PRO.M.I.S.
Programma Mattone Internazionale Salute

CONFERENCE

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

INTEGRATED AND CHRONIC CARE MODELS IN CATALONIA

26-27 March 2018
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Integrated and chronic care models in Catalonia

1. Context
2. Policy strategies
3. Key drivers
4. Core & Enabling projects
5. Assessment

1 Health System of Catalonia

CATALONIA
7,560,000 inhabitants

Barcelona
Capital of Catalonia

- National Health Service – NHS based system
- Universal coverage and free access at the point of use
- Funded by **taxes**
- Spending **9.1%** of Catalan GDP
- Multi-provider system publicly funded
- Public Health Insurance - Catalan Health Service:
  - **Commissioner and contactor**
  - **Providers contractually full accounted** (health objectives, activity, economic amount, rate (pricing), invoicing system, evaluation system).
- Providers have the duty to share information with both **Public Insurance** (Catalan Health Service) and **other providers.**
- Interoperability must be guaranteed

1 Social and Health care services

Social Services	Health Services
• Exclusive powers to Regional government • Run by local and Regional government	• Most of competences and power to Regional government • Run by Regional goverment
Access, coverage and services	
• Universal coverage • Free access to some services	• Universal coverage • Free access
• Funded by taxes • Co-payment in some services	• Funded by taxes • Co-payment in pharmaceutical products (Free for pensioners, patients with specific diseases and some socio-economic conditions)
Diversity of providers	
• Wide range of services covered publicly by the regional government and by local authorities. • Direct provision by public organisations or by the Third Sector or private providers	• Diversity of Non-for-Profit providers with various ownership formulas Funded publicly through a contract.
Budget	

• €2,279M (2,279,000,000)
  • €1,878M Regional government
  • €400M Local Authoritie
	• €8,500M (8,500,000,000)

1 Health and Social Care Services

2 Ministries — Ministry of Health – Ministry of Social Welfare and Family

7 Health regional services vs. **5** Social Welfare regional services
Depending from the ministries

43 Clinical strategic areas commissioning health
103 Local Authorities commissioning social services

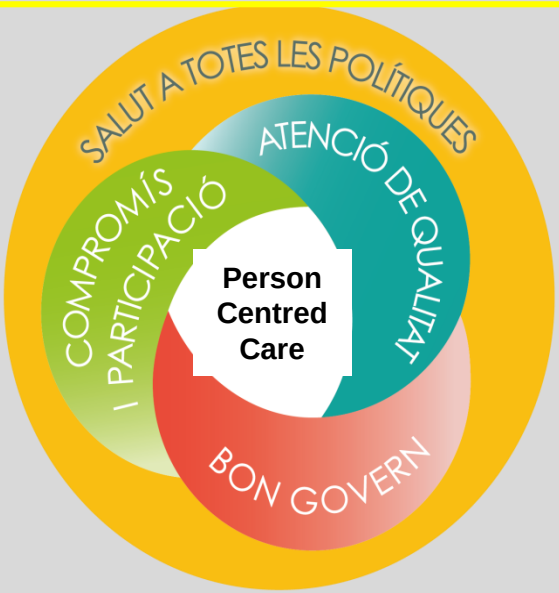
369 Primary Healthcare Centres
103 Basic Social Services Centres

69 acute hospitals
96 long term & intermediate care centres
41 Mental Health Centres

1

Health Plan for Catalonia 2016-2020

Health across all policies



Generalitat de Catalunya
Departament de Salut
Government of Catalonia
Ministry of Health

COMMITMENT & PARTICIPATION

1 Persons, their health and Health System

2 Healthcare professionals involvement

HEALTH QUALITY

3 Public Health

4 Accessibility & Performance

5 Drugs & Pharmaceutical Policy

6 Integrated & Chronic Care

7 Health Research & Innovation

GOOD GOVERNANCE

8 Excellence & Safety

9 Outcomes Evaluation & Transparency

10 Digital Health

11 Territorial Integration

HEALTH ACROSS ALL POLICIES

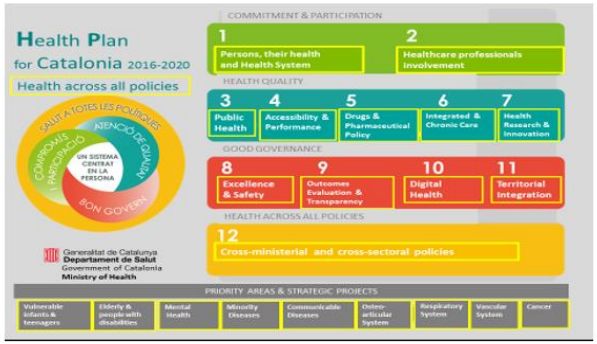
12 Cross-ministerial and cross-sectoral policies

