Congreso Internacional de Salud Digital: mejorando la atención integrada

"The experience of Badalona Municipality"

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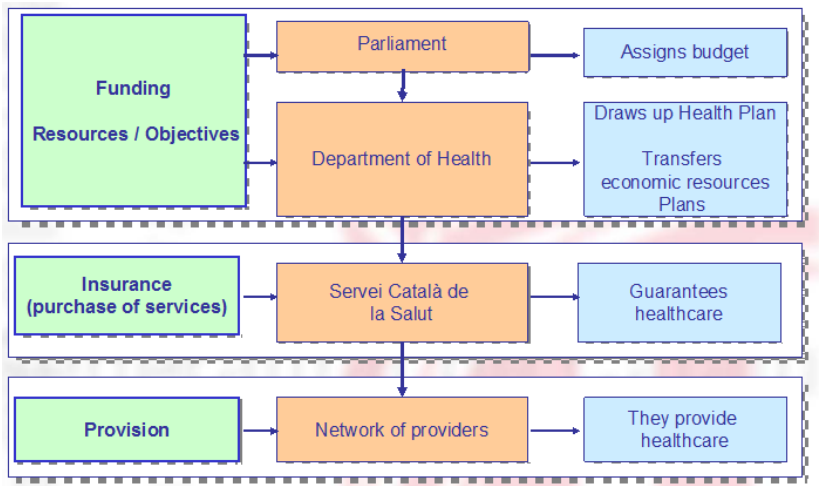
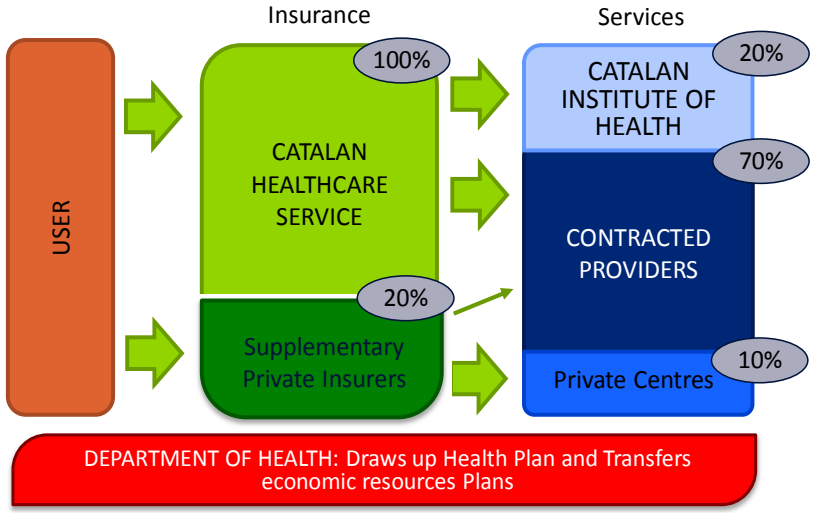
Catalonia region- Contextualisation

- Catalonia is one of the 17 Autonomous Communities, with a population of roughly 7 million inhabitants.
- This region has full competences in health services, as part of the decentralized Spanish health system.
- The Catalan government (Generalitat de Catalunya) has developed its own organizational model based on the historical evolution of the Catalan health system.
- The Department of Health (DSGC) is the maximum official authority for the definition, planning and development of healthcare services in Catalonia.
- Servei Català de la Salut (CATSALUT) acts as a purchaser of services and guarantees quality control while a network of public and private organizations provides the healthcare services.

