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**POSTER ABSTRACT****Valuecare: Co-Designing An ICT Supported Intervention Plan For Frail Older People In Valencia, Spain**

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***Introduction***

ValueCare is an EU H2020 funded project (No 875215) which applies the principles of 'value-based care' using an integrated health and social care approach, and is supported by a robust, secure, and scalable digital solution in line with the nine pillars of Integrated Care. In the Valencia pilot (Spain), the aim is to improve the quality of life of both older people (over 65 years old) suffering from frailty, and that of their families. It also aims to improve staff satisfaction and greater efficiency in the use of resources and coordination of care.

***Aims Objectives Theory or Methods***

From October 2020 to February 2021, the Valencia pilot researchers conducted a process of co-design to develop the integrated value-based concept and digital solution to support a personalised care pathway for frail older people. A total of 52 participants were engaged in 28 different co-design activities. All agents participating in the delivery of care were involved (older people, formal and informal caregivers, social and health care professionals, ICT experts, hospitals Managers, municipal social care services, among others). Co-design activities were adapted to the Covid-19 situation, combining in-person and virtual meetings with a reduced number of participants. All activities were recorded.

***Highlights or Results or Key Findings***

The results of the co-design activities were analysed to define the value-based integrated care concept and requirements for the ICT solution. Regarding the value-based concept, specific outcomes for frailty were discussed with professionals. Older people's psychosocial needs are not being met under the current siloed health and social care systems, due to lack of coordination and personnel. A stronger emphasis should be placed on preventative actions and patient empowerment. An integrated social and health care system would minimise the effort and time needed to receive a more personalised and improved care plan. Regarding the ICT solution, for the older person, the solution must be intuitive, easy to manage, with minimum text and more use of

images and icons, voice controlled, and friendly. For professionals, the solution must not imply a duplication of tasks and its benefits must be clear.

### ***Conclusions***

An integrated intervention plan for frail older people and a supportive ICT solution have been developed based on the co-design results. Both will be tested during 12-months in a group of 120 older people (plus 120 control group).

### ***Implications for applicability/transferability sustainability and limitations***

The co-design results can be used to develop other digital solutions for integrated care in other settings addressing the same target group (frail older people). Moreover, the methods applied to engage agents during the pandemic can be transferred to other researchers willing to develop co-design with the current social restrictions.