POSTER ABSTRACT

Strategy for the development of integrated care pathways (ICP) in the Valencian Community (Spain) 2016-2018

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Background: The Valencian Community (VC) has 5 million inhabitants. Its health system is structured in a Ministry of Health and 24 geographical health areas (GHA) with approximately 250,000 inhabitants. Each GHA is administered by a single management team responsible for primary care, hospitals, mental health and public health.

The Health Plan of the VC 2016-2020 establishes as a strategic line the "Orientation towards chronicity and the integration of care". From the analysis of a local experience in a GHA, the Ministry decided to include the ICP in the political agenda as an instrument of cultural change and integration of care.

Methods: The strategy followed a "top-down" model with the following elements:

Ministry of Health (macro level):

1- Expresses political will
2- A central team in the Ministry designs and plans an ICP implementation strategy based on 3 principles:
   Managerial impulse: inclusion of ICP in the annual Management Agreements (MA). MA are contracts that define the objectives and annual goals for each GHA. The achievement determines economic incentives.
   Centralized training: through a 20-hour course conducted at the Valencian School of Health Studies based on the "ICP 10" methodology
   Dual leadership: managers and health professionals of each GHA, to align objectives and ensure that changes happen.

The 24 geographical health areas (meso level):

1- Selection of the annual ICP to be evaluated for MA purposes. In any case, each GHA can initiate several ICPs.
2- Selection and training of 3 leaders per ICP: 1 director, 2 clinical professionals from hospital and primary care
3- ICP Design (first year):
   - Creation of a core group around the 3 leaders for the ICP selected in each GHA
- Preparation of the ICP
- Presentation of a document to the Ministry for the annual evaluation of MA

Local professional teams (micro level):

4- ICP Implementation (second year):
- Professional involvement: dissemination, reinforced local leadership, ad hoc training, workshops.
- Presentation of a document to the Ministry for the annual evaluation of the MA.

**Results:**

- By the end of 2017, there were 52 active ICPs: 1 implemented, 29 in the design phase and 22 in the implementation phase.

- The most frequent ICP were: COPD (7), heart failure (6), diabetes (5), chronic complex and palliative patients (3); dementia (3) and low back pain (3)

- A table with the results of 2016-2018 will be presented in ICIC 2019

**Conclusions:** The “top-down” strategy chosen to develop ICP in the VC has generated a movement of cultural and care model transformation with significant effects both professionally and managerially, which is proved by the high volume of active ICPs (52) in 2017 and that will increase in 2018.

**Keywords:** pathways; integrated care; strategy