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## CONFERENCE ABSTRACT

# Evaluating the Implementation Process of an Integrated Care Program in a Region

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**An introduction:** The Strategy of Care for People with Chronic Diseases (SCPCD) is one of the main strategies in the Madrid Region. This strategy proposes some key elements for its application in each territory in order to achieve a better integrated-care, elements that include interventions that have proven to be effective and efficient as well as the adaptation of the care model to the needs of the patient.

The Western area of Madrid, in particular, the area of influence of “Rey Juan Carlos” Hospital, is a territory where continuity of care and the integration of services has become a priority. It is the Madrid Region area with the highest percentage of patients with high level of risk. The institutionalized population in nursing homes constitutes 2.5% of the total population and it is estimated that 4% of the population has complex chronic diseases.

**Short description of practice change implemented:** Between 2012 and the present time, and with the impulse of the SCPCD as reference, different projects including effective and efficient integrated interventions have been implemented in this region. These interventions have been described in a previous work and they are: new coordination structures, new rolls, new pathways for people with complex needs and persons in nursing homes, new ways of communications between professionals of different organizations, and new IT tools, with a shared electronic Health Record among others.

**Aim and theory of change:** To evaluate the implementation process of an integrated model (related to the SCPCD and the local social-health plan) in a territory

To identify the strong points and the areas to improve in order to use them to improve results in the same territory and in other similar territories.

The Evidence Integration Triangle framework (Russell E. Glasgow 2012), suggests several testable hypotheses that could inform implementation science. One key hypothesis is that programs that incorporate all three evidence-based components of: (1) an effective program collaboratively selected and adapted, (2) practical longitudinal measures for rapid feedback

on progress, and (3) true partnership approaches to implementation that pay attention to contextual factors, should be superior to programs that focus on fewer components.

**Targeted population and stakeholders:** We will take as reference the total population assigned to the "Rey Juan Carlos" Hospital at the cut-off date of December 31st, 2016: 174.000 inhabitants distributed in 18 municipalities from the West area of the Madrid Region. The institutionalized population in nursing homes belonging to this area will be also included as well as the population with a high level of risk using the Adjusted Morbidity Groups (GMA) grouper as a stratification tool.

We have also selected this territory because it is one of the most advanced in the implementation of new pathways and tools, and also, with some initiatives like a social and health plan for integration within hospital, Primary Care centers and Nursing Homes. The managers of the different health and social institutions are also collaborating in the project as stakeholders.

**Timeline:**

**Method:** We will use the "Evidence Integrated Triangle" as standardized method: identifying interventions and reviewing the evidence of them in scientific literature; evaluating the grade of participation, and consensus of the different stakeholders; assessing different metrics of the implementation process.

The activities to be developed will be: Interviews with the different relevant stakeholders; Scientific Literature Review; Follow up of some metrics of utilization, activity, and others related to the implementation process.

Timeline: From January till April 2017.

**Highlights:** The project will contribute to increase the knowledge in T3 Research (evaluation of implementation in practice), as defined in the NIH Roadmap. This project has been approved for implementation as part of a set of studies promoted by a research team from the University of Berkeley and funded by the Robert Wood Johnson Foundation.

**Comments on sustainability:** This study is followed by another one about the impact of this integrated program in the same territory, including the evaluation of indicators of results taking the triple aim frame as reference.

**Comments on transferability:** The interest of this study is to detect the key elements of the implementation process in a territory that seems to be one of the most advanced in this field, in order to use this information to improve results in the same territory and in another territories.

The study will allow the analysis of this method to design and improve the implementing process

**Conclusions:** (comprising key findings) The final report with full results and conclusions will be finalized in April 2017

**Discussions:** The evaluation of the implementation process is a practical and methodological challenge. The utilization of qualitative and quantitative data in the analysis is part of the

difficulties but also of the challenges. The roll of the context in the implementation process must be consider in the design of managing change.

**Lessons learned:** The differences between the results in the trials or in the controlled studies and the real word, suggest the relevance of considering the different contexts and its influence, trying to get better results using standardized method for the implementation process. We try to use these kind of methods for the analysis too, identifying the strong points and the needed to improve to be translated to the same and to other territories as part of managing change.

**References:**

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