Integrated care for complex chronic patients in Andalusia (Spain): Personalized care action plans (PAPs)

Regional Ministry of Health and Families of Andalusia
Andalusian Health Service







OVERVIEW

- Andalusia main facts
- Andalusian Healthcare system
- Design and implementation of PAPs
- Results (CHRODIS+)
- Success factors





Andalusia: basic data

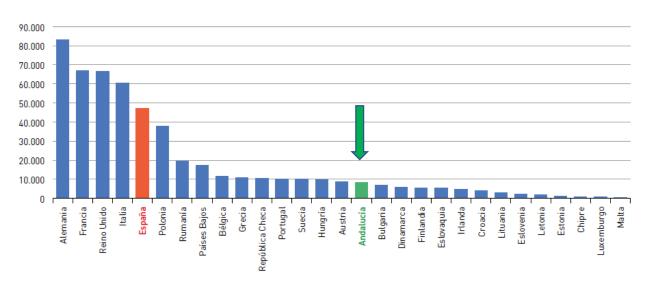
87.597 Km²

8.464.411 habitants

- 655.555 foreigners
- 32.476.854 tourists (2019)

Life expectancy at birth

- **81,9** (Total)
- 84,6 (♀)
- 79,2 (♂)









Andalusia: political context

- Political Autonomy since 1981
- Regional Institutions
 - Parliament
 - Government ("Junta de Andalucía")
 - Court of Justice (TSJA)



Regional Parliament

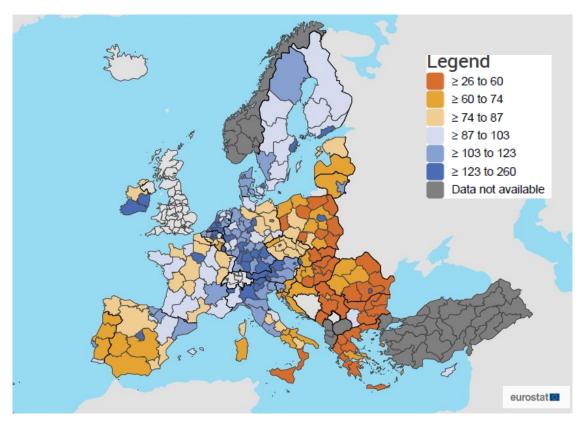
Regional Government

Regional Court of Justice





Andalusia: economic context



Regional gross domestic product (PPS per inhabitant) by NUTS 2 regions



Gráfico 10. PRODUCTO INTERIOR BRUTO A PRECIOS DE MERCADO

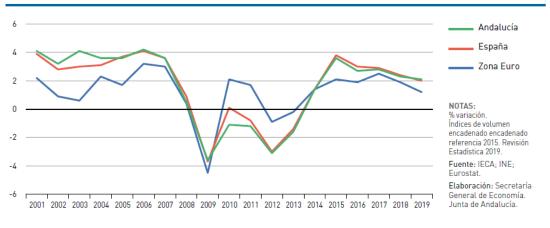
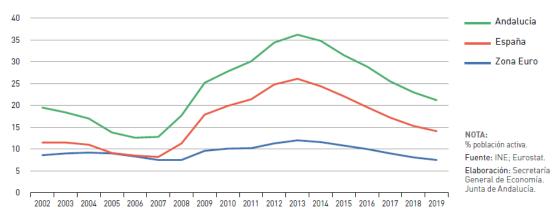


Gráfico 19. TASA DE PARO. ANDALUCÍA-ESPAÑA-ZONA EURO

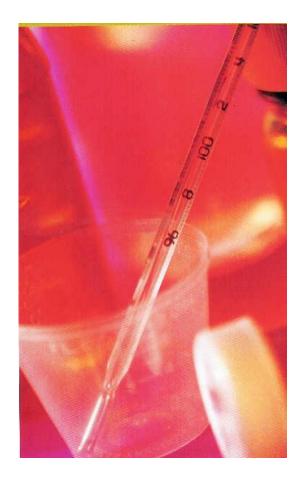




Spain: National Health System

- 100 % Public Funding
- Universal coverage
- Free of charge (Pharmacy co-pay)
- Integrated care
- 2 levels:
 - Primary Care
 - Specialized Care

Spanish Healthcare General Act 1986
National Health System Cohesion and Quality Act 2003
National Public Health Act 2011
RDL 7/2018 Universal access to National Health System