PRIORITY AREAS & STRATEGIC PROJECTS

- Vulnerable infants & teenagers
- Elderly & people with disabilities
- Mental Health
- Minority Diseases
- Communicable Diseases
- Osteo-articular System
- Respiratory System
- Vascular System
- Cancer

1 Health and Social Care Services

2 Policy strategies



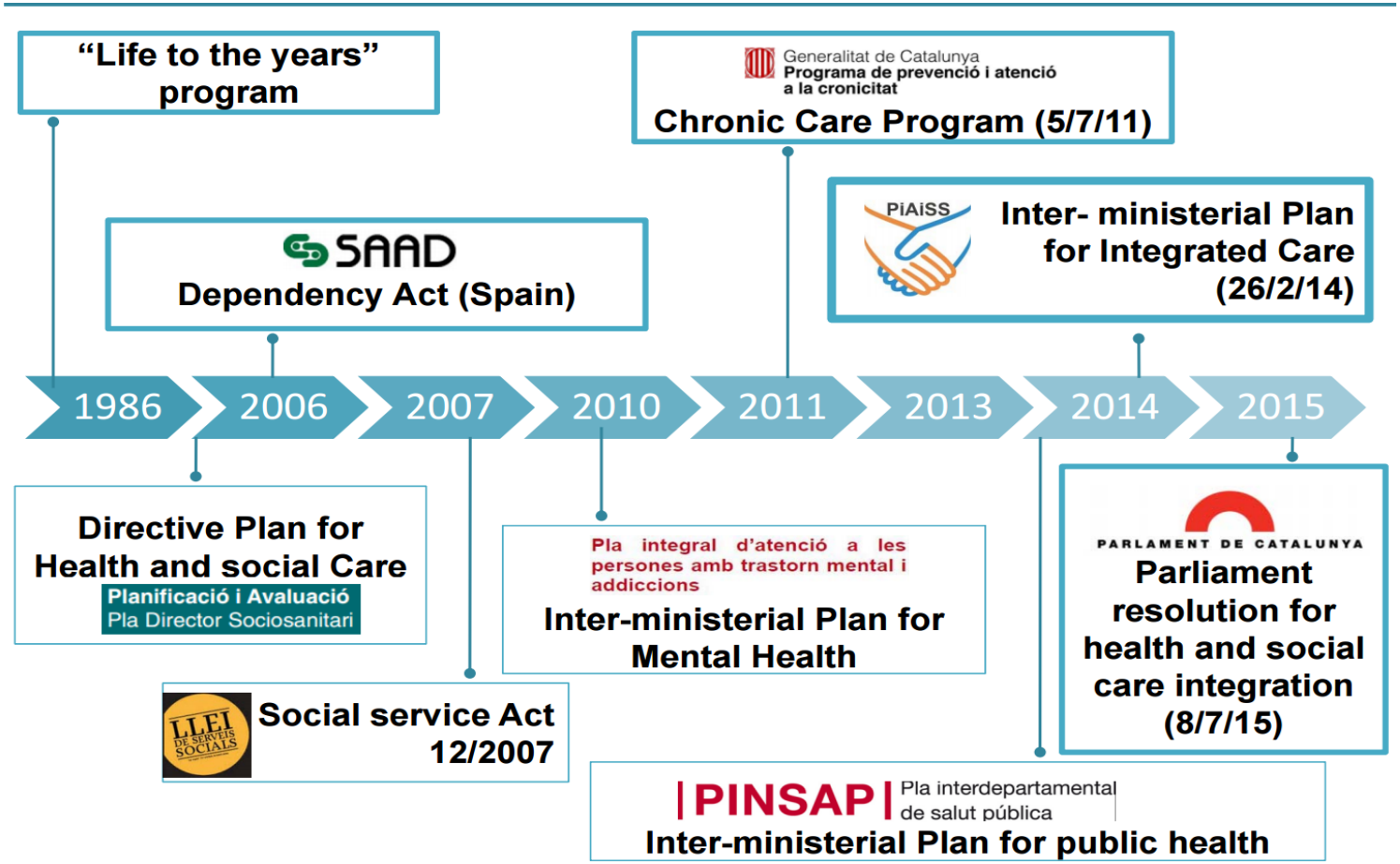
Inter-ministerial Programme for IC

PIAISS 2017 - 2020

HEALTH IN ALL POLICIES

PERSON CENTRED CARE

2 Policy strategies - A transformational model



2 Cross-Ministerial Plan for Health and Social Care

❑ Cross-Ministerial Plan for Health and Social Care

Pla interdepartamental d'atenció i interacció social i sanitària (PIAISS)

❑ Established by

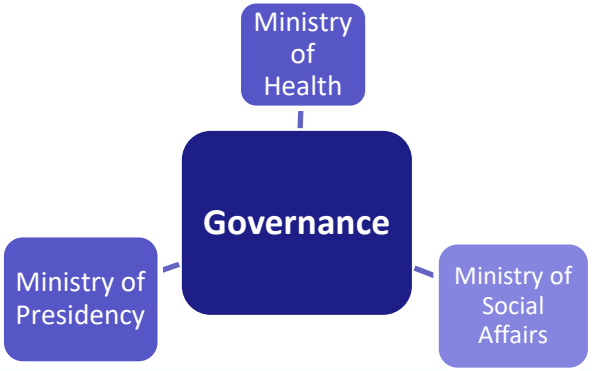
Two Catalan government agreements: **23 Sep 2013** and **25 Feb 2014**

❑ Mission

To promote and participate towards a health and social integrated care model based on person centered care which is able to give responses to the needs of the individuals

Ministries

- ❑ Health
- ❑ Social Affairs
- ❑ Presidency



Governance

- ❑ Government body
- ❑ Operational committee
- ❑ Advisory and participation board

3 Key drivers

- ✓ Chronic and integrated care **policy-driven orientation**
- ✓ **Stratification** of population