Catalonia region II - Contextualisation



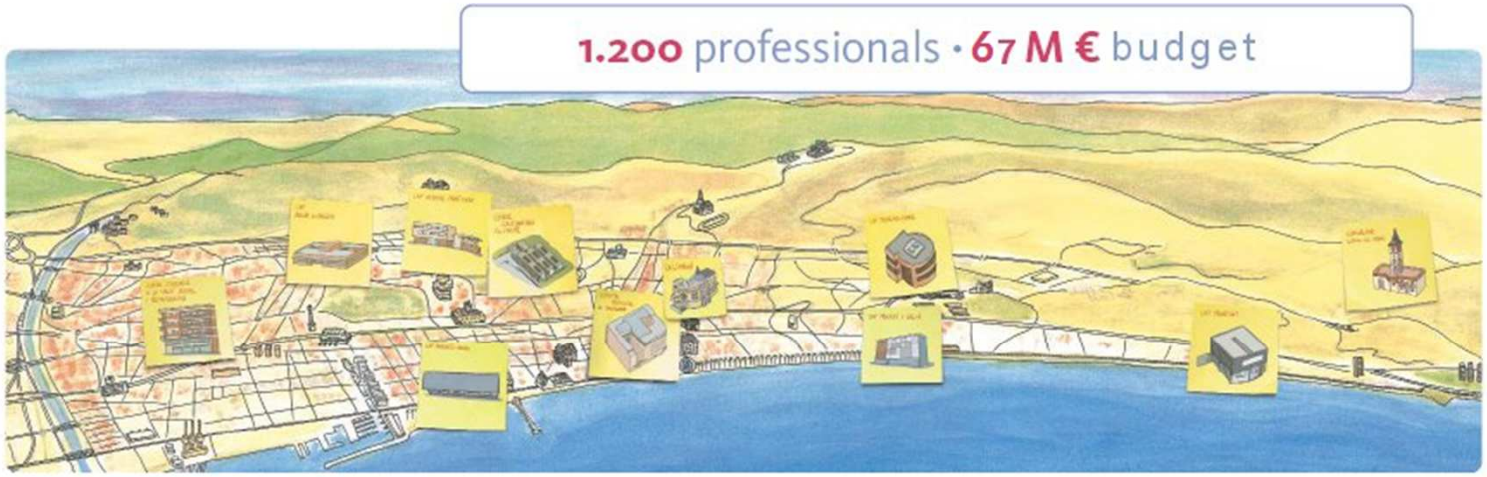


Source : Martinez (2013) and Contel (2014)

Catalonia region III - Contextualisation

- The system is organized within 7 health regions divided into 56 health sectors and 369 basic health areas :
  - 451 primary care centers
  - 831 local healthcare centers
  - 96 acute care hospitals
  - 96 social health centers
  - 158 mental health centers
  - 42 centers for inpatient mental health care
- The Health Plan for Catalonia 2011-2015 mentions that 20% of these resources are directly owned by the government (through the ICS, National Health Institute, the biggest provider in Catalonia)
- Foundations, health insurance companies and other private non-profit authorities own the remaining 70%
- The social services are entrusted to the Municipalities through the Department of Welfare and Family

Badalona Serveis Assistencials - Who we are?



- Based to the north of Barcelona
- Cities of Badalona, Montgat, Tiana, Teià, Masnou and Alella
- Private company property of the City Council
- 100 % public funding -> Complex financing system which varies according to the care level
- Providing from both health and social services