Andalusian Public Healthcare System: Framework Principles



- Full Autonomy for Health Policy since 1984
- Healthcare Management at regional level
- Same Principles as national law
- Some specific driving principles:
 - Public provision of the services
 - Based on cooperation & coordination
 - Stress on:
 - Equity
 - Guarantee of rights
 - Territorial homogeneity
 - Accessibility
 - Transparency
 - Participation

Andalusian Health Act 1998

Andalusian Public Health Act 2011





Andalusian Public Healthcare System: Main features

1,519 Primary care centers

50 Public Hospitals

104,198 Healthcare professionals

10,729 M € Health Budget 2021

3,972 Pharmacies

8,507,269 Users

Andalusian Health Service

https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/





IV Andalusian Health Plan

- Health problems analysis
- Available resources
- Health objectives
- Priorities
- Strategies and policies
- Calendar
- Resources needed



https://www.juntadeandalucia.es/organismos/saludyfamilias/areas/planificacion/plan_andaluz_salud.html





Comprehensive Health Plans

- Identification main health problem
- Analysis of the situation and causes
- Definition of recommended interventions
- Development of activities in prevention, health education and promotion; health care delivery organization, training, research, etc
- Evaluation





https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/el-sas/planes-integrales-y-de-salud

Corporate information system and eHR





Integrated Available (time and place)

All health information for each citizen: 8.5 M eHR 440 M diagnoses

Primary HC:

43 M consultation sheet 3,6 M cons/month

12,3 M Radiology 5,9 M Lab requests 72,8 M Lab results

Hospital care:

3,4 M emergencies 4,5 M outpatient visits

1,7 M episodes











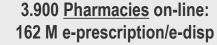
Commission















https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/profesionales/sistemas-de-informacion/diraya

Hospital Care in Andalusia

- Hospital Network. Patient referral by levels of complexity
- Financing based on capitation + level of complexity + foreign patients
- Professionals are civil servants or salaried
- % of salaries depends on outcomes (incentives & professional career)
- Multidisciplinary teams working by objectives
- Close coordination between hospitals and primary care districts*

^{*} In 12 cases, the Hospital and the Primary Care District are unified as an "Integrated Area"



Hospitals

5 Level I (>1.000 beds)

10 Level II (500-1,000 beds)

19 Level III (<500 beds)

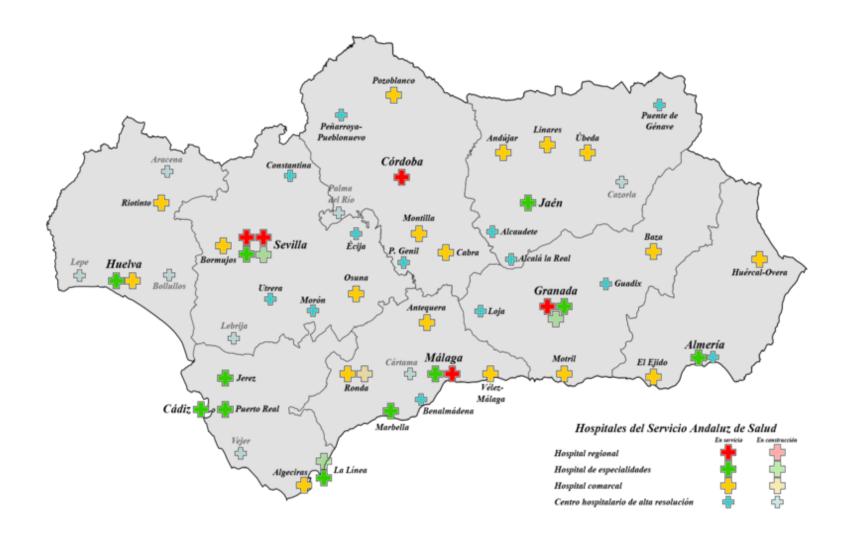
16 HRH (proximity hosp)