- ✓ Commitment of **clinical leadership involved** in the design and implementation of local integrated care pathways (ICPs)
- ✓ **Shared ICT** between clinicians and between patients and professionals
- ✓ **Overcome of financial barriers** introducing new joint cross-cutting targets among different levels of healthcare
- ✓ **Promoting more care at home,** avoiding unnecessary emergency admissions, institutionalisations and promoting and developing self-management policies

4 Core & Enabling elements

Catalan Model of Health and Social Integrated Care. Core & Enabling elements

Health and social care boards

HSC Health and Social Care Board

Local Partnerships

Community-based orientation

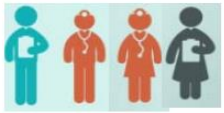
Guarantee of continuity:

- Integrated pathways |Transitional care | 7x24 care

New role of the people

PROGRAMA PACIENT EXPERT CATALUNYA®

Clinical & professional leadership



Case Management and collaborative practice

- Identification, shared assessment, and shared intervention plan
- Defining new roles for professionals

ENABLING ELEMENTS

Integrated planning, commissioning and shared accountability

Digital health and care

Shared vision for the use of resources

Shared budgets

Leadership and Change management

Multilevel strategy

Font: Elaboració pròpia del PPAC i PIAISS. Contel, J. Sarquella, E.