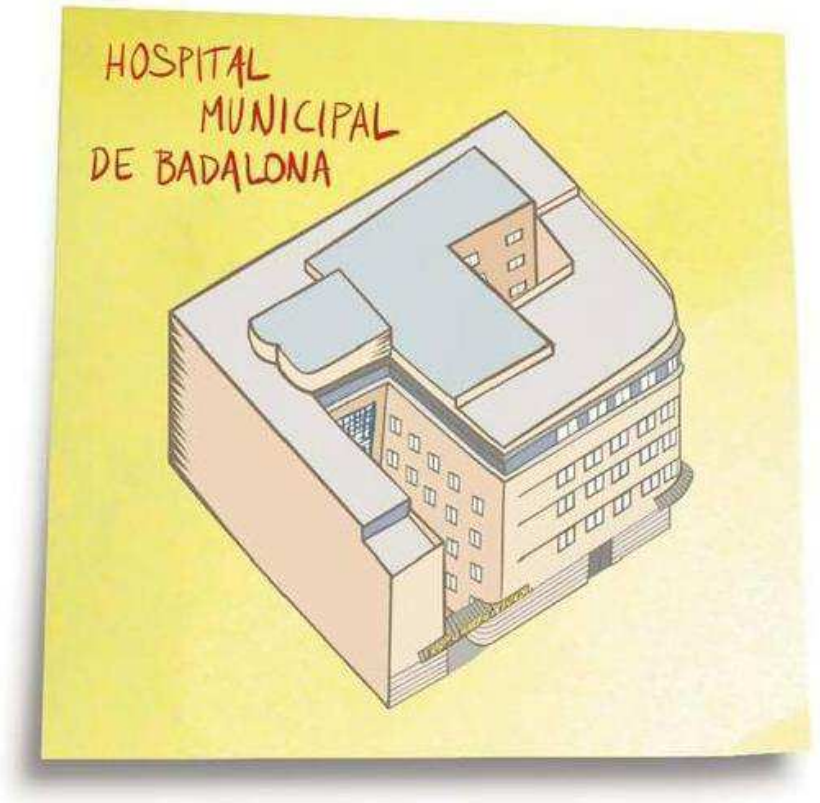
Hospital Municipal de Badalona

Hospital Municipal de Badalona

237.244 assigned population
All Badalona city

Structural resources

118 beds
8 short stay beds
16 rooms for outpatient services
27 consulting rooms
4 surgeries
30 emergency boxes



Primary care

7 primary care centers

117.823 assigned population

50% of Badalona city -> ICS has also Primary Care centers in the city

- **CAP Morera-Pomar**
- **CAP Apenins-Montigalà**
- **CAP Montgat**
- **CAP Tiana**
- **CAP Progrés-Raval**
- **CAP Martí Julià**
- **CAP Nova Lloreda**

Structural resources

59 consulting rooms

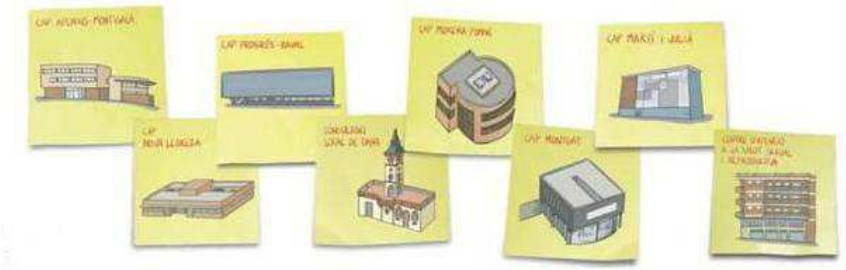
36 nursery rooms

12 odontology rooms

6 social work rooms

11 continued assistance rooms

19 polyvalent rooms



CASSIR (sexual and reproductive health)

186.309 assigned population

50% of Badalona + 100% Montgat

Centre Sociosanitari El Carme

Centre Sociosanitari El Carme
(intermediate care hospital)

529.582 assigned population

Cities of Badalona, Montgat, Tiana, Teià, Masnou and Alella

Structural resources

209 beds

50 rooms for outpatient services

7 consulting rooms

Comprehensive care organization – Who we are

- A network of care services that offers a coordinated service by means of a continuum of care for a particular population.
- At BSA, this service continuum includes primary care, specialized care, intermediate care and home care (including social home care).
- The integration of services facilitates attention to the patient at the most cost effective location whilst also favouring aspects of promotion or prevention.
- This new organizational focus boosts innovation aspects on both a collective and an individual level.
- This constant revision obliges the incorporation of the patients' and citizens' view.

Some numbers from 2015

General information:

12,120 discharges
- 8,805 Hospital Municipal de Badalona
- 1,666 Centre Sociosanitari El Carme (intermediate care hospital)
- 1,739 SAID (Integral home care service)

873,769 outpatient visits
- 709,048 primary care
- 150,713 Hospital Municipal de Badalona
- 12,235 CASSIR (Sexual health)
- 1,769 Centre Sociosanitari El Carme (intermediate care hospital)

5,157 surgery

58,824 emergencies

22,139 continued assistances

EU funded projects:

1,200 patients in the ReAAL project (active)

100 patients in the BeyondSilos project (active)

110 patients in the Mastermind project (active)

100 patients in the Do Change project (active)

100 patients in the UseCare project (active)

Home care Service:

Social services:

5,356 dependency evaluations

8,906 services to the dependents
- 1,243 help at home (family workers)
- 6,172 telecare setting
- 156 meals at home
- 234 cleaning at home
- 154 home fixings (3rd sector)
- 119 social isolation and social exclusion (3rd sector)
- 54 GPS tracking system
- 234 cultural mediation

Health services:

