



CONFERENCE

“Integrated services: organizational healthcare models in the framework of chronic diseases”.



**INCA Project Experience:
Improving Efficiency and Quality of Care**

26-27 March 2018

Turin, C.so Regina Margherita, 174

Miguel Alborg
IDI EIKON – INCA Project Coordinator



1. The INCA Project



INCA

Latvia

Croatia

Spain

Cyprus

CIP ICT-PSP Programme

January 2014 – June 2016

Coordinator: IDI EIKON

4 Member States

5.1 €M – 50% co-financed

Market Validation

ICTPSP
ICT POLICY IN PROMOTING INNOVATION

Co-funded by the European Union

cip competitiveness and innovation 2007-2013

European Commission
DIGITAL AGENDA FOR EUROPE
A Europe 2020 Initiative

HORIZON 2020
The New EU Framework Programme for Research and Innovation



2. INCA Goals: Integrated Care

1 Proactive Care

2 Efficiency

3 Quality of Care

VERTICAL INTEGRATION OF CARE

HORIZONTAL INTEGRATION OF CARE



HOSPITAL CARE

- “Breaking Silos”
- Reduce Latency for Social
- Optimize resources usage

- Homogenize Care so plans are easier to deploy
- Transfer Care from Hospital to Home
- More encounters with same resources
- More and better data on patient’s condition

NGOSJ



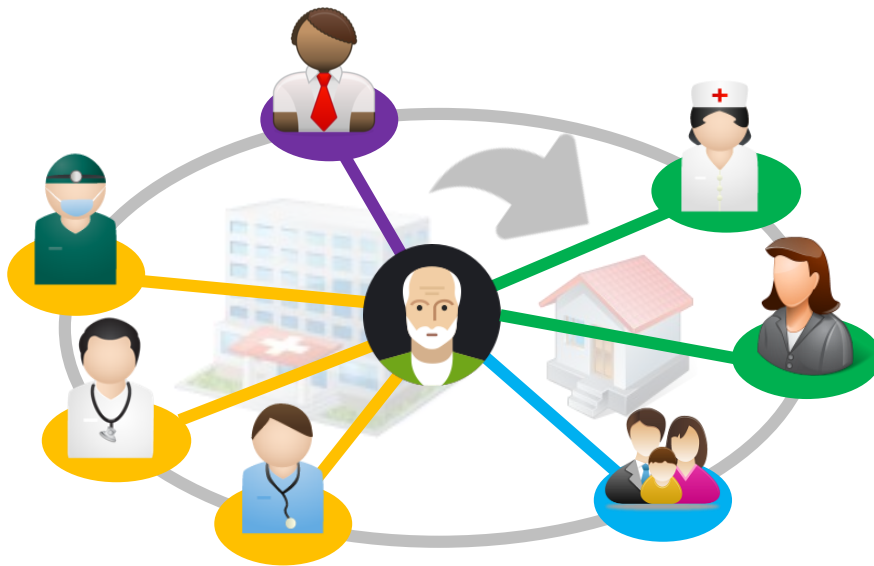
PATIENT



Adapted from [European Innovation Partnership on Active and Healthy Ageing](#)

3. INCA Integrated Care Platform

- Multi-disciplinary team
- Patient-Centric
- Several organizations involved
- Care Co-ordination



Integrated Care Pathway Engine



**Actionable Care Calendar
(Clinical Decision Support System)**



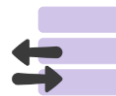
**Wizard-based
easy-to-use interfaces**



**Team Performance Dashboards
and Socio-Economic Impact KPIs**



**"Bring your own device" + Cloud
(browser, Tablet, Smart Phone)**



**100% guaranteed
bi-directional Interoperability**

4. INCA Achievements

900 Patients / 1 Organization / 1 Disease (2016)

DIFFERENCES-IN-DIFFERENCES RESULTS ON HEALTH CARE RESOURCE UTILIZATION			
Variable	Before	After	Reduction
Admissions	1.19	0.60	49.57%***
Re-admissions	0.16	0.12	25%**
Length of stay	6.24	5.05	19.07%**
Visits card.	2.41	1.69	29.27%***
ER visits	1.82	0.99	47.25%***
N	120		