4 Core & Enabling elements

Population based

Starting by high need & high risk & high use

Healthcare complex needs

CCP

Complex Chronic Patient
Multimorbidity
Sever unique disease
Advanced frailty

MACA

Advanced Chronic Disease
Limited Life Prognosis
Palliative approach
Advanced care planning

Social care complex needs

P N A S C

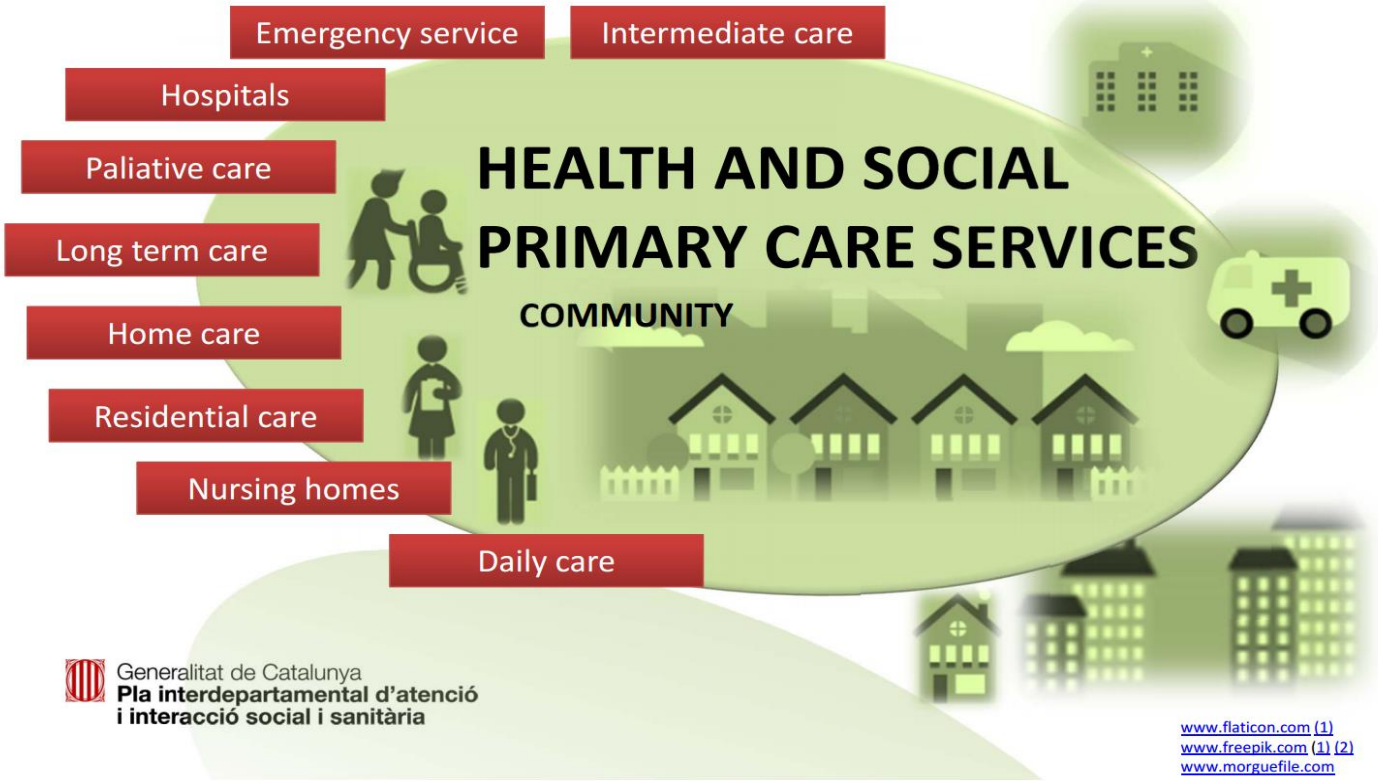

Functional autonomy needs


Interpersonal and relational needs


Instrumental and material needs

Core & Enabling elements

Integrated Care: where?