293 early discharge program

293 rehabilitation at home

975 home hospitalization

188 geriatrics team

333 special tests

221 palliative care team

760 ATDOM

373 residential team

416 Regional Case Management

172 Oncologic Regional Case Management

290 Telemonitoring

Situation before at year 2000

Health care silo:

- BSA integral healthcare organisation (3 classic levels)
- 1,170 professionals including:
  - GPs
  - Specialists
  - Nurses
  - Social workers (at PC and ICH)
  - Structural staff
- 70M € funding (low complexity at Hospital)
- Providing classic healthcare services
- Geriatricians pushing for changing the model

Social care silo:

- City Council in charge of the social services
- 65 professionals including:
  - Social workers
  - Family workers
- 4,7M € funding for subcontracting:
  - Telecare (panic button)
  - Meals at home
  - Cleaning at home

Why merging the health and the social care sector?

- Badalona City Council:
  - Unique holder of the healthcare provision through BSA
  - In charge of the provision of social services which are entrusted to the municipalities
- Bad outcomes in terms of efficiency > Duplication of structures
- Bad outcomes in terms of efficacy > Lack of coordination

Year 2000

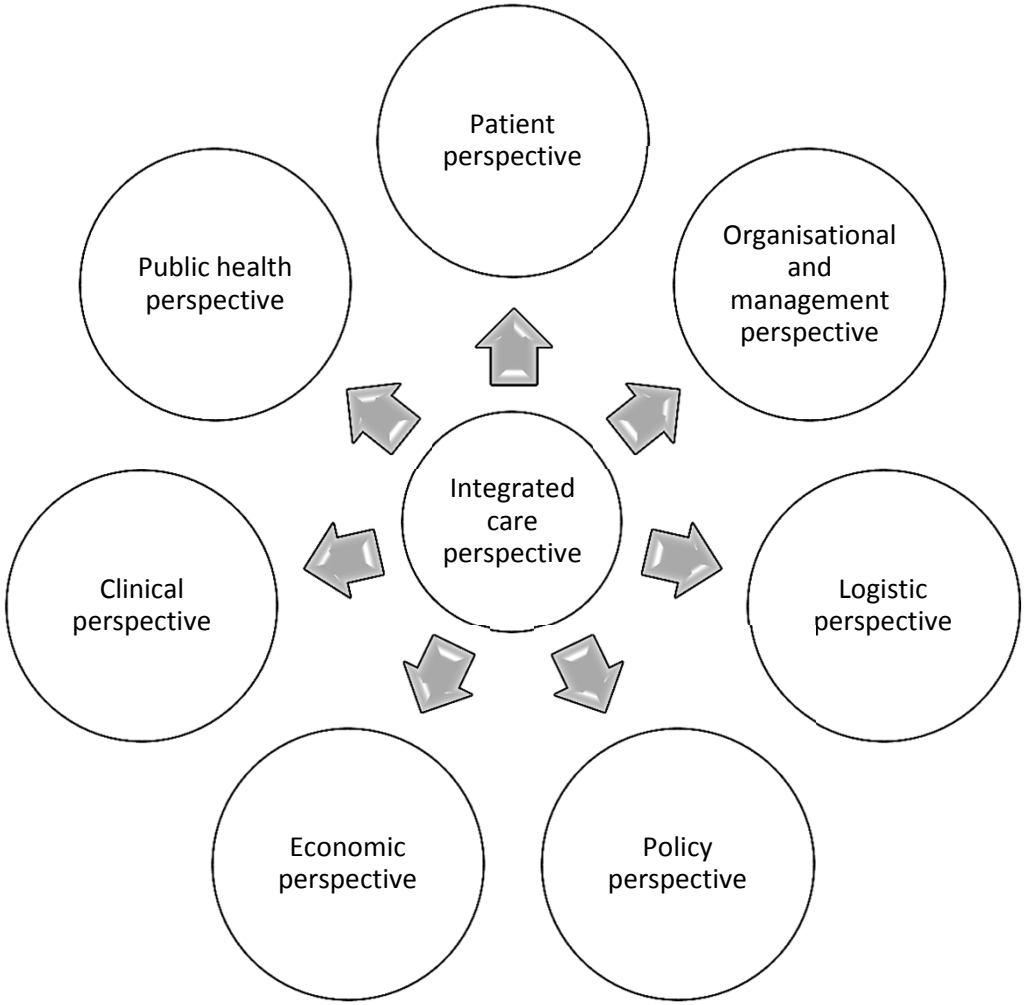
- Need of centring the model into the patient
- Shared decision between BSA and the City Council to merge both provisions of care into a single delivery
- Political decision of merging both departments at a political level into a single one