Total: 50 Hospitals





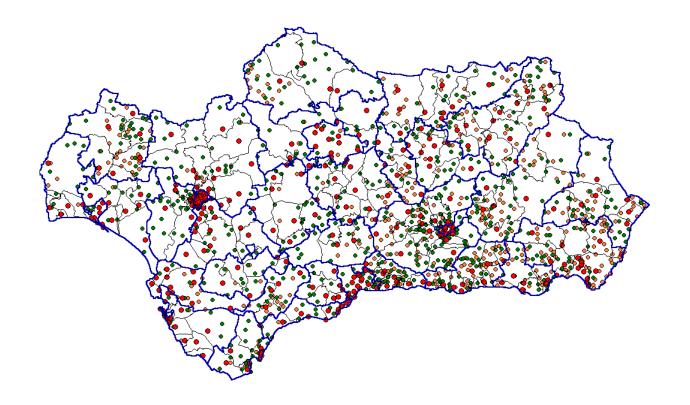
Hospital Care in Andalusia: Map







Primary Healthcare in Andalusia

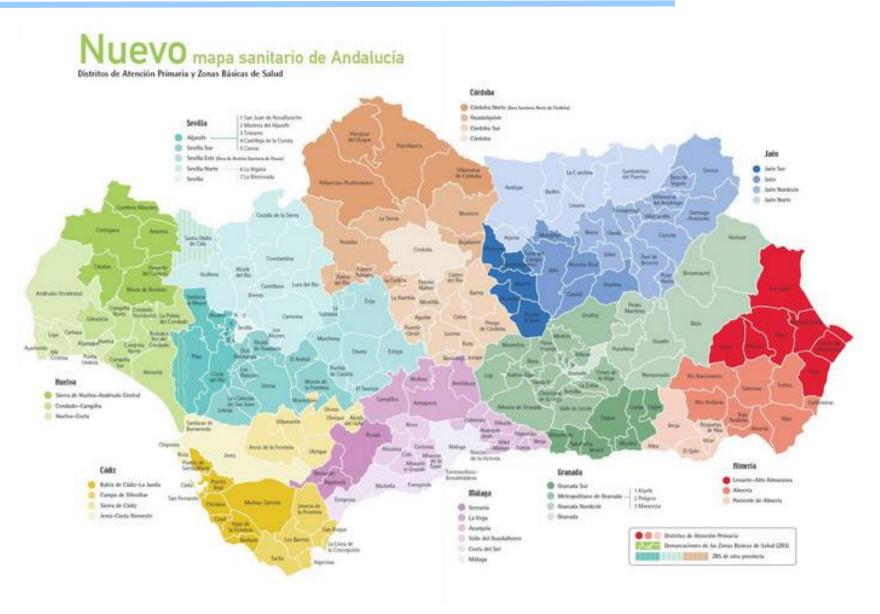


- Healthcare system **Backbone**
- Capitation: 1 GP/1,400 inhabitants
- Team of professionals working in a PC Centre
- Homogeneous territorial distribution
- Aggregation of PC Centres in "Districts"
- Supportive teams at Districts for Public Health purposes: Epidemiologists, Vets, Pharmacists...
- Professionals are civil servants
- Focus on health promotion and prevention





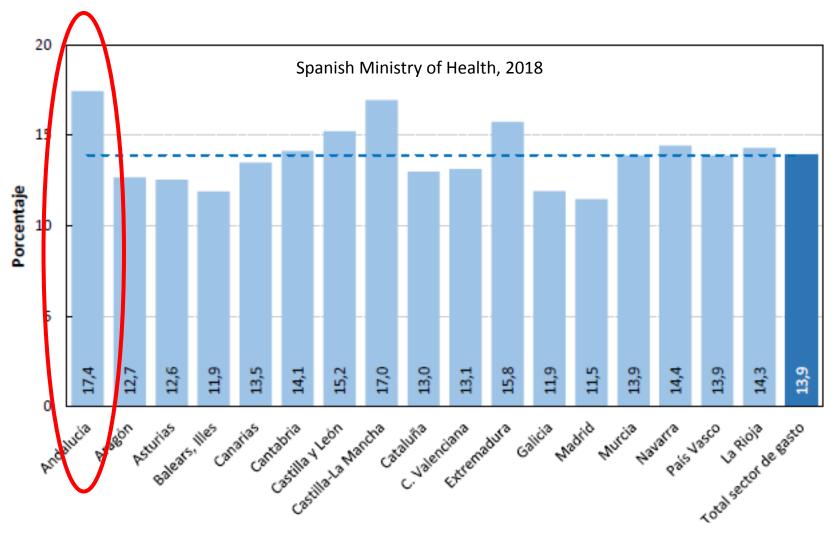
Primary Healthcare in Andalusia: Map







Public healthcare expenditure in PHC in Spain



https://www.mscbs.gob.es/estadEstudios/estadisticas/sisInfSanSNS/tablasEstadisticas/InfAnSNS.htm