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4 Core & Enabling projects

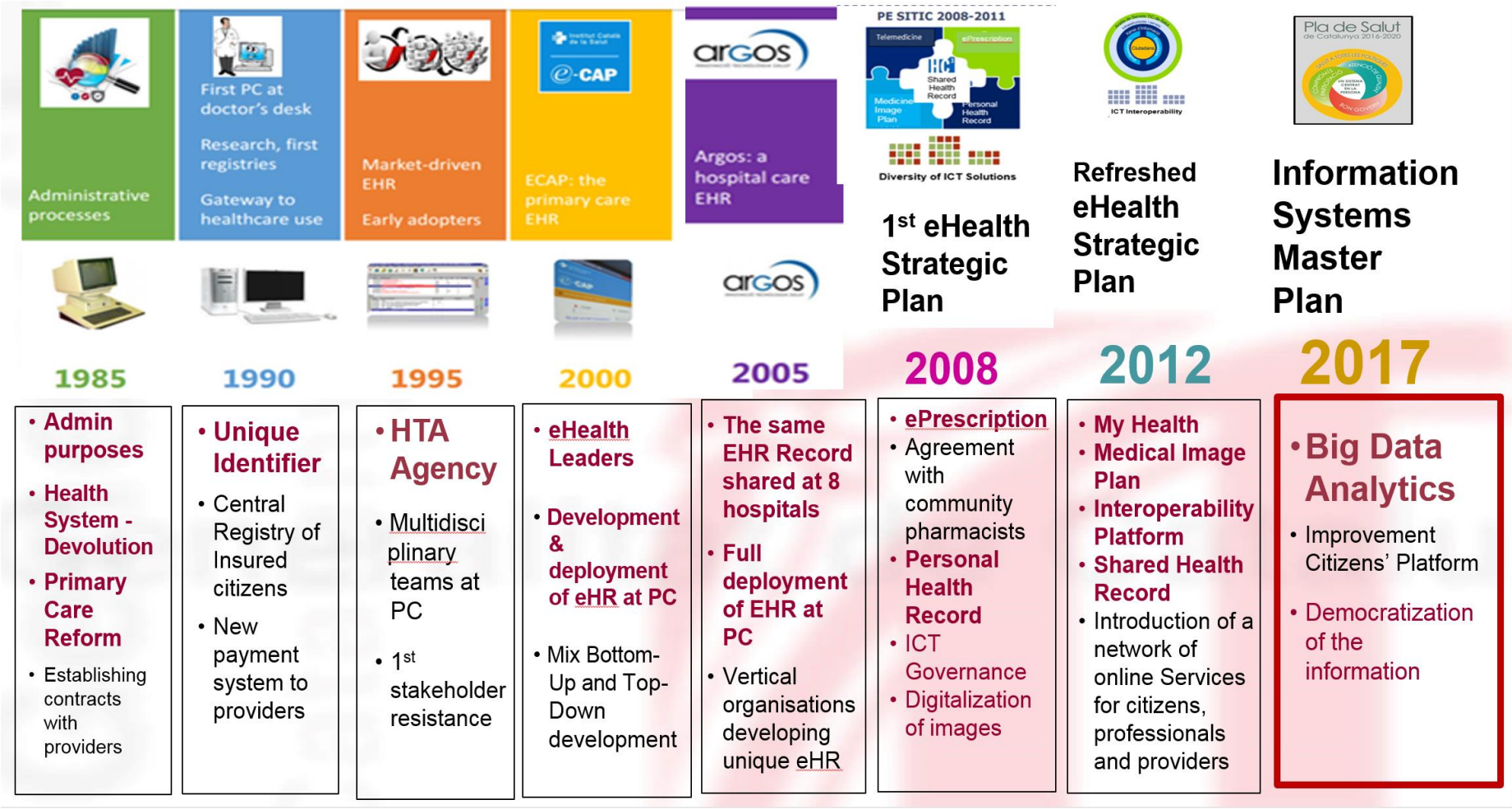
Core projects

- **Residential and long-term facilities** — Master Plan
- **Home care (including remote care)**
- **Mental health** — Master Plan
- **Empowered role of persons**

Enabling projects

- Digital health and care. ICT and data strategy
- Consensus & leadership with and from the sectors
- Integrated planning, commissioning and accountability

4 Enabling elements
eHealth in Catalonia – Readiness for Integrated Care



4 Enabling projects
Share Medical Record – Patient complexity profiling

Shared Medical Record – Patient complexity profiling

HC3 Història clínica compartida de Catalunya

Complex Chronic Patient

MACA: Advanced Chronic disease

CCP

Complex Chronic Patient
Multimorbidity
Sever unique disease
Advanced frailty

MACA

Advanced Chronic Disease
Limited Life Prognosis
Palliative approach
Advanced care planning

- HC3 stratification with Clinical Risk Groups (CRGs)
- Publish label/mark in HC3
- Label visible on all screens

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4 Core & Enabling elements

Personal Health Folder

Cat@Salut " **'My Health'** **"**

4 Core & Enabling elements

My Health

Project development

cat@salut My Health

services that support the care process (APPs)

My Health access
Digital ID certificate
CPS

INFORMATION

HC3
Information from the HC3 citizen

CAP
Information of the citizen from the health centre.

