
CONFERENCE ABSTRACT

Measurement of Integrated Care (IC) deployment in residential care during COVID pandemics

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Introduction

Integrated health and social care is a policy priority in Catalonia. During COVID pandemics impact in care home has been huge in terms of incidence, hospitalization and death. Mortality in care home related to COVID has been in Catalonia 40% of all deaths related to COVID In global population.

There have been a great effort of all health and social care system to give appropriate response to severe situation in care homes. Integrated Care approach has been an essential key component in the model of care as both Health Care and Care Homes are responsibilities taken by different ministries.

Aims Objectives Theory or Methods

Objectives: 1) Evaluate the current maturity level of and readiness for integrated care in care homes in different territories in Catalonia. 2) Assess the current situation that allows identifying breeding lines for the updating and progress in IC model in care homes.

The SCIROCCO Exchange self-assessment tool (see: https://scirocco-exchange-tool.inf.ed.ac.uk/en_gb/) is a self- assessment tool to assess a region's readiness and maturity for integrated care. It builds on the conceptual Maturity Model for Integrated Care developed by the B3 Action Group on Integrated Care of the European Innovation Partnership on Active and Healthy Ageing.

190 professionals from 18 regions were assessed.

Highlights or Results or Key Findings

Relatively low scores in all 12 dimensions in SCIROCCO maturity model. Remarkable increase in 2021 scores compared to the pre-pandemic situation scores. Territorial differences exist even if rurality does not seem to be a determinant factor in IC in care homes maturity.

“Structure and governance” and “Breadth of ambition” among the highest rated SCIROCCO dimensions and “Funding” and “Evaluation methods” among the lowest rated in both individual self-assessments and consensus self-assessments.

“Structure and governance” and “Breadth of ambition” among SCIROCCO dimensions that increase the most their scores in the current situation compared to the pre-pandemic situation.

Some valuable qualitative information is identified as areas to be improved: need of better labour conditions, need of a share and integrated health and social information and interoperable health and care record, need of incorporating a more systemic and comprehensive perspective with demographic segmentation and stratification approach. These qualitative information will be incorporated in updated IC model.

Conclusions

Before pandemics, development of Integrated care in residential care has been scarce. During pandemics, Integrated Care approach has been adopted both at ministries level and regional level implementing a range of Integrated Care initiatives to cope with vulnerable situation of people living in care homes in Catalonia.

Implications for applicability/transferability sustainability and limitations

Integrated Care policy and action in care homes should be maintained overtime and reinforced in last stage of pandemics to create a scenario of collaborative work and transformation in residential care. IC should be incorporated in other long term care policies (home care,...) in new updated design and implementation.