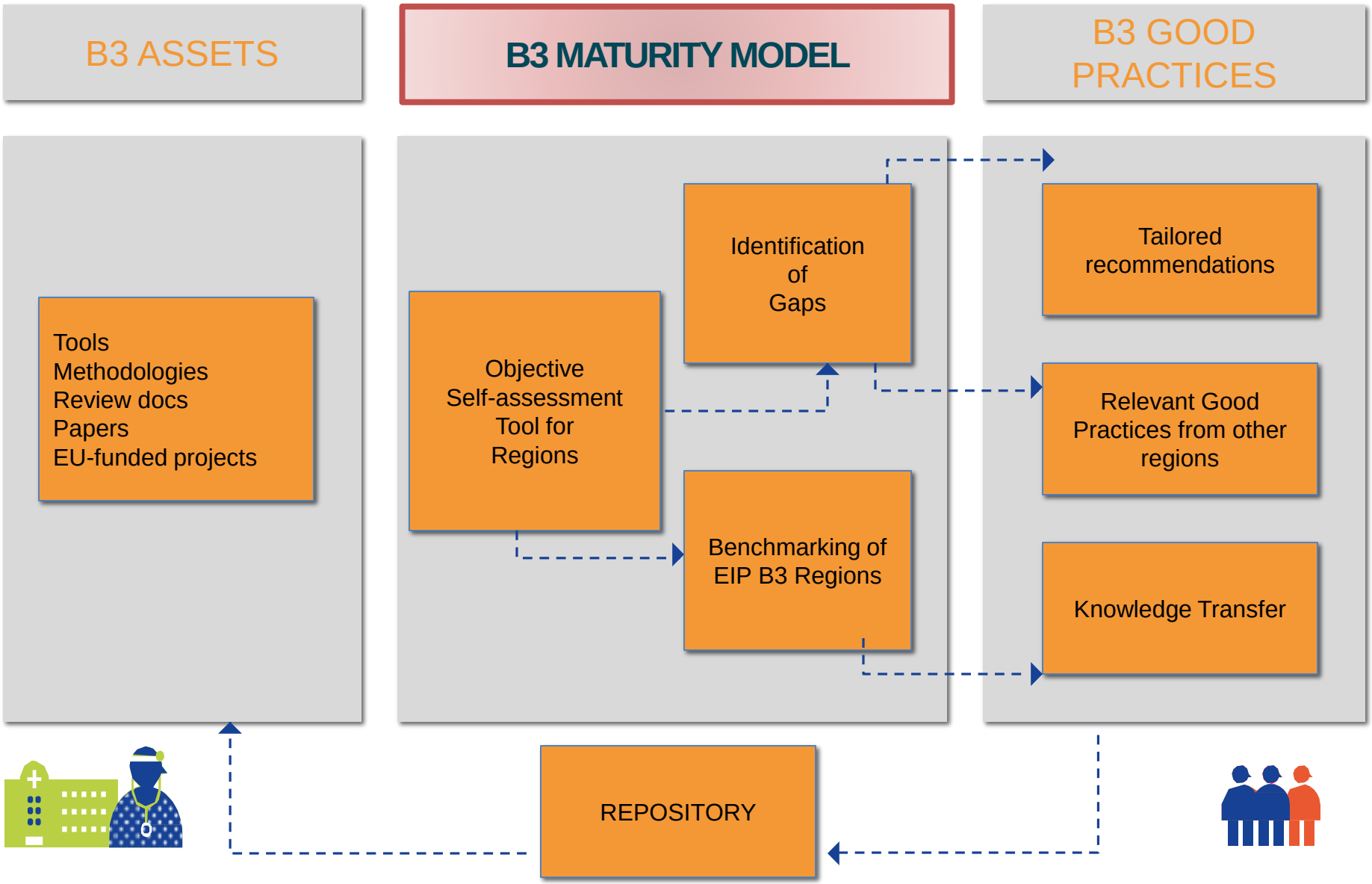
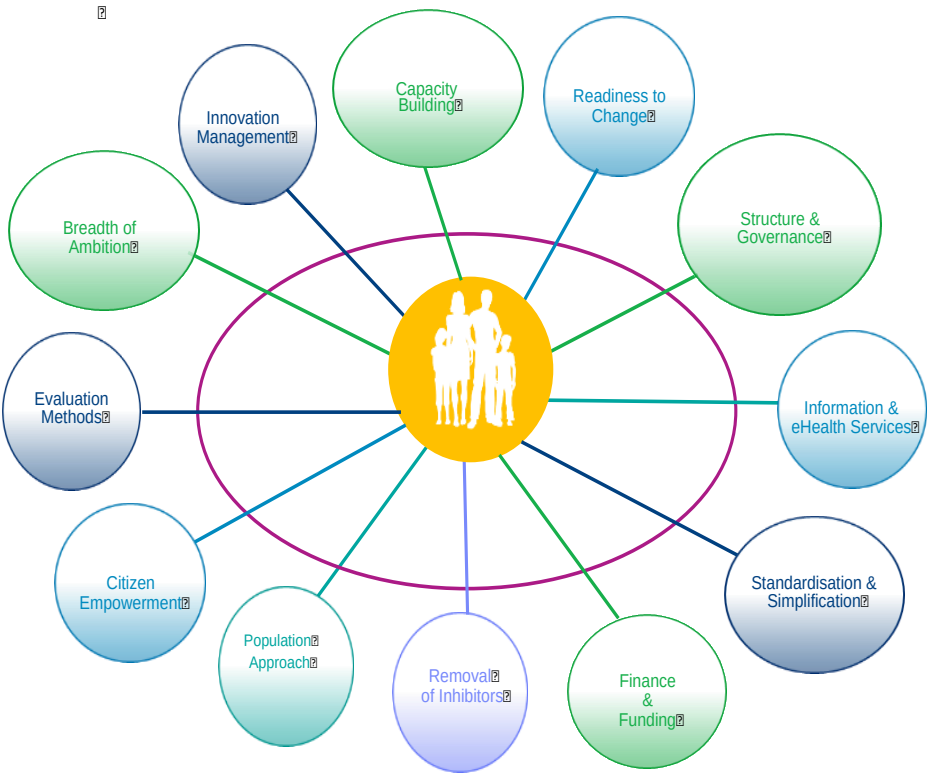
Scaling Integrated Care in Context