Management of complex chronic patients in Andalusia: PAPs in PHC



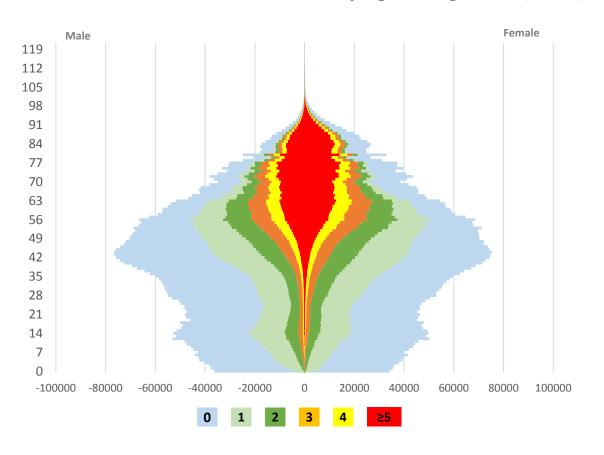


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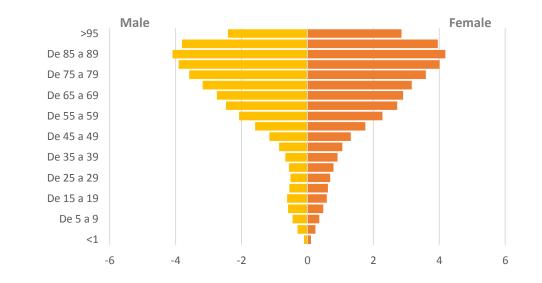
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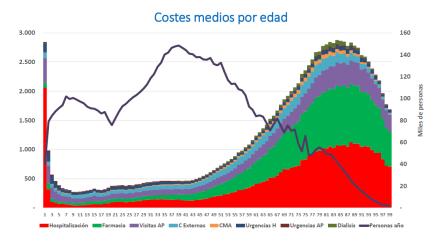
Patients with chronic conditions in Andalusia

Number of chronic diseases by age and gender (2020)



Average nº of chronic diseases per person, age group and gender (2020)









Personalized care action plans (PAPs): main characteristics

- Written plans (within eHR-Diraya)
- Multidisciplinary teams (Fam Dr, RN, Internists, case managers, pharma, social w, ...)
- Agreed with pat + family/caregiver
- Comprehensive assessment (target symptoms, functional ability, quality of life, ...)
- Patient preferences (desired pat outcomes)
- Recorded and stored in the corporate information system and eHR (Diraya)
- Regularly monitored and revised

PAPs in Andalusia







Personalized care action plans (PAPs): implementation

Activities for PHC professionals to ensure the success of the practice deployment and implementation:

- Awareness-raising sessions,
- Training sessions on CCPs management and PAPs elaboration.



https://www.opimec.org/

Awareness and training sessions (total number)	2017	2018	2019	
Awareness-raising sessions	0	48	0	
Attendees to the awareness-raising sessions	0	154	0	
Training sessions (OPIMEC)	5	6	4	
Healthcare professionals trained (OPIMEC)	2,711	3,107	2,570	



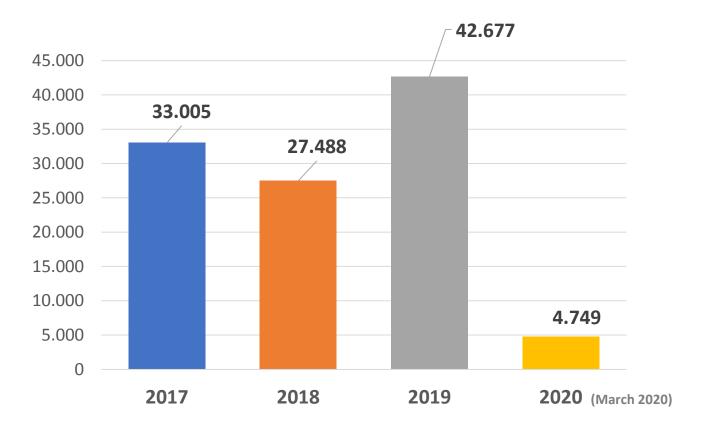
https://www.picuida.es/





Personalized care action plans (PAPs): Overall results

PAPs delivered (per year)