Highly Cost-Effective Strategy

Doing more with the same resources

Variable	Before	Difference	Savings
Admissions	207,85	0.59	122,13
Visits card.			17,19
ER visits			136,78
TOTAL			276,10

SURVIVAL VALUES			
Variable	Treatment	Control	Difference P-value
73 Days	89,7 %	83,0 %	0,59
146 Days	79,5 %	72,7 %	0,15
229 Days	68,1 %	64,8 %	0,21
292 Days	62,5 %	48,9 %	0,04
365 Days	52,9 %	46,5 %	0,06

**Independent Assessment Study
Universidad Pompeu Fabra (Barcelona – Spain)**



Hospital Admissions: **-49%**



Hospital Re-Admissions: **-25%**



Hospital Length of Stay: **-19%**



Visits to Specialist: **-29%**



Visits to Emergency: **-47%**



Costs: **-250.000 €**



Patient's Satisfaction: **+28%**

5. INCA Lessons Learnt: PROs



Real “Breaking Silos” Integration of Care

MDG Teams show results, Care Transfer happens,
Social Care Providers can participate since the first moment



Patient’s Continuity of Care is guaranteed

Care Pathways flow across stakeholders and self-adapts in real time; Interoperability with pre-existent systems happens



Patient Engagement with Self-Managing its condition

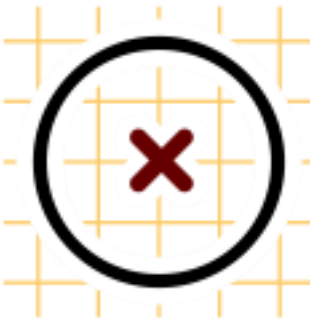
Active Role, “External” Motivation, access to Information,
Education, Adherence

5. INCA Lessons Learnt: CONs



Managing Cultural Change

Big Teams, Many Leaders, Unbalanced work loads,
Reluctance to change



Pragmatic Vision vs. Ideal Vision

“Once for all” corporative project vs.
Demonstrating achievements

6. INCA Good Practice Example: Manises Hospital



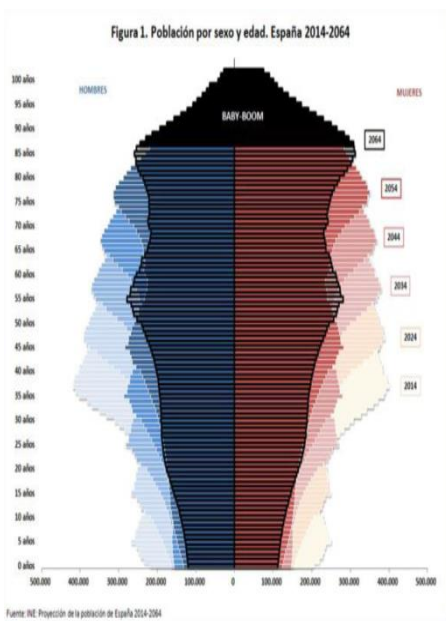
Managing Cultural Change

A reality

A Goal

A Conviction

Support Tools



**Our population
should live
longer, healthier
and happier**

- Chronic Patient Care is to be **managed directly from Primary Care**
- Chronic Patients use to stay mostly at home and most of them are autonomous
- So, **Chronic Care strategies should rely on Primary Care**, in close relation with whatever other health and social stakeholders

- **INCA Platform**
- “Liaison” Internist Doctor at Primary Care
- Home Hospital directly managed from Primary Care

6. INCA Good Practice Example: Manises Hospital



Pragmatic Vision vs. Ideal Vision

Agenda ECA

Generale Valenciana

Inicio

Responsable

Incluir Paciente

hoy

Dom 25-Feb

1 · ¿Toma la medicación pautaada? (*)

Sí Elegir

No Elegir

2 · ¿Ha aumentado 1 Kg de peso en un día o 3 Kg en una semana? (*)

Sí Elegir

No Elegir

3 · ¿Tiene las piernas más hinchadas de lo habitual? (*)

Sí Elegir

No Elegir

4 · Auscultación C-P (*)

70 ppm, no ruidos, I



7. Sustainability: INCA after INCA Project



Commercialisation



Spain, Europe and LATAM



Pre-Commercial Procurement and PPIs

Standardization Seal for Innovative Services



Platform Expansion

Adding more Value: Health Outcomes management, Big Data & Deep Learning, CDSS, Predictive Algorithms...