From Challenges to Opportunities



B3 Maturity Model for Integrated Care



Qualitative assessment based on interviews and desk research

Phase 1: Interviews with 6 regions involved in EIP AHA (Feb – April 2014)

Athens; Basque Country; Catalonia; Galicia; N Ireland; Saxony

Phase 2 Interviews with 6 regions involved in EIP AHA (Jan– March 2015)

S Denmark; Skane; Scotland; Puglia; Medical Delta (Delft); Olomouc

Further Development of B3 Maturity Model

Finance & Funding

Objectives:

Changing systems of care so that they can offer better integration requires initial investment and funding; a degree of operational funding during transition to the new models of care; and on-going financial support until the new services are fully operational and the older ones are de-commissioned. Ensuring that initial and on-going costs ca
uses the full range of mechanisms from regional/nation
Union investment funds, public-private partnerships (PPP)

Indicators of maturity:

Use of regional/national stimulus funds; innovative procur
multi-year contracts for IT service provision).

Assessment:

0 – No special funding allocated or available

1 – Fragmented innovation funding, mostly for pilots

2 – Consolidated innovation funding available through competitic

3 – Regional/national (or European) funding or PPP for testing an

4 – Regional/national funding for scaling-up and on-going operati

5 – Secure multi-year budget, accessible to all stakeholders, to en

European Innovation Partnership on Active and Healthy Ageing

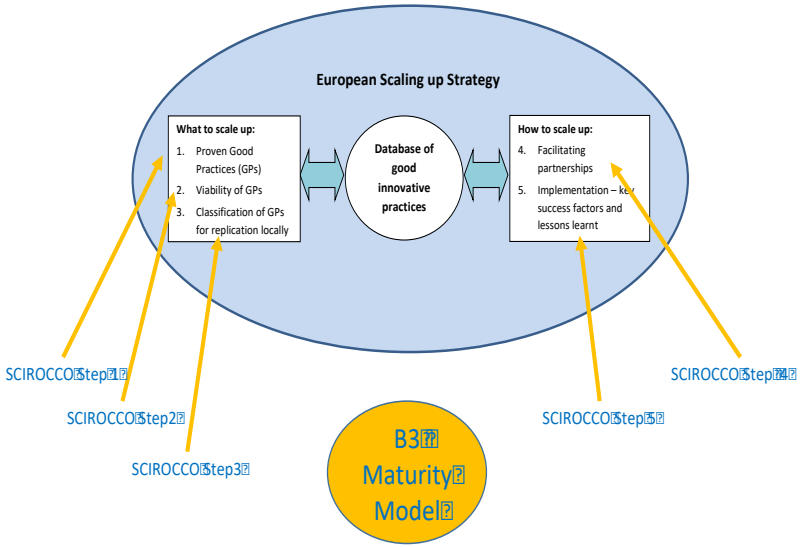
B3 Action Group on Integrated Care

Maturity Model for Adoption of Integrated Care Enabled by ICT

Quick Start Guide

The B3 Maturity Model is a conceptual model intended to show how healthcare systems are attempting to deliver more integrated care services for their citizens. It has been derived from interviews with 12 European countries, or regions within a country, responsible for healthcare delivery. The many activities that need to be managed in order to deliver integrated care have been grouped into 