

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117023](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117023)

Copyright: 

Conference Abstract

Activation of Population Risk Stratification Strategies in Europe: analysis of Feasibility and Impact

Miren David, Kronikgune, International Center for Research into Chronicity, Spain

Lucía Prieto, Kronikgune, International Center for Research into Chronicity, Spain

Cristina Domingo, Osakidetza, Basque Health Service provider, Spain

Marie Pierre Gagnon, Faculté des sciences infirmières, Université Laval, Canada

Tino Martí, TicSalut, Technology, Innovation and Health Foundation from Catalonia, Spain

Joan Carles Contel, Generalitat de Catalunya, Spain

Joana Mora, Kronikgune, International Center for Research into Chronicity, Spain

Esteban de Manuel, Kronikgune, International Center for Research into Chronicity, Spain

Correspondence to: **Miren David**, Kronikgune, Spain, E-mail: mdavid@kronikgune.org

Abstract

Introduction: Population health management strategies can be improved through the use of Risk Stratification (RS) tools. Moreover, RS tools serve to support integrated interventions targeted for specific groups of patients.

Integrated interventions are especially relevant for frail patients since they can improve patient's wellbeing and in parallel, increase healthcare-system sustainability. Thus, effective screening of frailty is crucial in optimizing care for frail population.

RS tools identify high-risk patients and help ensure appropriate coverage of key secondary prevention interventions, including managing disease registers systematically by modelling expected versus actual risks, and thereby identifying practices where care integration is more necessary.

However, current risk stratification strategies and tools have not been widely deployed and their ability to predict adverse events is unknown. Challenges to spread their use include tools' availability and usability, but also data requirements and accessibility, adaptation to real life services and clinical practice circumstances, clinicians' acceptance or barriers related to healthcare structures and processes.

ASSEHS project analyses stratification strategies used in different Health Systems over Europe and the lessons learnt out of their implementation, identifying (amongst other outcomes) barriers, facilitators and impact that the introduction of RS tools has on Health Services.

Methodology: ASSEHS project comprises 4 Core Work Packages. WP4, 5 and 6 focus on the analysis of; a) risk stratification tools, b) feasibility of the introduction of risk stratification tools in health services and c) impact of the introduction on the utilization of risk stratification tools, respectively. WP7 focuses on the evaluation of the interventions done in different Health Services of Europe and is supported by the findings of the analysis work packages.

The present communication is focused on the analysis of the feasibility of including stratification tools in the health systems (WP5) and its impact (WP6). Work builds on a scoping review that serves three different purposes; 1) collecting documents on risk stratification, 2) detecting interventions where risk stratification has been used and 3) identifying names and contact details of Key Informants.

In addition, qualitative questionnaires have been deployed between Clinicians, Healthcare Managers, Healthcare Planners, Commissioners, Developers-Subcontractors, Operators involved in the management, processing and evaluation of the data and Technology providers from different settings; Primary care, Specialized care, Social care, Prevention and Planning service...). Only the persons that have been actively involved in the design and/or implementation of risk stratification were eligible to respond this questionnaire, this is why it is targeted to key informants in each region.

Qualitative questionnaires have been designed to identify barriers and facilitators based on real life implementation experiences of risk stratification tools in 4 regions in Europe (Lombardi, Catalonia, Puglia and the Basque Country).

Results: The scoping literature search resulted in 984 documents, which were filtered by at least by two persons each. 73 documents were selected, and underwent an analysis using a decision tree. From this analysis, 13 documents were selected for critical lecture. The literature search was completed with a snowball type of search identifying 30 documents, from which 9 were selected for critical lecture.

The primary output from the literature review was a feasibility analysis of 9 areas: Information Systems and technology, Operational, Technical, Human Resources, Schedule, Financial, Legal, Economic and Others. Regarding each one of the areas above, barriers and facilitators described in the selected documents were identified and described in a report.

The analysis of the qualitative questionnaires identified 4 areas as critical in the implementation process of the RS tools; training of end users, communication of the implementation process, integration of the tool on ICTs and ability of tools to identify patients to be selected for interventions.

Conclusions: The study done in WP5 of ASSEHS will help fine tune the stratification implementation experiences in 4 European regions. The analysis of Stratification techniques in different Health Systems and the lessons learnt out of the evaluation of interventions implemented on four Health Services under the umbrella of ASSEHS, will generate useful conclusions and solutions transferable to a variety of regions in the near future.

Keywords

risk; frail elderly; delivery of integrated health care; health care quality access and evaluation; health services needs and demand

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>