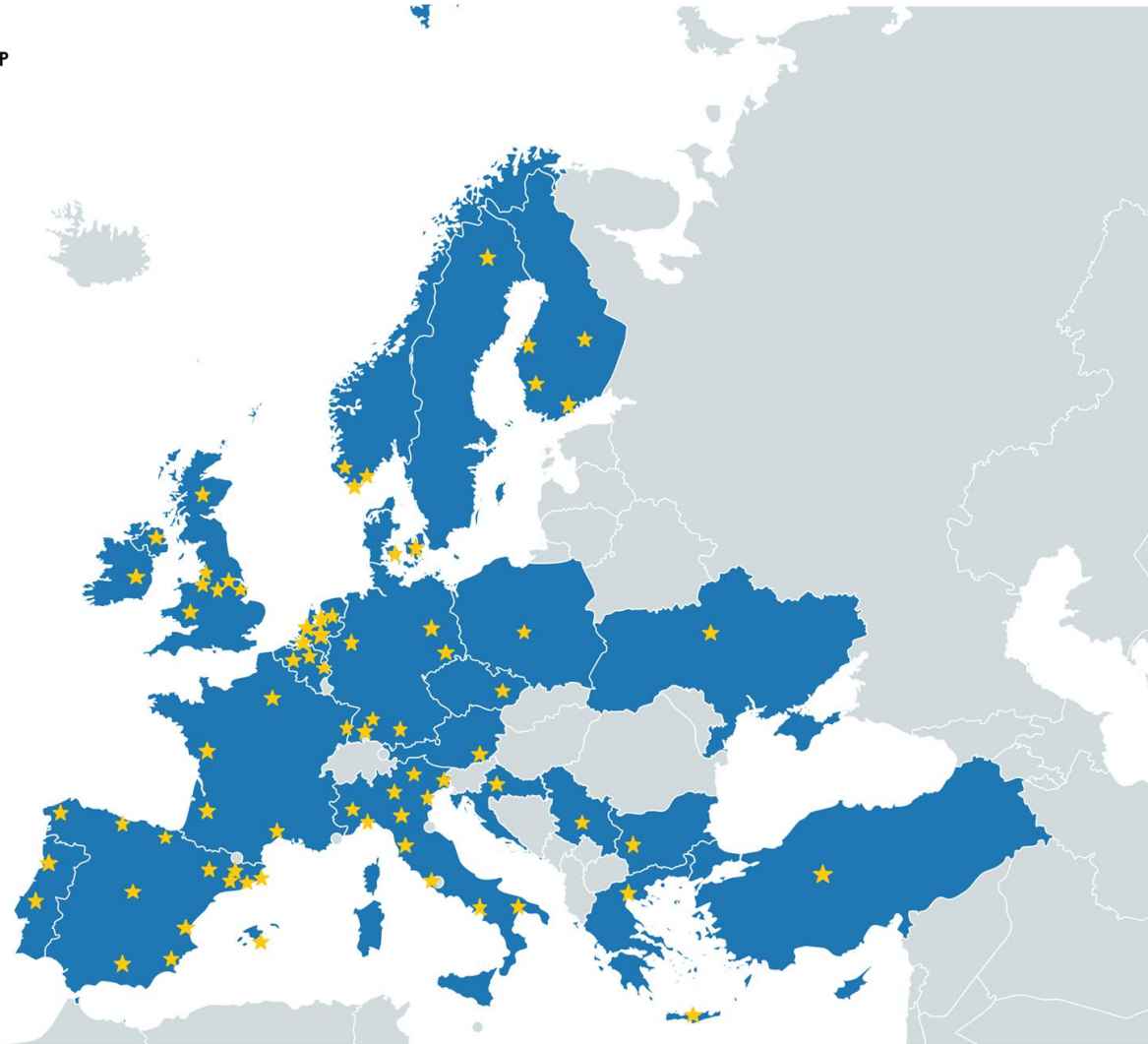
8. Next Steps



Geographic coverage of the EIP on AHA Reference Sites



Reference Sites



EIP ON AHA



THANKS FOR YOUR ATTENTION



- **More Info?**



<http://www.in3ca.eu>

<http://www.idieikon.com/adsum>



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