12 'dimensions', each of which addresses a part of the overall effort. By considering each dimension, assessing the current situation, and allocating a measure of maturity within that domain (on a 0-5 scale), it is possible for a country or region to develop a 'radar diagram' which reveals areas of strength, and also gaps in capability. Using these insights, and comparing the radar diagram with those of other regions/countries that have conducted the same exercise, it should be possible to find expertise to fill the gaps in capability, and to offer to others knowledge and experience from the sites' areas of strength.

This Quick Start Guide is intended to provide a simple description of the model and its dimensions, along with guidance on how to measure maturity, so that an assessment can be quickly carried out.



HOWEVER,

VALIDATION & TESTING IS NEEDED

2016

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SCIROCCO Project – Who are we?

EU Health Programme (CHAFEA)

- **Budget:** €2,204,631.21
- **Start:** 1 April 2016
- **10 Partners:**

NHS 24

THE UNIVERSITY of EDINBURGH informatics

REGION NORRBOTTEN

kronikgune research centre on chronicity

Osakidetza

UNIVERSITY HOSPITAL OLOMOUC

AReS PUGLIA

Polibienestar VNIVERSITAT DE VALÈNCIA

Vrije Universiteit Brussel

EHTEL EUROPEAN HEALTH TELEMATICS ASSOCIATION

Co-funded by the Health Programme of the European Union

SCIROCCO Community – Who do we work with?

European Innovation Partnership on Active and Healthy Ageing

euregha
European Regional and Local Health Authorities

AER
Assembly of European Regions

optimity. ADVISORS

Australia
Alberta, Canada
Flanders, Belgium
Sofia, Bulgaria
Region of Southern Denmark
Gesundes Kinzigtal, Germany
Saxony, Germany
Attica, Greece
Carinthia, Greece
Iceland
India
Campania, Italy
Lombardy, Italy

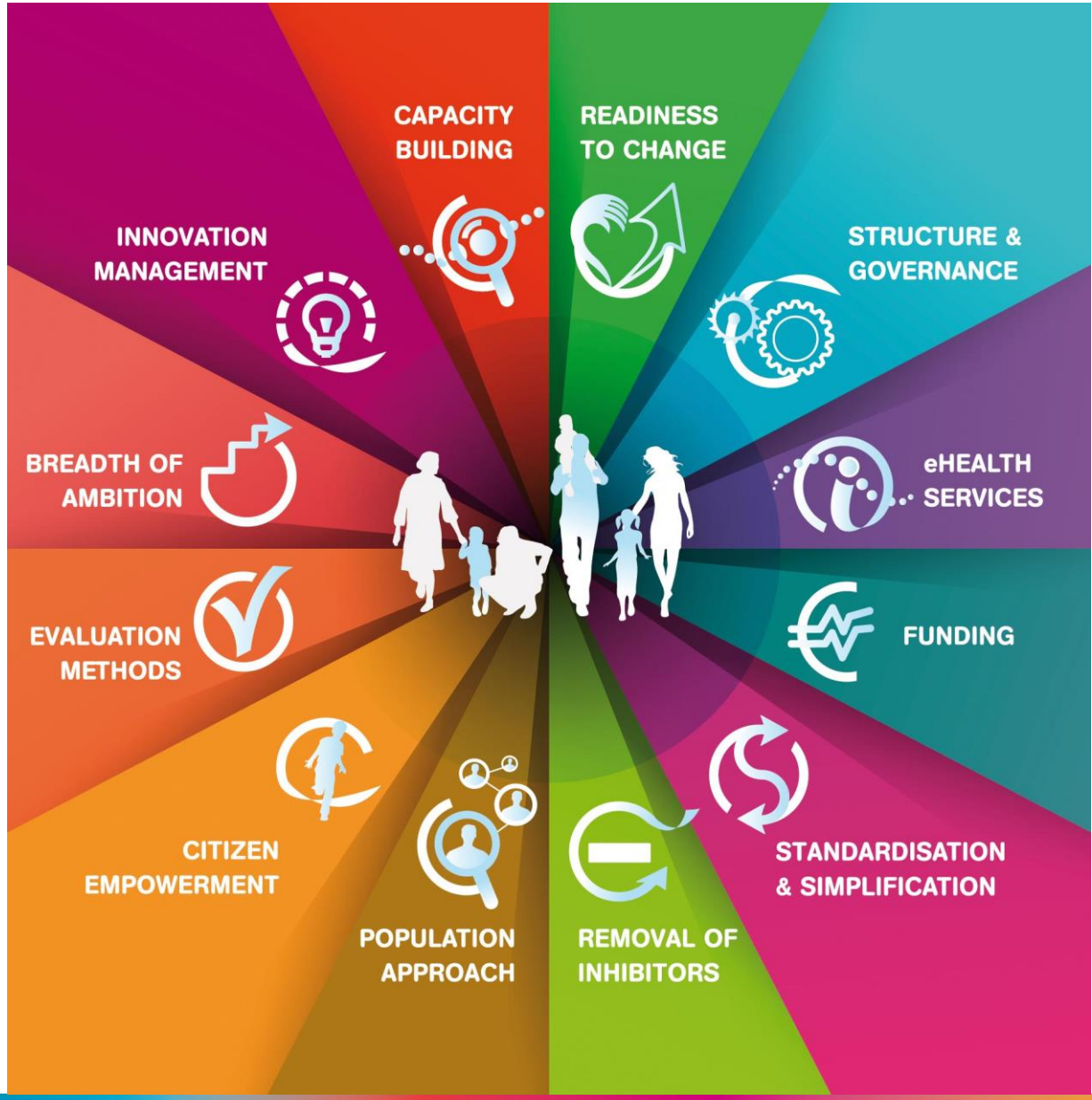
- Kaunas, Lithuania
- Amadora, Portugal
- Asturias, Spain
- Badalona, Spain
- Catalonia, Spain
- Extremadura, Spain
- Murcia, Spain
- Valencia, Spain
- Skane, Sweden
- Northern Ireland, UK
- Scotland, UK
- Wales, UK

