
CONFERENCE ABSTRACT

Accessibility Intra-centres Group of the Integrated Health Care Area of Left Barcelona

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Introduction: In a city like Barcelona, due in part to the diversity of providers and organizations that offer services to the population, we discovered an ongoing lack of coordination and monitoring of the patient once he/she has entered the system. This environment justifies the creation of the Integrated Healthcare Areas (IHA), a project of the Health Consortium and healthcare providers in the territory, the main aim of which is to improve healthcare in Barcelona City.

There are four IHAs, defined in the setting of inter-institutional conferences in December 2006, with the presence and consensus of leading authorities and health agents: North, Left, Right and Coast. Ours is the project of Left Barcelona, and our mission is to provide the population with comprehensive healthcare, within territorial Left Barcelona, through the effective coordination of the health service entities and their professionals.

The Integrated Health Care Area of Left Barcelona (IHALB) is a wide territory in terms of population that includes almost 1/3 of the whole of Barcelona (4 districts and 19 Basic Health Units) and complex in terms of volume of providers involved (Hospitals, Primary Care, Paediatrics, Mental Health and Social Services).

In 2013, the Accessibility Intra-centres Group was born, with the aim of:

- Agreeing and standardizing circuits involving different levels of care and providers.
- Analyzing and sharing the operation of the different units (admissions, citizen care, invoicing) of each entity which reveals the implications of our errors / malfunctions.
- Sharing the information that each provider receives and the level of care in the territory. Often information is according to attendance levels.

- Analyzing gaps in circuits and establishing methods of rapid problem-solving.
- Identifying key parties in the care process to avoid unnecessary travelling for the citizen.

Short description of practice change implemented: The working group is made up of professionals specializing in the field of customer care, both primary care and hospitals, in the aforementioned region.

The area of activity is Left Barcelona with a population of 520.581 inhabitants

The objectives of the group are:

- To establish communication channels and coordination between the different units of admissions / Citizen care, of the different providers of IHALB.
- To establish circuits which facilitate referrals without the intervention of the patient as a messenger, and to make the process of referrals less bureaucratic.
- To display and share information received from CatSalut (Insurance of Public Services in Catalonia).

Key findings: During almost two years of work, we obtained the following results and documents, which have had an impact on the entire population of reference:

- Information to citizens from other regions when they are referred from primary care to the hospital: Production of a leaflet for citizens of other regions of Spain linked with the process of identification and invoicing between communities when they require scheduling of appointments in specialized hospital care.
- Identification of key players in the process of referral and invoicing.
- Management of rehabilitation requests initiated in the hospital without the necessity for a new visit at primary care level: establishing referral circuits from primary care.
- Eliminating the figure of the 'messenger patient' with the use of ICT tools: information can be shared between professionals by way of various digital platforms.
- Registering the group on the IHA website.
- Registering the group on e-Catalonia.
- Accessibility of groups at risk of social exclusion, or protected groups (children/pregnant women).

Highlights: When the difficulties faced by all parties involved are pooled regarding information, processing, interpretation of data and the problems that our patients have in navigating our healthcare system, we realize that we all share the same difficulties and by tackling them together we get better results that benefit both the community and the centers. This results in an optimization of time and resources while contributing to reducing the bureaucracy of healthcare processes.

The fact of establishing joint and agreed circuits means that we all speak the same language and that the information we give our clients is consistent and facilitative.

Conclusion: At the group's beginnings, and as a starting point, relationships between different providers were improved and circuits were made more effective. However, shortcomings were detected in communication and information. Two years later, we are focusing on more specific areas, improving the detection of problems and unifying criteria regarding the relationship between providers and citizens and also amongst ourselves.

In AISBE we put the citizen at the core of what we do. We aim to avoid the bureaucracy of administrative activities that have little added value, the circuits and the care continuum in order to increase the quality of the citizen's experience.

Keywords: citizen; intra-centres; integrated; healthcare; accessibility; circuits; coordination