PAPs Assessment



- Overall: 2788 CC Patients included (PAPs initiated between Dec. 2018-Feb. 2019).
 - CCPs followed for 12 month, data routinely collected in the corporate eHR-DIRAYA.
 - Key Indicators:
 - Potentially preventable unplanned hospitalisations
 - Primary healthcare visits
 - Inpatient episodes
 - Outpatient visits
 - Emergency episodes
- PACIC+ (patients' perception)
- Quality assessment of drafted PAPs
 - Study design: transversal descriptive study
 - Subjects: random sample of 350 anonymized PAPs
 - **Criteria**: agreed by expert group (Score: 0-5)



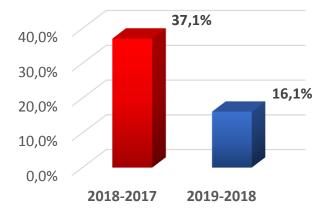


Main results: Healthcare services utilisation



Indicator	2017 (n)	2018 (n)	2019 (n)	2018 Vs 2017 (%)	2019 Vs 2018 (%)
Unplanned potentially preventable inpatient episodes	472	647	751	37,1%	16,1%
Family physicians' visits at PHC	35,471	39,630	36,049	11,7%	-9,0%
Family nurses' visits at PHC	33,331	41,767	40,350	25.3%	-3.4%
Family physician home-visitis	543	903	1,499	66.3%	66.0%
Family nurses home-visitis	8,431	12,176	13,746	44.4%	12.9%
Emergency episodes at PHC	3,408	3,841	3,716	12.7%	-3.3%
Emergency episodes at hospitals	2,647	3,032	3,102	14.5%	2.3%
Outpatient visits	14,635	16,048	15,421	9.7%	-3.9%
Inpatient episodes	1,121	1,382	1,402	23.3%	1.4%

Reduction in the increment of unplanned potentially preventable inpatient episodes



Economic impact estimation

	O 2018	O 2019	E 2019	(O-E)/O
Costs	19.897.248,63 €	20.541.162,59 €	24.726.246,52 €	23,51%



O: Observed; E: Estimated





Main results: Patients' perspective



Qualitative assessment: PACIC+ questionnaire

Subscale	PACIC component	PRE (n=51)	POST (n=42*)	IMPROVEMENT
Patient Activation	1-3	2.8	3.4	22.6%
Delivery System Design / Decision Support	4-6	3.6	3.9	10.7%
Goal Setting	7-11	2.8	3.4	19.7%
Problem-solving / Contextual Counseling	12-15	3.1	3.7	19.6%
Follow-up / Coordination	16-20	2.4	3.1	25.7%
Items derived from the 'Patient-centered model of behavioral counseling'	21-26	2.6	3.2	25.4%
Health status change perceived by	y patients		5.3	

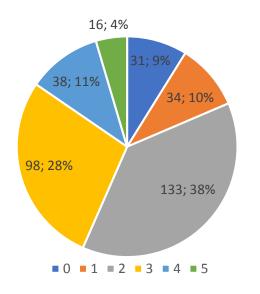




Assessing the Pilot Implementation of the Integrated Multimorbidity Care Model in Five European Settings: Results from the Joint Action CHRODIS-PLUS. Rodriguez-Blazquez et al, Int J Environ Res Public Health. 2020 Jul 22;17(15):5268.

Main results: Qualitative assessment





Average score 2.36

PAPs that meet all PAP requirements	4.6%
PAPs that are fully filled but do not meet all PAP requirements	76.9%
PAPs that are not fully filled	18.5%

• Scores:

- **0: PAP No field filled-up** (no text to be assessed)
- 1: PAP Some but not all compulsory fields filled-up
- 2: PAP All compulsory fields are filled-up
- **3: PAP,** with all **compulsory fields filled-up**, but **one criterium** addressed adequately or according to patient's situation and diseases (a, b or c)
- **4: PAP**, with all **compulsory fields filled-up**, and **two criteria** addressed adequately or according to patient's situation and diseases (a+b, a+c, b+c)
- **5: PAP**, with all **compulsory fields filled-up**, and **all criteria** addressed adequately or according to patient's situation and diseases (a, b y c)