ACT @ Scale

smartcare

BeyondSilos

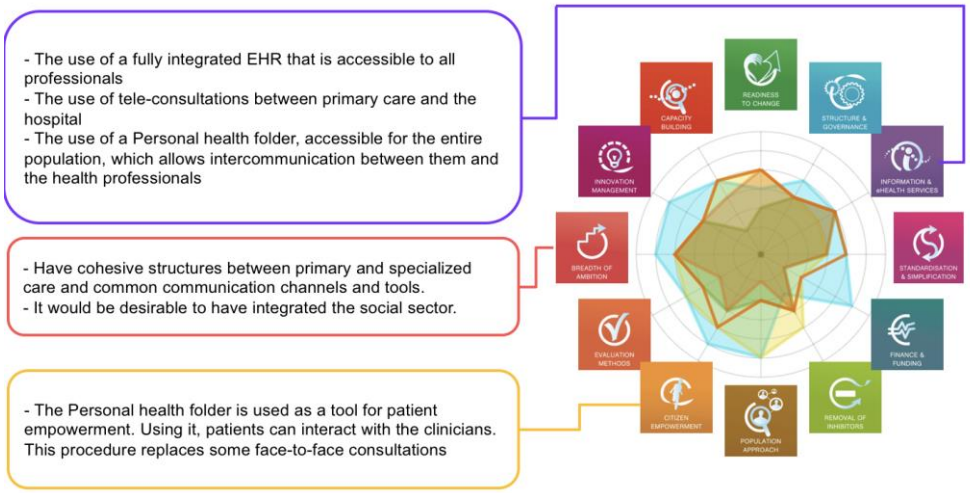
From a Conceptual Model to an Online Self-Assessment Tool for Integrated Care



The ambition is to address the challenges of adoption and scaling up of integrated care by:

1. Assessing:

- Maturity requirements of the Good Practice in order to understand transferable elements of the Good Practice/intervention for the adoption and scaling-up.
- Maturity of healthcare system for the adoption of integrated care solutions in order to understand the local context/conditions enabled the implementation of integrated care.