Situation after 2003 (numbers from 2015)

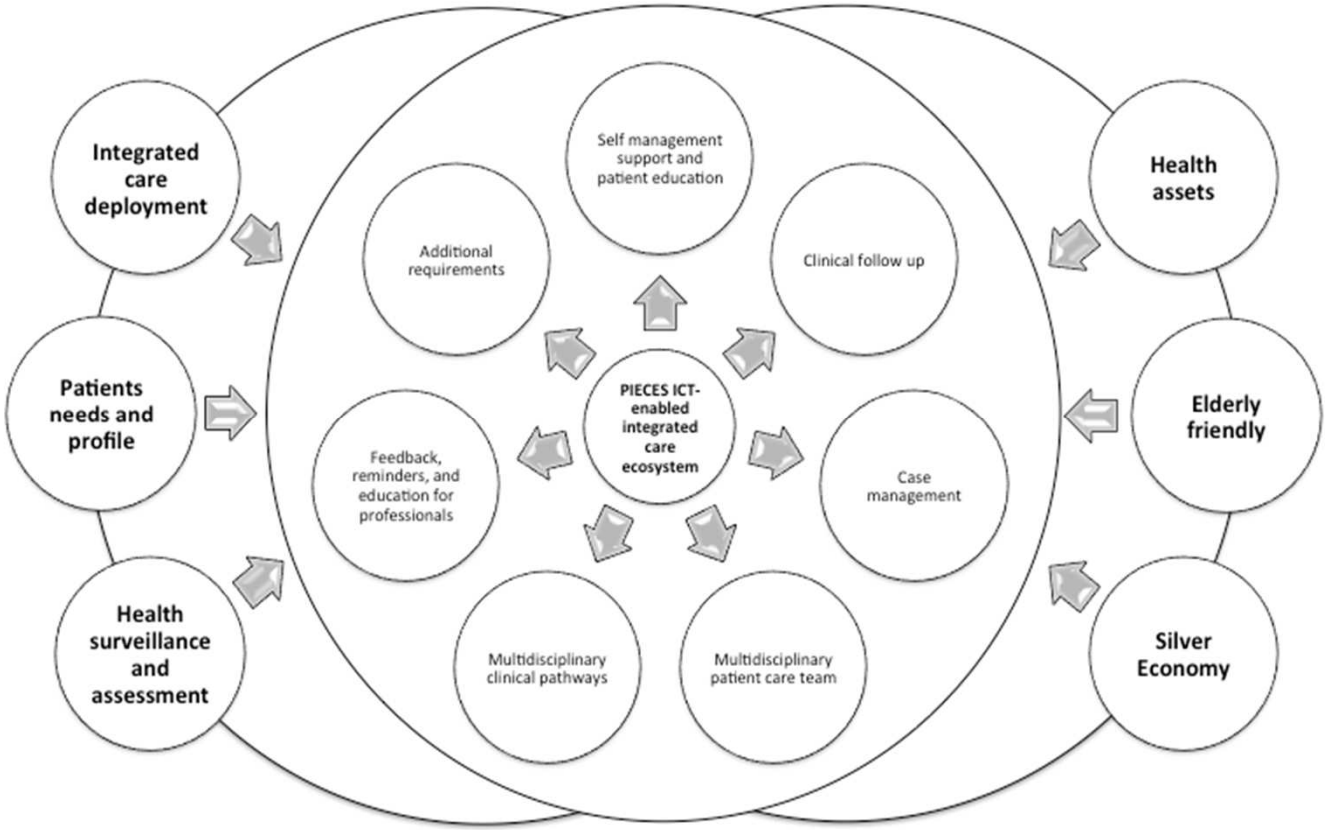
- Breaking the brick wall separating both silos -> Centring the model on the patient
- Creation of the Home Care Department to deliver the integrated services
- BSA integral **care** organisation (3 classic levels + home care level)
- 1,200 professionals including:
  - GPs
  - Specialists
  - Nurses
  - Social workers (at PC and ICH and Hospital)
  - Structural staff
- 67M € funding in total
- 3,5M € of those for subcontracting 3rd party providers in the social field
- Home Care Department "losing" 500,000€/year in internal accountancy because of the healthcare services -> Perversion of the financing system

How did we manage it? – Integrated care

Integrated care perspective, initial comprehensive approach



Integrated care perspective, actual comprehensive approach



Case management – Integrated care

Case management is the procedure where the nurse coordinates the provision of care to guarantee the accomplishment of needs, through the control of symptoms and the management of the most adequate resources, to empower the autonomy of patients.

