The development of integrated care services in the Eixample Esquerre Region of Barcelona

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Mission

Offering an integral health care to the population in a territorial framework by effective coordination between institutions and health care professionals
Some key figures

- Population: 540,725 inhabitants (32% Barcelona)
- Wide variety of healthcare providers:
  - **Primary Care:** ICS, CAPSE, EAP Poble Sec, EAP Sarrià-Vallplasa
  - **Hospitals:** H. Clínic, H. Sant Joan de Déu, H. Sagrat Cor, H. Plató.
  - **Mental Health / Addictions:** H. Clinic, H. Sant Joan de Déu SSM, H. Sant Pere Claver, Associació Centre Higiene Mental Les Corts, ASPB.
  - **Social Care / Geriatric Care:** Centres Blauclinic, Pere Virgili, Clínica Sant Antoni de Barcelona
  - **SEM, Public Health Agency...**
Starting point: dysfunctional model

• Partial and incomplete regional planning definition of the role of each provider in the basic pathology and tertiary care.
• Primary specialists disconnected from area hospitals and low resolution capability.
• Uncoordinated flows.
• Heterogeneity of Strategies, Organizational Models, Information Systems, Cultures and professional realities and concerns.
• Lack of awareness among institutions and afraid of change and to lose.
Guarantee real involvement of all players

Defeating fears and strengthen confidence between different actors

Overcoming cultures in which prevails the internal orientation of providers

Managing change and territory planning

Tools

Information systems: GIPS messaging platform

Methodologic: scientific evidence, consensus, participation, evaluation ...

Organisational: CAISBE, CP, OT, CO y GC, Coordinators ...

Results

Emergencies

Reordering Specialized Care

Chronic Patients, ...

2003  2005  2009  2012

Slow, progressive pace
Organisational model

Territorial Health Care Commission
Barcelona Esquerra

Institutions
Permanent Commission
Technical Secretariat

Cardiology processes
Endocrinological processes
Mental health processes
Vascular processes

Accidents & Emergency
Social-healthcare
Healthcare transport
Poor patient coordination
Pharmacy

Operating Committees
Organisational model

- Deployment Clinical Groups, over 150 meetings a year and involving about 400 professionals.

<table>
<thead>
<tr>
<th>Reordering Specialized Care (RAE):</th>
<th>Emergencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Surgery</td>
<td>Sanitary Transport</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Information Systems</td>
</tr>
<tr>
<td>Cardiology</td>
<td>Pharmacy</td>
</tr>
<tr>
<td>Pneumology</td>
<td>Pain</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Pediatric Care</td>
</tr>
<tr>
<td>Neurology</td>
<td>Chronic Disease Care</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>Oncology</td>
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<td></td>
<td>Epidemiological Surveillance</td>
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<tr>
<td></td>
<td>Tropical Diseases</td>
</tr>
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<td></td>
<td>Sexually Transmitted Infections</td>
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</tbody>
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Information Systems

- Hospital specialists go to primary care centers using Primary Health Record Information Systems and share with GPs.
- Creating an intranet territory with protocols and clinical pathways, training sessions and research projects.
Information systems

• Creation of a platform for communication between information systems of different suppliers to share the processes. Takes place in phases. Implemented clinical documents, image, visit requests and citations.

• Interoperability using a corporate system
Main results

Reordering of specialised care
Consolidation displaced specialist and consulting model:
Appropriateness of derivations to specialists and improved management of patients (accessibility, diagnosis and treatment).

**ENDOCRINOLOGY**

Starting Point (2007): 22% of inappropriate derivations from GP to specialist

**CARDIOLOGY**

Diagnostics which motivate control by cardiologist

- Model convencional
- Atenció integrada

Rev Esp Cardiol 2011;64:564-71
Main results

Emergencies

• From a Clinic centralized model to a shared model, adjusted on the basis of severity and complexity levels.
Main results

Emergencies

- From a Clinic centralized model to a shared model, adjusted on the basis of severity and complexity levels.

<table>
<thead>
<tr>
<th></th>
<th>Total 2008</th>
<th>Total 2009</th>
<th>Total 2010</th>
<th>Total 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOSPITAL CLÍNIC</td>
<td>69.62%</td>
<td>62.30%</td>
<td>59.36%</td>
<td>55.06%</td>
</tr>
<tr>
<td>H. SAGRAT COR</td>
<td>6.02%</td>
<td>6.31%</td>
<td>7.36%</td>
<td>8.10%</td>
</tr>
<tr>
<td>HOSPITAL PLATÓ</td>
<td>3.80%</td>
<td>4.23%</td>
<td>4.69%</td>
<td>5.97%</td>
</tr>
<tr>
<td>Total Hospitals</td>
<td>79.44%</td>
<td>72.83%</td>
<td>71.40%</td>
<td>69.13%</td>
</tr>
<tr>
<td>CUAP Manso</td>
<td>20.56%</td>
<td>27.17%</td>
<td>28.60%</td>
<td>30.87%</td>
</tr>
<tr>
<td>GLOBAL</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Main results

Emergencies

- From a Clinic centralized model to a shared model, adjusted on the basis of severity and complexity levels.

<table>
<thead>
<tr>
<th>Level</th>
<th>2º Quarter 2009 (N = 27986)</th>
<th>2º Quarter 2010 (N = 23024)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>181</td>
<td>160</td>
<td>-18%</td>
</tr>
<tr>
<td>2</td>
<td>3229</td>
<td>3286</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>9449</td>
<td>10621</td>
<td>37%</td>
</tr>
<tr>
<td>4</td>
<td>9486</td>
<td>5992 (-37%)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>5641</td>
<td>2400 (-57%)</td>
<td></td>
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</tbody>
</table>

Need to move towards new models of financing taking into account levels.
Main results

Programs
• Redesign clinical processes with structured programs
• Example: Early Detection of Colon and Rectum Cancer.

183,549 inhabitants

44%

79,884 FOBT

6%

4,969 FOBT positive + colonoscopy

2,380 colonoscopy -

705 diagnostics low-risk adenomas

1,640 diagnostics high-risk adenomas

244 diagnostics of CCR
Main results

Programs
• Redesign clinical processes with structured programs
• Example: Implementation Teledermatology.

✓ 850 patients 2013.
✓ Resolution: 2.59 days.
  ✓ Dermatology before RAE: 6 months.
✓ In 39.6% processes not necessary dermatologist visit.
✓ 6% cancer: relevant in terms of costs and survival.
Main results

Information Systems

- Consolidation of the platform for interoperability between primary care and hospitals, although great potential for future growth (new providers)

Teleconsultation service based on the transmission of digital images following the store-and-forward method.