
CONFERENCE ABSTRACT

Health and social electronic records integration in catalonia

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Introduction: The Healthcare System in Catalonia is a public integrated network with >30 information systems IS. In 2008, Catalonia Shared Electronic Health Record HC31 was launched up to allow interoperability among different healthcare providers.

The Social care System is organised on two levels: the basic social service, under responsibility of the local authorities, and the specialised social, mostly under regional responsibility. Although Social Service Act of 2017 foresaw the creation of a single Social Record, this has not yet been developed. There are therefore different coexisting IS: Nursing Homes, residential care, daily care facilities for elderly etc.

Regarding Catalan Integrated health and social care Plan, interoperability between social services care records and HC3 was prioritized .

Short description of practice change implemented: In 2017, a pilot project has started with the basic social services area of Barcelona Council with HC3. Data exchange between Social Services of Barcelona Council and Health Services in Catalonia is now a reality. A professionals' committee health and social defined the minimum data set to which health and social professionals could have access which will be progressively widened to other territories.

Aim and theory of change:

The main aims² to integrate both care systems:

To disseminate information among both care systems in an Integrated care environment³.

Interoperability with the main local government IS.

Connection to central repositories of DW with information on dependent and disabled people that has been formally assessed and recognized by the DW to HC3.

Integrate the public owned residential care and nursing homes to HC3.

To facilitate HC3 access to teams assessing condition of dependency and disability.

Targeted population and stakeholders

People in the Region.

Timeline:

Systems piloted and operational in Barcelona.

80% of Catalan territories will be exchanging data by the end of 2018.

Highlights: It will allow exchange of health and social information of citizens in Catalonia who require the use of the system in an Integrated Care environment

Comments on sustainability: Each municipality will bear the integration and maintenance cost of the platform and will be supported by HC3.

Comments on transferability: Experiences and lessons learnt in terms of legal, technical and functional issues will be made available to other areas of social care records in Catalonia and other EU regions.

Conclusions: The completed first phase Barcelona project gave us a lot of knowledge and experience, which will aid in the quick deployment of the project in the Catalonian Region.

It will also help increase the cross-platform information exchange and the number of municipal social care services.

Discussions: First phase had great impact to establish solid base and make the model sustainable. A common Identification Number has been established by the Catalan government this year facilitating current and future interoperability scenarios related to information sharing and required in implementation of an Integrated Health and Social care Plan4.

Lessons learned: Interdepartmental project means that we have to work collaboratively and highly coordinated, emphasizing being respectful in the state of each department, even when there are differences in technological and structural capacity.

Keywords: integrated care; interoperability; electronic records; social services; health