How did we organize it – Integrated care

- Nurse leading the coordination
- Multidisciplinary teams doing continuous assessment and reassessment of needs
- Different pathways / programs have been put in place to tailor them according to the patients needs
- Put the patient in the middle of the care process
- Engage the family and the community assets within the care process
- Continuous evaluation to improve the services provided
- Homecare Department to coordinate the provision of services

History - Homecare service

Birth of the Homecare Service

HEALTH SERVICES
Home hospitalization
Frail geriatric patient setting
Palliative care
Complex chronic patients (COPD)
1st ATDOM team
Early discharge team
SOCIAL SERVICES
Help at home
Cleans at home
Telecare
Meals at home

SOCIAL WORK

REHABILITATION

HEALTH SERVICES
Complex chronic patients (COPD+stroke+heart failure)
2nd ATDOM team
SOCIAL SERVICES
SIMAP (GPS tracking)
Technical help
Integral home help
Home fixings
EU projects:
HSH and Aladdin

HEALTH SERVICES
Regional case management
EU projects:
ReAAL

HEALTH SERVICES
Residence team
New ATDOM model
Big roll-out
Regional Case Management
EU projects:
Mastermind
BeyondSilos

EU projects:
Insup-C (collaboration)
ACT (collaboration)
Do Change (granted)
Usecare (granted)

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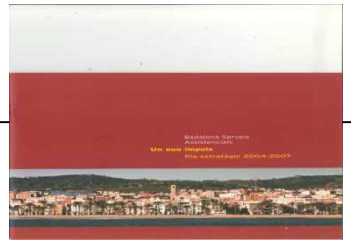


Catalog of homecare services – Integrated care

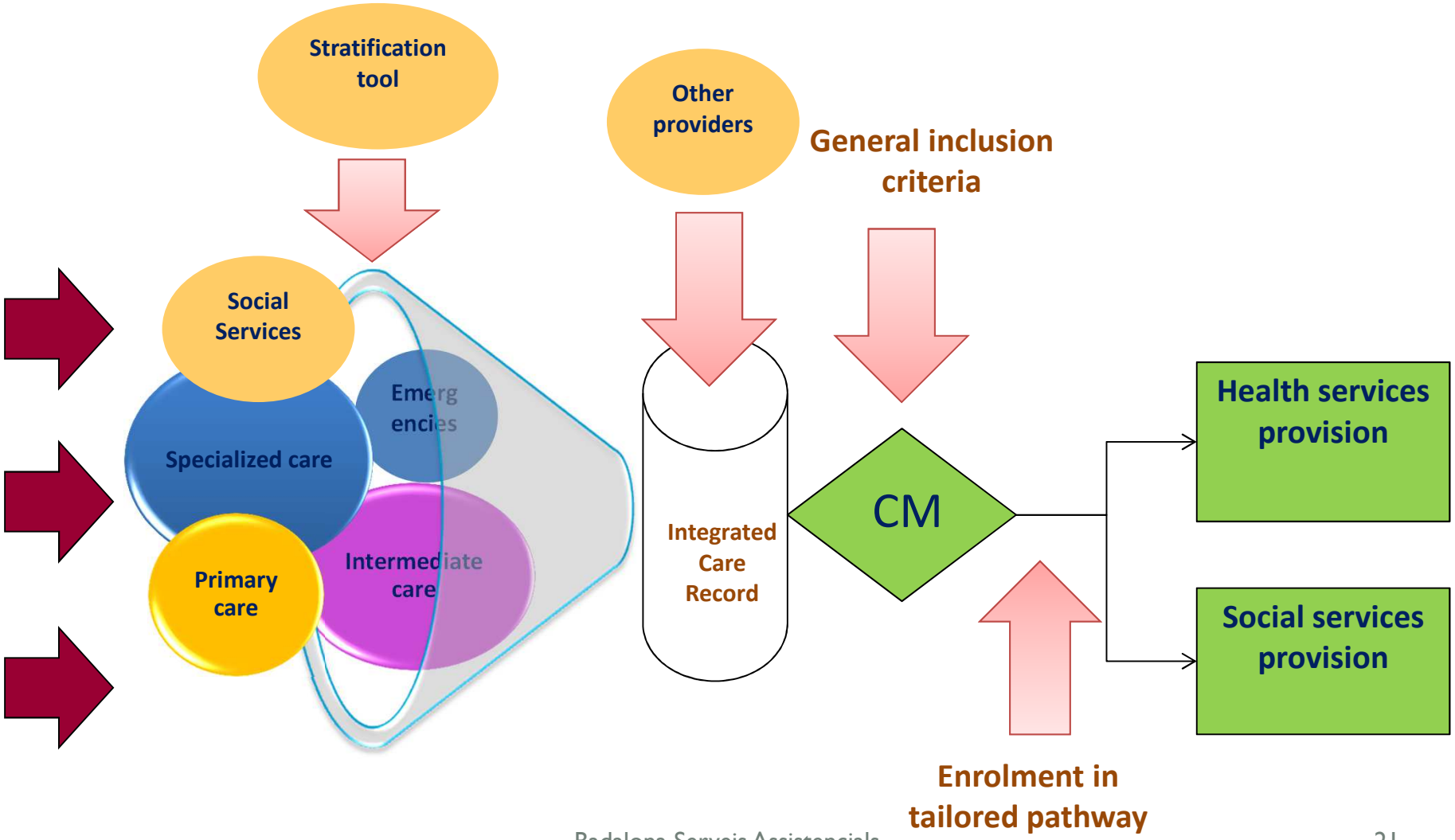
Social services:

