Conference Abstract

Is there a relationship between the degree of readiness to chronicity and the expected outcomes in Basque Integrated Healthcare Organisations?

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Abstract

Introduction: Three years ago several Integrated Healthcare Organisations (IHOs) were created in the Basque Country, involving primary and secondary level into one single organisation. These brand new structures aim at achieving a more proactive, coordinated and integrated approach to care so that quality and efficiency is improved. In order to monitor the evolution of these organisations some assessment tools have been applied. On the one hand, the ARCHO-IEMAC1,2 (Assessment of Readiness for Chronicity in Health Care Organisations) instrument, that is based on the "Chronic Care Model" and allows self-assessment of healthcare organisations with respect to their degree of readiness to provide integrated care, has been extensively used. On the other hand, a questionnaire3 to assess interprofessional collaboration between two different care levels based on D’amour Model of collaboration4, is key to draw a picture on how collaboration between primary and secondary professionals, which is cornerstone to coordination, is evolving. IHOs have also used this questionnaire, but so far, no final outcomes in patients, professionals and the system itself have been monitored and linked to these tools.

Objective: To link the existing data on the evolution of the degree of readiness to provide integrated care by Basque IHOs (assessed by ARCHO-IEMAC) with intermediate outcomes such as the collaboration between primary and secondary professionals (assessed by the collaboration questionnaire) and final outcomes such as hospital admissions and readmissions and emergency admissions. The final objective of the study is to determine whether the progress towards integrated care approaches is aligned with the achievement of key outcomes for chronic care management.

Methods: The study will involve the analysis of at least two IHOs. There is information in relation to the progress made in ARCHO-IEMAC values and the collaboration questionnaires for several organisations. Once the final outcomes have been defined, data must be extracted for the last three years. Information deriving from ARCHO-IEMAC can be linked then to the evolution in the collaboration questionnaire values and to final outcomes evolution.
**Results:** Identification of the progress made by Basque IHO’s in ARCHO-IEMAC, D’amour questionnaire and final outcomes and analysis of a possible alignment between them.

**Conclusions:** The combination of data that reflects the evolution of the degree of integration among the IHOs with the evolution of key outcomes could provide us with interesting insights to identify good practice and suitable strategies in the integrated care arena.

**Keywords**

Basque integrated delivery organisations, evaluation, ARCHO-IEMAC, interprofessional collaboration

**References:**


2. Available at [www.iemac.org](http://www.iemac.org)


**Powerpoint presentation:**

[http://www.integratedcarefoundation.org/content/thinking-differently-relationships-social-capital-and-integrated-care](http://www.integratedcarefoundation.org/content/thinking-differently-relationships-social-capital-and-integrated-care)