

## CONFERENCE ABSTRACT

# Model of Integrated Care for Children with Special Needs in the Basque Region of Spain

16<sup>th</sup> International Conference on Integrated Care, Barcelona 23-25 May 2016

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Care coordination has been a cornerstone of primary care for many years, and is essential in providing optimal and cost-effective care, especially for children with special needs. Children with special healthcare needs (CSHCN) are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally. Effective, coordinated care amongst all of the professionals implicated in the care for these children, provided during the first several years of their life, has been correlated improved outcomes for CSHCN and their families.

Following the model of early intervention adapted in the Basque Region in 2011, with a focus on early intervention for children 0-6 years old, and care coordination between the health, social, and educational services, the model of integrated care for children with special needs, PAINNE (Proceso de Atención Integrada a Niños y Niñas con Necesidades Especiales) was created in 2012.

The overall aim of this project is to implement an integrated model of care for CSHCN, ages 0-6 years, using a quality improvement method to enhance the overall care and satisfaction of the children and families affected. This model promotes quality care towards children and their families in a way that is efficient and sustainable, with the goal of early detection and intervention in situations of risk, ultimately aiming to help these children reach their maximum potential and improve their overall quality of life. Initially this model was implemented in the area of Bilbao, and more recently in the entire province of Vizcaya.

Multidisciplinary groups comprised of nearly 90 professionals from the healthcare, social services and education sectors in Bilbao worked together to create appropriate structures for care coordination, reach consensus regarding procedures to offer integrated care and tools to enhance early detection of situations of risk, define key indicators for quality improvement, and create a comprehensive directory of resources in these three sectors. These ideas were published in the Guía PAINNE 2013, and the screening tools agreed upon for the early detection of developmental delays and psychosocial risk factors were incorporated into the electronic

medical record (EMR) for routine use in well child visits in the pediatric primary care centers in Bilbao.

The positive initial results of this model encouraged its expansion to the entire region of Vizcaya. In 2014, over 200 professionals from the healthcare, social services, education and third sectors began working together to revise, validate, adapt and implement the ideas set forth by the model PAINNE in Bilbao.

Only months after this model was implemented in Bilbao, external reviewers (Etorbizi) determined that it was a complex project of great value, actively implicating professionals from the three sectors, and that the methodology was successful in achieving consensus. Foundation New Health rated the project with 4/4 points for its ability to achieve transformability and sustainability, and 3/4 points for creativity, impact of transformation, appropriateness and for the development of an inclusive process. Additional results after the first year of implementation in Bilbao are as follows:

- 75% of pediatricians and 56% of nurses in primary care were trained in this integrated model of care
- Utilization of screening tools in the EMR for psychosocial risk factors by the primary care team improved from 23,83% of well child visits in 2013 to 71,76% in 2014
- Completion of developmental screening tools in the EMR by the primary care teams increased from 25,13% in 2013 to 55,15% in 2014
- 93,27% of children referred to early intervention evaluation teams by primary care pediatricians were accepted
- The age of referral for suspicion of autism decreased from 3,8 years to 3 years

PAINNE, the model of integrated care for CHSCN in the Basque region, has shown it to be possible to articulate, promote, and lead a change in the approach to early intervention in order to achieve an integrated response towards this group of children. The process has been successful in coordinating and generating consensus amongst various professionals in different sectors and organizations in Vizcaya, each with its own distinct culture and resources. The systematic incorporation of screening tools in the primary care visits has been effective in reducing the time for identification of developmental delays, including autism. These initial results indicate that this is a care coordination model that is realistic, sustainable, efficient, and allows for quality improvement, making it possible to replicate the model in other regions.

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**Keywords:** care-coordination; family-centered care; integrated care; children with special healthcare needs; early intervention

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