- Help at home
- Telecare setting
- Meals at home
- Cleaning at home
- Home fixings (3rd sector)
- Social isolation and social exclusion avoidance (3rd sector)
- GPS tracking system

Health services:

- Early discharge program
- Home hospitalization
- Special tests
- Geriatrics team
- Palliative care team
- ATDOM program
- Residential team
- Regional Case Management
- Oncologic Regional Case Management
- Telemonitoring

Inclusion process supported by ICT – Homecare service



Some outcomes from the integration

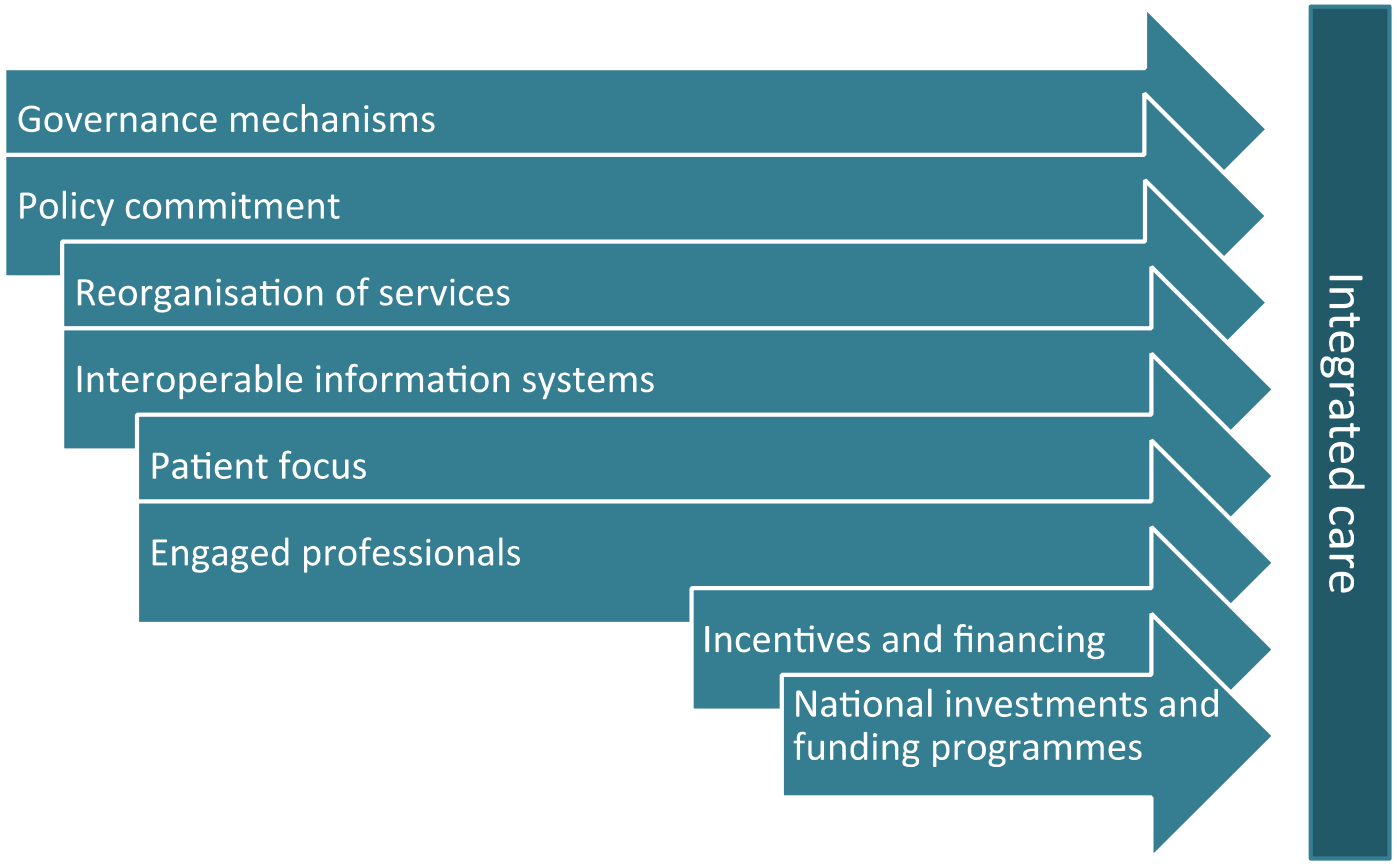
- Regional Case Management Program:
  - **Characteristics of the patients:** 76 years ratio, 52% woman, 1,38% prevalence, 20% with social problems
  - **Interventions done:** 86% VGI, 76% flu vaccine, 85% pneumococcus vaccine, 54% ATDOM program, 78% full assessment program
  - **Results:** 12% reduction GP, 8% reduction nurse (PC), 40% reduction emergencies, 56% reduction of non-programed hospital admissions, 23% increased QOL, 89% increased satisfaction with the service, 59% increased death at home

- Early discharge Program:
  - **Characteristics of the patients:** Acute episode (normally hip fracture), living alone or with couple, risk of dependency
  - **Interventions done:** Family worker at home, home hospitalization (including specialist and nurse), rehabilitation team at home
  - **Results:** 67% increased complete rehabilitation (for patients between 70 and 83), 28% reduction relapse, ratio of 6,7 weeks to rehabilitation, 27% decreased mortality rate

Conclusions

- The initial driver of integrated care in this case was a policy commitment towards a patient-centric model which would enable the continuum of care at a local level (municipality)
- Reorganisational process and the governance mechanism established have been the main drivers of integrated care
- Health and social care professionals play a leading role in facilitating integrated care deployment
- Interoperable information systems has fostered the full deployment of integrated care
- Absence of major conflicts between the distribution of resources and the alignment of incentives

Conclusions (graphically)



Some highlights – Integrated care

- Achieving a full integration of health and social services is a slow process
- It's better to start with health services
- Problems for achieving it are organizational and cultural
- Expect huge resistance from professionals
- Integrated common care pathways should be developed
- A continuous review process should be put in place to keep monitoring and improving the services / programs
- Proper quality and cost-benefit evaluation needs to be conducted
- The financing system should be ready

Integrated care – ICT support

- IT is a tool that will help you within the process, but not the solution
- EMR, SCR, ICR and shared care plan are central
- EU projects are a good place to look for new ways of providing care
- Initiatives such as the EIP on AHA are also a good strategy to foster the ICT-supported change
- Innovation should be totally integrated in the organizations
- Surround you by the quadruple helix of innovation and everything will be better

Thank you!

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