Strengths:
Structure & Governance
Finance & Funding
Capacity Building

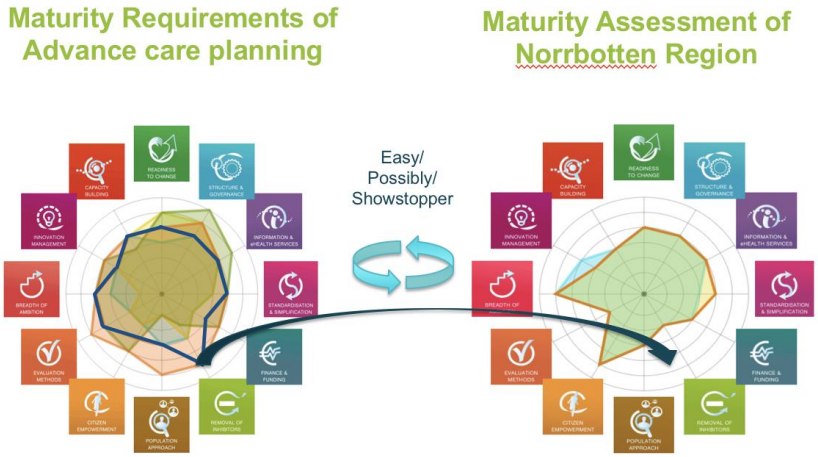
Weaknesses:
Citizen empowerment
Information & eHealth services
Population approach

These results are not surprising but in line with other evaluations. The region has invested heavily in governance and financial terms. The next step will be to develop a capillary service across the entire regional territory.

The ambition is to address the challenges of adoption and scaling up of integrated care by:

2. Facilitating

- Better understanding of the strengths and weaknesses and areas of improvement in the local healthcare systems in order to adopt integrated care.
- Multi-stakeholder discussions and consensus-building.
- Knowledge transfer and effective learning through the systematic flow of appropriate information and evidence between the between adopting and transferring entities.



Expected Outcomes vs Achievements

- Improved access to learning embedded in Good Practices
  - B3-MM and its Tool tested to assess the maturity requirements of Good Practices

- Improved capacity of regions for adoption of Good Practices
  - B3-MM and its Tool tested in the process of assessing maturity of healthcare systems for integrated care

- Faster adoption and scaling up of Good Practices in the provision of integrated care
  - B3-MM and its Tool tested in the process of twinning and coaching in order to facilitate knowledge transfer

Expected Outcomes vs Achievements

- Improved informed decision-making on European, national and local level
  - SCIROCCO has captured the lessons learned from using the B3-MM and its tool, including policy recommendations

- Increased use of the B3-MM and its Tool in the process of scaling-up
  - SCIROCCO has provided validated and refined Tool

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FROM B3 MATURITY MODEL ON INTEGRATED CARE TO A VALIDATED TOOL

Prof Bert Vrijhoef & Liset Grooten, MSC

Vrije Universiteit Brussels

Co-funded by
the Health Programme
of the European Union

Complexity of Integrated Care

- Challenge to obtain valuable insights.
- Need to understand the context and environment of integrated care interventions.

Testing the B3 Maturity Model / SCIROCCO Tool

- Our objective: To systematically test the validity and reliability of the B3-MM/ SCIROCCO tool.

- Does the B3-MM assesses what it is designed for, namely the maturity for integrated care?

1

2

3

4

5

Content Validity of B3-MM

Step 1: *Does the content of B3-MM, reflect what it is intended to?*

Methods: Literature review and Delphi survey.

Outcomes: The wide range of dimensions and measurement scales reflect the maturity for integrated care.

1
2
3
4
5

Grooten L, Borgermans L, Vrijhoef HJM. An Instrument to Measure Maturity of Integrated Care: A First Validation Study. International Journal of Integrated Care. 2018;18(1):10.

Structural validity of SCIROCCO tool

Step 2: *Do all the 12 dimensions contribute to assessing maturity for integrated care?*

Method: Quantitative analysis to examine the structure of the Tool in the dataset.

Outcomes: All 12 dimensions contribute to assessing maturity for integrated care.

1
2
3
4
5

Convergent Validity of SCIROCCO tool

Step 3: *Does the SCIROCCO tool show a relation with another tool which is supposed to assess a similar concept?*

Method: Comparing the SCIROCCO tool to another test that assesses a related concept.

Outcomes: Some support for convergent validity was found.

1
2
3
4
5

Reliability of SCIROCCO Tool

Step 4: *Are the responses by stakeholders to the 12 dimensions on the tool consistent with each other?*

Method: Quantitative analysis to examine the reliability of the tool in the dataset.

Outcomes: The SCIROCCO tool showed good internal consistency.

Step 5: ***Test-retest assessment is in progress.***

In short

- We found initial support for the SCIROCCO tool in assessing the maturity for integrated care.
- Further testing aspects of validity and reliability is recommended.

Take Home Message

The SCIROCCO tool offers regions a tailored approach, facilitating progress in integrated care.

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Scaling Integrated Care in Context

THANK YOU!

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the Health Programme
of the European Union

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