O *Not customizable elements by citizen.*

My Health access
Identification with digital ID certificate or user/password
la meva salut

SERVICES

PROCEDURES

COMUNICATION

EDUCATION

CARE

P *Customizable elements by citizen.*

- Easier access
- Strong password system
- eConsultancy
- Preventative & Health Promotion
- Technology Enabled Care

2009 Project start — **2012** Access for all citizens — **2014** Improving access and services

2016 — **2017** — **2020**

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4 Core & Enabling elements
Health and Social information sharing

Health and social integrated care

Model exchange factors

- Legal framework
- Health and social information sharing
- Model exchange
- ICT infrastructure

4 Barcelona city pilot

Health and social information sharing

Category	HCCC (Shared Medical History of Catalonia)		SIAS (Social Service Information System of Barcelona)	
ID information	Name and surname ID card Date of birth	Address Telephones Age	Name and surname Gender Date of birth ID card or passport	Address Telephones E-mail Census
Services information	Professionals (general practitioner, nurse) Health centre, palliative care, home care, nursing homes...		Professional (social worker) Social services centre	
Supplementary information			Economic information: pharmaceutical copayment Legal incapacity: process, date, guardian	
Health information	Health factors (diagnostic) Chronically ill categorization Very ill categorization		Disability: recognized level, kind of disability, disable scale. Dependent people: recognized level. Risk alert (coronary heart disease, fall s...)	
Needs assessment	Barthel ADL index Lawton-Brody's index Pfeiffer cognitive evaluation test Zarit Burden Interview		Barthel ADL index Lawton-Brody's index Pfeiffer cognitive evaluation test Zarit Burden Interview	
	Social risk factors (Health at home - *Salut a Casa*)		Social diagnosis	
Intervention	Individual health intervention plan Individual Treatment Previous medical discharge (24-48 ours before) Medical discharge documents A&E documents EMS (emergency medical services)documents		Services: ▪ Home care services ▪ Telecare ▪ Food assistance ▪ Day care centres	
Community care	Programs/projects		Programs/projects	

5 Assessment - Maturity Model for Integrated Care

Scirocco
Scaling Integrated Care in Context

Co-funded by the Health Programme of the European Union

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5 Assessment

REGIONAL LEVEL
CATALONIA

PIONEER TERRITORIES

Maturity assessment in CATALONIA Region – the outcomes

Spider diagram

- Context of the findings
  - Different views (Health & Social Care) and breath
  - Useful tool to analyse sub-regional initiatives (County, Municipal, Providers level)

5 Assessment – Proposal of a minimum set of indicators

1. Population characterization (people at risc or attended)	▪ People with recognized dependency (live at home, institutionalized) ▪ Complex chronic patients/advanced chronic problem ▪ People with specific diagnostics/disabilities, level of dependence or risk ▪ Unbalanced patients ▪ People with uncovered social and health needs ▪ People with telecare service ▪ People attended in the collaborative models (coverege)
2. Process of care	▪ Waiting lists/ administrative resolution for specific services ▪ Avoidance of duplicities ▪ Social and healthcare combined interventions ▪ Home care activity ▪ Professional's visits (also conjoint visits/ interviews) ▪ Other services use ▪ Professional's conjoint meetings
3. Intermediate outcomes effectiveness/ adequacy/ efficiency	▪ Potencial avoidable hospital admissions ▪ Hospital unplanned admissions and readmissions ▪ Accumulated hospital days per year ▪ Hospital lenght of stay
4. Final outcomes Effectiveness/ user centered care/ efficiency	▪ User (and caregiver) satisfaction ▪ PROMs (Patient Reported Outcome Measures: wellbeing, quality of life, etc.) ▪ Caregiver burden ▪ Professional satisfaction ▪ Costs

Grazie

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