Areas of improvement identified







Barriers

- Deployment of the methodology at the same time throughout the territory: Andalusia extension is 87.597 km2, with 8.5 M inhabitants (average size of an EU MS)
- Variability in PAP drafting by healthcare professionals (lack of systematization)
- Unclear IT PAP form, with many compulsory fields to be filled within the corporate eHR "Diraya" to register a PAP without direct explanations
- Healthcare professionals' agendas have to include all activities and daily tasks





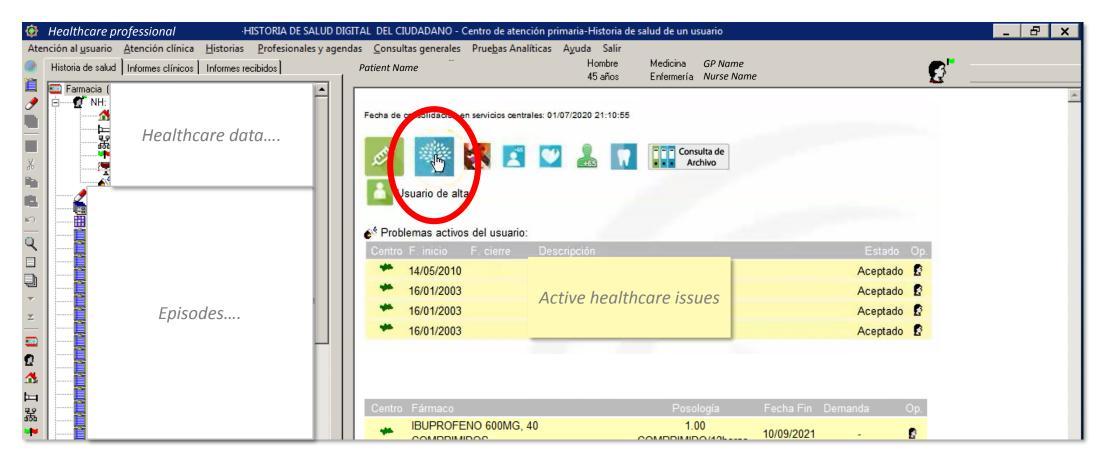


Enablers

- Teams of experts developed training materials (on-line training courses and guidelines) to tackle CCPs as well as to perform PAPs
- Availability of standard documents and guidelines and on-line training courses
- Each field to be filled in the IT PAP form can display a help window including an explanation of the needed information
- Healthcare professionals' agendas were adapted to include time for performing PAPs



