

CONFERENCE ABSTRACT

Evaluation of the Navarra Strategy for Integrated Care for Chronic and Pluripathologic Patients

18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

Cristina Ibarrola Guillén¹, Javier Lafita Tejedor¹, Jose Javier Celorrio Astiz¹, Luis Escriche Erviti¹, Ana María Fernández Navascués¹, Julian Librero López², Angel Larrea Andreu³, Javier Gorricho Mendivil⁴, Nicolas Martínez-Velilla¹

1: Servicio de Efectividad y Seguridad Asistencial Dirección de Asistencia Sanitaria Servicio Navarro de Salud- Osasunbidea, Spain;

2: Navarrabiomed. Centro de Investigación Biomédica. Pamplona, Spain;

3: Sección de Control del Gasto. Servicio Navarro de Salud – Osasunbidea, Spain;

4: Planning, Evaluation and Management Department, Servicio Navarro de Salud, Spain;

Introduction: The current health care model is focused in acute processes and does not adapt to the needs of chronic patients. In this study, we aim to assess the impact that the introduction of our strategy in chronic patients with multiple pathologies has had regarding health-related resources use. Our strategy is based on an integrated care model with case management methodology, reinforcing the primary care role with the support of a referral specialist and a hospital liaison nurse, if necessary.

Methods: We analyzed data from the strategic framework for chronic diseases using a pre-post intervention design 1/10/2014 to 30/9/2015, with control group, taking into account data one year before and after the intervention. To select the control group, a 1:2 propensity score matching was performed n 556 cases /1616 controls. Primary care and hospitalized health resources use per patient before and after the intervention were analyzed . We performed a cost analysis analytical accounting of the intervention and a comparison with the control group

Results: After the intervention, we found a statistical significant difference improvement in the number of visits to hospital clinics and in the A&E department visits rate. There was a non- significant contrary trend decreasing in cases in 30-days readmissions and urgent admissions. The number of visits in primary care was not modified in the cases and increased significantly in the controls. The use of hospitalization at home, day hospital and global home-based care was increased. The % variation in the average cost per patient showed an increase of 16.1% in the cases and 20.1% in the controls.

Discussion: The intervention seems to have a positive effect on patients with multiple pathologies as it improves several items in the use of health resources. The analysis of costs also reveals an improvement in the intervention. Our strategy seems to be effective and

efficient, and allow us to detect areas of improvement especially in complex patients in the months before the death, that could benefit more from a more intensive model of home care.

Conclusion: Our strategy shows positive results in the analysis of the health resources use after our intervention, which is effective and efficient.

Lessons learned: The strategy proposed in our study includes some innovative aspects and the possibility of changing the traditional care model at medium-term through the use of tools making better use of the available resources. Integrated care is an effective strategy to reduce costs and improve the quality of care in chronic patients.

Limitations: This is not a randomized clinical trial.

Suggestions for future research: The results derived from this study has made us reconsider the initial actions and target population, defining criteria of patients who most benefit from our strategy.

Keywords: chronic diseases; integrated care; coordination of care; primary care; hospitalization; costs
