

CONFERENCE ABSTRACT

Badalona Story: integrating the integration initiatives

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Introduction: The STOPandGO Project [1] developed an approach [2] to the procurement activities in a local initiative of integrated care in the framework of a multi-annual process of innovation of the managerial, administrative, clinical, and social aspects [3], accompanied by a meaningful use of technology. The paper applies the approach to analyse the journey of Badalona Serveis Assistencials (BSA), a Reference Site for EIPonAHA [4], with a unique long-term experience of effective integration [5, 6].

Methods: The paper systematically describes how the sequence of local initiatives in BSA were complementary or overlapping according to the earmarked combination of two perspectives [1, 2]:

to address a defined set of citizens' needs and the related health journey, e.g. on health conditions; or to establish networks for vulnerable persons;

to reduce the fragmentation of the care and cure services across the settings.

Results: The analysis shows that:

in the initial status (2000) a few isolated initiatives were in place;

the sequence of local initiatives achieved a crucial level of integration after a period of disruptive Health Innovation [7], which changed roles and attitudes of citizens and professionals and gained their satisfaction and commitment;

the key enablers for integrated care [8] have been: 1) policy commitment towards a patient-centric model enabling the continuum of care at a local level (municipality), 2) Health and social care professionals have a leading role, 3) Interoperable information systems has fostered the full deployment, 4) The absence of major conflicts between the distribution of resources and the alignment of incentives among primary, secondary and tertiary care and social care has facilitated the overall process;

the present fully integrated system evolves through a continuing improvement process, with a lower emphasis on specific initiatives.

Discussions: In BSA health and social care centres are under the same governance and organisational structure, sharing the same cultural values and legal framework [3, 4]; the local

push was reinforced and aligned with the Catalan integrated care policy. The paper demonstrates how this locality managed the sequence of initiatives according to its priorities, speed and emphasis to fit with its local context and favourable circumstances [8].

Conclusions: The long-term ambition of every locality should be to integrate all the relevant services for all the citizens, through a suitable series of initiatives. Priority and shape of each initiative depend on:

regional and national milieu, e.g. regulations, health and social plans, coordination of Local Initiatives, common infrastructures, funding;

local circumstances, e.g. epidemiology of health problems; readiness of healthcare facilities and technological infrastructures; culture and engagement of professionals; expected return and possibility to reallocate a reduction in resource usage.

Lessons learned: Hundreds of good practices [e.g. 4, 9] give evidence of feasibility, relevance and benefits of diverse approaches on a wide spectrum of Integrated Care models.

Each Local Initiative should refer to an explicit policy, to deploy an innovative model in a particular scenario. Experience tells that isolated initiatives have a high risk of failure; in addition, an unplanned juxtaposition of several initiatives may provoke serious and costly troubles to achieve the suitable organisational and technological interoperability.

Limitations: Each local roadmap depends on local circumstances, however the basic principles and the various components of the innovative models could be shared across localities.

Suggestions for future research: The study of the components of a model and their optimal combination may bring to a methodology to support the planning of local roadmaps and their scaling up at regional level according to an agreed regional Action Plan.

References:

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