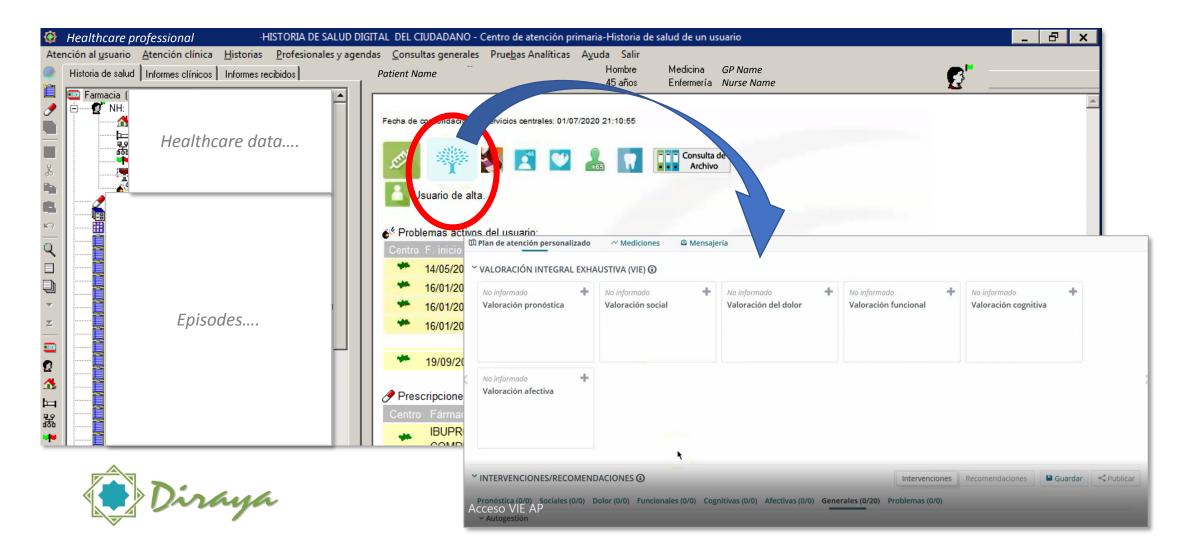






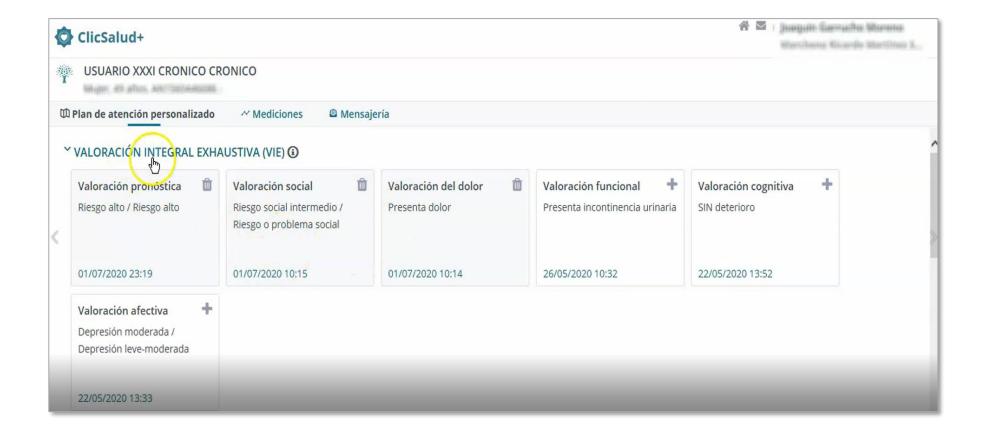






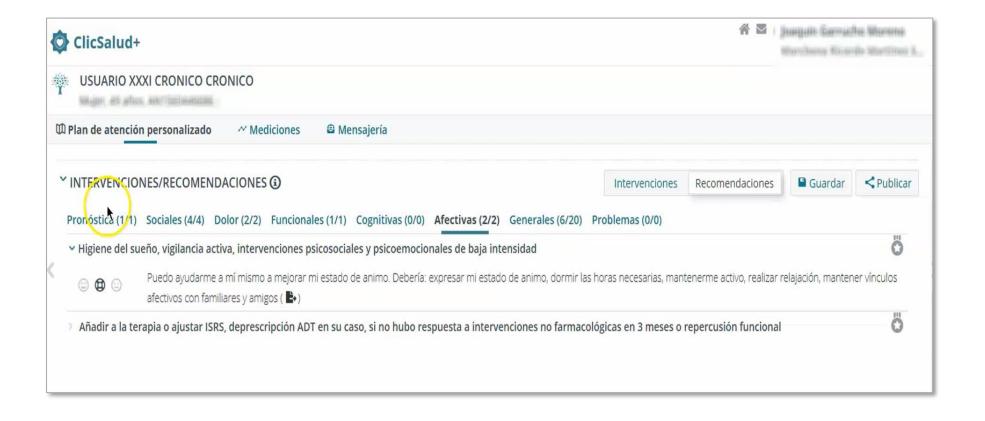
















PAP delivered to the patient



Plan de atención personalizado

ClicSalud+

DATOS IDENTIFICATIVOS

USUARIO XXXI CRONICO CRONICO

Fecha de nacimiento: 15 enero de 1971

Número de historia de salud de Andalucía (NUHSA) AN1

36 - DNI 099999999R

En este documento usted podrá consultar su 'Plan de atención personalizado'. Este plan incluye el conjunto de recomendaciones que usted y los profesionales de salud que le atiende han acordado poner en marcha para mejorar su salud . Su equipo de salud le acompañará y le ayudará siempre que lo necesite.

Estas son las recomendaciones que he acordado con el profesional que me atiende y que voy a realizar con la ayuda que necesito para mejorar mi salud:

 Puedo ayudarme a mí mismo a mejorar mi estado de animo. Debería: expresar mi estado de animo, dormir las horas necesarias, mantenerme activo, realizar relajación, mantener vínculos afectivos con familiares y amigos

Estas son las recomendaciones que también serían convenientes para mejorar mi salud pero que no podré realizar por el momento:





Thank you Merci Dzięki Gracias

Merci Dzięki Thanks Aitäh Grazie Takk

Vďaka Ευχαριστώ Vielen Dank

Merci Thanks Grazie ευχαριστίες Dík

Köszönöm Merci



