POSTER ABSTRACT

Facilitating the adoption of integrated care pathways in Spain

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Introduction: ICPs are a proven intervention to advance Integrated Care. However their implementation poses great challenges, among others, it needs alignment from micro, meso and macro management and the deployment of change management strategies.

Description: The Center for Innovation and Change Management is playing a facilitating role in the Spanish NHS, supporting the implementation of ICPs in different regions, with a systemic perspective, through the generation of new knowledge, innovative change management strategies and the dissemination of good practices.

Change: Based on Kaiser Permanent, Chronic Care Model, Berwick’s Quadruple Aim for IC, population health management, and Kotter’s Change Management Model.

Population: The activities of the Center are addressed to supporting the work of decision makers, managers and multidisciplinary clinical teams who can drive the implementation of ICPs, in different organizations such as individual healthcare organizations, integrated care systems up a full Regional Health System.

Timeline: Since January 2017 the Center has supported the structured implementation of ICPs

Highlights: The Center has developed and validated with a multilevel group of experts two main toolkits, a Design and Implementation Guide and a Checklist to support the implementation of ICPs. In parallel, it has designed and developed a series of thematic workshops on integrated care, change management, teamwork, and leadership. The Center has reached out to more than 700 key implementers and offered training to over 100 decision makers, managers, and clinicians.

The greatest achievements were reached in Comunidad Valenciana regional health system, where ICPs have been adopted by the Regional Health Authority as the blueprint for transformation, and have been included as a KPI on the commissioning agreements. In total, 8 ICPs have been implemented in the following diseases: Stroke, Diabetes, Coronary System, Agitated Patient, Asthma and Dyspepsia.

Sustainability: It is too early to assess the sustainability of these strategies, however, it seems plausible to expect a high degree of long-term sustainability when this work is embedded in other management and governance tools, such as strategic plans, performance agreements, commissioning plans.
**Transferability:** The SNS is decentralized in 17 regional systems with Chronic Disease Management strategies in place, facilitating the piloting and implementation of initiatives and offering an opportunity for cross-learning and knowledge exchange. The toolkits created have been developed by a multilevel group of experts, leaders of the main regions, and this, allows the proposed guidelines to have maximum applicability.

**Conclusions:**
- Facilitators are useful in accelerating the deployment of ICPs
- Successful implementation requires the buy-in of the top leadership and alignment
- Contextualization, transparency, and involvement from start are key for clinicians buy-in

**Discussion:** successful ICP implementation requires a deep understanding of the local context and alignment between bottom-up and top-down. However in a NHS systems like the SNS bottom-up initiatives are often difficult to scale up and it is necessary to encourage change and alignment at the meso and macro level and top leadership support.

**Lessons:** Where there is a methodology, change management training, facilitation and follow-up actions, deployment is faster and smoother.

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**Keywords:** integrated care pathways; implementation; systemic transformation; change management