

POSTER ABSTRACT

Analysis of a scoreboard of quantitative indicators to assess the performance on integrated care in the Basque Health System

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Regina Sauto Arce¹, Eva María Lamiquiz Linares², Gonzalo López Arbeloa³, Itziar Pérez Irazusta³, María Eugenia Alkiza Eizagirre³, Rosa María Ruiz Fernandez²

1: BIOEF, Basque Foundation for Healthcare Innovation and Research, Spain;

2: Basque Government, Department of Health, Spain;

3: Osakidetza, public Basque Health Service, Spain

Introduction: The public Basque Health System is undergoing a transformation process towards more integrated care. A cornerstone of this process was the creation of 13 integrated healthcare organizations (IHOs), starting in 2010. In order to assess changes in performance on integrated care, a scoreboard of quantitative indicators was selected and analysed.

Methods: For the selection of indicators, the following steps were taken:

- An international literature review on most commonly used indicators.
- Interviews with 19 key informants on the integration process in the public Basque Health System.
- Available data sources were identified.
- A team of 13 regional experts was consulted on the list of indicators in the scoreboard.

Based on the Donabedian model, the following categories of indicators were selected: structure, process, and (intermediary and final) results. Control variables were also identified.

Trends in indicators over the 2010-2017 period were analysed, both at IHO and at whole system level.

Results: A list of 49 indicators was identified and analysed.

Most structural indicators showed improvement along the integration process, providing evidence of efforts made in areas such as the development of new coordination roles, and electronic information and communication tools.

Process indicators showed increased efforts in improving the continuity of care for pluripathological patients and access to care at home, as well as on the assessment of functional dependency among older patients and the registration and follow-up of end-of-life patients. Some improvements were also found in the adequacy of prescription. Improvements

in GP access to some diagnostics tests (eg: colonoscopies) was found. Generalised evidence of reduction in visits to specialised outpatient care could not be found.

Regarding indicators of intermediary results, positive trends were found in several indicators for pluripathological patients, as well as on the reduction in potentially avoidable hospitalizations for people over 39. In most IHOs no reduction in 30-day emergency hospital readmissions was found.

Regarding population health results, trends are difficult to link to integration initiatives, given their multifactorial nature. Positive developments were found in the control of diabetic patients, while only in a few IHOs diminishing trends in amenable mortality could be identified.

Professionals' perception of interprofessional collaboration between care levels was measured with a questionnaire validated elsewhere(1). While the chronic patient experience was measured using the IEXPAC Scale.

Conclusions: In those groups of patients where integration initiatives have particularly focused, such as pluripathological patients, positive trends can already be identified in process and intermediary results' indicators.

Improvements in comprehensive indicators are more difficult to identify in most organisations.

Lessons learned: It is useful to combine indicators more closely related to implemented interventions and targeted patients' groups, with more comprehensive indicators that allow assessing their relative impact at system-level.

Limitations: In most cases, identified trends cannot be unequivocally assigned to progress on integrated care.

Trends were not statistically analysed.

Nuño-Solinís R, Berraondo Zabalegui I, Sauto Arce R, San Martín Rodríguez L, Toro Polanco N. Development of a questionnaire to assess interprofessional collaboration between two different care levels.

Keywords: evaluation; performance; integrated care; scoreboard; trends
